

# Understanding Your Training Needs in New NHS



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## Introduction

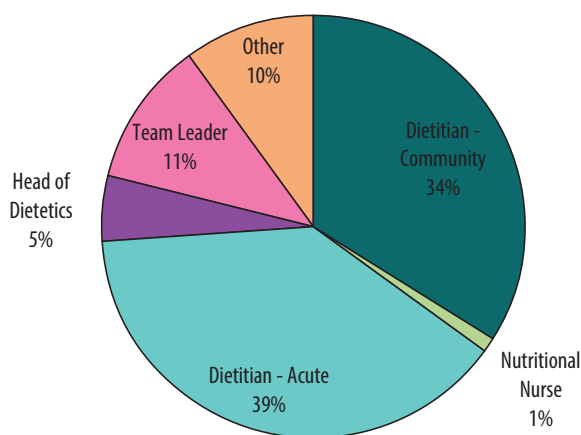
Lynne Bowers wrote an article in the October issue of CN about the need for dietitians to better understand the NHS and the opportunities and threats of NHS reform on dietetics services. As a result of this article, Soar Beyond asked readers to complete an online survey to gauge a baseline of needs in order to understand what training could be provided by Nutricia to support these needs. Lynne provides us with her commentary on the findings in the first part of this article.

Following Lynne's review of the survey results, Nicola McLean, who has successfully been managing the Nutrition Product FP10 budget for Cambridgeshire since April 2010, shares her experiences in a best practice case study.

## Survey Results

Firstly, thank you to you all for taking the time to complete the survey; it was great to have received 265 responses from dietitians from Band 5-9, as seen below, plus others such as public health nutritionists and paediatric nutritionists. See Figure 1.

Figure 1: Survey Results: Respondents job roles



As a profession, we recognise that it is essential to not only understand the NHS changes, but also to position and align dietetics services in a way that fits with Commissioners and Clinical Commissioning Groups to demonstrate value. This was confirmed by the survey which showed the following:

- Only 11% of Band 5-9 dietitians feel that they had good or extremely good knowledge of Clinical Commissioning Groups (CCGs) & their priorities; 20% of Band 8 & 9s.
- Only 24% of Band 8 and above feel that they have good or extremely good knowledge of the impact of NHS reforms on providers – e.g. Community/Acute Trusts.

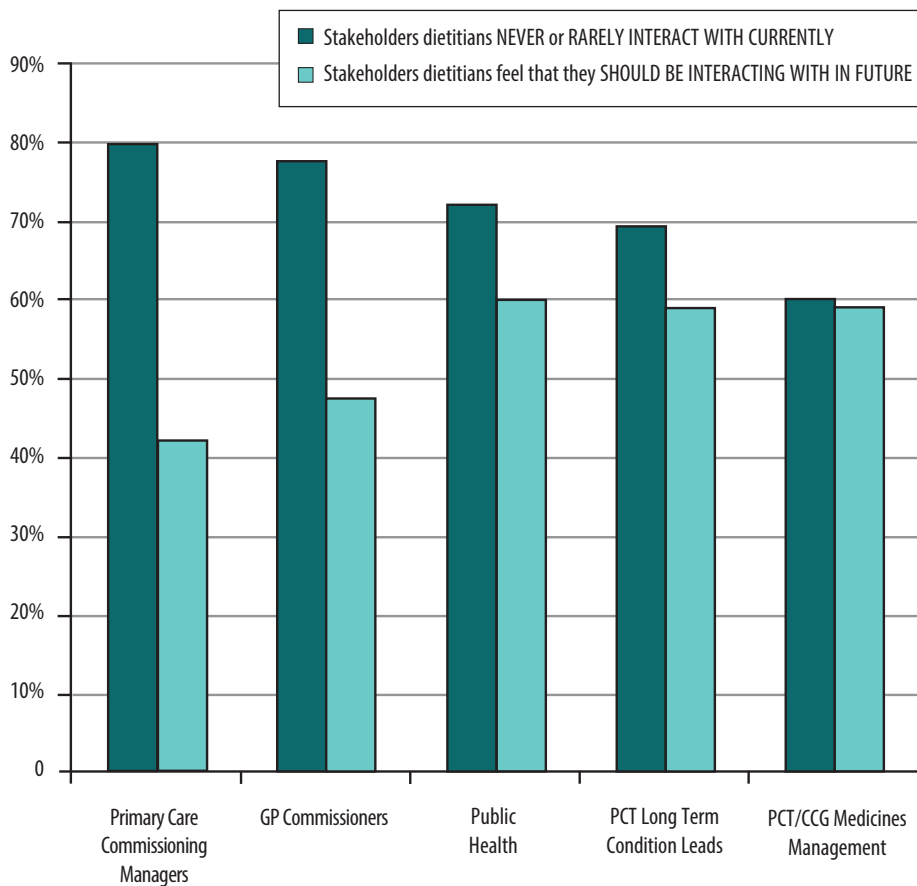
The lack of confidence amongst dietitians is something we need to address. The survey showed that less than seven per cent of you felt confident or very confident to discuss key NHS reforms, such as:

- The opportunities and threats of commissioning to the private sector.
- Health & Wellbeing Boards (HWBs) and their priorities.
- CCGs and their priorities.

