

Listening Event - Out of Hospital Nursing

Tuesday, 20th February, 2018
The Beacon, College Street, St Helens, WA10 1TF

Report produced by the
Healthwatch St Helens Support Team



Background

In April 2017, St Helens Clinical Commissioning Group awarded the contract for Community Nursing Services to North-West Boroughs Healthcare Foundation Trust (NWBH). Prior to this there were several consultation meetings with healthcare professionals, Healthwatch representatives and members of the public to look at the vision for an effective service that is fit for purpose and cost effective.

The Listening Event

Healthwatch St Helens arranged and hosted a listening event intended to give local people the opportunity to find out about how community nursing is delivered in the borough and to ask questions. Enough time had lapsed since the contract began in April 2017 for gaps in service to become apparent and for any issues to have arisen.

We invited guest speaker Sarah O'Brien, Chief Accountable Officer for St Helens Clinical Commissioning Group. Also invited were Sonya Currey, Head of Community Nursing Services and Debbie Bettison, one of the Community Nursing Team Leaders, to answer questions from an operational point of view.

Presentation by Sarah O'Brien

Previously there was a lack of continuity in the service being provided and the consultation process identified that people want to see the same nurse and attend the same treatment room. People did not have complaints with the staff who treated them, just with the lack of continuity of where they were treated and who by.

A shortage of senior nurses meant that there was lack of clinical leadership and poor communication meant that there was poor consistency.

The community nursing service is run by the NWBH but is tied into a contract with St Helens & Knowsley Hospital Trust. Work is ongoing to integrate the teams to make communication easier for patients coming out of hospital care and into community care.

When the redesign of services came into place there were more gaps in staff and various other issues than first anticipated. However, things have since moved on. Previously there was a shortage of senior nursing posts; there are now 7 senior nurses whereas there were only 3 before. These positions were mostly filled by promoting nurses who were already working on the ground. There are still vacancies for 8 more but work is going on to recruit. There is currently a national shortage of nurses and in St Helens there is especially a shortage of school nurses, even though there is money in the budget to recruit in this area.

The feedback given is that the culture that these nurses are now working in is much better with a lot more support given. If staff are happy and supported then the care given is better. Nurses need to be tough and resilient but the rewards are worth it.

The district nursing teams have been divided into 4 locality areas so that there is always a continuity with who a patient receives their care from and they know who their dedicated nurse is. These locality areas are St Helens North, St Helens South, Town Centre and Newton/Haydock.

The vision for the future is that, within these localities, all the different services will work as one team. Although this is a work in progress, the CCG are still looking at what is working and what isn't.

Lots of people have a number of different ailments, especially the elderly, so by the different services working together they can help keep people in their own homes rather than having to go into hospital. A Community Frailty Team has now been set up and this works very closely with the community nursing team.

St Helens has been recognised across Cheshire and Merseyside as doing a lot of work around this area. They are also looking at doing a lot of work in the borough around getting local people trained up to help fill any vacancies.

Workshops

There were 4 tables of attendees who all engaged in a half hour discussion about what works and what gaps people believe there are in the service. They were asked to feed back 2 points from their discussion, which could also include questions.

Feedback

a) What works well

- Previous experience of being referred from 'pillar to post' then ended up calling a friend who is a Community Matron. What is the referral process now?
- Are there community nurses in the new health centre in Haydock?
- The integration aspect seems to be working.
- Staff have excellent skills as they are very caring despite lack of time and funding issues. They can't always give the job quality they wish to give.
- COPD team - continuity and availability of staff. This was a first-hand experience of how much this supported a patient and their family at home. Thank you. (End of Life)

b) What is not working so well

- Length of hours working in the community.
- I had a heart operation in Stoke. They arranged for a district nurse to come out to me at home to remove stitches. When I rang the GP they said they didn't have a District nurse available. Is this still happening?
- Health & Social Care charges?
- Prescriptions (repeats). Third party not responsive and loss of autonomy for staff. We understood the reasons behind this in relation to cost savings and wastage but there could still be improvements in this without the 'gate-keeping' that is now in place. This may need to be on a patient-centred approach i.e. individual basis rather than an across policy position. (End of life.)

c) What could be better

- Links between hospital discharge and social/nursing care - not seen any improvement yet.
 - A friend who needed her dressing changed as she had an ulcer after an operation on her leg. She telephoned for a District Nurse and was told to go to the
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Millennium Centre. The District nurse ended up coming out as the leg had become infected.

- Create more 'expert patient' programmes (to work alongside staff as support for lower grade issues.)
- To tackle any staffing issues such as poor pay in relation to job roles, lack of new staff wanting to train, and NHS staff leaving due to Brexit fears - all which leads to feeling overstretched, devalued and demoralised.
- Face to face staff introductions when meeting the patient and / or family for the first time. Especially for accurate handovers and clearer communication. Clear signposting.
- If there was an ability for staff to cross boundaries, i.e. End of Life (discharges) from hospital to hospice and/or home and hospice to home, this would provide greater reassurance for families at this very stressful time. Knowing who is going to be there for you in the home setting and saying 'hello' may seem like a simple approach but it goes a long way to show care and kindness.
- The need for closer communication and working between health and social care. Attendance at key meetings with relevant staff being invited to attend. For example, for the Hospice Day Service that supports people living at home, the members of the hospice team could attend meetings with district nurses to explain about the benefits of their service and answer any questions face to face. This would support the professionals but also encourage greater referrals to the service that is available to support people in the community.
- Greater carers support with education and practical skills as well as softer support with relaxation and pampering sessions. Many of the carers are older people with their own physical and mental health needs. We need to look after them too.

