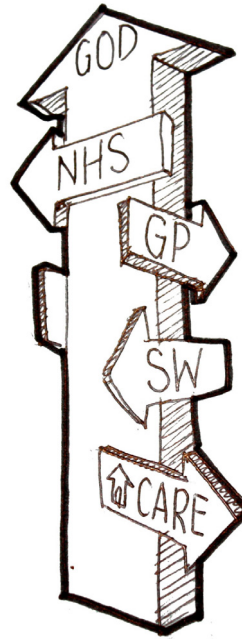# Concept Ideas

Partnership Working & Communication

Carolin Schirlitz, Grant Jamieson, Irina Massmann, Prayas Rokde, Slaa Hwang, Zane Gray
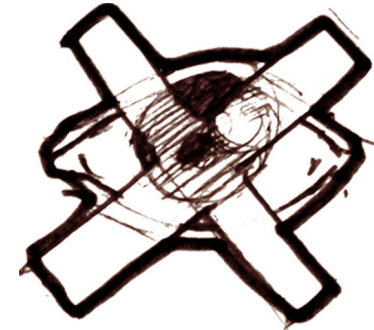
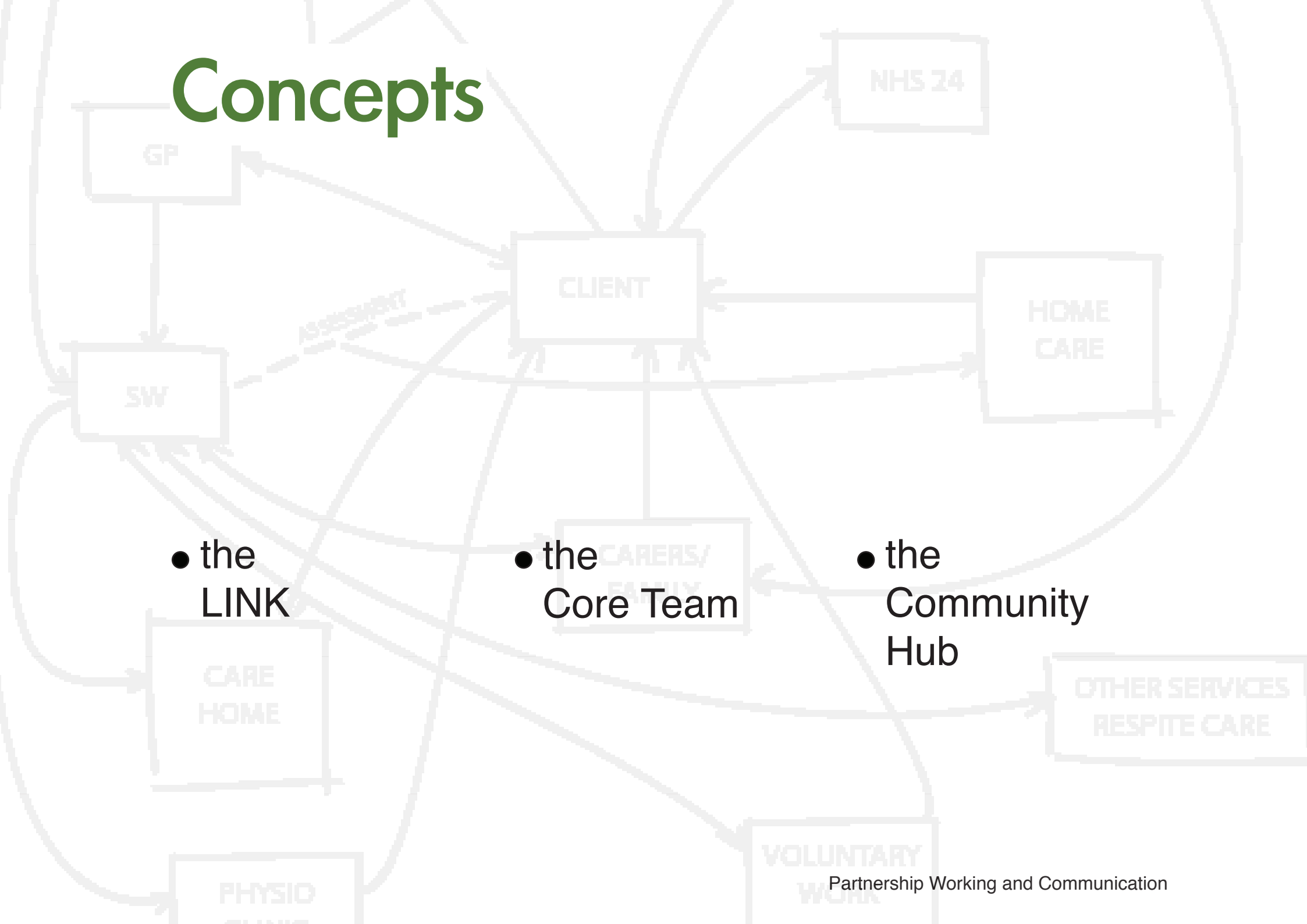# Key Issues

