

RIGHT CARE RIGHT TIME RIGHT PLACE

Trafford Patient Care Coordination Centre

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- Principles for Trafford CCG's Patient Care Coordination Centre
- 2. Progress so far
- 3. Benefits/Outcomes
- 4. 2014-15 Priorities
- 5. Early Intervention and Wellbeing Hub
- 6. Questions



Principles



- Unique Lots of Interest
- Visioning Document / Addendum
- Health and Social Care Proactive System
- Patients always getting the right care at the right time, through an effortless journey
- A focus on complexity and vulnerability
- Proactive and coordinated care seamlessly around the patient
- Best possible patient experience



Trafford Economy



Significant progress already achieved

- Unusual position in Trafford
- No 1:1 relationship with acute provider
- Patients attend multiple providers
- Patients treated outside of locality boundaries
 - Central Manchester;
 - Salford Royal;
 - University Hospital South Manchester; and
 - Greater Manchester West.





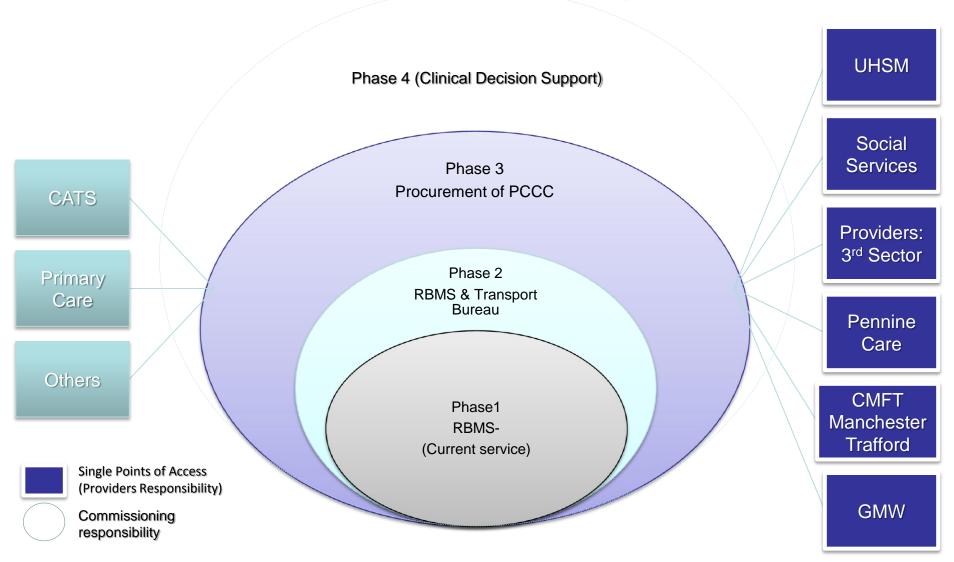
What have we done so far?

- Developed community services including:
 - Intermediate care;
 - IV therapies;
 - Matrons;
 - Community geriatricians; and
 - Rapid response teams.
- Single Point of Access for Community and Mental Health Services
- New Health Deal for Trafford
- Data sharing access to 70% of GP patient records
- Risk stratification





Phases of development



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Benefits / Outcomes

- Tracking of patient journey
- Close monitoring of vulnerable patients, following them through care journey
- Improved Quality
- Improved Patient Experience
- Improved Efficiencies e.g. DNA's, Waiting Times
- Health Transport Bureau
- 'Auto pick up' patients as they go through the system
- Clinical Decision Support System
 - Directory of referral routes
 - Investigations/tests carried out in advance of appointments
 - Ability to view all results e.g. radiology/pathlab
 - Quality Auditing of referrals
 - Risk Stratification



Infrastructure



- Single point of access
- Single 'live' directory
- Supported by IT infrastructure
- Access to all records i.e. enabling patient care plans feeding in proactive planning
- Alignment to 111 and out of hours
- Innovation e.g. Telehealth/Telecare



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2014-15 priorities

Delivering Efficiencies

- Measurements to monitor IC Improvements
- Increase investment in Primary Care/Community
 - Primary Care Strategy
 - Education & Development in Primary Care
- Shift in activity from acute to community:
 - A&E Deflection schemes
 - Changes on the Trafford Site (NHD, model 3)
 - Mobile solution for Community teams
 - To deliver out of Hospital Care Standards
 - Shifting Resources from Acute to Primary and Community Care





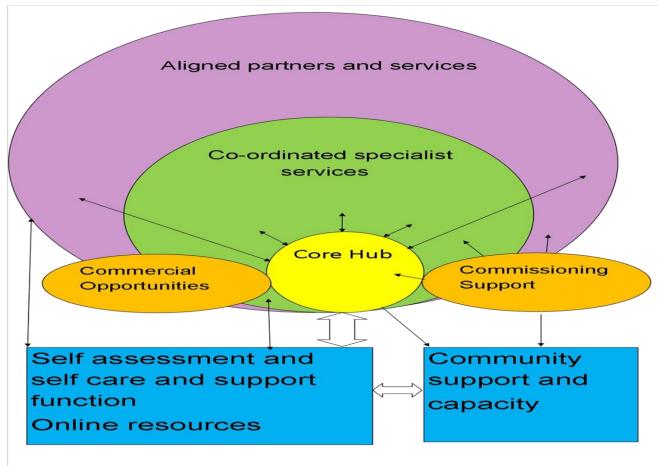
Health and Wellbeing Hub

- Support Increasing Demand against reducing resources
- Health and Social Care together
- Review and redesign of the Frail and Older People Service
- Review and redesign of the Palliative Care and end of Life Pathway



Early Intervention and Wellbeing

Hub



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Benefits of the Wellbeing Hub

- Strategic Partnership approach to management of increasing demand on services
- Early Intervention pre birth to death
- Outreach support to communities to link into integrated health and social care teams
- Build community capacity and resilience
- Early support to enable individuals and communities to provide and access the support they need through wider integration
- Holistic approach to assessment and prevention
- Reduce demand for statutory social care services
- Increase capacity for Specialist Services





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Questions?

