Nurse First two years on

About this report

Few programmes tackle the gap between the challenges faced by healthcare organisations and innovation from the front line. Nurse First has taken clinicians in the community through a programme of development in order to produce a network of innovators who can create real change for patients, people and communities.

This report details the work done by the clinicians as part of the programme which has produced savings to cash strapped services whilst improving quality of care.

It is intended to be used as a guide for those considering improving innovation in their organisations and as a resource to show how much innovation is possible once frontline clinicians are empowered to put their own ideas into practice and follow through on their vision for their service.

Whilst we highlight cost savings as a positive benefit of the programme we believe that improving quality is as important. Making the patient experience better is first and foremost in the minds of participants when they come up with their ideas.

We have also included results from our survey into innovation in healthcare and linked the results to the Nurse First programme benefits for healthcare staff and their organisations.

We would like to thank our partners who made the creation of Nurse First possible, particularly Johnson & Johnson Corporate Citizenship Trust, the Queen's Nursing Institute, Bucks New University and the Shaftesbury Partnership.

We would also like to thank all those who contributed to producing this report but in particular the wonderful participants on Nurse First, their managers and organisations.

Contents

Project examples

As part of the Nurse First programme, participants:
- take a problem,
- develop a project idea,
- develop a business case
- raise the funding for this and
- prototype the project

Throughout this report there are examples of these projects that Cohort 1 have developed in this Post-It format.

Each example includes money raised for pilot and the planned cash-releasing cost savings identified in the business case.

Foreword

I am delighted to introduce this report that presents the evaluation of Nurse First, a national programme that has been supported by The Queen's Nursing Institute (QNI) since its inception two years ago.

The QNI is a unique national charity, established in 1887 by William Rathbone. Throughout its long history, the QNI has always focussed on its core purpose: to improve the quality of nursing care that patients receive in their own homes and communities. We do this care by funding frontline practitioners to undertake nurse-led innovation and leadership projects and we influence policy at a national level, working alongside our network of Queen's Nurses, who are shining examples of excellence and innovation in community nursing care.

The QNI was therefore delighted to have been involved in the creation of Nurse First, which provides an opportunity for healthcare professionals wishing to challenge the status quo to step outside their everyday clinical role and to create tangible changes in their area of practice. The programme enables frontline community-based clinical staff to be supported in realising their ideas for improved patient care. Throughout the programme, participants develop innovation, business and leadership skills to help make their ideas for improvements in practice really happen.

The QNI believes that high quality community nursing is a large part of the solution to meeting the current and future healthcare needs of an ageing population, and the growing number of people with long-term conditions. The evaluation of the first two years of the Nurse First programme presented in this report demonstrates that it has enabled healthcare staff to combine creativity, analysis, resilience and innovation in order to lead and enable changes in care.

At a time of unprecedented change and financial pressure in the health service, more support than ever is needed for healthcare staff to learn how to combine saving money with improving care. I urge organisations to read this report and learn how Nurse First participants have created cost-saving, sustainable improvements in patient care in the community.

Crystal Oldman
Chief Executive
Queen's Nursing Institute
May 2013

Executive Summary

Nurse First is built on the knowledge that frontline clinicians often have practical, powerful ideas about improvements to their services, both in:

- financial terms for their organisations
- qualitative terms for their patients.

Those ideas can be stifled by managers, perceived time constraints and a lack of skills and knowledge for putting ideas into practice. The Nurse First programme works to remove a lot of the potential pitfalls keeping expert clinicians from implementing their innovative ideas.

Nurse First involves 21 days of residential development, professional coaching, expert advisors, and access to some of the UK's leading innovators and social entrepreneurs. The core of the development programme involves participants taking an idea from concept to making it real and funded by the end of 12 months. We teach how to get the resources that are needed, how to build alliances, how to communicate and work collaboratively with other community groups and how to overcome resistance and deal with skeptics.

The approach that we use at Nurse First is to support people past the stage when they develop their plans and proposals through into the difficult area of raising funding and prototyping.

We take people through 5 stages over the year:

1) Identifying a clear problem
2) Creating an innovative solution
3) Developing a business plan
4) Raising funding
5) Prototyping

The research into the first cohort of Nurse First has shown quantitative and qualitative improvements in their confidence, their leadership skills, their ability to innovate and their ability to make clinical innovation happen.

There is also a strong emphasis on creating financially sustainable business plans for their innovations and on average each participant brought in £16,000 of start-up funding and produced plans for £1.2 million of cash-releasing savings over 3 years.

I really feel that my self development and self awareness have been heightened beyond my widest dreams, Nurse First has been truly life changing. (Debbie)

Introduction and context

The picture of the NHS painted by the Francis Report of February 2013 was of a service under financial pressure, constrained by targets, and managed by people out of touch with the front line. In many cases of organisational failure like that of Mid Staffordshire, a major factor is the inability to create an environment where health care professionals and senior managers can effectively work together to solve their respective problems. This can be about communicating innovative ideas to improve care or about expressing legitimate concerns openly and honestly and have those concerns taken seriously.

Francis felt that this was a systemic failing in the NHS. Improving standards of care is even more difficult within the backdrop of the current financial crisis.

The Nurse First programme proves that where innovation is allowed to flourish and financial acumen is encouraged alongside quality, life for patients and their families can be improved and savings can be made.

We support clinicians to reduce the numbers of outpatient and GP appointments, hospital admissions, and A&E attendances and to find solutions to some of the toughest challenges facing healthcare organisations.

Therefore the benefits, both financial and social, of fostering practical applications of innovative ideas are especially compelling at a time of increasing demand for services, growing financial pressures, and renewed concern for quality of care and patient experience.

Nurse First participants are challenged and supported to raise funding for and deliver a project to improve health outcomes in their organisation. The first cohort of Nurse First participants brought in an average of £16,000 of start-up funding for their projects. Their business plans demonstrated an average cash-releasing savings of £1.2 million per plan over 3 years. All of the projects demonstrated clear benefits to patients' quality of life and improvements in health outcomes. Through improving support, preventing isolation and detecting and diagnosing health needs it was clear the projects were meeting a real need for patients and organisations.

Nurse First's approach to excellence through innovation is consistent with the existing priorities for health commissioners and providers. It offers a means of reducing demand on planned and unplanned care, as well as potentially leading to significant savings within social care. It links to the physical and mental health outcomes in the NHS National Outcomes Framework.
The shift from high-cost unplanned hospital-based care to efficient management of conditions in the community is key to both cost savings and improved patient experience, and Nurse First with its emphasis on non-acute clinicians links directly to this goal.

Predicted demand for the NHS outstrips its funding. Commissioners, providers and patients are looking for sustainable innovations to improve health outcomes at lower cost.

In England the 2006 White Paper "Our health, our care, our say: A new direction for community services" identified a need to move from health provided in hospital to care provided in local community settings. This policy has remained unchanged through successive governments. It relies upon greater integration between care in the community, social care and hospital based care and effective engagement of frontline clinicians, patients and the public.

In Wales a strategy paper published in 2011 recognised that with the country's NHS attempting to save nearly £500m that year there was a need for change, and fast.

