

**REPORT TO MERTON CLINICAL COMMISSIONING GROUP
GOVERNING BODY**

Date of Meeting: 26th January 2016

Agenda No: 7.3

Attachment: 11

Title of Document: HARI – six month review	Purpose of Report: For Review
Report Author: Annette Bunka- Senior Commissioning Manager with a report from SMCS	Lead Director: David Freeman – Director of Commissioning and Planning
Executive Summary – see overleaf	
Key sections for particular note (paragraph/page), areas of concern etc: n/a	
Recommendation(s): To review progress to date and the plans for on-going improvements in the HARI service.	
Committees which have previously discussed/agreed the report: The attached documents were presented and noted at the Clinical Quality Committee held on 18 th December 2015.	
Financial Implications: n/a	
Implications for CCG Governing Body: n/a	
How has the Patient voice been considered in development of this paper: Engagement with voluntary sector organisations and patient representatives has taken place during the course of the development of the overall work stream for Integration which this is part of, and further engagement and involvement will take place through an engagement work stream within the Better Care Fund, led by Health Watch.	
Equality Assessment: An equality analysis has been undertaken as part of the QIPP Plan for Urgent and Intermediate Care.	
Information Privacy Issues: n/a	
Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) A stakeholder plan has been developed as part of the QIPP Plan for Urgent and Intermediate Care and a Communications Plan for The Better Care Fund.	

Executive Summary

Introduction

The Holistic Assessment and Rapid Investigation service (HARI), which was commissioned from Sutton and Merton Community Services (SMCS), opened at The Nelson Health Centre in April 2015. The model was developed as a result of a series of consultations with GPs and other clinical staff who identified the need for a holistic assessment service that would include a medical assessment as well as rapid access to diagnostics, all within a community setting and is based on best practice.

The attached report from SMCS provides a summary of the first six months of the service and the proposed next steps. The second attachment provides a visual summary of patient comments received regarding the service.

Progress in the first 6 months

The review has helped commissioners and providers identify best practice and areas for further improvement.

The number of referrals has been steady across the review period with clear scope for capacity to expand to enable urgent referrals to be received in a controlled and managed way. All except one practice have referred into the service. A key area for improvement identified in the review has been around the quality of data relating to discharges and outcomes; this will be the focus of work in the next period of review.

Regular meetings have been taking place with both SMCS and St George's to develop the service, particularly to overcome the early operational issues identified.

Tackling key issues & making service enhancements to improve activity

A key factor for the service rests in the clinical capacity to see and manage referrals. The service has experience challenges in recruiting an interface geriatrician post to work in HARI, reflecting a national challenge regarding the number of consultant geriatricians.

As a result, an interim solution has been agreed with St George's now allocating the same consultant for the three sessions within HARI (rather than different consultants for the three sessions); St George's has also agreed to provide access to the consultant team over the phone at other times. These changes take effect from the beginning of January 2016 and will have a significant impact on access and capacity in the HARI service.

Discussions have also taken place regarding the implementation of the urgent care pathway and it is planned that from 19 of January 2016, the service will begin to accept referrals directly from Geriatricians working in the Medical Assessment Unit at St George's (for patients registered with a Merton GP). This will enable HARI to support patient management in the community, preventing hospital admission. It is proposed that as the capacity of the service develops, that more rapid access to the service can be extended to Merton patients referred by their GPs following telephone discussion with a HARI clinician.

The voluntary sector community navigator post has recently started and this, together with the pharmacist that has recently started, will help to significantly boost the number of referrals to the service and the range of services available – this in turn should increase the impact of this service on reducing emergency admissions, helping more people to remain independent in the community.

Patients views and planning for 2016/17

A critical success factor in the quality of HARI rest in patient feedback which has been remarkably positive; the level of demand and the number of enquiries from patients and GPs over the first half of the year would indicate that there is a clear demand for this service.

As a consequence, the HARI service remains a priority for the CCG; whilst continuing to work with the current provider to secure on-going improvements in 2015/16, we have also been working with our new community service provider to develop the service within their range of operations.

The HARI model was included as a key component of the adult specification within the new

community services contract, and indeed the successful bidders, CLCH, have proposed this service as one of the key elements of their rapid care pathway to help people remain well at home.

In addition, through the outcome based approach to the new community services contract, it should be possible for commissioners to see more clearly the impact the service is making on improving the health of our population and in keeping people well and healthy in the community.

The ROYAL MARSDEN

Holistic Assessment Rapid Investigation (HARI)- Six month update

Date –18 December 2015



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1. Introduction

The Holistic Assessment and Rapid Investigation Service (HARI) was developed as a result of a series of consultations with GP and other community services staff who identified the need for a holistic assessment service that would include a medical assessment as well as rapid access to diagnostics, all within a community setting.

