



## Children's Ambulatory Care Newsletter



Issue 1 - July 2016

This is the first of a regular newsletter which will provide updates on developments with the Ambulatory Hospital at Home project in Children's Services.

The health and social care system in England is under huge pressure to deliver better outcomes for patients in the face of increasing demand, limited resources and tightening budgets. Increasingly, hospitals are performing poorly against A&E standards.

Children and young people under the age of 20 years make up 28.9% of the population of Bradford. The Bradford District Child Development Centre review (2010-11) identified evidence of a higher prevalence of complex disability and health needs requiring long term care in Bradford compared to the national average.

High quality community services should avoid delays to discharge or transfer from hospital through effective joint working between professionals, teams and organisations. This is important as delays represent poor patient experience, increase risk of infections and wasted resources. The long term vision for ambulatory care is the development of a virtual ward that could potentially be accessed by GPs, ED and paediatrics ensuring that the whole system is designed to support self-care and community care at home

Following a management/clinical 'time out' in January 2016, to agree a vision for the next 5-10 years it was agreed that there needed to be a closer working relationship between the community nursing team and inpatient paediatrics. This would support development of new pathways, protocols and guidelines to facilitate early discharge from the children's inpatient wards and prevent avoidable hospital admissions.

### Action Plan

- Liaise with existing teams providing this model of care.
- Undertake Scoping/feasibility exercise in the first instance followed by a pilot within an agreed time frame.
- Agree and develop evidence based patient centric pathways guidelines.
- Ensure staff are appropriately trained.
- Develop PROM's/Key performance indicators.
- In keeping with the Trust values and NHS principles evaluate and improve the patient /family experience.

### Progress to date

Feasibility exercise in progress

Revision of database with support from the Transformation Team

Visit to Portsmouth in May (Jan Speak, Dr Mat Mathai, Diane Daley, Denise Stewart and the Commissioners)

Child Outreach Assessment Support Team (COAST) Portsmouth, South East Hants, Fareham & Gosport. The service is made up of experienced children's nurses who provide nursing support and assessment to your child during a period of illness. Very informative visit and waiting for pathways and other info to be sent from the Portsmouth team

#### Next steps ....

Attending conference in July at Kings College Hospital (Dr Mat Mathai, Denise Stewart and Diane Daley) presenting the service - at Healthcare at Home, King's College Hospital London

In April 2014 a novel paediatric ambulatory service was established at King's, with 'Healthcare at Home' (HAH). It is a clinical service providing consultant led, nurse delivered acute paediatric care in the home.

The HAH nurses are integral members of the general paediatrics team. They attend the morning general paediatric handovers 7 days a week and this serves to optimise the referral rate. Once a child has been referred, they meet with the family whilst they are still inpatients and this practice provides continuity of care for children and their families once their care is transferred to the home setting.

The nurses have facility to visit children up to four times a day, to administer medication, provide wound care, perform observations and provide clinical reviews. The care episode notes are all recorded electronically on tablets in the home and these notes are linked to the hospital based electronic patient record.

All of the patients are reviewed during a daily consultant-led virtual ward round conducted in person with the HAH nurses. The innovative use of IT facilitates this process and provides an accessible, continuous record of patient care until their discharge date. The initial goal was to enable early discharges from hospital and this has been achieved. The service has subsequently evolved to facilitate direct admission to HAH from the paediatric emergency department (PED) following a paediatric consultant review. This new pathway thereby completely avoids hospital admission for some children. Children are accepted onto the service based on clinical need and capacity. This therefore ensures equity of the service which is available to children who reside in a range of boroughs.

Meeting in progress of being arranged to visit Salford P.A.N.D.A unit led by Julie Flaherty

The PANDA Unit (Paediatric Assessment and Decision Area) provides dedicated emergency and short stay care for children less than 16 years of age.

This is a consultant-led service within which children can be assessed, investigated, observed and treated within 24 hours and without recourse to inpatient areas. The unit also provides a Tier 2 Paediatric referral service for residents of Salford, or those patients with a Salford GP.

Gate-keeping by Paediatric and Emergency Medicine Consultants ensures that over 96% of attendees are currently discharged home direct from the Panda Unit.

Early discharge is supported by a dedicated team of children's community nursing staff that support integrated care between Panda and primary care services.'