"Together for Health: a five year vision for the NHS in Wales" outlines how hospitals will change for the 21st century. This strategy paper relies heavily on care moving closer to home, with a more integrated network of care.

In Scotland the NHS has produced numerous papers since 2004 on integrating care, care pathways for long-term conditions and bringing care closer to home. The vision for Scotland has always been to provide care in local settings as far as is possible.

A review of Health and Social Care in Northern Ireland in 2011 focused on change over a five year period and came to the conclusion that integrated health and social care was an imperative and that whilst specialist hospital care would be needed the issue was to provide care as close to home as possible.

Newquay Pathfinder Project

This integrates health and social care services with the voluntary sector to reduce hospital admissions for older people. They identified 100 elderly people at high risk of being admitted inappropriately to hospital. AgeUK invested £100,000 to support 2 skilled workers to prototype a model of prevention within Newquay District Nurse Team. They co-ordinate the right volunteer service for the individual, helping to manage the demand for health services.

Money raised for pilot: £100,000

Cash-releasing cost savings: £2.2 million

Each country in the UK has reached a similar conclusion about delivering care closer to home. They have acknowledged the need for innovation to make change happen at a local level.

The two issues are:

- how to innovate within a system that must minimise risk, improve safety and deliver quality within tight financial constraints, and
- who should lead that innovation.

Speaking at Innovation Expo 2013, the Secretary of State for Health Jeremy Hunt said:

> *I want to give doctors and nurses the time and space to deliver patient-centred care – to do this we need to innovate.*

Yet in an article in the Guardian in February 2013 Roy Lilley said:

> *Business would realise the NHS was only as good as its frontline, dependent on its people, who are mainly women. Business would instigate a fast and dirty, frontline listening exercise: "What two things would you change here that needs no more than petty cash to do?" Then challenge managers to deliver in 30 days.*
>
> *Staff always know best; you'll be amazed at the results. Rename staff as co-owners and partners (they are) and have their representatives on key committees and the board. Get as many women into management as possible.*

The Nurse First programme has set out to answer many of these challenges by doing just this. Working with community staff who are in clinical practice we set out a programme of change and give these staff a voice and the courage with which to put their many ideas into practice.

Nurse First is built on the knowledge that frontline clinicians often have practical, powerful ideas about improvements to their services, both in financial terms for their organisations and qualitative terms for their patients.

Those ideas can be stifled by managers, perceived time constraints and a lack of skills and knowledge for putting ideas into practice. The Nurse First programme works to remove a lot of the potential pitfalls keeping expert clinicians from implementing their innovative ideas.

The course has really opened my eyes to the many possibilities that are out there and given me the skills and confidence to grasp them. (Maggie)

The Reality of Clinical Innovation

There is a lot we knew about clinical innovation before developing the Nurse First programme.

We knew that front line staff often have the most innovative ideas about how care could be better. They see waste and inefficiency. They see the care that could be better. They see the possibilities for change.

However, all too often these ideas are crushed by the colleagues and immediate line managers. Organisations can be too focussed on delivering targets to allow innovation to bloom. This isn't because individual organisations are deliberately trying to do this or because individual managers are bad people. It is a predictable side effect from the culture within many large healthcare organisations.

We looked at innovation programmes from within the UK and from across the world to see what lessons could be learned about developing clinical innovation. We found that many programmes focussed on creativity and idea generation and the programmes ended when the students had a plan or proposal for innovation.

We felt that this approach did not recognize the enormous problems and barriers that staff face when trying to implement their ideas in practice. Without understanding how healthcare organisations stop innovation, sustainable change cannot happen.

Harvard Business School Professor Rosabeth Moss Kanter wrote a “Guide to Stifling Innovation”. She wrote that to really stifle innovation in an organisation, you had to:

Be suspicious of any new idea from below.
Do it solely because it's new, and because it's from below. After all, if the idea were any good, we at the top would have thought of it already.

Invoke history.
If a new idea comes up for discussion, find a precedent in a an earlier idea that didn't work and remind everyone of that bad past experience.

Keep people really busy.
If people seem to have free time, load them with more work.

In the name of excellence, encourage cut-throat competition.
Get groups to critique and challenge each other's proposals, preferably in public forums, and then declare winners and losers.

Stress predictability above all.
Count everything that can be counted, and do it as often as possible. Favor exact plans and guarantees of success.

Confine discussion of strategies and plans to a small circle of trusted advisors. Then announce big decisions in full-blown form. This ensures that no one will start anything new because they never know what new orders will be coming down from the top.

Act as though punishing failure motivates success. Practice public humiliation, making object lessons out of those who fail to meet expectations. Everyone will know that risk-taking is bad.

Being able to network was a privilege, there was a rich source of knowledge, finding peers who were going through the same work challenges and frustration made me feel reassured and supported as I knew I was not alone. (Beatrice)

We recognise many of these behaviors in healthcare organisations that we have worked in and know, both inside and outside the NHS. We give staff the skills and innovation techniques to help them deal with the recurring knockbacks that innovators typically face.

At Nurse First we take people past the stage when they develop their plans and proposals through into the difficult area of raising funding and prototyping.

We specifically take people through 5 stages over the year:

1) Identifying a clear problem
This is often where innovators go wrong by developing an idea without having a clear problem that they are solving.

2) Creating an innovative solution
By looking at inspirational ideas from outside health and outside the UK, participants develop radical innovation solutions that can scale.

3) Developing a business plan
We stretch participants to show how their approach will generate cash-releasing savings and present their solution effectively in a business plan.

4) Raising funding
We expose participants to lots of different approaches and sources of start-up funding and support them to raise this.

5) Prototyping
Participants bring their ideas to life by developing “proof of concept” prototypes in their local areas.

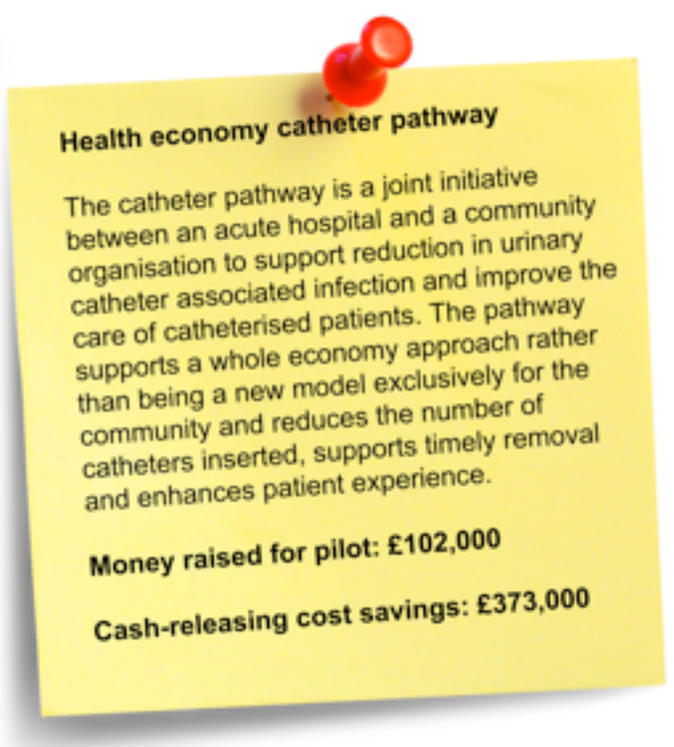
"A common theme that has underpinned Nurse First is recognising that through adversity you can find strength". (Lucy)

Our Answer and Our Research

Nurse First involves 21 days of residential development, professional coaching, expert advisors, and access to some of the UK's leading innovators and social entrepreneurs.

