

Integrated Community Services Dorset Vanguard

12th November 2015



Supporting people in Dorset to lead healthier lives

WHAT IS IT ?

Designed to promote innovative and rapid development of plans for new models of care and services within existing resources.

- Development of new models of care within existing resources;
- New innovative ways of working;
- Supporting co-location of health and social care services;
- Delivering services at scale which support quality, sustainability and value for money;
- Implementation of seven day services; and
- The provision of services to support current and future predicted needs of the local population.



WHO APPLIED ?

1. Coastal Health GP Services - 64,000
2. Compass Health Care Provision Ltd - 125,000
3. Healthstone Medical Ltd/ Castleman Healthcare Ltd - 315,000
4. North Bournemouth Primary Health Care Centre - 66,000
5. Dorset West Cluster - 245,000



Proposals

Coastal health Services (CHGPS)



- Develop a primary care centre using existing GP premises in the locality. Operate from 1700 to 2000 Monday to Friday and 0800 to 2000 at weekend and bank holidays.
- Appropriate communications to patients and providers would make this the default primary care service for patients registered with the CHGPS practices during operating hours.
- Multi-specialty community provider (MCP) with GPs, nurse practitioners, and ECPs.
- Hub development to provide a focus for DHUFT community teams during the operating hours.
- Advice to ambulance crews and care homes with 111 service directing patients to the hub.
- Close working with Community Mental Health Teams
- Co-design with patients, public & voluntary sector
- Single clinical system & shared IT
- Innovative use of IT & technology including use of skype in appointments
- Develop further close relationships and working with RBCHFT



Compass Health Care Provision Ltd



- Integrated teams to deliver out of hospital care utilising the required skill mix of Primary Care, Social Services, Secondary Care MFE, and Community Nursing & Therapy Teams including Intermediate Care, the Voluntary Sector & allied community providers
- such as Pharmacies/ Pharmacists.
- Build on the Better Together work programme to provide integrated & holistic service for elderly patients
- 7 day services
- Co-location of a Single Point of Access for Health & Social Care
- Locality based hub/hub & spoke model
- Work with RBH & SWAST to establish a Primary Care MIU separate from ED
- Shared IT & single systems



Proposals

Healthstone Medical Ltd/ Castleman Healthcare Ltd

- Case coordinators working from local teams
- Joint working between GP's, community and social care, hospital and consultants, with early intervention and care
- Long term condition patients - one package of care coordinated by a local team
- Encourage patients to take more responsibility for their health and wellbeing - prevention of ill health and reducing health inequalities.
- Patients will be supported when discharged from hospital
- Hub development with an initial focus on community diabetic clinics, Phlebotomy & development of integrated Orthopaedic, Rheumatology and MSK service
- Supportive discharge
- 7 day services



Proposals

North Bournemouth Primary Health Care Centre

- Integrated person centred care through a Multi-Specialty Community Provider (MCP) model
- Development of a Local Hub and Spoke model
- Services including (but not limited to) minor surgery, chemotherapy & complex diabetic services
- 7 day services
- Common single IT and record
- Streamlining back office functions
- Co-location of community services including district nursing, community matrons & health visitors
- Urgent care walk in
- Extended range of diagnostic services
- Voluntary sector involvement
- Aligned with Borough Council vision for integrating and providing care



Proposals

Dorset West Cluster

- Provision of hubs offering integrated services including consultants, mental health teams, community service, local authority & voluntary/3rd sector
- Develop integrated & responsive services closer to home and with all partners & stakeholders
- Mobilise health and social care coordinators
- Undertake Risk Profiling of relevant cohorts of patients
- Extensive sharing of records, data & systems
- Develop open access investigation and pathways
- 7 day services
- Develop and plan workforce
- Support federation development and primary care teams.
- Support further development of 111
- Ensure that new developments are linked with practices PPG and local stakeholder groups.

