**Single-Handed Care**

**What is it?**

It is a person-centred assessment of an individual’s moving and handling needs.

Ensuring they receive the right amount of care, treatment and in the correct environment, whilst creating capacity across the whole system.

**Why is it important?**

We need to ensure care is not over prescribed and is proportionate to their needs. For the individual being discharged from hospital it is vital that we do not foster dependency, as this has a negative consequence on the individual.

**The key drivers for change**

**Capacity**

There is a significant lack of capacity within the system, causing considerable pinch points across the whole of health and social care. This has resulted in seriously ill and injured patients not receiving treatment in a timely manner¹.

**Improved patient flow in the hospital**

As capacity is increased and more hours are released into the system, evidence demonstrates the number of bed days lost are significantly reduced.

**Meeting unmet need in the community**

Fact, there are 400,000 people awaiting care packages in the community in England². Hours released will prevent individuals, from remaining in hospital or going into long term care unnecessarily and enable them to remain in their own homes.

**Proportionate care is an enabling approach**

By enabling individuals to do as much for themselves as possible in the community and in the hospital, we reduce the likelihood of the individual deconditioning and being readmitted

**Less invasive and person-centred**

With fewer carers and a real opportunity to build relationships, individuals reported feeling part of the care package as opposed to “being done to”.

**Is it safe?**

Absolutely yes. With the correct systems and processes in place, the right training, equipment and risk assessments, even the most complex cases may be safely carried out with one carer. Many organisations have reduced the number of care packages requiring two carers by upwards of 40%³.

**Is it against the law?**

No, it is not against the law it embraces the Care Act, ensuring a robust and holistic approach is used.

**Is it just cost saving?**

No, this is a frequent misunderstanding. In fact, it is a means of creating efficiencies and capacity across the system. Many organisations record cost savings as opposed to hours created, which is where this misunderstanding comes from.

This approach is a spend to save model, monies are reinvested into the workforce, with training and provision of safe equipment³.

**How do we engage the workforce?**

There are entrenched beliefs across the NHS and social care workforce, that every patient requires two people to move them safely. We suggest meaningful engagement, training, creation of forums, continued support and supportive provider contracts in place³.

**Will we have to buy any equipment?**

As this is a spend to save model, it is expected the purchase of some equipment for assessment and continued use will be required. Some of the equipment you currently have may be suitable. Examine what is required to mirror what is being used in the community.

**What are the key takeaway messages?**

* Be open and receptive to change
* Engagement is vital across all sectors
* Use a whole system ergonomic approach
* Ensure systems and processes are in place
* Learn from others and exchange ideas
* Seek continual improvement
* Supportive contracts with care providers
* Training of key personnel
* Creation of a supportive forum
* Ensure staff realise they are part of the solution

“The system is on its knees and a different approach is required.”

1. Chris Hopkins NHS Providers 2021
2. Addas November 2021
3. Deborah Harrison 2020