GOOD NEWS STORY

NHS
Hampshire and
Isle of Wight Healthcare
NHS Foundation Trust

SHARED CARE CLINICS

THE PROJECT: WHAT WE DID

- A shared treatment clinic was set up in Solent GP practice once a week, for patients across the Central PCN in Southampton. The project commenced in August 2023.
- The aims were to upskill practice nurses, build relationships and improve integration between services.
- Each clinic was run by one community nurse and one practice nurse to see non-housebound patients on the community nursing caseload, requiring specific treatment needs.
- The clinic enabled 6-8 patients to be seen each week, and supported the care of PICC lines, male and female catheter care including suprapubic catheters, nephrostomy care and rocket drain care.

1 INITIAL TRAINING

Provision of initial training to 2 practice nurses by the Trust's Clinical Educator & Community Nursing team. Practice nurses received 12 hours of training.

2 COMPETENCY SIGN OFF

Community nurses worked within each clinic to support the practice nurse and ensure competencies signed off.

3 WORKING INDEPENDENTLY

Community nurses returned to seeing housebound and other commissioned patients in their own home for all care, and practice nurses continue to run their weekly clinics with ad hoc support as needed.

BENEFITS FOR PATIENT CARE

- Provides proactive personalised care – for example, patients will know a time that they will be seen rather than having to wait in all day for a nursing visit, which will reduce the level of frustration to those patients who are not housebound.
- Supports person-centred values to ensure that care provided is respectful, responsive and inclusive of the individual's preferences, needs and values.

"I believe having a set time gives patients more autonomy around their care. Several patients have said they are more able to plan their day knowing exactly when they will be receiving their care."

111 PATIENTS SEEN BY PRACTICE NURSES IN SHARED CLINIC DURING THE INITIAL 14 MONTHS

BENEFITS TO PRIMARY CARE

- Practice nurses are upskilled in a safe environment with the support of the community nursing clinical educators and through the supervision of the community nursing team.
- Improved capacity in the primary care workforce, e.g. these complex patients will be less likely to need GP appointments; saving time by the primary care team on making referrals and arrangements for community nurse visits.
- Working better together and improving integrated working between services.
- Improved patient experience.

"It encourages joint working with the practice nurses of the surgery. It has helped to build rapport with other staff for more collaborative care of patients."

BENEFITS FOR THE WIDER HEALTHCARE SYSTEM

- Reduced community nursing workforce pressure by ensuring they are only seeing patients they are commissioned to see (including housebound patients, and those needing specified urgent care).
- Demonstrates more **integrated working**.
- Contributes towards the **development of Integrated Neighbourhood Teams**.

> "The clinic has been an innovative option to managing the Community Nursing caseload."

WHAT ARE THE CHALLENGES AND NEXT STEPS?

- Project leads are inviting discussion with other practices and PCNs in the region to look at how the project could be extended to other services in the Hampshire and Isle of Wight footprint.
- A key challenge is getting PCNs to see the value in the shared scheme, since an initial investment in time to release practice nurses for training is required. There are also some operational challenges such as ensuring patients are booked into clinics effectively, avoiding un-booked slots, and challenges around patient recording systems.

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MORE INFO

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