Shared Care Protocols Review - Update

A series of Home Support Provider Forums have taken place over the past number of weeks as part of the Shared Care Protocols review. These have provided an opportunity for care providers to tell us what they think of the current system for delegation of healthcare tasks and training.

Thank you to everyone who attended – over 70 people in total – representing care providers from across the county. The information below will be shared with teams and commissioners from Oxford Health NHS FT and Social & Community Services as we continue to review the current model and work towards changes that will hopefully be beneficial to all.

Problems with the current system for delegation & training

**Accountability**
- Clarity is needed around who is responsible for signing-off competency for delegated tasks
- Who can care providers contact if they have concerns?
- Risk to clients while carers await training – who is accountable?
- Clarity needed so that care providers can hand back delegated task if DN unable to train immediately
- DNs refusing to pick up care if carers not trained
- District Nurses unwilling on occasion to provide training
- Providers feeling under pressure when DNs not accepting responsibility

**Client care and safety**
- Risk for client if care not provided because carers not trained
- What happens to the clients when no training completed?
- Impact on client dignity when carers being trained repeatedly (i.e. creams on groin / clients with confusion)
- Oral meds can’t always be ‘practiced’ on client so why does training need to be held with client
- Medications requiring carer training often finished by the time training is sourced
- DNs training with no knowledge of the client they are coming to deliver training for – is this appropriate?
- 6-week wait for TEDS training and client without care during that time
- DN trained staff that it is OK to half a Warfarin tablet
- 3½ months wait for training to use rectal plug
- Out of hours meds prescribed outside MDS – no training available

**Training**

**Quality**
- Variable quality & standard in training received
- Variable time take to deliver training, sometimes very quick / no written guidelines, other times training is more thorough and hand outs given
- Training should be consistent even with different trainers
- DNs may not have carried out some tasks themselves in the community for some time – what training do they have? How regular?
- Training questionable at times – carers telling DNs how to train
- Carers not confident to deliver care after some training from DNs
Very repetitive to have client specific training for the more common tasks i.e. eye drops / compression stockings / warfarin / creams
Why do all level 3 tasks need to be client specific? Levels need to be reviewed

Scheduling
Delays in co-ordinating training time with DN & all carers which holds-up care package starting; DNs have other pressures / capacity & resource issues and carers not always free at the same time
Client specific training not required for many tasks including eye drops; creams; stockings; inhalers; stoma care patches, meds outside the MDS
Client specific training is an inefficient use of resources
Difficulty sustaining package while waiting for training
Problems accessing training out of hours / weekends
Waste of carer time due to scheduling problems – DNs prioritising emergency calls etc. and carer waiting in client’s house for training
Some DNs restrict the number of carers they will train at any one time – leads to further delays
Other times, DNs will only train if there are a minimum number of carers present – not always possible for providers to facilitate this

Other
Negativity from DNs when training requested
DNs acknowledge to carers that client specific training is too much and question why carers need training for simple tasks
Sense that DNs have no time to deliver training – they should have adequate staff to do this
Poor training access from Physio and OT (orthotics & prosthetics)
Inefficient use of DN resources to only train ‘client –specific’
Mixed messages – why are some Nurse Managers allowed to train their staff and others not?
Providers have been failed

Logistics for Providers
Scheduling time for training to co-ordinate with DNs
Client-specific training very time consuming – big demand on time and impacts other work
Cost of training time
Cost to company of staff being trained over and over again for something
? Benefit to provider of paying training time for what may be a very small amount of DHT time funded
Covering rotas while training
Because of training delays, carers can’t deliver care, less productive
Delay in training completion if carers can’t be released for training
Pay difference between DNs and carers when carers delivering care for DNs – pay should be sufficient for providing support with healthcare tasks
Mixed messages – why are some nurse managers allowed to train on DHTs?
If things change and agencies can train themselves, will there be a pressure for agencies to employ nurse trainers.
Not able to send all carers to training session together as they have other clients to cover – not good use of DN time to have to organise multiple sessions

Knowledge and understanding of SCP
Everyone needs to fully understand shared care protocols.
DNs sometimes say that they don’t quite know what to cover in training – care provider manager prints off protocols so carers can have this with to give to the DN
GPs not understanding shared care protocols.
DNs do not always know if it is their responsibility to train.
Families not understanding that carers need training on creams, Warfarin, inhalers etc. before they can deliver the care – can lead to tension if carers in the home but can’t give meds or deliver other delegated task

_Hospital Discharges_
No detailed discharge summaries from Hospital
Some DHTs not identified on discharge – unknown to care provider when they pick up the care
Difficult obtaining blister packs for meds on discharge

_Border areas_
Care providers working across county boundaries us different systems for Oxfordshire / non-Oxfordshire clients – other systems seem less burdensome / less bureaucratic and result in more seamless transfer of care
Access to training on new border areas can be more problematic as GPs not aware of shared care protocols

_Communication_
Service requisitions not always detailed enough.
Poor communication / no whole-system working – makes transfer of care from hospital / DN more complicated and time-consuming.

