Item No: 13

Meeting Date: **Wednesday 14th May 2025**

Glasgow City Integration Joint Board

Report By: **Stephen Fitzpatrick, Assistant Chief Officer, Older People Services and South Locality**

Contact: **Anne Mitchell, Head of Older People and Primary Care**

Phone: **0141 451 7117**

Hospital at Home and Call Before You Convey – Progress Report

Purpose of Report:	To inform the IJB of changes to the model of provision and update on progress with delivery.

Background/Engagement:	Previous paper to IJB in August 2024 noted proposed model of delivery and savings. Significant staff engagement process. Discussions with Health Board's Chief Executive requesting acceleration of service and change of care group focus.

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☐ Not Applicable ☒

Recommendations:	The Integration Joint Board is asked to: a) Note change of model from the report presented to the IJB in August 2024; b) Note progress with respiratory-focused Hospital at Home service model and Call Before You Convey; c) Note potential for further development within the Hospital at Home model and Call Before you Convey, if additional funding becomes available; and d) Note potential for development within context of current discussions around virtual beds.

Relevance to Integration Joint Board Strategic Plan:

The proposals in this report align clearly with the Strategic Plan's commitment to support people at the right time and in the right place.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	The proposals in this report principally relate to national outcomes 2,3,4 and 7.
Personnel:	Report notes staff engagement process as well as change of governance to manage medical responsibility.
Carers:	No expected change to the role of carers as an outcome from these proposals.
Provider Organisations:	No expected implications for provider organisations.
Equalities:	Previous EQIA undertaken and further work to be progressed. https://glasgowcity.hscp.scot/equalities-impact-assessments
Fairer Scotland Compliance:	No issues.
Financial:	No immediate issues – financial framework would be revisited in relation to any further expansion of provision.
Legal:	None.
Economic Impact:	None.
Sustainability:	None.
Sustainable Procurement and Article 19:	None.
Risk Implications:	Risk noted around recurrent financial framework and any expansion requirements.

Implications for Glasgow City Council:	None.

Implications for NHS Greater Glasgow & Clyde:	Potential service framework for development of wider virtual bed services.

Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☒
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

1. Purpose

1.1. To inform the IJB of changes to the model of provision set out within the previous IJB paper in August 2024 and update on progress with delivery and potential development opportunities.

2. Background

2.1. Hospital at Home model was developed as a Test of Change (ToC) and implemented in January 2022 with a focus on frail elderly patients. Funding was provided through a range of non-recurrent sources including GCHSCP resources and Health Improvement Scotland (HIS). The initial model included Consultant Geriatricians as the Responsible Medical Officer (RMO) and the target patient group was aged over 65. The Test of Change followed Scottish Government criteria on level of acuity of patient.

2.2. An evaluation of the ToC showed the Hospital at Home (H@H) service had significant potential to support people at home and reduce attendance and admission to acute hospitals, as well as reducing length of stay with earlier discharge. It was evidenced that the target group of patients would otherwise have been in an acute location. The average length of stay in H@H was 5 days, with the equivalent patient spending 10-12 days in an acute setting.

2.3. Patient, referrer and carer satisfaction was evidenced as very high.

2.4. Referrals predominantly came from GPs whilst step-down referrals from Acute as well as from the Scottish Ambulance Service (SAS) were not fully realised.

2.5. As part of the 2024/25 savings exercise, HSCP officers proposed an alternative delivery model that provided better value for money. This included the merging of the Call Before You Convey (CBYC) service and H@H RMO to provide a critical mass of funding. However, the IJB tasked officers with revisiting how the service could be retained in some financially sustainable form, resulting in the proposals approved by the IJB in August 2024.

3. Development and Implementation of Revised Service Model

3.1. The existing ToC service ceased on 8th November 2024 with a view of commencing the revised service model as soon as organisational processes would allow. A period of staff side consultation regarding the new model took place between September 2024 and January 2025.

3.2. Following discussion with the Health Board in December 2024 there was a request to re-establish H@H on an urgent basis to support with winter pressures. A projected three-month lead-in time to recruit RMO cover was going to be the main delaying factor, so a pragmatic operational decision was taken to pivot from a focus on frail elderly patients to respiratory patients of all ages – many of whom are also aged 65 or over. This enabled specialist respiratory services to immediately provide Consultant RMO cover and enable the service to be quickly stood up again.

3.3. The revised service model became operational on 28th January 2025 and initially has focused on providing step down (from hospital) H@H for patients with a range of respiratory conditions. In addition, this allowed for the re-commencement of the Call Before You Convey (CBYC) service to support care homes at weekends and public holidays.

3.4. The staff group have embraced the new provision which has supported over 40 patients since it recommenced.

3.5. The service provides a range of interventions and support that would normally only be available within an Acute location. This includes provision of intravenous antibiotics and other drugs as well as specialist oxygen provision and remote monitoring in the patient's own home of blood gases and other key metrics.

3.6. The revised H@H service continues to operate in South and North-West localities and with a capacity of 10 patients at any given point. Consideration is being given to whether this can expand to 15 within the current staffing model. The average length of stay in the new service is 8 days.

3.7. There is further potential for expansion in terms of additional referral pathways into the respiratory element of the service including community referrals and the opportunity for GP and SAS referral routes. These would all have the potential to avoid attendance and admission at an acute location.

3.8. In addition to the expansion of the respiratory element, there is also potential to widen the care groups with the possible inclusion of for example, heart failure or frailty patients. The RMO governance would require further exploration, but the skill set of the staff group would be able to accommodate this change.

3.9. There is a confirmed strategic appetite to expand H@H capacity. In its December 2024 budget, the Scottish Government announced its intention to increase virtual bed capacity across the country. This ambition is shared by the new Chief Executive of the Health Board who has set a target of 700 to 1,000 virtual beds across the Health Board area. However, further expansion of the model in line with the above is contingent on additional resources being identified

3.10. Care home use of the CBYC service has been limited, in part because it is currently restricted to only around 10 care homes in the city. However, there are plans to expand support to the 5 HSCP residential homes and additional independent sector care homes, as well as raising care home awareness to maximise appropriate referrals to the service.

3.11. Based on the activity to date there are opportunities to liaise with care homes to reduce the risk of hospital attendance or admission and also to support skills training and education.

3.12. In conclusion, the amended service model is working well and as it becomes more established, will increase activity and the range of interventions and conditions that can be managed at home. There are opportunities to maximise the use of Point of Care testing and other digital technology that can help support the care of patients who would previously have had to be admitted to a hospital bed. There may be opportunities for geographical expansion, as well as further developments of new pathways and wider care groups but these would require additional resources.

4. Recommendations

4.1. The Integration Joint Board is asked to:

a) Note the change of model from the report presented to the IJB in August 2024;
b) Note progress with the respiratory-focused Hospital at Home service model and Call Before You Convey;
c) Note potential for further development within the Hospital at Home model and Call Before you Convey, if additional funding becomes available; and
d) Note potential for development within context of current discussions around virtual beds.