Healthcare Improvement Scotland

Hospital at Home

Programme Evaluation Summary

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Executive Summary

Situation: With the ongoing strain on acute care services across NHS Scotland, there is a continuing need to evolve and grow Hospital at Home (HAH) services. Moreover, the Cabinet Secretary for Health and Social Care has requested further scale and spread of the service to all geographical areas in Scotland. In order to inform future support delivered by The Healthcare Improvement Scotland's HAH improvement team, an evaluation of their support to health and social care delivery teams across Scotland was undertaken in the Autumn 2022.

Background: In 2019, the Healthcare Improvement Scotland were commissioned to facilitate and support delivery teams to rapidly scale and grow HAH services within their care context. This scale up included the expansion of 6 HAH services across 7 Health and Social Care Partnerships (HSCPs) in March 2020, to 19 services (operational and developing) across 21 HSCPs in December 2022.

Assessment: HIS's Evidence and Evaluation for Improvement Team undertook a mixed methods evaluation to understand the value of the HIS's national improvement programme. In total, 25 participants working in HAH services across Scotland responded to, and completed a short survey and/or took part in semi-structured interviews. In relation to the support and the value that the HIS improvement team brought to national spread and scale, four main themes were derived: the creation of a national learning system and peer support; developing quality improvement capacity; funding support and workforce planning. Participants discussed future improvement activities that could help service delivery, alongside the continued expansion of HAH services across Scotland. Potential future activities were related to data access and support; standardisation of practice and service provision and the development of practitioner case studies.

Recommendations: Our ambition is that the findings summarised in this evaluation support further scale and spread of the HAH model of care across Scotland. The findings should also inform future areas of national improvement activity.

Introduction

Hospital at Home (HAH), which was initially introduced in Scotland in 2011, is a service that provides acute, hospital-level care by healthcare professionals in a home context for a condition that would otherwise require hospital inpatient care.

In 2019, The Healthcare Improvement Scotland (HIS) were commissioned to facilitate and support delivery teams, to rapidly scale and grow HAH services within their care context. Supported with the publication of the HIS HAH Guiding principles for service development document, the HIS improvement team have worked with delivery teams to support rapid implementation and scale up. This scale up includes the expansion of 6 HAH services across 7 Health and Social Care Partnerships (HSCPs) in March 2020, to 19 services (operational and developing) across 21 HSCPs in December 2022.

With the ongoing strain on acute care services across NHS Scotland, there is a continuing need to evolve and grow HAH services further. In order to inform future support delivered by the HIS HAH improvement team, we undertook an evaluation of their support to health and social care delivery teams across Scotland.

Aim

This evaluation had two specific and interrelated aims:

1. Understand the support that HAH delivery teams valued most from the HIS improvement team in relation to the implementation of this new service model.
2. Describe the improvement activities which delivery teams feel would be most useful in the next phase of the HAH national improvement programme.

Methods

In order to understand the value of the HIS improvement programme and describe how the programme could continue to offer benefit to the Scottish Health and Social Care system, HIS's Evidence and Evaluation for Improvement Team (EEvIT) undertook a mixed methods evaluation. The analysis of all data collected in this evaluation was undertaken independently of the HIS HAH improvement team.

As part of this mixed methods evaluation, a short survey was designed and sent to clinicians and managers who were known to be involved in HAH activities across Scotland. The survey was designed to be completed in 5-10 minutes, to allow as many frontline staff to be involved as possible. The survey was built in SmartSurvey and can be found in **Appendix One**. A mixture of open and closed questions, including questions to understand participant demographics were included in the survey. The survey was distributed via the HAH Community Forum on MS teams. This forum was developed in November 2020 and now has over 400 members, all with an interest or background in HAH. A survey link was also forwarded to staff engaged with the HIS improvement team as requested. The survey stayed open for approximately 10 weeks.

Additionally, in-depth semi-structured interviews were undertaken via Microsoft teams with staff involved in delivering HAH services. We recruited staff through two avenues. Firstly, staff completed the survey could leave details at the end of their survey response (email contact) if they were interested in taking part in an interview. A member of the EEvIT then contacted the participant to arrange an interview. The HAH improvement team within the HIS also contacted staff who were engaged with HAH services, and asked if they would be willing to participate in an interview. We sought diversity in experience, role and background when approaching participants in this way. If participants were happy to take part in interviews, a member of the EEvIT then arranged an interview at a time suitable to the participant.

