

**REPORT FOR: HEALTH & SOCIAL  
CARE SCRUTINY SUB-  
COMMITTEE**

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<b>Date of Meeting:</b>	7 October 2013
<b>Subject:</b>	Harrow Community Nursing Service – Service Model Developments
<b>Responsible Officer:</b>	Sharon Gregory, Harrow Community Service Director, Ealing Hospital NHS Trust
<b>Scrutiny Lead Member area:</b>	Policy Lead Member for Health Performance Lead Member for Health Policy Lead Member for Community, Health & Wellbeing Performance Lead Member for Community, Health & Wellbeing
<b>Exempt:</b>	No
<b>Enclosures:</b>	Annex 1 Harrow District Nursing Performance Metrics

**Section 1 – Summary and Recommendations**

This report sets out the current service delivery and service development needs relating to the Harrow District Nursing Service model. It also sets out the service development intentions and actions that are being implemented to ensure that the needs of Harrow District Nursing Service patients are being met.

**Recommendations:**

The Health and Social Care Sub Committee is asked to consider the Harrow District Nursing Service model development needs, intentions and actions to meet the needs of service users and any cross organisational aspects to support the implementation of these plans

## **Section 2 – Report**

### **Introductory Paragraph**

Following the April 2013 Health and Social Care Scrutiny Sub-Committee meeting the Sub-Committee asked for an update in relation to the Harrow District Nursing Service model delivery.

The District Nursing Service model, introduced in January 2012, aims to deliver service productivity efficiencies through a revised service skill mix supported by a range of service quality improvements and innovations.

Specific queries were raised by the Health and Social Care Scrutiny Sub-Committee in relation to:

- § The development of a Clinical Reference Group to support clinical stakeholder engagement
- § Progress against delivering the new service model
- § The District Nursing Service being responsive to patients with the most intensive needs and the most serious illnesses

### **Background**

The Harrow District Nursing Service model was introduced in January 2012 following a service demand, capacity and productivity review.

The District Nursing Service model was introduced on the basis of:

- § Supporting integrated care delivery by aligning District Nursing Teams to General Practice Peer Groups
- § A revised service skill mix to more effectively manage the needs of patients
- § Service productivity efficiencies being realised to enable release of efficiency savings

However, there remains a need to implement service developments to realise the vision of the service model and deliver the planned service efficiencies.

The District Nursing Service model development needs are outlined below and recommendations are given in relation to the service developments being planned or implemented within the Harrow District Nursing Service.

The Harrow Community Nursing Service has a key role in supporting patients to remain in their own homes, which is also a key priority for the Local Authority. As such opportunities for joint working should also be considered by the Health and Social Care Sub-Committee within the recommended developments.

## Current Situation

The Harrow District Nursing Service consists of 3 nursing teams aligned to 6 General Practice Peer Groups. The Harrow District Nursing Service is commissioned to undertake 61,788 patient facing contacts per annum. Currently at month 5 2013/14 the Harrow District Nursing service is working to 96% of planned contracted activity.

Harrow District Nursing Service is experiencing increasing demand in the number of referrals it receives with a 40% increase in referrals compare with those received in 2011/2012.

A Harrow District Nursing case mix analysis has been undertaken and has found that the average age of service users in the last year was 75 years of age, which is indicative of the support the service provides to Harrow's elderly population. The case mix analysis stratified the District Nursing caseload to reflect the complexity of patients based on the NHS Model for Long Term Conditions Management. This process stratified patients into patients that needed management of complex needs (tier 3), patients that needed less complex disease management (tier 2) and patients that needed supported self-care (tier 1).

The District Nursing caseload complexity indicates that the service case load is a mixture of patients with complex long term needs requiring frequent intervention, representing 10% of the overall caseload, and patients with disease management needs and supported self-care needs.

On average patients were seen by the District Nursing Service 6 times in total. In contrast, however, the most complex patients on the case load were seen of average 46 times indicating the intensity of input that this 10% of complex patients demand.

