







SPLW & Care Coordinators

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BETTER TOGETHER

- 7 Original NCL Practices PCN2
- 2022 Merger of 5 additional → 12 practice PCN
- Approx 100K patients now represented
- All ARRS roles hybridised together through merger

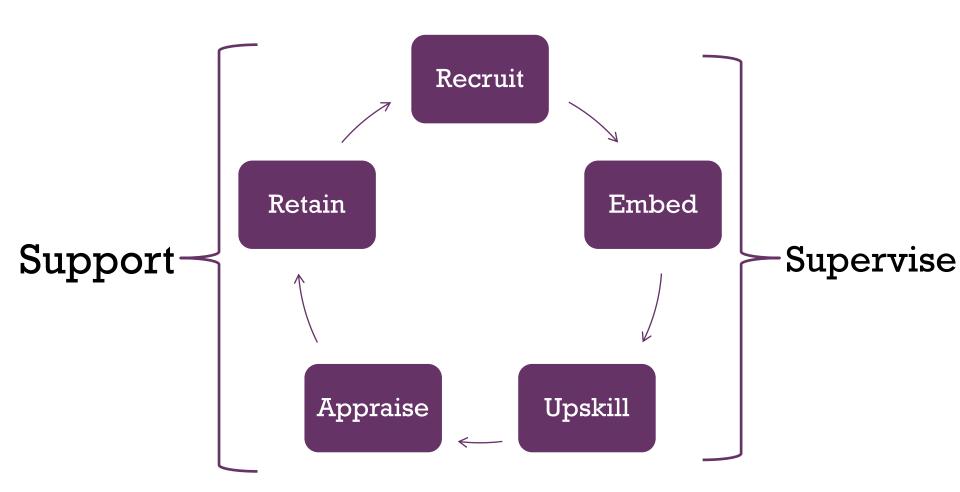
SOCIAL PRESCRIBERS X 7 CARE COORDINATORS X 17

HEALTH & WELLBEING COACHES

SPLW & CC's

Recruit – Embed – Upskill – Appraise & Retain

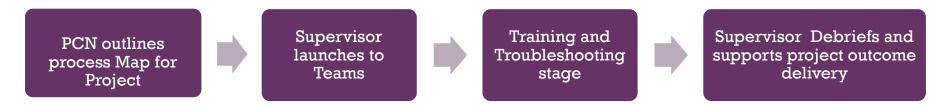




Care Coordinator & SPLW Model



- Each Practice has an affiliated CC and named SPLW (though flexible at times try to keep consistent)
- JD, onboarding, embedding and induction processes in place
- 1 Clin lead PCN2 supervisor and trainer for CC & SPLW reg contact
- PCN teams Pipelines IIF/WAF/QOF PCN projects and processes



- Similar set-up now to SPLW model
- Weekly fortnightly debriefs
- Part of the monthly PCN2 MDT
- Current Active PCN wide CC Projects
 - BAME Smear campaigns
 - HTN projects
 - Weight Management/LD checks

PCN2 ARRS Achievements

■ V successful collaboration for SPLWs with Age UK 2.5yrs +



- Processes all in place JD, Acquisition, Onboarding, Embedding, Supervision, Training and retention strategy
- Dedicated WhatsApp group cohesive & weekly calls with supervisor to debrief, troubleshoot any cases or concerns lines open weekly
- Consistently hitting higher DES targets & regular reporting shared with PCN partners
- RG Training programmes Pan PCN2 ARRS how to refer, wellbeing at work, patient empathy, ,confidentiality and use of EMIS and ACCURX for SPLWs
- SPLWs/CC were pivotal in booking pts to Covid vaccine in first wave set up.
- Team leader roles and SR positions for SPLWs now in place for progression planning
- Locally recognised as high standard SPLW service with training
- Smooth merger and embedding of new SPLWs
- Consistently good feedback from our teams, patients and PCN (see later)
- Innovation and Growth Mindset and 'Can do' Culture(see later)

Innovation & QIP – SPLWs



- Self-Referral Pilot 1st PCN to pilot this –ongoing view to scale pan Barnet soon
- PCN2 ARRS 1st MDT launched with CC and MH workers successful launch ,now monthly fixture
- Frequent Attenders process in place now for proactive case finding and for liberating GP appts QIP for DES/IIF/QOF reduced GP attendance demostrated
- **Progression pathways** for team leader roles in place& training sponsorship for those in position for some years who are in these roles

Feedback from the teams



"Our clinical supervisor is so supportive and readily gives advice and is there to listen to any queries, questions and problems that may crop up within my job role with clients."

"Our supervisor makes time to speak to all of us individually at least once every couple of weeks but as a team, we know that we can reach to her at any time.

We are constantly encouraged within our role and know that ideas that we may have can be taken to her and we will be listened to".

"I just wanted to thank our CS from the bottom of my heart for mentoring me since I joined PCN2 as a social prescribing link worker. From the second I joined; everything was very clear to me regarding my job role. Training has been excellent and my CS told me to consider that our clients are in one island and they need our guidance and support to get to the other island safely. That we are guiding our clients from one obstacle to the next whilst empowering them. That analogy is one of the best training tools I've ever come across in my entire life which in turn has made my role so fulfilling."

Conclusion and Tips



- For our PCN CC and SPLWs have been INTEGRAL to managing pt care, to meeting targets and to influencing our PCN culture and strategy
- They need CIRCLES OF SAFETY and to feel part of the bigger picture supporting them has been my privilege.
- Communicate with them and nurture, train and lead them the same as you do with your clinical teams
- Stimulate innovation and new ideas say 'yes' to projects
- Know your people flex for their individual needs, pipeline their career pathways with them and coach them they are an amazing resource and great colleagues.