

Simulation to Evaluate Great Care (SIMTEGR8) – Phase 2

*Using facilitated simulation to support Better Care
Fund interventions in reducing A&E referrals*

Dr. Antuela Tako

Senior Lecturer in Operational Research
*School of Business and Economics,
Loughborough University*

Susannah Ashton

Community Matron
Intensive Community Support Service
Leicestershire Partnership NHS Trust

- **Policy Implementation: Better Care Fund (BCF)**
 - A pooled budget between NHS and Local Authority Partners
 - Mandated from 2015
 - Designed to promote joining up care pathways between health and social care.
 - Targeted to reducing hospital admissions, improving hospital discharge, and providing more integrated care in the community
 - Impact assessed against national metrics
 - High level of political expectation and scrutiny

Local Context: Leicestershire



- Commitment to independent evaluation of BCF, one of the first places in the country to do so
- Aims to improve the provision of local health and social care services to become sustainable,
- In line with the NHS' five year vision for better health, better patient care and improved NHS efficiency.

Local Response to the National Context



- Phase 2 of an innovative local partnership
- Funded from national and regional BCF grants
- SIMTEGR8 findings have been used as one of the methods to inform commissioning intentions for integrated care for 2017/18.

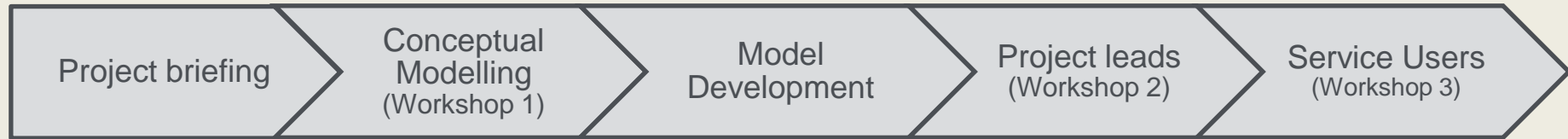


Purpose

- **Support** development of integrated care services in the community to avoid emergency admissions to hospitals
- **Help Improve** the patient journey through new integrated interventions
- **To identify** how performance can be improved.

Methodology Overview

Simple models are used in a facilitated workshop environment.



- Methodology revised following phase 1
- Adapted from: PartiSim (Tako & Kotiadis 2015) & SimLean Facilitate (Robinson et al 2014)

Aims of Methodology

- Generate discussion about
 - Model
 - Pathway
 - Reality
 - Metrics
- Identify issues
- Resolve issues



The 4 Services Evaluated in Phase 2

- **Lightbulb Programme (LB)**
- **Intensive Community Support (ICS)**
- **Help to Live at Home (HTLAH) Service**
- **Glenfield's Clinical Decision Unit (CDU)**

- Local Project Board, Partnership Collaboration Agreement
- Roles:
 - LU - researcher resource, academic oversight, production of evaluation report, workshop facilitation
 - Healthwatch – patient experience workshops, testing simulation models with users
 - LCC – dedicated project management, SRO level project support, support to workshop facilitation and production of evaluation report
 - SIMUL8 – simulation modelling support, resources and training
 - All – supported general, comms and dissemination.

Project Advisory Board:



- Professors from Loughborough University and the University of Leicester who were involved in phase 1 of the project;
- Director of Health and Care Integration at Leicestershire County Council
- Met with all members of the Project Board on a regular basis to oversee the work and suggest areas for improvement/further investigation

Simulation Models and Workshops

Example: Intensive Community Support Service (ICS)

- What is ICS?
- Aim of Evaluation
- Workshop 1
- The simulation model
- Workshop 2
- The Patient perspective



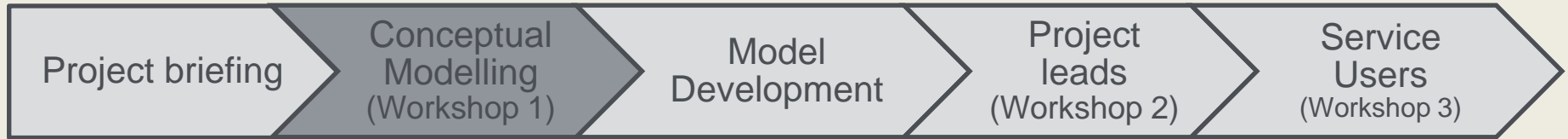
Intensive Community Support (ICS) Service