We designed an interview topic guide to understand what support the HAH delivery teams valued most from the HIS. We also designed questions to explore what delivery teams felt would be most useful in the next phase of the HAH national improvement programme (2023/2024). A copy of the Interview Topic Guide can be found in **Appendix Two** Interviews were undertaken between the 20th September and 9th November 2022. All interviews were audio recorded via Microsoft Teams and were transcribed word for word to allow analysis.

Analysis

Participant demographics were summarised to provide contextual information about the qualitative content of both the surveys and interviews. All open questions within the survey and the outputs of the interviews were analysed using thematic analysis, informed by Framework analysis[1]. Our aim was to create key themes related to the aims of this evaluation.

Two researchers based in EEvIT undertook analysis independently, then collaboratively to inform the coding framework and themes generated in this analysis.

Governance Approvals

This evaluation adhered to the HIS Research Governance Policy[2]. All survey respondents were provided with information at the beginning of the survey which detailed the purpose of the survey, how their information would be used and how long it would be stored for. During the

interviews respondents were verbally told the purpose of the interview, how their information would be used and how long that data would be stored for. Interviewees verbally consented to being interviewed and for the interview to be audio/visually recorded and transcribed within Microsoft Teams. Both interviewees and those who completed the survey were assured of anonymity.

Results

In total, 22 participants, working in HAH services across Scotland responded to, and completed the survey. Seven participants agreed to participation in semi-structured interviews, with each interview lasting between 15-30 minutes. Four participants took part in both the survey and interviews. As such, the total number of participants from HAH Services across Scotland included in this evaluation was 25. In total, 14 areas/services were represented across the data, representing 74% of operational HAH services in Scotland (**Figure 1**). **Figure 2** describes the various clinical roles of respondents of this evaluation.

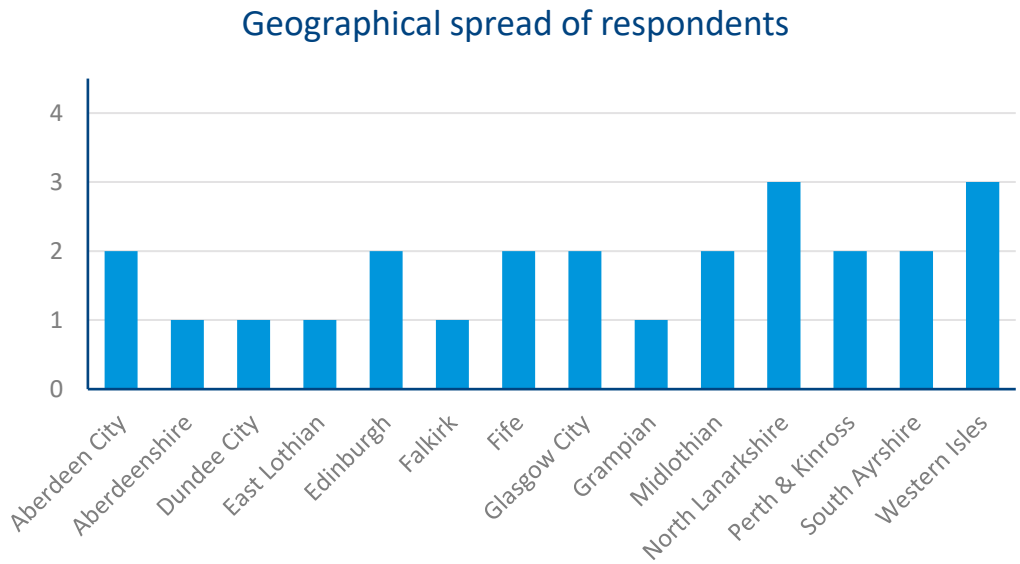

Figure 1 – Geographical spread of respondents included in this evaluation (n=25)

