



NAIC 2018 Key findings

Lucy Trubacik,
Project Manager,
NHS Benchmarking Network

National Audit
of Intermediate Care

2018

NHS Benchmarking Network

- World's largest healthcare benchmarking group
- Hosted by East London Foundation Trust
- Member led topics advised by:
 - Steering Group
 - Sector based Reference Groups
- High quality products and services
- Critical mass achieved through 300 strong membership
- Unique data views, aims to fill gaps not covered by central NHS information sources
- Also runs the National Audit for Care at the End of Life (NACEL) and National Audit of Intermediate Care (NAIC)



National Audit
of Intermediate Care

2018

National Audit of Intermediate Care



- NAIC 2018 was funded by NHS England, the Welsh Government and the Public Health Agency in Northern Ireland
- Sixth iteration of the audit
- Audit elements as previously:
 - Organisational level
 - Service user level
 - PREM
- This presentation covers results for England only

National Audit
of Intermediate Care

2018

Intermediate care definition

3 main aims

1. Avoid going to hospital unnecessarily
2. Independence after a stay in hospital
3. Prevent move to residential care

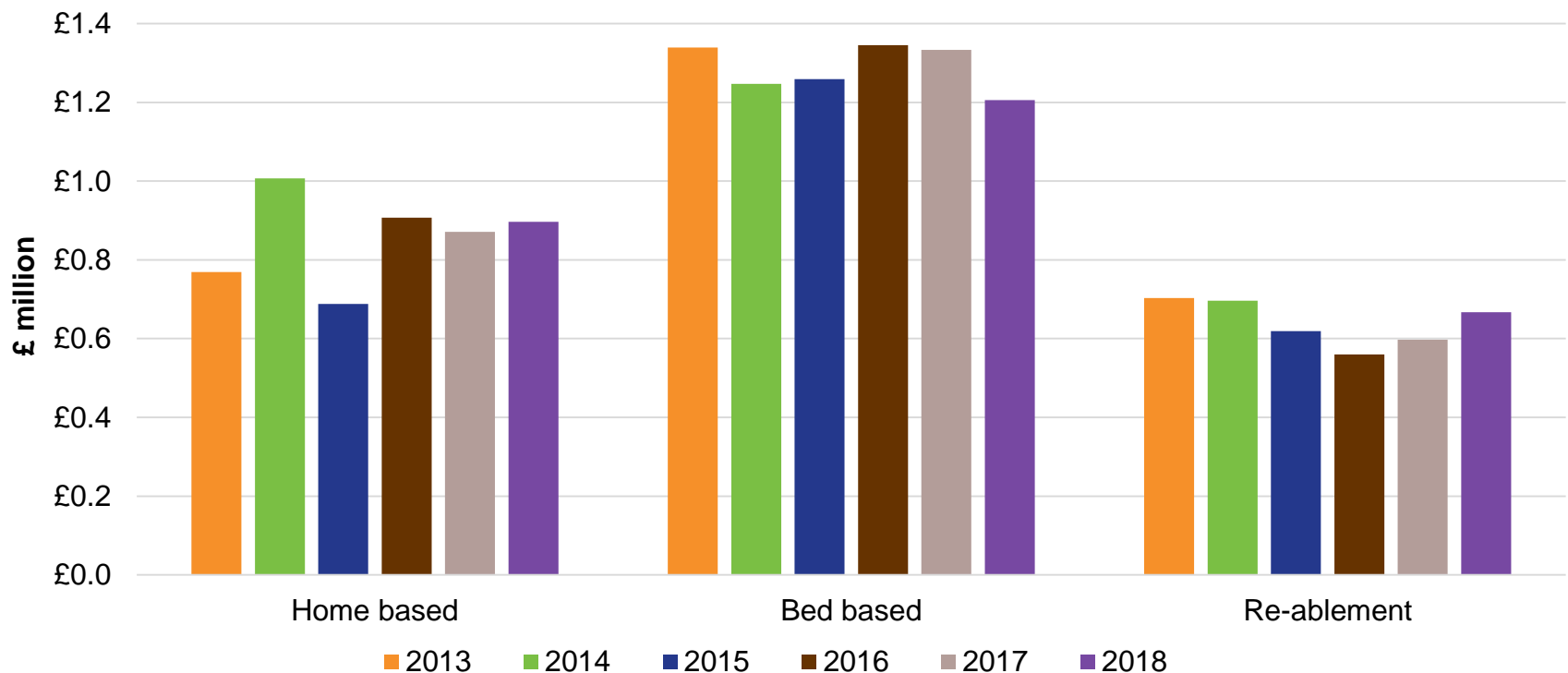
Four service categories

1. Crisis response
2. Home based IC services
3. Bed based IC services (including community hospitals, nursing/residential homes)
4. Re-ablement

Scale: has investment changed?