- Service provided by Leicestershire Partnership NHS Trust (LPT)
- Provides health support for patients in their own home; the team consists of Nurses, Physiotherapist, Occupational therapist and support staff.
- Medical oversight provided by advanced nurse practitioner (ANP).
- Service developed to respond to patients' wishes for care to be delivered in their own homes.
- Allows for patients to be discharged from acute/community hospital care in a more timely fashion
- Focus on the step up service - patients referred to ICS by GPs or the East Midlands Ambulance Service.
- An established service - evaluation forms part of its ongoing development.

Purpose of evaluation

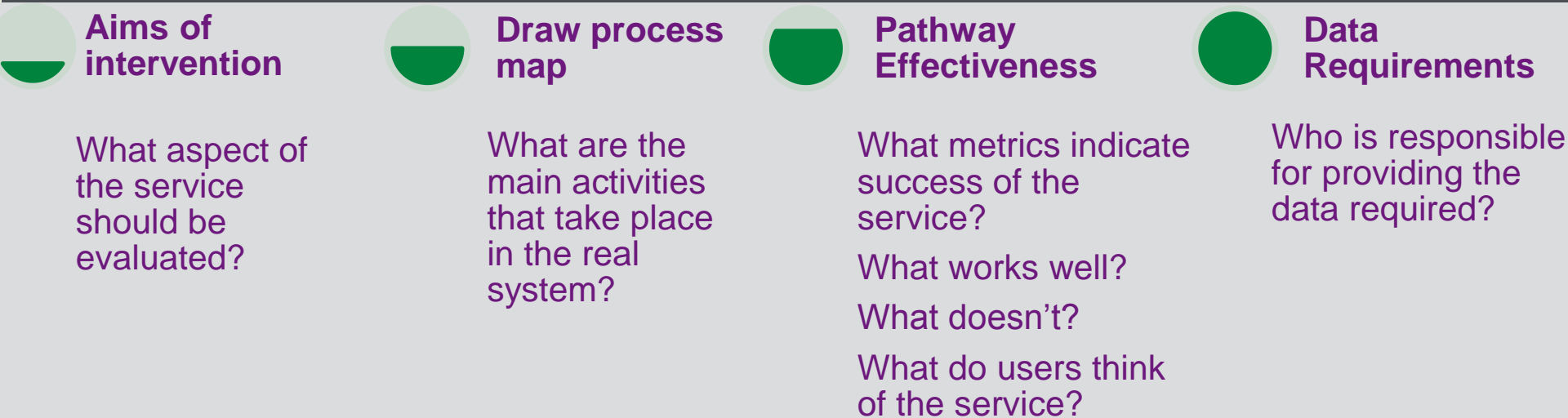
- **Evaluate** how emergency admissions to hospitals can be reduced
- **To identify** how performance can be improved.

Workshop 1



A **Conceptual Modelling** workshop is carried out to discuss planned pathway of each intervention and reflect on its efficiency.

