The effectiveness of clinical supervision

Aim

The aim of this pilot project is to evaluate the effectiveness of clinical supervision for clinical staff.

The objectives of the pilot are to:

- review clinical supervision practices of staff;
- pilot a series of peer group clinical supervisions sessions using Gibbs' reflective cycle (Gibbs 1988);
- evaluate findings from sessions and staff's clinical supervision experiences/practices;
- produce a guideline for clinical supervision.

Methods

- Staff survey, exploring the opinions, experiences and current clinical supervision undertaken.
- A series of pilot peer group clinical supervision sessions undertaken.
- Post peer group clinical supervision semi-structured questionnaires completed.
- A review of the clinical supervision guidelines.

Peer group supervision pilot

All the participants (100%), found the peer group supervision sessions valuable to their clinical and professional practice and would be interested in attending sessions in the future. The participants have provided a wealth of information related to how the sessions have impacted on their clinical practice, in terms of professional accountability, colleague/social support, and skills/knowledge development.

Staff survey

The staff survey reveals that 84% of staff are interested in undertaking clinical supervision. However, only 18% of staff are undertaking clinical supervision (not including the pilot) and this is on a one-to-one basis. Therefore, these results reveal that a standardised clinical supervision programme will be a positive approach to supporting staff to reflect on practice (NMC 2015).

Main benefits of clinical supervision

Clinical supervision has been widely reported as a fundamental component of professional practice for healthcare professionals (NHS 2013). Professional regulatory bodies support clinical supervision in their codes of conduct. The link between healthcare professionals undertaking clinical supervision and improving patient safety has been made. A good example of this is in response to the patient deaths at Mid Staffordshire Hospital. The recommendations of the Berwick report advised 'that to improve the patient safety of the quality of patient care; lifelong learning, peer and professional support is vital' (Berwick, 2013). Therefore, clinical supervision is an effective way of achieving this (Tomlinson, 2015).

Challenges

There has been a lot of enthusiasm, interest and support for this clinical supervision project. However, some difficulties were encountered in arranging the sessions; this was due to the staff members' clinical workloads. Four sessions have been undertaken so far and further sessions are planned.

Analysis

Staff survey

Forty clinical staff responded to a survey that was issued via Rota Master on 7 October, 2019, which included non-medical prescribers. Chart 1 displays the breakdown of the respondents' roles.

When asked if the clinical staff had ever participated in clinical supervision, (not including this pilot project), the results revealed that 31 members of staff had participated in clinical supervision (chart 2). These respondents were then asked if they had found the clinical supervision valuable to practice; out of the 29 respondents, 90% (26) reported that they had found it valuable to practice.

When asked if the clinical staff had received clinical supervision provided by *gtd healthcare* in the past year, seven respondents reported that they had and this type of supervision was on a one-to-one basis, (chart 3).

Of the 31 clinical staff who answered if they would be interested in participating in clinical supervision, 84% (26) reported that they would be and five reported that they would not (chart 4).

Peer group clinical supervision questionnaire

The peer group supervision pilot commenced in May 2019. So far, four peer group clinical supervision sessions have been undertaken with 12 members of clinical staff. Chart 5 displays the participants' roles. 11/12 of the participants had undertaken clinical supervision previously and all the participants found this session valuable to their practice (chart 6). All the participants were interested in undertaking peer group clinical supervision in the future (chart 7).

All the participants provided positive experiences from the peer group clinical supervision session they attended. Table 1 displays direct quotes. The participants were asked to feedback how they thought the session impacted on their practice in terms of:

- skills and knowledge development;
- professional accountability;
- colleague and social support.

Table 2 displays these responses.

Next steps

It has been agreed that regular peer group supervision sessions will be undertaken as part of the new trainee advanced clinical practitioner programme. Therefore, these sessions will also be evaluated as part of this project. Furthermore, it is proposed that a standardised clinical supervision programme for all clinical staff is implemented. The results and the guideline will be presented to the relevant governance and quality committees.

Table 1

Overall feedback (direct quotes)
"Using the Gibbs model of reflection helped to control the session, encouraged deeper and personal reflection."
"Skilled facilitator who was supportive and inspiring."
"Great networking opportunity to learn from colleagues in a safe environment."
"As a trainee it helped to increase my confidence from learning and reflection with more experienced colleagues."
"Good opportunity to meet colleagues and learn from each other."
"When sharing cases I had the opportunity to see if colleagues would do anything differently and learn from their expertise and experience."
"Since the session I have become more reflective in practice."
"I was able to appreciate the different viewpoints of others and how they view situations dependent on their skills and experiences."
"It provided a safe confidential environment to explore personal, professional judgements and decision making."

Table 2

Skills and knowledge development
To identify learning needs.
Recognise good practice.
Able to appreciate differential diagnosis.
Opportunity to explore my responses to clinical situations.
Able to appreciate different viewpoints and learn from others.
Recognised limitations and areas for development.
Shared learning and experiences.
Able to learn and understand from colleagues' experiences.
Applied new learning from reflection/discussion into practice.
Encourages reflective practice.
Good structured way to reflect and learn.
Helps with making decisions with complex patients.
Easy way to record outcomes and identify learning needs.

Professional accountability
Better insight into accountability in practice.
Heightened awareness of when to seek support.
Good opportunity to identify safe, effective, practice.
Provides a safe, confidential environment.
Able to explore personal, professional judgements and decision making.
Easy way to record learning for professional development.
Good way to reflect in relation to ensure safe practice.
Excellent way to reinforce professional judgment and decision making.

Colleague and social support
Networking opportunity.
Able to learn from colleagues in a safe environment.
Helps to build relationships.
Good to gain support from peers and to share knowledge.
Supportive and inspiring.
Provided personal support.
Provided a culture of openness.
Reinforces existing knowledge and skills from colleagues.
Gained confidence and acknowledgement from peers.

Results

Chart 1

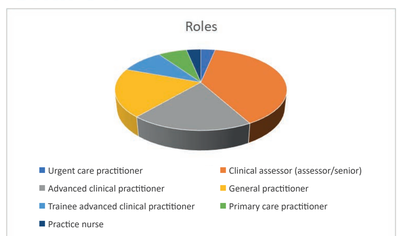

Chart 3

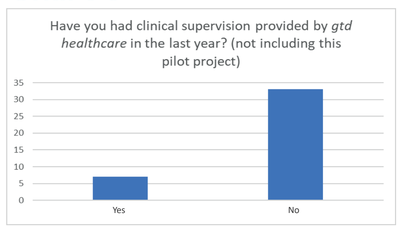

Chart 5

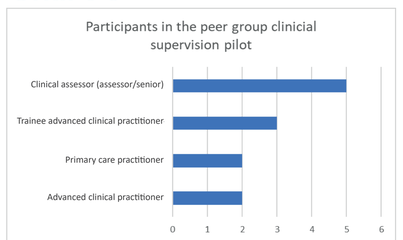

Chart 7

Chart 2

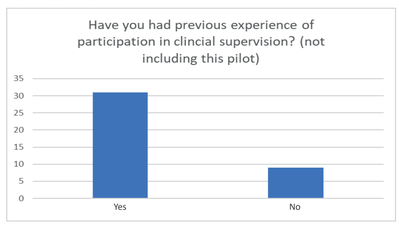

Chart 4

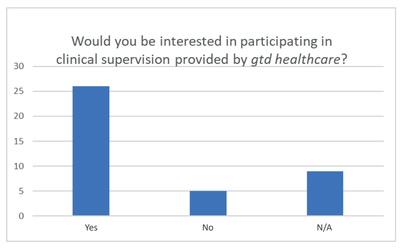

Chart 6

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Project support: Andrea Handley, head of clincal services. **University supervisor:** Carole Farrell.

Thank you to the participants of the peer group clinical supervision sessions, respondents of the survey monkey and staff members of *gtd healthcare* who have provided support and enthusiasm for this project.

Driving forward quality and governance for Non-Medical Prescribing (NMP) within *gtd healthcare*

Aim

The aim of this project has been to further build upon the support network available to *gtd healthcare* clinicians and to embed good prescribing governance among the existing and future NMP workforce. By reviewing the NMP governance processes, the aim has been to further increase efficiency and effectiveness of NMP systems and processes to support the delivery of safe and effective patient care. By doing this, our NMPs have been encouraged and supported to deliver *gtd healthcare's* vision and values and translate these into good prescribing practices.

