

## **Care Homes – Frequently Asked Questions**

*Last updated: 8 June 2020*

*This document will be updated every Monday. Please check back for updates.*

### **1. Who is Our Health Partnership (OHP)**

Our Health Partnership (OHP) is a partnership of 34 practices across Birmingham and Shropshire and we lead pieces of work like this Care Home sector initiative on behalf of the Practices that are part of the partnership. Our Health Partnership has been asked by NHS England and the CCG to develop this service and is working across a number of Practices to ensure that the service can commence as requested.

### **2. How long will the initiative be in place for?**

Primarily this was in response to the COVID pandemic. We anticipate that this will continue as we work to deliver a new service called the Enhanced Health in Care Homes which will ensure there is joined up care for your residents.

### **3. Where can I find out more information about what NHS England have asked you do?**

See ‘NHS Letter’ in the resources below.

### **4. How do I find out which GP practice my care home has been aligned to?**

Please see the resources below to download the document that will provide you with details of which GP practice, Primary Care Network and the Care Co-ordinator you have been aligned to.

### **5. What is a Primary Care Network?**

General Practice (GP surgeries) have recently been grouped into Primary Care Networks (PCNs) of up to 60,000 patients; these are based on geographical areas and any service that is developed is usually done at this level. This is the same for the services that we are introducing here.

### **6. We already have a GP practice that we liaise with. Will this change?**

At this stage we do not anticipate any changes; the registered GP will remain responsible for the patients care.

### **7. What are the 3 services that are being introduced?**

- Weekly check in with care homes service -some care homes will already have this in place, where this is not already in place this will be set up.

- Medication issues and queries service - Care homes should already have access to support for managing medicines issues and queries, we will be able to signpost you to relevant team members to help solve any medicines related questions or problems.
- Personalised care planning service - we will work with care homes and the registered GP to ensure that all care home residents should have a personalised care plan.

### **8. What is the weekly check-in with care homes service?**

The check-in call will be a weekly call between the care coordinator or other named person and the named care home contact to discuss any residents for priority assessment that week, this will include those residents:

- Who have clinical need for review, including those who have recently been diagnosed as COVID +ve
- Who are End Of Life and require clinical input
- Have issues with medicines (e.g. administration, access) which require pharmacy input
- Are newly discharged from hospital
- Who do not have a Personalised Care Plan in place

### **9. What is the Medication issues and queries service?**

It is important to note that there should already be systems in place for managing medicines related queries and issues. We have summarised these along with ongoing work on improvements below:

We now have clinical pharmacists in every PCN (group of practices) who can support existing practice teams with medicines and prescribing related queries, this is already happening to some extent. Each PCN has access to CCG and specialist pharmacists from provider trusts should this be required, this resource will be accessed through the Lead Pharmacist.

The PCN Lead pharmacists will be required to work with their clinical colleagues in the Practices to ensure these systems to support medicines access and good medicines practice are in place.

The Local Pharmaceutical Committee has shared details of each PCN Lead community Pharmacist who can support us with relevant prescribing and medicines issues (including access).

Where possible prescription transfer should be electronic, we will be working with you to ensure each care home resident has a nominated pharmacy.

### **10. What is the Personalised Care Planning Service?**

It is important to note that there should already be systems in place for personalised care planning and this remains the responsibility of the individual patients GP.

### **11. What is the role of the Care Coordinators?**

The Care Coordinator provides a single point of contact to each care home. At Our Health Partnership we have developed a joint system and part of this is employing ‘Care Coordinators’, one for each PCN, who will be your first point of contact and who will be undertaking the weekly check in, where it is necessary to convene a ward round, which will initially be virtual they will also arrange this and signpost you where needed to any other relevant member of our multi-disciplinary support team. Where there are already established contacts with GP practice, the care coordinator will not necessarily replace this.

## **12. What is the role of the named Clinical Lead?**

Medical responsibility and accountability for the care of individual care home residents remain with their registered GP – and there may be residents with different registered GPs within a care home. The Clinical Lead will provide leadership and guidance to the PCN on how the Multidisciplinary team operates.

## **13. What information do I need to provide you with to ensure I benefit from these services?**

Please provide us with the key contact details (name, email, telephone number and name of the care home) that can be contacted for the weekly check in and any medicines related issues at the care home. Please send these to: [carehomes@ourhealthpartnership.com](mailto:carehomes@ourhealthpartnership.com)

The NHS requires each care home to establish an NHS.net email address, emails between NHS.net emails are secure. It is necessary to utilise these emails when transferring personal identifiable data.

## **14. Will we need to share patient information?**

Any personal identifiable data will only be shared using a secure NHS.net account. The NHS requires each care home to establish an NHS.net email address. See questions 14 for details on how to do this.

## **15. How do I set up an NHS.net email address?**

NHS Digital have set up a streamlined application process where a care provider can set up to two NHS Mail accounts per provider without having to meet the compliance requirements (namely completion of the DSP Toolkit)

The application is fairly straightforward and takes less than 5 mins to complete.

Go to: [www.wmca.care/digital](http://www.wmca.care/digital) to complete an application.

Please email [carehomes@ourhealthpartnership.com](mailto:carehomes@ourhealthpartnership.com) once you have your NHS.net address set up.

## **16. Who can we contact if I have any questions?**

You can contact your Care Co-ordinator (see resources below for the contact details) or you can email [carehomes@ourhealthpartnership.com](mailto:carehomes@ourhealthpartnership.com).

**17. Do we have to pay for these services?**

No, this is an NHS service.