

**Comisiwn  
Bevan  
Commission**

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## **BORTH INTEGRATED HEALTH AND CARE COMMUNITY SERVICES**

Dr Sue Fish – GP Partner Borth Surgery – Project Lead

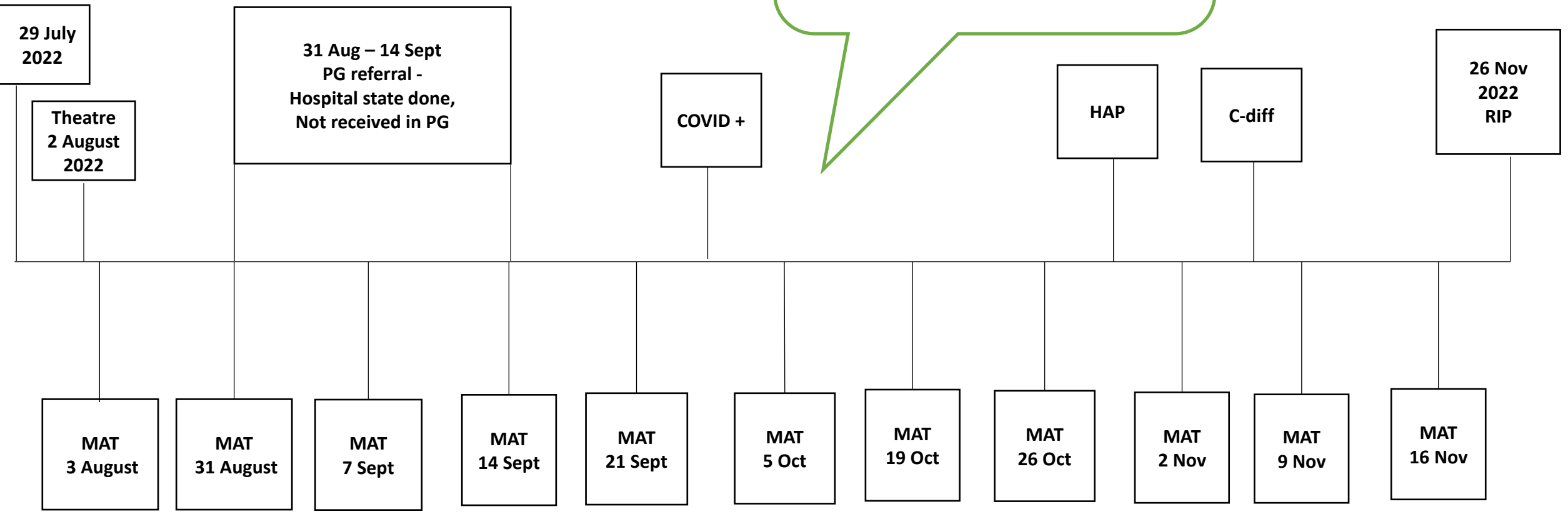
Claire Bryant – Advanced Nurse Practitioner and Clinical Care Co-Ordinator

Jacqui Jones Browne – Practice and Project Manager



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**Mrs A**





**gofal lliniarol  
CYMRU – WALES  
palliative care**

# Borth Integrated Health and Care Community Services Project

- Bevan Commission Planned Care Innovation Programme.
- In order to improve the delivery of planned care stakeholder organisations needed to increase their capacity.
- Whole system transformation was required in the delivery of health and care community services through Patient Centred Multi-agency Team Working.
- Increased use of Third Sector Services required





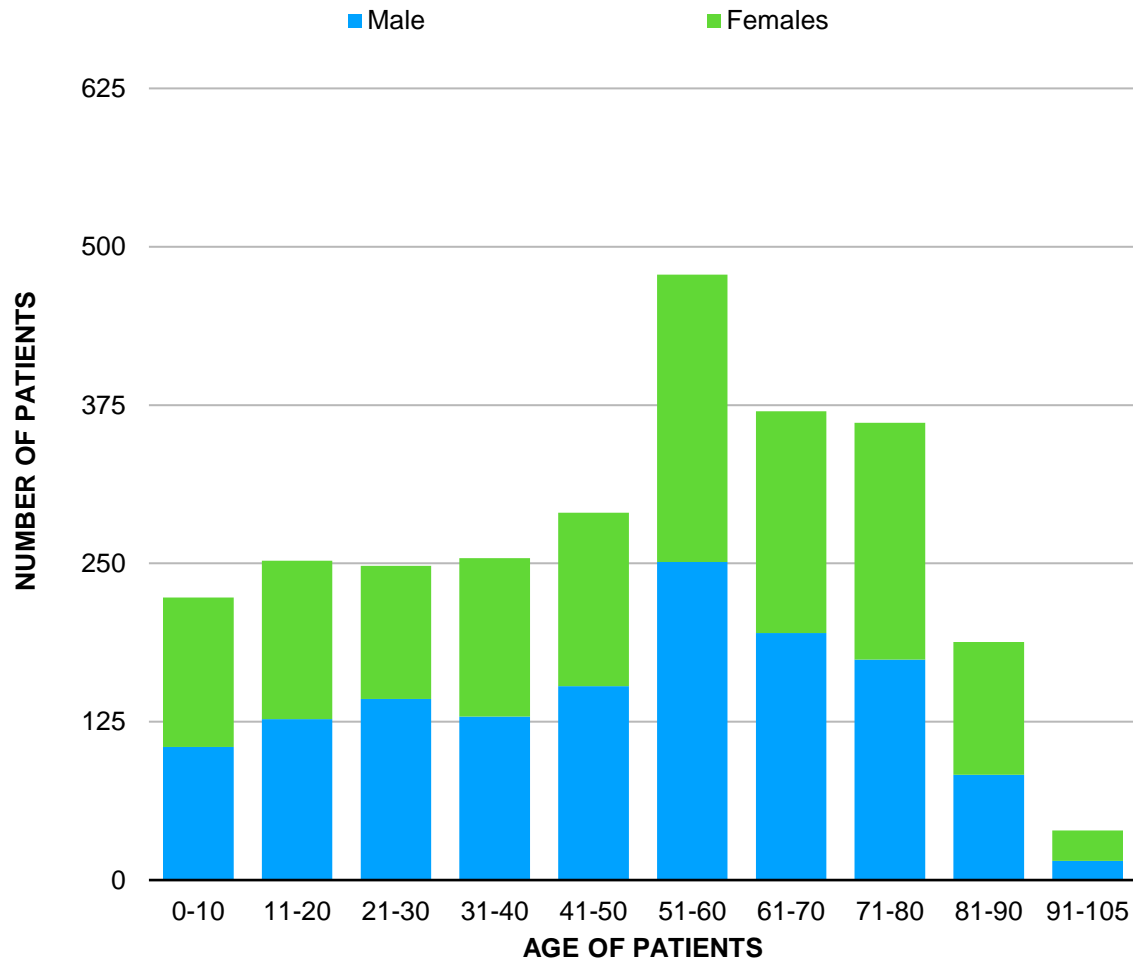
# Project Background



- Borth and surrounding population
- Number of multi-disciplinary teams (MDTs) working in silos
- General Practice was not integrated within the MDTs
- Bureaucratic referral processes
- Very little patient centred integrated working
- All parts of the system post pandemic under extreme pressure

