


Exeter Community Nursing Centre

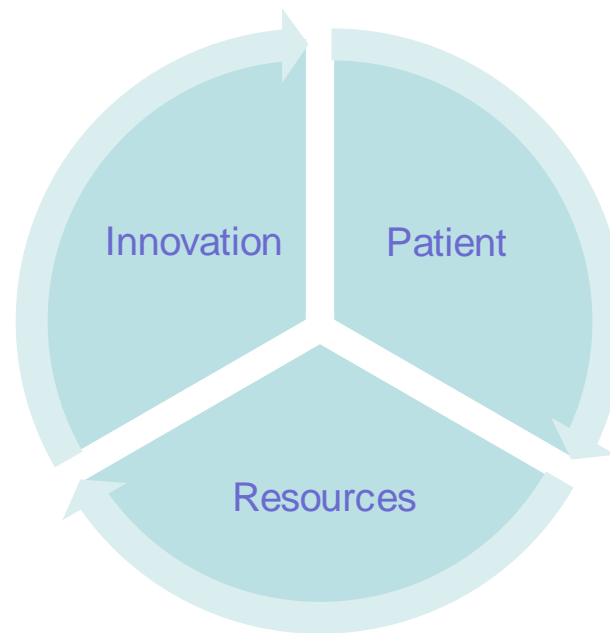
....within an integrated health and social
care community setting



Exeter's context

- 136 k population, urban and rural
 - Higher proportion of 85 yrs and over population.
 - Predicted population rise of 13% over 15 years
 - Unplanned admission rate continues to grow
 - Community nursing activity has increased by 20% in the last twelve months .
 - Complexity of activity has increased
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What made us change?




Why a Community Nursing Centre for Exeter ?

- Cohort of ambulant patients being assessed and treated at home by Community Nursing teams, as no other service had the skills and knowledge to deliver this care.
- Staff vacancies across all teams
- Unable to recruit successfully
- Challenge of staff retention



What is The Community Nursing Centre?


- Referrals are Community nurse led
 - Ambulant patients over 18
 - Mon- Fri 5 days a week-
 - Clinic setting in Exeter Community Hospital
 - 2 wte registered nurse, 1 wte A&C
 - 2 clinic rooms
 - Conditions- catheter management, wound management, IV therapy
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What have we achieved?


- April 2014 opened, @ capacity 3 months
- 159 patients on current caseload.
- Developed good communication with Out of hours , GP practices and Community nursing teams and other specialist services.
- Released staff time in core community nursing teams to focus on complex patient care, facilitating discharge and avoiding admissions .



Challenges of community delivery successfully addressed

- Lack of community nursing continuity on visits
 - Sickness rates
 - Travel time incurred
 - Patient delivery preparation on each visits
 - Patient non-compliance
 - Lack of patient empowerment- creating dependency
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How does the Centre optimise patient care?

- Patient empowerment
 - Patient compliance
 - Continuity of care- developing trust and relationships
 - Reduced staffing ratio for caseload
 - Improved wound healing rates
 - Reduced prescribing costs.
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Case study 1



Example of reducing prescribing costs

BEFORE

- Dermol 500 Bath Emollient
- Debrisoft
- Dermol 500 Lotion
- Metronidazole Gel
- Sorbsan ribbon
- Cutimed Sorbact
- Flamazine 1% Cream
- Aquacel Dressing
- Eclipse
- Non-adhesive foams
- CarboFlex
- K Soft Bandage

AFTER

- Dermol 500 Bath Emollient
- Debrisoft
- Dermol 500 Lotion
- Inadine
- Comfinett
- K-Soft Bandage
- Actico X 2