The HARI service was launched on 1 April 2015 and the aim of the service is to offer a community based multidisciplinary service for Merton GP-registered patients with long term conditions, co-morbidities, and frailty who need more expertise than can be delivered in primary care. Referrals are accepted for patients aged 18 years and over. Support is provided to the target patient group to avoid unnecessary hospital admissions by accessing specialist and holistic management, with an aim of keeping patients well and promoting independent living.

2. Service Outline

The service is located at the Nelson Health Centre. The team provides holistic and specialist assessments, requests investigations and formulates management and care plans. The HARI team comprises Care of the Elderly Consultant sessions, Nurses (including Advanced Nurse Practitioners), occupational therapists, physiotherapists, an optimisation pharmacist and nursing/rehabilitation support workers. Close links have been developed with social care, Voluntary Sector partners and Mental Health services.

A patient may attend HARI several times to support assessment, investigation, intervention/rehabilitation and review. The patient will then have an individual care plan and a treatment plan established and agreed with the patient and their carer (where appropriate). This information will be communicated back to the GP and other community services involved with the patient. Where the care plan has identified need for the ongoing involvement of a community service or social care need, then a referral to these teams would be completed prior to discharge by HARI.

3. Activity

3.1. Activity Assumption

The service was modelled on some outline activity assumptions, that is, 100 routine patients per month and 22 urgent patients per month. Outline expectations for a fully launched model were that accepted urgent referrals should be seen in 48 working hours and accepted routine referrals seen within 10 working days.

3.2 Service Activity 2015/16

HARI Referrals by Age Range

	50-64	65-80	80+	Below 50	Grand Total
2015/16	9	139	221	2	371
April		9	27		36
May	1	24	38		63
June	4	20	33		57
July	1	17	25	1	44
August	1	14	24		39
September	2	13	26		41
October		20	22	1	43
November		22	26		48
Grand Total	9	139	221	2	371

HARI Referrals by Gender

	Female	Male	Grand Total
2015/16	229	142	371
April	20	16	36
May	43	20	63
June	36	21	57
July	26	18	44
August	26	13	39
September	23	18	41
October	25	18	43
November	30	18	48
Grand Total	229	142	371

HARI Referrals by Merton Locality

	East Merton	Raynes Park	West Merton	Grand Total
April	6	21	9	36
May	13	36	11	60
June	15	26	14	55
July	12	16	15	43
August	6	25	8	39
September	6	27	8	41
October	10	22	10	42
November	13	22	9	44
Grand Total	81	195	84	360*

*Excludes 11 unrecorded or “other”

HARI Referrals by source

	GP Verbal	GP Written	Other Community Health provider	Grand Total
April	1	30	5	36
May		30	33	63
June	1	47	9	57
July	1	28	15	44
August	2	24	13	39
September		28	13	41
October		30	13	43
November		39	9	48
Grand Total	5	256	110	371

HARI Referrals by urgency

	Routine	Urgent	Grand Total
April	36		36
May	63		63
June	57		57
July	44		44
August	38	1	39
September	40	1	41
October	43		43
November	48		48
Grand Total	369	2	371

HARI Referrals by GP Practice

	999 - UNKNOWN PRACTICE	H83015 - PARKSIDE GROUP PRACTICE	H85016 - CANNON HILL LANE MEDICAL PRACTICE	H85020 - THE CHURCH LANE PRACTICE	H85021 - THE CHESSER SURGERY	H85024 - THE MITCHAM MEDICAL CENTRE.	H85026 - FRANCIS GROVE SURGERY	H85027 - WIMBLEDON VILLAGE PRACTICE	H85028 - PRINCES ROAD SURGERY	H85029 - WIDE WAY SURGERY	H85030 - THE OLD COURT HOUSE SURGERY	H85033 - TAMWORTH HOUSE MEDICAL CENTRE.	H85035 - ROWANS SURGERY	H85037 - MORDEN HALL MEDICAL CENTRE	H85038 - CRICKET GREEN MEDICAL PRACTICE	H85051 - LAMBTON ROAD MEDICAL PRACTICE	H85063 - DR CAM BRENNAN & PTRS	H85070 - CENTRAL MEDICAL CENTRE	H85072 - JAMES O'RIORDAN MEDICAL CENTRE	H85076 - STONECOT SURGERY	H85090 - FIGGES MARSH SURGERY	H85092 - RIVERHOUSE MEDICAL PRACTICE	H85101 - GRAND DRIVE SURGERY	H85103 - HACKBRIDGE MEDICAL CENTRE	H85110 - RAVENSBUURY PARK MEDICAL CENTRE	H85112 - THE VINEYARD HILL ROAD SURGERY	H85634 - THE MERTON MEDICAL PRACTICE	H85649 - COLLIERS WOOD SURGERY	H85656 - ALEXANDRA SURGERY	H85683 - FACCINI HOUSE SURGERY	Y02968 - GP LED HEALTH CENTRE	Grand Total
2015/16	2	1	1	77	2	5	9	18	22	5	1	23	12	29	15	47	1	8	12	11	11	8	9	1	2	4	18	7	2	3	5	371
April				11				1	3			2	1	2		8					1						4		1		2	36
May	1		1	17		1	2	7	2	1		3	1	5	4	7				3	3		1		1		1			2		63
June				9	1		2	4	6	1		6	1	4	2	5	1	2	4	1	2		1				2	2			1	57
July				9		1		3	5		1	3	2	1	2	4		1		1	3	3	1		1		1	1	1			44
August				10			3	1	2			2	1	2	2	5		1		2			3			1	3	1				39
September				5		2	2		1	1		1	1	4	1	11			2	2	2	1	1				4					41
October				7		1		1	1	1		3	2	5	1	3		1	5	2		3		1		1	1	2			2	43
November	1	1		9	1			1	2	1		3	3	6	3	4		3	1			1	2			2	2	1		1		48
Grand Total	2	1	1	77	2	5	9	18	22	5	1	23	12	29	15	47	1	8	12	11	11	8	9	1	2	4	18	7	2	3	5	371

