

## ANDOVER PRACTICE BASED COMMISSIONING GROUP

### NEWSLETTER - OCTOBER 2009

#### **Ambulance / GP interaction**

SCAS, the ambulance service that covers Andover, will be working more closely with GPs to ensure that whenever possible patients are not transported to hospital *unnecessarily*. Evidence has shown that when paramedics can access a GP opinion about a particular patient an admission can frequently be avoided, as the GP will know the patient much better than the paramedic attending. The paramedic will explain the condition & symptoms to the GP who will then decide whether a hospital admission is necessary or whether the patient can be seen, either by home visit or a visit to the surgery. As well as reducing the bottleneck at A&E departments, this will free-up paramedics' time so that they can respond quicker to urgent incidents.

#### **Elderly Assessment Unit.**

This initiative has now been approved by the PCT and £100,000 funding has been allocated to support a 1-year pilot project. Once the logistics & monitoring arrangements have been finalised, it is hoped that the service can start within the next few weeks, ideally at the beginning of November.

The business case has been built around having access to expert Geriatric consultant opinion 5 days a week at the AWMH site. This means that GPs & Community staff, the Ambulance Service & Out of Hours Doctors will be able to refer relevant patients directly to the Consultant clinics, and the Consultant (Dr James Croft-Baker) will rapidly assess the patient's problems and needs. He is supported by the Community team of the Rapid Access Service (RAS), Nurses & Therapists. Together their aim is to have seen the patient and have a treatment plan in place within 48 hours of the referral, thus avoiding many admissions to the RHCH in Winchester, and the distress and travelling that this causes to many patients and their carers.

#### **Nursing Homes & Mental Health**

The PBC group's next principle focus will be on how health services are accessed by patients in Nursing Homes & by those who require Mental Health services. National & local evidence suggest that admissions to hospitals from Nursing Homes are more frequent and lengthier than from anywhere else (including similarly aged patients outside Nursing Homes). The Locality GPs are therefore looking to work with Homes in and around Andover to ensure a more robust delivery of service in the local area. This could encompass pharmacy & dietetic input as well as more alignment of Nursing & Residential homes to particular surgeries to encourage greater continuity of care and, hopefully, consistency. We recognise that this is a big challenge for all involved – patients, carers, nursing home staff, GPs & allied health professionals - but one that we feel is important.

In conjunction with this we recognise that mental health problems contribute significantly to a wide range of age groups and have begun investigating what services exist, how they are used and what they cost. We have had recent communication with the PCT about Mental Health provision, and we are keen to work with commissioners & providers in ensuring that the Andover population is not disadvantaged following the closure of the Alan Gardiner Unit

## **Pulmonary Rehabilitation**

We have worked with the PCT and Test Valley Leisure Services to offer a structured programme of pulmonary rehabilitation to Andover residents who are suffering from COPD.

The pilot (everything is a pilot these days...) starts at the beginning of November and runs initially until March 2010, at which point a review will be conducted. It is hoped that around 56 patients will access this service during this time. The key features of the new service are:

1. It will accept referrals from Primary Care. (Previously only patients who were seeing a consultant could access it). This should mean better access for patients, and rehabilitation earlier in the treatment of their condition.
2. It is being run at the Leisure Centre. This has the advantages of not being in a hospital setting which is important from a patient perception – it's about being well, not ill, and also being centrally located.
3. It is hoped that awareness of the Leisure Centre facility and the range of services it offers will be increased in this and the wider patient population, and that the 'fear of joining a gym' will be greatly reduced.
4. It provides close working between Health & Leisure service professionals and reduces the distinction between 2 organisations doing broadly similar things.

## **Other PBC Projects**

We are working with key service providers, both in the Community and at local hospitals, on a number of other initiatives such as ophthalmology, End of Life & palliative Care, & dermatology



## **HAMPSHIRE LOCAL INVOLVEMENT NETWORK (LINK)**

Just to remind you - If you are interested in ensuring that people in Hampshire get the health and social care services they need, you can get involved in LINK, which will give you the opportunity to influence your local health and care services.

It's up to you how and when you get involved—you can just comment on issues when contacted or you can get more involved—by helping to raise awareness of an issue or by helping to find solutions (for example—meeting providers or being part of a working group).

Anyone can join; carers, service users, patient representatives - everyone's opinion matters. Groups can also join; charities, tenant organisations, youth councils, BME organisations and business federations.

For more information go to <http://www.hampshire-link.co.uk>