- NAIC 2012: IC capacity needs to double
- Mean £2.8 million per 100k weighted population
- Still no evidence of a material increase in budgets nationally

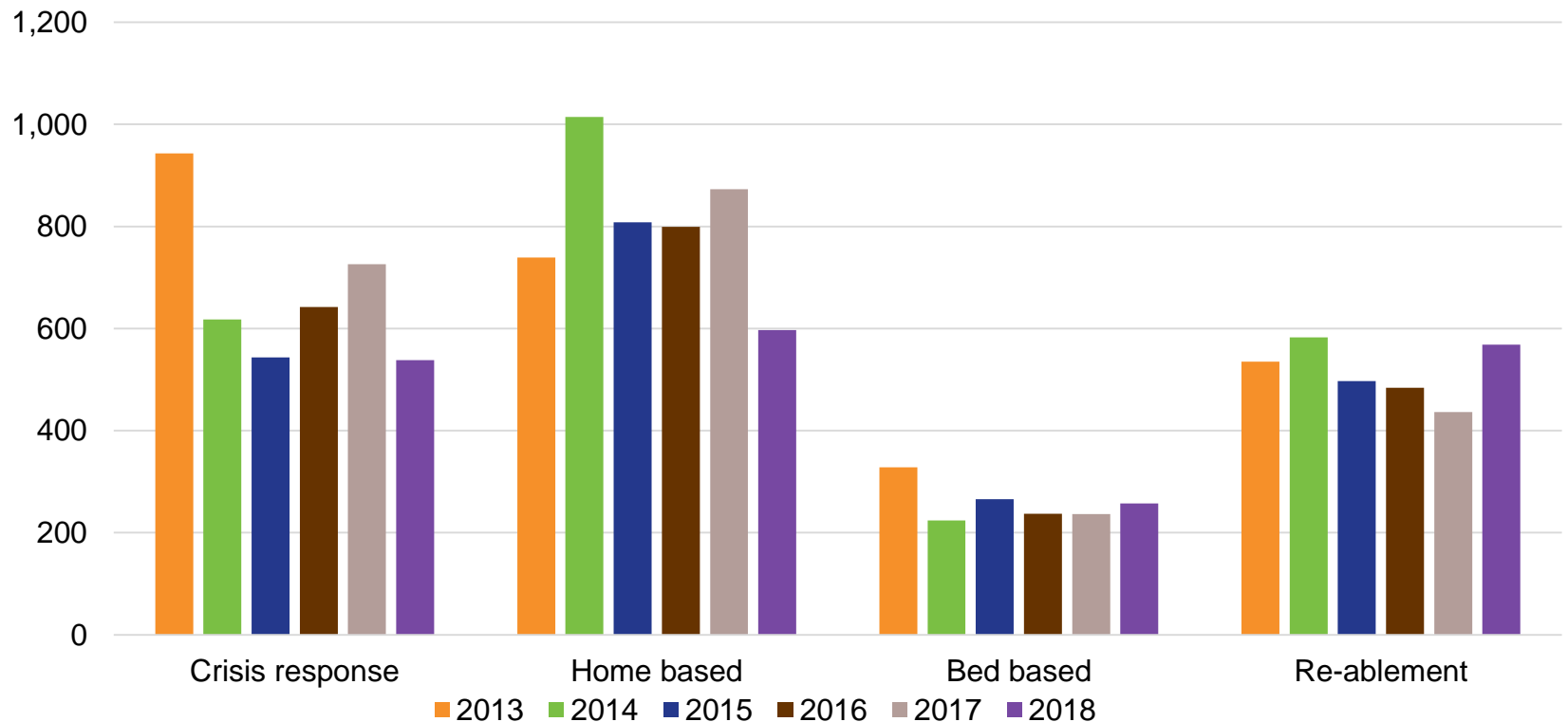
Commissioner budgets for IC per 100,000 weighted population (mean) £m



Scale: has volume changed?

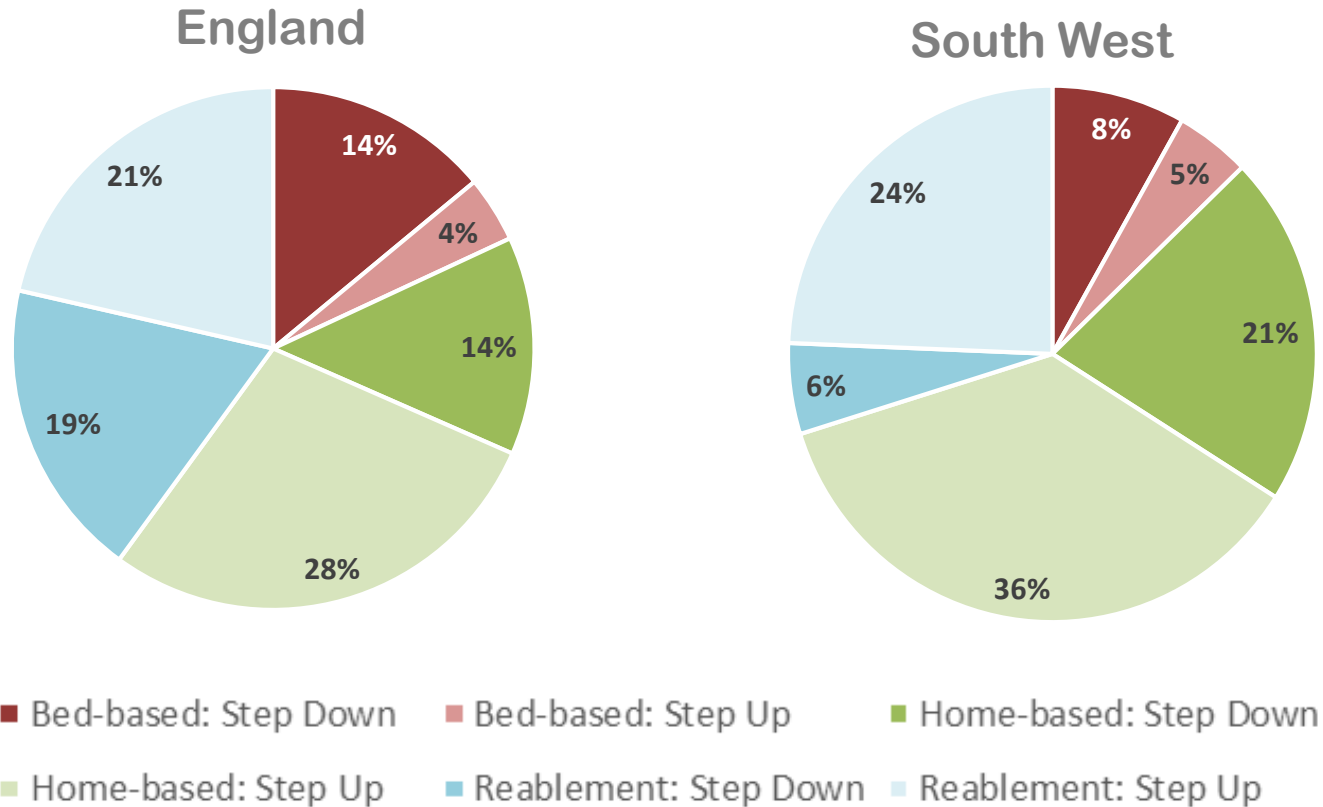
- Slight upward trend in bed based referrals
- Decrease in home based and crisis response referrals between years (8% - 10%)
- Increase re-ablement – around 14%

