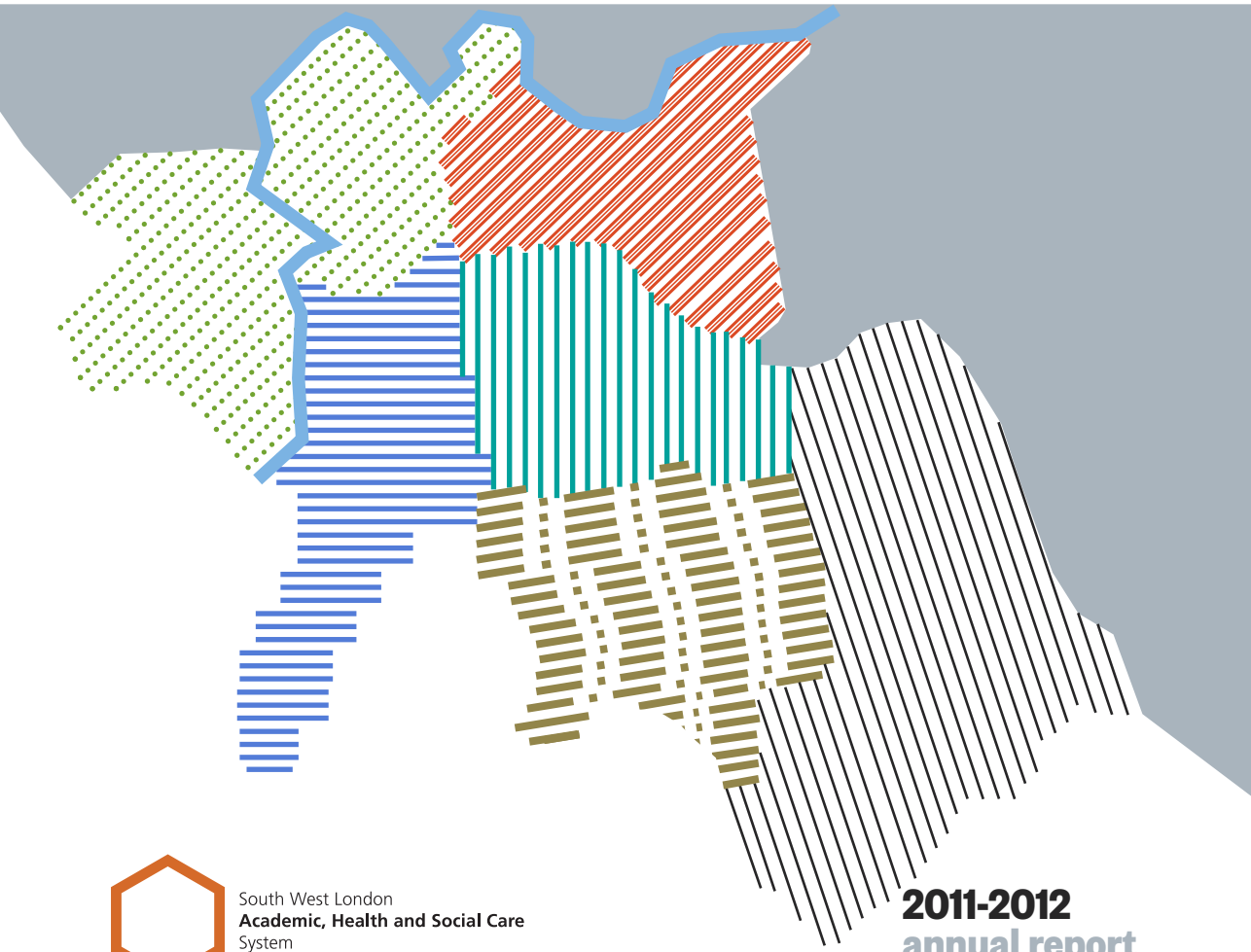
THE SOUTH WEST LONDON WAY

Better health and social care in Croydon Kingston Merton Richmond Sutton and Wandsworth



South West London
Academic, Health and Social Care
System

2011-2012
annual report

1.3 million

people live in the six boroughs that comprise south west London: Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth.

What is the SW London System?

The South West London Academic, Health and Social Care System (SW London System) is a mechanism that enables all organisations involved in providing health and social care in south west London's six boroughs to work collaboratively with each other, and with three universities in the area. The universities all run training for health and social care professionals and carry out research that informs both health and social care policy and practice.

The aim of the SW London System is to pool knowledge, share expertise and, where appropriate, join forces, to ensure all residents in south west London are offered the same, best possible health and social care services. To this end, a small, dedicated team of staff brings together health and social care professionals with university-based academics (be they researchers or teachers) to:

- promote evidence-based, similar ways of working across the area;
- carry out locally-based research projects to improve treatments and services;
- develop education and training for health and social care staff specifically designed to meet the needs of south west London.

Members of the SW London System currently include NHS organisations providing hospital and community-based health services; the NHS organisations responsible for commissioning health and social care services; and the local authorities that run (and commission) social care services for adults and children. Kingston University London, Roehampton University and St George's, University of London, are the three higher education institutions that are involved.

Each member organisation pays a subscription and half of the total sum collected directly supports projects that aim to improve services or develop and hone the education and training of health and social care professionals. The projects supported by the SW London System during 2011-12 are described within this publication.

What's in a name?

The South West London Academic, Health and Social Care System started life as the Academic Health and Social Care Network (AHSN) in October 2009. In 2011, its members decided to change its name: the 'Network' made the introductions and established good working relationships, but the 'System' will encourage joint ventures and an environment where member organisations and the health and social care professionals who work within them learn from each other.

Kingston Hospital: new band 4 midwifery support workers will start their training in January 2012.

Home-grown training for new support role

The four acute NHS trusts in south west London have banded together to commission a new foundation degree that will train 'associate practitioners' to offer practical support to both patients and qualified staff.

The job titles of the 'associate practitioners' will vary between trusts and specialities, but all will work in services that experience recruitment difficulties – maternity services and perioperative care, for example. Nationally, there is a shortage of midwives and jobs in theatre are historically difficult to fill, says Laurence Benson, director of the SW London System, which has financed a part-time project manager, hired for six months to get the associate practitioner posts and accompanying training off the ground.

The purpose-designed apprenticeship-like training will ultimately help reduce staff shortages, save money on agency staff and offer a more consistent service to patients, he says.

Each trust will appoint their own associate practitioners (some existing staff have been encouraged to apply for the posts) and then send them to university to train while working: between them, the four trusts are recruiting about 40 trainee associate practitioners (APs) to start in January 2012.

The four NHS trusts – St George's Healthcare, Epsom and St Helier University Hospitals, Kingston Hospital and Croydon Health Services – have tasked the Faculty of Health and Social Care Sciences (run jointly by Kingston University and St George's, University of London) to create the two-year Healthcare Practice Foundation Degree. NHS London is providing funding for the course fees and cover for the trainee APs while they are at university.

The emphasis of both the training and the work is on practical care in collaboration with qualified staff: the AP posts are band 4 (healthcare assistant posts are bands 2 and 3 while a registered nurse post is band 5). Initially, the APs will be trained to work in one of three specialities: maternity care, perioperative care and general nursing.