- no mainpoint of contact

- no access to information

- no transparent structure

Concepts

- the LINK

- the Core Team

- the Community Hub

● the
LINK

GP OFFICE

LINKed

HOSPITAL NHS

SW

HOME CARE

VOL. SERVICES
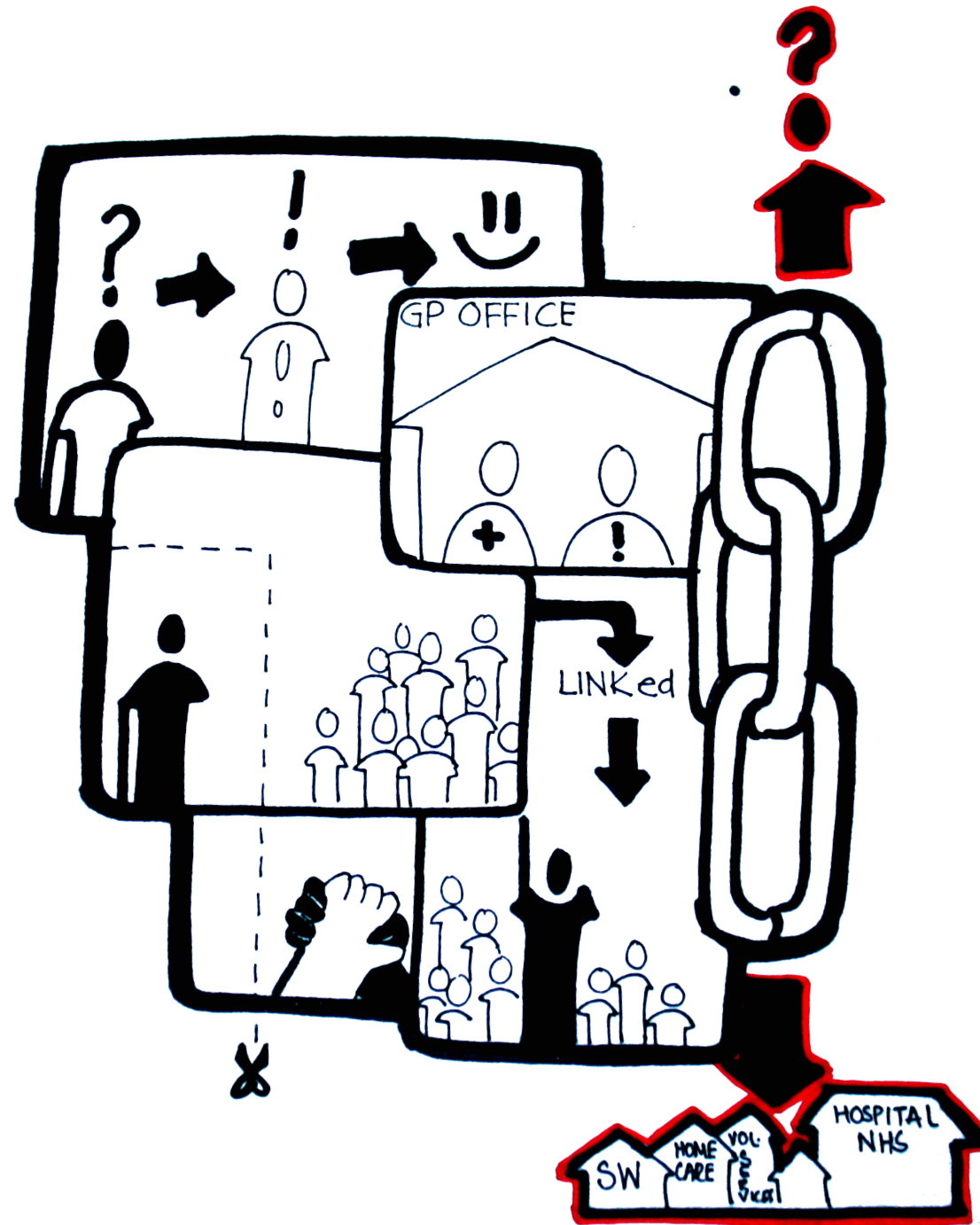
● the
LINK
profile

deals with personal needs from a GP clinic

fully understands the health and social systems

arranges appointments across the whole system

eliminates the bureaucratic pressure on the individual

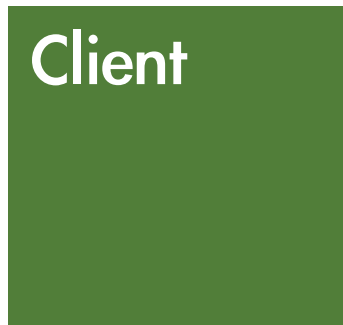entry point into the social system

GP

LINK

Hospital

● the

LINK

interactions

direct link from NHS 24

referrals to and from GP

referrals to and from hospital

referrals to Social Work

regular meetings with GP and
Social Work

provides a link between stakeholders

GP

LINK

Hospital

Social
Service

Rehab
Team

● the
LINK

	GP	
Client	LINK	Social Service
	Hospital	Rehab Team

● the
LINK

GP

Client

NHS 24

NHS 24 refers to
the appropriate service
after telephone
assessment

LINK

Hospital

Social Service

Rehab Team

● the
LINK
system map

Client

NHS 24

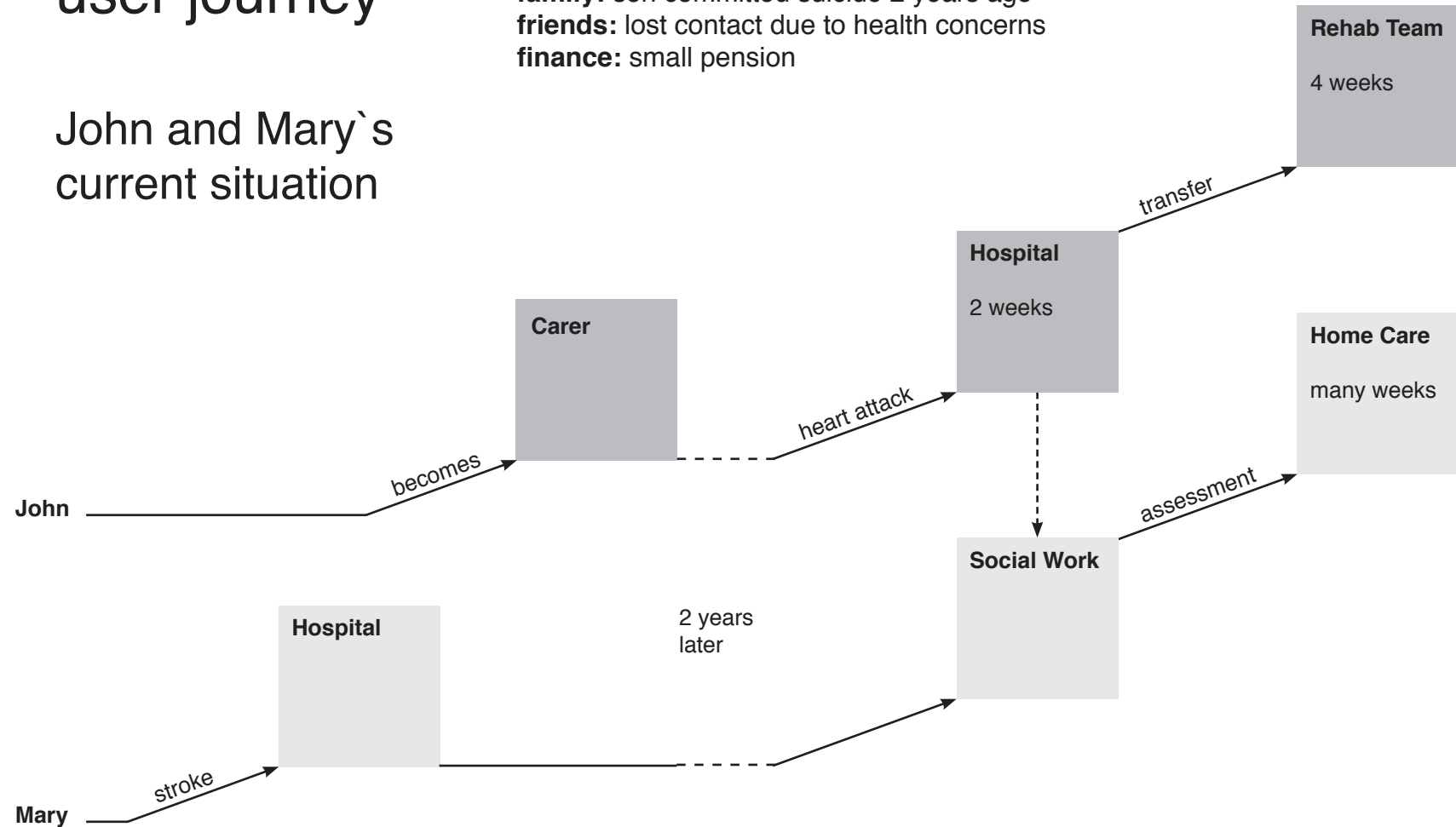**GP**

LINK

Social Service

Rehab Team

Hospital

There would be a LINK based in every GP clinic. This system will provide the guidance and support for the user to receive the help they are entitled to.

the
LINK
user journey

age: 79 and 75
residence: house in Cumbernauld
health issues John: depression, high blood pressure
health issues Mary: obesity, stroke
family: son committed suicide 2 years ago
friends: lost contact due to health concerns
finance: small pension

