Isle of Wight NHS
NHS Trust

PRACTICE PROFILE

Area	Location	Contact Number
INTEGRATED COMMUNITY NURSING SERVICE The Island is divided into 3 localities. Students will be allocated to a specific locality but maybe required to work at another base in that locality. **Please contact your locality base before placement to discuss which area you have been assigned to before making any arrangements.**		
West and Central	This locality has 2 bases, one in Newport and one in Freshwater. The team covers Freshwater, Yarmouth, Cowes and the Newport area, encompassing Brookside Health Centre, South Wight (Brighstone) Medical Practice, Cowes Medical Centre, Newport Health Centre and Medina Healthcare - West Street Surgery.	**West and Central** 01983 534323 westandcentral.communitynurses@nhs.net **Main office** located at: The Cottage St. Mary's Hospital Newport Isle of Wight PO30 5TG **Freshwater** base located at: Brookside Health Centre Queens Road Freshwater Isle of Wight PO40 9DT
North East	This locality has 2 bases which are in Ryde and East Cowes. The team covers East Cowes, Ryde, St Helens, Havenstreet and Bembridge, encompassing East Cowes Health Centre, Medina Healthcare - Wootton Surgery, Tower House Surgery, Esplanade Surgery, Argyll House Surgery and St Helens Medical Centre.	**North East** Tel: (01983) 552533 or 611534 Iownt.northeast.communitynurses@nhs.net **Main office** located at: Health and Well-being Centre Pellhurst Road Ryde Isle of Wight PO33 3BS **East Cowes** base located at: East Cowes Health Centre Church Path East Cowes Isle of Wight PO32 6RP Tel: (01983) 552509)
South Wight	This locality covers Sandown, Shanklin, Brading, Ventnor and Niton, encompassing The Bay Medical Centre, Ventnor Medical Practice, Ventnor - Grove House Surgery and South Wight (Niton and Godshill) Medical Practice.	**South Wight** (01983 534050) sandown.communitynurses@nhs.net **Office** located at: Next to The Bay Medical Centre The Barracks Sandown PO36 9GA

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Business Unit	Community Division	Annual Review of Profile due	July 2022
Head of Nursing and Quality	Jenny Edgington	Locality Education Lead (Community Nursing)	Anne-Marie Phillips (01983) 552458
Education Link		Nicky Ridley (nicola.ridley4@nhs.net	
Education Link Contact Details		Tel: (01983) 822099 Ext 5354 Mob: 07825 948574 Education Centre	
HEI Representative		University academic assessor	
HEI's using this Learning Environment		University of Southampton/Portsmouth University/OU	
Learning Environment Mission Statement		My Life a Full Life - better care closer to home.	

LEARNING ENVIRONMENT PROFILE

General Information	http://www.iow.nhs.uk/Working-With-Us/learning-zone/student-welcome.htm New stucture 20 09 17 V6.docx **Locality Management Structure**
Description of Service and Client Group	The Integrated Community Nursing Service provides an Island wide, locality based, person centred service for people who require nursing care in a community setting from 8 am until 8pm daily. Community Nurses provide a range of services to meet the needs of the local population, in or as near to their home as possible. In order to achieve this new ways of working through 'Transforming Community Services' are being developed. One key initiative is: Integrated Locality services (ILS). This requires a focus on moving services and care provision from the acute setting to the community as well as co-locating some existing community services from various providers. This is being achieved through; Enhanced partnership working between nursing, allied health, social care, Medicine the voluntary and private/ independent sector. Each Locality has a weekly ILS meeting which is attended by representatives from the voluntary sector, statutory services including Fire, Police, Social Services, Public Health.as well as Nursing and Therapies. We also are developing shared care approaches with The Emergency Department and the Medical Assessment unit for Ambulatory Care. This in reach work to prevent admission and facilitate early safe discharge is being undertaken by Advanced Community Clinical Practitioners and Community Matrons. **The aims of this Person Centred service is to:** • Continually drive for and deliver high quality equitable integrated nursing care to individuals, whose needs are best met within a community setting; • Ensure patients are treated with dignity and respect; • Ensure patients individual physical and cultural needs are met; • Enhance the quality of life for patients; • Improve clinical outcomes, where appropriate; • Improve health and reducing health inequalities; • Prevent avoidable deterioration of patients through early intervention; • Increase productivity, measured by tangible outcomes; and • Improve the skills mix within Community Nursing teams. **Objectives** The objectives of the service are to:

