The National Audit of Intermediate Care (NAIC) 2019

Briefing note

1. Background

To meet the challenge of an ageing population, we need to understand how best to support older people at vulnerable times; particularly when they are at risk of hospital admission or being discharged from hospital. Intermediate Care provides alternative, community based services to better meet the needs of older people and enable more efficient patient flows through the health and social care system.

The NAIC aims to take a whole system view of the effectiveness of intermediate care, to develop quality standards and patient outcome measures and to assess local performance against the agreed, national standards. Identification of potential productivity gains in intermediate care and linked potential cost savings in secondary care are key outputs of the project. The NAIC is complimented by a large and highly innovative service user element containing standardised outcome and patient reported experience measures.

The NAIC provides a unique assessment of progress in community services aimed at maximising independence and reducing use of hospitals and care homes. The audit provides a comprehensive analysis of the models and performance of services that support, typically older, frail people with high levels of need and complex co-morbidities, after leaving hospital or at risk of being sent to hospital or long term care. The audit looks at four service categories: crisis response, home based intermediate care, bed based intermediate care and re-ablement services.

For the purposes of the audit, the following definition of IC has been developed with the help of the Plain English Campaign:-

What is intermediate care?

Intermediate care services are provided to patients, usually older people, after leaving hospital or when they are at risk of being sent to hospital. The services offer a link between hospitals and where people normally live, and between different areas of the health and social care system – community services, hospitals, GPs and social care.

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Clarity approved by Plain English Campaign

What are the aims of intermediate care?

There are three main aims of intermediate care and they are to:-

- Help people avoid going into hospital unnecessarily;
- Help people be as independent as possible after a stay in hospital; and
- Prevent people from having to move into a residential home until they really need to.

Where is intermediate care delivered?

Intermediate care services can be provided to people in different places, for example, in a community hospital, residential home or in people's own homes.

How is intermediate care delivered?

A variety of different professionals can deliver this type of specialised care, from nurses and therapists to social workers. The person or team providing the care plan will depend on the individual's needs at that time.

2. NAIC 2019

a) **Project Management** – The Northern Ireland Public Health Agency / Health & Social Care Board are working with the NHS Benchmarking Network to undertake NAIC 2019.

b) **Audit content** - The audit has a number of components to enable a whole health and social care economy perspective of intermediate care to be taken:-

- **Commissioner / strategic level** – this covers governance, strategy, participation, pathways and performance management. In addition, the scope of intermediate care services is covered, commissioning / funding arrangements, access criteria, funding and activity.
- **Provider / operational level** – providers of intermediate care services will be requested to categorise their services into functions based on an agreed set of definitions (crisis response services, home based services, bed based services and re-ablement services - see **Appendix 1**). Different organisational level data is requested from each of these four functions to reflect their differing nature. The provider / operational level audit covers service models, activity, finance and workforce. Outcomes are collected for bed, home and re-ablement services via the following two additional elements of the audit:-

    - **Service user audit** – a questionnaire is completed by the intermediate care clinician and is used to capture information on admission and again on discharge from the intermediate care service. Crucially, a standardised outcome measure is utilised, permitting comparisons between services. There are different outcome measures utilised in bed based intermediate acre services (the Modified Barthel Index) and home / re-ablement services (the Sunderland Community Re-ablement Scheme).

    - **Patient Reported Experience Measure (PREM)** – this has been developed and validated with the University of Leeds. It is handed to the service user / carer on discharge from the intermediate care service, together with a freepost envelope, for them to complete on their experiences of using the intermediate care service. It is used in home, bed and re-ablement services, but not in crisis response services due to their short-term nature.

c) **Audit timescales** – Key timescales to note are as follows:-

Action	When
Registration for NAIC 2019	April 2019
Northern Ireland pre-engagement event	10th April 2019
Organisational level data collection opens	22nd May 2019
Organisational level data collection closes	26th July 2019
Service user audit data collection	June – August 2019
Data validation with participants	August/ September 2019
NAIC Northern Ireland Feedback Conference	November 2019
Summary Report published, bespoke reports for participating organisations published and final online benchmarking toolkit issued	December 2019

* Please be aware that these dates are subject to change throughout the process.

d) **NAIC outputs** – there will be an online benchmarking toolkit made available for every participant in NAIC 2019. There will also be high level Summary Reports which outline the key findings for Northern Ireland. Each participant (by organisation) in the project will also receive a bespoke dashboard report which outlines their position against a range of metrics.

3. **Further information** about NAIC 2019 can be found by contacting the NAIC Support Team on nhsbn.naicsupport@nhs.net or by telephoning 0161 266 1967.

Appendix 1

IC function	Setting	Aim	Period	Workforce	Includes	Excludes
Crisis response	Community based services provided to service users in their own home/care home	Assessment and short term interventions to avoid hospital admission	Services with an expected, standard response time of less than four hours. Interventions for the majority of service users will typically be short (less than 48 hours) but may last up to a week (if longer interventions are provided the service should be included under home based IC)	MDT but predominantly health professionals	Intermediate care assessment teams, rapid response and crisis resolution	Mental health crisis resolution services, community matrons/active case management teams
Home based rehabilitation	Community based services provided to service users in their own home / care home	Intermediate care assessment and interventions supporting admission avoidance, faster recovery from illness, timely discharge from hospital and maximising independent living	Interventions for the majority of service users will last up to six weeks (though there will be individual exceptions)	MDT but predominantly health professionals and carers (in care homes)	Intermediate care rehabilitation	Single condition rehabilitation (e.g. stroke), early supported discharge, general district nursing services, mental health rehabilitation/ intermediate care
Bed based	Service is provided within an acute hospital, community hospital, residential care home, nursing home, standalone intermediate care facility, Independent sector facility, Local Authority facility or other bed based setting	Prevention of unnecessary acute hospital admissions and premature admissions to long term care and/or to receive patients from acute hospital settings for rehabilitation and to support timely discharge from hospital	Interventions for the majority of service users will last up to six weeks (though there will be individual exceptions)	MDT but predominantly health professionals and carers (in care homes)	Intermediate care bed based services	Single condition rehabilitation (e.g. stroke) units, general community hospital beds not designated as intermediate care/rehabilitation, mental health rehabilitation beds
Re-ablement	Community based services provided to service users in their own home / care home	Helping people recover skills and confidence to live at home, maximising their level of independence so that their need for ongoing homecare support can be appropriately minimised	Interventions for the majority of service users will last up to six weeks (though there will be individual exceptions)	MDT but predominantly social care professionals	Home care re-ablement services	Social care services providing long term care packages