MEETING: HEALTH SCRUTINY COMMITTEE

DATE: 5th August 2010

REPORT TITLE: CONSOLIDATION OF DISTRICT NURSING CLINIC PROVISION

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1. INTRODUCTION

1.1 This report details on proposals to consolidate existing District Nursing clinic provision in the city from 23 to 11 locations in order to improve efficiency and clinical effectiveness of provision.

2. CURRENT PROVISION

2.1 District Nursing is provided in the city by Leicester City Community Health Service (LCCHS). The service predominantly supports housebound adults over the age of 18 years with a physical health care need. It provides advice and a comprehensive range of treatments that enable an individual to avoid unnecessary admission to hospital, or where hospitalisation is necessary, to work in partnership to facilitate a prompt and safe return home.

2.2 Patients are seen in both domiciliary and clinic settings. Currently there are 23 clinics held each week in Health centres and GP Practices across the city (see Appendix 1 for list). They provide a total of 194 clinic hours a week and on average see 500 patients a week. Some of these venues are being used by the District Nursing teams more than once a week.

2.3 The majority of work within clinics relates to wound care (91%). This includes leg ulcer management, post operative wound care and pressure area care. The remaining time is spent on an ear care (syringing) service (8%) in some clinics and a very small amount of time (0.5%) is spent on other procedures including injections.
3. CLINIC CONSOLIDATION - THE NEED FOR CHANGE

3.1 There has been a significant investment in Health services in the last 10 years. However within the new economic climate the challenge is protect the level of front line activity by delivering services in a more efficient way whilst ensuring choice for patients. The Department of Health has advised PCTs and Clinicians:

“In meeting this financial challenge, it is crucial that we do not lose momentum in improving the standard of care we deliver. We need to protect and promote quality while releasing savings everywhere. In doing so we will continue to ensure that NHS values are at the heart of what we do and we remain committed to tackling inequalities and promoting equality. As clinicians we make the decisions that, every day, have an impact on how the NHS budget is spent. Our duty is to do this in a way that makes the best use of NHS resources and taxpayers’ money. It is more important than ever that each pound we spend is focused on maximising the quality of healthcare we provide and on improving the experience of patients and the public”

3.2 The delivery of district nursing services in a large number of clinic venues across the city has developed historically and with limited strategic oversight. Within the new economic climate there is an opportunity to review provision in order make it effective, equitable and efficient by seeking to focus as much clinical staff time on the delivering of direct patient care. Within the context LCCHS has undertaken a clinics options appraisal. This has involved looking at best practice on other parts of the country and undertaking consultation with staff, patients and a small number of GP’s. This appraisal proposes a number of changes as summarised below

4. PROPOSED CHANGES

4.1 Clinic settings:

Proposal:

To consolidate existing provision within 11 Health Centre clinics (see Appendix 2 for list)

Reason:

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1 The NHS Quality, Innovation, Productivity and Prevention Challenge: an introduction for clinicians DOH March 2010
By having all clinics within health centres you eliminate travel time, as District Nurses are already based in these centres. The same level of clinical activity can be maintained, but save approx. 35 hours a week in travel and preparation time. The Health Centres are spread across the city and patient would have a choice if which ones they wanted to attend.

4.2 Clinic provision:

Proposal:

That future clinic provision focuses on wound care for patients:

Reason:

By having a smaller clinic team of nurses there is the potential to develop the nursing skills in both tissue viability and leg ulcer management, ensuring that all wounds seen are assessed and a treatment plan is initiated by staff with extended skills and knowledge to enhance healing rates.

4.3 Ear syringing and other peripheral clinic provision

Proposal:

The District Nursing service works with existing GP’s for whom an ear syringing service is provided to support the transfer back to ear care to Practices over a 6 month period. Other peripheral provision such as injections should be provided by GP practices

Reason:

The ear syringing service has developed historically and is only provided to a minority of GP’s. Therefore it is inequitable to maintain existing provision and this service can be provided within General Practice. However it is not a straight forward task and practices nurse/ HCA unfamiliar with it would need some training on it. Therefore a transition process would have to be agreed with affected Practices

5. DISTRICT NURSING REFERRAL CRITERIA:

At the same time as carrying out the clinic options appraisal, the service has also developed clear referral criteria (See Appendix 3). Its purpose is to ensure a consistency of service and reduce inappropriate referrals, thus increasing efficiency and effectiveness
6. CONSULTATION UNDERTAKEN

6.1 Public and Patients

As part of the clinics option appraisal, a Public and Patient group was set-up. A patient questionnaire was devised by this group to ascertain preference of clinic whereabouts, times preferred and mode of transport for getting to and from clinics. This was given out to 200 people attending clinics. The summary of the finding of this consultation was that:

a) There was concern about the access rights of patients, in removing the smaller GP practice based clinics. However it was recognised there was a need to improve for equity in the accessibility to services. It should also be noted that the response to questionnaires indicated over 90% of people arrived at clinics by car, so getting to Health Centre venues should not present difficulties to most people. Where a patient is housebound and unable to get to a clinic they would be visited at home

b) Better information was needed on where clinics are or planned to be provided, their purpose and car parking arrangements. There was also support for clear referral criteria for the service.

6.2 Consultation with GPs

As part of the clinics option appraisal the views of GP practices most affected by the proposed changes were sought, but with limited success. Therefore concurrently a separate consultation is also being undertaken with GP’s through existing Practice Based commissioning groups in the city on these proposals.