Those in maternity care will be called 'midwifery support workers' and will work with midwives on postnatal wards and in the community, helping new mothers learn to breast-feed and care for their babies, for example. Other APs will be trained to offer support in perioperative services, working in theatres or day surgery units as scrub staff and runners, and with patients during recovery; or to work with nurses on hospital wards and in the community in different services, depending on where they are needed.

A curriculum steering group means there has been input from all four trusts into the design of the foundation degree, which, says Di Morgan, assistant director of human resources for education and development at St George's Healthcare NHS Trust, will result in 'reliable, well-trained and safe practitioners.

'This isn't about creating new posts, it's about remodelling some services' staffing structures to enable patients' needs to be met more effectively and the service to run more efficiently,' she says. 'It makes sense to have the same training and standards across south west London.

'The idea is to have well-trained support staff to assist the qualified workforce. The training will create a potential career pathway for members of the unregistered workforce who currently support practitioners in the clinical setting.

'These staff are often recruited locally and therefore tend to create a consistent workforce, both within hospitals and community-based services.'

● The setting up of the new role and specialist training has been a collaborative venture involving Di Morgan from St George's Healthcare NHS Trust; Jackie O'Neill, head of education at Epsom and St Helier University Hospitals NHS Trust; Sarah Connor, professional development lead at Kingston Hospital NHS Trust; and Ann Bell, clinical nurse trainer at Croydon Health Services NHS Trust.⬡

Director Laurence Benson: 'What happens well in one part of the System should happen well in other parts.'

'Networks bring people together: what we are now trying to do is to create a system whereby organisations combine their abilities and resources to craft solutions to problems and jointly develop the best ways of working, or share innovative service developments,' says SW London System director Laurence Benson.

The System allows organisations in south west London working for a common purpose – to offer the best possible health and social care – to be interconnected, interactive and interdependent, he says. Thus, the four acute NHS trusts in the locale decided together to commission the Faculty of Health and Social Care Sciences (Kingston University and St George's, University of London), to create a new Healthcare Practice Foundation Degree to help them solve shared recruitment problems (see story on the opposite page).

'Shared' and 'commonplace' are the watchwords of the System, designed to encourage partnership and cooperation. 'If one organisation's way of delivering a service is proving to be most effective, the System will promote that to all its members,' says Laurence. 'What happens well in one part of the System should happen well in other parts – it should become the "south west London way".'

New ways of working, new members

The original members of the South West London Academic Health and Social Care Network (AHSN) included five NHS primary care trusts (PCTs) responsible, when the organisation was set up, for commissioning health services for south west London.

At the beginning of 2011, the government's Health and Social Care Bill spelled out plans to abolish PCTs by 2013. Instead, responsibility for commissioning services is to be given to new 'clinical commissioning groups' led by consortia of GPs and including other health care professionals.

At the time of writing (October 2011), the Bill is still wending its way through parliament, but the new GP-led structures in south west London are already in place and beginning to manage local NHS budgets. NHS Sutton and Merton, for example, will hand over commissioning responsibilities to two clinical commissioning groups – The Sutton Consortium, covering two-thirds of the borough, and The Federation, covering Merton and a third of Sutton. Other PCTs are transferring commissioning responsibilities to just one clinical commissioning group – the Kingston Consortium, for example, will cover the whole borough.

The five PCTs in south west London are still accountable for the NHS budget until the official handover takes place in 2013: in the interregnum, they have been streamlined and are operating through a South West London 'commissioning cluster' that is supporting the new clinical commissioning groups. The commissioning cluster remains a member of the SW London System until 2013: it is anticipated that the new clinical commissioning groups will become members during 2012.

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Helping GPs in new commissioning role

GPs are soon to have more responsibility for spending and investing public money. As a result of the NHS reforms detailed in the Health and Social Care Bill 2011, they will in future play a pivotal role in new clinical commissioning groups charged with buying hospital-based and community health services to meet the needs of people living in local neighbourhoods.

Many GPs however, have little expertise in methodologies that can inform spending decisions – or knowledge of the concepts, language and terms used in the world of health finance and health economics, says Professor Giampiero Favato, head of the Department of Accounting and Finance at Kingston University.

With the support of the SW London System, he is designing a short training course that will help GPs in their new commissioning role. The aim, he says, is to give them a broad understanding of modern methods that can help them evaluate both cost and value – and then reach informed decisions about which are the best services to purchase on behalf of their patients.

Not all methodologies used for economic evaluation are relevant to taking 'real life' decisions, he says. QALYs (quality adjusted life years), for example, are a standard tool used by health economists when assessing cost-effectiveness of a particular treatment, but may not be relevant for commissioning decisions. 'If two treatments have the same QALY, how does a physician choose between them? QALYs don't help you take that decision.'

Maths and statistical calculations won't feature in the training: the new commissioning groups will employ accountants and financial advisors, he says. However, GPs and other health professionals will need to understand financial 'language' used to express advantages and disadvantages of different treatments and services. The aim is to equip them to be able to ask more relevant questions of financial advisors, to identify both opportunities and risks. 'The new responsibilities also have legal liabilities,' he says.

The training will be piloted at the beginning of 2012 and then developed as the structures of the new clinical commissioning groups in south west London are finalised during the countdown to the formal abolition of primary care trusts in 2013.

The idea is to offer the training to everyone new to the commissioning process – GPs and other health care professionals who will advise on which treatments and services are available. The training will be fully customisable to meet the needs of different groups.

Professor Giampiero Favato: developing training for GPs and other healthcare professionals new to the commissioning process.

Supporting collaborative leadership

A Leadership Development Programme commissioned by the SW London System will help senior managers focus on working together to plan and provide services that address all the needs of both an individual and a local area.

'In the past, organisations have developed stand-alone solutions to problems that were particular to their individual remit,' says SW London System director Laurence Benson. 'There is now an acknowledgment that the best way to improve people's health and wellbeing is for health and social care organisations to work together – and also to work with organisations concerned with housing, leisure and sport, for example. Strategies to prevent ill health and promote good health within a local neighbourhood also need to be taken into consideration.'

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GP practices operate in south west London.

Senior managers from all the organisations that are part of the SW London System are being offered a place on the new Programme that will emphasise the skills needed to collaborate imaginatively and productively with both existing and new organisations, and inspire their teams to think creatively.

Kingston Business School (at Kingston University London) is organising the year-long Programme that will start in January 2012 with a first intake of 40 service managers and senior academics working in a range of different departments, with varied backgrounds and fields of expertise.

They will come together for three three-day modules to be staggered throughout the year. Between times, each participant will be offered the support of a mentor, appointed by their employing organisation, and work on their own project, focusing on improving services by collaboration.

The Programme will run for a second time throughout 2013, recruiting another 40 participants.

Small grants

An annual SW London System small grants scheme encourages health and social care professionals to develop and start evaluating new services and treatments in partnership with colleagues at other member organisations.

The scheme helps successful applicants to build on ideas and test methodology – and often enables them to go on to apply for grants to external funding organisations to support larger research projects. This year, the SW London System has supported six projects through the small grants scheme and you can read about them all on the following pages.

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Finding the best way to screen for dementia

Older people are routinely given a short memory test when they are admitted to hospitals in south west London. But what happens to patients suspected of having dementia as a result of that screening?

Do diagnostic tests (which should include a detailed history, brain scan and blood tests) happen in hospital and how much does that cost? Is discharge delayed to allow diagnostic procedures to happen? Or do hospital medics notify a patients' GP and ask them to arrange further tests? If so, do GPs act on that information?