Furthermore a patient survey was undertaken by the District Nursing Service in August 2013 to inform District Nursing Service model developments. Patient feedback included the following themes:

- § Patients wish to have the same nurse as often as possible
- § Communication with the service can be difficult at times and that 'email instead of fax may make life easier'.
- § 'Service is very good' - Overall satisfaction with the service was expressed as 'good' by 100% of respondents.
- § The majority of service users (80%) stated they were contacted on the same day or next day from referral
- § 100% of respondents stated that the district nurses visited on time

Specific patient feedback included:

- § 'It is a very good service and much appreciated. It is a life saver for both my parents'
- § 'I realise that most things in life need improving; I cannot see any room for improvement as everything seems adequate. I have no complaints only praise'.

- § 'I build up a good relationship with the District Nurses that visit me. They are nice, friendly, gentle and professional. The quality of service the nurses provide is excellent. They are very good and professional. I have no complaints about the nurses. They are wonderful and do a brilliant job'.

There are a number of Quality, Innovation, Productivity and Performance (QIPP) service developments that have been identified through patient feedback, incident analysis and patients complaints. As such Harrow District Nursing Development needs include:

- § The need for a forum to discuss service feedback and service developments with clinical stakeholders
- § The need for the service to be responsive to rapid access needs of patients, and the needs of patients with dementia and end of life care needs
- § The need for further integration across Ealing Integrated Care Organisation to support consistent standards of service delivery
- § The need for systematic caseload management to identify and support patients with complex needs, promote self-care and manage service demand and capacity

## **Why a Change is Needed**

All NHS services are required to undertake annual Quality, Innovation, Productivity and Performance (QIPP) programmes to support the delivery of year-on-year service quality and efficiency improvements. As such there is a continuous drive for service quality improvements and innovation, which also aim to deliver efficiencies in productivity and performance for savings and reinvestment.

A number of recommendations are being implemented or are planned to deliver the efficiencies to support the District Nursing model. Current recommendations and actions for development of the Harrow District Nursing Service model include:

### **Stakeholder Engagement**

- § A Clinical Reference Group for engagement with District Nursing Service Stakeholders has been proposed with commissioners and General Practitioners – The first meeting is planned for the 21<sup>st</sup> of October 2013

### **Service Provision Developments:**

#### **District Nursing Rapid Response**

- § A Commissioning for Quality and Innovation (CQUIN) scheme for District Nursing rapid response (0-2 hours) consisting of additional District Nursing staffing capacity. Implementation of this scheme is planned for quarter 3 of the 2013/14 financial year

### **Specialist Dementia Nursing**

- § A CQUIN scheme for the management of dementia patients in the community consisting of a specialist nurse. Implementation of this scheme is planned for quarter 3 of 2013/14 financial year.

### **End of Life Care (EOLC)**

- § An EOLC Pathway for Harrow has been agreed with Harrow CCG to support the provision of integrated care of patients with end of life care needs
- § A proposal has been submitted to Harrow CCG for the development of integrated End of Life service provision across current provider organisations and implementation of Coordinate My Care, on line care planning and information sharing system

### **Specialist Nursing and General Practice Nursing Integration**

- § Integration of Specialist Community Nursing across the ICO to support the consistent implementation of best practice within District Nursing Services
- § Harrow CCG are also proposing work to integrate District Nursing working with practice nursing

### **Ongoing District Nursing Skill Mix Review**

- § Further review of District Nursing staffing skill mix based on improved understanding of case load complexity and to ensure that there is the appropriate level of Leadership and support staffing in the service

### **IT and e-Working Efficiency Solutions**

- § Implementation of paper light processes such as the introduction of scanners and electronic faxing in District Nursing
- § Implementation of a mobile working solution and full use of Rio electronic patient record and management system

### **District Nursing Service Estates Consolidation and Improvements**

- § The Harrow District Nursing Service plans to move from two bases to a single Community Nursing Base at Caryl Thomas Clinic. This move aims to realise efficiencies in estates expenditure and give increased management and administration support to District Nursing from one site
- § An Improved telephone system at Caryl Thomas is being procured to handle increased patient and professional communications with the service and to cope with the increase demand on managing incoming phone calls from one site

## **Implications of the Recommendations**

### **Considerations relating to recommendations include:**

#### **Resources, costs**

Cost reductions are being identified wherever possible from non clinical related activity. In addition additional resourcing is being sought for example from the CQUIN schemes outlined. Capital bids have been submitted for the additional costs associated with mobile working developments and these are being prioritised against trust wide capital bids

## **Staffing / Workforce**

There is an ongoing need to ensure that the District Nursing Service skill mix is appropriate to ensure that the needs of patients is supported and there is the optimum skills and roles to deliver the required activity relating to the complexity of needs.

