London Road Community Hospital Wards 4/5/6 – Update and Next Steps

Derbyshire County Adult & Health Scrutiny Board

July 2021

Purpose of the Meeting

- Overview of London Road Community Hospital - wards 4, 5 & 6
- National Discharge to Assess Definitions
- Covid impact
- Alternative Provision and Overview of Transformation
- To inform the City Adult and Health Scrutiny Board of our intentions to start fine-tuning the process of a more permanent solution
- To ask the Board for their views on how we should engage with people on the transformation of London Rd Community Hospital wards 4,5 and 6?
- Any Questions

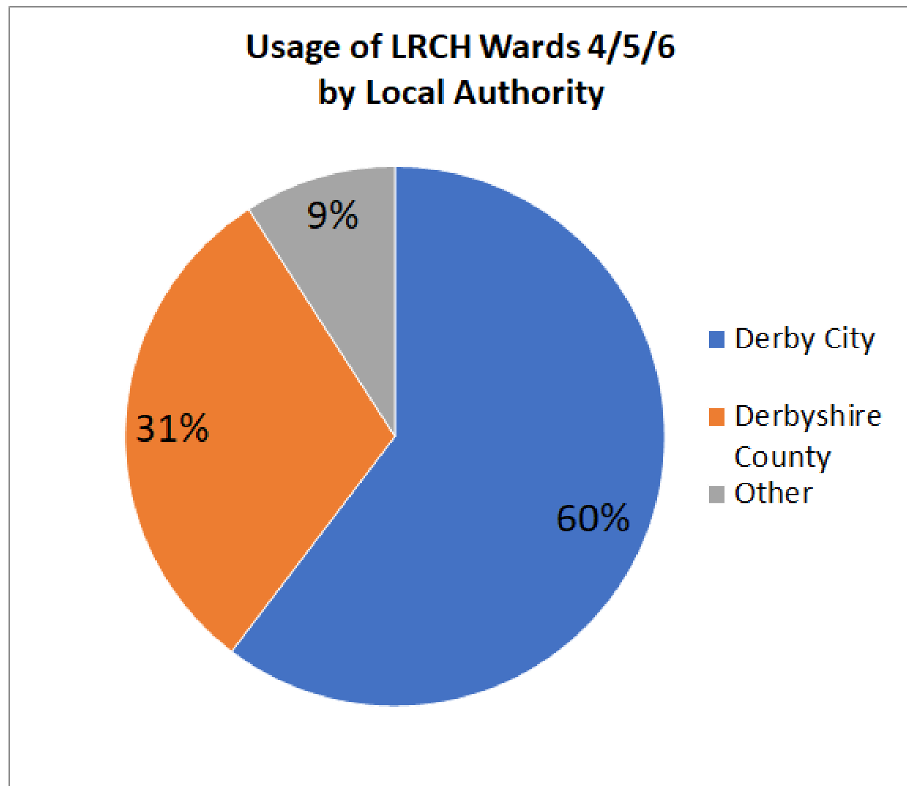
London Road Community Hospital Wards 4/5/6

Overview

- Wards 4/5 & 6 provided short term, rehabilitation nursing beds

LRCH Capacity

Ward 4	30 beds	Ward 5	23 beds (flex 28)	Ward 6	18 beds



Derbyshire County use of LRCH Capacity

- In the year 2019/20 (just prior to the temporary closure of the beds), an average of 31% of the capacity was utilised by residents of Derbyshire County – this amounts to an average of 22 beds per night

- The majority of the capacity on Wards 4/5/6 was utilised by Derby City residents, averaging 43 beds per night

- Wards 4/5/6 also served patients from outside of Derby and Derbyshire, these accounted for an average of 6 beds per night

National Discharge To Assess Definitions

The out of hospital community provision in Derbyshire is categorised in line with the following national framework:

LRCH Wards 4/5/6 served patients requiring pathways 2b and 3

Pre Covid-19 Pandemic
Independent Reviews of people's needs

Independent Review in 18/19

In the South of the county the proportion of provision of Pathway 3/2/1 was not in line with national or locally agreed optimal complex care provision.

Not enough people were being discharged home – too many people were remaining in a hospital bed

Clinical Audits in 2019/20

Conclusions proposed that streamlining or relocating assessment and discharge planning to more appropriate settings that better matched the intended discharge destination could reduce unnecessary days within a bed and could reduce any unintended harm caused by extending patients stay in hospital.

