

SUMMARY OF 12 MONTHS EVALUATION OF TORRINGTON TEST OF CHANGE

The following summary provides an analysis of the key evaluation data selected by Dr Tucker for the 12 month period (date to date) of the Torrington test of change.

Headline

We can draw the same high-level conclusion as for the first 6 months: the patient cohort who previously would have been admitted to Torrington CH changed pathway broadly as expected (i.e. mostly cared for at home, with some being admitted to Holsworthy and Bideford Willow instead), with no evident negative impact across the wider system.

The table below summarises the evaluation KPIs at six and twelve months.

No	Measures of whole system	ToC Difference %	2nd 6 mths Difference %	No. Patients Oct-11 /Sep 12	No. Patients Oct-12 /Sep 13	Baseline No. Patients (Average of last 2 years of same 12 month period)	12 mths No. Patients Oct 13 – Sep 14	12 mths Difference %	Comment
1	An increase in A/E attendances?	3%	8%	2,247	2,386	2,317	2,442	5%	Possibly the "111 effect": Trustwide (+3%) Torrington (+5%) No evidence of a negative impact from bed change
2	An increase in emergency admissions to the DGH?	-10%	-2%	1,387	1,389	1,388	1,301	-6%	<ul style="list-style-type: none"> - Still a reduction but less substantial than 0-6mths. - Still no negative impact evident and A&E attendances not converting so unlikely to be linked to bed change - 87 fewer admissions to NDDH
3	An increase in attendances at the neighbouring minor injuries units? (Bideford)	-12%	-28%	483	446	465	369	-21%	MIU attendances are falling (across ND) but only at -7% p.a. No negative impact from bed change
4	More Torrington residents being admitted to other community hospitals?	-49%	-61%	115	95	105	47	-55%	58 fewer admissions to comm hosps
5a	An increase in telephone calls to the out of hours services? (over 65)	-5%	-4%	640	748	694	663	-4%	New dataset (previously all calls) - more helpful as over 65yrs; but same picture - no negative impact from bed change

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7	An increased length of stay at NDDH because there are no community beds to come to - bed days?	11%	-8%	3.5	3.7	3.6	3.6	1%	Improved operational processes: particularly better linking with Pathfinder
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Admission avoidance

At six months, we assessed that there were 97 fewer admissions to hospital (both NDDH and a community hospital) than would have been expected pre-Test of Change. This excluded community stroke patients.

Across the full 12 month period 145 fewer Torrington residents were admitted to hospital than in previous years (87 NDDH, 58 community hospital).

The NDDH reduction was less significant in the second 6 months which we account for by winter vs summer caseload.

This data continues to support the working hypothesis that the admissions were avoided through improved community services.

Use of other community hospitals

Holsworthy was used far less in the second 6 months for Torrington residents, although Bideford Willow was used a little more: overall, there were more admissions to “other community hospitals” than in previous years although this increase was far less significant in the second 6 months.

It is likely that reduced admissions to 'other' community hosps in the second 6 months was due to community operational process improvements that meant we didn't need them as much, i.e. greater understanding on a case by case why some patients had been admitted but didn't need to be and teams reviewing their clinical decision-making.

Length of stay (LoS)

NDDH LOS for Torrington residents reduced vs baseline over the second 6 months.

This shows a major improvement in acute operational processes, i.e. Pathfinder viewing the care planning in a holistic way.

The baseline LoS for Torrington residents at NDDH was 3.6 in past years.

- During first six months of ToC it increased to 3.9.
- By second six months reduced to 3.3 an 8% reduction

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These results are really positive and show that strong community health and social care result not only in reduced LoS in community hospitals but also in acute settings.

Bed Days for Torrington Residents	Difference No Bed days (ToC)	Difference % of bed days (ToC)	Difference No Bed days (2nd 6 mths)	Difference % of bed days (2nd 6 mths)	Baseline No. Patient Bed Days <small>(Average of last 2 years of same 12 month period)</small>	2nd 6 mths No. Patient Bed Days <small>12 months Oct 13-Sep 14</small>	Difference No Bed days 12 mths	Difference % of bed days 12 mths	Comment
Occupied bed days for Torrington residents in community hospitals	-828	-54%	-929	-64%	2,994	1,237	-1,757	-59%	Fairly consistent with 0-6mths data. Comm hosps still used but not by Torrington.
Occupied bed days for Torrington residents in NDDH	-20	-1%	-247	-10%	4,967	4,700	-267	-5%	0-6 mths: increased LOS balanced reduced admissions; 6-12 mths: LOS reduced rather than increased due to improved acute op processes, hence overall significant reduction
Occupied bed days for Torrington residents in all hospitals	-848	-21%	-1,176	-30%	7,961	5,937	-2,024	-25%	145 fewer admissions has a clear impact shown

Community health and social care team activity

Community Home based Care	% (ToC)	% (2nd 6 mths)	Baseline	ToC Period	Difference	% (12 mths)	Comments
Total Visits	37%	25%	12,369	16,154	3,785	31%	Consistent and significant increase: community staffing increase has delivered activity as expected
No of Patients	2%	3%	894	920	26	3%	Some data still outstanding but we can see consistent small increase in patients on caseload (i.e. new patients have higher need than the average on the caseload)
Urgent Visits	21%	12%	1,416	1,630	214	15%	Increase in urgent element of community caseload. This is as expected for complex patients because they would previously have been admitted to hospital.