

CASE STUDY: AHPs working differently. Crisis Response *Pennine Acute NHS Trust*

Summary: The Crisis Response team is an interdisciplinary team working in the community. The team will work with patients for up to 72 hours and have a 2 hour response time. They work 7 days a week from 9am-8pm.

Which AHPs are involved?

- Occupational Therapists
- Physiotherapists
- Advanced Physiotherapist Practitioner in training

Working with experienced Advanced Nurse Practitioners, Social Worker, GP and Nurse Consultant (who has urgent care links).

What setting does the service operate in? In the community, in the patients home.

Does the service work with Older People? Yes but not specifically.

How did you identify that this service needed to be established? Culture shift from reactive urgent care, to proactive admission avoidance strategies in the community. Increased demand on local urgent care centres. Positive response from GP's. Similar successful initiatives in local areas.

When did you start developing the service & how long did it take? Service went live October 2013

How was the new service funded? The service is fully commissioned therefore is funded by the Clinical Commissioning Group.

Who was involved in the process of change? The full MDT was involved in setting up the service

Were changes needed to any existing skill mix? The service was newly commissioned; therefore skill mix was identified from the beginning.

Were any new roles developed? None.

What have been the benefits of the new service? An alternative pathway for patients in our community requiring acute care, monitoring and treatment, that do not require acute hospital admission or services. Rapid access to equipment and care for those in urgent need.

What has been the response to the new service? Fantastic response from patients, GP's, positive impact on pressure on Urgent Care at local Hospital. Well utilised and received by both health and social care colleagues in the community for their patients in crisis.

7-day working

Do you provide a 7 day service? The team works over 7 days on a rota basis. The team members work shifts and make sure that there is one person from each profession on shift at some point each day. The team also have a 'huddle' meeting at the patient board each day to discuss patients from an MDT perspective. The initial assessment carried out in all teams is generic and backed up by professional assessments as needed therefore not all professions are required on initial contact or at the same time.

Has demand increased as a result of implementing 7 day working? The service was established as a seven day service.

Integration

Do you work in integrated teams? Yes

How have you had to work differently?

Extended scope / extended roles for all members of the team. All staff are highly skilled and trained in Clinical Examination Skills at masters level.

Are team members involved in any generic working - and what training or support is available for this? All qualified team members are responsible for completing a generic assessment initially and then specialist assessments as needed.

Has there been any reduction in any roles (e.g. to reduce duplication)? No. A lean core team commissioned initially to prevent duplication

New Bands 1-4 roles

What role is it? Assistant Practitioner.

What are the responsibilities of the new role? Generically trained in both therapy and nursing

assistant skills. Also providing caring support to patients awaiting reablement or home care.

What is the benefit to other members of the team? Increased autonomy and more highly skilled from traditional support work role. Supporting with clinical roles such as venepuncture, IV cannulation and the issue of function and mobility aids.

Have there been resultant changes to skill mix or establishment? Service was commissioned with Band 4 roles in the delivery model.

New Advanced roles

What role is it? Advanced Physiotherapist Practitioner.

Was extra training provided to support the role? MSc in Advanced Practice

What impact has the new role had on the service? Additional staffing and support for colleagues undertaking clinical skills training.

What are the responsibilities of the new role? To train over a 2 year MSc programme and develop with coaching and mentorship into a fully qualified and competent Advanced Practitioner. Highly skilled clinician and professional role model and leader.

What is the benefit to other members of the team? An addition of an advancing clinician with an AHP background and approach to assessment. Support for senior existing senior clinician with management responsibilities and leadership.

Have there been any negative outcomes to team members or the individual from implementing this role? None apparent. Positive response from other AHP's in the team with ad interest in

developing themselves in a similar career pathway.

What difficulties did you face? The transition from Physiotherapist to Advanced Practitioner in Training a personal struggle to leave traditional AHP role behind, enter a nursing dominated profession and more medically focussed approach to patient assessment. Confusion initially for both myself and colleagues expecting Physiotherapy specialist assessment and treatment to be carried out, and not Advanced Practitioner assessment.

What have you learnt from this process? Physiotherapists have the requisite knowledge and skill base to succeed at masters level study and Advanced Clinical Practice. They offer a different perspective and approach to assessment from a traditional medical or nursing model. Holistic care is what we are all encouraged to strive for, and for a long time has underpinned therapy models of assessment and treatment. A patient's function is an extremely important element of health and wellbeing and AHP's are well placed to incorporate this view into medical assessment associated with Advanced Practice roles.

For more details contact:

Name: Sophie Wallington

Email: Sophie.Wallington@nhs.net

Information collected 30/09/2014 by Jolly Barrow.