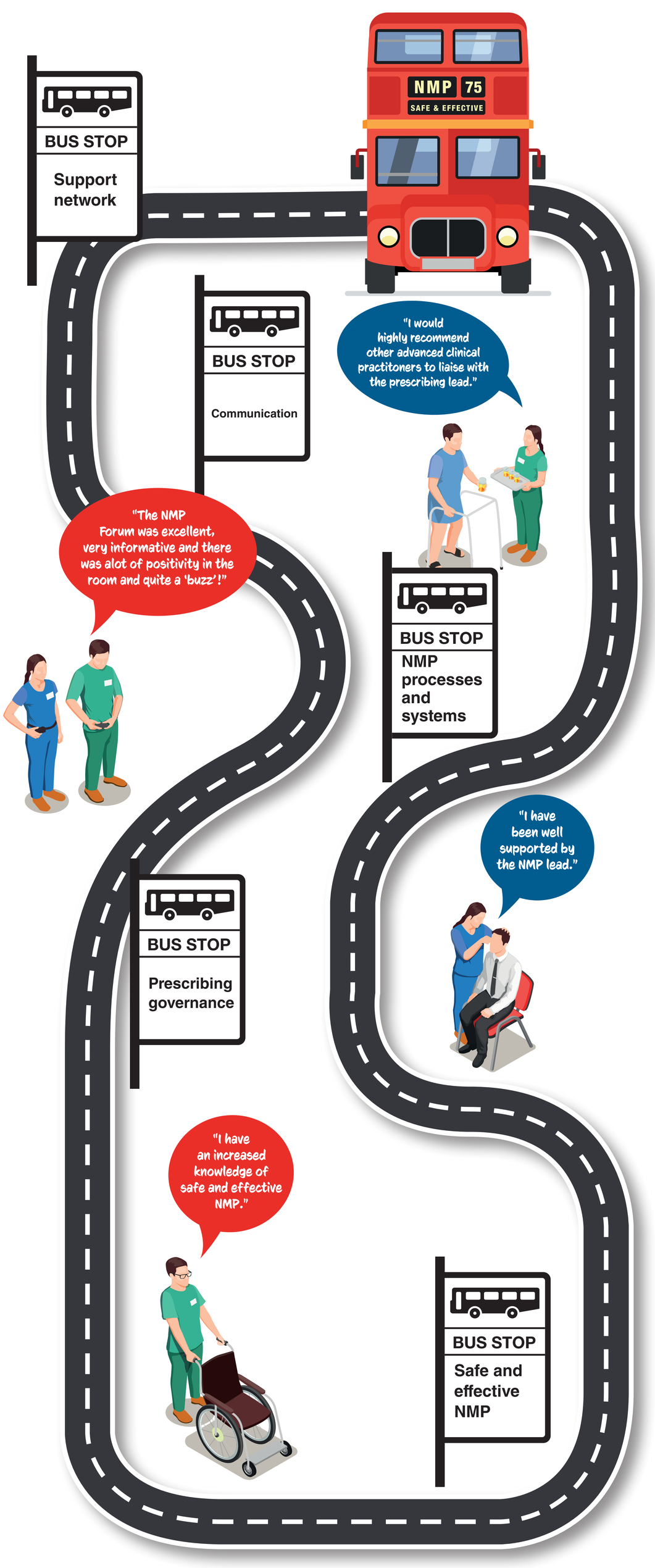
Details of the improvement

- To realise the above, a NMP task and finish group involving all key stakeholders was established. This group was instrumental in developing key governance processes to support the standardisation of registering NMPs across the organisation to prescribe. These processes were then approved by *gtd healthcare's* governance and quality committees. Following approval, these processes were rolled out and are now being embedded within clinical practice. Positive feedback has been received from those engaging in the processes, which are highlighted below.
- A welcome pack and NMP handbook has been developed for all existing NMPs, newly qualified NMPs and NMPs joining the organisation. This document provides clear guidance for NMPs relating to best practice and outlines their responsibilities as a prescriber within *gtd healthcare*.
- A forum for *gtd healthcare* NMP employees and trainees has been introduced. This forum has a training element with keynote speakers at each event and provides an opportunity to discuss clinical cases. The first forum was held in September 2019 resulting in positive feedback from our NMP workforce. The next NMP forum will have a focus on mental health. Feedback to date has included: "There was a real buzz in the room and great energy. It was good to talk prescribing with such a large group of other NMPs."

  This forum aims to connect NMPs from a range of professional backgrounds, which is a unique selling point for *gtd healthcare*.
- A database of all NMPs within the organisation has been created, which allows the organisation to clearly identify where NMPs are based, their skill-set and track movement within the organisation. This dataset allows any gaps in services to be highlighted where non-medical prescribing would be beneficial.

Benefits

- The roll-out of prescribing governance processes are now able to be evidenced.
- This work has assisted in raising the profile of NMP with the aim of encouraging others to undertake NMP training. Growing the NMP workforce will support *gtd healthcare* to fulfil the vision in further developing the skilled NMP workforce.
- Organisational benefits include the likelihood of a reduction in incidents, as NMPs increase their knowledge and understanding of governance systems and processes surrounding effective prescribing.
- Other organisational benefits include safer, more effective prescribing due to the wraparound governance processes that support NMP.
- Staff benefits include being able to identify topics of interest, which will be weaved into the NMP forum and having a dedicated support network for NMPs.
- Having a transparent prescribing governance process in place, which allows for a broad range of staff groups to have ownership of the processes.



Challenges in the early days

- The scoping out of all NMPs within *gtd healthcare* including where they were based and where the NMPs were registered to prescribe.
- Some resistance to changing processes and embedding a new governance process around the registration of NMPs.

The above challenges have been overcome by continual engagement and open dialogue and by giving people time Time has been invested to understand any resistance to change, address any concerns and provide the necessary support for staff.

Project impact

- As the NMP lead has been in post a short time and the NMP systems and processes have not long been embedded, it is believed that the full impact of the project will be realised as the months go on. Nevertheless, there are some project impacts to share at this early stage.
- There is now a live NMP database in place where previously there was not and a clear audit trail of the NMPs' registration process.
- The implementation of the NMP registration process is in line with good prescribing governance.
- The establishment of the NMP live database has resulted in the organisation being confident that all NMPs are included in the cascade of key NMP information.
- All *gtd healthcare* NMPs are in receipt of the welcome pack and NMP handbook, which sets out the expectations of our NMP workforce in relation to safe and effective prescribing.
- There is now targeted prescribing related continual professional development available to the NMP workforce via the NMP forum. NMPs have fed back the usefulness of being able to link with prescribing colleagues within *gtd healthcare* and have valued the opportunity for shared learning.

Feedback from NMPs

The feedback relates to supporting a new NMP to engage with the governance processes:

- "Through engaging with the prescribing lead, I felt supported following guidance on my new up-to-date P-formulary. I have an increased knowledge of the governance around safe and effective NMP. I learnt a lot during this process of revising my P-formulary and I feel it adequately reflects my current skills and competencies as an advanced practitioner working in the treatment centres and the Acute Visiting Service. I would highly recommend other advanced nurse practitioners to liaise with the prescribing lead in order to ensure they are safe practitioners."
- "By being in receipt of the standard operating procedure for NMPs within *gtd healthcare*, I was made aware of the infrastructure in place to support NMPs. Having worked in numerous NHS trusts since gaining registration as an independent prescriber, I was impressed with the processes and the attention to detail. I had prior knowledge of this and have played a pivotal role in a previous organisation in implementing NMP. That said, without that experience I have no doubt that the process, the communication and the structure of registration would have been an invaluable experience to a new prescriber. The written information was very useful and speeded up the process. The liaison with yourself undoubtedly assisted and was very welcome."
- "Following the first NMP forum I just wanted to say the event was excellent, very informative and there was a lot of positivity in the room and quite a buzz!"
- "The credit for the NMP forum goes to yourself; you have excelled in the short time in your new role and have met outcomes in a timely way."

Next steps

- Ongoing work includes developing a social network specifically for NMPs within *gtd healthcare* where good practice can be shared and good news stories posted to showcase the impact that NMP is having on the health of not only individuals and communities but the nation as a whole.
- In addition to the forum, NMP training packages will be explored in partnership with *gtd healthcare's* training Academy.
- Continue to pursue areas for further improvement, understanding any gaps that need bridging with an aim to further streamline some, if not all, NMP processes.
- Centralise some of the strategic NMP functions, allowing us to demonstrate some economies of scale, which all fit within a governance framework for NMP.
- Continue to gain an overview of issues or best practice for the purpose of shared learning.
- Continue to provide assurances to the Board around the strategic effectiveness of NMP.

Author: Lynne Barlow, non-medical prescribing lead.
Project support: *gtd healthcare* non-medical clinical leads and the medicines management team.

Development of a coil and implant service within the Stalybridge neighbourhood

Aim

Prior to the development of the coil and implant service, women were required to access a local family planning clinic for Intrauterine Contraceptive Devices (IUCDs) and sub-dermal implants. Since 2015, almost half of councils in England have closed services that provide contraception due to public health budget cuts. The Advisory Group on Contraception indicated that: "More than 6.2 million women of reproductive age live in an area where the council has reduced contraceptive services." This has resulted in women waiting a long time for an appointment and potentially the risk of unwanted pregnancies.

As such, the priority was to develop a service for long-acting reversible contraception that was easily accessible to all women within the Stalybridge area.

To ensure the service reached its full potential, the first port of call was to obtain support from the GP practices and associated administration teams in the Stalybridge neighbourhood. It was important to ensure the clinic times were appropriate and accessible and that the staff were fully briefed on the service so that they could promote this to their patients.

Aspects of quality

Safe: The service is led by a trainee advanced practitioner who has been fitting and removing IUCDs and implants for 10 years and has Faculty of Sexual and Reproductive Health accreditation. A service specification is also followed.

Equitable: The service has funding attached to it as it is a locally enhanced service.

Patient centred: The trainee advanced practitioner has always been passionate about providing patient-centred care.

Efficient: Patients phone their practice and receive an appointment within two to three weeks.

Effective: Over the past 12 months, only three women have been unable to have the IUCD fitted. These procedures required more specialist equipment in secondary care.

Benefits

- **Patients:** high-quality, patient-centred service that is easily accessible. Patients who are not registered with a *gtd healthcare* GP practice can be signposted to the service.
- **Clinical:** improved multi-professional working.
- **Organisational:** added income for *gtd healthcare*, improved access to Long Acting Reversible Contraception service for other GP practices, thus enhancing and engaging neighbourhood working.
- **Financial benefits:** nurse-led service rather than GP-led.

The following practices are referring into the service:

Millbrook Medical Practice, Guide Bridge Medical Practice, Hattersley Group Practice, Mossley Medical Practice, The Smithy Surgery, Town Hall Surgery, Lockside Medical Centre, Pike Medical Practice and Staveleigh Medical Centre.

EMIS remote is used to access patient records and individual log-ins are being used for non-*gtd healthcare* GP practices.

Challenges

- Some GP practices not managed by *gtd healthcare* do not use EMIS computer software, which has made access to patient records a challenge. Close liaison with these practices has taken place and a process has been developed so that they can send patient information when booking women into the service. This is working well and patient safety and communication is optimised.
- Getting all practices on board and communicating with administration teams so they are aware of the booking process. This was achieved by liaising with the teams directly.
- Ensuring clinic times were scheduled to meet patients' needs; the team has worked hard to satisfy patient requirements.
- Advertising the service to staff within GP practices so they can promote among their patient population. This is an ongoing task and an audit is being undertaken so that the practices who do not refer into the service can be targeted.
- Different clinicians can have different processes/pathways or they may not be aware of newer guidance that has been published. Good communication between the trainee advanced practitioner and these clinicians is essential to ensure they feel able to discuss individual patients if they are unsure of issues around contraception. This has been achieved via email communications.

