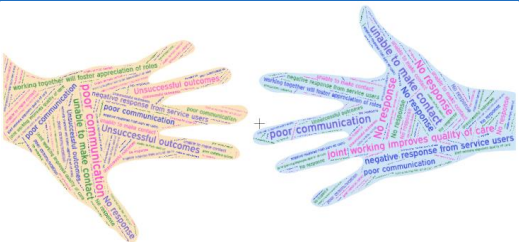


## Introduction

I frequently work jointly with Integrated Community Teams (ICT)s. Whilst adopting an interdisciplinary approach to meet service user needs, I have observed health benefits for services users and opportunities for skills development for professionals. Our service routinely facilitates access to primary community nursing care for services users, experiencing varying success. The team report many barriers to health facilitation, including not receiving responses and an inability to co-ordinate reasonable adjustments or share assessments. This has resulted in delayed health interventions and increased risk to health. In support of this Bartunek (2011), identified intergroup problems as impacting health care settings ability to foster quality care. The purpose of the project is to improve the service user journey between ICT District Nursing Services and Community Learning Disability Teams Service (CLDT) to improve service delivery. The key to the success will be to develop new relationships, as well as rebuild previous relationships, with key partners in both teams.

## Qualitative themes



## The approach

**AIM**  
To re-establish an effective inter-professional relationship between an identified ICT and East Hampshire CLDT nurses by developing a shared pathway to improve service user safety, access to services and quality of care.

**Methodology**  
Applied **Plan, Do, Study, Act** (PDST) model. NHS England recommended model of quality improvement.

**Plan:** Sort supervision from line manager to identify a credible project in line with my professional experience and team quality improvement plan. Liaised with Consultant Nurse and Deputy Director of Nursing to clarify aim.

**Do:** Designed and obtained base line data. CLD Nursing team completed a satisfaction survey gathering quantitative and qualitative data on their experiences, barriers and successes, when engaging with ICT nurses. Exploring areas of change and success.

**Study:** Analysed questionnaire findings, identified themes and differences from original plan. Use findings to clarify project aim and actions.

**Act:** Make initial contact with one ICT nursing team to explore relationships, learning needs and potential for partnership working.

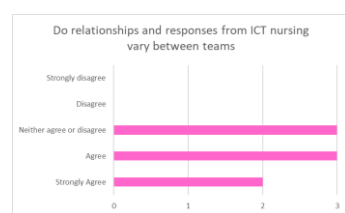
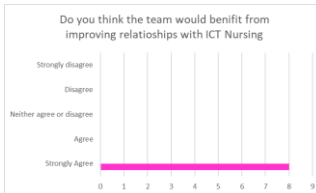
Cecilia Hart, RNLD, [Cecilia.hart@nhs.net](mailto:Cecilia.hart@nhs.net) 21st January 2021  
East Hants Community Learning Disability Service  
Thank you to Sara Courtney and Mel Webb for nominating me, and Jo Ticehurst for the inspiration

Reference:  
Bartunek, J. M. (2011). Intergroup relationships and quality improvement in healthcare. *BMJ quality & safety*, 20 (Suppl 1), i62-i66

## Impact

- The project is in its initial stages; therefore, it is not yet possible to describe the full impact in detail.
- The initial questionnaire was completed by 8 out of 11 participants.
- Findings from initial questionnaires indicate CLDT nursing do not always know how and who to contact. It appears the more experienced members of the team are more familiar with how to contact ICTs in the area. An unexpected finding was that new members of the nursing team did not know what ICT meant.
- Once the team make contact, they have received varying responses from ICT. When they have managed to achieve joint working, it has always ended in a positive result for the service user. When the team have not received a response, it has increased the duration of the service user journey. The service user has been left feeling frustrated, and the CLDT face challenges when facilitating reasonable adjustments to enable needs to be met.
- The team have observed that ICT nurses have varying experience and resources for supporting people with learning disabilities, when making reasonable adjustments and applying the Mental Health Act.

## Quantitative themes



## Leadership learning

- Initial findings indicate improvements can be made to service provision and quality of care. I have experience with working along side ICT nurses in a variety of roles, and have seen that, with training and building relationships, services provision can be improved.
- I have learnt not to assume everyone in a team has the same understanding and knowledge. The questionnaire gave me an opportunity to assess the knowledge and experience of the team and will affect how I will effect change.
- Developing a pathway between services is a small part of managing change. For this project to succeed, the key will be to assess team knowledge and developing relationships. This will be made more difficult with the impact of the COVID-19 pandemic and associated pressure on over stretched services.

## Next steps

- Invest time developing project. The pandemic has affected access to library services, caseload, roles and responsibilities. I have completed literature searches on change, relationships and people with learning disabilities experience of community care, however, I am yet to review findings.
- Initiate contact with identified ICT. Repeat satisfaction survey gathering quantitative and qualitative data on their experiences, barriers and successes when engaging with CLD nurses, identifying areas of change and success.
- Invest time previously not set aside to develop and sustain relationships with ICT to ensure services users with LD receive quality care equal to the general population.
- Liaise with and involve team Health Facilitator who has links with ICT nurses and provides training to primary care teams.
- Review team induction to incorporate information about ICT's and how to contact them.
- Develop knowledge and appreciation of ICT service processes.
- Consider with service leads how the team take referrals from ICT, facilitate clinical discussion and signposts to appropriate services.
- Explore potential of shared learning between teams.