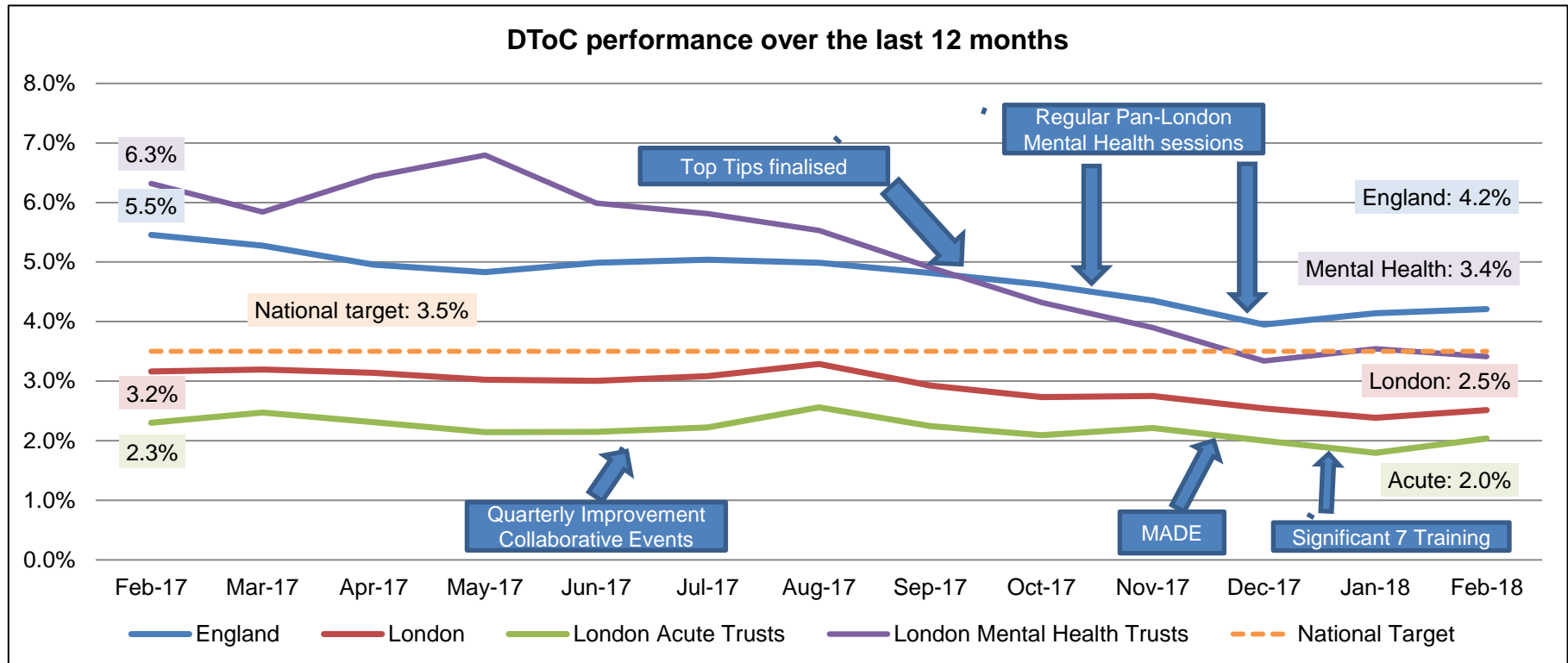


Understanding DToC Performance in London

Dementia Awareness Event

Care Closer to Home Strategic Impact on DToC

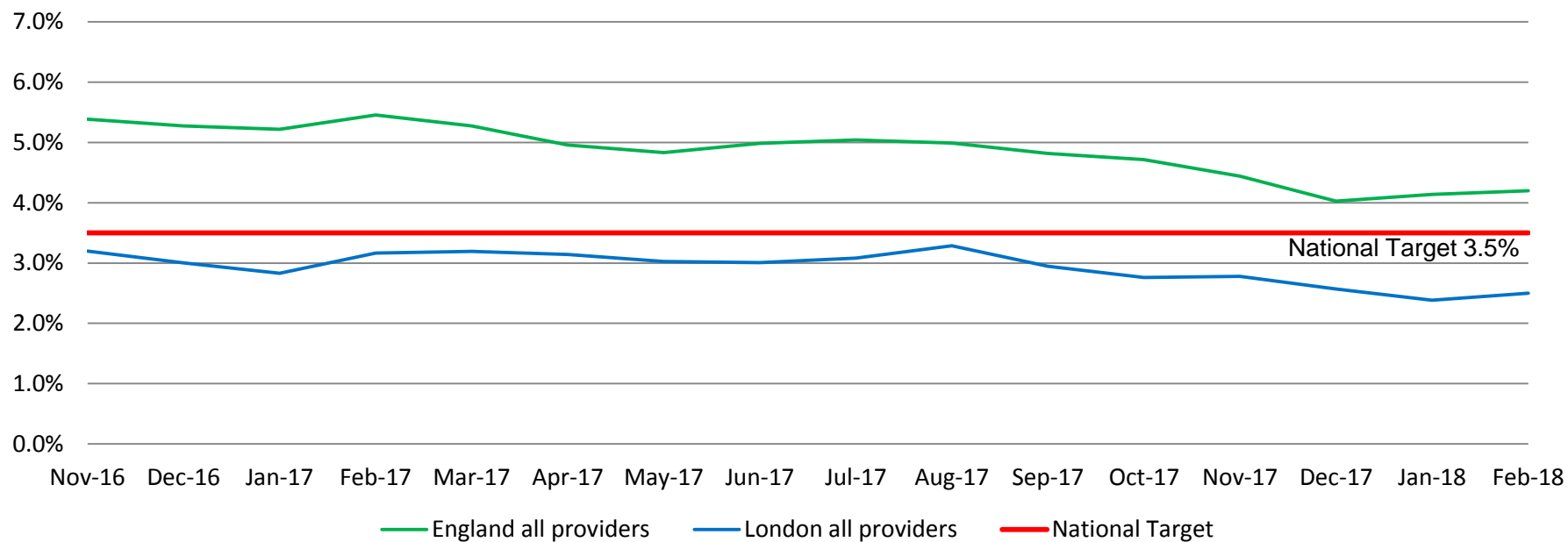


- London as a whole is performing better than the national average and has done so over the past 12 months.
- Since the start of the CC2H programme in April 2017, London's performance has gradually improved to meet the target.
- The positive improvement is particularly visible in the performance of mental health trusts in London, whose DToC rates have seen a dramatic decrease over the year