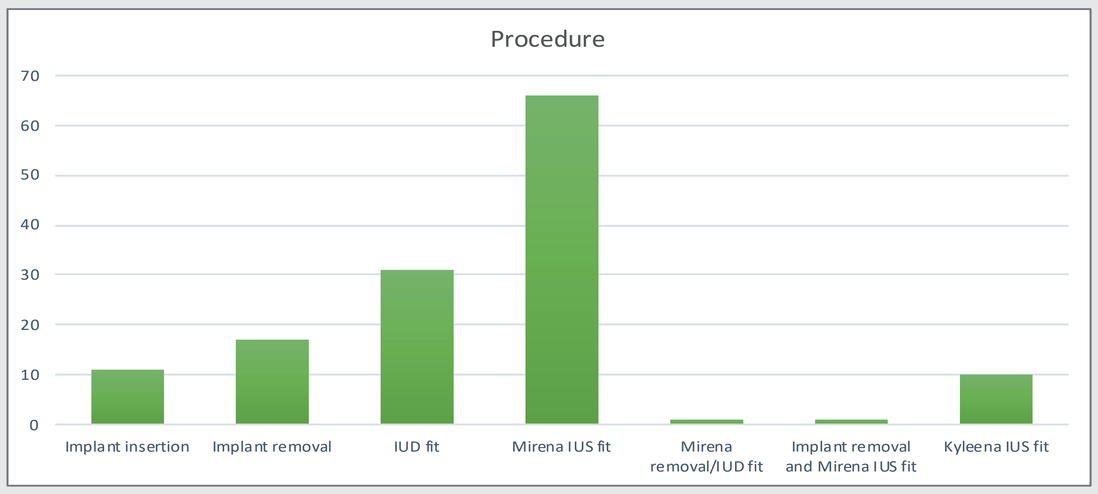
Next steps

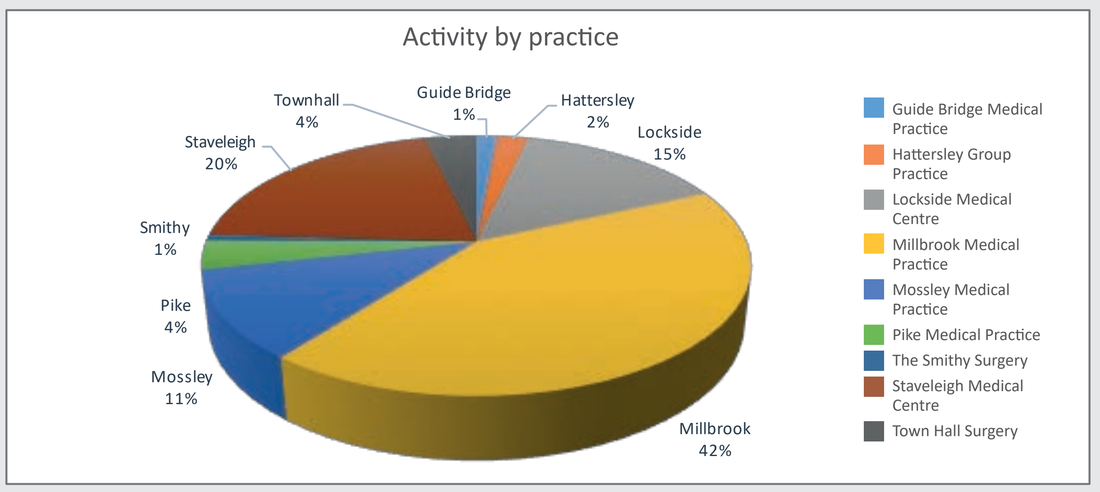
- To provide women with a link to a video that has been developed on IUCD/implant counselling so they do not have to attend two separate appointments. This will further reduce waiting times for a IUCD/implant procedure. Currently there are no standards to compare waiting times for appointments with other services. However, we know it is very difficult to access an appointment at the Orange Room (a local sexual health service) and their minimum wait for a IUCD/implant is at least four weeks.
- To raise awareness of the service among practices.
- Now that the service has been operating for 12 months, a patient questionnaire will be distributed and feedback will be acted upon accordingly.

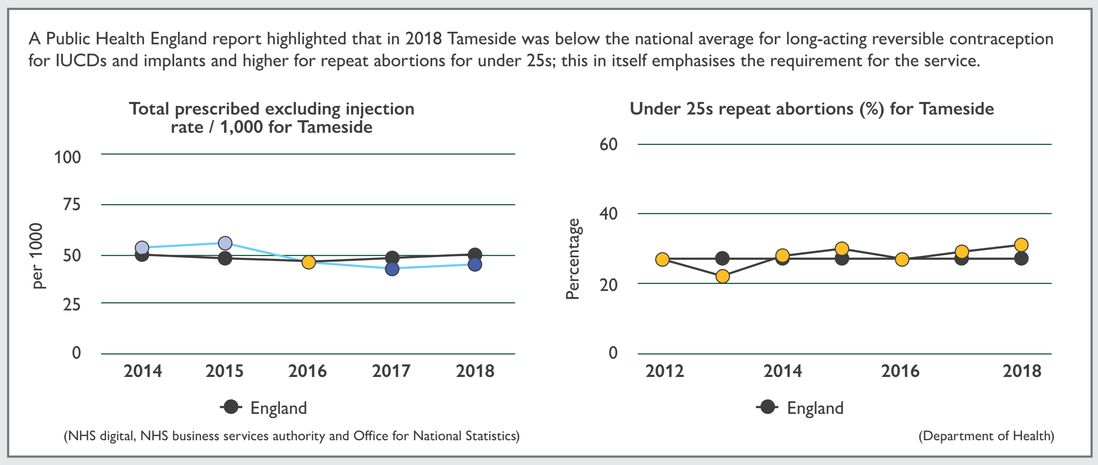
Feedback

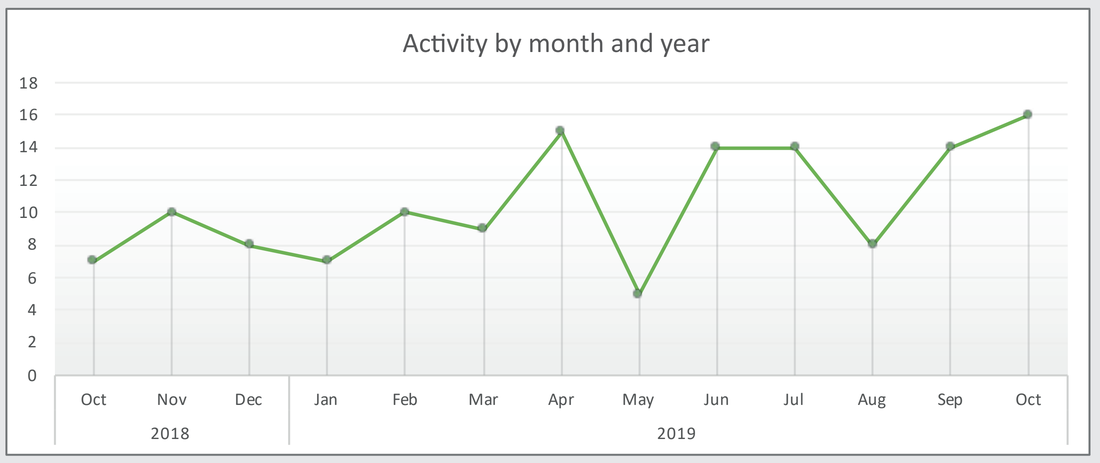
Verbal feedback has been received from several patients who have stated that the service is "excellent", they "did not have to wait long for an appointment", and the trainee advanced practitioner is "very professional and caring". A GP at Lockside Medical Centre fed-back that the trainee advanced nurse practitioner is "delivering an excellent service".

Over the past 12 months, nine GP practices have been referring to the service (four of which are not managed by *gtd healthcare*). There have been 99 insertions over a 12 month period, with only three failed IUCDs. At a 12-month review of the women's medical records, only one woman has had her IUCD removed due to frequent bleeding that she was unable to tolerate.









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Project support: Warren Tuite, head of locality (Tameside and Glossop), Naomi Mellor, clinical lead, Samatha Rothwell, data management team lead, Gail Bates, assistant practice manager, Millbrook Medical Practice.

Brodie's abscess of the tibia in a three-year-old child picked up in an urgent care setting

Abstract

The diagnosis of Brodie's abscess (primary subacute osteomyelitis) of the tibia in a child can be delayed or even missed because of its uncommon presentation. In this article, we report a case of Brodie's abscess in a three-year-old girl to increase its awareness and avoid mis-diagnosis.

Keywords: Brodie's abscess, osteomyelitis, subacute, tibia

Introduction

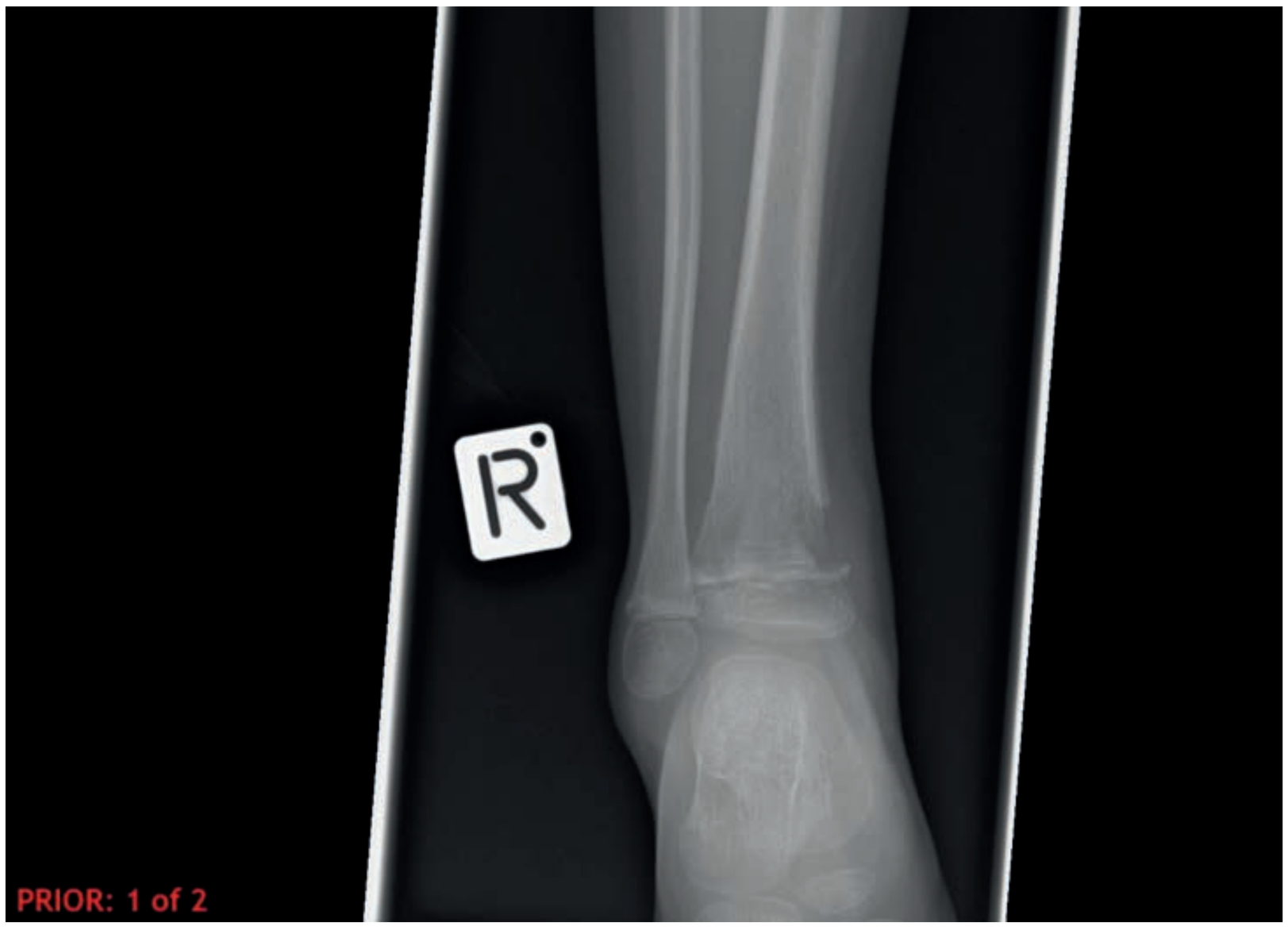
The pathogenesis of Brodie's abscess is not well understood. Sir Benjamin Brodie in 1832 defined it as a localised bone abscess which has no connection to any pre-existing systemic illness. This is now referred to as subacute osteomyelitis as it is characterised by minimal or no symptoms or clinical signs at its initial presentation, which makes its diagnosis extremely difficult.

