## The potential of PCN personalised care teams

Helen Blomfield – Advanced Clinical Practitioner, Occupational Therapist.

helen.blomfield@nhs.net

@helenblomfield8



MDT leadership fellow 2022/23



#### Why does Primary Care need to work in new ways?

- People are living with multiple complex health conditions
- Increase in health inequalities
- Increased demand on GPs
- Increase in lifestyle preventable conditions



## Why form a personalised care team?



- Holistic assessments in people own home
- Provides support/ signposting to prevent crisis
- Unregulated roles supported by Allied Health Professionals
- MDT online meetings essential

- Personalised Care Support plans (PCSP) for 3 care homes.
- OT assessment within 7 days & any reviews.
- Review of all those diagnosed & waiting diagnosis of dementia.
- Uptake of cancer screening
- Uptake of Learning disability reviews



Stacey Harwood, Lisa Gibson, Helen Blomfield & Lisa Gordon
CC. F/T CC. F/T OT. 3 days CC. 4 days

**Health Inequalities** 

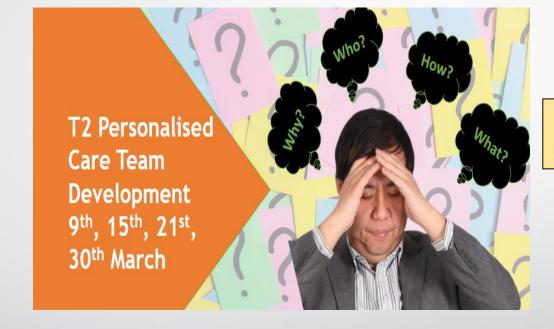
Preventative approach

Bio-Psychosocial approach

Dementia reviews

**PCSP** in Care Homes

**Personalised Care** 



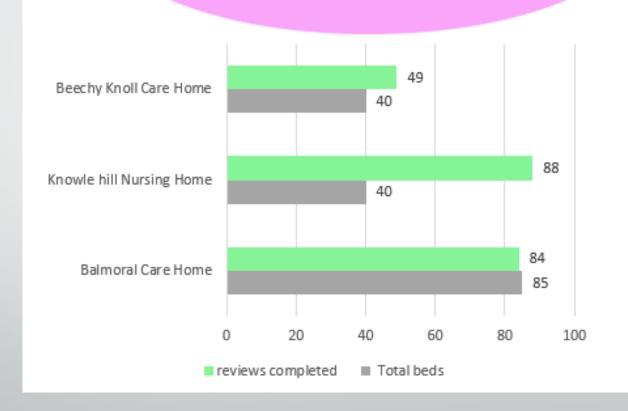
Population Data – what does it tell us about people we work with

The Kings Fund 'Population Health Model'