Referrals per 100,000 weighted population (mean)



How is IC capacity used?

Balance of step up and down IC provision (estimated) NAIC 2018

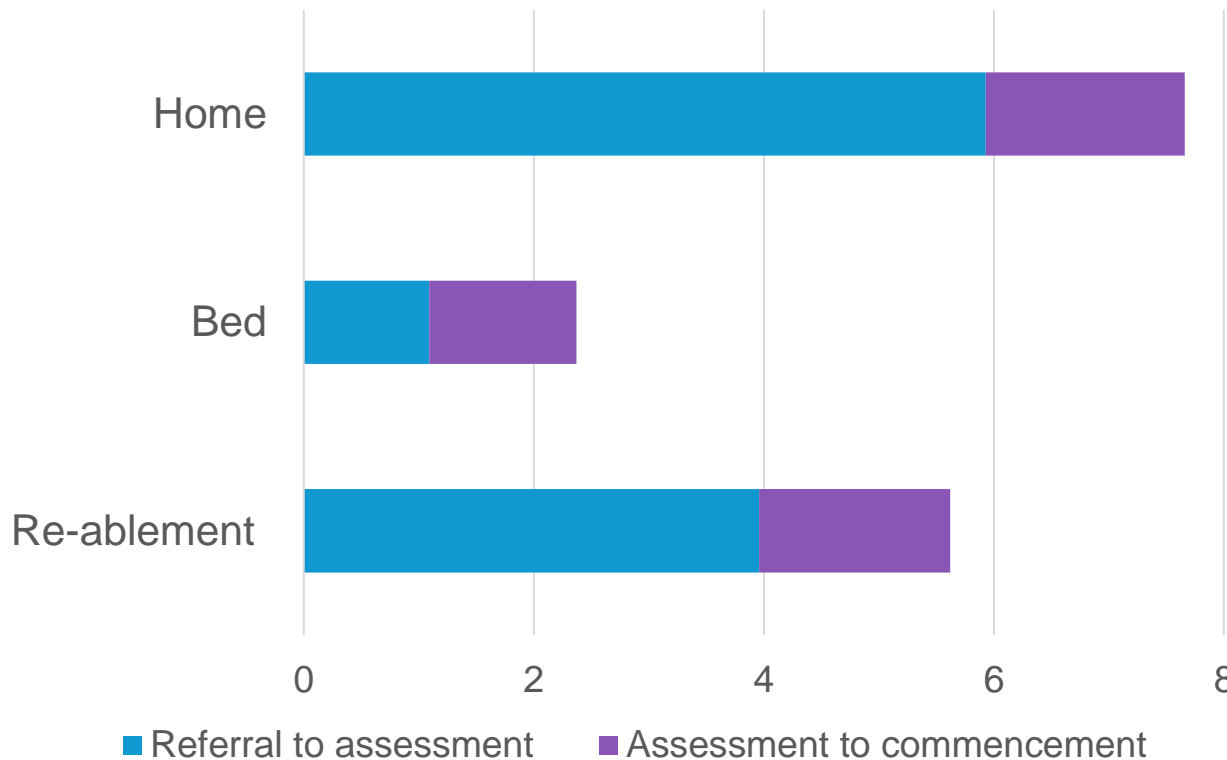


of Intermediate Care

2018

Access

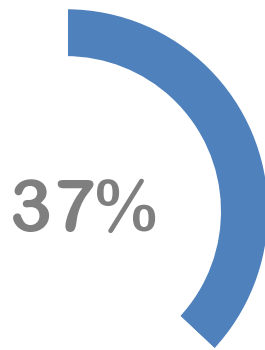
Waiting times split by component part (days)



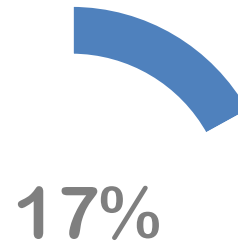
Average waiting times by service type	2018 days
Home (referral to assessment)	5.9
Bed based (referral to commencement)	2.4
Re-ablement (referral to assessment)	4.0

Access

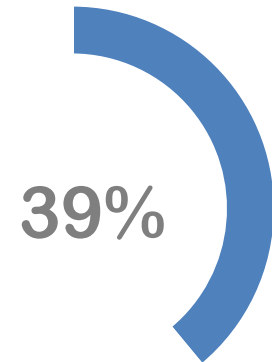
Percentage of service users waiting over 2 days from referral to admission



