Welcome to latest edition of our stakeholder newsletter, on the Coventry Out of Hospital programme.

We have just concluded our latest Out of Hospital Development session entitled ‘Making it Happen’ held at The Butts Arena in Coventry on 18 June 2019. The event was the third in a series of development sessions, with an excellent turnout from our partners on the day including; GP Cluster Leads, health care staff, social care staff and commissioners from across a range of services all committed to the principal of working collaboratively in order to shape the future of the Out of Hospital care model.

John Bewick, Facilitator on the day, working alongside Dominic Cox, Director Strategy and Development for the Trust and Dr. Surinder Chaggar, Clinical Lead, Coventry and Rugby CCG set the scene and facilitated the conversations around the cluster groups focused on the challenges and opportunities for the integrated place based working.

The aim of the event was for partners to agree on the Place Based Community Team priorities and develop a plan of action for the next few months. This was supported by a presentation given by Jayne Flynn, on the Population Health Management data sets for each GP cluster.

The development session was configured to allow staff in their Place Based Community Teams to build on the ideas and enthusiasm generated from the initial sessions. The groups were tasked with capturing the health priorities faced by each cluster.

A key discussion focused on the need to create the ‘staff capacity’ in the current services / pathways for improvement activity. Priority projects were agreed for wound care, insulin injections and delivery of eye drops aimed at how we could work smarter to release capacity.
Wound Care Review… Our ambition

Donna Reeves, Project Lead – Community Services Management

In April 2019 I took up the role of Project Lead to review and support the provision of wound care to our patients accessing the Trust’s Tissue Viability and Community Nursing Services, Primary Care and Care Homes.

The aim was to embed a consistent approach to wound care across the services, ensuring our patients are receiving their wound care by the most appropriately skilled clinician, in the most convenient location, using the most appropriate wound care products which reach the right patient at the right time and in the right quantity. We know that wound care that is well-organised and evidence based can achieve better healing rates, better patient experience and better use of NHS resources.

We recognise that our success will depend upon identifying and addressing the interdependencies between our different professional groups and services involved in wound care for patients. This must take into consideration the effects of having concurrent health issues that can impact upon the healing process and the need to embed a strong and successful Multi-Disciplinary Team (MDT) approach to this in order to adopt a holistic approach.

This work requires a positive approach to working together, looking at what we, as a Tissue Viability and Community Nursing Service, can do to support our clinical colleagues in GP Practice and Care Home settings. As a result they will gain more confidence and experience to carry out treatment that may traditionally been delivered by our Trust’s Community Services. This will require access to education for healthcare practitioners, patients and carers, so we are currently reviewing our resources on the intranet and website, as well as having a greater understanding of what our Trust teams need in order to enhance their skills and facilitate them as both hands on and enabling clinicians.

I have started a series of meetings with stakeholder colleagues, gaining valuable insight as to what they currently do and what they aspire to do for those in their care regarding wound care at their practice or patients place of residence.

In order to support our work I have met and forged links with the author of the National Wound Care Strategy Programme; Dr Una Addersley and await the launch with anticipation. The strategy will highlight the opportunity to develop a clear focus towards improving care relating to national evidence-based recommendations, to reduce unwarranted variation, improve safety and optimise patient experience and outcomes.

To help improve our own focus as a Trust, I have joined a newly established ‘Coventry and Warwickshire Learning Forum’ with a number of my colleagues from clinical, operational and safety and quality. The forum focuses on consistent approaches to wound care across the four NHS service providers on the patch (CWPT, UHCW, GEH and SWFT). We have so far found this insightful and a real opportunity to share and learn.

I look forward to continuing to assist and support all of my colleagues further with this exciting quality improvement journey, so please look out for further updates as we develop our plans.
Jayne Flynn, Assistant Director of Systems, Information and Business Intelligence presented Population Health Management Insight at the OoH Development Session on the 18 June.

Data from Public Health England GP Practice Profiles has been a GP Cluster level, linked to CWPT Carenotes OoH caseload data, and acute Emergency Admission data, and presented using the Trust’s Business Intelligence Tool Qlik Sense in a series of visualisations.