John and Mary`s current situation

Rehab Team

4 weeks

Hospital

2 weeks

transfer

Carer

Home Care

many weeks

John ——— becomes ———→ heart attack ———→

assessment

Social Work

Hospital

2 years
later

Mary ——— stroke ———→

the
LINK
user journey

John and Mary`s
avoidable problems

John ————————— becomes ——→ **Carer**

no check up,
worse health

Hospital

no recovery
time, lack of
information

Mary —— stroke ——→

2 years later

— heart attack →

Hospital

2 weeks

— transfer → **Rehab Team**

4 weeks

Social Work

— assessment → **Home Care**

many weeks
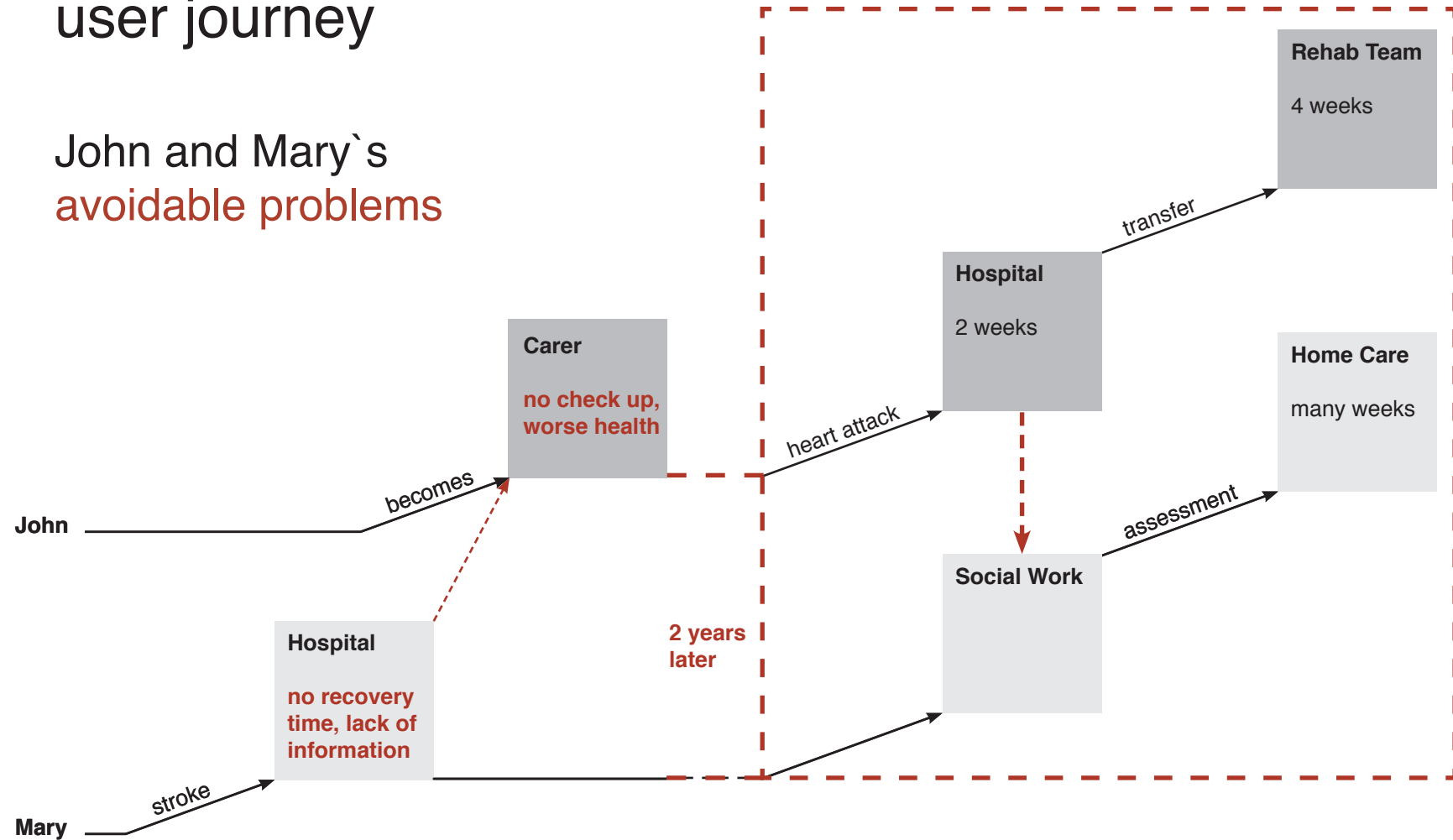
the
LINK
