SECTION B

THE SERVICES

Community Nursing: Part Two

Position Statement:–

Description of services currently delivered in addition to those identified in the Part One Specification

SECTION B PART 1 – Position Statement

Service Specification No.	
Service	**Community Nursing Services in North and East Devon –** **Part Two : Position Statement**
Clinical Commissioning Lead Executive Commissioner Lead	**Gilly Champion (Eastern), Chris Bowman (Northern)** **Tamara Powderley (Eastern), Kerry Burton (Northern)**
Provider Lead	**Keri Storey**
Period	**January 2014 – March 2014**
Date of Review	**Ongoing**

1. Population Needs

1.1.1

<to be inserted: Devon demographic/population need>

2. SCOPE

2.1 Overview

This Position Statement describes the services delivered by some, but not all of the community nursing services across the Northern and Eastern Localities currently.

The **Part 2:Transition Position Statement** describes the services that:

- Have currently been delivered over time through custom and practice by the district/community nursing service.
- May or may not be within the scope of the practice nurse service to deliver, specific to each practice.
- Are competency based, and therefore not definable through the traditional housebound / ambulatory definition previously relied on for scoping clinical practice and responsibility.
- Have been delivered because they have been deemed necessary to fulfil the wider remit of keeping patients at home for as long as is clinically safe and in the patients best interest; and bringing patients home as soon as clinically indicated.

This trend has resulted in sicker patients being able to be cared for at home and therefore the skills and competencies of the nursing workforce in the community have changed over time challenging the old specification of ambulatory/housebound patients.

Therefore, this Position Statement seeks to:

a. Describe those services currently required and delivered through the present community service that are not restricted to the housebound, but necessitated through the requirement of clinical competence and in response to clinical need.

b. Seeks to provide a focus with the attention of clarifying the commissioning intention in relation provision of these services from January 2014 – 31st March 2014 and in to the new contracting round, April 21014/2015, taking in to account the TCS agenda with its timeline.

c. Describe the respective roles of community nurses and practice nurses, so that services delivered to localities are not reliant on specific individuals and services can be specified by profession to ensure service continuity.

2.2 Aims and Objectives

1. Describe the current service provision that is not in the scope of the service specification for the housebound.

2. Make provision for existing services for this cohort of patients to be continued while resolution for sustainable service delivery is achieved.

3. Use the existing impact assessment to test the community nursing remit and requirement to consider re describing the community nursing role (both community/district and practice nurse) to meet contemporary needs and the future direction of service provision.

4. Ensure any specification as alluded to above is equitable for the localities – taking in to account the variation in other provision eg community hospice care and outcome measures

5. Give consideration to a wider community nursing service specification that would support the emerging Care Closer to Home strategy.

2.3 Service description

The table below describes the services delivered currently by the community nursing service that are for ambulatory patients and delivered on the basis of clinical need and clinical competence rather than house bound status.

This service delivery is variable across the localities and has been pragmatically determined in relation to the skill set of individual practice nurses, local need and community nurse capacity.

Description of clinical activity	
Description of clinical activity	
1. Clinical activity for patients who are able to receive their care in a setting outside of their home (ie Not housebound, by the definition in the Community Nursing Specification Part One)	Patients who have needs in relation to the management of their catheters
	Patients who require continent assessments
	Patients who need wound management
	Patients who need blood tests, other samples or those requiring regular injections
	Patients who have PICC and Hickman lines and require maintenance
	Patients who require dopplers or other diagnostic tests
2. Clinical activity for patients who are able to receive their care in a setting outside of their home. (ie Not housebound, by the definition in the specification and the qualification in italics above	Ear Syringing
3. Clinical activity for patients who receive their care in a setting outside of their home during week days. However,at weekends and bank holidays receive their care in a variety of settings, by community nursing teams / MIUs / Devon Doctors	There are a range of clinical interventions that are undertaken by community nurses. There is a tacit expectation that community nurses will pick up nursing care over the weekends or bank holidays when practice nurses do not cover those hours. There is an opportunity for discussion about the future model of care including the use of clinics run by community nurses.
4. Care provided by community nursing teams in nursing care homes.	There are a range of clinical interventions that are undertaken by community nurses in nursing homes where the responsibility for provision really sits with the nursing home provider. Again, there are the same issue of competencies and acuity that marries with managing sicker people in the community.
5. Continuing health care activity undertaken by the community nursing service	Activity related to the assessment, case management and review of patients who may be / or are eligible for continuing health care
	Activity related to the hands on provision of care for patients who are eligible for continuing health care – where this requires an intensive intervention for

	example regular visits in excess of 1 hour.
6. Safeguarding investigatory / monitoring activity	Whole service work (fixed term funding for E, but requires review in the context of the Care Homes strategy and future provision for training)
	Individual alert activity (this investigatory / monitoring work for individual cases is seen as core responsibility for community nursing. It may ne necessary to consider the capacity required for senior nursing staff managing this process.
7. Care provided to ambulatory patients where access to transport is the issue and home visits need to be made as a result of inadequate transport, usually related to rurality.	Quantifying this, there appear to be few patients who the community nursing teams identify as unable to access services because of lack of transport. However, this debate becomes significantly different if community nurses move to a clinic based model of care for certain conditions, taking in to account the efficacy of the leg club model

2.4 Core Service

The above activities are not considered to be part the original core specification for district nurses, but they are essential nursing activities and within the clinical competencies of the community nurses.

