Reducing unscheduled emergency hospital admissions from care settings -a learning and development perspective

April 2014

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Reducing unscheduled emergency hospital admissions from care settings -a learning and development perspective

Background

This report sets out the findings from work undertaken between January and April 2014 to support the reduction of unscheduled emergency hospital admissions from care settings in Oxfordshire, Buckinghamshire and Berkshire.

Funding to support the learning and development of the workforce to reduce unscheduled admissions has been placed with the Institute of Vocational Learning and Workforce Research at Bucks New University. This report summarises the work undertaken in the first phase (scoping phase), with development, delivery and evaluation phases outlined and expected to be completed by May 2015.

Nationally, 40% of hospital admissions are currently described as unplanned and present a significant problem in effective management of secondary care resources, in an environment of ever-increasing financial constraint and rising unit costs of emergency care.

One of the key groups at risk of unscheduled admissions is the elderly. Analysis undertaken by Care Quality Commission in 2013 shows the number of older people admitted to hospital with avoidable conditions from care homes is on the increase, currently outstripping the demographic growth in the number of older people.

A rapid review of available literature was undertaken to identify research, including reports and studies concerned with unscheduled admissions and the reduction of emergency admissions from care homes. This provided both a national context and evidence base to support the regional Thames Valley research. This included analysis of South Central Ambulance Service activity data and consultation with all relevant stakeholders has provided a regional perspective. Stakeholders include Clinical Commissioning Groups, NHS Trusts, Local Authorities and Care Home Providers.

There are 513 Care Homes in this area, (161 Care Homes with Nursing and 352 Care Homes without Nursing). A total of 10720 calls were made to South Central Ambulance Service (SCAS) from residential and nursing homes between April 2013 and February 2014. It is not possible to identify the proportion of these calls which were avoidable, inappropriate or unnecessary, but there is no doubt that this number of emergency calls could be reduced.

Conclusions

The causes behind unscheduled admissions, from care home settings are both myriad and complex but findings from the rapid review point to some common themes. These include ensuring that high quality baseline data and monitoring is used to shape the right type of intervention. End of life care was also noted, including the importance of high quality anticipatory and advanced care planning that includes all care home staff, GPs and family members that means avoiding an unnecessary admission to hospital. Additional areas identified include poor or sometimes absent learning and development opportunities for care home staff and a lack of confidence and capability to identify symptoms at an early stage before an unnecessary admission to hospital is required.

Another consistent feature of successful interventions to reduce admissions from care homes centred on the quality of both the communication and the relationships between care home staff and GPs and that any action was collaborative in nature, such that care home staff did not feel threatened or undermined in their work.

Recommendations

It is recommended that Health Education Thames Valley share this report with the Urgent Care Boards who will

- Ensure that high quality baseline data is captured and centrally held to identify those care homes with high levels of admissions to A&E in order to shape interventions to reduce emergency admissions

- Convene a series of multiagency workshops to be delivered at central locations in order to share best practice in reducing unplanned admissions, and to build collaborative relationships between care home staff, GPs and other members of the primary care team.

It is recommended that Health Education Thames Valley support the social care workforce by

- Establishing a high level stakeholder group and a champions network across the care home sector

- Development of training packages to promote and support anticipatory and advanced care planning for older people

- Delivery of a suite of quality assured short courses and workshops for support workers and nurses in all care settings across the Thames Valley.

- Development and delivery of a rolling programme of practical work based learning and skills development (work shadowing)

- Identification of best practice and sharing this across all care settings. This will involve significant partnership working with the "In-reach" team in Berkshire

Development Phase
June to September 2014

Appointment of staff team, including Practice Development tutors and administrative support. Engagement of a range of stakeholders and building relationships with multidisciplinary team members to support training sessions and the instigation of a project board to manage the project. A number of partners involved in the consultation have already registered their willingness to be part of further activity.

The team will undertake a review of existing interventions, methodologies, and learning resources to identify opportunities for collaborative working, and develop short modules of learning for support workers and registered staff as well as multidisciplinary workshops.

Delivery Phase
October 2014 to March 2015

Delivery of modules to care home staff, and multidisciplinary agency workshops. Production and circulation of bimonthly newsletter updates to all organisations involved, and reporting to Health Education Thames Valley.

Evaluation Phase
April 2015

Summative evaluation and report by end April 2015

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April 2014

This report sets out the findings from work undertaken between January and April 2014 to support the reduction of unscheduled emergency hospital admissions from care settings in the Thames Valley region.

The purpose of this report is as follows:

- To examine national literature and identify the causes and factors that contribute to unscheduled admissions to Accident and Emergency (A and E) from care homes

- To engage with relevant Thames Valley stakeholders and partners and using interviews and data provided, analyse the causes for unscheduled admissions of elderly people from care settings in the region

- To identify and build on national and regional strategies approaches and interventions that have been successful in reducing unscheduled emergency admissions from care homes

- To support the development of the Thames Valley learning and development strategy to include education and training solutions to reduce unscheduled admissions from care homes.

Funding to support the learning and development of the workforce to reduce unscheduled admissions has been placed with the Institute of Vocational Learning and Workforce Research at Bucks New University. This report summarises the work undertaken in the first phase (scoping phase), with development, delivery and evaluation phases outlined and expected to be completed by April 2015.

Service and workforce drivers

There is currently an unprecedented national focus on what is described, differentially in the literature as unplanned, avoidable or unscheduled emergency admissions. Emergency admissions via Accident and Emergency (A and E) have continued to increase despite the longstanding ambition in the NHS to manage demand and reduce unplanned admissions. Purdy et al (2012) note that approximately 40% of hospital admissions are considered unplanned, and represent a significant problem in managing elective care and also contribute to increasing hospital waiting list figures. Now, in a period of continued financial constraint, rising units costs of emergency care and a demand for more efficient use of secondary care resources, there is an even greater imperative to effectively address the reduction of unplanned emergency admissions.

Whilst improved efficiency, better financial and elective care management are all critical issues and drivers for commissioners and providers of secondary care, the emphasis on patient centred co-ordinated care creates a further imperative to better understand where unscheduled emergency admissions are coming from and why.

This is a complex issue and there are a number of factors linked to increasing unplanned rates of admission, and one of the key groups at risk of unplanned admissions is the elderly. The Care Quality Commission in the State of Health Care and Adult Social Care in England (CQC 2013) expressed grave concerns with regard to older and vulnerable people increasingly arriving in A and E with avoidable conditions, avoidable "because they should be manageable, treatable or preventable within the community or because they can be caused by poor care or neglect". It is also worth noting that failures in and issues relating to the care of the elderly is very much in the public consciousness, particularly following the CQC publication, which was reported across the print media in the Guardian, The Telegraph and Daily Express in 2013.