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	• Provide patient centred care in the context of the wider multidisciplinary team, working in partnership across primary, secondary and social care as well as the voluntary sector (In line with the My Life: A Full Life Programme, as appropriate); • Deliver high quality nursing care using holistic care planning; • Provide active case management of service users to: - Reduce unscheduled acute admissions; - Improve co-ordination and integration of community services; - Support continuing care clients; and - Enable people to die at home, if that is their choice, collaborating with the Specialist Palliative Care Clinical Teams. • Ensure the maintenance of appropriate competencies and skills, with access to appropriate training and updates on current clinical practice; • Ensure effective leadership to drive service improvements and good governance within the 3 Locality Teams; and • Contribute to multidisciplinary assessments of patients.
Description of related services & Client group	The Community nursing caseload is made up of adult, house bound patients with nursing needs that cannot be self or carer managed. Integrated Locality Services(ILS) Primary Health Care – Macmillan Nurses, Hospice at Home, Crises Intervention Team, Social Services, Voluntary Sector for example Age Concern IOW. The Emergency Department and the Medical Assessment Unit. As well as Community Pharmacists and Care and Nursing Homes. Public Health, Housing, Fire and Police.

LEARNER INFORMATION

Work Pattern (Start, finish times)	The Community Nursing Service provides planned (and in the future Urgent care) from 08:00 to 20:00 - 7 days a week 365 days a year. The nurses work various shift patterns. The most common times are as follows: 8.00am-4:00pm/ 8:30am-4:30pm/9:00am-5:00pm/10:00am-6:00pm 12:00pm-8:00pm, although these vary from locality to locality.
Dress Code	IOW NHS Trust dress code policy (available via Ilse of Wight Trust Intra Net)
Induction/Orientation programme	Organisational induction by Clinical Education Team followed by local induction Induction pack March 2020 (DNs).docx within clinical area.
Staff / rest room facilities	Each Locality Base has a range of facilities for refreshments. Please contact in advance. It always advisable to bring Food and Drink with you.
Expectations during placement	All students to follow Health Education Wessex learning charter and The IOW Trusts Vision, Values and Behaviours Framework. 140820_CS38511 A3 & A4 learner charter 1 If you are a driver and using your own car you will need to ensure that you are adequately covered By your Care Insurance Provider, for under taking visits in the community.

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	http://www.iow.nhs.uk/Downloads/Policies/Lone%20Worker%20policy%20.pdf (available via Isle of Wight Trust Intra Net) To be punctual and have a good understanding of confidentiality and Information Governance. Positive professional attitudes / personal attributes. We expect all students to explore their learning needs with their identified mentor(s). To work within the limitations of their role as student whilst working under supervision to increase their knowledge and experience. Students are expected to actively participate in the therapeutic programme, building good relationships with patients family's /careers and other professionals. Familiarise themselves with Locality/Trust paperwork / IT systems and policies. If student are deemed competent to do so by their mentor(s) they may take a small case load of pre-selected patients under the continuing supervision of their mentor(s). We expect students to contact the locality team in the 2 weeks leading up to placement in order to ascertain their named Mentor(s) and for the first week of off duty.

LEARNING OPPORTUNITIES & RESOURCES

Recommended reading/Websites	**Queens Nursing Institute** http://www.qni.org.uk/transition/transition_to_the_district_nursing_service We expect Every student to Undertake the on- line modules Transition to District Nursing by the end of your Placement. These can be accessed prior to placement. 2020_Vision_Five_Years_On_Web1.1.pdf Developing a national District Nursi providing-integrated-care-for-older-people vision-district-nursing-04012013.pdf 9-Transition-to-District-Nursing-CHAPTER- nursing-framework.pdf **Queens Nursing Institute** http://www.qni.org.uk/ **Short Video Clip on the Power of Community Nursing** https://vimeo.com/125480281 **Journal of Community Nursing** http://www.jcn.co.uk/ **NHS England** http://www.england.nhs.uk/category/home/ **The King's Fund Integrated Care** http://www.kingsfund.org.uk/topics/integrated-care Getting to Good www.gettingtogood.net.
Common Abbreviations	**District Nurse (DN)** is a registered nurse who has undertaken post qualifying preparation at degree or post graduate level and holds an NMC recordable Specialist Practice Qualification (District Nursing in the Home). **Community Matron (CM)** Community Matrons are highly experienced, senior nurses who can work closely with the patient, GP's and other professionals to plan and organise patient care. As well as providing nursing care, they will act as a 'case manager' - the single point of contact for care, support and advice.