The list above is neither exhaustive nor comprehensive to meet contemporary nursing need in the community and that will be the subject of further discussion during Quarter Four.

(3.2 Workforce)

3. REFERRAL, ACCESS AND ACCEPTANCE CRITERIA

4.1 Referral)

(4.2 Acceptance criteria)

(4.3 Referral response)

5 APPLICABLE SERVICE STANDARDS

5.1 Applicable standards

The In Hours Community Nursing Services provider must be registered for the provision of health services and must comply with the standards outlined within this specification. Compliance with the outcomes, standards, inputs and outputs described below must be demonstrated through an agreed performance management framework (Ref.4 NHSC)

The service will apply evidence-based practice and will be informed by National and Local drivers for change for example:

- Current DH policy and guidelines, delivery of national key targets &NSF & NICE guidelines

- CQC registration requirements
- Gold Standards Framework and Liverpool Care Pathway for people at the end of life
- Essence of Care
- The Hygiene Code
- Locality commissioning plans and locally agreed Care Pathways
- Devon Joint Health & Wellbeing Strategy 2013 – 2016
- Care in local communities: a new vision and model for community nursing (DH, 2013)

5.2 Local Quality and Key Performance Indicators

(Ref.32. NHSC): The provider will be expected to meet the registration requirements of the Care Quality Commission in addition to the locally agreed quality and performance indicators. A breach of any indicator contained within the local quality and activity schedules as set out in Sections 6 and 13 of the specification will result in performance management action as detailed in Section 32 of the NHS Contract for Community Services.

5.3 Provision of Information

(Ref.29. NHSC): The failure to provide information in a timely manner and as set out in the quality and activity schedules in section 6 and 13 of the specification, and/or in accordance with the Data Quality Improvement Plan for the relevant contract year will be viewed as a breach of the relevant indicator, core standard or any other breach as set out in the above, and therefore will be subject to the same processes and escalation as set out above.

6 QUALITY AND PERFORMANCE

6.1 General

Service Delivery Standards. The service will comply with NEW Devon CCG policies, procedures and guidelines on Patient Safety, Quality, Equity and Diversity

Community Nursing Services will be required to undertake systematic reviews and analysis of the quality of care provided, through a range of methods, including patient feedback, patient involvement in service improvement, review of clinical records, clinical audit and governance arrangements

The performance framework for the provider of Community Nursing Services is set out as follows:

- The provider of community services will meet with the commissioner and/or the appointed contracts manager on an agreed basis through a formal contracts meeting process to discuss service performance. Amongst other considerations, these meetings will ensure that performance is linked to the delivery of the service in local areas.
- The commissioner will issue minutes following each performance meeting, setting out its areas of concern, noting areas of success and confirming agreed actions.

- The commissioners will reserve the right to serve a performance notice or remove services from the list currently provided. The notice period will be:
    - With immediate effect if the performance concern is repeated failure or catastrophic
    - Three months notice if the performance concern is major
    - Three to six months notice if it involves over the contract condition amount.

Note: The commissioner may choose not to use these actions if it is satisfied that in its own opinion, all reasonable steps are being taken to address the identified concern.

6.2 Measurable Quality Markers

The Quality Markers (Section *ref to be inserted*) and Key Performance Indicators (Section *ref to be inserted*) will form part of the Provider Annual Report. These Quality Markers are in the main national 'Vital Sign' performance measures and form part of the NHS contract requirements (Ref.29. NHSC).

7 QUALITY MARKERS

Note: KPIs are to be completed following feedback from sub-localities initially and subsequently informed through the developmental document and associated work.

8 KEY PERFORMANCE INDICATORS

Quality and performance indicators	***Quality and performance indicators***	***Threshold***	***Method of Measurement***	***Consequence of breach***
Service User Experience			Patient Survey	
Improving Service User and carer experience			To be defined	
Contact activity			ComPAS data	
Personalised Care Planning	Improving and sharing individualised care plans		Development of a single personalised care plan to be shared and recognised by all agencies whom the patient comes into contact with	
Staff turnover			ESR	

rates				
Sickness levels			Service retention, sickness and absence will be monitored by the provider and fed into data relevant for the NHS function. The provider will maintain continuity of care.	
Patient safety	Evidence of significant event reviews (SIRI, SUI) Hand Hygiene audits Infection control Documentation audit		Clinical effectiveness dashboard	