

Annex A: Case studies

NHS Greater Glasgow and Clyde

In NHS Greater Glasgow and Clyde (GGC), we have decided to focus on awareness-raising and implementation. We plan to take a pragmatic approach to raising awareness of the change rather than a traditional 'training' approach, given there is no change to the product.

The manufacturer had not appreciated the size of GGC (400 wards and approximately 300 care homes care homes, with 2,100 patients on thickener products). Following a meeting, the manufacturer has now provided a full-time member of staff for six months to support rollout of awareness-raising of the changes. They have also developed, and will assist with printing, several information documents for staff and patients, which we can edit.

We have also established a board-wide multidisciplinary steering group, chaired by Catherine Dunnet, Clinical Service Manager for Speech and Language Therapy, which reports through the Food Fluid and Nutrition groups. A project manager has been appointed to manage change, and a staff member from the manufacturer sits on the steering group.

SLTs' concerns are mainly related to the 'read across' from the UK National Descriptors to the IDDSI framework. This has mainly been as a result of the significant alteration in the amount of product used to change from Stage 1 to level 2. This needs to be balanced by the fact that we had very little evidence for our current approach and no method of auditing consistency of practice. To ease concern we are hosting a large number of drop-in sessions on our eight acute sites, for speech and language therapy, nursing and dietetic staff to hear the presentation and scientific evidence and experiment with the flow tests.

We are promoting the view that, not only is the terminology improved and consistent internationally, but we also now have a science behind the consistencies, and this will support future audit and research.

East Sussex

In East Sussex, we have established a strategic planning group, led by Anita Smith, Consultant Speech and Language Therapist, and an operational group with broad representation, including pharmacy, dietetics, catering, manufacturers, medicines management, communications and quality improvement. We have taken the perspective of raising awareness rather than training. With the support from the manufacturer of the product we use, we have set up three awareness streams:

- i. Bookable places at specific events for any community service, nursing home, care home, etc
- ii. Specific sessions at high-user areas, such as nursing homes with a high number of patients on thickener
- iii. A trolley service in our hospitals

We have designed letters for professionals, such as GPs, medical, nursing home and intermediate care centre staff. We have also designed letters for patients known to service and those not known to service, which will go out with their prescription.

We are doing a small-scale assurance project looking at the amount of thickener required for Stage 1 (UK National Descriptors)/Level 2 (IDDSI), as this is the greatest change for the product we use. We hope that, if this project provides assurance that the clinical signs are the same with both levels, we can recommend patients transfer from Stage 1 UK National Descriptors to Level 2 IDDSI without further assessment. We plan to reassess all Stage 2 UK National Descriptors/Level 3 IDDSI patients, and we will be advising all Stage 3 UK National Descriptors/Level 4 IDDSI patients to move across without further assessment. On all patient letters, signs and symptoms are clearly written, with details of who to contact if they have difficulties.

We are taking a multifaceted approach to communications both internal and external to the Trust. We are working with medicines management and pharmacy regarding communications in the Clinical Commissioning Group (CCG), including newsletters and practice information. We are also working with the Trust communications team to get the information about the change out in a timely manner through screensavers, posters, email and newsletters.

In addition, the project lead attends AHP and senior nursing forums to disseminate information, and a briefing has been prepared for the Trust board. Our quality improvement project team is also involved.