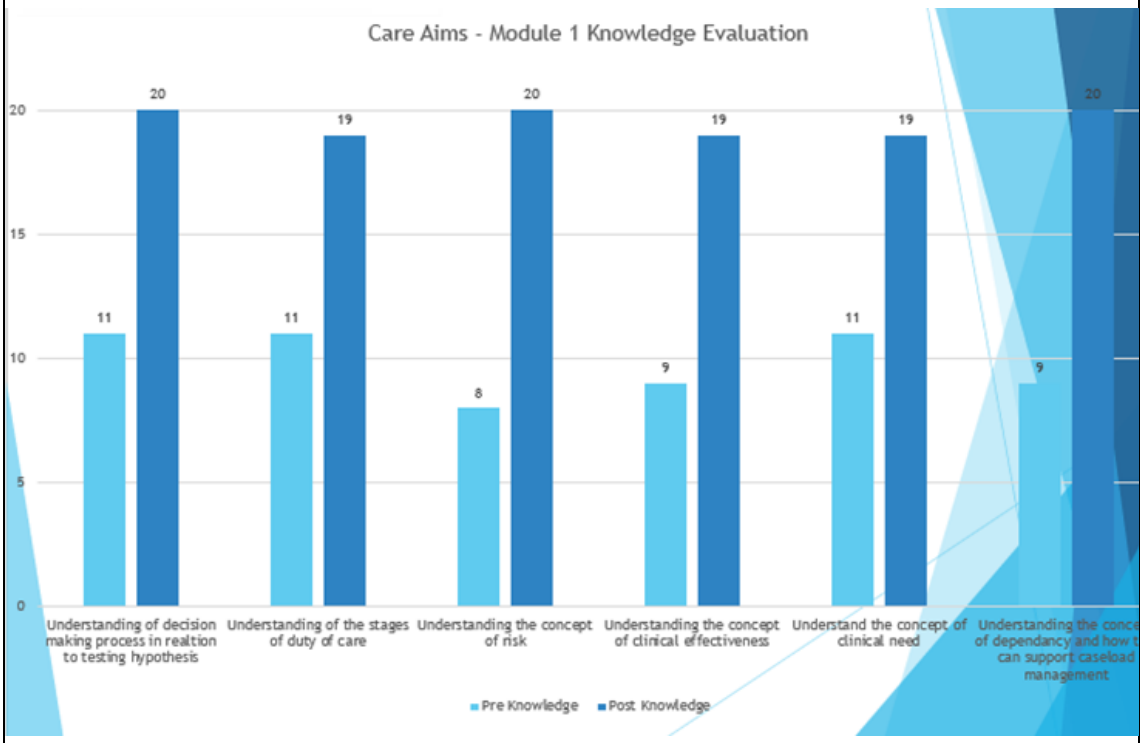
Benefits Observed from Implementing Care Aims

