

**Hampshire CC and Clinical Commissioning Groups Joint Event:
'Ask & Offer Workshop'
1st December 2015, Fareham**

The event was organised at the behest of

Karen Ashton - Strategic Commissioning Officer, HCC

Alex Berry - Chief Commissioning Officer, South Eastern Hampshire Clinical Commissioning Group

They introduced the event and explained why it has been arranged:

Everyone is aware of the increasing pressures on health & support services, and the resulting squeeze on the care sector, factors contributing to this include:

- longer lifespan*
- increasing needs due to improved survival of people with serious conditions*
- rising expectations (the Care Act and CQC are part of this)*
- huge financial pressures*

HCC are well aware of the impact these are having on care services through their own in house services, and local providers cannot be ignorant of the pressure on local health services.

We all understand that health and social care services are interlinked, and to tackle these challenges must work together, share information and devise joint solutions.

Today's event aims to improve understanding of the issues facing care homes.

Those involved appreciate the time providers are spending to support this initiative and have arranged for some presentations which it is hoped will benefit them.

Presentation: Enhanced Health in Care Homes

This was given by Dr Donal Collins, a GP with a special interest in the health of the elderly.

He presented information about a trial scheme operating in the catchment of the Airdale Hospital (Steeton, W Yorks). The hospital uses a records system which is shared with GPs and with all Nursing and Residential homes in the area, so each patient has a single record which is accessible (subject to consent) by professionals in all of these facilities.

Technology is used to facilitate quick and easy access to advice and professional as needed, including skype consultations with GPs.

This is estimated to have reduced hospital admissions (which cost between £2500 and £3000 each) by 70%, a cost saving which has more than paid for the cost of the new technology and systems.

Key parts of how it has been made to work:

- relationships*
- professionalism*
- improving quality of the working day for staff*
- fair remuneration*

A system like this remains a way off in Hampshire, but as a first step all GP practices in Gosport have agreed to move to a common records system.

The intention is that ultimately each patient has one single care plan, which is kept up to date by everyone involved in providing care.

Presentation: Hydration, Dr Sara O'Callaghan

Dr O'Callaghan was a GP, and now works on hydration and nutrition in hospitals. She was involved in a pilot project to improve hydration in care and nursing homes.

Care home residents are particularly at risk.

She mentioned that many people believe drinking more will mean they need to go to the toilet more, which is in fact not true. (Concentrated urine is more likely to irritate the bladder, meaning patients need toileting more and not less)

The focus was on reducing hospital admissions, and the project was hugely successful. The numbers in the presentation are quite staggering; 93% of participants reported a difference in resident well-being and alertness, 83% a reduction in UTIs, 67% a reduction in falls.

Overall in the area there was an 85% reduction in acute admissions for #NOF associated with falls, delivering a cost saving of £86K. Total calculated savings were more than £490K over a 15 month period.

Hampshire are urgently looking at how they can use these findings. (Kent, Surrey and Sussex are rolling out a version of the project starting in Feb 2016 to 3 pilot locations.)

The presentation includes practical steps homes can take now to improve hydration.

Copies of both of these presentations should be sent around by email.

We were then asked to take part in a group workshop exercise to consider ways in which hospital admissions could be reduced and discharge processes improved. Those present from the CCG seemed genuinely interested in our feedback, comments and ideas.

Poor quality of information from hospitals was a recurrent theme, as were poorly organised discharges.

There are plans to circulate a summary of the findings, and to organise further similar workshops throughout the area to involve more providers and develop the ideas generated.

Providers were invited to send in further ideas in the meantime via PaCT.

Hampshire will consider restarting a provider forum. (Dr O'Callaghan reported that a similar monthly event is held with great success in her part of the county, with approximately 60 providers attending a typical session.)