

Thriving with the New Model of Medical Care in Community Hospitals; Advanced Clinical Practitioners and GPs Using a Collaborative Approach

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Oxfordshire Community Hospitals, Oxford Health Foundation NHS Trust

Oxfordshire Community Hospitals

Eight Wards over six hospital sites

Four Wards - Consultant geriatrician led

- Rehabilitation ward with specialist bed including bariatric, post-stroke rehabilitation and short stay linked to community EMUs

Four Wards - GP/ACP led

- Predominantly caring for those with frailty, rehabilitation and end of life care.

Previous model



GP cover from local practice

Weekly ward round with and daily weekday cover contracted for one hour a day



Reactive care of patients



Challenges – increased length of stay, high readmission rate, prescribing errors, limited support for MDT.

New model

OHFT
employed GPs

ACP model

Change of
focus on
proactive care

Future
hospital
avoidance

Transition for GPs



ROLE FOR GP -
ASWR



PARTNERSHIP
WORKING



SHARING
RESPONSIBILITIES

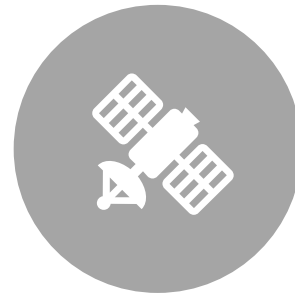


TEAM APPROACH

ACPs – a new role, a new journey



Transition from senior nurse/specialist nurse to tACP



Challenges of working with different GPs and wards.



Supervision



Training:

MScACP (or equiv)

Professional portfolio: Older People credential (HEE)

What does advanced practice bring to the ward



Focus on supporting MDT



Continuity and Holistic care



Supervision to others



Education sessions



Frailty awareness and education



Current MScACP dissertations all focused on developing clinical practice

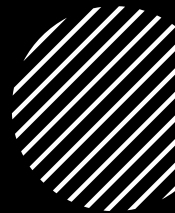
Discuss challenges, barriers and opportunities for building a stronger team.

Group work





Building a strong team



Communication and role modelling around roles and responsibilities



Focus on improving clinical care

Frailty
Recognising dying
Deprescribing



Leadership



Governance Learning from incidents



Any questions?

Thank you!