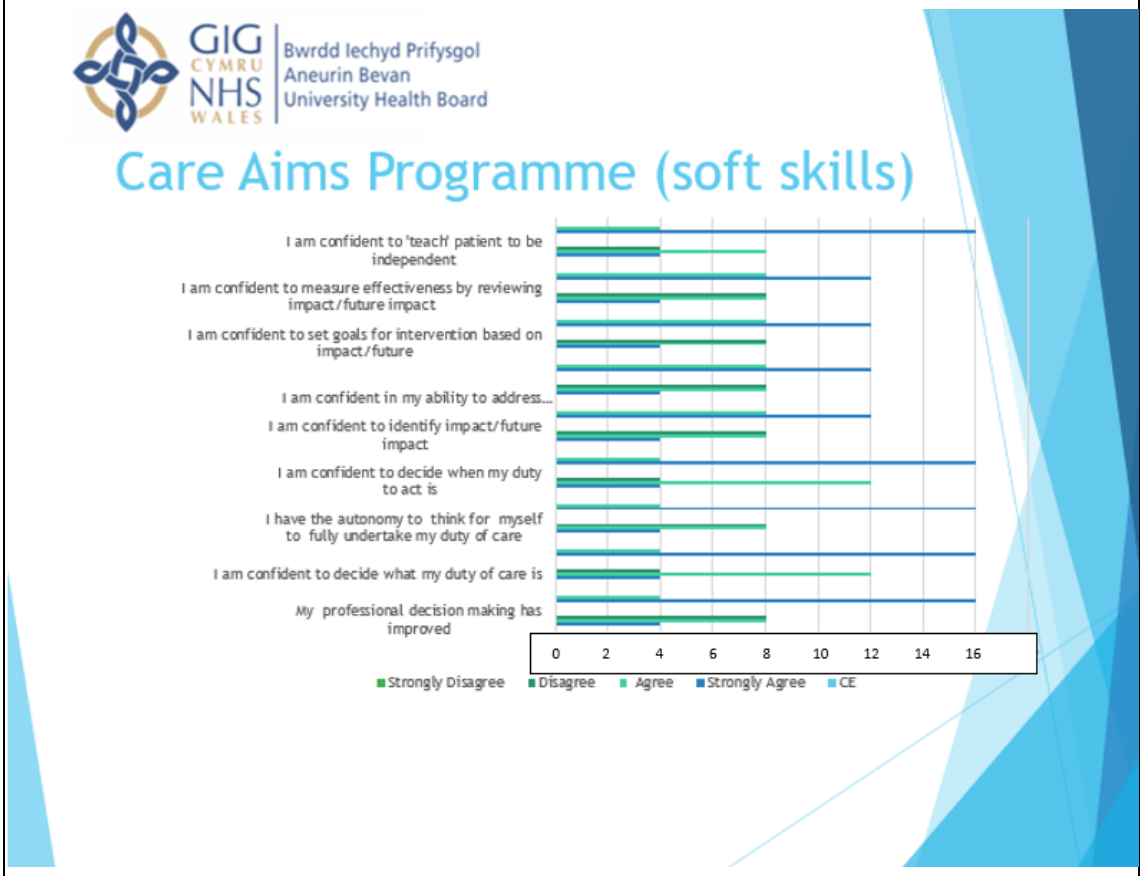
across a number of Services and Health Boards in Wales

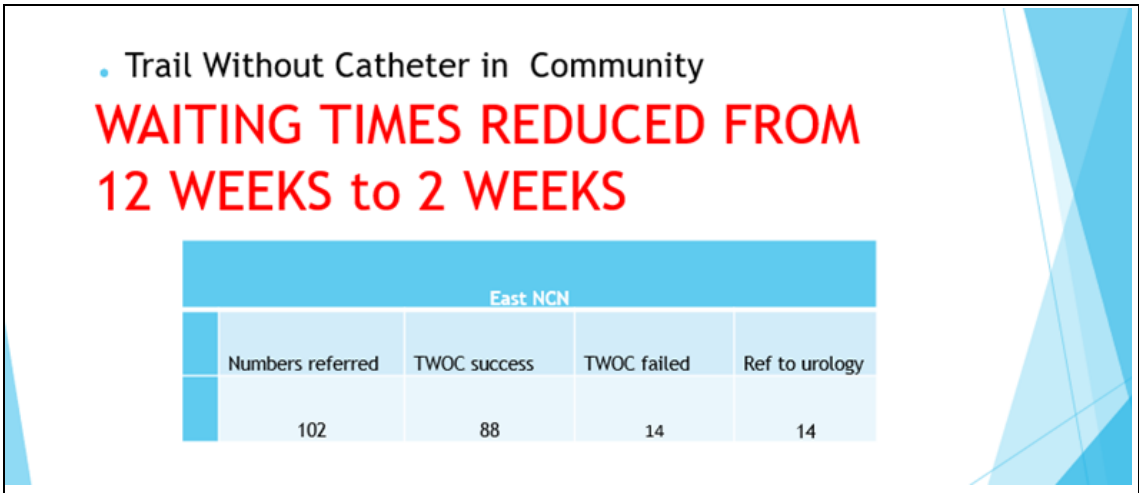
This evidence of the benefits and impact of the Care Aims Framework on decision-making and practice has been compiled from feedback received from services using the Framework in Wales.

