



# Case Study

## Advance Practice Team

### The creation of an Advanced Practice Team led by a Nurse Consultant, expanding the clinical services offered to patients with frailty during Covid

#### Context

Petersfield Community Hospital is one of 4 community hospitals in Southern Health NHS Foundation Trust.

Jules Kerr, the Nurse Consultant for Petersfield Community Hospital was given support from his organisation to make clinical changes and developments appropriate to the local service. This local autonomy regarding clinical care has led to the development of an Advanced Practice Team. There has been investment in training for nurses and paramedics to enhance their skills and therefore the clinical offering of the hospital in all departments. This wider range of clinical support and increased availability of clinical expertise has proved to be an improvement on the previous arrangement of visiting medical staff, and also is thought to offer better value for money.

Jules is promoting the full spectrum of community hospital services, and the clinical changes made have increased the clinical offering of the community hospital. For instance, there has been an increase in the use of IVs and blood transfusions on the two wards providing sub-acute care. There are clear systems regarding patient choice, particularly with regard to escalation of care, and this is shown in the Trust's panel positive assessments of the hospital's compassionate care for patients at the end of life.

**“ We wrap the team around patients on admission. There is a much better flow in care. ”**

JULES KERR

The Minor Injuries Unit was upgraded to a busy Urgent Treatment Centre which is open 8am-8pm every day for patients with minor injuries and illnesses. It is estimated that there has since been a decline in minor injuries attendances at the main hospital.

The Rapid Assessment Unit was previously a clinic for people with Parkinsons. This has expanded its remit to patients with frailty, in response to the need and the GPs reporting that patients did not want to attend the acute hospital during covid. The motto of the unit is “assets not deficits.” The Unit is Consultant-led working with the team, with links to diagnostics and all local services. “It is now the heartbeat of the hospital” where patients are assessed and have a treatment and support plan. Jules reports that the feedback on the unit from the patients is 100% positive.

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## Outcomes/benefits

The development of the Advanced Practice Team is showing what can be achieved by integrating staff and services in a community hospital. The fact that the Nurse Consultant is responsible for all patients gives clear clinical accountability. The opening up of referral pathways has improved access to services. The recognition of the role of the community hospital in supporting people with frailty has clarified its role. The age criteria for Frailty was previously 65 years and over and is now 18 years plus, recognising the level of frailty in adults.

There was a focus on a project to create improved outdoor space for patients and staff, to enhance the experience of care. This was considered to have a huge impact on health and mental health for patients and staff. During covid, some staff were sleeping in the hospital. The garden project gave a focus for the local community and the staff – to create fresh air. There was even a wedding held in the garden for a patient who was dying. The garden gave a positive focus during the many challenges of covid.



“ We have become a Team. That is what Covid has done. It’s defined what a team is here.

JULES KERR

## Learning and sustainability

It was considered to be a bold decision to develop this new way of working, and the pressures of Covid accelerated this change.

“*Every Voice Matters*” – the way that the Team works is that everyone concerned with the patient has a voice.

The example given was that a concern from a porter about a patient may prompt an assessment. Another example was the levelling up that was experienced during Covid when everyone wore scrubs, eliminating any visual hierarchy. This was viewed as a positive impact.



### TOP TIPS

- Be brave
- Design your service based on local need
- Develop your Team
- Every Voice Matters



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The local autonomy given to the community hospital has meant that clinical services have been expanded and developed, and there is now a clear focus on patients with Frailty. The local decision-making also supported the initiative to create open spaces for patients and staff, and enhance the experience of care in Petersfield community hospital.

The Clinical Governance arrangements are that the Nurse Consultant is responsible for patients in the hospital. There is close working with medical colleagues both locally and in the main hospital.

## Next steps

The Advanced Practice Team is continuing to expand. Jules Kerr has been successful in bidding for funding for recruiting and training more Advanced Nurse Practitioners.

A 2 year plan (Covid Consequences) was developed for the community hospital and that is now being expanded at the request of Commissioners into a 10 year plan. This is being interpreted as buy-in with regard to sustainability. There is support for the community hospital to develop as a “hospital without walls.” Aiming to be a Centre for Excellence, and to improve the understanding of what can be offered in a community hospital.

Launch of a local Frailty Network, with significant support from stakeholders. Commissioners have provided some financial support for a Project Lead on Frailty.

**“ Community hospitals are brimming with expertise often untapped! The pandemic demonstrated the true place for them as a major team player in community care provision. Let’s be brave in the development of these wonderful places. Lets get it absolutely right for our communities.**

JULES KERR

## Contact



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