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Background
Health Education England (HEE) fund the Community Education Provider Networks (CEPNs) to focus local care on joint learning for service improvement. The Islington Super Hub is a workstream of the Islington CEPN which aims to help the learning and development of community nursing and new apprenticeships in Whittington Health by: increasing library access for all nursing staff; updating and improving the quality of clinical supervision and monitoring opportunities; and exploring how apprenticeships can be used to develop new career pathways across care services (NHS England, 2014).

Design
The design used Realist Evaluation methodology (Pawson and Tilley 1997) to analyze the context, mechanisms and outcomes of Super Hub workstream associated with:

- The enabling factors for the transfer of nursing staff between sectors.
- The current preceptorship and induction (for further information) programmes which support newly registered nurses moving into community roles on registration.
- The current relations between primary/secondary care in order to both strengthen relationships between sectors and the core training needed for hospital-based nurses to support patient journeys.
- The practice learning experience of a representative sample of community nurses such as ‘specialist’ practitioners (district nurses/health visitors); highly experienced practitioners, and health care assistants in order to ensure community nurses in training have an excellent practice learning experience.
- The current approaches used or recommended to build sustainable approaches to practice based learning for enhanced community nursing learning/development.
- The current approaches to multi-professional education across all [Islington] localities which contribute to establishing robust community focused multi-professional collaborative educational approaches across Islington for the benefit of patients and population health.
- The number/type of student nurse placements in community settings in order to help increase mentorship capacity in community settings.

Methods
Literature searches, semi-structured interviews and an online survey of community and primary care staff. Purposive sampling using ‘snowballing’ from key informants across Islington CEPN and Whittington Health, an integrated care organisation (ICO). Respondents were selected from a total of 13 electronic staff survey distributed to 313 staff (including pre-registration nursing students).

- In-depth telephone interviews with a self-selected sample of twenty-one (n=21) community and primary care staff (nurses and practice managers).
- Survey Monkey data analysis (quantitative data).
- NVivo coding/therapeutic analysis (qualitative data).
- Synthesis of data and identification of outcomes.
- Mapping of workforce aims, mechanisms and outcomes related to the Super Hub.

Findings

Respondents agreed that working within an ICO had positive effects. Strong agreement was expressed for the view that working in an ICO helps respondents work more collaboratively with professionals (n=18, 45%), and is valuable because they reported it enables working with others in acute, community and primary care settings (n=15, 39%). Respondents agreed that working in an ICO would help develop a flexible workforce who can work across primary, community and acute care (n=21, 54%). Few respondents strongly agreed (n=2) or agreed (n=3) that integrated working was too difficult to implement.

1. Working within an ICO

- Better access to services
- Timely co-ordinated efficient care
- More responsive, reliable, faster pathways
- One point of contact accessing multiple solutions
- Continuity of care - care from home - seamlessness of service
- Better support systems; time management; seen faster. More confidence in the system.

2. How integration benefits patients

- Respondents thought that the implementation of Integrated Care (a) has positive effects; (b) helps collaborative professional working; (c) enables professionals to work with others across all care settings; and (d) helps develop a flexible workforce working across primary, community and acute sectors.
- A range of specific mechanisms and outcomes were identified for workforce development and planning.
- Respondents showed positive engagement and motivation for developing integrated care.
- A tripartite workforce development and planning approach was suggested.

3. Enabling the delivery of integrated care

Theme: “Wait and see…”
- Already very closely with different services both acute and community social and health. However this is sometimes difficult due to differences in documentation process.
- I think this is “wait and see” As I am no longer clinical, this question is best answered by clinical and front-line staff

Theme: “Effort, drive and change”
- I want to make changes… Improve the health of local people
- All this takes effort, drive and change which are good things with a common goal and each knowing their part and the scope and purpose of the outcome.

Theme: “To help streamline”
- To reduce bureaucracy
- Working hours include weekend working
- The pathway through secondary care needs to be slower.
- To help streamline my workload, to focus on quality and safety.

4. Enabling transfer between sectors

More opportunities for hospital staff to have opportunities to shadow and observe within the community environments so that we can learn from one another. Staff in higher positions being more mobile on the ground level. Staff from community having opportunity to work in the hospital environment to share good practice.

Opportunities to link with other professionals at away days, forums and training days.

Tripartite Approach
- Three layers isn’t it, it’s like working longer term with the kind of people you work with and take time to get to know. This helps with the value of integrated care to service users.
- Integrated Working; the second layer is for those people who are going to be coming in new or entering the new job. So it’s new roles, those selected roles that we would look at look and look to create and at what level this is something that is possible.

Mechanisms for transfer of staff between sectors

- Opportunities to work with others in acute and observe within the community environment, to enhance learning.
- Opportunities to work with others in acute and observe within the community environment, to enhance learning.
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Recommendaions

- Adoption of a tripartite workforce development & planning model to ensure students, preceptors and mentees understand Integrated Working; new recruits should be offered blended roles.
- Blended or rotational roles should be offered to existing professional/support staff via learning and development by creating local incentives and/or personal choice and role preferences.
- Job ads, role descriptors and interviews to identify employee preparedness to undertake work across the range of sites and within/ across Care Pathways.
- Higher Education Institutions, providers and commissioners to work towards providing students with experience of Integrated Care Pathways which develop student appreciation of the value of primary/community care including General Practice.

Bibliography


Background image courtesy of: The Rockefeller Center, New York City, New York, USA.