



Impact review on

The King's Fund >

A quality framework for
district nursing

October 2016



A quality framework for district nursing **TheKingsFund**

In September 2016 three authors, [Jo Maybin](#), [Anna Charles](#) and [Matthew Honeyman](#), of The Kings Fund released two seminal pieces of work on quality in district nursing from engaging with patients, carers and staff, you can find them both here:

[A Quality Framework for District Nursing](#) - Nine characteristics of good-quality care in district nursing, taken from interviews with patients, carers and staff.

[Understanding quality in district nursing services](#) - This report investigates what 'good' district nursing care looks like from the perspective of people receiving this care, unpaid carers and district nursing staff.

eCommunity is an NHS designed tool to support the operational element of delivering care in the community, focusing on capacity and demand, smart rostering and visit allocation. This in turn ensures skill, continuity and patient choice and experience delivers safe and effective patient centric care.



The King's Fund Quality Framework lists "9 characteristics of good-quality care in district nursing", as detailed above; These characteristics resonate with many of the eCommunity benefits.

In response to The King's Fund Quality Framework, this document explores each characteristic and how they are supported within eCommunity to deliver quality care in the community.

Impact Summary – for those short of time

Just “one line” on how eCommunity helps support each the 9 quality characteristic

Characteristic 1 – Caring for the whole person

By seeing all the delivered and planned care a holistic view of the patients’ needs is visible, ensuring they are seen as a person and not simply a visit required to complete a task.

Characteristic 2 – Continuity of Care

eCommunity highlights who saw each patient last delivering continuity through smart visit allocation.

Characteristic 3 – Personal manner of staff

Unachievable workload is the biggest contributor to stress ([The Kings Fund 2016](#)); giving staff time to care has a direct and positive impact on their manner.

Characteristic 4 – Scheduling and reliability of appointments

eCommunity ensures allocated appointments are achievable in the time allotted, delivering patient reliability, also keeping patients informed of when visits are happening.

Characteristic 5 – Being available between appointments

eCommunity releases time to care for both patient facing and nonpatient facing too; This released time is key to driving up quality and being available to patients as a service.

Characteristic 6 – Valuing and involving carers and family members

With live and mobile access to a patients’ support network contact details they can keep them up to date with relevant information with ease.

Characteristic 7 – Nurses acting as co-ordinators and advocates

Through releasing time eCommunity empowers staff to deliver more co-ordinated care, it also identifies what type of care co-ordination takes up the most time driving improvements in this area.

Characteristic 8 – Clinical competence and expertise

eCommunity records the skills used to deliver care which is analysed to identify skill gaps leading to effective training, temporary staffing and recruitment/workforce planning.

Characteristic 9 – Patient education and support for self-management

With an operationally sleek service, using business intelligence collated from the day-to-day role of visiting patients, a service can look to support patients more proactively aiding both the patients’ lives and ultimately reducing service demand.

The impact of eCommunity on each Quality Characteristic is explored in more detail in the rest of the document.

Characteristic 1 - Caring for the whole person

What does this involve?

- Taking a holistic, person-centred approach to care rather than a task-focused approach
- Seeing the person, not the need
- Considering the person's other health conditions, social issues and wider circumstances, not just a particular condition



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eCommunity provides both visit history and visibility of pending visits. When eCommunity is being used by more than a single service i.e. District Nursing, Reablement, AHPs etc an overall view of the services supporting a patient can be seen.

Obtaining this visibility of how other services are supporting patients drives multi agency conversations, creating a holistic view of need and care plan. eCommunity can also facilitate putting practitioners in contact with each other via its single repository of staff contact details.

By using a single visit allocation tool across multiple services

eCommunity can also reduce demand by looking at transferable skills across workforces. This is done by looking at the need of patients when multiple visits are allotted to them, seeing where needs that cross-service expertise can be delivered at the same time by single visiting staff.

Patient Name: Lucy Handsworth NHS Number: 192 840 8490					
Patient Details	Patient Address	Visit Record	Data	Contact	Notes
Allocated	Un-allocated	Rescheduled	Cancelled		
Nurse(s)	Activities	Date of Visit			
Alison Rocksmith.	Reablement 1.	03/11/2016			
Roger French.	Reablement 1.	02/11/2016			
Roger French.	Physio Therapy.	01/11/2016			
Helen Sparfield.	Speech Therapy .	01/11/2016			

Characteristic 2 – Continuity of Care

What does this involve?

