

Age UK Rotherham Hospital Aftercare Service: Evaluation of the pilot extension into UECC and AMU at TRFT

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**Age UK Rotherham Hospital
Aftercare Service: *Evaluation
of the pilot extension into
UECC and AMU at TRFT***

December 2018



Age UK Rotherham Hospital Aftercare Service

Evaluation of the pilot extension into UECC and AMU at TRFT

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December 2018

Executive Summary

This report is the final output of an independent evaluation of the pilot extension of the Age UK Rotherham (AUKR) Hospital Aftercare Service (HAS) into the Emergency Department (Urgent and Emergency Care Centre - UECC; and Assessment Medical Unit - AMU) of The Rotherham Foundation Trust (TRFT). The pilot was funded by NHS Rotherham Clinical Commissioning Group (CCG) to enable the HAS, which has previously been ward and inpatient focussed, to expand into the UECC and AMU. It **provided support to 239 older people** who would otherwise have been admitted as an in-patient on non-medical grounds, offering **transport to return home** where safe to do so, **help and support to settle back in at home** and **support to access other forms of community based support** to enable them to continue to live independently.

The evaluation findings are overwhelmingly positive. Set against the original aims and outcomes of the pilot the following has been achieved:

- The pilot **prevented twenty in-patient admissions** meaning that NHS costs of **£32,180** (estimated) were avoided from unnecessary inpatient stays.
- **None of the 20 patients for whom admission was avoided were readmitted to UECC** within 30 days of discharge. Overall only 10 patients supported by HAS (4 per cent) were readmitted at all within 30 days.
- HAS is **very well regarded by patients**, who are benefiting from reduced waiting times prior to discharge and an improved flow through UECC. Overall, the pilot **saved patients an estimated 606 hours waiting in hospital** by transporting them home sooner than would have been possible before the service was established, leading to NHS costs of **£11,284** (estimated) being avoided from unnecessary ambulance journeys.
- 55 HAS patients received additional support in their home, often alongside referrals to a wider range statutory and community services, and were able to access additional benefits entitlements with a total value of **£22,243**.
- Patients particularly welcomed the fact that the service meant they **didn't have to wait around in the hospital** for taxi or ambulance, and, where needed the additional support to settle in at home and the opportunity for follow-up support.
- The service was also a source **reassurance for carers and family members of the most vulnerable patients**, alleviating some of the additional pressure that an unplanned hospital episode can create.
- UECC staff were hugely positive about the service, commenting on its **flexibility and responsiveness** to the needs of patients, and the way it **speeded-up patient flow** through the department, **freeing-up capacity in both staffing and beds**. A number of staff advocated in favour of an **extended service with more capacity** to meet demand.
- Overall, the pilot led **total benefits** - to health services and to patients - **of £65,704**, a **return on investment of 73 pence (£0.73)** for each pound (£) invested by the CCG.

1. Introduction

The Centre for Regional Economic and Social Research (CRESR) has undertaken an independent evaluation of the pilot extension of the Age UK Rotherham (AUKR) Hospital Aftercare Service (HAS) into the Emergency Department (Urgent and Emergency Care Centre - UECC; and Assessment Medical Unit - AMU) of The Rotherham Foundation Trust (TRFT). This evaluation report provides a review the activities, outputs and outcomes of the focussing on the impact of the service on avoidable hospital admissions to TRFT, and patient experience and independence.

AUKR received additional funding from NHS Rotherham Clinical Commissioning Group (CCG) to enable the HAS, which has previously been ward and inpatient focussed, to expand into the UECC and AMU. The pilot provided support to older people who would otherwise have been admitted as an in-patient on non-medical grounds. It offered **transport to return home** where safe to do so, **help and support to settle back in at home** and, through AUKRs assessment and enablement services, **support to access other forms of community based support** to enable them to continue to live independently.