London DToC performance compared to National

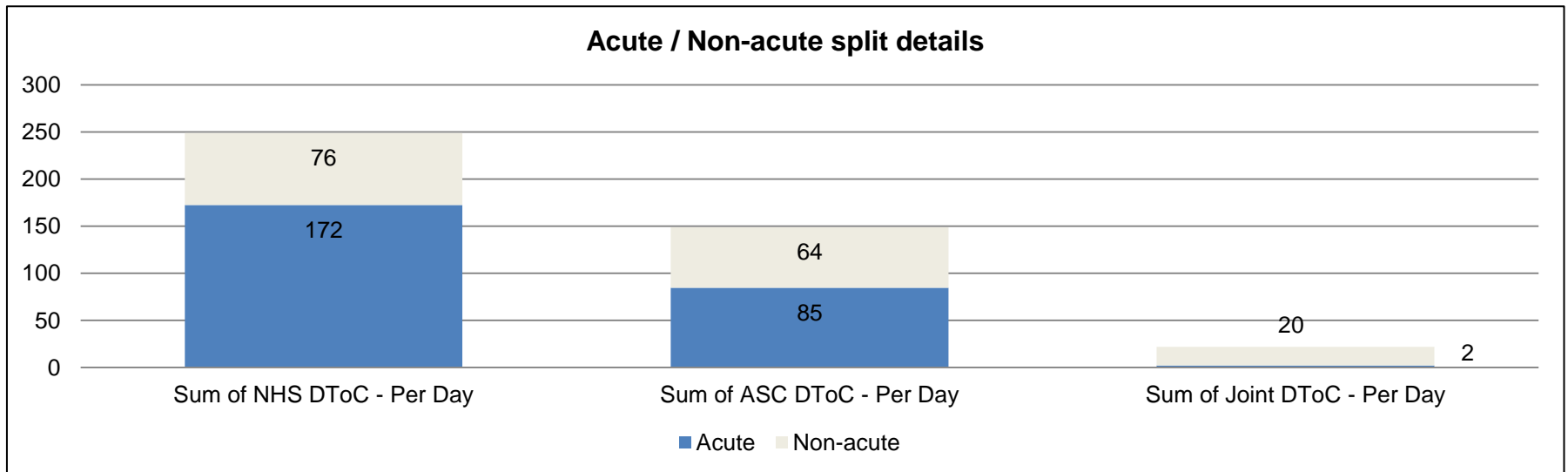
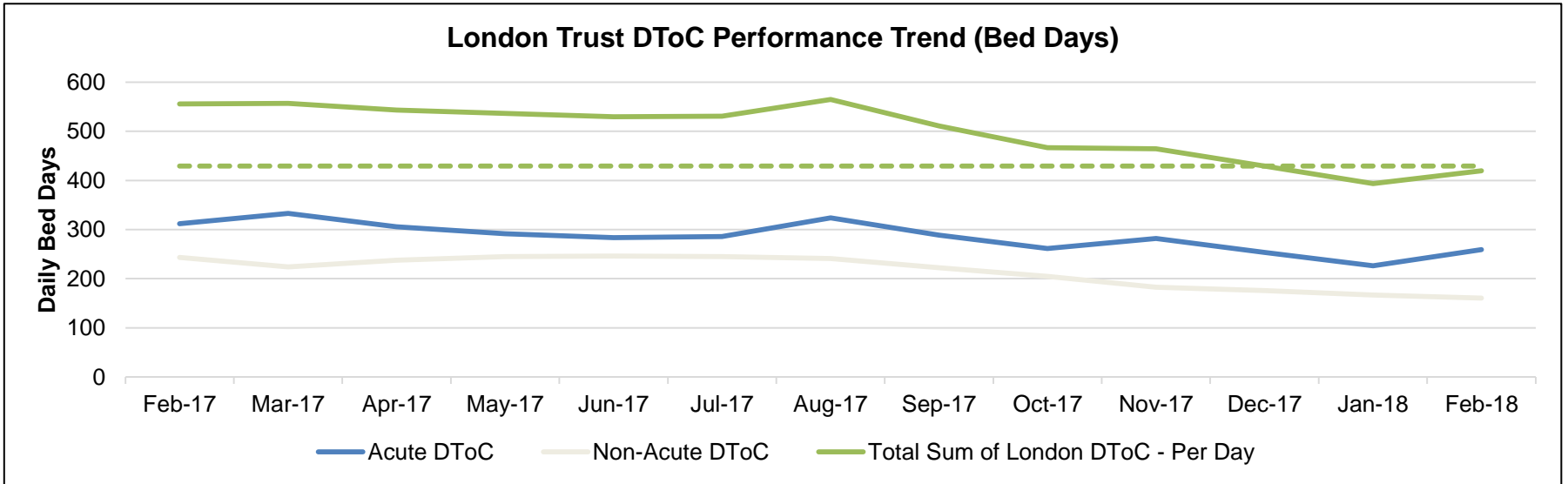
- London Trusts' DToC position has consistently been below the National target of 3.5%.
- In February 2018, London DToC was 2.5%.

A comparison of trust DToC rates nationally and in London
(data shown is % of beds occupied by delayed patients compared to total number of occupied beds)