Audit proposed that 79% of patients (48 of 56) did not need to be in a P2b bed

Covid-19 Pandemic Impact

Changes to services – Wards 4/5/6 (temporary closure)

- **During March 2020, following the outbreak of Covid19, NHSE/I published the document "COVID-19 Hospital Discharge Service Requirements".**
- This included agreement for Continuing Healthcare (CHC) funding processes to be simplified and fully funded by NHSE/I**.**
- **RDH focussed on discharging patients from Wards 4, 5 and 6 in order to enable these wards to be repurposed for supporting the Covid19 response – for instance to be used for palliative care or sub-acute Covid19 capacity.**
- As a result, Wards 4 and 6 discharged all patients on 30th March and the majority of patients were discharged from Ward 5 which then remained open to support a small number of patients until 6th April.
- **Across the 3 wards a total of 52 patients were discharged**.

- **Most common condition - frail elderly people with delirium or dementia**

- **National discharge principles changed – Clear evidence that discharging people home delivered the best outcome for patients**

Service developments / Alternative to LRCH

Derby City Enhanced P1 service (Delirium Pathway)

The Service

- Urgent 2 hour Home First response
- Planned response to non-urgent to prevent escalation
- Full team will take up to 12 customers over 14 days
- Up to 7 calls per 24 hour period – 6 hours contact time
- Incorporated into D2A Pathway 1
- Access with D2A referral to IDH/H2H Team

Soft launch from 15/03/21

- New staff team recruited
- Enhanced induction & training
- Adapted MDT's to include mental health support
- Escalation Planning with GP's
- Operational processes established

Criteria

- Clinical diagnosis of acute delirium
- Enhanced care needs manageable at home
- Preventing admission or facilitating discharge
- Derby City adult residents

Exit & Outcomes

- Longer period of care in P1 if needed
- P2 bed if needed
- Referral to specialist services
- Supporting carers to recognise & prevent future crisis
- Measuring outcomes short, medium & longer term
- Capturing customer & staff experience

Service developments/Alternative to LRCH

Dementia Palliative Care Team (AKA Dementia pilot)

Aim: Improving the Pathway for People with Dementia & Delirium

Previously people with Dementia/Delirium often default to a nursing bed (P2b), which is often an inappropriate placement
Their length of stay in P2b is 20+days and discharge can be challenging
Purpose is to close gap in the pathway for people with dementia and complex, high level needs

Expected Outcomes

- Reduce system impact – LoS, inappropriate P referrals & bed days, readmission rates, challenging discharges
- Improve Dementia pathway – clinical quality and equity
- Support Care Home staff with dementia complex cases & Covid 19
- Improve training and education – (dementia, delirium, Covid 19, end of life, symptom management, palliative care)
- Implement National Guidance & Evidence based practice in end of life and dementia care

80 Referrals September 2020 – February 2021 from the Derby City Alliance Group

- Rate of referral higher than pilot anticipated
- New EMAS pathway going live, will increase referrals
- Referrals for discharge support increasing
- Increasing links with PCNs
- Increasing links with Care Home support networks
- Increasing number of referrals for people with learning disabilities

Proposed Service developments

Additional P2a / P2b Capacity

- Developed a P2b specification for 10 beds in the City to be provided by an independent nursing home

- We have explored the market and there are good nursing homes that have expressed an interest

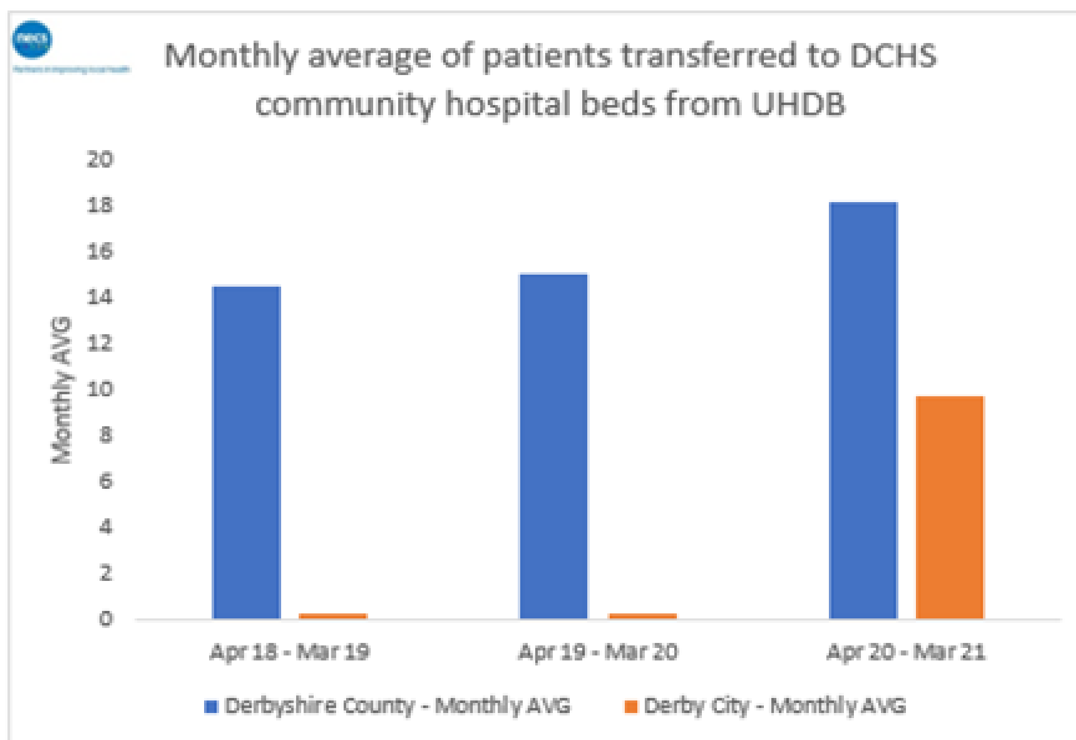
- **But at the moment the system feels we have enough provision because:**

