



The Home First service aims to get people back to their home once they are fit to leave hospital. Is the service working well for patients?

## Background

We have a society that is ageing with more people living with complex medical conditions. Many people will at some time need to be admitted to hospital.

These admissions can be:

- **Planned** – because the patient needs an operation or another medical procedure
- **Unplanned** – because of an emergency, such as a fall, or the sudden onset of illness.

In both cases, the general principle is that the patient should leave hospital as soon as they are clinically fit to do so. This is because there is strong evidence to show that it is best for a patient's health and wellbeing to leave hospital, preferably going to their own home. They may need special support to enable this to happen safely.

In Stoke-on-Trent and North Staffordshire, this support is provided by a service called Home First. Home First is run by Midlands Partnerships NHS Foundation Trust (MPFT). All Home First staff are NHS employees.

The service is designed to keep people who have left hospital as safe and independent as possible. This includes assessing what the patient needs to be able to stay in their own home, and then providing appropriate practical support. Among other things this will cover making sure:

- The patient's home is safe
- Any equipment the patient needs is working properly, and the patient can use it
- The patient has the right medicines and is taking them appropriately
- The patient is eating and drinking well
- There is nothing that is likely to make the patient unwell again that may cause them to be readmitted to hospital.

## Readmissions and why is it important

Since the Home First service began, there has been some confusion over 30-day readmission rates. The NHS monitors these rates because they can indicate whether patients are being discharged from hospital with the correct care and support.

There have recently been claims that since Home First began to operate, the 30-day readmission rate has increased. However, this is not the case.

Readmission is a complex area and some readmissions are inevitable. Readmissions fall into two categories:

- **Avoidable** – readmissions which could be prevented with better communication, planning and support
- **Unavoidable** – readmissions where communication, planning and support were not an issue.

It needs to be remembered that patients referred to Home First often have multiple and complex conditions and are sometimes approaching the end of their life.

The claim referred to above appears to come from a study looking at a very small number of patients before Home First was fully functioning. Not all of these patients were referred to Home First. In fact, the readmission rate recently was 10.6% which was in-line with expectations:

### Home First Readmission Data (April – August 2018)

- Patients discharged with support from Home First: 1,147
- Patients readmitted within 30 days: 122
- Readmission rate: 10.6%

A readmission audit for Home First is currently being carried out and will be completed in February 2019.



“Home First is working and is delivering better outcomes and improved patient experience. It has lowered delayed transfers of care and the number of medically fit patients in beds.”

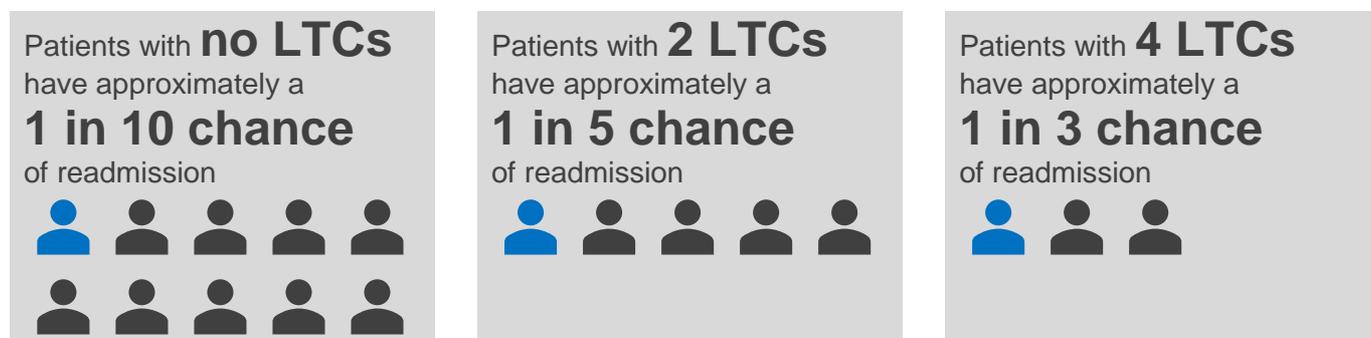
Dr Steve Fawcett, Medical Director, Stoke-on-Trent and North Staffordshire CCGs  
(October 2018)

## Long-term conditions and the cause of readmissions

A 2015 study into 30-day readmissions in Stoke-on-Trent and Staffordshire looked at patients with a number of long-term conditions (LTCs). These were:

- Hypertension
- Coronary Heart Disease
- Diabetes
- Stroke
- Heart Failure
- COPD
- Dementia.

It concluded that the more LTCs a patient has, the higher the likelihood of a readmission in the subsequent 30 days following a discharge from hospital.



## Causes of avoidable readmissions

Healthwatch Stoke-on-Trent have studied feedback from patients with frailty and complex needs during the 30-day post discharge from hospital.

They have been told of:

- Difficulties understanding medication regimes by patients and carers
- Discharge letters do not arrive on time and have incomplete information
- Difficulties knowing who to contact if there is a problem
- Primary care staff have too little information to know how to manage patients with complex needs in the community
- Follow up plans for tests and investigations are often unclear, resulting in confusion for patients and carers.

These could all lead to avoidable readmission.



## CQC Inspection

During the autumn of 2018, Home First in Stoke-on-Trent was inspected for the first time by the watchdog Care Quality Commission (CQC). [The CQC published a report \(click to view\)](#) based on the inspection in December 2018. It rated the service overall as **Requires Improvement**.

The report asked five key questions:

- Is the service safe? **Requires Improvement**
- Is the service effective? **Good**
- Is the service caring? **Good**
- Is the service responsive? **Good**
- Is the service well led? **Requires Improvement**

### What are the reasons for the Requires Improvement rating and what has been done?

#### Safe

This related to timeliness and consistency. Some patients did not know exactly when they would be visited but were given a four-hour time slot. Some found this inconvenient. Some patients were also concerned they received visits from different members of staff. MPFT have now introduced daily rotas. Exact appointment times are provided for patients with a specific health need, such as medication that is prescribed at a particular time.

While there can never be a guarantee that a patient will always be visited by the same staff member (individuals may retire, be ill, be on holiday, need to attend a training course or find work elsewhere) – care plans are in place for each individual patient and whoever visits will have access to that plan, understand how the care needs to be carried out, and be qualified to carry it out.

#### Well led

When the inspection took place, the Registered Manager (which the service is required to have) had recently resigned. An Interim Manager was in place. A new manager who meets the registration requirements has been in post since 2 January 2019.

### The other three areas were rated as Good and backed by feedback from patients and their families. Quotes from the report include:

“They (Home First staff) are a Godsend”

“I know I can report anything that concerns me and it will be taken seriously”

“I feel very safe when they (Home First staff) are here. They are all very good and I trust them”

“The carers are top class, I can't fault them. I have told the team themselves that they are top notch”

“They (Home First staff) have been absolutely brilliant”

“The carers are superb”

“The help I get is just what I want”