Case report

A three-year-old girl was brought to the urgent care centre (UCC) after a fall two-weeks previously and was limping on the right side. Symptoms initially improved in two to three days but deteriorated again after a week. She was limping and refusing to touch her heel on the floor. Given the history of a fall, an X-ray of the calcaneum was done, which showed no bony injury and the child was sent home with a diagnosis of soft tissue injury. She re-presented to the UCC after two weeks as there was no relief in symptoms. Proximal examination showed mild tenderness to the distal tibia. There were no signs of acute inflammation or constitutional symptoms.

A radiograph of the right tibia and fibula showed an osteolytic lesion at the lower end of the tibia. A subsequent MRI scan of the ankle showed significant osteomyelitis of the tibia, crossing the growth plate and into the epiphysis.

Given the amount of bony involvement, pyogenic infection was considered and blood cultures grew staphylococcus aureus. The white cell count was only 10.2 with a CRP of 7.4 and an ESR of 48.



Discussion

Subacute osteomyelitis is rare in children. The disease has a sudden onset and mild signs and symptoms with no systemic reaction. This renders it difficult to diagnose thereby causing a potential delay in delivering proper treatment, as we had in our case. A lytic cavity with sclerosing margins are typical radiological features of the disease in an MRI scan. However, they are not specific and may be suggestive of neoplastic disease. Early treatment will reduce the chances of fracture and collapse in weight-bearing bone.

Conclusion

The basic orthopaedic principle of examining the joint above and below an injury is very important as this helps in avoiding missing illnesses like Brodie's abscess. Early diagnosis and treatment with antibiotics, with or without surgery, lead to satisfactory outcomes in subacute osteomyelitis. This minimises the chances of fracture and collapse in weight bearing bones.

Acknowledgements

The authors would like to thank Mr Yogdutt Sharma, *gtd healthcare's* medical director, for his assistance with proof-reading and editing the article.

Conflicts of interest

There are no conflicts of interest.

Author's contributions

All authors have critically reviewed and approved the final draft and are responsible for the content of the article.

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Author: Dr Tom Jose and Dr Giridhar Parla, Integrated Urgent Care Service, Royal Preston Hospital.

A rare complication of a shoulder injury

Introduction

A 51-year-old man attended the urgent care centre following an injury to his left shoulder sustained while playing rugby. On examination, he had swelling and tenderness around the clavicle. Breath sounds and percussion notes were normal on both sides. There was no evidence of direct injury to the chest wall.

What does the X-ray show?

A. Fracture first rib

B. Pneumonia

C. Fracture clavicle

D. Pneumothorax

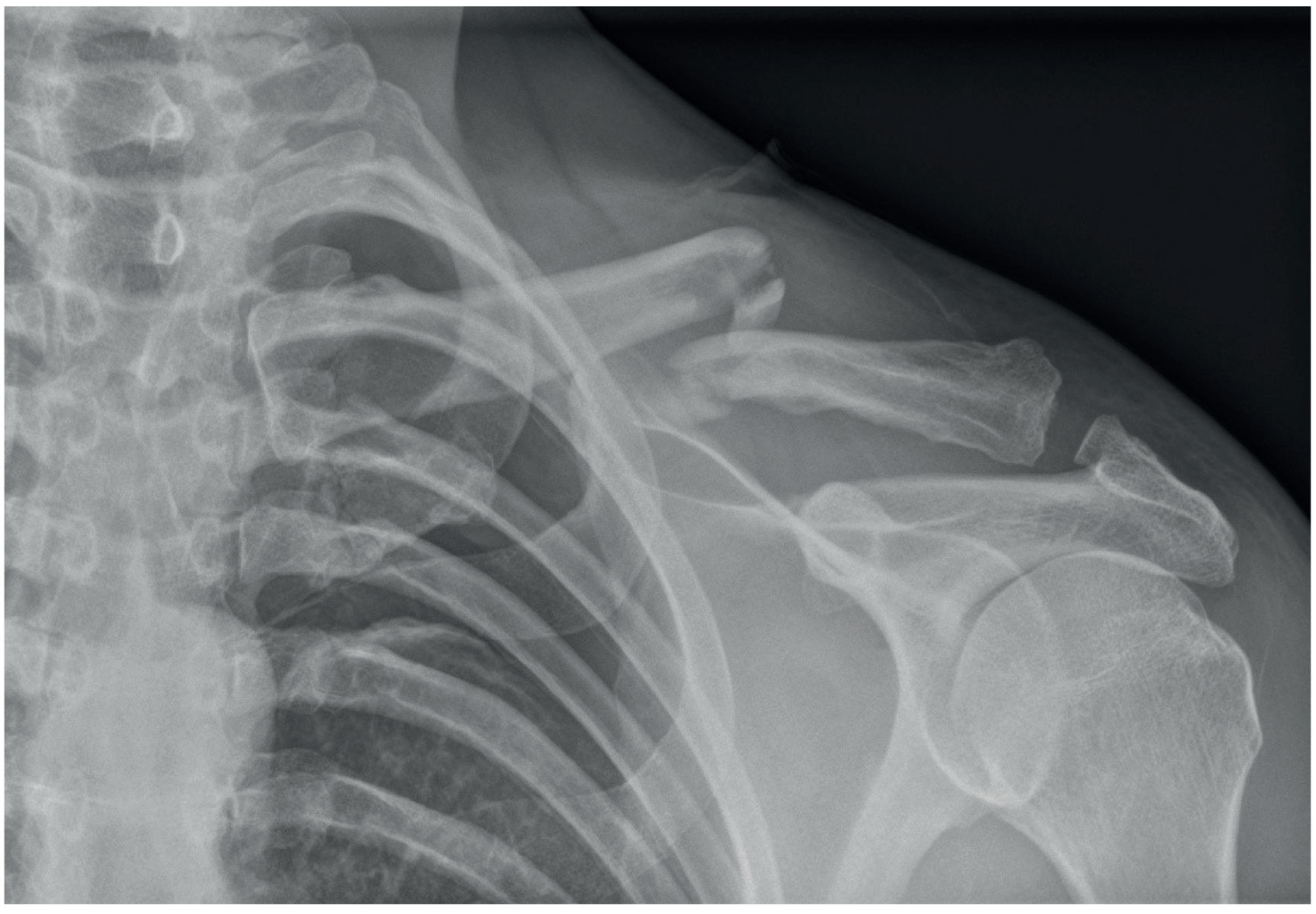
E. Both C and D

Answer: E

X-ray of the left clavicle showed a displaced fracture of the middle third of the left clavicle with an apical 30% pneumothorax on the same side. There was no evidence of fractured ribs or consolidation suggestive of pneumonia.

Case report

The man had direct trauma to the left shoulder while playing rugby. He had swelling and tenderness around the clavicle. Breath sounds and percussion notes were normal on both sides. There was no evidence of direct injury of the chest wall. The patient was haemodynamically stable and neurovascular examination was normal. X-ray of the left clavicle showed a displaced fracture of the middle third of the left clavicle with an apical 30% pneumothorax on the same side. There was no evidence of fractured ribs on initial or subsequent chest films. The pneumothorax was treated by the insertion of a chest drain under local anaesthesia.



Discussion

The clavicle is one of the most commonly fractured bones, accounting for up to 4% of all fractures. Fracture of the middle third of the clavicle commonly occurs in children and young adults whereas elderly people commonly experience fractures of the lateral third. The common complications are delayed or non-union with neurovascular deficits being less common. Pneumothorax, as a complication is rare. Because of contiguity of the middle part of the clavicle with the lung apex and pleura, pneumothorax can occur from bony spiculae of a displaced clavicular fracture (Steenvoorde, van Lieshout, & Oskam, 2005).

Conclusion

Careful history and physical examination with particular attention to the neurovascular and chest examination are vital. Close inspection of the radiographs for such a potential complication is mandatory in all clavicle fractures and cannot be overstated.

Acknowledgements

The authors would like to thank Mr Yogdutt Sharma, *gtd healthcare's* medical director, for his assistance with proof-reading and editing the article.

Conflicts of interest

There are no conflicts of interest.

Author's contributions

All authors have critically reviewed and approved the final draft and are responsible for the content of the article.

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Author: Dr Tom Jose and Dr Giridhar Parla, Integrated Urgent Care Service, Royal Preston Hospital

Acute Visiting Service

Aim

The Acute Visiting Service (AVS) was set up in January 2018 to support GPs by providing a home visiting service. AVS is delivered by advanced clinical practitioners (ACP) for the acutely unwell and housebound patients. While improving access to healthcare for the housebound, AVS also frees up the GPs' time and enables them to better manage their day. Initially six *gtd healthcare* GP practices across Tameside and Glossop were included with a seventh joining in September 2018. During 2019, AVS has been extended to North Manchester with the inclusion of two further *gtd healthcare* GP practices and two more to follow. A second ACP has been employed and an (almost qualified) trainee ACP has supported to cover any absences. This has ensured the service has been available Monday – Friday, between 9am and 3pm.

