

MCH Newsletter



Compliments

Meeting
Emma Tooze

Transformation
of leg ulcer clinic

What's
next?

NEIGHBOURHOOD NURSING



WELCOME TO THE MCH TICC NEWSLETTER

Within MCH the Transforming Integrated Care in the Community (TICC) project has become an organisational transformation Journey.

Our initial focus was to transform our community nursing teams into neighbourhood nursing teams within the PCNs of Medway supporting patients within a smaller areas (neighbourhoods) to support building better relationships with the patients, GPs and local informal networks and formal networks.

Community nursing was based on 5 large locality teams - Gillingham, Rainham, Rochester, Lordswood and Strood currently both Strood and Rainham localities have undergone the service redesign to support delivering the Buurtzorg NN principles. Rainham PCN having 4 teams, Peninsula PCN -3 teams, Strood PCN -2 teams and Medway Night nursing service. The transformation is not without challenges, not least the lack of qualified nurses in the system.

Covid brought additional challenges but our neighbourhood nursing teams used the self-managed approach to make the best use of their workforce to support the patients under their care. Our belief in this model and the positive benefits it will bring for both patients, families and our staff, despite all the challenges meant we continued as best we could with continuing to move forwards with.

It also become clear that the patients attending leg ulcer clinics managed by community nurses historically would be better served by moving over to be managed by our wound clinic staff who have also adopted the principles of Buurtzorg of care provision and becoming self-managed within smaller geographical areas - so the one team is now three teams, wound clinic North, South and central. Initial audits demonstrate improved patient outcomes and patient satisfaction.

Supporting the development and roll out of TICC within the organisation

The transformation looks at the organisation as a whole and so includes teams wider than community nursing in adopting Buurtzorg principles to improve patient outcomes, provide enhanced continuity of care, to work in smaller, self managed team's preventative rather than reactive approach to care delivery within a defined neighbourhood. Improving collaboration across teams and organisations within our local care model.

Our initial focus was on Tissue Viability and Respiratory Services. The preparation time and effort cannot be underestimated, understanding how these services are commissioned, management of waiting list, current caseloads and reviewing population health needs assessments.

There is also a lot of support required for the proposed new teams provided under the direction of the lead coach focusing on developing to become a self-managed team, understanding the roles within such teams and not least the move away from a hierarchical structure within the teams.

The Tissue Viability team went live as a neighbourhood team on the 27th September 2021 and the Respiratory Team will be ready to start their journey as neighbourhood team from the 1st November 2021.

Working in partnership and developing our formal and informal networks

Covid 19 obviously impacted MCH and as an organisation we met the challenges we were all faced with. However, we were able to support one of our local universities Canterbury Christ Church during the first Covid lockdown in delivering virtual training on the TICC model and principles of delivering Buurtzorg care and how we were implementing them within Medway Community Healthcare to 2nd and 3rd year students.

This was led by two of our coaches, held virtually but as interactive session discussing the principles of the project and how we are embedding it within community nursing, asking them what they thought 'good care' looked like and how they could use the solution driven method of interaction (SDMI) to support them within their current studies and once they became qualified. This training developed a lot of positive feedback and we have fortunately recruited some of the students that attended. We continue to work with this university and hope to make these sessions a regular part of the itinerary.



feedback from some of the students:

"As a newly qualified I think I would enjoy working in a team that is self-managed, being seen as equal."

"Are there any plans for TICC to be expanded to other areas in Kent? I live in Hythe and would love to be part of this when I qualify"

"I really liked that it empowered and enabled nurses to use their professional judgement rather than a hierarchical system, as I have seen in jobs and placement nurses seeking approval before taking action and this impacts the patient and deskills the nurse to think about their own skill, judgement and risk assess".

Through the local care agenda and the transformation project we meet with our GP colleagues to develop our relationships at a neighbourhood level, improving communication and solution finding as like all our health and care we have significant workforce challenges.

We have re instigated meetings with our social care colleagues, social prescribers, voluntary and our home care provider all have been very positive with our transformation model and together we are building formal and informal networks within our neighbourhood to best support our patients and their families.

Support Centre

The 'back office' is critical in also transforming to release time to care for our clinicians and enable them to function within the model. Some big steps have been made and it is fabulous that corporate colleagues are now thinking and relating to this model. IT support to our clinical teams is crucial as an enabler and great strides are being made to support more effectively but will take time, but MCH is definitely on the journey.

COMPLIMENTS

NN Peninsula 1

I am a housebound retired registered District Nurse and wish to tell you about the Neighbourhood Nurse in Peninsula 1 Team:

She came to my home to look at a cut on my right foot. She was knowledgeable and caring. She also diagnosed the possibility of Sepsis. She took my temperature, B.P, Sats and much more and then phoned the emergency GP and a strong antibiotic was prescribed to be picked up from a Pharmacy at 7.00pm on a bank holiday. It was picked up by one of my carers. I feel her prompt attention saved my life.

NN Rainham 1

I feel compelled to write to you in recognition of the care my mum has receiving during her eleven months of palliative care. My mum passed away peacefully in April 2021. The Neighbourhood Nurses in the team are a credit to the NHS and the people of this community. Their dedication, professionalism and supportive kindness has made my mum's situation endurable. They were the vital link in caring for my mum and reporting to the doctor. Which resulted in quick medical interventions to ease her discomfort. Whilst they were caring for my mum the nurses were a constant source of advice and comfort for myself. How they find the time to speak to us relatives in such an empathetic nature is miraculous considering the hours they work. I would like to them to be recognised for the underpinning work they do to make a difference to peoples lives in their own homes. I would also like to express my deep gratitude for how they supported us as a family and the care and kindness they showed my mum.

