

Eildon Community Ward

Aims:

- To develop community ward capacity (to be known as Eildon Community Ward) outwith BGH that supports Central Borders patients who are unable to access local community hospital services to receive the care they need at home or within the local community setting.
- To improve patient safety and experience.
- To demonstrate the benefits of a locality based model of care and inform the future function and development of community hospitals and their operational policies.

At present NHS Borders has four community hospitals supported by different models of medical cover. NHS Borders' discharge policy has been revised over recent years in order to make effective use of available bed capacity across the system. This has meant that in some cases patients, once they are able to move on from acute care, have to be managed in community hospitals outwith their local community. Local GP practices, upon which NHS Borders depends to sustain viable community hospital services, find this unworkable and feel that it does not provide an equitable or sufficiently patient-focussed service.

There is currently no central borders community hospital facility, therefore, it is proposed to develop a model of care, initially in central Borders, which will provide a clinical bridge across primary and secondary care as well as with Social Work and other partner agencies. It will focus on supporting patients in their local community, preventing admission where appropriate and enabling rapid-return from acute care to the patient's own home or community. It will aim to improve patient experience and safety and will be person - centred, utilising anticipatory care planning and care continuity.

Eildon Community Ward will be patient-focussed and will be flexible enough to provide care and support wherever it is most appropriate for the patient.

- A step-down / step-up 7 day service which links with BGH specialties and works closely with the Emergency Department and Borders Emergency Care Service as well as Social Work.
- Appropriate eligibility / admission criteria.
- Resilient anticipatory care planning processes and care escalation policies.
- In-reach to BGH to "pull" patients from acute care – with the potential to consider direct care by the Eildon Community Ward GPs and/or Allied Health Professionals.
- Multi-disciplinary assessment within 48 hours of admission to the Ward.
- The capability to manage IV therapy in the Ward.
- A level of flexible training and education potential through rotations / placements to support the development of a pool of staff with consistent skill sets across the system.

The following outcomes are anticipated once Eildon Community Ward is implemented fully:

For the Eildon locality:

- Reduced admissions;
- Reduced readmissions;
- Reduced number of GP home visits;
- Reduced Length of Stay;
- Reduced number of out of locality placements;

- Reduced number of delayed discharges.

Wider:

- Reduced LOS in other community hospitals;
- Improved patient, family and carer satisfaction;
- Improved staff satisfaction.

A project brief has been submitted to the Integrated Care Fund steering group with initial costings identified. Similar projects in other Health Boards have been researched to inform the development of this project.

A snapshot taken on Friday 7th August showed that there were 7 patients across the BGH and Community Hospitals from the Eildon area that were inpatients in the BGH despite being medically fit for discharge or were inpatients in a Community Hospital outwith their locality. Although this was only a snapshot in time it shows that there were 7 people who could have benefitted from an Eildon community resource to help provide their care closer to home where possible. Furthermore, this data does not include people who are being cared for in the community by existing services or those who would benefit from additional support to prevent admission or readmission to inpatient services.

A stakeholder session is being planned to identify what services already exist in the community and what is missing. We will use this information combined with learning from the experience of other Boards to shape what our Eildon Community Ward should look like. This project will link in closely with the *What Matters to You* workstream and the engagement planned in the Eildon locality. The planned engagement will be utilised and supplemented to ensure that the principles of co-production underpin the project moving forward.

This project has experience some delays in identifying project management capacity, once the stakeholder event has been arranged the project group will be ready to move into the 2nd phase.

Timescales

0 – 3 months: analyse information; analyse evidence from other areas; engage & discuss with key stakeholders; establish Project Board.

3 – 6 months: confirm the model; recruit where necessary.

6 – 18months: trial model using PDSA methodology

18 – 24months: evaluation & write up of final report

There estimated service costs consisting of GP input, community nursing, ward coordinator, equipment and supplies and project support for a 12 month trial period = £441,660.