



Hospital at home in the time of COVID-19

Covid-19 sent shock waves through Britain's national health service, exposing fragilities, underlining insecurities, and pushing many hospitals to the brink. The pandemic has both exacerbated existing issues and added fresh challenges.

Even before coronavirus swept through the UK, the NHS was struggling. Overwhelmed hospital capacities, protracted A&E waits and staff shortages signalled a looming crisis. The NHS was rapidly mobilised in response. Non-urgent care was scaled back, elective surgeries were cancelled. Infection control measures added to mounting capacity challenges: fewer beds, spaced further apart.

Since 2016, HomeLink Healthcare has been collaborating with various partners to combat these challenges. How do we do this?

There are many lessons to be learnt from the pandemic. In healthcare, every answer points to the need to care for more people at home.

- ✔ with multidisciplinary teams that provide expert home care
- ✔ by embracing technological advances and digital healthcare
- ✔ by creating bespoke services that complement and ease existing systems.

Most importantly though, by always putting the patient first. That means providing a holistic home service, specific to each individual's needs. And it all begins with our founding ethos: **why stay at hospital if you could be at home?**



Covid-19 has accelerated the desire to be treated at home



Changing attitudes towards hospital and healthcare

Attitudes towards healthcare have been changing for some time. Covid-19 has accelerated this change, giving more urgency to desires to be treated at home, and released as early as possible from hospital wards. People, understandably, fear going to hospital. They are frightened of catching the virus, apprehensive of strict visiting rules, unwilling to contribute to pressure on the NHS. Since the start of the pandemic, A&E visits have plummeted by 50% and half the usual numbers of patients are attending hospital with heart attacks. GP visits have dropped by similarly dramatic proportions.

A [report](#) in July by health policy consultants, Incisive Health, found that around half of the British public were reluctant to go to hospital due to fears of catching coronavirus and being a burden on the NHS. Patients of all ages stated they would prefer phone calls to face-to-face appointments for non-urgent medical advice.

Their fears are not unfounded. In May 2020 NHS England's first estimate of the size of the problem found [up to 20% of people with Covid-19 at hospital had caught it while at hospital](#). [Data](#) from October shows hospital-acquired infections remain persistently high.

The pandemic is also reshaping how people spend their last days. Most Britons, in usual times, pass away in hospitals and nursing homes; only about 25% at home. Even before the virus, this was beginning to shift in the West. The epidemic has reinforced that trend. Since early June, the percentage of people who have died at home has been 30-40 points above the five-year average in England and Wales.

A holistic view of healthcare: empowering our patients

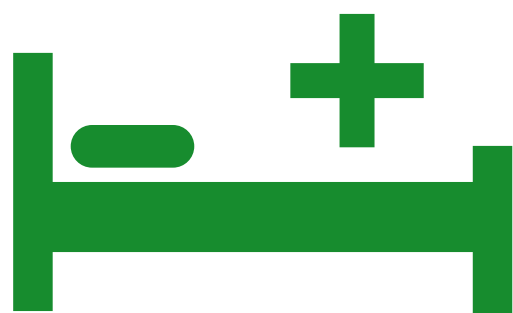
It's a well-known fact: people recover better, and faster, at home. Elderly patients, in particular, deteriorate rapidly in hospital, quickly losing functionality and independence, with the added risk of catching infections. Yet myths about home-based care as an alternative to the hospital persist. Are the nurses of the same standard? Is it a second-rate service? How sterile and safe can treatments really be?



In our experience, home-based care isn't just as good as hospital care - it can be better. Our expert multidisciplinary team - specialist nurses, physiotherapists, - deliver a wrap-around of high-level care to each patient. The quality is reflected in the time and attention we allocate to each visit. Our nurses take the time to settle patients in and get to know them. What the care looks like is different for each patient - depending on their medical, emotional and physical needs. It might be taking their dog for a walk. Cooking them their favourite meal. Chatting to them about their hobbies. And we've found our patients recover more easily at home. It makes sense. They can eat their own food; sleep in their own bed; cuddle their partner, hamster, dog. They can be mobile and independent.

Our approval ratings show patients agree. Working with Norfolk and Norwich University Hospitals Foundation Trust (NNUHFT) on our joint service, NNUHFT at Home, we've had outstanding patient satisfaction: **100% would recommend.**

In the words of one patient: ***"This is a really good service that should be expanded. It enabled me to come home two weeks earlier which was better for my well-being and saved the cost of my being in hospital. The nurses were very friendly and considerate."***



Before coronavirus, almost every hospital in the UK was grappling with limited capacity. The pandemic has made this exponentially worse.

In 2019, the average overnight bed occupancy rate was 90% - regularly exceeding 95% in winter - well above the maximum safe levels of 85%. Delayed transfers of care meant almost 60,000 NHS beds were 'blocked' every month. These delays cause distress, unnecessarily long hospital stays, increased risks of infection, delays in A&E and elective care cancellations.

