North Ayrshire Health and Social Care Partnership Telecare and Scottish Ambulance Service test of change pilot

IC-22
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Aim
Focussing on Community Alarm service users in North Ayrshire, reflecting the demographics of the patient group who traditionally make use of all acute services while also being in receipt of services that can offer viable, safe alternatives to these.

The broad aim of the pilot was to prevent unnecessary admission or sometimes readmission, to hospital.

In 2011, the Scottish Government set out its strategic vision for achieving sustainable quality in the delivery of healthcare services across Scotland, in the face of the significant challenges of Scotland’s public health record, our changing demography and the economic environment.

The 2020 Vision provides the strategic narrative and context for taking forward the implementation of the Quality Strategy, and the required actions to improve efficiency and achieve financial sustainability.

The Scottish Government’s 2020 Vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

- We have integrated health and social care
- There is a focus on prevention, anticipation and supported self-management
- Hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission

Methods
We collaborated with the Scottish Ambulance Service (SAS) defining the issue within a geographical area (Irvine) and designing an appropriate service response. Crews responding to 999 calls from people living alone, often assessed individuals as being fit to remain at home/not requiring transfer to hospital for treatment. In the absence of knowledge/understanding about the care and support available, the crews would routinely err on the side of caution and transfer the individuals to an acute hospital as this was seen as the safer and often, only option. Noting limitations on knowledge/understanding of the wider social care support available the Telecare Service, we worked with SAS identifying an area for the pilot where emergency admissions were higher.

Outcomes / Results
8 staff were recruited in Irvine prioritising responses to SAS calls within that locality. In the first year of operation, the pilot ensured almost 75% of individuals who would otherwise have been transferred to hospital by ambulance were safely supported at home.

Conclusions
North Ayrshire Health and Social Care Partnership is able to:

- Interrogate data in relation to those people who are high users of Telecare Community Alarm in connection with requests for ambulances and transfer to hospital sites
- Centralise service linkages, facilitating a co-ordinated approach to delivery
- Introduce Tec appliances and equipment into more households
- Offer an alternative to traditional care service provision
- Evaluate/measure the shift in the balance of care if the provision was targeted correctly
- Prevent unnecessary hospital admission and readmission

References
www.gov.scot/Topics/Health/Policy/2020-Vision

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