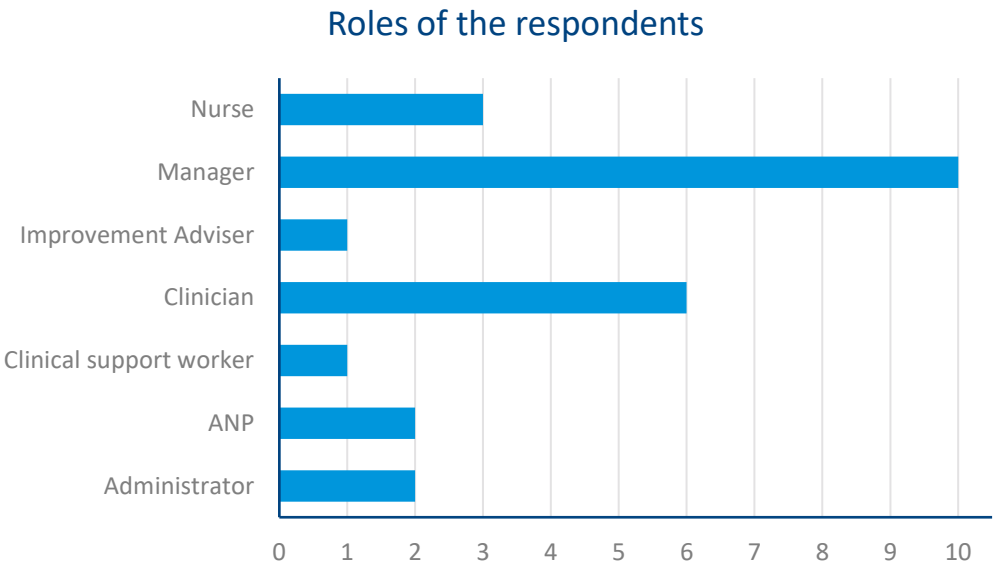

Figure 2 – Roles of the respondents included in this evaluation (n=25)

The participants of the interviews overwhelming described the positive support of the HIS improvement team. One interview participant spoke of how their local HAH service may not have been sustained without the input and support of the HIS:

Interview Participant (IP): '….we wouldn't be here without it. We would have folded, you know. Yeah, definitely. You know, it would have folded.

In relation to the support and value that the HIS improvement team brought to national spread and scale, we derived four main themes: creation of a national learning system and peer support; developing quality improvement capacity; funding support and workforce planning **(Figure 3)**. Participants also discussed future improvement activities that could help service delivery, alongside the continued expansion of HAH services across Scotland. Potential future activities were related to data access and support; standardisation of practice and service provision and the development of practitioner case studies. The following section describes these concepts in more detail, with a selection of representative quotes from the surveys and interviews providing contextual detail.

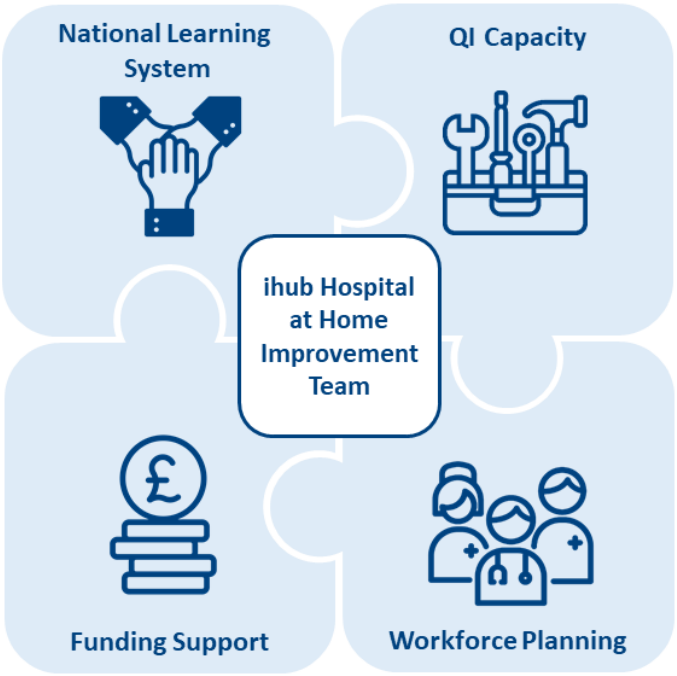

Figure 3 – Four themes of the value and support provided by the HIS Hospital At Home improvement team, derived from the evaluation analysis

Value of HIS in developing and supporting HAH services in Scotland

Creation of a national learning system and peer support

A core function of the HIS's HAH improvement programme was to create a national learning system for teams involved in the delivery of frontline care, the aim of which is to enable people working and leading HAH services to share experiences, challenges and lessons learned.

