NHS
East London
NHS Foundation Trust

Tower Hamlets Community Health Services Directorate –

Consultation on proposal to merge In-Reach Nurse and Older People Clinic

Consultation Response

Dear Colleagues,

I am writing to you following the end of the consultation period with staff regarding the proposed organisational change to the Consultation on the Proposals for the merge of In-Reach and Older People clinic.

The formal consultation process commenced on the 2nd September 2024 and consultation documents were made available to the staff directly affected as well as the rest of the team. The consultation ended on the 7th October 2024. The consultation paper and associated documents were made available on the Trust Intranet. Support measures such as highlighting the availability of the Trust's Employee Assistance Programme was offered.

The purpose of the consultation was to provide staff with an opportunity to consider the proposal and respond with comments and feedback. An open consultation meeting was held virtually on 9th September 2024, chaired by the Therapy Manager of Tower Hamlets Community Health Services, accompanied by the People Business Partner for Community Health Services, and all staff were invited to attend with their union representative. Two staff members currently on Maternity Leave were contacted via their personal phones to inform them of the proposed changes and a letter was sent to their home address to invite them to participate in the open consultation process as well as in individual meetings that were arranged for them. The purpose of the meetings were to go through the consultation document together and provide staff with the opportunity to ask questions and provide feedback and comments on the proposals. Individual meetings with staff affected by change commenced week beginning 11th September 2024 and information was given to individuals on request throughout the consultation period. A summary of the proposal was shared with the Geriatricians and Service Manager of Older People Clinic at the Royal London Hospital and they have provided suggestions and recommendations, which were also included on this response.

I would like to take the opportunity to thank those that responded to this proposal.

There were two written responses received during the consultation process, majority of the feedback were received during the individual meetings. All feedback has been carefully considered and responses to themes are set out below.

- **What happens to staff who are on flexible working arrangement and are working part-time, would they be required to work full time if slotted into the full-time post? Considerations must be made to continue to support staff with current work arrangements.**

The Trust has a Work-Life Balance Policy. This policy is designed to support staff in balancing personal and professional commitments, particularly for those working reduced or flexible hours. Staff who are on part time hours will in most cases be aligned to part time roles where possible. Staff who wished to work reduced hours are required to submit a formal application for flexible working. This application is reviewed by the line manager and staff are informed in writing if their request is accepted or rejected. Approval for flexible working arrangements is contingent upon the needs of the service and in line with the Trust's Work Life Balance Policy that all flexible working requests should be reviewed on a quarterly basis to ensure that the flexible working pattern is working for both parties. While the Trust supports a work-life balance, decisions regarding flexible working must align with operational requirements.

The Trust will consider the individual's current working arrangements and continue to support their flexible schedule where possible. Staff will be required to submit an application for flexible working and this will be reviewed in accordance to the Work-Life Balance Policy. Each situation will be reviewed on a case by case basis to assess if the flexible arrangement can be maintained. Staff should engage in discussions with their line manager to determine how their working hours can align with the requirements of the new post.

- **Staff currently on Maternity Leave may not be able to work full time following return from Maternity Leave, how would this be supported?**

  The Trust is committed to supporting staff in maintaining a healthy work-life balance, especially during life events like returning from Maternity Leave. Trust's work-life balance policy ensures that staff have options to adjust their working patterns to better fit their personal needs and responsibilities. If a staff member returning from Maternity Leave, cannot work full time anymore, they are encouraged to submit an application for flexible working. This allows them to request for V-time (voluntary reduced working time) in line with the Trust's work-life balance policy to reduce working hours temporarily. Other ways to work flexibly is available through other adjustments to their work schedule, such as part-time hours or flexible start and finish times. Once the flexible working application is submitted, it will be reviewed in line with the Trust's work-life balance policies and the application will be assessed considering both the individual's needs and the operational requirements of the service. While the Trust is supportive of work-life balance, the line manager will need to ensure that the proposed arrangement can be accommodated without compromising the service.

- **What training will be provided to ensure staff are able to discharge their roles both in the In-Reach Team and the Older People Clinic?**

  Before staff are assigned to their new roles in both the In-Reach and the Older People Clinic, their skills, competencies and familiarity with the standard operating procedures (SOPs) for both pathways will be assessed. Any gaps identified through a

training needs analysis will be addressed through an individually tailored training programme, with competencies signed off prior to deployment in the part of the role that will be new. This ensures that all staff have the necessary skills and knowledge to work effectively in both areas.