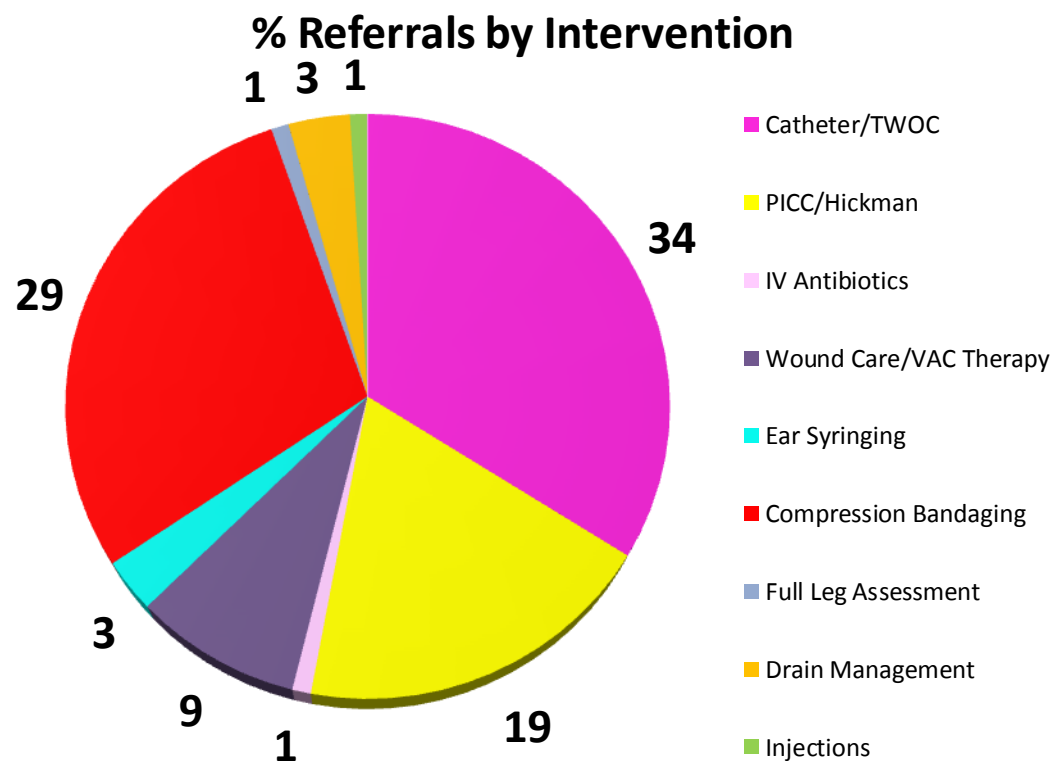
Case Study 2



BEFORE	AFTER
Complained of offensive smell/embarrassing	Reduced malodour
Painful	Reduced pain
History of infections => Antibiotic therapy	No infections in a year
Poor sleeping patterns due to pain	Sleeping well
Told it will never heal by Specialist service	Healing wound and improved eczema



