



Healthy London Partnership
Improving children and young people's out-of-hospital care

Children's Acute Nursing Initiative (CANI), CCN Service, Children's Directorate of Newcastle Hospital NHS Foundation Trust

Started: 2008

Region: Newcastle Upon Tyne

Geography: Urban

Estimated local pop. 0-18 years: 64,100

Background

1. Prevent breaches in ED by freeing up beds in children's services
2. Free up beds in winter pressures and therapeutic community care for children with acute episodes of illness.

Initial pilot with Winter Pressure Money became substantive after pilot in 2008

Aims

To facilitate much earlier hospital discharge for CYP with acute illnesses and exacerbations of long term conditions

Target patient groups

Hospital at home care, acute episodes of illness at point of stable condition, any age from 0 – 19 years

The service model

Nursing care by the CANI team includes

- Clinical monitoring, assessment and continued treatment
- IV (intravenous) medication for different conditions up to three times a day
- Support and advice to reduce parental anxiety

Further education and information, to empower parents to care for the CYP during the period of illness/recovery

Opening times

8.00 am – 22.00 pm - 365 days a year

Staffing

1 x Band 7 WTE (whole time equivalent), 1 x Band 6 0.5 WTE, 3 x Band 5 WTE, 1 x WTE Band 3

Who can refer

Paediatric consultants at the Great North Children's Hospital (GNCH)

Who is accountable for patients?

Paediatric consultants at the GNCH

Resources

- Shared Office space within GNCH and Children's Community Nursing Services Base.
- Clinical monitoring equipment and 3 Infusion pumps, Children's Services Directorate provide a budget for disposable equipment supply and top up pharmacy supplies

Funding organisation

Newcastle upon Tyne Hospitals NHS Foundation Trust

Level of patient/family involvement

Regular family and friends' feedback at present. Previously when the service was initially set up we provided anonymous postal questionnaires to all service users.

Level of integration in the system

Providing secondary care in the community setting often enabling children receiving therapeutic interventions to access education and social care provision.

Evaluation

In the first year the service facilitated:

- The early discharge of 335 CYP
- Freed up to 2,318 acute bed days (1,372 were in cubicles)

During 2008/2009:

- 274 patients were referred from the hospital to care within the home
- This resulted in 1,996 potential bed/cubicle days saved, which is equivalent to £1.1 million in hospital costs

After accounting for CANI staffing/equipment costs, the potential saving to the trust amounted to £923,768

Challenges, successes, lessons learned and advice

Winner of the National Health Service Journal (HSJ) award 2010 for Enhancing quality and efficiency in services for children and young people

The present challenge is that GNCH is a tertiary hospital caring for children from across the region. This has highlighted an inequality of CCN services across the region. Our challenge now is to develop this model to meet the demand and expedite the discharge of children from GNCH across the whole of the Northern Region

Advice to other teams would be that the success is dependent on ensuring the team need to be a regular presence; have very close links with the referring hospital; to ensure safe clinical governance; responsive pathways in and out of the referring hospital and efficient use of the extended hours and service provision. In addition CANI is part of an established CCN service

Contact for more information

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