Home based

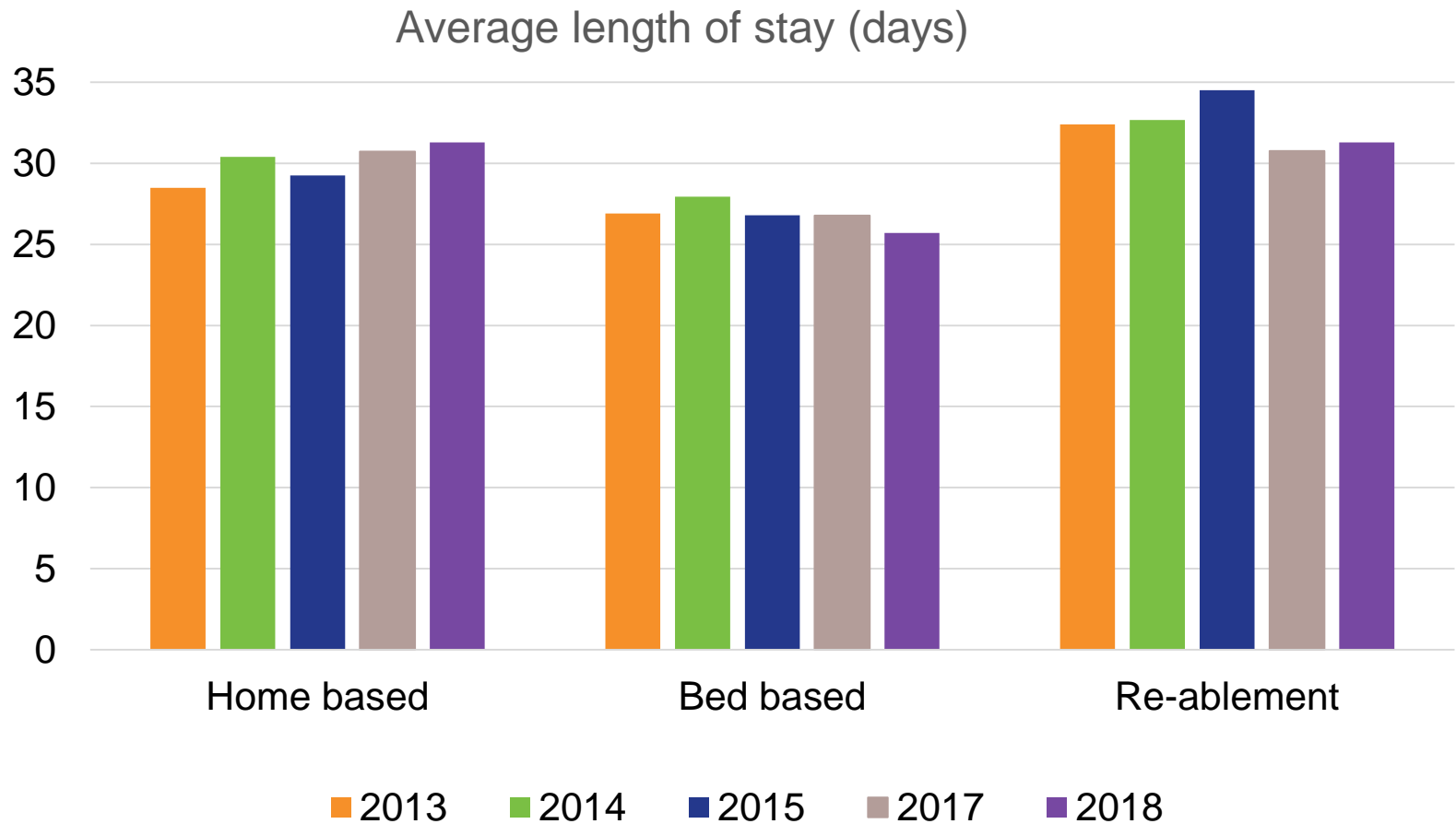


Bed based



Re-ablement

Length of stay in intermediate care



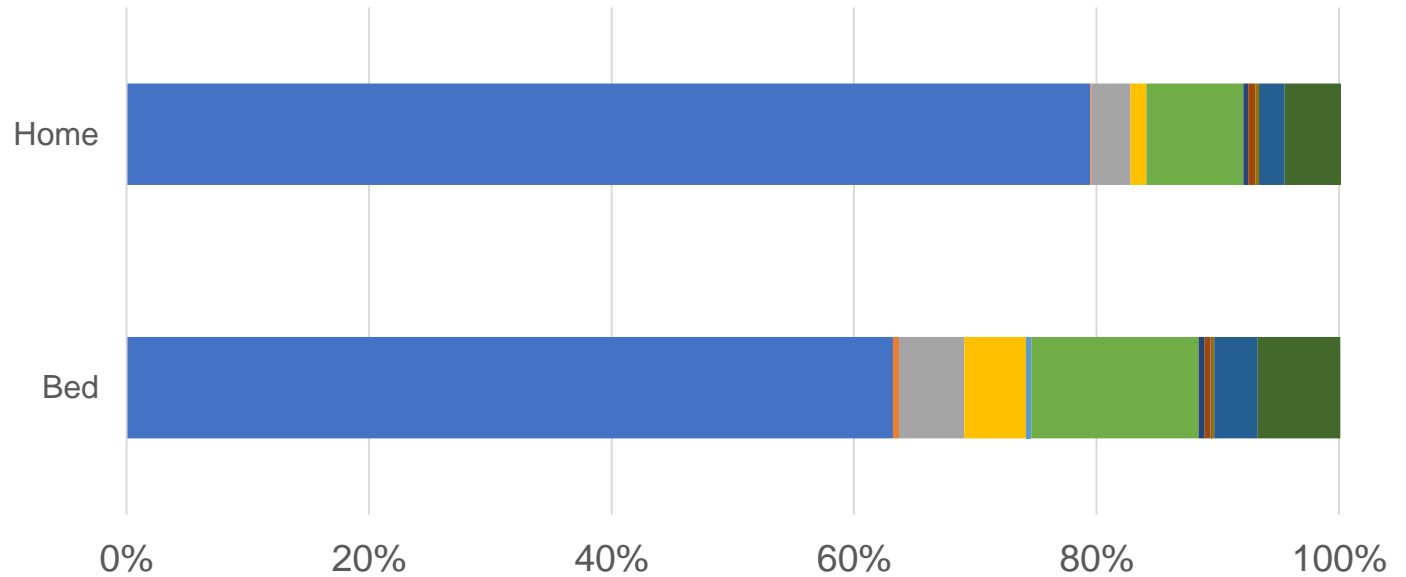
Destination on discharge

Returning home

- Home 80%
- Bed 63%

Acute hospital:

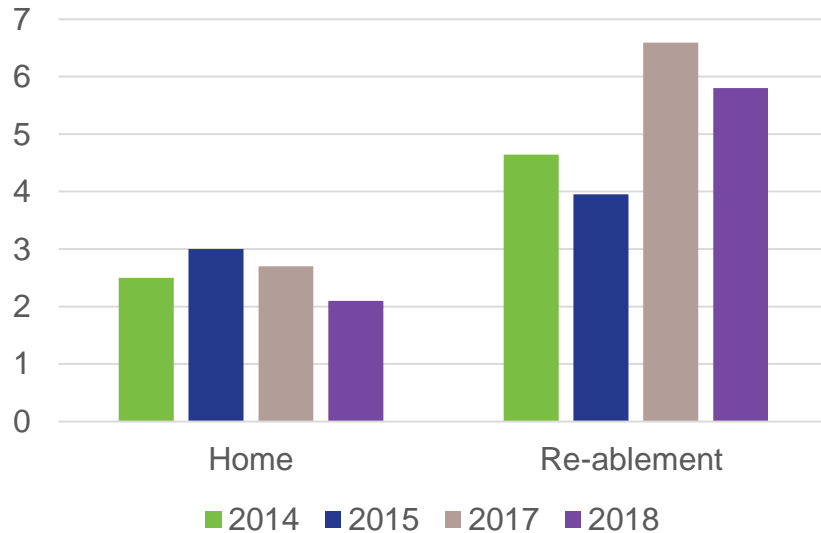