user journey

John and Mary`s
possible solution

John ——————————————————————→

LINK
Next of Kin advised to attend

Hospital

Mary ——— *stroke* ———→

Social Work
LINKed

Rehab Team
LINKed
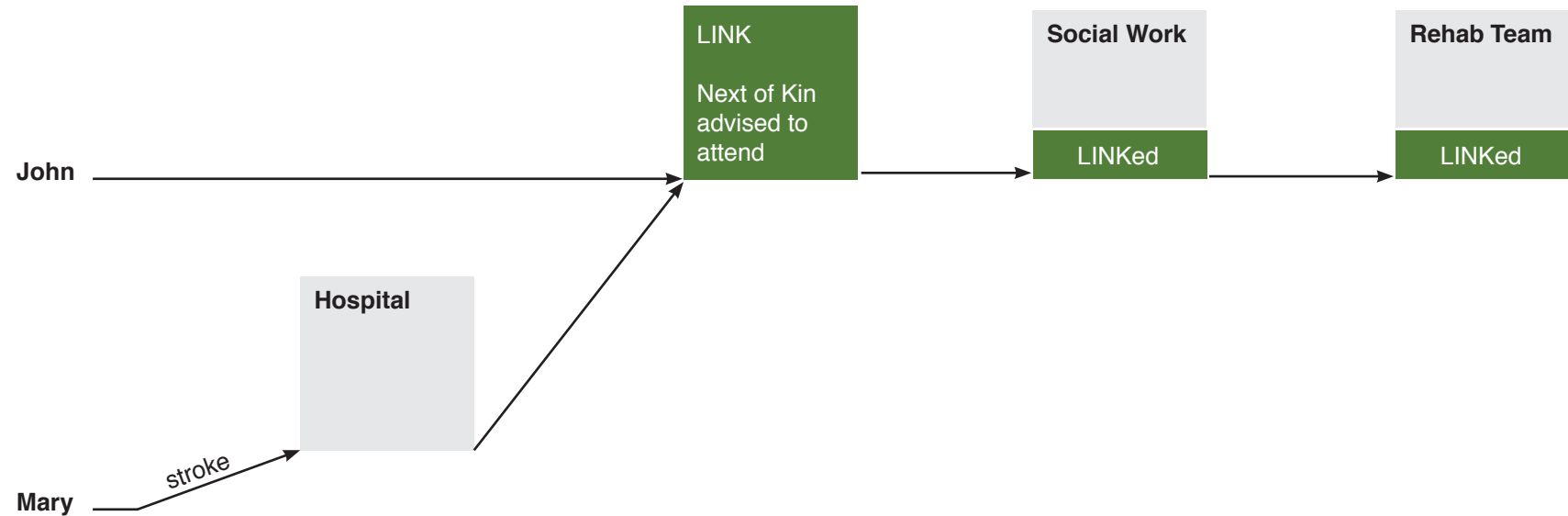
the
LINK
advantages

for the user
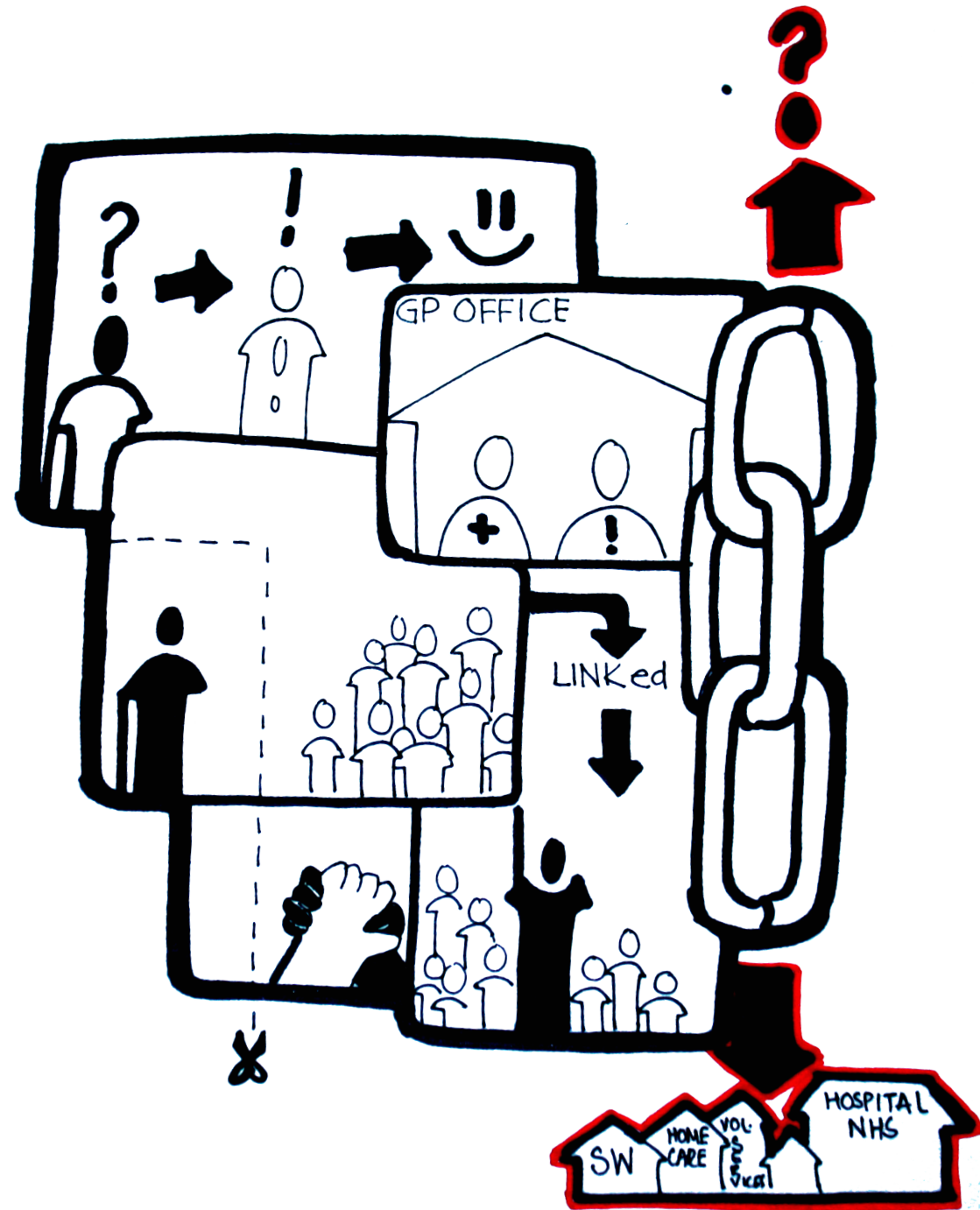
personal point of contact

access to information

for the system

reduces bureaucratic strain on the system

social representative in the NHS

Partnership Working and Communication

the
core team

NHS

SW

VOLUNTARY

REHAB·TEAM

65th BIRTHDAY

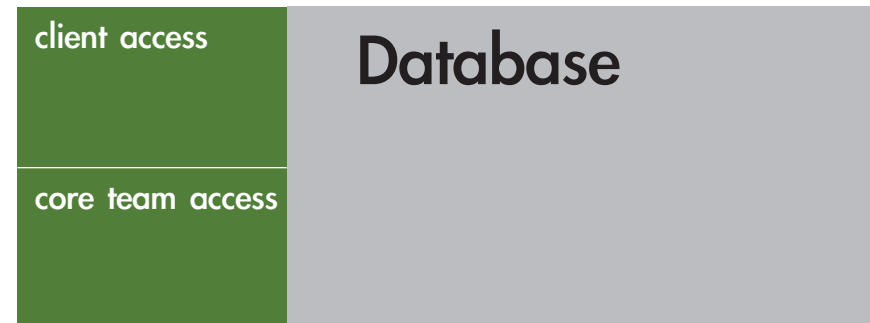DATABASE

VOL-UNT-ARY-SERVICE

CORDIA