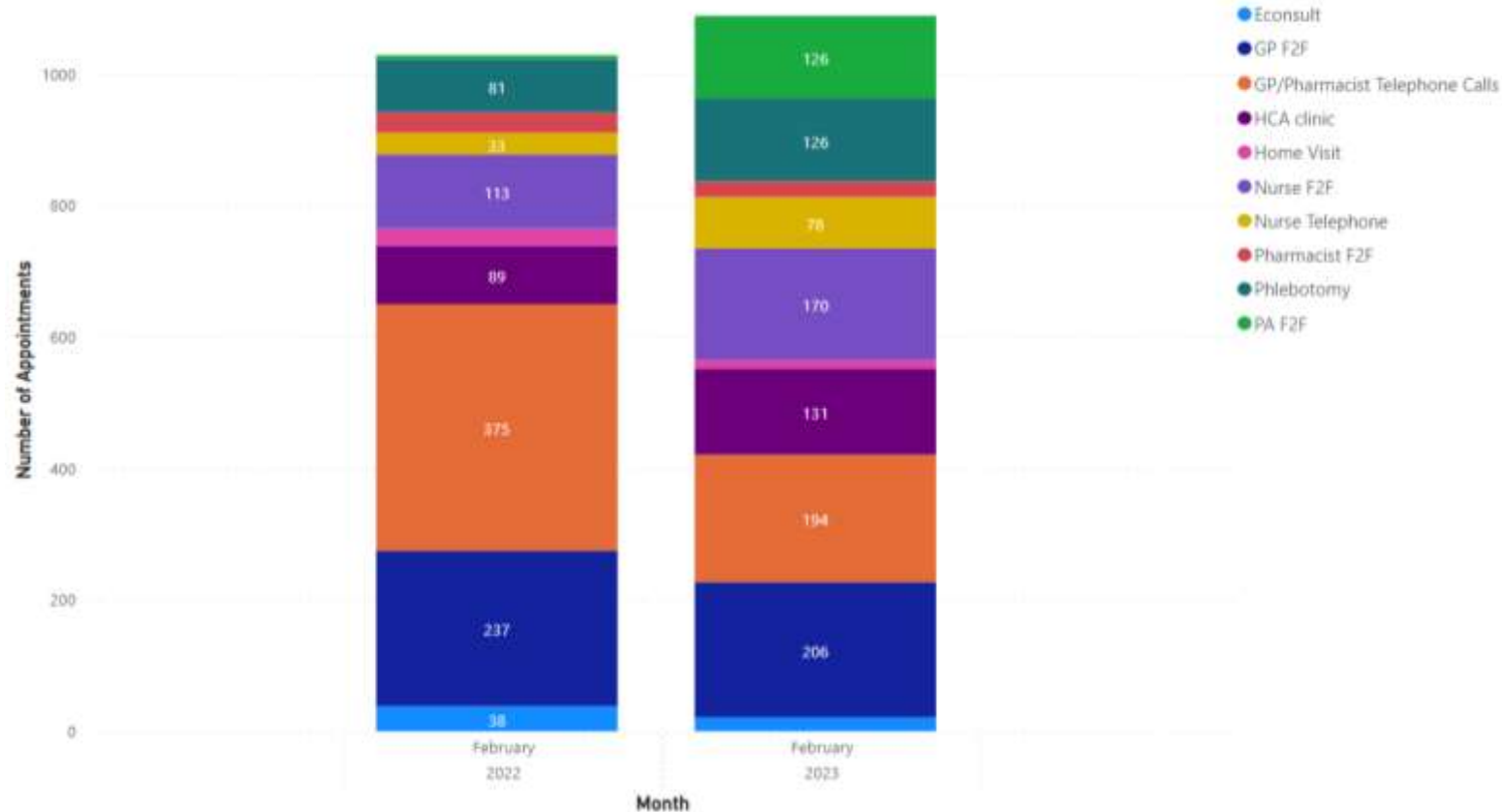


# Borth Surgery Population



# GP Surgery Patient Activity

Number of each Appointment Type. February 2022 vs February 2023

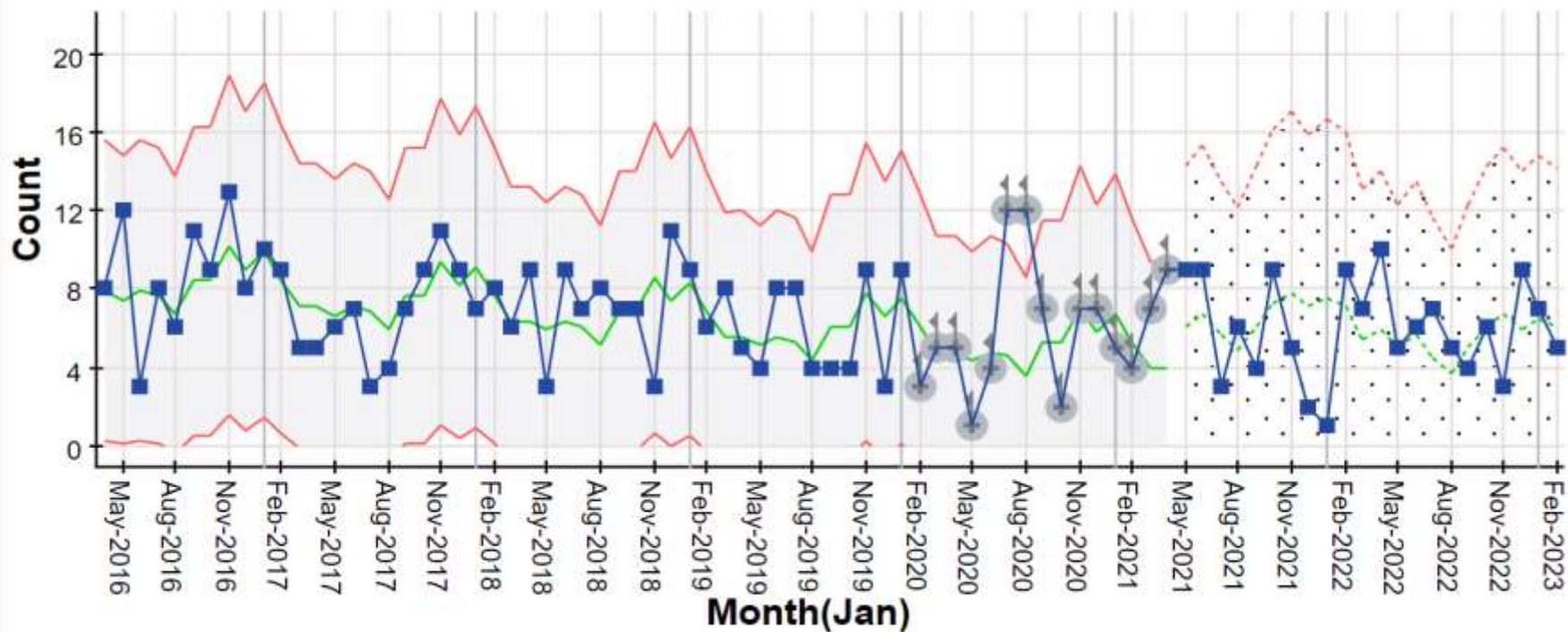




# In-patient admissions

Provider Spell Admissions : BRONGLAIS GENERAL HOSPITAL [7A2AJ] \* Medicine >75 \* BORTH SURGERY [W92006] \* <unknown> + Medical Specialties + Other + Pathology + Radiology + Surgical Specialties \* Emergency : (Monthly - all)

Data Updated: 2023-03-16 08:22:45



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# Multi-disciplinary Teams

- Bronglais Hospital discharge planning MDT with social services and district nurses
- Social services employed MDT – social worker, OT, physio, nurse
- General practice – GP, nurse, pharmacist, physicians associate
- Health Board Community Services – District nurses, acute response team, community therapy services
- Third sector organisations



# The Borth Community Interest and Advisory Group for Health and Care

- Established in April 2021.
- To enable the local community (including statutory partners in health and care) to deliver effectively to improve the resilience, health and wellbeing for all residents and visitors and their families in the locality.



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# Project Aims and Objectives

- Review data to assess strengths and needs across locality
- To improve the health and wellbeing of the community by providing anticipatory care to the population.
- To establish a multi-agency team (MAT) who regularly meet and review people with increasing health and care needs and help facilitate patients discharge from hospital.