A part-time research nurse is to be hired for six months to answer some of these questions and find out more about how the screening system at St George's and Kingston Hospitals works in practice, as well as the implications for health professionals, patients and the budget. The plan is to collect information about 20 patients at each hospital with the help of patient records and hospital notes – and to seek the views of both staff and older people who are being screened.

Previous research has shown that 40 per cent of people aged over 70 who are admitted to hospital for a physical health problem have dementia – and half of them have not previously been diagnosed.

Dr Jeremy Isaacs, a consultant neurologist and dementia clinical lead at St George's, says this project is the first step towards developing the best possible, cost-effective, hospital-based screening system for south west London.

Understanding the mechanics of the current system – introduced in 2010-11 for patients aged 65 and above – is crucial in order to improve the process, he says.

'We need to find out whether the screening memory test actually results in people getting a diagnosis of dementia or is just seen as a "box-ticking exercise" that no-one feels responsible for following up.'

The project will give some insight into the benefits, drawbacks and cost of the current system: Jeremy also hopes it will help perfect the methodology for collecting information and views so that a larger study can be staged. Ultimately, he says, such evaluations can contribute to the development of a 'best practice model' for older patients who are shown to need further assessment.

Dr Jeremy Isaacs is carrying out this project collaboratively with **Dr Chooi Lee**, consultant geriatrician and dementia clinical lead at Kingston Hospital. Researchers at St George's, University of London and Kingston University are also involved.

Siobhan Strike: an accelerometer could help pinpoint which characteristics of walking are risk factors for falling.

Using mobile phone technology to help aid diagnosis and treatment of falls

A component used in mobile phones and Wii games could help older people who are prone to falling.

The 'accelerometer' measures motion – and because the way we move when we walk plays a part in our propensity to fall, south west London researchers think the device might, in future, aid assessment and diagnosis. They think it could initially help pinpoint which characteristics of walking (length of stride, speed and variability of stride, for example) are risk factors for falling.

To explore the potential use of the device, they are enlisting the help of 30 older people who live in Wandsworth, half of whom have already experienced a fall. They will all be asked to walk at a fast and slow speed, both indoors and 'on the street', in test conditions, while wearing a small accelerometer (about the size of a memory stick) on a belt that positions it at the base of the spine.

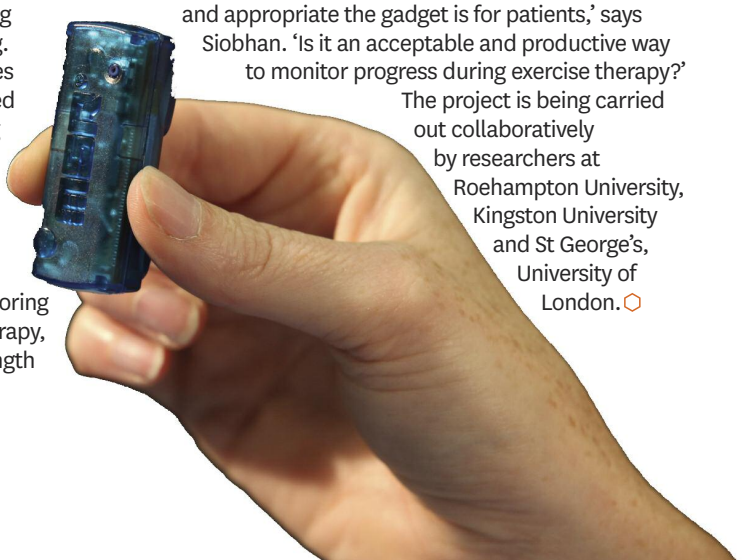
By analysing the raw data collected by the accelerometer, the researchers hope to understand more about the walking characteristics associated with falling. After a year they will test their theories – and the validity of the data produced by the accelerometer – by contacting all 30 individuals to find out which of them have experienced a fall.

Siobhan Strike, a lecturer in biomechanics at Roehampton University, says the accelerometer might also have a future role in monitoring post-fall progress during exercise therapy, which concentrates on balance, strength and flexibility.

Patients who are embarking on exercise therapy could wear an accelerometer at home or in the therapy sessions: Siobhan and her colleagues are writing a computer programme that allows the information collected to be translated into 'progress reports' that can be viewed on screen. The idea is that the therapist and the patient could together see whether it is logging any changes in walking style: the 15 accelerometer 'testers' who have experienced a fall will be asked to try out this type of monitoring and say if they think it is useful.

'The point of this is to find out how user-friendly and appropriate the gadget is for patients,' says Siobhan. 'Is it an acceptable and productive way to monitor progress during exercise therapy?'

The project is being carried out collaboratively by researchers at Roehampton University, Kingston University and St George's, University of London.



Online training about mental health medicines

Online training to boost knowledge about medication prescribed for people with mental health problems – and its potential side effects – is being created by pharmacists at Springfield Hospital.

The training is designed for support workers and community-based mental health professionals (including social workers, psychologists and occupational therapists) who come across medication for mental health problems in their everyday work. Even though doctors and nurses learn about prescription drugs during their professional training, most other mental health professionals aren't given even a basic grounding in the types and possible pitfalls of medication.

The e-learning package is being purpose-built by the South West London and St George's NHS Trust pharmacy team and will be ready to pilot early in 2012. The idea is to make it available to everyone working with people with mental health problems in south west London – be they employed by the mental health trust, the local authority, or by charities and voluntary organisations.

'Medication is the most frequently used treatment in mental health, yet the majority of people working in the field aren't taught about it,' says principal pharmacist Carl Holvey. 'I know that some people working for community-based mental health teams aren't fully aware of possible side effects and the risks involved in taking some types of medication. If staff don't have this basic knowledge, errors and mistakes can, and do, occur.'

The web-based training will include specific information about 'high risk' medicines like clozapine (an antipsychotic) and lithium (prescribed for bipolar affective disorder) as well as general information about different types of medication commonly used for a range of mental health problems – antidepressants, for example – and their potential side effects. It will also encourage the logging of mistakes and explain how to make reports about errors.

Community-based care coordinators are responsible for organising regular check-ups of people's physical health to make sure it is not being adversely affected by the mental health medication they are taking. 'It makes good sense for a care coordinator to know why it is important to ensure people have their physical health monitored,' says Carl. Other support workers and mental health professionals may be involved in picking up prescriptions on behalf of service users and encouraging them to take medication, he says. 'It's very useful for them to know about why medication is prescribed and potential side effects so staff can encourage visits to a doctor if anything seems untoward.'

● Springfield Hospital pharmacy runs a medicine information line for professionals and service users, 020 3513 6829, weekdays 9am to 5pm.

Carl Holvey: 'The majority of people working in mental health aren't taught about medication.'

Wendy Brooks: 'The benefit of working on a ward is that you can see what the problems are and then try to work out a practical answer.'

Nurse-led project aims to improve continence care after a stroke

Nurses on C3 ward at St Helier Hospital in Carshalton are test-driving three simple devices that could help patients regain urinary continence after a stroke.

Plans to promote continence need to be informed by a diagnosis, and the diagnosis in turn needs to be informed by an assessment. The devices are different types of alarms that could potentially aid assessment and help make sure the plan is then followed.