Benefits Observed from Implementing Care Aims	SERVICE / TEAM
EARLY HELP, more access to expertise for Referrers and patients – reduced demand on specialist services	
Previously all referrals were admitted to the team for assessment, delaying access to early help and support for referrers. Now rather than treating all requests for help as "admissions" the team offer a range of responses. These include offering timely and time limited support to referrers, as well as signposting, and advice.	Community Neuro Rehabilitation Service – Aneurin Bevan University Health Board
The specialist expertise in our service is shared as widely as possible. Team members routinely offer consultation, advice, and support to colleagues from other health board teams, and staff from other agencies and the third sector.	Community Neuro Rehabilitation Service - Aneurin Bevan University Health Board
Tertiary services offer a practice network across Wales to increased access to highly specialist MDT and support for local management of complex cases	Neuro psychiatric Services – Cardiff and Vale University Health Board
Last month only 30 out of a potential 147 referrals were stepped up to specialist ADHD services dure to liaison and direct support to GPs to facilitate decision-making regarding needs. Many were dealt with at the point of referral. Far fewer referrals to REACT.	Primary Care Liaison – Mental Health – Cardiff and Vale UHB.
Improved collaboration within the MDT has reduced the number of handovers of duty of care between team members and services and increasing flexibility around becoming re-involved with previously known clients. This allowed patients to remain at home. We have also released time for CRT in relation to freeing them to complete complex assessments at home, preventing further hospital admissions.	District Nursing - Aneurin Bevan University Health Board
Working with the support of our specialist nurse colleagues in the bladder and bowel team, we purchased and received training in the use of bladder scanners and developed a protocol for TWOCs in the community.	District Nursing - Aneurin Bevan University Health Board
We are more confident in identifying whether there is a clinical risk at the point of referral and adequately signpost to universal & targeted services. **Links in nicely with the ALN reform.**	Paediatric Speech and Language Therapy - Hywel Dda University Health Board
SLT Provision is now child-centred and based on the child's needs rather than providing random blocks of intervention It has certainly impacted our Preschool Service. Therapists are supporting parents and nursery staff - people most proximal to the child. There is a better understanding of how the environment can be adapted to meet the needs of the child.	Paediatric Speech and Language Therapy - Hywel Dda University Health Board
REDUCTION IN DEFENSIVE PRACTICE and PREVENTION of ACUTE ADMISSIONS	
Greater willingness to stand back when risks did not warrant or require nursing care; more use of advice and signposting.	District Nursing - Aneurin Bevan

Examples of when principles are deployed and the impact on patient experience. e.g. patient seen by physio in ED, story unpicked, information and rationale shared with patient and able to be discharged home by agreeing priority risks with MDT	Physio in Emergency Department in Aneurin Bevan University Health Board
BETTER OUTCOMES – EMPOWERED SERVICE USERS AND EMPOWERED STAFF – FEWER COMPLAINTS	
Positive caseload management. Easier to recognise the correct time to provide intervention and with the correct person. Better outcomes and happier families.	Paediatric Speech and Language Therapy - Hywel Dda UHB
 By focusing on better outcomes for service users, their families and communities. Better engagement with users and fewer complaints Brings confidence back to decision making, enables practitioners to justify their decisions Helps reconcile the gap between aspirations and resources Creates a clear and comprehensive way to demonstrate clinical and professional effectiveness – empowered staff	District Nursing - Aneurin Bevan University Health Board
Using care aims approach has helped us within specialist provisions to offer clear episodes of care with clear clinical outcomes. It has helped us to explain to staff and parents how we can become involved once again for another episode of care as needed and not just kept them on our caseloads.	Paediatric Speech and Language Therapy - Hywel Dda University Health Board
HIGHER SATISFACTION and REDUCED DEPENDENCE ON SERVICES from the public	
More self-reliance in the public through having collaborative conversations at the point of referral, educating patients and families to manage in ways that reduce dependence on community services and promote autonomy.	District Nursing - Aneurin Bevan UHB
Stakeholder events in Neuropsychiatry across Wales – evidence that this approach is what our stakeholders want - patients and families and all our partners really value this.	Neuro psychiatric Services – Cardiff

