

Developing your Continence service

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"The lesson of public service reform is that real excellence depends upon liberating the imagination, creativity and commitment of the public service workforce."

Prime Minister Gordon Brown June 2008

What's happened up to now!

- Good practice in Continence Services- DOH 2000
- Essence of Care – 2000

What are the current influences on continence services

- NSF's and NICE guidance
- Dementia strategy
- Our Health , Our care, Our Say – DOH 2006
- Standards for Better Health
- Out of hospital strategy
- 18 week wait targets
- Transforming community services
- Darzi report
- NHS Constitution
- Healthier Horizons
- Payment by results
- Practice based commissioning

Next Stage Review



Transformational leadership is characterised by the ability to:

- inspire and motivate others
- transfer a vision of a better future
- foster a collaborative culture
- help other people develop
- help people solve problems more effectively
- create win : win – ensure change does not benefit some at the expense of others
- have honest conversations about performance

Chris Beasley CNO Nov 2008

Practice based Commissioning

- Practice based commissioning places GP's and primary care clinicians at the heart of decision making
- Works within and alongside strategic and joint commissioning
- Devolved budgets to consortia for commissioning decisions
- Builds partnerships between patients and their practices

LDP Liverpool PCT

Trust priorities and principles

- Services out of hospital
- Access to primary care
- Access to secondary care
- Integrated services
- Value for money
- Quality

In which direction should we change?

- Look at what the service currently does
- Identify skills within the team and any deficits
- Identify what is in Local Delivery Plans
- Talk to PBC consortia
- Seek help from modernisation manager and finance links
- Gather all of your information
- Take time to plan the service development

What should be included in my business plan?

- Outline of what the service development will be
- Give clear objectives for the development
- Establish the need for this development
- What will be the potential benefits
- Performance measures and evaluation
 - inputs
 - efficiency
 - effectiveness
 - qualitative
 - clinical outcomes

Contd.

- Manpower
- Capacity
- Location
- Equipment
- Administration
- Clinical policies and procedures

Financial information

- Pay revenue
- Recurring non pay revenue
- Capital / Non recurring start up costs
- Management costs
- Current output costs
- Potential spend/save variance

Pay revenue costs	Year	Per (52) week	Per session	½ year effect	FYE
1.0 WTE Band 7					
1.0 HCA Band 2					
1.0 Admin Band 2					

Non pay revenue costs	cost	Utilisation per session	Weekly average cost	½ year effect	FYE
Clinical sundries: Gloves Aprons Labstix Urine bottles Hand rub					
Use of bladder scanning equipment					
Use of flow meters stationary					
Lab costs					

Any Questions?