

Benchmarking Community Services

Community Services represent over £11 billion of UK NHS expenditure with approximately 100 million contacts taking place each year. 34% of England's population use community services to manage long-term conditions. Although Community Services play a key role in supporting service users at home and



Very worthwhile – day well spent.”

Event feedback, 2017

reducing unnecessary hospital admissions, available national data sources are currently limited. The Network's Community Services project aims to fill this information gap, taking a view across all aspects of service

provision including access, activity, workforce, finance and quality metrics. The project provides a detailed view of 26 different community services, covering District Nursing, Health Visiting, Therapy Services and the services that support children, older people, and people with long-term conditions.

NHSBN Community/District Nursing Services - 2016/17 findings



The NHS Benchmarking Network is the in-house benchmarking service of the NHS. Through an active membership spanning the four UK home countries, and covering 70% of NHS organisations, we deliver unique intelligence on NHS service provision. The Network projects are a key source of timely, accurate and informative comparative data for strategic planning and service improvement programmes.

The Network's community services membership includes almost all 'stand-alone' community services providers including NHS Trusts, social enterprises and third sector providers. A large number of acute and mental health providers, as well as representatives in Wales, Scotland and Northern Ireland, that host community services are also members of the Network.



Completing the NHS Benchmarking toolkit helped us to see where our issues were, how we compared with other services and how we might improve. It was really easy to fill in the information we were able to collect. The Trust has now started an improvement project to make the changes we need to improve patient care.”

Member project feedback, 2017

Key findings from the Community Services 2017 project:

- Both adult and children's community services report no significant shift in investment across the past five years, despite guidance set out in the Five Year Forward View on out of hospital care.
- Investment and staffing levels have fallen in District Nursing, the highest volume community service, since 2013. Despite these pressures on services, activity levels have remained fairly stable, suggesting productivity has improved.
- Patient facing time for District Nursing shows an average of 54%, and 39% of clinical time is spent on wound care.
- Detail on the five mandated visits carried out by Health Visiting services was included in the project for 2017/18. The proportion of antenatal visits carried out within agreed timescales is lower than the other mandated contacts. Visits post-birth have the highest proportion of contacts carried out within the agreed timescales.
- Waiting times in children's services are higher than in adult services, however, waiting times from referral to first appointment have reduced in Community Paediatrics, School Nursing and Therapy Services in 2017.
- Community Integrated Care Teams continue to provide a variety of functions including end of life care, wound care and crisis response. The CICT workforce is made up of predominantly nursing staff.
- Community Services consistently perform well in quality metrics, such as the Friends and Family Test. Services generally report high compliance rates with setting patient centred goals.

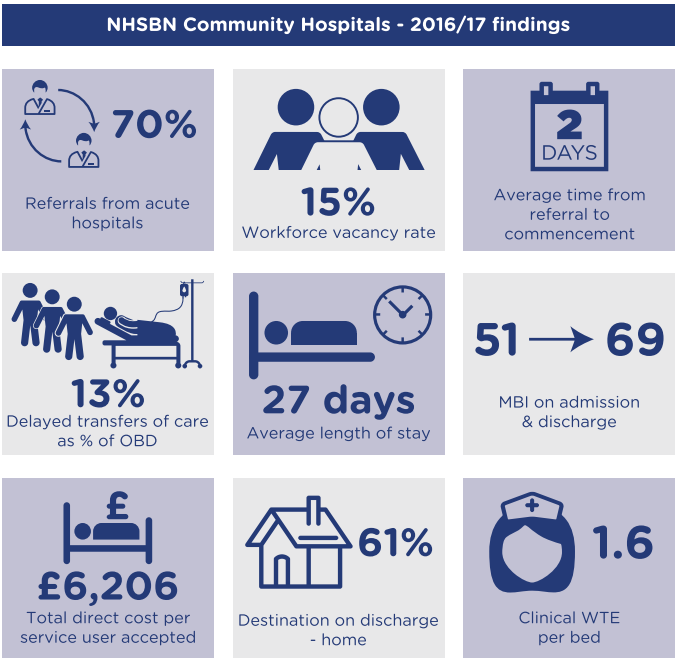
Benchmarking Community Hospitals

The Community Hospitals project focuses on inpatient care on older people's wards for general rehabilitation. The project aims to support service improvement through the provision of benchmarked comparisons on key metrics; covering activity, workforce, finance and quality.

A summarised version of the Community Hospitals project was included in the Network's 2017/18 work programme as part of the National Audit of Intermediate Care (NAIC) 2017, and included Community Hospitals in England, Wales and Northern Ireland.

Findings from the Community Hospitals Services 2017 project (2016/17 data) include:

- Medical cover is provided by sub-contracted GPs in 29% of community hospitals. 19% of community hospitals have an in-house consultant geriatrician providing medical cover.
- 92% of older people's wards are open to new admissions 365 days per year, with 39% open to new admissions 24/7 with a full service.
- Typically, nursing staff and healthcare support workers make up 81% of the workforce. Medical staff make up 3% of the workforce. On average, 8% of the workforce are therapists.
- Agency and bank spend makes up 19% of total pay costs, in line with 2016.
- The average NHS Safety Thermometer score reports 91% of service users receiving harm free care. Average pressure ulcer prevalence is 6% and 2% of service users have harm from a fall in care.



Enhanced Monthly Community Indicator reporting

A set of 38 metrics are collected on a monthly basis covering patient safety & quality, productivity, workforce, data quality and finance. The project covers provision both within the community and inpatient community hospitals and provides timely feedback to participants.

Outputs include a monthly toolkit, showing participant positions against agreed benchmarks. A commentary on the change in position between months is also available. A PDF report can be generated from the toolkit via the members' area.

A new high impact dashboard was introduced in 2017, summarising an organisation's position against the cohort on 12 key metrics. Also new for 2017 was a monthly data extract, enabling participants to pull data into internal trust performance systems.

Benefits of participating

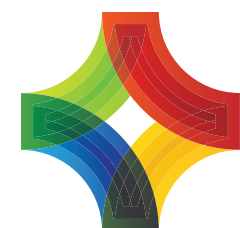
• Timely return of benchmarked information (5 days from submission to feedback).	• Data can be used to inform service and ward manager level staff.
• Monthly benchmarking toolkit and report for all participating organisations.	• Supports Trust's internal performance management.
• Comparative analysis can inform Trust Boards on performance across the 5 domains.	• Participants consent to open transparency to enable shared learning and networking.

As a member of the NHS Benchmarking Network, and participant in the benchmarking projects, you can access:

- Summary reports showing the highlights from the latest round of analysis.
- Bespoke reports showing your results on key metrics.
- Online toolkits showing all comparative benchmarked results.
- Good practice compendiums showing cost saving opportunities and productivity gains.
- Presentations from the Network's annual conferences on the project key findings, from national policy leads and the membership.
- Good practice case studies on how members have used the benchmarking analysis to improve service delivery.

Member organisations can also access a full library of historic project content covering the most material NHS activities delivered by commissioners and providers.

All project outputs are available to download from the members' area of the **NHS Benchmarking Network** website. To obtain log-in details to the website or to find out if your organisation is a member to the Network, please email e.pruce1@nhs.net.



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