



Older People’s Assessment and Liaison (OPAL) Service: Gloucestershire Hospitals NHS Foundation Trust

The Older People’s Assessment and Liaison (OPAL) Service at Gloucestershire Hospitals NHS Foundation Trust ensures that older people presenting at the trust’s A&E receive comprehensive clinical assessment and care planning from a consultant geriatrician. An important feature is the OPAL consultants’ close working with the integrated discharge team to facilitate supported discharge and recovery at home.

Gloucestershire Hospitals NHS Foundation Trust serves a population of 612,000, runs two district general hospitals and employs more than 7,400 staff. Its doctors and nurses also treat patients at clinics, other smaller hospitals and through outreach services in the community.

Aims

The service aims to reduce the number of people over 80 years old who are inappropriately admitted to hospital. The immediate assessment aims to meet patients' needs while avoiding hospital admission – for example, by co-ordinating a package of community support. For patients who are admitted, care planning and treatment start immediately.

Origins

The trust has a range of initiatives to support patients being treated in the most appropriate location. It developed OPAL after recognising that older patients deteriorate once in hospital, which can lead to a longer stay and a risk to their health. Most patients prefer to stay independent and in their own homes, rather than be admitted to hospital.

Structure

Acute-based The service has operated from the Gloucestershire Royal Hospital (GRH) site (since October 2013) and from Cheltenham General Hospital (CGH) since October 2014.

Characteristics

- senior geriatricians at the front of the hospital in A&E
- joint working with integrated discharge teams
- originally funded by commissioners on a non-recurrent block contract basis; now recurrent

Multidisciplinary team The service is consultant-led, with several consultants (including geriatricians) contributing to the rota at each site. GRH currently has one full-time specialist nurse, and there is a part-time GP at CGH. The teams work alongside the integrated discharge team, which includes therapists and nurses but no social worker.

Monday to Friday service OPAL currently operates five days a week, 9am to 5pm at both sites; this does not necessarily align with hospital admission patterns.

How patients benefit

Geriatricians carry out thorough assessments at the front of the hospital with the aim of turning patients around without an admission. Early comprehensive geriatric assessment (CGA) means that senior geriatricians can decide diagnoses, avoiding admissions and ensuring that more patients are supported in their own homes or move to 'intermediate' care/community hospitals for rehabilitation. For patients who are admitted, early CGA means they receive specialist care, which should improve the quality of their care and reduce how long they stay.

Enabler: high quality leadership

High quality leadership and service management by committed senior consultants have been crucial. The most successful model for the service was where existing geriatricians moved from the wards into OPAL and locums took their place on the wards, rather than hiring temporary practitioners to staff the OPAL service.

An ambulatory approach to short-stay admissions In some instances, a short-stay admission will be necessary for an intense period of hospital treatment. However, these short-stay facilities do not have beds; they look and feel like an outpatient clinic. The philosophy and focus are about maintaining the patient's independence.

Many patients are seen and discharged either without staying or with just a one-day stay. Patients are transferred to appropriate primary and community care teams to complete their recovery outside hospital.

OPAL, supported by nurses from the trust's integrated discharge team, supports patient discharge and transfers patients to community teams, activating access to reablement, sit-in services or other services that the patient needs to be kept well at home. Some patients are also transferred into community hospitals. The OPAL and integrated discharge team nurses can follow the patients into the community and carry out home visits if necessary.

The consultant geriatricians have close working relationships with community teams and they attribute OPAL's success to the close positive working between its practitioners and community teams.

Community teams can phone the consultant geriatrician directly if they are concerned about a patient. GRH consultants carry a mobile phone, partly for this reason. CGH does not offer this service currently because of resource constraints but hopes to in future.

Enabler: synchronisation of projects within the local care trust

As service models change, there is increasing overlap between the two organisations. It is essential that services are lined up for patients to receive high quality integrated care.

Impact

Reduction in older people being admitted to acute wards The trust reports that the number of people over 80 admitted to the hospital in 2014/15 is lower than in previous years, even though admissions in all other age cohorts are rising. This has improved flow through the hospital, helped the trust reach its access targets and ensured beds are available for acutely unwell patients.

Monitoring quality improvement The trust has developed an internal set of metrics based on data collected by the OPAL team, including an analysis of patient cohort by age band and the Rockwood Clinical Frailty Scale.¹ Other monitoring covers length of stay, readmission and mortality rates for the patients seen by the OPAL team compared to all 'frail' patients (locally defined). The trust is also working with the Acute Frailty Network, which provides technical support and a 'measurement for improvement' tool.

Challenges

Recruitment

- Developing OPAL took longer than expected, partly because a lack of available applicants meant it took time to recruit staff.
- Competition for staff also brings issues of negotiating pay rates and reliance on locums or agency workers.

Capacity

- There are pressures on existing staff who are being asked to develop and run a service simultaneously.
- The trust has concerns that the current OPAL staff resource may not be sufficient to meet current and growing demand.

¹ A global clinical measure of fitness and frailty in elderly people ranging from Very Fit to Terminally Ill.

More information

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This is one of a suite of case studies designed to increase awareness of schemes to move healthcare closer to home. For more materials see [Moving healthcare closer to home](#)