7. FUTURE DIRECTION- GP COMMISSIONING

7.1 The Coalition Government has set out a new direction for the commissioning of health services in the recent Health White Paper\(^2\). Consortia of GP practices, working with other health and care professionals, and in partnership with local communities and local authorities, will commission the great majority of NHS services for their patients.

7.2 It is planned that a comprehensive system of GP consortia will be in place in shadow form by 2012/13 and following passage of the Health Bill, consortia to taking on full responsibility for commissioning from April in 2013. Therefore the way District nursing services are provided on a local basis will

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\(^2\) Equity and excellence: Liberating the NHS DOH July 2010
For consultation

be subject to review through these new arrangements once they come into place

8. RECOMMENDATION

The Committee is requested to:

a) comment the proposed changes in relation to consolidating District clinics provision

b) Note the establishment of a clear referral criteria for District Nursing

c) Note the way District nursing services are provided on a local basis will be subject to review through new GP commissioning arrangements expected to come fully into place from April 2013
Appendix 1 - Existing District clinics:

1. Rushey Mead Health Centre
2. Dr Modi surgery Canon St, Belgrave
3. Springfield Road health centre
4. Asquith surgery 693 Welford Road LE2 6FQ
5. Downing Drive surgery Evington Leicester LE5 6LP
6. Clarendon park surgery
7. Queens rd surgery
8. Willowbrook Medical centre Thurnby Lodge
9. Uppingham Rd health centre
10. Humberstone medical centre
11. Prince Phillip House Health centre
12. Hilltop surgery, Hamilton
13. Beaumont leys Health centre
14. Colwell Road surgery
15. Aikman Avenue surgery, New Parks
17. Westcotes health centre
18. 509 saffron lane
19. 612 saffron lane
20. 705 Aylestone rd
21. The Hedges Medical Centre, Eyres Monsell
22. Merlyn Vaz health centre
23. St Peters health centre
Appendix 2 - Proposed Future clinics:

1. Rushey Mead Health Centre
2. Springfield Road Health Centre
3. Uppingham Road Health Centre
4. Prince Phillip House Health Centre
5. Beaumont Leys Health Centre
6. Braunstone Health and Social Care Centre
7. Westcotes Health Centre
8. Pasley Road Health Centre
9. Merlyn Vaz Health and Social Care Centre
10. New Parks Health Centre
11. St. Peters Health Centre
Appendix 3

DISTRICT NURSING REFERRAL CRITERIA

The patient’s consent must be gained prior to a referral being made.

The patient must have a nursing need that calls for the expertise of a health care professional.

The District Nursing Service accepts referrals from Health Professionals, Social Services, Voluntary Services, Carers, Friends, Family and Patients. Referrals will be accepted through the Single Point of Access (SPA) to ensure the appropriate service attends to the patient.

Referrals will be categorised and prioritised by the qualified nurse that receives the referral.

Patients need to be adults, aged 16 years and over and have clear health needs for skilled nursing interventions.

District Nurses work within an accountability framework and will not undertake care that they are not trained to provide.

For patients with complex needs, District Nurses should be included in case conferences, prior to discharge from hospital, to aid a smooth transition from hospital to home.

The referrer must not give the patient any false indication of when and how often the District Nurse will visit as this will be assessed on the District Nurses initial and subsequent contact.

All referrals will be treated as new admissions and a new assessment of needs will be conducted regardless of whether the person had District Nursing care in the past. This is to avoid assumptions that the patient will receive the same service as before.

PRIORITISATION OF VISITS

The District Nursing Service has no waiting list and is committed to seeing patients based on their individual health needs.

The district nursing service is not an emergency service all new referrals will be responded to within 24 hours.

Patients or carers will be contacted within 24 hours of referral and an arrangement will be made for the first visit. For non-timed treatments visiting times will not be specified as this may lead to inequity of care provision.
 Efforts will be made to accommodate patient’s requirements dependent upon the health need and resources available

**WHAT THE DISTRICT NURSING SERVICE PROVIDE**

- complex assessments of adult health needs using skilled expertise
- discharge planning is commenced from initial assessment.
- treatments that are short term or that can be carried out by other agencies are time limited (for example; eye drops, ear care, application of hosiery, leg bag maintenance)
- self care procedures are taught to enable patients or their carers to manage their own health needs
- all packages of care provide continuous health promotion in an attempt to reduce health complications or deterioration
- management of acute and chronic disease
- wound assessment, management and treatment
- palliative and terminal care
- administration of treatments that require specialised nursing equipment or medicine (for example; care of Hickman or Picc lines, vacuum dressings, nutritional support via peg)
- equipment is arranged for patients who require it to facilitate their health needs
- referrals to the clinic or practice nurse are made when the patients health improves

**INAPPROPRIATE DISTRICT NURSING REFERALS**

- check visits or social calls
- help with routine personal hygiene, bathing, meals, housework, day care, getting up or going to bed, or toileting should be directed to social services
- those who require medication to be dispensed into pre-filled containers or the collection or delivery of prescriptions should contact their local pharmacy
For consultation

- long term administration of eye or nasal drops, application of stockings or routine catheter bag changes should be provided by family, carers, social services or private agencies

- equipment assessments where there is no nursing need should be conducted by the relevant agency (for example; social services, occupational therapist)

- dropping off or picking up of continence products should be discussed with the continence team

- complex nursing care for children under the age of sixteen should be passed to children's services

- help with filling out forms such as disability or carers allowance should contact and seek advice from voluntary agencies

- some tasks are occasionally more appropriate for other services to deal with so this should be discussed and arranged locally using a multi-disciplinary approach (for example; utilise matrons or practice nurse)