



Right Care, Right Place Programme (RCRP)

Jo Murray
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Key Drivers for Change

Tees, Esk and Wear Valleys



NHS Foundation Trust



PRIMARY CARE NETWORKS

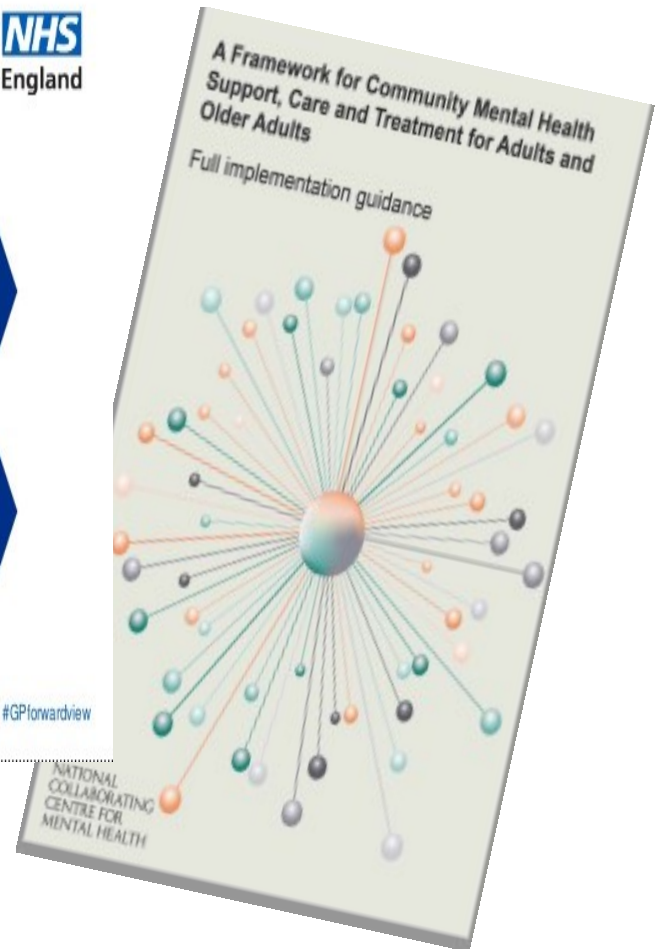
Primary care networks are small enough to give a sense of local ownership, but big enough to have **impact** across a 30-50K population.

They will comprise groupings of 100-150 clinicians and wider staff **sharing a vision** for how to improve the care of their population and will serve as service delivery units and a unifying platform across the country.

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#GPforwardview



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“It feels like we are on opposing sides, rather than all working to provide the best patient care we can”
GP

“Better handover to other services so not to feel like a big gap in support and potential to go back down”
Service User

“We have a serious gap in provision for people suffering mental health difficulties who are deemed not “risky” enough for secondary care intervention yet are refused primary care intervention as they are too “risky” or “complex”.
Staff

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- Improve how the whole system works together for both planned and unplanned care (especially thinking about how services better “wrap around” PCNs)
- Reduce “hand offs” within the Trust and with other providers
- Ensure needs are identified and addressed as early as possible
- Reduce unwarranted variations whilst making sure we provide what local communities need
- Make best use of all resources (money/ staff/ community assets)
- Address physical healthcare needs better and in a more joined up way

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Next 3-4 months

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- Two key, parallel pieces of work for community services over the next 3-4 months:
 - Speak to PCNs and TEWV staff - what would make the biggest difference quickly; where possible test 'prototypes' to assess the impact
 - Plan and deliver wider engagement events to develop a shared (and possibly radical) vision for the future for implementation (within the 'givens' that we have) over the coming 3-4 years



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