British Specialist Nutrition Association Ltd

bsna

The voice of the specialist nutrition and intravenous medicines industry in the UK

HEALTHCARE IN THE HOME
BSNA CONFERENCE SUMMARY REPORT

March 2025

INTRODUCTION

AN OVERVIEW OF HEALTHCARE IN THE HOME AND A VISION FOR THE FUTURE

The hotly awaited NHS 10 Year Plan is to be published this summer, and with it the detail of how the Government's vision for far more healthcare to be provided close to and in people's homes can be achieved.

This will be a transformation that will need to take the lessons of not only what is being achieved through the Virtual Wards programme, but also look to the examples of healthcare provided at home for many decades and to tens of thousands of patients.

At BSNA's Healthcare in the Home – Benefits for All conference in March this year, speakers and attendees came together to reflect on what will be a priority in transforming models of care to prioritise quality of life and to give people the confidence to manage their health and healthcare at home.

A huge cultural shift will be needed for all involved in providing healthcare and support to people.

A vital part of this will be to prioritise co-creation, choice and personalisation in how we provide healthcare in people's homes.

How to centre people in these discussions including those groups who are 'seldom heard' should also be at the heart of the NHS 10 Year Plan – a challenge set by patient engagement pioneer and conference keynote speaker, Mark Duman.

Finally, the conference was an opportunity to raise awareness of the potential of healthcare in the home and also of doing things differently at the same time as managing the day-to-day pressures in the health system – without a proper understanding of how to scale up current models and good practice, the potential of early intervention and prevention cannot be fully realised.

"So often the comfort of home is what we need to help us heal" Tara Donnelly - Founder Digital Care and Conference keynote speaker

DECLAN O'BRIEN,
BSNA DIRECTOR GENERAL

THE EVOLUTION OF HEALTHCARE IN THE HOME, THE CONTRIBUTION OF INDUSTRY AND MOVE TO VIRTUAL WARDS

In England, more than 15 million people - over a quarter of the population - have a long-term health condition, or a health problem that cannot be cured but can be controlled with medication or other therapies.[i] Over the next ten years this figure is expected to increase, especially among those living with multiple conditions. Care of people with long-term conditions accounts for about 70% of the money we spend on health and social care in England.[i]

Equally, 300,000[ii] more people are now receiving homecare through the NHS since 2011, and over half a million (600,000)[ii] people across the UK are currently receiving healthcare via an NHS contracted Clinical Homecare Provider.

BSNA members provide medical foods and parenteral (intravenous) medicines including to patients at home. Parenteral medicine preparation requires large scale manufacturing and many highly skilled personnel.

In order to scale up to meet predicted growth in demand of 5% per year,[iii] BSNA is working with the NHS on demand prediction especially in the next 3-to-5-year time period to enable appropriate capacity planning.

BSNA members have been providing care services in people's homes for over 40 years, with over 1,000 nursing staff, over 300 other clinical staff and 300 wider support staff. Our companies also support 50,000 patients a year.[iv] The support provided by BSNA members spans nutritional care including tube feeding and parenteral nutrition, to treatment such as Outpatient Parenteral Antimicrobial Therapy (OPAT) and chemotherapy at home.

As well as providing nursing support in the home, many patients receiving care from BSNA member companies are also supported with patient coordinators and provided with all the equipment to manage their condition at home.

