

Plymouth Primary Care Trust moves towards a standardised National Occupational Standards approach for service improvement

Skills for Health

Plymouth Primary Care Trust is planning to enhance Chronic Obstructive Pulmonary Disease (COPD) services across Plymouth and surrounding areas, giving patients access to a 7 day service between 9-5pm and an emergency on-call system. The aim is to plug service gaps in identified areas such as outreach services and pulmonary rehabilitation resources, through recruitment of appropriately skilled staff.



Success in reducing 'revolving door' admissions

The nurse led COPD team has worked effectively to ensure patients are receiving optimal treatment to stabilise symptoms and to provide advice and support for individuals, families and carers to cope with living with COPD.

Since the service began in 2000, it has expanded to address the issue of 'revolving door admissions' to the local Trust hospital in Derriford. The team has grown from two nurses to a cohort of 5.5 WTE trained nurses with a band 7 lead manager, and nurses within career framework bands 5 and 6 and one non clinical staff at band 3. They have clerical support, a clinical psychologist, an exercise instructor and a newly appointed full time physiotherapist to support respiratory rehabilitation.

Margaret Barnett, Respiratory Nurse and nurse lead manager at Plymouth PCT explains how the COPD team has helped to achieve 1,124 bed days saved in 2009. But there is more to be done, and recruiting appropriately skilled staff using a standardised approach based on National Occupational Standards is part of the solution:

"The COPD team has significantly reduced readmission into secondary care. They manage the long term condition during the severe to terminal stages of COPD for which the length of treatment cannot be predicted. Team members have developed closer links and improved working relationships with respiratory care clinicians, palliative care teams, the District Nurse team and other interlinked health teams across primary and secondary care."

The service improvements have been achieved through regular audits of admissions prevented by team members, patient satisfaction surveys, reviews of oxygen therapy needs and monitoring individuals' exercise tolerances pre and post pulmonary rehabilitation programmes.

Growing case loads calls for a new approach

However it was noted that demanding case loads can be a challenge, as each nurse has a 40 - 50 case load, in addition to any patient discharges from Derriford Hospital and referrals from GP practices across Plymouth.

"Band 5 nurses can struggle with the case loads and the fact they are sole workers. Band 6 nurses appear to be better equipped and more experienced to cope with the complex issues arising from COPD needs. This is because patients often have more than just respiratory issues and can have a wide variety of underlying or contributory conditions. We want to ensure that staff can continue to improve productivity and have a positive impact on the reduction in acute bed days."

Advantages of a competence based approach

Universal use of National Occupational Standards would be an advantage to future expansion of COPD case loads and subsequent service demands. Skills for Health has developed specialised COPD National Occupational Standards, and the nurse lead manager sees how using these resources would be an effective starting point for designing COPD services:

“There is a definite need for standardisation of techniques across COPD services. I would map National Occupational Standards to job descriptions and the team roles to ensure that there were no gaps in knowledge and skills and to assess competence within the team.”

Competence in COPD NOS should enable practitioners across the career framework to become competent in respiratory procedures, such as spirometry. Currently spirometry is mainly undertaken by a respiratory physiologist who is based in the secondary care chest clinic. Therefore, competence in spirometry would support delivery of outreach services in patients' homes.

Furthermore competence based job descriptions/team roles could inform KSF activities and be integrated into the current month long induction programme:

“to enable new members to quickly familiarise themselves with the service, and so becoming competent active team members in the shortest possible time!”

NOS based induction would also help to pinpoint where someone is under performing, and so inform their personal development plan.

“We could potentially support team members' professional development and increase their motivation as a result of carefully targeted, personalised learning.”

No need to 'start from scratch'

Education and training across the South West region for the nurse led COPD care are provided via distance learning packages from Education for Health and Respiratory Education UK, and it is recognised that local provision of NOS based education and training could complement this. Ensuring NOS underpins future learning and development would support nationally transferable knowledge and skills; enable recruitment into the area and inform future workforce planning. An approach like this demonstrates the flexibility of developing locally sensitive services whilst establishing a 'gold standard' across COPD services.

Margaret's final point reinforces how a NOS approach saves time in the long run:

“Until now we have been using our own locally developed competences, but using a set of competences which are nationally approved and standardised provides a better way forward, and will help us to deliver a consistent quality service. I can see how it will save a lot of work having a national set of guidelines, instead of having to start from scratch.”



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