Item No: 14

Meeting Date: **Wednesday 26th November 2025**

Glasgow City Integration Joint Board

Report By: **Kelda Gaffney, Depute Chief Officer, Operations and Governance and Chief Social Work Officer**

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Hospital at Home and Call Before You Convey – Progress Report

Purpose of Report:	To update the IJB on the respiratory-based Hospital at Home and Call Before You Convey services.

Background/Engagement:	A report to the IJB on 14 May 2025 noted establishment of a Hospital at Home Respiratory Service and Call Before You Convey Model. This reflected the transition from the previous frailty-based Hospital at Home model and the extensive engagement with staff that characterised that transition.

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 the development of the respiratory service to date with increased occupancy and wider provision of interventions; b) Note wider NHSGG&C virtual bed developments; and c) Note the potential for expansion of the hospital at home model subject to available funding.

Relevance to Integration Joint Board Strategic Plan:

The proposals in this report align clearly with the Strategic Plan's vision to support people at the right time and in the right place, and supports all the Partnership's priorities especially Partnership Priority 3 – Supporting People in their Communities.

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
Legal:	No issues
Economic Impact:	No Issues
Sustainability:	No Issues
Sustainable Procurement and Article 19:	No Issues
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 update the IJB on the respiratory-based Hospital at Home and Call Before You Convey services.

2. Background

2.1. Glasgow City's Hospital at Home model was initially developed as a test of change in January 2022 with a focus on frail patients aged 65 and over. Responsible Medical Officer (RMO) oversight was provided by hospital-based consultant geriatricians and patient acuity profiles were applied in line with Scottish Government criteria.

2.2. Non-recurring funding was provided for the test of change by the HSCP and Health Improvement Scotland (HIS). Following an evaluation of the test of change, in August 2024 the IJB supported a refocusing of the Hospital at Home service from frail older patients to those presenting with respiratory illness aged 18 and over. RMO oversight was to be provided by a respiratory consultant, and geographical coverage would remain focused on the South and North-West localities.

2.3. The service model was streamlined, costs reduced by approximately one-third and a recurring budget was identified. This included funding earmarked for the Call Before You Convey (CBYC) service providing care homes with access to clinical advice from an Advanced Nurse Practitioner (ANP) prior to calling an ambulance. It was determined that the Hospital at Home staff group would provide the CBYC response in future.

2.4. As outlined in the update report to the IJB on 14 May 2025 the revised respiratory service went live at the end of January 2025 providing patients with a seven-day service between 8am-8pm. It predominantly focused on patients stepping down from acute services.

2.5. Hospital at Home continues to provide a range of interventions and support that would normally only be available within an acute setting. This includes provision of intravenous antibiotics and other drugs as well as specialist oxygen provision and using devices in the patient's own home to monitor blood gases and other key health indicators.

2.6. The average length of stay in the new respiratory service has been 9 days.

2.7. Capacity increased from 10 beds to 15 beds in July 2025. Additional referral pathways, including community respiratory patients and a limited number of GP referrals have been added. This is reflected in the increased demand on the service along with associated increases in occupancy, admissions and bed days - as illustrated in tables 1-3 below:

Table 1 – 2025 Percentage Occupancy

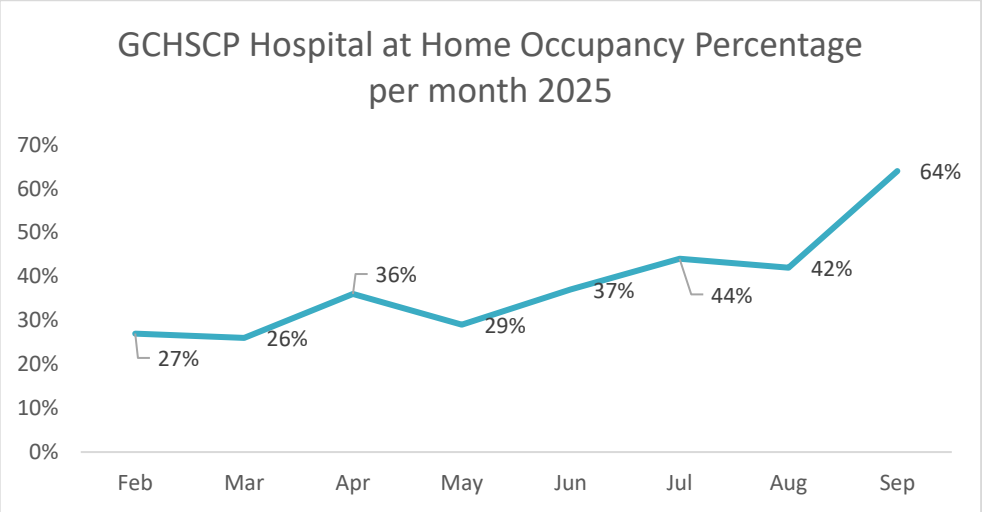


Table 2 – 2025 Monthly Admissions

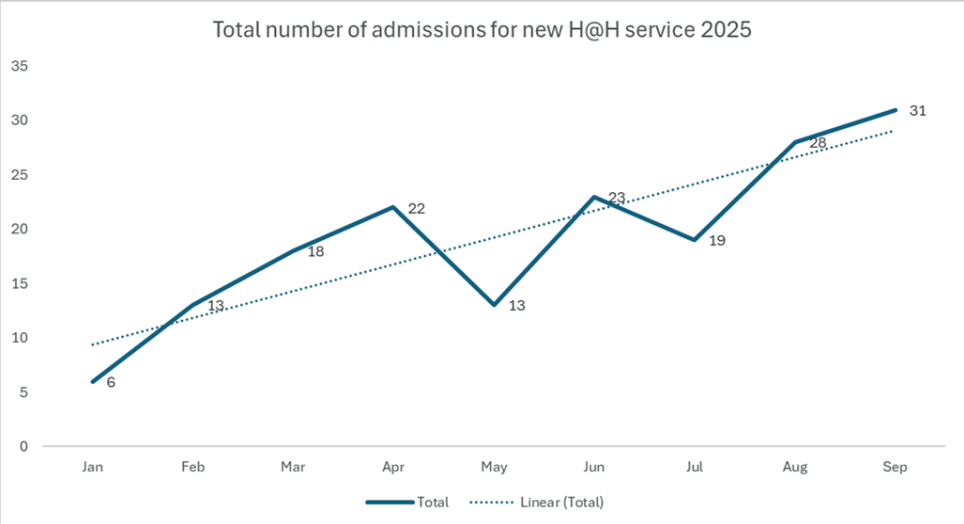
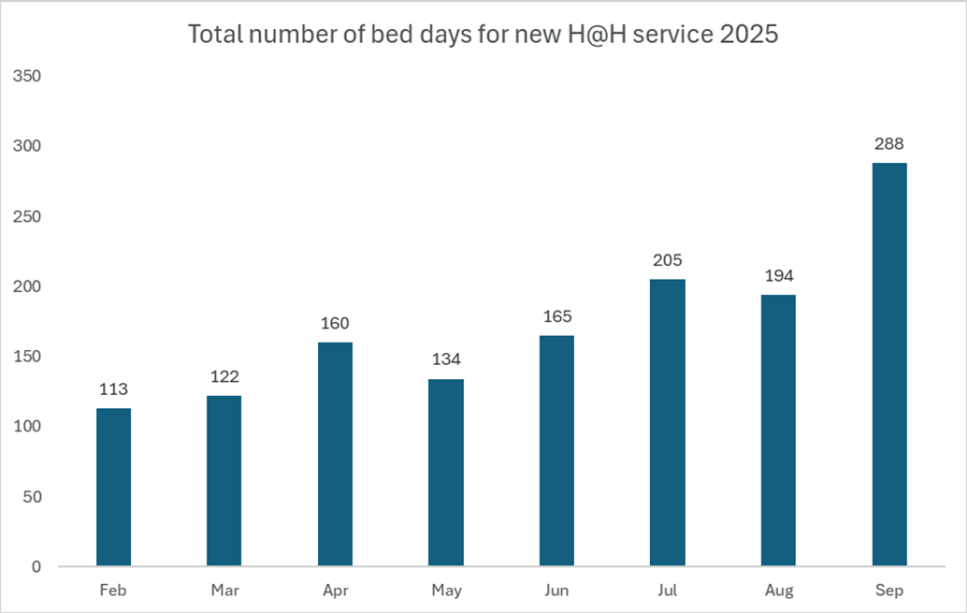


Table 3 – 2025 Bed Days



2.8. Establishment of high-level clinical decision making at the level of Advanced Nurse Practitioner is challenging, with a long lead in time for recruitment and skills development. The service entered into an agreement with Scottish Ambulance Service (SAS) in July 2025 for the provision of Advanced Practitioner capacity which to date has been very successful.

2.9. There is further potential for expansion in terms of additional referral pathways into the respiratory element of the service including wider 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.

2.10. New service developments to deliver treatments in the patient's home are becoming available, which combine the ability to deliver high level interventions with expert support for the patient's respiratory condition. For example, using elastomeric pumps for home IV antibiotic therapy can save 10–14 hospital bed days per patient, significantly reducing inpatient bed days.

2.11. In addition to the expansion of the respiratory element, the service is already seeing patients with wider care needs such as heart failure or frail patients with a respiratory need. The skill set of the staff group is capable of accommodating this adjustment to the service model in attempt to optimise the return on investment.

2.12. NHSGG&C has secured additional Scottish Government funding to support its ambition to grow its virtual bed capacity across the Board area. This activity is being led by the recently created Interface Division, which will draw on the experience of Glasgow City and Renfrewshire HSCPs in developing its detailed planning. Future reports to the IJB on Hospital at Home will update on this wider programme, which remains in its initial stage.

2.13. The CBYC element of the Hospital at Home team is undergoing planned development to enhance service delivery ahead of the winter period. Recent engagement sessions with care home liaison teams have focused on raising awareness of the service among both new and existing staff, ensuring clear understanding of referral pathways and clinical criteria. A phased rollout to additional care homes in the South sector is scheduled, with targeted support to ensure smooth integration. Ongoing collaboration with care home ANPs is also being strengthened to tighten and streamline referral processes, particularly on Fridays, to support safe and timely care transitions. By December 2025 there will be a further increase in the number of care homes covered by the service.

2.14. In conclusion, the respiratory hospital at Home service is making steady progress as reflected in the increase from 10 to 15 beds and corresponding increase in activity. Referral pathways are expanding, with the potential for further development with additional patient groups. There is also significant potential to widen the interventions to respiratory patients where there is no alternative but hospital provision.

3. Recommendations

3.1. The Integration Joint Board is asked to:

a) Note the development of the respiratory service to date with increased occupancy and wider provision of interventions;
b) Note the wider NHSGG&C virtual bed developments; and
c) Note the potential for expansion of the hospital at home model subject to available funding.