# Structure and Geography of SHaR

- Most North Easterly rural area of the VoY CCG providing services to around 35,000 patients over 600 square miles.

- Comprises Tollerton, Easingwold, Stillington, Terrington, Helmsley, Kirkbymoorside and Pickering practices

- Practice populations vary from 1,300 to 10,600

- 4 sites are on EmisWeb, 3 are on SystmOne

- Up to 30 miles from secondary care services.

- In the top most rural sparsely populated and elderly populations in England.

- Over 30% over 65.

- Large carer population and high poverty index (20%).

- Highest prevalence of co-morbidity, frailty, cancer, palliative care and dementia in the CCG

The SHAR geography

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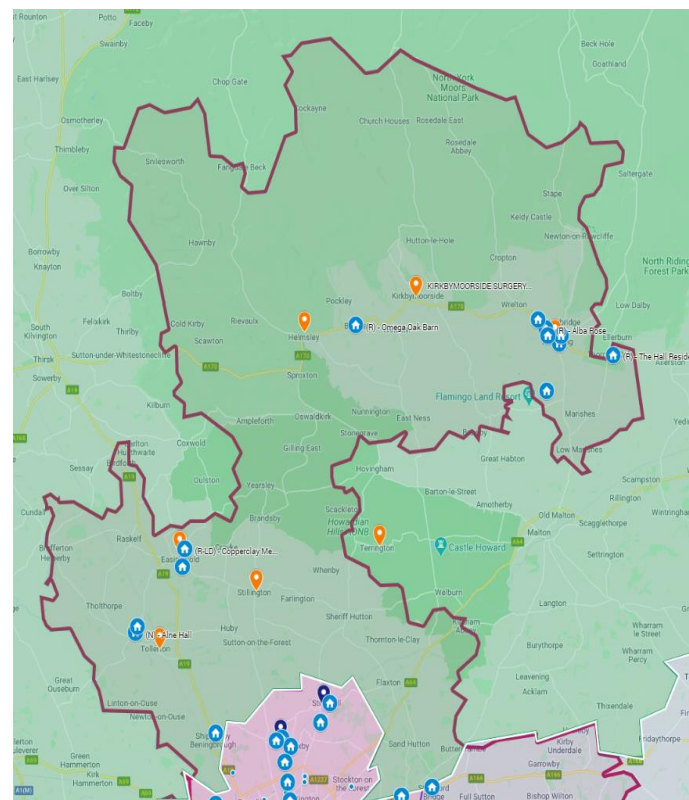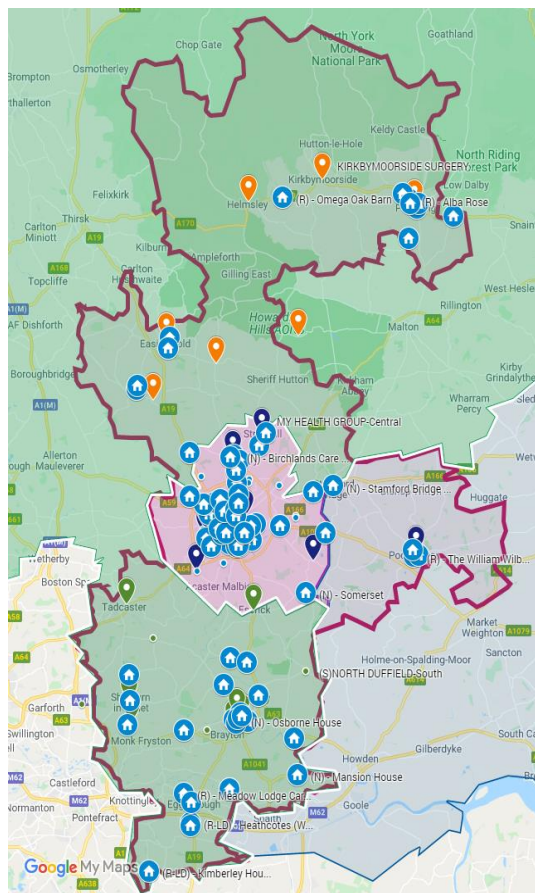
# Process

## Identification of 3 Hubs across the PCN.

### 1. South Hambleton Hub

Easingwold – Millfield Surgery, Stillington, Tollerton

*Practice Lead: Marianne Doyle, Community Band 6: Jo Wheeler*

### 2. Kirkbymoorside Hub

Helmsley (cold), Terrington, Kirkbymoorside (hot)

*Practice Lead: Sue O'Vastar; Community Band 6: Mary Welford*

### 3. Pickering Hub

*Practice Lead: Kirstie Vincer; Community Band 6: Sarah Allen*

# Fixing the community teams with the Hubs

**Benefits:**

- improved communication and interpersonal relationships between practice and community staff

- Less staff changes

- Better skill sharing

- Ability to provide care to an expanded caseload due to shielding

**Challenges:**

- Change in work practices

- Documentation – EMIS and SystmOne and IT challenges

- Site specific – eg KMS hot with strict plan for staff egress

# Analysis of Training Needs

- Skill mix and training reviews conducted by practices
- Analysis of expected training shortfalls
- Buddying with community staff to skill share
- Shared training

# Practicalities

- Established regular meetings between Hub leads, Trust and CCG
- Workload reviewed and shared
- Routine community work reviewed by practice GP's and triaged
- Practice nurses worked with existing DN team structure and were buddied
- Processes evolved in the hubs according to need
- Documentation on both Emis and SytmOne
- Review of caseloads to combine visits and reduce footfall
- Review of SPA processes and monitoring workflow

# Positives

- Mutual support at a stressful time

- Access to SystmOne improved efficiency

- Support community teams with prioritisation

- Greater understanding of system pressures on both sides

- Video consultations

- On the ground innovations

- Quick to move to sharing information on shielding patients

# Challenges

- Differences in perspective of the challenge being faced, and appetite for change

- Differences in speed and agility of change

- Cultural differences within the two organisational structures

- IT as a barrier as well as an enabler

- Some work phones not set for the IT challenges so staff used own phones.

- Separate hot and cold community teams

- Managing anxieties, vulnerable and shielded staff and speed of change

# Learning Points

- Shared purpose
- Prioritisation of safe and effective care – we all want the same thing and we're all caring for the same populations
- Cultural differences are better understood
- IT changes that work are rapidly adopted; those that don't take a long time to change

# What now?

- Performed a survey of views and now arranging cross provider input for next steps

- Building relationships: as a PCN and with our partners in care

- Developing shared goals

- Understanding our population needs better and addressing them together

- Keep the momentum going!