

Case study report for the British Geriatric Society September 2024:  
Anticipatory Care in North Devon

Anticipatory Care is a proactive care pathway in North Devon that supports older people aged 65 and over, living in their own homes with frailty and medical complexity.

Clinical Lead: Dr Fiona Duncan, GP with an Extended Role in Healthcare for Older People

**1)How does the proactive care pathway work ?**

***How are people identified?***

People are identified from the Community Matron caseload and referred to the weekly Anticipatory Care MDT.

The Community Matrons review their caseloads weekly and refer the following people:

- People who have had frequent hospital admissions or are thought to be at high risk of admission
- Those who are falling or at risk of falls
- People with medical complexity
- Those who wish to remain in their own home but are struggling to manage
- People with medical complexity
- Those with polypharmacy
- People nearing the end of life
- Those with behavioural and psychological symptoms of dementia (BPSD)
- People who need input from multiple teams

***How are people supported?***

For each person being referred for Anticipatory Care, the Community Matrons complete a WHO-5 wellbeing score and ask the person, "What matters most?"

The person is then discussed at the weekly Anticipatory Care MDT. This is a meeting taking place over Microsoft Teams.

MDT members include Community Therapy, Older Person's Mental Health, Dementia Support Workers, Community matrons, Health and Social Care, PCN pharmacist, PCN social prescribers/wellbeing team, GP with an extended role in Geriatrics, Falls Rehab nurse, PCN Care co-ordinator.

At the MDT, a problem list is created and a plan is made to address each individual problem. There is a personalised medication review with an emphasis on addressing problematic

polypharmacy. Anticipatory Care is holistic and the main focus is on “what matters most” to the person receiving the care.

Following the MDT, different team members take on responsibility for actioning different aspect of the plan. There is follow up organised at an agreed timescale. When a person is finally discharged from the Anticipatory Care MDT, they are sent a letter summarising the planned support for them going forward.

## **2)How was the team/service/pathway set up?**

Anticipatory Care was initially announced as part of the NHS Long-term Plan in 2022. We therefore started to look at how this would work in North Devon. Dr Fiona Duncan (Clinical Lead for Anticipatory Care) was already running a successful weekly Care Home MDT as part of Enhanced Health in Care Homes. This was used as a basis for the model for Anticipatory Care. There was close engagement with the local Community Matrons, GPs and other MDT members when developing the service model. Existing MDT relationships were built on to create a new MDT for older frail people living in their own homes, with medical complexity; the Anticipatory Care MDT.

There was Anticipatory Care pump priming funding available from the ICB and we used this to test the service as a Pilot in a single PCN in North Devon, with later roll out to a second PCN.

## **3)What difference has been made?**

### ***Outcome measures:***

We used the following outcome measures:

- Before and after WHO-5 wellbeing scores
- Testimonials: older people, carers and healthcare professionals
- Personalised medication reviews
- Before and after surveys of Community Matron job satisfaction and support

### ***Numbers seen:***

Numbers of people receiving Anticipatory Care and personalised medication reviews:

In Torridge Health, from Jan 2023 to end of March 2024;

- 42 patients received Anticipatory Care
- Medications reviewed in 100% cases

In Barnstaple Alliance PCN, from July 2023 to end of March 2024;

- 29 patients received Anticipatory Care

- Medications reviewed in 100% cases

### ***Testimonials from older people receiving Anticipatory Care:***

“I feel the input from the MDT really made me feel listened to and supported.”

“The MDT helped me to now have my prophylactic antibiotics which have helped my chest infections reduce – I feel this would have been a slower process if I did not have the input from the MDT”.

“Input from the MDT has helped to stop my falls and dizziness, I have not had any falls since input from the MDT and this has made a huge impact to my every day life and I have gained confidence again!”

### ***Testimonials from families/carers:***

The Community matrons say:

“I Discussed intervention from MDT with Mr X’s wife who expressed, "I think it is brilliant what is being done for him.....I've been so worried.”

“His wife has been concerned about his mood and his mental health. She has welcomed discussions about her husband starting anti-depressants and conservative interventions to address this.

In addition she worries about "all of his medication". She is very pleased that this has been looked at and a plan to reduce blood pressure medication has been made.

She feels she is involved with decisions about her husband's care and reassured that her husband's problems are being discussed in depth with a GP and Community pharmacist, during what has been a very difficult and emotional time, for her and her husband.”

### ***Testimonials from GPs:***

“Through the multidisciplinary Anticipatory Care MDT, my patient's addiction to over-the-counter medication was identified. With the teams support the patient now has better control of their medication which is reducing the need for clinical input at both a primary and secondary care level. There is incalculable benefits to the patient and the savings from reduced A+E attendance and hospital admissions”

“I appreciate your (and the teams) care for this chap - sounds very complicated and as though he’s being very looked after”

### ***Community Matron Survey results:***

Improvement in the following areas:

- Feeling that role makes a difference to patients
- Team members understand each others roles
- Feeling valued by team
- Having opportunities to improve skills and knowledge
- Feeling supported to develop potential
- Feeling enthusiastic about job
- Feeling burnout

#### ***WHO-5 wellbeing scores:***

Baseline scores were collected but it was too time consuming for the Community Matrons to collect follow up scores. The Community Matrons gave the following feedback on this:

“Unfortunately, it has not always been appropriate/possible to complete WHO scores. I appreciate that evidence is needed but I don't think the WHO score is an accurate reflection of the positive patient experience achieved.

The benefits for patients through problem solving with this MDT enables their problems to be dealt with in a timely efficient manner which carries a positive impact, but very difficult to measure.

I feel that being listened to and having time to discuss outcomes and actions from MDT raises the hope, self esteem and well-being in these very complex patients, often living with progressive long term conditions. ”

#### **4)Continuing**

Anticipatory Care continues to run in North Devon, but there is sadly no recurrent funding for this. We plan to apply for further funding to continue this invaluable work.

We will be measuring ongoing success by looking at numbers of people having personalised medication reviews and the impact of Anticipatory Care on unplanned hospital admissions.

#### **5) Passing on**

##### ***Top tips:***

- Keep case identification simple and manageable: there is a wide range of tech and IT that can be used for case identification, but you can end up identifying vast numbers of patients that are then unmanageable in practical terms. We knew that most of our very complex frail older patients living at home are under the care of the community matrons, so this was an ideal ready-made pool from which to identify cases.

- Investing time in an MDT saves time overall: all professionals in a single place and can often skip lengthy individual referral processes. Use this as an incentive for team members to engage and attend when building your MDT
- Keep MDTs structured: focus on the problem list, “what matters most” and medications. Keep to one hour to maintain concentration and focus of team members.
- Use the MDT as a tool for education and peer support: We have encouraged education and upskilling of colleagues as part of this service. Fiona Duncan (who chairs the MDTs) gives weekly teaching and updates at the MDT and the feedback on this is very positive. Education and teaching are great incentives for the MDT members to attend each week.
- Keep “what matters most” to the older person, at the heart of your plans.

In summary, Anticipatory Care is providing ongoing preventative holistic care for older people living with frailty and medical complexity in North Devon. The service supports the Community Matrons and brings the wider teams together. This is a replicable model that can be used elsewhere.