The pilot ran from 1st October 2017 to 30th September 2018 and had several aims:

- prevent avoidable hospital admissions at TRFT UECC;
- decrease the likelihood of avoidable re-presentation at UECC
- Improve flow through UECC and prevent delayed transfers of care.
- improve the patient experience

The pilot service builds on AUKR's existing HAS provision to provide a two level service dependent on the needs of the individual patient (table 1.1 below).

Table 1.1: Overview of HAS service levels

Level	Service provided
One	Take home and settle; TTO collect if needed; assessment of needs; signpost to other support; ensure any existing support/ care package continues or take action to re-establish; follow up call next day, benefits advice if needed.
Two	Take home and settle; TTO collect if needed; assessment of needs, ensure any existing support/ care package continues or take action to re-establish; benefits advice if needed; enablement support up to 5 hours over 14 days if needed; signpost/refer to other sources of community based support.

By the end of September 2018 239 people had been supported by the HAS pilot: 217 accessed transport home, and 55 received additional support through a Level 2 intervention.

The pilot has been evaluated against a series of key performance indicators (table 1.2 below).

Table 1.2: Overview of key performance indicators

Aim/Outcome	Indicator
Prevent avoidable hospital admissions at TRFT UECC	No of people in receipt of a L1 or L2 HAS intervention who would otherwise had been admitted to TRFT as an inpatient
	Estimated costs avoided as a result of admissions avoided
Decrease the likelihood of avoidable re-presentation at TRFT	No of admissions to TRFT (inpatient or UECC) of people in receipt of a L1 or L2 HAS intervention in the 3 -6 months following the intervention compared to the previous 3-6 months
	Estimated costs avoided as a result of admissions avoided
Improve the patient experience: a) Within TRFT b) Following discharge	No of patients who report a positive/improved experience of visiting TRFT/the HAS service
	Number of hours transport delay avoided
Increased ability to continue to live independently	No of patients identifying positive outcomes associated with independence
	Number of referrals to other forms of community based support – AUKR and other providers
	Number of referrals for AUKR benefits checks
	Value in £s of additional benefits gained

The remaining sections of this report present the main findings of the evaluation linked to these high level indicators:

- Section 2 presents evidence relating to outcomes for health services
- Section 3 presents evidence relation to the outcomes and experiences of HAS service uses
- Section 3 provides a summary of the main evaluation findings

2. Outcomes for health services

This section considers the impact of HAS on NHS services through analysis of data on hospital admissions and the associated unit costs of these admissions.

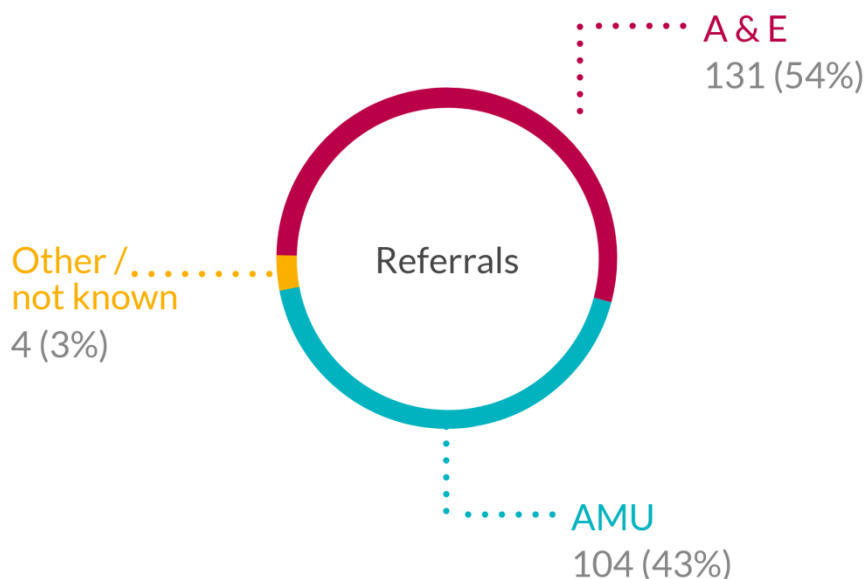
Impact on hospital admissions

A key aim of the pilot was to prevent avoidable hospital admissions from the Rotherham General Hospital–UECC. When a patient presents at the UECC the following options are available to staff:

- Treat and discharge if safe to do so: if no relative or carer is available, and private or public transport is not a feasible option, the patient will be offered hospital transport (i.e. an ambulance)
- Treat and admit as an inpatient
- Treat and refer to the AMU, who will determine if a full admission is necessary

HAS received referrals from UECC directly and from the AMU. Of the 239 referrals received, 131 were from UECC and 104 were received from the AMU. A small number of other referrals were received from Transport Co-ordinators and the Care Co-ordination Centre.

Figure 2.1: Source of referrals to HAS



Of 239 referrals, hospital staff reported that 20 patients (9 per cent of those transported home) would have otherwise been admitted as an in-patient to Rotherham General. None of these 20 patients were readmitted to UECC within 30 days of discharge and only 10 of the 239 patients supported by HAS (4 per cent) were readmitted within 30 days. Of those who were readmitted within 30 days only 3 had been in receipt of a Level 2 HAS intervention.

Importantly, 75 patients were referred to HAS 'out of hours', either after 18.30 in the evening or at the weekend, of whom 11 would have been admitted as an in-patient. **Of note, of the**

20 patients who would have been admitted as an inpatient without a referral, 10 were at the weekend, which suggests the potential of HAS to prevent admissions increases considerably when other transport options are less readily available.

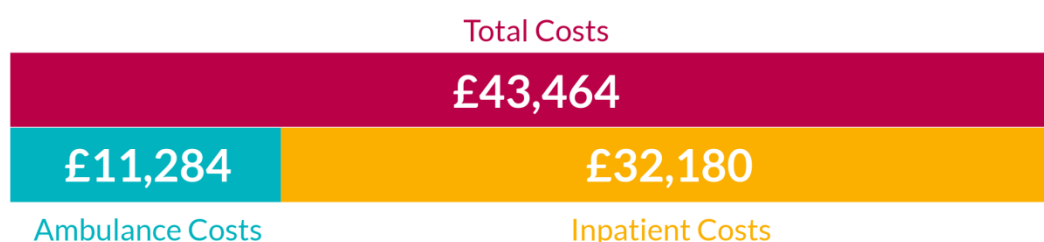
NHS costs avoided

From this data it can be estimated that the **£43,464** in health service costs have been potentially avoided as a result of activities undertaken through the pilot:

- Based on the average cost of ambulance transport home from hospital of (£52)¹, the number of patients transferred home means that costs of **£11,284** have been avoided in terms of ambulance costs.
- Based on the average cost of an in-patient stay (£1,609²), the number of admissions prevented means that costs of **£32,180** (estimated) have been avoided in terms of inpatient costs.

Overall, this means that for every pound (£1) invested in the pilot it produced 48 pence (£0.48) in direct financial benefits for NHS services.

Figure 2.2: Overview of NHS costs avoided through HAS referrals



However, the figures reported are probably a significant underrepresentation of the number of in-patient stays avoided: as 131 of 239 clients were referred from the UECC prior to admittance to AMU, and AMU admissions are not categorised as in-patient stays. However, the service has not been able to capture the number of referrals that would otherwise have been admitted to AMU or obtain data on the unit cost of an AMU admission.

Moving forward, it is recommended that the service works with the CCG and the hospital to record the number of AMU admissions avoided, including the estimated cost of an AMU admission, alongside in-patient stays, in order to gain a more accurate picture of the impact of HAS on NHS service costs.

¹ Curtis, L (ed) (2010) The Unit Costs of Health and Social Care 2010. Canterbury: Personal Social Services Research Unit. Figure updated to 2017-18 prices

² NHS reference cost for a non-elective in-patient stay (2015-16): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/577083/Reference_Costs_2015-16.pdf

Views of hospital staff

NHS Rotherham CCG collected views about HAS from a number of staff working in UECC and AMU at TRFT. A number of examples are summarised below. These show that overall; the service was very well regarded. Staff commented on:

- The flexible, responsive and patient-centred nature of the service
- That it saved time, speeded up some discharges and therefore improved flow through the department, freeing-up staff and bed capacity
- That it provided a safer discharge for patients who needed support to settle in at home
- Flexible and responsive service which is very thorough and trusted.

