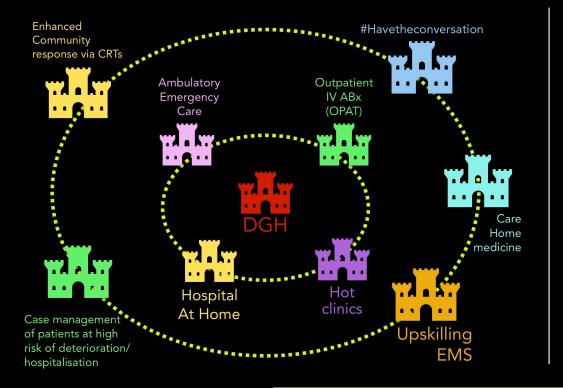
The Castle and the Black Hole:

the win/win of admission alternatives & care closer to home



Enhanced #Havetheconversation Community response via CRTs Ambulatory Outpatient Emergency IV ABx Care (OPAT) Care Home nedicine Hot Hospital clinics At Home Case management Joskilling of patients at high risk of deterioration/ FMS

 The Castle Model (left) -Inspired by the duplicated outer walls of Beaumaris and Harlech castles, designed to reduce the number of invaders who reached the castle's inner sanctum (i.e. the keep). The Castle Model illustrates how you can put as many community initiatives in as you like, but without an additional tier of physician-led (not necessarily primarily physiciandelivered) services working in the medical model, you cannot claim to have maximised the number of patients it's possible to treat via alternatives to admission. However, the same concept works the other way. From the patient perspective, hospitals are black holes, pulling people towards them. Optimising the "safety barriers" shielding patients from the gravitational pull of the hospital requires the same strategies.

hospitalisation

It's a Care Closer to Home win-win.

• The Black Hole model (right) uses the same types of services as "safety barriers" to stop patients being sucked into the black hole a hospital admission when they don't necessarily need to be there

At some point in an illness trajectory, standard GP services plus schemes working primarily in nursing/social models are simply not enough. If you are serious about "Care Closer to Home", you must develop the inner tier - whether you view it as a wall or a safety barrier!