This learning system was created through the use of a dedicated Microsoft Teams channel, one to one networking facilitated by the HIS team and through the organisation of various webinars and national learning events (i.e. 2022 NHS Scotland event in Aberdeen). Initial activities within the learning system included creating a Scottish HAH network, and the delivery of themed learning sessions which included sessions on: starting your service; leadership; governance; staffing; working with other service; technology and decision making and care planning. Within this learning system, resources created by frontline delivery teams and the HIS improvement team, such as the Hospital at Home toolkit were also disseminated.

Feedback from participants of this evaluation demonstrated the value of this national learning system, including practical examples of how the learning system had benefitted service delivery. Across the interviews and survey responses, 16 (64%) participants mentioned the benefit of the learning system within their context. The main features of the learning system which participants considered important were the creation of networking and Peer Support; improved resource use; increased practitioner confidence and tailored support.

Participants discussed how the learning system created shared approaches to problem solving across delivery teams in Scotland. This engagement was perceived to be beneficial to care delivery:

> *IP: 'People have the questions and you share what's going on and kind of work together and share good and bad you know, good practice and share some of the difficulties and concerns and I think you know to lose that actually would be quite hard.'*

Participants gave specific examples of the benefits of the learning system. For example, one interview participant described the impact of the webinars, run at the start of the pandemic by the HIS improvement team:

> *IP: 'I remember that during 2020, at the start of the pandemic and the webinars started. They were, they were almost like… I do not want to sound over dramatic, but almost a bit like a lifeline because, you know, when we were all working at home.'*

Participants also highlighted the positive impact of the Microsoft Teams Networking Channel on their practice. This simple forum, facilitated by the HIS improvement team provided an opportunity for staff to learn about potential improvements for their service in an effective and timely way, without the need to '*re-invent the wheel*'. For example:

> *Survey Participant (SP): 'The MS Teams channel has been the most useful.'*
>
> *IP: '…and to have access to the Teams chat, which has been enormously helpful as well because that gives us a resource page and gives us the opportunity to fire questions into the wider Kirk to get support and answers.'*

The creation of the learning system also appeared to create an informal peer support network for those delivering HAH services. An interview participant described how the HAH network, facilitated by the HIS improvement team, had provided a source of peer-to-peer support:

> *IP: 'You know similar minded folk in similar challenging situations and although the services sometimes look very different, you can draw a line through them and the network helps you to, you know, look at policy at finance frameworks at governance… that's really been of big value for us to be able to take forward our service.'*

Participants in this evaluation described the beneficial impact that the learning system had on the delivery of efficient care, especially in relation to reduced waste and duplication, as resources could be shared in a timely and effective manner:

IP: '…and that saves us money, time and effort. So it's really about allowing us to focus our resources in the best place really.'

The tailored support that the HIS improvement team gave across the improvement and implementation journey was valued by participants. This had several positive consequences, for example, one participant spoke about the confidence that the HIS improvement team instilled in the local delivery team and the impact that this had:

IP: 'the support from them was huge. Really, boosting the confidence of the team and…it certainly made it less scary.'

This personalised support was particularly important for participants situated in rural areas, who were developing services. A participant based in a rural part of Scotland highlighted the ability of the HIS Improvement team to adapt their advice and support to the individual context:

IP: '…because we were a little bit different than a standard sort of mainland Hospital at Home team in in terms of what we do, but they've been receptive to the things that are out with normal remit and kind of given us the license to run this stuff.'

Development of Quality Improvement capacity

A second theme generated by this evaluation was in relation to the value of the quality improvement skills which the HIS improvement team embedded within HAH delivery teams across Scotland. This HIS support was valued in two specific ways: supporting the use of data to drive local quality improvement and through the application of quality improvement methodology in the local system.

Participants involved in this evaluation valued how the HIS improvement team supported the use of data to drive local improvement. This was exemplified by one participant who described how the HIS improvement team had helped establish processes to create datasets to inform local improvement activity:

IP: 'But they've been really helpful in providing data, data set information that we then pull from local systems and then they can help with that as well.'

Similarly, a survey participant discussed this input in relation to what they valued most from the HIS improvement team:

SP: 'Support in setting up, data collection, outcome measures…'

As well as data collection and analysis support, delivery teams valued quality improvement methodology coaching delivered by the HIS improvement team. This was particularly useful as teams were establishing the service or implementing tests of change to understand how care and processes could be improved in their care setting. One participant reflected on this experience:

IP: 'helping with the whole test of change things we were doing at the beginning, just all these kinds of assistance with all of this, helping us roll out things was really good'.