- To establish an effective referral process including self-referral for patients to third sector, health, care and wellbeing organisations.
- To embed general practice in working with the multi-agency team through the recruitment of a Clinical Care Coordinator based in general practice (Band 8a)
- To allow any member of the MAT to bring a patient for discussion
- To increase the use of technology in facilitating the MAT working and supporting patients in their own home.



# Members of the MAT meeting

- Clinical Care Co-Ordinator (Chair)
- Administrator (Minute Taker)
- GP
- Borth Practice Nurse
- Community Pharmacist
- District Nursing Team
- Community Therapy Representation
- Community Dietician
- Older Person's Mental Health Team
- Bronglais Hospital Frailty Team
- Bronglais Hospital Flow Team
- Palliative Care Team
- Social Worker/Assistant
- Reablement
- Red Cross
- Community Connector/Carers Service
- Bronglais Hospital Frailty Team
- Bronglais Hospital Flow Team
- Borth Community Hub





# The Project Video



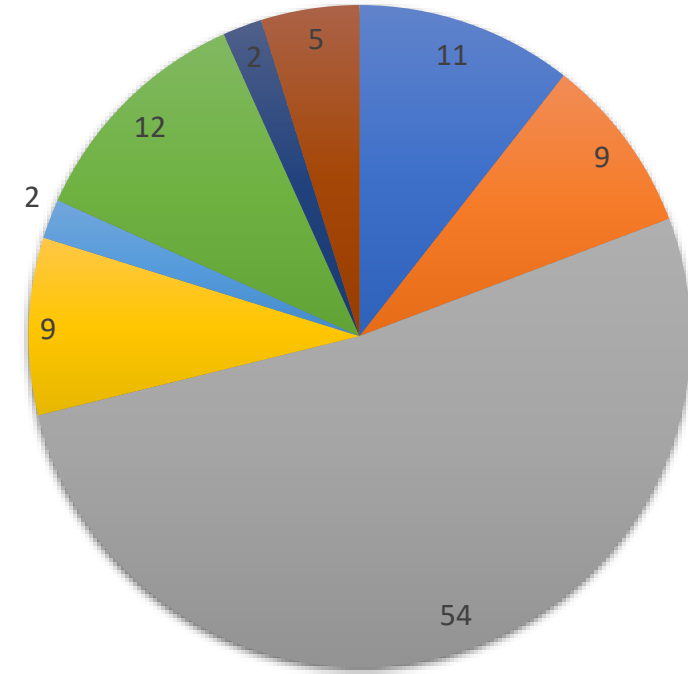
# Number of Patients Discussed and Referral Source

➤ **Total Number of Patients** **104**

➤ Patients not in hospital **50**

- Primary Care **9**
- Hospital out-patient referrals **5**
- Palliative Care **12**
- Referrals to Porth Gofal **9**
- Frail elderly in person **11**
- Mental Health **2**
- Cartref Tregerddan **6**

➤ Patients admitted to hospital **54**



■ Frailty      ■ Porth Gofal      ■ In-patient      ■ Primary care  
■ Mental Health      ■ Palliative      ■ Cartref Tregerddan      ■ Out-patient Referral

