

Health Matters Event Report: Healthier Together @ Home, 6 October 2022

Health Matters: Healthier Together @ Home (UHBW) was an event organised by the Bristol, North Somerset and South Gloucestershire (BNSSG) Experience Team and the Membership Team at UHBW, with additional support from North Bristol NHS Trust and Sirona Care & Health. It was an information-sharing and feedback-gathering event on the initiative of virtual wards.

The event was held in person at the Level 9 Restaurant, Bristol Royal Infirmary and took the form of a presentation by speaker on the option to have care given at home instead of in hospital, followed by a Q&A session. After this, the attendees broke into two separate groups and discussed what they had heard and were guided to answer a series of questions from two facilitators. Around 16 people attended, including members of the public, Foundation Trust members and members of staff.

Event Purpose

There were three main aims:

- It was a chance to shape future services, based around needs at home.
- It was to discuss how technology brings people together.
- There was a chance to discuss how to access patients with specific health conditions.

Event Structure:

The event was structured as follows:

Welcome: Rachel Hartles, Membership and Governance Officer, UHBW, welcomed everyone to the meeting.

Healthier Together @ Home Presentation: Rebecca Winterborn, Clinical Lead, provided a presentation on what Healthier Together @ Home is. She explained how there are a variety of ways that the team can monitor vital signs from the comfort of the patients home and how a patient journey could work. Rebecca explained the types of pathways that were already available and how virtual wards were delivering better outcomes than in acute settings, such as hospital. There was some feedback on the current pathways that had been shared and questions were invited from the group. Questions were asked around the functionality of the devices, how the pathway could reduce hospital admissions, and the type of person likely to be selected for this pathway.

Breakout Groups: The attendees broke into two discussion groups, one led by Simon Moss, Senior Insights Officer (Experience) for the BNSSG ICB, and one by Rachel Hartles. The attendees were asked four specific questions based on the presentation and were given 20 minutes to discuss them. The questions included: Perceived benefits of Healthier Together @ Home, following on from the earlier presentation relating to the service; Perceived drawbacks of the Healthier Together @ Home service, including any immediate questions, worries or concerns; Any recent experiences of overnight hospital stays (inc. admission to hospital, going home) – what worked well and what could have been improved; Any recent experiences of receiving care at home, supported by health and care professionals – what worked well and what could have been improved.

Feedback session and close: Rachel Hartles led to opportunity to feedback on the discussions held by each group and the information that was provided. This included the communication that would be required, a single point of contact for the pathway, discharge being held off due to no medication, and staff availability to help visit patients at home.

Conclusions

Attendance overall was good at 16 attendees (considering the central Bristol location which deterred a few potential attendees). The presentations were excellent and there was good feedback about the speakers.

The Corporate Governance Team felt the feedback was helpful and suggested a good level of engagement with the subject matter.

We can be confident that the event achieved its three aims above, particularly in terms of awareness-raising and in making links with different organisations, and overall it was a positive contribution to Healthier Together @ Home.

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'Enabling people to have safe, effective care at home and building confidence in @home pathways.'

Healthier Together @home

SRO: Rebecca Dunn

Sponsors: Paula Clarke, Tim Whittlestone, Ceridwen Massey

Clinical Leads: Jen Tomkinson, Kathryn Bateman, **Rebecca Winterborn**

Programme Manager: Christine Lowe

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Our Vision

"To develop integrated, **technology-enabled, virtual wards**, through collaboration, trust, and shared values.

'Admission' will be based on clinical need, with **equity of access**, benefiting **patients**, staff, and the wider community.

We will deliver **safe**, compassionate care **in people's homes**; through consistent, seamless pathways with **clear communication** and **access to experts**.

Shared knowledge and learning will promote the evolution of a **high-quality service**, with no barriers to its ongoing success."

