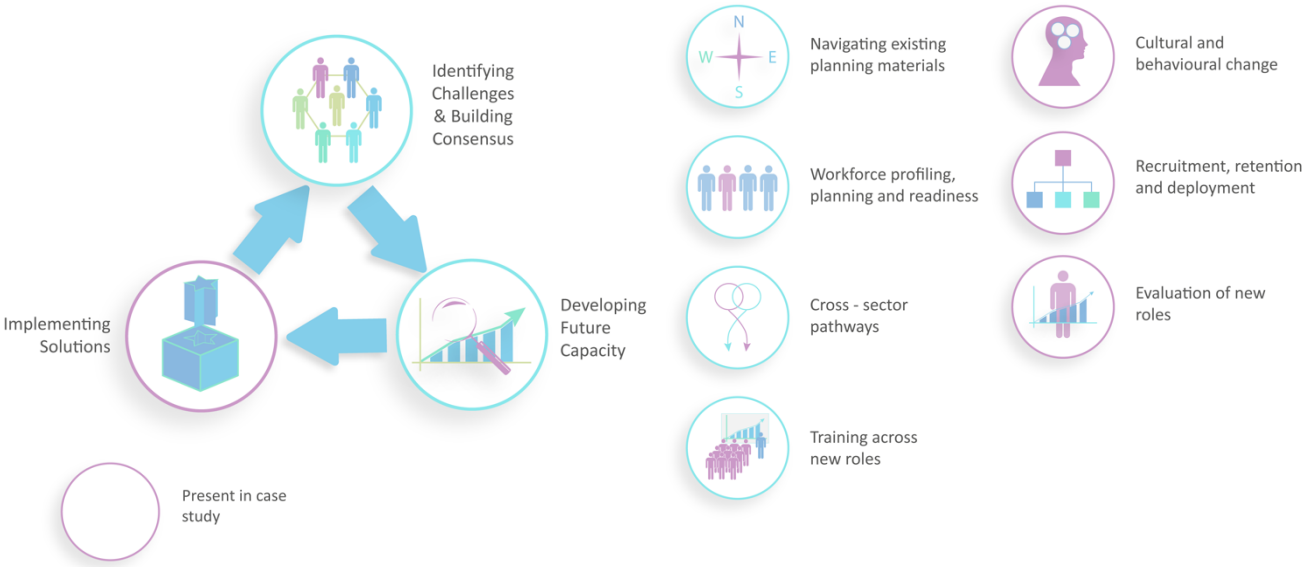
DARLINGTON: COMMUNITY MATRONS IN CARE HOME INITIATIVE



Key Features:

Improved patient health outcomes and experiences, staff satisfaction and reduction of unscheduled secondary care utilisation enabled through:

- Multi-stakeholder workshops to identify key challenges in the community and identify common issues between sub-population groups; and the
- Design of a solution-based initiative that capitalised on clinical expertise of community matrons and support of assistant practitioners to build capabilities and improve communication and decision making of care home staff.

Background

In 2014, a partnership between the Darlington Clinical Commissioning Group (CCG) and Darlington Borough Council received £3.9m through The Better Care Fund (BCF) to transform care for the frail elderly in the borough.

At the outset of the project, the partnership targeted two sub-populations: the frail elderly and those with long-term conditions (LTCs). As a result of stakeholder workshops in April 2014, the partnership determined that the two groups had similar needs and, therefore, could be addressed by a combined initiative. The workshops identified unplanned admissions from care homes as a key area of focus due to negative impact on patient clinical quality and quality of life and potentially avoidable financial costs.

Solution

The co-design process identified emergency and ambulatory admissions and discharging inpatients from hospital in a timely manner as primary challenges for the frail elderly and those with LTCs. To address this, Darlington designed and implemented two distinct initiatives: *community matrons in care homes* and *GPs in wards*. The remainder of this case study focuses on the community matrons in care homes initiative.

Multidisciplinary Team (MDT)

An MDT supported both initiatives by creating a single entity to coordinate communication and access to health and social care support for the elderly and those with LTCs. This served as a resource for both matrons and GPs to access by referring issues for discussion and shared knowledge.

Under this initiative, community matrons and assistant practitioners were redeployed to deliver preventive and reactive care to patients in care homes with the aim of reducing avoidable emergency admissions and A&E visits.[1]

Darlington launched this initiative in March 2014 with four community matrons in 10 care homes and expanded the programme a year later to eight community matrons and four assistant practitioners in 20 care homes. The initial 10 care homes were targeted based on their high rates of emergency admissions and A&E visits.

The matrons and assistant practitioners performed both proactive and reactive work.

- In the **proactive** role, matrons acted as residents' "key workers", which included developing emergency health care plans to permit residents' care to be managed in the care home rather than with emergency hospital admissions, based on the residents' personal preferences. Assistant practitioners also provided proactive support by supporting patients with their care plan and educating care home staff on hygiene, hydration and nutrition.
- In the **reactive** role, available seven days a week, care homes could contact community matrons rather than calling ambulances or sending patients to A&E in the event of an emergency.