A crucial element of the assessment is a bladder scan that needs to be carried out immediately after urine has been passed. The first device is an enuresis alarm that immediately alerts a nurse so he or she can carry out the important scan at the right time. The discreet transmitter has sensors that detect wetness, but does not draw attention to the patient.

Once a diagnosis is made, the care plan often involves regular visits to the toilet. The second device prompts nurses – by voice message or page – to help different patients at pre-set times throughout the day.

The third device is a vibrating watch: patients who are mobile can use this to remind themselves to go to the toilet at pre-determined times.

Stroke nurse consultant Wendy Brooks is leading the project that seeks to find out if the three alarms can make a difference to the number of completed assessments and the implementation of care plans within the first four days following a patient's admission. Members of the nursing team will also be asked if they think the alarms help or hinder their work.

Wendy spends half her time working on the ward. 'The benefit of being a senior nurse working on a ward is that you can see what the problems are and then try to work out a practical answer,' she says.

Urinary incontinence is common after a stroke – between 40 to 60 per cent of people admitted to hospital need assessment and a continence plan. If the three types of alarm are shown to be of benefit, Wendy is hoping to run a larger trial that could provide the evidence to justify the purchase of the devices at stroke units throughout south west London and beyond.

Why is carer peer support so successful?

A pioneering scheme run by South Thames Crossroads Care offers support to people caring for a relative or friend who has a long-term health problem or terminal illness. A volunteer who has previously been a care-giver themselves meets with them regularly to signpost services and offer emotional support and advice when someone is feeling overwhelmed by their caring responsibilities, or following a bereavement.

Researcher Nan Greenwood (based at the Faculty of Health and Social Care Sciences run jointly by Kingston University and St George's, University of London) wants to find out more about why this sort of 'peer support' is successful. She is leading an evaluation of the Crossroads Care Mentoring Service, initially launched four years ago and now funded by the Big Lottery for a further three years.

Sue Barrett, who runs the scheme, matches one of 25 volunteers with people who self-refer or are referred by carers' centres, GPs, district nurses and other health professionals. The pairs then meet for up to 12 weeks, at times and places that are convenient to both of them.

As well as supporting people with existing caring responsibilities, Sue says the scheme (which operates in Merton, Sutton, Wandsworth and Lambeth) has boosted the self-confidence and self-esteem of the volunteers, all of whom are specially trained and given regular supervision. It is an opportunity for them to use the skills, knowledge and expertise they acquired while caring for a relative, she says.

Through group discussions and individual interviews, the aim of the evaluation is to understand more about the practicalities of running the service (recruitment procedures and training, for example) and to try to assess the benefits for both volunteers and carers as well as analyse the success of the scheme. The results could inform the development of similar schemes by other organisations, both voluntary and statutory – and help Crossroads Care secure future funding.

Around one in 10 people in England and Wales have caring responsibilities and save the government an estimated £119 billion a year. Yet research shows many have poor physical and mental health themselves and often feel isolated. Nan says it's time to invest in services that support family members who care for a relative: 'We need to find the best way of doing that,' she says.

● Dr Ruth Habibi and Professor Vari Drennan, both in the Faculty of Health and Social Care Sciences, are also members of the research team.

Nan Greenwood (left)**:** evaluating the success of the Crossroads Care Mentoring Service. The Service is run by **Sue Barrett,** pictured far right (at back) with volunteers who have previously been care-givers themselves.

Theresa Nash: 'Being involved with heritage, countryside and cultural activities can improve people's mental and physical health and create a sense of "belonging".'

Promoting arts and heritage organisations to health and social care professionals

A wealth of projects and activities run by heritage, countryside and cultural organisations in south west London could boost the recovery and wellbeing of people who are socially isolated – because of long-term physical or mental health conditions, learning disabilities or caring responsibilities, for example.

'We know being involved with heritage, countryside and cultural activities can improve people's mental and physical health and create a sense of "belonging",' says Theresa Nash, principal lecturer in primary care and enterprise lead at Kingston University and St George's, University of London in the joint Faculty School of Nursing.

But health and social care professionals are often unaware of heritage, countryside and cultural resources that could benefit the recovery of people they support – and while heritage, countryside and cultural organisations are keen to be inclusive, they aren't always sure about how to broadcast their activities to a more diverse audience.

Now Theresa is seeking to bring together health and social care providers and heritage and arts organisations in south west London through a new network. The idea is that members can work together to promote potentially therapeutic opportunities for service users to health and social care professionals.

'We need to think about how we work together,' says Theresa. 'Do we need a website? Do we need to organise training or offer advice to the heritage sector to help make their events more accessible? Do we set up and run projects together? We also need to work out how such a network could be funded in future.'

Theresa already has considerable experience in this field: six years ago, she set up Heritage to Health (h2h), a scheme whereby people who are socially isolated work side by side as equals with health and social care students from the joint Faculty as well as health and social care professionals. Together, they plan and take part in 'challenge days' held at heritage and countryside sites (the National Trust's Ham House in Richmond, for example).

The benefits of this fusion are manifold, says Theresa. People's wellbeing increases and heritage organisations reach new visitors. Working outside a clinical environment can change health and social care students' and professionals' assumptions about the people they support. 'It challenges their perceptions about people's capabilities and exposes students to new ways of working, a way of supporting recovery that is different from the medical model,' she says.

The National Trust and English Heritage, actively involved in h2h, are committed to being part of the new network for south west London. Now Theresa and colleagues, including student volunteers, plan to track down all local heritage and countryside organisations, large and small, and work out the best way of promoting them to health and social care providers, including GPs. A number of statutory, voluntary and private sector health and social care organisations are already on board.

● Heritage to Health, www.heritage2health.co.uk

Exploring possibilities: business across boundaries

The SW London System is fostering closer working links between its member organisations in line with the move towards more 'joined up' services.

In addition, reductions in public sector budgets have meant health and social care organisations and higher education institutions are considering new ways of doing business. The SW London System has encouraged its member organisations to explore opportunities for improving efficiency and securing best value for money.

Supporting relevant and topical education

An MSc in Public Health is being planned at St George's, University of London. The SW London System is supporting the creation of the new postgraduate programme, which could be up and running in September 2013.

Public health is not just the domain of specialist professionals, says Peter Brambleby, director of public health in Croydon. An MSc will appeal to people who want to carve a career in the field and go on to study for public health qualifications, but it will also have relevance for all health and social care professionals.

'Public health can be described as population medicine,' he says. 'Anyone who takes an interest in the welfare of the population is a public health practitioner. In future, doctors and other health professionals will need a population perspective. For example, commissioners of health services will be commissioning diabetic health, not diabetic care – a diabetic expert would be asked to improve the glucose control of the population, not just treat people with diabetes.'

The public health perspective will be high on the agenda of new health and wellbeing boards led by local authorities and working with the new clinical commissioning groups charged with purchasing health services post 2013. Local authorities, responsible for planning and running a wide range of services that contribute to the wellbeing of people living within their boundaries, are to take on board leadership for the public health of their residents from the same date. (Public health expert teams are currently employed by primary care trusts and other NHS organisations.)

A new MSc may also be attractive to international students and help generate an income in times when public funding for higher education is being reduced and universities are being encouraged to become more entrepreneurial.

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Sharing services: universities start to talk

The three universities that are members of the SW London System – Kingston, Roehampton and St George's – have started to discuss whether it is feasible to share any of their 'back room' services.