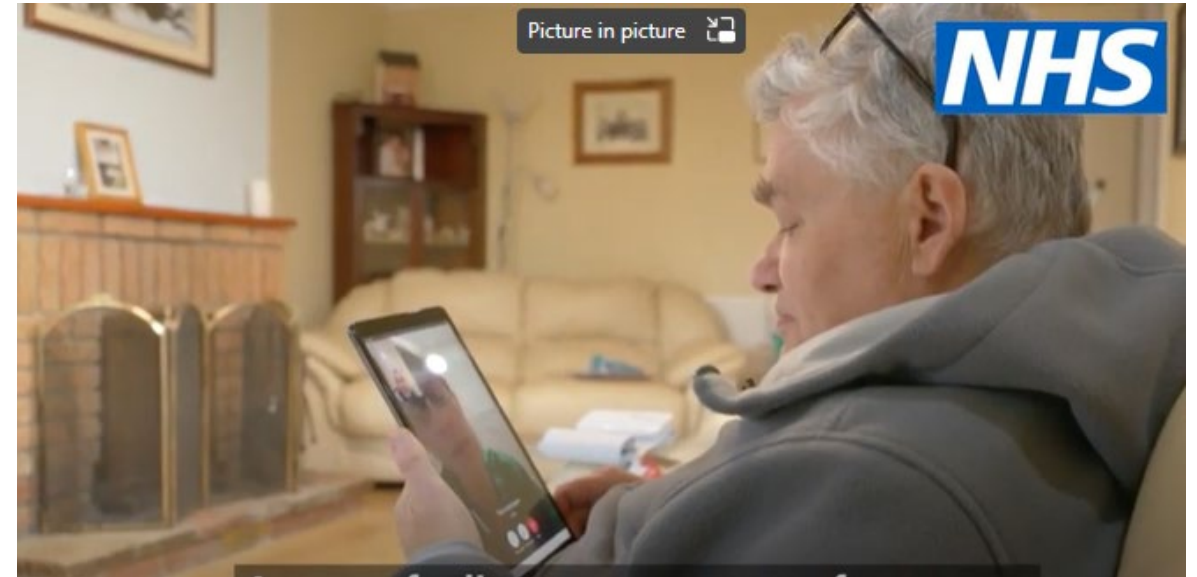
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Virtual wards: what are they?

- ❖ Support early discharge from an acute hospital
- ❖ Safe alternative to acute hospital admission
- ❖ Spectrum of care

David's story



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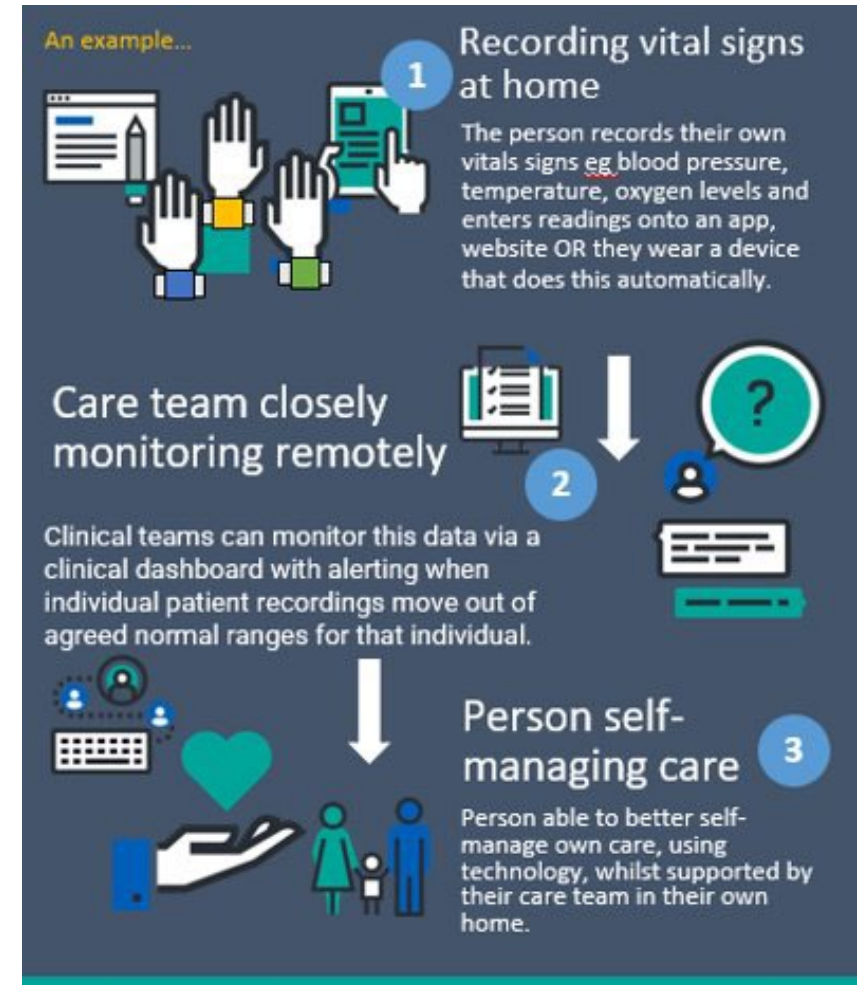
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Digitally enabled



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Carmen Lucia 090 909 0909	2 (LOW) 08:17	63 BPM ↔ 10:40	96 % ↔ 10:40	15 RR ↔ 10:40	37 °C ↔ 10:40	108/52 mmHg 08:17	Alert 08:17
Harison May 173 873 9120	14 (HIGH) 08:18	112 BPM ↔ 10:40	85 % ↔ 10:40	28 RR ↔ 10:40	35 °C ↔ 10:40	188/96 mmHg 08:18	CVPU 08:18



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Patient journey.....