A number of staff also advocated in favour of an extended service with more capacity to meet demand.

Nurse 1 (UECC/AMU)

One nurse reflected that the service was very useful for more mobile patients (i.e. those not requiring an ambulance or specialist transport) which freed-up capacity within ambulance service for patients who are not suitable for car transport, but that it felt safer than patient transport as people were taken into home and settled-in. As a result, referral to HAS was said to have speeded up some discharges, with patients leaving hospital sooner increasing flow through the department. It was commented that average wait for patient transport is 3 to 4 hours but with the Age UK Service it was one hour or sooner.

The same nurse reflected that patients who might refuse support from social services are more accepting of Age UK but that there needs to be more capacity in the service if it is to meet identified demand, particularly given the way the service fits in with new models of working such as the Trusted Assessor role.

Nurse (UECC)

Another nurse commented in the flexible and responsive service HAS provided. Getting patient transport can be difficult, particularly at weekends, and the service improves patient flow and frees up bed and staff capacity. They reflected that they would like the service hours extended to enable pick-up up to 7pm.

3. Outcomes and experiences of HAS patients

This section provides a brief overview of the characteristics of HAS patients and presents evidence about their outcomes and experiences of the service.

Who has benefited from the HAS UECC and AMU pilot?

As mentioned in the previous sections, overall, 239 patients of Rotherham General Hospital were referred to the HAS service between November 2017 and the end of September 2018. These referrals were further broken down as follows.

Figure 3.1: Gender characteristics of HAS referrals

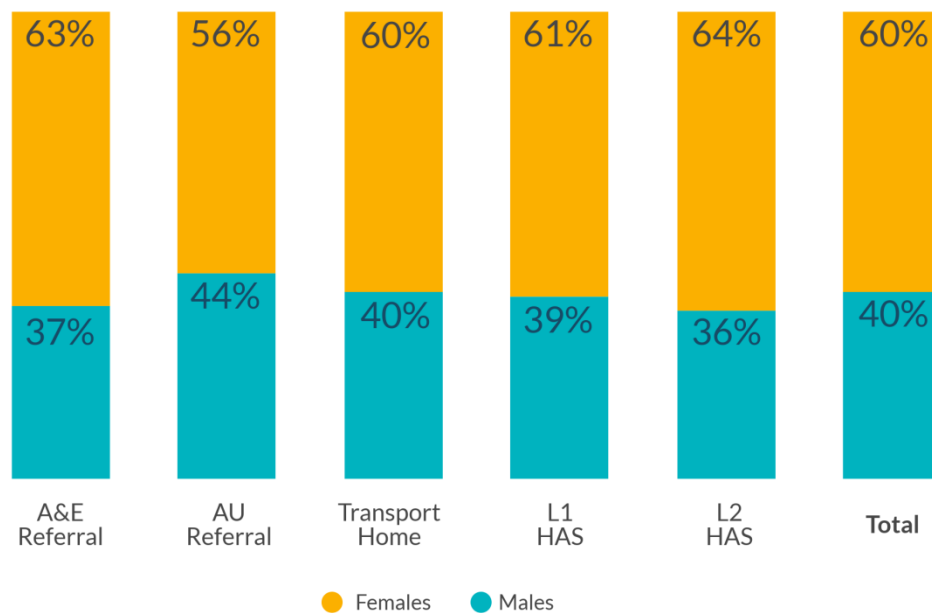
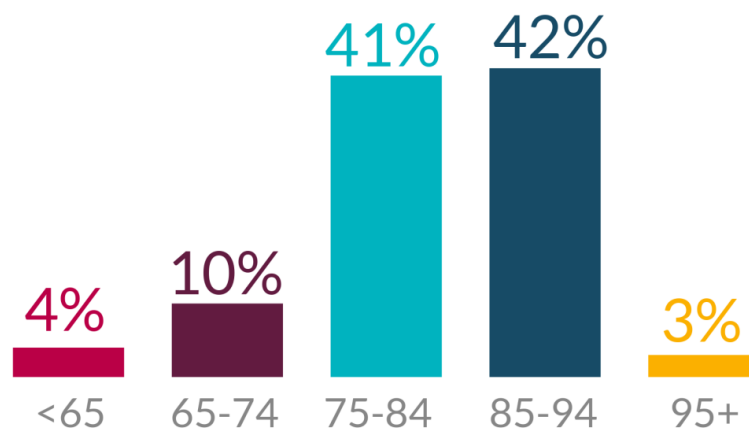