The resources created by the HIS, including the HAH toolkit, were also perceived to provide benefit in creating capacity within teams. Over three quarters (76%) of survey participants described an awareness of the toolkit; with one survey participant describing the value of these resources as new staff joined delivery teams:

SP: 'To describe the model to colleagues and to help us develop our own service. Inclusion/exclusion criteria helpful.'

Support to apply for national funding

Over half (n=13, 52%) of participants involved in this evaluation discussed the positive impact of the HIS's support in applying for funding from both local and Scottish Government funding allocation. This funding supported service implementation and the sustainability of short/fixed

term funding arrangements. For one interview participant, this had a '*transformational*' impact for their service:

> *IP: '…getting more funding, which absolutely just transformed our system, our service, you know it may enabled us to get staff and employ people, put them on fixed term contracts rather than just focusing on bank all the time.'*

Participants also discussed how the support of the HIS with funding acquisition had driven innovation within their services, which had led to greater patient benefits and further scale of services. One interview participant reflected on how the HIS improvement team helped support a significant development in their service:

> *IP: '….some funds that would enabled us to provide therapist input because we have therapists in our team, but they were working Monday to Friday. So we got funds that enabled us to do a test of change, with therapists working at the weekends.'*

Development of infrastructure for complex workforce planning

Another key area of support valued by participants in this evaluation was in relation to workforce planning. With the rapid scale and expansion of HAH services across Scotland, delivery teams were required to develop complex care teams which were appropriate for their own specific social and clinical context. Participants across both the interviews and surveys described how the HIS had supported this process. For example:

> *IP: '…it's just been constant involvement with some of the other aspects around the workload tool and the competencies as well as ongoing kind of service development bids.'*

The development of this infrastructure was particularly important for staff retention and career development in some of the services.

IP: 'I think just now the key things for us are around the workload and the competencies and work, because obviously the skill mix and things is changing quite a bit …It's really good that they're involved with that because then you know you're getting support to do all these things and everybody's working at the same levels.'

Improvement activities requested in the next phase of the HAH national programme

National approach to accessing local data to prompt further improvement

Participants overwhelmingly described the positive impact that the HIS improvement team had on collecting service and clinical data alongside embedding improvement capacity within local services. This was expertise which participants wished to see developed in future national improvement activities.

Specifically, participants highlighted that a national approach to data collection which was consistent across all areas of practices, would be useful to drive national, as well as local improvement activities. Participants from both the survey and interviews highlighted this need:

> *IP: 'I think data collection is a big thing because I think, a lot of people struggle with that so I suppose that would be the biggest thing, in addition to all the contacts and chats e-mail support I suppose. I think feeding into the national data set and then being quite clear about what we're looking for and sending templates that we could just complete makes it easier.'*

Participants also discussed how the approach to data collection and IT provision could be supported for services. One participant involved in the survey highlighted this:

> *SP: 'Clinical teams need IT & systems support. They are run by clinicians and would benefit from external IT/business systems experts coming in to suggest improvements/alternative software to improve efficiency & productivity.'*

Standardisation of competencies and service provision

Due to the nature of scale and spread of the HAH model in Scotland, there has been variation in the services implemented. Participants in this evaluation highlighted that this had led to variation in competence and service provision across Scotland. As such, participants requested

that future improvement endeavours should focus on the standardisation of competencies across teams, as well as the standardisation (if possible) of services.

IP: 'There's probably some key areas around the workforce development, so I think there was some initiatives that we were going to take forward to you know, get a group together, look at the skills, the training and I think that's a biggie for us.'

SP: Focus on economic evaluation and workforce - some of which in progress and developing.

Development of practitioner case studies to encourage diversity in recruitment

A number of participants across the interviews discussed the diversity of service evolution across Scotland, especially in relation to the professional backgrounds of staff who were running and leading services. To encourage recruitment and highlight the different pathways into a career in HAH, participants felt that developing practitioner case studies could be informative. For example, one participant described this potential innovation in relation to medical staff involved in HAH services across Scotland:

IP: '…everybody has doctors in their team and they tend to be at quite a senior level, I'm not sure I'm hearing that voice very much… And so I think I, I think I might like to hear a bit more about that.'