Implications for the adult social workforce

Demographic trends indicate that people are living longer, with increasingly complex and multiple health and social care needs and this will significantly drive up demand for social care. Estimates predict that at least 1.7 million more adults will require social care provision over the next 15 years. Furthermore care providers and commissioners will have to give serious consideration to the development and adaptation of older people's services to meet the needs of an increasingly ethnically diverse population. The Runneymede Trust has projected that England's ethnic minority population over 65 will increase 5 fold to 3.8 million over the next two decades and of particular relevance is that they will be more even spread across the UK as people move from inner cities to suburban and rural localities.

These demographic shifts clearly have implications for the adult social care workforce, which already faces many challenges – staffing pressures including ongoing recruitment and retention issues with a relatively high workforce turnover, and highly variable learning and education for safe and competent practice.   The number of adult social care jobs in England as at 2012 was estimated at 1.63 million (Skills for Care 2013) It is anticipated that an increase in the social care workforce of between 2.1 to 3.1 million will be needed to meet the demands on social care by 2025. (Skills for Care 2013)

Current learning and development requirements in social care

Support workers in social care currently complete basic induction and training programmes in order to achieve the Common Induction Standards (CIS). This may be delivered face to face, by e learning or using DVDs and workbooks. Many support workers are then able to achieve QCF level 2 qualifications and some will progress to level 3. There is funding available from Skills for Care Workforce Development Fund for all QCF units at level 2 and 3, and this can cover backfill as well as course fees for attendees. As a result of the Cavendish Review, the Care Certificate will be developed and provided for this workforce group.

Approach and methodology

This report focuses on the national and regional findings for the research undertaken between January and April 2014 and the following methods were used:

Rapid review

A rapid review of the available literature was undertaken from February - March 2013 to identify research, including previous literature reviews, policy documents, reports and other publications concerned with unscheduled admissions and the reduction of emergency admissions from care homes. A series of searches were undertaken using two university databases and as well as reference documents from relevant reviews.

The rapid review first looks at the wider policy context, and the factors that have led to unscheduled admissions from care homes. There seems to be a paucity of coherent and specific evidence about what lies behind these types of admissions, particularly in relation to workforce related issues such as care home staffing and unscheduled admissions. However some consistent factors are beginning to emerge which centre on care home staff confidence and competency, the quality of anticipatory and advanced care planning, and the critical role of link GPs. The review then identifies a sample of interventions to reduce unscheduled admissions and their features to address this issue. These examples are often taking place in geographic isolation and are also very localised.

Thames Valley stakeholder and data intelligence

High level data analysis of SCAS activity was undertaken.

Contact was made with all relevant Thames Valley stakeholders and face to face or telephone interviews were undertaken over a three month period. A summary of these contacts can be found in Appendix One.

Definitions and terminology

Unscheduled Care

The Department of Health defines unscheduled care as 'services that are available for the public to access without prior arrangement where there is an urgent actual or perceived need for intervention by a health or social care professional".

Care settings

There are currently approximately 17,500 care homes providing nursing and/or personal care for older people in England (CQC 2012), though the literature makes little distinction between care home, nursing home and residential home. These terms are often conflated and used interchangeably in the available literature but are in fact distinct and will determine the appropriate intervention in future planning (Warwick 2008). In this report, the term care setting is used to refer to care homes with nursing (nursing homes) and care homes without nursing (residential homes)

- Care home encompasses all homes for older people.

- Nursing homes provide nursing care for older people.

- Residential homes provide personal care for older people, though some residential homes providing additional nursing care as necessary, and this overlap is likely to increase due to dependency, increased illness and disability with age which in turn will mean that the needs of residents may increasingly require basic nursing care and herein lies a potential training need.

This highlights the need for precision and clarity about what type of organisation is being discussed, given what lies behind unscheduled admissions and the attendant interventions will inevitably vary.

What is an avoidable admission?

The National Service Framework for Older People (2001) has formed the basis of successive policy for the reconfiguration of services in the care sector, including partnership working and improved multi-agency working. The NSF highlights the need to provide the right care in the right place at the right time and notes that a hospital admission for older people is not necessarily in their (the older person) best interest. Fast forward 12 years and this is reinforced by CQC in 2013 who identify the impact of an unnecessary admission for an older person as damaging and "undermining confidence, increasing dependency and risking further threats to their health and well being".

What is considered an avoidable condition in the context of unscheduled admissions?

The work undertaken by CQC into avoidable admissions examined trends over the last 6 years of older people attending hospital as an emergency for a range of conditions that could have been prevented managed and treated in the community and/or may suggest poor care, neglect or lack of competency. These include:

• Urinary tract infections

• Nutrition based conditions: malnutrition, weight loss, poor nutritional intake and dehydration

• Falls, fractures and sprains

• Respiratory tract infections and pneumonia

• Pressure sores.

The CQC statistical analyses show that an increasing number of older people are being admitted with these conditions that are considered avoidable and is outstripping demographic growth in the number of older people. The statistical findings show the rate of admissions for people who are 65+ rose from 48 to 62 per 1000 people from 2007/8-2012/13, while the increase among people who are 75+ rose from 74 to 99 per 1000 people 75+ in the population during the same period.

Approach and methodology

Identifying the reasons for unscheduled hospital admissions from care homes

The reasons behind unscheduled admissions from care homes are myriad and complex. At the present time there is only a small but hopefully growing body of work that has sought to understand those reasons, albeit from specific perspectives and in some examples retrospectively. The research does however highlight that non-elective, unscheduled admissions have a severe impact on the frail and elderly - these are traumatic and frightening experiences and in some cases the older person is unnecessarily admitted to die in unfamiliar and strange surroundings. High in-hospital mortality rates from care homes have been found to have a direct correlation to inappropriate admissions and better advanced and anticipatory care planning and end of life care can mitigate this.

Care management of people with dementia

The CQC identified the complexity of care needs for people with dementia in the State Of Care Report of 2012 and analysed Health Episode Statistics Data relating to people admitted to hospital from care homes. They found that in more than half of the then PCT areas, hospital admissions for avoidable conditions as outlined above were 30% higher for people living with dementia in a care home than those without dementia, and once in hospital the older person was more likely to have a longer stay and to die there. The Alzheimer's Society (2012) have reviewed the CQC findings and offered two conclusions; one that this is a training issue and that many care home staff are not adequately trained to work with people living with dementia despite the fact that 80% of care home residents have the condition. The Alzheimer's Society also highlight a lack of effective approaches to integrated care and the need for services to be commissioned that provide appropriate outside of hospital treatment and also support care homes in developing their skills in this field. The National End of Life Programme also noted that people with advanced dementia were often admitted unnecessarily because care home staff are ill equipped and inadequately trained to care for residents with dementia. (DH 2010).

