**Expression of Interest on Support for Catheter Pathway Project across London region**

This proforma gives outline of the background of the catheter project and expression of interest form (page 7).

**The opportunity**

In England, 90,000 adults live in the community with a long term In Dwelling Catheter (IDC). Approximately half of these adults with an IDC will experience adverse effects. NHS London and the National CLEAR Programme are offering support to organisations interested in improving local catheter care pathways.

The project will involve linking and analysing acute, community and London Ambulance Service data, to innovate and recommend new models of care and workforce to enhance catheter care in London.

This pilot project will aim to:

* Gain clarity on data collection and quality
* Manage demand and capacity constraints
* Enhance system-wide working

More detail on the type of support is detailed below. If you have any questions about the offer, please contact either clear.team@hee.nhs.ukor Sophia Hashmy regional lead for the project at s.hashmy@nhs.net.

**Background**

In August 2021 Dr May Cahill, Clinical Lead for Enhanced Health in Care Homes, presented recommendations to the London Clinical Professional Leadership Group to co-produce, with community colleagues, a good practice standards/recommendations for catheter care. This included:

* Indications for catheterisation (acute and community)
* Discharge communication to community services/primary care
* Follow up arrangements (urology, community clinics, home visits)
* Multi-disciplinary case management
* Catheter Passports
* Urgent Community Response for catheter related problems service models

These recommendations aimed to improve the care of the estimated 90,000 people living in the community with a long term In Dwelling Catheter (IDC) and reduce unnecessary catheter attendances at Emergency Departments. By developing standards, criteria and metrics that can be audited, it would optimise and improve catheter care in the community to ensure the right care is delivered at the right place and the right time.

**The National CLEAR Programme**

CLEAR, which stands for Clinically Led workforcE and Activity Redesign, empowers clinicians to use big data analysis, clinical insight and local knowledge to deliver new models of care and workforce. CLEAR places clinicians at the heart of healthcare decision making and innovation and supports the recovery and transformation of NHS services.

CLEAR is supported by NHS England and NHS Improvement and Health Education England. The Programme is delivered by 33n, a group of NHS Clinicians and Data Scientists and hosted by East Lancashire Hospitals NHS Trust.

The collaboration of CLEAR, the Health and Care in the Community Programme (HCIC) and the NHSE&I Urology Pathway team are supporting this opportunity.

**The proposal**

Pilot project (Phase 1) - investigate catheter care data in London region with community & acute sites and London Ambulance Service:

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| --- | --- |
| **Gaining clarity on data collection and quality** | * Determine what clinical data is currently being collected to support catheter care.
* Investigate the available data from catheter pathways end-to-end (ambulatory, community, transport, and acute data).
* Understand how data links across different clinical pathways to determine what clinical, technological, and operational changes may be needed to improve care. What can practically be achieved in the short, medium & long term?
 |
| **Managing demand and capacity constraints** | * Understand the gaps that exist in the delivery of catheter care at the level of the system.
* Develop solutions to capacity constraints caused by misunderstandings of data.
* Refine data and develop a service specification to increase efficacy of care.
 |
| **Enhanced system-wide working** | * Demonstrate exemplar cross-organisation working within the system.
* Using data, build on community of practice & shared learning for wider improvements in service delivery across London.
* Support and enhance integrated care in London.
 |

**What will the catheter project involve?**

**Support offer:**

* NHSE/I Regional lead together with CLEAR will support, facilitate and coordinate the project, stakeholder engagement and ensure progress of the project.
* Use analytics to determine key areas of clinical focus.
* Engage with clinicians and staff across organisations to determine if/how catheter care needs to be redesigned.
* Align quantitative data across catheter services across the two trusts.
* Use CLEAR approach to collaboratively determine if the model of care can be improved using the best available data and socialise findings.
* Present findings to the steering group and develop – potentially in an iterative manner - a service specification that is supported by existing/new data.
* Inform operational issues that may need solving are considered in service specification creation e.g. shared records, catheter passports.

**Outcomes:**

* A clinically agreed and enhanced model of care that can enhance and standardise catheter care across London.
* New models that align with the NHS Long Term Plan and support the restoration and recover of NHS services.
* Quick wins that may be implemented during the project with wider, more detailed changes worked up as part of the outputs of the CLEAR programme.
* A system-wide understanding of how changes can be made locally upon the findings of the CLEAR project.

**Outputs:**

* Extensive report to determine the key improvements required to enhance the quality of the data collected by the system.
* Initial set of analytics to provide insights into how care can be standardised across the system for catheter care.
* Set of recommendations for possible next steps.

**Submitting an expression of Interest (EOI) and process for acceptance as a phase one pilot**

If you are interested in project support for analysing acute, community and London Ambulance service data to improve catheter care pathways for your patients and organisation, please complete all sections within the form below (page 7) and submit your expression of interest via email by close of **6th June 2022**.

