

FOCUSED CARE INTRODUCTORY PACK



Dear Colleague

The Focused Care model is the only service we know that has the central aim of making the invisible patient visible. This long-term resource is now becoming available to GP teams working with the most vulnerable and hard to engage households across GM.

Focused Care equips us to find those patients most in need and then help them access appropriate care via their Primary Care and Community teams. The Focused Care worker embodies the culture of 'Unrelenting Kindness' that we all know is so effective in bringing change into entrenched situations.

Since we started this approach, we have realised that Focused Care workers not only support GP teams with their more anxiety-inducing complex cases but the data also records patients with less unnecessary hospital attendances, less missed appointments and better access to relevant services. Across the population engaged in this way Public Health outcomes improve and disease prevalence rises. The added safeguarding net for the Practice has also been seen as a great professional bonus. This model provides the chance for the whole surgery team to regularly meet to discuss their vulnerable patients; sharing expertise, care plans and success stories.

Vulnerable Patients are visibly helped and this stands very well with the patient community, the practice team, commissioners and the Care Quality Commission. Seven years on from our first cases we are now in the exciting position to share this model and experience with other GP teams working in areas of deprivation.

We welcome you to join our Focused Care approach.

Dr John Patterson
(Lead GP for Focused Care)

Ruth Chorley
(Lead Focused Care worker)



FOCUSED CARE CIC

The Focused Care CIC has been created by a team of passionate and experienced individuals spanning the fields of health, social and focused care. Formed through a partnership between Hope Citadel Healthcare CIC and the Shared Health Foundation, the Focused Care board is instrumental in overseeing the integrity and development of the model going forward across Greater Manchester and beyond.

HOPE CITADEL HEALTHCARE CIC

Hope Citadel exists to provide GP services to their registered population in a caring, compassionate and safe way that leads to clinical excellence. They work in partnership with other NHS and non-NHS organisations believing that their patients, families and communities can change to lead to healthier lives. Hope Citadel specialises in areas of deprivation that have been previously under-doctored.

THE FOCUSED CARE MODEL

THE STORY SO FAR... Throughout the past seven years Hope Citadel has been working to improve the way healthcare is delivered in four areas across Greater Manchester. When they first set out to work in areas which had been under-doctored, it was very clear that it would take more than a prescription to fix many of the problems encountered by GPs and practice staff.

In 2010 HCH employed their first 'Focused Care Practitioner' to see if they could find a solution to filling the gaps which medicine, or social care, in isolation, cannot fix. Patients are referred by practice staff, local community workers or even the police, and then the Focused Care Practitioner works with the patient's household to begin to unpick situations, assessing need and using local health and community contacts in order to begin to bring stability to an often chaotic situation. They bring together agencies and patients, and also establish accountability for the patient and for the agencies involved, meaning that appointments are attended, practical support is provided and a glimmer of hope comes to that household. Time and again they have seen lives transformed by the little bit of extra care provided by the focused care team, giving support and coping mechanisms and backup for when life gets too much to handle.

Local commissioners have also realised the benefits of the whole person approach. Oldham CCG commissioned the Focused Care model to be piloted in a neighbouring non-Hope Citadel surgery, and now the project is being run in over six other surgeries in Oldham.

Following on from this, funding is being provided by the transformational fund of Devolution Manchester to roll out the Focused Care Model to multiple other surgeries within Greater Manchester, working alongside the Shared Health Foundation who will facilitate and support its implementation practically. **Please email us at contact@focusedcare.org.uk for further information on bringing Focused Care to your practice.**

SHARED HEALTH FOUNDATION

The Shared Health Foundation is an initiative of the Oglesby Charitable Trust and set up to address health inequalities across Greater Manchester. Working with individuals, communities, health professionals, voluntary sector and business partners, they encourage a person-centred approach. Through nurturing innovative ideas and replicating best practice, they empower individuals to take responsibility for their own health.



HEADLINE RESULTS

Of the households who received Focused Care support, there is an obvious trend of improvement across all areas identified with the support of the Focused Care practitioners.

