Benchmarking Community Healthcare

Our community services membership includes nearly all of the independent community services providers including NHS Trusts, aspirant Community Foundation Trusts, social enterprises and third sector providers. We also provide support to the large number of acute and mental health providers that host community services.

> The Community Services benchmarking outputs have enabled the Sheffield Community Integrated Care Teams to identify key areas for service improvement. Evaluating productivity and efficiency helps us to see where improvements are possible, for example, we have focused on improving our performance against the nationally benchmarked average for patient facing time. We reviewed key metrics within the outputs (travel time, non-patient specific activity, breakdown of clinical time by condition and skill mix) to determine where changes could be made which would both improve patient facing time and enhance the care we provide. Through subsequent benchmarking we have demonstrated how these changes have improved patient facing time and our length of visit and, importantly, how this has been sustained over time.
>
> Being part of the benchmarking programme has also informed our collection of data to support local dashboards and business cases. Benchmarking has allowed us to track progress over time, and see how service changes and innovations affect the bigger picture.
>
> *Margaret Kilner, Integrated Care Teams Business Manager, Sheffield Teaching Hospitals NHS Foundation Trust*

Benchmarking Community Services

Community Services benchmarking is one of the Network's longest running and most successful projects. The project covers all aspects of community service provision including access, activity, workforce, finance, and quality metrics and provides a detailed view of 26 different community service areas. The project covers all of the major community services including District Nursing, Health Visiting, therapy services and the services that are targeted at children, older people, and people with long-term conditions.

Although community services represent more than £11 billion of NHS expenditure (around 10% of the overall NHS budget), and play a key role in supporting service users at home and reducing unnecessary hospital admissions, available national data sources are currently limited. The Network's Community Services project aims to fill this information gap.

Community Service providers can also take part in an Integrated Community Teams module, examining the size, composition and work of these multi-disciplinary teams. This data has now been collected for the last two years, enabling a growing body of evidence about how integrated services are becoming at local level.

Last year, data was collected for the first time about the extent of seven day community service provision, in order to give a baseline against which progress can be measured. This will be collected again in the 2016 benchmarking cycle.

Participants in the community services project will receive a bespoke dashboard report for each of their community services and access to the online benchmarking toolkit. Case studies will be developed illustrating how local health economies have used the benchmarking data to improve services.

Health Visiting service: Total contacts per 100,000 population 2014/15

MEAN = 22,880
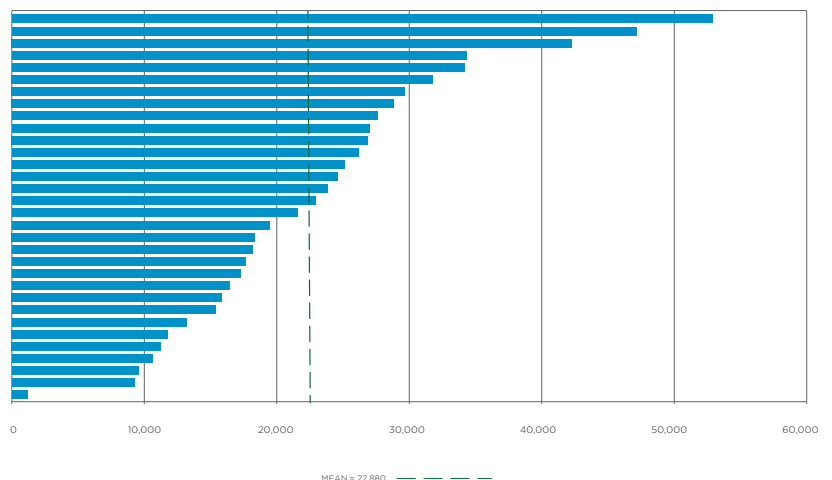
The project provides an overview of investment, productivity and staffing levels allowing participants to see at a glance which services are relatively under or over invested, and which services might be considered to be more productive.
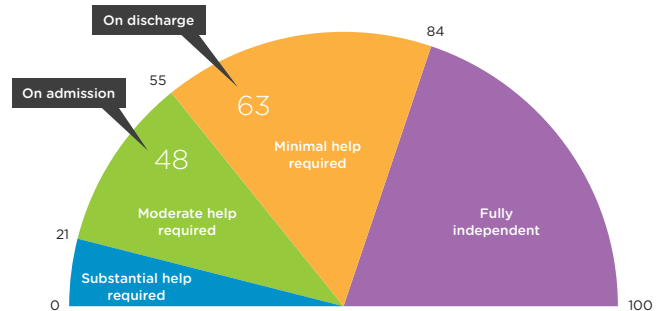
Benchmarking Community Hospitals

The Network's Community Hospitals benchmarking project collects data from community hospitals on service models, access, activity, workforce, finance and quality, and focuses on the rehabilitation of older people, established in the earlier projects, as the common function of all community hospitals. In the last two years of the project, a short service user survey was included, which asked five key questions about the service user's episode of care whilst in the community hospital. This will be repeated for the 2016 benchmarking cycle. Participants were asked to complete these questions for up to 50 consecutive users discharged during the data collection period. The five key questions asked were:-

- Modified Barthel Index (MBI) score on admission
- Modified Barthel Index (MBI) score on discharge
- reason for admission
- length of stay in days, and
- discharge destination.

Over 1000 service users were included in this survey, and it is hoped to build upon this for the 2016 benchmarking cycle. The MBI chart (above right) shows the change in overall MBI for the full service user cohort.

Service user audit

On discharge — 55
On admission — 48

- Substantial help required (0–21)
- Moderate help required (21–55) — 48
- Minimal help required (55–84) — 63
- Fully independent (84–100)

Key findings from the 2015 benchmarking cycle included:-

Activity metrics – Older peoples wards

	Bed occupancy	Length of stay
	▲ 2%	▲ 3 days
2015	91%	27
2014	89%	25

- There is still wide variation in the services provided at each community hospital
- Total delayed transfers of care as a % of OBDs are 9.5%
- The average cost per admission is £8,168 and per OBD £319
- There is a mean of 1.6 clinical WTE per bed (older people's ward)
- Vacancy rates have risen to 14% in 2015

Participants in the project will receive a bespoke dashboard report for each of their community hospitals, access to the online benchmarking toolkit and a high level overview report. The online benchmarking toolkit will allow participants to view their position on a wide range of metrics against comparable community hospitals. These outputs will be available in the autumn of 2016, with a national event to discuss the preliminary findings to be held in conjunction with the Community Services project.

> The Community Hospitals benchmarking project provides an absolutely invaluable resource, particularly for those committed to continually improving community hospitals and with promoting their role in the NHS.
>
> *Dr Helen Tucker, Vice President, Community Hospitals Association*

Contact Us

Project information email – **jessica.grantham@nhs.net**

Network membership email – **ashley.spencer@nhs.net**

Website – **www.nhsbenchmarking.nhs.uk**

Twitter @**NHSBenchmarking**

LinkedIN **www.linkedin.com/groups/4853395/profile**