BRIEFING NOTE

TO: HEALTH SCRUTINY AND PERFORMANCE PANEL
DATE: 13 JUNE 2013

RE: UPDATE ON WALSALL CLINICAL COMMISSIONING GROUP'S WORK PROGRAMME ON HOSPITAL STANDARDISED MORTALITY RATIOS (HSMRs)

Purpose

This report is presented to provide a summary update of the work conducted to date by Walsall CCG to investigate and address mortality rates in Walsall.

It follows on from the presentation of the project plan to the HSPP in 2012, the recent discussions at HSPP on end of life services and the independent review of Mortality issues.

Executive Summary

The nationally published HSMRs reporting high ratios for Walsall Healthcare Trust have generated local concern and accelerated actions to address the underlying causes.
Two main measures are published – the HSMR and the Standardised Hospital Mortality Indicator (SHMI). The two indices measure slightly different elements and timescales.

Walsall Clinical Commissioning Group (and its predecessor Primary care Trust (PCT)), has led a work programme, working with partner agencies across Walsall to effectively address the high HSMR, looking at the wider health economy as well as the hospital. The aims of the programme were:

- To understand the factors that contribute to HSMR and SHMI
- To devise and prioritise effective strategies that impact on these measures
- To monitor the impact of the actions put in place

The project has consisted of several workstreams and functions:

- Performance Assurance – formal critique and performance management of the Walsall Healthcare Trust action plan for reducing HSMR
- Monitoring of the quality of care provided by WHT in the acute and community settings
- Assessment and review of the quality of care provided by nursing homes, including reviewing and implementing effective options for improving care and improving referral options for care homes with deteriorating patients
- Review of the quality and accessibility of community services provided by the Local Authority
- Review of data, estimations of mortality rates, coding and reporting of figures

- Reviewing and strengthening the role of General Practices
- Review of local end of life services, in particular, the performance of hospices and community end of life services

Each project workstream has reported into the mortality reduction group which is accountable to the Walsall CCG governing body. A wide membership of health economy stakeholders includes CCG, Walsall Healthcare NHS Trust medical director, other clinicians and senior managers, Walsall Council and CCG Board. An independent Chair was appointed to chair the mortality reduction group meetings.

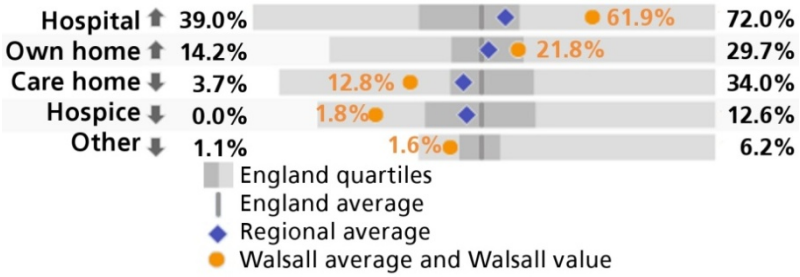
The HSMR has been sustained at a level below 100 for over 12 months. Work continues on all the workstreams to tackle the factors contributing to the HSMR.

The main findings and outcomes to date

Between April 2012 and March 2013 the HSMR has been below 100 for twelve consecutive months. The latest available month is March 2013 with a ratio of 94.6 and the year to date HSMR is 89.3

The latest SHMI is 1.11 (October 2011 – September 2012). This is within the expected range

Historically Walsall has had a very high proportion of people dying in hospital compared to other parts of the country (62% in the period 2008-10) and comparatively few deaths happened in care homes or in hospices. Prior to the opening of St Giles in -patient hospice, only 1.8% of deaths in Walsall occurred in hospices.



Source: Walsall JSNA 2012, based on End of Life Network report.

Following the opening of the new hospice in April 2012 the proportion currently dying in a hospice is similar to the national average (over 5%) and the proportion dying in hospital has fallen to 58%, (although this is still some way above the national average).

Nursing Homes

An audit was conducted of reasons for admission of patients from nursing homes to hospital. This audit demonstrated opportunities for synergy between care homes and the Manor hospital for reducing avoidable admissions and potential mortality for conditions that could have been managed in the community.

A six month pilot project sought to improve the quality of care in a small number of nursing homes. This involved General Practitioners and hospital consultants working together to proactively review the patients in the selected nursing homes on a set regular basis. The homes involved in this pilot project have seen fewer overall emergency hospital admissions and a higher proportion of those admitted considered to be clinically appropriate.

An additional factor influencing the HSMR is patients who are transferred to hospital from care homes at the end of life who could more appropriately have been cared for in their home environment. An average of around four patients a month are admitted to hospital from care homes and die within three days of admission. A small number of nursing homes account for the majority of these patients.
For patients who die shortly after admission to hospital or within a few days of discharge it is reasonable to ask whether for some, the hospital admission was appropriate to begin with and whether mitigation could have been employed to prevent the admission.

Data and coding of deaths

WHT has undertaken quality assurance of the coding of both cause of death and designation of patient status in respect of palliative care.
The systems for coding and the checking of coding are acknowledged to be more robust than previously. In addition, the CCG has commissioned independent assessment of the updated coding recording and checking processes. It is anticipated that this assessment will be reported this summer.

Hospital activities

Walsall Healthcare NHS Trust developed an action plan to address HSMRs which was presented at the January 2012 Health Scrutiny and Performance Panel. This had four key areas:

(i) Improving the care of patients with respiratory conditions

(ii) Enhanced senior medical review at evenings and introducing six day ward reviews

(iii) Improvements in palliative and end of life care

(iv) Reviewing all deaths and seeking best practice from other organisations

Action undertaken in the hospital to improve quality and reduce mortality has included six-day consultant ward rounds, standardisation of ward rounds, implementation of care bundles, monthly in-depth reviews of 100% of patients who have died, and improvements in clinical coding. There are particularly detailed reporting processes for patients dying from causes that have historically had high mortality rates, especially pneumonia and sepsis.

Lessons learnt

The importance of secure ownership of the problem and trust by all parties to find a solution cannot be overemphasised. The subject matter of hospital mortality statistics is technically complex, easily misunderstood, professionally controversial, emotionally distressing and politically challenging. Another key lesson was the importance of independence with both CCG and hospital leading review groups. It is essential to use all the available evidence and interrogate and challenge interpretations and explanations, and use the findings to support and review actions. Finally it is no small undertaking to commit to a review of hospital mortality statistics, especially when it includes wider health economy and community stakeholders.

Background papers

Walsall Clinical Commissioning Group Mortality Reduction Group Project Plan(2012).
Dr Foster Intelligence – reports on HSMR (2011-12).

Resource and legal considerations

Ongoing commitment from all local partner organisations to phase 2 of the project plan will be required if we are to devise strategies to reduce mortality ratios and monitor the impact of planned actions.

Citizen impact

In addition to the direct impact on the local population of a reduction in mortality ratios, this work will help to build confidence in the organisations across the health economy.

Environmental impact

No specific impact identified.

Performance management

The commissioning and performance monitoring of services from nursing homes will be enhanced by the joint work already started and future work proposed. Phase 2 of the programme will identify actions to maximise the contribution of community services to reducing mortality and improving care.

Equality Implications

No formal assessment has been conducted for the work programme overall. Assessments are conducted on planned activities as they are identified and agreed.

Consultation

The report is a summary of a programme of work delivered collaboratively by the CCG, Walsall Healthcare NHS Trust, Walsall Council, universities, West Midlands Strategic Health Authority and the Black Country PCT Cluster.

Recommendations

That the panel notes the contents of the report in relation to the update on progress in addressing the mortality rates in Walsall.

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