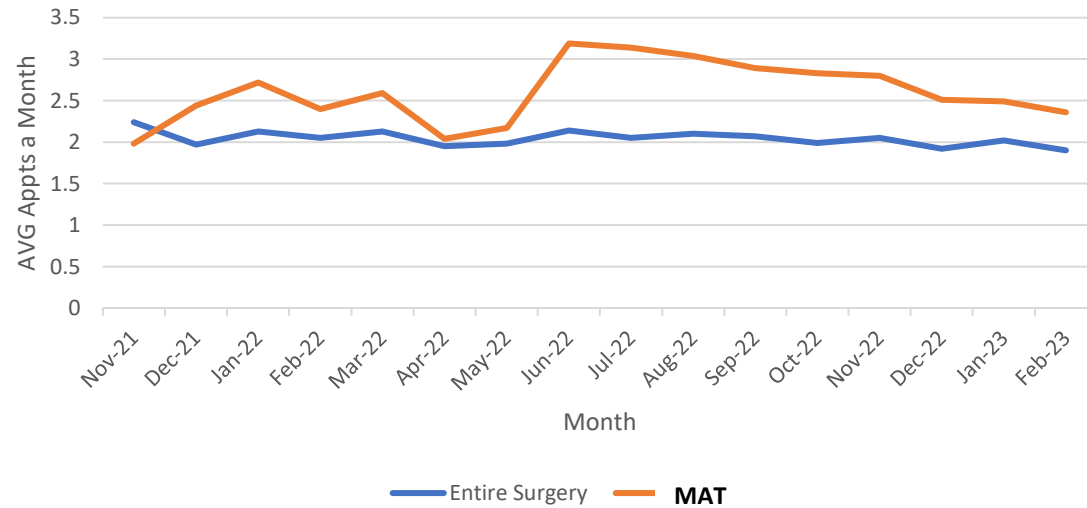


# Types of Patients Discussed

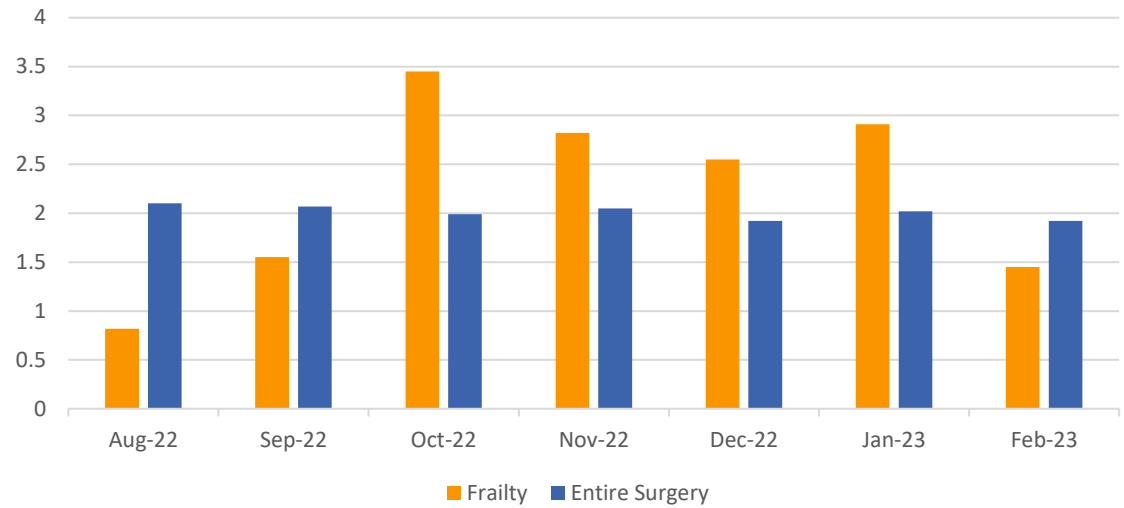
- **Primary Care** – Patients identified by the primary care team who would benefit from multi-agency support
- **Hospital Out-patient Referrals** – A small selection of out-patient referrals were discussed to see if there were any added benefits from a multi-agency support
- **Palliative Care** – As and when needed to discuss palliative care patients with the palliative care team
- **Referrals to Porth Gofal** - All referrals to social services discussed to gain input from health
- **Frail Elderly In Person** – Identified to attend in person for anticipatory MAT support due to e- frailty score in clinical system
- **Mental Health** – Members of the mental health team invited specifically to discuss patient
- **Cartref Tregerddan** – Step-up/step-down beds in local authority residential home
- **All Hospital Admissions** – From the start of the project all patients discussed on admission and remained on the agenda until discharge

# Effect on GP Appointments– Frailty

Average Number of Appointments per Month per Patient (Nov-21 - Feb-23)

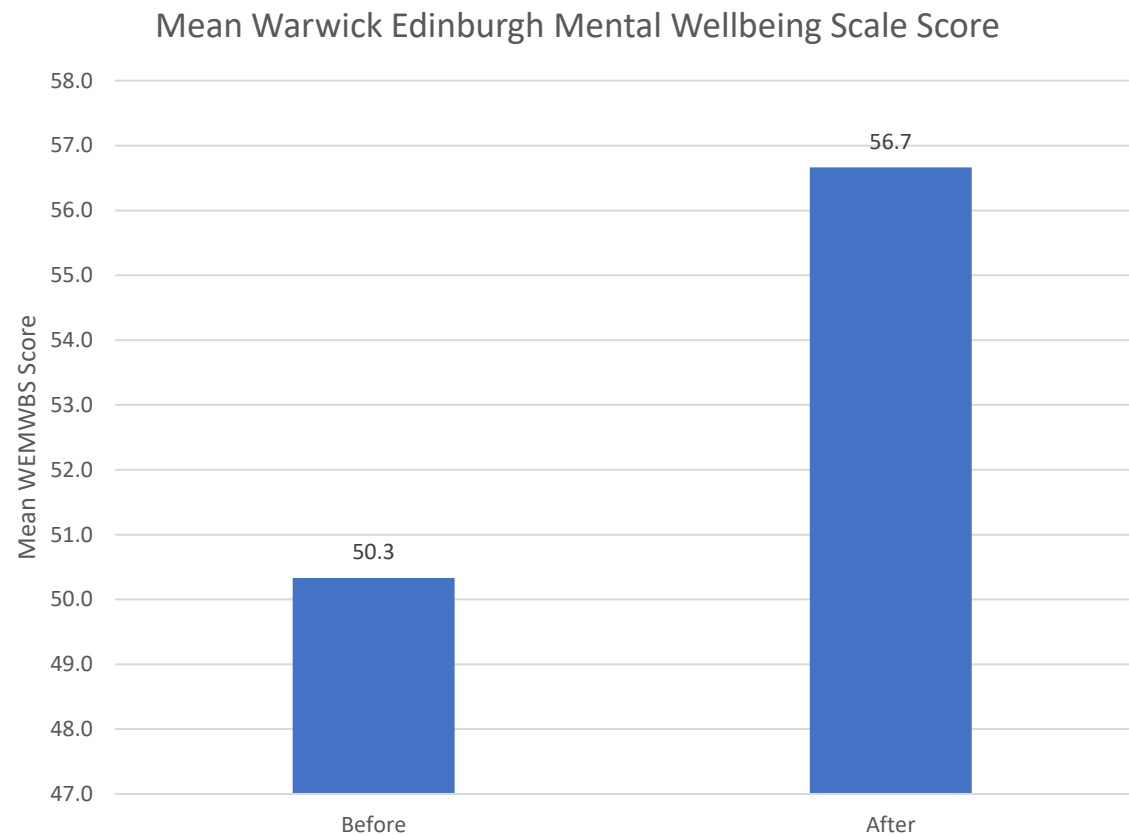


Average Number of Monthly Appointments. Frailty patients vs Entire Surgery (Aug-22 - Feb-23)





