Commissioning an urgent community frailty response service

An implementation toolkit
Commissioner implementation toolkit: Steps to success

This toolkit has been developed to enable commissioners to deliver an urgent community frailty response service which is appropriate for their system and population.

The toolkit:

- Describes 10 key steps for ambulance / service providers to consider alongside commissioners and system partners
- Is downloadable and can be adapted for local use
- Provides links to a wide range of resources to support and inform local conversations to deliver urgent community frailty response models

The steps to success are:

Step 1: Where do we start?
Step 2: Developing the ‘why?’ for an urgent community frailty response service. A case study for use at commissioner boards
Step 3: System ingredients for success
Step 4: Ingredients for success for commissioners
Step 5: Barriers to implementation
Steps 6 - 10: Commissioner implementation checklists

Where you see the following symbols in the guide:

“Really detailed and helpful resource, this will help expedite our UCR focused work and support discussions with our local provider.”

Hampshire and Isle of Wight Commissioner
Step 1: Where do we start?

Consider the below with your ambulance / service provider services

1. Before developing your service, we recommend reviewing ambulance data to understand where the service will have the most impact.
2. Using the data identified in 1, can you identify the optimal service model you wish to deliver?
3. Have you identified and engaged with acute, community and ambulance system leaders to discuss and agree your service plans?
4. Have you established clear leadership roles and responsibilities of local strategic, operational and clinical leaders in delivering service(s)?
5. Who will be clinically responsible for the service?
6. Is your governance framework clear and transparent?
7. Have you identified key metrics and measures of success for the service?
8. Are there barriers to implementation? How will they be overcome? How can you work together as a system?

Refer back to this as you develop your service. Please use the developed resources within this implementation toolkit to aid discussions.
Step 2: Developing the ‘why?’ for an urgent community frailty response service

A case study for use at commissioner boards

The following resources will aid commissioners in describing your best practice service model to system partners. Please download and adapt to meet your needs.

Hampshire Hospitals NHS Foundation Trust and South Central Ambulance Service aims to reduce the number of ambulance conveyances relating to falls in older people living with frailty, by providing:

- Specialist clinical assessment early on
- Comprehensive multidisciplinary assessment in a patient’s own environment
- Structured intervention around ‘Home first’ principle
- Reducing risk of conveyance to hospital and further deconditioning
- Integrated team working and optimisation of current community services

Use and adapt this template for business cases or for the ‘why?’ to aid local discussions
“Integration enables all staff to benefit from gaining more community experience, gaining pre-hospital assessment skills, working with different agencies and understanding the patient journey. The team in the hospital also benefit from working with community staff who may challenge their ideas of who is suitable for an early supported discharge and what level of care can be provided by these specialist services in the community. The Front Door Frailty Team report that knowing and working with the people that will be taking over the monitoring and care of patients living with frailty increases their confidence to avoid an admission or support an earlier discharge.”

Hampshire and Isle of Wight Commissioner
Example A

Background

- Polly* has fallen at home
- 81 years old
- Lives with husband who has dementia
- Recent wedge fracture in her back and knee replacement
- Normally reasonably independent (Rockwood of 5)

* Not real name, but based on real life example from SCAS service

Care plan actions during and post visit (non conveyance):

- GP to review pain medication and prescription of laxatives and anti sickness medication
- Falls review undertaken, pendant alarm arranged
- Referral to wider team to monitor pain management, nutrition, bowels and nausea
- Bed / bed lever ordered for downstairs
- Referral to Orthopaedic consultant

Joint holistic MDT Assessment identified the following problem list:

- Constipation
- Poor medication management
- Nausea and pain
- Poor nutrition
- Loss of ability to complete own personal care / domestic care tasks
- Care needs not met

Patient Feedback

“I’m so glad I didn’t have to go to hospital”

Proactive response by team = reduction in multiple appointments / crisis management. Commissioners will need to identify what services are available within their regions