- Home 8%
- Bed 14%



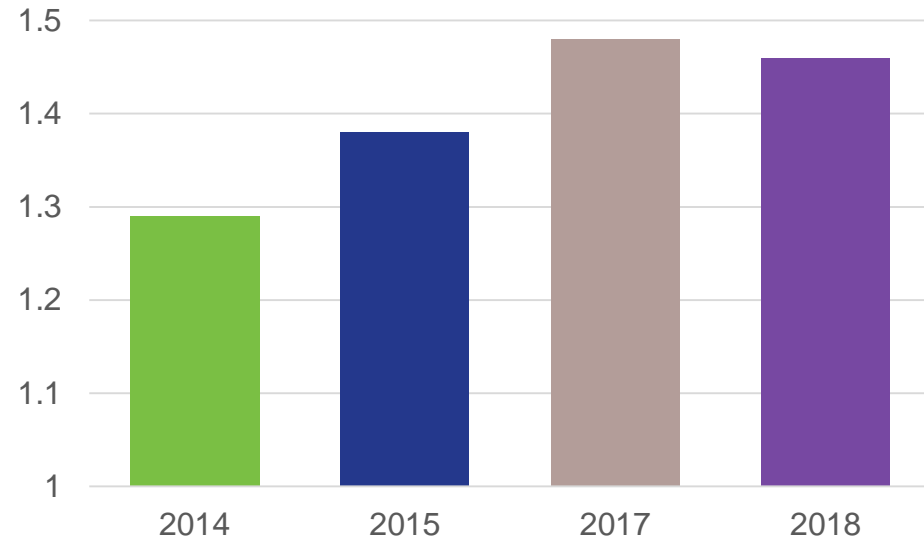
- Own home
- Relative's home
- Residential home
- Nursing home
- Sheltered housing
- Acute hospital
- Community hospital
- IC bed based unit
- Mental health facility
- Hospice
- Died
- Not known