Dietitians are already aware of the plethora of quasi-nutritionists and non-registered 'advisers', and the absence of evidence-based advice provided to the general public. Opening the NHS to private sector competition, the population health needs analysis requirement of HWBs and CCGs, policy approaches such as 'Any Qualified Provider' (AQP), and the forthcoming Francis Inquiry report demand robust informed articulation of clinical quality standards and outcomes. Dietitians are uniquely qualified and HCPC assured to advise emergent organisations on diet in both health and disease, and to work in partnership with the private sector.

Interestingly, the survey showed low levels of understanding about new NHS stakeholders amongst Band 8 & 9 dietitians, who, although they recognised they ought to be engaging with certain stakeholders, are currently not doing so – e.g. CCG GP commissioners, medicines management, primary care

Figure 2: Survey Results: Stakeholder interaction



commissioning managers. This is ultimately the gap that we need to address – making sure that dietitians know and start to build credible relationships with these internal customers in their local health economy. See Figure 2.

So, what did the respondents of the survey see as their main learning objectives and training needs? Respondents were asked to rank the following objectives (1 being of highest importance and 8 being of least importance):

1. To help me understand how to demonstrate value to the wider NHS on our key services.
2. To help me understand how to align my services to meet NHS priorities.

3. To help me understand who my key stakeholders should be and what their needs are.
4. To be more business-focused in a competitive climate.
5. To improve knowledge of NHS changes and how they affect my role.
6. To gain confidence in speaking to these customers and building long-term relationships.
7. To share learning of how dietitians have engaged with new commissioners.
8. To better understand procurement.

## Best Practice Case Study

Nicola McLean and her team have strong links with key stakeholders in the NHS, e.g. Medicines Management, GPs and public health. In this case study, Nicola will share how this came to be and her top tips for dietitians on achieving this model elsewhere.

### How did our service get to hold the FP10 budget?

Medicines Management wanted to transfer the budget with a recognition that dietitians are the right professionals to proactively and responsibly manage an FP10 nutrition product budget. Prior to this, preliminary work had taken place over a few years with both Medicines Management and a community geriatrician to look at inappropriate

prescribing in care homes and switching some patients to home-made supplements. This work had already demonstrated that significant savings can be found through robust interventions and partnership working; so we had already gained a high-level of trust with key stakeholders, particularly with Medicines Management.

The transfer occurred very suddenly. We were finalising the signing for the extension of the countywide enteral feeding contract, and after a set

## Conclusions

There is an excellent level of self-awareness of the learning and development needs of dietitians at this time of significant NHS change, which is a positive step in making a change and addressing these needs. Since we also know that we need to engage with new stakeholders but don't have the confidence to do so, then it becomes a priority and a 'must-do' to address this. We need to look at the most time and cost-effective ways to address this. The survey showed that 90 per cent of all Band 8 & above dietitians would attend a workshop that was up to two hours away, and that 70 per cent of you would consider webinars; although only 15 per cent of respondents have had previous experience of them, showing a willingness to embrace new ways of learning which is a great sign.

### Action Plan – start now!

- Find out what is happening with your CCGs and HWBs.
- Understand the local politics and stakeholders – ask a friend or colleague 'in the know'!
- Read and research what the NHS reforms mean – currently the surveys shows that you rely on internal management updates and professional journals for this, but think about the internet and LinkedIn groups too.
- Access training and further develop your skills and ability to converse effectively with these stakeholders.
- Demonstrate the value the service adds, and the outcomes delivered using metrics relevant to the new system.
- Seek out and share examples of good practice.
- Raise the profile of the service and market it.

The remainder of this article is a best practice case study. This Dietetic Service is now indispensable to the health economy and the case study describes how the service went about achieving this. For more information, please register for a webinar which I will be hosting with Nicola McLean on how she went about achieving this on 31st January 2013 at 2-3pm. In order to register for this webinar, please visit: [www3.gotomeeting.com/register/752061446](http://www3.gotomeeting.com/register/752061446)

One very positive outcome was that, with so little time to prepare, all the usual NHS bureaucracy was pushed aside. We had a contract variation agreed and then it was all 'systems go'. Our staff hit the ground running and they were utterly fabulous. They all worked tirelessly in the care homes – reviewing all care home patients, ensuring each was prescribed appropriately. The use of homemade supplements was reinforced as first line advice. Patients were all logged and their weights checked at regular intervals to ensure clinical outcomes agreed were met and, if not, a change of plan could be agreed.