SW

GP

CAREHOME

SW HOMECARE
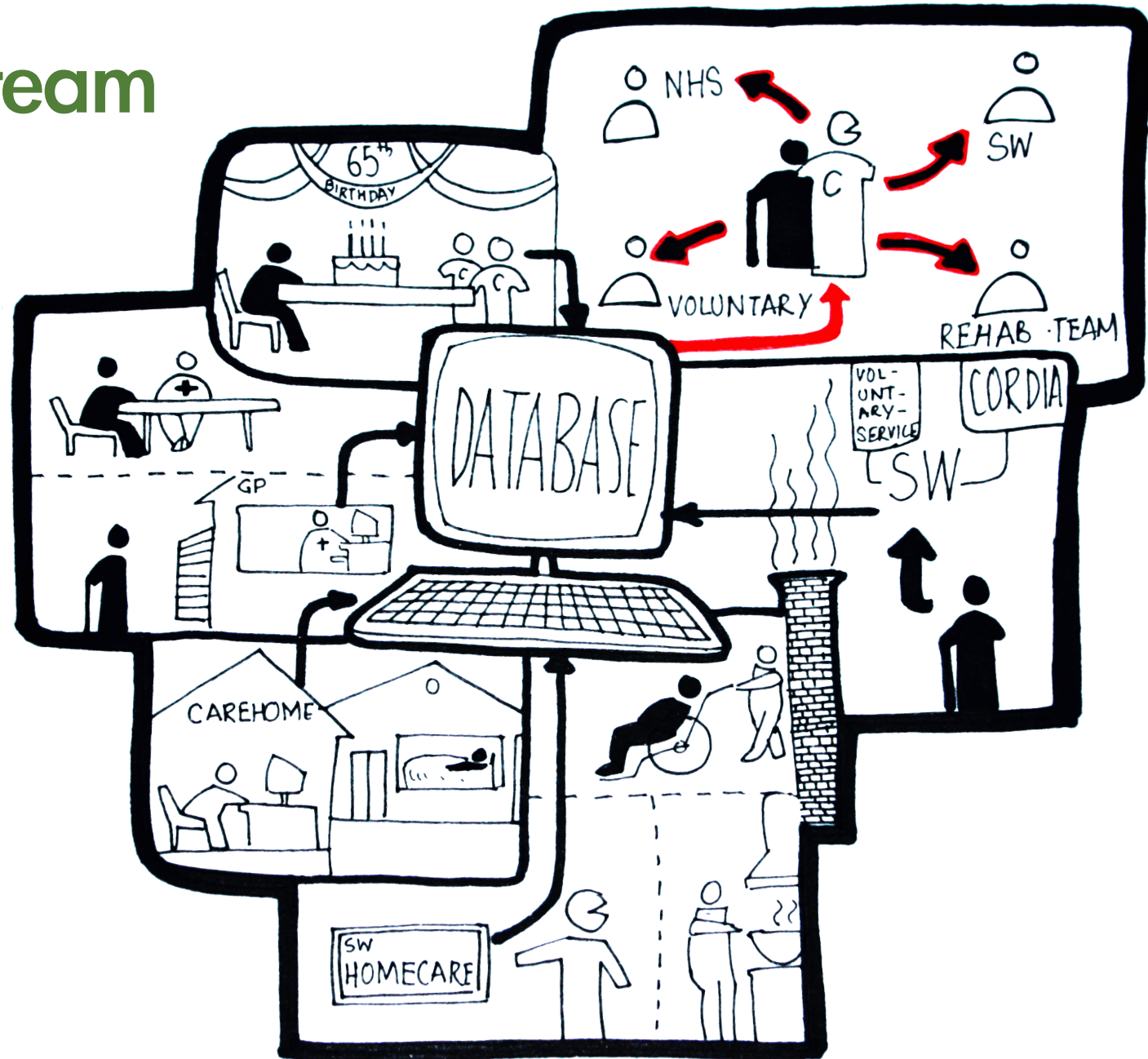
the
core team
database

comprehensive database

stores medical and social history from all users, and makes it accessible

client access	Database
core team access	

the
core team
database

client access	Database
core team access	

Health Care		Social Care	
	GP		Social Work
	Hospital		Care Home
	Rehab		Home Care
	Physio Clinic		Voluntary Work
	Others		Others

the
core team
access for client

user has access to relevant data (info terminals in waiting lounges, online, etc.)

electronic communication with system (own profile, guestbook, etc.)