DECLAN O'BRIEN,
BSNA DIRECTOR GENERAL

THE EVOLUTION OF HEALTHCARE IN THE HOME, THE CONTRIBUTION OF INDUSTRY AND MOVE TO VIRTUAL WARDS

Benefits for patients

- Improved experience and personalised healthcare delivery
- Greater flexibility to work, travel and retain independence
- Improved geographical access - helping tackle inequalities
- Improved adherence to treatment
- Safeguarding role through access to the home

Benefits to NHS

- Reduced demand on hospital services
- Financial savings and value in terms of prevention
- Reduced wastage through increased adherence
- Effective switching of medicines if necessary

In more recent years, NHS England (NHSE) has looked to build on this model of healthcare in the home, to provide hospital level care for patients at home. NHSE committed to fund the Virtual Ward model of care with a long-term commitment to achieving 40-50 virtual beds per 100,000 of the population by December 2023. Though this was scaled back in 2023 to 10,000 beds overall by Autumn 2023, making the original 40-50 per 100,000 target a longer-term objective.[v]

The expansion of virtual wards, particularly with a focus on older patients with long-term conditions and those with complex nutritional needs, presents an important opportunity to ensure patients are receiving the high-quality nutritional care and support they need while on a virtual ward and to build on existing, successful, approaches to providing healthcare in the home.

DECLAN O'BRIEN,
BSNA DIRECTOR GENERAL

A PICTURE OF HEALTHCARE IN THE HOME

- Training, guidance and support after discharge
- Prescription received and dispensed by in-house pharmacists
- Medical food or parenteral medicine delivered to the home +/- refrigeration
- Equipment delivered - pumps, giving sets etc
- Nursing care provided and continuously available at short notice
- Call centres provide support and advice
- Collaborate with NHS professionals for clinical reviews
- Delivery also to holiday destination
- Happy to share 'best practice' and also learn as we collectively advance

TARA DONNELLY,
FOUNDER, DIGITAL CARE

NO PLACE LIKE HOME - THE RISE OF TECH-ENABLED CARE AT HOME ON THE NHS

Around 10,000 people will have woken up in their own bed this morning, receiving hospital-level care on the NHS.[VI] That's 20 average sized hospitals worth of patients, or 360 wards. Five years ago, there were none.

In her expert and insightful keynote presentation, Tara described how this change took place, some of the benefits it brings, and what may be next.

The move to Virtual Wards was originally focussed on early discharge as the key driver but this has now shifted to focus on reducing admissions to hospital. As the COVID-19 pandemic developed, the priority for the NHS was to care for as many people as possible outside of hospital to manage capacity for those most in need.

At the same time, many people do not want to go into hospital and hospital-associated deconditioning - the decline in physical and/or cognitive function that can occur after a hospital stay, often due to prolonged immobility and inactivity – presents a significant risk, particularly for older people.

The expansion of Virtual Wards to manage patients with COVID-19 at home saw both pre-hospital and post-hospital models used to monitor patients and offer additional help where required. Virtual wards were also expanding around the world, an expansion supported by patients.

There is a misconception that patients do not like digital technology as part of their care, particularly older people. Yet, in a survey in 2023 of 7,100 people, the Health Foundation[vii] found that 78% would be happy to monitor their own health at home using technology instead of being monitored in a hospital. For those aged 65 and over, this rose to 85%.

This reflects a recognition of the loss of independence many experience following hospital stays.

Most patients on virtual wards receive a blend of virtual and in-person care and this model allows nurses to deliver more personalised care, which also significantly benefits the patients.

TARA DONNELLY,
FOUNDER, DIGITAL CARE

NO PLACE LIKE HOME - THE RISE OF TECH-ENABLED CARE AT HOME ON THE NHS

In recent years, people with long term conditions accounted for 70% of hospital bed usage [viii] and the case was clear for providing those at highest risk of admission with remote monitoring support to catch issues early and prevent the emergency admission.

The strongest results have been seen in patients with Chronic Obstructive Pulmonary Disease (COPD) and Heart Failure, with a 32% reduction in GP visits for those within the Managing Heart Failure at Home programme [ix] and 41% reduction in emergency admissions in the Airedale NHS Foundation Trust telemedicine service for patients with COPD.[x]

The positive development of virtual wards in the UK is now an example to other countries such as Singapore, which have been learning from the UK. There is more opportunity for the UK to expand its use of at-home testing, with the potential for AI to expand the use of virtual wards and other models of healthcare in the home further.