- The same nurse, or the same few nurses (who communicate information effectively) seeing each individual receiving care



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The core function of eCommunity is visit allocation. The technology within eCommunity assists the core matching criteria by ensuring the attending clinician has the right skill, they have enough time so aren't going to be rushed and has visited the patient before.

Patient Treatments									
	Patient Name	CM	Postcode	Description	Band	Mins	U	C	
	David Niven		LE3 0TJ	Reablement 1.	1	15	0	0	
	Woody Allen		LE1 6AS	Reablement 1.	1	15	0	0	

Available Clinicians									
	Clinician Name	Team	Band	Hours Wor	Visits Booked	Mins Book	Mins Free	Last Nui	
	Lucy Hands								
	Terence Co	Roger French	Unit 1	3	6.00	1	0	330	
	Joanna Pet	Helen Sparfield	Unit 1	4	6.00	1	300	30	
	Andrew Ford	Unit 1	1	6.00	0	0	330		Last clinician to visit

You can see here when selecting patient David Niven, who needs a Band 1 to deliver a 15 mins of Reablement, that eCommunity has selected Andrew Ford as the ideal clinician for David with the correct skill, available time, with the "Last clinician to visit" marker flagged, supporting the visit allocator to make a safe visit assignment that won't be rushed and will deliver continuity benefits for David; this process can be automated drastically reducing visit allocation time and freeing often senior nurses time.

Characteristic 3 - Personal manner of staff

What does this involve?

- Caring and compassionate attitudes
- Polite and respectful attitudes
- Not appearing to rush
- Effective communication and building trust
- Staff appearing to be professional and confident



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Can technology improve the staff manner, well yes, in a few different ways.

eCommunity is an efficiency tool that not only releases time to care for patient facing staff but also reduces admin burden for those managing them. This released time is used to deliver supervised visits, with eCommunity pointing out when they are due. Imparting best clinical practice as well as attitudes and communication skills form an important part of supervisory visits that many services struggle to achieve.

Ensuring not too many visits are allocated to staff is a key quality function of eCommunity. Driven by its integral care catalogue and smart rostering clinicians avoid being given an unachievable and rushed schedule. You can see below Helen’s availability has turned red as she only has 30mins of free time:

Available Clinicians							
	Clinician Name	Team	Band	Hours Wor	Visits Booke	Mins Book	Mins Free
	Roger French	Unit 1	3	6.00	1	0	330
	Helen Sparfield	Unit 1	4	6.00	1	300	30

The care catalogue, detailing the visit’s tasks, skill required, number of people and time to complete is regularly reviewed, comparing the suggested time to the actual length recorded via the app. This drives exploring whether the differences are due to practice variance, subsequently delivering training to ensure best practice is being delivered, or increasing the allotted time when not enough time has been set using the evidence that recording visit time affords.

Below is a simple view of the care catalogue showing the time allotted and the average time taken to complete them, also showing the other criteria held within the catalogue:

Category	Description	RAG	Band	Clinician Count	Time (mins)	Average Time (mins)	Active
Reable	Reablement 1	Red	1	1	15	21	Green checkmark
Reable	Reablement 2	Orange	3	1	45	48	Green checkmark
Reable	Reablement 3	Green	4	1	60	51	Green checkmark
AHP	Physio Therapy	Green	2	1	45	45	Green checkmark
AHP	Speech Therapy	Green	3	1	30	30	Green checkmark

Ensuring the care catalogue is not under estimating the time needed to complete allocated visits supports clinicians to complete visits in a timely, un-rushed manner and that is delivering the best quality.

The care catalogue also combines patient acuity (detailed on assessment) with clinical risk, as detailed in the RAG catalogue view above, of not receiving care. Combing patient acuity and clinical treatment risk empowers clinicians to seek support when time is tight for visits that haven't gone according to plan.