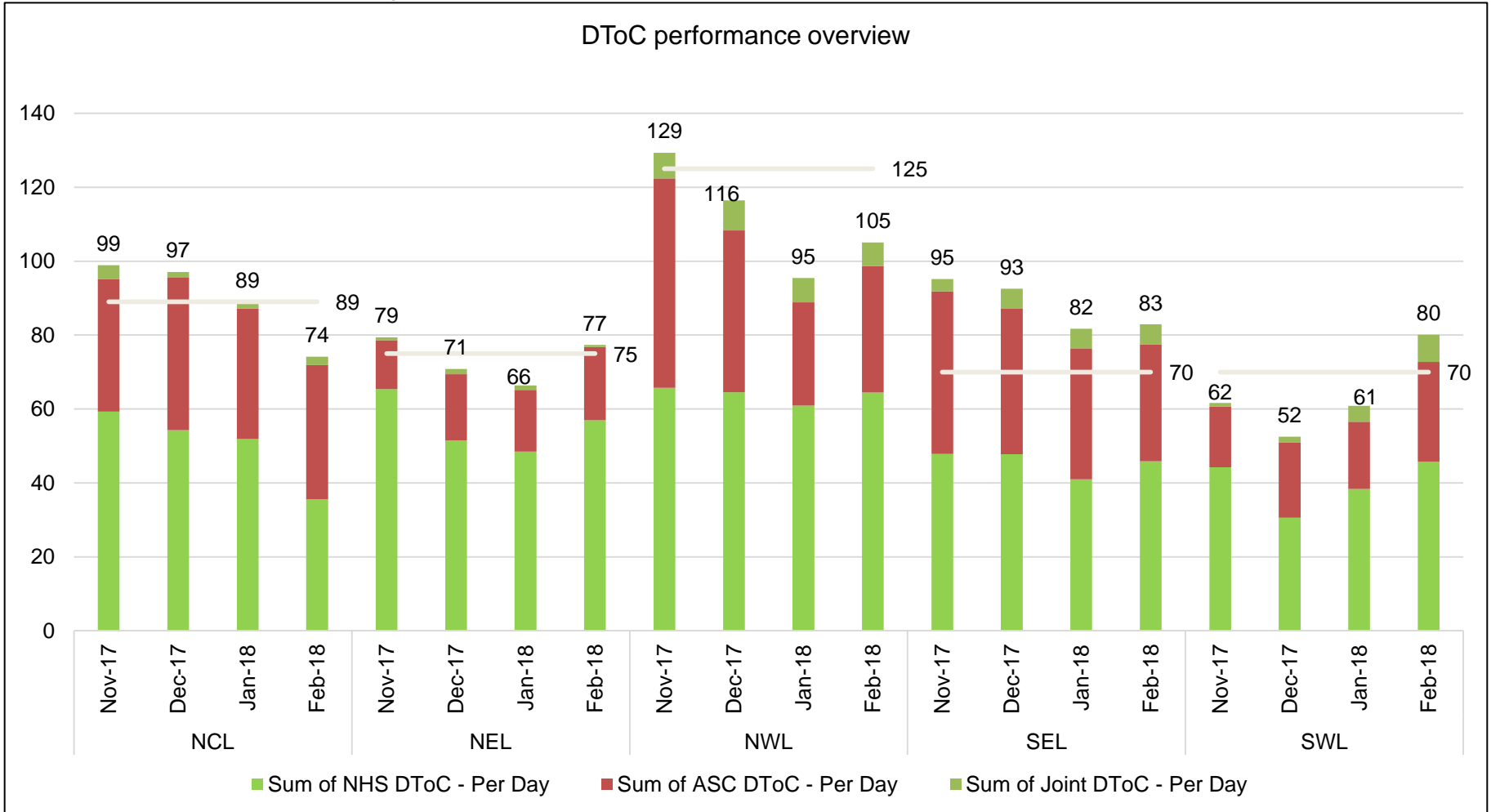
Acute / Non-acute

- Over the past year, there have been more days lost to Acute DToC, compared to non-acute DToC.
- In February 2018, NHS was responsible for 59% of all DToC and ASC was responsible for 35% of it.



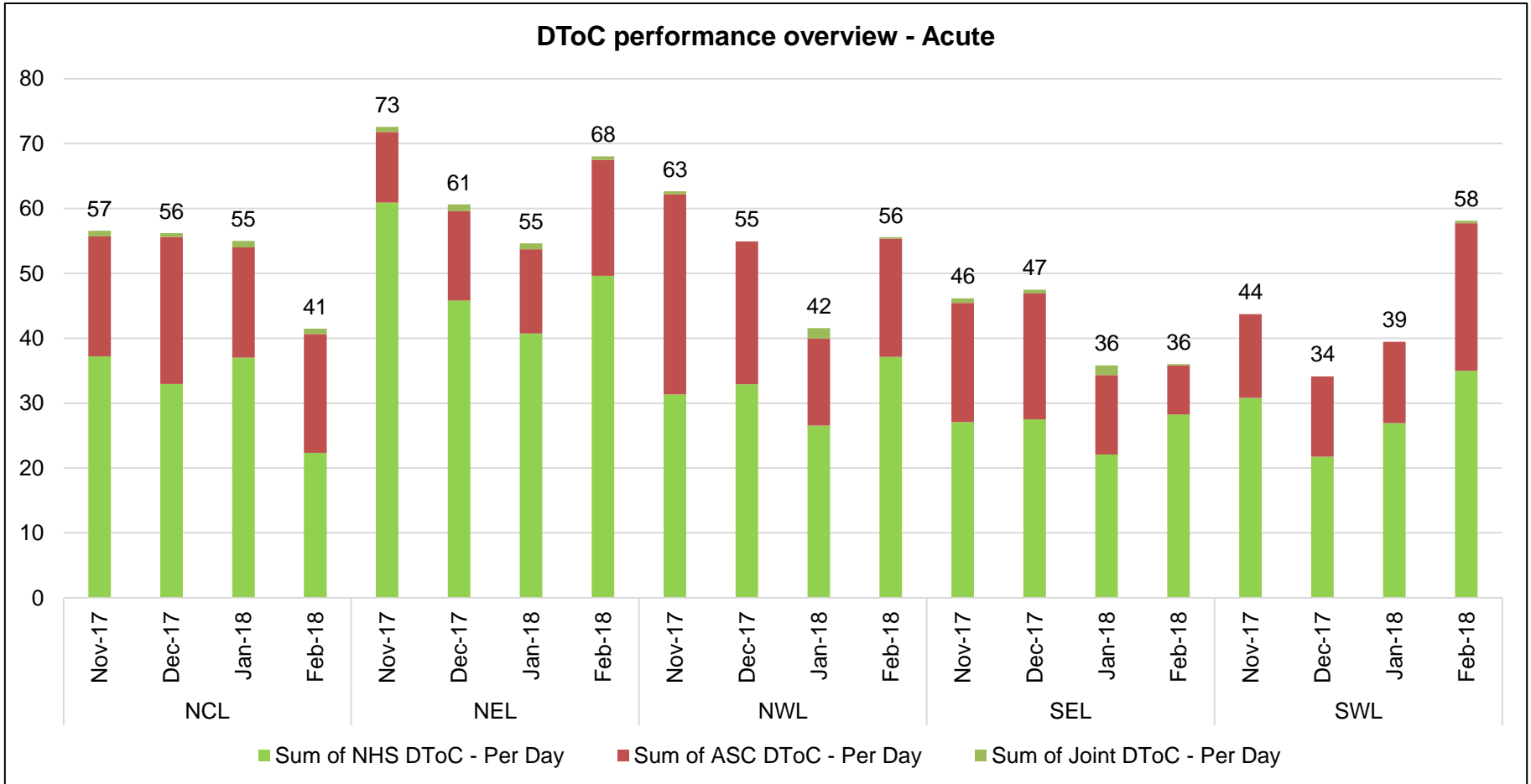
STP level performance

- The diagram below shows an overview of DToC performance across the 5 London STPs as of February 2018.
- SEL levels of DToC have been exceeding their targets since October 2017.
- NCL met their target for the second consecutive month since January 2018.
- NWL has been meeting their target since December 2017, although February figures show an increase.
- NEL and SWL met their target in January 2018, but did not in February 2018.