## **Equalities Impact**

The access specification for the District nursing Service has remained unchanged from before the service review. As such the service remains accessible to residents of Harrow and patients with a Harrow GP.

## **Community Safety**

The safety of housebound adults being supported in the community is dependent on the effective delivery of District Nursing Services in collaboration with formal or informal carers. In line with Trust and Local Authority priorities there is increasing demand to support adults in the community where there are environmental safety issues for patients, which are more challenging to manage compared with higher intensity residential or nursing care environments.

## **Financial Implications**

All NHS Services are required to deliver yearly efficiency savings. These were met in Harrow Community Service in the 2012/13 financial year through, in part, the implementation of the new District Nursing Model. Further savings efficiencies are planned through, wherever possible, non-clinical schemes and integration across the ICO.

There are wider resource implications associated with the District Nursing model delivery plans for the District Nursing Service including the sustainability of the staffing model in light of increasing service demand, accommodation and IT costs required to support the delivery of the model.

## **Performance Issues**

### 1. Impact on Council Priorities

The key council priority that is impacted on by the performance of Adult Community District Nursing Services relates to supporting patients at home. The effective delivery of supporting patients at home is managed through Multidisciplinary Group Meetings (MDGs) which are jointly attended by Health and Social Care staff and focus on the most vulnerable patients being managed by Health and Social Care Services.

### 2. Performance Indicators

There are a range of District Nursing performance indicators that continue to to be delivered against including:

- § 100% of Venous leg ulcers shall be healed within 12 weeks
- § Achievement of a 5% or smaller DNA rate

- § The provider shall respond to 100% of referrals within 4 hours or 24 hours depending on patient needs
- § Reduction in Pressure ulcers
- § The provider shall ensure that 75% of the caseload of 65 years of age and over shall be screened for dementia
- § Of those patients that die 80% should die in their preferred place of care

Performance against these targets is outlined in Annex 1

3. Will the proposal require the performance target(s) to be changed? If that is not yet possible, when will the new target(s) be set?

The proposal will not require performance targets to be changed.

4. What impact is there on resident outcomes that are delivered either by partners or by joint working with partners?

The primary impact on resident outcomes is to support patients to remain in their preferred place of care and to maintain their independence and that unnecessary admission to hospital is avoided.

5. What would the effect be, in relation to all the above, if the proposal did **not** go ahead?

The effect if the recommendations were not to be adopted would be that service targets and quality indicators would not be met and that patient care would suffer as a result.

## **Environmental Impact**

The development plans for the District Nursing Service model include measures that support the delivery of the council's climate change strategy. The main environmental impact aspects to consider in relation to the Harrow District Nursing Service development proposals include:

- § Introduction of paper light processes specifically implementation of electronic faxing and the increased use of electronic patient records with scanning of documentation received in hardcopy
- § Reduction of the number of community bases will realise efficiencies in energy consumption

## **Risk Management Implications**

Risk included on Directorate risk register? No

Separate risk register in place? No

## **Equalities Implications**

Was an Equality Impact Assessment carried out? Yes it is understood that an equality impact assessment was undertaken as part of the District Nursing Service review. This information is not currently accessible however.

If yes, summarise findings, any adverse impact and proposed actions to mitigate / remove these below:

As above the equality impact assessment whilst understood to have been undertaken is currently not accessible

## **Corporate Priorities**

Please identify which corporate priority the report incorporates and how:

§ United and involved communities: A Council that listens and leads. The Council is listening to the development needs of the Harrow District Nursing Service and considers the plans for meeting the needs of the Harrow District Nursing patients.

§ Supporting and protecting people who are most in need. The recommendations aim to support and protect the District Nursing patients that are most in need through addressing the service development needs in light of the newly introduced model of care.

## **Section 4 - Contact Details and Background**

### **Papers**

**Contact:** Patrick Laffey, General Manager Harrow Community Services,  
Phone: 0208 861 2516  
Deborah Kelly, Deputy Director of Nursing and Clinical Practice Ealing Hospital ICO  
Phone: 0208 967 5157

**Background Papers:** Nil