

Impartial Assessor Project

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What is it?

- One profession or service trusting the assessment of another profession or service and acting upon it.
- Promote safe and timely discharges
- Doesn't remove statutory responsibilities

https://www.youtube.com/watch?v=rD1aj_Ic6ns

Rapid improvement guide to trusted assessors

March 2017

Delays in patient discharge can be harmful to patients but most can be avoided, particularly if the delay is caused by waiting for a care provider to assess and accept a patient into their service. A trusted assessor carrying out the assessment – someone acting on behalf of and with permission of the provider – is a good way of dealing with these delays.

Why is it important?

The compelling story

- #last1000days
- ***“Patient time is the greatest currency in healthcare”*** Prof Brian Dolan

•48% of people over 85 die within one year of hospital admission

Imminence of death among hospital inpatients: Prevalent cohort study
David Clark, Matthew Armstrong, Ananda Allan, Fiona Graham, Andrew Carnon and Christopher Isles, published online 17 March 2014 *Palliat Med*

•10 days in hospital (acute or community) leads to the equivalent of 10 years ageing in the muscles of people over 80

Gill et al (2004). studied the association between bed rest and functional decline over 18 months. They found a relationship between the amount of time spent in bed rest and the magnitude of functional decline in instrumental activities of daily living, mobility, physical activity, and social activity.
Kortebein P, Symons TB, Ferrando A, et al. Functional impact of 10 days of bed rest in healthy older adults. *J Gerontol A Biol Sci Med Sci.* 2008;63:1076-1081.

If you had 1000 days left to live how many would you choose to spend in hospital?

Local Stats

Castle Point and Rochford Clinical Commissioning Group

NHS CASTLE POINT & ROCHFORD CCG - Care Home Activity

Non-Elective Spells: Care Home Trends

Period: between 01/04/2013 and 31/03/2017

Table 1: Overall Care Home Non-Elective Spells by Locality

Locality	2016/17												CHANGE IN ACTIVITY FROM LAST YEAR				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	15/16	16/17	Change	% Change	
99F NHS CASTLE POINT & ROCHFORD CCG	27	32	41	23	27	26	22	33	34	42	37	31	362	375	▲ 13	(3.6%)	▲
Barling Magna	1	1	3	-	3	1	-	2	-	3	3	1	6	18	▲ 12	#####	▲▲
Benfleet	1	2	7	3	4	5	4	9	1	5	7	6	65	54	▼ 11	(16.9%)	▼▼
Canvey Island	9	14	8	7	2	8	7	8	16	17	13	15	133	124	▼ 9	(6.8%)	▼▼
Castle Point & Rochford	-	1	4	3	3	-	1	1	3	1	-	1	15	18	▲ 3	(20.0%)	▲▲
Rayleigh	7	6	7	5	9	4	6	6	10	9	3	5	77	77	-	-	◀▶
Rochford	9	8	12	5	6	8	4	7	4	7	11	3	66	84	▲ 18	(27.3%)	▲▲

Historical reasons?

- Hospital 'incentive' to discharge patients rapidly.
- 'Incomplete' discharge planning.
- Limited access to patient information.

Options?

1. Hospital Discharge Co-ordinator provides this function.
2. Local Authority provides this function.
3. 'Impartial' provider provides this function.
4. Other?

Impartial Assessor

1. Acts as a conduit between care homes and hospital.
2. Updates care home regarding the wellbeing of residents.
3. Accesses ward-based information, liaises with families to prepare the ground for timely transfer.
4. Clarifies concerns raised by residential home?
5. Minimises the need for care staff to attend for hospital assessment.

Impartial Assessor could enable ...

1. Facilitates return-transfers from hospital to an existing care home.
2. Transfer of patients to an interim support package e.g. reablement or intermediate care?
3. New admissions to residential care?
4. Eligibility Assessments under The Care Act (future?)
5. Authorises add-on support to facilitate transition(future?)

CQC Guidance

“Where a provider is confident that they can rely on information from hospital or care management staff, and that on the basis of this information they are able to meet the person’s needs, they do not necessarily need to see them in person. This includes in relation to gaining consent to their care and treatment being transferred back to the care home.”

CQC, October 2016

SECHA project

- Contact Phil Roseman: Is this something SECHA might be able to support?
- Small working party formed for an informal discussion.
- iBCF bid for funding for one year pilot (now approved)
- Wider group involvement for follow-up meeting
- Present to SECHA, for wider awareness/discussion

SECHA project Next steps: *Castle Point and Rochford Clinical Commissioning Group*

- Function is not limited to SECHA membership.
- Work group to develop and agree service specification and Job description.
- Meeting with Hospital Discharge team and Local Authority.
 - Accommodation?
 - IT Connectivity?
 - Honorary contract?
- Evaluation.
 - Agree metrics to be used to monitor how the service is operating and its impact.
 - Build in a feedback loop/hotline into the model.
 - Consider how the trusted assessor model will support delivery of other interventions.

Summary

- It's Legal.
- It's professional.
- It must be co-designed.
- It can't be imposed – 'opt-in'.
- It's flexible – local opportunities.
- It should save time for patients and care homes.

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