Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

NHS@Home

NHS

NHS@Home provides clinical care for people who are acutely unwell in their own homes across Bristol, North Somerset and South Gloucestershire. The service enables people to get the care they need at home safely and conveniently, rather than being in hospital.

NHS@Home uses a mixture of digital monitoring on a virtual ward, telephone support and face to face visits from specialist teams.The specialist service has access to support from acute consultants. The following pathways are available for this service

NHS@Home

Hospital @ Home

Provides hospital care to people that were in hospital, but who are fit enough to be at home. **In-patient model**.

IV antimicrobials (OPAT)

Provides Outpatient Parenteral Antimicrobial Therapy (OPAT) to people at home. **Out-patient model**.

Respiratory

Provides acute care in the home to adults with a respiratory illness (new or exacerbation), e.g. pneumonia. MDT support via Respiratory Consultants. **Out-patient model**.

Heart Failure

Provides acute care in the home to people with decompensating heart failure require IV or high dose diuretics. Daily support via Heart Failure Consultant. **Out-patient model**.

Frailty

Management of acute illness in frail older people in the home environment, alongside community nursing. This includes people experiencing falls, UTIs, cellulitis and mild delirium. **Out-patient model**.

What skills does the service have?

The NHS@Home service can provide the following, alongside specialists from the Respiratory, Frailty and Heart Failure teams, and carers from the AbiCare team (in relation to the frailty pathway):

- Vital signs / NEWS2 monitoring
- Venepuncture
- IV medication – Abx
- IV medication – diuretics/ other drugs
- IV medications - fluids for acute kidney injury (Jan 23)
- Blood glucose monitoring
- Urine analysis / sampling
- Simple wound management
- Fluid/hydration monitoring
- ECG
- Weight monitoring
- Bowel monitoring
- Pressure area monitoring
- Medication review (specialist nurse only)

What enhanced skills does the service have?

- Drain management
- Complex Wound management include VAC therapy, larvae, SNAP, PICO and provena
- Stoma care
- Surgical drain care including flushing
- Nephrostomy care
- Catheterisation
- Anti-coagulation support
- PICC management

What enhanced skills does the service have?

- PICC care and Port management
- PICC line removal

What enhanced skills does the service have?

- Management of acute oxygen therapy (<4l/min)
- Airway clearance
- ABGs and analysis

What enhanced skills does the service have?

- Management of high dose diuretics
- Risk management renal failure

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- Management of high dose diuretics
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Hospital@Home - F2F / virtual monitoring?	IV antibiotics - F2F / virtual monitoring?	Respiratory - F2F / virtual monitoring?	Heart Failure - F2F / virtual monitoring?	Frailty - F2F / virtual monitoring?
Currently offering face to face visits with a plan to move to elements of digital monitoring in 2023.	Currently offering face to face visits with elements of virtual monitoring.	Both in place. Digital monitoring via wifi-enabled devices, synced with a dashboard monitored by clinical teams. F2F visits upon referral and for additional clinical support.	Currently offering face to face visits with elements of virtual monitoring.	Currently offering face to face visits with elements of virtual monitoring.
Step up / step down and who can refer	**Step up / step down and who can refer**	**Step up / step down and who can refer**	**Step up / step down and who can refer**	**Step up / step down and who can refer**
Step down: NBT referrals only.	Step down: NBT and UHBW referrals only. Step up: any senior healthcare professionals.	Step down: any hospital can make referrals. Step up: any senior healthcare professionals.	Step down: NBT referrals only.	Step down: NBT referrals only. Step up: Geriatric Emergency Medicine referrals Dec 22. (Weston Hospital only) Sirona referrals Jan 23.
How to refer	**How to refer**	**How to refer**	**How to refer**	**How to refer**
NBT only presently – via telephone 0117 4140275 or via Careflow. The service is open 7 days a week and referrals are accepted between 7.00am – 6.00pm.	Please ensure the antimicrobial therapy has been discussed with an Infections Specialist (UHBW microbiology 0117 342 9269, NBT microbiology 0117 4141756) and is documented in the OPAT treatment plan. Referrals into the service are via Careflow Affiliated Networks and will be coordinated by the OPAT coordinator (0117 414 2409). Referrals can be made at any time but will only be assessed between 0800-1600 Mon-Fri and 0800-1400 Sat and Sun. Inpatients should not be discharged until confirmation of acceptance from the OPAT Coordinator is received.	To make a referral to the team, please send the referral form by email to; sirona.bnssg.nhshomehub@nhs.net with REFERRAL in the subject line. Alternatively please call the Hub on 0300 125 5001. The hub is open 7 days a week 8am – 8pm To discuss an individual with the Respiratory Clinical Advice and Guidance Team, please call the community respiratory team: 0333 230 1471. When asked for the patients locality, please pick any number.	Please make a referral through your requesting system (e.g. ICE) via the Hospital Heart Failure team.	To make a referral send the referral form by email to; sirona.bnssg.nhshomehub@nhs.net with REFERRAL in the subject line. Alternatively please call the Hub on 0300 125 5001. The hub is open 7 days a week 8am – 8pm.