'Shared services are of course not new – but the SW London System gave us new opportunities to talk to our colleagues in south west London,' says Chris Cobb, formerly pro vice-chancellor at Roehampton University, who led this initial work. (Chris has now moved on to the University of London).

'The initial talks have stimulated discussion in a number of areas,' he says. 'While there aren't any firm proposals, the discussion did result in a lot of goodwill and a dialogue between the three universities that can be built on and taken forward.'

Sharing back room services doesn't just save money, he says – it can also lead to better 'more resilient services.'

The two products of sharing back room services are 'economies of scale' and 'critical mass.' Economies of scale mean better deals can be negotiated as universities clubbing together have 'greater purchasing power.' There are already examples of regional 'procurement consortia' where a number of universities come together to create a larger purchasing power to buy stationery, for example, or lab equipment.

Critical mass means an expert team can offer services to a number of institutions and is particularly useful for specialist roles (such as energy management, internal audit or health and safety, for example) where an organisation often relies on one person to carry out particular duties. 'By sharing, the service becomes more resilient and also better because it can include varied expertise.'

Universities can see the sense in both economies of scale and critical mass, says Chris – as can HEFCE (Higher Education Funding Council for England), currently supporting several shared service pilot projects in line with government policy to help meet efficiency targets.

However, there is one major hurdle – VAT. 'There are many models of creating shared services but if one university provides a service to another, then VAT will be incurred in the same way that VAT is incurred if a contract is outsourced to the private sector,' he says. Because universities are very limited in what VAT they can claim back, savings from shared services would need 'to be in excess of 20 per cent to make the proposition financially attractive.'

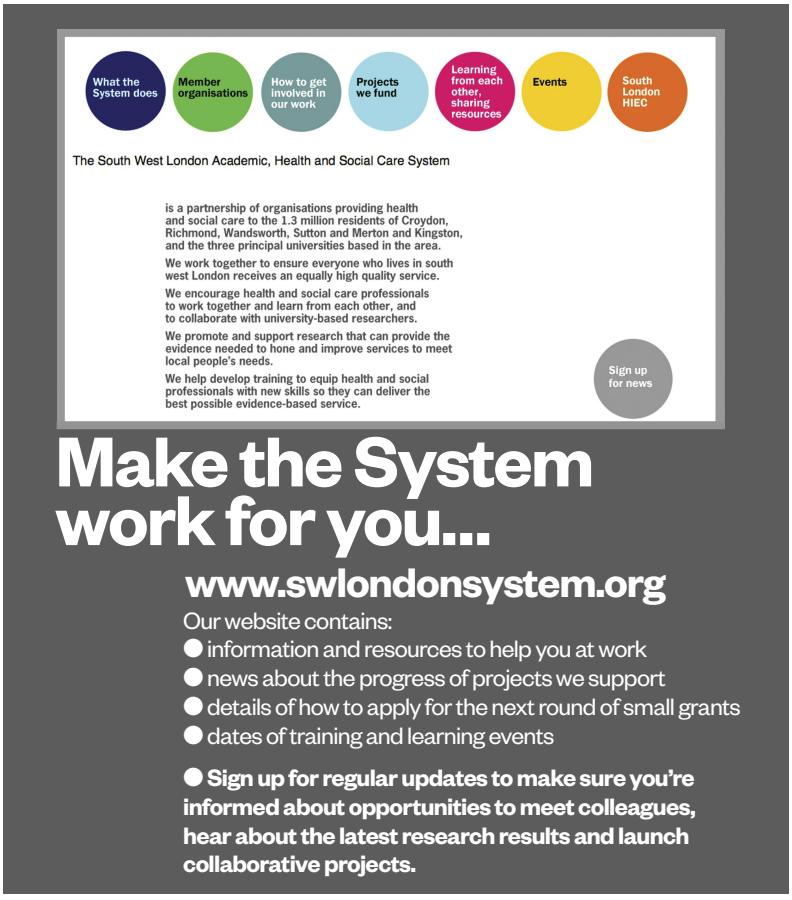
The government is currently considering changes to the VAT system, but in the meantime, Chris says the 'critical mass' type shared services are still attractive for the 'qualitative improvements' they bring about.

The SW London System is continuing to spearhead discussions about the possibility of sharing services in future. 'We welcome any suggestions for sharing services, not just between universities, but also between other members of the SW London System,' says director Laurence Benson.

St George's Healthcare NHS Trust and St George's, University of London, for example, are already talking about teaming up to purchase services like cleaning, waste management and maintenance.

Making introductions, cementing relationships

An important part of the SW London System's work is to make introductions and cement relationships. Those introductions may be made between staff working at different member organisations, between staff working within the same organisation, or to outside organisations that may offer technical expertise or financial support. An introduction made by the SW London System enabled funding to be secured for an evaluation of dementia training for care home workers, designed and run by staff from Wandsworth's social services department, for example (see story on opposite page). And the SW London System is supporting a project that seeks to build on existing working relationships between health and social care professionals and teachers and researchers at St George's, University of London and at the Faculty of Health and Social Care Sciences run by St George's and Kingston University (see page 18).



Training benefits both staff and older people

A training scheme designed by a team working for Wandsworth Council helps care workers better support the growing numbers of people with dementia who live in residential homes.

'Working with people with dementia can be overwhelming,' says Iris Jackson who works in Wandsworth social services' specialist Transformation, Quality and Review team: one of the team's roles is to review the quality of care in residential homes for older people. 'Some care workers say they are quite frightened about approaching residents who have dementia because they don't know how to talk to them and respond to them.'

The training – 'Person-centred care for people with dementia' – consists of eight weekly half-day sessions and aims to help care workers understand more about dementia and the reasons for residents' behaviour, give them confidence, and teach them practical ways of supporting their clients. 'People say the training has helped them re-engage with the job, improved their workday and given them more job satisfaction because they see improvements in their clients,' says Iris.

Now a formal evaluation is to be undertaken to provide evidence to show this sort of training is beneficial for people with dementia, and for the care workers who support them. The evaluation is to be carried out by researchers at St George's, University of London with the financial backing of the NHS London Dementia Strategy and the Department of Health (social care), secured with the help of the SW London System.

As well as measuring improvements in residents' quality of life, the evaluation will seek to find out if there has been a decreased use of medication to control agitated and aggresive behaviour in homes where care workers have been trained.

The course was developed in collaboration with the Development and Learning team in social services and is now delivered three times a year to groups of about 30. The training takes place in one of the care homes – run by private sector organisations or charities – rather than in a classroom.

There is optional 'homework' – preparing a case study about supporting a particular resident, for example – and workplace assessment, which can be carried out by a senior member of staff or a peer. Care workers are encouraged to share what they have learned on the course with colleagues.

The results of the evaluation will help the Wandsworth social services teams develop the training. If the evidence proves the benefits, other boroughs in south west London might want to commission the course, says Iris.

NHS Photo Library

Person-centred care for people with dementia training has given care workers more job satisfaction because they see improvements in their clients.

Fostering closer links with academics

How can health and social care professionals working in services run by NHS trusts and local authorities in south west London work more closely with researchers and teachers employed by St George's, University of London and the Faculty of Health and Social Care Sciences (run jointly by St George's and Kingston University)?

The SW London System is supporting a project that will gather the views of staff working for the trusts, borough councils and the universities about the best way to introduce some kind of cross-organisational arrangement to support and encourage teamwork and greater alliances.