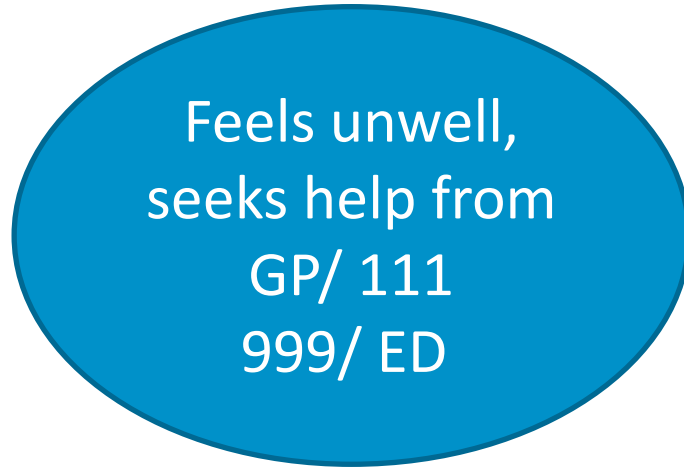
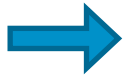


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"A spectrum to ensure people have the support they need..."

Patient journey.....

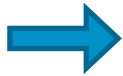


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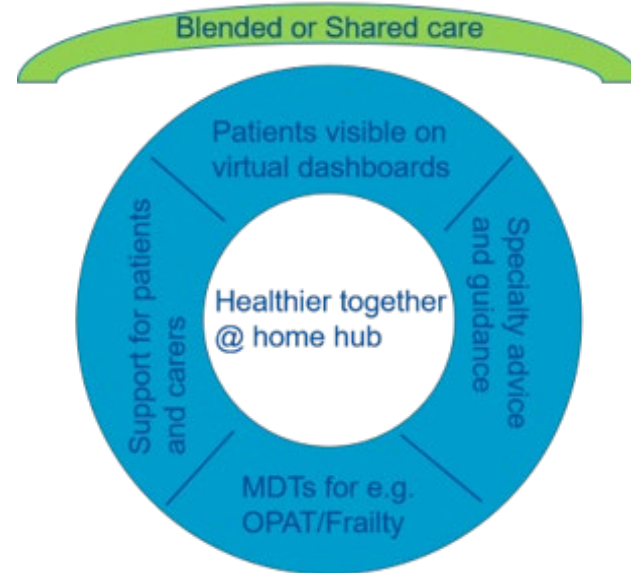
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"A spectrum to ensure people have the support they need..."

Patient journey.....



Feels unwell,
seeks help from
GP/ 111
999/ ED

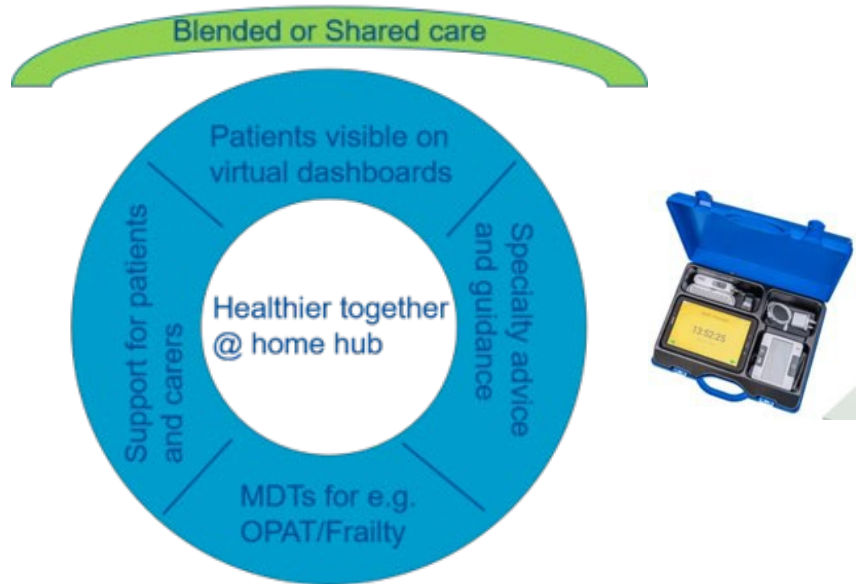


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Patient journey.....

"A spectrum to ensure people have the support they need..."



