



Healthy London Partnership  
Improving children and young people's out-of-hospital care

## Walsall Paediatric Hospital at Home Service, 'Building Better Health'

**Started: 2008**  
**Region: Walsall**  
**Geography: Urban**  
**Estimated local pop. 0-18 years:**

### Background

Reconfiguration of local hospital services, with need to reduce in-hospital paediatric beds from 36 to 21 prior to the move

### Aims

Reduce the need for in-hospital paediatric beds

- Eliminate unnecessary admissions to hospital if care can be provided at home
- Reduce LOS if care can be provided at home
- Work in a collaborative way with existing community services to care for children with acute illness in their own homes

Support/educate parents to improve their confidence in managing a sick child at home

### Target patient groups

- The acutely unwell CYP (only population segment initially)

CYP with LTC (inc. Oncology, Paediatric Palliative Care) managed by Community Children's Nursing Service

### The service model

Initially several target clinical conditions, with referral protocols

### Opening times

- 8am until 4:30pm Monday –Friday
- 8am – 4pm Saturday/Sunday/ Bank Holidays

## Staffing

Part of Community Children's Nursing Service

## Who can refer

- Direct referrals from all children's wards within the hospital.

The PAU generated the largest proportion of the activity to the HAH. There were 165 referrals made from the PAU - assumed that if the HAH team had not been established these referrals may have led to in-patient admissions.

## Who is accountable for patients?

Remained with paediatrician

## Resources

Managed by Community Children's Nursing Service based in the community

## Funding organisation

- Initially was a community led model
- Since 2012 it became integrated with the acute hospital

## Level of integration in the system

Vertical integration linking primary and secondary care.

## Evaluation

During 12 months from Nov 2008 to Oct 2009, the HAH team

- 912 visits (300 new referrals and 612 follow-ups)
- Referral rate fluctuated from month to month with Nov - May busiest
- 100% parent satisfaction found in a telephone survey
- 978 telephone contacts from the initial referrals to prevent readmission to the hospital, provide support and teaching and enhance parents' skills to care for their child in their own environment
- "Other conditions" largest numbers of referrals and then children with wheezing episodes, then vomiting and diarrhoea
- 12% inappropriate referral rate – redirected to other services
- 165 patients avoided need for direct admission to hospital and were managed instead at home (=3 patients/week avoiding an admission)
- Based on 2008/9 tariffs (and by applying a tariff for the telephone contacts), PCT saved £66K during the 12 months (based on avoided hospital admissions or reduction of LoS)

- Data of number of referrals has been collected by the Community Children's Nursing service since Jan 2013 & data recorded for number of referrals for IVs, Bronchiolitis & gastroenteritis.
- In 2013 No. of referrals 158. IVs – 38, Bronchiolitis – 30, Gastro – 25.
- In 2014 No. of referrals 152, IVs – 57, Bronchiolitis – 36, Gastro – 8.
- In 2015 No. of referrals 138, IVs 62, Bronchiolitis – 20, Gastro – 11.

## Challenges, successes, lessons learned and advice

- Needed to work with the acute trust to avoid any loss of income to them
- Since 2012/3 the service is more integrated with the CCN service and covers 3 conditions/services- gastroenteritis, IV antibiotics and bronchiolitis.
- Patients are referred in from the paediatric ward or PAU (paediatric assessment unit) (which are 1 unit).

During 2015 winter one of the paediatric nurses worked in ED as there was no paediatric service. This helped improve referrals. The service runs each day until 8pm but most visits complete by 6pm. There are 3 nurses who have undertaken physical assessment courses and 1 nurse prescriber.

## Contacts

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