Below are some of the headline results:



Accessing Healthcare:
It was found that families who had accessed focused care presented at A&E less often in the year following focused care support than in the year before it.



Substance Abuse:
Households became free of substance misuse.

Managing Health:
Medication compliance and smear uptake improved.

Presenting problems:
(in order of frequency)
Mental Health, Managing Health, Health Promotion, Relationships, Finance, Housing, Work and Education, Substance Abuse, Literacy and Communication, Parenting and Childhood Behaviour.

Focused care and mental health:
Most of the patients on the Focused Care list presented with some form of mental health problem. By the end of the year this figure had significantly reduced with an obvious trend of patients mental health conditions improving over the year of care, whatever the starting point for that household.

Relationships:
Of women who disclosed domestic violence, many found the courage to exit these situations.

Housing:
Many patients had some problem with their housing on initial assessment. By the end of the year over half of those households had had their housing issues resolved.

Focused Care Practitioner Group



Parenting:
Where there were households identified as having Children in Need, all are making progress along the Child Protection process.



CASE STUDIES

Case 1

Michael* was referred by a GP to a Focused Care Practitioner a year ago. He was homeless, addicted to drugs, and very angry. His relationship with his Mum had broken down, due to her own alcoholism, and he was estranged from his Dad.

The Focused Care Practitioner began by trying to manage his homelessness, registering him as homeless, and contacting appropriate services with him. Whilst this was still ongoing with no solution, she worked with him on his benefits, in addition to ensuring he had things like food parcels until some money became available. He came to the surgery for showers. Eventually he was found a hostel place, which took 2-3 weeks to arrange.

He has now been awarded permanent accommodation of his own in a flat. He has stopped using legal highs. He has engaged with a Men's Group and IT classes, which he even mentored in.

He is still hit and miss with his engagement, but things are improving. He has got a job, following on from support from the Focused Care Practitioner with applications and interview help – he even had interview clothes provided by the team!

Case 2

Alice* is a 49 year old lady, with complex medical and mental health needs, and significant social vulnerability. She was referred jointly to Focused Care by the Police and her own GP – both due to inappropriate and frequent contacts.

Living alone in a flat, she was regularly contacting the police concerned about her neighbours, whether or not there was an actual problem found. Since engaging with the Focused Care Practitioner, she has found a safe point of contact and support, which has meant that she is now in touch with the Police less. She is supported to her medical appointments with the Focused Care Practitioner, and is more appropriately contacting health services. This is an ongoing case, for which there is no easy solution, but the help provided by a Focused Care Practitioner has enabled positive changes to be made.

*Real names have been substituted.



Social Groups

As well as supporting individuals, there have been several examples of new groups being set up by Focused Care Practitioners, where a community has been found to have a lack of them. In these situations, Practitioners have partnered with local authorities and voluntary organisations to provide a safe space for new skills to be developed, friendships to be made and patient needs to be met.

Examples include: a men's gardening group, women's craft groups, coffee mornings, and a choir.



PRACTICALITIES FOR GP SURGERIES

Focused Care CIC is overseeing the expansion of the project across areas of high deprivation in Greater Manchester and beyond. Please see below for more practicalities for GP surgeries and CCGs in introducing this model to your area.

Each surgery will have a Focused Care Practitioner 2 days a week, whose salary will be paid through the Focused Care CIC.

Clinical supervision will be provided through a centralised Focused Care Co-ordinator.

Basic requirements from the practice for your Focused Care Practitioner:

- A GP to take the lead with Focused Care, meeting for 1/2 session on a monthly basis with the Focused Care Practitioner
- A practice-wide team meeting on a 6 weekly basis to discuss caseload and progress
- Desk space with computer, printer and phone access and a filing cabinet space
- Clinical system access for note recording. All Focused Care work is recorded inhouse to strengthen team working

For further information and to arrange a visit with one of the team, please email us at contact@focusedcare.org.uk

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SHARED HEALTH FOUNDATION

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