

Division	Areas Central, West and East
Development or Scheme	Treatment Room Unit YPS (Area West)
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Version	1
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1. Executive Summary
<ul style="list-style-type: none"> • Purpose – Give a report on the Treatment Room Unit in YPS and its current figures, development and focus.
2. The Strategic Case
2.1 Overview of the Business Case <ul style="list-style-type: none"> • 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, at the right place by the right clinician. • They will also help alleviate the volume of patients who present inappropriately at secondary care ED & assist in relieving pressing from GP practices and provide some help with current recruitment issues and changing work force. • They will also enable for service development with the focus being on more complex, challenging needs and addresses the shift of care services closer to patients own home
2.2 The Current Service – Monday to Friday 09.00 to 17.00 (excluding B.Holidays) <u>Staffing Levels</u> <ul style="list-style-type: none"> • Band 7 x1 (.8wte) • Band 5 x1 (.6wte) currently in final stages of recruitment process for Band 5 @.8wte. • Band 3 x 1(1wte) originally .8wte but more cover required as currently no allocated admin support available at present.
2.3 The Case for Change : <ul style="list-style-type: none"> • TRU YPS Currently in the first year of set therefore development ongoing rather than change. Please refer to overview of the business case for further change.

2.4 Proposed Service Development

- 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.

2.5 Areas Affected by the Proposal, Inter-dependencies

- GP's, Practice Nurse's, District Nurse teams, Vascular Outreach Team YG, Podiatry YG & YPS, Dermatology, Oncology Out Patients workload (Denosumab Injection Administration) and many other local services between YG and YPS.

2.6 Performance, Activity and Contracting

- From 22/05/2017 to 31/12/2017 (7 months open) – **2,213** Treatments performed (varying times of 15 - 45 minute assessments and redressing, e.g. Removal of Sutures to Full thickness Burns under C/o Whiston Hospital)
- Average **68-70** patients per week, Average 13 patients per day.
- Up to Nov 9th 2017 – there were 230 individual referrals with Longford Road Surgery accounting for 85 of those, then Victoria Surgery and then MIU YPS and so on to local surgeries.
- On review of TRU figures – there is an obvious decreasing trend on particular occasions like Annual Leave cover staffing shortages since early Nov '17, with an inability to maintain regular communication with local surgeries and neighbouring hospital due to working the shop floor, familiarising staff replacements etc....(90 attendances recorded in mid Oct to 70 in mid Nov)
- The TRU is currently within its financial budget for financial year ending 17/18, including some works that remain finalisation.
- Quarterly reports are completed for WAG.

2.7 Milestones and Quantified Benefits

- Two separate patient case reviews (Please see below) – 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.
- Over the 1000 Treatment target achieved within first 4 months of opening, with press release completed, and good feedback from BCUHB staff and local

media interest. **2000** reached within next 3 months therefore demonstrating even more engagement with the service.

- Forecast for end of first full year, attendance figures should be over **3,500** treatments if not many many more, based on gradual trend increase so far and commencement of second, part time, Band 5.
- Figures from 22nd May to 10th Nov (25 weeks) show 230 actual individual referrals to TRU.
- Positive feedback from patient questionnaires and overwhelming amount of cards and chocolates received from patients to the TRU over this Christmas period.
- Continued positive feedback from local surgeries verbally and written – Please see supporting evidence below.

3. Critical Assumptions, Risk and Issues

- 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 soft ware, IT work loads and financial implications.
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 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 out weights the patient benefit and potential financial loss.
- Clarity of targets needs to be reassessed and identify realistic goals.

4. Conclusions and Recommendations

- 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.....
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5. Project Evaluation

5.1 Monitoring of Project Progress

Activity and continued review with practice will continue on monthly basis .

Additional Supporting Information: Email regarding break down of cost/impact of treatments.

From: Orla Roberts (BCUHB - Primary and Community Care)

Sent: 11 January 2018 22:52

To: A

Subject: Session break down TRU YPS

Hiya A,

I've looked at 2 different cases – one that the patient is still under our care and the other who has now been discharged successfully. Here is a brief break down.....

R. E. referred on the 30th of May 2017 by ANP Janet.

First attendance 2/6/2017, she originally had wounds to the left leg with class two hosiery. RE attends the treatment room two to three times weekly, with bathing both legs and dressings applied depending on progression of the wounds.

Unfortunately R.E. has had 3 infection setbacks and the other leg then developed smaller wounds also and has some family worries which may contribute to her stress levels and recovery.

In total she has had **67**, 30 minute appointments from the 2/6/2017 to 22/12/2017 (7months) in total which calculate to **33.5** hours treatments with her. Three swabs samples were taken ?infection and discussion with GP as appropriate to make a clear assessment and treatment plan. R.E. had 1 Doppler on the 25th September 2017 and then progressed

well with compression layer bandaging. R.E is currently undergoing treatment in three layer bandaging twice weekly.

P. S. referred on July 4th 2017 for ?? infected insect bite on left leg.

He had visited the treatment room 38 times over a 3 month period and had one swab taken.

In total P.S. has spent approx **13 hours** of treatment with us having had good results with compression layer bandaging (going on a 20 mins per appointment session – some occasionally more or less).

P.S. is now discharged since September 2017.

Overall the TRU have received the most amount of referrals from your surgery and we are very grateful for your ongoing support. I do not currently have a figure of these to date but this is under review and update.

Any influencing impacts you can think of from the TRU opening would be great to hear good or not so.....for further development.

Did you maybe notice any improvements over the holiday period, due to the TRU being able to share some of the daily, alternative day dressing due to only have a 3 day working week in between both holidays?

Thanks for your time A,

Kind regards,

Diolch Yn Fawr/Many Thanks,

Cofion cynnes /Kind Regards, Orla Roberts.

In reply :

Dear Orla,

Thanks for sending these through – they're quite startling!

I suppose that when you're looking to measure impact of the unit on us as a practice then you're right, it is difficult to truly assess the numbers when you're actually looking for an absence of something. What is especially telling is that even with such massive help from you, our appointments are still fully utilised so instead of leaving gaps in our day, what you're actually doing is reducing the amount of time that our patients need to wait to see one of our practice nursing team.

Putting your two patient examples into simple figures your unit has:

Freed up 279 10 minute appointment slots reducing our workload by the same amount and meaning we can see other patients more quickly.

In wages cost alone (looking purely at the average hourly rate of our nursing team) saved the practice over £880

I can't begin to quantify the savings on the practice prescribing budget nor the impact on our patients who need regular dressings or other interventions. As we spoke about in our meeting before Christmas it seems we're the most prolific users of the service and I'm happy to hear that as every person we refer simply multiplies the benefit to our other patients who need to be seen here.

I can only think that these clear benefits to us as a practice are multiplied many times over when you take into account all of our patients that have been seen since you opened. There are also other things of course; the easy accessibility, car parking, flexibility and continuity of care through the district nursing team that means that patients get good outcomes.

Thanks,

A