The visualisations show:
- Health condition prevalence rates including Asthma, COPD and Diabetes comparisons across the GP Clusters and England;
- CWPT Out of Hospital Services caseload numbers and geographical distribution of where patients live;
- GP Cluster indicators around life expectancy, number of nursing home patients and proportion of patients with a long standing health condition;
- Number of emergency admissions.

The insight presented allows the GP based clusters to begin to understand the health needs of their population and how these play out across the primary care, community and acute care sectors.

The aim now will be to deliver focused workshops on Population Health Management Insight data with each of the GP Clusters across all health and social care providers. This will help support the identification of place based health priorities and the development of the integrated care model.

For more information please contact Jayne Flynn at: Jayne.Flynn@covwarkpt.nhs.uk
Describe your main duties
I am responsible for the day to day operational management of the ‘Urgent Care & Reablement’ team by supporting the clinical staff in the delivery of care to patients living in the community. I manage all the necessary elements of the team from recruitment and retention of staff to budgets so that the overall aims and objectives of the service and Trust are achieved.

Describe the team of which you are a member
I manage a Multi-Disciplinary Team (MDT) operating from 8am-10pm, 365 days of the year. We support the Out of Hospital model, facilitating hospital discharges and preventing avoidable hospital admissions, by providing short term support from both nursing and therapy disciplines to patients within their own homes. The Urgent Care & Reablement Team also provides support to the Community Place Based Teams (CPBT) across the city for all urgent unplanned visits.

How is the new Out of Hospital care model making a difference?
All the teams working under the Out of Hospital Model are working closer together, understanding each other’s roles, pooling resources and streamlining processes. Introducing an integrated single point of access (ISPA) for all referrals coordinates, prioritises and signposts patients to the correct teams. All referrals coming in centrally enable us to measure capacity, demand and evaluate our caseloads better. The Urgent Care & Reablement team is working closely with our CPBT as well as Community Therapy helping to provide a holistic approach to supporting a patient’s health needs; this in turn has a positive impact on improving patient experience and the patient journey as a whole.

What’s the first thing you do when you get into work?
The first thing I normally do is review our urgent caseload and prioritise visit allocation. We have a pressure point call each morning at 9.30am where all Out of Hospital Service Managers, Team Managers, Clinical Leads and the General Manager discuss and review the status of their teams capacity, demand and caseloads to ensure they have the correct levels of support in place to support their patients.

I love my job because...
There are different challenges every day. No two days are the same. There is a real sense of achievement at the end of most days. Regardless of what job you do in the NHS, our actions result in making a difference to patients. I get real satisfaction with my job and enjoy improving patient care.
Key Achievements and Next Steps

Key Achievements:

- A new Place Based Community Team (PBCT) Steering Group has been established to help drive the implementation of Place Based Community Teams. The first PBCT Steering Group meeting took place on 16 May 2019.

- GP Alliance approved funding for lead cluster practice nurses to have protected time for place based development.

- Names of the Adult Social Care team leaders have been confirmed for place based working.

- A Development Session was held at the Coventry Rugby Club on 18 June 2019 with GP Cluster Leads, Health & Social Care staff and commissioners. Priority actions have been agreed to improve patient care and better utilise clinician capacity.

- Population Health Management Insight presentation on 18 June at the OoH Development Session with GP Cluster Leads, Health & Social Care staff and commissioners.

- Central Services Steering Group established with membership from system wide partners. First Steering Group took place on 14 June 2019.

Next Steps:

- E-consultation pilot go live with Abbey Park Care Home. Staff from both CWPT and the care home will undertake an e-consultation to support the assessment of care home patient wounds.

- Health and social care colleagues to review and map all partner processes for referrals, with a view to understand and align opportunities for improvement and integration.

- CWPT/SWFT Joint OoH Programme Shared Working Event scheduled for 10 July to focus on shared learning from Year 1 activities and further opportunities for collaborative working in Year 2.

- Multi-agency frailty event organised on 26 June 2019 to focus on admission avoidance and timely discharge with practical improvement actions to be agreed.

- Visit Scheduling Allocation Tool on Carenotes to be rolled out for Place Based Teams. The tool will support staff to manage their daily caseload.

Get in touch:

If you have any feedback or suggestions regarding content for this newsletter, please email to communications@covwarkpt.nhs.uk and give your email heading ‘Out of Hospital Communications’. We would love to hear from you.

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