The core of the development programme involves participants taking an idea from concept to making it real and funded by the end of 12 months. We teach how to get the resources that are needed, how to build alliances, how to communicate and work collaboratively with other community groups and how to overcome resistance and deal with skeptics.

We challenge existing ways of working and expose clinicians to some of the leading innovators inside the NHS, outside the NHS and outside the UK. Participants learn powerful tools for increasing their personal effectiveness as a leader and how to develop creative ideas, communicate those ideas and attract the support needed to make them real.

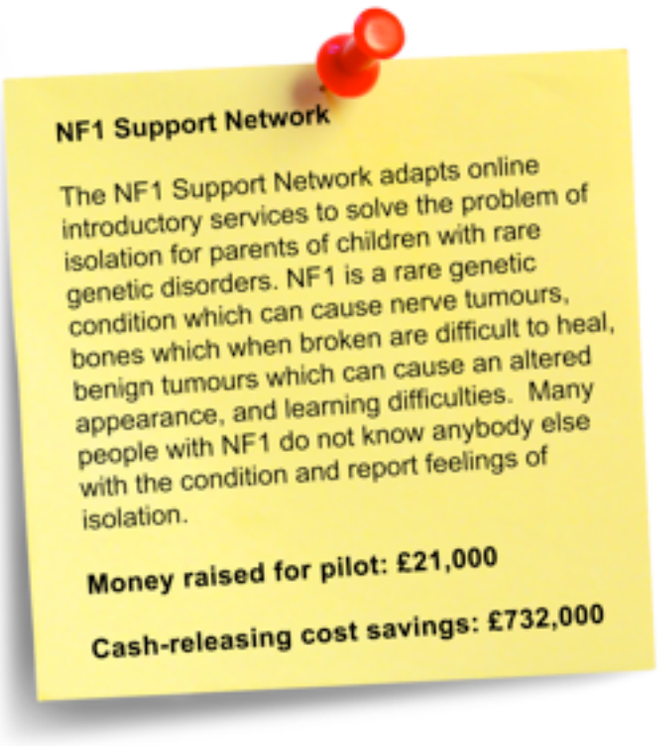


Through completion of the modules and challenge projects, participants grow their skills and confidence, deliver a fully-funded project and become frontline innovators. The Nurse First programme has also been accredited as a Post Graduate Diploma in Social Innovation, the first of its kind in Europe.

The 21 day residential programme is split into 7 modules of three days. We have proved that taking participants out of their place of work and creating space for reflection and learning is the most effective mechanism for changing individuals over a period of time.

We provide structured coaching support in between modules in order to embed learning and to support individuals in taking what they have learnt back to the workplace.

Following the programme, we have an alumni network which provides masterclasses and support in encouraging participants to stay in touch and creates a structure within which they can continue to learn.



Many participants have been awarded the title of Queen's Nurse following completion of the programme which is further recognition of their skills, values, confidence, excellence in practice and commitment to developing nursing practice while placing patients at the centre of all they do

Nurse First provides a programme of tailored support to enable organisations and clinical staff to take innovation from idea to practice. For many people, the support is ultimately far more valuable than the financial resources.

For commissioners (clinical commissioning groups, NHS England Commissioning Board) this can lead to less demand for A&E services, fewer planned and unplanned admissions and reduced demand for outpatient services.

For providers (GPs, community, acute and mental health providers) this can lead to changes to demands on primary care, reduced length of stay and better use made of provider resources (including clinician time, use of equipment, and space on wards)

For service users (patients, service users and their carers) this can lead to improved health outcomes, improved quality of life, improved patient experience and improved patient satisfaction.

For local authorities (public health, social care, housing and associated services) this can lead to improved public health, increased employment and decreased need for social support services.

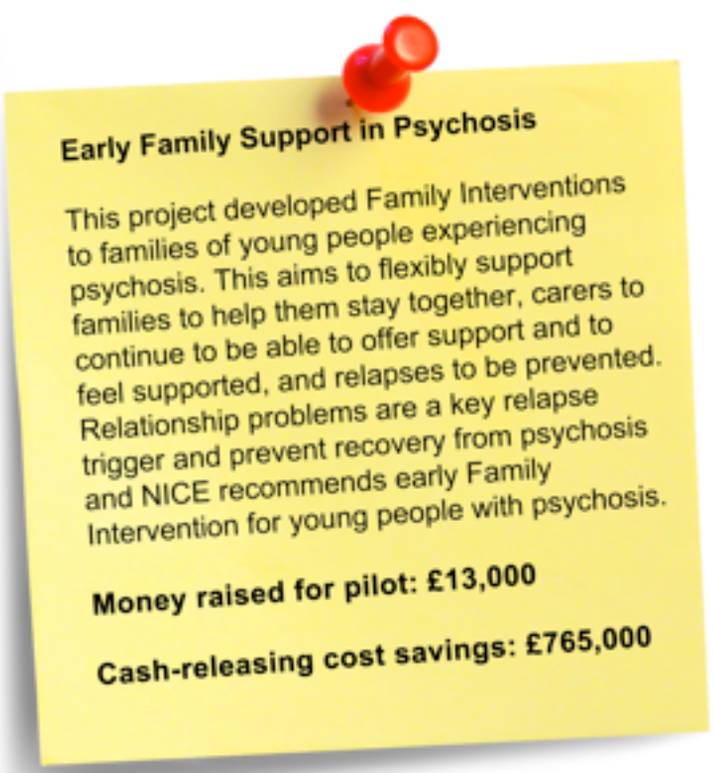
"I can appreciate how my practice has developed since the beginning of the course as I had previously questioned my ability to communicate effectively to convince others, gain and sustain commitment and deal with apathy. I feel this understanding and skill in influencing others is essential to my professional practice". (Trixie)

"I can see how far I have come since last September. My commitment to things I believe in has always been there but I can now approach everything with a far better awareness of why things happen the way they do and how you can influence things in a more productive way". (Debbie)

Our 2013 survey surveyed 127 clinical staff about their experience of innovating. Below we have presented the ways in which the programme can support healthcare staff to innovate, overcoming barriers and blocks.

When asked, "At work, do you have the opportunity to do what you do best every day?" only 40% said "yes."

Nurse First enables clinical staff working with patients and communities to gain perspective on their work and the value it contributes to their organisation. They are empowered to share ideas and contribute to discussions. We encourage them to see things from other points of view and to answer challenges faced by their organisations, their patients, and their communities.



