NHS
Benchmarking Network

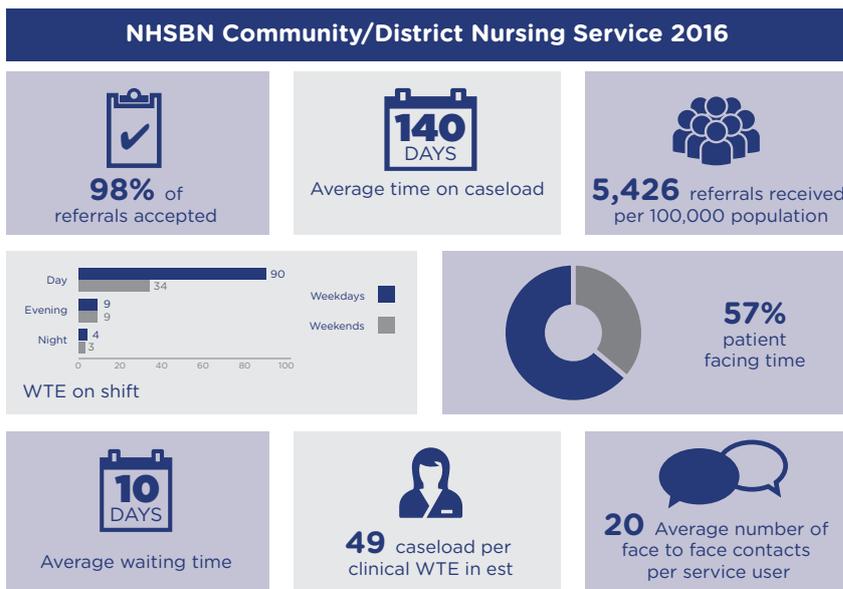## Benchmarking Community Services

The **Community Services project** is one of the Network's longest running and most successful projects and provides a detailed view of 26 different community service areas. All the major community services are included, such as: District Nursing, Health Visiting, therapy services and the services that are targeted at children, older people and people with long-term conditions.

> " Very helpful and clear. It is an excellent source of information for our trust."
>
> *Project feedback, 2016*

Community services represent more than £11 billion of NHS expenditure with approximately 100 million contacts taking place each year. Although community services play a key role in supporting service users at home and 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, quality and outcome metrics.

NHSBN Community/District Nursing Service 2016

98% of referrals accepted

140 DAYS Average time on caseload

5,426 referrals received per 100,000 population

WTE on shift
- Day 90 / 34
- Evening 9 / 9
- Night 4 / 3
- Weekdays ■
- Weekends ■

57% patient facing time

10 DAYS Average waiting time

49 caseload per clinical WTE in est

20 Average number of face to face contacts per service user

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, aspirant Community Foundation Trusts, social enterprises and third sector providers. We also have as members a large number of acute and mental health providers, as well as representative in Wales, Scotland and Northern Ireland that host community services.

NHS Operational Planning and Contracting Guidance – The nine 'must dos' for 2017/19

The Network's comprehensive work programme for 2017/18 has been designed to support NHS organisations in meeting the national and local priorities outlined in the 2017-19 'must dos'.

Findings from the Community Services 2016 project include:

- Despite the clear direction of travel set out by NHS England in the Five Year Forward view, and subsequent guidance, the benchmarking suggests no discernible increase in investment in community services in the last four years. This finding highlights the difficulty faced by commissioners in attempting to shift resources from secondary care to the community sector, given current payment and contracting mechanisms and levers in the NHS.

- Community services are showing an increased level of demand (measured by referrals per 100,000 population), a reduction in resources (investment and staffing levels) and increased waiting times.

Project developments for 2017

- There is increasing interest in the Community Integrated Care Teams section of the project as more areas move towards locality based, integrated teams. Further work on the data specification for this section will be undertaken by the Community Reference Group ahead of the 2017 iteration of the project to capture recent developments in this area.

- Outcome measures are crucial in demonstrating the effectiveness of community services and enabling the sector to compete for scarce resources with other parts of the NHS. The project included four new quality indicators in 2016, taken from the 'Demonstrating the Value of Community Services' initiative to assist the sector in moving this agenda forward.

