

# CONNECTED

Intermediate Care Staff Newsletter

August 2017

Welcome to the fourth edition of CONNECTED, the staff newsletter for Intermediate Care Services in Doncaster. The aim is to keep staff informed of developments in the intermediate health and social care project and to provide an opportunity to share good news and best practice across all teams.

The project team will be co-ordinating the production of the newsletter so please contact Debbie Aitchison or Paul Burton, details below, if you have some news you would like to include.

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For more information about the project follow this link to the Intermediate Care webpage on the Doncaster CCG website: <http://www.doncasterccg.nhs.uk/your-care/intermediate-care/>



## Introducing the Single Point of Access (SPA)

The Single Point of Access including a Clinical Triage model has been in operation for three years following the re-design of Community Nursing Services in Doncaster in 2014. The service operates 24 hours per day, 365 days per year and is provided by RDaSH.

It is made up of a team of 23 Call Handlers who are always ready to take calls and manage referrals from patients, service users, families, carer's and professionals aiming to ensure callers are connected to the right professional in a timely manner. 85% of all calls are answered in less than 60 seconds ensuring support can be offered as soon as possible. Call handling staff will take brief details enabling them to direct the call to the appropriate Triage team for a call back.

Each caller into the service is offered a conversation at the point of Triage from one of our experienced staff



members working across Community Nursing, Adult Mental Health, Reablement, Specialist Continence Services and Complex Care Practitioners. This conversation either provides advice and support or determines the most appropriate professional visit to take place in an individual's usual place of residence.

The team work tirelessly to ensure that individuals can be treated and cared for in an environment that supports recovery and can respond to patient's needs 24/7.

The team continues to expand and is now heavily involved in the Intermediate Care project supporting not only the Rapid Response pathway but the next phase of the project, the medium term response. Over the last few months it has also played host to a number of organisations locally and nationally who are embarking on their own Single Point of Access journey sharing knowledge and experiences.

Anyone wishing to contact us is welcome to do so, details below;

Tel: 01302 566999

Fax: 01302 566789

Email: [RDASH.1Point@nhs.net](mailto:RDASH.1Point@nhs.net)

# A Day in the Life of an Intermediate Care Professional

**Adam Graham, Senior Call Handler/Administrator, SPA**



**My name is Adam Graham and I am a Senior Call Handler/Administrator working for RDASH within the Doncaster Single Point of Access team.**

I arrive at work around 7:15 and get straight onto my computer to load up my desktop phone system, 3 TPP Units, Silverlink and e-mails so I'm ready to start at 7:30am. Around this time things are normally fairly quiet, so I have the chance to ask the night staff for a brief handover of what has happened and if any problems have come up whilst they were on shift or if they have any concerns.

As 8:00am approaches it starts to get busy and calls increase from patients, carers and professionals alike. Yesterday (Monday 24th July), within the first hour, I had a patient calling to discuss their first time continence clinic appointment, another with an expelled catheter which had been out all night and someone calling to book their INR, but this is only a small sample of the calls I had taken. As the morning progresses, more and more staff begin their shifts and other services start to open, but the pace doesn't slow down, phones messages, electronic referrals and faxes come through in quick succession.

Normally between 9:00 – 10:00 I manage to run the daily management reports. These are designed to make sure all clients that use our service are registered into our system correctly and if any irregularities are highlighted I am able to investigate them easily. As I am seen as the "go to guy" for any system queries, I am regularly taken away from my call handling role to support other team members or clinical triage.

Sometimes the calls aren't as straight forward as you might expect, we receive a lot of upset, frustrated and

sometimes abusive individuals so we have to manage their expectations as best we can. As the afternoon progresses the calls seem to pick-up and become more complex. Many people call SPA for advice or help to identify which service they need to contact for their particular health or social care need (signposting), by 12 noon I had taken 55 calls so was quite a busy morning and by the end of my shift at 6pm I had taken 87 in total.

On this particular Monday the service received 616 calls but most weekdays we average between 400-500 calls so the influx on a busy day like this wasn't unusual. We also regularly see an increase in calls when the primary care services are closed on an evening, weekend or for training.

I enjoy the variety of the people I speak to and the performance side of my role, as data analyst, is a real interest for me. I think understanding the aspect of how the SPA service runs from the initial phone call, the triage process and all the way to the end result helps in my daily call handling role.



The Royal College of Occupational Therapists have published a report called **Living not Existing- Putting prevention at the heart of care for older people**. The report recommends reframing how we approach assessing and providing for people's needs in older age. It reinforces the need to break

down the barriers to NHS and social care services working seamlessly together and outlines the potential to deploy occupational therapists within primary and social care in new ways which could reap long term benefits for individuals, service providers and commissioners.

<http://cotimprovinglives.com/>

## ONLINE CARERS SURVEY

**Earlier this year an electronic survey was carried out by Co-Create with the support of Doncaster Healthwatch via social media for a period of three months to find out about the views of people in caring roles. The survey asked questions about where they feel their loved ones are best cared for, where they go to access support and the impact of caring on their own life.**

There were 51 respondents, 17 of whom were identified as current carers and 31 identified as providing practical, emotional and/or financial support to an older person. Over 50% of the respondents were aged 50 and over and 74% were employed – some finding it difficult to cope with looking after a loved one and working full time.

*“What things would make you feel that your loved one was better cared for/safer at home?*

*A system that listened to and respected us – we are best placed to know what is needed”*

When asked whether their caring role impacts on their emotional and physical wellbeing and time available for self-care, 90% of respondents agreed. Only 2 had received a carers’ assessment and 13 didn’t know they could request one.

Future carers were concerned how they would cope with potentially taking care of an older person in the next 10 years, fearing how it would affect their daily life, how they would manage alongside their own job and how they would cope whilst getting older and less able themselves.