'We want to look at ways of working together across traditional organisational boundaries to bring service excellence and academic strength together for the benefit of both,' says SW London System director Laurence Benson. 'Postgraduate medical education in particular would benefit from a mechanism that emphasises clinical research and allows the swift adoption of evidence-based service improvements from across the UK and internationally.'

One idea would be to set up an 'academic care group' (ACG) for some of the hospital and community-based services run by member NHS trusts to facilitate closer working between health professionals, social care professionals and academics.

'NHS trusts and university researchers and teachers have always worked closely together: by creating ACGs, these collaborations would become more formalised. Bringing social care professionals into these groups would make sure all the health and care needs of an individual are considered,' says Laurence.

'There is evidence from both the US and the UK that this type of structure – aligning the academic, health and social care systems toward common goals by breaking down silos, encouraging collaboration and creating transparency across organisations – can be very successful.'

Other NHS trusts and universities involved in academic health science centres have set up more formal partnerships in the shape of 'clinical academic groups' to deliver specific National Institute for Health Research-funded 'bench to bedside' research programmes. This project is not about implementing that sort of prescribed change, says Professor Paul Jones, head of the Division of Clinical Sciences at St George's, who is leading the project and is working with a steering group made up of representatives from SW London System member organisations.

Collaboration already occurs between member organisations, particularly between clinicians at St George's Healthcare NHS Trust and researchers and teachers at St George's, University of London, he says. Many clinical services are already led by doctors who are academics, and many other health professionals get involved with individual research studies and teaching activities.

The objective then is to find an arrangement that best supports the collaborations already occurring, makes them more widespread, makes it easier for health professionals to get involved in research and for patients to participate in trials and studies – and fosters 'the provision of a high quality learning environment for teaching and training.' Paul says: 'This is about facilitating partnerships rather than imposing new ways of working or service reconfiguration.'

NHS

Health Innovation and Education Cluster
South London

South London Health Innovation and Education Cluster

West meets east...

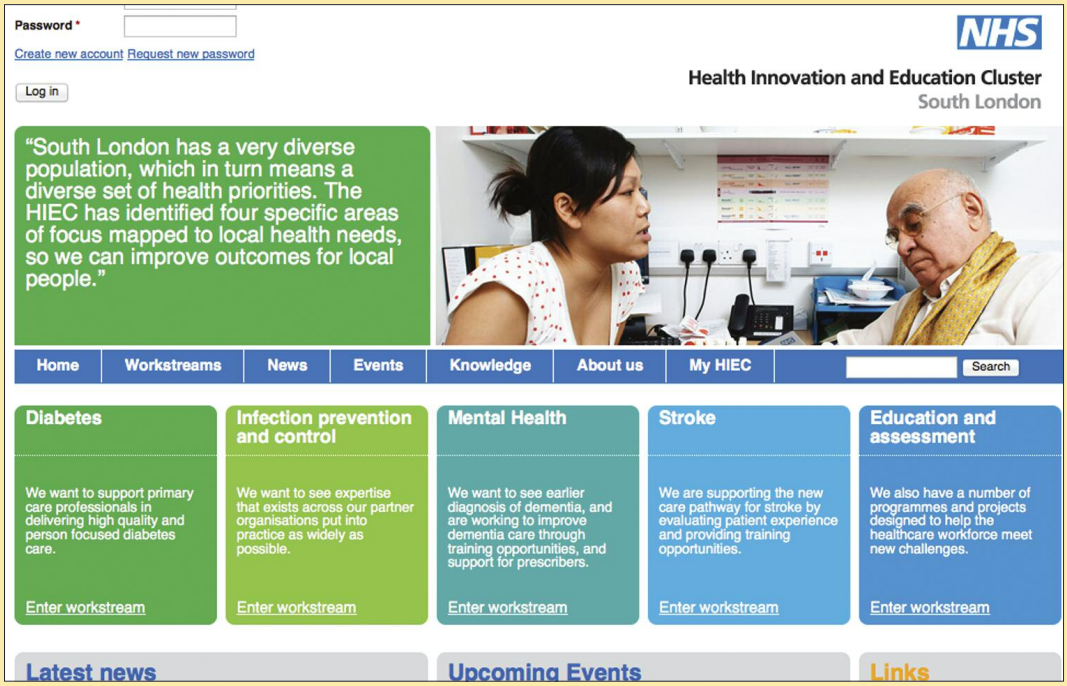
The organisations that work together through the SW London System also collaborate with health and social care organisations in the south east of the capital through the South London Health Innovation and Education Cluster (HIEC).

The South London HIEC's remit is to develop education and training and to make sure best practice and the latest research results are implemented in four specialist areas – diabetes; infection prevention and control; mental health; and stroke. HIEC-supported projects aim to enable member organisations to learn from each so the best service can be available everywhere south of the river.

The virtual organisation is one of 17 similar 'networks' in England funded by the government until 2012. The South London HIEC is led jointly by the SW London System and King's Health Partners, the academic health sciences centre set up by King's College London and three NHS organisations in south east London (King's College Hospital NHS Foundation Trust, Guy's and St Thomas' NHS Foundation Trust and South London and Maudsley NHS Foundation Trust). SW London System director Laurence Benson spends about half his time on HIEC activities, working side by side with colleagues at King's Health Partners and a small team of HIEC dedicated staff.

Member organisations

There are about 30 member organisations, each one involved in providing and commissioning health and social care services, or teaching and training health and social care professionals, or undertaking research, or making policy decisions about health and social care. They include NHS organisations, six universities and other higher education institutions, local authorities, charities and voluntary organisations, private sector organisations and Department of Health-funded research networks.



www.slondonhiec.org.uk • • •

• • • is a place where any health and social care professional, teacher or researcher working in south London can learn, share information or launch collaborations.

Employees of member organisations (listed on the website) and GPs need to register to fully access the resources on the site. These include e-learning packages that are being developed as part of the HIEC's remit to support learning and professional development.

Once registered, visitors to the site can customise the information they view according to their specialist interest. 'If you choose diabetes, for example, the site will lead you to training for professionals working in diabetes services, relevant resources, and information about relevant news and events,' says Terence Harrison, the HIEC's knowledge specialist.

www.slondonhiec.org.uk launched in September 2011 and will be regularly updated and developed. Visitors to the site don't need to register to access information about all the projects supported by the HIEC. You can also read about an illustrative handful of them on the following pages.

Online depression training to help GPs and diabetes doctors support patients

People who have both diabetes and depression are often treated for their physical condition but not for their mental health problem. Yet research has shown that depression can make the symptoms of diabetes worse – and that people with both health problems are more likely to die earlier.

'The reasons for this are complex, complicated and not completely known,' says Dr Khalida Ismail, a psychiatrist and researcher who has, in the face of this evidence, designed an e-learning package to give GPs and diabetes specialists the skills they need to diagnose and start treatment for depression. Khalida (pictured above) works at the Institute of Psychiatry, King's College London and is also a consultant liaison psychiatrist at King's College Hospital NHS Foundation Trust. She specialises in diabetes and mental health.

Her vision is to make screening and treatment for depression 'part and parcel of diabetes care in south London.'