NN Peninsula 2

'I provided clinical supervision to a new starter on 4th August. She was new to the team but she voiced how well supported she had been by the team within her first 2 weeks with them. She said she had found them to be very organised and supportive. Whilst I was in practice with her, the team kept in regular contact, arranging lunch together and supporting each other clinically and non-clinically. I witnessed that they had a great team environment and ethos which had created a supportive workplace. Patients appeared settled and praising the nursing staff. This is a new TICC team and I was impressed at the professionalism and organisation the team had put in place in a short time to create a cohesive and sustainable team for both staff and patients'

MEETING EMMA TOOZE

I'm Emma Tooze and my clinical role is the Clinical Supervision and Induction facilitator... big job title!



What does that mean? I support new starters through the clinical induction process, giving them a warm welcome to MCH and getting them on the right track so their clinical induction is aligned to their clinical role. That's not all I do though! I also come out into practice, wound clinics and within the community to give new starters some clinical supervision, maintaining the high clinical standards we have in MCH and make sure they are well supported in obtaining the various clinical competencies we have in practice.

I am pretty tech savvy and like a good computer programme so I can also help them get set up with zone standard, easy, RIO, TCES and any other systems they may need. I am happy providing clinical and non-clinical support, whatever they need! I then check in on them at the end of probation to make sure they are on track to complete their probation. I am available for new starters throughout their supernumerary period and beyond if they need any clinical support in practice.

What makes me the person for the job? I started nursing at the tender age of 18 and qualified at 21. My first job was in the hospital. I hated it! I came out into the community because... it wasn't the hospital really!

I had no idea that the community was a varied and challenging place to work. Working within great teams within MCH since 2011 has supported my development clinically and as a person. I have worked mostly within Rochester and Strood community nursing teams but also had a 6-month secondment to wound clinic. I love the community, I am passionate about patient care and creating a supportive and sustainable place to work. I have been fortunate during my career within MCH to be supported to top up my diploma to a degree and now working towards a masters. I have focused all my modules towards the community, teaching and clinical supervision as here is where I want to stay!

I very much look forward to meeting everyone in the teams whenever you have a newbie!

TRANSFORMATION OF LEG ULCERS CLINICS

Leg ulceration clinic care within Medway Community Healthcare has historically been managed by the Community Nursing Service, whereas other wounds on mobile patients have been cared for within a Wound Clinic Team. Audits that have been performed over the past few years on patient's leg ulceration journeys has indicated a delay in initial assessment for leg ulcer patients meaning that appropriate treatments have not been commenced in a timely manner (namely compression therapy) and patient's leg ulcers have taken longer to heal causing a variety of quality of life effects.

Medway Wound Clinics commenced their journeys into TICC Teams in August 2020 and as part of this transformation as an organisation it was decided to start transferring mobile leg ulcer patients over to be managed under the Wound Clinic TICC Teams.

In July 2020 the first leg ulcer clinic was transferred to the wound clinic. All of the patients that were transferred over were offered a full re-assessment of both their leg ulcer and their wellbeing and holistic assessment as per the TICC model. Working in conjunction with the patients they were all offered a treatment plan and advice on how to help their leg ulcers to heal. An audit of the patients was conducted at the end of October 2020 (4 months of data) 37 patients were transferred in total to the Wound Clinic Service. 15 patients healed and were discharged during this time and all but 2 patients have shown improvements in the healing of their ulcers. 15 patients were found to have long term leg ulcers that are unlikely to heal due to their co-morbidities but received education and self-care techniques to reduce their visits to clinic.

A further audit was completed in June 2021 following the successful transformation of the 2nd clinic to the wound clinic umbrella. This clinic took over the care of 22 patients. All patients were again reassessed and offered appropriate treatment plans for their ulcers. 12 of these patients healed within the first 3 months of treatment and the remaining 10, all but 3 has showed evidence of an improvement in their ulcer. The audit mirrored the initial audit and found that these 10 patients were unlikely to heal due to co-morbidities and compliance. Both of the audits have highlighted the need to consider these long-term patients and how they can be effectively managed in the clinics.

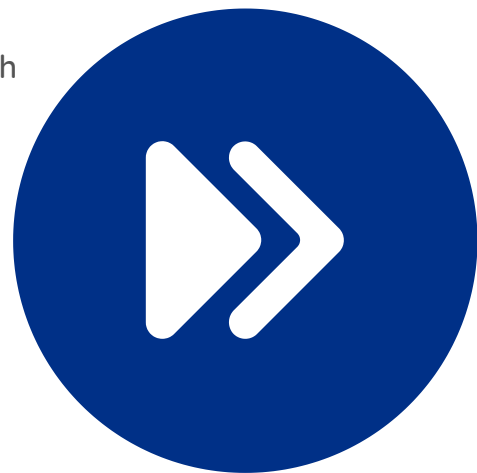
The 3rd and 4th leg ulcer clinics have also recently transferred to the wound clinic umbrella and will be audited in due course.



WHAT'S NEXT?

We are continuing with our roll out transformation plan with other services within MCH, the Community Respiratory starting on 1st November 2021, then the Community Diabetes Team and Community Cardiology Team who will then start their journey to becoming Neighbourhood Nursing Teams.

- CeleTICCbration Day - coming soon in May 2022!
- Showcase Day for stakeholders - coming soon in June 2022!



For more information, or to talk to someone about TICC, please email susanne.wilson@nhs.net or nina.woolway@nhs.net



THANK YOU FOR READING



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