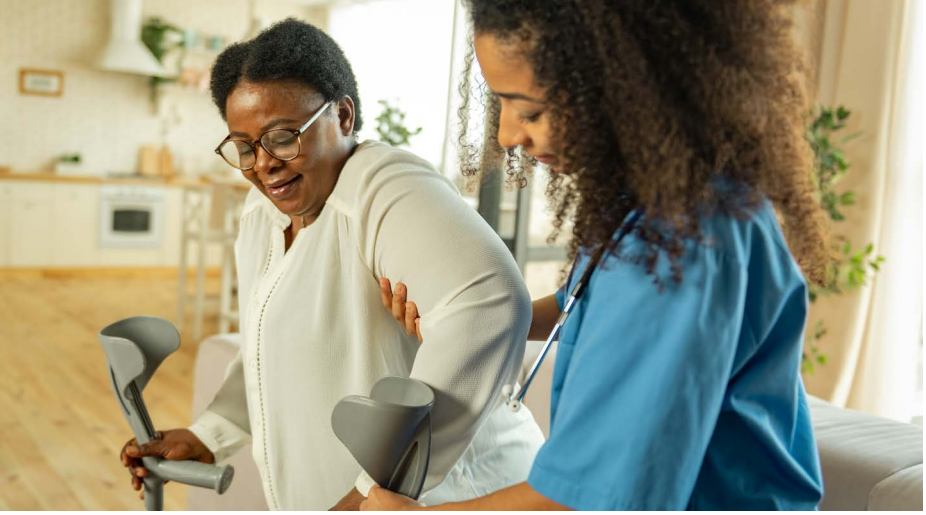


ETHICAL HEALTHCARE CONSULTING

Case Study

Bristol, North Somerset and South Gloucestershire Integrated Care System

Using communications and behavioural change to support and improve discharge across NHS and social care

Background

Integrated Care Systems (ICS) across England continue to face pressure around hospital bed places and moving people through hospital as quickly and safely as possible to meet demand.

More importantly though, we know people recover better at home, or in the place they call home. Hospital is not the place for people who no longer need hospital care, but too many people are remaining in hospital longer than they need, making them more vulnerable to complications or deconditioning and meaning hospital beds are not available for those people who do need hospital care.

Discharge to Assess is a national model which sees people being discharged as soon as they are medically fit, with an assessment taking place once they are home to place them on an appropriate pathway:

Pathway 0 – home with no extra support required
Pathway 1 – home with rehab support
Pathway 2 – into a reablement bed for a short period
Pathway 3 – into residential care

The Need

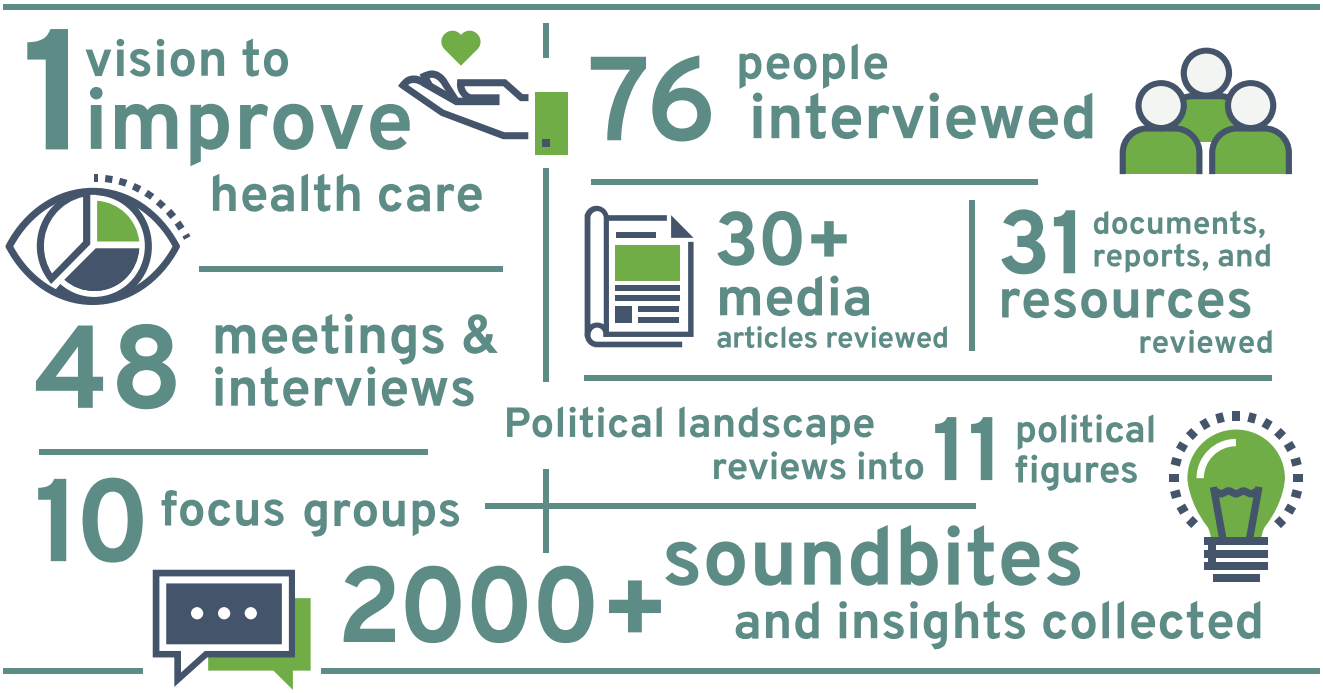
For discharge assessment, planning and onward care to work effectively, it is essential for the different parts of the system to work together to provide truly integrated care for the person requiring it. Discharge to Assess includes acute consultants and nursing staff, acute therapy staff, community therapists, social workers, and domiciliary care organisations and staff. The complexity of need and complexity of the different services and care available leads to confusion not only for people and carers needing care but for those working in the system.