Having a view of the pressure staff are under as a shift plays out also allows the re-allocation of visits from those under pressure, to those that are working through their visits as planned. This live view and support helps staff know that they are being well supported to deliver quality care throughout an unrushed shift:

Clinician Name	Team	Band	Hours Work	Walks Booked	Miss Booked	Miss Free	Last Vis
Annie Gee Clinician (NO Annie gee team (NO)		8	12	0	0	660	
Alex Dodd	Cancock 1 (Rugley)	3	8	14	120	130	
Hazel Taylor	Cancock 1 (Rugley)	5	8	11	310	140	
Thomas Pugh	Cancock 1 (Rugley)	5	7	8	215	175	
Aziz Chekity	Cancock 1 (Rugley)	5	8	7	190	300	
Liane Coleman	Cancock 1 (Rugley)	4	8	13	340	85	
Max Jay Subbs	Cancock 1 (Rugley)	6	8	4	375	75	
Nancy Williams	Cancock 1 (Rugley)	5	8	10	300	95	
Malin Bond	Cancock 1 (Rugley)	6	8	4	180	290	
Devin Crawford	Cancock 1 (Rugley)	3	8	10	230	120	

Staff on Duty: 11 | Currently Allocated: 2950 | Available Minutes: 2750

Characteristic 4 – Scheduling and reliability of appointments

What does this involve?

- Advance warning of appointment timing
- Reliable/predictable timing
- Information and updates when scheduling is disrupted



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eCommunity is a scheduling and planning tool at heart, completing the operational aspects of delivering care in the community that clinical systems are not designed for.

There are those that struggle to notifying patients when appointments are happening, given the fluid nature care delivery often has on a planned day. Notifying in advance via a letter for example can leave patients disappointed if things change at the last minute and appointments change, as they often do.

Using the eCommunity app to validate visits and record visit in real time, creating valuable operation business information, also enables clinicians to let patients know they are on their way as their next appointment, even giving an estimated arrival time using its smart routing. Evidently from the Kings Fund report this is important to patients; However, there are other service impactful reasons to do this too.

Reducing DNAs by giving patients the opportunity to respond to a pending visit notification, releases a lot of time to care, reduces pressure on staff and supports high quality visits by reducing the need to rush.

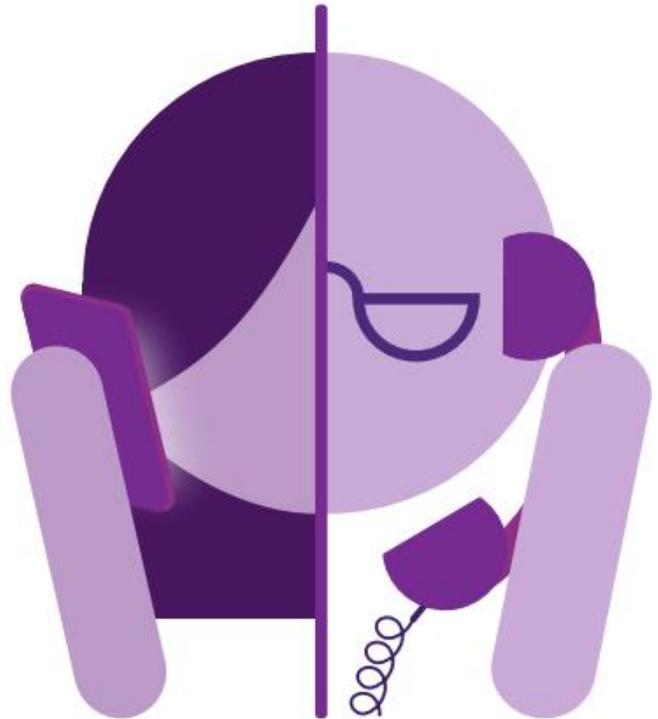
Advance notice for patients, who may well be housebound also enables them to ready themselves for the visit. Readiness for visits can include enticing visitors to leave, calling for support from carers or, if detailed in the notification, readying themselves with any pre-visit preparation advice, saving time for the clinician on arrival.

eCommunity can support notifications to patients and or their chosen recipients, who may be a designated carer, family member or close by friend who supports them, defining this information on the original referral assessment.

Characteristic 5 – Being available between appointments

What does this involve?

- Services being available to be contacted between visits for information, advice or support or in case of emergency



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Releasing time to care for clinical staff is delivered in several ways by eCommunity:

- Using demand to deliver an effective rota to ensure capacity levels are safe
- Utilising joined up information to reduce and often automate and eliminate admin tasks
- Working with live and forecast demand information before and during shifts
- Detailing tasks following visits that can be centralised and removed from clinicians

These processes add up to not only being able to deliver more care with the same amount of staff, but also releasing time for those that are not patient facing, freeing them up to support patient enquires.

Working more efficiently enables fewer people to run larger teams. Many services are looking to create a more engaged contact point or central hub to support patients, reassigning those that were previously bogged down in admin can help transform the service in this way without taking on additional staff costs.

