Short Reports

GP Views About a Home from Hospital Service

Martin Dempster, Lecturer, School of Psychology, Queen's University of Belfast
Michael Donnelly, Reader, Department of Epidemiology and Public Health, Queen's University of Belfast

Summary

This paper reports the results of an investigation, by postal questionnaire, of the views of 30 General Practitioners about a model of out of hospital care – the home from hospital (HFH) service, which mainly provides social care and rehabilitation for patients in their own home. The GPs, who all worked within one of the Health and Social Services Board areas in Northern Ireland during the time of the study (March-April 1998), indicated that the introduction of the HFH service, unlike other models of out of hospital care, did not increase their workload. Therefore, it is suggested that the HFH model of care should be given more attention in terms of research evaluation and service development.

Introduction

A 'home from hospital' (HFH) service is one of the responses which purchasers and providers of health care have developed as a consequence of 'winter pressures' on hospital bed availability and other factors. HFH provides personal or social care and some nursing care to people who no longer need medical care but require assistance during a period of rehabilitation. The main purpose of HFH is to enable patients to return home from hospital earlier than otherwise would be possible; and to reduce the need for residential or nursing home care. Decisions about entry to and discharge from HFH schemes are usually made by a hospital-based co-ordinator (frequently a social worker).

Studies of HFH schemes in Britain and Northern Ireland have shown that patients and health care professionals found the HFH scheme to be a beneficial service and patients who received the service experienced a decrease in their levels of dependency (Donnelly and Dempster, 1999; Gladman, Forster and Young, 1995; Pryor and Williams, 1989; Shepherd, 1996). However, concerns have been expressed about the effect of such developments on the workload of General Practitioners (Pedersen and Leese, 1997). The present research is one of the few studies examining General Practitioners' (GP) views about a HFH service. It was carried out as part of a larger study of patients' and professionals' views about a HFH scheme, the results of which are reported elsewhere (Donnelly and Dempster, 1999).

Method

Questionnaires were posted to the GP of each patient in the Northern Health and Social Services Board area of Northern Ireland who: (1) received the HFH scheme during a two month period and (2) agreed to take part in the evaluation. GPs received a questionnaire immediately after their patient was discharged from the HFH service. The response rate was 30 out of 40 (75%).

Results

The patients on the HFH scheme were mostly women (83%), had a mean age of 75.7 years and had been admitted to hospital mainly for fractures or hip replacements. According to GP responses, the number of visits to a GP surgery by a HFH patient during their time on the scheme (which was 6 weeks, on average) ranged from one to five (mean = 0.66, median = 0 visits per patient). The number of visits by a GP to the home of a HFH patient during their time on the scheme ranged

Table 1: GP views of the effect of the HFH scheme on their workload

Has the HFH scheme increased or decreased your workload?	GP responses (n = 30)	
Increased a lot	0	
Increased a little	13.33% (4)	
No change	56.67% (17)	$\chi^2 = 17.49$
Decreased a little	13.33% (4)	p<0.001
Decreased a lot	13.33% (4)	
No answer	3.33% (1)	

from one to eight (mean = 1.07, median = 1 visit per patient). Most GPs (25/29; 86%) indicated that the HFH scheme either decreased or had no effect on their workload (see Table 1).

Discussion

Many different hospital discharge services and arrangements exist within the NHS (Millar, 1998), and it is important to measure how the introduction of such services affects the workload of the primary care team (Leese, 1997). The Hospital at Home (HAH) has received most attention in the research literature in this regard. The HAH model of care provides medical and nursing care for patients who can perhaps be perceived as hospital ward 'outliers'. In many cases, decisions about entry to and discharge from such schemes rest with the GP. A recent previous study reported that 57% of GPs surveyed stated that their workload had increased as a result of a HAH scheme (Hood, Parsons and Fulop, 1999). In contrast, the proportion of GPs in the present study who felt the same way about the HFH service was just over 13%. Compared to the HAH service, HFH requires less input from a GP who is called upon for medical needs only. The personal care and social needs of the patient are met by a multidisciplinary team, co-ordinated by a social worker. Given the evidence for patients' and carers' satisfaction with the HFH service and the finding that the HFH service has little effect on GP workload, it is suggested that this model of post-hospital care should be given more attention in terms of service development and research evaluation.

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At the Cutting Edge: Management Information for Social Care

Joyce Phillips, Management Information Officer, Royal Borough of Kensington and Chelsea, London

Summary

This report is based on a survey of a sample of local authorities in England, examining their output, practices and procedures for producing regular management information for social services. The sample authorities were chosen because they were believed to be particularly innovative in presenting and using management information.