Benefits

The patients have benefitted from a consistent holistic approach. Any concerns are addressed during the visit whether relating to the acute illness, incidental findings picked-up during examination or social concerns. There has been a reduction in follow-up visits required, for example, if a patient needs blood tests to aid diagnosis or guide treatment, this will be completed during the visit. Referrals to other multi-disciplinary services are completed promptly thereby improving patient care and providing ongoing support.

The service completed 807 visits in 2018 and this has increased to 1,252 visits in 2019, which reflects the increase in GP surgeries now covered. Brookdale Surgery and Droylsden Road Family Practice in North Manchester were failing to meet Care Quality Commission standards prior to being managed by *gtd healthcare* and they initially had a higher number of visits per practice. Allowing 30 minutes per visit for a GP to travel and assess patients equates to 1029.5 GP hours saved since the start of the project.

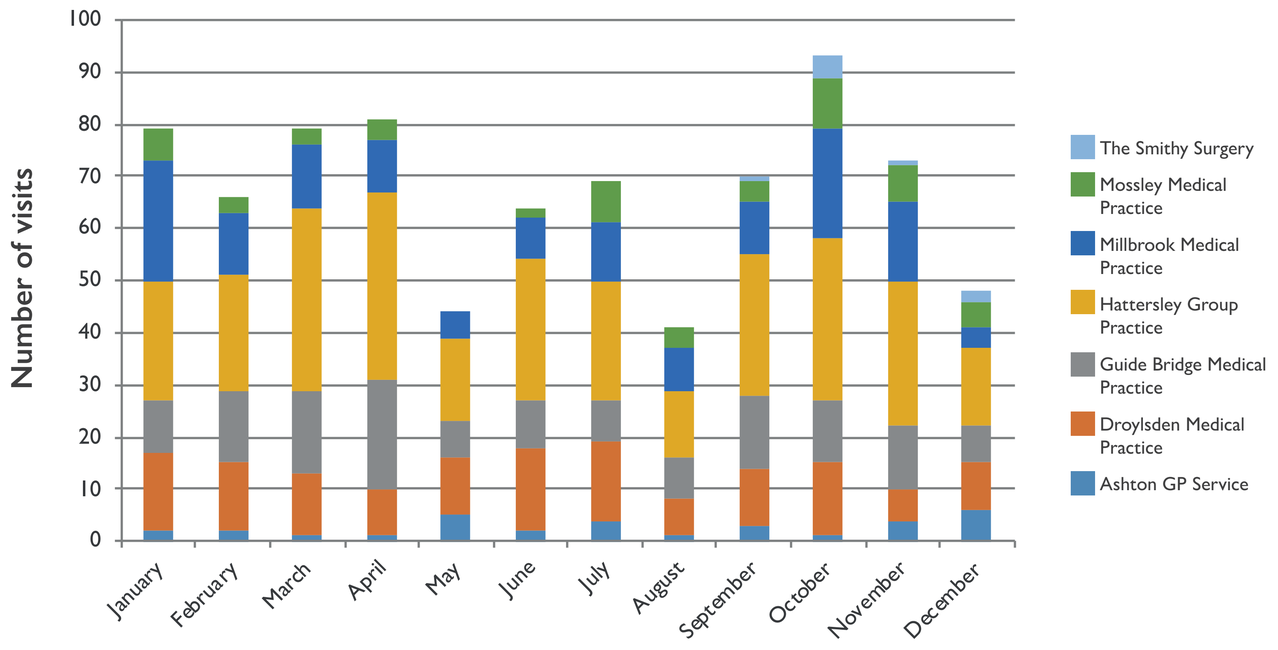
AVS has also provided a flu vaccination service for the housebound, which has been undertaken without any reduction in AVS capacity. So far, 103 vulnerable patients have been vaccinated with five GP practices still to be completed. This demonstrates a saving of 51.5 practice nurse/healthcare assistant hours. Furthermore, AVS has provided support/mentoring opportunities for multiple trainee ACPs from a variety of backgrounds.

Of the patients who are registered with a Tameside and Glossop GP practice, 8.8% were admitted to hospital following a visit. The remainder were treated acutely, provided with advice or referred on to appropriate multi-disciplinary teams. Unfortunately this data is not available for North Manchester at this time. There has been a consistent split of visits across Tameside and Glossop with 74% taking place in patients' own home and 26% in a care facility.

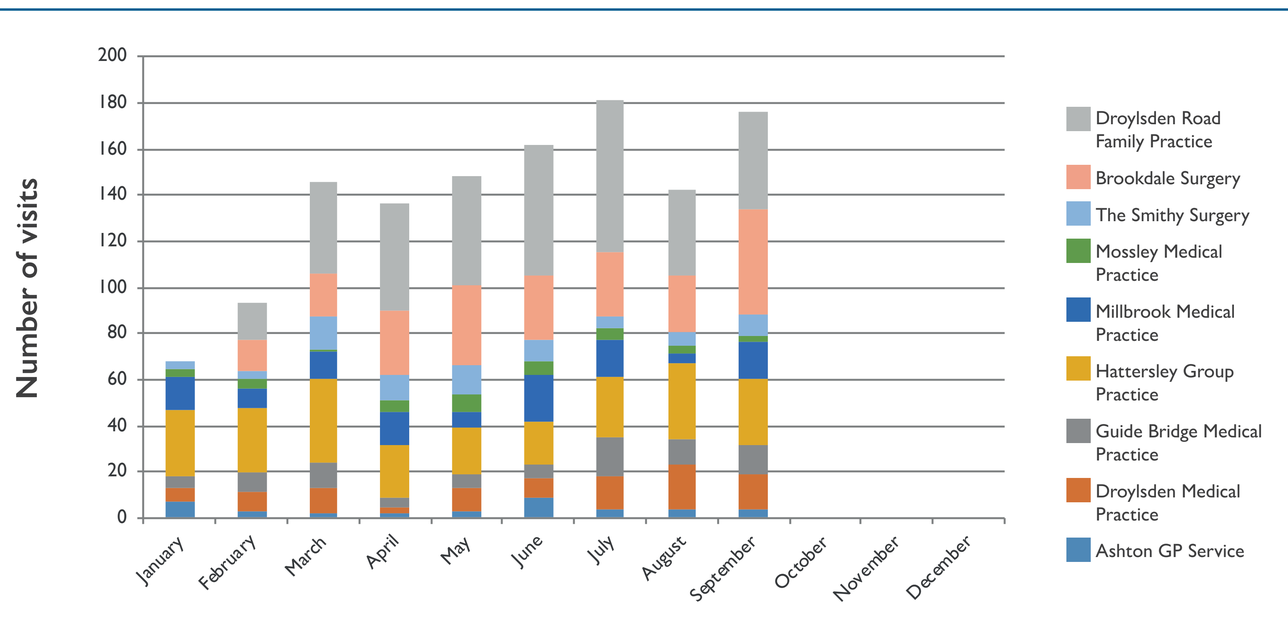
Challenges

As the home visits were undertaken by GPs prior to the commencement of AVS, some patients required reassurance regarding the ACP role. The patients are also informed that the ACPs work collaboratively with the GPs and GPs may visit the patients as required, for example to provide end-of-life care. Over the duration of the service, there have been a number of examples where good relationships have been built with the patients, their families, carers and care staff in nursing and residential homes.

2018



2019



Next steps

The aim is to expand the service further over the next 12 months; a capacity audit has been undertaken, which suggests that AVS is covering approximately 70% of the home visits requested. A business plan will be produced for consideration by management and two further GP practices in North Manchester are due to sign-up to the service.

Audits will be undertaken of the hospital admissions to consider whether they were appropriate or could have been avoided. Also an audit of whether visits were appropriate and whether patients should have been triaged to hospital by the practices will be undertaken.

Feedback

AVS has been well received among GPs and patients, which is reflected in the fact there have not been any complaints since the start of the project. A summary of the feedback is included below:

North Manchester:

"An invaluable service."

"A pleasure to work alongside the AVS team."

"AVS has been a benefit to the practice, patients and staff."

"A great addition to the team."

"A great visiting service that has had tremendous positive impact on patient care."

"Professional and extremely good service."

Tameside and Glossop:

"Very happy with this service."

"Everyone is very good, quick and efficient."

"I'm not sure how we coped beforehand."

"I'm certain you have improved outcomes for our patients."

"Knowing that someone we trust totally is going to our patients is a real step forward."

"You provide excellent patient care."

"It has helped reduce our workload."

"Brilliant work, you are a credit to the organisation."

Co-authors: Helen Brasil, advanced clinical practitioner, Christine Hartwell, advanced clinical practitioner and Louise Hodgson, trainee advanced clinical practitioner.

Project support: Sharon Collins, DVT and mobile visiting non-medical clinician and clinical lead/advanced nurse practitioner, Warren Tuite, head of locality (Tameside and Glossop), Jane Drummond, head of locality (Manchester), Naomi Mellor, clinical lead, and Jane Thurston, assistant manager, proactive primary care pilot.

Proactive Primary Care and Medicines Optimisation Service

This quality improvement project aims to develop and deliver a new Proactive Primary Care and Medicines Optimisation Service to patients living in care homes.

Objectives

The aim is to deliver a joint Proactive Primary Care and Medicines Optimisation Service to care home residents, which will lead to improved quality of care, a reduction in unplanned admissions to hospital and increasing the numbers of patients dying in their preferred place of care.

Impact

- To address the inequity in care provision across Manchester, e.g. some care home patients currently receive an enhanced service whereas others do not.
- To test a different delivery model to the other services currently provided, to allow us to determine which interventions result in the best outcomes for the care home residents.
- To develop a citywide care homes service.

Background

- 32 care homes in North Manchester.
- 974 beds.
- Majority of Manchester's care home beds.
- No commissioned enhanced primary care service available (unlike in other parts of the city).
- Most complex patients.
- Average length of stay - 18 months
- High numbers of emergency and unplanned admissions.
- Inequity in access to community services.