The role in the Older Person Clinic will require a set of essential assessment skills, which all physical healthcare nursing staff will receive training in. This includes:

- Blood test : ensuring staff are proficient in taking blood samples safely and accurately
- ECG : training in performing ECG and understanding the results
- Comprehensive Geriatric Assessment: equipping nursing and therapy staff with the skills to conduct a full assessment of older patients, covering physical, cognitive, and emotional health.
- Basic observations and NEWS scoring: taking and recording vital signs, such as blood pressure, temperature, and heart rate, and using the National Early Warning Score (NEWS) system to assess patient deterioration.

To ensure confidence and competence, staff will receive ongoing support from senior colleagues and supervisors. Regular updates and refresher courses will also be offered to maintain high standards in both pathways.

- **The majority of staff support the joining up of the In-Reach service and Older Person Clinic and strongly believe that the change will assist with staff cover during unplanned leave as well as reduce agency cost spending.**

  We are pleased to hear that majority of staff recognise how the proposed changes will help manage unplanned leave and optimise utilisation of staff resource effectively and reduce agency spending. By working together to implement this plan, we can ensure better coverage, improve continuity of care, and create a more sustainable staffing model. Your support is crucial, and we are committed to making these changes as smooth and beneficial for the team as possible.

- **Why was the consultation conducted now while staff are on Maternity Leave? This has caused unnecessary stress for the staff. It would have been more appropriate to postpone the consultation until they had returned from Maternity Leave.**

  We understand and empathise with the concern that the timing of this consultation has caused additional stress for staff on maternity leave, and are sorry for the concern and discomfort this may have caused. However, this organisation change could not be postponed so as not to delay the positive impact of the proposal on patients on the frailty pathway and the contribution of the proposal to the Trust's financial targets, thus ensuring long-term stability for both the service and our staff.

The Trust's Policies on the Management of Organisational Change were they applied to staff in relation to maternity were closely followed and all efforts to lessen the concern and stressed caused were undertaken. This was to ensure that those staff have the same right and opportunity to engage, share feedback, and be part of the decision-making.

- **The new proposed role of developmental B7 to B8a Advanced Care Practitioner (ACP) Trainee Physiotherapist is highly welcomed.**

  The recognition of the potential of having the ACP Frailty Physiotherapist in the community to enhance the skills and expertise within our community teams was gratefully noted. The development of Advance Practice physiotherapist will ensure that services in Tower Hamlets are equipped to manage frail patients effectively and provide comprehensive care. This initiative will help maintain the high standard of care across our community services, ultimately improving patient outcomes and the overall quality of care we deliver.

  This support is crucial to making this role a success, and together, we can continue to build a skilled and resilient team.

- **How would the managerial duties be shared between the existing Team Leaders at B7 level? Who will take lead on managing health roster, risk registers, day to day running of the service? How would the supervision structure look like?**

  The supervision structure will be reviewed to ensure that operational management duties are shared effectively between the Team Lead and the ACP Trainee. The day to day management tasks, such as overseeing the health roster, managing the risk register, and ensuring the smooth running of the service, will be distributed between the existing B7s and the ACP Trainee. This collaborative approach will allow the team to function more efficiently while supporting leadership development within the team.

  The supervision structure will be designed to ensure appropriate oversight and support for both clinical and managerial aspects, with the Team Lead providing guidance for operational matters and the ACP trainee gradually taking on more responsibility as they progress in their role. This distribution of duties not only promotes shared responsibility but also helps foster leadership skills and career progression within the team.

- **Would the Trainee ACP B7 Physiotherapy role be focusing primarily on community frailty across the community teams?**

  The Trainee ACP Physiotherapist role will primarily focus on managing community frailty across the Tower Hamlets Community Health Services provided by ELFT teams. This role is essential in providing specialised expertise in this area, which is increasingly important as we aim to enhance the quality of care for our frail patients.

The Trainee ACP will share responsibility with the Team Lead in managing daily operations of the service. This collaborative approach ensures that the expertise of the Trainee ACP in frailty management is integrated into the daily functions of the teams. Together they will work together on developing strategies and implementing best practices that address the needs of frail patients effectively.

- **What clinical support can be provided for the Trainee ACP Physiotherapist and who will be the main supervisor to support in upskilling the role?**

  The Trainee ACP Physiotherapist will receive clinical support to ensure they develop the necessary skills and confidence in their role. This support include:

  - The primary supervisor for the Trainee ACP will be the Therapy Manager and Geriatrician in OPC with external link to wider Frailty working together group in NEL and SWL frailty workforce. They will provide direct oversight and mentorship, guiding the trainee in clinical practice and decision making processes.
  - The Trainee ACP will have scheduled supervision sessions with their main supervisor to discuss clinical cases, reflect ton practice, and receive constructive feedback. Moreover, attends the focus group meeting to help in identifying areas for further development and ensuring continuous learning.
  - The Trainee ACP will have access to additional resources within the trust, including training programs, workshops, and peer support groups. This will enhance their knowledge and learning and skills in managing frail patients and other relevant clinical areas.
  - The Trainee ACP will be encouraged to engage with other healthcare professionals within the community teams, fostering collaborative learning and sharing of best practices.

