Meet Our Care Homes Team

***GP * Trainee Advanced Clinical Practitioner**
***Nurse practitioners *Trainee Nurse Associate**
***Care Co-ordinators (older people & learning disabilities)**
***Physician Associate *Pharmacist**
*** GP Clinical Lead**
***GP Strategic Lead**

We are here to support you and the staff in your Care Home when you need us.

WHO ARE WE?

The Care Homes Team is a Multi-Disciplinary Team which has been set up by Total Health Excellence Primary Care Networks (PCNs) in Folkestone and Dover, following NHS England's plans for Enhanced Health in care homes. The team supports the GP Practices in our PCN's area and can provide professional health support in a person's own Care Home, avoiding hospital admission unless necessary.

WHAT DO WE DO?

We provide staff and residents in Care Homes a level of support that enhances the care a person currently receives. The team achieves this and more, through joint working with staff in local care homes and other organisations in health, and social care, voluntary organisations, and community services staff, using a multidisciplinary team approach.

All services can ask a member of the Care Homes Team to go into a care home and support someone who may need a comprehensive proactive assessment, advanced care planning discussion and may otherwise be taken into hospital unnecessarily.

What is Enhanced Care?

The Enhanced Health in Care Homes (EHCH) model is aiming to change the old traditional reactive models of care delivery (i.e., “this person is poorly let’s call an ambulance and get him/her into hospital”)
We provide proactive support that is centred on the needs of individual care home residents, their families and very importantly, support and education to care home staff to care for people in collaboration with our other health and social care colleagues. The model emphasises the need for prevention and recognises the importance of personalised care needs and wishes.

How can Care Home Care Co-ordinators help me?

We are a single point of contact for the patient, their family and care home staff, for all problems and questions.

We offer: -

- A familiar and trusted face working on behalf of your GP Surgery
- Inviting people to their yearly health check and booking appointments
- Creating care plans to make sure everyone involved in a person's care is aware of their needs and wishes.
- Referrals to services that they need to access.
- Support with social problems including referrals to social care and helping people to access community services.
- Support with accessing further education and courses for care home staff.
- Speaking to other professionals involved in peoples care to support care coordination.
- Advanced care planning.
- Structured Medication Reviews.
- Personalised care and support plan.
- Discharge reviews.
- Older people and learning difficulties assessments.
- Collaboration between the acute trust and community services to ensure robust and comprehensive support for patients with complex needs.

It is important that people feel they can access support whenever they need to. One appointment or conversation is all that may be needed: however some people may need more input and long-term support. Support is not time limited, meaning our door is always open for a patient, a member of their family or those who support them.

To make contact, please email us – CHA.PCN.carehomes@nhs.net