

# Productive Community Services

## “Having the freedom to make a change is liberating...”

*says Ramilla Mistry, Speech and Language Therapist at Coventry Community Health Services who sees the Productive Community Services programme as a welcomed opportunity for change.*

Coventry Community Health Services (CCHS) has been implementing Productive Community Services since April 2009, having been a test site for the programme prior to its national launch. In this feature they share their journey with us and show how the programme is benefiting both their patients and staff, whilst at the same time increasing efficiency and productivity.

## Reduction in bank staff

The Productive Community Services Managing Caseload and Staffing module has helped District Nursing teams to identify extra capacity and reduce the need for bank staff.

“We have begun examining what staff capacity we have each week” said Teresa Billing, District Nursing Sister of the Wood End team.

“Already, this has enabled us to loan a member of

staff to the Longford team for three days, helping them to avoid bank staff costs. We’ve also been able to release one of our team members for a day a week to work with the matron on long-term conditions. As well as developing her individual competencies, this increases the capability within our team. We hope, eventually, to include a wide range of different competencies.”



*Carol Finn and Kelly Ryan from the Districting Nursing team at Wyken Coventry working through the Productive Community Services programme*

# “It’s a nice challenge – give it all you’ve got!”

says Shirley Foster, Podiatry Assistant, Coventry Community Health Services

**R**unning up and down the stairs to use the photocopier left the Podiatry team at Coventry Community Health Services feeling frustrated. Tired of having their clinics interrupted, they turned to Productive Community Services Well Organised Working Environment module to help find a solution. “Because the photocopier was located on a different floor to where we held our clinics, it would take a member of staff eight minutes to

make a photocopy” said Shirley Foster, Podiatry Assistant. “We decided to move the photocopier so it was on the same floor, which has saved a lot of time.” Now, it takes just a maximum of three minutes. Staff use the photocopier on average three times a day five days a week, so that is a potential time saving of seventy nine hours a year.

Another simple change that the team made was to re-organise its stockroom and

introducing a simple stock control system, whereby staff record every item that they take out. Not only has this made the re-ordering process easier, but it has also reduced the amount of out-of-date stock to virtually zero.

The programme has brought many welcomed changes and opportunities for Shirley. “It’s a nice challenge; give it all you’ve got!”



*Shirley Foster, Podiatry Assistant has saved time by having a photocopier located closer to her patient clinics*

## Working smarter... looking smarter...

**W**hen auditing their car boots, Coventry’s Longford District Nursing team discovered in excess of £121 worth of products in a single boot, much of which was disorganised and some of which was out-of-date. The team has now developed a case, containing all of the things the District Nurse is likely to need. It is restocked each time the nurse returns to the

office and a stock control sheet is completed, so that replacement stock can be ordered. The cases have been approved by the infection control department and, as well as improving stock rotation and control, they help District Nurses to feel more organised and look more professional when visiting people at home.

## Measures that make a difference

**A**s part of the Knowing How We Are Doing module, the Speech and Language Therapy team is focusing on key areas that it believes could make the biggest difference to patients and staff. One of these is the number of new patient referrals as, like all NHS organisations, the pressure to cut waiting lists (or reduce waiting times) is huge. It is now looking to develop a Knowing How We Are Doing board so

that it can view the information on a more regular basis and make decisions based on what is actually happening here and now.



*Katherine Reid, Speech and Language Therapist adding measures to the team’s Knowing How We Are Doing board*

## “It’s not about doing things differently, it’s about doing them better”

*Continence team*

**P**roductive Community Services is helping the Continence team to establish how well it manages the ‘Trial without Catheter’ process. The team decided this was one of their key quality measures as part of Knowing How We Are Doing. Working with the Infection Control Lead they were able to assess the number of patients who had a successful trial without catheter in comparison to those who required further clinical intervention. This is just one of a range of audits that they are undertaking, including a patient experience questionnaire with their clinic patients.

Addressing patient safeguarding issues is also one of the ways that the District Nursing team is using the programme. The Wyken team is using the Patient Status at a Glance module to see immediately what treatment the patient has received and from whom. It is using the board to record any incidence of grade 2-4 pressure ulcers, which have to be reported to the management within 24 hours. Patient Status at a Glance allows staff to see that pressure ulcers have been correctly reported and documented within the required timescales.