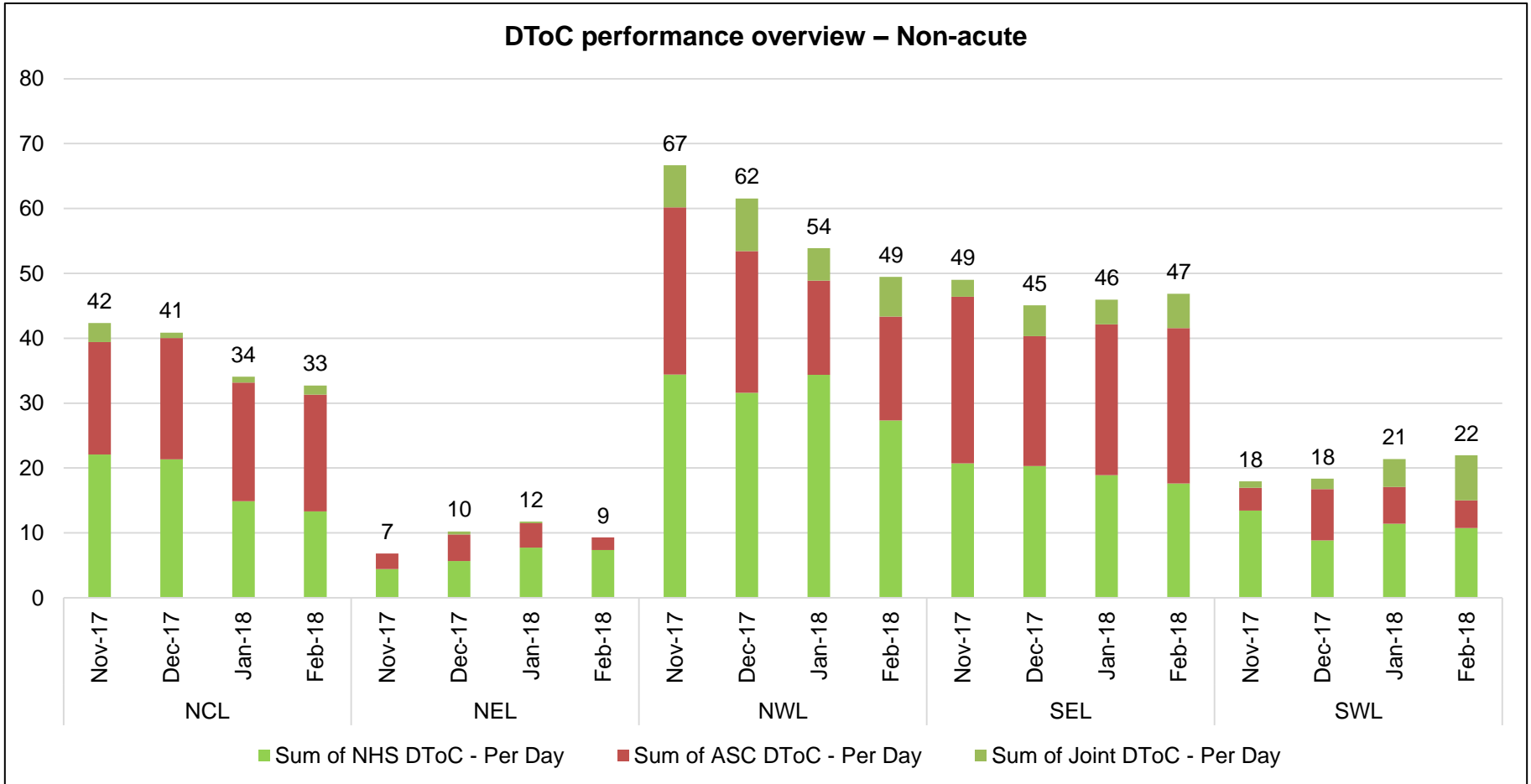
STP level performance: Acute

- Overall, there were more acute than non-acute reasons for delays. SEL had the smallest number of acute delays between November 2017 and February 2018.



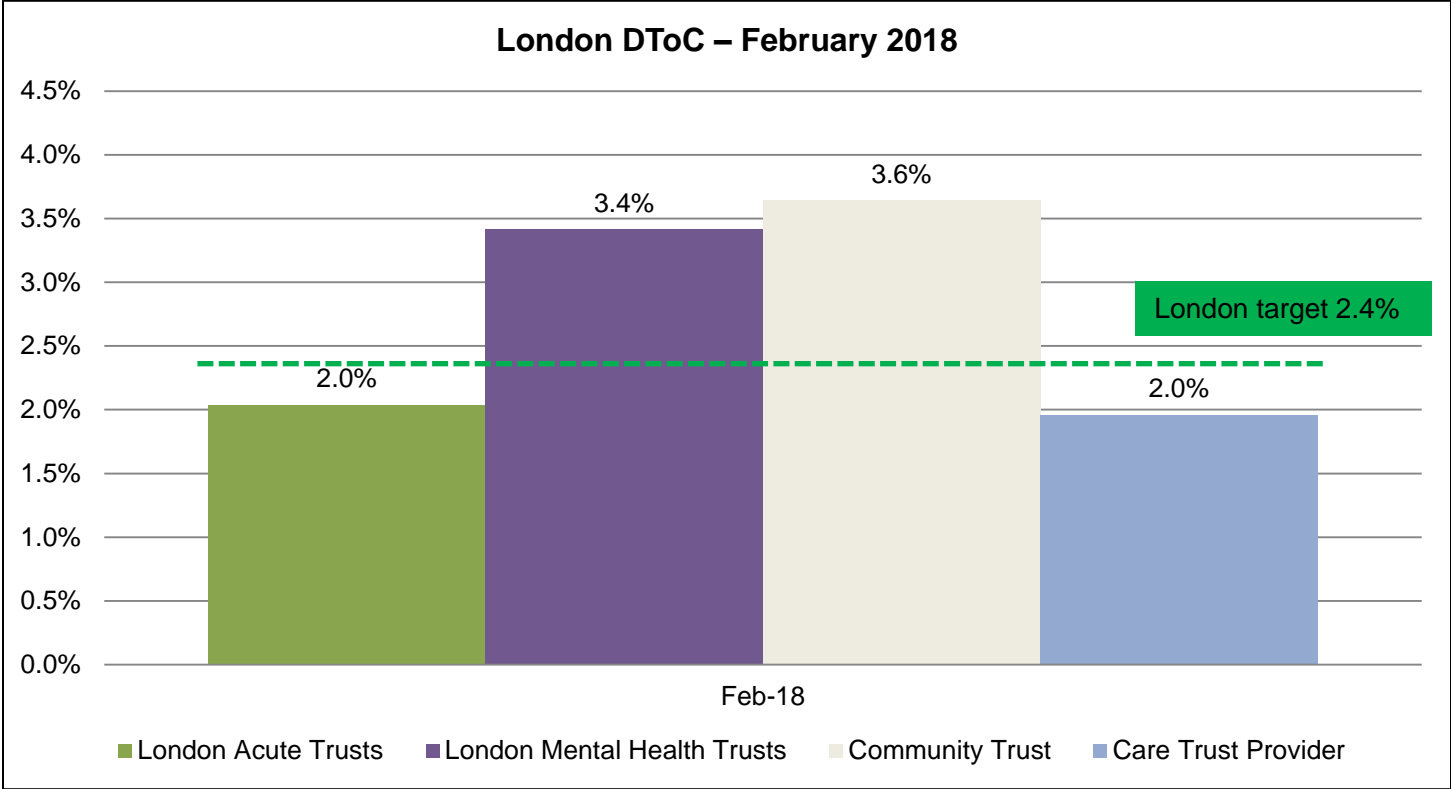
STP level performance: Acute

- The majority of non-acute delays were recorded in SEL and NWL. NEL had the smallest number of non-acute delays between November 2017 and February 2018.