Scope

- Initially 12-month pilot (started July 2018).
- Frail, elderly and dementia cohort.
- Registered with a Manchester GP.
- Excludes learning disability and respite.
- 14 care homes, 525 beds (54% of total care home beds in North Manchester).
- Largest care homes chosen and those that were rated 'inadequate' or 'requires improvement' by CQC.
- Pilot extended by nine months with the option of extending by 12 months if needed.
- Further two care homes added with extra 61 beds.

Interventions

- Enhance the care delivered by the registered GP.
- Proactive care plans delivered by *gtd healthcare* advanced nurse practitioners (ANPs).
- Advanced care plans drawn up for patients at the end-of-life care.
- Comprehensive geriatric assessment.
- Medicines optimisation delivered by pharmacists from Manchester Health and Care Commissioning.
- Weekly ward rounds providing planned and acute care.
- Referral to community services e.g. crisis team, physiotherapy, speech and language.
- Close working with GP with communication via EMIS.
- Information sharing agreements (ISA) signed between GP practices, *gtd healthcare* and Manchester Health and Care Commissioning, allowing care homes service full read/write access to the patients' EMIS record.

Other initiatives

- Getting lifting equipment into care homes to support the falls pathway (direct referral to the community falls team to avoid unnecessary 999 calls and/or admissions).
- Quarterly education session for care home staff.
- Care homes team agreed to be involved with a pilot using NEWS2 to identify deteriorating patients within the care home.

Challenges

- Establishing information sharing agreements with practices (three practices declined so patients excluded).
- Delay in recruitment of pharmacists and pharmacy assistants.
- Difficulty in establishing non-medical prescribing for ANPs.
- Lack of access to real-time data.
- Quality issues in care homes.
- Communication between Manchester Health and Care Commissioning, GP practices and the Local Medical Committee.

Quantitative outcomes (to 26 September, 2019)

- 15 care homes signed ISA and enrolled.
- 21 GP practices signed ISA and enrolled.
- 3 GP practices declined.
- 1 care home closed (16 residents).
- 490 beds occupied.
- 449 residents registered on the pilot out of the 490 beds occupied.
- 29 out of area/respite/LD/9 GP declined/3 awaiting ISA to be signed by GP
- 371 patients with proactive care plans.
- 150 patients with advanced care plans and discussion regarding preferred place of care.
- 256 patients with pharmacist-led medication reviews.
- 91 residents have died since the start of the pilot.

Reduced call-outs to North West Ambulance Service (NWAS)

NWAS call-outs to North Manchester care homes Apr 17-Mar 19

Area	No. of beds	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q5 17/18	Q6 17/18	Q7 17/18	Q8 17/18	Rate/ bed 17/18	Rate/ bed 18/19
N2[1]	277	81	89	90	126	116	126	119	142	1.39	1.82
N3[2]	427	91	131	145	140	109	81	77	68	1.19	0.78

(Data source NWAS)

[1] Neighbourhood 2 - no commissioned service.
[2] Neighbourhood 3 - all care homes receive the pilot service.

The service started in Q2. For those care homes receiving the pilot service there has been a reduction in the number off 999 calls.

Qualitative data

- Ward rounds used beyond original remit, including providing advice and support to care home staff.
- Integration with community teams including crisis team to prevent admissions.
- Regular operational and commissioning meetings.
- Robust governance process.
- Three care homes moved from CQC rating 'require improvement' to 'good' with the pilot referenced in reports.
- Positive feedback from patients, family members and care home staff.

Reduced GP workload- individual practice feedback 1/1/18-23/3/18 vs 1/1/19-23/3/19

	2018	2019
Seen by out-of-hours	17	6
Patients seen >1	6	0
A&E attendances	8	5
Attendance >1	1	0
Hospital admission	9	5
Admission >1	5	1
GP home visit request	19	9

The GP practice also reported reduced prescription requests and queries and contact calls from care homes.

Discussion

Primary care networks (PCNs) will deliver enhanced health in care homes from April 2020. This pilot provides additional local evidence, to use alongside the national service specification, to inform PCNs when developing their enhanced service.

Author: Proactive Primary Care team

Get on your feet and make it happen!

Aim

Two members of staff were keen to promote the benefits of exercise for all following a successful project submission to the 2018 Innovation Fund.

Andrea Handley submitted a bid, which aimed to sponsor and create links with the already established East Cheshire Harriers and Tameside Athletics Club (ECH&TAC). This club mainly serves Tameside and Glossop. They work closely with local schools, hosting cross country leagues and championships each year along with summer track and field events. Many senior members use these facilities to unwind after a stressful day at work or purely just to stay healthy. Also, many members have made new lifelong friends via the club.

As a voluntary non-profit organisation, the club had limited funds and required sponsorship to help bridge the financial deficit required to replace its condemned lighting system.

The Innovation Fund proposal aimed to sponsor and support the club to prevent its closure for the benefit of the local community, many of whom are *gtd healthcare's* patients. This was even more important as Tameside has the highest rates of heart disease in the U.K. Further rationale, which underpinned this proposal linked to research that proves running reduces stress by boosting levels of serotonin in the brain and creates a more positive mood. Self-esteem is improved, goals are achieved and runners realise a greater sense of self-reliance and accomplishment.

In return for the £5,898 that was secured via the Innovation Fund proposal, ECH&TAC offered patients and staff the opportunity to complete the *Couch to 5K* running event alongside a qualified coach from ECH&TAC. These sessions would run twice a week for 10 weeks. Following the *Couch to 5K*, if patients and staff wanted to continue to progress with their running, the club would offer subsidised membership fees to participants.

Sharon Collins submitted an Innovation Fund proposal to offer *gtd healthcare* staff a free weekly yoga and mindfulness session with the rationale being, that investing in employees' health through yoga, mindfulness and stress management can bring about many benefits including:

- increased employee productivity;
- reduced employee ill-health and absence;
- higher job satisfaction;
- increased company loyalty;
- improvement in employee satisfaction and encouragement;
- improvement in employee emotional intelligence and work relationships;
- reduced employee turnover;
- improved colleague and patient relationships.

The benefits to overall health are well documented in regard to; improved mental health, boosting physical and mental wellbeing by promoting strength, flexibility and controlled breathing, increasing physical activity in a safe and effective way, benefiting those suffering with pain, lower back problems, heart disease, stress and depression; and hypertension. A study published in The Lancet concluded that the Savasana (corpse pose) was associated with a 26 point drop in systolic blood pressure.

Two yoga sessions per week help to meet the national guidance on muscle-strengthening activities. Yoga has been found to improve balance, coordination and control and can prevent falls. It can reduce pain and improve mobility in people suffering with osteoarthritis and it can be practised by people of all ages and fitness levels, even those who are chair-bound. It can reduce the risk of osteoporosis, increase blood flow and relieve depression.

Benefits

Evidence shows that both running and yoga lead to happy, healthy and motivated staff. Furthermore, they lead to team building/improved camaraderie and peer support and encouragement. Staff continue to run regularly as part of the group, yoga sessions are attended regularly and staff report positive benefits.

Key benefits of the *Couch to 5K* programme include:

- actively being involved in the local running club would not only benefit our patients and staff mentally and physically, but those who are lonely and in need of social interaction;
- patients who attend a walk-in centre or GP practice with related health problems could be referred to the club for *Couch to 5K* training, knowing they would be supported by qualified coaches and others in similar situations in a friendly environment. Patients would have the opportunity to continue with the club in a beginner's class, again facilitated by experienced coaches;
- as the club is located within Tameside and Glossop, this would develop community links and relationships, which would have a positive impact on staff and patients. Also, we could be actively involved in charity events and fundraising initiatives, which benefit staff and patients within the community.

Challenges

Running

Engaging with patients and encouraging them to realise the benefits of running has proven to be challenging. Posters were issued to all *gtd healthcare* GP practices with details of how they could be referred . However, due to the low uptake a new process is in place whereby patients can self-refer onto the programme.

Yoga

A number of ways to book staff onto sessions were tried and tested including working with the reception team. A WhatsApp group has now been set-up and is working well.

Agreeing mutually suitable times is ongoing; barriers which affect attendance include childcare issues and conflicting times with meetings and workloads. The plan is to try different times and engage more staff.

It was originally anticipated that there would be room for 16 people per session but it appears that 12 would be a more comfortable number. Different ways of setting out the yoga mats are being trialled to see if an increased number can be offered.

Feedback

Running

Staff wanted to join *Couch to 5K* for a number of reasons, which included feeling fitter, losing weight, wanting to be able to run 5km, and making friends. Post *Couch to 5K*, feedback related to staff feeling fitter, feeling more motivated and positive comments have been received in relation to the coach. Please see staff comments below.

"I would recommend this course to anyone. I was convinced I wouldn't be able to complete it, but was determined to do so. On the actual day of the 5K parkrun, I was nervous to begin with but soon found my stride and it was as though all our hard work in training had paid off and prepared us for this day. Our team and coach have been the best throughout, so supportive and encouraging. I have established some new lasting friendships and cemented some existing ones. When I first started the training sessions I was so nervous and apprehensive, but I now feel I can do almost anything if I put my mind to it. I was so happy and proud of myself and still buzzing with a real sense of achievement! Huge thanks to everyone involved and for believing in me."

"This was a brilliant idea! Seeing everyone who thought they couldn't run and then complete the 5K - including me was fantastic. Thanks Kev and Andrea for getting this going!"

"The experience was better than I expected, just what I needed after the winter season to get motivated. The sessions worked well as a team and allowed for individual potential. The coach made the whole experience less daunting. I would highly recommend the course to any member of staff albeit for a bit of fun or for setting some personal goals."

"It has been a great experience and well worth doing. Kev's great!"

"The sessions supported people to start running and keep going; great support form Kev the coach."

Yoga

The proposal aimed to meet the organisational value of 'looking after our people'.

Our staff have ALL of the organisational values at heart, BUT we ALL know how much pressure can impose on us and how stressful that can be. Let's look after our staff first and the rest will follow…

On review of feedback it would appear that this aim was achieved as captured in the following staff feedback:

"I've really enjoyed the classes so far and look forward to them every week! I definitely feel relaxed after and go home in a positive mood."

"Kate has been really welcoming and made us feel at ease."

"I am finding the yoga classes really beneficial alongside the one I am also doing on a Monday at home. I have been advised by health professionals to keep it up for my wellbeing so if it is to continued, I would be interested."

"I have enjoyed the yoga sessions that we have been attending for the past eight weeks."

"I have benefitted from the sessions in lots of positive ways and hope that we can continue to enjoy the sessions for many weeks to come."

"A big thank you to Kate for the time she takes to encourage and support everyone, making you feel you are always doing your best."