    - Well established Home First service
    - Integrated delivery model (DCHS, DCC, UHDB)
    - Can easily flex up and down within the P1 – P2 provision – flexible staffing and flexible estate (across the County)
    - Well connected primary care network
    - New dementia and delirium models
    - P2b provision is available elsewhere

However if we feel we need more bedded provision we could easily commission more provision.

Data / Evidence

Changes to patient flows out of Royal Derby Hospital



Period	Apr 18 - Mar 19	Apr 19 - Mar 2	Apr 20 - Mar 21
Derbyshire County - Monthly AVG	15	15	18
Derby City - Monthly AVG	0.3	0.3	10

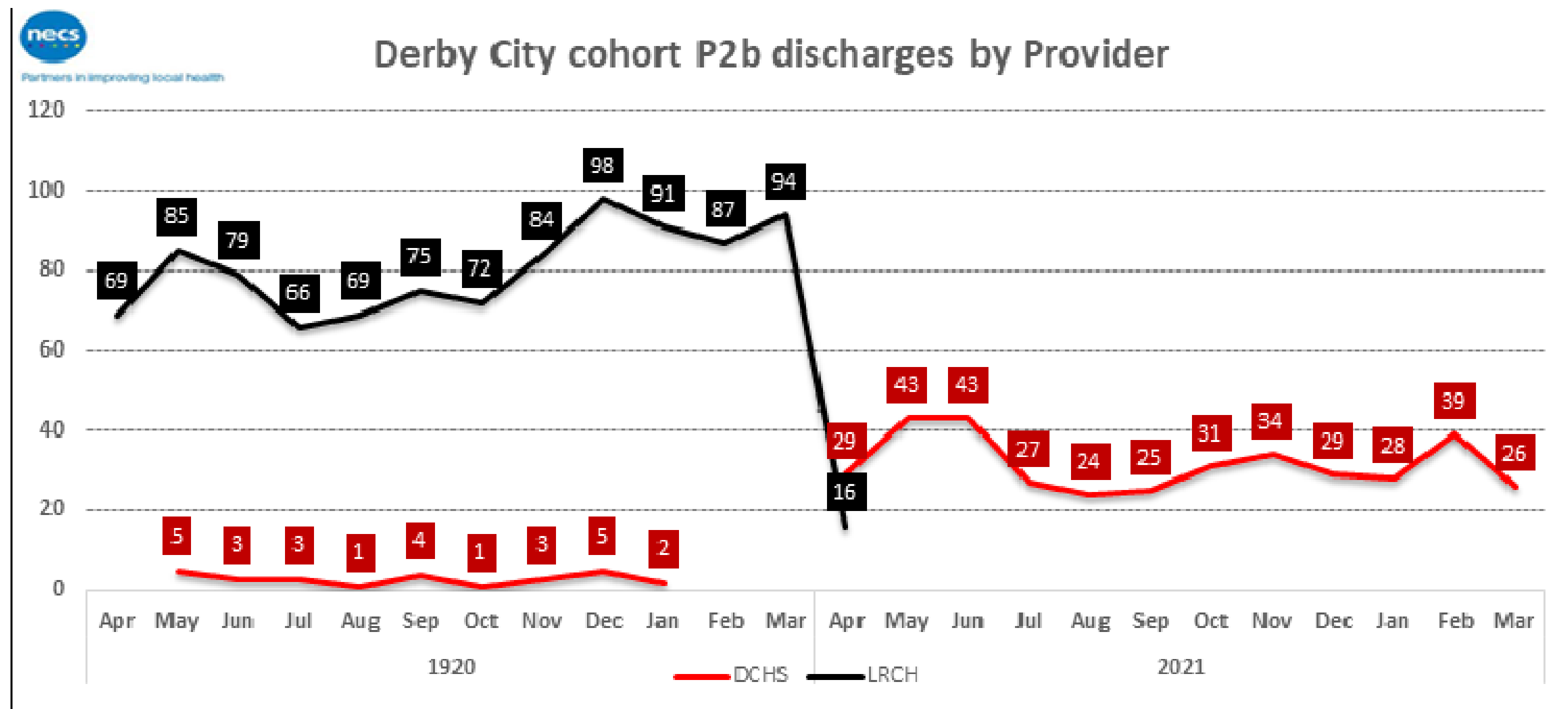
The average patient length of stay within the Pathway 2b beds in Derbyshire county has reduced from 22 days in 19/20 to 15 days 20/2. This has released capacity and increased throughput meaning more county residents will be able to access those beds.