The 5 most important factors that supported clinical staff creating local innovation were:

- **attitude of senior managers in their organisation (24%)**
- **attitude of middle managers in their organisation (22%)**
- **a programme to give them the skills and knowledge for innovation (22%)**
- **protected time (17%)**
- **access to senior managers in their organisation (13%)**

Innovation is foremost in the Nurse First programme. The core of our challenge projects consists of helping participants create a viable business plan for their innovative idea and getting buy-in from organisations and commissioners. We do a lot of work on resourcing projects

The course has taught be to be more business focussed, which has enabled me to fight for the service I am so passionate about retaining and expanding in the future. (Carrie)

and challenging the prevailing idea that there is no money and no help out there. We also expose clinicians to the the vast number of financial and non-financial resources which teams and organisations have internally.

The major barriers that stopped clinicians creating local innovation were:

- **not enough time (48%)**
- **lack of start-up funding (37%)**
- **attitude of middle managers in their organisation (33%)**
- **lack of ongoing funding (29%)**
- **lack of skills and knowledge around innovation (26%)**

Nurse First provides its participants with the skills, knowledge and support to get innovation off the ground. We also encourage them to understand where resources can be found and to place a value on assistance and time which they don't usually cost as a resource.

53% of clinical staff said it was difficult, very difficult or impossible to speak with their local commissioners.

38% of clinical staff said it was difficult, very difficult or impossible to speak with their own Chief Executive.

All Nurse First participants are encouraged to have a conversation with their Chief Executive and are encouraged to speak to senior board members and commissioners where necessary to get their ideas off the ground. Some participants have a great deal of difficulty with this and we support them in getting to speak to Chief Executives and other senior people.

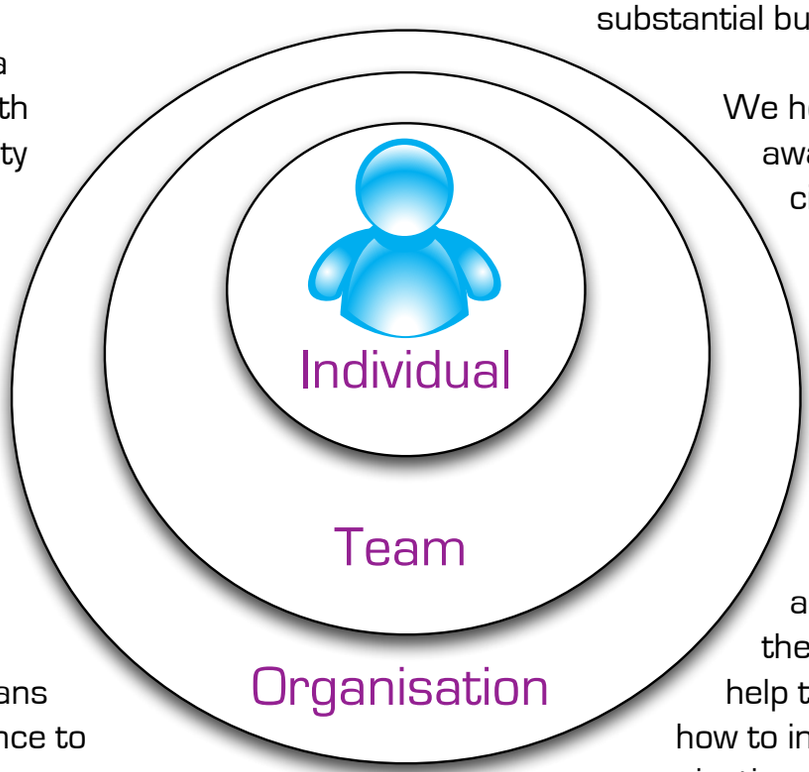
A recurring theme of Nurse First was that patients are the most under-utilized resource in the health service. (Jane)

Our Approach to Change - as if people mattered

With the ever increasing demand for care and an aging population with long term conditions there is a need to improve care and save money. Nurse First equips frontline staff to do both.

Nurse First is a programme with proven capability in changing participants lives and in improving healthcare both in terms of quality and financial savings.

We help clinicians make a difference to the care they provide, improve their service and lead change. We give them the confidence to talk to boards and managers about their ideas and translate ideas into projects supported by substantial business cases.



We help individuals be aware of their own circles of influence and help them feel more control of their own immediate role in their organisation and then we show them how to influence their team and the community they serve. We then help them understand how to influence the organisation and gain a better grasp of the issues facing their senior managers and their board. This helps them articulate how their solutions benefit the whole organisation and solve the problems of senior managers in their organisation.

It has a profound effect when front line clinical staff are able to effectively communicate their ideas to senior managers operating at a strategic level and show how their idea contributes to the organisation's objectives.

Spot On system in Learning Disabilities

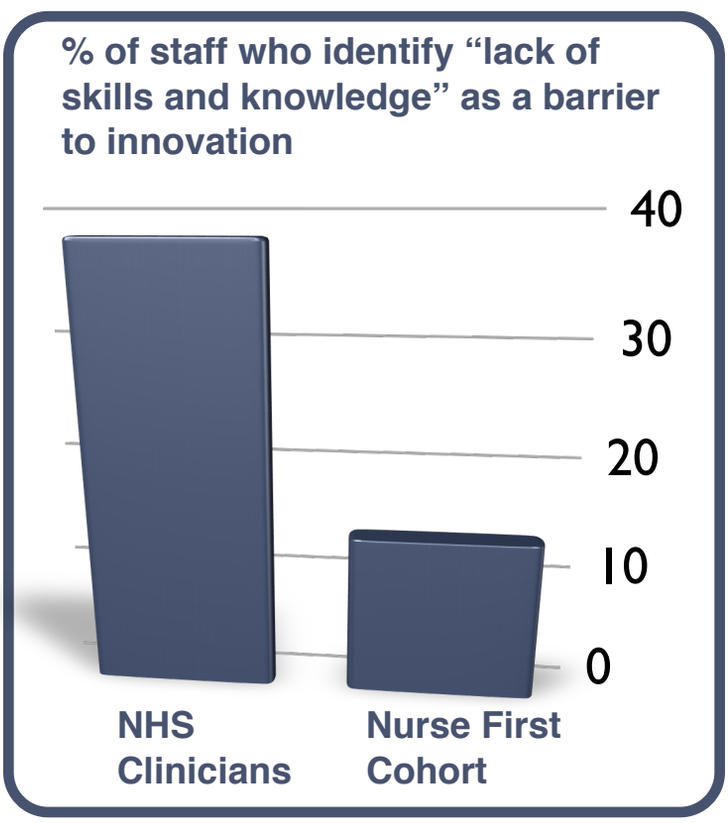
Spot On is an alternative method of blood sampling for people with learning disabilities who are reluctant to have venepuncture but are at risk of Diabetes, Thyroid Dysfunction and Vitamin deficiency. This ensures that people with learning disabilities are offered the same access to services as those without a disability by detecting and diagnosing unmet health needs earlier in the disease process.

