

Working together to enhance health in care homes

Sharing our lessons with other vanguards in anniversary blog

We were delighted when the renowned Nuffield Institute invited Bridget Fletcher, Chief Executive of Airedale NHS Foundation Trust, to be its guest blogger as part of the celebrations to mark the first anniversary of the launch of the vanguard family nationally.

Here is how she summed up the progress we have made together over the past 12 rewarding months – and offers an insight to others following in our footsteps about overcoming the challenges they may face.

"We are really excited about the progress that we have made in the last 12 months as the Airedale and Partners Enhanced Health in Care Homes Vanguard.

We are committed to improving the care - and end of life care – of almost 8000 people living in the 248 nursing and residential care homes across our district which spans more than 1,000 square miles and takes in part of three counties, North and West Yorkshire, and East Lancashire.

The platform on which we are developing our Vanguard is the telemedicine service that we have been running successfully from Airedale Hospital for a number of years. This is a 24/7, 365 day per year digital hub that provides care homes with immediate video access to a clinical advice service provided by senior nursing staff supported by clinicians drawn from a range of specialties.

We know that our Vanguard is already contributing to the delivery of the triple aim by reducing emergency activity, by keeping people safe and well in their normal place of residence for longer, and ensuring that as far as possible, the right resources are deployed at the right time to care for people enabling people to take greater control of their own care.

We are delighted to have the support of a wide range of partners - three acute Trusts, three local authorities, two community and mental health providers, more than 130 GP practices, a number of third sector organisations, universities and colleges and more. It is perhaps the sheer scale of our Vanguard and the diversity of our partners that has given us our first challenge – bringing all of these stakeholders together and arriving at a consensus. Differences in knowledge, understanding, priorities, ways of working and even language added to the sheer complexity of what was in front of us.

Not everyone has been on the same page at the same time, but through a shared view that we need to radically reconsider and redesign how we work together provide care for the most elderly and frail in our society, we are making significant progress.

One of the greatest surprises has been how well the vast majority of elderly care home residents has adapted to talking with a nurse through a video link. Most have not batted an eye at the prospect of sharing their stories over the video link – perhaps showing up some of us in the next generation for our slow adaptation to technology and digital applications.

Telemedicine has a proven track record of success. Take, for example, one of our care home residents who recently reported having severe chest pain, was short of breath, and looked grey. After a full assessment carried out by clinicians over the video link, his condition was diagnosed as nothing more serious than trapped wind. What initially was feared to be a suspected heart attack, requiring blue light transfer to ED, was resolved with some warm peppermint tea and paracetamol.

One of the challenges of our Vanguard is to demonstrate that telemedicine really can work at scale, and can fit with and support local primary and community services as they undergo significant transformation. This isn't about taking over from GPs, district nurses and specialist teams, it is about how we work together as a health and social care system and use different approaches to meet the ever growing demands of our population. Telemedicine is knowledge based and transferable; it is not bound by the limitations of buildings and can be used to support different patient cohorts, different age groups and disease cohorts. It can link with other digital and technical applications to keep people safe and well, and in control of their own health.

And as with the problems we face in the NHS, workforce is a massive challenge for the care home sector. The combination of the introduction of the living wage, the reputation of the sector and its challenges, its composition being mostly small independent providers, the increasing challenges of the inspection regime; revalidation for nurses – the list goes on – is stretching the sector like never before. And if the care home sector should 'collapse' as predicted in the report by Respublica last year <http://www.respublica.org.uk/our-work/publications/the-care-collapse-the-imminent-crisis-in-residential-care-and-its-impact-on-the-nhs/> it will be the NHS that will have to meet the needs of the care home population, so the Vanguard provides us with an ideal opportunity to work with partners to consider the future workforce requirements for the sector. Balance this with the way telemedicine can support care homes to deliver safe proactive care, and we are at the starting point to consider a completely different staffing model for care homes.

Working as part of the family of Vanguards is inspiring – there are 50 work programmes – and we are learning and sharing with others and keeping each other motivated and enthused when the challenges seem insurmountable. This shared approach feels like new ground for the NHS, but it is imperative if we are going to be able to continue to drive and innovate in the face of the current financial challenges.

Being part of the Vanguard isn't always easy, but I can confidently say that it has been a very rewarding year, and we are looking forward to the challenges 16/17 holds for us." ■