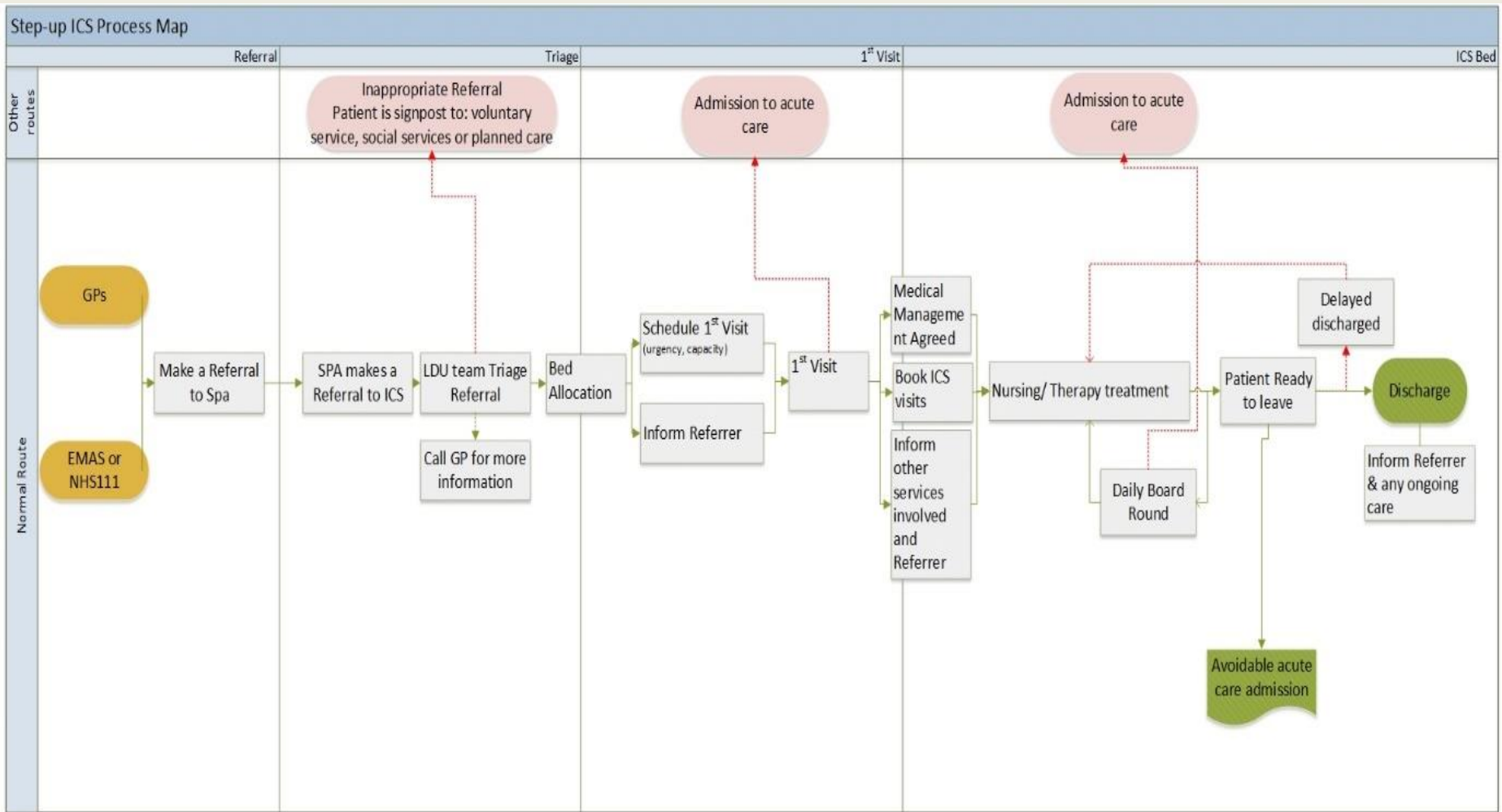
The discussion goes through the following phases:



Workshop 1 - Aims

- To identify ways to improve the pathway & service (delays/problems);
- To ascertain success of ICS service in reducing unplanned admissions to hospital. (indirectly)
- Improve patient and staff satisfaction;
- Timeliness and clarity of referral process;
- To ensure that the service is equitable across region;
- Review number of hand-offs and transfers from the ICS to other services and their appropriateness.