We have increased ward capacity to admit covid+ patients.

Changes in National Discharge Guidance has allowed patients to go directly into a nursing home for CHC assessment

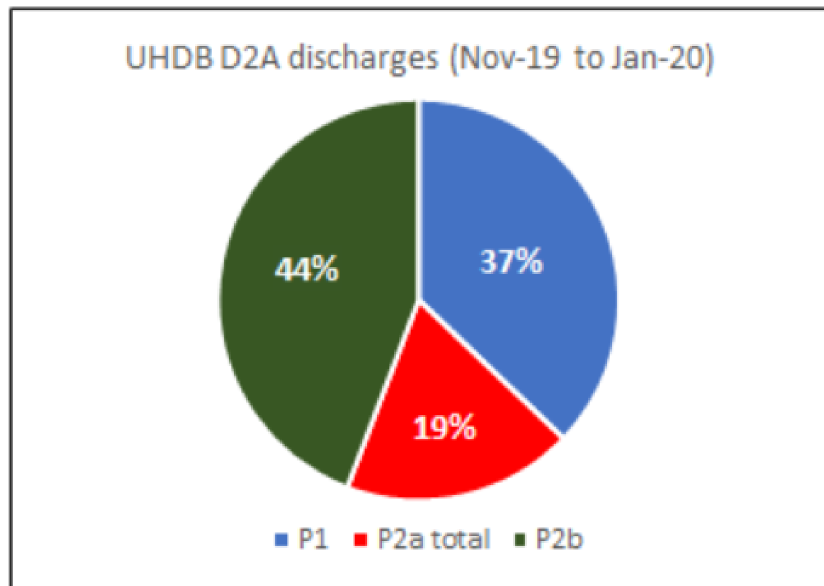
Derby City Alliance patient access to Pathway 2b

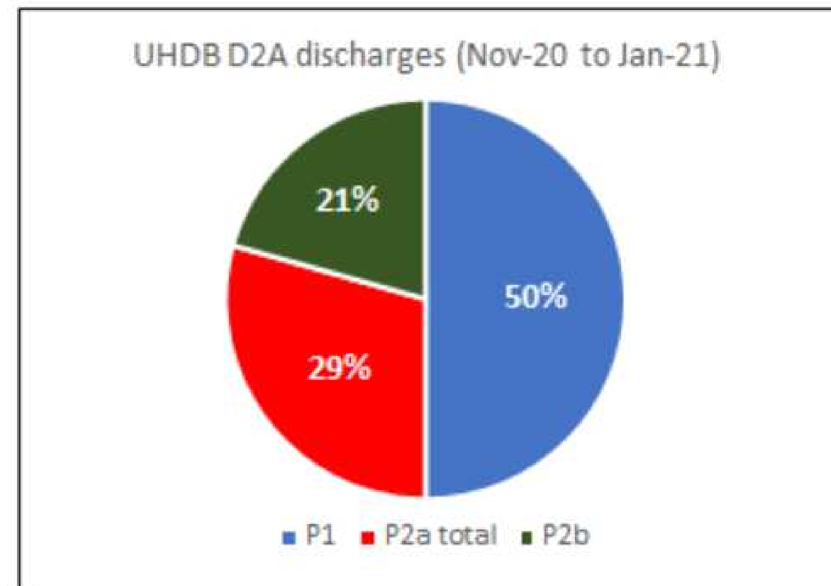
- Since May an average of 32 discharges per month from DCHS community hospitals are for Derby City patients



Discharge pathways : more patients going home

- **13% (126) more people went home**
- **P2a discharges increased by 13%**
- **P2b discharges Halved**





Next Steps

Develop the case for change:

Further refine the Case

- Have we got enough evidence to support the continued/permanent closure of LRCH? What would help, what is missing?
- What does the data tell us about the demand for D2A Pathways and therefore capacity required? Have we got that right?
- What are the risks associated with the proposed change /impact on others and how do we mitigate them?
- How should we engage and communicate with stakeholders?

Engagement and communication

- Develop the plan to engage with stakeholders:
  - Staff LRCH
  - Adult and Health Scrutiny Board
  - City Place Alliance
  - PCNs & Primary Care
  - Staff (NHS & LA)
  - Public
  - Carers
  - Partners NHS & LA
  - Independent Sector – voluntary and private

Any Questions

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