Remodelling the provision of bathing assessments in Northumberland

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Box 1: Big Picture Success Story

The SIP has enabled the service to critically evaluate and transform the service provision of bathing assessments in Northumberland. Implementation of the refreshed service delivery method has required a shift in resources and collaborative working within the community health and social care NHS trust in Northumberland.

The waiting list for a bathing assessment has been reduced from six months to a working week in most cases.

The previous service delivery method consisted of an assessment visit, equipment delivery by a loans service and a follow up fitting / demonstration visit. This meant that the patient had to wait in on three occasions.

By purchasing a small van and changing service delivery methods, three visits have been reduced to a single visit. This has reduced contact time, waiting time, and travel time.

Having one group of staff completing all the assessments has also ensured standard work along with skill mixing the non complex tasks to band 3 staff rather than bands 3 – 7.

The service required capital costs of approximately £20,000. In return it produces efficiency savings of approximately £40,000 per annum through reduced staff time.
Box 2: Service Context

Northumberland Care Trust is a community health and social care NHS trust, offering the opportunity for integrated collaborative working. However, prior to 2010 bathing assessments in Northumberland were provided by community matrons, district nurses, social workers, occupational therapists and support staff. This resulted in an inconsistent approach to assessment, provision and education.

This project has worked to ensure that residents of Northumberland have a fair and equitable access to an assessment for bathing and provision of equipment necessary to ensure safety whilst performing this task. This has been achieved through developing the Community Rehabilitation Service (CRS) in Northumberland.

The CRS consists of physiotherapists, occupational therapists and support staff. It specialises in facilitating hospital discharge, admission prevention along with maintaining independence as far as possible in the community. This can be through rehabilitation programmes, exercise and education groups, and by provision of equipment.

Box 3: Strategic priorities to be addressed by the SIP

The improvement aims were to offer and equitable, high quality bathing assessment service and for this service to been efficient and cost effective. Specifically:

- To reduce the waiting times for bathing assessments
- To create a ‘standard work’ procedure ensuring that a consistent approach to bathing assessments was created
- To reduce the number of organisational visits was reduced from three to one
- To ensure that the most cost effective group of staff were carrying out the procedure
- To coordinate the booking system for bathing assessments, across teams and in the most efficient way possible
- To provide a high quality, timely response to service user demand
- To open up the access to the service to self referral
- To increase awareness of the service to the greater public, community colleagues, GPs etc

Box 4: What we did and what we changed as a result of the SIP

Working with stakeholders, the service has been transformed by:

- Centralising the assessment booking system
- Purchasing two small vans to carry bathing equipment and reduce the need for multiple visits
- Offering training opportunities to staff to enhance skills and variety
- Monthly steering group meetings with staff to support them through change
- Negotiations with colleagues in nursing, social care, and the loans service
- Presentations at local older people forums to gain feedback and comments
**Box 5: Demonstration of achievements (results/findings)**

*Improvements have been delivered across a number of areas.*

Publicity and positive word of mouth has led to an increase in the number of referrals in the last three quarters (chart 1). This in turn represents increased access to the service.

**Referral numbers**

![Chart 1: Showing an increase in the number of referrals for a bathing assessment](chart1.png)

**Average wait (days)**

![Chart 2: Showing a reduction in waiting times following the implementation of the new bathing assessment service](chart2.png)
Despite the increase in referral numbers, the waiting time for the service has continued to decrease. See chart 2.

These reductions in waiting times are thanks largely to a more efficient service. Previous an assessment would require a mean average of 2.86 visits. Now the same assessment and provision of bathing equipment takes place in a mean average of 1.93 visits with many only requiring a single visit. This represents a 33.5% improvement in basic efficiency. In addition is the saving from reduced travel and more appropriate use of the skills mix.

This has led to a financial saving of circa £40,000 per annum (5.6% of the CRS budget) through reduced staff time and travel costs. The majority of which has been re-invested in other aspects of rehabilitation.

In addition to improvements in efficiency, service user satisfaction has improved greatly, which can be demonstrated following a service user satisfaction questionnaire.

Chart 3: Service user satisfaction before and after remodelling

In additional to identifying general satisfaction the survey also produced personal feedback, such as:

- “The service was 100% I couldn’t fault it”
- “I would definitely recommend this service to others”

Box 6: What have been the benefits?

The changes we have made will bring benefits to our stakeholders by……

- Access to the service has been opened up to self referral which should enable easier access to bathing assessments at a more appropriate time.
- Consultations with service users via older peoples forums and service evaluation postcards supports the development of a bespoke service.
- Utilising band 3 staff to complete non complex assessments has significantly supported the reduction of the social care occupational therapy waiting lists. By assessing against the Fair Access to Care Standards (FACS) the bathing service is able to provide the most cost effective piece of equipment to enable safe personal hygiene.
- Engagement with community nurses has enabled us to expand the service delivery process thus standardising the assessment process as far as possible.
- Training opportunities for band 3 staff with regard to bathing assessments has enabled development and expansion of skills.
- Increased collaborative working within the health and social care trust facilitates robust patient / client care.
- Regional recognition of the service through winning the Bright Ideas in Health award for Innovation has promoted the organisation regionally.

**What next?**

*The service will continue to improve by:*

- Ongoing monitoring of performance and ensuring service targets are met with regard to response times, outcomes and goals achieved.
- Ongoing monitoring of service user satisfaction and responding to feedback.
- Further evaluation of equipment provision and timely recycling
- Share learning with North East Allied Health Professionals at the regional forum
- ‘Marketplace stall’ at the AHP conference nationally
- Increasing local and awareness of the through publicity and service promotion.

**Project Outcomes**

*Other services can achieve what we have achieved by……*

- Ensuring effective communication with all staff, especially those involved in the change process.
- Maximising staff potential for development
- Encourage transparency and an open culture for ideas and change
- Set realistic small achievable targets along the way
- Don’t give up, keep a steady message going