## Top tips for implementing Productive Community Services



**Vicki Wright, Productive Community Services Facilitator and an ex team leader at Coventry Community Health Services shares her top five of things teams ‘must do’ to implement the programme**

1. Make sure you have executive buy-in and support. Without this you will find it hard to get the programme off the ground and sustain it.
2. It’s important you have a team leader/service manager who supports the programme as there are often lots of conflicting pressures.
3. Don’t rush in, this is not a quick fix - its long term.
4. Put time aside to work on the programme - ring fence time if you have to. Remember, this will free up more quality time for your patients over time.
5. It is important to network and share ideas, so encourage your teams to work together.

## “This is about treating the person holistically and empowering them to take control of their conditions”

**A** key aspect of the Agreeing the Care Plan with the Patient module is to develop care plans for patients with personalised goals and actions. The idea is to empower patients to take responsibility for their own conditions and the feedback from the District Nurses in Coventry suggests that it is highly successful.

A patient in his 80s suffered repeated problems with his catheter blocking before being given a personalised plan which included goals around drinking fluids, exercising and hygiene. After receiving the plan, he went the full 12-weeks without experiencing catheter problems. Another elderly patient was housebound

and wanted to be able to take his wife out for dinner. The District Nursing team worked with him to improve his exercise and nutrition and to heal the leg problems that restricted his movements. After a few weeks, he was able to achieve his wish.

“This is about treating the person holistically and

empowering them to take control of their conditions” says Teresa Billing, Community Sister for the Wood End team. “We set them goals and get them to sign an agreement to work towards them. The results have been really encouraging.”

## Team saves 8 hours a week on managing phone calls

**A**uditing how staff spend their time revealed some surprising statistics for the Wyken District Nursing team. The team found they were spending five to six hours per week taking down messages that were left on the answering machine. As a consequence, all calls are now routed via reception who can take down messages for them. The receptionists received basic training to enable them to

answer common questions. The Wyken team has also made considerable time-savings by developing its own directory of useful telephone numbers. The team estimates it has saved approximately 140 minutes per week since the directory was introduced. It is colour-coded and includes the full range of NHS services, GPs, care homes, pharmacists etc. The directory is updated regularly.

## “It makes sense, but you have to commit time now”

*Speech and Language Therapy team*

**W**hen the Speech and Language Therapy adult community team started implementing the programme, one of the challenges they faced was meeting regularly about the programme.

“There are nine part-time staff in the team and it was difficult for us to find a time when we could all meet regularly” said Katherine Reid, Speech and Language Therapist. “In the end, we identified a time every two weeks and made sure that this time was ring-fenced. It is important to give the

Productive Community Services work the priority it deserves. There are a lot of conflicting pressures in the NHS at the moment, so team leaders must support the programme and allow staff to dedicate the time to it that it needs.”

The District Nursing team also overcame this challenge by ensuring they put aside protected time for the programme. This involved completing allocation cards that ensured the time for Productive Community Services activities were not allocated elsewhere.

## A bit of healthy competition



*Cheryl Minton, Julia Williams and Vicki Wright viewing the latest story boards*

**C**oventry Community Health Services as part of its roll out plan has adopted a support network which allows module leads to meet regularly to share ideas and learn from each

other. “Module leads meet every two weeks” says Cheryl Minton Productive Community Services Improvement Facilitator. “They discuss what progress they have made since the last meeting and set new actions for the coming weeks. This has been really helpful in rolling out the programme and helping teams on their way.”

Executive leadership and support has also been crucial for teams.

“At CCHS the executive support for the programme is extremely strong” says Julia Williams, Assistant Director for Clinical Service Development. “We provide the executive team with regular updates of how the programme is progressing and how the Trust’s investment in it is paying off.”

Story boards which provide latest updates and achievements from the programme are



*Jane Edwards and Wendy Keegan from the Continence team share their ideas and learning with other community teams at Coventry*

displayed in team locations, as well as communicated through electronic briefing media and in the executive board room!