Client

< 65

client access

**Database**

core team access

Health Care

GP
Hospital
Rehab
Physio Clinic
Others

Social Care

Social Work
Care Home
Home Care
Voluntary Work
Others

the
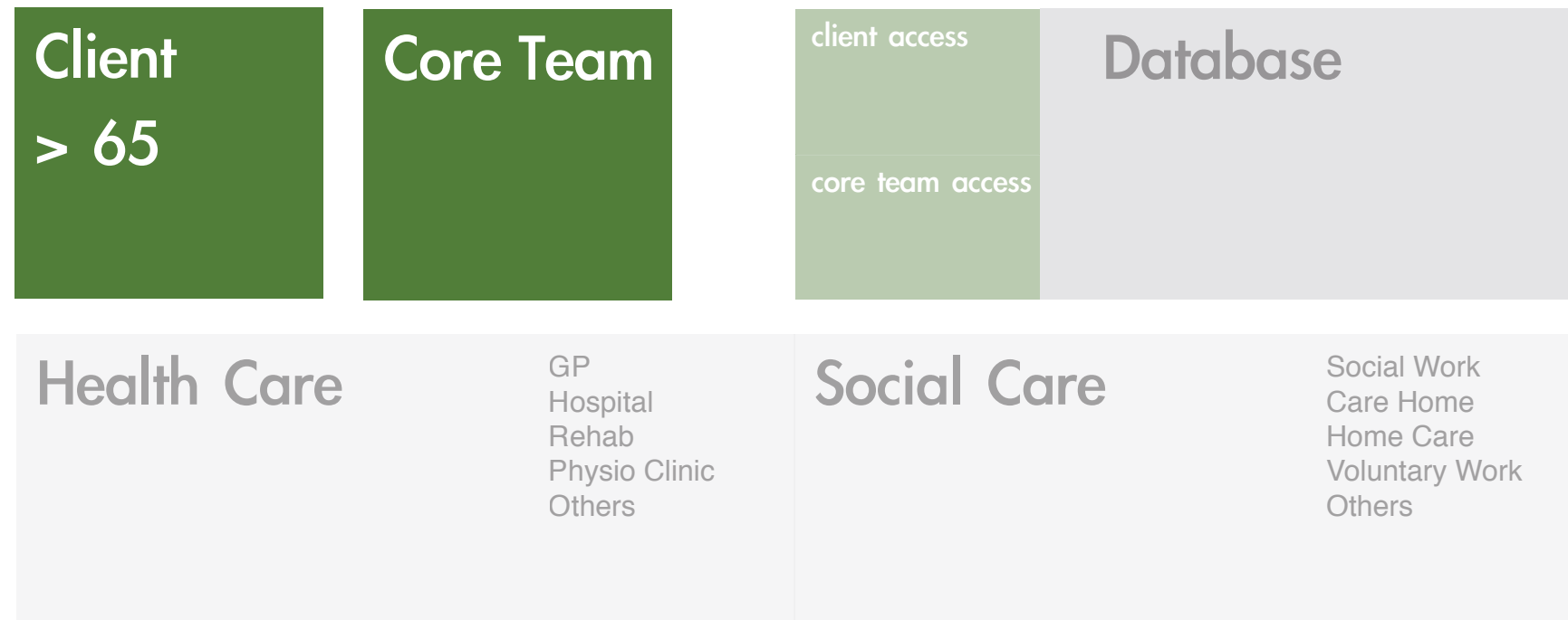# **core team**
profile

interdisciplinary team

personal point of contact

able to access to all service providers

ensures user´s medical
and social well-being

ensures user´s entitlements

Client

Core Team

client access

core team access

Database

Health Care

GP
Hospital
Rehab
Physio Clinic
Others

Social Care

Social Work
Care Home
Home Care
Voluntary Work
Others
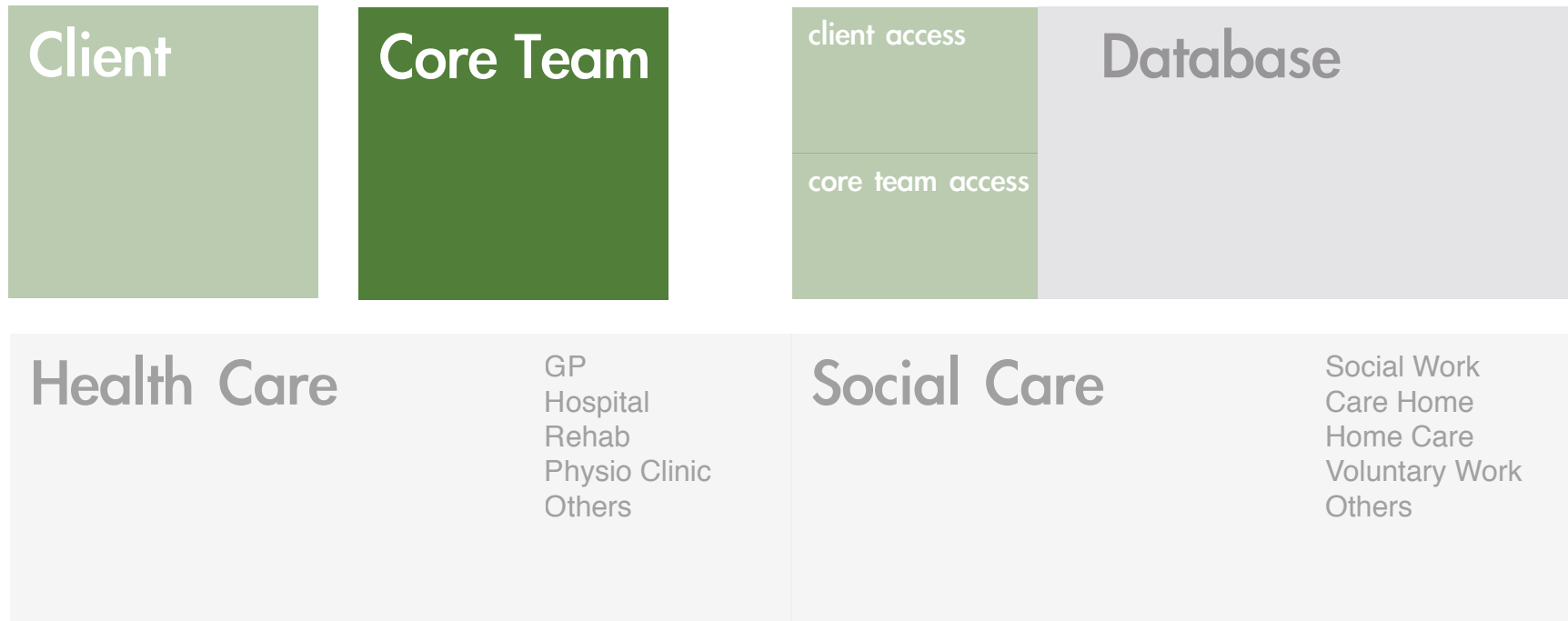
● the
core team
service
for clients over 65