Staffing levels

WTE per 100 service users accepted



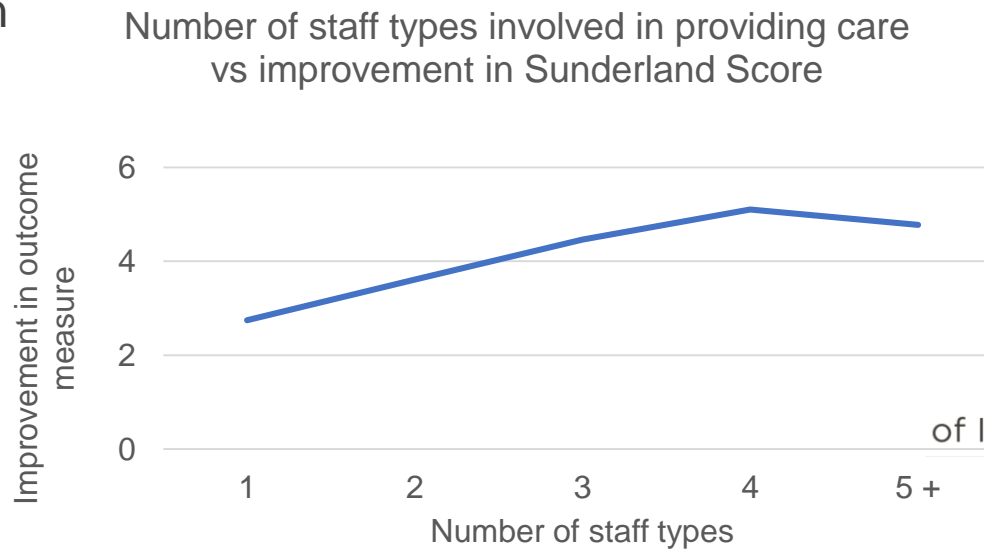
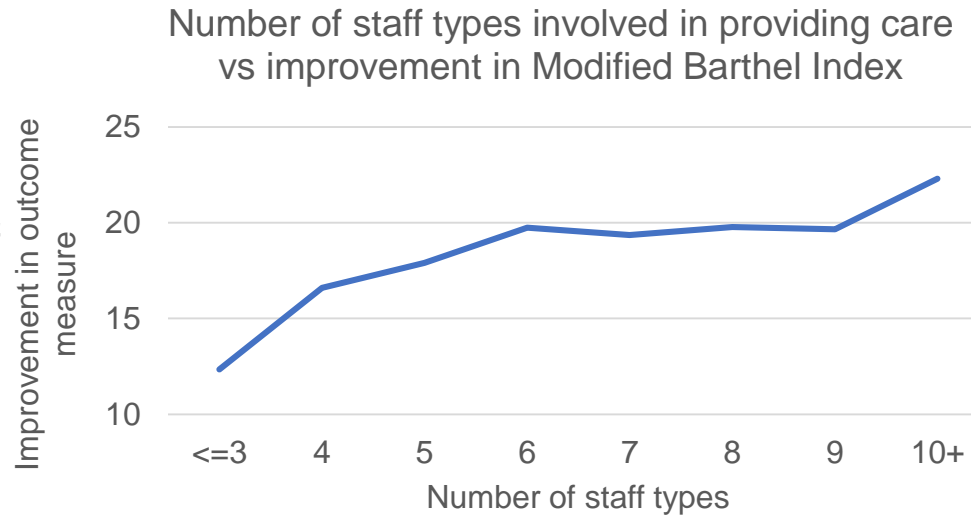
Clinical WTE per bed



- Re-ablement tends to have higher staffing per 100 service users than home based (5.8 WTE compared with 2.1 WTE)
- 1.5 clinical WTE in establishment in bed based services

Relationship between staff contact and outcomes

- Service user audit suggests outcomes improve as number of staff types involved increases
- Consistent with research evidence on the effectiveness of multi-disciplinary teams

