Innovation Type and Reference Number; 5.18

Title of Innovation; ANP for Care Homes

Contact; Sharon Jones; Deputy Head of Community Nursing Central Area

Project Aim; Commenced in 2016 - An ANP serves care home patients within Central and South Denbighshire, supporting the practices to cope with demand and promote education within the homes

Strategic Theme;

- Referral and demand
- Improving access and quality
- Managing care in the community
- New models of primary care
- New roles in primary care and MDT working
- Promotion of cultural change

Component of new Primary Care Model;

- Enhanced MDT working in Primary Care
- Supporting reduction in admissions to secondary care
- Supporting patients closer to home

Objectives / Value within whole system model for PC in Wales;

This service is reducing the impact on Primary Care, reducing unscheduled admissions to hospital and contributing to enabling patients to have end of life care in their place of choice.

The ANP will also being to support the roll out of Treatment Escalation Plans to further contribute to end of life care for the patients of the cluster

Early Outcomes; No information

Summary of First Evaluation; An evaluation of this service will be carried out this year to provide evidence of the benefits gained since the service began

Updated Outcome Findings; Outcomes Central Area:

- This innovative project provides equitable access for patients residing in care homes to a skilled Advanced Nurse Practitioner (ANP) in order to provide timely clinical assessments, interventions, reviews including medication reviews and support as well as working with the care home staff to provide evidence based education & training.
- The project meets with the outcomes of the 'Review into the Quality of Life and Care of Older People living in Care Homes in Wales (Welsh Government 2014) as its focus is to enhance the quality of life and care of older people in care homes specifically in the area of specialist clinical assessment
- It had demonstrated a substantial number of averted GP visits as noted in the inserted KPI overview document, and could suggest that a reasonable percentage of these ANP visits would have also averted a hospital admission.
- It has released GP capacity within the Practices resulting in more patients accessing GP appointments in a timely way.

- There has been timelier access to treatment as the ANP is utilising their non-medical prescribing qualification allowing patients to commence treatment as soon as possible without any delay potentially accelerating the recovery process for the patient.
- Care Home Staff via education and training by the ANP are now able to distinguish between when a resident needs to be seen the same day by the ANP to what is a routine visits e.g. resident can safely wait to be seen on the ANP weekly ward round.
- It has built on existing relationships with the GP Practices and has enhanced the collaborative working element between the Care Home, ANP and GP Practice
- The ANP whilst undertaking Medication Reviews identified that a particular practice in the majority of the Care Homes was leading to high amounts of medication wastage per month. The ANP in partnership with the medicine management team addressed this with the Care Home Managers and a more robust monthly medication ordering system has been implemented. This has resulted in cost savings to the Primary Care Prescribing Budget.
- Based on the learning and positive findings from this project a similar Care Home Response Project using a multi-professional approach including an ANP is now underway in Conwy as part of Integrated Care Funding
- The Care Home staff have been receptive and responded well to the ANP support to Care Homes and have identified for example that it has improved communication and confidence, that there is a quicker response to crisis calls, they find the weekly ANP ward round really beneficial for the residents and it has provided continuity of care.
- The GP feedback has been very positive, complimentary and encouraging. Examples are: it has diminished the number of GP Care Home contacts, it is a valuable service for the Care Homes with the provision of education to patients and care home staff, it has improved access to care and that the ANP has excellent clinical skills and judgement.
- Further feedback will be reflected in the full Service Evaluation including resident/ patient feedback. A Key Performance Indicator (January 2017-May 2018) brief overview report is inserted below demonstrating some of the outcomes of this project

Status / Additional Comments;

- The Central/South Denbighshire Advanced Nurse Practitioner (ANP) support to care homes has been in place for two years and is currently on-going- A full service evaluation will be available in July 2018.
- The ANP covers 14 Care Homes (Residential, Nursing and EMI in nature) spanning a 23 mile geographical area with a resident population of 350
- Developed in collaboration with Primary Care and Care Home Owners/Mangers/Staff.
- The ANP with having a District Nurse background has also been able to provide education, advice and support on tissue viability issues and correct use of equipment to meet the residents/patient needs in this area
- Moving forward one of the recommendations possibly coming from the ANP Care Home Service Evaluation would be the requirement to have two ANP's in post. This would allow for extension of the service to incorporate more homes thus further reducing GP visits. It would provide for example cover for annual leave and study sessions as currently during these times the workload transfers back to the GP's.

Evaluation; please see below