At the same time, the total number of NHS England hospital beds has more than halved over the past 30 years - from around 300,000 in 1987/88 to 141,000 in 2018/19 - while the number of patients treated increases year-on-year. The UK has less acute beds per population than many comparable health systems. In November 2019, reports warned that hospital beds were at a [record low](#).

There have been calls for radical transformations to address these capacity challenges. Recent [analysis](#) from health care experts has found that over the next few years there will need to be a number of long-term changes to how routine care is delivered and more important roles for the independent sector. Cutting bed occupancy rates by reducing length of stay and increasing capacity elsewhere in the system are recurring themes in government and NHS England initiatives - seen in the [NHS Five Year Forward View](#) and the [NHS Long Term Plan](#).

Virtual wards and early supported discharge

At HomeLink Healthcare, we work with hospitals and commissioners to alleviate capacity by ensuring people are not in hospital unless they need to be and smoothing the transition from hospital to home.

Under our Early Supported Discharge programme, patients are moved from acute settings to complete care at home rapidly and safely. HomeLink Healthcare specialists and hospital staff select patients from wards, who are assessed on a number of criteria, including their acuity and home environment. We then work alongside the hospital and local providers to create comprehensive, individualised care plans for each patient.

With our Admission Avoidance model, patients are referred by their GPs and an assessment is carried out within two hours of referral, with interventions implemented swiftly to avoid hospital admission.



Patients are assessed within two hours, with swift interventions to avoid hospital

While care is provided at home by our expert team, the patients remain under the supervision of their hospital consultant or GP - creating virtual wards that can provide capacity at scale. At the end of their acute care pathway, patients are discharged to their GP or on-going community care. Our on-call service provides 24/7 clinical and administrative support and acts as a direct link for patients and carers, hospital consultants and GPs, nurses and therapists. Mobile electronic patient records allow all involved to assess care plans.

We provide complex clinical care in the home, whether it's wound care, chronic bone infections, drain and catheter care, IV therapies or rehabilitation.

Our services look different for each hospital and care provider: they are bespoke, adding real value and real opportunities for joint working. Rather than replicate, we support and complement existing services.

In West Norfolk our therapists provide a Discharge to Assess service.

At Norfolk and Norwich University Hospitals, our services are centred on IV antibiotic provision.

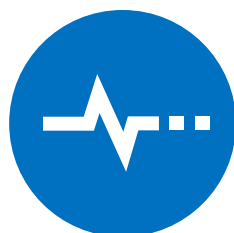
At James Paget University Hospital we aid capacity with 'care bridging' packages.

A HomeLink patient commented: *"(the) team have been kind, caring, understanding, sympathetic and professional at all times. Their help and support has been invaluable to me and my wife. Thank you."*

Looking ahead: taking healthcare into the digital age

A number of positive changes have been made as a result of the NHS response to Covid-19. The pandemic has broken down many preconceptions about both home and virtual care. It has proved to not only be possible, but effective.

The health service has been struggling with the application of technologies and digital care for decades. Since the pandemic began, there has been a significant digital shift: the uptake of tech in many hospitals, the normalisation of video-based consultations - unthinkable a year ago. Many acute hospitals have introduced temporary discharge to assess (D2A) processes to rapidly discharge all patients safe to leave and then undertake assessments and build their care plans once at home. The running of general practices has also adapted. Remote triage is now the first port of call: patients are assessed by phone or online before they can see someone in person.



Many of these changes mirror practices we have been honing for years at HomeLink - and, we believe, make our services even more crucial. Our first assessments are at home, not at hospital. We have been at the forefront of many technological advances in healthcare: virtual assessments and digital-care are integral parts of our service. Recently, we have begun to trial the use of telehealth devices alongside our standard monitoring: smart devices that continually measure vital signs, temperature, pulse, oxygen saturation, mobility - meaning we can observe our patients even when we're not with them, and no longer have to rely solely on patient descriptions of symptoms. This will have far-reaching consequences for the ease and effectiveness of delivering home-based care.

Harmonious partnerships

We can help hospitals make these transitions. Agile and flexible, we're set up to offer fast, effective solutions wherever they're needed.

The independent sector has played an important role in supporting the NHS in its response to the pandemic. Covid-19 has underlined the need for community health care, but the infrastructure and investment are not in place to deliver it effectively. Harmonious partnerships between public, private and community are critical in improving patient experiences and the efficiency of the health service. We believe our services are not only beneficial for patients' rehabilitation and resocialisation, but are cost-efficient and cost-effective for the NHS. We deliver great value for money: honesty and transparency are at the core of what we do.

Our offerings fit with many of the NHS goals, including giving people more control over their care; encouraging more collaboration between public, private and community services; and making better use of data and digital technology. We are well positioned to add value, expertise and efficiency in all of these areas.

As the NHS continues to grapple with surges in coronavirus cases, backlogs of elective cases and the additional strains of winter, there has never been a greater need for the 'hospital at home'. Our services are quick to deploy, scalable and ready to meet complex patient needs.

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