## **Strand one: Learning from PCHs**





NAPC | National Association of Primary Care

## Strengthening primary care in Dorset

Speakers: Dr Minesh Patel, Chair, NAPC (session chair), Dr Simone Yule, Clinical Chair, North Dorset Locality, Dorset CCG, Dr Ravin Ramtohal, Clinical Chair, Christchurch Locality, Dorset CCG, Dr David Haines, Clinical Chair, Purbeck Locality, Dorset CCG and Janet Newman, Practice Manager, Highcliffe Medical Centre

# WHAT IS HAPPENING IN DORSET



#### West Cluster

Dorset West
 Mid Dorset
 North Dorset
 Weymouth and Portland

#### **Mid Cluster**

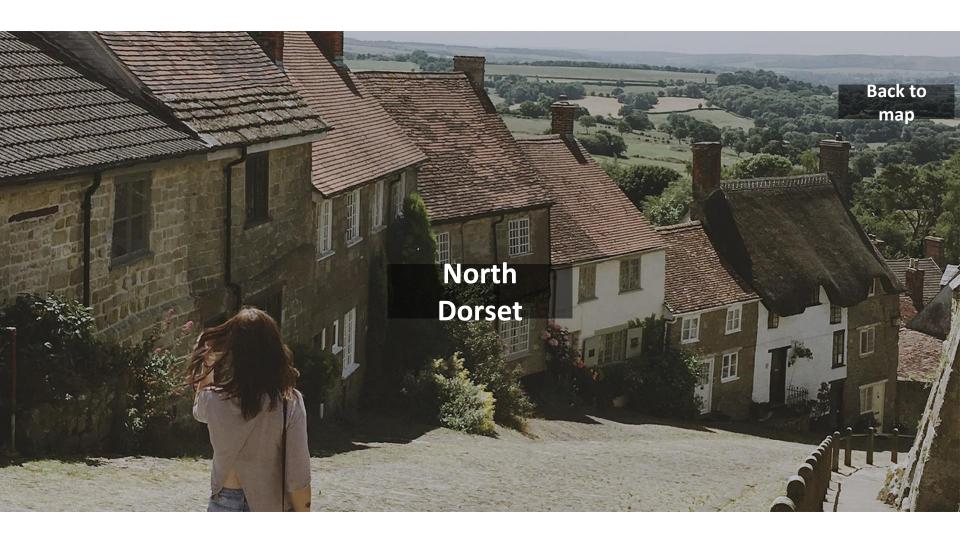
- Poole Bay
   Poole Central
- Poole North
- Purbeck
- 🛑 East Dorset

