

## CASE STUDY: AHPs working differently.

### Rapid Response Team

*Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust*

#### Summary:

The team has 4 functions:

- ▶ **Rapid Response Plus:** This is a 72h service linked with Social Services. They provide early supported discharge from hospital or in community placement and reablement.
- ▶ **Rapid Response:** This is an up to 14 day service. The aim is to facilitate discharge from a ward or step up in community.
- ▶ **Early Supported Discharge for COPD patients.**
- ▶ **Community IV Service:** Managed by nursing staff.

#### Key Themes:

- ▶ Innovations
- ▶ 7 day working
- ▶ Integration

#### Which AHPs are involved?

- ▶ Physiotherapists
- ▶ Occupational Therapists
- ▶ Technical Instructors

Working alongside nurses.

#### What setting does the service operate in?

Community.

**Does the service work with Older People?**

Predominantly.

**How did you go about making the change?**

Gradual evolution dependent on service demands.

**How was the change funded?** There was an initial business case to develop the service and then by the integration with the Foundation Trust.

**What communication strategies were used to engage people in the change?** Meetings and clear effective communication needed to manage the multiple organisations involved (health and social care across 2 boroughs).

**Were any new roles developed?** Used existing professional staff working generically and across traditional boundaries.

**What have been the benefits?**

- ▶ Prevention of hospital admissions and attendances at the ED.
- ▶ Decreased length of stay in hospital. (Data can be provided if needed).
- ▶ The patients have no delay in treatment as all staff provides assessments; and they are seen quickly in their own home.

### What has been the response to change?

- ▶ Staff are enjoying having an expanded role and feel they are being more effective.
- ▶ Patients report that they prefer less clinicians being involved.
- ▶ GP feedback has been positive.

### 7-day working

#### What are your agreed staffing levels and how do you calculate them?

- ▶ 2 full time Occupational Therapists and 4 Physiotherapists.
- ▶ All work a mixture of long days (shifts of 8-6 or 10-8) and normal days (9-5 or 12-8).
- ▶ Shifts and weekends are self-rostered with a requirement (if full time) of 2 full weekends per month and 8-10 late shifts per month.
- ▶ Template with agreed annual leave added to shared drive 2 month ahead. All add the shifts they will work with requested days off (in line with the requirements - including nursing staff) and this is reviewed and adjusted as needed. And usually works out fine!

**Has demand increased as a result of implementing 7 day working?** The service has always run over 7 days.

#### Other information:

- ▶ Lone working is managed with mobile phones and there is always someone in the office.
- ▶ The aim is to always have a PT on the early and late shift and 1 PT at the Weekend. Because of OT staffing levels this isn't always possible.

### Integration

**Do you work in integrated teams?** Yes

#### How have you had to work differently?

- ▶ New patients are seen within 2 hours of referral by the most appropriate available professional. If that professional is not available they will be seen first thing the next morning.
- ▶ All members of the team take observations (BP, temp, SaO2, RR etc.) on each visit, check pressure areas, and take BMs.
- ▶ Looking at therapists doing venepuncture.
- ▶ All nurses and therapists can prescribe basic walking aids and equipment.

**Has there been the impact on the uni-professional role?** Team members have greater understanding of each other's roles and where specific professional skills are required.

#### Are team members involved in any generic working - and what training or support is available for this?

- ▶ All team members work generically.
- ▶ Therapists have all undergone 'Consultation Physical Skills' training.
- ▶ Across the team, in-house training from each team members specialist skill set (respiratory, musculoskeletal, renal nurse) is delivered.
- ▶ In-trust training is delivered on cross prescribing to facilitate ordering equipment.
- ▶ Team members spend time with other teams e.g. hospital respiratory team, other relevant teams.
- ▶ All team members have achieved the COPD diploma.
- ▶ Some team members have supplementary and full prescribing qualifications.

**Has there been any reduction in any roles (e.g. to reduce duplication)?** None

### *Other Initiatives:*

#### **OT working with Paramedics:**

- ▶ To be piloted for 1 week in January 2015.
- ▶ Calls to NWAS that are categorised as Green 2-4 will be responded to by a Paramedic who will ensure the patient is injury free and complete their top to toe examination, then the OT will review regarding equipment provision, management, provide advice and make appropriate referrals on.

#### **Out of hours GP service:**

- ▶ Rapid Response will be an option for NWAS calls (within the working hours of the team).
- ▶ NWAS will determine if the patient can stay at home but needs some support. They will have the option of GP visit, prescription and self-management or referral to Rapid Response.

### *What difficulties did you face?*

Finding agreement with all of the agencies involved in delivering the service: 2 councils, 1 foundation trust and 2 PCTs.

### *What have you learnt from this process?*

- ▶ Good communication and aim for a shared vision across organisations involved - if you can't achieve this find the best fit and go for it.
- ▶ Don't be afraid to step over professional boundaries as long as you are supported by your team and appropriately trained.

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