



Health & Social Services White Paper “Caring for each other, caring for ourselves”

A response from Family Nursing & Home Care

The concept of the new model of health care delivery sits favourably with Family Nursing & Home Care's (FNHC) vision and aims. Principally, the development of services in the community will enable enhanced care to be delivered to patients.

However, every new structure brings with it challenges that need to be overcome if the new model of care is to be successful.

The particular challenges that FNHC envisage are:

- Recruitment of staff
- Partnership agreements
- Technology support systems
- Advanced nurse practice

Recruitment of staff

The development of the services will invariably rely on an increase of the workforce of trained and untrained nurses in the community. Some staff can be recruited and developed on the Island. FNHC already have in place programs to develop health care assistants (HCA) skills. At the present time the Association struggles to recruit qualified nurses, especially at staff nurse level. I realise we are not alone in experiencing such problems. I am also aware that HSSD are currently piloting a scheme which offers newly recruited staff a £3,000 incentive payment. This payment can be used to be used to cover rental deposits and the first month rent. In addition new recruits to HSSD can claim up to £8,000 in relocation expenses. It would be very helpful if FNHC could also access these incentive payments in order to attract skilled nurses from off the island.

Partnership agreements

There is much discussion about partnership working. Partnership working is based on trust, shared vision, mutual respect and collaboration. For some areas this will require something of a cultural shift in working practices and mind set to achieve some very innovative ways of working. There needs to build in to any change developments a strategy to maintain existing good relationships and plan strategies to overcome any potential barriers to patients receiving the right care, in the right place and at the right time.

Technology support systems

FNHC aim to deliver high quality care that is both clinically and cost effective. As an organisation we are embracing the development of lean and more efficient systems. We are also very clear that the care delivered by our staff will be evaluated and measurable clinical outcomes available. To do this requires considerable infrastructure in computer support and systems. As a small organisation the costs of setting up such systems with a separate server are prohibitive. We would urge HSSD to offer support to ourselves and other third sector providers who will also struggle with these issues.

In addition new technology such as tele-care and tele-health will offer nurses the tools to provide remote care to patients in their own homes. We welcome these innovations but again will require support and central funding to take this forward.

Advanced nurse practice

For there to be efficient and safe use of step up, step down and intermediate care services, the trained nurses need to have advanced assessment skills and prescribing abilities. Advanced nurse prescribing courses have been commenced; however as yet community nurses are not included in the training. To challenge the existing medical model it is essential that community nurse are invested in and developed. FNHC has appropriately trained nurses who manage long term conditions, tissue viability, palliative care and intensive support to vulnerable parents.

The White Paper sets out broad time scales for the new service delivery. The transition from the existing services to the new model will incur some overlap and may incur doubling of the costs over this period. These need to be acknowledged in both project planning and financial terms.

FNHC have an enormous regard for high quality care and have an Island wide reputation for providing skilled nursing care and support to both children and their families, adults and the elderly. FNHC embrace the notion of patient choice - however based on the experience and research in the UK, patients are clearly indicating that they do not want lots of choices of care providers. They do, however, want to be able to choose, whenever possible, the setting of care. It is essential that the lessons of low cost/poor care in some areas of the UK should not be repeated in Jersey.

I hope that FNHC's long history of providing excellent community nursing services to Jersey will be seen favourably in the provision of intermediate/24 hour care, step up/step down services, management of long term conditions, respite and palliative care. In the area of early interventions for vulnerable families, it is hoped that the MECSH Health Visiting programme will be taken forward.

As an organisation we are extremely excited about being able to contribute in a major way to the planning and delivery of this new model of health care for Jersey.

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Chief Executive Officer
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