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Shaping health and care in Mid-Nottinghamshire

Delivering improved outcomes for frail, elderly people in Mansfield, Ashfield, Newark and Sherwood

January 2019

Mansfield + Ashfield + Newark + Sherwood

Context

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With an aging population comes an increased risk of mortality, emergency admissions and complications resulting from:

- Falls
- Fragility fractures
- Potentially avoidable infections
- Pressure ulcers
- Delirium
- UTIs
- Severe constipation
- Incontinence
- Existing Long Term Conditions

Together these reflect frailty and the need to proactively identify need and coordinate preventative out of hospital care.

For our population, we need to reduce the numbers of moderate and severely frail patients who have an unplanned admission to hospital.

Frailty – our role

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1. Contractual

Practices will use an appropriate evidenced based tool, e.g. Electronic Frailty Index (eFI)4 5 to identify patients aged 65 and over who may be living with **moderate or severe** frailty. For those patients **confirmed through clinical judgement** as living with **severe frailty**, the practice will:

• deliver a clinical review providing an annual medication review and;
• where clinically appropriate discuss whether the patient has fallen in the last 12 months;
• provide any other clinically relevant interventions;
• where a patient does not already have an enriched Summary Care Record (SCR) the practice will promote this by seeking informed patient consent to activate the enriched SCR6.

Ref: https://www.england.nhs.uk/wp-content/uploads/2017/04/supporting-guidance-on-frailty-update-sept-2017.pdf

2. Operational

Ensure compliance through:

- Detailed understanding and utilisation of e-healthscope to support identification.
- Regular monitoring of ehealthscope workflow by practice.
- Cross reference with non elective activity for over 65's
- Deliver each of the four actions for those identified as living with severe frailty
- Review those identified as living with moderate frailty and begin proactive interventions to avoid exacerbation.
- Use of MDT meetings and where necessary convene more regular sessions with community leads to agree ongoing care plans
- Signposting to sources of non-medical support – eg: Connect, Engage and via Nottinghamshire Help Yourself website
- https://www.nottshelpyourself.org.uk/kb5/nottinghamshire/directory/home.page

How do we achieve this?

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The Multi-Disciplinary Team Meeting (MDT)

Since the creation of the Local Integrated Care Teams, the monthly MDT has become a key part of clinical activity to proactively review patients at risk of admission. Practices tell us that they generally:

- Welcome the MDT
- Believe that the Community Matron is the key individual to navigate care
- Find Call for Care/SPA provides a good additional source of navigation
- Have sometimes had challenges around changing community staff members.
- Believe there are opportunities to deliver it differently – ie virtually, smaller group.

Standard Operating Procedure (SOP)

The CCGs supported by the Clinical Effectiveness Committee have developed new guidance on the delivery of the multi-disciplinary team (MDT) meeting to support practices to deliver this.

Community Services Engagement with MDT

MDT meetings will from now be supported by a tighter group of named community professionals – community matron, district nurse, therapy lead and where possible social worker

Specialist Disease area input (eg: Diabetes, Respiratory and Heart Failure) will be subject to specific need and by invitation. Also direct access to Community Matron

Call for Care – 01623 781899

- Urgent response and mobilisation of care within 2 hours – 7 days, 8am-8pm
- Advice, guidance and signposting
- Access to the Directory of Service (DoS)
- Can advise if other community services are scheduled.

What support is available?

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1. IT Training and Support – e-healthscope

Bespoke and group training sessions for GPs and their practices will be available. Julie Shortland remains the contact for this.

2. Administrative Support

- Additional funding for practices to administer MDT meetings until early 2019.
- As part of the Locality Hub development, Hub Navigators will be recruited in early 2019 to provide locality support to set up and administer MDTs, and support practices to signpost to non-medical sources of support.:
- Mansfield: Lauren Urquhart
- Ashfield: Wajid Yasien
- Newark: Clare O' Mara
- Sherwood: Andrea Lucken

3. Project Support

CCG project support is available for practices to support resolution of specific issues. Alica Cromack is the point of contact for this.

4. Primary Care Team – Population healthcare

The Primary Care team are also supporting practices, starting with those with highest non-elective admissions, to identify patients that would benefit from review and optimisation of long term condition management. There is overlap with the frailty work, as eHealthscope is used to identify both groups of patients and many of the patients will appear in both groups.

