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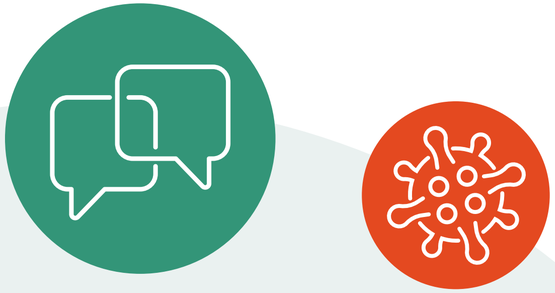
Evaluation of Community Assessment Treatment Units for frail patients



Community Assessment Treatment Units (CATUs) were part of the Cornwall & Isles of Scilly COVID-19 response to divert frail, older patients from emergency departments. Treating them closer to home with as short a stay as possible, in a single location to protect them from harm and support people to remain independent for longer.

Project summary

A CATU is a bedded unit, sited within a community or sub-acute hospital, that supports frail patients with an urgent medical need who cannot be managed in the community and would otherwise be presenting at an emergency department.

Hospital admittance for patients with frailty is associated with an increase in harm including deconditioning, delirium and increased care needs on discharge. CATUs aim to provide safe alternative care for older people, ensuring healthcare professionals have an alternative referral route and the community has all it needs to support people in place, offering rapid diagnosis and assessment and bedded care where needed.

Cornwall has a disproportionately small hospital bed base and a disproportionately large population over the age of 75 (compared to the regional and national average). A large proportion of the population live further from services than average across England. Only 17% live within 10km of a type 1 emergency department, compared with 73% nationally.

We designed the evaluation to help Cornwall and other systems better understand the impact of three CATUs on redirecting frail, elderly patients away from acute services and the factors that contribute to the delivery of a place-based model of urgent care.

Addressing health inequalities

Over 40% of Cornwall and the Isles of Scilly residents live in settlements of fewer than 3,000 people. These isolated communities are spread along a poorly connected peninsula. Bodmin and Camborne (which both hosted CATUs) are conurbations with significant deprivation.

CATUs were set up to support the regional priority for the recovery and transformation of urgent and emergency care following the pandemic, and reduce health inequalities for those living in deprived communities through the delivery of urgent care closer to home.

The aim of the evaluation was to better understand how urgent care can best be delivered for the frail elderly living in rural and coastal communities.

This was achieved by examining the:

- Care options available for urgent care for frail patients in Cornwall.
- Population of frail elderly in Cornwall and who was accessing CATUs.
- Barriers to delivering CATUs in a rural and coastal community and how these were overcome.

We also implemented a bespoke patient involvement process, which enabled the inclusion of patient and family member views and insights that would not have otherwise been included.

CATUs also offer career development in deprived areas for local staff, supporting a regional priority to be a positive place to work and find/retain employment.

> “It allows us to confidently manage increasingly complex people at home. Because if that fails, we’ve got a community-based back-up plan, and a psychological safety net for developing more and more community intermediate care.”
>
> ICS lead

Outcomes

We examined who is accessing CATUs, where they are referred from and to, the delivery of care in the CATUs, and the impact of the CATUs on ED attendances/emergency admissions in the frail, elderly population. We also sought to understand the conditions required for successful implementation of the CATU model. The key findings were as follows.

1. CATUs safely redirect demand away from acute settings:

- Each year: approximately 1,200 admissions and 550 ED attendances redirected to CATU and 1,500 hours freed of ambulance handover time
- The proportion of patients readmitted within three months following discharge was slightly lower for CATUs (6%) than in a similar population of acute patients (8%) suggesting that CATUs were not compromising quality, and higher acuity patients can be appropriately treated in a community hospital setting.

2. Staffing challenges across the system cause significant barriers to patient flow:

- The South West has a vacancy rate which is among the highest in the country.
- Roughly half of the beds in the CATUs are taken up by patients who are medically optimised and ready for discharge.
- Actual length of stay within the CATUs is significantly longer than in the acute, but delays in discharge are also significantly longer, suggesting much of the difference is a result of poor patient outflow.

3. Delivering care via a CATU model requires a shift in mindset and in some cases in working practices

- MDTs and rapid clinical decision-making are central to the CATU approach to medically optimise and discharge patients as soon as possible.
- Building skills and confidence across all staff groups and creating a culture of engagement were seen as essential for the effective implementation of this rapid way of working.

Implications for service improvement

For service planning, CATUs are a means to increase clinical acuity held in the community sector. They provide increased resource for community settings and can support reduction in demand on acute and ambulance resource. Working to ‘ceiling-of-care’ principles for frail patients does not compromise readmission rates.

In practice, nurse-led units require development for nursing staff, but can increase job satisfaction. Highly skilled, confident staff allow for rapid clinical decision-making and can support improved patient flow. Adoption of ‘modern working’ principles is supportive of efficient patient flow and empowering patients to be engaged in their care.

For policy direction, the ICS-level response to urgent care for patients with frailty should meaningfully include the community healthcare, VCSE and social care sectors to ensure seamless transfer into and out of hospital.

Research commissioning should focus on systems of acute care for individuals living with frailty and long-term conditions. This would enable the system to sustainably support our ageing population.

Next steps

The three CATUs evaluated are still operational and have a place in a system that is struggling to cope with an ageing population and a limited bed-base. The CATUs provide a much-needed ‘safety net’ to primary care and community services and could, with resource, broaden their reach in this space.

Critical success factors include:

- Stakeholders should be engaged from across the system, including acute, community, VCSE and social care to ensure patient flow.
- Strong leadership within CATUs and across teams addressing risk adversity, promoting clarity of purpose and flexibility in operational processes.
- System-level governance structures in place prior to bringing CATUs online.
- Using the CATUs for genuinely short-stay assessment and treatment of patients.
- A full, substantive workforce of well-trained practitioners who can make rapid clinical decisions, supported by frequent opportunities for collaboration, coaching and positive challenge such as MDTs.
- Ensuring suitable referrals through strong links into community services, primary care and ambulance service.

Key partners

- Cornwall Partnership NHS Foundation Trust
- Royal Cornwall Hospitals NHS Trust

Resources

Full evaluation report and ‘conditions for success’ report: *Community Assessment Treatment Units for frail patients in Cornwall*

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The views expressed in this report are those of the authors and not necessarily those of NHS England, the National Institute for Health and Care Research, or the Department of Health and Social Care.

More information

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Care settings

- Community
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Clinical areas

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Cross-cutting themes

- Workforce

Solution themes

- Diagnosis
- Treatment

Innovation types

- Service

Innovation status

- Proof of value