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#400WORDS: QUALITY IMPROVEMENT REPORT

Delivering an effective and efficient urgent care response to people at home: a skills-led approach

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Brief description of context

The NHS Long Term Plan (NHS England 2019) set out its ambition to shift more health care from hospitals to home. The development of a community-based urgent care response (UCR) was part of this plan, with its central aim of supporting older people with multimorbidity and frailty to avoid hospital admissions. Cornwall was an accelerator site for implementing an UCR and sharing learning nationally.

Outline of problem

The intention to move care closer to home is validated by a growing body of evidence which suggests that care at home has less risk and is of greater benefit to the individual. (NIHR 2021). However, this shift in clinical care delivery, along with the increasing clinical complexity of patients, has resulted in a workforce unprepared for the clinical demands required. Understanding the baseline skills and capabilities of the workforce, alongside the skills needed to deliver a UCR, would enable a targeted programme of skills optimisation (Skills for Health 2022).

Key measures for improvement

A responsive, multi-skilled urgent care service that is available at home, increasing patient choice and reducing the need for hospital admission.

Process of gathering information

Thirty in-depth reviews of patient journeys were undertaken via facilitated workshops with multidisciplinary teams of clinicians. A peer consultation to determine the skills required to deliver a UCR informed a skills matrix which was subsequently completed by community clinicians (registered and unregistered).

Analysis and interpretation

The findings of the in-depth reviews and the subsequent skills review provided an insight into trends relating to the skills, capabilities and confidence levels of clinicians, as well as perceptions relating to roles, attitudes and cultural norms existing within these teams.

Strategy for change

National drivers and policy decisions around the need to adapt the workforce (NHS England 2020/21) along with the above local findings, led to the development of bespoke competencies, a multidisciplinary programme of learning and place-based coaching.

Effects of change

Initial observations suggested improvements in clinicians' skills and confidence resulting in direct, or indirect, benefits to patients. For example: holistic approach; top-to-toe physical screening; symptom management and self-care advice integrated into care plans.

Next steps

New models of delivery require a careful focus on the skills and capabilities of the workforce reflective of changing demand. Evaluation of impact is ongoing and will inform wider rollout of the skills programme to other service areas and, potentially, other sectors.

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