Absence of a linked GP with a care home

Care home access to GPs and the quality of that relationship is highly variable. This review found that is some cases care homes have to work with multiple GP practices, irregular medical reviews and high levels of variability in terms of access to a GP out of hours. Additionally the lack of in site medical records which both care home staff and out of hours GPs noted would assist in decision-making and the most effective care course of action. One study has noted that out of hours call outs to GPs inevitably resulted hospital admission because some GPs were unwilling to treat a potential acute case in a community setting.

Workforce and learning development and care home staff

A persistent issue that has emerged in this review centres on care home staff training and development enabling staff to make decisions based on competency and skill. There is a trend in the literature where care home staff, (both support workers and trained nurses) have steadily lost confidence, their sense of clinical competence and ability to make decisions that would avoid an admission. Staff have commented that attending training about health and safety, infection control or manual handling is mandatory, but there seem to be fewer consistent opportunities to access learning and education about care delivery, current protocols and development of care pathways or end of life care that contribute to competence, confidence and empowering care home staff. Work pressures and lack of funding meant that there was inconsistency and inequitable access to training.

What factors contribute to the successful reduction of unscheduled hospital admissions from care homes?

There is limited literature currently available about measures that support reduction of hospital admissions from care homes. Given the current focus on making integrated care a reality and the role of Clinical Commissioning Groups, it is possible to assume that partnership projects to address this issue are underway, though not all will have been made public. This review did locate some CCG examples of care home projects that were either complete or currently in progress, that sought to address unscheduled admissions. These are outlined below.

Trust / CCG Care Home projects

Project	Aims	Approach	Outcomes	Learning /challenges
Newcastle Care Homes project Newcastle CCG, Newcastle Worth & East CCG (2011/12) Costs: 250K in year 1, with lower ingoing costs	• To reduce avoidable non elective admissions into secondary care from nursing and residential homes • To reduce patients admitted at end of life and increase use of Anticipatory Care Plans for all appropriate patients, not just in relation to palliative care	• Named link GP to care homes • Educational events for care homes staff on most common conditions	• Improved relationships between care homes and GPs • 8.8% reduction in unscheduled admissions equating to 220,000 saving • 11% reduction of residents dying within 1 day of admission, fewer residents going to hospital to die	Need for quality baseline data and measures Stakeholders collaboration Education events: • Increase knowledge • Support relationship building between staff and GPs • Improved quality of life for patients, careers and families
Increased Clinical Support to Nursing Homes (proposed and in progress) South Warwickshire CCG & HE West Midlands (Builds on 2011 North Staffs project – Link GP providing weekly support to nursing home – fall in emergency admissions compared with x4 nursing homes)	• Develop care home workforce around management of frail older people in nursing homes • Improve standards and quality of care and efficiency • Responsiveness to care home requests for visits • Resident and carer satisfaction	Additional contract with primary care to support individual nursing homes	Anticipated outcomes: • Continuity of medical care • Reduction in unscheduled emergency admissions • Single point of contact from care home staff • Reduced incidence of grade 3 and 4 pressure sores • Nursing home staff with improved skills and confidence	• Risk to continuity of care if medical caregiver is different to registered GP will offer re registering choice to all residents. Evidence has shown patients will re-register

| Nursing and Residential Care Home Staff Training programme

2013/14 | A and E admissions analysis shows significant % from care homes:

• To reduce unscheduled admissions

• Enhance clinical input

• Increase care home staff competence and confidence | • Support capacity with existing Lead care Home Nurse

• Support mentoring and embedding workplace education and training | Reduced emergency admissions and attendant savings | |
|---|---|---|---|---|
| East Surrey Hospital

Community Matron for Care Home Services (2008) | • Cut avoidable hospital attendance/admissions

• Reduce inappropriate 999 ambulance calls form care homes

• Help care home staff to become competent and confidence in managing residents

• Improve partnership working, care home managers reported isolated | • Develop alternative pathways to hospital admission

• Facilitate training for care home staff for 24hr care provision:

   1. UTIs and catheterisation

   2. Administration of sub-cutaneous fluids

   3. Prevention of pressure damage

   4. Dehydration and oral fluid intake | • Reduction of 9.1% in calls to ambulance service during 6 month period

• 79% of residents died within nursing homes rather than hospital

• Positive satisfaction surveys about the service | Care home managers and staff felt threatened and didn't understand the community matron role was supportive role not inspecting Time taken to build relationships and trust

• High turnover of staff resulted in lack of continuity of care

• Training was given low priority and inequity of access to training for staff

• Importance of quality baseline data and statistics to shape interventions |

		• Advisory rather hands on approach • Encourage care homes to undertake National Gold Standards Framework training Promote dignity and respect and use of advanced care planning		• Individual care homes not residents are frequent attendees to hospital • Empowering nurses and carers in care homes to be competent is critical
North West Surrey 2012/13	Identify nursing homes with high admissions and common problems: - Respiratory, Urinary tract infections, falls To develop partnership with geriatricians, GPs and care homes To provide bespoke care for elderly patients in nursing homes	Medical Advisory meetings between consultant geriatrician and GPs Telephone advice line from a hospital consultant Access to IV medicine on-site Develop end of life strategy using a standard proforma for patients and families	Reduced hospital admissions Facilitated quality end of life care Care home staff are more confident 52% reduction in admissions in first 3 months. Project roll out resulted in 35% fall from 12 nursing homes	Quality of relationships between care home managers and GPs is crucial North West Surrey CCG established NWS Care Homes Steering project Approach expanded to x15 care homes

| Northern Devon Healthcare Trust
Devon County Council | To avoid hospital admissions linked to:

• Urinary tract infections

• Catheter associated infections

• Pressure damage

• Diabetes | Introduction of Care Homes team: 2 Band 6 nurses and administration to identify staff training needs and deliver onsite assessment and training for care home staff | Reduction in unplanned admissions

Reduction in whole service safeguarding cases

Training evaluated and resulted in:

• 90% of care home staff in 19 care homes knew causes of pressure sores

• 100% understand UTI prevention | Strengthened ties between NHS and care home sector

Recruitment and retention of care home staff

Identified variable standard of care in care homes and sensitively and supportively work to raise standards

Further training needs identified as a result of the project: Care planning, blood glucose, risk assessment, wound care |

Approach and methodology

End of Life Care and Gold Standards Framework

This review has previously identified the correlation between what have been described as unnecessary unscheduled admissions and raised in-hospital mortality rates. One of the ways that reductions have been achieved has been in the introduction of the Gold Standards Framework. The GSF was developed in 2000 to improve palliative care in primary care, but has progressed since 2004 as part of the DH End of Life programme to the GSF in care Homes, in support of end of life care in non-cancer patients. In the care home setting the GSF seeks to promote collaboration between the interdisciplinary team and allow patients / residents to die with dignity in their preferred place of death. One study showed that advanced care planning had significantly increased from 51 % to 77% with an accompanying reduction in crisis admissions to hospital and also a reduction in care home residents dying in hospital. The study, by Badger et al in 2009 also showed improved communication from care home to out of hours GP services following the implementation of GSF in care homes.

