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Future
Hospital

Providing a 7-day integrated nutrition service

This Future Hospital Programme case study from Tracy Earley and a team at Lancashire Teaching Hospitals NHS Foundation Trust demonstrates the successful implementation of a 7-day integrated nutrition service.

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Key words: 7-day services, nutrition

7-day services

Key recommendations

- Services should be formed and revised around patient need over that of the trust and staff.
- Ensure that expertise is available to the service, particularly when operating at weekends. This means that should certain areas be unavailable, eg radiology or X-ray, it is possible to select and deal with what can be done over the weekend period within the resources available.
- Managers need to use strategies to win hearts and minds of staff to move to 7-day service.
- Not all services need to work 7 days at the same level provided during the weekdays, so assessment each service and target what is required for the patient group. This is critical in order to ensure financial viability.

Local context

Lancashire Teaching Hospitals NHS Foundation Trust currently provides services for 1.5 million people across Lancashire and South Cumbria, as well as district general hospital services to the 370,000 people situated within Preston and Chorley. Our Trust has two main sites from which these services operate.

The challenge

Our Nutrition Nursing Team operates out of Royal Preston Hospital and Chorley and South Ribble District General Hospital. Originally our aim, before the establishment of the 7-day service (7DS), was to look at how we can reduce and avoid admissions for patients with blocked feeding tubes. These patients often faced long periods, usually several days, of admission before they were seen by the consultant gastroenterologist. Once seen they could have their blocked tubes remedied and be safely discharged home.

These issues were further compounded by a lack of service (staff and functioning clinics) over the weekends. A clear area for improvement was identified. Using quality, innovation, productivity and prevention (QIPP) values we worked towards the solution..

Our solution

A team of language therapists, nurses and dieticians worked together to innovate a restructuring of the nutrition service. We wanted to provide higher levels of care and treatment for our patients. This formed the Integrated Nutrition and Communication Service (INCS).

The initial result was a 5-day service. This service looked to provide patients with early support and rapid access to clinics following discharge. This allowed for advice, troubleshooting and day care to be better delivered to patients and worked towards preventing further admissions.

Establishing a 7-day service

Service reviews and patient input led to the decision to run the nutrition nursing service element of INCS 7 days a week. This began with 4 hour shifts on Saturday and Sunday, but high levels of demand forced us to expand the service to full days of operation over the weekend and bank holidays.

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Staffing

The team originally comprised of a band 8 consultant nurse, a band 8 lead nurse, one band 7 whole time equivalent (WTE) and three WTE band 6 practitioners.

An addition of two WTE band 6 staff and 1.6 WTE band 3 staff was provided to complement the running of the 7DS, which required a further investment of £90,000. However staffing costs for the weekend, include only one band 6, that works each Saturday, Sunday and bank holiday. The majority of staff work during the week.

Our service has reached the success it enjoys today through patient interaction and by being highly patient-driven.

Tracey Early, Lancashire Teaching Hospital NHS Foundation Trust

Barriers and levers

- Getting support to implement the 7DS was challenging. This was overcome largely by the patients themselves. We exhibited patient stories and accounts to the Trust's executives, and so was able to highlight to them 'what went wrong' without the 7DS in place.
- While we operate 7 days a week not all services within the hospital do, eg radiology. This means that we cannot operate at full capacity and cannot provide everything we may need for the patients. While this has not been overcome completely we have found it to be quite manageable. Our range of expertise available for the weekend service means that we can treat those patients who don't require additional service, at the weekend, and suitably arrange for the remaining patients to come in during weekdays.
- Demand for the service has been high. We have patients coming to this service from outside our Trust to further this strain. We started as just a 4 hour service over the weekend but had to expand to a full day service so we could meet this demand. While this may be regarded as a barrier of sorts we regard this as the 'nature of the NHS' and so strive to meet this challenge head on, however we can.
- To tackle the pressure of introducing this service, particularly with regard to staff morale, we made the decision to introduce it slowly. This meant that we could implement it gradually until it was regarded as the norm.
- The challenge of getting this project funded was met with relative success. We initially had funding granted for the pilot scheme. From this success funding was then granted for a further 12 months. Finally full funding was given, after 12 months of success and high demand from patients, to take the project into the substantive service seen today. The initial funding came from NHS winter pressures monies, and then substantive funding was based on income from activity generated.

Outcomes

The 7DS has shown some promising results:

- average length of stay (LOS) has been reduced and patients now have support for early discharge
- rapid access to clinics is now available for patients who have been discharged, should issues arise
- of the 1,000 plus patients, seen in clinic during 2014, 99% have avoided admission
- since the service started percutaneous endoscopic gastrostomy (PEG) mortality rates have reduced from more than 25% (in 2005) to 4% (2013). In 2015 mortality rates were 5%

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- the workload for Monday morning staff has been greatly reduced.

Services should be formed and revised around patient need over that of the trust and staff.

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Patient involvement

Our service has reached the success it enjoys today through patient interaction and by being highly patient-driven. We have several ideologies in place to keep this drive centralised:

- the service is open access to everyone, meaning that patients have the freedom to self-refer themselves should they desire to
- our staff know that the service should be adapted and run to suit each patient's needs, ie we work around patients and not vice versa
- patient driven stories/cases help to implement and shape the service seen today
- we cater to patients outside of our Trust.

Achievements

Under the guidance of QIPP principles and our patients we have been able to establish an effective nurse-led 7DS in nutritional medicine. Through its innovation, and the changes seen as we evolved the service, we can now offer:

- rapid access to a nutrition nursing team from 8am–6pm, 7 days a week
- home support and provision for those patients receiving parenteral nutrition
- new developments such as streamlined direct new referrals (which are open access meaning that patients can refer themselves) and IV electrolyte monitoring
- a dedicated helpline for patients and staff, 7 days a week
- a provision for patients requiring feeding tube replacement that runs both in and out-of-hours
- a provision for patients on wards to be seen daily during rounds, instead of just Monday–Friday.

What's next?

We have further aspirations to undertake a trial of 7DS for the Central Venous Access Team (CVAT). This commenced in November 2015. During the 13 weekends they have worked so far, they have seen 59 patients with difficult venous access and used ultrasound to place. They have salvaged 19 central lines with withdrawal occlusion, and seen another 20 patients with central lines problems including a fractured line which they repaired.

This case study is not an endorsement of any individual or organisation. The material within is promotional only and we do not necessarily reflect the views of the author and the organisation they represent.

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