Anticipatory Care
What is it?

“..Behold the Throne of Chaos and with him
Sable-vested Night The consort of his Reign..”

Paradise Lost

Dr Adrian Baker
Paul Leak
Simon Steer
Frailty / Dementia Trajectory

Function

TIME 3-10 years

High
First Acute Problem
Decline in ADL’s & Memory
Unable to self care
Death
Low
The Future
13 September 2012

• The demand on clinical services is increasing to the point where acute care cannot keep pace in its current form says *Hospitals on the edge? The time for action*, a new report from the RCP. The hard-hitting report highlights that there are a third fewer general and acute beds now than there were 25 years ago,[i] yet the last decade alone has seen a 37% increase in emergency admissions.[ii]

• This is coupled with a change in patients’ needs. Nearly two thirds (65%) of people admitted to hospital are over 65 years old,[iii] and an increasing number are frail or have a diagnosis of dementia. However, all too often hospital buildings, services and staff are not equipped to deal with those with multiple, complex needs including dementia.
ANTICIPATING - 2006
Nairn Case Finder

2006/07 Nairn Cumulative Emergency Bed days

Bed Days

List

5% = 44%
Heart Failure / COPD

Function

TIME

High

First Acute admission

Second Hospitalisation

Low

Final Illness

Death
The Anticipatory Care Plan (ACP)

- Carer or Cared for status, what happens?
- Acute medical problem
- Acute surgical problem
- Discussion of condition by professional
- Preferred Place of Care
- Resuscitation status – DNAR
- Information kept at home and on system

KIS = next steps
ACP Cohort: Age Profile
Change in Bed Day Rates in Raigmore 2005-2008
ALOS in Raigmore 2005-2008

Control SE>80 Years Nairn

ALOS (Days)

Av 05/06-06/07 07/08

[Bar chart with data points for each category]
Extraction
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<th>Address</th>
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The Numbers

• Initial Study 2005-8 100 patients and 100 controls
• 15-16% mortality rate in the year.
• Survivors, there were 42% fewer admissions (P = 0.002)
• 52% fewer bed days (P = 0.020)
• The cost of hospitalisation of the study population was reduced by 48.6%. (P = 0.029)
• The control population had 11 patients die in hospital, the study population had 3 deaths in hospital (P = 0.007)
At Scale for >5,000 patients

• By 31st March 2011, there were 5,329 ACP’s patients who had received these demonstrated a 29% reduction in emergency new admissions and 47% reduction in occupied bed days.

• Patients with a SPARRA score of ≥ 50% but no ACPA in place showed an increase in both emergency new admissions (+59%) and occupied bed days (+63%).

• For end of life care there is more chance of dying at home rather than in hospital if a ACP is in place.

• In the practice, there are less chaotic home visits, more structured and organised times with families and less work regarding crisis guardianship cases.
Target Care Homes, Dementia, Falls and Multiple LTC’s

LTC Occupied Bed Days

Sum of OBDs in Year (Weighted as per Index Above) per 1,000 Population

- 2007/8
- 2008/9
- 2009/10

Locality Name

Mid CHP
North CHP
North West Sutherland
East Sutherland
Caithness
Badenoch & Strathspey
Nairn & Ardersier
Inverness

CHP Name
Locality Name
Financial Year

Custom List 1
Custom List 3

Current Index: 21, Unweighted Population - Locality Populations

Index
The extended team working.
NHS buys home care shock!

DD days in Hospital and Community, Nairn, 2007 - 11

DD’s per month

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Journey of Dependence

- Home Care £6K / pt /year
- NHS 24 = NHS Direct £36.67 / call
- OOH contact £68.00
- GP in hours contact £30.00
- District nurse £40.89
- A&E £92.50
- Admission (Ave 10 days) £2,784
- Long stay care £ 20 to £40K+
Location of End of Life care

Location of Death 2008 - 09

Badenoch & Strathspey Locality
- Hospital, 1.3%
- Home, 19.3%
- Care Home, 13.3%
- Consultant Bed, 30.0%
- Community Hospital, 36.0%

Nairn Locality
- Hospice, 1.3%
- Consultant Bed, 23.8%
- Community Hospital, 13.2%
- Care Home, 29.9%
- Home, 31.8%

Inverness Locality
- Hospice, 7.7%
- Home, 21.2%
- Care Home, 25.5%
- Consultant Bed, 40.7%
- Community Hospital, 4.9%

SE CHP total
- Hospice, 5.6%
- Consultant Bed, 36.0%
- Community Hospital, 24.2%
- Care Home, 22.7%
Localities / Parish?

If we are honestly going to involve our communities, our patients, the providers and the current political systems then I think we have to look back to our Scottish roots to give us a firm foundation on which to build the new Scottish Health Service. In the *Scottish Nation 1700-2000*, T.M. Devine looked at the old parish model.

The Extended Primary Care Team in the Locality

CLINICAL LEADERSHIP

- Community Hospital
- Mental Health
- Social Services
- Children
- Community Nursing
- GP’s

Support
HR, IT
Finance

Elected Representation
2008/09 Practice Direct Impact (£203.4m)

- Contracted = £39m
- Non-Contracted = £164.3m

- Unplanned admissions: £203.4m
- Prescribing: £40,000
- Diagnostics: £30,000
- New OP referrals: £20,000
- A&E attendances: £10,000
Count of ACPA Patients*
by Month between Aug-09 & Jan-12
*including deceased patients

Years | ACPA Date
--- | ---
2009 | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun
2010 | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan
2011 | 2012 |
Highland Elective vs Emergency Variation of 300% - Why?

OP Referrals vs Emergency Admissions in 2008/9
All Ages - NHS Highland
Future care for our patients
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