The primary care and frailty project teams are working together to ensure consistent messages and support to practices.

How do we know if we're making a difference?

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1. Unplanned admissions in over 65's will reduce
2. Demand for urgent practice support for patients will reduce as more people will have a frailty assessment and where severe will have a robust out of hospital care plan.
3. E-healthscope – regular access to and use of workflow will support QOF submissions, flag care exceptions, and provide more informed detail based on e- Frailty index report.
4. MDT's will be more meaningful for all participants and deliver a better clinical solution for patients.

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Community Contact Directory

14th December 2018

Call for Care	Option 1	Option 2	Option 3
01623 781899	Admission Avoidance (2 hour response)	End of Life and Palliative Care	Planned Care (non- urgent referrals for all general health services)

Community Nursing, Therapy, Mental Health and Social Care Leads

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Mansfield North

Community Matron	Anna Williams **Tel:**07785 386286	Carrie Bull **Tel:**07785 385993
Community Therapy Lead	Karen Sensical	
District Nurse Lead	Jo Jakeman	
Consultant Psychiatrist	Dr Khuram Malik Khuram.Malik@nottshc.nhs.uk	Dr Jane Tarrant jane.tarrant@nottshc.nhs.uk
Local Mental Health Team Lead	Kerry Watson Kerry.Watson@nottshc.nhs.uk **Tel**: 07773180892	
Local Mental Health Clinical Lead	Marie Dove Marie.Dove@nottshc.nhs.uk **Tel**: 07788386228	
Social Workers	**Bull Farm** Susan Pishdar **Tel**: 0115 8043198 / 07717581241 **Pleasley** Susan Pishdar **Tel**: 0115 8043198 / 07717581241 **Meden Vale** Medwyn Griffiths **Tel**: 0115 8040607 **Riverbank** Medwyn Griffiths **Tel**:0115 8040607	**St Peters MP** Jodie Hall **Tel**:0115 8042496 **Sandy Lane Surgery** Caroline Page **Tel**: 0115 8042811 / 07779429048 **Orchard MP** Emma Bowley **Tel**: 0115 8042802 / 07971327864 **Oakwood Surgery** Charlotte Fowler **Tel**: 0115 8043367 / 07971327891
Team Manager	Leisa Burdus **Tel:** 0115 8040541 / 07557540309	

Community Nursing, Therapy, Mental Health and Social Care Leads

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Mansfield South

Community Matron	Kerry Smith **Tel:** 0 7785 388649	
Community Therapy Lead	Patricia Dion	
District Nurse Lead	Teresa Clarke	
Consultant Psychiatrist	Dr Khuram Malik Khuram.Malik@nottshc.nhs.uk	Dr Jane Tarrant jane.tarrant@nottshc.nhs.uk
Local Mental Health Team Lead	Kerry Watson Kerry.Watson@nottshc.nhs.uk **Tel** : 07773180892	
Local Mental Health Clinical Lead	Marie Dove Marie.Dove@nottshc.nhs.uk **Tel**: 07788386228	
Social Workers	**Acorn** Sally Chandler **Tel**: 0115 8040542 / 07770429027 **Churchside** Julie Marasco **Tel**: 0115 8040557/ 07834964824 **MillView** Jansje Owens **Tel**: 0115 8040563 / 07971 327923	**Roundwood** Pauline Maina **Tel**: 0115 8042656 / 0777898389**8** **Rosemary Street** Kelly Mulholland **Tel:** 0115 8042458 Shaunelle Crockwell will cover if staff are on leave. **Tel:** 0115 8042602
Team Manager	Lisa Matthews **Tel:** 0115 8040558 / 07799340743	Senior Practitioner Sherri Feetham **Tel:** 07917244160

Community Nursing, Therapy, Mental Health and Social Care Leads

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Ashfield North

Community Matron	Sue Platt **Tel**: 07785 390669	
Community Therapy Lead	Ian English	
District Nurse Lead	Jo Bridges	
Consultant Psychiatrist	Dr Kasha Siubka-Wood kasha.siubka-wood@nottshc.nhs.uk	Dr Puru Pathy Puru.Pathy@nottshc.nhs.uk
Local Mental Health Team Lead	Ian Lerway Ian.Lerway@nottshc.nhs.uk **Tel**: 07796262592	
Local Mental Health Clinical Lead	Becky Jones becky.jones@nottshc.nhs.uk **Tel**: 07818418381	
Social Workers	Jane Holding **Tel**: 0115 804 0551/07798 887059	
Team Manager	Greg Dunning **Tel:** 0115 9773967 / 07852156571	

