NHS
Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

5th September 2019

Item No: 98

Report Title	**Re-design of Clinical Pathways to support hospital discharge**
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Paper for:	**Decision**	X	**Assurance**		**Discussion**		**Information**	
Assurance Report Signed off by Chair				N/A				
Which committee has the subject matter been through?				Engagement Committee 4th September 2019				

Recommendations

The Governing Body is asked to **AGREE** the following recommendations:

Recommendation 1
Having carefully considered the feedback gathered through the engagement, the CCG believes that there are sufficient mitigations in place to address the issues raised. We have clear plans to continuously monitor and ensure the changes deliver the planned outcomes through the Erewash Operational delivery group and the Patient Experience Project and therefore we are recommending that the GB supports the proposed changes being implemented.

Recommendation 2
That the GB receive an implementation update report in 6 months' time which provides an update on the patient experience project and KPIs/metrics and outcome measures for the pathway changes illustrating people's experiences of the 3 pathways, length of stay, occupancy rates and outcomes for patients of the pathways. (See Appendix B)

Report Summary

- The attached report identifies the main themes raised through the engagement period, details the CCG's response and describes the methodology used.
- It details the proposed changes provided by pathways 1,2 and 3.

- It provides information about the system's readiness to mobilise the pathway changes.

- Potential operational risks are identified and mitigations are provided.

- The report has a number of appendices including the full engagement report (Appendix A) with accompanying engagement feedback details and a further appendix (Appendix B) that details the KPIs and metrics to be used to measure the outcomes of the change in pathways

Are there any Resource Implications (including Financial, Staffing etc)?

- The proposed profile of capacity will require a change in the skill mix of staffing to support delivery with the shift to increased therapy support outside of hospital.

- The model is affordable and the current financial assessment suggests that the cost of the provision as proposed would be approximately £300k less (per full year) than costs of the current arrangements.

Has a Privacy Impact Assessment (PIA) been completed? What were the findings?

The Data Protection Impact Assessment screening proforma has been completed reviewed and signed off (Ref 066). No stage 2 process was required.

Has a Quality Impact Assessment (QIA) been completed? What were the findings?

A Quality Impact Assessment was completed in May and assessed as Moderate Risk. The issues raised were:

- Engagement (public, and stakeholders especially local clinical leaders)
- Operational impact if staff need to be recruited and trained
- Potential impact on patient / carer travel.

The proposed engagement is the key mitigation for these issues and will help identify the impacts more clearly. In addition the potential operational concerns will be addressed through more detailed implementation planning.

Following engagement and operational planning the QIA has been refreshed. It was determined that there were no amendments required as a result of the engagement and so it was not reconsidered by the Panel.

Has an Equality Impact Assessment (EIA) been completed? What were the findings?

- Completed at an early stage of consideration.

- Key outcomes 'positive impact on care of the frail elderly will result from

this.'

- It was noted that some areas within Erewash have higher than Derbyshire averages for income deprivation and poverty levels. This will need to be considered within the patient experience project.

- Following the engagement and operational planning the EIA has been refreshed. It was determined that there were no amendments required as a result of the engagement and so it was not reconsidered by the Panel.

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below

As above

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below

There has been a 60 period of engagement from 27th June to 26th August 2019. Detailed findings can be found in the Engagement Report attached to this report and is summarised within the GB paper.

Have any Conflicts of Interest been identified/ actions taken?

It is identified that two practices in Erewash are contracted to provide clinical support to the Ilkeston Hospital wards and therefore have a direct financial benefit to be taken into account. Other Erewash GPs may indicate that they have an indirect benefit. The appropriate action in line with the CCG policy for managing conflicts of interest will be applied.

Governing Body Assurance Framework

- Reduce Health Inequalities by improving the physical and mental health of the people of Derby & Derbyshire
- Take the Strategic lead in planning and Commissioning care for the population of Derby & Derbyshire
- Make best use of available resources

Identification of Key Risks

Potential Operational Risks	Mitigations
1. Changes in demand which change the original assumptions / basis of the capacity required modelling including: Occupancy of the Pathway 2 (P2) beds falls below 85%. Length of stay for Pathway 2 beds is	• DCC send monthly reporting figures for all the Pathway 2 beds. 85% bed occupancy is a KPI. Locally KPI outcomes will be monitored through the 'Erewash Operational Delivery Group' led by the CCG with all key

above 14 days and / or length of stay in Pathway 3 (P3) beds is above 18 days	stakeholders within Erewash. Social care led 'Community Support bed Quality sub group' has been created to improve system wide flow into the pathway 2 beds. This feeds into the Operational Resilience Group (ORG).
2. There is insufficient pathway 1 capacity for patients to return home with a package of care	• Social care have committed to extra provision for Pathway 2 within Erewash as a part of this project. Failure to meet the system patient need for social care provision would be addressed through the ORG.
3. D2A modelling of 60:30:10 for P1:P2:P3 is not realised	• The bed modelling for the project was based on forecast bed usage. Current reporting of actual patients discharged on a D2A pathway from RDH or CRH (Discharge to Assess) is now available through 'track and triage'. These actual numbers have been remodelled to ensure that there is sufficient bed provision based on the 60:30:10 ratio for discharges.
4. GP cover is until April 2020, on-going GP cover will be required after this date	• GP cover for the beds, through DCHS, has been agreed until the end of April 2020. Continued GP cover will be agreed ahead of January 2020 after the GP has reviewed service requirements.
5. Patients might refuse to be transferred into a pathway 2 bed and ask to be treated at ICH	• There is a 'Patient choice' process that is enacted on acute discharge of a patient to the level of care that meets their needs. This should be used as a final resort once options and reasons have been clearly explained face to face to patients and their families.