What is not currently in the literature?

Whilst there is an emphasis in the available literature on the role of the clinician, less work has been undertaken on care home organisations and their workforce. This may be down to the independent nature of many care homes, but the CQC has identified several issues that may have an impact on the work on addressing unscheduled admissions. The CQC did observe in 2012/13 inspections that one in five nursing home inspections revealed safety concerns and ongoing staffing pressures and that nursing homes lagged behind other social care settings in terms of both quality and safety. Over 10% of residential care home inspections found issues relating to staffing and the care and support received by residents. Simply looking to the examples given above will not necessarily address the underlying problems that have resulted in the CQC findings.

Additionally workforce/HR areas may need further investigation in terms of

- Staffing and skill mix

- Use of agency staff

- Learning and development

- Staff turnover. In residential homes the CQC inspections found a link between notifications of deaths and staff turnover rates, possibly suggesting changes in staff equates with gaps in care.

In summary

Features of approaches to reduce unscheduled admission from care homes

- High quality baseline data to shape interventions

- Understanding cultures and behaviours of organisations

- Learning and development in the workplace

- Quality of communication between members of multi disciplinary team

- Monitoring, evaluation and quality measures in place

- Clarity and shared understanding agreement about what avoidable means

- Stakeholder engagement and champions network

- Maintaining continuity of care with link GP

- Implementing education solutions with care home staff in supportive advisory way

- Understanding of and training on anticipatory and advanced care planning for all staff

This first section of the report has examined some of the national policy and service drivers for addressing unscheduled emergency admissions from care homes. It has also highlighted some of the reasons behind these often unnecessary admissions followed by features of successful projects and interventions that have been successful in reducing admissions, including lessons learned.

In the next section the report closely examines the current position in the Thames Valley, including analysis for SCAS as well the findings that emerged from meetings with relevant stakeholders in order to shape the proposal for the region.

Regional Consultation in the Thames Valley

A total of 20 consultation discussions with stakeholders were completed across the counties of Buckinghamshire, Berkshire and Oxfordshire. At each interview the following structure was used

- An outline of the context of this work was provided as background information

- The interviewee was asked to outline what actions they have or are undertaking to address these issues

- Learning and development needs of the social care workforce were outlined, including identification of barriers to learning for this group of staff

Contact was made by telephone and email to a range of stakeholders in the Thames Valley region. This included Clinical Commissioning Groups (CCGs), NHS Trusts, Accident and Emergency departments, Nursing and Residential Care Homes, Care Associations, Sector Skills Councils, and Local Authorities. Telephone and face to face meetings were undertaken over a six week period. A summary of responses can be seen at Appendix One. The summaries given below have been agreed and validated by the interviewees.

The Care Quality Commission (CQC) currently has 513 Care Home Services registered across the Thames Valley, (161 Care Home Services with Nursing and 352 Care Home Services without Nursing.) These settings employ over 11,000 staff, of which 4633 are care and Nursing staff in care settings. Of these, 20% are Registered Nurses, 12% hold Level 4 qualifications, 10% hold Level 3 qualifications, 20% hold Level 2 qualifications, <1% hold Level 1 qualifications and 37% do not hold any qualifications.

The directory of registered care settings is updated weekly and can be downloaded from http://www.cqc.org.uk/cqcdata

Data analysis

Data provided by NHS Central Southern Commissioning Support Unit identifies 10720 incidents of "SCAS activity" generated by Nursing Homes and residential Homes in the Thames Valley CCG's between April 2013 and February 2014. Of the total activity incidents, 5594 were from Nursing Homes and 5126 from Residential Homes. The total number of beds in each category is not available and so it is not possible to draw conclusions from this data, other than to note the potential benefit of further specialist analysis of this data.

CCG	Apr NH	Apr RH	May NH	May RH	Jun NH	Jun RH	Jul NH	Jul RH	Sep NH	Sep RH	Oct NH	Oct RH	Nov NH	Nov RH	Dec NH	Dec RH	Jan NH	Jan RH	Feb NH	Feb RH	Grand Total
Ambulance services (SCAS) activity at Nursing homes and Residential homes in Thames Valley CCGs (2013-14 ; YTD)																					
Aylesbury Vale CCG	76	56	83	46	59	53	72	60	59	59	73	66	68	57	73	72	71	78	78	65	1324
Chiltern CCG	77	119	80	123	71	157	59	122	68	137	77	135	70	146	78	129	76	104	70	109	2007
Bracknell and Ascot CCG	19	11	18	12	11	16	15	18	11	12	16	10	15	9	28	18	23	12	17	10	301
Slough CCG	19	19	13	27	24	21	32	27	16	12	21	14	10	18	22	18	18	32	20	13	396
Windsor Ascot and Maidenhead CCG	47	29	50	32	40	40	40	32	51	29	50	19	58	38	50	35	50	51	42	23	806
Newbury and District CCG	9	25	28	12	21	12	13	10	16	10	20	12	17	13	15	11	17	5	21	12	299
North & West Reading CCG	26	18	17	16	25	10	24	15	21	14	22	13	30	12	30	25	36	16	21	16	407
South Reading CCG	36	9	35	10	30	7	31	10	49	13	40	9	41	11	45	13	36	21	50	23	519
Wokingham CCG	36	55	31	50	27	54	62	50	43	50	38	61	47	54	47	69	30	59	46	58	967
Oxfordshire CCG	213	172	202	158	216	187	211	181	185	145	183	144	210	160	226	159	236	165	199	142	3694
Grand Total	558	513	557	486	524	557	559	525	519	481	540	483	566	518	614	549	593	543	564	471	10720

Data held by Reading Borough Council and Buckinghamshire County Council shows frequent clinical presentations which are shown below

Reading
Respiratory problems, hip injury, falls, urinary problems and limb injury.

Buckinghamshire
Respiratory problems, generally unwell, falls, fractures, joint pain or injury and urinary problems

In these areas, the information is used by quality monitoring and contract commissioning teams to monitor care settings which have high rates of call outs, and they can work in collaboration with the care staff to address this.

