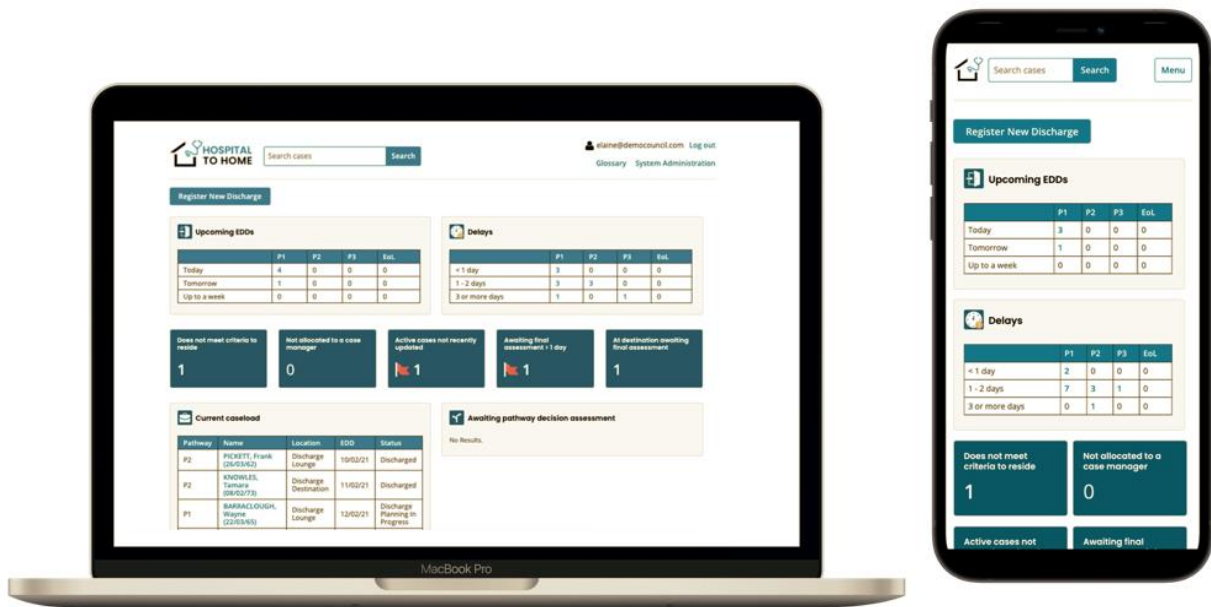




HOSPITAL TO HOME PROCUREMENT & BENEFIT SUMMARY

The D2A/Hospital to Home project was part of the Social Care Digital Innovation Accelerator (SCDIA), which was run by CC2i on behalf of the Local Government Association.