_Care Plans_
Consistency of care plans is poor- variable in accuracy and detail
Often no care plan provided for the DHT

_Suggestions_
Consider weekend training availability
Care providers with qualified nurse trainers in-house should be able to use them to train in shared care protocols
DNs very busy – designated nurse trainers would feel better and improve accessibility of training
Train ‘trainers’ within care providers to be able to train their own staff for routine tasks – these trainers would not necessarily be nurses
Induction training course to explain SCP would be helpful for new carers
Block days/day for basic needs to training i.e. Warfarin, stockings, creams
Induction training could cover more commonly delegated healthcare tasks
Why not have a whole day course on Full training relating to clients issues.
Put details on Source Oxfordshire on who to contact for training for localities and complex healthcare tasks
Model should be that DNs should be delivering the care – not by care providers.
Prioritise i.e. catheter care doesn’t need training but applying a cream does
Why is Oxfordshire the only County that does this?
Do we need SCP at all?
Train once and properly, then this knowledge can be used with other clients
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<thead>
<tr>
<th>What works well with the current system?</th>
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<tr>
<td><strong>Governance – Reference Point</strong></td>
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<td>Shared Care Protocols are a good reference point.</td>
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<td>Good for checking what providers cannot do (useful to tell clients) e.g. cutting nails, suppositories.</td>
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<td>Person-centred and takes the needs of the clients into consideration.</td>
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<td>Client safety is better with a framework for delegation and training</td>
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<td>Protects care staff</td>
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<td>Standardises practice</td>
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<td>Safeguards the company and service users</td>
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<td><strong>Workforce Development</strong></td>
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<td>Opportunity for carer’s work record to contain more training records – increases knowledge and skill</td>
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<td>Contributes to staff training portfolio and professional development; learning and utilising a more diverse range of skills</td>
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<td>Aids and develops knowledge about care standards</td>
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<td>Gives carers more responsibility and confidence; no need for client to wait for DN to apply creams / deliver bowel care etc. which may put client in distress if not completed at the right time</td>
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<td>Empowers carers</td>
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<td>Career pathway</td>
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<td>Ensures tasks are carried out correctly and competently</td>
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<td>Carers will do task properly and they will be able to communicate any problems that may occur/arise because they have been trained</td>
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<td>Person-specific training can be a good thing as it provides education to each person, carers have some knowledge of what to look for</td>
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<td>Care providers can ensure that quality care is given to the client</td>
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<td><strong>Shared Care Team offer good support</strong></td>
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<td>Presence of nurses at training in clients home can be a positive experience for clients - offers reassurance to the clients about the training / delegation of the healthcare task</td>
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<td>Opportunity to build relationships with other healthcare professionals</td>
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<td>Contact point for carers and DNs for specific clients</td>
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<td>Builds relationships with DNs</td>
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<td>Support available from key HCP to support client and care provider</td>
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<td>Carers feel part of the MDT in supporting the client to live at home</td>
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<td><strong>Accountability – framework for providers</strong></td>
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<td>Accountability for providers and helps to manage risk – specific tasks for specific s/users and training</td>
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<td>Provides reassurance to service users - “we may be carers but provide good care”</td>
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<td>Healthcare tasks clearly identified</td>
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<td>Reassuring for carers to know that training will be provided</td>
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<td>Gives carers a better understanding of what, why and how in relation to healthcare tasks</td>
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<td>Consistency: enables all providers to work within the same framework</td>
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<td><strong>Benefit for clients</strong></td>
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<td>Enables care staff to care for people with complex needs and enables those people to continue to live at home</td>
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<td>Clients benefit from having staff they know and trust providing more complex care i.e. PEG feeding</td>
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<td>Enables client choice of where they live</td>
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Safety of clients
Client has better continuity of care by having regular carers who are able to meet all of their needs, rather than several professionals visiting to complete those care interventions
Enables clients to lead “normal” lives

Manages expectations – clarity
Protocols are clear and explicit
Consistency for carers / agency
Explains specifically what you can and can’t do
Consistency between carers and clients as to what is expected
Tasks are grouped into levels – helpful

Data collected at:
Witney, 17th February 2014
Banbury, 20th February 2014
Knights Court, 24th February 2014
Abingdon, 24th February 2014