**The Bridge Virtual Ward MDT**

**Service Specification**

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| **1. Population needs** |
| * 1. We have identified 50 local children from the Tower Hamlets borough with complex care needs. The children are known to all three specialist schools in the borough and there is a cohort of which only attend nurseries. There is a clear need to bridge the gap for this particular cohort of patients for intervention to their existing care pathways. Audit results have noted some of these children are also known to have high rates of admissions and/or length of stay for emergency conditions in the hospital. |
| **2. Outcomes** |
| 2.1  The Bridge Virtual Ward MDT will seek to deliver similar outcomes to the initial pilot a year ago. Examples of these outcomes the programme will seek to replicate are:   * Early intervention for un-well children which has avoided admission to hospital. * Co-ordination of care between the GP, acute services, Education and social care. * Improved palliative care facilitation. * A more informed process for review of care packages for families. * Better information sharing across organisations in health, education and social care. * Reduce care contacts spread out across the community and providing a point of contact. * Accessible support for parents with children with complex cared needs – Improving care experience |
| **3. Scope** |
| 3.1 **Aims and objectives of service**  The Bridge Virtual Ward offers regular MDT meetings for identified children with complex care needs and high rates of admissions and/or length of stay for emergency conditions. This will be achieved by bringing together those involved in the care of the child on a day-to-day basis and proactively addressing problems and concerns as they arise. The aim is to improve the quality and personalisation of care in the community to reduce unplanned admissions to hospital. It also aims to encourage advance planning for families and facilitate discussions with palliative and social care services so that care is considered holistically and not just medically.  We also hope we may reduce unnecessary and unplanned hospital attendances and admissions.  The MDT meetings will be arranged in a way where each child will be discussed at least once a month by representatives from key services in the community. We will also be liaising closely with the hospital services to achieve better integrated care.  Outcomes will be carefully monitored including an independent Qualitative Evaluation by Health Watch. We will be monitoring time keeping and attendance at meetings, actions completed and parental satisfaction.  3.3 **Population covered**  These are children from the borough (Tower Hamlets) who regularly attend Barts Health hospital and all three specialist schools. Their ages range from 1 – 18 years old.  3.4 **Any acceptance and exclusion criteria**  **Acceptance**  The 50 children have already been selected based on the severity of their complex care needs and their high attendance rates in the hospital (outpatients & A&E), as well as the community. They will remain on the programme until the end of march 2016. New referrals will not be accepted for the ward for a few months. The official and more detailed inclusion and discharge criteria will be formulated in the meantime.  3.5 **Interdependence with other services/providers**   * Attendance and representation from Therapists, Education, Social Care and Palliative services. All professionals will need to be in liaison with the MDT core members for the necessary discussion preparations before they attend the meeting. * ICT (support from the PCs and hospital systems) * Hospital Children Services – Need to have access to the children’s consultants and other members of the team around the child. |
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| 8**. Activity levels for the service** |
| **Activity levels for the service**  As part of the project we will be arranging meetings where each child will be discussed at least once a month by representatives from key services in the community. We will also be liaising closely with the hospital services to achieve better integrated care.  The meetings will be one hour long and discuss six children. Outcomes will be carefully monitored including an independent Qualitative Evaluation by Health Watch. We will be monitoring time keeping and attendance at meetings, actions completed and parental satisfaction. I attach a plan for how these meetings will be organised. Our experience from the pilot project was that professionals found it very useful to be able to share issues and understand the MDT plans in a time efficient manner. Whilst any professional who wants to attend is welcome, if they want to discuss a child on the list, the normal expectation would be that one representative from key professional groups would attend and communicate within their team. The meetings will have to start over the summer holidays so all the initial meetings will be at Wellington Way, but they will be held in the special schools once term starts. |
| 9. K**ey performance indicators for the service** |
| 9.1 **Performance Indicators:**  - % increase or decrease in hospital attendances (Outpatient and emergency)  - % decrease in LOS or emergency admissions  - 90% to100% MDT attendance from all invited health Care Professionals  - % reduction in community based care contacts / intervention.  - Positive feedback from parents on care experience (Qualitative measures)  - % Completion of the actions from MDTM  - % usage of Child Health Passports (A long term plan) |