Money raised for pilot: £6,000

Cash-releasing cost savings: £72,000

I have learned many skills throughout the Nurse First Course but more importantly it has helped me to tackle my self doubt. It has given me opportunities to experience things such as speaking with a journalist and given me the skills to write business plans. These skills have made me a more confident practitioner and has led me to embrace failure. It has also encouraged me to increase my professional profile which has enabled me to get involved with new projects and also helped to build my confidence with public speaking and presentations. (Kate)

We have been able to show how the Nurse First programme helps develop individuals as well as create new services and innovations.



In comparison with NHS clinicians that we researched, the Nurse First cohort were much less likely to identify "lack of skills and knowledge" as a barrier to innovation.

Only 14% of Nurse First participants said this was a barrier to innovation compared with 38% among NHS clinicians. This is because the programme gives people the skills and knowledge they need as well as the confidence to use them.

The programme gives people key skills around a whole range of areas including:

- **developing creative ideas,**
- **presenting innovative solutions more effectively,**
- **presentation skills,**
- **business planning,**
- **stakeholder engagement,**
- **media skills,**
- **prototyping skills,**
- **understanding health economics,**
- **measuring cost effectiveness and**
- **demonstrating impact.**

The course has enabled me to work confidently and assertively with different levels of people in the organisation and across boundaries. It has widened my knowledge of how management works and that everybody must to work to save money. I met high ranking managers who talked frankly about their challenges. (Beatrice)

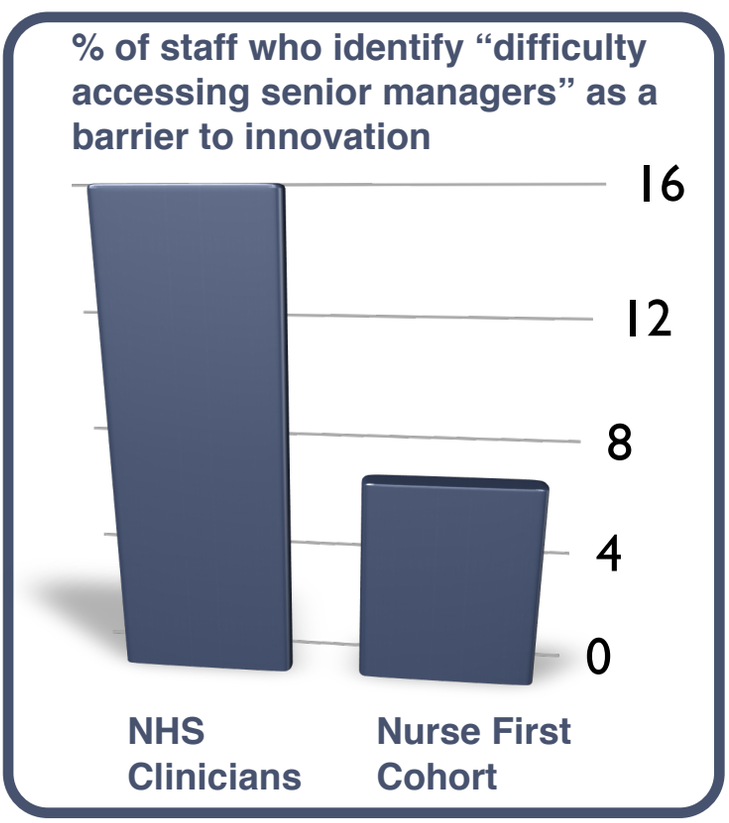
One of the barriers that many NHS clinicians describe is difficulty accessing senior managers. This is a particular problem as the two most important factors in supporting people to introduce clinical innovation were the attitude of senior managers and the attitude of middle managers in people's organisations.

In comparison with NHS clinicians that we researched, the Nurse First cohort were much less likely to identify "difficulty accessing senior managers" as a barrier to innovation.

Only 7% of Nurse First participants said this was a barrier to innovation compared with 16% among NHS clinicians. Not only do we support clinical staff in gaining access to senior managers and to boards, we also show people how to be far more personally effective in those conversations.

We help people frame their issues in ways that will have the greatest impact with senior managers in their own or in other organisations. We encourage people to explain their clinical issues and their clinical solutions by using language and concepts that are very familiar to senior managers, We also coach them to present their business plans more effectively in both written and verbal formats.

This process helps clinicians communicate with senior managers and helps senior managers better understand clinical issues.



The Nurse First course has encouraged and enabled me to become far more confident, believe in myself and made me far more self-aware. The support of the course leaders, my mentor, the speakers and most importantly my peers' belief in me has driven me to do things that I would never have contemplated previously. The leadership part of the course has definitely changed my outlook for the better and I believe will continue to do so for the rest of my career. (Debbie]

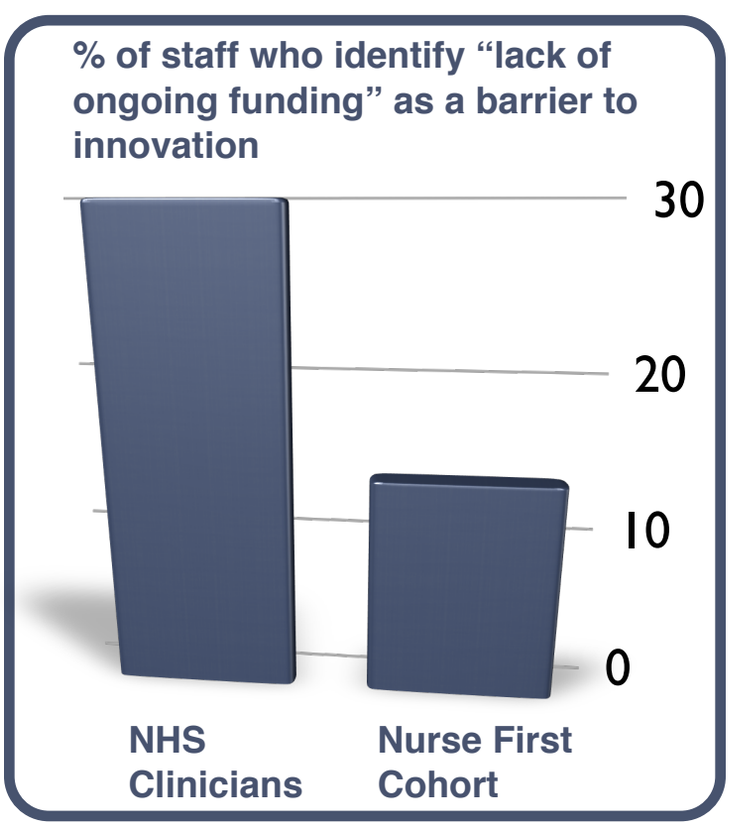
We place a huge emphasis on making sure that clinicians understand the financial impact of their solutions so that they can demonstrate how their innovative ideas will generate sustainable ongoing savings.

In comparison with NHS clinicians that we researched, the Nurse First cohort were much less likely to identify "lack of ongoing funding " as a barrier to innovation.

Only 14% of Nurse First participants identified this was a barrier to innovation compared with 30% among NHS Clinicians.

Our experience around healthcare innovation is that it is relatively easy to create innovation when there is a large injection of cash but that often these innovations stop when the money runs out.