Use and adapt this template for business cases or for the “why?” to help local discussions. Identifying patient stories that would benefit or have benefited from the service approach will add context and depth to conversations.
Example B

**Background**
- Ron* 78 year old
- Had fallen from his bed at 09:00
- Recent palliative cancer diagnosis
- Discharged from hospital 24 hours ago
- Has a new catheter in place

* Not real name, but based on real life example from SCAS service

**Joint holistic MDT Assessment identified the following problem list:**
- Low mood
- Patient not retaining information
- High falls risk / Fear of falling
- New equipment issued not suitable for patient
- Patient unable to function around home
- Carer was struggling to support Ron

**Proactive response by team = reduction in multiple appointments / crisis management. Commissioners will need to identify what services are available within their regions**

**Care plan actions:**
- Air mattress removed and appropriate replacement ordered
- Falls sensor arranged
- Contacted social care to discuss patient future care needs
- Referral made to community Occupational Therapist (OT) for further ongoing equipment review
- District Nurse team arranged for support
- GP organised to visit to review Recommended Summary Plan for Emergency Care and Treatment (RESPECT) form that day

**Patient Feedback**
"I’m so glad I didn’t have to go back to hospital again"

**Development of problem list following holistic approach to service**

Use and adapt this template for business cases or for the ‘why?’ to help local discussions. Identifying patient stories that would benefit or have benefited from the service approach will add context and depth to conversations.
Step 3: System ingredients for success

Consider your system ingredients for success for an urgent community response service with your ambulance / provider service

- Integrated model of delivery across acute and community
- Paramedic supported by a member of the frailty team in response car
- Agreed funding to deliver a 7 day a week, 365 days a year service to meet population needs
- Rapid access to support services e.g. reablement
- Consistent funding, equitable payment
- Shared staffing model/rotation

Use this as a visual prompt to aid discussion with system partners to agree the key ingredients for success and how they will be achieved to deliver a best practice approach. This will ensure all system partners understand the breadth and depth of system change required.
### Step 4: Ingredients for success for commissioners

#### Urgent Community Frailty Response Service Ingredients for success

<table>
<thead>
<tr>
<th>Data</th>
<th>Integration and pathway development</th>
<th>Relationships</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Utilise population health management data to help understand system needs</td>
<td>• Clear standard operating procedures for ambulance service and supporting organisations including GPs</td>
<td>• Paramedics building trusted relationships with clinical leads</td>
<td>• Where needed, funding for a Band 7 Specialist Paramedic</td>
</tr>
<tr>
<td>• Process map current service provision to identify opportunities and barriers</td>
<td>• Integrated pathways for ease of access to services</td>
<td>• Enhancement of relationships with community teams to streamline processes e.g. Rapid referral to Community Services e.g. District Nurse, Community Team</td>
<td>• Funding to be part of ‘business as usual’ to ensure sustainability, recruitment and retention of staff</td>
</tr>
<tr>
<td></td>
<td>• Developing an integrated approach demonstrating benefit to all stakeholders</td>
<td>• Enable rapid access / provision of medication / pain relief across the system; Rapid referral to social care services / placements; Rapid referral admission to Emergency Department (ED) / hospital and discharge to assess (D2A) beds</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Developing clear pathways for immediate provision for X-ray / tests, without admitting patients</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Governance

- Risk sharing / indemnity across the system

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Use as a visual prompt to aid discussion with system partners to agree the key ingredients for success and how they will be achieved to deliver a best practice approach. This can be used to develop local project and action plans for delivery.
Step 5: Barriers to implementation

Consider the barriers to implementing a UCR model with the ambulance / service provider service

Clinical governance arrangements and risk sharing

- Differing staffing models – not all systems have Consultant Frailty Nurses or frailty services
- Workforce constraints
- Identifying where savings and capacity is released
- System culture and attitudes
- Identifying where savings and capacity is released

