All change – and business as usual

Dawn Godbold – Deputy Chief Executive

“Once again, we face interesting times. Recent news coverage suggested Serco’s withdrawal from its existing clinical services. To reassure you, Serco is not withdrawing before the end of the current Suffolk Community Health contract and we cannot make a decision beyond that - the redesign plans and tender documentation aren’t finalised. Serco’s new healthcare MD, Zafar, Raja, met with the CCG recently to emphasise his support and commitment and I am delighted to say that Dr Abi Tierney, our fantastic CEO, is staying and will continue leading SCH from the front and building services for patients.

In terms of the Suffolk redesign I, along with our medical director Dr Amit Sethi, am working closely with other partners to help shape system re-design. Of critical interest for us is how the various elements of the system, not just community healthcare, will fit together to ensure no service or patient falls through the gaps. We want to make sure community health is at the heart of the plans – whoever manages community health services in 2015. We know from experience that these procurement activities are an unsettling experience for everyone. Our focus is ensuring that our staff are as informed as possible about the changes, and I know that they will ensure service delivery to patients is not affected. The important goal is the sustainability of community health services in Suffolk, and that is something we continue to work on and support.

Within this update you’ll see some fantastic examples of integration, improvements in service quality and how we are working together to put the patient at the heart of services. For more information on any item email Gaynor.ferrari@suffolkch.nhs.uk. If any of you would like to meet to discuss community health services then please contact Amit or me.”

District nurses – more on the way

There is a national shortage of district nurses but we are working to get more district nurses in Suffolk. We are really pleased that, in September, we have five full time training places for district nurses and some part time ones too! This is great news for our community and for our nurses who can benefit from a career progression pathway. Following a recruitment process led by Fiona Whitfield, 12 of our community nurses are going to take this important course.

‘Booking community equipment in and out of depots takes ages!’

So, we’ve removed bar coding of non-maintainable items - saving a huge amount of time every day for clinicians and the community equipment team. Your feedback is already very positive and CES staff say booking in a new equipment delivery takes minutes instead of hours!

Patients give top marks to SCH

Patients really rate our care, according to the latest Friends and Family Test (FFT) results. Of patients completing the June FFT 98% would recommend us to family and friends. Every patient - 100% - surveyed at Newmarket & Felixstowe Community Hospitals and at the MIU is extremely likely or likely to recommend (the national average is 71) based on their experience.

Pam Chappell, Director of Nursing, Therapies & Governance, said: ‘Hearing what our patients say is of huge value, it really helps us improve our care. It also reflects that we are providing a quality service.’ The survey also shows that:

- 93%: ‘My care plan was explained clearly’
- 94%: ‘I was involved as much as I wanted in decisions about my care’
- 99%: ‘I had complete confidence in the skills of the staff’
- 95%: ‘The care had a positive effect on my wellbeing’
- 97%: ‘Staff made me feel they really cared about me’

A focus for this year is increasing the numbers who participate - not easy with elderly and frail patients - while of course maintaining great services and offering a great patient experience.
**SCH – a 24/7 service**
The Care Coordination Centre’s 24/7 service is just over a year old. It takes 7,000 referrals a month and 30,000 interactions by phone, fax and email. Patients can self-refer and clinicians and other professionals use the CCC to access SCH services meaning we are truly accessible for patients and clinicians. Keep the number to hand and ensure patients know about it.

**CCC:** 0300 123 2425

**New SCH website live**
Our new public website is live! It includes a section for professionals, with information, policies and pathways and lots of useful information about our services for patients too.

www.suffolkch.nhs.uk

**Community equipment delivery – is it urgent?**
We still need your help to further improve the CES service to you and to patients. Many items of equipment are still requested as ‘urgent’ (when they often might not be), meaning the store must deliver them within 4 hours. Please consider timing when ordering equipment as this really helps all patients get their equipment on time.

**New geriatric assessments join up care for patients**
SCH is improving integration, patient experience and outcomes after introducing the concept of comprehensive geriatric assessment (CGA) smoothing out the patient journey. This is part of the ‘interface geriatrician’s’ (IG) role working with our acute hospitals, GP’s social care and mental health colleagues.

The CGA, currently available in west Suffolk, gives greater continuity of care for vulnerable and complex patients and triggers early involvement of our community teams working jointly with the GP and the acute hospital ‘wrapping services’ around the patient. It involves refocusing the role of the community matrons and linking them to the Interface Geriatrician in the West Suffolk Hospital (WSH). We also increased staffing to deliver CGA through multidisciplinary teams. The CGA process began as a pilot in the Sudbury area in February this year and rolls out across the west in coming months.

The model in the east of the county is developing slightly differently with the Interface Geriatricians at Ipswich Hospital developing ‘hot clinics’ where they review patients referred to them by our community teams and matrons, as well as reviewing patients in our community beds jointly with the GP’s who provide the medical cover.

It’s great to be able to offer specialist geriatric clinics at community sites and to support the discharge of complex patients. Some patients receive GP follow-up in an outpatient clinic so it’s a good example of three parts of the health system working together to benefit patients.

We are monitoring the IG role and CGA, collecting data on the impact on patient experience, clinical outcomes and effectiveness of interventions and admissions avoided.

**CGA case study – working for patients & integration**
‘Mr P’s’ GP was concerned and referred him to SCH’s community matron during the practice’s multidisciplinary team meeting. Matron liaised with the IG and the next day ‘Mr P’ started CGA and investigations at West Suffolk Hospital. A joint treatment plan followed, delivered by the community matron. The patient remained at home receiving treatment and close monitoring. Prior to CGA ‘Mr P’ could expect hospital admission for the assessments and investigations and certainly a less smooth process between parts of the health sector.

**‘Virtual ward’ saves many bed days**
A new partnership - the virtual ward - between SCH and West Suffolk Hospital has saved many, many bed days since launching in January. The hospital identifies sub-acute patients, who are medically unfit but clinically stable, and discharges them under the care of SCH’s Community Intervention Service (CIS) in the west. They remain closely monitored and governed by WSH consultants. Nurse consultant Liz Hearn, clinical lead for CIS, says, “These are patients who do not need to be cared for in hospital, and will benefit from being in their own home. They may need 72 hours of IV antibiotics, for example, which our nurses can deliver and support all their clinical needs.” Liz is also working with Ipswich Hospital, which has now introduced IV clinics for ambulant patients. One SCH admission prevention nurse can meet the care needs of a number of people, making best use of time and resources – a win for patients and our health system.