filtering of care history at the age of 65

entitlement to a more comprehensive service

initial check up by Core Team

opportunity to decline check up

Next of kin advised to attend

Client > 65	Core Team

client access	Database
core team access	

Health Care	GP Hospital Rehab Physio Clinic Others	Social Care	Social Work Care Home Home Care Voluntary Work Others

the

core team

action

checks user data for anomalies

keeps closer watch on those in danger of alienation from the system

More direct access to information

looks into individual needs

eases bureaucratic congestion

regular check-ups

Client < 65

Core Team

client access

core team access

Database

Health Care

GP
Hospital
Rehab
Physio Clinic
Others

Social Care

Social Work
Care Home
Home Care
Voluntary Work
Others

the
core team
user journey

age: 79 and 75
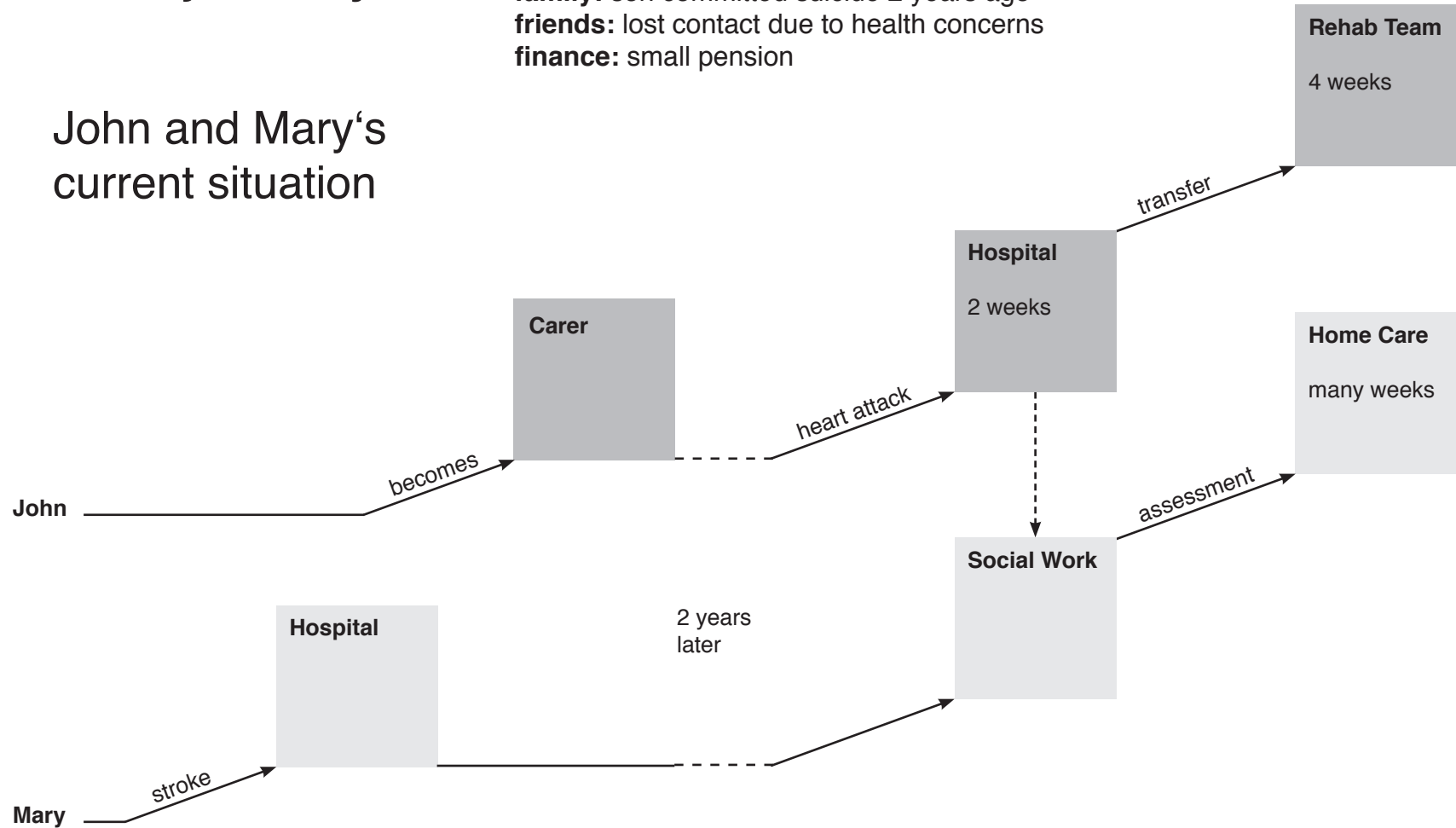**residence:** house in Cumbernauld
health issues John: depression, high blood pressure
health issues Mary: obesity, stroke
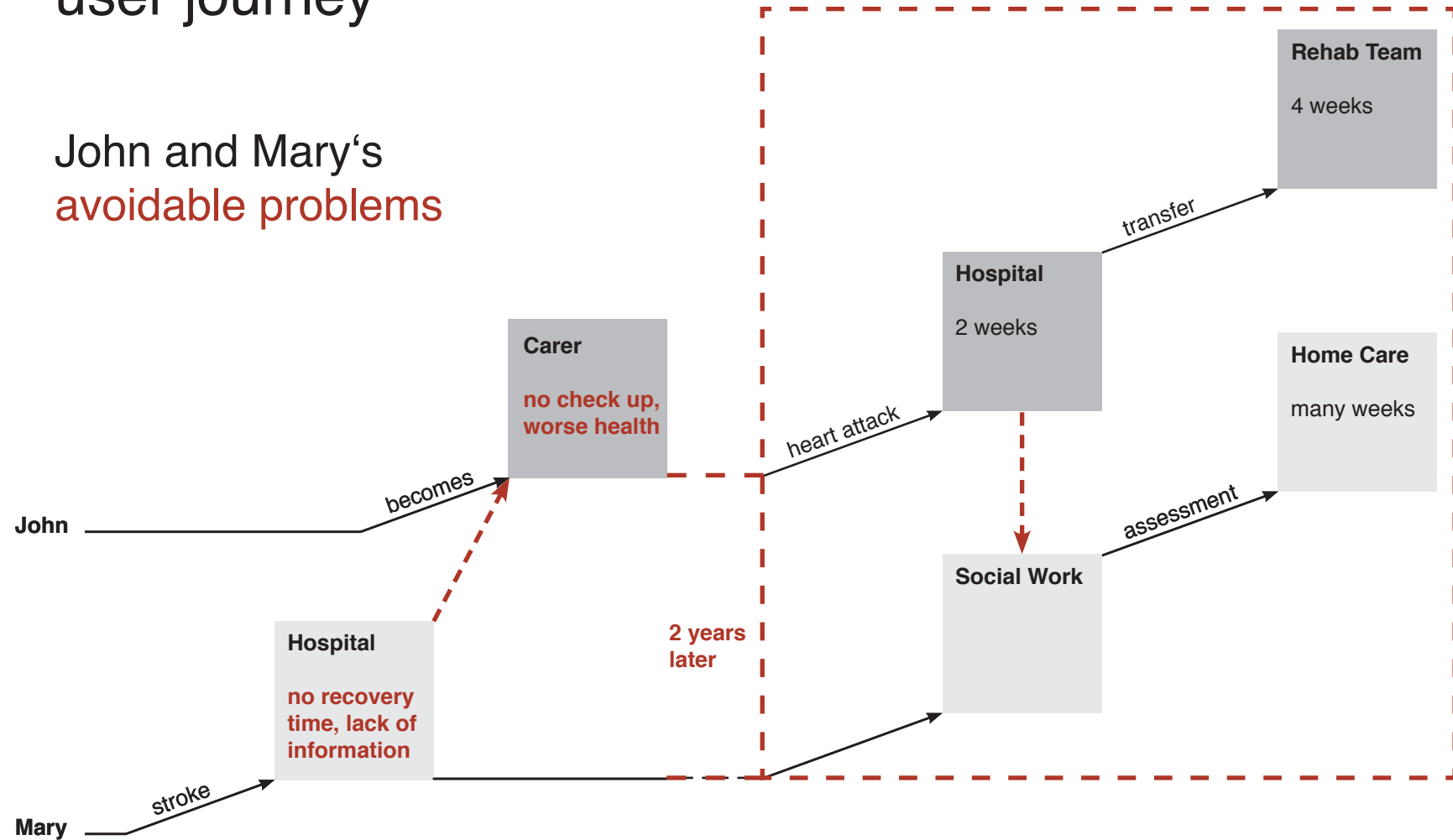**family:** son committed suicide 2 years ago
friends: lost contact due to health concerns
finance: small pension

