

In this blog post...

...Katherine Saunders, Chief Executive of the Alliance for Better Care talks about her work co-ordinating the out of hospital response to the Covid 19 pandemic

What's in the public eye is the challenge to acute hospitals and the need to create enough critical care capacity: Will there be enough ventilators? Will there be enough people to staff the beds? What's going to happen to staffing ratios? When will emergency hospitals open? How long before we run out of beds and what happens then?

These are the right questions to ask about emergency care, but what 's happening out of hospital is an integral part of the NHS' response to the pandemic, but is going largely unreported

In this blog post, Katherine Saunders talks about her experience over the past week and a half; why she believes a practical approach is needed to gear up out of hospital care to manage the Covid 19 care pathway before admission to hospital and after discharge and that integration and place will be at the heart of the out of hospital response to Covid 19

What I've been doing

Last week we decided as a Federation Board that we needed to take a key role in coordinating the out of hospital response to the Covid 19 pandemic in our system in Surrey and Sussex

What we realised straight away was that we needed a co-ordinated system response to create effective out of hospital care – that meant bringing in community providers, primary care, social care, the voluntary sector, volunteers and of course, linking with acute providers

So, it's about making integration happen at a practical level and making it happen quickly

What we're focusing on

We need to think about two parts of care:

- First, how does out of hospital provision change together to cope with the change in volume and acuity that this pandemic brings?
- Second, how do we carry on delivering all out of hospital provision whilst keeping all staff and patients as safe as possible?

How we started

I started by getting together a small group of people from different parts of the out of hospital system – people that would work together to get things moving quickly and leave their hats at the door. Everyone realised we needed to be out of our organisational silos and just focus on getting things done quickly and effectively – again, it's about practical integration

We needed to understand the scale of what we were dealing with, so we quickly did some, high level modelling using the Imperial approach

Frankly we were shocked by the size of the numbers, but what we realised straight away, and what was even more shocking was it wasn't just about the number of people affected by Covid 19, it was what this meant about the kind of clinical decisions that we'd be facing

The hard stuff wasn't just going to happen in hospitals, it was going to be in the community and in people's homes – and these are the people we'll need to care for in the coming weeks and months

What we're doing

We're now working in three areas – these aren't all fully developed yet, but these are like our workstreams. You'll see that this is about making integration happen quickly, and at a practical level, so we deliver integrated out of hospital care to support people in their own homes

First – setting up clinical decision units. This is the most urgent priority - we're going to need places where people can come to and get a decision on whether they go back home and are cared for there or should go to hospital. We estimated that we needed three, to link into local communities – one is open now and we've just started to commission other facilities and we'll have these up and running next week. Normally, we'd need six to nine months just to get a business case approved – we've done this in nine days, and that's the kind of pace we have to work at

Second – understanding what's happening in primary care and what support primary care providers need. I think nationally, expectations of primary care are low, but they're a vital part of the out of hospital jigsaw. We'll be co-ordinating with practices and PCNs to understand things like how well they're managing the move to virtual consultation, whether they have PPE if its needed, if staff are working and whether the IT systems to support remote working are operating as expected. GPs and practices will play a vital part in delivering effective, integrated out of hospital care in this crisis, but we can only make that happen through good co-ordination and support

Third – how we care for people at home and in care homes. This is where we'll bring together people from all organisations and the voluntary sector to work in teams to deliver care at home. Practical integration. Some of this will be the kind of routine care that we already deliver - but it won't be done by people in the usual teams – there'll have to be changes and compromises in who delivers what care and probably changes to standards. Some of the new, non-routine care will be really difficult palliative and end of life care. Our people will have to make a lot of tough clinical decisions over the coming weeks. What we have to do as system co-ordinators is start the conversations on these decisions now, so that our people don't feel they're on their own when they're faced with making these decisions themselves for real patients in a few weeks' time

What's needed to make this work?

I've concluded there are five things that we need, and I reckon all systems doing this will need:

- **Leadership** – that's always the first and most obvious point, but this is about practical people that can cut through the clutter, set the pace and work in a structured way. It's almost a project management type leadership approach
- **Organisation agnostic working** – another hoary cliché, but what we're doing is about “all hands to the pumps”. It's about practical integration, so people need to leave their hats and egos at the door because they don't matter. I also want to get the voluntary sector and NHS volunteers in at the start and we should treat them as equals - their contribution will be vital to create effective out of hospital care during this crisis
- **Agility** – I want people who'll just get things done. We need quick, practical problem solvers, so we have action today. The usual rules don't and can't apply, so we should use that to our benefit

- **Honesty** – particularly about care decisions. Some of these are going to be tough, so we need to start talking about these now. We may need to lower some care standards and our people will be caring for more patients at home at the end of their lives, so we need to be honest and pragmatic about what's possible and how we support our people over the coming weeks and months
- **Capacity** – there's so much that needs to be done to prepare for the peak and to keep out of hospital care working over the coming weeks and months. We'll need people who are structured, organised and just get on with things, and I think we're going to need a lot of them to keep this all going

Practical suggestions

If you're reading this and thinking about how it applies to out of hospital care in your system, here are some suggestions:

- **Start now** – if you haven't you need to join the dots and begin work quickly
- **Get capacity** – find the right sort of people and you'll need plenty of them
- **Start making difficult decisions about care standards** – focus on what's possible, not what's ideal or desirable

Once this is all over...

...I know we're all taking it day by day, but I can't help thinking about some of the things that are changing and hoping that the changes will stick

We're seeing big shifts to virtual consultation across all care sectors; real, practical integration at place level is accelerating and people are working differently from Board to Place and people's homes

These changes have come about because of the Covid 19 crisis but we should keep the positives and help them bed in, rather than just going back to the old ways of working, that frankly didn't work as well as they should, and needed to change

Let's keep what works and get something good out of all of this