

Initiative Name	Reconfigure DCD Service into Mainstream Paediatric Community Therapy Services
LHO	North Lee
Care Group	Disability Services
Initiative Summary	In order to de-fragment children's services and increase service efficiencies, it is proposed that the Developmental Coordination Delay (DCD) Unit service will be amalgamated with mainstream paediatric therapy services, including Early Intervention Services where applicable. Staff will be reconfigured into mainstream children's services.
Background and rationale for proposal	<p>The DCD Unit is a multidisciplinary team providing assessment and treatment for children with DCD. The service caters to a relatively small client group.</p> <ul style="list-style-type: none"> • The initiative will diminish current lengthy waiting times and will improve access time to OT intervention in relation to the client's functional presentation (rather than diagnoses). • The new model of service delivery focuses on engaging with appropriate MDT members to confer as relevant, rather than specific referrals in relation to the acquisition of any specific diagnoses that may clinically be suggested, which causes delays as a result of single consecutive referrals. • Better utilisation of existing MDT human resources by reconfiguration of staff and practises to improve cost value of service in relation to client access, speed of access and throughput of clients. • The initiative involves the compression of 2 databases (DCD and OT generic) into one so that all OT paediatric clients are managed by one administrative process, enabling accurate and faster access to information by staff and clients.
Implications for Clients & Service	<ul style="list-style-type: none"> • Clients will have quicker access time to OT initial assessment and ongoing intervention at a frequency which the client's clinical needs indicate. • Referrals from the OT service to access other MDT professionals, including diagnostic referrals, will be made in a timely manner in the course of OT intervention when the client's clinical presentation indicates this requirement. • OT service will be delivered from a population model reflective of the PCT network and preschool networks and national and secondary school clusters within the networks. Each OT will have responsibility for 2 networks and the caseload arising. Clients and professionals will have a named OT. • In advance of the reconfiguration of the service, a waiting list initiative is planned to address the current historical waiting list thus enabling the new reconfiguration to started with appropriate client access time.

<p>Implications for Staff</p>	<ul style="list-style-type: none"> • The 2 current sites (City General and DCD unit) will support the work of the OTs required to deliver the service (3.5 WTE SL and 3.5 WTE NL) The current sites will be reconfigured from their current usage to a NL base in City General and SL base St Finbarrs, DCD. The associated client files will be split across the bases accordingly. Scheduling of so many staff from each site may prove prohibitive to client scheduling and it is anticipated that access to other venues will be required. • Specific detail of pre and post reconfiguration of OT service can be provided from waiting list and caseload figures projecting improvement to clients. • The City General clerical officer supporting OT will integrate the DCD database with the generic O.T database • The existing DCD OT (1 Snr 1 basic) and generic OT (2 Snr 1 basic) will be reconfigured into a NL/SL orientation and base. This will be augmented by 3 new basic OTs. The total of 8 OT staff will enable an allocation of approximately 2 network areas each and corresponding caseload. • OT staff will have to relocate across the bases and where MDT colleagues are based in other venues will have to actively engage with them.
<p>Costing Associated with this Proposal</p>	<p>N/A in 2010</p>