By creating sustainable business models, these innovative ideas can be continued and scaled beyond the initial organisation across a region or a whole country. On average the Business Plans produced demonstrated £1.2 million savings each over 3 years..



If nobody does anything different nothing will change or move forward. Failure is the stepping stone to success. When I am feeling down or defeatist this is the statement I will say to myself to keep going. (Carrie)

Our Approach to Innovation - escaping the crab bucket

The idea of the crab bucket as a metaphor for stopping innovation was developed by Ninotchka Rosca and expanded on by Terry Pratchett and Meg Barker. The idea is that you don't need to put a lid on a bucket of crabs because the crabs actually pull each other down in the bucket. While a crab is perfectly capable of scuttling out, a group of crabs won't go anywhere. Any time one crab looks like it's going to make a run for it, the other crabs grab at it and pull it back down into the bucket, even though this competition guarantees their mutual demise.

Innovation is difficult not just because of generating and implementing new ideas, but because of the animosity from other crabs in our buckets, who might feel threatened by or resentful of any opportunities, successes, or distinction that they haven't achieved themselves.

The problem of executing innovation is as much about dealing with peers, colleagues and managers as it is about idea generation or business planning.

A major theme of Nurse First is building a base of support by:

- winning over skeptical people
- building support amongst colleagues and patients
- dealing with outright opposition
- resolving conflict using positive and constructive techniques.

The next two pages show some of the projects that the cohort developed.

Spot On

Transforming Community Health Through Frontline Innovation

1 The Problem

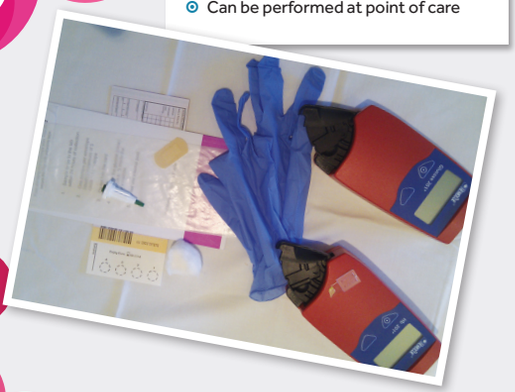
Access to blood screening via venepuncture for people with learning disabilities to establish:

- Diabetes
- Thyroid dysfunction
- Vitamin D Deficiency
- Leading to potential:
  - Health inequalities
  - Discrimination
  - Death by indifference
  - Poorer quality of healthcare
  - Diagnostic overshadowing

2 The Solution

Capillary Blood Collection – offering:

- Patient choice
- Clinician choice
- High acceptance rates
- Least restrictive
- A reasonable adjustment
- Can be performed at point of care



3 Advantage to Capillary Blood Testing:

- Easy to use
- Can be done by the patient
- Portable
- Transportable
- Hand held
- Minimise invasive procedures
- Meets the challenge of delivering improved care
- Prompt diagnosis
- Supports treatment pathway
- Reduces health inequalities
- Improved patient compliance
- Reduces the need for restraint (physical/mechanical/drug induced)
- Increased quality of life

4 The Quality Impact & Cost Benefit for the NHS

- Cost saved by preventing long term complications associated with poorly controlled diabetes
- Potential savings could equate to £24,000 per annum
- Cost saved by reduction in fractures within the patient population
- Pilot project would improve surveillance of how many individuals are diagnosed as the result of the project and permit more effective targeting of resources

5 Achievements

To date:

- £6,000 funding for equipment
- Successful pilot to establish efficacy of project
- Procurement of laboratory facilities
- Buy in from key stakeholders
- 8 General practitioners are now using the test to aid clinical assessment in other vulnerable groups

6 The Next Step & Beyond

To date:

- Awaiting response from the Research & Development team to establish if project is considered to be a research project

Spot On | Transforming Community Health Through Frontline Innovation

For further information please contact:
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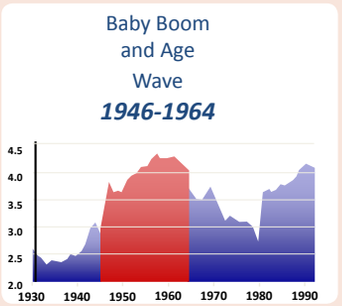
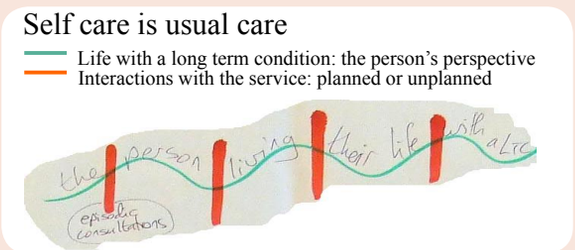
Nottinghamshire Health Care Trust
maureen.major@nottshc.nhs.uk | 0115 993 5629

Problem



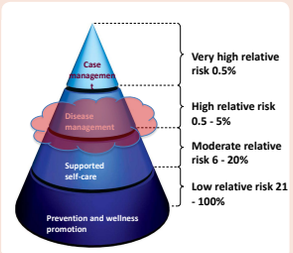
Source: UK Census

- Ageing population with baby boom
- Drive in prevention of acute hospital admissions/care closer to home
- Financial pressures in creating best value in care for least intervention (QUIPP, Department of Health, 2010)
- Increased demands on health services(in particular District Nursing) with a culture of dependency lack of self care



Solution

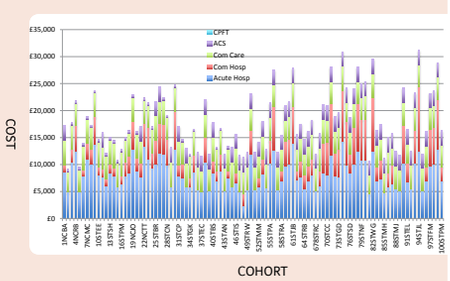
Newquay Pathfinder



The Risk Stratification Tool (Department of Health, 2011) from 2 GP practices has identified 100 people over 50 with multiple long term conditions that have significant risks of inappropraite admission. Age UK National invested £100,000 over 1 year to support 2 skilled workers prototype a model of prevention within Newquay District Nurse Team. They aim to coordinate and signpost the right volunteer service to the individual, helping manage the demand for health related services so that older people receive better care closer to home.

Aims & Outcomes

1. **Improved wellbeing and quality of life for older people**
   - Ability to self manage through social integration
   - Improved or maintained independence
   - Feeling better connected with the community
   - Mutual support and reciprocity
2. **Integrated working**
   - Aligned working practices across all sectors to deliver a broader range of services
   - Care providers report a positive impact on wellbeing and quality of life of older people
   - Right person, right time, right place

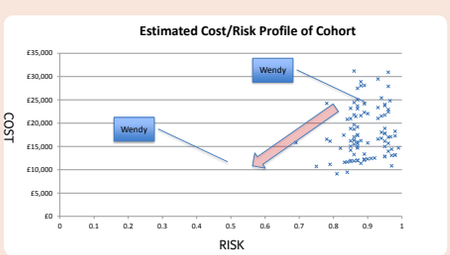


3. **Cashable net savings achieved across the whole system**
   - Reduced non-elective activity by increased use of community support
   - Understanding financial impact/demand on existing services
   - Project data informs strategic decisions for future commissioning/ resource management.

