D2A Service Improvement Tool

This toolkit had been developed from the findings of an evaluation into three D2A pathways and a review of service user and carer experience.

The toolkit is not “how to set up and run” D2A but has been designed around the key findings of the evaluation to act as an aide memoire for clinical and operational managers to help them get the best out of this complex pathway. It highlights those issues that have been found to enhance or detract from a smooth and successful pathway.

Interviews with commissioners and staff in social care, community and acute services were conducted between March and June 2022. In addition, grey literature from Healthwatch organisations and Carer’s UK relating to discharge experience from acute hospitals were analysed. Enablers, blockers, good practice and issues were analysed with three core themes, each with three subthemes, identified:

1. Commissioning: how the service is financed, the structure and culture of the service, and what outcomes are services working towards.
2. Multidisciplinary working: how the services in the pathway connected, the skills and knowledge of the teams, how care is coordinated along the pathway.
3. Information and knowledge exchange: how service users and carers are assessed and communicated with, how the information is managed and flows between teams, how the path is overseen.

Within the three core themes, nine sub-themes were identified along with 63 specific points of interest, points that can both enable or be a blocker to a good D2A service.

The detailed toolkit is online in detail and summarised in this document.

Commissioning

Sub-Theme	Question
Finance	Is the funding sufficient to provide capacity to meet the demand?
	Is there capacity to provide care after the D2A period?
	Has capacity to bridge care been commissioned?
	Is there agreement for longevity to ensure that the service is stable?
	Have out of area agreements been made?
	Is there support for recruitment?
	Has weekend support been commissioned?
	How are providers paid, particularly care homes as there are complaints and delays?
	Is there easy access to equipment?
Structure and culture	Is there a clear strategy for the service?
	Has the team been built with a clear culture?
	Does the team understand the purpose and principles of D2A.
	Has there been any training on D2A?
	Does the team operate as a single (or virtual single) team across the length and breadth of the pathway?
	Is the home first principle being met?
	Have barriers between teams been removed ensuring that the team works as a whole rather than passing patients and requests between silos?
	Is the service patient centred?
	Is there access to equipment and home changing / furniture moving?
Outcomes	Have outcome requirements for the service and their monitoring been built in?
	Is there a process for accountability and assurance?
	Are outcomes for the service defined? Are they monitored? Are they reported?
	Does service user and carer experience shape pathway development?
	Is there transparency of outcomes, process and need across the system?

Multi Disciplinary Working

Connections	**Are the different players in the pathway connected?**
	Do health and social care work together or are there boundaries?
	How does one part of the pathway know what others are doing?
	Have silos been broken down and does the team work as a virtual team?
	Do community services have a strong voice?
	Is there a culture of development and integration?
	Is the service flexible and agile?
Skills, knowledge and understanding	**Does the team include a range of therapists and other skills?**
	Has the team been trained in therapy and rehab skills?
	Does the team know what other disciplines do?
	Does the team have access to resolve housing problems (e.g. homelessness and hoarding)?
	Is specialist mental health support available?
	Have there been assessments of the risks in care homes and at home for service users with challenging behaviour?
	Capacity for dealing with people with complex needs?
	Are the needs of people with dementia understood?
	How are carers' needs addressed?
Coordination	**Are there single points of contacts for key workers, coordinators, service users and carers?**
	Are there huddles and MDT meetings?
	Is there a hub for the coordination of the service and care?
	How are different perspectives on care and need managed?
	Is there continuity of care as patient moves through pathway?
	How are risks and safeguarding coordinated and managed?
	How is the third sector capacity and involvement managed.
	Is there a directory of resources?

Information

Assessments	**Do assessments start with essentials for discharge and increase in detail during the pathway?**
	Is the assessment tool agreed by all parties? Do people have the skills to complete it?
	Does the information flow through the pathway? How is it shared?
	How are service users, carers and family expectations discussed? What information are they given? Is there an agreed set of information / leaflets?
	Do discussions with service users, carers and staff bring forward creative solutions? Is there an understanding of the benefit of not being in hospital?
	How is risk assessed? Are risks understood by both acute and community staff? What level of experience and skill sharing is in place?
	How is the initial level of care needed identified and agreed? Is that level of care able to be changed quickly after discharge? How is this communicated with the service user and carer?
	Are service users aware of what will happen at the end of the D2A period?
Information Management	**Is there a single dynamic patient record? Is there a single assessment and recording process?**
	Are records electronic and shared?
	Do all staff involved in the pathway have access to the electronic record? Can they both read the information and write to the record?
Oversight	**Do key workers and managers know who is doing what and when?**
	Are service managers, system managers and commissioners sighted on available capacity and the flow of service users through the pathway?
	Are service managers, system managers and commissioners able to monitor the pathway across system including waiting lists and capacity?
	Is information on outcomes used to drive improvements?