Then we all sat back, breathed and got on with the longer term plan...

## How did we make it work?

Medicines Management did have to hold our hands for the first part of the financial year. We were helped to understand how to manage an FP10 budget, how to promote our work and, additionally, they helped us with contacts and invited us to the right meetings to get our message across. Medicines Management engagement and support is absolutely essential.

We were busy! Not having the chance to take off FP10 initially caused us concern, particularly having heard of Rotherham's positive experience using this route. However, over time this has become less of an option, as we were positively working with Medicines Management and GPs and still producing the savings.

Additionally, our Trust was a champion. Usually looking to short-term savings, our Director of Clinical Delivery, a pharmacist by background, backed us with our project, including 'invest to save' staffing. We continued to have backing, despite going into deficit in the first year, although, of course, we had to prove we were doing all we could to remedy the situation.

The key to making this work in the short, medium and long-term is stakeholder engagement – both internally and externally.

Below are examples of the types of things we implemented with various stakeholder groups.

### Internally:

- Having sufficient trained staff to support comprehensive patient pathways and ensure appropriate prescribing. Fundamental to this was the hiring of a data manager to track spend, monitor trends and to use the information to plan our work. Clinically, to support adult nutrition support, we employed two dietetic assistant practitioners and a specialist dietitian. To support the Cows' Milk Allergy Pathway, we employed an advanced paediatric dietitian.
- We set up telephone clinics as the initial contact mechanism for patients referred for nutrition support. These provide an effective and more efficient alternative to home visits, while not precluding a home visit for those patients who require one.

**Table One: Positive and Negative Reasons to take the FP10 Budget**

Positive Reasons	Negative
<ul style="list-style-type: none"> <li>• The alternative offered was full list price of products until another tender could be run.</li> <li>• Powerful evidence of savings to be made by reducing inappropriate prescribing of ONS both locally and nationally, e.g. London Procurement Project.</li> <li>• Support by our Trust to 'invest to save' and bring staff in to manage the new project.</li> <li>• Improve patient pathways in oral nutrition support and paediatric cows' milk protein allergy.</li> <li>• Support given by PCT Medicines Management to manage the project.</li> <li>• A nutrition and dietetic service was already in two-thirds of Cambridgeshire care homes and home-made supplements were a first line choice of supplement in many of these homes.</li> <li>• In the current contract, there is little incentive for acute trusts to reduce prescribing.</li> </ul>	<ul style="list-style-type: none"> <li>• GPs continue to be the prescribers, therefore Nutrition and Dietetics lacks control over prescribing; there was no time to take products off FP10 as in Rotherham.</li> <li>• No safety net if the spending increases rather than decreases.</li> <li>• 10% year-on-year increase of patients requiring a home enteral tube feed and therefore the cost associated with this.</li> <li>• All ePACT (prescribing data) reports would only be received 2 months post the prescribing month. It would be difficult to judge spending continually in retrospect.</li> <li>• Spending was increasing year-on-year. Our budget, as set using the previous year's spend top-sliced.</li> <li>• Care homes would need to be onboard to use homemade supplements as first line choice of ONS.</li> <li>• Lack of systems and staffing.</li> </ul>

- Systems were set up so that monthly prescribing (ePACT) reports could be received via Medicines Management.
- Educating finance about ePACT and the lag which would need to be understood in order to satisfactorily manage budgets.

### Acute trusts:

- Discharge pathways were agreed with our four neighbouring acute trusts.
- Phone clinics ensure hospital discharges are followed up within 7 days. We found many patients could be taken immediately off the ONS initiated during their hospital stay. Prior to this there had been no system to review these patients.

### GP practices and Medicines Management:

Prior to taking the budget, we provided a service to GP practices based on referrals received. An FP10 budget cannot be managed this way and we were forced to become a lot more proactive. On the whole, GPs have been welcoming of us holding the budget, particularly, as not nutrition experts themselves, they often feel pushed into prescribing something they don't know much about. Dietitians often have a reputation of recommending products for prescribing without any knowledge of the financial consequences and, therefore, possibly not looking sufficiently at alternatives and not following patients up sufficiently to ensure prescriptions are ceased when appropriate. Initial prescribing meetings were full of GPs with a healthy level of scepticism. However, following a full practice by practice graphic description of prescribing and actions on how to tackle this, engagement swiftly followed.