Cost Benefit

Wendy's Journey

- Lives alone and is housebound
- Suffers from anxiety
- Has COPD and on warfarin
- High risk of falling and risk of stroke
- Regular monthly admissions via 999



Intervention

- Building confidence to self care
- Attending breathers group with volunteer support
- Oxygen now available in home
- Anticipatory care plan for out of hours
- Rescue medicines in home
- Advise and support on housing and benefits
- Balance and stability exercises

Project Plan

Achieved

- Integration of locality multidisciplinary team
- Partnership working
- Shift in organisational culture
- More appropriate use of staff
- Broader range of services to individual
- Personalised care plans
- Care management plans/escalation protocols
- Better health outcomes/wellbeing for people like Wendy

To be achieved

- Evaluation/data analysis
- Realising the benefits
- Multiple cost savings
- Strategic commissioning, invest to save model, rollout across Cornwall

Changing Lives
Shaping Services Around Individuals and Communities

Cornwall & The Isles of Scilly age UK

Peninsula Community Health

NHS
Cornwall and Isles of Scilly

CORNWALL COUNCIL

Lucy Clement - District Nurse Locality Team Leader
lucy.clement@pch-cic.nhs.uk

Our Approach to Finance - Waitrose care at Lidl prices

As Nesta have highlighted "There is a natural cynicism about the promise of significant savings for what may seem like small investments of time and money. The cynicism is based on the experience of many of those working in health and social care that have seen such promises fail to materialise many times before."

It is important that any plans for innovation demonstrate how savings will be made. These are generally through 4 areas:

- **Reduced hospital admissions**
- **Reduced use of Accident & Emergency and Outpatient Departments**
- **Reduced prescribing**
- **Reducing demand on other clinicians**

By showing clinicians the direct costs of these resources we help them develop business cases that improve patient care and save money.

Clinical staff often have ideas to reduce these areas but did not realise the costs of these. According to Personal Social Services Research Unit (2010) the unit costs of these services are as follows:

Emergency Hospital admissions - £2,334
Planned Hospital admissions - £2,931
A&E attendances - £147
Outpatient attendances - £147

This explains how front line clinicians are able to identify substantial cost savings as even if they can prevent one admission per day, this could save £1 million a year.

Once clinicians can identify substantial potential savings it is then much easier for them to create costed business plans and raise the necessary start-up funding. Giving clinicians confidence talking about the economic impact of healthcare is an important part of the Nurse First approach.

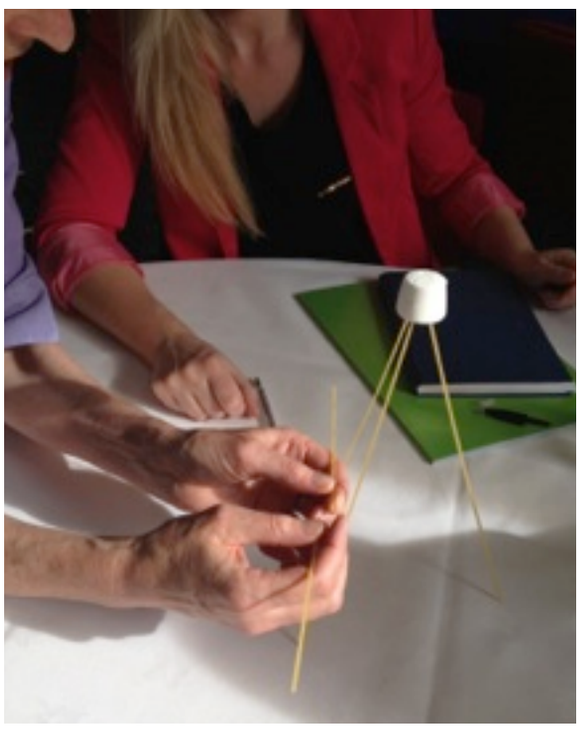
The sort of schemes that are most likely to be funded from non-recurrent funding are "invest to save" models, where some non-recurrent money spent now will save large amounts of recurrent money in the future. These are always extremely attractive because the savings usually massively outweigh the initial costs and these are almost always funded provided that:

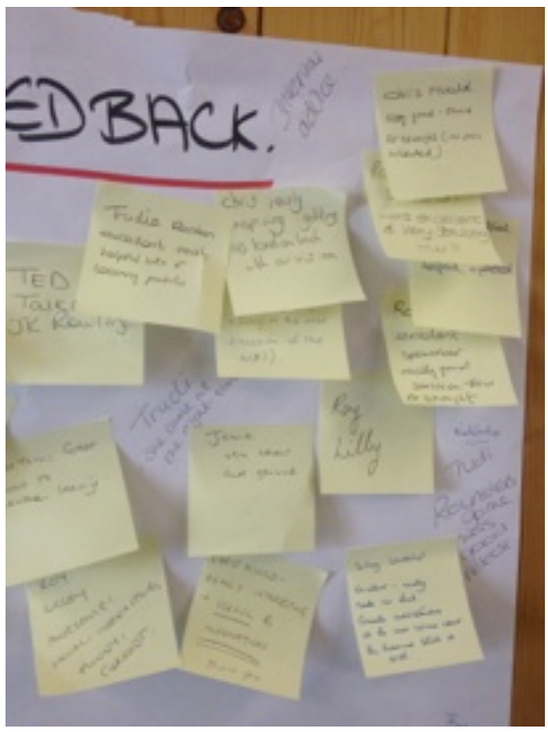
a) the funder genuinely believes that the savings will be made (and there is some good evidence that this will happen) and
b) the organisation that is providing the initial funding will receive the savings

The second point is really important: there is no point (for example) asking a community organisation to provide funding which will save costs spent in a hospital or asking a health commissioner to provide funding which will save the local authority money.


“Anna has always been innovative and had great ideas. This programme has given her greater confidence to put her ideas into practice”. Michelle (manager)

What we learned about innovation





Away from the workplace, however, we all know and accept innovation and change:
children are born;
they go to school;
they build relationships;
fall in love;
have their own children;
they grow old;
they die.

Nature knows change: trees grow; they mature; they give off seeds; some seeds take root and grow; the old trees die.
Even in our modern world of the machine we accept change: a new machine is introduced; some of us buy it; more of us buy it; it gets old; it's replaced; it becomes obsolete; new machines are launched.
And so on and so forth.

We are committed to developing the art and science of clinical innovation. Each cohort of Nurse First is evaluated at various stages during the year as well as at the end to ensure that we are continuously learning what works and what doesn't. We also actively share our learning with other organisations so that we can all develop our practice together.