Stakeholder engagement

South Central Ambulance Service NHS Foundation Trust

Interview with Prehospital Clinical Fellow leading the pre hospital Emergency Care Project for HETV. This is reviewing the education programmes for all Level 6 and 7 practitioners. Responses from this interview raise the need for better clinical and observational skills within care settings, such as measurement of blood pressure, heart rate, respirations and blood sugars. Communication skills of care home staff also impact on the ability of emergency staff to assess and treat a patient, for example, having care plans and medical records available as soon as an ambulance crew arrive. The role of the Emergency Care Practitioner (EPC) is used to maximise the opportunity to treat frail elderly patients in care settings rather than transport them to Emergency departments.

NHS Trusts (5 contacted, 3 responded)

Berkshire Healthcare NHS Foundation Trust
The "In-reach" team is currently funded through the National Dementia strategy but will soon be funded by Berkshire CCGs to work more widely. One of their remits is to reduce hospital admissions, using reflective discussion and analysis of admissions with staff. The team also work to encourage care settings to use advanced care planning tools and to link these into Adastra. Currently care plans are often not used by Out Of Hours GP or Ambulance staff. The team work with care staff to empower them to develop robust systems to work with GP and ambulance staff and to use and implement of the SBARD (Situation, Background, Assessment, Recommendation, Decision) communication pathway. The team of Band 7 Registered Nurses are currently based in Newbury, Wokingham and Reading, and the programme is commencing in Buckinghamshire and Oxfordshire in the near future. A series of teaching clinics will be delivered across Berkshire in Residential Homes as from 1st June 2014 for a 4 month trial period.

Heatherwood & Wexham Park Hospital
Meeting with Practice Development Sister in Emergency Department. She identified the most common reasons of admission as Aspiration Pneumonia and Pressure Sores. Patients are sometimes admitted in the very end stages of life with Do Not Resuscitate orders (DNRs) in place and it seems that some Residential and Nursing homes are ill prepared - and possibly unwilling - to care for residents who are dying.

Training is needed to promote and embed Advanced Care planning for all residents and additional skills are needed for care workers to provide high quality care and to take appropriate actions when a patient is deteriorating. Community care staff need to be more aware of the opportunities for additional clinical care and expertise within the community rather than to default to calling an Ambulance. Registered Nurses working in care home settings are often poorly supported and work in isolation. Their Professional Development opportunities are dependent on the structures and priorities of the Nursing homes, these staff would benefit from work placements in Elderly Care units in a Hospital. Other areas where training would be beneficial is communication and Leadership and Management as well as Advanced Care Planning and caring for an unwell elderly resident. Ratios of Nurses to residents may be a barrier to learning and to the provision of intensive nursing support for a frail individual. A standardised transfer form would ensure that adequate and accurate patient information is provided for Emergency Department staff when a resident is admitted.

Buckinghamshire Healthcare NHS Foundation Trust work closely with the quality team at Buckinghamshire County Council (see below)

Clinical Commissioning Groups (7 contacted, 4 responded)

Oxford CCG responded by email, but no meeting was offered. They report that the SE Oxfordshire CCG team has recently carried out a detailed audit with local GP practices reviewing admissions from SE Oxfordshire over the 6 month period January to June 2013. At this stage they only have high level findings from this audit and one of the GP leads is in the process of writing this audit up.

Bracknell and Ascot CCG, Slough CCG and Royal Borough of Windsor & Maidenhead (WAM) CCG have done a year long piece of work to reduce non elective admissions. This involved Residential, Nursing and Learning Disability settings. The project included data analysis, workshops for care settings involving A&E consultants, the employment of a dedicated care home pharmacist, and engagement with local GP services to undertake reviews and ward rounds. Work is underway to update the ADASTRA system to ensure that out of hours GPs can access full medical records and care plans. Funds were used to enable care settings to use a dedicated telephone number to Out of Hours services to save contacting 111 services (who frequently advise calling 999 as they cannot access all the pertinent information).
Staff from Berkshire Healthcare Foundation Trust have engaged by running End of Life Training courses and Tissue viability (SKINintelligence). The WAM CCG has developed an electronic dashboard to monitor a number of aspects including 999 call outs and emergency admissions of residents. There has not yet been any formal evaluation of this as the project is ongoing.

Wokingham CCG (including Newbury, NW & S Reading) are working with a range of agencies to encourage proactive case management by GPs in care settings. Better care planning and effective use by all agencies of the Adastra system are outcomes of the work currently underway. A Multidisciplinary approach to case management will include a community geriatrician, a community dysphagia training nurse and community pharmacist being key members of patient reviews. The Inreach team from Berkshire Healthcare Trust (see above) has run workshops on Dementia care and it is hoped to roll this out further in the coming months. The CCG engages with the Berkshire Care Home Forum and have funded some workshops for this group on preventing avoidable admissions.

Chiltern CCG are undertaking some work with SCAS to increase numbers of Emergency Care Practitioners (EPCs). Funding is provided to support enhanced services for care settings by GPs

which enables GPs to make weekly visits and monitor patients causing concern. The CCG is an active partner in the work being undertaken by Buckinghamshire County Council (see below) and also hosts the Care Provider Forum which enables multiagency working about these issues.

Aylesbury CCG are closely involved in partnership work with Buckinghamshire County Council (see below)

Local Authorities (8 contacted, 5 responded)

Buckinghamshire County Council

The Buckinghamshire Quality in Care Team at the County Council work in close partnership with Buckinghamshire Healthcare Trust (BHT), and Aylesbury CCG. Data is collected and analysed to identify patterns in safeguarding incidents, complaints and ambulance call outs. However it is acknowledged that data may be unreliable due to coding and input variables.

Where training needs are identified, care settings are offered workshops. At the moment, there are two streams of training, firstly workshops for 6-7 people at the care home which covers an identified clinical area for all staff levels.   This is offered free of charge to setting.

Secondly, care staff may attend study days run over a half or whole day with Clinical Nurse Specialists from Buckinghamshire Healthcare Trust. They aim to run two study days per specialist nurse per year. The first year of the programme completes in April 2014. Staff monitor uptake and attendance by care settings and identify those not involved with the scheme and then contact them to encourage uptake. The team are also available to respond to training needs identified by settings.

To date, the study days have covered the following topics:

- Skin care
- falls prevention
- stoma care
- care of a breathless patient
- continence promotion and nutrition.

In the near future, further topics will be covered such as:

- Nail care
- Infection prevention control
- Percutaneous Endoscopic Gastrostomy (PEG) care.

Sessions for Registered Nurses have been on venepuncture and tracheostomy care.

