

Intermediate care including reablement

Stakeholder engagement – deadline for comments 5pm on 16/11/17

email: QStopicengagement@nice.org.uk

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none">1. What are the key areas for quality improvement that you would want to see covered by this quality standard? Please prioritise up to 5 areas which you consider as having the greatest potential to improve the quality of care. Please state the specific aspects of care or service delivery that should be addressed, including the actions that you feel would most improve quality.2. You may also wish to highlight any areas of practice that might be considered as emergent, are only currently being done by a minority of providers but which have the potential to be widely adopted and drive improvements in the longer term. Please note, these areas should be underpinned by NICE or NICE-accredited guidance3. [Insert any specific questions you would like considered during consultation, or delete if not needed]
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	Care & Repair England
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	N/A
Name of person completing form:	Jane Minter

Supporting the quality standard - Would your organisation like to express an interest in formally supporting this quality standard? More information.		Yes	
Type		[for office use only]	
Key area for quality improvement	Why is this important?	Why is this a key area for quality improvement? Evidence or information that care in the suggested key areas for quality improvement is poor or variable and requires improvement?	Supporting information If available, any national data sources that collect data relating to your suggested key areas for quality improvement? Do not paste other tables into this table, as your comments could get lost – type directly into this table.

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<p>Separately list each key area for quality improvement that you would want to see covered by this quality standard.</p> <p>EXAMPLE: Pulmonary rehabilitation for chronic obstructive pulmonary disease (COPD)</p>	<p>EXAMPLE: There is good evidence that appropriate and effective pulmonary rehabilitation can drive significant improvements in the quality of life and health status of people with COPD.</p> <p>Pulmonary rehabilitation is recommended within NICE guidance. Rehabilitation should be considered at all stages of disease progression when symptoms and disability are present. The threshold for referral would usually be breathlessness equivalent to MRC dyspnoea grade 3, based on the NICE guideline.</p>	<p>EXAMPLE: The National Audit for COPD found that the number of areas offering pulmonary rehabilitation has increased in the last three years and although many people are offered referral, the quality of pulmonary rehabilitation and its availability is still limited in the UK.</p> <p>Individual programmes differ in the precise exercises used, are of different duration, involve variable amounts of home exercise and have different referral criteria.</p>	<p>EXAMPLE: Please see the Royal College of Physicians national COPD audit which highlights findings of data collection for quality indicators relating to pulmonary rehabilitation.</p> <p>http://www.rcplondon.ac.uk/resources/chronic-obstructive-pulmonary-disease-audit</p>
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<p>Key area for quality improvement 1</p>	<p>Most people in hospital want to go home as soon as possible. There is evidence that the homes that people live in significantly impact on their wellbeing. Good housing helps older people to stay warm, safe and healthy. Cold and unsuitable homes lead to further health conditions and often a return to hospital.</p> <p>Most older people live in what is called 'mainstream' or 'general needs' housing (as opposed to specialist housing or residential care), and most own their homes.</p> <p>Home adaptations and repairs can improve the quality of life for people helping them to feel more confident and in control of their daily activities, can help to prevent falls, and can prevent or delay a move back to hospital or to residential care.</p>	<p>One of the areas that have the most impact is collaborative/integrated working across all sectors and while this has proved to be a challenge across health and social care it is even more of a challenge to engage with housing.</p> <p>We argue that at both a strategic and operational level housing organisation must be engaged in intermediate care especially as the guideline promotes home based intermediate care as a key option that should be available locally.</p> <p>This requires health and care partners to understand the importance of housing and to contact and engage the right agencies locally that can support people to assess a person's home environment and help with any adjustments needed.</p> <p>Finding clear routes of referral and engagement with housing bodies is an expectation in the guidance and a prerequisite to offering good home based intermediate care yet all too often housing bodies are not engaged in local teams or part of the referral processes.</p>	<p>One key agency in relation to Intermediate Care at home will be the local Home Improvement Agency which offers help with repairs, adaptations and improvements to the home. Details of local agencies can be obtained from http://www.findmyhia.org.uk/</p> <p>An example of a project where a local agency offers help in relation to reablement and intermediate care is in Ealing – which has done specific work on reablement. Here is a link to these case studies, including Ealing, which might be of interest as a group of practical examples showing an integrated approach where going/staying at home is the goal https://homeadaptationsconsortium.wordpress.com/good-practice/</p> <p>A further example of a reablement approach is identified on Page 23-24 of the evaluation of the Warwickshire integrated housing options advice service. In this case the setting is in extra care housing and identifies the difference in approach to rehabilitation and the role of a housing setting in that process</p> <p>There are resources from NHS England aimed at engaging housing. See https://www.england.nhs.uk/commissioning/health-housing/ which refers to the health and housing quick guide and gives a focus to the role of housing in enabling people to return home from hospital.</p>
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	<p>Where intermediate care is being developed to support people at home their physical environment needs to be right to meet their health, care and support needs at home. This means both the need for an assessment and action to be taken to improve the home environment – to make it warm, safe, accessible and well repaired.</p> <p>That is why the role of housing in intermediate care is a key area for improvement</p>	<p>The suitability of the home to intermediate and long-term care at home should be an important part of the assessment process and measures to improve the home environment a key ingredient to offer good quality intermediate care at home.</p> <p>This will include minor repairs, aids and adaptations and equipment to make the home a suitable setting for intermediate care and for long term care in the future.</p> <p>Developing a quality standard in this area would help to further integrate housing as part of the solution.</p>	<p>Further examples of where housing bodies have been engaged in pressure on hospitals including supporting intermediate care and reablement are identified in these case studies</p> <p>https://www.housinglin.org.uk/Topics/type/Home-from-hospital-How-housing-services-are-relieving-pressure-on-the-NHS/</p> <p>And some specific examples of the use of sheltered and extra care housing for intermediate care are at</p> <p>https://www.housinglin.org.uk/Topics/browse/HousingExtraCare/Commissioning/IntermediateCare/</p>
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Additional developmental areas of emergent practice	<p>We would ask that two reports are added to the list of key policy documents, reports and national audits to the Quality Standards Topic Overview to ensure that housing issues are considered in scope in the quality standard.</p> <p>These are</p> <ul style="list-style-type: none"> •Memorandum of Understanding on integrating housing with health which has been developed with a range of partners such as DH, DCLG, PHE, ADASS, NHS England, LGA http://careandrepair-england.org.uk/wp-content/uploads/2014/12/A_Memorandum_of_Understanding_MoU_to_support_joint_action_on_improving_health_through_the_home.pdf •Hospital2home resource pack – a very practical guide to considering older people’s housing situation in hospital discharge developed with a range of partners including DH, DCLG, ADASS, LGA, RCN, Age UK http://www.housinglin.org.uk/hospital2home_pack/
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Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- Please provide concise supporting information for each key area. Provide reference to examples from the published or grey literature such as national, regional or local reports of variation in care, audits, surveys, confidential enquiries, uptake reports and evaluations such as impact of NICE guidance recommendations
- For copyright reasons, do not include attachments of **published** material such as research articles, letters or leaflets. However, if you give us the full citation, we will obtain our own copy
- Attachments of unpublished reports, local reports / documents are permissible. If you wish to provide academic in confidence

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material i.e. written but not yet published, or commercial in confidence i.e. internal documentation, highlight this using the highlighter function in Word.

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