

Care Home Support Model in Clackmannanshire



Pat Harker - Care Home Liaison Nurse
Lesley Middlemiss - Primary Care Transformation Programme Manager
Diane Sharpe – Clinical Nurse Manager, Stirling & Clackmannanshire



Introduction

Clackmannanshire (Clacks) has faced challenges with recruitment and retention of staff in primary care, as well as an increasing demand and aging population.

As part of the Primary Care Transformation Programme, GPs and Practice Managers in Clacks, worked collaboratively as a cluster to reshape their care home support model and look to deliver care to the residents in a more efficient, safe way.

There are 6 care homes in Clacks – and 5 participating GP practices, with a total of 306 patients. GPs have patients across any of the 6 care homes, meaning there is a high degree of variability in terms of demand and they can spend considerable time travelling.

The aims of this test were to:

1. **Reduce the number of GP hours spent managing urgent care visits into care homes in Clackmannanshire .**
2. **Empower and increase resilience of care home staff through education and support.**

Methodology

Phase 1: 2 GP Practices / 2 days per week:

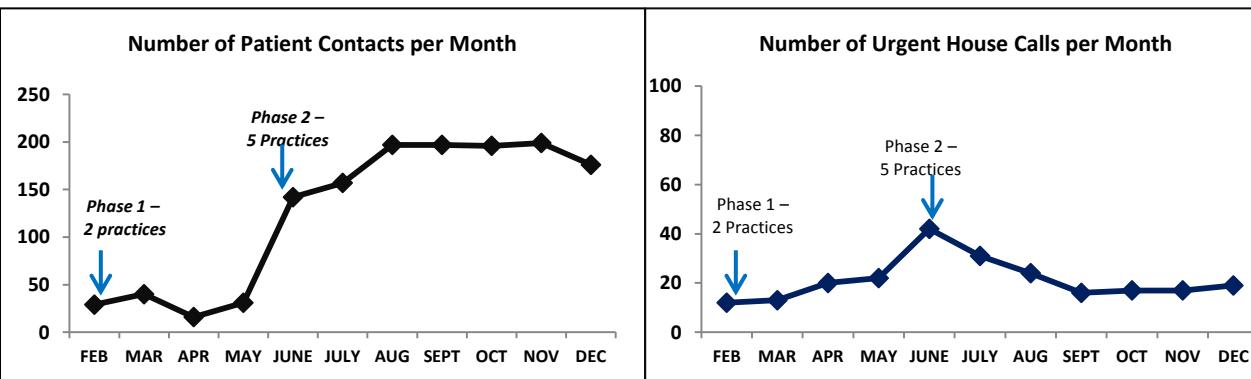
- Started working with two practices and spent the first month shadowing GPs on urgent home visits
- Collected data from each practice to determine which patients had a KIS (key information summary) etc.
- Started to develop relationships with care home nursing staff and agreed on a process going forward whereby any concerns could be noted in a 'drop-in' diary by the staff and Pat would check the patients during her planned visits

Phase 2: 5 GP Practices / 4 days per week:

- GPs reported substantial reduction in care home calls and the Care Home Liaison Nurse post was made permanent for 4 days per week in July 2018, meaning Pat could cover 5 practices and 6 care homes.
- Strong relationships now formed with the care home staff and Pat set specific days to visit each and accessed the patient notes from each practice. By the end of 2019, the final two practices in Clacks will also have access to Care Home Liaison.

Outcome – Unscheduled & Unpredictable to Planned & Nurse led:

The service is now fully embedded across Clacks and is one of the most valued assets to GPs and Care Homes. Pat is part of all the practice teams and all of the care home teams. An additional bonus is that care home staff are starting to take on additional roles – two nurses in the area are now doing ANP training. The charts below show the number of urgent house calls per month (managed by Pat) and the number of contacts that have been 'planned'. The number of urgent calls increased around June when the test moved into phase 2 and covered an additional 3 practices, but has since reduced.



Test of Change

The Primary Care Transformation programme supported the Clacks cluster to develop a series of test of change; all working towards the bigger aim of increasing recruitment and retention of staff, while providing excellent patient care.

Pat Harker, a Community Nurse was recruited to the role of Care Home Liaison Nurse. Pat was supported by the GPs and Practice Managers in the cluster, as well as the Programme Manager for Primary Care Transformation to develop a phased plan to reduce care home demand on GPs. Pat's role started as a 3 month secondment to determine effectiveness of a Care Home Liaison post.

Conclusion & Next Steps

This test has been hugely successful in Clackmannanshire over the last 12 months. As part of the new Primary Care Improvement Plan, other area's in Forth Valley have recruited Care Home Liaison Nurses and aim to implement a service similar to Clacks. The GP practice teams have collaborated closely and this summer will be aligning themselves to specific care home – which should mean a reduction in Pat's admin time. GP Out of Hours Service has noted a substantial reduction in the number of care home calls, and an improvement in the communication of urgent calls. The local pharmacists have also noted an improvement in the quality of referrals.

Although a subtle presence in the Care Homes, this service provides continuity of care and supports patients and families in Clackmannanshire. Care home staff feel empowered and are taking on significant development opportunities to ensure people receive the best possible care.

For further information, contact
Lesley.middlemiss@nhs.net

"The service is brilliant, we miss her greatly when she is on leave,"

Dr. King, Tillicoultry GP

"I have never seen such great engagement from both sides of a project, ever!"

Lesley Middlemiss, Programme Manager

"Pat is the missing link, she is a valuable part of our team"

Staff Nurse, Care Home Clacks

"This is the best job I have had in my 40+ years of nursing"

Pat Harker, Care Home Liaison Nurse