HomeLink Healthcare

The specialists in Hospital at Home since 2016

CASE STUDY - NORFOLK & WAVENEY

Collaboration with four NHS organisations frees up two hospital wards every day

HomeLink Healthcare has been working across Norfolk & Waveney ICS alongside multiple NHS organisations to respond to exceptional capacity challenges.

The partnership began in 2019 with Norfolk and Norwich University Hospital (NNUH). Today we also work with James Paget University Hospital, The Queen Elizabeth Hospital King's Lynn, and Norfolk & Waveney ICB. Hospital at Home services are delivered through a number of pathways: Virtual Wards, Reablement, Early Supported Discharge, and Discharge to Assess. Some pathways include patient monitoring. We also provide Bridging Packages of Care.

This testbed for pan-ICS work in collaboration with an independent sector provider has been very successful. Services are rated excellent by patients, provide measurable system benefits and improved patient outcomes. Services are also delivered at 45% of the equivalent in-patient cost.

The scope and scale of the collaboration continues to expand across the ICS. Findings have been shared and used to inform models of care and to support delivery of NHS strategy and plans.

> "HomeLink gave us the ability to quickly respond to demand, flex up and down, and were invaluable in enabling us to meet varying complexity of needs"
>
> **NHS Trust Chief Operating Officer**

Setting the scene

The Norfolk & Waveney Integrated Care System (ICS) covers a largely rural area in the East of England.

The widely dispersed population and long travel times, on mainly country roads, creates challenges in providing consistent community and home-based care.

In addition, the relatively isolated location makes it hard to attract and retain sufficient numbers of community nurses, physiotherapists and healthcare assistants.

Gaps in access to community care led to delays in discharging patients from hospital, with the inevitable impact on emergency admissions and electives.

In 2019 it was decided to engage with a specialist Hospital at Home service provider, HomeLink Healthcare, to provide pathways for patients who had no need to remain in hospital.

In common with many systems, NNUH faced a longstanding need to create additional acute capacity that became more severe in 2020.

The benefits of the new services were closely monitored.

Key achievements

- **A unique pan-ICS collaboration with the independent sector**
- **The partnership has saved 45,000 bed days (Jan 2019 – Apr 2023)**
- **Services were delivered at 45% of the in-patient cost* **James Paget University Hospital, Jan 2021 - Aug 2022***
- **17% improvement in self-reported clinical outcome measures (EQ-5D-5L Jan 2019 – Feb 2023)**
- **Today the service frees up the equivalent of two hospital wards every day* **56 hospital beds***
- **Over 99% of patients would highly recommend us (patients scoring us 8+ out of 10)**
- **Findings have been shared across the ICS and with NHS England**
- **The partnership was shortlisted for an HSJ partnership award in 2023**

The collaborative approach

Initially, a ‘test and learn’ pilot was conducted at NNUH with the financial, patient and system benefits evaluation leading to conversations across the other acute hospitals, community providers, and Norfolk & Waveney ICS.

A Virtual Ward was developed at NNUH in 2019 and findings were used to improve subsequent service development.

Since 2020, we have worked with a team from the Trusts and ICB to design and create additional Hospital at Home services including treating patients with more complex needs. We have also provided short term wrap-around support to frail patients, to reduce hospital attendance, and to support independence. Taking a safety-first approach, we ensure that governance is paramount and that KPIs are built into the system.

	NNUH	James Paget	QEH
Virtual Ward	•	•	
Early Supported Discharge		•	•
Discharge to Assess		•	
Reablement		•	•
Bridging Package of Care	•	•	•

Pathways being delivered at home in June 2023

Services were rapidly prototyped, evaluated and rolled out, using technology as an enabler where appropriate. A comprehensive suite of KPIs was implemented and real-time data allows the system to identify best practice quickly and apply this across the ICS.

HomeLink Healthcare provided a flexible regional workforce with a good understanding of the local geography. We worked with our NHS colleagues as one team and acted as a force multiplier in a hard-to-recruit region. The result was that capacity was always maintained and inequality in access to care was reduced.

Patients rate the service as ‘excellent’, and outcomes have been impressive. We use the EQ-5D-5L ‘self-reported clinical outcome measurement‘. We saw an average improvement of 17% between January 2019 and May 2023. Patients also demonstrated a positive improvement in the following five domains: mobility; self-care; usual activities; pain/discomfort; and anxiety and depression. We use an ongoing flexible ‘test and learn’ approach which ensures robust governance and continual service improvement. Operations manuals were co-designed specifically for each service and reduced service duplication saves the NHS time and money. New services can now be mobilised within as little as four weeks.

System benefits & the future

As four NHS organisations and an independent provider, we were combined early adopters of Hospital at Home services. We have worked from the start to share benefits across the ICS. The collaboration has shown how pan-ICS contracting results in better value for the NHS and an excellent patient experience and outcomes.

The scope and scale of the collaboration continues to expand across the ICS. Findings have been shared with NHS England, and Virtual Ward models align with and support NHS strategy and plans.

> “HomeLink Healthcare has an ongoing flexible collaborative approach; high-quality service provision with robust governance and transparent data and reporting’ ”
>
> **NHS Trust feedback**

About HomeLink Healthcare

HomeLink Healthcare is a clinically-led, specialist Hospital at Home service provider. We have been delivering safe, high-quality services to NHS patients in the place they call home since 2016. By working in partnership with hospitals, consultants, community providers and GPs to provide ‘out of hospital’ care we prevent some people being admitted to hospital and enable others to come home more quickly.

Our highly skilled and compassionate nursing and therapeutic teams deliver in-person care to patients in the place they call home, every day of the year. Alongside this personal contact, we use monitoring and reporting technology that reassures patients and provides our partners with real-time information.

Our services offer great benefits for patients and help save the NHS money.

Get in touch

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