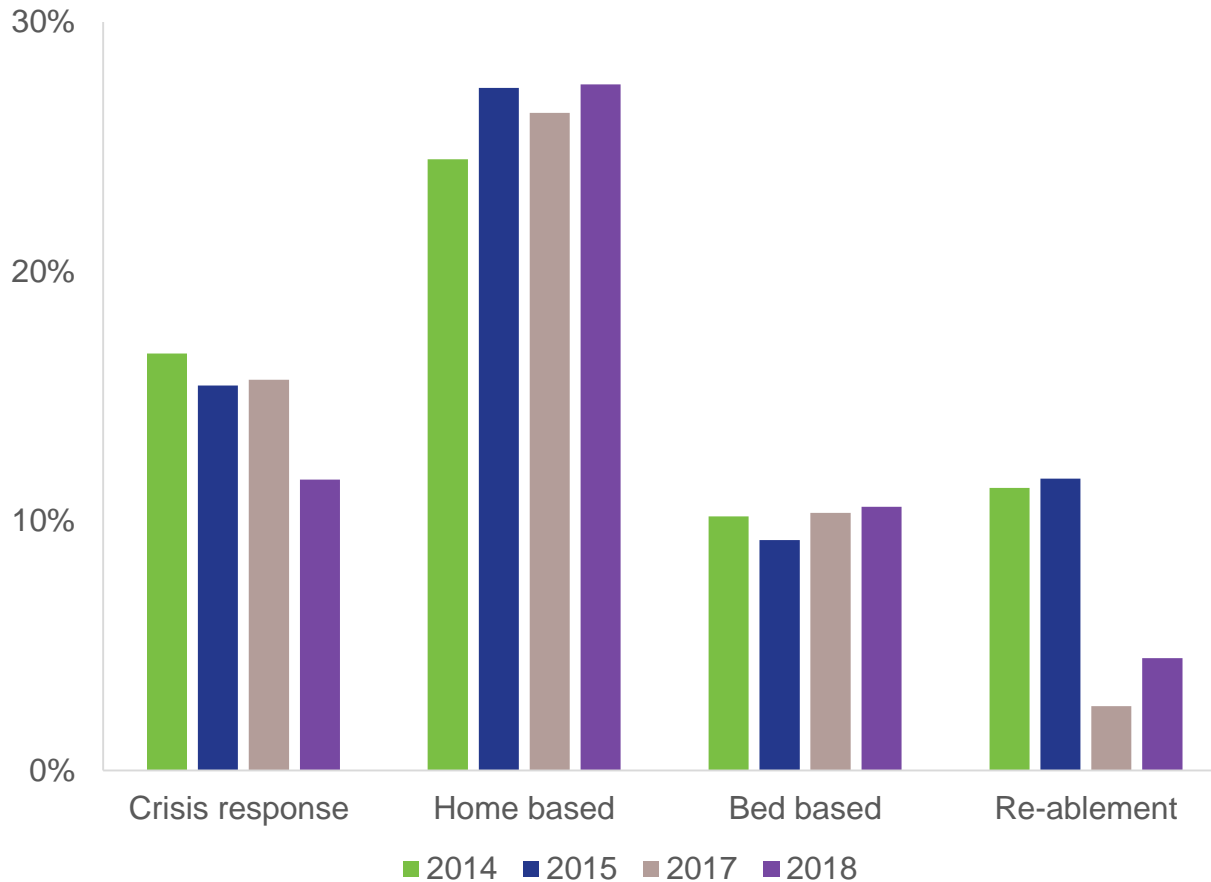


National Audit
of Intermediate Care

2018

Therapy input to IC services

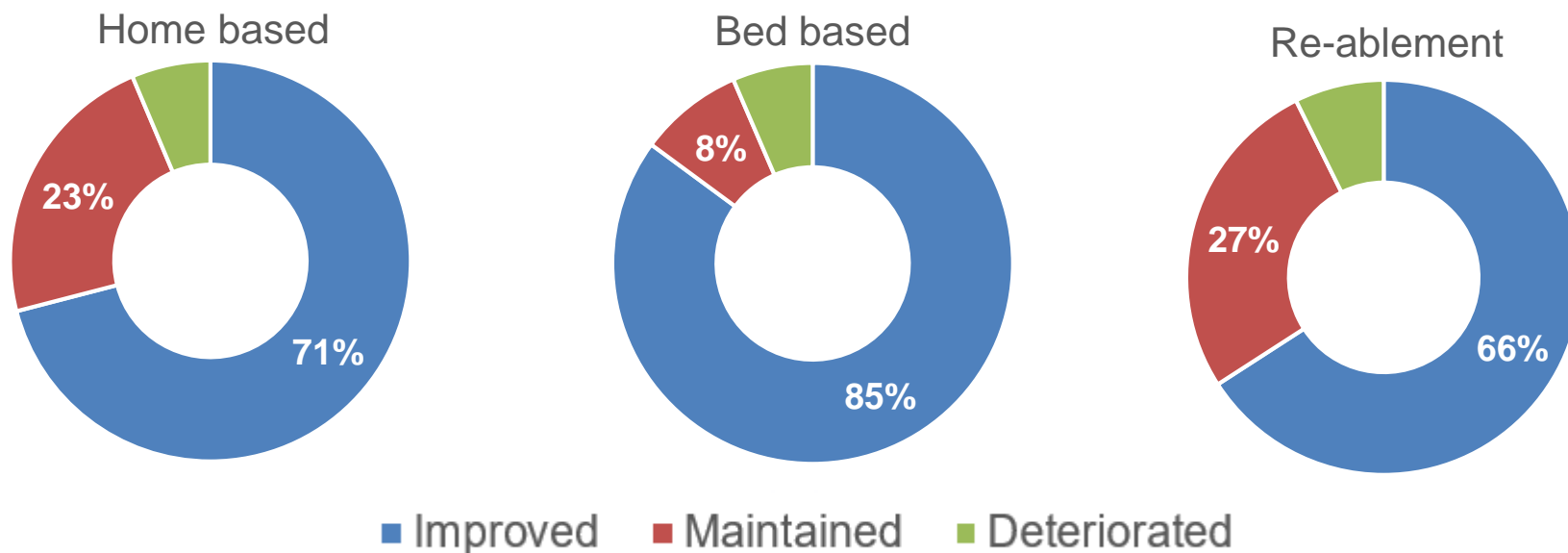
% of workforce made up of Therapy staff / AHPs



- Proportion of AHPs in home and bed have been consistent over the years
- Commented in 2017 the % of AHPs in re-ablement dropped and shows only a slight recovery this year

Does intermediate care work?

Service user outcomes: changes in dependency level



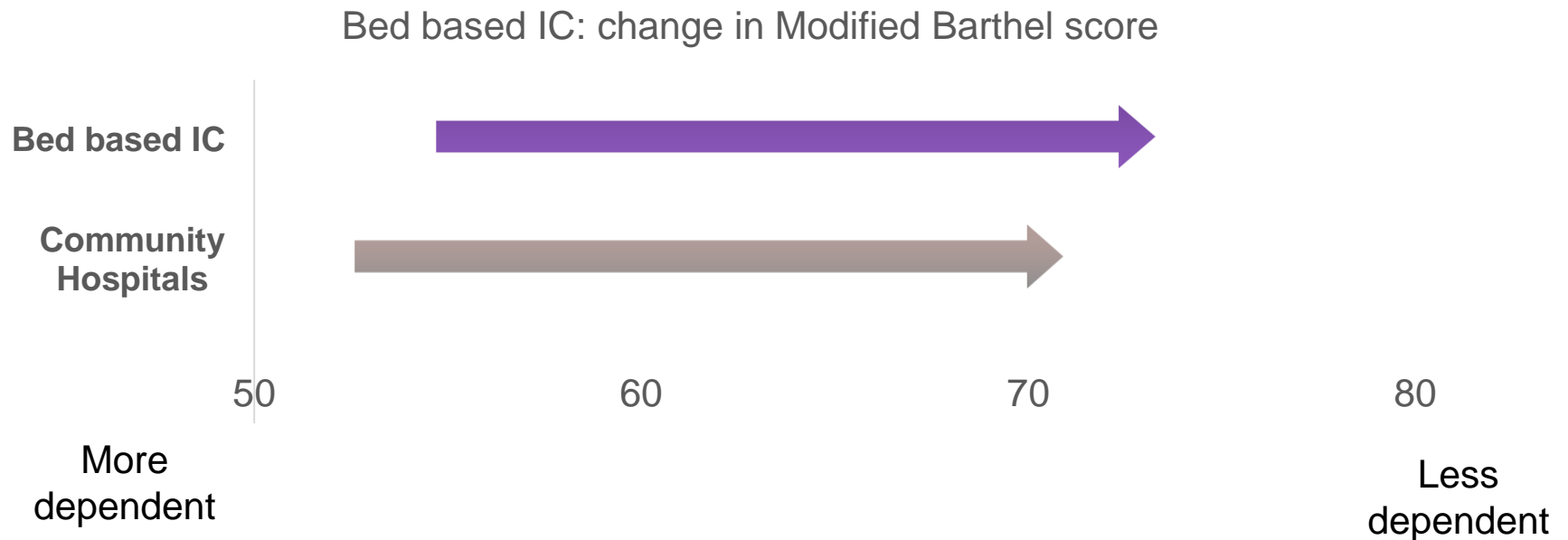
Vast majority have a positive outcome:

- Home: 94% improved or maintained (2017 93%)
- Bed: 93% improved or maintained (2017 93%)
- Re-ablement: 93% improved or maintained (2017 91%)

National Audit
of Intermediate Care

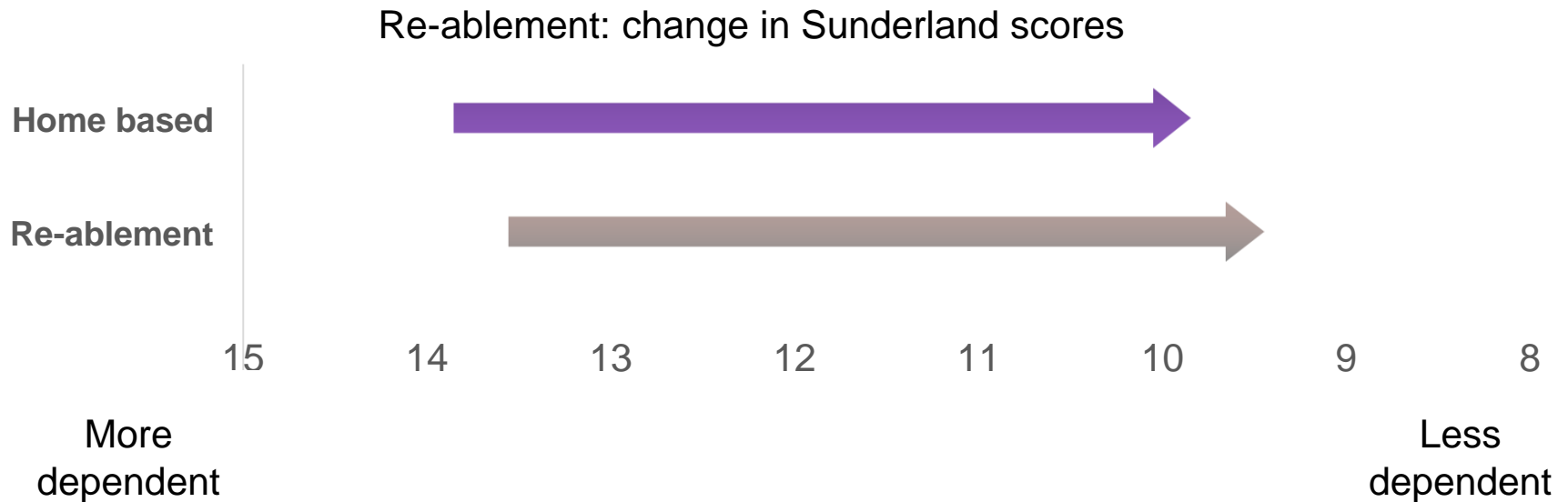
2018

Outcome measure scores: bed based IC



- Average improvement in Modified Barthel Index of 19 points
- Service users slightly more dependent on admission to community hospitals

Outcome measure scores: home based IC and re-ablement



- In 2018, the change in the Sunderland score was 4.1 for home and 4.2 for re-ablement

Patient reported experience measure

“I was as involved in discussions and decisions about my care, support and treatment as I wanted to be”

Answer “yes, definitely”



81%



63%



79%

“Overall, I felt I was treated with respect and dignity whilst I was receiving my care from this service”

Answer “yes always”



97%



91%









96%







National Audit
of Intermediate Care

2018

Bed based IC – South West

Metric		National average	South West average
Average waiting time in days (referral to assessment)		1.1	1.1
Average length of stay (days)		25.7	28.2
Clinical WTE per bed		1.5	1.5
Discharge destination home		63%	57%
Cost per SU admitted		£5486	£4820
Change in MBI score		19.0	18.1

Home based IC – South West

Metric		National average	South West average
Average waiting time in days (referral to assessment)		5.9	6.0
Average duration of service (days)		31.3	30.3
Clinical WTE per 100 service users		2.1	2.1
Discharge destination home		80%	76%
Cost per SU		£839	£639
Change in Sunderland score		4.1	2.2

NAIC 2018 outputs

- Bespoke reports and access to an online toolkit available for all participating organisations
- Please email lucy.trubacik@nhs.net for a copy of your report and to request a log in



National Audit
of Intermediate Care

2018



Questions and comments

National Audit
of Intermediate Care

2018