

Treatment Room Unit Year One Evaluation Summary 2017-18

The Purpose – Give a report on the Treatment Room Unit (TRU) in YPS and its current figures, development and focus.

Continued pressure on General Practice's is well known throughout North Wales and recruitment issues are a problem in this field. The concept of the Treatment Room Unit in Ysbyty Penrhos Stanley is aimed to help support the existing services and also enhance a shared integrated service approach closer to home.

The Vision

According to Health In Wales website - Over 90% of patient contact with the NHS takes place in primary care so local primary and community services have a key role to play.

The Welsh Government's plan *Delivering Local Health Care* aims to build on progress to date and accelerate the pace of change in a way that:

- Increases the focus on prevention, with early intervention when needed
- Helps people influence and support their own health and local services
- Strengthens locally led service planning, co-ordination and delivery

Our Vision

- To promote the development of multi-speciality community provider within the Treatment Room Clinic based service. This service will enable that patients are seen at the right time, in the right place by the right clinician.
- The TRU will help alleviate the volume of patients who present inappropriately at secondary care e.g. Emergency Departments & assist in relieving pressing from GP practices while also providing some help with current recruitment issues and changing work force.
- The TRU will enable for service development with the focus being on more complex, challenging needs while additionally addressing the shift of care services closer to patients own home.

The Current Service

Monday to Friday 09.00 to 17.00 (excluding B.Holidays)

- Band 7 x1(.8wte)
- Band 5 x1(.6wte) (change of staff member)
- Band 5 x1(.8wte) (Commenced Dec 2017)
- Band 3 x 1(1wte) originally 0.8wte but more cover required as no allocated admin support therefore had to reduce Band 5 hours.

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Goals and Outcomes

- Reinforce community support, understanding and awareness of the TRU in YPS to service users and other Health Care Professionals.
- Developing towards offering a wider range of treatments to the population and bridging the gap between secondary and primary care services in close proximity to patients' homes and more.
- Build on integrated shared work and workloads with GP's, PN's, and DN's for best possible outcomes for patients.

Involvement/Integration with multi-disciplines to date

- GP's, Practice Nurse's, District Nurse teams, Vascular Outreach Team YG, Podiatry YG & YPS, Dermatology, Oncology Out Patients workload (Denosumab Injections & PICC line maintenance) and many other local services between YG and YPS, including facilitation of 'out of area/holiday makers' who come to visit and stay in this area.

The Impact on Secondary Care

- Reduction in appropriate attendances' to Emergency services such as Emergency Departments & Minor Injuries Units, and Out of Hours services – evident from patient questionnaires/feedback attached.
- Early intervention and delivery of basic treatments can prevent deterioration and avoid possible infections that may need secondary care intervention if not detected and treated promptly.

The Impact on Primary Care

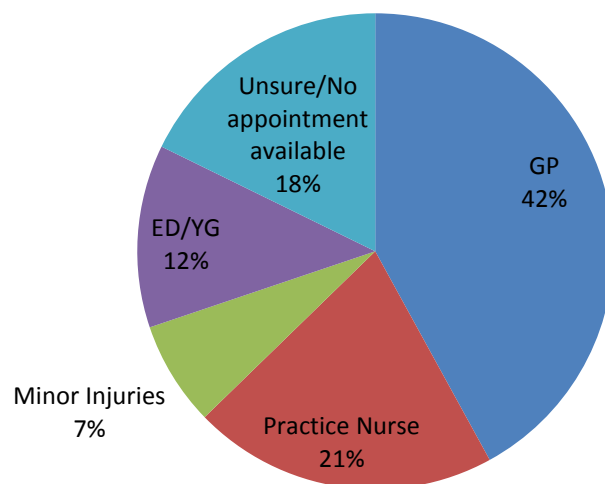
- Release of capacity in GP Practices from GP's / ANP/ PN workloads therefore allowing for time and concentration on patients with more complex and chronic needs.
- Shared patient case loads with District Nurse Teams – once patients become well enough to travel to TRU post discharge from hospital they are transferred to our care to continue with treatment, thus freeing up capacity in the DN's workload to concentrate on house bound or palliative patients.

