

## Intermediate Care - Brent Teaching Primary Care Trust

### Aims

Intermediate Care (IC) is part of a package of initiatives introduced by the UK Government mainly to relieve pressure on acute hospital beds and reduce delayed discharge (bed blocking). IC involves caring for patients in a range of settings, such as in the home or community or in nursing and residential homes. The aims of this project were to determine:

- the cost of different IC packages for any given level of need
- whether it is more cost effective to meet those needs in an IC setting or an acute hospital
- the implications for budgets, arising from cost sharing among all providers
- the effects on physical and human resources needed for IC.

### What we did

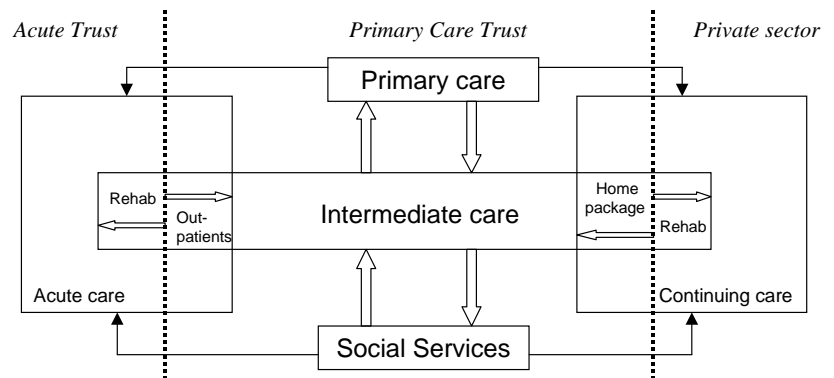
In partnership with Brent Teaching PCT, Brent Council, North West London Hospital Trust, Central and North West London Mental Health Trust, the voluntary sector and academic partners, we held workshops involving a range of health and other professionals. The aims of the workshops were to:

- classify into categories patients in the 75+ age range who have needs which would benefit from IC
- define levels of services for various IC packages, splitting these by provider.

We then used the information to develop a model to investigate the consequences of reducing acute beds at one of the main local hospitals.

### Outputs

The demand for IC is related to the number of patients discharged from each acute specialty and the scope for reductions in lengths of stay. In many cases community based IC proved best value based on equivalent care. However, for some patients e.g. following a stroke where continuous care was needed, a nursing home was better value. In one specialty, geriatric medicine, hospital was the best setting although this depended on whether there was a fit carer at home. The results showed that modest but worthwhile savings to the local health economy were possible but that excellent co-ordination and budgetary flexibility was needed to make the system work. The results formed the basis of Brent's Intermediate Care Strategy and were published in 2006 in Health Services Management Research Volume 19, pp 80-93 (Mayhew, L. and D. Lawrence).



Systems diagram showing the relationship between services and the main service providers.

*Tailoring services to local needs*