### Some practical examples of what we implemented in GP practices include:

- Communications and article to GP practices.
- Frequent attendance at GP prescribing meetings to report on nutrition product

prescribing trends, discuss patient pathways and agree a way forward.

- Quarterly letters and reports.
- Implementing use of Script switch, for instance, to swap Nutriprem liquid to Nutriprem powder. Thus following prescribing guidance and inducing savings.
- Red listed soya infant formulae with exceptions, such as for those on healthy start vouchers, highlighted.
- Prescribing pathway agreed with Medicines Management on cows' milk protein allergy.
- Working with prescribing clerks and practice managers to go through high spending practice data systems to identify and contact patients in their own homes inappropriately prescribed.

### Care homes:

- Dietetic input to care homes, previously not commissioned to receive a nutrition and dietetic service. It was heartening to realise we could produce better dietetic outcomes and save money at the same time.
- In the majority of care homes, homemade supplements were instigated as first line alongside food first.

### Contract company:

- We negotiated a rebate on a selection of Nutricia FP10 products. Nutricia in return negotiated a set of efficiencies to help them, as a company. These included a skill mix within the nutrition nursing service and an agreed percentage market share target of Nutricia products, including promotion of Fortisip Compact as the prescribed ONS of choice.

## What does the future look like?

Cambridgeshire and Peterborough Nutrition and Dietetic Services have recently merged. This has led to discussions with Medicines Management for the

possible transfer of the Peterborough FP10 nutrition products budget.

Novel practice, for instance, with homemade supplements has made us investigate the research potential for some of our work; strong partnership links to enable this have started to develop.

We will consider taking home enteral feeding

prescriptions off FP10. We have listened to GPs who are often frustrated at a process they are not hugely involved in and, we believe, most GPs would be delighted if they could cede responsibility of this area of work. It would still mean integration with GPs over all other areas of prescribing.

“Holding the FP10 nutrition product budget makes nutrition and dietetics a lot more valuable in others’ eyes, not just monetarily so.”

### Advice for other Dietitians

- Think about the opportunity not just the threat. Holding the FP10 nutrition product budget makes nutrition and dietetics a lot more valuable in others’ eyes, not just monetarily so. It enhances our reputation with GPs, particularly important with the new NHS changes.
- Think about how you want to have the contract transferred. The whole budget – including all the benefit and risk – was transferred in one go to our service. There are other possibilities such as sharing the benefit and risk either permanently or temporarily or managing a ‘shadow’ budget for a year before taking it over. Whatever, ensure the wording is very clear in any contract negotiations.
- Ensure Medicines Management is happy to work in partnership with you. This is essential.
- Do not take the budget on without the staff resources to do so. If this is the case it will quickly become an overspending noose around your neck.
- Think about employing a data manager.
- Systems and strategy – in the first year, we lived by Gantt charts.
- Work with your enteral feeding contract company, they may be able to help.

To find out more on how Nicola achieved this, please register for the webinar she will be participating in on 31st January 2013 at 2-3pm – see registration details below.

# Align your services to the NHS commissioning agenda - Workshops & Webinars

Nutricia has commissioned a series of non-promotional training events for Band 7 & above dietitians interested in better understanding how to align their services to the NHS commissioning agenda. The workshops will be conducted by **Soar Beyond**, specialists in understanding and translating the NHS Commissioning environment, on behalf of Nutricia.

The objectives of these educational workshops and webinars have been defined by your responses to the training needs survey from October.

#### Objectives:

- To improve knowledge of NHS Changes and how they affect my role.
- To help me understand how to demonstrate value to the wider NHS on our key services.
- To help me understand who my key stakeholders should be and what their needs are.
- To help me understand how to align my services to meet NHS priorities.
- To be more business-focused in a competitive climate.

#### Webinars:

The first of these will be a webinar with Lynne Bowers & Nicola McLean on **31<sup>st</sup> January 2013 at 2-3pm**, when Nicola will be taking questions and sharing her experiences.

#### Workshops:

The all-day workshops will take place from **9:30-4pm** on the following dates:

- **London – 6<sup>th</sup> March 2013**
- **Birmingham – 13<sup>th</sup> March 2013**

To register for the webinar on 31st January 2013, please visit: [www3.gotomeeting.com/register/752061446](http://www3.gotomeeting.com/register/752061446)

To register your interest in the workshops or future webinars, please register\* using the following link (places are not guaranteed and will be subject to confirmation by soar beyond): [www.surveymonkey.com/s/registrationdietetics](http://www.surveymonkey.com/s/registrationdietetics) or by emailing: [info@soarbeyond.co.uk](mailto:info@soarbeyond.co.uk)

\*There are limited places and places are not guaranteed until you have received an email confirmation from soar beyond.