MARK DUMAN
PATIENT ENGAGEMENT PIONEER, MD HEALTHCARE

PATIENT ENGAGEMENT: THE ART OF THE POSSIBLE

Patients are the biggest untapped resource in healthcare. Engaging them in co-design, harnessing their lived experience, truly informing them of their choices, and coaching them to better care for themselves, and others, will make healthcare safer and more sustainable.

In his session, Mark Duman, patient engagement pioneer, talked to attendees about how empowering patients isn't just about better outcomes - it's about transforming the very fabric of healthcare through the 3C's:

- Co-creation & patient experience – where patients are more than 'just' reviewers
- Choice- which is about engaging patients on more than just consent
- Coaching – to support patients and more than 'just' caring.

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" World Health Organization

The World Health Organization states patient engagement should be a part of health systems.[xi] To do things differently we need to change the entire system.

While the NHS develops innovative approaches to care, and new ways of doing things, the widespread dissemination and adoption of this innovation can be a challenge.

Making patients active participants in their care also saves significant costs.

Moving a patient from Level 1 (a passive recipient) using the Patient Activation Measure to a Level 4 (an active participant) can reduce costs by 8-21%.[xii]

MARK DUMAN
PATIENT ENGAGEMENT PIONEER, MD HEALTHCARE

PATIENT ENGAGEMENT: THE ART OF THE POSSIBLE

There are many models of patient engagement:
1. The use of co-creation and patient experience: a. how often do we talk to end users; b. how do we use patient experience; c. how do we hear from those who aren't satisfied with their care; d. understanding and building on peer to peer reviews.

2. Choice is more than consent. It includes education as the general population is not health literate. The potential exists to increase health literacy, since it helps patients better navigate the system.

Put patient education and self-care first. Patient activation measure – measuring motivation of patient cohort.

3. Coaching includes supporting behaviour change e.g. enabling Type 2 diabetes remission through diet and lifestyle change. How can we also impact the behaviour of the whole family as a route for early intervention and prevention?

Coaching requires a different skillset from healthcare professionals who need to be more effectively trained to implement.

4. Personalised medicine – a patient's GP may know past and current medical history, most know ethnicity, but they will not know illness perception or medicines beliefs, health and digital literacy or degree of motivation.

When something happens beyond health it can impact all of these things – these are the social determinants of health. If moving from hospital to home, we need to understand these factors and build into the model of healthcare in the home.

We need to improve education to enable the patient to begin to better navigate the system. Could we put the patient at the centre to a greater extent? There are many examples where patient engagement and patients' lived experiences are a core part of how homecare services are designed, including across the BSNA membership.

Patient groups such as PINNT may be included as the patient voice in the design specification. Patients can be approached to speak directly to those teams delivering the service to understand how life is as a homecare patient – including direct feedback on the service.

CONCLUSIONS FROM THE CONFERENCE PANEL DISCUSSION

HOW TO SUPPORT THE EXPANSION OF HEALTHCARE IN THE HOME TO MEET THE GOVERNMENT'S VISION FOR THE NHS

While there are a variety of healthcare in the home models – from telemedicine, to nursing support for home parenteral nutrition, to the new Virtual Ward models – the focus on supporting people to manage their health and healthcare in the home offers a major opportunity to the NHS and the benefits to patients can be enormous.