Cancer screening

Community assets

# Care Home Personalised Care Support Plans

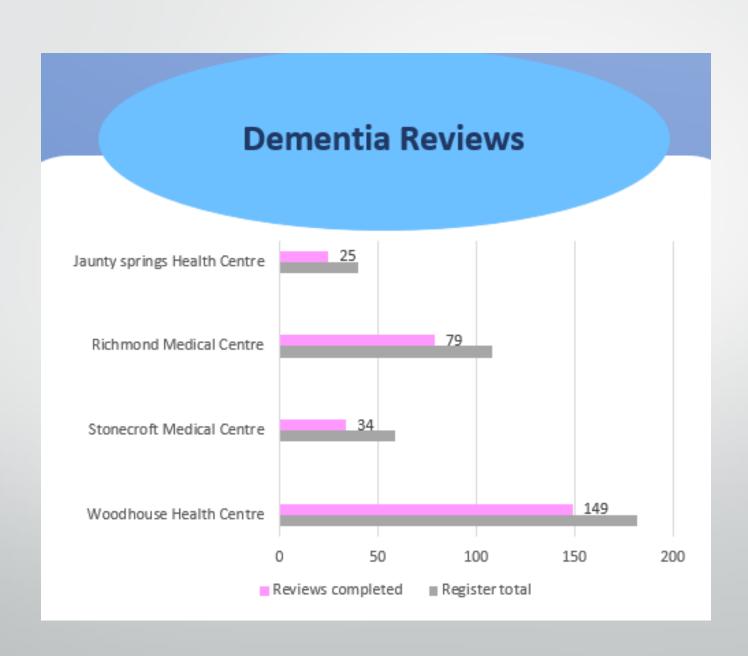


#### **Enhanced Health in Care Home Framework**

Gap Analysis Achieving Not fully achieving but plans in place Not achieving.						
	Baseline	Status	Status	Status		
		Oct 22	Oct 23	Feb 24		
1. Every care home aligned to GP practice with a named Clinical Lead	See Appendix 1					
2. A weekly 'home round' or 'Check in' for medical reviews	GPs & Paramedic					
3. Weekly 'home round'/ medical reviews completed on Ardens template	GPs recording on Ardens					
4. MDT OT, Care Co-ordinators meetings completed on Ardens template	Helen, Lisa, Stacey, and Lisa.					
5. Specialist geriatrician and mental health advise as part of MDT reviews	Geriatrician may be future option					
6.Person centred support plan (PCSP) of need within 7 days of	Live tracking by CC					
registration with GP	Excludes S2A and Respite beds					
7. Every Care Home resident has an annual review of their PCSP and	Balmoral, Knowle Hill and Beechy Knoll.					
subsequent reviews at requested of Care Home or GP.						
8. New Care home residents need a 'Structured Medication Review (SMR)	GPs currently complete SMRs when felt required.					
9.Personalised Care Team trained to complete the following Ardens	Care Home Status PCSP (Code Y281e A					
templates based on a comprehensive geriatric assessment	) Care Home initial assessment, Care					
	Home visit review, Care Home MDT					
	review . See SOP full details					
10.Named GP Lead completes Ardens PCSP – Occupational Therapist						
11.Baseline vitals completed on admission Ardens	GP/ Paramedic decision					

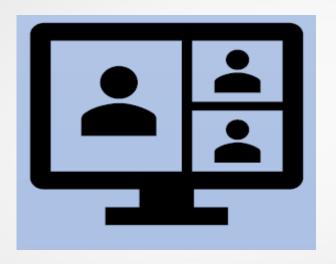
#### Enhanced Health in Care Home Framework cont....

12. Care Home Team aware of allocated named Nursing Team	Invited to attend MDT anytime		
13. Developing community assets to support resilience and independence	Care Home Well-being Project-		
2010 Control of the c	volunteer / T level students		
	Student Occupational Therapists 8-		
	week leadership placement Oct - Dec		
14. Falls prevention and rehabilitation	PCSP reviews about falls, bespoke		
	advice.		
	Student OTs Project work		
15. Workforce development	1: 1 supervision/ support from Helen		
	monthly & when required.		
	Programme of online and face to face		
	training to date. Projects to develop		
	team.		
16. Data, IT technology	T2 website developed to support Care		
	Homes, residents, and NOK		
	www.timetothinkaboutme.org		
	Monthly data report. Monitor Ardens		
	dashboard		
	Copy of PCSP provided to resident and		
	Care home via password protection		
	(lack NHS.net accounts)		
17. Risk assessment for Care Home Team	See SOP for full risk assessment		
18. Effective end of life care – Care Home role in ReSpect. End of life	ReSpect forms to be completed by all		
equipment requested by Occupational Therapist	GPs		
19. Acute and remote interventions	GP and Paramedic decision		
20. Complete Ardens 'Dementia' review	All team to link to PCSP, coding		
	correctly. Started May 23		



## Strengths of the team's work









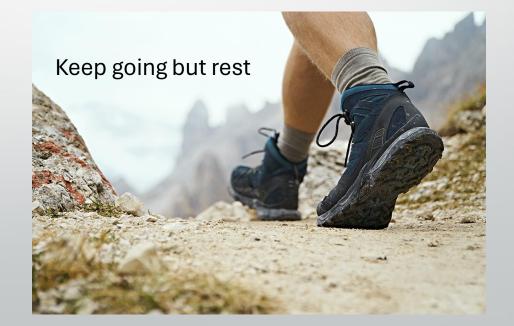




## Top Tips.....







#### Feedback to the team.....

The service myself & my mum have received has been invaluable. After struggling for so long trying to sort out extra care, social groups & advice from other agencies and not fully achieving what mum needed, you have pulled it all together & made it happen. I can't thank her enough for the support & kindness she showed us & the difference it had made to our lives.

Thankvou so much for emailing all this info to me, we really appreciate it. And Thankvou for your visit yesterday...alot of your information and advice was really useful. It's good to know there is help and support there.

Thanks again

Thank you so much for all your help, X is delighted she feels we have made some progress in helping to sort her health issues out.
Thanks again.
Adult social care.

I just wanted to pass on our thanks for your help with Mrs X, the reception team have asked me to pass on a big thank you for your help and support and also Dr X wants to pass on his thanks too you have been a massive support to the surgery, reception team and GP's making everything a lot easier you have done all the leg work and it has helped so much.

Big Thank you

Thankyou for the information: Re activities and places to go. I will definitely be getting X involved with some of these. Also a Big Thankyou for your Care and Support on Monday.