

# Integrated Care Communities – Local Case Studies

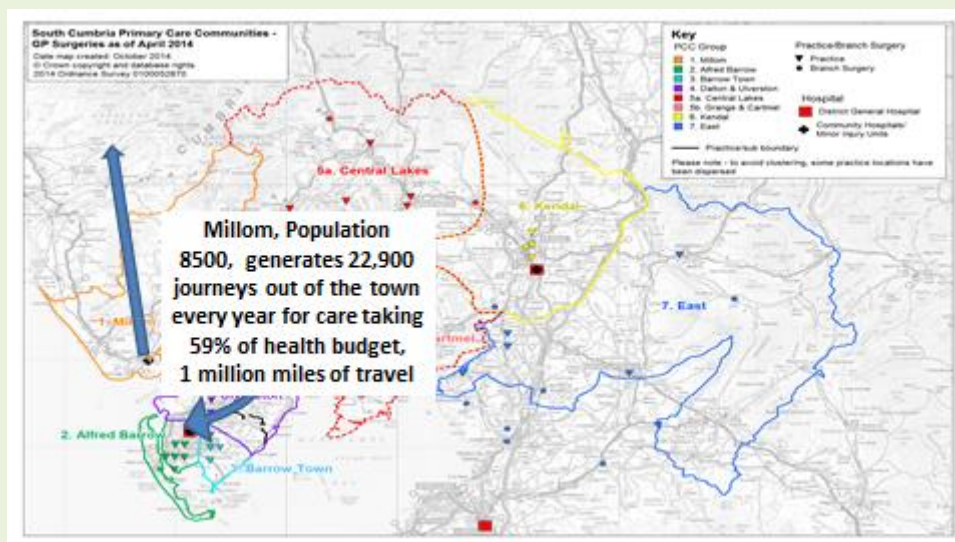
## Case Study 1 Millom ICC (South Copeland)

This is local evidence from our most developed Integrated Care Community in action.

If the results of this ICC were replicated, we would achieve most of our targets in one step.

**KEY OUTPUT = 29% REDUCTION IN NON ELECTIVE BEDS DAYS IN FIRST 12 MONTHS AND 100,000 FEWER MILES TRAVELLED FOR CARE**

Millom is probably our most isolated and most challenging for recruitment ICC in Cumbria. It has high disease prevalence and Copeland locality has the highest obesity rates in England. It had one of our highest 'use of hospitals services' metrics in Cumbria.



Millom exemplifies our ICC approach of integrated health and care teams *practising population medicine* working with a community mobilised at scale for health and wellbeing.

We have created a number of innovative new roles embedded with the integrated general practice/community team:

- Community paramedic whose job is to reduce ambulance transfers through teaching self triage and building health literacy.
- Dual-trained MH/physical health nurse practitioner who runs the community hospital ward but also works in the practice with those with MH issues – 80% reduction in referrals to CMHT.
- Community action group embedded into leadership teams.
- Link nurse working to mobilise the community. Ran a programme teaching 700 children how to use their health services.

The town formed a 'Health Action Group' that has:

- ✓ Produced a GP recruitment video with 5000 views in the first week. This was spread by social media and tweeted and spread by 2000 members of the community – they even sent it to President Obama. It has helped recruit 3 GPs and won a UK Public sector media award. Google 'GPs for Millom'