- **Is there a binding clause in the ACP Trainee contract that requires staying for 3-5 years after the completion of the course? If so, this is not acceptable.**

  The Trust does emphasize the importance of continuing employment with the Trust until the course is completed, as this ensures continuity of care and allows the trainee to apply their learning effectively in our service. However, there is no binding commitment in the ACP Trainee contract requiring to stay after completing the course. The intention of the contract is to support staff professional development while allowing flexibility in career path after training is completed.

- **How do we make sure that the Older Person Clinic (OPC) Mental Health Nurse cover which will be provided for by the Rapid Response Mental Health Nurse continues to complete a comprehensive assessment which includes mood and cognition assessment as well as liaising with the Mental Health services regarding referrals, diagnosis, and their overall input?**

  The B7 Rapid Response Mental Health Nurse will bring senior expertise to both the OPC and In-Reach services by providing advanced mental health assessments and interventions, where there are urgent concerns and risks. They will be able to provide expert advice and will have contact with the consultant psychiatrist in the rapid response Multidisciplinary Team.

If there are no urgent concerns/risks onward referrals will need to be made by the person who identified the mental health concern or memory problem. Which could be a copy of the OPC discharge letter with details of the mental health or mood concern, to mental health services. The mental health nurse will help in-reach nurses and OPC staff triage and provide advice on referral pathways, which will best meet the patients' needs.

Extended Primary Care Team (EPCT) staff can liaise with the locality Mental Health Nurses for support, as they currently do. The Mental Health nurse will not be able to routinely see and screen every referral for mood and cognition and manage their onward referrals or liaise with Mental Health services regarding diagnosis and input. All staff have access to Rio via the East London care record. If they are not able to find the information needed they can ask the Rapid Response Mental Health Nurses or Integrated Care Operational Lead to liaise with the Mental Health Service involved.

Provisional work plan to be reviewed in 6 and 12 Months.

Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
OPC/INREACH. Non falls referrals clinic 2nd Monday OPC/Inreach MDT	Rapid Response 9am handover 10-11.30 Integrated care MDT	OPC Assessments	Rapid Response 9am handover. Rapid response patient assessments	Admin/home visits
OPC patient assessments	Rapid response patient assessments	OPC Assessments	Rapid response MDT Rapid response assessments	Admin. Stat/Mand training Reports Onward referrals

- **There is a concern regarding the rotation of physical health nurses to cover both In-Reach and OPC roles. This will not provide consistency for OPC cases, where continuity is crucial in following patients in the community and coordinating care. Having different nursing staff involved may disrupt the quality of care and continuity of these patients.**

  The importance for consistency in care, particularly for OPC cases where continuity is crucial for following patients in the community and coordinating care is fully understood. To address this concern, a model will be implemented that has a lead nurse for each pathway. This lead nurse will be responsible for ensuring continuity and consistency of care, particularly in liaising with key partners such as geriatricians

and other healthcare professionals within the OPC. This role will ensure that patient care is coordinated effectively, even when staff rotate.

Regarding the rotation of physical health nurses between In-Reach and OPC roles, this rotation is necessary to ensure that all staff gain and maintain the appropriate skills to cover both pathways, which ultimately supports service flexibility and improves resource utilization. However, it is acknowledged that there needs to be a balance with continuity of care for OPC patients. To manage this, rotations will be planned carefully so that any transitions are smooth and do not disrupt the quality of care.

Additionally, the lead nurse will oversee the patient's journey through the OPC and In-Reach pathways ensuring that even with different staff involved, there is clear communication, comprehensive reporting, and consistent approach to patient care.

By combining the benefits of rotation of a dedicated nurse for each pathway, we aim to provide both high quality, consistent care and a well-supported, skilled workforce.

- **At the moment, OPC staff work remotely and only have 2 hot desks in the Town Hall. It would be good to have an office to improve collaboration within the team, improve job satisfaction and allow people to solve day to day issues by liaising with colleagues.**

  Patient-facing roles on-site are important for more efficient coordination within the service and better management of caseloads. Being on site enables closer collaboration among team members and ensures that issues can be addressed quickly through direct communication especially when there is staffing pressure.

  To support this, the possibility of increasing desk space, particularly at the Town Hall Reablement offices, for more hot-desking options for staff especially for those covering OPC is being explored.

- **Why is there only one physical nurse post offered as an option to be slotted in? What happens if you do not accept the post option?**

  The current post being offered is the only identified suitable alternative role within the proposed structure. The post aligns with the skills and responsibilities of a B6 RN Nurse. This role has been carefully reviewed and identified as a job match for staff at risk, ensuring that it fits within the scope of their qualifications and experience.