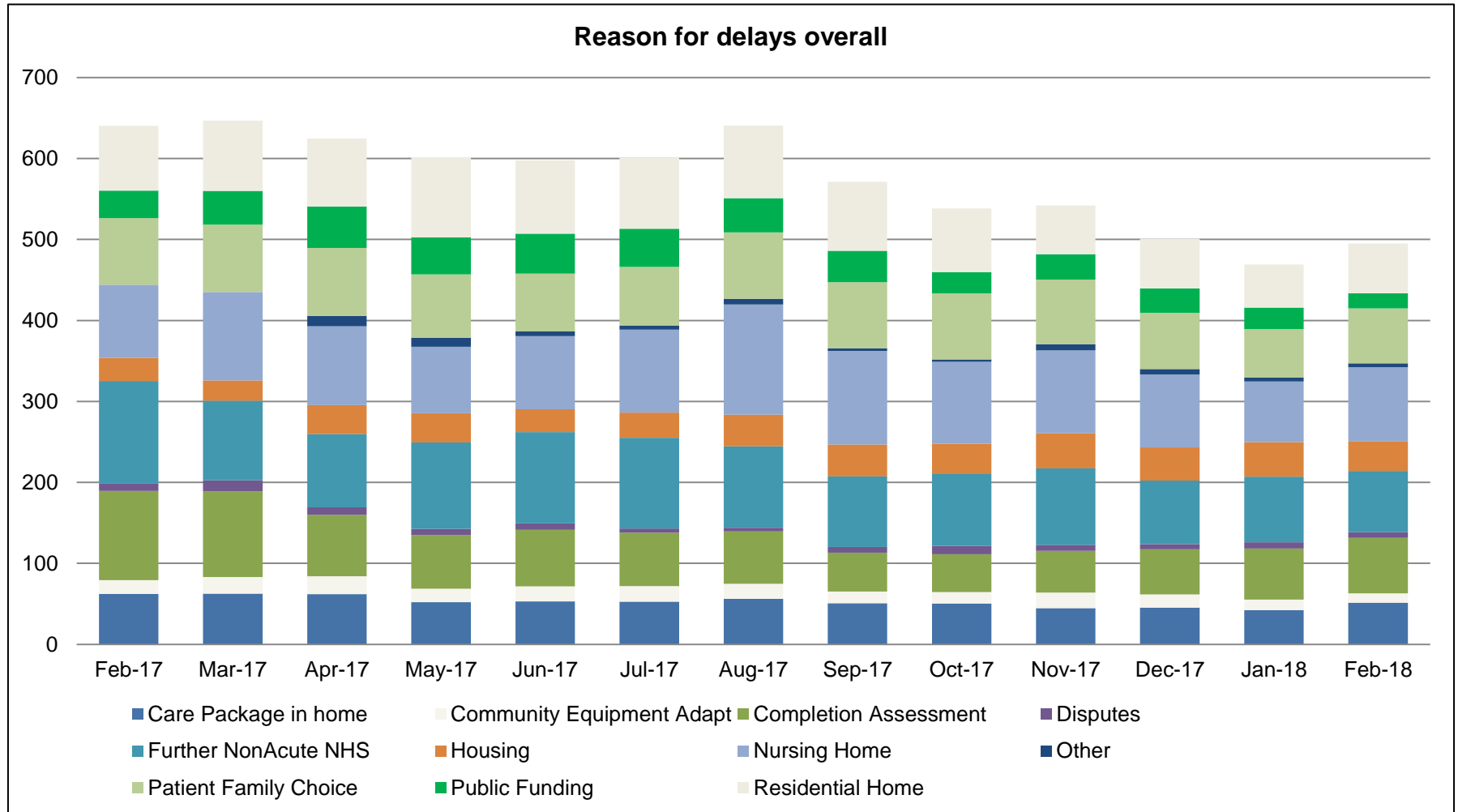
Mental health and community providers have higher DToC rates than acute providers

- In February 2018, mental health providers had a DToC rate of 3.4% whereas acute providers had a rate of 2.0%. This distribution remains relatively consistent over time.
- Both rates are below the national target of 3.5%, but mental health providers are above the London target of 2.4%.

