Improving your critical review capacity to reduce needless admissions of older people into acute hospitals

Report to NHS Halton Clinical Commissioning Group

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Overview

- We explored the critical review capacity of your CCG, examining the commissioning process for services aimed at reducing needless admissions of older people into acute hospitals
- 10 semi-structured interviews were conducted with individuals working within the general commissioning structure, or from a provider related to urgent care, and lasted between 45 minutes and 1 hour
- Analysis following the ACAP model was divided into four areas: acquisition – obtaining information; assimilation - analysing information; transformation – turning new information into commissioning decisions by combining it with existing knowledge; exploitation – changing or developing organisational behaviour or routines in response to the new information.
- We also considered antecedents to ACAP – the ability of an organisation to generate, synthesise and apply new knowledge to enhance critical review capacity.

Key Message

"I think I'm very, very pleased to have found that Halton CCG is able to work so closely with Halton borough council to the extent that we're actually based in council buildings as you can see. That was never the case in the days of PCTs. There was a lot of suspicion between the two, but now they work hand in hand. That I think facilitates what you're talking about – being able to bring in social care so that we can give people a package of care that's not fragmented. So that will be accessible through the urgent care centres" (Halton 10)

"By having that real integrated partnership approach focused on Halton then we can really make a difference to Halton residents" (Halton 8)

- The close working partnership between the CCG and local authority acted as a coordination capability, enhancing the commissioning process for the urgent care centres

Acquisition

"So we got lots of information together. We collated information and we looked at… There was already a walk-in centre in Widnes and there was a minor injuries unit in Holton General Hospital in Runcorn, so we asked for figures of attendances and outcomes from both of those units. We had a questionnaire that went into GPs to ask them about their throughput in terms of urgent care. We had a questionnaire that went into local A&Es for both patients and staff asking basically why the patient was there, whether that was the best place for them and if it wasn't why didn't they go to the place they should have gone and what were the barriers to that. So we got that kind of information as well. So once we got all that information we kind of collated it all and came up with three kind of possible models of care and those models went to the board. We had a preferred model and the board agreed with the preferred model which is what we're just starting to implement" (Halton 10)

- There were some minor difficulties associated with the acquisition of relevant data, due to a perceived disconnect between the CSU and the CCG. However, commissioners were able to acquire rich information to guide the set up of UCCs (due to enhanced coordination capabilities)

Assimiliation

"And so one of the things we did running up to this was an audit of people who attended A&E over a two week period and looked at had they approached primary care, what was available in primary care, had they been to a walk-in centre, asked them questions about what alternatives they'd explored, would they consider alternatives? And that information also helped shaped some of the areas of service that we wanted to pick up on. Diagnostics x-ray was a big one. We found something like 25% to 30% of people who attended A&E actually just needed an x-ray and because we didn't have x-ray facilities available all the time and we've only got them in one part of the borough then we were pushing people to go to A&E and people themselves were able to identify that "I just need an x-ray. I know I don't need … I've broken my arm. I know it's not badly broken, but I just need an x-ray to confirm it and a plaster" (Halton 3)

⦿Assimilating the information acquired, generating in-depth, locally applicable analysis and understandings of the data sets was enhanced by the coordination capabilities of the CCG, particularly PPI

Transformation

"So we've got this notion of two sites, one either side of the bridge, and that's really important in this borough because although the bridge isn't very long people do not cross the bridge or tend not to cross the bridge, the local community, and moving down the line that's going to become more important because we're having another bridge built which you'll have to pay to go over and so that will even more mean that people are less likely to go over the bridge. So having a two-town solution has been quite important" (Halton 3)

⊙A strong focus on PPI was also evident in the transformation of services. The urgent care centres were designed with the needs of the local population as a central priority, even reflected in the geographical positioning of the sites

Transformation

"I think to actually make all the changes that we're going to make it's required a lot of engagement between clinicians and directors of both CCG and the borough council and secondary care and that's only happened because the CCG and the borough council work very closely together and there's no suspicion anymore, so everyone's pushing in the same direction and because of that I think that secondary care feel that… I mean they're dealing with one unit now instead of two units pulling in different directions; and the community trust's the same so you can actually get people in a room that actually will agree to things more readily. I mean there's always disagreements…. But it's been more of an adversarial kind of tone to meetings in the past where now it's we've got to look forward" (Halton 10)

- As mentioned previously, another important element of transformation of knowledge into services was the close working relationships between the CCG and the local authority, acting as a coordination capability

Exploitation

- Research on ACAP in the private sector suggests exploitation is related to the ability of organisations to use the information based on small, local pilots or projects, to develop wide scale service change. This is difficult to comment on at this stage, as the centres were not operational at the time of our visit. However, instead we highlight some areas that may be problematic, for future consideration.

- Secondary care interface:

"I think the biggest challenge probably will be we're going to have kind of an internal interface really between secondary and primary care where the urgent care centre and clinical decision unit lie in the hospital because we're basically asking a secondary care provider to provide us with staff to help us stop them admitting patients and we're asking to spend less money on employing those people than we would pay in tariff to admit the patient to hospital or to send them to A&E. So obviously that's a challenge" (Halton 10)

Exploitation

- Ongoing communication with the public:

"Obviously they're the people we need to communicate with because they're the people we're relying on to go into the urgent care centres rather than the acute trusts or we will be in a pickle. So there have been some issues around communication. I mean some of that is around when you go out and you do your consultation events sometimes the public think that it's just going to happen now because they've just told me about it so there's some challenges there for us. I suppose the other challenges are making sure that it doesn't develop as a silo and it develops as part of the whole system. Unless we tie it into the whole system I don't think it will work as well as we think it's going to" (Halton 8)

- The exploitation aspect of the commissioning process is the most underdeveloped of the four ACAP areas. This is unsurprising as the centres are not yet operational. However, findings suggest that coordination capabilities will be key in aligning multiple stakeholders in order to enhance the way information is used to develop or scale up the centres as appropriate. Patient involvement will also be key in enhancing these coordination capabilities.

Conclusions & Implications

- There were clear indications that the critical review capacity of Halton CCG was enhanced by its coordination capabilities in terms of the integration between health and local authority, and comprehensive PPI.
- The coordination capabilities enabled the CCG to overcome some of the problems noted with the acquisition or assimilation of data, stemming from a distant relationship with the CSU. This was particularly clear with the way PPI information was used to triangulate and make sense of data
- Transformation of data into service design holds the potential for difficulty, due to the large number of stakeholders involved in the UCCs. However, the integration of health and the local authority enhanced coordination capabilities, facilitating the alignment of multiple stakeholders, enabling complex service design.
- Conclusions about exploitation are currently limited, but we highlight the importance of developing relational interactions amongst stakeholders to continue to develop UCC services. Continuing development and exploitation will also rely on the integration of PPI structures, and the development of new PPI mechanisms in partnership with the integrated local authority.

Next Steps

- There is a need for a more in-depth exploration of how the information is transformed into service delivery within the UCCs, and the way in which the coordination capabilities of the CCG can be enhanced to facilitate the alignment of multiple stakeholders, exploiting the potential of the UCCs. This could cover one of the following areas:

  - The use of PPI to exploit information fed back from UCCs
  - The way in which primary and secondary care providers transform information to design UCC services
  - The relationships between multiple stakeholders and the challenges of aligning them in complex service design
  - The way the CCG harnesses and exploits information fed back from UCCs to continually develop services