Frome - an experience of building a more compassionate community

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Talking café- healthy mondays
The building blocks to success

- knowing what is available in the community and filling in the gaps

- embracing somerset house of care vision and patient centred care planning

- proactive identification of those who might benefit most

- time for conversations and people

- vision to apply this at scale
Frome

- A forgotten corner of Somerset facing Bath
- An independent minority of the Royal United Hospital catchment
- Large enough to experiment at scale
- Small enough to risk failing
Somerset CCG

- Strong financial governance with healthy surplus when it formed
- Willingness and vision to innovate and take risks
- Willingness to invest for long term benefit
- Somerset Practice Quality Scheme headroom to primary care
- Innovation funding to appoint Jenny Hartnoll to map community resources and develop them further based on need
- Innovation funding for primary care based inreach discharge liaison team
Engaging with young people in Frome to complete community PAM
Frome medical practice role

- Frome Medical practice funding and support for creation of
  - Care co-ordination hub with proactive identification and referral to the hub through in house referral use of risk tools and MDT discussions
  - Administrative support for new way of working
  - Systematic discharge review
  - Clinical protected time for meaningful personalised care planning
  - Support for clinician training in house of care philosophy
Frome leg club
Our approach

- Systematic
- Proactive
- Holistic
Changing conversations

- Embracing uncertainty
- Building self esteem
- Sharing preferences
- Peer support
- Empowerment to control own destiny
- Supporting carers as individuals in their own right and recognising their resilience is vital to a sustainable compassionate community
Impact on the clinician

- Support to provide more holistic approach - health connections team presence commonly quoted as ‘one of the best things about the practice’ by registrars at the practice

- Tools to handle previously difficult situations in a structured way

- Improved confidence in clinicians to address issues that matter but that may have no easy medical answer

- Restoring priority of genuine care and compassion as ultimate goal when safety checklists/guidelines/medical litigation discourage patient centred focus
Clinician impact

- Pride in the work we do
- Empowerment to remain patient focused
- Improved job satisfaction
Better together- long term conditions support group
Next steps

- Preliminary work to test out model of working within compassionate community ethos
- Health connector to support carers jointly shared with Yeovil as part of vanguard project to take this approach further and provide this systematically to those in most need
Keith and Sally

- 72 year old man with COPD - now wheelchair bound with breathlessness
- Also has diabetes, depression, significant obesity 26 stone
- 68 year old wife devoted as his full time carer
- Daughter Stephanie and granddaughter Chloe age 2 and half also live with them
Impact of compassionate community approach on Sally

- Focused planning around Sally and her own needs as carer empowering her to consider her own needs and long term resilience as part of Keith’s care. Mapping of her support network.

- Productive discussion about Keith’s weight issues between them and joint agreement about how best to help him

- Feeling more supported by husband and closer to him

- Booking holiday on with widowed sister in law from Trowbridge
Impact on Keith

- Empowered to take control of his weight issues rather than accept it and now accepts wife’s attempts to help him by not overfeeding him.

- Goal setting to walk from house to car.

- Proud of her for arranging holiday and feeling more positive about his own impact on her and his own mood improved.

- Better sense of team working together and mutual support sharing pleasure in helping one another in this way.
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