IT systems do not communicate with each other – poor access to live clinical records

- ICS vision not aligned across ambulance geography
- Integration across all systems historically challenging

Patient / family perception

- System does not have a frailty focused service
- UCR planned response disjointed

Identification of funding to deliver model

- Perceived impact on broader impact on health and social care systems

Complex commissioning / multiple pathways

- Ability to share baseline and share data across organisations and the system
- Mindset change to deliver service system wide
- Appetite for risk across the system

Use this as a prompt to aid discussion with locality / system around perceived barriers. Use it to identify how you can collaboratively agree solutions and timelines for resolution as the project commences to deliver a best practice model at pace, with local partners.
Step 6: Preparation for your urgent community response service

Funding for service mobilisation

Ensuring that funding is available to develop, implement, grow the service is fundamental in ensuring sustainability. Agreement of how the service will be paid for in the short and longer terms will ensure transparency in return on investment for both commissioners and providers.

- Provide support to your local service providers proposing the new service. The ICS will be fundamental in championing, supporting and developing your service.
- Work with service providers to identify additional money you will need to set up the service:
  - Identify available funding to support extra staffing to deliver your service requirements or can roles be rotated? Having flexibility across the system, will minimise the need for additional investment for new posts. It will enable integration and opportunities for staff recruitment and retention.
  - Agree who will continue to fund the vehicle, service, MOT longer term.
  - Consider and agree who will fund fuel for service vehicles, additional equipment (Occupational Therapy (OT) equipment, additional medications and specialist paramedic equipment).
  - Explore whether there are any additional opportunities for funding this equipment. Clarity over logistical funding and payments and ongoing maintenance of the service vehicles and associated resources will ensure that all parties are clear on financial requirements.
  - Consider whether any funding from the Urgent Community Response budget can be used to fund a broader integrated service or be diverted where investment is needed to support the service model. Clarity over where and how funding can be used will ensure that all potential options are considered.
  - Consider the ongoing costs for fuel, additional equipment (Occupational Therapy equipment, additional medications and specialist paramedic equipment) and who will be responsible for the overheads.
- Consider whether funding will be repurposed from other funding stream. Identifying where funding for developing and growing your service will come from to ensure that the service is maintained longer term.
- Consider how you will support the funding of this if the service provider does not have access to additional funding streams.
Step 7: Preparation for your urgent community response service

Return on investment

Discussing how return on investment is realised and calculated will ensure that appropriate data is captured and monitored to evidence impact on emergency attendance and admissions.

- Agree how cost savings will be realised across the system before enacting the service.
- Identify whether the cost savings can be expressed in the reduction of excess bed days, admission avoidance or another agreed metric.
- Agree how and to what level of detail this information will be collected.
- Discuss and agree how cost savings will be shared with the service or the wider system.
- Consider plans to re-invest savings to develop patient centred services further.
Step 8: Preparation for your urgent community response service

Logistics

Understanding all aspects of logistical delivery before launch will ensure that the service is developed on a firm foundation of operational excellence, which will result in delivery of an optimal service.

- Agree with your provider service on how your service will be delivered. The role of commissioners is to support the service in articulating the service specification.
- Map the supporting services that frailty teams may need to access.
- Identify any changes to existing pathways needed or new services that will need to be considered. Working together to understand what services are available / not available is key in understanding key connection points to ensure that all services who interface with the team understand their roles and input.
- Review and update patient pathway document that will support the service. This is key in ensuring that utilisation of the service is clearly signposted and utilised.
- Ensure the provider service has updated the 999 / 111 triage algorithm to signpost responders.
- Ensure the directory of services (DoS) has been updated. A key operational must do, to ensure the right patients are seen by the right emergency service team.
- Understand the key equipment the service provider needs to deliver the service safely.
- Understand whether the equipment requires annual maintenance? Understanding what is required to deliver the service will ensure that the commissioning of the service includes all key logistical considerations.
- Develop and publish a Standard Operating Procedure (SOP) to support you and your staff to deliver your service. Click here for an example of the standard operating procedure.
- Plan a communication event to explain the delivery of the service to all stakeholders.
- Review whether you have commissioned adequate access to support services e.g. reablement services. Access to reablement services for older people will be key in supporting individuals to remain at home, longer, healthier and independently.
- Ensure that the service has access to equipment stores e.g. immediate access to pieces of equipment such as Zimmer frames and commodes.
Step 8: Preparation for your urgent community response service