The Solution

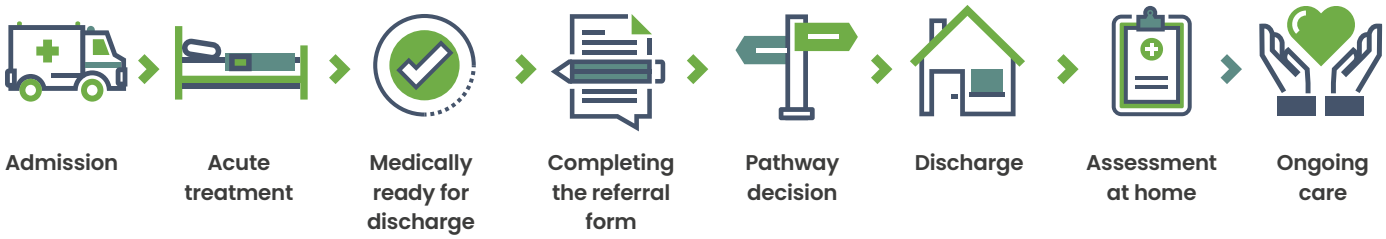
Our team used the unique insight of a behaviour change specialist alongside strategic communications expertise to create an approach that could get under the skin of the issues at play.

The team's independence from the system and the issues meant we were able to take an impartial and independent look at the discharge process, meeting with people and teams and allowing them to talk openly about their thoughts on discharge and some of the challenges involved in an open and authentic way without risk of causing offence.

The team spent 10 weeks focusing on discovery, gathering insight and synthesising findings to inform recommendations and next steps. This included a review of existing documentation, both local and national, and 121 interviews and larger focus groups and conversations. These conversations included frontline staff across all organisations working on discharge in the system, people and carers, voluntary and community groups, and system leaders and managers.



We aligned discovery feedback and insight with the touchpoints along the discharge pathway. This allowed us to identify pressure points and understand what barriers and challenges are preventing people moving through each stage of the process. It gave clear insight as to where behaviour change and communications could support improvements.



The insight phase resulted in clear recommendations for communications activity informed by behaviour change which we then took forward to develop a multi-channel communications campaign.

Challenges

In both phases of the project there were some common challenges.

Staff working across the NHS and social care are still dealing with the impact and aftermath of the global pandemic. Staff are overwhelmed and dealing with burnout and are now working in a recovery phase which is just as intense – not to mention periods of industrial action adding to pressures.

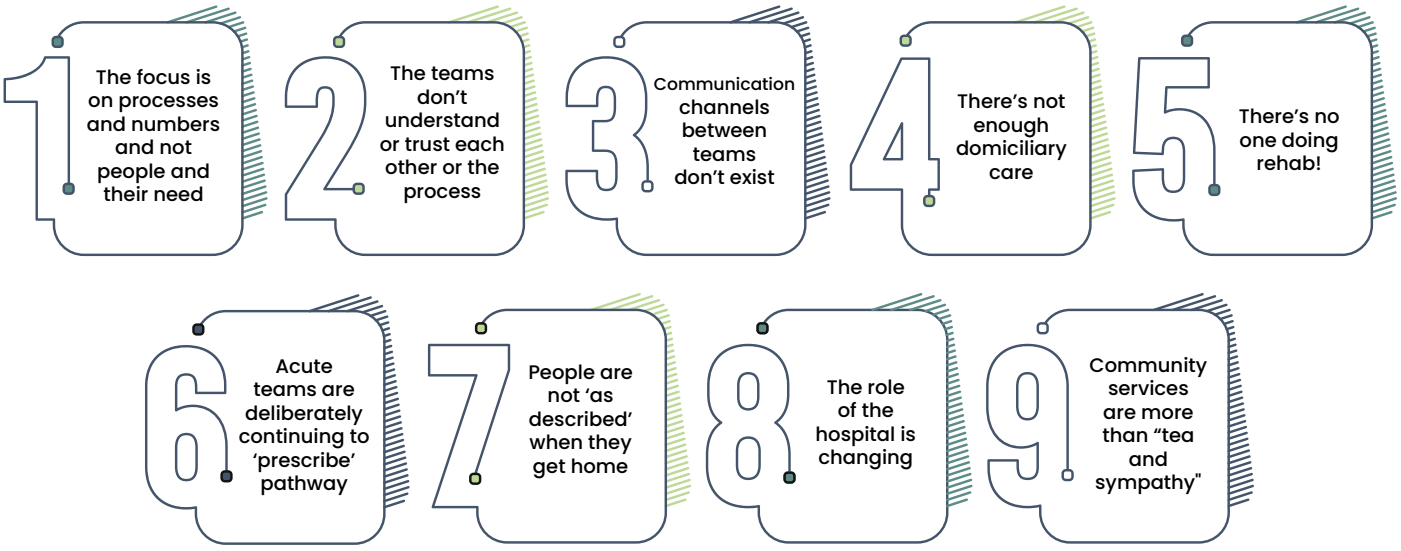
Getting the headspace and time of staff, from the most senior to the frontline, to participate in the detailed discovery was a challenge. However, the client was incredibly supportive in understanding the importance of this and enabling it where they could. On the same note, staff did talk of change fatigue and therefore discussion of any new initiatives or ideas was met with wariness.