Figure 3.2: Age profile of HAS referrals



These show that the HAS service is accessed by slightly more women than men, and that a large majority of referrals are for patients aged 75 and over.

HAS patient experience

The evidence suggests that HAS is a very popular service with patients with a large majority of patients reporting they had positive experience of the service.

Figure 3.3: An overview of key patient experience measures



Written qualitative feedback and case studies (overleaf) suggest that patients particularly welcomed the fact that the service meant they didn't have to wait around in the hospital for taxi or ambulance, and, where needed the additional support to settle in at home and the opportunity for follow-up support.

"(The) Whole experience from A&E staff and Age UK staff has been marvellous. Very grateful not to have been waiting about once my discharge had been agreed."

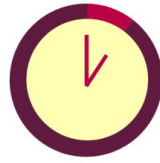
"Very happy with the service especially as I pointed out we would be going straight home – not having to drop other people off on the way home. Enjoyed the settling in at home. Making a cuppa and reassuring."

"I just wanted to go home and am so glad I didn't have to wait for a taxi."

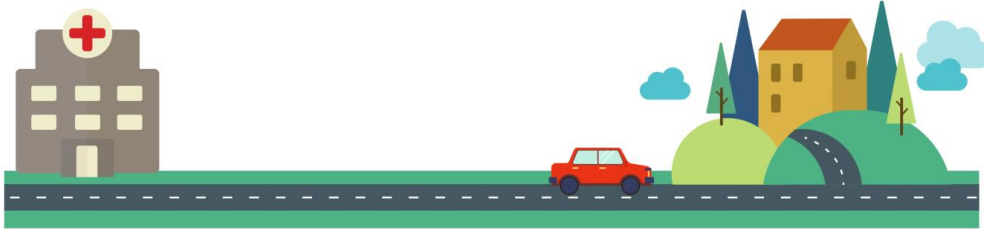
"(I) Was very pleased with the service in getting home and the support I was offered afterwards all very good."

Overall, the pilot saved patients an estimated **606 hours waiting in hospital** - an average of just over two and half hours per patient - by transporting them home sooner than would have been possible before the service was established.

The pilot saved patients an estimated **606 hours waiting in hospital**



In other words, it saved an average of **two and a half hours per patient**



Case study 1: Penelope

Penelope is in her 90's and struggles with her memory. She lives alone but receives support from her daughter and son-in-law. They are both approaching their 70s, but have a huge responsibility towards Penelope which is beginning to take its toll on their health and wellbeing. The daughter shared that sometimes she felt *"a bit drained"*.

Penelope went into hospital by ambulance due to shortness of breath. Her daughter and son-in-law explained that a lady from Age UK brought Penelope back home the following day because she had no means of transport. The son-in-law explained, *"I haven't got a car, anything like that, I thought there used to be a [hospital] bus to pick patients up"*

Age UK rang Penelope's daughter to say that she would be bringing her home. The daughter was worried that she had cancelled the carer for the afternoon as she hadn't expected her mother to return home so soon. The Age UK team member reassured her that she would make all the necessary arrangements to settle her mother once home:

"she said I'm going to make her a sandwich, then if she's not comfy then a cup of tea, so she did that and mum thought she were really nice"

Penelope said that the lady who took her home was *"really nice"*. Her daughter emphasised that the lady was caring and attentive to meeting her mother's needs, *"she did help her, she said to me is there anything else I can do and she seemed really kind"*.

