



Teams Without Walls Joined Up Care

Viv Bennett

Deputy Chief Nurse DH Nov 10

What do people tell us they want.....?

People tell us they want...

to be treated as a person
to be a partner in care
to have choice'fit into
my life'
to be safe!

**Personalised care
nearer home
Joined up care
More control of their
health and
management of health
problems**

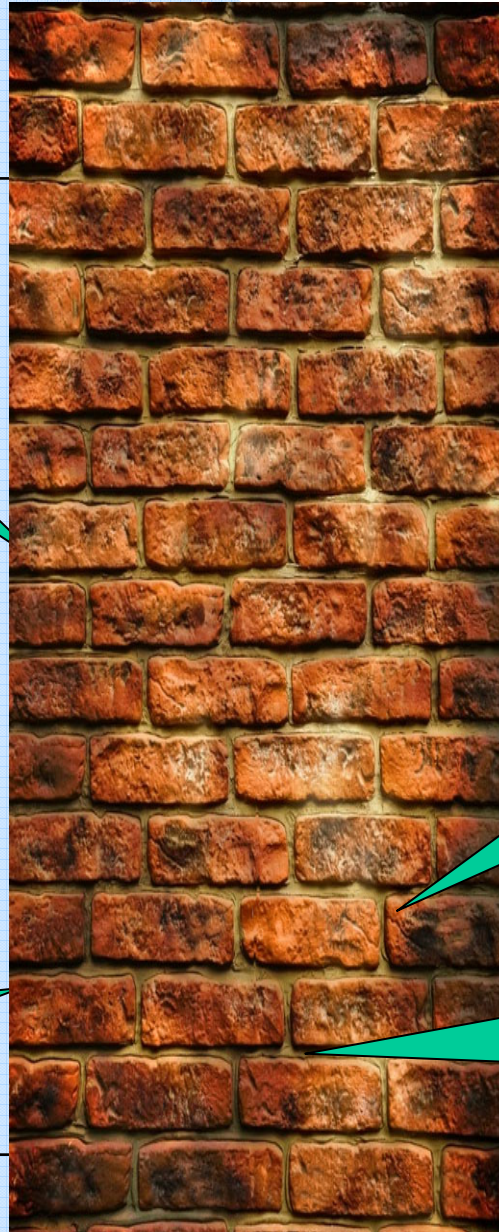
What do people tell us they get.....?

They do things to me not with me

They don't listen and they keep asking the same thing

There are too many people I can't get to know them

Doctors and nurses and carers and social workers all say different things

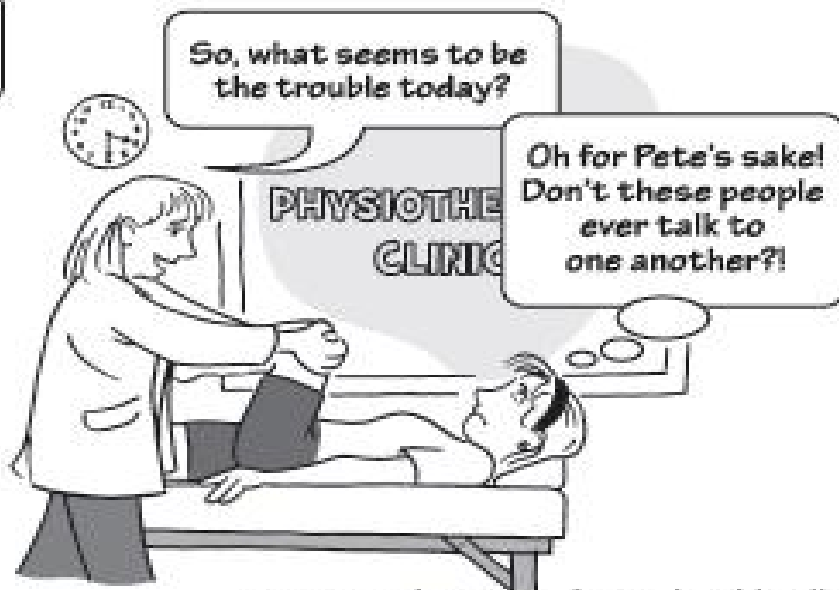


What we say.....

Well if only other people would change the way they work....

It's the way THEY run the system

If we ran things it would be much better



- A patient-led NHS – ensuring it responds to people’s needs and their wishes when it comes to managing their own care, giving people information and choice
- Shifting focus and resources towards better health outcomes –reducing targets and giving authority to doctors nurses and therapists to focus on best outcomes
- Empowering professionals throughout the NHS – giving them more power and responsibilities, replacing the top-down approach from central government.

Or put another way

**Nothing about me without
me**

**The system is increasing
local**

You do run things!

Quality Innovation Productivity Prevention – ‘QIPP’



**The NHS Quality,
Innovation, Productivity
and Prevention Challenge:**
an introduction for clinicians

To meet the challenges facing us we need to commission and provide services differently and to engage clinicians and communities in the changes – **to do this we need strong clinical leadership**

Clinically led commissioning – a team without walls?