% of Clinical Interventions



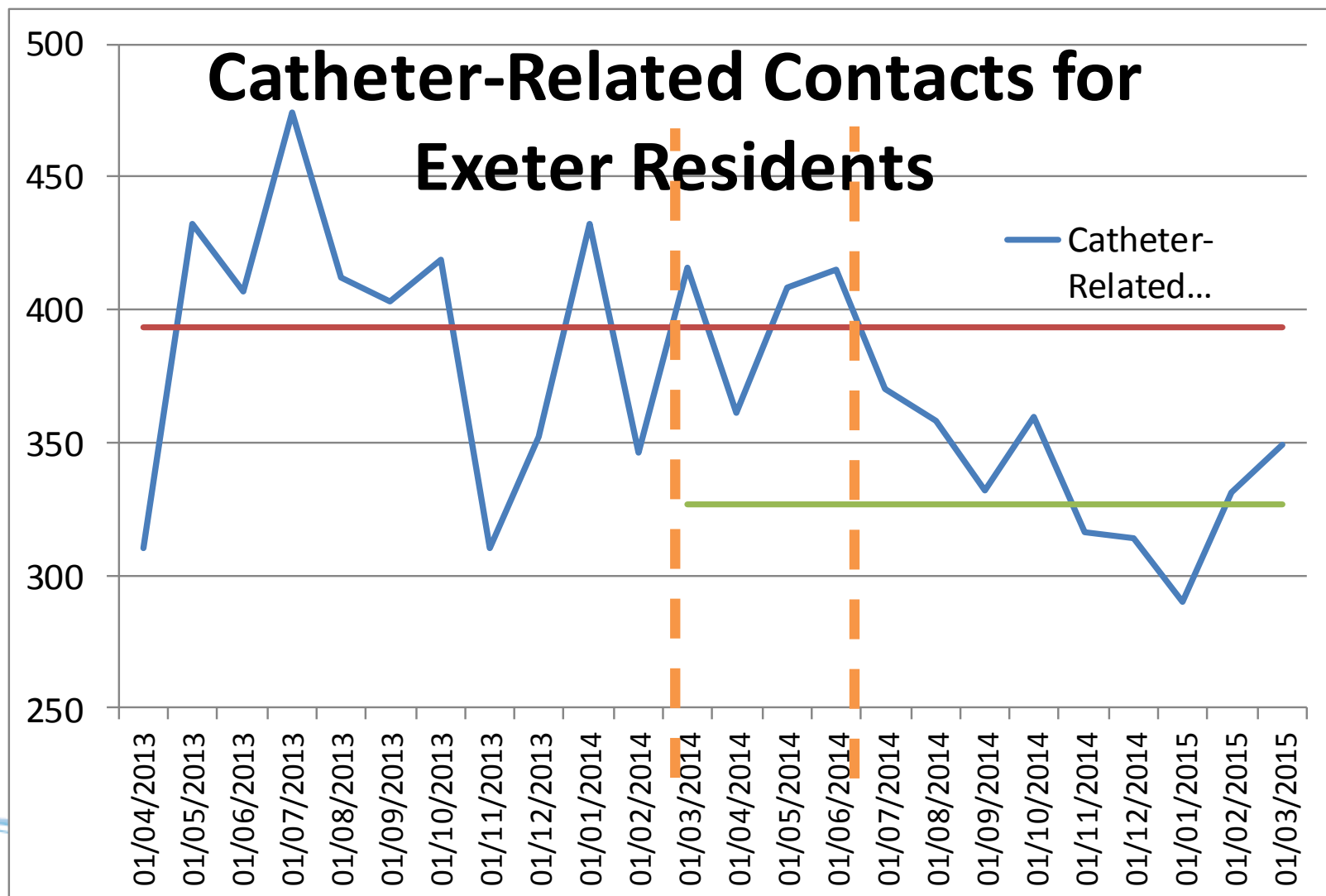
Areas of Efficiency generation

- Compression bandaging/ wound care
- Catheter management
- IV delivery
- Staffing time – visit/ documentation
- Travel time & mileage
- Equipment used



Annual efficiencies on Compression Bandaging & Wound Care through CNC Intervention