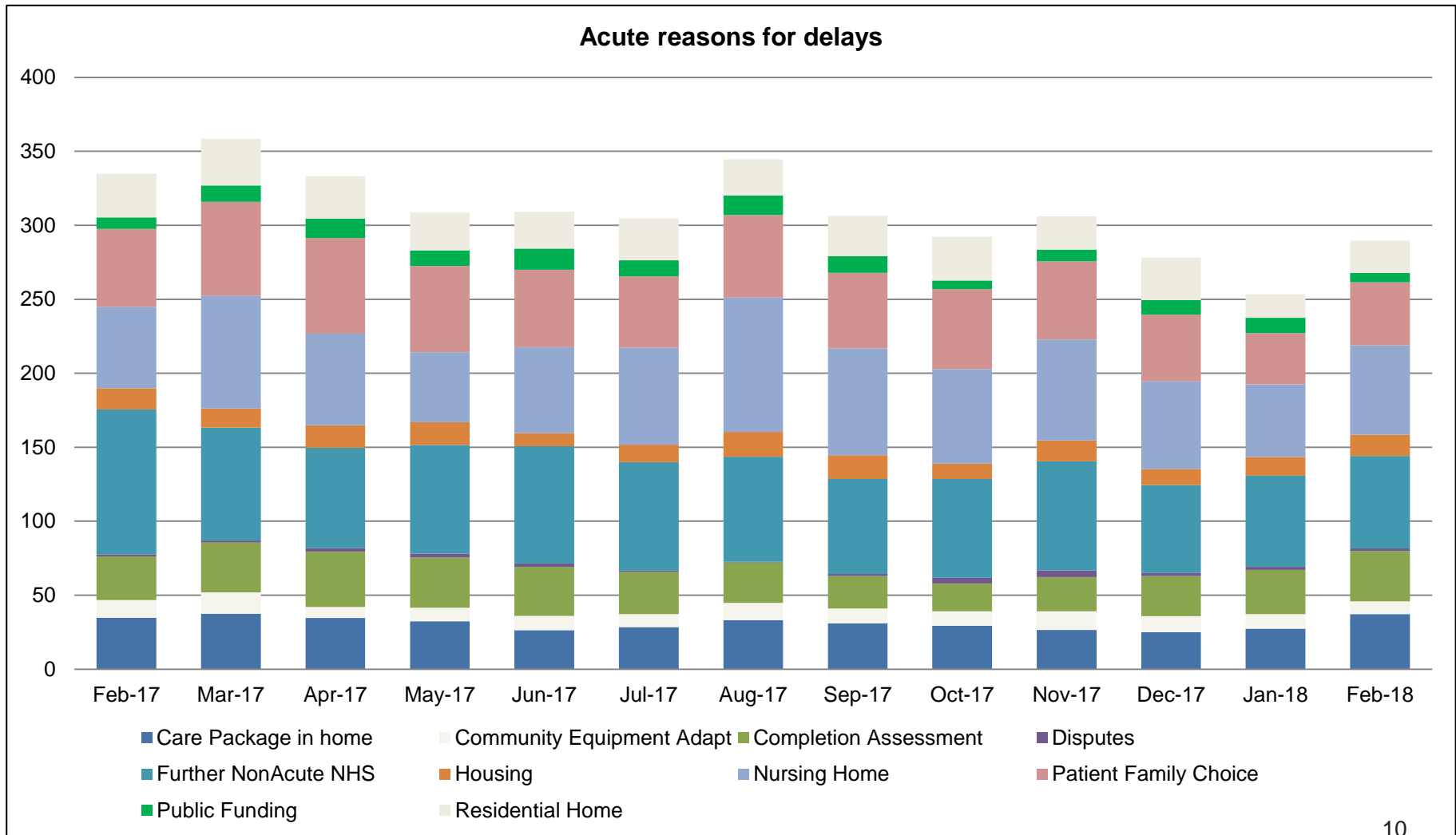


The reasons for DTOC remain fairly consistent over the course of a year

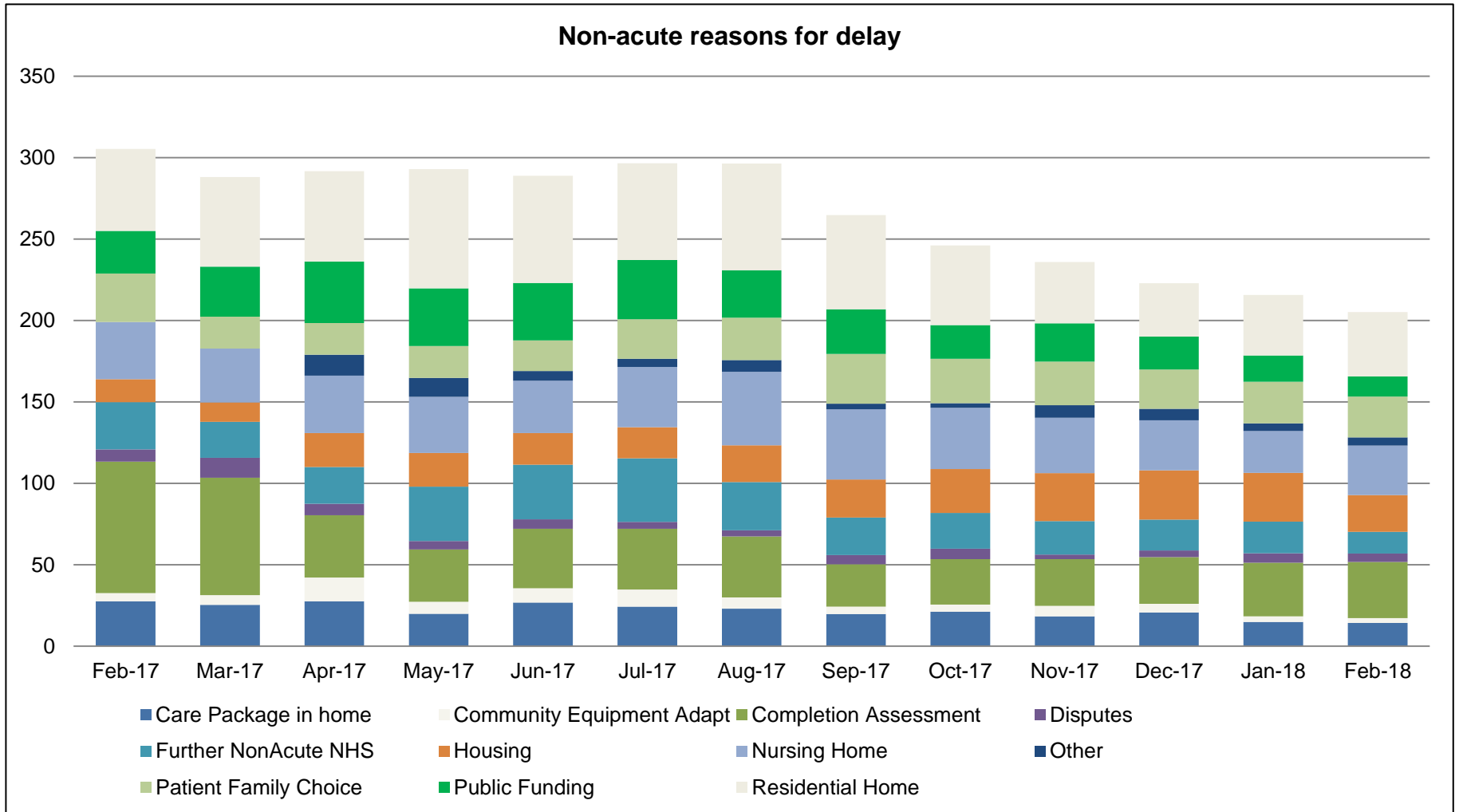
- Awaiting nursing home placements and further non-acute NHS care account for 17% of delays respectively.
- Availability of residential home placements is responsible for a further 14% of delays.



•The most common acute reason for delays in the past year was further non-acute NHS (23%), followed by finding placements in nursing homes (21%).



•The most common non-acute reason for delays was finding placements in residential homes (20%), followed by the completion of assessment (15%).