  We understand that having only one post available may raise concerns, but please be assured that other suitable vacancies that became available was offered as potential options for staff at risk. Staff at risk do have the opportunity to join the Trust's redeployment register, where they can be supported by People & Culture Redeployment team to look for other suitable alternative roles Trust wide.

  If staff choose not to accept the identified post, regards as suitable alternative employment, they may forfeit their right to redundancy payments under the Agenda for Change NHS Terms and Conditions of Employment. However, we will work closely

with staff through the Trust's redeployment process. This includes exploring other roles and options, while ensuring you are supported throughout the transition.

- **What is the trust redeployment registry?**

  Redeployment register is a register of redeployees' skills, education and experience, maintained by the People and Culture department that is used for the process of assessing vacancies for potential suitability. Staff at risk have the opportunity to join the Trust's redeployment register to explore other suitable alternative employment opportunities.

- **How will the new team work regarding covering OPC 3 times a week? How will the home visit be carried out?**

  The caseload will be prioritised based on the clinical needs of the patients. This can be guided by urgency, complexity, and the impact on the patient's health outcomes. Patients will be allocated into relevant care pathways, such as frailty, rehabilitation, discharge planning, and palliative care. This will help streamline which patient needs nursing, therapy, or mental health input allowing staff to work according to their specialised skill sets. Based on the pathways, allocate patients to the most appropriate staff members and ensure that staff are assigned based on their capacity and expertise, with considerations of how many home visits or in-clinic duties they can cover within their weekly schedules.

  Patients who are frail, housebound, or unable to attend in-person clinic assessments due to medical or functional limitations will be prioritised for home visits. The home visit ensures that nursing and therapy assessments can be conducted in the patient's home environment, providing valuable insights that may not be apparent in a clinical setting. Ensure that any required nursing and therapy assessments are completed prior to the patient's clinic visit with the geriatrician. These assessments should be thorough, focusing on the patient's current health status, medication management, functional abilities, and any safety concerns in the home. A rotating schedule will be designed for nursing and therapy staff to handle home visits, ensuring there is adequate coverage and a fair distribution of workload. These visits can be coordinated with the clinic days to ensure timely feedback to the geriatrician before their review.

  Since the OPC runs three times per week, a SOP will be developed to ensure the team is structured to provide consistent and effective coverage for these clinics. A rota will be created where the team members cover the clinic on specific days, balancing the caseload between facilitating hospital discharge, clinics, and home visits. On clinic days, prioritise patients who require in-person assessments and reserve time slots to follow up based on their care pathway. Staff who are conducting home visits must synchronise their findings with the OPC team for a comprehensive review of each patient's care plan.

  The new team should focus on close communication and collaboration between ward nurses, therapists, geriatrician, and transfer of care hub. Regular meetings or case conference can help ensure everyone is updated on patient progress and caseload distribution to ensure there is flexibility in cross-coverage if patient requires multi-

discipline input so that urgent cases can be handled without disrupting the balance between home visits and clinic responsibilities. The team will utilise a shared scheduling system to ensure each team member is aware of their responsibilities for the day.

Conclusion:

Thank you to everyone who contributed their valuable ideas during the consultation process. Your input has been carefully process and will play an important role in shaping the final design of what we implement. The changes will be introduced gradually, and we will work closely with staff to develop a detailed implementation plan with your continued support and input.

The next steps are:

- Notify In-Reach and OPC staff of the final structure by 28th October 2024
- Job matching and slotting in process from 28th October 2024
- Create a detailed implementation plan with staff. Identify key tasks and set clear timelines whilst prioritising the most critical actions that need to be completed first to ensure a smooth and effective implementation of the changes.
- A meeting to review the changes will be arranged for mid- January 2025
- Review any ongoing flexible working arrangements between staff and line managers to ensure it is still fit for purpose.

Steps to support the proposal:

- Create a SOP for the integrated service by 18th November 2024
- Check all staff competencies in conducting comprehensive geriatric assessment, use of ECG, checking observations, taking blood test, and ordering equipment to facilitate discharges.
- Competency checks and training to commence from 4th November 2024
- Agree on standardising clinical assessment to be compliant with documentation standards.
- Agree on placed based internal process in ensuring communication within the team is maintained effectively and efficiently.

If you have concerns or queries regarding this document, then please do not hesitate to contact me. I appreciate that this is a difficult process but want to thank you for your contribution and understanding.

Yours Sincerely,

Eleanor Mata
Therapy Manager,
Tower Hamlets Community Health Services

Enc: Work Life balance policy
CC: People Business Partner