Discussion and Conclusion

This small-scale evaluation has highlighted the crucial support that the HIS improvement team have provided frontline teams to implement, deliver and rapidly scale the HAH model of care across diverse geographical areas in Scotland. Specific elements of support, including the creation of a national network and learning system, alongside supporting and facilitating quality improvement initiatives and skill development, were key features of the HIS support that delivery teams valued. Delivery teams also described future support which could be implemented in the next phase of the HAH national improvement programme. Potential future activities which delivery teams felt would benefit care delivery were related to data access and support; standardisation of practice and service provision and the development of practitioner case studies.

This evaluation has delineated key needs and learning for the next phase of the HAH '*journey*' across Scotland. As well as continuing to support the rapid expansion of HAH capacity across Scotland, the HIS improvement team have planned the following activities in 2023/2024:

1. Implement and maintain a national data collection process for HAH services with proposed routine reporting.
2. Support NHS Education for Scotland to implement the HAH Competency Framework to enable more sustainable services.
3. Development and refinement of the national learning system, to ensure that it continues to offer the support needed by HAH practitioners in and effective manner.
4. Continuous refinement of the workforce capacity tool which was developed by NHS Education for Scotland.

As well as specific learning about the HAH programme, generic learning for future improvement activities was also captured within this evaluation, which should be considered when planning future national implementation efforts in Scotland. For example, National Learning systems are often created within improvement activities to allow a structured learning space for accelerated implementation of change. This detailed evaluation has demonstrated the value of this activity for those delivering services within the health and social care system. Future improvement activities should consider the use of learning systems, given the multiple benefits which they appear to offer the system and service users.

There are a variety of strengths to this small-scale evaluation, including the diverse range of participants involved and the range of services represented. However, there are also limitations. Firstly, 25 participants gave their views of the HIS improvement team support, which represents a small number of the overall HAH workforce in Scotland. As a result, a full range of views on HIS support might not have been captured. Secondly, the teams represented in this survey were at different points in their '*improvement journey'*, as such, we may not have

fully scoped the learning needs for the next phase of the HAH national improvement programme.

In conclusion, HAH delivery teams across Scotland, overwhelming described the positive benefits of the HIS's national HAH improvement programme. This evaluation has delineated benefits of the national programme for both individual practitioners as well as the health and social care system. Recommendations for future improvement activities were identified and upcoming programme directions have been identified.

References

1. Gale, N.K., Heath, G., Cameron, E. *et al.* Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Med Res Methodol* **13**, 117 (2013). https://doi.org/10.1186/1471-2288-13-117
2. NHS Healthcare Improvement Scotland. Research Governance Policy [Unpublished] 2022

Appendices

Appendix One

Questions used in the online survey.

Number	Question	Response
1	Which Health Board or HSCP do you work in?	Drop down list
2	What is your role?	Free comment box (short answer)
3	Are you aware of the Hospital at Home Toolkit developed by Healthcare Improvement Scotland?	Y/N choice
4	Have you used the Toolkit?	Y/N choice
5	Can you tell us about a time you used the Toolkit in the context of your role?	Free comment box (long answer)
6	Thinking of improvement, can you tell us how you think we could improve future versions of the Toolkit?	Free comment box (long answer)
7	Have you worked with the Hospital at Home team from Healthcare Improvement Scotland?	Y/N

8	What kind of support did you receive from them?	Free comment box (long answer)
9	What kind of support did you find most helpful from them?	Free comment box (long answer)
10	Thinking about improvement again, can you tell us how you feel we could improve our support around Hospital at Home?	Free comment box (long answer)
11	Would you be willing to talk to us further about the Hospital at Home team and the support you have received? This would be a telephone or MSTeams call, lasting around 30 minutes, at a time convenient to you. If you are happy to talk to us please give us your name and email address and we will be in touch. Thank you	Free comment box (long answer)

Appendix Two

Interview question framework for semi-structured interviews

Introduction:
Thanks so much for taking the time to talk to me today. Our aim is to look at the work being done by the HIS Hospital at Home team and evaluate their activity to date and see if there is anything we can learn to make the programme better going forward.

Ask permission to record the interview
Stress confidentiality

Questions

1. What has been your involvement with the Hospital @ Home programme?
2. How has the HIS team helped the national roll out of the programme?
   Prompt – what benefits did the HIS team bring to the rollout of the programme
3. How has the HIS team helped you in your area?
   Prompt - Can you give an example of how your team has worked with the HIS H@H team?
4. What would you like to see the HIS team doing more of?
5. Is there anything else you would like to see the team doing in the future?

Wrap up and thank

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