NHS
Guy's and St Thomas'
NHS Foundation Trust

How are we doing?
2016-17

Adult Local Services

at the heart of our community

Our performance

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2016-17 was an exciting and important year in the development of our Adult Local Services programme. Our patients in Lambeth and Southwark are beginning to see real benefits as initiatives that involve us working closely with key partners such as other local NHS trusts, GPs and social care providers, become more established.

Last year we started testing a new approach to community nursing, initially in north Brixton, based on the Dutch Buurtzorg neighbourhood nurse model of self-managed teams.

Our health and social care community teams show how joined-up working can make a real difference to the lives of our patients. Therapists, social workers, nurses and support workers have come together as one team to provide timely, short-term support so that patients can continue to live independently at home.

As part of our commitment to improving care for patients nearing the end of their life, and their families and carers, we launched pal@home, a 24-hour nursing service which brings together our adult community and palliative care teams.

To improve care for older patients, we expanded our strength and balance classes which now form a key part of our falls prevention service.

Other measures are also making an impact such as the @home service, which provides intensive medical support in the patient's home without the need for a hospital stay.

The net impact of all these programmes is a 3% reduction in emergency admissions of local older people to our hospitals.

Please read on to find out more about our performance last year and our future plans.

Engagement & partnerships

We work closely with our stakeholders.
During 2016-17 our team led and participated in:

- More than 170 events and workshops with partners in health, social care, patients and the voluntary sector
- 6 events, with approximately 30 stakeholders at each, focusing on workforce
- 12 events looking at service redesign and process mapping, involving more than 300 staff.

Key successes

2016-17 in numbers

3% reduction in emergency hospital admissions for elderly people due to:

135 patients per month supported by night-time nurses

25% more patients cared for at home

27% more patients having intensive therapy at home

5% fewer visits to A&E due to a fall

New ways of working

Supporting patients to stay at home

7 new transfer of care navigators – helping patients home from hospital

6 new Buurtzorg neighbourhood nurses – supporting patients to look after themselves at home

12 additional care workers, therapists and social workers – joining up health and social care in Lambeth

6 heart failure clinicians – co-ordinating care with GPs

1 new Southwark health and social care team – bringing together community rehabilitation staff and social workers

Strength and balance classes achieved:

86% improved mobility

60% improved health scores

100% patient satisfaction rating

A strength and balance class at the Whittington Centre

New community neuro-rehabilitation services

6 new community beds for neuro-rehabilitation patients

6 neuro-navigators across South East London

4,000 bed days saved

Our vision for delivering joined-up, short-term intermediate care

Across Lambeth and Southwark there are a range of health and social care community teams which support people to live independently in their own homes.

Our staff help patients stay out of hospital or return home sooner.

Currently the support we give patients to gain independence and confidence is provided by a combination of therapists, social workers, nurses and support workers across multiple agencies.

Our aim is to bring these teams together in each borough, to provide a simple, comprehensive and seamless service which ensures the highest quality of care.

Quick Facts

- **Teams work together to provide a rehabilitation and therapy-led reablement model which helps people to do more for themselves**
- **This will help patients to be more independent and reduce their need for long-term packages of care, residential and nursing home placements**
- **Admissions to hospital through A&E will be reduced and patients will be able to leave hospital sooner**
- **In 2016-17 we trained 107 therapists and social care staff to improve confidence and manage the deteriorating health of our patients**
- **Guy's and St Thomas' management teams in Lambeth and Southwark are being reorganised to allow them to focus on the needs of local people.**

Integrating health and social care in Southwark

- Five teams across Southwark community health and social care are being merged into a single team to help us meet the demand of more than 4,000 referrals each year
- Joining up services in this way will make referral simpler and provide a seamless service to Southwark residents.

Supporting independence at home

Joining up care in Lambeth

Our aim is to improve the patient experience by reducing multiple home visits to patients by different carers, Guy's and St Thomas' health teams and Lambeth Council's adult social care staff.

