NEW MODELS OF CARE IN PRACTICE

INTEGRATED PRIMARY AND ACUTE CARE SYSTEMS VANGUARD

MID NOTTINGHAMSHIRE BETTER TOGETHER

Mid Nottinghamshire Better Together vanguard is working towards the local health and care system being more joined up, and together partners have been reducing unnecessary hospital admissions for the area's highest risk patients.

This means getting doctors, nurses, other health professionals and social care staff to work more closely together in a multidisciplinary team to support the needs of patients, their families and carers.

This joined-up approach is better for patients as their care is better coordinated with the different people who look after them all sharing information and making sure that they are communicating effectively with each other. This means that they can more effectively spot patients who need extra help and allows issues to be identified earlier, preventing health from deteriorating or complications which require a hospital stay from arising.

The model the vanguard uses to identify and support the patients who are at the greatest risk of needing to be admitted to hospital in the future is known as the PRISM model of care.

This stands for three core elements:

- Profiling risk, which is looking at those who are most likely to end up in hospital soon due to complex conditions or other factors.
- Integrated care, which is everyone working together to support these people.
- Self-management and teaching patients to manage their ongoing conditions and health needs with support in the community.

The idea is that extra support is given to those most likely to require a hospital admission to keep them well and prevent an admission being needed.

KEY FACTS IN NUMBERS

- The system has seen 22 per cent fewer breaches of the national four hour emergency target in 2015/16, compared to the previous year.
- As a result of the urgent and proactive work, Sherwood Forest Hospitals has been able to reduce bedstock by over 100 adult medical beds.
- The number of patients staying in hospital for more than 14 days has halved.
- The area is now one of the top performing in patients returning to their usual place of residence after a hospital stay.

Local Government Association
NHS Clinical Commissioners
NHS CONFEDERATION
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The team identify the patients using a process called risk stratification and then work together to review their needs and decide on a course of action which will help to keep them happy at home instead of unwell in hospital.

As a result of initiatives like this the vanguard has managed to reduce the number of days its population is spending in hospital by 10 per cent.

Further information: To learn more about the work of the vanguards and the new care models programme visit **www.england.nhs.uk/vanguards** or join the conversation on Twitter using **#futureNHS**

IAN'S STORY

The team helps patients like Ian, 68, who had a brain injury 13 years ago which affects his memory and means that sometimes he neglects his other health issues: diabetes, deep vein thrombosis and associated liver and kidney problems. Prior to being on the team's at risk register, Ian unnecessarily attended the local A&E three times over a two month period. However, since offering Ian extra help and support with his care needs and diabetic medication he has avoided a further four hospital admissions in a four month period.