The project involved visiting each authority and interviewing key staff involved in co-ordinating and analysing data. After the visits, survey forms were completed for each authority. Samples of reports produced by authorities were collected during or after each visit.

The report concludes that as well as meeting national statistical requirements, each authority tailors information collection to meet local needs. There are no easy solutions to producing reliable information, but commitment by Senior Managers to monitoring, systems and procedures achieves improvements.

Purpose of Management Information Project

The object of the project was to learn from other authorities who had developed ways of using management information to influence practice, and to improve their service delivery and planning.

The authorities selected were chosen because each was thought to have innovative ways of using and presenting management information. Not all authorities contacted initially felt that they were 'at the cutting edge of management information', and two authorities declined to take part.

Methodology

Visits were made to eight authorities, two in London, five County Councils, and one City Council between 18 June and 23 July 2001. These authorities have been denoted in the following report as London Authority A and London Authority B; County Council A, County Council B, County Council C, County Council D, County Council E; and County Council F.

During each visit, interviewees were asked a standard set of questions. Typically visits took a morning or an afternoon to complete. Each authority was then sent a draft version of the survey results, to amend or add to if necessary, before it was finalised.

Reports produced by authorities visited

During the visits, interviewees were asked for examples of regularly produced reports. All authorities supplied copies with the exception of London Authority A which did not have regular management information reports at the time of the visit. Some of the reports produced by authorities are in paper format, others have been produced for use on the authority's intranet, and are in electronic format.

The content of the reports was developed by each authority to meet its specific needs – for example, close monitoring of children being looked after was common because of the potential for financial overspends. More information was produced by authorities who could extract data with ease from integrated databases which include financial and activity data.

Whilst those authorities with regular reports produced a range of extremely detailed and useful material, two ways of presenting management information which stood out were reports from London Authority B and County Council F.

London Authority B has fed back information to operational staff from the 2000 Children in Need Survey via a Powerpoint presentation, which used graphs effectively to illustrate differences in the age groups of children with different needs who were accessing services.

London Authority B was also notable in producing regular quarterly bulletins which include written analysis and are distributed via their intranet.

County Council F has adopted a different approach, but like London Authority B uses the intranet to feed back information. Following a

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review of the presentation of management information last year, County Council F now issues a short commentary which highlights reasons for good performance, and focuses on any corrective action which has been taken as a result of poor performance. Data in the County Council F report is presented in colour coded tables using the DOH PAF(1) bandings, red for poor performance, green for very good performance. Hard copies are produced for team and operational managers.

This authority produces tables showing performance against targets, with a comparison of performance across teams.

Variations between Authorities
The size of the authorities visited varied, with differences in the resources available for development of management information. Having said this, all authorities regardless of size need to have sufficient staff to deal with statutory requirements of producing PAF and QP indicators.

Regularity of reporting
There were wide variations in the amount of monitoring being undertaken, from London Authority A which currently monitors very few areas, to London Authority B, County Council F, County Council C and County Council D which have higher levels of monitoring, with an emphasis on improving performance.

All authorities were committed to producing the PAF indicators, but at the time of survey several authorities were struggling to produce their RAP (2) returns, and were concentrating on those which feed into PAF.

London Authority A was not producing regular reports, but was enthusiastic about the potential of Business Objects Web Intelligence, which would allow managers to have a 'portal on their data'.

The following Table itemises the items monitored on an annual or more frequent basis.

Items	Authorities	Resources needed
Annual –		
1. PAF data	All authorities surveyed	No authority surveyed had fewer than four employees working FT on PAF data. In London Authority A one person had overall responsibility for both children and adult indicators, but this was exceptional.
2. Annual Report(s)	County Council A, London Authority B	
3. Annual Business Plan	London Authority B	A lot of the management information in the Plan is based on statutory indicators.
4. Committee Aims, priorities and targets with qualititative and quantitative data	London Authority B	
5. Annual survey on residential and nursing home care market	County Council B	One member of staff full time for duration of survey project each year.
Six monthly		
1. Some PAF data	County Council F	
2. Spring and Autumn Position Statements	All authorities	
Quarterly		
1. Many PAF indicators	County Council F	10 days intensive work per quarter, can be disrupted by RAP workload.
2. Some PAF indicators	County Council A, County Council E	County Council A would like to increase monitoring to monthly, but do not have resources.
3. Corporate Management Team report of key indicators	County Council D	

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4. Various RAP and QP type indicators, some broken down by team	County Council	Have templates set up to provide data in tables, to allow comparison between teams and areas of the County. Use their main frame database to provide data.
5. Budgets against actual expenditure on home care and residential care	County Council B	
6. Quarterly report for Chair's Callover	London Authority B	1 page hotspots report goes to senior managers, allows agreement to be reached on ways forward.
7. MI for C&F senior managers on high profile indicators		
8. Bulletin on each service Children's Statistics	London Authority B	
Monthly		
1. Some critical children's stats	County Council A, London Authority B	
2. In response to particular financial pressures	County Council B	
3. Directorate PIs	County Council D	
4. A4 Fact Sheet for Managers of Adult services	County Council E	Information pulled from five different systems so resource intensive to prepare, with problems of resolving inconsistencies between data held in different locations.
Two Weekly		
1. Report on service packages to enable tracking of commitment to budget	County Council A	
2. Equipment, numbers of people with written care plans.	London Authority B	Critical PIs as performance not seen as high enough, therefore monitored frequently.