Characteristic 6 – Valuing and involving carers and family members

What does this involve?

- Offering practical support to carers in their role
- Involving carers in care planning and decisions
- Valuing and recognising carers' contributions and expertise
- Addressing carers' own needs and personal wellbeing



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Ensuring all visit related information is to hand for clinicians at the point of care enables them to look at all the options when delivering care. eCommunity has the ability to store both family and carer information, alongside non-clinical visit information like “lift not working” or “the dog is big but friendly” and information like key codes, parking tips etc all information designed to ensure the clinician is given all they need for a successful visit. Detailing carer and other support networks ensures that contact can be made with careers and family members quickly and efficiently when needed.

Patient Name: Daliah Lavi NHS Number: 000 000 0005

Patient Details Patient Address Visit Record Data Contact Notes

Practice ADDERLEY GREEN SURGERY

Practice Name: ADDERLEY GREEN SURGERY
Practice Code: M83661
CCG: 05W
Address: 28/30 WESTON STREET, ADDERLEY GREEN, LONGTON, STOKE ON TRENT, STAFFORDSHIRE
Phone Number: 01782 311266

Next of Kin Rajesh Lavi

Next of Kin Details Son, Is 20 mins away and contactable on 011604 wife and Cassandra

Patient has Carer? Carer Type

Carer Details Lilly Paterson is at 42A and assists Daliah with some day to day chores like shopping, bins and any heavy work around the house. Lilly checks on Daliah daily and also has contact details of family members. Lilly is herself a little frail but has known Daliah for 25 years and they support each other.

Please Select
Brother
Daughter
Father
Mother
Neighbour
Other
Partner
Sister
Son
Spouse
Neighbour

This information is not only accessible for the clinician but also to those supporting them in their non-patient facing role, to relay or converse with both other the staff members out in the community and other services supporting the patients too.

Characteristic 7 – Nurses acting as co-ordinators and advocates

What does this involve?

- Supporting patients and carers in contact with multiple services
- Advocating on the patient or carer's behalf



Similar to Characteristic 1 (Caring for the whole person) eCommunity delivers visibility of all the services supporting a patient when multiple services adopt eCommunity. Having contact details for multiple professionals in a single place supports improved understanding and coordination of care.

In addition, eCommunity enables the recording of activities that were performed that were not part of the anticipated need, including non-patient facing time too.

Time Visit Started *	13:25	
Planned Activities	Speech Therapy	
Planned activity times		
Speech Therapy *	<input checked="" type="checkbox"/>	115 (mins)
Additional Activities	x Reablement 1	
Additional activity times		
Reablement 1 *	<input checked="" type="checkbox"/>	40 (mins)
Time Visit Completed	16:15	
Total face to face	170	
Other time allocated (minutes)	15	
Other time allocated details	Spoke to GP to explore further options to aid mobility	

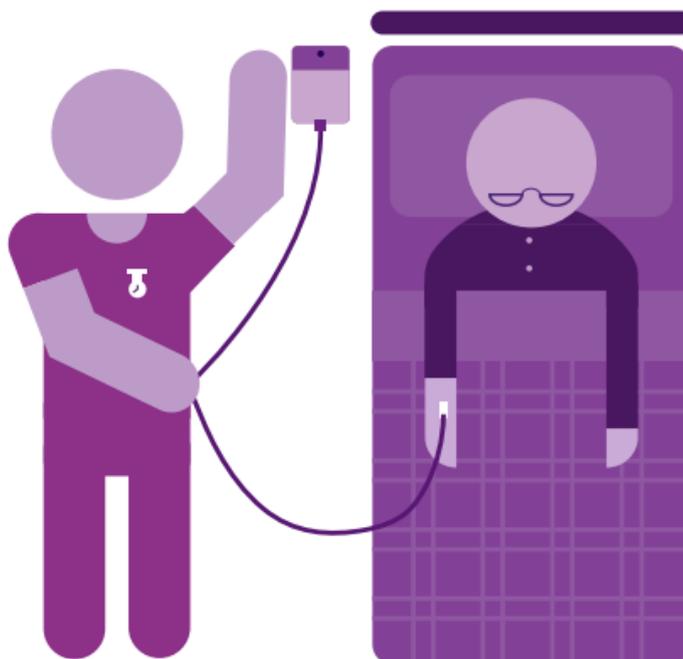
Recording care co-ordination time not only highlights where processes between services can be improved, by reviewing when this time impactful and streamlining the holdups, it also drives the behaviour as it is not counted against the time to deliver care.

