

Mid Nottinghamshire Acute Home Visiting Service Go Live – 1st April 2019

PICS go live as the provider of the Acute Home Visiting Service in Mid Notts on April 1st 2019

The number to phone is 03000 830 000 option 8. All calls will be handled through the PICS admin team where 3 call handlers will be available to take referrals between 8.30am and 5pm Monday to Friday.

All urgent referrals should be phoned in. PICS are setting up an electronic referral template with Ardens GEM, and will provide further details about the use of this in the referral process, once fully implemented. Even when this is implemented please directly phone in urgent referrals.

Provision will be on a first come first served basis. Each practice will have a “protected” one visit per day but all other slots will be first come first served. If this “protected” visit is not taken up by 10 am this will be opened up to all. PICS will review the equity of provision through the day to ensure that not all available visits go to one or two practices.

The clinical provision will be from 9am to 6pm 5 days per week Monday – Friday. Each day there will be a lead clinician who will help with allocating the visits to clinicians. On the first day this will be Elena Caraman, who many of you know. Where possible all clinicians will be prescribers and will be able to prescribe. The team will initially have a base at Kirkby Primary Care Centre, but the intention is to expand the base once the entire workforce is in post.

A temporary workforce will be used initially. PICS will initially operate the service using agency staff that have been delivering the service with NEMS, so they know the area, are familiar with the practices and the service. For the first 4 weeks of April PICS will be operating on a minimum of 3 staff each day which will equate to a minimum of 32 visits per day, provided PICS have timely advice of the visits.

A reduced service will be running initially. DURING THE FIRST WEEK PICS will do 21 visits for the first 3 days as the new staff become used to mobile working with secure NHIS laptops with SYSTMONE access. As processes become embedded capacity will increase. PICS is working hard to ensure all laptops are equipped to use from day one.

By April 15th we expect to have capacity for 37 visits

By May 13th we expect to have capacity for 44 visits

By June 10th we expect to have capacity for 51 visits

By June 24th we expect to have capacity for 60 visits

The full service will commence and build during April and May. PICS will deliver a service with dedicated staff that are prescribers. Visit numbers will be allocated upon practice registered list size, to provide a fair share of the resource. Capacity will increase gradually with the plan to hit 60 visits

each day by June. PICS is working hard to recruit and train the workforce and will keep you updated through PCN meetings over these coming months.

Please bear with the team as they mobilise. The team is working hard to make the transfer as smooth as possible, but there may be teething issues and your patience in the early days of provision is very much appreciated. When issues arise PICS will do their best to communicate to practices promptly. They also welcome practice feedback.

Please adhere to the referral criteria. Practices will be familiar with the referral criteria but this is attached for ease of reference. PICS will be monitoring this. PICS will also report back to practices each month of the numbers of visits made and the referral rates from practices.

Please can all practices send Gerald Ellis direct contact numbers. The team may need to contact you in the event of referral or visit queries and direct contact numbers are essential. In addition please ensure that you have shared appropriate email contact addresses to which the daily updates on available visits can be sent. PICS intends to set up a generic email address for this service as well and will advise the address.

Gerald Ellis and Sarah King are your key contacts. Should you have any queries please feel free to contact Gerald Ellis at PICS Gerald.ellis@nhs.net or Sarah King at the Mid Notts CCGs sarah.king41@nhs.net

Acute Home Visiting Service Referral criteria

Any acceptance and exclusion criteria and thresholds

The following referral criteria will be applied:

Inclusion Criteria;

- Patients who are most appropriately seen in their own home, care home or nursing home and who have an acute medical need
- Acute Illnesses (i.e. Urinary Tract Infection, chest infection, cellulitis, cough)
- Exacerbation or worsening of COPD, asthma or acute breathlessness
- Reduced mobility without obvious cause
- Minor injuries (falls, wounds or new pain)
- Patients who have recently been discharged from hospital and are at risk of re-admission

Exclusion Criteria;

- Non-Traumatic chest pain
- Stroke
- Unconsciousness
- Severe bleeding
- Head injury in patients who are on anti-coagulants (e.g. Warfarin, Rivaroxaban)
- Patients who are under 18 years old
- Mental Health / Social issues
- Alcohol / Drug Issues
- Non-acute presentations – routine visits for long term condition reviews, medication reviews
- Patients who are able to attend their GP surgery

General Practice will remain responsible for carrying out routine home visits including, and not limited to, medication reviews (role of clinical pharmacist to be determined), chronic disease management reviews, domiciliary flu vaccinations, etc.

One of the key aims of this service is to ensure the Acute Home Visiting Service referral is triaged by an appropriate clinician within the patient's registered practice and coordinated in a timely way, prioritising patients who potentially may need additional services or referrals. Time delays to access other services may then lead to an admission. The same applies to secondary care diagnostics, where referrals early in the day may mean that patients do not need to stay in secondary care unnecessarily.