# In Person Mental Wellbeing Scores



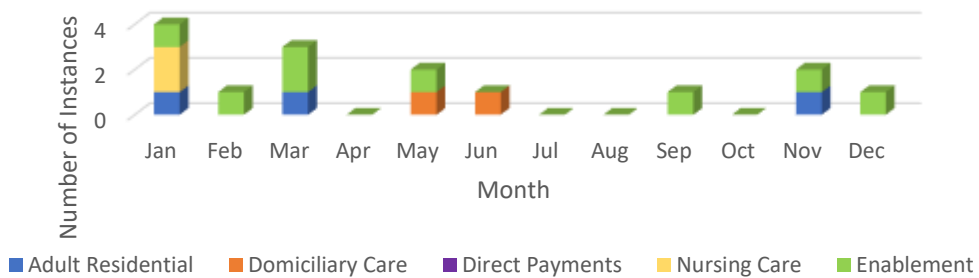
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# Out-Patient Referrals

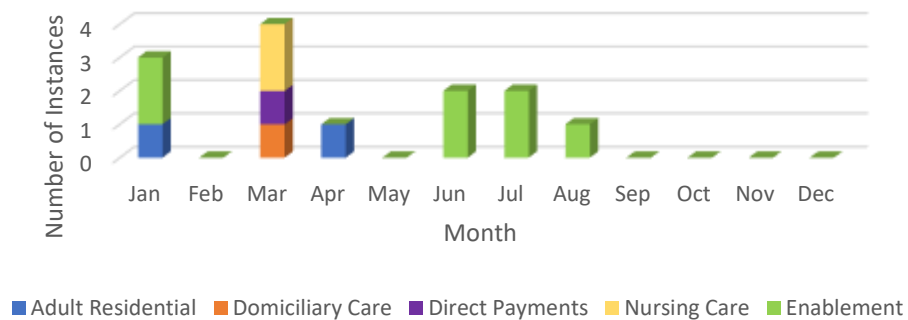
- All referrals to secondary care out-patients were reviewed for October 2022 from 4 GP practices
- 5 referrals from Borth were taken to the MAT for review but no alternatives to referral were found
- The results below show that the number of referrals is dependent on professional practice rather than practice population size

	Surgery	Urgent Suspected Cancer	Non-urgent Out-patient	Allied Health Professionals	Investigations	Consultant clinic for investigation	Percentage of practice population
w92006		9	13	13	2	4	1.6%
w92022		7	21	3	1	7	1.0%
w92053		2	32	16	2	0	0.7%
w92056		30	75	24	1	1	3.9%

**Number of Social Service Instances per Month  
2021**



**Number of Social Service Instances per Month  
2022**

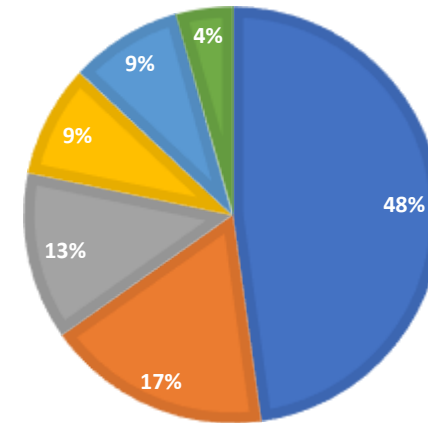


## The Carers and Community Support Team

16 referrals – 15% of patients discussed at MAT

**REASON FOR SUPPORT**

- Social isolation
- Carer support
- Mental health
- Domestic help
- Finance and education
- Transport



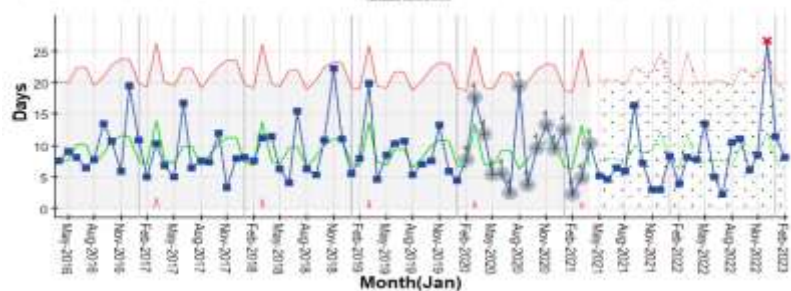
# Number of Patients Referred to 3<sup>rd</sup> Sector

	Number Referred	Percentage of Patients Discussed	Number of Patients still engaged
Borth Community Hub	16	15%	12

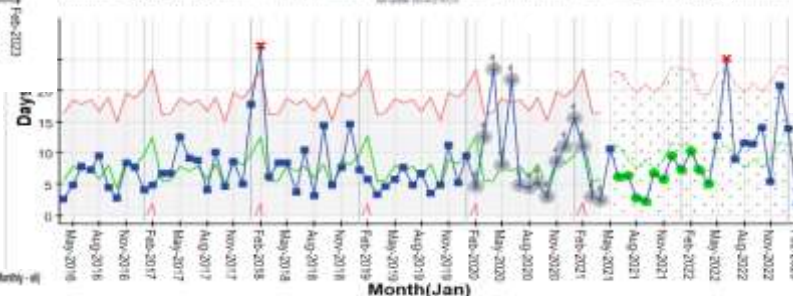


## Length of Stay

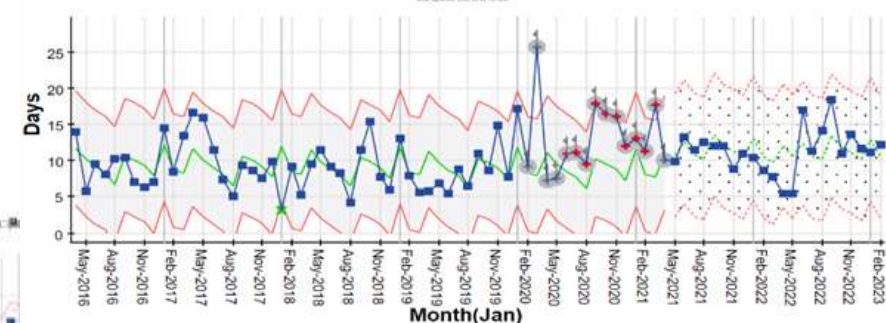
Average Length of Provider Spell - Days, By Discharge Date: Medicine \* >75 \* MEDDYGFAR LLAN (W92014) \* (unknown) \* Medical Specialties \* Other \* Pathology \* Radiology \* Surgical Specialties : Monthly - all