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Ashfield South

Community Matron	Louise Stevenson **Tel:** 07815 007796	
Community Therapy Lead	Julie Napper	
District Nurse Lead	Nina Reid	
Consultant Psychiatrist	Dr Kasha Siubka-Wood kasha.siubka-wood@nottshc.nhs.uk	Dr Puru Pathy Puru.Pathy@nottshc.nhs.uk
Local Mental Health Team Lead	Ian Lerway Ian.Lerway@nottshc.nhs.uk **Tel**: 07796262592	
Local Mental Health Clinical Lead	Becky Jones becky.jones@nottshc.nhs.uk **Tel**: 07818418381	
Social Workers	**Kirkby Community** Farwa Shah **Tel**: 0115 8042265 / 07887627559 **Ashfield House Surgery** Louise Taylor **Tel:** 0115 8043200 **Health Care Complex** Farwa Shah **Tel:** 0115 8042265 / 07887627559 **Kirkby Health Centre** Suellen Harriman **Tel**: 0115 8042755 / 07971327859	**Selston Surgery** Louise Taylor **Tel:** 0115 8043200 **Family Medical Centre** Louise Taylor **Tel**: 0115 8043200 **The Surgery** Suellen Harriman **Tel:** 01158042755 / 07971327859 **Jacksdale Surgery** Janice Baxter **Tel:** 0115 8040540 / 07779428955
Team Manager	Joanne Booth **Tel:** 0115 8040345 / 07884476784	

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Newark

Community Matron	Julie Dennis **Tel:** 07814 984455	
Community Therapy Lead	James Hugenin	
District Nurse Lead	Andrea Lee	
Consultant Psychiatrist	Dr Caroline Innes caroline.innes@nottshc.nhs.uk	Dr David Musa; locum david.musa@nottshc.nhs.uk
Local Mental Health Team Lead	Tracey Houghton Tracey.Houghton@nottshc.nhs.uk **Tel**: 07826532789	
Local Mental Health Clinical Lead	Louise Roddis louise.Roddis@nottshc.nhs.uk **Tel**: 07901793377	
Social Workers	Edzia Zindi **Tel:** 07790833146 / 0115 8043345	James Hobbes **Tel:** 0115 8042754 / 07790833184
Team Manager	Mary Glover **Tel:** 0115 804 1421 / 07917 553 929	Lynn Ellis **Tel:** 0115 804 1422 / 07736 120356

Call for Care	Option 1	Option 2	Option 3
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Sherwood

Community Matron	Sue Pell **Tel:** 07979 496175	
Community Therapy Lead	Emma Moore	
District Nurse Lead	Michelle Bennett	
Consultant Psychiatrist	Dr Ian Butters Ian.butters@nottshc.nhs.uk	
Local Mental Health Team Lead	Tracey Houghton Tracey.Houghton@nottshc.nhs.uk **Tel:** 07826532789	
Local Mental Health Clinical Lead	Louise Roddis louise.Roddis@nottshc.nhs.uk **Tel:** 07901793377	
Social Workers	Bridget Storer **Tel:**07970 593221 / 0115 8040305	James Hobbes **Tel:** 0115 8042754 / 07790833184
Team Manager	Mary Glover **Tel:** 0115 804 1421 / 07917 553 929	Lynn Ellis **Tel:** 0115 804 1422 / 07736 120356

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Transforming the Model of Care