Weekly		
1. Hospital discharge data	County Council A, London Authority B	
2. Director's Indicators, e.g. numbers on CPR	London Authority B	
3. CL100 data	County Council E	Run weekly because it was discovered that the stats were 90 children adrift, leading to a major financial crisis.
4. Excel spreadsheets identifying errors against a range of measures, by team, worker, client details.	County Council D	Information identifies cases which are not completed within 35 days, whether cases have stat group, team allocation etc.
5. Weekly trend information docs generated with team performance indicators.	County Council D	As a one off exercise in March/April 2001 each team was told to take an off-line day to tackle their client list with additional equipment and trainer support. Since then weekly reports have been produced for each team to use.

Examples of Management Information Influencing Social Work Practice

- Changes to processes and procedures of data collection and recording – County Council F, County Council D
- Reporting on performance – now use colour-coded banding to assess standards – County Council F
- Comparing PAF scores with other authorities 'has been a spur to taking action' - County Council C
- Ethnicity being recorded more frequently at referral stage – London Authority A
- Moving to paperless office – County Council A
- Investigation of high unit costs – County Council A
- Withdrawal of funding from some providers – County Council B
- Analysis of the data on children looked after

who were excluded from school led to better understanding of numbers involved – County Council A

- Reports developed to develop proactive and remedial programme of changes – County Council D
- Best Value review of Quality Protects – County Council D
- Child Protection – County Council D, London Authority A
- Customer First call centre introduced due to large volume of referrals via telephone, and ease of processing statistics via phone contact – County Council D
- Home care service analysis (partially successful, not followed through when home care was restructured) - County Council D

Involvement of the Front-Line

This varied: in some authorities, administrative staff are responsible for all data entry and managers seem to have little interest in the resulting data. One information officer in London Authority A talked of presenting data and feeling that the staff wanted to 'shoot the messenger' if PAF data suggested there was 'room for improvement', yet 'no-one seems to be responsible for the information… they are caught up with more important things'.

In other authorities, practitioners cannot issue care plans or order services without entering the data onto a central system. County Council B introduced data entry by social workers some years ago, and noted that whilst there was some resistance at introduction of this change, five years on 'it is no longer an issue'.

County Council D has case recording by social workers, with business support staff only allowed to record initial enquiries and to provide support on service agreements. All staff must attend the appropriate training before using the case recording system. Updates to the system are communicated via a range of mechanisms – road shows, follow-up courses, a network of 'super users', plus trainers who can be used for small group / one-to-one sessions.

County Council F mentioned that there has been more interest in data since it was clearly presented

as a tool in measuring performance and, where it is published on their intranet, broken down to team level.

Factors influencing reliability of and confidence

The following factors were mentioned as important influences in promoting the use of management information:

- Strong emphasis on performance management from Councillor or Senior Management– four authorities
- Strong Senior Management focus on improving data and monitoring – five authorities
- Input of information by social workers rather than administrative staff – three authorities
- Associating Financial and activity data in one system – two authorities
- Specific resources allocated to teams to check and improve output – one authority
- Dedicated IT workers whose sole responsibility is to design and test reports either by creating universes and links to produce Business Objects reports, or by writing SQL queries – six authorities
- Training/licences for Business Objects/SQL Plus/QUEST for management information staff and perhaps a limited number of other operational managers – London Authority B (50 licences), London Authority A (24 – 32 licences), County Council D (limited to power user level), County Council F (Management Info staff only), County Council C (limited to technical staff only due to cost of licences), County Council E
- Information presented to team level – four authorities
- Training and guidelines given – two authorities
- Working to meet ISO 9001 standard – one authority
- Comparisons of data with other similar authorities – one authority using KIGS, two other authorities using the West Midlands Benchmarking Group, and one other
- Good presentation of information – two authorities
- Frequent discussions/performance days etc to establish link between front-line and management information staff – three authorities

- RAP – can improve consistency of data collection, and give impetus for developing 'RAP compliant' procedures – one authority.