This programme is currently self-funding. The specialist nurse teams give their time free of charge, companies sometimes provide sponsorship and occasionally delegates are charged to attend. Service users are invited to present their perspective where appropriate.

The Community First Responder Volunteers (Red Cross and St John Ambulance) will attend a patient in a care setting prior to the arrival of an ambulance and can provide falls assessments and immediate first aid care. The Quality in Care team are hoping to offer this training for care home staff.

Reading Borough Council

The Quality and Monitoring Team review complaints and safeguarding incidents in order to identify care settings at risk. They then visit them or investigate reasons behind this intelligence. This programme does not involve tracking of admissions to A&E. The Care Provider Forum is still running for domiciliary providers, but the Residential and Nursing Homes Forum folded last year.

Sector Skills Councils

Skills for Care are currently developing a framework matrix for all social care roles (as defined within NMDS-SC) and the knowledge and skills profile for each one.

Skills for Care and Development can support learning through a project called Mobile Knowledge and Learning Solutions which has been designing new mobile learning resources aimed at helping to meet the learning needs of employers, workers and carers in the social work, social care and early years sector.

Skills for Health did not identify any activity in this area.

Care Providers

MKB Care Association

A telephone interview was conducted with a Director of MKB Care Association. MKB Care Association exists to support anyone who is involved in Adult Social Care in the Buckinghamshire and Milton Keynes area.

The organisation provides information, training, support and guidance to promote high standards of care within the area. The Association is working closely with the Buckinghamshire County Council programmes outlined above. The most effective learning for support workers is when it is delivered on site and ideally in a practical environment where implementation of the learning can be immediate and is therefore more effective. Some e learning styles do not suit the learning needs of many support workers.

Berkshire Care Association

A meeting was held with an Executive Board member of the Berkshire Care Association (BCA). Berkshire Care Association works across the county to support providers, ensure owners, managers and staff are aware of changes and issues, and raising standards of care and quality. It's membership exceeds 450 organisations and individuals.

Members are encouraged to monitor admission rates against Berkshire wide data from the CCG. A series of training events is being delivered by the Care Association in conjunction with the CCG. The aim of the workshops is to raise awareness of the need to reduce admissions.

A communication pathway (SBARD) is used in this training to promote good practice in communication when making emergency calls.

River View Care Centre, Reading

River View Care Centre is a Registered Care Home with Nursing for up to 137 older people. The registration includes providing care for people with dementia. An interview was conducted with the Clinical Manager and Training Manager. The in house training programme places emphasis on the benefits of care out of hospital for frail elderly, particularly for this e with Dementia. The Reading Health Hub is available to support the care 24/7 and will provide assessment of deteriorating

patients, suturing and would dressings. Specific programmes of staff training have focussed on catheter care, hydration and Advanced Care Planning. The training team have worked with colleagues in Primary care to promote Tissue Viability and Dementia care practice. There are benefits of scale as planning and delivery of training is easier with 124 staff in this setting. Managers use admissions data to feed into training needs assessments for staff.

Ascot Priory, Ascot

St David's Nursing Home and St Christopher's Residential Home are registered to provide care for 64 adults across the two sites. An interview was conducted with the Manager who stated that a more coordinated approach is needed between staff in the Nursing or Residential home and outside professionals such as General Practitioners and Community Nurses. It is important that all of the care team can access, update and refer to Adastra records. More training needs to be provided which is contextualised to Residential and Nursing Home settings and multi-agency training could bring together SCAS, local Authority, CCG and Care home managers and staff.

Sunnyside Nursing Home, Iver

Sunnyside is registered to provide care for up to 40 older people with Nursing a Dementia Care needs. An interview was conducted with the Manager. A monthly audit of care is undertaken by the Manager, and this includes analysis of any ambulance and emergency call outs. All residents have full care planning on admission which always involves and discussion about end of life wishes. The presence of "Lilac forms" (DNR orders) results in fewer residents being sent to Emergency Departments, and end of life care is provided in the care setting which is familiar to the person. The main needs are the training and support of staff. Nurses need professional development training which is relevant to their role and the changing needs of their residents. Many clinical skills are not required frequently and so practitioners can lose confidence and competence in nursing skills such as catheterisation. The Local Authority convenes a quarterly Nurses Forum which is supportive. There are barriers to learning for care workers who may have problems with travel to training events and also find learning in a workshop or classroom setting is less effective than work based mentoring and competency assessment. Most support workers do not have English as their first language and have challenges with written language and numeracy in training packages, so they need support with this, and work based practical learning is most effective, but the Manager does not have time to deliver this for all staff due to her other responsibilities.

Barchester Healthcare

This company provides care services to more than 10,000 people in more than 200 homes across England, Scotland and Wales. A telephone interview was conducted with the Divisional Director.

The Barchester group provide a coordinated and coherent training programme for all their staff. Staff need to develop strong relationships with Primary care staff, especially GPs and other professionals and the presence of Acute Response Teams in the community serve to enable care for unwell elderly patients in the care setting rather than in acute units. Effective End of Life care planning and advanced care planning means that the patients and families wishes for care are known in the event of deterioration in their condition. Robust policies and procedures result in preventative care becoming the norm, for example comprehensive falls assessments will reduce the number of falls in a care setting. Furthermore the acceptance of residents is always based on a full assessment of needs to ensure that all presenting problems can be effectively managed in the care home setting.

Nicholas House, Burnham

Nicholas House care home is registered to provide personal care for up to 30 older people. The registration includes providing care for people with mild dementia. An interview was conducted with the Manager and Deputy Manager. The manager holds level 4 Registered Managers Award. All staff undertake the mandatory induction and carer's progress to complete QCF Diploma levels 2 or 3. There is a strong relationship with the local GP who visits once a week to review patients. With support from the Buckinghamshire Quality in Care Team, the managers recently completed an audit of all 999 calls made in recent months. This identified that night staff were more likely to make an emergency call, and to the GP facilitated a training session for night staff and this was repeated for the day staff. This was well evaluated. On admission, the GP has a conversation with the patient and family about their wishes for end of life care and this is integrated into the care plan on admission. The multidisciplinary care plan is used by all staff including the GP so that an out of hours GP is able to see all the required information. Staff complete an in house training package, however access to time for learning is an issue for part time workers who cannot attend additional training sessions because of their domestic caring responsibilities. Both managers have "Train the Trainer" qualifications and can assess practical competence in the workplace. There is a need for scenario based learning which is contextualised for Residential and Nursing home settings as many resources are hospital based or too general.

Additional Stakeholder contacts

Log on to Care

The Log on to Care resource (http://www.logontocare.org.uk/) represents a wide ranging partnership of Social Care organisations and employers who have worked together across the Thames Valley area. The site provides useful and up to date information on any aspects of training, funding and general information for the sector.