#### East Cluster

- 🛑 North Bournemouth
- Central Bournemouth
- East Bournemouth
- Christchurch









#### **North Dorset**

**Back to** 

map

235 square miles with 87,000 patients

Ten practices reducing to six

**Active Transformation Plan** 

**Good relationships** 

**High focus on Prevention At Scale** 



#### **Race Clinic**

**Comprehensive geriatric** assessment

Direct referral from MDT through virtual ward

Multidisciplinary physiotherapy, occupational therapy and nursing

Falls, cognitive and memory assessment

Weekly clinic with regular geriatrician input

Access to appropriate diagnostics: phlebotomy, x-ray, etc

**Back to** 

map

**Community pharmacy and other support services** 



#### **North Dorset**

### Local authorities

La La Contra

Community providers

Wider community

Primary Care Home Stakeholders

States -

Mental health providers

Back to

map

### Acute providers

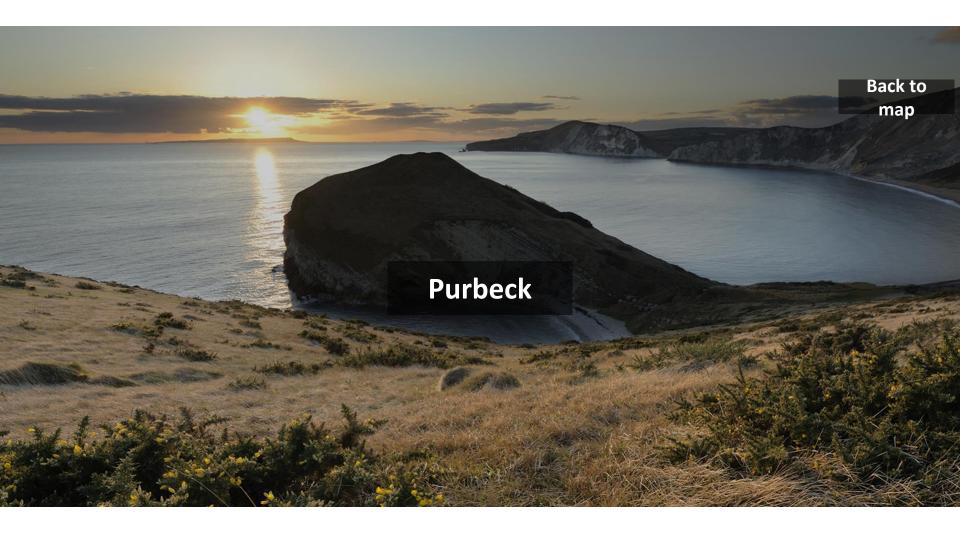
Patients and carers

18

Third sector

### Commissioners







#### Purbeck

**Back to** 

map

156 square miles with 34,000 patients

Two towns

Six practices and two community hospitals

Neither East or West Dorset

**Council area extends beyond practice boundaries** 



#### **Transformation Plan for Purbeck**

Back to map

Care delivered in locality

**Beds for residents only** 

Single point of access

**Multidisciplinary teams** 

Visiting service

**One IT system** 

More of life in own home







### Christchurch

Population of 55,000

**Christchurch Medical Practice** 

**Farmhouse Surgery** 

Grove Surgery

**Highcliffe Medical Centre** 

**Back to** 

map

**Stour Surgery** 



**Transformation Plan for Christchurch** 

Integrated community nursing

7 day GP access for urgent appointments

Diabetes Type 1 access Social Prescribing **Back to** 

mar

**Health Coaching** 

Dermatology



	<ul> <li>To test the principles of delivering an integrated workforce to a locality population need, not for four organisations.</li> <li>To empower the workforce and engender a culture that is focussed on working together to deliver effective &amp; efficient patient care not on the needs of organisations.</li> <li>Purpose of the pilot</li> </ul>	<ul> <li>Create self-managed teams</li> <li>Staff feel like they have permission to make changes and share ideas</li> <li>Improve population health outcomes</li> <li>Quality of care acts as the enabler</li> </ul>	06 Joined up conversations between Dorset Healthcare & CCG Set up Project Groups to work through practicalities - Operations and Strategy (performance reporting) • Reporting impact • Documentation rationalisation (SOAP) • Explore using read codes - align to GP system • Explore possibility of using one and the same system • Short term permissions • Short term permissions • Cara Southgate, Dorset Healthcare Clare Tuck, North Dorset David Haines, Purbeck Gillian Brindle, Mid-Dorset David Haines, Purbeck Gillian Brindle, Mid-Dorset Jane Howard, Dorset Healthcare Ravin Ramtohal, Christchurch Rob Payne, Dorset Healthcare Sarah Howard, Dorset Healthcare Sarah Howard, Dorset Healthcare Sarah Howard, Dorset CGG Simone Yule, North Dorset Stephen Tomkins, Dorset CCG Simone Yule, North Dorset Stephen Tomkins, Dorset CCG	Back to map
	<ol> <li>Personalised Care</li> <li>One Team</li> <li>Accessible, straightforward services</li> <li>Efficient and efffective</li> <li>Continuity of Care - key workers</li> <li>Freedom to act</li> <li>Effective communication with patients, famili</li> <li>Develop solutions that work locally</li> <li>Engender autonomy amongst patients, famili</li> <li>Focus on outcomes</li> </ol>	Simone Yule, Sara Froud		
	<ul> <li>1. Record one-off visits on GP module e.g. flu, blood pressure, shingles</li> <li>will reduce paperwork for nurses</li> <li>Avoids duplication</li> <li>Reduce crossover</li> <li>Greater caseloads</li> <li>2. SOAP</li> <li>3. Team Building / Trusted Relationships</li> <li>Shadowing</li> <li>Joint team meetings</li> <li>Get to know skills</li> <li>Common view / voice about patients</li> <li>7 things we are going to do</li> </ul>	<ul> <li><b>4.</b> Single point of referral</li> <li><b>5.</b> Case load deep dive / profiling</li> <li>understand how and what can be scheduled in a different way e.g. catheter / continence needs</li> <li><b>6.</b> Mapping of voluntary sector</li> <li>What organisations can help?</li> <li>What organisations can help?</li> <li>e.g. Transport, linking with health &amp; wellbeing officers, All Together Better, Dorset County Council</li> <li><b>7. Expand PLTS</b></li> <li>to become locality learning events</li> <li>to include district nurses and community matrons</li> </ul>		NAPC   National Association of Primary Care



## NAPC ANNUAL CONFERENCE 2018