Medication and talking therapies have both been proven to successfully treat depression. The problem is, she says, that diabetes specialists and GPs are not necessarily trained to give the psychological support that is often needed by people who have chronic health problems such as diabetes. The new programme, available to all health professionals in south London via the HIEC website, includes a step-by-step guide to assessing depression within a standard 10-minute GP consultation. 'The key is understanding the symptoms and asking the right questions,' she says. 'Patients don't want to be assessed by a questionnaire, they need to talk.'

The programme goes on to give information about antidepressants and their interaction with diabetes drugs (there are none) and other evidence-based treatments like cognitive behaviour therapy – and signposts services where patients can be referred. It takes about an hour to complete and can be read (as a downloadable pdf), listened to (as a power point presentation with a voice-over) or viewed (on video). The programme ends with a 'competency self-assessment' – the GP or diabetes specialist answers tick box questions about one of their patients who has both diabetes and depression.

Khalida plans in future to create a second module focusing on the specific worries and fears patients may have about both diabetes 1 and diabetes 2 that can contribute to the development of depression. This module could be used by GPs and other primary care health staff trained in CBT, or help IAPT (Improved Access to Psychological Therapies) workers address diabetes-specific issues in the support they offer.

Stroke education days

A training day for care home staff focused on giving them knowledge and information that can help them offer better support to residents who have had a stroke.

People may find it hard to communicate after a stroke, or have difficulties moving themselves into a comfortable position, for example. They may also need psychological support, and help to deal with continence problems. The training day raised awareness of these issues and outlined practical ways of assisting stroke survivors that care home staff can use in their everyday work.

It was one of a series of 14 education and training events organised over an 18-month period to keep stroke professionals, stroke survivors and social care professionals up to date with the latest research results and new ways of working.

The programme runs through until May 2012: the education and training days are each designed for a different audience but all aim to discuss current treatments (some events for doctors and nurses, for example, have been about thrombolysis – clot-busting treatment) and best practice when working with stroke survivors.

It has also included an event that focused on 'self-management' when stroke therapy ends: the 'Bridges – life after stroke' symposium highlighted the Bridges Stroke Self-Management Programme to a mixed audience of stroke survivors, their family members, health professionals, researchers and policy makers.

First developed by Fiona Jones, who works at the Faculty of Health and Social Care Sciences (Kingston University and St George's, University of London), the Bridges Stroke Self-Management Programme helps stroke survivors take a leading role in their own rehabilitation by setting their own goals and recording their achievements. Fiona trains health and social care professionals to help them help people manage by themselves in the longer term by using the Bridges Programme. Last year, the SW London System (then called the South West London AHSN) supported training for health and social care teams in Kingston. You can read about this project on the SW London System website, www.swlondonsystem.org

To find out about the remaining HIEC stroke education and training days, visit the HIEC website, www.slondonhiec.org.uk or www.hiecevents.sgul.ac.uk

New professional networks...

Community matrons and GP practice nurses often work in isolation: now two professional networks are being set up in south London to give these specialist nurses a place to talk and learn from each other online.

The South London Community Matrons' Network and the South London Practice Nurses' Network are being created with the backing of the South London HIEC and NHS London – they have commissioned the Innovation Unit, a not-for-profit social enterprise to work with two nurses who have been seconded to act as facilitators and help launch the networks.

The networks will also give both community matrons and practice nurses in south London a collective voice to articulate their needs, particularly in terms of professional education. The networks will be able to act as a conduit for their members' views so higher education institutions in south London can make informed decisions about the development of training programmes that are relevant to the nurses' everyday work.

...bringing practice nurses together

Aileen Palanisamy (pictured below) has been a practice nurse for more than 20 years. Nowadays, she works in a GP practice in Woolwich (in the London borough of Greenwich) where she manages a team comprising practice nurses, district nurses and health visitors and continues to work with patients.

As facilitator of the new South London Practice Nurses' Network, she wants, in the first instance, to identify all the lead practice nurses in south London to ask them to help spread the word about the creation of an online forum that will enable them to exchange views, ideas and help each other solve practical problems.

Unlike Aileen, many practice nurses do not work with peers: there is sometimes just one nurse per GP practice, she says. 'Because of this, we don't get many opportunities to share good ideas and good practice.

'The Practice Nurses' Network will allow us to discuss issues that affect us and support each other through chat rooms and forums. The idea is that if a practice nurse in one area thinks "how can I deal with this problem?", they can go online and find out how other practice nurses in different areas tackle the same issue.'

There are an estimated 600-700 practice nurses working in south east London alone. 'We don't yet know the figure for south west London but can only assume it is very similar,' she says.

...bringing community matrons together

Georgina Essenhigh (pictured above) is a community matron who is based in a Wandsworth GP practice but employed by St George's Healthcare NHS Trust (now responsible for the management of community services in Wandsworth).

She is leading the setting up of the Community Matrons' Network, and her first task is track down all the community matrons in south London who are eligible to join.

All community matrons work independently and are able to diagnose and prescribe medication without reference to a GP. They support people who have chronic, long-term health problems in their homes.

But the community matron service is managed differently in each south London borough. Like Georgina, some community matrons work from GP surgeries, but some are based in health centres and some lead teams of district nurses. Some are employed by a health organisation, some by a social enterprise. 'There are so many different employers, it is tricky to find everyone,' she says (she has identified about 100 peers so far).

'What's more, all community matrons work in a different way. There is no set job description, no central pay scale and no set educational competencies.

'Some employers train community matrons "on the job", while others ask for advanced skills and prescribing qualifications when they start.

'As a result of the many differences, there is often no line of communication between neighbouring boroughs which means there is a lot of advanced and innovative nursing practice that is not getting shared. That's why the new Community Matrons' Network is such a good idea. People don't have time to go to meetings but if we can talk online, we can share good practice, innovation and ideas, and also offer each other support.'

NHS Photo Library

Checklist helps GPs prescribe antipsychotics to older people only when necessary

Psychiatrists working in services run by the three south London mental health trusts have together created a simple resource to help GPs make informed decisions about whether to prescribe antipsychotics to older people who have dementia.

They hope the quick-to-complete and easy-to-use checklist will result in fewer prescriptions for antipsychotics. Research shows that the drugs are more harmful than beneficial for older people: they can cause serious side effects – and increase the risk of stroke and death.

The majority of antipsychotics are not licensed for use with people with dementia but they have been historically prescribed 'off-licence' to treat difficult behaviour or the symptoms of psychosis that some people with dementia experience.

The 'Initiation of antipsychotic treatment in dementia' checklist presents a series of simple questions in 'flow-chart' format to help GPs decide whether an antipsychotic (prescribed at a low dose for a short period of time) is an appropriate choice for an individual patient. The tool prompts GPs to look for other causes of challenging behaviour – such as fear, depression or communication problems – as well as other treatment options.

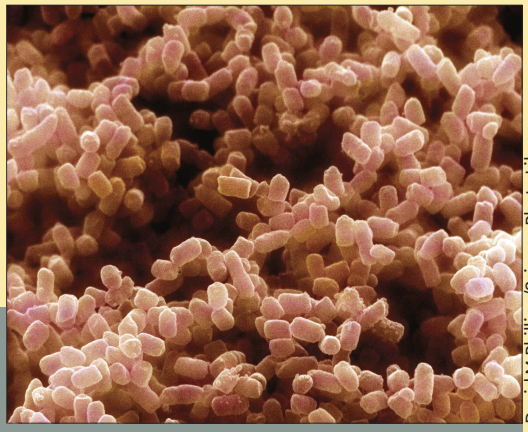
'There is evidence that antipsychotics interact with other medication that older people may be taking and can have major side effects,' says Sharon Ravenscroft, programme manager for the Mental Health of Older Adults and Dementia Clinical Academic Group at South London and Maudsley NHS Foundation Trust. 'Medication can sometimes be seen as the only option to manage behaviour, but there are alternatives. Carers or care home staff can be trained in other techniques, like doing activities with people, for example.'