Yet, this model of care is still not properly recognised in the long-term planning for the NHS. Key Government policy documents such as the NHS Long Term Plan and the NHS Long Term Workforce Plan make no reference to homecare.[xii]

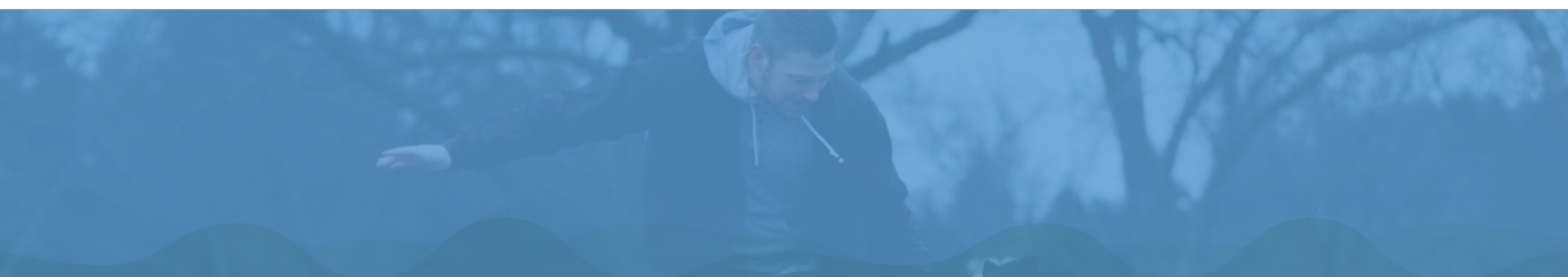
The new NHS 10 Year Plan is a key opportunity for Government to invest in home-based models of care, in addition to their vision for 'neighbourhood' health services.

For those companies providing services to patients, this lack of recognition is a challenge to long term investment in both infrastructure and workforce development.

Though NHS finances continue to be under significant pressure, funding approaches do not yet fully support moving patients from hospital clinical-based services funded by hospital to non-hospital settings including patient's homes and a significant investment in community care is needed.

Expansion of home-based services is also dependent on significant improvements to the digital infrastructure with investment to accelerate easy adoption of digital solutions by the NHS as well as by HCPs and patients themselves.

Digital innovation will also support improved data access to support operational delivery insight and enable greater patient engagement and involvement in both service development and improvement – with greater digital inclusion helping address health inequalities.



HOW TO SUPPORT THE EXPANSION OF HEALTHCARE IN THE HOME TO MEET THE GOVERNMENT'S VISION FOR THE NHS

A BSNA VISION FOR THE FUTURE OF HEALTHCARE IN THE HOME

- A FUTURE WHERE WE HAVE STRONG COLLABORATION WITH PEOPLE AND THE NHS
- A FUTURE WHERE EARLY INTERVENTION LEADS TO PREVENTION
- A FUTURE WHERE WE CAN LEARN TOGETHER AND LOOK BEYOND HEALTHCARE FOR INSPIRATION
- A FUTURE WHERE WE EMBRACE DIGITAL TECHNOLOGY
- A FUTURE WHERE PEOPLE HAVE THE CONFIDENCE AND SUPPORT TO MANAGE THEIR HEALTH AT HOME

Providing national leadership and direction through the appointment of a national director for healthcare in the home was also considered as a way to realise the potential of the diversity of existing models and tackle some of the challenges to securing a transformational shift in how and where care can be delivered.

Working in partnership with the NHS and other partners, BSNA members have worked to deliver treatment and support to thousands of patients so that they are empowered to manage their condition through each stage of life, so people can live their lives to the full.

About BSNA

The British Specialist Nutrition Association (BSNA) is the voice of the specialist nutrition industry in the UK. We are a trade association representing manufacturers of high-quality specialist nutritional and aseptically compounded products. Our members produce infant formula, follow-on formula, young child formula, complementary weaning foods, medical foods for diagnosed disorders and medical conditions and parenteral nutrition and provide aseptic compounding services for chemotherapy, antibiotics and Central Intravenous Additive Services (CIVAS).

Healthcare in the Home Conference 4 March 2025

BSNA held a half day conference, 'Healthcare in the Home – Benefits for All' in partnership with Convenzis Group with attendees from across the NHS, third sector and BSNA member companies. This report is a summary of the discussions and presentations made at the conference. For further information on the conference, please contact Declan O' Brien at: info@bsna.co.uk

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