Benchmarking Community Hospitals

Despite the clear evidence of the effectiveness of community hospitals in the rehabilitation of older people and the key role they will play in the new models of care, there is little evidence available nationally about what is happening within our community hospitals. This Network project aims to bridge the data gap and understand the breadth and depth of community hospital provision in the UK.
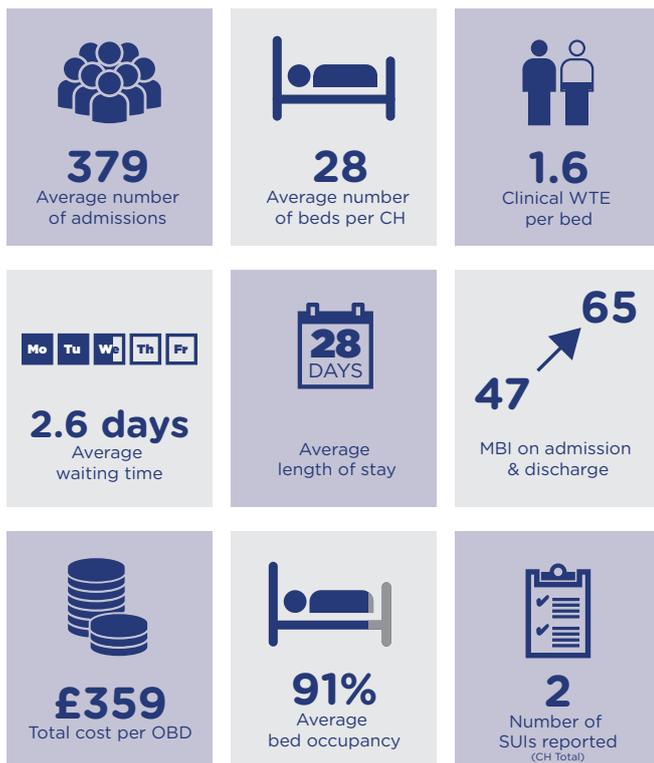
The Community Hospitals project focuses on the inpatient care for older people, as this was established as the common function of all community hospitals. Service models, access, activity, workforce, finance and quality are covered in detail.

> "The toolkit is very good… attending the event has given me the push to get more involved in future."
>
> *Event feedback, 2016*

The project also includes a short service user survey, used to capture the service users' average change in dependency level (based on the Modified Barthel Index (MBI)) during their stay on an older people's ward, the patient's reason for admission, length of stay and destination on discharge.

NHSBN Community Hospitals (Older People's Wards) 2016

379 Average number of admissions	**28** Average number of beds per CH	**1.6** Clinical WTE per bed
2.6 days Average waiting time	**28 DAYS** Average length of stay	**47 → 65** MBI on admission & discharge
£359 Total cost per OBD	**91%** Average bed occupancy	**2** Number of SUIs reported (CH Total)

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

Enhanced Monthly Community Indicator reporting

> "Sharing experiences, ups and downs, new ideas to take back, refreshed my outlook on my service."
>
> *Event feedback, 2016*

From November 2016, the NHS Benchmarking Network took over the production of the Monthly Community Indicators reporting from the Aspirant & Community FT Benchmarking Group (now incorporated into Community First). A set of 51 metrics are collected on a monthly basis covering patient safety, quality, productivity, workforce, data quality and finance.

Benefits of participating

- Timely return of benchmarked information (on average, 7 days from submission to feedback)
- Monthly benchmarking toolkit and report for all participants
- Comparative analysis can inform Trust Boards on performance across the 5 domains
- Data can be drilled down to service and ward manager level
- Supports Trust's internal performance management
- Participants consent to open transparency to enable shared learning and networking

Participants receive access to a toolkit which is updated on a monthly basis and includes previous data available for interrogation, with deviation from agreed benchmarks noted. Commentary on change in the position between months is provided. A pdf report can be generated from the toolkit for use internally.

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

- A summary report showing the highlights from the latest round of analysis
- A bespoke report showing your results on key metrics
- An online toolkit showing all comparative benchmarked results
- A good practice compendium
- Presentations from the Network's annual conference on the project key findings, from national policy leads and the membership.

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 **ashley.spencer1@nhs.net.**