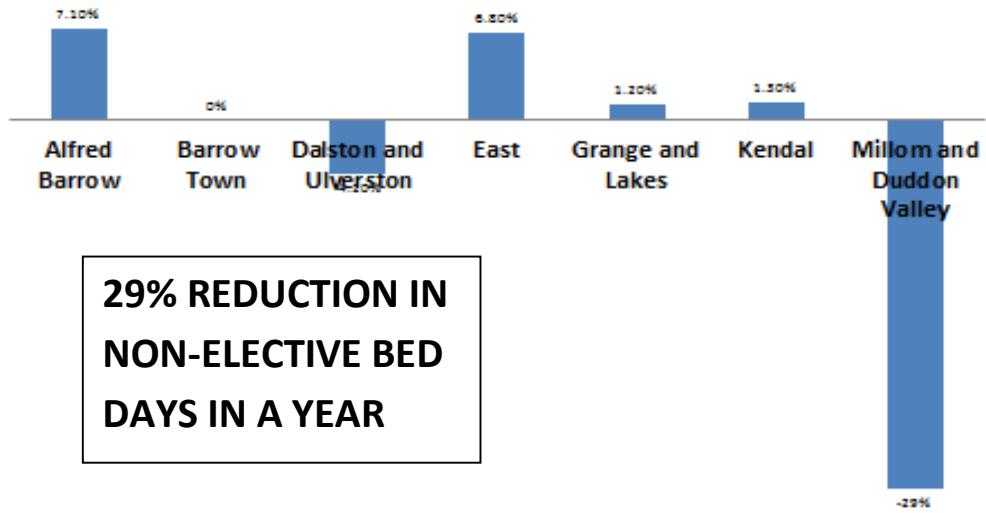


- ✓ Promoted the pharmacy minor illness scheme rising from the one of the lowest users to the highest use in three months.
- ✓ Co-opted shop windows in Millom for health promotion and updates for the town such as how to spot cancer early.
- ✓ Created a new town newspaper 'Around the Coombe' full of health promotion messages posted through 5,500 households – Google 'Around the Coombe' for details.
- ✓ Distributed leaflets on how best to use your health services at Millom Carnival.
- ✓ Surveyed the town to ask their views and priorities for healthcare and designed around these.
- ✓ Local newspaper quote from the Millom action group: "The NHS are really listening to the community, and I don't think anything like this has been done before."
- ✓ Established the first 'donor community' signing up many hundreds to become donors.
- ✓ Created children with disabilities group supported by health team – 60 families trained in the needs of people with autism.
- ✓ Created new diabetes group – 500 people with diabetes in the small town.
- ✓ Created new severe and enduring illness support group.
- ✓ Spoken alongside health teams at three national The King's Fund conferences.

In the last 12 months, we have reduced the number of emergency bed days spent by Millom patients in the acute hospital by 29%. This compares well with other areas some of which increased over the same period (see graph below).

### % change in non elective bed days 2014/15 - 2015/16 South Cumbria ICCs

(source OOH impact report Jan 16 Cumbria CCG)



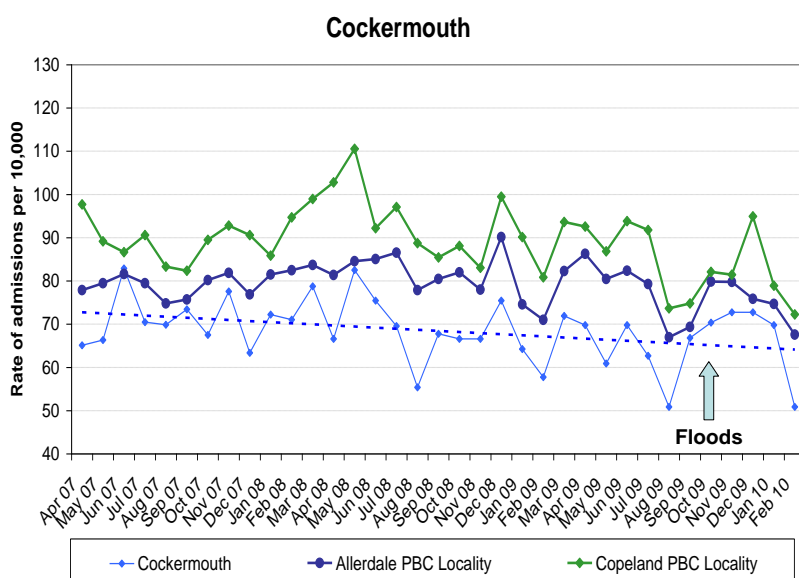
Travel for outpatients has also reduced and we have reduced the distance travelled for care by Millom residents by over 100,000 miles.

## Case Study 2 Cockermouth (Allerdale)

This case study was an early ICC pioneer and winner of three national awards for Best Care Closer to Home and Best Integrated Care.

### KEY OUTPUT = 40% REDUCTION IN NON ELECTIVE BEDS DAYS OVER THREE YEARS

The highly organised whole-system design for care closer to home was a **national integrated care pilot**. It was associated with a large number of quality and productivity improvements detailed below.

