Spotlight on

Modelling the number of rehabilitation beds

What we analysed

We analysed information from UHNM (Royal Stoke) about the patients who need support to return home, over and above community services from September 2016 to March 2017. These are known as 'complex discharge' patients and include the winter pressures. The patients needed bed based assessment such as rehabilitation or assessment for bed based care. 146 patients per week were analysed.

These patients were medically fit for discharge which means that they did not need treatment such as IV antibiotics or drips. They might need help with washing, dressing, toileting, medication, physio or Occupational Therapy. Using clinical discharge data, in 70% cases, clinicians recommended that that patients should go home with further care, while only 30% should go to a rehabilitation bed. We found that in 20% of cases, patients were discharged to a bed despite their clinical need indicating that they should have gone home.

Why did we do this?

We wanted to understand how many rehabilitation beds we would need to keep patients safe and make sure that they would receive the care they need whilst preventing deconditioning and unnecessary stay in a hospital bed.

The data showed us where people had gone to. 50% went to a community hospital or care home and 50% had gone home with a home care package to help them with personal tasks or intermediate care package such as nursing and therapy support.

What does best practice look like?

National Best Practice studies by the Emergency Care Intensive Support Team (ECIST) and our local studies (called Point Prevalence) tells us that ideally, 90% should go home but the CCGs thought this would be a step too far for our system so we agreed with UHNM, SSOTP and the Local Authorities to aim for a 70% home and 30% commissioned rehabilitation bed model.

What is Home First?

Home First is provided in people's homes and care homes to provide reablement for patients and includes washing, dressing and help with personal tasks. We have commissioned enough capacity to provide this service for 413 patients at any one time. In April there were 347 people who needed these services.

How long do patients wait?

The average wait for people to be moved from acute services at the hospital to Home First is now 1 day. Patients are not moved into another bed in the interim which avoids unnecessary disruption.

Why do we need 132 Beds?

The 6 months data told us that 31 patients per week would need a bed based solution

The average length of stay would be 28 days:

(14 rehab + 7 assessment + 7days to find a bed).

Based on a 70:30 model with a 95% occupancy rate to allow for flexibility this leads to 132 beds

Palliative care is included in the model as are some step-up GP referrals

The model has been run 3 times with 5 years' worth of different winter data. It has been checked by NHS I, signed off by A&E Delivery Board and analysed again by Newton Europe.

How do we check the Care Homes?

The quality of service provided in care homes is of paramount importance.

They are checked by:-

- NHS Contracting Quality measures
- Monthly contract review Boards
- Quality check visits
- Visits by Healthwatch
- GP cover is commissioned as part of Multi-Disciplinary Team approach to care.
- Minimum staffing levels specified

If the CQC has concerns, we work with them to rectify the problems and would suspend placements to the care homes if the concerns were not addressed as would the Local Authority.

How have things changed?

When we had 264 beds in Community Hospitals, there were 2,758 community care hours where 183 patients could be supported. The care model has evolved to provide care closer to home, and in the appropriate setting.

As such, the number of community care hours for Intermediate Care, Reablement and Palliative Care has increased by 125% to 6,200 hours at any one time which allows 413 patients to be supported.

We would maintain an ability to flex 132 beds up or down to cope with surge such as flu or winter pressures.

Provided by: North Staffordshire Clinical Commissioning Group, Stoke-on-Trent Clinical Commissioning Group