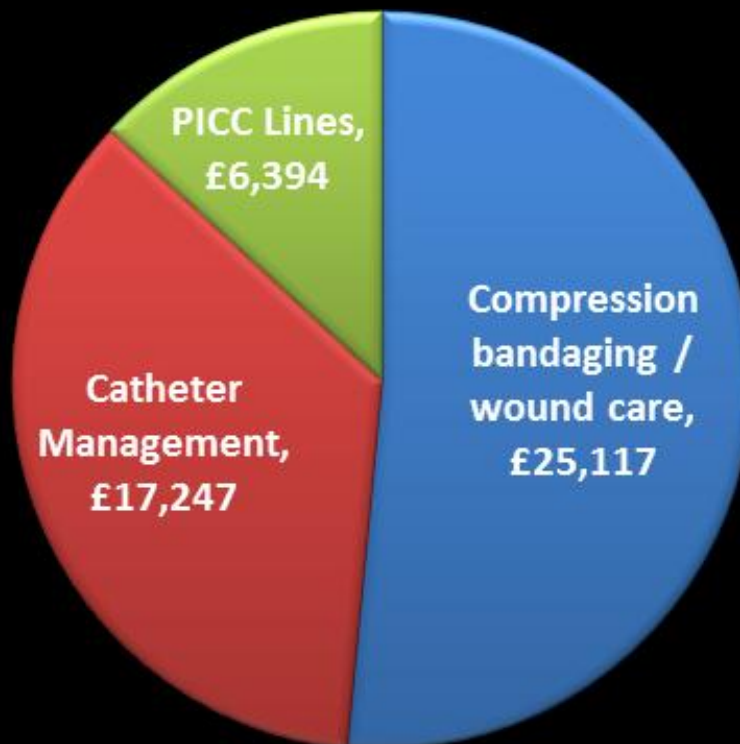




Annual efficiencies on Catheter Management through CNC Intervention

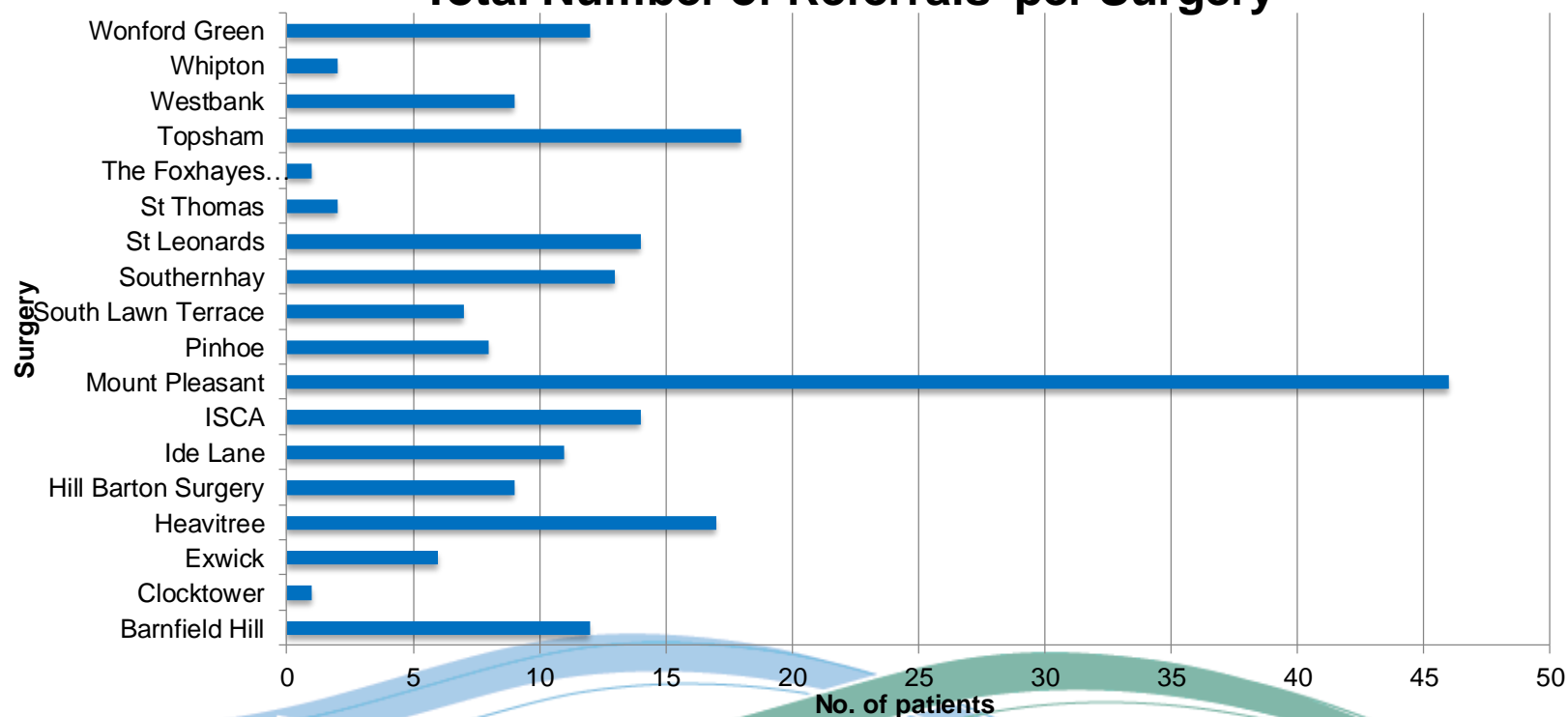


**Annual efficiencies as a result of the Community
Nurse Centre**



Rationale for expansion

Total Number of Referrals per Surgery



Future efficiency projections

- Referral pattern on the west side of the city is only @ 23%
- If the service was taken up equally on both sides of the City
- Efficiency delivery of £212k
- Extra 7 Band 5 community nurses to deliver complex care



Longer term vision

- Sustainable delivery model for expansion
- Template for Devon wide service transformation
- Care closer to home/ in the right place
- Empowered independent individuals
- Competency training hub
- Identify other clinical interventions that could be undertaken in the Community Nursing Centre