Findings

Between April 2014 and December 2015, Darlington observed a 46% reduction in emergency admissions and a 36% reduction in A&E attendances from care homes. This equated to approximately 60 fewer emergency admissions per month and approximately 70 fewer A&E visits per month. To illustrate the value of secondary care savings, and using an average cost of £1,748 for an unplanned inpatient admission and £132 for an A&E visit, the reduction in use of secondary care equates to savings of approximately £114,000 monthly or £1.4 million annually.[2] These are gross savings estimates that do not reflect the cost of the intervention. However, a

[1] See https://www.healthcareers.nhs.uk/explore-roles/clinical-support-staff/assistant-practitioner for more information on the assistant practitioner role.

[2] Rounded to the nearest thousand. Source: Reference Cost 2014-2015 (Department of Health) for A&E and PSSRU 2015 for Emergency Admission. Emergency Admission cost reflects the unweighted average of short (£608) and long (£2,888) non-elective inpatient stays.

submission to Health Service Journal (HSJ) indicates that Darlington invested £980,000 in this programme, making it cost-effective within the first year.

In addition, anecdotal evidence suggested qualitative benefits, including increased patient and GP confidence in matrons, better understanding for carers of conditions that can be treated in care homes and changes in clinical policies and procedures within care homes for issues including falls, infections and emergency contacts. Stakeholders considered these to be significant achievements as they improved patient experience, care quality, and effective service utilisation.

Critical Enablers

- **Highly targeted intervention:** Community matrons and assistant practitioners were assigned to specific care homes (based on high prevalence of avoidable admissions) and focused their efforts on reducing avoidable admissions and A&E visits through proactive and reactive interventions.
- **Building capabilities**: Care home staff were supported to develop the knowledge, skills and overall confidence to respond to simple health needs of residents in the home.
- **Appropriate staff deployment:** Assistant practitioners built relationships with care home staff and managed routine patient needs, which allowed community matrons to harness their experience and clinical expertise with more complex patients. Both roles enabled more efficient use of primary care resources.
- **Targeted training and clinical supervision:** Community matrons underwent prescribing training and ongoing health and social care training (e.g. minor injuries course) with clinical supervision provided by GPs.

Key Considerations

Several local health economies have adopted similar initiatives to Darlington's community matrons in care homes with success.[3] For example, starting in 2008, community matrons in East Surrey visited care homes to reduce avoidable hospital admissions. Their role included providing support and advice to care home staff, monitoring and reviewing emergency ambulance calls from care homes and promoting the use of advanced care planning. In addition, the community matrons set up and coordinated quarterly nursing home forum meetings, so that nursing home staff could meet key professionals from the multidisciplinary team and acute hospital, with the aim of working together to reduce hospital admissions. At the six-

[3] This includes Ashford CCG, Canterbury and Coastal CCG, North West Surrey CCG, West Sussex CCG, Surrey Heath CCG, and many more.

month audit, 41 hospital admissions had been avoided and a reduction of 9.1% in calls to the ambulance service had been observed.[4]

Research suggests that a large number of emergency admissions and A&E attendances for older people come from care homes. In addition, there is variation in the care home use of these services with some care homes responsible for significantly more utilisation of emergency services than others.[5] Given the successes in Darlington and other similar initiatives, future efforts to reduce unnecessary emergency utilisation from care homes by deploying community matrons to targeted locations could have substantial positive impacts on patient care quality.

Challenges

- **Patients and carers were reluctant to engage** with community matrons and assistant practitioners, as they wanted to be seen by a GP. Participants addressed this by building trusted relationships and demonstrating the benefits of the new ways of working.
- **Initially reactive work dominated community matron time** as some care homes utilised matrons heavily, including for "see and treat" work that would typically fall to GPs. However, once the initiative was well established, the burden decreased as care homes were better able to manage risk. Furthermore, the community matrons were pleased to have developed their clinical skills to undertake this role and were able to do so with greater confidence.
- **High staff turnover in some care homes** meant relationships and trust between matrons and care home staff often needed to be rebuilt and staff continuously re-educated. Matrons and assistant practitioners worked with the care home managers to embed policies to mitigate against this issue.

References

Interviews were conducted with representatives from Darlington CCG, local GPs, community matrons, assistant practitioners and Care UK.

Documents reviewed include:

- Submission to HSJ
- Care home costs – anonymised data
- MDT Design Document for Frail Elderly/LTC in Darlington

This case study was prepared by Optimity Advisors, a leading multi-industry strategy, operations, and information technology advisory firm with multiple locations

[4] http://www.nursingtimes.net/roles/older-people-nurses/reducing-hospital-admissions-from-care-homes/5053471.fullarticle

[5] See for example, "Focus on: Hospital Admissions from Care Homes." Quality Watch (2015). http://www.health.org.uk/sites/default/files/QualityWatch_FocusOnHospitalAdmissionsFromCareHomes.pdf

throughout Europe and the United States. All information was verified at the time of publication.[6]

[6] June 2016