Some of our key learnings have been around:

- The importance of coaching relationships
- The role of senior manager sponsors
- How to tailor programmes around the needs of individuals as well as the whole group


What I have learnt throughout my journey at Nurse First is that my passion does not alter but how you go about it does!
(Lucy)

Back to the future - Alumni and next steps

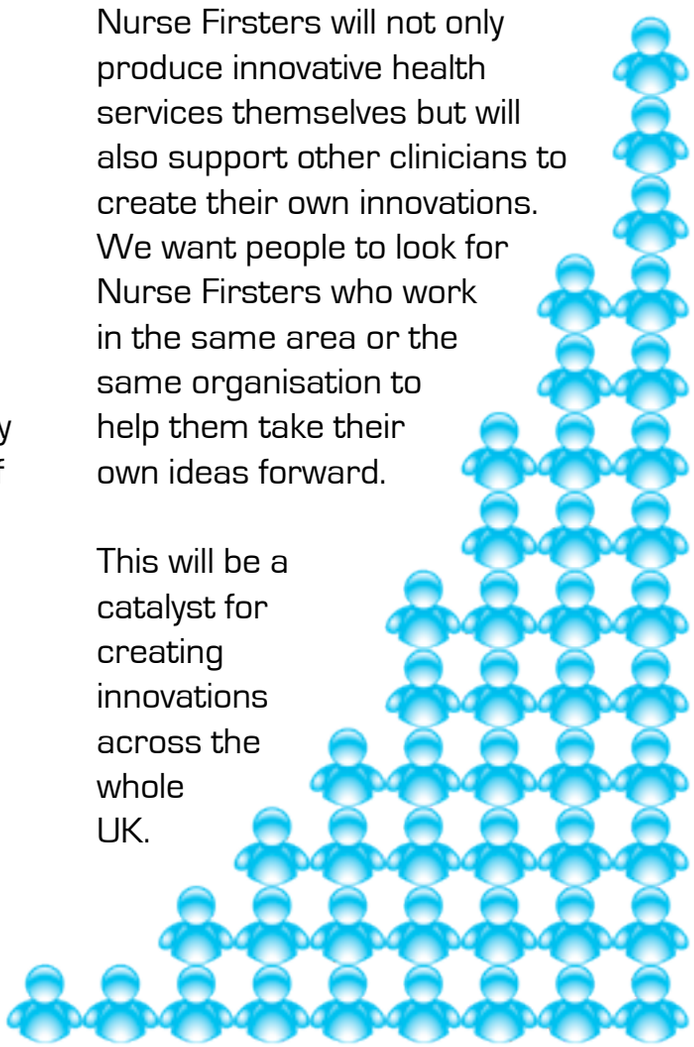
Our plan for Nurse First over the next few years is that we will grow into a national movement producing over 300 Nurse First graduates a year to join a growing alumni network. By 2017, we aim to be running 13 programmes every year across England, Scotland, Wales and Northern Ireland.

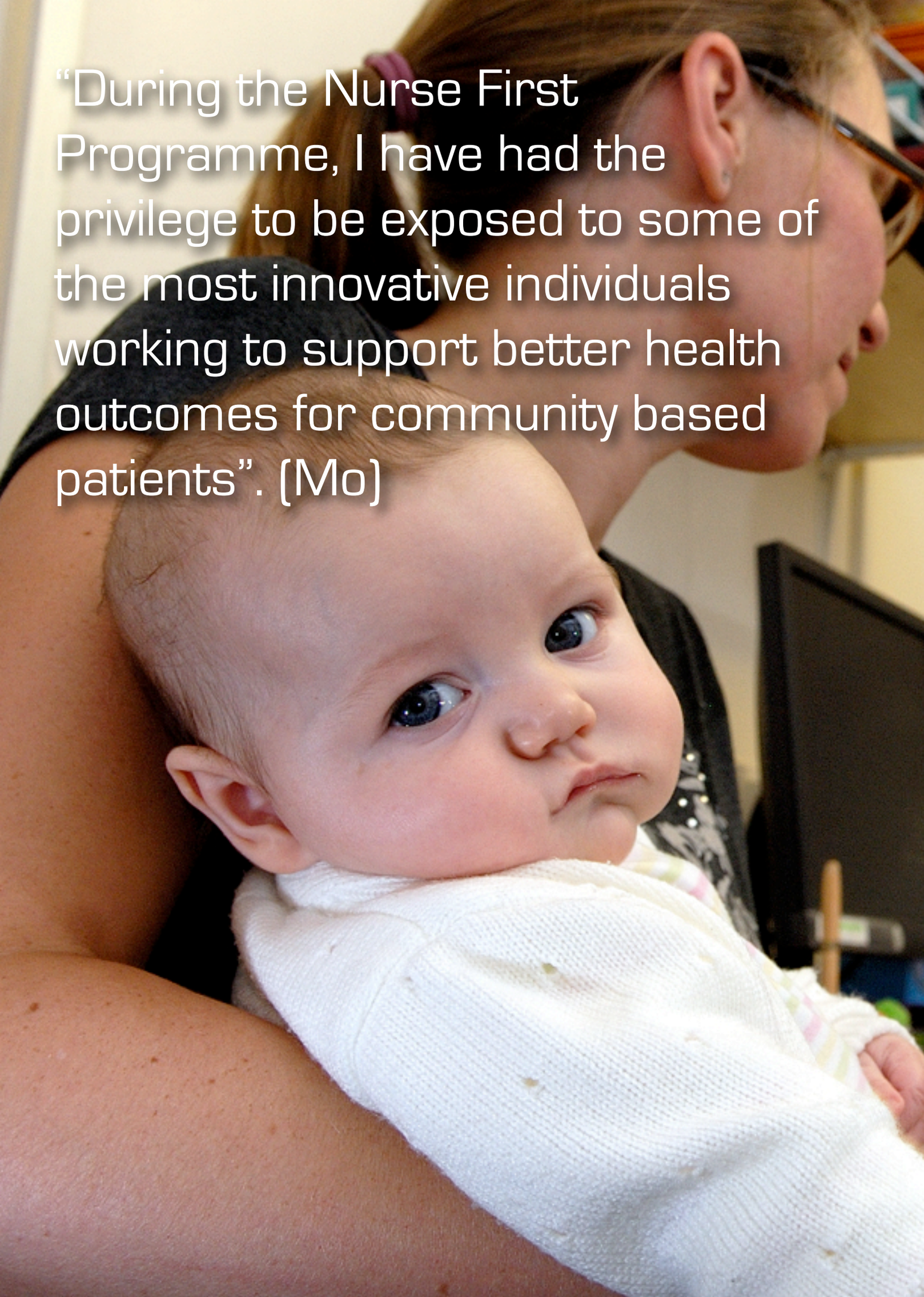
Nurse First aims to increase the rate of change across all healthcare systems by increasing the impact that frontline staff can have. We help clinicians:

- Make a difference to the care they provide
- Learn how to improve services and lead change
- Gain confidence in persuading managers and boards
- Raise start-up funding and develop business cases for change

This alumni network of hundreds of Nurse Firsters will not only produce innovative health services themselves but will also support other clinicians to create their own innovations. We want people to look for Nurse Firsters who work in the same area or the same organisation to help them take their own ideas forward.

This will be a catalyst for creating innovations across the whole UK.





"During the Nurse First Programme, I have had the privilege to be exposed to some of the most innovative individuals working to support better health outcomes for community based patients". (Mo)

www.nursefirst.org.uk