Recording additional activities delivered outside of the care plan also creates an accurate view of what the service actually does, strengthening commissioning and service redesign conversations as well as driving skill gap based training and recruitment.

Characteristic 8 – Clinical competence and expertise

What does this involve?

- Knowledge, experience and expertise
- Clinical skills and advanced technical skills
- Skills in assessment and care co-ordination



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Clearly visit allocation relies on a process to ensure those delivering care have the right skill to do so. The eCommunity Care Catalogue ensures that the clinicians skill meets (or exceeds) that of the activities the patients need, but it goes a few stages further to ensure this key quality indicator is achieved.

Understanding skill gaps is key to delivering safe quality care. eCommunity’s report on skill discrepancies (Activity skill in Care Catalogue verses skills used to deliver activity when recording visits, see below) highlights what skills and training would be used most and drives staff retention and effective training and recruitment drive.

Category	Description	RAG	Band	Band Used	Clinician Count	Time (mins)	Average Time (mins)	Active
Administration of Medications	Oral Medications Blister Pack (prompt oral)	Red	2	3.3	1	10	10	Green
Administration of Medications	Oral Medications Non Blister Pack	Red	5	3.9	1	15	15	Green
Reable	Reablement 1	Red	1	2.1	1	15	21	Green
Reable	Reablement 2	Orange	3	2.1	1	45	48	Green
Reable	Reablement 3	Green	4	4.6	1	60	51	Green
AHP	Physio Therapy	Green	2	2.3	1	45	45	Green
AHP	Speech Therapy	Green	3	3	1	30	30	Green

Combing a service that is running efficiently with evidence of skill gaps not only releases time to expand skills it also identifies which will add the most value to patients and the workforce too.

Characteristic 9 – Patient education and support for self-management

What does this involve?

- Supporting and educating patients to self-manage
- Involving people in decisions about their own care



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Wouldn't it be nice to have the time to achieve this!

eCommunity generates time, how you use it is completely up to you, by being smart in operational aspects of delivering care in the community system users achieve:

- The reduction in administration processes frees up a whole person per team.
- A reduction in travel enables more care, whilst releasing funds from reduced care mile costs.
- Improving care quality results in getting and keeping patients well faster and reduces demand.

Going beyond delivering care in the community to work smarter with services that can support patients to be self-sufficient, is almost impossible when the service is under so much pressure. Improving the operational processes to deliver more resources and therefore time can help deliver the vision of getting and keeping patients well through district nursing.

Beyond the Kings Fund 9 Characters Framework

There are many features beyond quality that eCommunity delivers. QES feel the work done by The Kings Fund, alongside the NHS community care providers steering the eCommunity roadmap, are both signs that community care is getting the support to manage increased and more complex demand.

Quality Gap Analysis Report



We have created a simple process below, based on the Kings Fund 9 Characteristics of quality, to help you asses what focus and activities you can do to help increase quality care in your community.

Characteristic	Level of Importance	Current Activity	What to improve?	First Step	Can eCommunity help?
1	High Medium Low	Lots Some None			Yes No Maybe
2	High Medium Low	Lots Some None			Yes No Maybe
3	High Medium Low	Lots Some None			Yes No Maybe
4	High Medium Low	Lots Some None			Yes No Maybe
5	High Medium Low	Lots Some None			Yes No Maybe
6	High Medium Low	Lots Some None			Yes No Maybe
7	High Medium Low	Lots Some None			Yes No Maybe
8	High Medium Low	Lots Some None			Yes No Maybe
9	High Medium Low	Lots Some None			Yes No Maybe

QES – The Company

QES are a Microsoft Development House, based in Gloucestershire who have been designing, developing and implementing online database systems for Local Authorities, the NHS and Third Sector clients since 2003.

We pride ourselves on providing a personal level of service to each of our clients, which ultimately leads us to be recommended for other work.

The company provide multiple systems to over a third of Local Authorities/Health Trusts across England Wales and Scotland and are accredited to work within the NHS N3 network and have ISO 27001 / 9001, NHS Information Governance Toolkit 13 accreditation and ICO membership.

For more details on eCommunity please contact us to either obtain more product information or to see it in action.

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