



Bournemouth CVS



Better Together
Integrated health and social care
Across Bournemouth, Dorset and Poole

Dorset HealthCare 
University NHS Foundation Trust

Better Together

Health & Social Care

Virtual Ward

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What the Virtual Ward Looks Like

- **Two Health and Social Care Coordinators for 36 practices across Bournemouth and Christchurch, which equates to 30 meetings as some practices have sister surgeries.**
- **230 patients are currently admitted onto the Better Together Virtual Ward**
- **All surgeries have monthly Better Together Virtual Ward Multidisciplinary Team (MDT) Meetings**
- **All patient records are updated after each meeting on both SystemOne and Emis by the Health and Social Care Coordinators**
- **Through this integrated working we are able to identify patients with frailty and Long Term Conditions and put together integrated plan to improve their health and wellbeing keeping them fitter and at home for longer**
- **Reducing the number of hospital admissions and developing Anticipatory Care Plans (ACPs)**



Who Attends

- **GP's**
- **Community Matrons**
- **District / Practice Nurse**
- **RBCH**
- **Bournemouth CVS**
- **Adult Social Care (both Bournemouth and Poole)**
- **Community Mental Health Team**

Additionally we can have:

- **Drug and Alcohol Team**
- **Pharmacy**
- **Homeless Team**
- **Armed Forces Community Veteran's Lead (Dorset HealthCare)**
- **Palliative Care Service**



Better Together

- **Bournemouth Borough Council**
- **Dorset County Council**
- **Borough of Poole**
- **Dorset Clinical Commissioning Group (CCG)**
- **Royal Bournemouth & Christchurch Hospitals**
- **Dorset Healthcare**
- **Poole Hospital**
- **Dorset County Hospital**

These partner agencies have agreed to information sharing. At each meeting a Register that includes a confidentiality statement is circulated and attendees sign to confirm they agree to abide by this.



BCVS role in MDT Meetings

Contribute the Voluntary Sector perspective to MDT meetings

Impartial and comprehensive signposting to services that will help support patients of all ages

Provide assurance around Voluntary Sector organisations

Help to develop community support provision



Risk Profiling / Patient Selection Examples:

- Repeated admissions to hospital and length of stay
- Two or more A&E attendances in the past 12 months.
- Co-Morbidities
- The number of medicines a patient takes (or fails to take)
- Recent falls i.e. more than two falls in two months
- Cognitive impairment, living alone, medically unstable and high intensity social service package
- The number of times a patient consults their GP about their condition
- Other high risk factors such as the death of a patient's family member





Examples of Community Support

- Transport to social activities or appointments and day trips
- Carer support
- Befriending
- Organisations directly providing/funding heating or food
- Education opportunities
- Telephone advice
- Help around the home
- Social activities such as exercise groups, special interests, friendship clubs, sporting opportunities, pub lunches & more
- Bespoke health support e.g. specialised equipment



Case Studies

88 y.o Lady Admitted to the Better Together Virtual Ward November 2015. Had been on the Community Matrons caseload but was discharged as doing well, has started to do downhill gradually, low mood but declined counselling, lives with son but he is away a lot and worries about her. She was seen again by Community Matron team, the details for Compass at Faithworks Wessex and Silver Line were given to her after Bournemouth CVS signposted to these organisations within the MDT meeting and she was keen to get involved. She was also referred to the Falls Team for assessment and her GP also made a referral to the CMHT. The befriending service has now been in contact and she has met her Befriender, and is now much happier not visiting her GP as often and her son feels less anxious about leaving her - a good outcome. The teams who have been involved so far are; GP, Community Matrons, Voluntary, Falls Team and CMHT



Case Studies

79 year old man living alone. Diagnosed with angina and anxiety. Has a son who would look in on him but due to living in a top floor flat he was becoming isolated and lonely.

Used to enjoy fishing but felt unsafe around water on his own due to dizziness from angina and anxiety.

GP brought this patient to the Virtual Ward because they could see them easily slipping into a crisis situation if more support was not put in place Bournemouth CVS researched local fishing clubs and found Bournemouth & District Sea Angling Club.

The club welcomed the patient as a new member even arranging for him to be picked up and brought home.

Reassure him by never leaving him alone by the water.

Patient became much happier with increased wellbeing and was discharged from the MDT Patient List.

Son has also benefitted from not having his father rely solely on him for company.



Outcomes and Benefits

Greater sense of wellbeing and confidence for patients



More awareness of the services available in VCS sector



Early support for those needing additional help, e.g. with errands, gardening and friendship



Sources of services and support for carers



Additional Benefits to VCS

Due to BCVS involvement at MDT meetings we were approached by a local GP surgery to source VCS organisations that could deliver services from a spare room they had available. The following 9 organisations are now linked to this surgery and have been given service delivery space for free:

- Alzheimer's Society Dorset
- BCHA
- Cruse Bereavement Care
- Diverse Abilities
- Dorset Action on Abuse
- Dorset Mind
- My Health My Way
- Restored
- Richmond Fellowship



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Any Questions

