

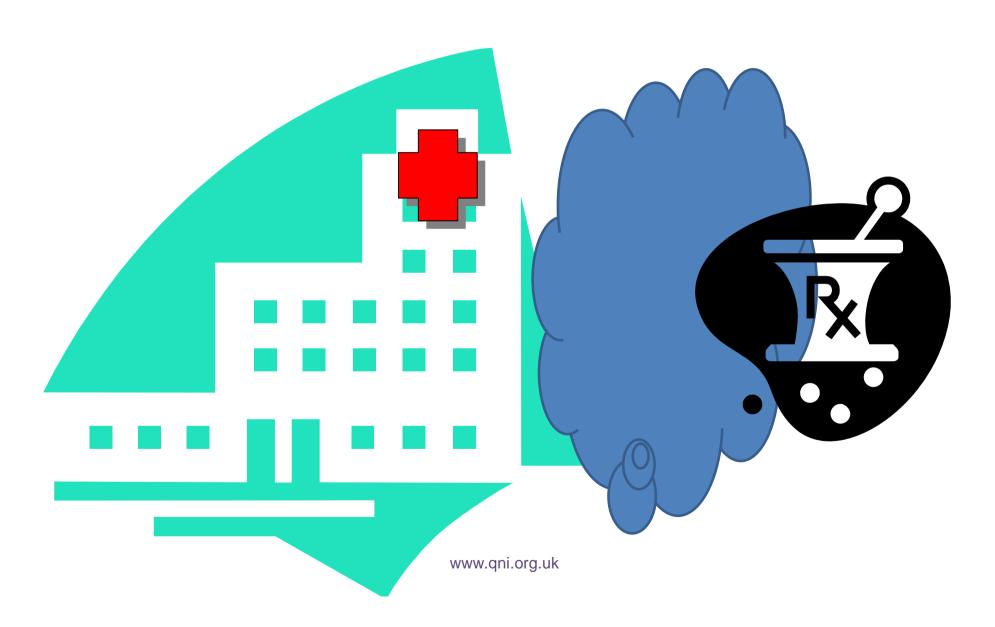
Acute and Long Term Care At Home

Rosemary Cook CBE

Director

The Queen's Nursing Institute

How we think of healthcare institute



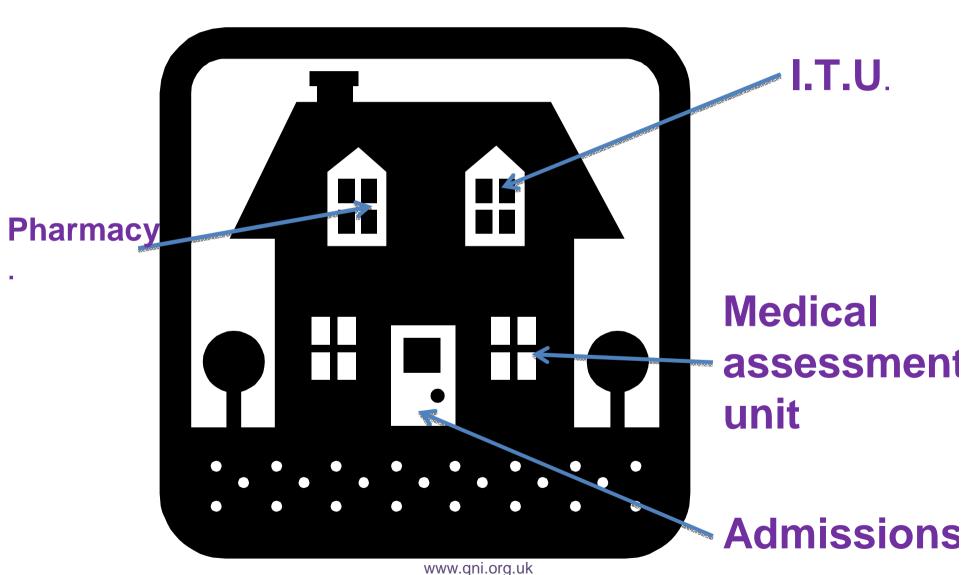
How patients see healthcare institute

The



Healthcare @ home









- IV therapy
- Chemotherapy
- Treatment of MS exacerbation
- Cardiac / pulmonary rehabilitation
- Permanent parenteral feeding
- Ventilation
- 'virtual wards'
- Terminal care





- Different everywhere
- Not necessarily cost-saving
- Run from different organisations:
 - 27% acute trusts
 - 28% mental health trusts
 - 10% social enterprises
 - ? Aspirant CFTs
- Commissioned on basis of contacts OR headcount OR (occ) care pathways





'Telehealth gives me a sense of reassurance that somebody is keeping a check on me everyday. It feels like a godsend. I feel much more at ease with different aspects of my illness.'

'It means an awful lot to me to be able to return home and I couldn't have done it without you' [virtual ward]

'Thank you NSGCCE [web forum] for giving us hope and the strength to fight eczema. It is good to know in this battle we are not alone.'





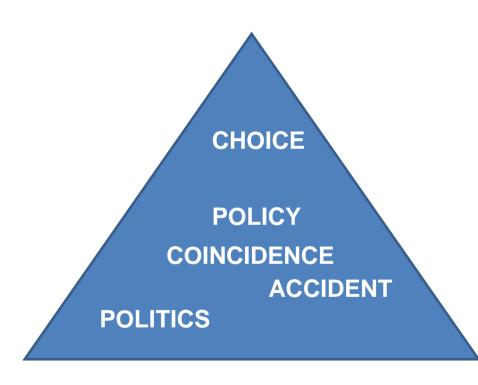
- Cost
- Capacity
- Chronic disease
- Choice

Wm. Rathbone, 1890

How did we get here?



ADVANCES IN MEDICINE & TECHNOLOGY



CHANGES TO NURSES' ROLES

CHANGES IN SOCIETY

Re-shaping the Workforce



'Nursing People at Home – the issues, the stories, the actions' QNI, Nov 2011

- Based on 'Right Nurse, Right Skills' campaign
- Jamie Merritt
- No of community-qualified nurses decreasing for > 10 years
- •No of HCAs in community up 118% in 10 years

Re-shaping the Workforce



'Smart New World – using technology to help patients in the community', QNI, Feb 2012

- •20% of nurses in RCN survey saw electronic record as threat to nurse-patient relationship
- •82% did not think telehealth would change nursing practice
- Some nurses see telephone work as 'not nursing'
- Some see using technology as an IT skill not a nursing skill

Workforce implications



Need to:

- Know what is going on locally
- Reshape community teams to match new ways of delivering care
- Reverse dilution of skill mix in community
- Address attitudes to technology
- Ensure 'Right Nurse, Right Skills' for each service
- Involve patients in developing services
- Commission and evaluate on basis of outcomes

Summary



Service Design

Technology

Skills

Attitudes

Working with patients

Vision