When asked what might have happened without the Age UK service, Penelope's son-in-law replied, *"they fixed her up with an ambulance before, cause she's been in [hospital] quite a few times"*, but in such cases, inevitably, she experienced a lengthy wait before being taken home. Without an ambulance for transport, the family would have been reliant on a taxi. The family were very grateful to Age UK played for ensuring that Penelope was quickly transported from the hospital and settled at home. This alleviated the pressure from them.

Case study 2: Mrs Andrews

Mrs Andrews is 77 years old and lives alone. Paramedics took her to hospital after she had a fall one night in April. Recognising that it could be a long wait for the hospital ambulance that transported people home, a hospital employee rang Age UK. Mrs Andrews explained:

"Well it, it was a long wait for a lift home, you know to get home, so he said were going to ring a connection [Age UK Hospital Aftercare service] we got at the hospital and get you home as soon as possible, because I just couldn't sit long, you know, and there seemed to be a lot, they seemed to be busy that morning"

Further, Mrs Andrews relayed the frustrating experience of being transported home by ambulance in the past, *"you go on one of the ambulance cars, you know, and they go round the houses dropping everybody off and you could be on there two or three hours, ya know, before you get home"*.

The friendly and kind nature of the Age UK team member was noted by Mrs Andrews; she recalled, *"this lady came in then, she was so jolly and you know she was really friendly...she took me out so she brought me home, I invited her in for a cup of tea and she talked to me about what I had wrong with me, she was very kind"*. Mrs Andrews was walked safely up her path and settled in her home. She was keen to get home due to the discomfort she was experiencing from the fall, she recounted, *"I couldn't sit for long, you know, because it was hurting my side and yes it was such a big fall"*. Mrs Andrews was most grateful that she had avoided a long wait to get home, thanks to Age UK's Hospital Aftercare service.

Case study 3: Mr Hargreaves

Mr Hargreaves is 89 years old. He was admitted to hospital by ambulance as a result of bursting a vein in his ankle. Although he had a blood transfusion this didn't involve an overnight stay. A lady from the Age UK Hospital Aftercare service met him at the hospital and took him back home. She provided help to enable Mr Hargreaves to settle quickly when back at home, he recalled, *"she cleaned up all the bathroom, you know there were a lot of blood...and she left it all spotless"*. If this hadn't been done, Mr Hargreaves felt that his return home from hospital might have been delayed as his cleaner wasn't due to visit until a few days later. Further, this prevented him from a risk of falling.

The Age UK team member ensured that Mr Hargreaves had essential supplies; fresh milk and tea, so that he could settle at home with ease, he shared,

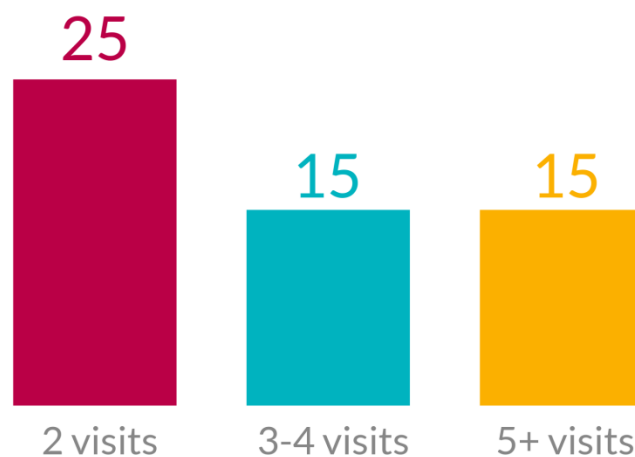
"she made sure that I had, had got some milk, and tea of course, she were very good"

At least one hour was spent with Mr Hargreaves to help him settle at home. When asked how this had helped, he replied that he had been made to feel *"very comfortable"*. Since the initial visit, the Age UK team member phoned Mr Hargreaves to check how he was doing. Mr Hargreaves appreciated the service and recognised that he might not have been discharged from hospital so quickly if Age UK hadn't stepped in and supported him to return home.