	and Vale University Health Board
More self-reliance and confidence in our secondary care services who are now more likely to teach patients to manage catheters, injections, eye drops etc.., rather than automatically referring to community nurses to perform these services.	District Nursing - Aneurin Bevan University Health Board
More families accepting discharge with confidence that if further help was needed from SLT it would be offered quickly. Another example is a case where a teacher wanted the child to 'be on the SLT books' just in case a minor delay did not improve. The school was reassured they had the skill to support this and accepted discharge. support.	Paediatric Speech and Language Therapy - Hywel Dda University Health Board
Episodes of care are thought out during goal setting with the patient to ensure the expectation of the therapist and the participation of the patient (or their proximal support network) is clear. This has led to achieving patient goals in a timely way and has stopped us keeping people on the caseload with no clear plan.	OT in Community Neurological Rehabilitation Centre Brain Injury Team.
Improved confidence in local services through provision of training e.g. a nursery class with a high number of pupils with ASD to support the workers to support the children and improve the universal provision in that class and upskill new staff.	Paediatric Speech and Language Therapy - Hywel Dda University Health Board
REDUCED RELIANCE ON ACUTE OR HOSPITAL SERVICES due to REDUCED CASELOAD NUMBERS and INNOVATION in the Community	
Our team has reduced caseload numbers, fewer onward referrals and transfers of care, and reduced staff absences and turn-over. Reduced caseloads have in turn free-up team members to concentrate on work that helps ease pressure on acute services. For instance, team members have developed 'generalist-specialist' roles. This allows them to provide inputs that were traditionally provided by acute services. These include supporting people to trial living without a catheter, emergency indwelling catheterisation, administration of intravenous antibiotics, and developing additional expertise in wound management.	District Nursing - Aneurin Bevan University Health Board
Supporting a wide number of services with regard to suicidal ideation in older people and reducing escalation through regular MDT and interagency discussion regarding perceived risk and reducing unnecessarily restrictive practice that reduces well-being for patients and less anxiety in families and carers.	Mental Health Services for Older People - Cardiff and Vale University Health Board
We also developed IV administration within district nursing which was triggered as part of the agenda with Care Closer to Home. Our approach was designed to help reduce and even stop unnecessary admissions for patient groups. We have shown collaborative working with colleagues in both Primary and Secondary care in order to expedite clinical practice, this has also resulted in shared learning with our colleagues in secondary care. This change in practice has not only impacted positively on acute beds, allowing orthopaedic patients on long term IV therapy to be discharged home, but also it has prevented unplanned readmissions	District Nursing - Aneurin Bevan University Health Board
IMPROVED CLINICAL DECISION-MAKING – MORE CONFIDENCE AND AUTONOMY ROBUST PERSON-CENTRED CARE AND INCREASED WELL-BEING FOR STAFF	
Building in space for reflective practice within documentation and team time has helped us to ensure interventions are person centred with a focus on what matters to the person. It also helps to evidence how patient centred reasoning is central to the care we provide. In addition, the team time supports a cohesive approach which is consistent with the principles of prudent healthcare, as well as building team cohesion in terms of supportive working relationships, which are key in the current health and social care climate.	Occupational Therapy - ABUHB Newport Integrated Hospitals

 From an ABUHB perspective this has been an extremely positive experience, not only for the teams, but also for the key stakeholders and most importantly the patient. Following the training there were challenges implementing change, however the teams rose to the challenge as they believed in the model and wanted it to be a success.	District Nursing - Aneurin Bevan University Health Board
WAITING LISTS AND WAITING TIMES REDUCED and INCREASED EQUITY OF ACCESS REDUCED WASTE	
We now have zero waiting lists. We have removed arbitrary referral criteria increasing equity of access. This includes the removal of a 12-month post injury cut-off previously used to manage demand for the Acquired Brain Injury Team.	Community Neuro Rehabilitation Service - Aneurin Bevan University Health Board
Improved continuity of care through fewer hand-offs and onward referral, increasing effectiveness, patient experience and efficiency, and therefore reducing waste across the system.	Occupational Therapy - ABUHB Newport Integrated Hospitals

 There was an Immediate impact of reduced waiting times (we are completing TWOCs now within 2 weeks of initial catheter insertion) and the success rate, The patient experience was immediately enhanced through a reduction in hospital visits and potential hospital admission. It's important to note that even for the failed TWOC's this means that referral back to urology for further investigations has been speeded up. It is also important to capture that there has been a benefit to the Urology Secondary Care service with a freeing up of capacity of both beds and clinic time. We have supported all teams in Newport who are now live with this service, the success of TWOC in the community has resulted in a go live plan for all DN teams within ABUHB.	District Nursing - Aneurin Bevan University Health Board
BETTER STAFF RECRUITMENT AND RETENTION	
Our team struggled to recruit for many years and had very few permanent staff – now fully recuited and staff report feeling they have more autonomy and freedom to act and more opportunity to make a real difference	Community Mental Health Services for Older People - Cardiff and Vale University Health Board