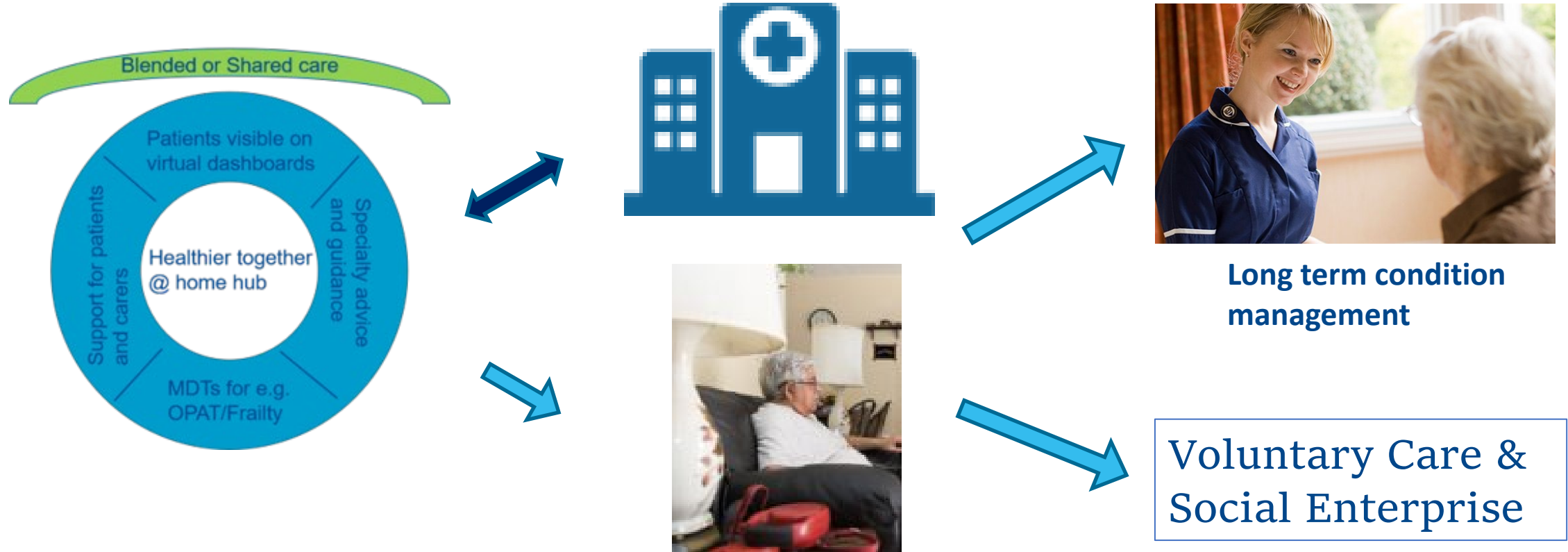
- Safe care
- Observations
- Multi-disciplinary Team
- IV treatment
- Urgent advice

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"A spectrum to ensure people have the support they need..."

Patient journey.....



Long term condition management

Voluntary Care & Social Enterprise

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@Home pathways

- Respiratory – Early Supported Discharge (Doccla)
- Surgery- Early Supported Discharge (H@H)
- Outpatient Parenteral Antimicrobial Therapy (OPAT)
- Heart Failure
- Frailty
- Frailty +

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Virtual wards are delivering better outcomes than equivalent treatments in acute settings



FUNCTIONAL DECLINE

Patients are 8x less likely to experience functional decline whilst in a virtual ward compared to equivalent treatment in an acute setting.



SOCIAL CARE OUTCOMES

23% of patients treated in a virtual ward achieved a more independent social care outcome that they would have in an acute setting.



INFECTIONS

Patients are 5x less likely to acquire an infection when treated on a virtual ward compared to an acute setting.



READMISSIONS

2.5x fewer patients treated on a virtual ward are readmitted to frailty beds than the national acute benchmark.

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Being at home as I only needed treatment once a day I could remain in the comfort of my own home and be with family and friends in between times and sleep in the comfort of my own bed as well as have access to my own toilet and shower.

I think it is an absolutely wonderful service and the people who visited were sensitive and helpful to me. I can't tell you how grateful I was to be the recipient of this trial with nurses from Clevedon and also Southmead.

Very good quality of service and care shown to myself by all the staff, I was kept informed of all the regarding progression of my care.

The main benefit for me was the ability to be able to stay in my own home surroundings which eased any stress I was having being in hospital.

Psychological fact that being at home was a positive lift for all of us. It's not always easy being a patient in hospital for obvious reasons but perhaps the immediate family and friends is a very important factor as they can often feel 'remote' especially with limited visiting hours. The time spent on travel to and from the hospital for my wife is another consideration.

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Thank you!

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QUESTIONS ?