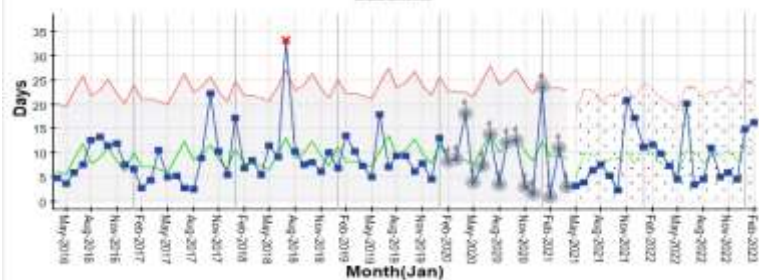
Average Length of Provider Spell - Days, By Discharge Date: Medicine \* >75 \* Tŷ TŷWYTH MEDICAL GROUP (W92022) \* (unknown) \* Medical Specialties \* Other \* Pathology \* Radiology \* Surgical Specialties : Monthly - all



Average Length of Provider Spell - Days, By Discharge Date: Medicine \* >75 \* TANYFRON SURGERY (W92022) \* (unknown) \* Medical Specialties \* Other \* Pathology \* Radiology \* Surgical Specialties : Monthly - all



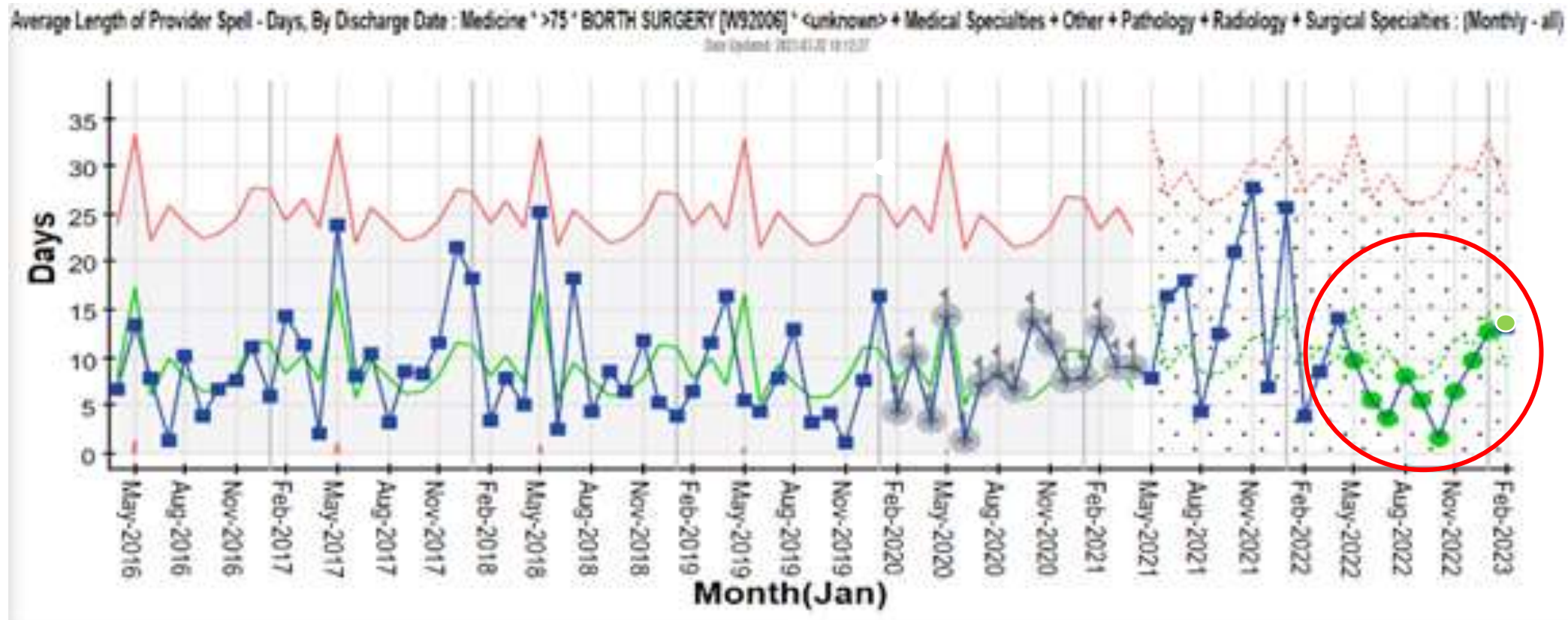
Average Length of Provider Spell - Days, By Discharge Date: Medicine \* >75 \* MEDDYGFAR RAGARW SURGERY (W92022) \* (unknown) \* Medical Specialties \* Other \* Pathology \* Radiology \* Surgical Specialties : Monthly - all



Average Length of Provider Spell - Days, By Discharge Date: Medicine \* >75 \* LLANGLAR HEALTH CENTRE (W92022) \* (unknown) \* Medical Specialties \* Other \* Pathology \* Radiology \* Surgical Specialties : Monthly - all

