MEMBER SHOWCASE

Case study

NHS CONFEDERATION

NHS Vale of York Clinical Commissioning Group

Reducing hospital admissions among high users of urgent care

NHS Vale of York Clinical Commissioning Group

The challenge

NHS Vale of York Clinical Commissioning Group identified that a large percentage of A&E contact in the area is avoidable. It resolved to tackle the issue head on through work that aligned with local sustainability and transformation plans and its system-wide collaboration with partners.

But the system context in Vale of York is complex. It has three local authorities, an acute and community provider, a mental health trust, a large voluntary sector and alliances of primary care practices working in locality groupings.

Added to that, the clinical commissioning group (CCG) is in special measures due to its challenging financial position and demand is growing across the footprint, with an unsustainable increase in emergency department visits in Vale of York.

- A pre-study showed that in the region, 1 per cent of the population consumes 30 per cent of healthcare resources, of which the greatest cost pressure is non-elective care.
- Local needs analysis showed that 80 per cent of high consumers are over 65, and a majority suffer from long-term conditions (diabetes and atrial fibrillation had a 30 per cent frequency; renal failure, COPD and chronic heart failure a 20 per cent frequency).
- Studies showed that a large proportion of non-elective admissions were avoidable and that there was huge potential to improve quality of care and experience for patients with long-term conditions, while also reducing healthcare demand.
- Many patients in the identified cohort found it difficult to understand and manage their conditions and to self-care, resulting in challenges to interaction with services in a timely or appropriate way.

To address these challenges, the CCG embarked on a collaborative project with Health Navigator, a Swedish firm, and other partners to see whether it could support patients to self-care better. It also wanted to help patients to navigate the wide variety of care options, to reduce demand on emergency services, so improving patient outcomes and reducing cost to the system.

What was done

NHS Vale and York CCG introduced Proactive Health Coaching, a unique collaborative delivery structure that brings together the CCG, a private partner, the hospital trust, community partners and an independent evaluator. It is widely used in Sweden.

The initiative is a telephone-based health management service that improves patient health and quality of life, while ensuring that healthcare resources are spent as efficiently as possible.

In partnership with Health Navigator and York Teaching Hospital NHS Foundation Trust, the CCG delivered an effective preventative strategy for identified patients that simultaneously provides better care for patients and reduces stress on A&E departments.

Using an algorithym, Proactive Health Coaching identifies patients before they become high users of urgent care services it works by supporting patients with weekly coaching calls in a randomised control trial and facilitates:

- putting patients at the centre of care
- patients being able to define their own goals so they can take control of their health and care journey, using services other than A&E
- a better experience and outcomes for patients
- commissioners, acute providers and primary care being able to work together
- a reduction of the burden on A&E and inpatient services by reducing unnecessary attendances from some patient cohorts
- a more efficient use of healthcare resources.

Inception through to delivery took approximately eight months. The first patient cohort for inclusion in the project was contacted in August 2016.

The biggest challenge was adapting the model and protocols used in Sweden to the NHS. This included understanding governance processes, developing inclusion protocols that would appropriately identify suitable patients for the study, and agreeing financial models which would share the economic risk between the CCG and Health Navigator. The time taken to gain ethics approvals for randomised control trials should also not be underestimated.

The project co-design with partners has been key to optimising benefits across the system. The CCG and Health Navigator held numerous stakeholder events with research and clinical colleagues from the acute trust, primary care teams, Healthwatch and representatives from three local authority partners.

They also linked the project closely to the system work with the national pioneer team and Dr Martin McShane, then national clinical director for long-term conditions, as part of the system approach to providing care closer to home.

Since the project's inception, the CCG has established a multi-agency steering group with representation from all partners to help support, monitor and challenge the project as it develops.

The results

By supporting patients with weekly coaching calls, the randomised control trial is already showing high levels of improved patient experience, a reduction in attendances at A&E and fewer admissions to hospital. Patients being supported by the health coaching intervention are also reporting more confidence in the management of their conditions.

Results are collated by York Teaching Hospital NHS Foundation Trust and are currently being evaluated and published by the Nuffield Trust, an independent health charity. The patients formally contract with Health Navigator, which at present covers a relatively small patient group of 183 study participants, of which 121 patients have had the support of a health coach. To date, this has yielded savings per patient in the first year of the intervention of £1,034 less than the control group. This means that the service is already close to break-even in its first year, as it costs £1,200 per person for a two-year intervention.

Based on results in Sweden, it is anticipated that those receiving the service will have a further benefit in year two, equating to around 40 per cent further savings. This should mean a total saving of £1,448 per person and a net benefit to the commissioner of £248 per person over the two-year intervention.

Moreover, there are the associated operational benefits from taking activity out of the system. In particular, the intervention group has had 63 per cent fewer non-elective admissions and 60 per cent fewer A&E attendances. The number of bed days was 17 per cent less than the control group.

All of these represent the first year of the intervention only and across a small population group. The CCG recognises that results may change as study numbers increase. It is fully expected that over time, and as a greater number of patients are included within the study, the potential impact is normalised out across the population and the end result may be a slightly lower number, but the trend is clearly a positive one.

These early results mirror the significant impact that has been seen in the much larger trial in Sweden where over 12,000 patients have received similar support. Results from the Swedish trial have been published in the European Journal of Emergency Medicine.

The results also provide evidence of relevance, spread and replicability, with the initiative being easy to replicate nationally, even in financially challenged care economies. It also has the ability to be scaled up to cover a wider range of conditions.

Overcoming barriers

The main challenges were in agreeing governance arrangements that were acceptable to multiple organisations, developing the inclusion criteria and gaining ethical approval for the research trial.

As the first site in England to test this innovative approach, the CCG was keen to ensure the pilot project ran as a randomised control trial so that robust evidence on effectiveness and the application of the Swedish project to the NHS could be tested.

The development of the multi-partner steering group, and commitment from the highest level from the organisations taking part have, however, enabled the CCG to overcome design challenges. Work continues to streamline the inclusion process and increase the number of patients taking part in care coaching.

Key learning

- **Don't underestimate how important it is to gain buy-in from partners. Time spent working together is key to success at all levels.**
- **Setting up a project to meet research standards and guidelines, and gaining ethics approval, is perhaps the most time consuming part of the project.**
- **It is important to understand the finance and activity relationship between this intervention and any other scheme, coding or change targeting a similar area, as this can skew the results. It is essential to ensure you are looking at like-for-like datasets.**
- **Working with patients to help them understand their conditions and navigate the system effectively has a massive impact on people's confidence to manage their own conditions. Continuity of support and time spent early on has a lasting impact on health behaviours and use of health and care resources.**

Takeaway tips

- Agree the inclusion process and mechanisms for contacting patients as early as you can.
- Engage widely, particularly around governance requirements of each partner organisation.
- Organisations such as Healthwatch are invaluable in helping to support patients and encourage participation.
- Develop appropriate contract risk shares to provide financial incentive to the provider to ensure delivery while protecting the commissioner from exposure to the full impact of any potential non-delivery.

For more information

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