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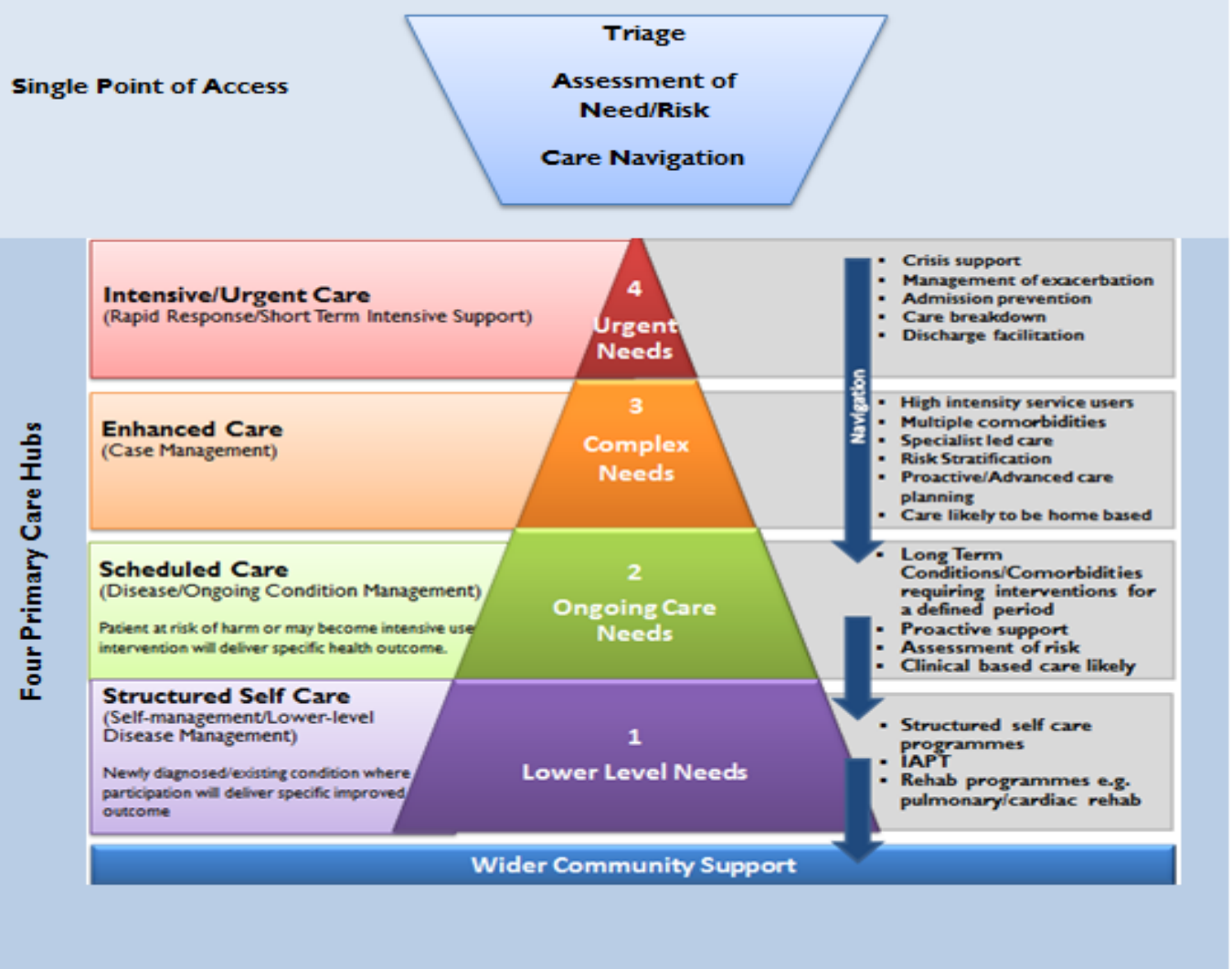

Threshold	Scope
Structured Self Care	• Making every contact count • Promoting independence and self care. • Appropriate for each threshold of care.
Scheduled Care	• Clinic Based Care • Delivery Monday Friday 09:00 – 17:00 by Specialist Practitioners • Expected Length of Stay – 12 week Programme at weekly interventions. • Locality Care Hub alignment. • Clinical intervention, advice and education. • Development of cross system treatment plans for patients.
Enhanced Care	• Home visit based care • Includes comorbidities, frailty and End of Life (EOL) interventions, district nursing 24/7 365 days a year, core activity Monday to Friday 09:00 -17:00. • Patient cohort includes those identified at high risk within the risk stratification including frailty indexing tool. • District nursing model to continue interventions along the following pathways: Wound care, End of Life, Continence, Injections; intramuscular/sub-cut e.g. insulin
Intensive/ Urgent Care	• Home visit based model for those at risk of ED attendance or acute hospital admission • Advanced practitioner led model. • Clinical triage 08.00 – 20.00, visits up until 22:00hr 365 days a year. • Incorporate Specialist Falls intervention.