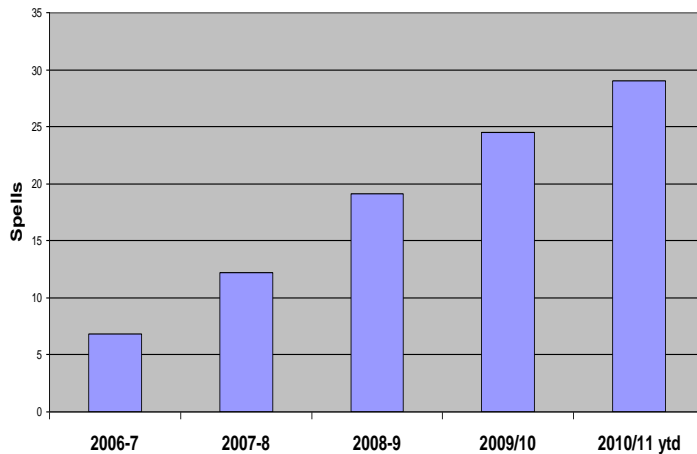


Cockermouth emergency admissions to the Acute Trust benchmarked against neighbouring localities – year on year reduction for three years

Further reductions in 2011 not shown on this graph – overall 40% reduction in non-elective bed days

Overall across Cumbria, non-elective admissions fell year-on-year for three years by a total of 14% at a time when other areas were rising. We were seen as national exemplars (with many visitors from around the country and internationally – including a visit from Kaiser Permanente to see what we were doing).

### Cockermouth Hospital Spells per bed 2006-10



**Major improvements in productivity in community hospital.**

**Admissions per bed rose from 6.8 to 31, length of stay fell from 38 days to nine and cost per admission fell by more than 50%**

#### Examples of quality initiatives in Cockermouth Hospital

- Infection prevention – 2 weekly hand hygiene audits, root cause analysis of all C Diff cases, screening of all admissions for MRSA since 2007, regularly spot checks for infection prevention on ward, Roll out of saving lives campaign e.g. audits of all risk procedures such as catheterisation.
- Early adoption of comprehensive national nursing care quality indicators – reported monthly.
- Introduction of MEWs early warning score.
- Introduction of MUST nutrition screening and best nutrition practice.
- IV antibiotic and transfusion training.
- Daily multidisciplinary ward rounds.
- Extensive use of productive ward tools to reduce handover times, improve meal times etc.
- Consistently high cleanliness scores.
- Early adoption of best practice on venous thrombo-embolism prevention.

#### Examples of initiatives in community nurse and therapy team

- Introduction of IV antibiotics and transfusions at home.
- Use of nursing formulary.
- Creation of virtual ward – see below.
- Creation of rapid response integrated community team (social worker, district nurses, occupational therapists, physios, admin support, home care practitioners employed by health).
- Creation of 'one team' approach with matron in charge – remodelling of whole workforce. District nurses, practice nurses, community hospital nurses, and therapists as one team.
- GP now working with community team.
- Deputy practice manager was seconded whole time to community nurse team to co-ordinate rotas and visit scheduling and to take all admin tasks away from the clinical team maximising their time for patient care.

### The Virtual Ward

- Daily ward round in community hospital extends into the community to visit patients in 'top end of the ward' i.e. hospital at home. This aspect is well established.
- Rest of 'ward' populated by risk stratified high risk elderly having programmed prevention – this aspect of the virtual ward is closely supervised.

#### Improved Outcomes for staff:

- Much improved morale in community staff.
- Much clearer lines of management that begin and end in the town with a single matron in charge.
- Involvement in multidisciplinary leadership team with a short feedback loop to improve things (rather than passing it up the line in the PCT).
- Community team were delighted to have the whole time service of the deputy practice manager. This has freed up nurse time for clinical care.
- Increased autonomy - e.g. physios have just created full direct access for patients - their own initiative.

#### Improved Outcomes for patients:

- Virtual ward gives structured and consistent support at home allowing earlier discharge from hospital.
- Rapid response short term intervention team (combined health and social care) has helped avoid admissions (year on year reduction in emergency admissions to Acute Trust for last 3 years).
- Major improvement in infection prevention practice - e.g. fortnightly hand hygiene audits now consistently at 98 - 100%.
- Cockermouth practices score very highly on QOF scores and on quality prescribing indicators e.g. very low and appropriate antibiotic use. Patient satisfaction scores (including for access) are well above national averages.
- Teenagers have designed their own adolescent health programme including an in-school sexual health clinic.
- Medicines management is expanding to the whole system including care homes.
- Increased services available in the community e.g. transfusions and IV antibiotics.