The consortium of Local Authorities who fund and support the project includes Oxfordshire, Buckinghamshire and Central Bedfordshire Councils, the Berkshire Unitary Authorities of Slough, Windsor and Maidenhead, West Berkshire, Wokingham, Reading and Bracknell Forest. There are also a number of local user groups that support organisations across the patch deliver the E-learning training Modules. This site is now managed by The Grey Matter Group and the content is being reviewed and developed at the moment. This resource is available to both social care and NHS support worker staff free of charge.

Health Education Thames Valley Dementia Academic Action Group (DAAG)

Interview with the Associate Dean of Interdisciplinary Education, Health Education, Thames Valley. Four Universities (Northampton, University of West London, Bedfordshire and Oxford Brookes University) are collaborating to scope and review the range of Dementia learning resources which are available. These will be prepared as learning packages for staff and carers across the NHS and Social Care sectors. The programme will roll out from April 2015.

Conclusions

Systems and structures

The key purpose of this report is to build on national and regional approaches and interventions to support the development of a coherent Thames Valley learning and development strategy and approach to reduce unscheduled admissions from care homes. The outcomes of the rapid review, analysis of data and the consultations highlight the complexity of the causes of the rising number of emergency admissions from Residential and Nursing Homes.

Importantly, the findings from the regional investigation have been found to broadly mirror the national picture in terms of causes for unscheduled admissions, and critical for this study, the learning and development needs of all care home staff, including support workers.

It was crucial that there was a shared understanding and agreement amongst all stakeholders and partners about what was meant by an avoidable or unscheduled admission.

Workforce development is clearly a key feature in developing a sustainable and effective approach to addressing unscheduled admissions but this is more than simply training solutions. The examples identified in the rapid review stressed the importance of communication and the relationships between care homes staff and other members of the care giving team. This suggests the need for a focus on further facilitation of the multi-disciplinary working relationships between care home staff and clinicians including GPs.

Many of the solutions will require coordinated multiagency interventions, integrated information sharing and system wide planning. Most areas in the Thames Valley are addressing this in a number of ways, but much of this work is not joined up across the region and the country.

There is a need to provide incentives for private care home providers to keep residents in the care settings, to reduce the culture of risk aversion where policies may dictate that emergency services are unnecessarily called out for minor illnesses and injuries.

Primary Care services need strengthening (for example urgent response and multidisciplinary reviews and care planning involving GP services, Community Nurses and Allied Health Professionals). This should include better provision of step up care facilities where IV fluids and oxygen treatment can be administered. Effective communication and sharing of information will provide more streamlined care, for example sharing of multidisciplinary care plans and Adastra records with all community staff including emergency practitioners). There should be increased training in the use of assistive technology in prevention of falls.

Care provider forums are a valuable part of building a multisystems approach. These should be embedded and extended to include CCG staff, primary care managers and representatives from SCAS.

Staff recruitment, staffing levels and high turnover of staff in care settings directly impacts on the uptake of training. Registered Nurses in Nursing Homes are often poorly supported and may not access relevant Professional Development. It is important that all staff in care home settings understand the support available to them through Primary Healthcare services so that they do not default to Emergency Care personnel to assist them.

Learning and Development

The remit of this research and consultation is to identify education and training needs and solutions for the care workforce in order to prevent crisis situations arising and also to equip staff to make appropriate decisions if a resident needs specialist assessment and treatment. Care workers need the right values, knowledge and skills to make informed judgements and provide high quality care for the elderly in a setting which is appropriate for their needs.

The current minimum training requirements will start to be replaced by the Care Certificate in November 2014 and most care staff will continue to progress to complete QCF Diplomas at levels 2 & 3. In addition to this, it is clear from this report that additional learning is needed in order to address the particular care issues around the most common causes of avoidable admissions (falls, respiratory, urinary, end of life care and pressure area care). Employers can use the Workforce Development Fund (WDF) to make a significant contribution towards the costs of workers' completing units and qualifications on the Qualifications and Credit Framework (QCF), as well as university qualifications included in the Higher Apprenticeship in Care Leadership and Management.

Many Residential Homes are not equipped to care for patients in last stages of life. There is a stigma and fear of death and dying amongst some staff in this workforce, and the impact of a death on other residents is often poorly managed. All Residential and Nursing Homes need a consistent and coordinated approach to multidisciplinary end of life care planning. The GP has a central role to play in the building of confidence and competence of staff.

There are many excellent examples of training provision for care staff in the Thames Valley. We need to move from fragmented to integrated solutions, to streamline and further develop initiatives underway. This should include Day Centres, Supported Living settings and Domiciliary Care providers. Training is particularly needed in clinical assessments, communications, clinical skills, physiological measurements, advanced care planning, skin care, nutrition, and leadership and management for those in charge on a shift. Regionally standardised skill sets for care home staff will raise standards of care across the sector. The six areas of action defined by the Compassion in Practice strategy (The 6 Cs) must be embedded into learning and practice in Social Care (Care, compassion, competence, communication, courage and commitment). When a carer or nurse is faced with a deteriorating or unwell resident, they reach a "tipping point of concern" and need to be equipped with the confidence, knowledge and skills to make the correct referrals to other professionals. Anecdotal evidence shows that new staff in a setting and those with minimal qualifications are more likely to call the Emergency services.

There are numerous barriers to learning and development in this sector. Release of staff and access to appropriate learning styles and support can prevent effective learning taking place. All learning must be reinforced by practical experience and assessments which requires mentoring and assessment from management and senior staff in the setting. Training needs to be in bite size chunks. One example given in the research is the Sue Ryder "6 steps End of Life" training which was offered over an 8 month period in Berkshire. The high turnover of staff meant that a number of staff had moved on before completing it. This workforce group may have had poor educational experiences and may need support in language, literacy and numeracy to complete learning programmes. Where managers and senior staff hold "Train the trainer" qualifications, a continuous culture of learning and improvement becomes the norm.

Care Home Managers face a plethora of choice and information about training issues for their staff. This creates confusion and can de motivate managers to provide training and development for their staff.

Recommendations

The recommendations outlined below are based on the findings and lessons learned from the national intelligence and the regional investigations/ work undertaken with Thames Valley stakeholders.

It is recommended that Health Education Thames Valley share this report with the Urgent Care Boards who will

- Ensure that high quality baseline data is captured and centrally held to identify those care homes with high levels of admissions to A&E in order to shape interventions to reduce emergency admissions

- Convene a series of multiagency workshops to be delivered at central locations in order to share best practice in reducing unplanned admissions, and to build collaborative relationships between care home staff, GPs and other members of the primary care team.

