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

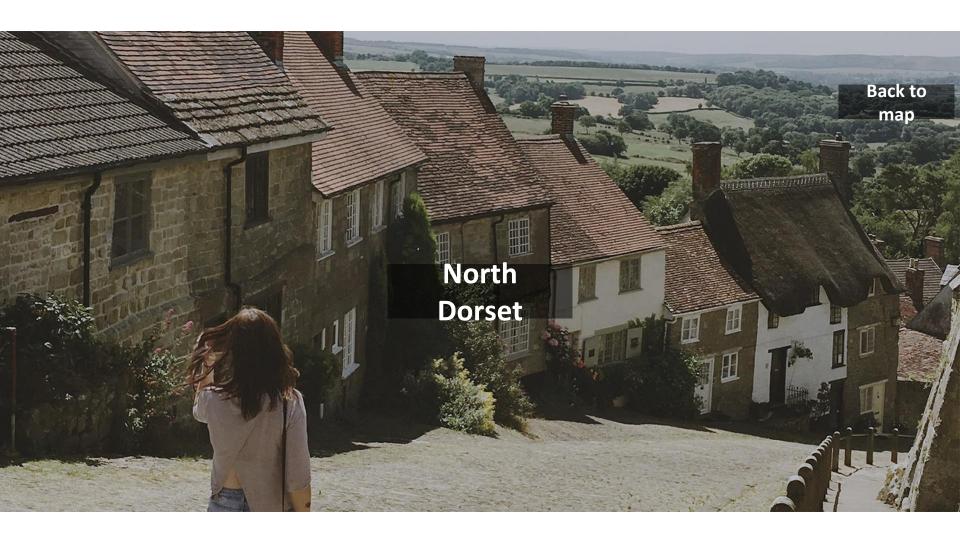
- Poole Bay
 Poole Central
- Poole North
- Purbeck
- 🛑 East Dorset

East Cluster

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









North Dorset

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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

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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

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Acute providers

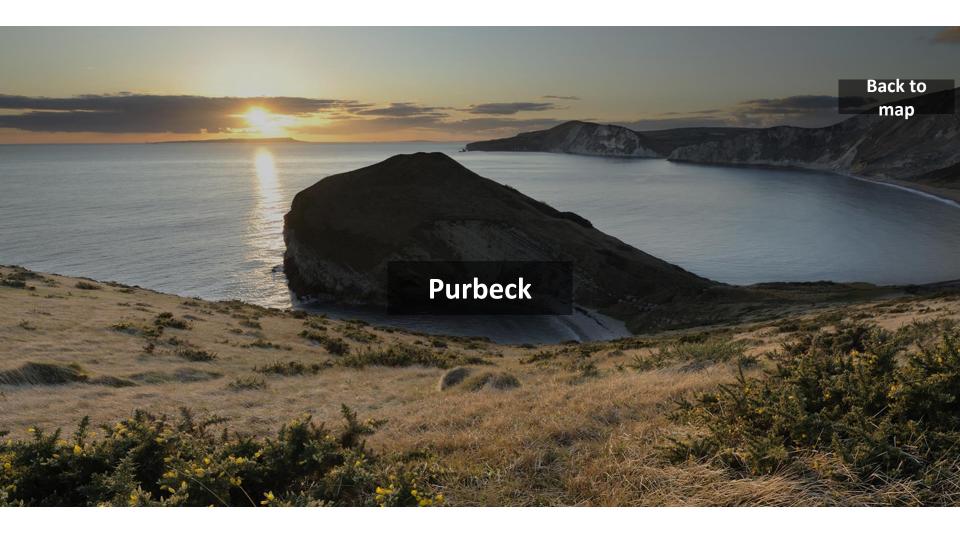
Patients and carers

18

Third sector

Commissioners







Purbeck

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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

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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

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Stour Surgery



Transformation Plan for Christchurch

Integrated community nursing

7 day GP access for urgent appointments

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

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Health Coaching

Dermatology



	 To test the principles of delivering an integrated workforce to a locality population need, not for four organisations. To empower the workforce and engender a culture that is focussed on working together to deliver effective & efficient patient care not on the needs of organisations. Purpose of the pilot 	 Create self-managed teams Staff feel like they have permission to make changes and share ideas Improve population health outcomes Quality of care acts as the enabler 	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
	 Personalised Care One Team Accessible, straightforward services Efficient and efffective Continuity of Care - key workers Freedom to act Effective communication with patients, famili Develop solutions that work locally Engender autonomy amongst patients, famili Focus on outcomes 	Simone Yule, Sara Froud		
	 1. Record one-off visits on GP module e.g. flu, blood pressure, shingles will reduce paperwork for nurses Avoids duplication Reduce crossover Greater caseloads 2. SOAP 3. Team Building / Trusted Relationships Shadowing Joint team meetings Get to know skills Common view / voice about patients 7 things we are going to do 	 4. Single point of referral 5. Case load deep dive / profiling understand how and what can be scheduled in a different way e.g. catheter / continence needs 6. Mapping of voluntary sector What organisations can help? What organisations can help? e.g. Transport, linking with health & wellbeing officers, All Together Better, Dorset County Council 7. Expand PLTS to become locality learning events to include district nurses and community matrons 		NAPC National Association of Primary Care



NAPC ANNUAL CONFERENCE 2018