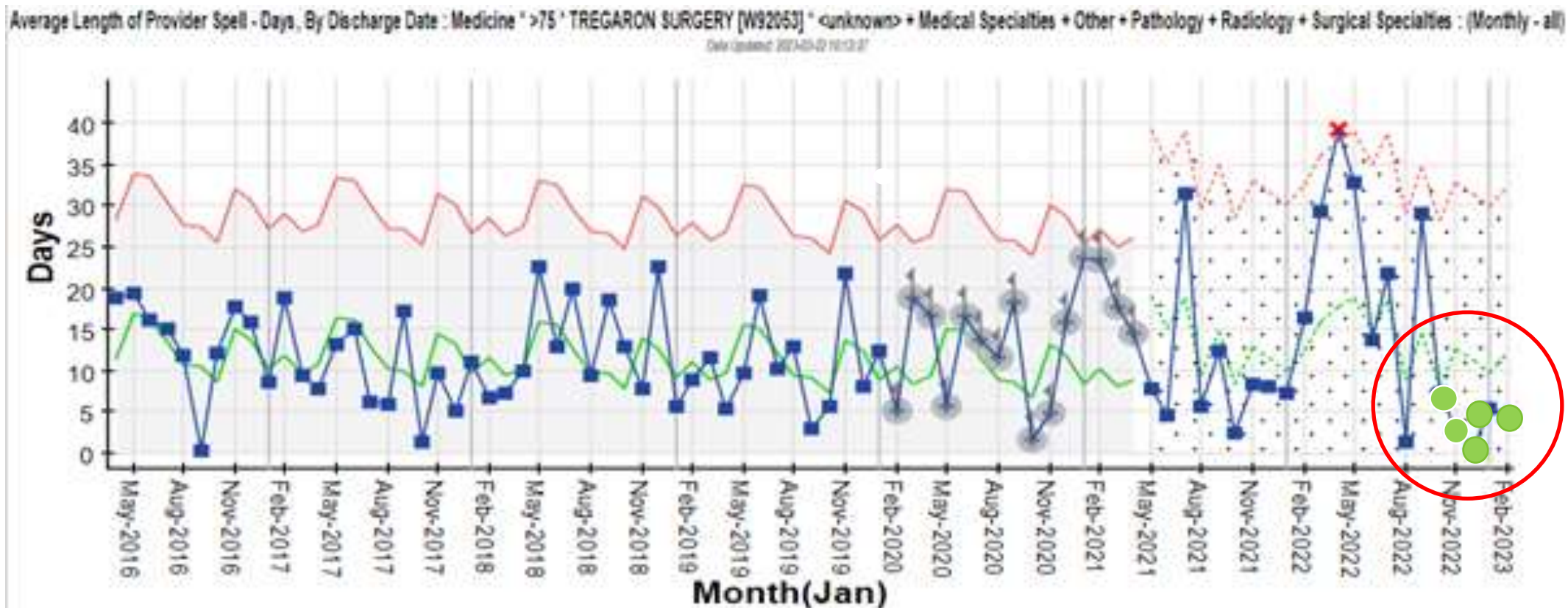


# Effect on Length of Stay Borth Surgery





# Effect on Length of Stay Tregaron Surgery



# Borth Surgery - Bed Days Saved

	Total Number of Bed Days	Total Number of Patients
June 21 – Feb 22	1881	133
June 22 – Feb 23	1328	173

Total number of bed days saved due to reduction in length of stay – 553





# A financial / value perspective

Chris Williams

Senior Value Business Partner, Hywel Dda Finance



## How much has the scheme improved:

- Value for the patient?
- Value for the system / taxpayer?
- Contributed towards the Health Board's strategic ambitions?



# Key Strategic Aims

- Help people to remain **out of hospital**
- Once in hospital, help them safely **return home as soon as possible**
- Help people who are the end of their lives to have a “**good death**”
- Help use our resources – **estates, staffing, financial** – cost effectively and use them for people who need them most
- Help people **live well with chronic conditions** and frailty



# Basic Measurements



Attendances at ED



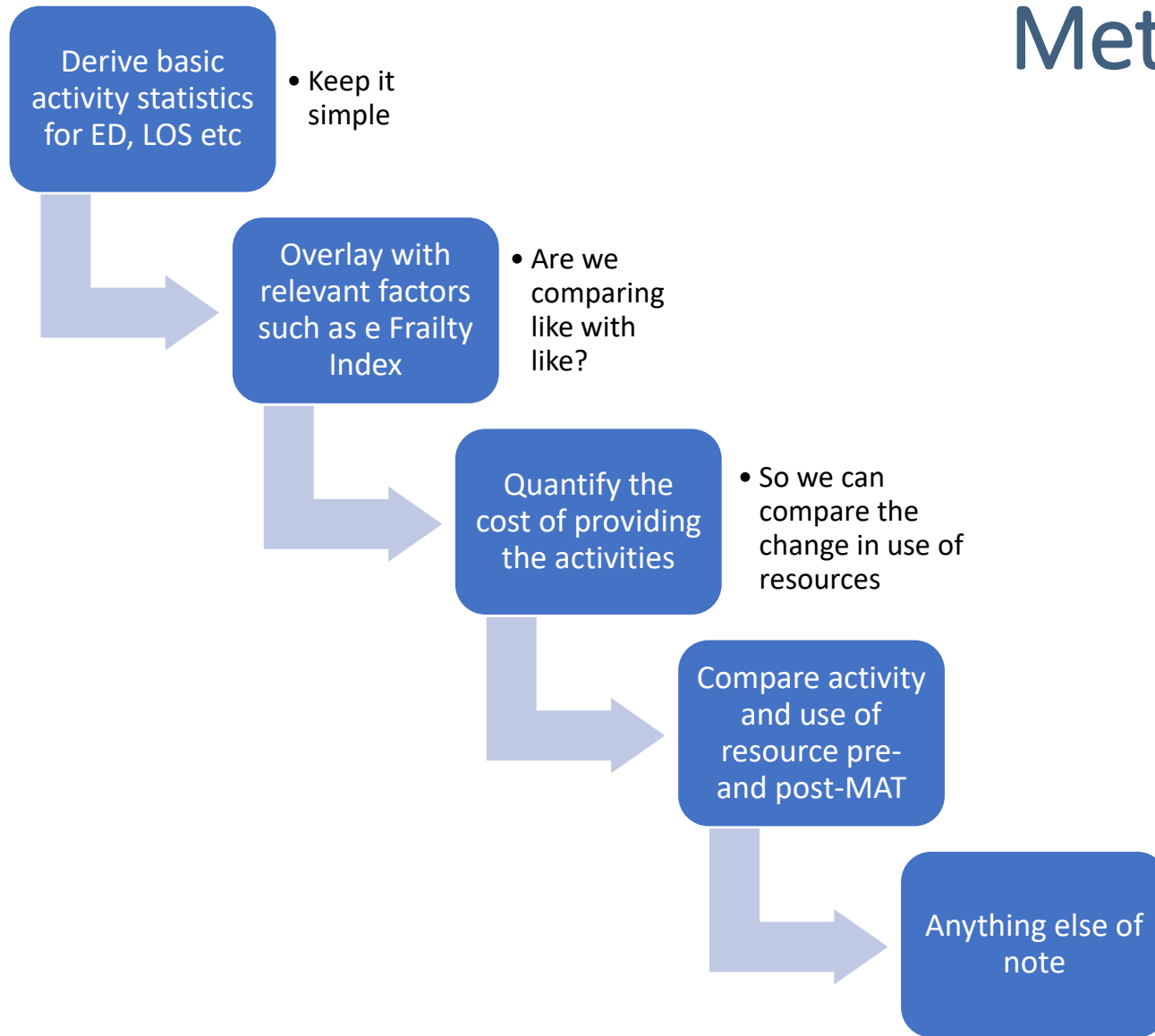
Conversion rate to in-patient spell



Length of stay measures



Mortality data





# Findings

## Commentary

	2021-2022 Pre MDT	2022-2023 Post MDT	Percentage (Improvement) / Pressure
IP Admissions (PLANNED)	55	85	55%
IP Total LOS (PLANNED)	274	266	-3%
IP Average LOS (PLANNED)	5.0	3.1	-37%
ED Attendances	116	236	103%
ED to IP Admissions LOS (USC)	49	146	198%
ED to IP Total LOS (USC)	381	1,557	309%
ED to IP Average LOS (USC)	7.8	10.7	37%
ED Conversion Rate	42%	62%	48%

1. **Planned admissions** increased post MAT contact
2. But the average LOS reduced by 37% - saving around 160 bed days
3. **ED attendances** appear to increase significantly.
4. But we are still reviewing OOH and weekend attendances – the 111 effect OOH
5. ED attendances that result in admission to Inpatient – **conversion rate** – increases
6. Does this imply that ED attendance is therefore justified?

