MULTISPECIALTY COMMUNITY PROVIDERS

MOVING SPECIALIST CARE OUT OF HOSPITALS AND INTO THE COMMUNITY



ACCESSIBLE

Giving people access to a range of support – such as a district nurse, social worker and pharmacist – all in one place.

COMMUNITY

Delivering services to people who don't require hospital services and can be treated in a community setting.

INTEGRATED

Developing an integrated, expanded and digitally mature primary health and wellbeing system.

PROFESSIONAL

Integrating community nurses, social care, mental health, third sector and allied health professionals to be responsible for the frail and elderly.

COORDINATED

Developing a health and social care system accessible through GP practices, with a care-coordinator to support patients.







INTEGRATED PRIMARY AND ACUTE CARE SYSTEMS

JOINING UP GP, HOSPITAL, COMMUNITY AND MENTAL HEALTH SERVICES



PROACTIVE

Moving from a reactive hospital-based system of urgent care, to a home-based proactive system of care.

INTEGRATED

Providing integrated care in hubs that bring together primary, secondary and other sorts of care in one place.

DISTINCT

Creating a system that will take responsibility for the whole health and social care needs of the population within a single budget.

COMMUNICATIVE

Delivering access to advice and information for individuals in crisis 24/7 without defaulting to A&E as the first point of contact.

REGIONAL

Implementing new regional systems of governance, patient consent, commissioner support and education.







ENHANCED HEALTH IN CARE HOMES

OFFERING OLDER PEOPLE BETTER, INTEGRATED HEALTH, CARE AND REHABILITATION SERVICES



CONNECTED

Breaking the mould for older people in care homes, tackling social isolation and shifting from fragmented to connected care.

ENHANCED

Enhancing the skills and confidence of care home staff through a package of education and training.

SPECIALIST

Using technology and telemedicine to provide to all aspects of specialist health and care advice.

CAPABLE

Developing a more proactive health and social care enabling model focusing on optimising residents individual capabilities.

PROACTIVE

Ensuring potentially long hospital stays are proactively managed, building on work already initiated with acute trusts







URGENT AND EMERGENCY CARE

IMPROVING EMERGENCY CARE SERVICES COORDINATION AND REDUCING PRESSURE ON A&E



TIMELY

Improving services to give the best care in a timely manner.

IMPROVED

Improving access, clinical assessment and treatment to primary care clinicians at the 'front door' of the emergency department.

DIRECT

Enabling more direct clinician-to-clinician conversations so that more patients are directed to the right service every time.

UNCOMPLICATED

Reducing confusion of the various emergency care services such as A&E, walk-in centres, urgent care centres, GPs, pharmacists and out of hours services.

MOBILE

Focusing more on ambulances becoming a mobile treatment service delivering care at patients' homes with a transfer to the hospital if needed.







ACUTE CARE COLLABORATION

LINKING LOCAL HOSPITALS TO IMPROVE THEIR CLINICAL AND FINANCIAL VIABILITY



EXPANSIVE

Establishing a foundation group to widen the support and services it can provide to other organisations.

BENEFICIAL

Establishing and sustaining services and producing a toolkit used to roll out services to benefit patients in other parts of the NHS.

OUTSTANDING

Creating a UK-wide franchise or chain of providers to deliver outstanding and consistent care in more areas.

SUSTAINABLE

Developing a clinically managed network to improve quality and ensure services are sustainable.

SHARED

Sharing best practice and creating replicable models for long-term clinically and financially sustainable specialist services.