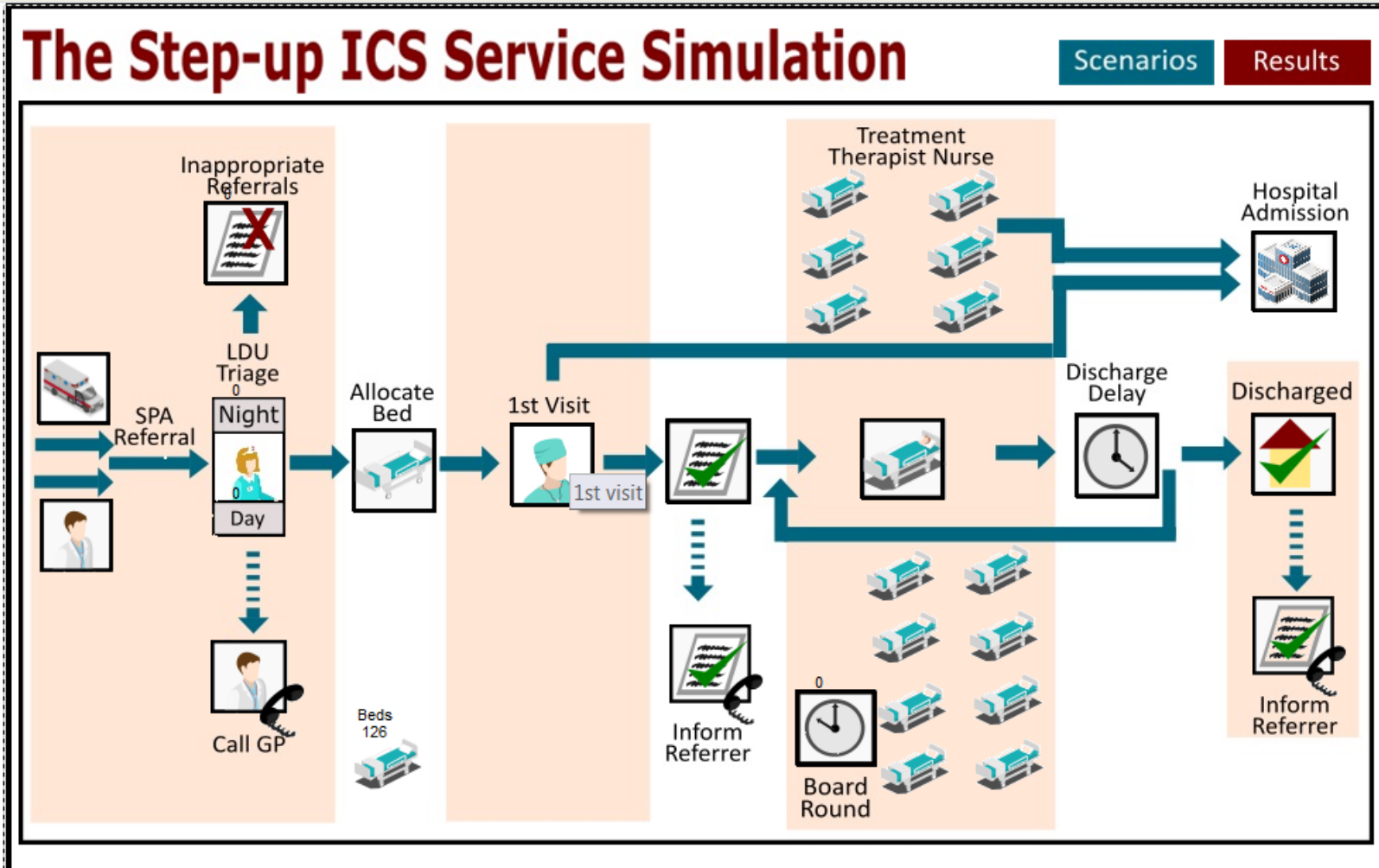
Workshop 1: Process Map



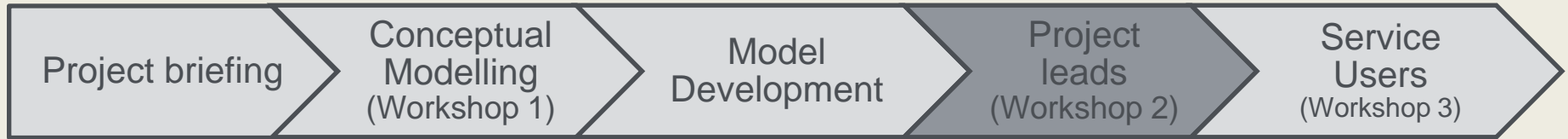
Workshop 1 - Outcomes

- Lively discussion & contributions from participants
- Better understanding of the ICS service achieved
- A commonly agreed on focus of evaluation
- Participants' aims met