GPs are primarily responsible for prescribing medication to older people with dementia who live both in care homes and with their relatives in the community. 'We hope to make this resource available to every GP in south London,' says Sharon.

The checklist will be available via the HIEC website (www.slondonhiec.org.uk) and also sent to GP surgeries and care homes – so it can be easily accessible when GPs visit.

GPs have been consulted about the checklist to make sure it is presented in a format that will be easy to incorporate into their work.

● The three mental health trusts that are part of the HIEC are South West London and St George's Mental Health NHS Trust, South London and Maudsley NHS Foundation Trust and Oxleas NHS Foundation Trust.



David M Phillips/Science Photo Library

New online monitoring system for bloodstream infections

A web-based system for recording information about bloodstream infections diagnosed in hospital is being developed with the support of the South London HIEC.

A wide variety of bacteria can cause blood-stream infections, including E. coli (pictured) and MRSA. Monitoring these infections helps specialists choose the best treatments and plan strategies to reduce infections and minimise the likelihood of outbreaks.

New e-databases are being designed from scratch and will replace existing paper-based systems used to log and monitor bacteraemia – serious infections of the blood – at St George's Hospital in the south west and St Thomas' Hospital in the south east.

The plan is to transfer paper records onto two separate databases, one for each hospital. The databases will both be created using the same system, which is being built for purpose by St George's IT department.

'By analysing the information we collect, we can constantly improve care,' says Dr Aodhan Breathnach, consultant microbiologist in the Department of Medical Microbiology at St George's Hospital. 'It is more difficult to look at trends using paper records and an e-system will enable us to get reports at a press of a button.'

The new databases will link to laboratory computer systems so information can be automatically imported or transferred. When the system is perfected, Aodhan envisages making it available on mobile devices so doctors can update and input information to the relevant database while talking to patients, cutting the need for transcriptions. 'The new system will be more accurate because there will be less possibility of human error,' says Aodhan. 'It will also be more secure – a paper record can be mislaid.'

The web-based versions of monitoring forms will be easier and quicker to complete (with more drop down menu options) and the online system will allow more specific analyses and automatically archive, making audit and surveillance a much easier task. Going online could also allow email alerts to be sent out to relevant medical staff and prompts to be sent if any data is missing.

Potentially, the new system could in future be used at other hospitals, says Aodhan.

SW London System members

Croydon Health Services NHS Trust
(formerly Mayday Healthcare NHS Trust)
www.croydonhealthservices.nhs.uk

Epsom and St Helier University Hospitals NHS Trust
www.epsom-sthelier.nhs.uk

Kingston Hospital NHS Trust
www.kingstonhospital.nhs.uk

St George's Healthcare NHS Trust
www.stgeorges.nhs.uk

South West London and St George's Mental Health NHS Trust
www.swlstg-tr.nhs.uk

Faculty of Health and Social Care Sciences
(a partnership between Kingston University and St George's, University of London)
www.healthcare.ac.uk

Kingston University London
www.kingston.ac.uk

University of Roehampton
www.roehampton.ac.uk

St George's, University of London
www.sgul.ac.uk

Croydon Council
www.croydon.gov.uk

Royal Borough of Kingston upon Thames
www.kingston.gov.uk

Merton Council
www.merton.gov.uk

London Borough of Richmond upon Thames
www.richmond.gov.uk

London Borough of Sutton
www.sutton.gov.uk

Wandsworth Council
www.wandsworth.gov.uk

The primary care trusts in south west London (founder members of the Academic Health and Social Care Network) have been streamlined in the countdown to the new arrangements for commissioning health and social care services. The individual PCTs listed below remain as statutory organisations and are accountable for the NHS budget in south west London until 2013. They are, however, now operating through a South West London 'commissioning cluster'. The cluster is supporting the establishment of the new clinical commissioning groups, led by consortia of GPs. These new groups are taking responsibility for some spending decisions from the end of 2011.

NHS South West London
www.southwestlondon.nhs.uk
including
NHS Croydon
NHS Kingston
NHS Richmond (Richmond and Twickenham PCT)
NHS Sutton and Merton
NHS Wandsworth

The SW London System Executive Committee

Peter Kopelman, principal, St George's, University of London

Graham Mackenzie, managing director, Wandsworth, NHS South West London

David Mackintosh, deputy vice-chancellor, Kingston University London

Ann Radmore, chief executive, NHS South West London

Miles Scott, chief executive, St George's Healthcare NHS Trust (designate at time of going to press)

Judy Wilson, chief executive, South West London and St George's Mental Health NHS Trust

The SW London System Executive Committee meets every six weeks and director Laurence Benson acts as its secretary.

The SW London System Board

The Board meets three to four times a year and includes representatives from all subscribing organisations. The six boroughs are represented on the SW London System Board by delegates from Richmond and Wandsworth.

SW London System contacts

Laurence Benson (director)
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Anna Kahramanoglou (pictured left)
ankahram@sgul.ac.uk

Sarah Roberts (pictured centre)
sararobe@sgul.ac.uk

Peter Kopelman:
'The success of the SW London System is very evident when looking back at the last year. It has engaged health and social care professionals and created a system for closer working that is inclusive and multi-disciplinary. It has established a platform for strategic debate and provides direction to link service developments to research, enterprise, education and training. It places SW London in a stronger position to address anticipated changes to the local NHS landscape.

'I am very grateful to colleagues who have given their valuable time and contributed to the success of the SW London System.'

Ann Radmore:
'At a time of such significant change for the structures of healthcare provision, we need mechanisms like the SW London System more than ever.

'It provided us first with a network, a way of meeting colleagues, sharing resources and best practice, and now it will help us to find ways through and around common problems, towards common solutions.'

SW London System financial information

Income

Membership subscriptions	
* Kingston University London	30,000
* St George's Healthcare NHS Trust	30,000
* St George's, University of London	30,000
* South West London and St George's Mental Health NHS Trust	30,000
* NHS Wandsworth	30,000
Croydon Health Services NHS Trust	20,000
NHS Croydon	20,000
Epsom and St Helier University Hospitals NHS Trust	20,000
Kingston Hospital NHS Trust	20,000
NHS Kingston	20,000
NHS Richmond	20,000
University of Roehampton	20,000
NHS Sutton and Merton	20,000
	310,000
Other	
Contribution from HIEC towards funding salaries	85,000
	85,000

* risk-sharing members

Total income
£395,000

Expenses

Salaries	140,000
Operating expenses (including communications)	20,734
Project commitments Sponsored projects	175,000
Three months operating reserve	37,000

Total expenses and commitments
£372,734

Remaining

at 30 September 2011

Uncommitted funds
£22,266

St George's, University of London provides office accommodation and accounting services for the SW London System. Overheads are neither paid nor charged between membership organisations undertaking SW London System-sponsored work.

Sources:
page 3, population: Office for National Statistics
page 7, number of GP practices: Department of Health
page 12, savings made to the economy by carers: Carers UK

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