Next steps

Running

- A process of re-engaging with patients has started.
- The coach continues to complete weekly sessions with the remaining staff runners. The aim is to now increase the staff group's running distance and speed (staff have collectively agreed this ambition).

Yoga

- There has been continued interest and engagement over the past 12 months, which has meant that the classes are able to continue.
- The plan is to try to engage other staff and offer a variety of times to ensure equity of access.
- The provision of the classes at other localities is to be explored.
- To prolong the duration of the yoga classes, consideration is being given to asking staff to contribute a nominal fee as a means of protecting the central fund.
- Retrospective data collection may show a reduction in sickness to support subsidised places. Staff permission would be gained to access their sickness record/or a short survey to be completed.

Authors: Sharon Collins, DVT and mobile visiting non-medical clinician and clinical lead/advanced nurse practitioner, and Andrea Handley, head of clinical services.
Project support: Kevin Handley, running coach, Kate Sassanelli, yoga teacher, Debra Sheehan and Liz McNee, receptionists,

Open evenings

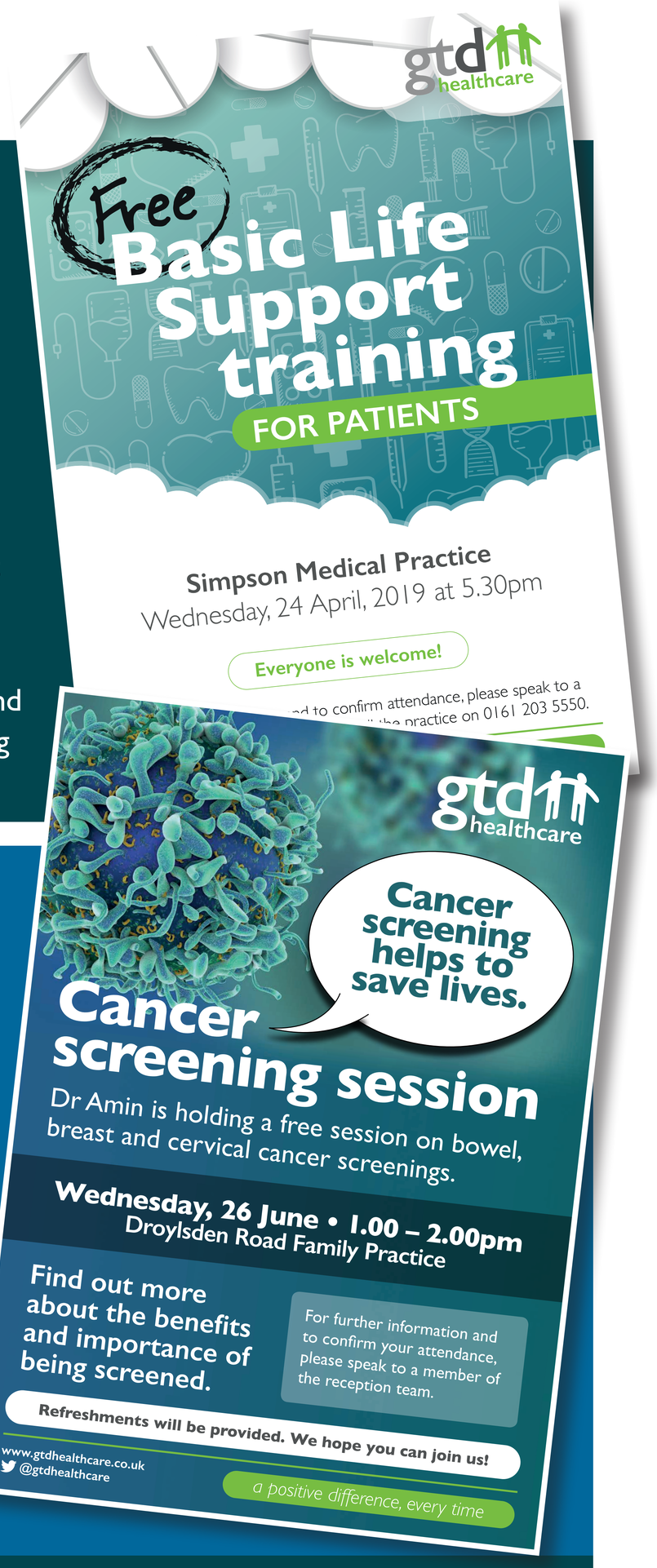
Aim

The aim of the project was to offer a variety of informative open evenings for patients and staff at Simpson Medical Practice, Droylsden Road Medical Practice and Brookdale Surgery.

The open evenings initially gathered momentum following *Be Well* and cancer awareness sessions. Due to the success of these events, an innovation fund bid was submitted and funding was secured to drive forward future sessions.

Patients regularly have questions around similar health topics and GPs often refer patients for issues around lifestyle choices. By holding these events, patients were educated to self-refer without taking-up valuable GP appointments. Information on signposting patients to the correct services and how patients could help themselves were provided at the sessions.

Seven open evenings were held, which involved connecting with two local support services – *Be Well and Healthy Life, Healthy You*, and focused sessions on cancer awareness, cancer screening and basic life support. Health professionals have engaged with more than one hundred patients during the course of the seven open evenings.



Benefits

- increased staff and patient awareness of key health information;
- building relationships with GP practice staff and vice versa;
- patients feel educated and empowered;
- improved networking with other agencies;
- patients self-referred to outside agencies;
- increased knowledge of local services, which also enabled staff to relay this back to patients who could not attend an event;
- patients shared their learning with friends and family;
- an opportunity for patients to meet other patients in their local area - as all events were advertised at the three practices, patients were able to attend an event at the other practices if it was a better time for them;
- some of the events were held at the local Memorial Hall, which encouraged patients to experience facilities in their area;
- events could be tailored following patient feedback on topics that would be of interest to them;
- patients felt the events were contributing to the wellbeing of the local community;
- an open forum to discuss common topics with GPs and community services;
- fantastic feedback from patients, which impacted on staff moral.

Impact

Positive feedback has been received from patients including:

"Extremely useful."

"Great information sharing."

"It was very informative."

"I enjoyed it very much."

"Very educational and interesting."

"Excellent!"

Furthermore, a patient who wanted to lose weight and have a healthier lifestyle was referred to a community healthcare programme as a result of attending an open evening.

Challenges

Encouraging attendance was a challenge and texting patients and displaying posters were not effective. It quickly became apparent that word of mouth from staff to advertise the events made them more successful.

Attendance at the events started with five to 10 people, however, the last event saw 51 patients at one open evening.

Next steps

The opening evenings will be continuing and a number of topics are in the pipeline.

Forming a patient participation group is a core part of the development of these sessions to help encourage wider attendance and involvement.

Author: Alison Newman, assistant practice manager at Simpson Medical Practice.

Project support: All the staff (clinical and non-clinical) at Simpson Medical Practice, Dr Amin, Droylsden Road Family Practice, who delivered cancer awareness sessions, Dawn Barry, practice manager at Brookdale Surgery, Droylsden Road Family Practice and Simpson Medical Practice, Deborah Jeffries, assistant practice manager at Droylsden Road Family Practice, Lyndsey Tunney, assistant practice manager at Brookdale Surgery, and Jane Drummond, head of locality (Manchester).

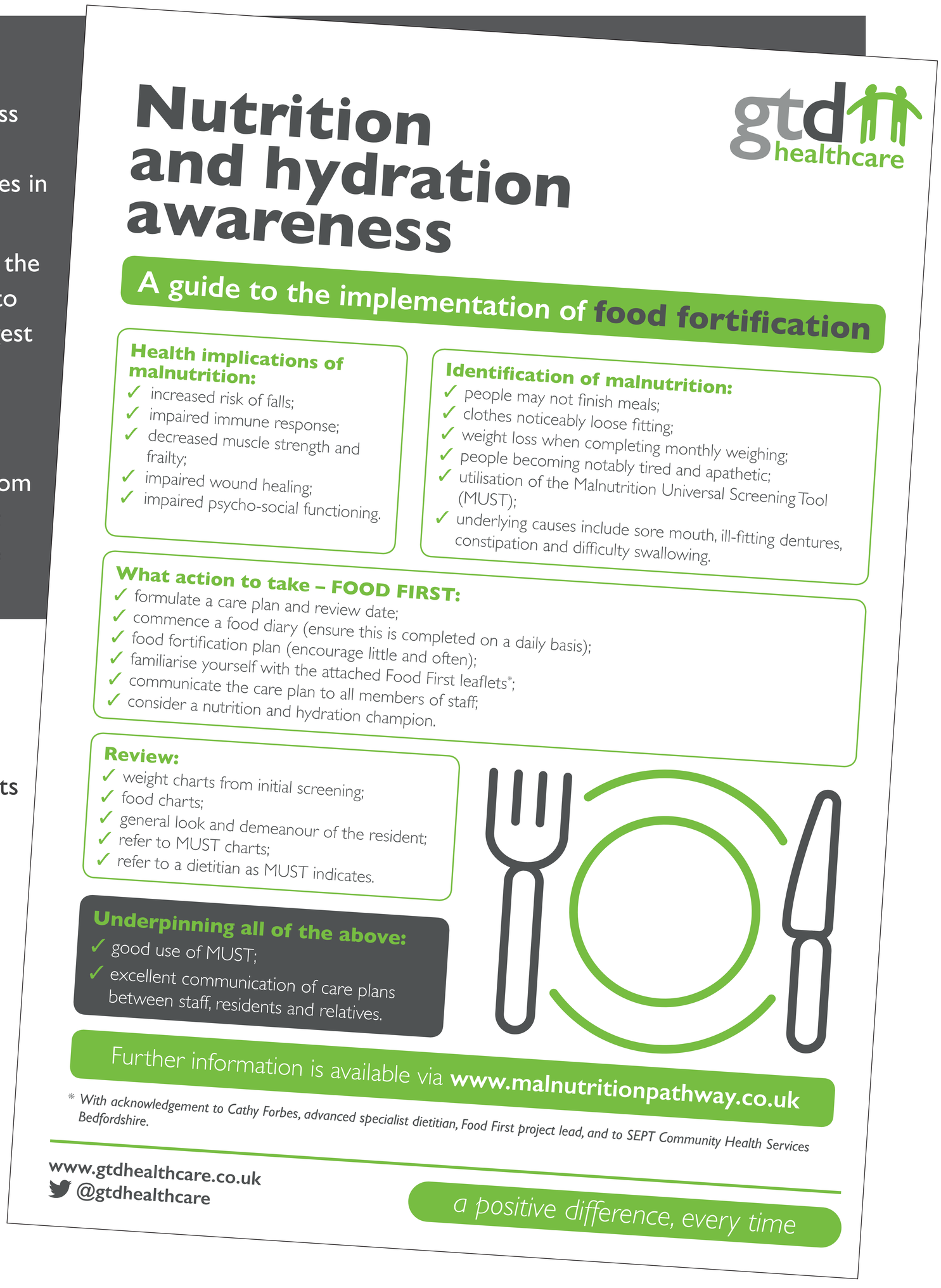
Nutrition and hydration awareness

Aim

Two primary care practitioners have raised awareness of the importance of identifying malnutrition and dehydration within four nursing and residential homes in North Manchester.