Delayed discharges – acute hospitals

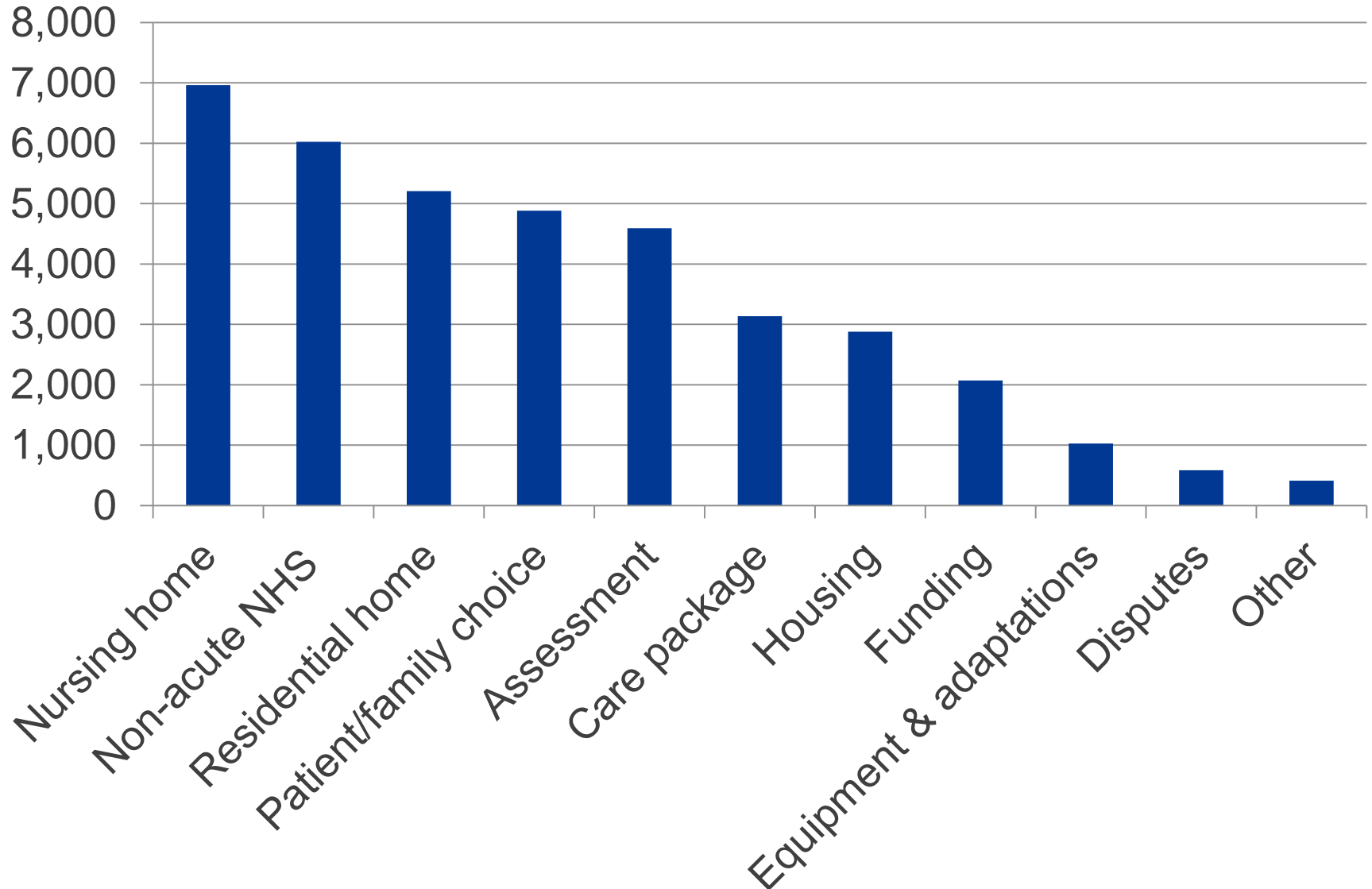
Laura Cook

Dementia Clinical Network

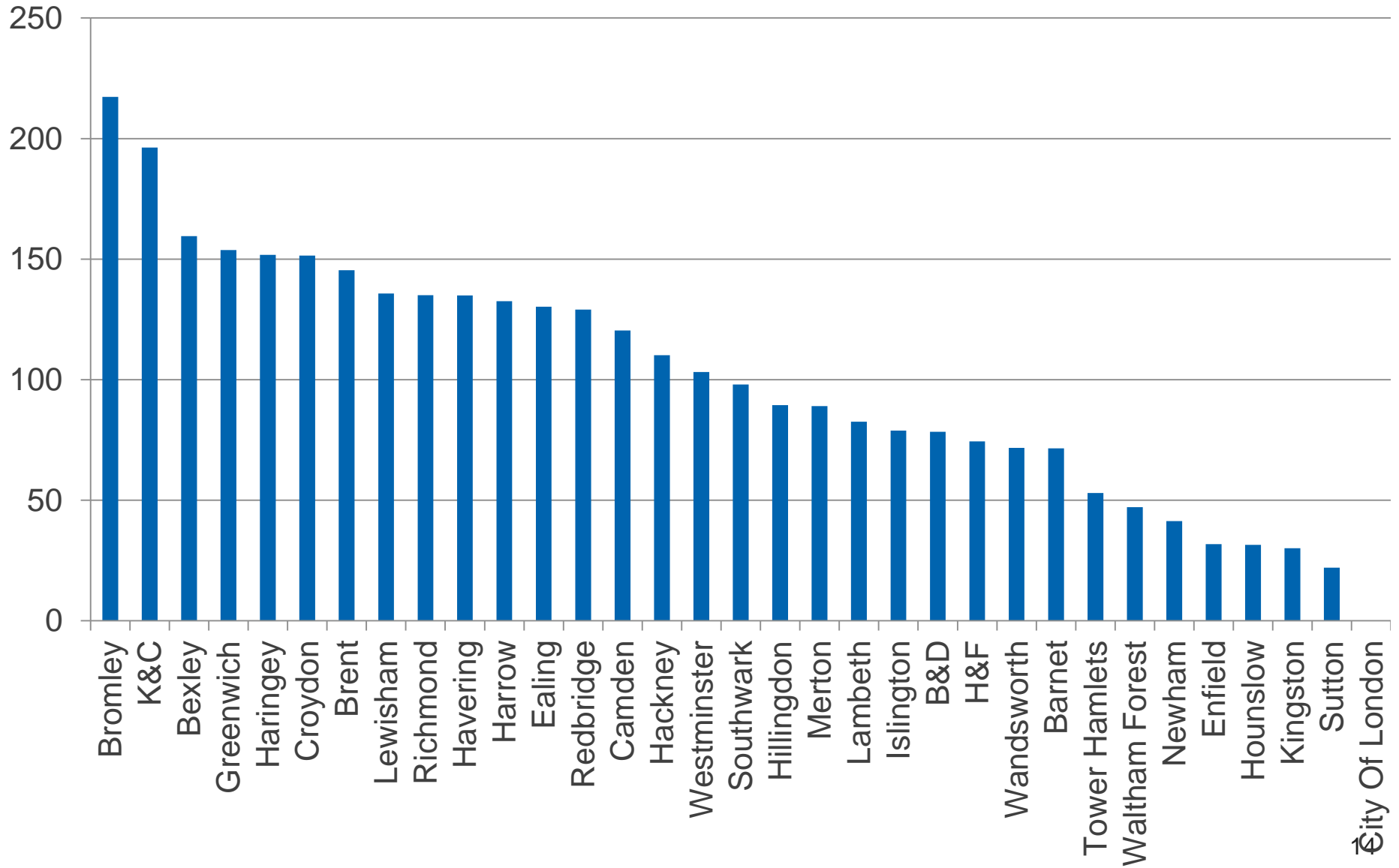
April 18

What does the data tell us??

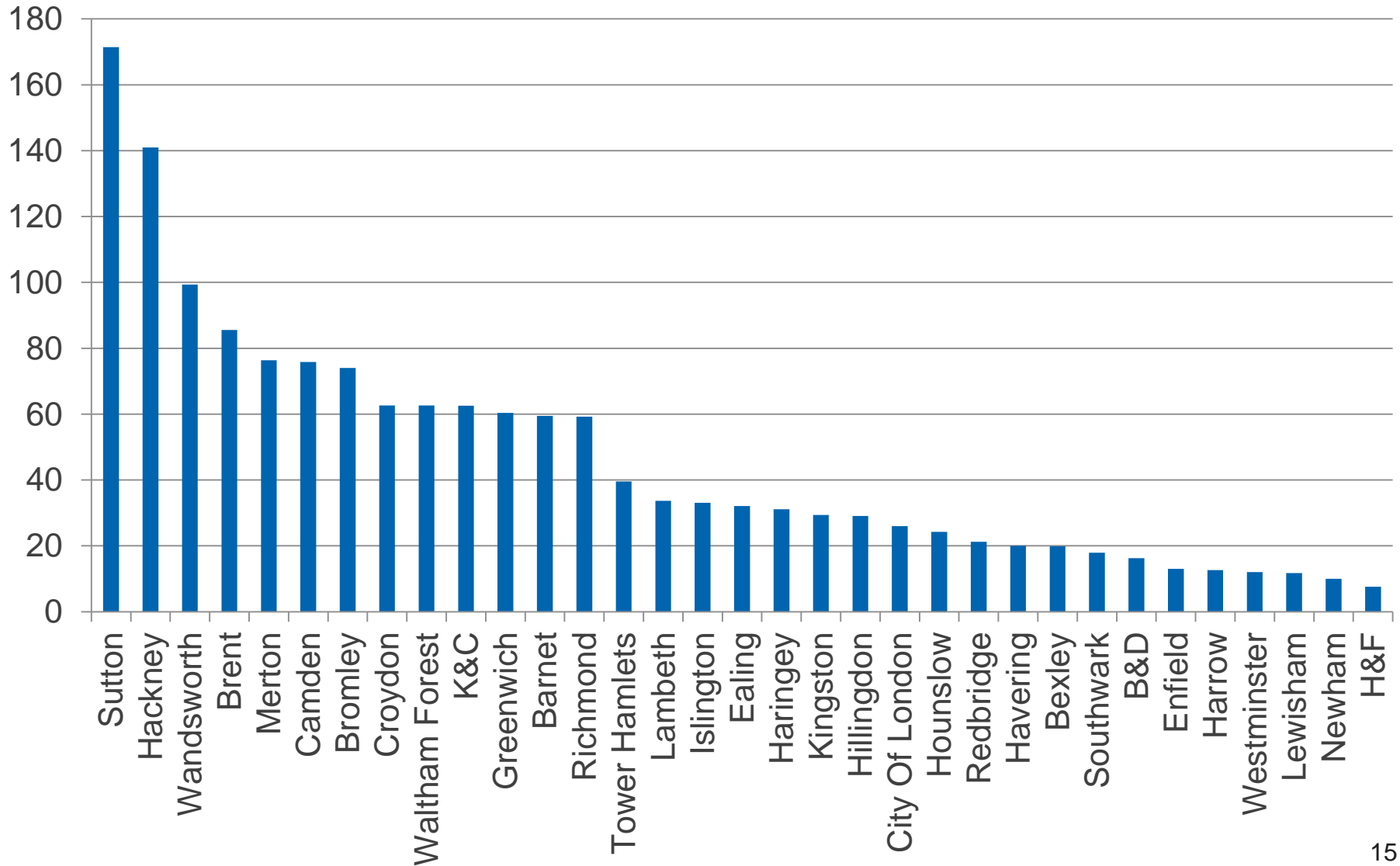
DToC Dec 17-Feb 18 London (bed days)