HARI Referrals by Discharge Reason

	Admitted to Hospital	Care Incomplete - Discharge after Did Not Attend	Duplicate Referral	Inappropriate Referral	Medically Unfit for Treatment	Moved out of Area	No Further Rehabilitation Gains Possible	NULL	Patient Died	Patient Requested Discharge	Referred to Other Speciality	Returned to Self-Care	Grand Total
April	2	1	1		2	1	1		3	5	2	18	36
May	5			2	1			7	2	3	3	40	63
June	1		2	3	3		1	6	1	7	8	25	57
July	1	1	1					7	4		7	23	44
August	1				1			18	1	1	5	12	39
September	1	1	1					27	1	2	1	7	41
October	1		3	2			1	33		1	1	1	43
November	1			2	1			35	1		1	7	48
Grand Total	13	3	8	9	8	1	3	133	13	19	28	133	371

4. Service Challenges

4.1. Urgent and Routine Pathway

The service was modelled on some outline activity assumptions, that is, 100 routine patients per month and 22 urgent patients per month. Outline expectations for a fully launched model were that accepted urgent referrals should be seen in 48 working hours and accepted routine referrals seen within 10 working days. These assumptions were predicated on the following additional clinical resource:

First phase:

- Consultant Geriatrician – 5 sessions per week
- Advanced Nurse Practitioners x 2
- Rehabilitation Assistant x 1

Second Phase:

- Physiotherapists/Occupational therapists x 3
- Optimisation Pharmacist 0.5 WTE

The first phase of posts has been recruited to but presently there are only 3 additional Consultant sessions. The pharmacist has also commenced and the therapy posts are back out to advert.

Until the additional 2 sessions of Consultant are in place, it has been agreed that only routine referrals are accepted. If the urgent pathway is launched at present then there will a risk that referrer and patient expectations will not be met and with some clinical risk that patients will not be managed in a timely way if the service is not consistently available each day. Recent recruitment for a substantive Consultant post was unsuccessful for the second time.

4.2. Service Infrastructure

A successful HARI service model is reliant on on-site access for ordering and reviewing investigations. There have been some technical and governance barriers supporting timely access to St George's IM&T infrastructure for the HARI clinicians since the service launch. However this has improved over time and all stakeholders have supported ways to work around these barriers until the final technical solution has been reached.

4.3. Low increase in referral rate

The HARI service has supported wide threshold of acceptance criteria since April to encourage an increase in the numbers timely and appropriate referrals. If the HARI service was not able to benefit the patients then timely feedback has been given to GPs. The team continue to market the service with Primary care and community service colleagues. This has included meetings with locality leads, practice nurse and voluntary groups

5. Key Next Steps

- **Continue with service promotion.** Routine referrals have been steady month-on-month. As the team has now expanded, marketing the service will continue which will include targeting links with mental health services and community pharmacy.
- **Consider options for increasing Consultant sessions-** Following the unsuccessful recruitment of the substantive Consultant Geriatrician post via St George's further discussion is required if the service is to open its urgent referral pathway.
- **Finalise the care plan and discharge documentation-** The team has been evolving an agreed set of paperwork that is in line with current community provision but supports the outcome of holistic assessment by the HARI team and also discharge summary information. This can then be shared with the referrer and other relevant service providers to support onward care management.

Recent feedback from patients attending Holistic Assessment Rapid Investigation Service at the Nelson Health Centre

Thank you for the kindness shown to me during the time that I have come to the clinic

Thank you for seeing me...and giving me such a thorough examination...I very much appreciate what you did

It is the first time I have used this service. It has been excellent. To me there is no room for improvement.

Very caring and understanding my needs. Made me feel welcome as soon as I arrived.

The very personal attention... The quick and careful organisation... I really cannot think of any aspect which could have been better.

Very thorough, polite, informative as to what they are doing

Very professional

August 2015