Research

It was notable that very few of the management information officers in the authorities visited carried out research – the emphasis tended to be on performance management and best value reviews with some research of a non-academic kind being carried out by planning staff. An exception was the one County Council which carried out statistical analysis of various PAF adult indicators.

However, several authorities had commissioned research from universities, for example:

- County Council C – A University Mathematics Department has been collecting and analysing data on trends in looked after children
- SSRADU – two County Councils – performance management
- Nuffield – London Authority B - to expand information from HH1 sample week.
- Dartington - County Council D

In addition the West Midlands Benchmarking Group used Starfish to research the stability of children's placements.

In-house County Council C had analysed selected clusters of PAF indicators and found a relationship between reducing delays in hospital discharges and high numbers of supported admissions.

Use of Geographical Information Systems (GIS) (3)

- In most of the authorities visited the use of GIS needs further development, but is seen as having a lot of potential for presenting information on a locality basis
- Authorities using GIS are County Council F, County Council C (used to map inter-agency activity in one district for 'Sure Start' Project), London Authority B has plotted information to Ward level but not put this on maps, County Council E (to a limited extent), London Authority A (all addresses in Borough have UPRN(4)).

Data Warehousing

- County Council F has historical home care information data sets archived in a separate set of tables but not formal data warehousing.
- County Council D has data warehousing, using SQL server 7 updated by overnight batch process which cleans and filters COMPASS data and aggregates into tables suitable for querying / reporting.

Resources for Management Information

- All authorities visited give priority to PAF, RAP, and QP indicators, with three or more full-time staff employed to co-ordinate, input and analyse data.
- All authorities had at least on person working full-time on technical support to develop reports, either using Business Objects, SQL, or similar software for RAP and other key data returns feeding into PAF.

Reporting Software

The majority of authorities visited use Business Objects as their main report writer, with universes and links being set up by IT staff, most of whom work full time on creating reports. More complex reports need to be created by IT staff, less complex filtered queries can be created by Management Information officers, simpler reports can be created by operational staff. Expertise depends on practice – some authorities feel operational staff do not have time to develop this. Authorities often developed their own RAP reports whether or not they were able to get them from the system suppliers. One reason given was that 'we don't trust them to understand the way things work'. London Authority A found that Sheridan RAP reports arrived too late for testing before the return was due, and results produced were poor, they are currently investigating why, but RAP returns have been delayed. Sheridan have produced RAP returns which feed into PAF only.

Areas of Good Practice Identified

These include:

- Weekly Reports to teams on their recording performance – County Council D

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- Good presentation of information in colour coded banding according to performance – County Council F.
- Specific days allocated for teams to work off line to bring cases up to higher standard of recording, with training provided - County Council D
- Specification of information to be provided by providers – County Council B
- Responsibility for data management clearly identified with clear diagram showing who is responsible at each level – London Authority B
- 15,000 records of reliable home care information from which HH1(5) reports are run automatically – County Council E.
- Associating financial and activity data – County Council B, County Council F.

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Conclusions

Social Services Departments have a responsibility to users of services to keep accurate and up to date information on their needs, and to have proper procedures in place to safeguard it.

Better quality information comes from Councillors and Managers looking at it regularly, using it, and encouraging others to use it. It comes from introducing quality control measures, giving good feedback to people collecting and inputting the data, and using the data purposefully to make better decisions. People working in Social Services Departments need to use accurate and relevant information in the course of their work, and it is important to ensure that its quality is dependable and reliable.

Filling in returns and doing paperwork are never going to be popular amongst social workers or anyone else. However, reliable accurate information on services provided, and on clients receiving them, will help social workers give the best possible service, to make informed decisions on service planning, and to maintain the best possible standards of service.

This project showed that 'one size doesn't fit all' – each authority monitors differently to meet particular identified priorities. These include using information to identify potential overspends and monitor trends to stay within budget. Authorities have had to develop monitoring strategies in line

with their own local authority's policies. For example, County Council B's policy of contracting out all services has meant negotiating and specifying appropriate monitoring reports from each external contractor.

One authority suggested that when it comes to management information and new initiatives, 'there is no holy grail'. There are no easy solutions, information quality depends on working together, having good systems and good procedures, and giving the quality of information a high priority.

End notes:

(1) PAF = Performance Assessment Framework, the Government's set of performance indicators to measure social service quality and efficiency.
(2) RAP = Referrals, Assessments and Packages of Care, a series of Department of Health returns used to collect data used to calculate the Government performance indicators for adult social services.
(3) GIS = Geographical Information Systems, systems which map data by location.
(4) UPRN = Unique property reference, allowing each dwelling to be uniquely mapped to a grid reference
(5) HH1 = Department of Health Home Care return based on 1 week survey in September of clients receiving personal care in their homes.