- Review any unresolved issues before launch. Understanding potential operational pinch points and possible service provision needs ahead of launch will identify areas for improvement.
- Ensure onward ‘referring pathways’ e.g. community services are aware of the service, as may have impact on their capacity.
- Discuss with the frailty team the possibility of onboarding patients to virtual wards as appropriate.
- Consider your approach in signposting. Understanding how the appropriate patients will be identified before an urgent response car is dispatched is key in understanding how the service will be clinically managed.
**Step 9: Preparation for your urgent community response service**

**Communication**

Mapping your communication networks, processes and stakeholders will ensure an effective and efficient launch. Informing service users, health and care providers is key. Ensuring communications are regularly reviewed and updated will help promote the importance and sustainability of this service.

- Identify how you will communicate your service to colleagues and to the public. □
- Identify whether you need support from your local communications team ahead of the launch of the service. Get them on board as soon as possible to help shape the launch. □
- Plan how the service and the ICS will communicate the service to the public and health and social care partners/voluntary sector. □
- Consider how you will communicate with teams not involved in the best practice model in your area, about the service. □
- Agree how you will continue to keep the lines of communication open within your organisation / teams. □
- Consider how future changes to the service will be communicated. □
Step 10: Sustaining the service: A commissioner checklist

Sustainability

Complete the sustainability matrix with your ambulance / service provider.

- Visit, complete, review and act upon outputs from sustainability tools: 

- Identify and communicate leadership, governance and plans for ongoing and sustainable delivery? This is important to ensure that as the service develops there is clarity as to who are the clinical, operational and strategic leads.
- Identify the mid to long term plans for funding. Communicate clearly, with commissioners and system partners.
- Consider how risk sharing of the service will be managed longer term across the system.
- Consider how you will continue to evidence value for money (and return on investment where appropriate).
- Consider whether the service is sustainable in and out of hours and identify plans to develop resilience and capacity.
- Determine the ongoing delivery of your service in future commissioning plans. This is to ensure that there is ongoing funding and commissioner oversight of the service.
- Consider how the service links into to wider system frailty strategies. An optimal model will integrate and link into wider services. Consider how the model could link in with frailty virtual ward provision and remote monitoring.
- Ensure that the services that the urgent community frailty response model link into, will remain fully staffed and funded.

Click here for the NHS Sustainability Model
Step 10: Sustaining the service: A commissioner checklist

Sharing and learning

• Review on a regular basis, new best practice resources to ensure information and knowledge is up to date for the commissioned service. Identification of emergent new innovations and models of care to enhance the service is key for sustainability.

• Identify opportunities for sharing your learning and best practice approaches with other clinical colleagues.

• Consider sharing your learning with other local and national collaboratives and networks. Link in with your local AHSNs and regional NHSEI teams to share your experiences and knowledge. This will enable best practice models to be shared and enhanced. Other avenues to explore are NHS Futures Platforms ICS information sharing forum / network / newsletters to system partners.

• Identify how you will receive and review patient feedback.

• Identify how you will share the feedback to the service.
“Since its launch, the service has adopted a more integrated approach in order to effectively respond to the diverse and complex needs of older people. The service now interlinks with urgent community response model, providing a whole system, sustainable approach to the crisis and urgent response to care.”

Alison McGinnes, Consultant Nurse for Frailty, Hampshire Hospitals NHS Foundation Trust