Background
- Developed from area wide strategic plan for health and social care
- Nurse led team with Allied Health Professionals input aiming to support individuals to remain resilient
- ECT is funded by the Joint Integration Board
- The service operates 24 hours a day, 7 days a week in keeping with the Scottish Government’s 2020 vision

Aims
- Reduce avoidable hospital admission and reduce Readmissions therefore creating additional secondary care capacity
- Maintaining unwell patients at home or in a homely setting
- Support individuals to remain more resilient at home; at a time of escalating need or ‘crisis’ due to acute illness
- Improve patient experience
- Working to produce new pathways with Scottish Ambulance Service and respiratory nurse specialists to review people who have fallen and exacerbation of COPD patients at home

Methodology
- Working with local councils to utilise use of intermediate care beds within care homes/ assessment units with medical input from ECT
- Referrals are taken from community partners and from the acute hospital setting
- Patients are seen within 2 hours and a holistic approach is adopted and the patients wishes are at the forefront of care
- Full medical, environmental and social assessments
- Up to 7 visits per day if social care is required

Outcomes
- Results demonstrate a significant number of avoided admissions and therefore significant bed days saved; with inherent cost saving as illustrated (figure 1) opposite. In 2017 the bed nights saved by involvement with ECT =3083. At an average calculation of approx £400 per bed night
- Closer to home saved £1,233,200 by maintaining patients at home or in a homely setting
- This has demonstrated that ECT is effective in reducing acute hospital admissions in this population

References
Scottish Government, NHS Scotland, (2011)
Travers, Bryce.“A stay in a hospital bed in the UK costs £400 a day. Are we sure? (2017)
https://www.linkedin.com/pulse/stay-hospital-bed-uk-costs-400-per-day-we-sure-bryce-travers