

# Case Study 1: Enhancing Health in Care Homes

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Lincolnshire

Integration and  
Better Care Fund



# Clinical Assessment Service (CAS) for Care Homes

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# Lincolnshire overview

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Currently:

- 212 residential care homes
- 81 nursing homes
- 4 CCGs
- 2<sup>nd</sup> largest county in England
- 1m population; in 10 years:
  - 70-74 age group increased by 14.5k (31%)
  - 85 years plus increased by £21.7k (22%)
  - Both categories predicted to double by 2025.

# Costs to the Lincs system 2016/17

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- 6,237 care home residents attended A&E &/or admitted to hospital arrived by ambulance: £1.5m
- 7,809 residents attended A&E: £900k
- 4,531 residents had an emergency admission to hospital: £15m
- Cost of all this activity to 4 Lincs CCGs: £17m  
ie average: £52k per home
- Figures will increase significantly as cohort is set to double by 2024.

# CAS for Care Homes

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365/24/7 service aims to reduce:

- avoidable & unnecessary ambulatory conveyances to hospital
- preventable hospital admissions.

Provides nursing & residential care homes with direct & priority access to a dedicated clinical assessment service - a faster, local alternative to NHS 111.

Strengthens clinical relationships with homes by providing prompt, clinical support/treatment in the most appropriate place befitting an individual's needs.

# Benefits CAS vs NHS 111

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## **CAS:**

- Knowledge & experience of advanced practitioners & doctors
- Knowledge of local health & social care services
- Medication can be prescribed
- Home visits can be arranged within 2hrs
- Clinical call back within 30 mins
- GP records updated
- Direct access to hospital wards – A&E avoided.

## **NHS 111:**

- Computer decision-making software
- National service & remote call centres
- Risk adverse system – will send ambulance
- Medication cannot be prescribed
- Cannot arrange home visits
- Unpredictable & lengthy wait times before clinical call back
- No contact with GP.

# Service criteria

999

- Unpredictable/non-preventable:  
Chest pain, bleeding, unconscious, head injury, falls – still on the floor

Enhanced CAS

- Unpredictable/non-preventable conditions including: Confusion, fever, chest infection, breathless, UTIs, simple injury, falls – not still on the floor

GP

- Preventable/predictable conditions including: Repeat prescriptions, management of chronic conditions, routine reviews, blood tests

Neighbourhood  
Team

- Preventable/predictable conditions including: Catheter care, wound care

# Medical emergencies

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- Collapsed
- Severe bleeding
- Unexpected loss of consciousness
- Persistent chest pain
- Possible stroke or TIA
- Falls with possible injury / still on floor
- Severe breathing problems
- Severe allergic reactions
- Acute confused state
- Fits – that do not stop/happen for first time
- Opioid medication error.

**If unsure, dial 999!**

## **DNAR**

Care home staff can contact CAS for Care Homes for help & support if their resident becomes unwell.

## **Advanced care plans**

Might indicate when **not** to call 999, however CAS for Care Homes can provide help & support to home staff.



# CAS: 0300 123 4868 +6

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Call adviser will confirm medical emergencies have been considered - they will need:

- Need resident's name, DoB, telephone number, GP details, etc
- Need brief explanation of reason for the call – use of SBAR
- They will give advice on what to do if the condition worsens whilst home  
staff wait for the clinician to call back

Care home calls are treated as a priority - next available clinician will call the home back **within 30 minutes** - if resident's condition worsens during the call back wait, staff can dial 999 – home staff remain in control.

# SBAR tool

<b>My name is:</b>	
<b>Situation:</b>	Resident's details – identify the reason for this communication; describe your concerns.
<b>Background:</b>	Relating to resident – significant history, including medication, investigations & treatments.
<b>Assessment:</b>	Your assessment of your resident / situation - clinical impression / concerns, vital signs / early warning signs.
<b>Recommendations:</b>	Explain what you need; make suggestions; clarify expectations; confirm actions to be taken.

# Impact

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- Common reasons for calling CAS: falls, infections & catheter problems.
- 78% of CAS calls requiring home visit resulted in the resident being treated at home with no other services being involved
- 7% were treated at home & referred to other services for follow-up ie community teams
  - Of these, 32% would have resulted in an ambulance / ED disposition had the care home contacted NHS 111 first
  - Only 12% resulted in an ambulance / ED disposition - 20% less than going through NHS 111.

**If these 20% had been conveyed, the cost would have been £161k.**

**If all had been admitted, the cost would have been: £2.3m.**

# Costs

Costing element	Notes	12 month's cost
Calls (av 33 pd)	Forecasted volume of calls	£90,866
GP shift (£92 ph)	8 hrs x 7 days	£948,567
Home visits	£123 ph visit – 43% of calls turned into home visit	£770,509
Audit costs	Senior clinician time (GP @ £92 ph)	£45,058
Analytic support	3 hrs pw band 6	£16,864
<b>Total costs</b>		<b>£1,871,854</b>

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Thank you