The ICS Simulation Model

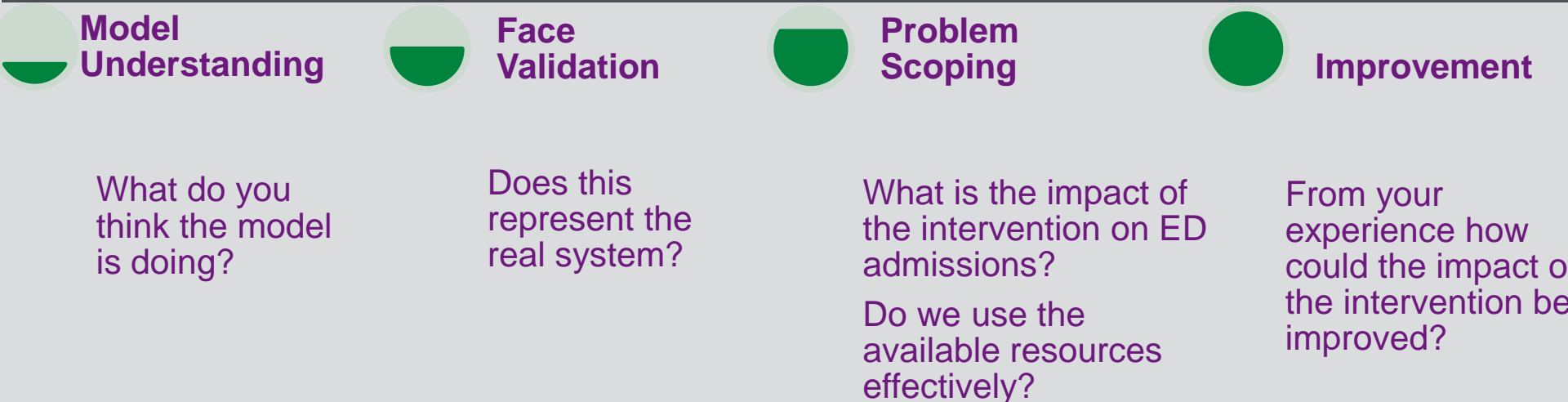


Workshop 2



A workshop with **Project Leads** is carried out using the model to facilitate discussion on each intervention and how it can be improved.

The discussion goes through the following phases:



Workshop 2 - Problem Scoping



The following scenarios were identified for testing through the model to see if they could result in improvements to the service:-

- Reducing the waiting time for first visits;
- Reducing the percentage of delayed discharges;
- Improving the quality of visits though being efficient and concentrated (this was shown in the model by a reduction in length of stay).
- A combination of the above.

Model results

- Main Metrics used for the evaluation:
 - hospital admissions (%)
 - bed occupancy (%)
 - average waiting time for a bed (hrs)
 - Average length of stay (days).

Workshop 2 - Findings

- Positive effect of step up ICS service on hospital services including emergency department.
- Changes in practice can provide better outcomes:
 - Improving the quality of visits by being efficient and concentrated had the most positive impact on reducing hospital admissions, bed occupancy and reducing the average waiting time for a bed.
 - Improving efficiency of first visit i.e. reducing patients' waiting time, could bring further reduction in hospital admissions.

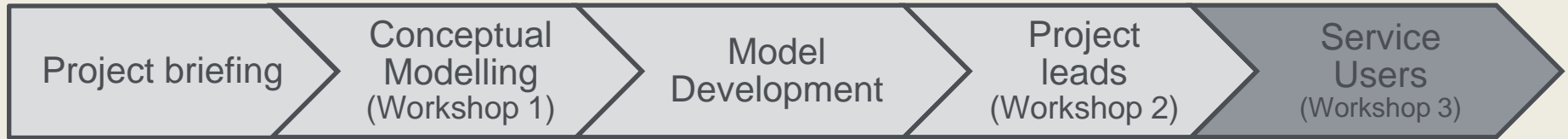
Workshop 2 - Improvements

- Actions identified by the service beyond the workshop:
 - Treat the first visit as a quick intervention/assessment and improve the quality of the second visit, making sure that it is made by the right specialty (i.e. nurse or therapist);
 - Spend longer with patients on follow up visits to meet patient needs;
 - Standardise the service across Leicester, Leicestershire & Rutland;
 - Use the model to refresh data and evaluate service on an ongoing basis;
 - Raise awareness of the outcome of the evaluation with GPs.

Workshop 2 - Outcomes

- Created awareness of service impact – reduced pressure on hospital services and A&E.
- The findings also showed that the service is meeting its contractual targets.
- The project leads keen to share the findings of the model with members of the team and congratulate them on the service they provided.
- There was confidence in the model and that the findings would lead to changes and improvements in the service as it provides an evidence base and a rationale for change.