It is recommended that Health Education Thames Valley support the social care workforce by

- Establishing a high level stakeholder group and a champions network across the care home sector

- Development of training packages to promote and support anticipatory and advanced care planning for older people

- Delivery of a suite of quality assured short courses and workshops for support workers and nurses in all care settings across the Thames Valley.

- Development and delivery of a rolling programme of practical work based learning and skills development (work shadowing)

- Identification of best practice and sharing this across all care settings. This will involve significant partnership working with the "In-reach" team in Berkshire (see page 23)

There is a large resource of expertise from the third sector which can offer training and build expertise, for example, Marie Curie, Macmillan, Alzheimer's Society and Parkinson's UK. Stakeholder engagement is critical to the success and there is an initial indication of willingness to support these interventions from a number of partners (identified in Appendix One)

Development Phase June to September 2014

1. Appointment of Practice Development tutors (Band 7. 2.0 fte) for development of the programme. August to September 2014

2. Appointment of administrative support

3. Set up of a project board to manage the project

4. Engagement of a range of stakeholders and building relationships with multidisciplinary team members to support training sessions

5. Review of existing interventions, methodologies, and learning resources to identify opportunities for collaborative working.

6. Design and develop short modules of learning on
   a.   Pressure Area Care
   b.   Respiratory Health and Wellbeing
   c.   Falls prevention
   d.   Advanced Care Planning
   e.   Nutrition and hydration
   f.   Care and assessment of the deteriorating patient
   g.   Leadership and Management

   Each module will be scenario based and contextualised to the care setting. Each will be developed for two separate audiences, support workers and Registered Nurses as CPD. A variety of learning platforms can be utilised to deliver these module.

7. Planning and design of a series of 3 multidisciplinary training workshops which will be delivered across the Thames Valley. Key participants will be GPs, SCAS staff, Community Nursing staff, Emergency Department staff, Care Home staff and NHS staff.

Delivery Phase October 2014 to March 2015

1. Delivery of modules to care home staff, either in workplace or local location. Employers will be offered backfill funding

2. Delivery of multidisciplinary agency workshops which will be delivered at three area centres (Reading, Oxford and High Wycombe)

3. Bimonthly newsletter updates to all organisations involved

Evaluation Phase April 2015

1. Summative evaluation of interventions and report by end April 2015

Appendix One: Consultation with Stakeholders across Thames Valley

Organisation	Name and Title	Outcome	Indication of future involvement (*to date)
Buckinghamshire County Council	Sarah Boddy Quality in Care Team	Meeting 14/2/14	Yes
Oxfordshire County Council	Steve Thomas Performance and Information Manager (Social Care) Joint Commissioning Team Social & Community Services	Email response to say the council has not done any work on people admitted to hospital from care homes and do not hold this data on our clients.	
Bracknell Forest Council	Leah Thompson Learning and Development Manager.	No response	
Reading Borough Council	Jo Purser, Service Manager Adult Social Care, Older Persons and Disabled Adults Reading Borough Council	Meeting 7/3/14	Yes
Slough Borough Council	Head of Service Adult Health & Social Care	No response	
W Berkshire	Adult Social Care, West Berkshire Council	Referred to their Inreach Team	Yes
Royal Borough of Windsor & Maidenhead	Social Care Training Department Royal Borough of Windsor and Maidenhead	Referred to Windsor & Maidenhead CCG	
Wokingham Borough Council	Learning & Development Consultant HR Service Wokingham Borough Council	No response	

Oxford CCG	Tony Summersgill Assistant Director of Quality, Assistant Director of Medicines Management, Director of Clinical Quality and Quality and Innovation Team Administrator | Oxfordshire Clinical Commissioning Group,	Not available for a meeting	
Bracknell and Ascot CCG	Enquiries team	No response *	
Slough CCG	Adult Social Care	No response *	
Royal Borough of Windsor & Maidenhead (WAM) CCG	Marianne Hiley CCG Project Manager Windsor Ascot and Maidenhead CCG	Meeting 11/3/14 *This work has involved Slough and Bracknell & Ascot above	Yes
Aylesbury CCG	Jane McVea Director of Quality Aylesbury Vale and Chiltern CCGs	Email to indicate involvement with Bucks Care Quality Team (Sarah Boddy)	
Chiltern CCG	Paramjit Singh Head of Programmes - Urgent and Planned Care Chiltern Clinical Commissioning Group	Meeting 25/2/14	
Wokingham CCG (including Newbury, NW & S Reading)	Mark Featherstone | Interim Manager Wokingham CCG	Meeting 5/3/14	
Heatherwood and Wexham Park Hospital NHS Foundation Trust	Karen Chivers Practice Development Manager	Meeting 1/4/14	
Royal Berkshire Hospital A&E department	Lisa Shoubridge who is the Directorate Manager Royal Berkshire NHS Foundation Trust	No response	
Berkshire Healthcare NHS Foundation Trust	Jenny Hill In Reach Team	Telephone interview	Yes

Appendix One

Wycombe Hospital A&E department no response	Rosemarie Finley Associate Director of Education and Learning Amersham Hospital Buckinghamshire Healthcare Trust	No response	
Oxford Universities Hospitals Trust	Emergency Assessment Unit Oxford Universities Hospital Trust	No response	
Ascot Priory. Ascot Priory Road, Ascot, Berkshire, SL5 8RS	Fidelma Tinneny Manager	Meeting 13/3/14	Yes
River View Rodway Road, off Oxford Road, Tilehurst, Reading RG30 6TP.	Lorraine Meech Training Manager	Meeting 11/3/14	Yes
Sunnyside Nursing Home 140 High Street, Iver, Buckinghamshire	Khaled Gamiet Director Colleen Joubert Manager	Meeting 3/4/14	See MKB Care
Barchester Healthcare	Helen Maiello Divisional Director	Telephone interview 14/3/14	Yes
Nicholas House. Lent Rise Road, Burnham, Slough, Buckinghamshire, SL1 7BN	Manager and Deputy Manager	Meeting 13/3/14	
South Central Ambulance Service	Pete Roberts Research Fellow	Meeting 1/4/14	
MKB Care Association	Khaled Gamiet Director	Telephone interview 8/4/14	Support through networks
The Grey Matter Group	Sarah Knapp Director	Discussion 25/3/14	
Health Education Thames Valley	Zoe Scullard Associate Dean of Interdisciplinary Education	Meeting 7/4/14	
Berkshire Care Association	Fidelma Tinneny Director	Meeting 13/3/14	Yes
Skills for Care	Rachel Reid Area Officer - London and South East	Telephone and face to face contact at various events during the consultation phase	Yes

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