86% of respondents felt that the place where their loved ones are safest and most cared for is at home and also the place where they will receive the safest treatment.

Support such as regular visits from a carer, befriender or health care professional, pendant alarms and daily living aids were identified as things that would make people feel that their loved one was better cared for and/or safer at home. Support to take medication on time, more GP involvement and respect for the carer’s view were some of the other suggested support mechanisms identified by the respondents.

Those currently accessing support found out about it mainly from friends and family, GP and local support groups. Those not currently receiving support stated these places as being where they would go for more information, also citing the Internet. Future carers identified the same sources.

The key themes that came out were that carers and future carers are feeling overwhelmed, don’t know where to go for help and are not routinely offered carers’ assessments. The majority of respondents indicated a preference for home based care rather than hospital based. These are important messages for intermediate care and other services.

As part of the intermediate care project we will be looking at how we can do more to support carers, including developing a trusted assessor model for carer’s assessments and making better links with carer support services.

A full report is available here:

<http://www.doncasterccg.nhs.uk/intermediate-care-staff-page/>

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# Integrated digital care record - project update

**On Monday 10th July, Orion Health signed the contract to supply our IDCR solution, and act as our partner during the Proof of Concept pilot. This IDCR pilot phase will enable us to understand and test the benefits of the IDCR Solution and build a business case to justify the investment in a full integrated solution that will go on to serve the wider needs of our region.**

In mid-July, Orion Health's project team held a User Configuration workshop followed by an IG session to kick start the decisions we need to make around our system configuration. Work is now underway to determine what information will be visible to the different roles involved in the Rapid Response pathway during the Proof of Concept phase, and members of the Doncaster Intermediate Care Implementation Team will be fully involved in this decision making process. Orion Health will use our suggested role and data mappings to build our test system which we are expecting to be available for user testing in mid-September. Technical sessions will also be held over the coming weeks with representatives from each partner organisation to agree how data will be transferred from our source systems to the IDCR solution.

Channel 3 Consulting will continue to support the CCG and Partners throughout this Project; specifically with deployment management, including project management to represent the Doncaster Partners, clinical engagement support, benefits management and the Business Case development.

Thanks again to everyone for continuing to support this project and for your input during the latest workshops/sessions.



## Administering Eye Drops in the Community.

During her research into pharmacy input within intermediate care Kim Doran (community Pharmacy Technician) spent some time liaising with the community nursing teams. It soon became apparent how many visits were dedicated solely to the administration of eye medication to patients in the community. Not only was there potential for this time to be utilized for other clinical work but there appeared to be missed opportunities to promote self-care and independence.

Working with members of the unplanned care team we discovered that during a sample period there were at least 47 visits per day to 28 individuals to administer eye medication alone. The cost of the nursing time involved in this work is estimated at approximately £15,000 per week and there is currently a wide variety of appliances available to help patients use their eye medication either independently or with the assistance of a family member or carer, many of which can be prescribed. An appliance, along with appropriate training and guidance on safe administering could reduce dependency on statutory services and promote independence.

In order to promote the use of these appliances, Kim will be working closely with the unplanned nursing team visiting patients and assessing their ability to use an appliance independently. She will also be liaising with the out-patients department and GP practices in order to develop alternative pathways for future referrals. With the support of specialist groups and existing community pharmacy services we hope to reduce dependency and release capacity.

Reviewing of individuals will begin w/c 24th July, for more information on this project please contact Kim.doran@nhs.net or the unplanned nursing team.

For more information please see full proposal on [this link http://www.doncasterccg.nhs.uk/intermediate-care-staff-page/](http://www.doncasterccg.nhs.uk/intermediate-care-staff-page/)

# We're going System Perfect!

From 5 to 12 September, health and care in Doncaster and Bassetlaw will go 'System Perfect'.

This means that all those involved in public sector care in Doncaster and Bassetlaw will work to ensure that patient flow is as efficient and safe as possible – in short our ambition is to try and ensure that everything that should happen will happen during the seven days of the scheme.

Being System Perfect means that we will work together, not just as individual organisations but as a care community, ensuring that we deliver the best quality care for the people of Doncaster, Bassetlaw and beyond.

The organisations taking part are:

- **Doncaster and Bassetlaw Teaching Hospitals**
- **Rotherham Doncaster and South Humber NHS Foundation Trust**
- **NHS Doncaster and Bassetlaw Clinical Commissioning Groups**
- **Doncaster and North Nottinghamshire Councils**



- **Fylde Coast Medical Services (FCMS)**
- **Other health partners in the area.**

Throughout the week, from board to ward all members of staff will be involved to ensure that things are running as perfectly as possible. This will mean that we make sure the right people are available, at the right time, to make the right decisions to help patient flow, both within our hospitals and communities.

Being System Perfect means that we have all hands on deck, ensuring the best possible experience for the patient.

It's important to note that none of this is to say that each and every week we do not strive to be perfect, this is instead about removing any obstacles and barriers you face, ensuring the system flows just right.

This week will be the perfect opportunity to 'recalibrate' our system, investigating where things can improve and implementing the things that work well and which can be sustained 52 weeks a year.

Over the next few weeks we will communicate more information about System Perfect, please continue to check your staff bulletins, intranet and remember to cascade this information to your colleagues.

Let's get ready to go System Perfect!



Using 'tweetchats' as CPD or revalidation evidence- Tweetchats offer an opportunity to share best practice, learn together and reflect on putting learning into practice. Capturing this process can be an excellent demonstration of continuous professional development. #wecomunities have created a tool to enable you create a downloadable PDF of tweetchats you have participated in to add to your CPD evidence.

<http://wecomunities.org/tweet-chats/tweetchatsCPD>