Questions and Answers

Q. The GP surgery in Station Road, Haydock recently moved to a new surgery but before the move happened the clinic nurses seemed to disappear. Are their plans to have nurses in the new clinic?

A. The clinic is now up and running at Haydock and has a new treatment room. The nurses moved from the old building due to Health and Safety reasons and not being safe for the staff to work in.

Q. Why do doctors have to sign repeat prescriptions?

A. This is for safety reasons. A patient may need to have checks to make sure that the medications they are on are still working and also whether they still need to be taking them. Also need to keep a check on their blood pressure etc.

Q. I recruit volunteers who go out to visit the isolated elderly and sometimes they come back with issues. For example, one elderly lady had to be reassessed for her various medications but they couldn't find out who dealt with this. The GP practice was saying it was nothing to do with them and so was the practice nurse. How do we know who we can go to in the future?

A. This was one of the reasons that the systems in the service had to change. GPs are now aware about District Nurses and how to get in touch with them. The CCG are looking at having a single point of access through IASH (Integrated Access St Helens). ROTA (the out-of-hours GP service in St Helens) is going to have to link in to both IASH and the national 111 system.

Q. *What happens for people who don't own a computer?*

A. You will need to ring your GP practice who will now have the phone number for the dedicated District Nurse for their locality.

Q. *Could creating expert patient programmes help educate the public as they can help themselves get the care they need rather than relying on health carers? They could then go on to educate other people.*

A. Work is ongoing around educating the public and making them aware of what help is out there. Healthwatch is always helping people to manage their own health and will be putting on an event later in the year around 'Making the Right Choices'. This is a very important message and will take a lot of pressure off GPs. Pharmacists are very knowledgeable and should be used more. There are already some programmes being run about helping people manage their health if they suffer from a chronic condition.

Q. *With regards to End of Life, is there anything in the Integration Plan to get District Nurses to go into hospitals/hospices to meet the patients who want to die in their own home?*

A. From May 2018 the CCG are looking at having 3 community nurses based in the hospital who focus on managing patient End of Life care and keeping them informed.

We need to stop people who are End of Life going into acute care when their wish is to die at home. More work needs to be done with first responders as to where they should take someone who is at the end of their life. More respect needs to be given to peoples wishes and give them more informed choices.

There is a willingness in St Helens to make this work, and to give the best care they possibly can. Sarah O'Brien said that she is really looking for feedback, both positive and negative, about the District Nurse service so that they can make improvements.

Comments & Responses

C Integrations seem to be improving and the system is much better.

R. We are pleased to hear that. The CQC and Ofsted have both been in and the feedback about relationships/integration was very good. There is still some room for improvements but things are moving in the right direction. They are struggling to recruit new GPs to the area, so this does affect the nursing role. They are looking at training up more practice nurses who will be qualified to see more patients. People need to accept that they may not always see a doctor but Nurse Practitioners are highly qualified and give a good level of care.

C. Healthwatch has had some feedback from local people over the years about receptionists asking them about their ailments, where other people are able to hear.

R. More training is obviously still required and this will be fed back to the CCG's primary care team.

C. Communication is a big problem. The general public don't appear to have been informed about IASH and the Carers Centre are having to support people to get this information.

R. Sarah asked for suggestions as to the best way to raise awareness in St Helens regarding the Community Nursing service and how to access the service. Cllr Jackson said that St Helens Council put out 4 magazines a year and information could be put in there. Also Healthwatch said that they can help advertise the service and also the report from this event will be made readily available. The lack of knowledge is one of the reasons why Healthwatch put on this event.

General Conclusion

From what came out of the listening event, we can conclude that the integration aspect of the Out of Hospital Nursing Service appears to be working and the service that local people are receiving is an improvement on what was previously on offer. However, this service has only been in operation since April 2017 and there is still some work to be done around areas such as End of life, and general communication.

Healthwatch St Helens would certainly support the CCG with an awareness raising campaign about this service and how it works.

We still need and welcome ongoing feedback from people in our local communities to support the CCG to further develop an Out of Hospital Nursing Service that is both efficient and meets the needs of the people who use it.

Guest speakers (In alphabetical order)

Debbie Bettison

Community Nursing Team Leader (North West Boroughs Healthcare Trust)

Sonya Currey

Head of Community Nursing Service (North West Boroughs Healthcare Trust)

Sarah O'Brien

Chief Accountable Officer (St Helens Clinical Commissioning Group)

Healthwatch St Helens Support Team (In alphabetical order)

Debbie East

Healthwatch St Helens Support Team Admin & Volunteer Support Officer

Gail Hughes

Healthwatch St Helens Support Team Communication & Engagement Officer

Jayne Parkinson-Loftus

Healthwatch St Helens Support Team Manager

Janet Roberts

Healthwatch St Helens Support Team Outreach & Intelligence Officer

Attendees (In alphabetical order)

Lynn Aspinall

Marlene Bates (St Helens Senior Voice)

Ann Bridge (Healthwatch St Helens Volunteer Representative)

Angela Davies (St Helens Carers Centre)

Gwen Frith (St Helens Senior Voice)

Ian Harrison (Healthwatch St Helens member)

Chris Heywood (Willowbrook Hospice)

Jimmy Jackson (Healthwatch St Helens Volunteer Representative)

Helen Mahony (Age UK)

Nell McInnery (Healthwatch Member)

Barbara Milner (Healthwatch St Helens member)

Mary Ratcliffe (Healthwatch St Helens Volunteer Representative)

The Very Reverend Lady Sherwood (Healthwatch St Helens member)

Christine Tully (Halton & St Helens Voluntary & Community Action)

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