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Performance, Activity and Contracting

- From 22/05/2017 to 31/12/2017 (12 months open) – **4,184** Treatments performed (varying times of 10 - 45 minute assessments and redressing, i.e. Full Leg Ulcer assessments, compression dressings, dopplers, basic wound dressings, removal of sutures/clips, PICC line care, Burns, I&D packing, basic diabetic foot care and redressing).
- Average **81** patients per week, Average **16** patients per day.
- **See activity log for full breakdown of figures.**
- **See Patient Satisfaction Questionnaire Service feedback** – Overall extreme satisfaction with the service received in writing, verbally and in form of small gifts and cards (boxes of chocolates etc).

Where would you have gone if no TRU?(As documented by patients)



- Up to Nov 9th 2017 (first 6 months) – there were 230 individual referrals – (apologies awaiting current figures)
- Two separate patient case reviews (Please see attached copy of email trail) – 46.5 hours in the TRU equated to having freed up 279 x 10 minute appointment slots reducing workload by the same amount and meaning, that that particular surgery can see other patients more quickly.
- Continued from above in wages cost alone (looking purely at the average hourly rate of their nursing team) saved the practice over £880 –See attached email trail.

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- The TRU was within its financial budget for financial year ending 17/18, including some works that remain finalisation.
- Quarterly reports are completed for WG.

Time scales.

- This project requires long term investment to encourage nurses into primary care services and help develop skill further.
- The proposal is to further develop a much wider range of treatments for both primary and secondary care users therefore continuing to work towards shared services local to patients' homes. In future, funding may be better resourced from both areas so as to maximise the benefits for both care sectors – currently this is a Primary Care Initiative.

Variances.

- Difficulties with IT systems – Access to primary care systems in a secondary care setting has complications so progress is slow however use of both systems may be necessary and beneficial in the future in order to bridge any communication gaps from primary to secondary care. Main assumption regarding the TRU was getting adequate IT access to GP records and that that would be sufficient however on several discussions with IT this is not viable through the normal routes due to software, IT work loads and financial implications.
- Data sharing and access to GP patient's records for shared services are developing however also slow and staggered, safe development is paramount.
- We have identified a way of logging activity on PIMs through 'Community Contacts' however this is very limited in ways due to no link up with PIM's and GP servers software like Vision/Emis. This is now a retrospective, labour-some task especially without admin/ward clerk support.
- We are currently investigation an option of alternative access to GP records, with patient consent – this trial process is only in early stages. Additionally there is a training need for both systems if successful.
- There have been some changes in Government incentives and this can incur a financial loss with some sets of patients who attend surgeries i.e. wound care. However at present the benefits to alleviating over stretched workloads within surgeries and opening up more appointment slots outweighs the patient benefit and potential financial loss – See email trail to support.

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What will improve?

- Developing towards offering a wider range of treatments to the population and bridging the gap between secondary and primary care services in close proximity to patients' homes and more.
- Offering of a quicker and slicker treatment service which will reduce delays to all involved patients and the NHS alike.
- Build on Integrated shared work and workloads with GP's, PN's, and DN's for best possible outcomes for patients.
- Reinforce community support, understanding and awareness of local services like that of the TRU in YPS to service users and other Health Care Professionals.
- Increasing recruitment into primary care nursing teams and improving sustainability of the workforce.
- Greater job satisfaction as access to training and development will encourage retention of these nurses.
- Potential increase in the number of student placements, due to more confident nursing workforce and more areas available in community placements.
- Providing a high quality nursing service to meet the needs of both GP Practices and the public.
- Increasing accessibility for patients and thus improving patient satisfaction and experiences

Future services in the Next Phase / 12 months

- We are in development of access and use of GP soft ware systems to ensure seamless 'live' health records.
- We are looking into full Administrative support as this is essential in timely record keeping and aiding with safe secure communication throughout the services involved.
- Small Intravenous infusion
- Blood Transfusion
- Ear care
- More complex wound dressings
- Scheduled Catheter insertion and maintenance

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Looking Forward

- Sustainability of this project is crucial in order to assist in relieving significant pressures in this area and enhance & support current services.
- Improved workforce planning and better recruitment and retention plans for the primary care nursing workforce is required.
- Overall the Treatment Room Unit is working well, and has integrated and been received well into the local community.
- Extensive work on health promotion and 'patient led' care involvement will be a large section of next year's development of the TRU also working closely in conjunction with the cluster teams regarding development of screening services in the future.
- Opening up to a wider range of treatments on offer after adequate training achieved.
- Continued involvement with the local community and make sure we are meeting the patients needs in the area i.e. evening/weekend opening hours, mobile unit in local community areas and engaging with people who are out n' about – post offices, local groups, supermarkets etc.....