Equity and excellence:

Liberating the
NHS

Liberating the NHS:

Commissioning for
patients

A consultation on proposals

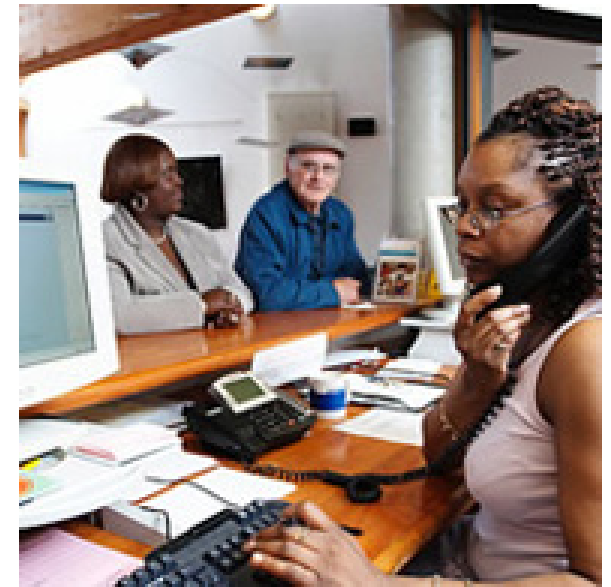
This is the central theme of NHS commissioning – understanding the health needs of a local population or a group of patients and of individual patients; working with patients and the full range of health and care professionals involved to decide what services will best meet those needs and to design these services; creating a clinical service specification that forms the basis for contracts with providers; establishing and holding a range of contracts

A team which.....

- Provides more safe high quality care 'out of hospital'.
- Increases the range of services and choices to local people
- Delivers more preventative care and manages more complex long term conditions
- Improves quality of primary and community care and demonstrates improved outcomes and patient satisfaction
- Involves all clinicians in GP led commissioning to.....
 - Focus on commissioning services which improve the health of local communities
 - Uses and further strengthens relationships and trust with patients and communities to provide and commission locally sensitive services
 - Builds strong partnerships with other services and agencies to promote joined up care
 - Develops and supports local clinical leaders and promotes entrepreneurialism

Teams to transform service will

- Let go of the past and understand the present reality
- Take for opportunities and be creative in solutions. Manage risk not try to avoid it
- Use all members expertise and contributions
- Invest in developing as a team that makes things happen
- Be receptive to other ideas and disseminate their own
- Customise and embed new thinking in local services
- Demonstrate/measure what has been achieved



- 73 yr old retired builder living with wife. Previously diagnosed with colorectal carcinoma with lung metastases
- Known to 'team' i.e. District Nurses, GPs & Macmillan nurses for 2 years for palliative care/flushing of Hickman Line in surgery and/or at home
- Disease progression resulting in weekly hospital visits for abdominal paracentesis. Roger found travelling & ascites drainage exhausting
- Care discussed at monthly primary care meeting. GP liaised with hospital consultant to possibility of drainage at patient's home.
- Outpatient appointment for insertion of a permanent drainage system under anaesthetic – discharged home under care of primary team. District nurses trained by hospital clinicians to do procedure
- Quality of life for Roger and wife significantly improved once treatment could be done at home

- Close communication between primary & acute colleagues allowed flexible & timely care delivery for Roger
- Symptoms well controlled – regular nursing visits to assess & drain ascites. Roger in control of his disease in his own home
- Increased support given to Roger & his wife as he deteriorated
- Syringe driver commenced for end of life symptoms and ‘anticipatory prescribing’ in place
- Out of hours alert and patient/carer green card system put in place
- Peaceful death at home – pain free with privacy & dignity. Roger’s wife with him as he died
- Roger’s wife supported by District Nurse, Macmillan Nurse & GP through the end of her husband’s life and in her bereavement

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- **Trafford PCT. Integrated care system: joining up General Practice and Community Services. The programme is developing community clusters around general practice “the locus of integration”**
 - **North Tees and Hartlepool Foundation Trust – working with community services to deliver “joined up” care i.e. MSK, respiratory and EOLC. The aim is to develop an Integrated specialist palliative and EOLC team.**
 - **Northamptonshire County Council in partnership with the NHS Joined up integrated service for the older person bringing together GP, Community Services, Social Services and voluntary sector . The programme has thus saved 1,000 excess bed days by helping people stay at home.**

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- Newcastle upon Tyne Hospital NHS Foundation Trust: Children's acute nursing initiative team – virtual ward in the community to support discharge.
 - Leicester and Rutland LTC Hub – single point of access and multi-professional service. Community services (community matrons and district nursing) with general practice aligned with the acute trust.
 - Cornwall and Sicily Isles “*entrepreneurialism at its best*” successful implementation of community matrons and telehealth services: preventing inappropriate admissions. Now clinicians are potentially expanding the service and looking at opportunities for growth.

**Effective
teamwork is
the answer!**