Supporting patients to live independently

Overall, 55 patients have received additional visits from HAS (i.e. a level 2 intervention): 25 patients received 2 visits, 15 received 3-4 visits, and 15 received 5 visits or more.

Figure 3.4: An overview of level 2 HAS interventions



A number of patients have been referred to other statutory and voluntary services following an assessment, including RMBC (Rothercare) for enabling devices such as stair or grab rails, and Assessment Direct; RICCS fall service for falls/mobility rehabilitation; AUKR's advice and information service for benefits checks and claims; and to their GP for a social prescribing referral or referral to the District Nurse. Overall, 32 patients were able access additional benefits entitlements worth £22,243 (all attendance allowance) following the referral to HAS.

4. Conclusion

The evaluation evidence about the impact of the pilot extension of HAS into UECC and AMU at TRFT is overwhelmingly positive. Set against the original aims and outcomes of the pilot (table 1.2), the following has been achieved:

- **Prevent avoidable hospital admissions at TRFT UECC**

The pilot has prevented twenty in-patient admissions meaning that NHS costs of **£32,180** (estimated) have been avoided from unnecessary inpatient stays (this is likely to underestimate the overall benefits - see below).

- **Decrease the likelihood of avoidable re-presentation at TRFT UECC**

None of the 20 patients for whom admission was avoided were readmitted to UECC within 30 days of discharge and overall **only 10 patients supported by HAS (4 per cent) were readmitted at all within 30 days**. Furthermore, of those who were readmitted within 30 days only 3 had been in receipt of a Level 2 HAS intervention.

- **Improve the patient experience**

HAS is very well regarded by patients, who are benefiting from reduced waiting times prior to discharge and an improved flow through UECC. Overall, the pilot saved patients an estimated **606 hours waiting in hospital** by transporting them home sooner than would have been possible before the service was established, leading to NHS costs of **£11,284** (estimated) being avoided from unnecessary ambulance journeys.

- **Increase patients ability to continue to live independently**

55 HAS patients received additional support in their home (i.e. a level 2 intervention), often alongside referrals to a wider range statutory and community services, and access to additional benefits entitlements with a total value of **£22,243**. Patients particularly welcomed the fact that the service meant they **didn't have to wait around in the hospital** for taxi or ambulance, and, where needed the additional support to settle in at home and the opportunity for follow-up support. The service was also a source **reassurance for carers and family members of the most vulnerable patients**, alleviating some of the additional pressure that an unplanned hospital episode can create.

- **Wider benefits for TRFT**

UECC staff were hugely positive about the service, commenting on its **flexibility and responsiveness** to the needs of patients, and the way it **speeded-up patient flow** through the department, **freeing-up capacity in both staffing and beds**. A number of staff advocated in favour of an **extended service with more capacity** to meet demand.

- **Overall benefits**

If the financial benefits to health services and service users are summed it provides an estimate for **total benefits -to health services and to patients - of £65,704**. If these benefits are compared to the costs providing the HAS service, it demonstrates that for each pound (£1) invested in the service by the CCG there is a **return on investment of 73 pence (£0.73)**.



- **Data collection challenges and limitations**

It is important to note that there have been **challenges in gathering data** for evaluative purposes which mean there is a distinct possibility that the **impacts of HAS are being underreported and the benefits undervalued**. By operating predominantly in UECC, HAS is supporting people who would otherwise be admitted to AMU, but AMU is not classified as an in-patient stay. Moving forward, it will be **necessary to record the number of AMU admissions prevented**, and understand the cost of an AMU admission (and on whom it falls), if the value of the benefits of HAS for NHS services and resources is to be properly captured.