Finally, the ability to reach people who had, or were, receiving care, and their carers also proved difficult. This had to be done through services we were working with but it was enabled by the client.

Impact

Through our extensive engagement and insight gathering across multiple stakeholders – including clinicians, patients, families and carers and voluntary and community sector (VCS) – we found there was almost unanimous agreement that people were better out of hospital, recovering at home. However, it quickly became clear that the challenge arose at the transition points in a person's journey. Staff told us they felt confident in the care they were giving and the part of the journey they were directly responsible for. As soon as it came to transferring a decision or care to another team or organisation, people felt very differently.

There was a lack of understanding of the role of other teams and the pressures or challenges they faced.



"We all need to know what we're aiming for."

Community therapist

"I feel we get the party line. They don't feel able to share with us what they have while we try to be transparent."

Acute staff member

"One of my biggest bug bears is you're supposed to be referring for an assessment, why can't they trust my assessment?"

Nurse

"I'm explaining to patients what will happen and I don't understand it myself."

Hospital therapist

Changing behaviour at scale

Our findings highlighted five strong behavioural biases visible across the system:

1

Risk aversion

The instinct to move towards a lower risk option

2

Identifiable victim effect

When overwhelmed with the scale of a problem, to focus on one individual or case

3

In-group bias

The greater liking and trust we have for people in our own identifiable group (and the reduced liking and trust we have for those outside of it)

4

Familiarity bias

Greater liking for things we are more familiar with

5

Availability bias

If an example of something is more readily remembered, then people automatically believe it is more likely to occur, or occurs more often than the reality

Communications has a significant role to play in providing clarity, raising awareness, increasing confidence, providing reassurance, and celebrating success.

Campaign development

Working with focus groups of carers, people who had received care and staff, we developed a suite of campaign materials.

This included a focus on 'who's who and what they do' with posters, social media assets, internal assets and case studies detailing the work of different people in the system and how they relate to each other. We also featured someone who had received care and their story. This was designed to support a better understanding of, and therefore empathy and understanding of, colleagues within the system to grow the 'in-group' and smooth processes.

Alongside the visual campaign, a series of podcasts was developed featuring staff in the system having conversations about key issues in a way that allowed them to get across some of the complexity of decision making in a thoughtful way. These will be shared with staff to grow understanding of how decisions are made and the thought processes around them.

To support this campaign, we held events for frontline staff across the system. We brought more than 100 people together across three events for an opportunity to meet and share learning with colleagues they would never normally have the chance to meet during the course of a day. The sessions supported networking, with participants encouraged to find commonality with colleagues, again supporting trust and understanding.

“I’ve been to a lot of Discharge to Assess events and this was the most insightful. We had a chance to air our beef with us all in the same room; that’s so important!”

Social Worker, South Gloucestershire

Wider campaign materials included leaflets detailing discharge pathways in a clear and comprehensive way. One was aimed at staff, with a summary version available, and another was aimed at people and carers.

We also produced an animation to give the public and those receiving care a clear depiction of the discharge process. The comprehensive campaign aimed to encourage conversation about hospital discharge and help those working in, and those using, health and care services to understand the different parts and how they interrelate.

Next steps, sustainability and scaling

The campaign is being rolled out to both public and staff. This is being led by a communications and engagement group in the BNSSG system.

Impact will be measured through regular pulse surveys which will evaluate levels of awareness, understanding and sentiment.

If you have similar challenges in your area and would be interested in exploring how our behaviour change approach could help, please contact Chloe Watson, Head of Design and Change: chloe@ethicalhealthcare.org.uk