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	Community Nurse (CN) is a registered nurse- who works in a community setting. **Associate Practitioner (AP)** is a Band 4 unregistered practitioner who has undergone a higher level of Health Care qualification such as Foundation Degree, and performs some expanded roles and tasks. **Health Care Assistant (HCA)** is an unregistered practitioner who has undergone training to carry out delegated care tasks. **Advanced Clinical Practitioner (ACP)** Underpinned by the Wessex Advanced Practice Framework. This post is part of the Isle of Wight NHS Trust's priority for developing services for the management of high risk adult individuals with escalating health needs in the community. The focus is to lead and manage care effectively to develop an alternative provision to hospital admission and to facilitate timely safe discharges. A key element of the role is to work in collaboration with other disciplines and agencies to establish a person-centred approach to management of health/social care for these individuals and to promote self-management. **Depravation of Liberty (DoL's)** http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=1327 **Quality, Innovation, Productivity and Prevention (QIPP)** http://ukpolicymatters.thelancet.com/qipp-programme-quality-innovation-productivity-and-prevention/ **Care Quality Commission (CQC)** http://www.cqc.org.uk/
Specific learning opportunities	Nursing in someones home environment – **Person Centred Care** Integrated locality working across health / social / independent/ and voluntary care environments Supported discharges and prevention of admission to hospital Care co-ordination and Care Navigation opportunities Complex assessment of health and social needs Medication review liaising with the GP and community pharmacist team for re-prescribing and Independent prescribing. Health promotion and promotion of independence and self -care Palliative and End of Life care Wound assessment ,treatment and evaluation Acute and chronic disease management Administration of treatment using specialised nursing equipment and medication Continence assessment Catheter care and management Team working

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	Team management including budgeting/ Rota Management / patient allocation Single point of Referral via the Integrated Care Hub Multidisciplinary Team Meetings Integrated Locality Service meetings Locality Management Experience In-Reach to Emergency Department and Medical Assessment Unit Ambulatory Care / Urgent care Assistive Technologies Intravenous Therapies
Specific areas of expertise/clinical skills	**<u>The Integrated Community Nursing Service is based on the principle from the Following publication</u>** **The District Nursing Service Model – DOH 2013** **District nurse led team providing care and support in the community, including people's homes:** **Population and Case load management:** Managing and accountable for an active caseload and providing population interventions to improve community health and wellbeing. Surveillance of caseload and local population needs. Working with a range of health and social care partners (including GPs, voluntary sector and community services) for health protection and improvement for adults and their carers, at home and in other community settings. For example, flu immunisation, falls screening and early intervention. **Support and care for patients who are unwell, recovering at home and at end of life:** Delivering a swift response from the district nursing service when specific expert health intervention is needed e.g. with short-term health issues, or sudden health crises or when patients are discharged from hospital, or have a sudden deterioration in a health condition. Providing interventions within the home including chemotherapy and intravenous therapy. Working with community specialist nurses including community matrons, to deliver specialist care including palliative and end of life care. **Support and care for independence:** Providing leadership and prioritisation of supportive care to help patients stay well and can manage their independence at home. For example, wound care management, advice on nutrition; help to avoid falls or to manage medicines, advice on 'assistive technology' such as telehealth and telecare, working with patients and their families to help them care for themselves. Leading and delivering ongoing support from the district nursing team and a range of local services (e.g. GP, voluntary and community organisations, or local authority). Working together with patients to deal with more

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	complex issues over a period of time. For example, to meet continuing and long-term health needs. **Measuring Impact: Outcomes and indicators:** **Contributing to population health needs:** Improving the wider determinants of health Health improvement Health protection Healthcare public health and preventing premature mortality **(Public Health Outcome Framework)** **Leading care and contributing to healthy communities:** Preventing people from dying prematurely Enhancing quality of life for people with long-term conditions Helping people to recover from episodes of ill health or following injury Ensuring that people have a positive experience of care Treating and caring for people in a safe environment and protecting them from avoidable harm **(NHS Outcome Framework)** **Working in partnership with social care to;** Enhance quality of life of people with care and support needs Delay and reduce the need for care and support Ensure people have a positive experience of care Safeguard adults whose circumstances make them vulnerable and protect from avoidable harm **(Adult Social Care Outcome Framework**
Common Assessments / Interventions/Care pathways	All the Assessment Documentation and Care Plans(100+) are On Systm One: which you will receive access to. Ipads are available in the Education Centre library for each locality.
Models of practice experience e.g .Hub and Spoke, Care pathways, Patient Journeys	

MULTIAGENCY LEARNING OPPORTUNITIES / RESOURCES

Multi-professional learners accessing the environment	GP Trainees/ Occupational Therapy/ Physiotherapy Students/ Post Grad Nursing Students – District Nurses/ Community Children's Nurses/ Para medics
Professionals working in the environment	A variety of professional and others from a range of Statutory / Private / Voluntary and Independent Sectors.
Opportunities to meet EU directives (Nursing)	Nursing at Home / Mental Health/ Leaning Disabilities/ Child (as a spoke)/ Maternity(as a Spoke)

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