# Findings

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## Commentary (cont)

7. **Unscheduled admission** LOS reduction suggested to be around 530 day reduction
8. Pre-MDT - affected by Covid effects in 2021
9. Average length of stay affected by acuity of patient (esp eFI) – and also post-Covid effects

# Resources

Area	Cost per day / attendance
Fully absorbed cost – BGH general medical bed	£1,094
“Releasable” resource cost – BGH gen medical bed	£640
BGH ED attendance average cost	£314

Likely reduction in resource usage for IP spells is around £579k (fully absorbed) / £340k (releasable)

Likely increase in ED attendance resource cost is £38k

Project cost £60k

**Net overall effect is therefore resource releasing – approx. £250k net benefit**



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# Other Factors

## Mortality within / outside hospital

- Of those people who died after contact with MAT – 38% died in hospital
- Typically, 52% of Hywel Dda residents die in hospital
- Mortality is expected to increase by ~48% over the next 15 years and will impose substantial additional demands on health if we don't change the elp we give to people in their last months
- Helping people die at home has a moral dimension that we cannot value

## Comparison with a control group

**PROM / PREM capture to make it a fully rounded assessment of value**



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# Reflections of the Clinical Care Co-ordinator

## Enablers

- Clinical Care Coordinator in Primary care
- Relationships, trust, 'can do' attitude
- Focus on person-centred care
- Building on and establishing new networks

## Barriers

- Culture
- Bureaucratic referral process
- Silo working across organisations
- Resource deficits/service gaps
- IT systems
- Funding silos



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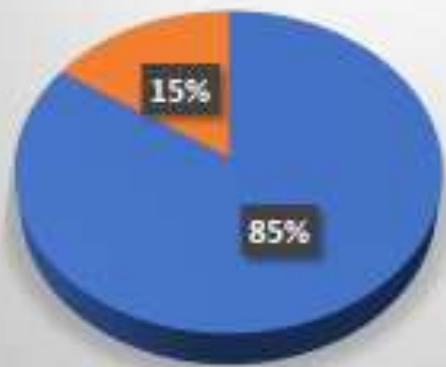


# Process Mapping

## Current State Vs Future State

No.	DELIVERY OF A PATIENT CENTERED H&A AGENCY TEAM APPROACH TO DELAYING CARE	Are there any elements of Training	File - Is it: 0 - Operational 1 - Transitioning 2 - Design 3 - Define	Area (Physical place this activity is taking place)	How long does this process take (minutes)	How many people?	Operative helping the patient and adding value	Teamwork (Are adding value)	Inspection (Should checking)	Delay High cost of care	Storage High cost of care
1	Plan/Act - Use of patient management software to reduce patient waiting and reduce delays to hospital		Operational	Email Office	15	1					
2	Plan/Act - Use of patient management software to reduce patient waiting and reduce delays to hospital	Yes	Operational	Email Office	15	1					
3	Plan/Act - Patient waiting times and reduce delays to hospital	Yes	Define	Office	15	1					
4	Plan/Act - Review waiting times and reduce delays to hospital	Yes	Operational	Office	30	7					
5	Plan/Act - Review waiting times and reduce delays to hospital	Yes	Define	Office	15	1					
6	Plan/Act - Review waiting times and reduce delays to hospital	Yes	Operational	Office	15	1					
7	Plan/Act - Review waiting times and reduce delays to hospital	No	Operational	Office	15	1					
8	Plan/Act - Review waiting times and reduce delays to hospital	No	Operational	Office	15	1					
9	Plan/Act - Review waiting times and reduce delays to hospital	Yes	Operational	Office	15	1					
10	Plan/Act - Review waiting times and reduce delays to hospital	No	Operational	Office	15	1					
11	Plan/Act - Review waiting times and reduce delays to hospital	Yes	Operational	Office	15	1					
12	Plan/Act - Review waiting times and reduce delays to hospital	Yes	Operational	Office	15	1					
13	Plan/Act - Review waiting times and reduce delays to hospital	No	Operational	Team Meeting	30	10/1					
14	Plan/Act - Review waiting times and reduce delays to hospital	Yes	Operational	Office	15	1					
15	Plan/Act - Review waiting times and reduce delays to hospital	No	Operational	Office	15	1					

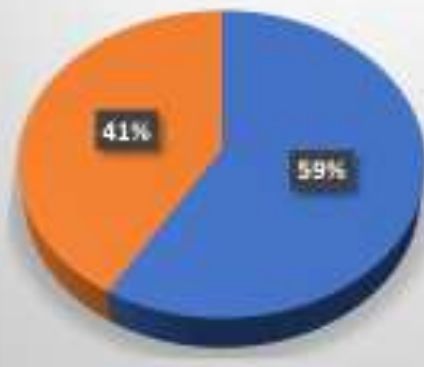
Current Process  
12 hours = £449\*



■ Clinical (Band 7+)  
■ Deputy Practice Manager



Future process  
10 hours = £300\*



■ Clinical (Band 7+)  
■ Admin (Band 5+)

\* Salary (on cost) provided by Hywel Dda University Health Board Finance team

% shows distribution of work using prudent and value based health principles with everyone working at the top of their respective band.

Mrs B



# Borth MAT

A Healthier  
Ceredigion

Person-centred  
Staying well at home  
Community based approach

1

Health and Social  
care working  
together  
'Joined up working'  
'A Single System'  
Starting locally

2

Services out of  
hospital and into the  
communities  
Resources into  
communities

3

Measuring what really  
matters to  
people



Using technology to support staying in own home

SUPPORTING CARERS AND VOLUNTEERS



# Conclusions

- Through multi-agency team working facilitated by a clinical care co-ordinator based in general practice savings can be generated in cost and capacity in secondary care.
- This increase in capacity will enable more planned care services to be delivered.
- The benefits from the MAT model appear to be due to improved communication and reduced duplication between agencies.
- Through increased referral to third sector services there is increased capacity generated in general practice to enable the primary care team to concentrate on patients with more complex care and deliver more planned patient care.
- There has not been an increase in demand for social services care packages and there may have been a reduction.





## Contact Details

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