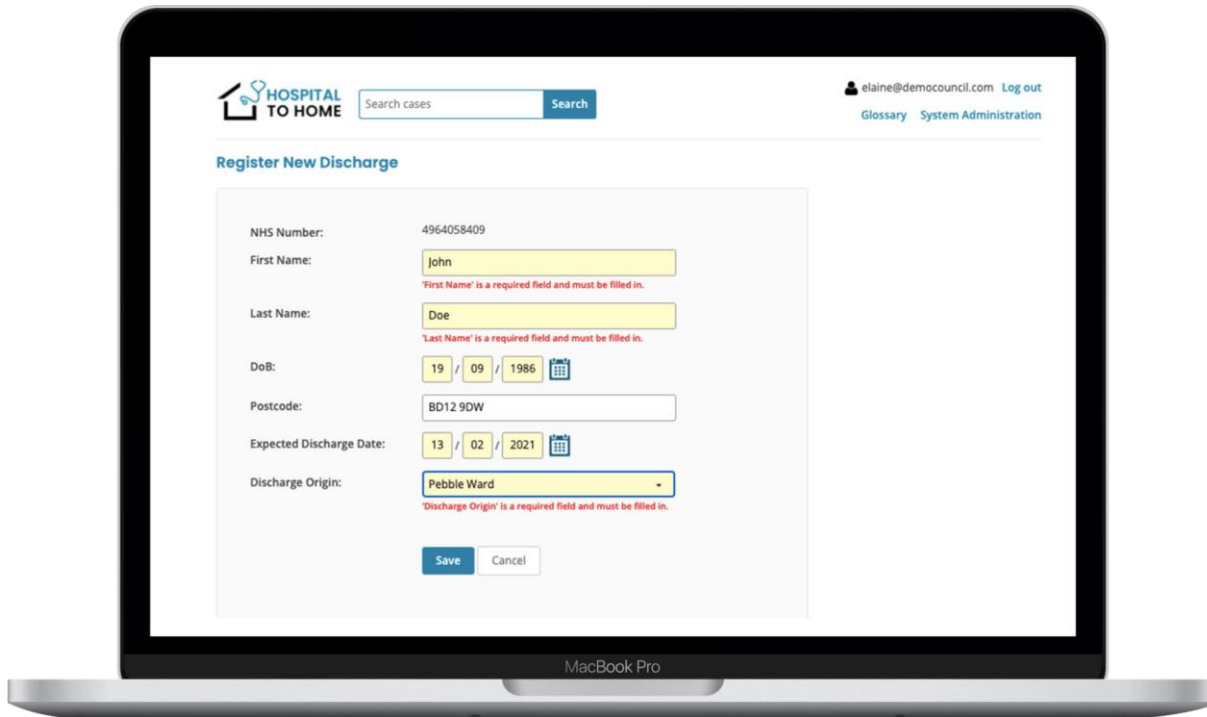


Single Supplier - Unique

- Hospital to Home** is the only platform of its kind in the marketplace. A cloud-based case management system which allows users (with appropriate permissions) to capture, update, track and report on information about a person's journey through the Discharge to Assess process. Hospital to Home facilitates more efficient communication, collaboration and data sharing between the different organisations involved in the D2A process, whilst enabling effective handoffs between the various touch points in the discharge process

- **Local Authority Collaboration:** Co-designed with local authorities and their health and care partners as part of the Local Government Association’s Social Care Digital Innovation Accelerator 2020/2021. Hospital To Home is the result of a close rapid ‘living’ discovery, design and development process including subject matter experts from: Birmingham, London Borough of Sutton, North Lincolnshire, Hertfordshire & Southend Councils
- **NHS Digital funding:** involved the 5 local partners each co-funding Hospital to Home which was then match-funded by NHS Digital with support from LGA

Feature & Benefit Summary



- **Time Saving:** Hospital to Home offers significant time savings from a reduction in manual administration required to coordinate and manage the D2A process. These time savings would mainly be felt by the LA teams, who have anywhere from 4-12 staff that spend the majority of their time on this manual administration. Hospital to Home could wipe out anywhere from 25-50% of this manual administration.
- **Reporting and Management Information (MI)** Reduction in administration required to manually compile reports, whether for MI and service improvement purposes or to meet statutory reporting guidelines set out by NHS England. This involves trawling through disparate data sets (i.e., spreadsheets) and aggregating the data manually, which often leads to inconsistent or inaccurate reporting. Hospital to Home provides automated and standardised reporting from one central data set, leading to more accurate and consistent reporting. The time saved from compiling the reports can then be better spent on interpreting the data and using it for service improvement (e.g. identifying blockages, improving flow)

Reports

- Hide filters

Start Date Between

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and

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- **Partnership Working:** More integrated ways of working between the different D2A organisations, leading to a range of benefits around improved relationships and more collaborative styles of working. LA's have reported that they often feel like the weaker partner alongside the acute NHS trusts, and that their siloed ways of working can lead to tension and breakdowns of communication between the teams. Hospital to Home is a collaborative D2A system and will help support a more open and integrated way of working, which is the ultimate ambition stipulated by NHS England.
- **Patient Experience:** A single D2A system will reduce the chance that the person has to tell their story more than once, as information about their case will be stored in one place. The more efficient discharge planning will also help get them out of hospital as quick as possible, and reduce the chance that they are discharged without the right package of care, or without being followed up in the community.
- **Efficiency Improvements:** Improvements in the efficiency and timeliness of communication and hand-offs between the different teams and organisations involved in the D2A process, thus reducing delays and bottlenecks in the process. This could reduce the average length of stay and increase the effective number of discharges per day, thus freeing up valuable bed capacity for the acute wards. A reduction in delayed discharges could realise a financial saving for the LA's, who can be fined if the delay is deemed to be because they failed to get the package of care in place in time;
- **Resource Planning:** Improvements in the LA's ability to track who has been discharged into the community, and thus better plan the resources needed to follow these people up and ensure their longer-term care and support needs assessments have been completed. Under the D2A process, a person's short term care package is centrally funded for a maximum of 6 weeks, so the longer-term needs assessment must have been completed within this timeframe (and any longer-term care package put in place)
- **Audit & Enquiries:** Errors and failures in the process can result in the LA being subject to investigations such as a formal section 42 safeguarding enquiry. These enquiries are extremely time consuming to resource, and therefore have significant cost implications for the LA. Since Hospital to Home will reduce these kinds of failures from poor communication and no single source of truth, it is expected to also reduce the number of investigations. Furthermore, if investigations are carried out, Hospital to Home will provide an audit trail around each person's case, meaning it is much less resource intensive to provide the information needed for the investigation