- Staff work as one team, based in Brixton, providing joined-up health and social care through the Lambeth Integrated Reablement Service
- Guy's and St Thomas' is now registered with the Care Quality Commission to provide personal care so the Reablement Team can extend its provision to include this type of care
- Reablement support workers are being recruited and trained to deliver personal care and to help patients return to living more independently.

What is Buurtzorg?

Buurtzorg is a Dutch neighbourhood nursing model of care in which self-managed teams provide every aspect of care for patients.

Our vision is to adapt Buurtzorg, following the key themes of its philosophy.

Once implemented across our community nursing teams, the aim is to provide:

- A complete package of care that encourages patients to become independent and take control of their care
- Small teams of nurses, caring for local people at a local neighbourhood level, and supported by a coach
- Simple IT and administrative structures to reduce bureaucracy and release time for nurses to provide care.

During 2016-17 the Lambeth neighbourhood nursing team received 85 referrals and discharged 48 patients

Reinventing community nursing

Guy's and St Thomas' community nursing team is the first in England to test the neighbourhood nursing model.

Three nurses and their coach were recruited and trained by Buurtzorg Nederland and set up the first team in north Brixton. They accepted their first referrals in November 2016. By March 2017 the team had expanded to six nurses.

A second pilot scheme for Southwark started in August 2017 and seven neighbourhood nurses have been recruited.

The neighbourhood nursing team at the Akerman Health Centre in Brixton

South East London neuro-rehabilitation service

A new community service for complex specialist neuro-rehabilitation was launched with our partners at King's College Hospital NHS Foundation Trust in October 2016.

Guy's and St Thomas' opened six beds at the Pulross Centre, Brixton, providing 14 local people with inpatient care in 2016/17. A further 14 beds were opened in Orpington as an extension of King's College Hospital's neuro-rehabilitation services.

To co-ordinate care, a team of six neuro-navigators was established to complement the community services, one for each of the six South East London boroughs.

Local Care Networks

Guy's and St Thomas' has been working in partnership with:

- GP federations
- Southwark and Lambeth Councils
- South London and Maudsley NHS Foundation Trust
- King's College Hospital NHS Foundation Trust
- Local voluntary organisations

across the five Lambeth and Southwark Local Care Networks.

Together we are redesigning care for patients who have multiple long-term conditions.

By working closely with our partners we aim to simplify services, providing every aspect of patient care and improving support for patients where they live.

Supporting heart failure patients

A new community service has been set up with our partners at King's College Hospital NHS Foundation Trust to care for local people with heart failure.

The expert team provides every aspect of patient care, including psychological support and liaison with mental health services.

Through early and accurate diagnosis, appropriate treatment and improved access to specialists, the programme should result in patients living longer with a better quality of life at home.

Myrese Chigbo, Heart Failure Specialist Nurse, with a Smartphone used by patients

Improving care for people with multiple long-term conditions

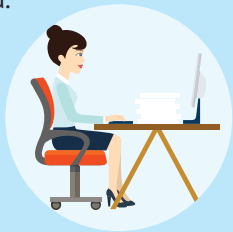
We have been testing new ways of working to improve the experience of our outpatients who have two or more long-term conditions.

1 Finding patients

Weekly lists of patients due to attend clinic with other long-term conditions are compiled.

2 Review

Patients' notes and clinic letters are reviewed and discussed by senior clinicians and appropriate patients are selected.



Yes

3 Discussion with patient

Selected lead clinician explains lead specialty model to the patient and obtains agreement to try it.

4 Lead Specialist service test

Patients with multiple long-term conditions, who are currently seen by several outpatient services, are taking part in a trial to see if their care could be managed by a single specialty team. Patient and staff satisfaction will be evaluated after three months.

For more information about Adult Local Services at Guy's and St Thomas', visit **www.guysandstthomas.nhs.uk/adultlocalservices** or email Angela Dawe and Sue Bowler at **directoradultlocalservices@gstt.nhs.uk**

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