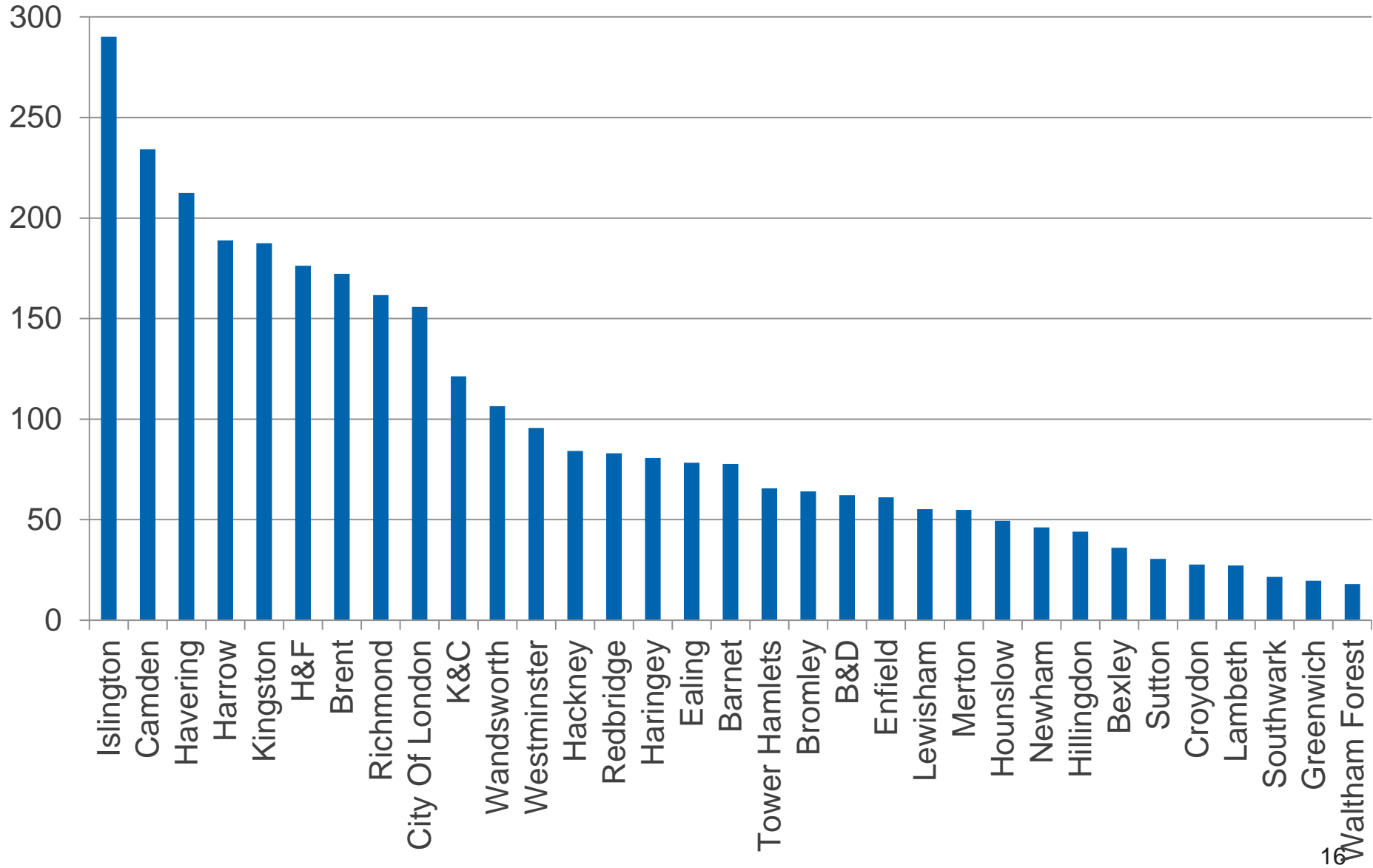
Waiting for Nursing Homes (bed days per 100,00 population)



Waiting for care package (bed days per 100,00 population)



Waiting for non acute NHS (bed days per 100,00 population)



Delayed DC project

- Understand what the blocks and triggers are for delayed DC

Hospital visits

- Ask staff - *Which patients (with cognitive impairment) do you feel has been a particularly delayed/difficult discharge*
- Notes review
- Interview staff and patient/relative (if able)

DToC review template

Hospital:

Ward speciality:

Date:

Patient pseudonym:

HPC:

PMH:

Key SH:

Key time lines (notes review)

DC date recorded on admission, DC date discussed, cares / agencies involved including delays, DC journey in nursing / medical notes, referrals made and followed up, MDT informed of progress, DC paperwork concise and legible, delays – identified, clear actions and managed, safe DC ensued

Date	Comments

How does the person with dementia feel about their discharge?

Was a DC date agreed on admission, why delayed occurred, how were delays addressed, is the DC appropriate, how many times had DC been reviewed, deterioration since admission

How do the carers / relatives of the person with dementia feel about their discharge?

Was a DC date agreed on admission, why delayed occurred, how were delays addressed, is the DC appropriate, how many times had DC been reviewed, deterioration since admission

What do the ward staff feel about the discharge? (note profession(s) spoken to)

Was a DC date agreed on admission, why delayed occurred, how were delays addressed, is the DC appropriate, how many times had DC been reviewed, deterioration since admission

Delayed Discharges

Findings ..so far (4 completed)

- Knowing community services
- Early engagement with wider professionals e.g. Parkinson's clinic
- Time frame for completing DC documentation
- DC documentation in same place
- Rehabilitation potential