



Department
of Health

The 'UP' Clinic: Implementation of a clinic to address key elements of the Universal Plus service offer

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It has been superseded by the [Delivery of the healthy child programme](#) guidance.

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The 'UP' Clinic: Implementation of a clinic to address key elements of the Universal Plus service offer

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Purpose of Document

This case study focuses on an improvement in service quality, innovation or a new way of working, specifically along one or more of the strands of the health visiting service vision and family offer:

Community

Universal

Universal Plus and

Universal Partnership Plus.

Case Study Overview

In line with the new service vision, the Portishead health visiting team developed the Universal Plus (UP) Clinic in order to improve our ability to provide an effective and efficient response to clients' need for elements of the Universal Plus service. This was as a result of the identified growth in the birth rate and identified health needs of the local population.

Some of these comments may be familiar:

- 'I have taken three calls requesting sleep advice this week and there is already a lot of work to be allocated. How can we fit them all in?'
- 'I have telephoned that lady four times and she is never home.'
- 'I have seen that family about sleeping before.'

These comments are commonly heard within health visiting teams, and prompted the idea of developing a system with the following objectives:

- respond quickly to requests for support from parents
- reduce the time taken by the team in arranging appointments and completing visits
- translate the new service vision within the Health Visitor Implementation plan into practice, by providing parents with expert advice by the right person.

A client feedback questionnaire has provided some evidence that parents value the service and that it meets their needs.

A cost benefit to the organisation is the potential for a reduction in time taken arranging appointments and in both travel time and mileage costs.

Achievements

The development was led by the practice teacher who, along with the team, identified a need for a system to manage growing requests by parents for health visitor support. The clinics were planned at the team meeting with the involvement of all health visitors and team members with a mix of skills. This produced buy-in and commitment, with a very positive approach to the pilot; all team members were involved in formulating the clinic and setting it up. The following achievements have been highlighted:

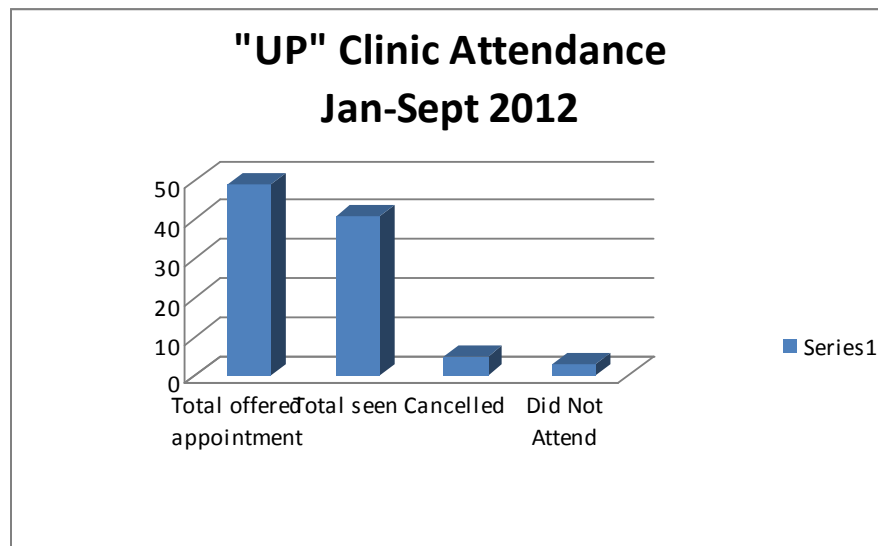
- The team devised a checklist of suitable issues or concerns that would be appropriate to discuss within the UP Clinic. Some trigger questions were highlighted to enable staff to complete a triage assessment of need that should highlight whether the UP Clinic is the most appropriate response or if a Family Health Needs Assessment is needed. Included within the checklist are some prompts for staff of the information that parents need to be advised of prior to the appointment.
- Parents are now offered a 30-minute appointment at the health visitor base. The team used the principles of *Lean* working to reduce the number of processes for parents and team members.
- A resource file has been developed by a community health nurse to ensure that all the appropriate forms and leaflets are readily available. This supports a consistent approach.
- The resource file includes information that can signpost parents to our partners within the Children's Centre who can also be a source of support.
- An audit tool has been devised which more fully enables the team to monitor outcomes and ensure that children receive the appropriate follow-up.
- This initiative has identified a saving in both travel time and mileage costs in line with the Productive Community Services Programme.

Benefits Families

The checklist that is completed prior to the appointment ensures that parents have a clear and realistic expectation of the service, which helps in the achievement of a positive outcome.

The evaluation indicates that parents value the service, which is demonstrated by good attendance at clinics (see Figure 1).

Figure 1



Further benefits include improved outcomes for children as a result of speedier referrals. Parents have made the following comments in the follow-up questionnaire:

- "Really pleased with the service and felt reassured."
- "Very beneficial. Ideal to have an individual appointment with an allotted time and therefore no waiting to discuss a specific problem."
- "I haven't used the advice yet but I feel it will be very useful."
- "My daughter is now going to bed without crying."

Health Visiting Teams

Benefits to the team include a greater understanding of the Health Visitor Implementation Plan and how this can translate into practice. Team members enjoy supporting clients in this way: they report experiencing less frustration and a sense of job satisfaction when a session has gone well. The nature of the requests for support at this service level naturally lends them to the proficiency and skills of the community health nurse within the team, providing an example of a good use of skill-mix. Everyone feels that they can deal with most issues within 30 minutes, including

completion of records. The resource folder enables a consistent, evidence-based approach.