The key focus was placed on improving care around the nutrition and hydration of vulnerable residents and to improve carer knowledge. There is evidence to suggest that enhancing nutrition and hydration can reduce hospital related admissions and GP contacts.

The success of the project was reflected in the reception the primary care practitioners received from the care workers as they were engaged, enthusiastic and grateful for the new information and knowledge gained.



Impact

Arranging teaching sessions to accommodate the different members of the care home teams was challenging, but they did come to recognise the benefits of engaging with this project.

Information packs, which incorporated a series of posters were shared with the care workers, who reported an improved understanding and knowledge of the causes of malnutrition. Also, they generated conversations and ideas for different forms of food fortification.

Feedback

- *"The training provided a greater understanding of new ways to assist service users with their nutrition and hydration."*
- *"I left the training with a greater insight to residents' needs along with recognising alternative ways of hydration via fruits."*
- *The training was practical and included easy to follow information in a way which all support workers are now confident to follow."*
- *We look after people who are extremely vulnerable to malnutrition and dehydration and sharing resources is a must – the information provided was welcomed."*
- *"It's going to really help the residents at the home who are losing weight."*
- *"The training reminded me about nutrition and I have now got new knowledge."*
- *"I was better equipped to organise good nutrition and provision within the home."*

Next steps

Work is being undertaken to implement this project across all the nursing and residential homes that are engaged with the Proactive Primary Care Pilot scheme in North Manchester.

Author: Gillian Faulkner and Sue Kearns, primary care practitioners.

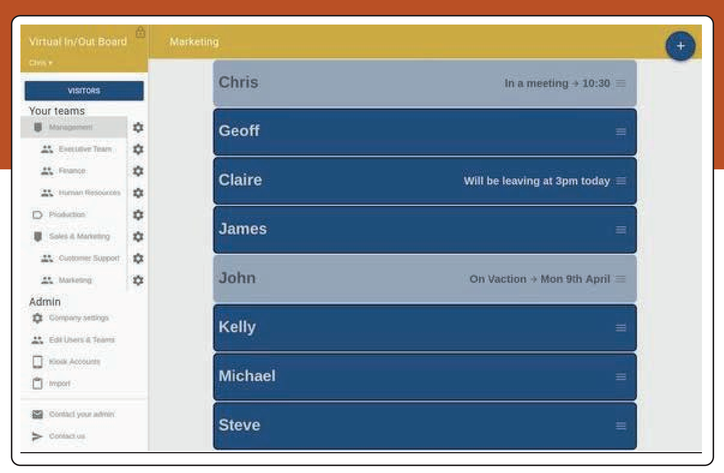
Virtual In & Out Board

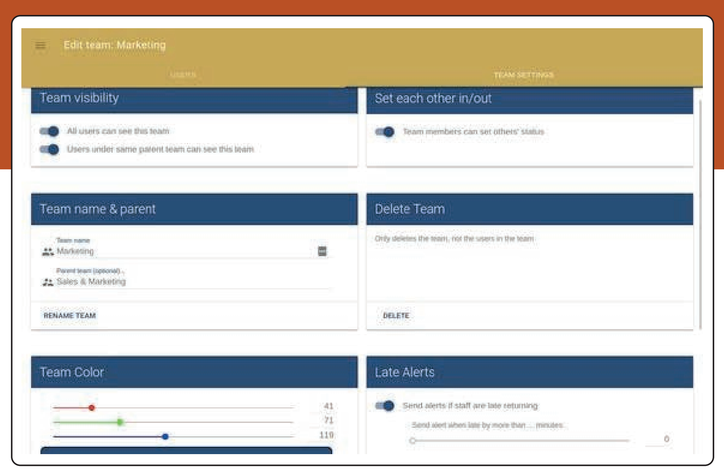
Aim

The aim of the project was to increase awareness of team safety, particularly as the Proactive Primary Care team members work within the community at multiple sites and return to the Clinical Hub at different times.

Staff were encouraged to utilise the Virtual In & Out Board app via their desktop and smartphone. This could be easily accessed anywhere at any time to update their whereabouts i.e. when they returned to the Clinical Hub, if they were on the road or when they were expected to return to base.

Currently the lone working policy does not include the need for a communication tool that allows staff to communicate their whereabouts and so a gap was identified for improvements in this area. The Virtual In & Out Board compliments the policy and enhances organisational awareness of staff safety.





Benefits

- Increased visibility and tracking of all staff i.e. knowing where staff are and when they are back provides reassurance they are safe.
- Increased awareness of staff safety.
- Ease of use and accessibility as the Virtual In & Out Board can be used anywhere, anytime from a smartphone or desktop.
- Improved communication across the team.

Challenges

The main challenge was making sure everybody remembered to update their status, reminding people daily and sometimes feeling as though the reminders were becoming too much. To overcome this, two members of the team were allocated as administrators so that they were able to update anybody's status at any time. Furthermore, friendly text messages were sent to staff as reminders and thank you messages for remaining committed to the Virtual In & Out Board.

Other challenges included one staff member being put off the app by receiving too many notifications that she was late back to the Clinical Hub. This was easily rectified by re-setting the status of the staff member and reassuring her that this was nothing to worry about.

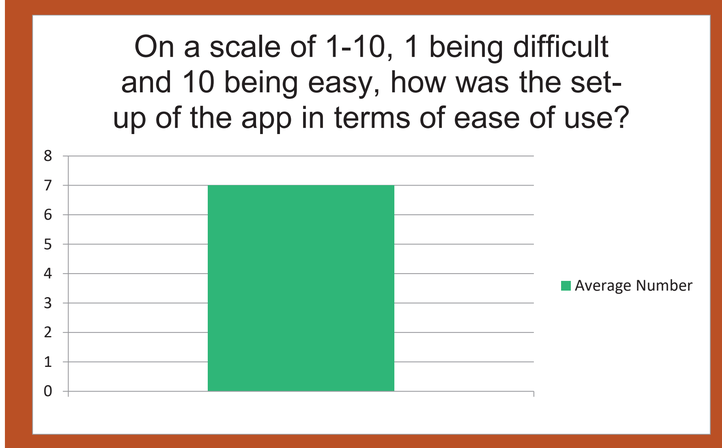
Another challenge was needing to call people at home to check they were safe if they did not respond to a text message within 15 minutes. This would usually be done out-of-hours.

In the early stages of implementation, notifications were not being received if a member of staff was late back. This was investigated via email to the Virtual In & Out Board company and a setting was introduced that allowed notifications to be turned on, so alerts were received more visibly.

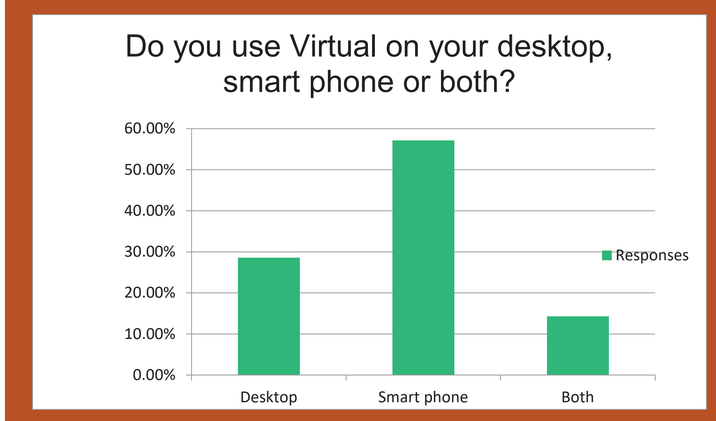
Also, late notifications, such as when a member of staff is late, do not 'pop up' onto a phone screen, these can only be seen if you open the app. This is sometimes problematic insofar as there may be a delay in opening the app to check this.

Following a review of the project, information governance issues were identified relating to the transfer and storage of person identifiable data outside of the European Union (EU). As a result, service with the system supplier utilised during the project pilot has been cancelled.

Question 1

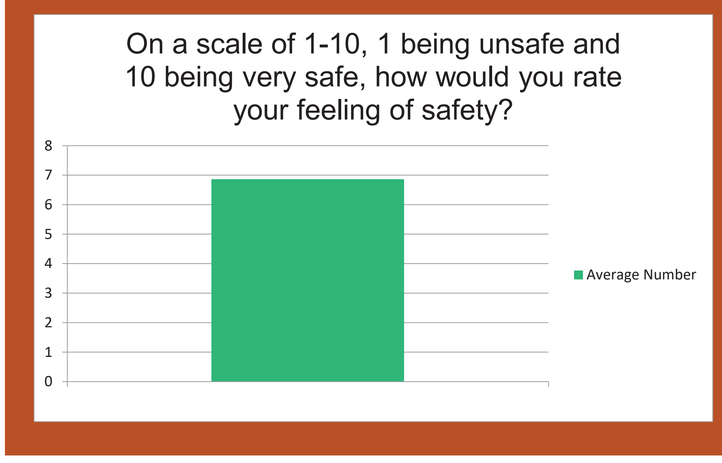


Question 2



Question 3

What are the positive aspects of using Virtual?



Feedback

- "The app gives a good overview of where staff are working and what time they will be due back to the Clinical Hub."
- "The app provides safety for lone workers."
- "A great way to find out where colleagues are i.e. when they are out-of-the-office."
- "Pleased that staff will be safer when lone working."

Next steps

The information governance issues identified have illustrated the importance of carrying out data privacy impact assessments prior to the commencement of new service developments and will serve as a useful learning experience for sharing within the organisation. However, the benefits of the project have been recognised and alternative solutions within the UK/EU are to be sought.

Author: Kelly Toft, primary care practitioner