Applications will be reviewed and shortlisted, with further discussion sought to aid the decision-making process. Trusts shortlisted will be invited for interview**, w/c/ 27th June 2022.** Trusts will be notified of interview outcome by **w/c/ 25th July 2022.**

**Criteria for expression of interest process**

To be considered for project support, you must have full agreement from the following partner organisations at executive level and have provided evidence within application. The Trust must also be integrated or be affiliated with a community Trust to enable cross-organisational working.

* Executive Director(s) of Commissioning responsible
* Executive Director(s) of Acute Care Provider(s)
* Executive Director(s) of Community Care Provision
* Executive Director(s) of Local Authorities for care provision and placement where appropriate

**Data Requirements**

CLEAR relies on interrogation and visualisation of data to analyse and innovate models of care and workforce. Therefore, Information Governance (IG) data sharing agreements are an essential part of the project and we request assistance to make sure these can be safely and swiftly signed.

**Timeline requirements for the expression of interest**

The deadline for submission of an expression of interest is **6th June 2022**.



**June 6th – w/c 27th June**

Shortlisting and interview process

**w/c 25th July**

Trusts will be notified of outcome of interview

**May 19th** Launch of project and requesting expression of interest

**June 6th** submission date for expression of interest

**Minimum requirements**

Participating Trusts in the project must meet the following requirements and will need to demonstrate the following factors:

* Agreement from their commissioner/ICS to participate in the project
* Agreement of the ICS evident within the Expression of Interest return.
* A collaboratively defined project scope which is agreed by any local partners involved in the project.
* To engage where required with the National CLEAR Faculty in planning the project scope and allow the National CLEAR Faculty and NHSE&I Catheter pathway project team to provide direction.
* Commitment to support dissemination of information, both before and after project initiation/finalisation, i.e., participants may be asked to share learnings at national communities of practice. Provision of resource for projects - see below list of required participants in roles and responsibilities section.
* The chosen Trust must sign an information governance (IG) agreement to provide internal assurance for data sharing, support the CLEAR provider engaging with local IG personnel and, where appropriate, provide approval on sharing agreements and sign off risks on data processing impact assessments.
* Integrated team must show willingness to sign IG arrangements with the CLEAR team acting as data controller.

**Roles and responsibilities**

To ensure the best possible outcome from the project we would request the participants are selected from a multidisciplinary model across medical, nursing, and allied health professionals.

Trusts must be committed to providing:

|  |  |
| --- | --- |
| **Role**  | **Responsibility**  |
| Executive Sponsor  | * An Executive from the Trust to endorse or input on the project where required (Med Director/COO)
 |
| Clinical lead | * A clinical lead to collaborate with each team from the project site as required This is usually a senior clinician of at least a senior or a band 8 level.
 |
| BI Lead | * Facilitate extraction and analytical processes of data
 |
| IG Lead | * Active role in managing and sharing information and data
 |

**Next steps**

If you are interested in participating in the programme, please fill out the following template send to clear.team@hee.nhs.uk and s.hashmy@nhs.net by **6th June 2022.**

**Initial expression of interest proforma**

Please complete the proforma below if you are keen to take part in the CLEAR programme. Once you have completed this proforma, or if you have any questions, please email  clear.team@hee.nhs.uk. and s.hashmy@nhs.net We look forward to hearing from you.

|  |  |  |
| --- | --- | --- |
| Question  | Response  | Scoring (Essential, Desirable)  |
| Trust name, along with CCG  |  | Essential 5 points |
| Contact details for ICS lead | Name: Email:  | Essential 5 points |
| Contact details for Trust Executive Sponsor  | Name:Email:  | Essential 5 points |
| Contact details for Clinical lead/s | Name: Email: | Essential 5 points |
| Contact details BI lead  | Name: Email: | Essential 5 points |
| Contact details for IG lead | Name: Email: | Essential 5 points to mark at least 2 preferences.  |
| What the benefits of doing a project would be for your system? |  | Desirable (response graded from 1-10 depending on alignment to LTP) |
| Are there any risks that may impact the successful delivery of the project? |  | Desirable (response graded from 1-10 depending upon realistic articulation of risks) |
| Are there similiar projects that the organisation is currently or have been recently involved in? |  | Desirable – not used for scoring but for information only |
| What is your approximate Trust population size?  |  | This is for information only for monitoring and evaluation |
| Clinical system (s) used e.g. Cerner |  | This is for information and system software compatibility |
| Potential dates available for interview with Exec sponsor, clinical lead, BI and IG lead |  | Potential dates from 6th to 27th June 2022 |
| Potential dates for attending steering group, frequency TBC |  | Desirable – not used for scoring but for information only |
| Why is the clinical area relevant? See the example below: |  | Desirable (response graded from 1-10 depending on alignment to STP) |

*A short paragraph detailing three issues below:*

1. *Context of Acute and Community challenges relating to catheter care*
2. *Specific teams with an interest in catheter pathways*
3. *Intended focus and outcomes for catheter care*

**Appendix A**

**Working with system partners alongside the Regional Urology Pathway Team**