Benefits to the Organisation

Potential time saved in travel time for a team member to have completed all 41 contacts as home visits as opposed to clinic visits is demonstrated in Figure 2.

Figure 2

Challenges

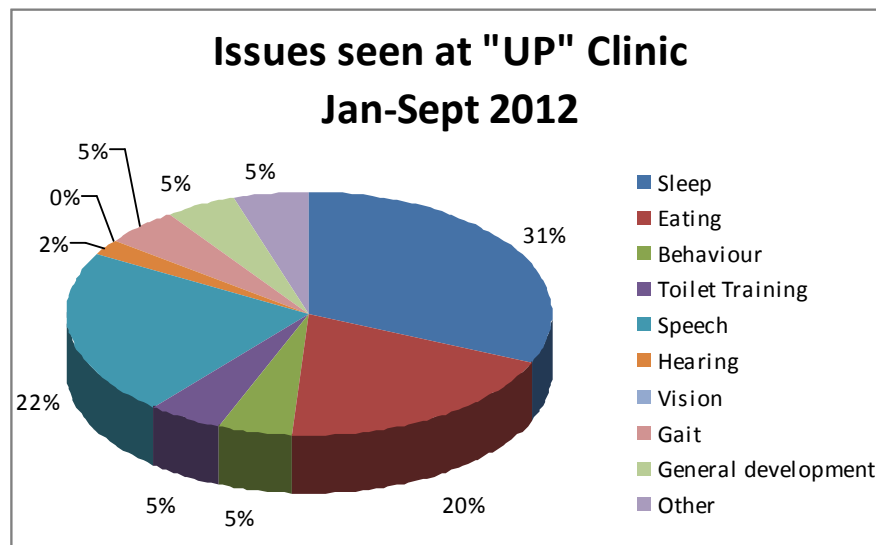
1. An initial challenge was for everyone in the team to remember to book clients						into clinics instead of putting the request in the allocation book. In addition, the team was relying on bank health visitors, who were not familiar with the process, to support service delivery. This challenge was overcome by the use of the checklist.
	Hours	Travel time (15 mins each way)	Total for one visit	Total for 41 visits	Total saving (hours)	
Visit time	1.0	0.5.	1.5	61.5		
Clinic time	0.5	0.0	0.5	20.5	41	
2. Evaluation. The pilot was not set up with a built-in audit tool. As a result, clients did not always receive the follow-up that helped to demonstrate the success of the service. The audit tool now in place means that all parents receive a follow-up telephone call to ensure that there is a successful outcome from the advice they received.						

3. Parents need to be motivated to attend ñ particularly if they are working on the clinic day. The use of the checklist helps the team to establish whether the parent will be motivated to attend.

Learning, Sharing and Sustainability

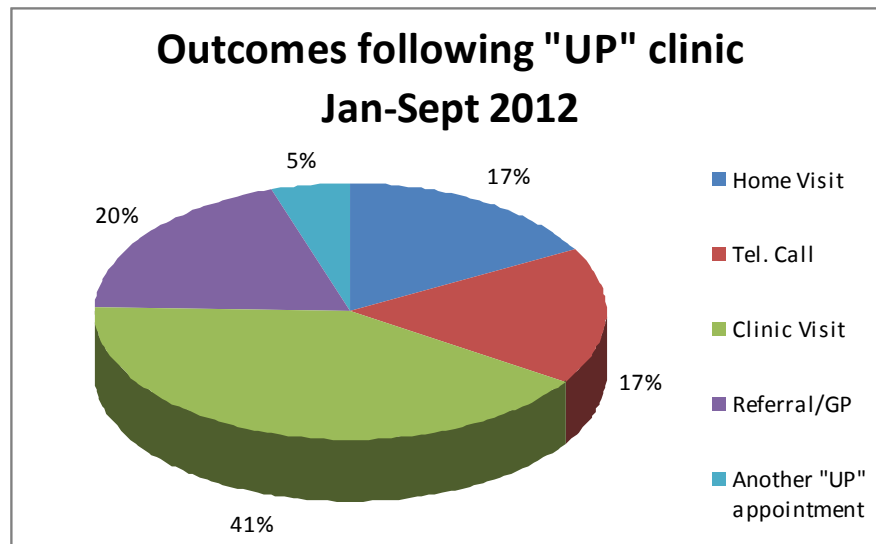
1. If something sounds complex on the phone it may be best to offer a home visit. However, the clinic can provide containment between the phone call and a visit being possible. The checklist helps to highlight where the issue is complex.
2. Being clear with parents about expectations prior to the appointment has meant that parents are realistic, and helps in the achievement of a positive outcome from the contact.
3. The resource pack enables the smooth running of the clinic so that referral forms and leaflets are available in the clinic room.
4. It may be useful to have a further session on a different day to offer an alternative for working parents.
5. The data gathered from the audit helps to identify the common issues for parents and could be used in further service development. (See Figure 3.)

Figure 3



6. The outcomes pie chart below (Figure 4) highlights the outcomes parents received following the appointment. The audit has highlighted the need for a formal contact to ensure a positive outcome for families.

Figure 4



7. Our management team is looking at introducing this approach in other areas of the service. However, it is recognised that this approach may not be suitable for all client groups.
8. We recognise that the title of the clinic may not be one that is easily identifiable by parents, so we intend to survey parents who have used the clinic to try and find a more user-friendly title.

Conclusion

Using the new service vision, together with local demographics and the identified needs of our client group, the team has built a new approach to delivering certain elements of the service. We continue to evaluate and develop this service to enable a prompt response to elements of the Universal Plus offer, and to develop clinical outcome measures, including client-reported outcome measures.