Workshop 3 – User Perspective



A workshop with **Service users** (Patients and Carers) is carried out using the model to facilitate discussion on how the service can be improved.

The discussion goes through the following phases:



Model Understanding

What do you think the model is doing?

Does this represent what the service felt like for you?



Problem Scoping

Describe your experience of the pathway?

What do you think about the effectiveness of the pathways?



Improvement

What is needed to support frail and older people?

How should your experience be measured?

What to measure

- Simplicity of experience
- Attention to patient comfort, physical and environmental
- Timeliness
- Times unable to access
- Time with patient
- Reliability of attendance
- Quantity of referrals
- Quantity of points of access
- Confidence in clinicians
- Respect for dignity of patient
- Clarity of information
- Patient satisfaction with outcomes
- Possible choices for patient

- **Treatment at home**
- **Experience & care at home**
- **Standard of care at home**
- **What could be improved based on your experience?**
- **Consistency in quality of care**

- Availability of data and data quality; significant data cleansing required to understand the service (referrals, staff types attending to patient cases, etc.) and to build a useful model.
- Due to the complexity and accessibility of patients using this service it has not been possible to gather evidence relating the patient experience as part of a workshop; metrics identified from the evaluation for the service to use in its ongoing feedback processes (in progress)
- Due to lack of available data it wasn't possible to use the model to test every issue that participants were interested in, for example the number of hand-offs for each patient or whether some patients were inappropriately admitted to hospital when they could have been managed by the ICS service.

Lessons Learnt

- Engaging with service users can be challenging due to patients being elderly and frail; Use of questionnaire survey instead of workshops (plan B).
- Good communication between the SIMTEGR8 team and the project leads really helps make the model useful.
- Don't under-estimate the amount of time that collecting and cleansing data in order to build the model will take.
- Involving the right stakeholders in the workshops important to create an appropriate understanding of the service.

How have the findings been applied to the models of care and commissioning intentions

- Findings and recommendations by pathway shared with Integration Executive, which includes representatives from across Health and Social Care;
- Findings from the Lightbulb Evaluation used to inform the development of the business case;
- Findings from the Help to Live at Home evaluation used to inform business continuity arrangements for the services;
- Findings from the Intensive Community Support service used to inform service development i.e. effectiveness and efficient use of capacity in supporting prevention of hospital admissions.
- Findings from the Glenfield CDU evaluation used to inform a business case regarding future workforce needs and spatial requirements for the CDU;
- Medium term changes will be considered as part of the ongoing review of schemes within the Better Care Fund.

What next?

- We've had two phases of the SIMTEGR8 project to date; demonstrating the effectiveness of facilitated simulation modelling as an evaluation tool.
- No further external funding for the SIMTEGR8 project.
- Leicestershire County Council is looking at ways in which simulation modelling is embedded into current ways of working.
- Findings will be taken into account when making future decisions about funding for these services.

Website, Handbooks and Support



For more information & to review the models and findings from the evaluations of SIMTEGR8 (phases 1 & 2) visit our websites:

- SIMTEGR8.org
 - Health and Care Integration webpages on the Leicestershire County Council's website
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- Our findings and learning can inform decisions for similar integrated health and care services across the UK or abroad
 - Use our approach to undertake a similar evaluation through facilitated workshops & simulation for your service
 - For Enquiries and Support contact us at: simtegr8@lboro.ac.uk

SIMTEGR8 Project Board Contacts



Dr Antuela Tako

Principal Investigator for SIMTEGR8 Phase 2

Senior Lecturer, School of Business and Economics, University of Loughborough

a.takou@lboro.ac.uk; [@AntuelaTako](https://twitter.com/AntuelaTako)

Rosemary Palmer

Evaluations Manager, Leicestershire County Council

rosemary.palmer@leics.gov.uk

Vandna Gohil

Director, Healthwatch Leicestershire

vandna.g@healthwatchleics.co.uk

Claire Cordeaux

Executive Director, Health and Social Care, SIMUL8 Corporation

Claire.C@SIMUL8.com



Continue the discussion

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