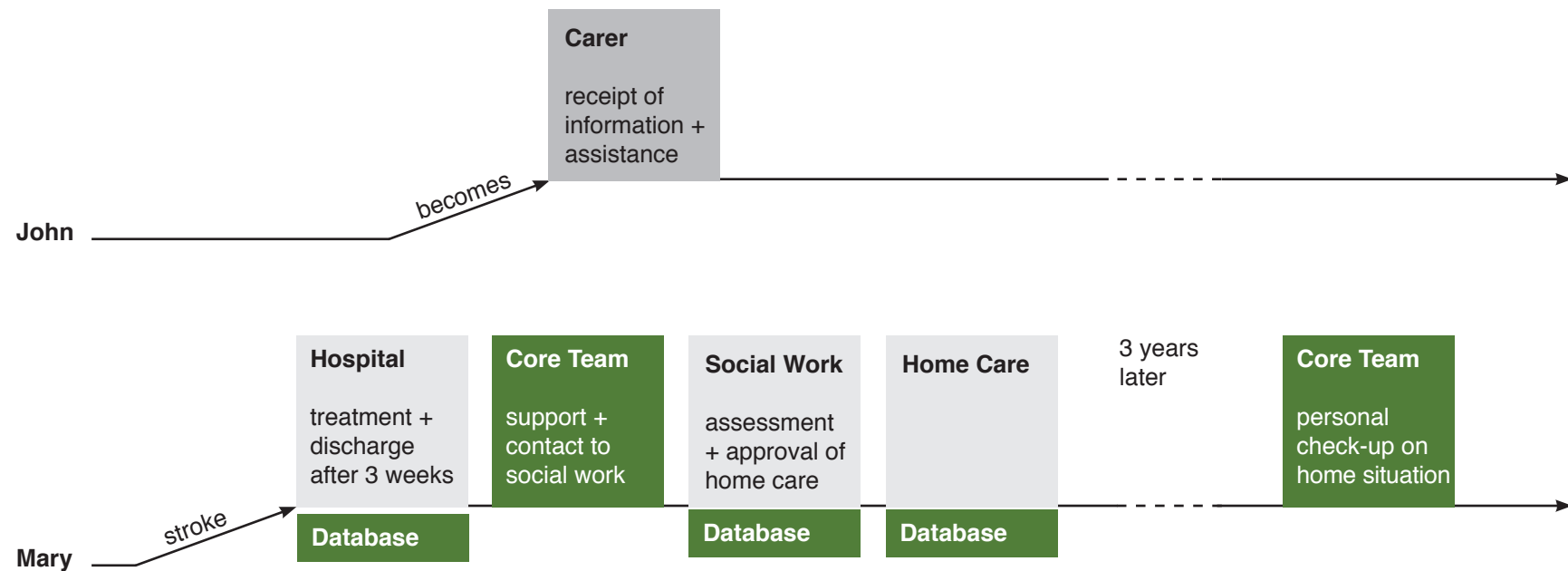## John and Mary's current situation

Rehab Team

4 weeks

Hospital

2 weeks

transfer

Carer

Home Care

many weeks

heart attack

John ——— *becomes*

Social Work

assessment

Hospital

2 years
later

Mary ——— *stroke*

the
core team
user journey

John and Mary's
avoidable problems

Rehab Team

4 weeks

Hospital

2 weeks

transfer

Home Care

many weeks

Carer

no check up, worse health

heart attack

becomes

John

assessment

Social Work

Hospital

no recovery time, lack of information

2 years later

stroke
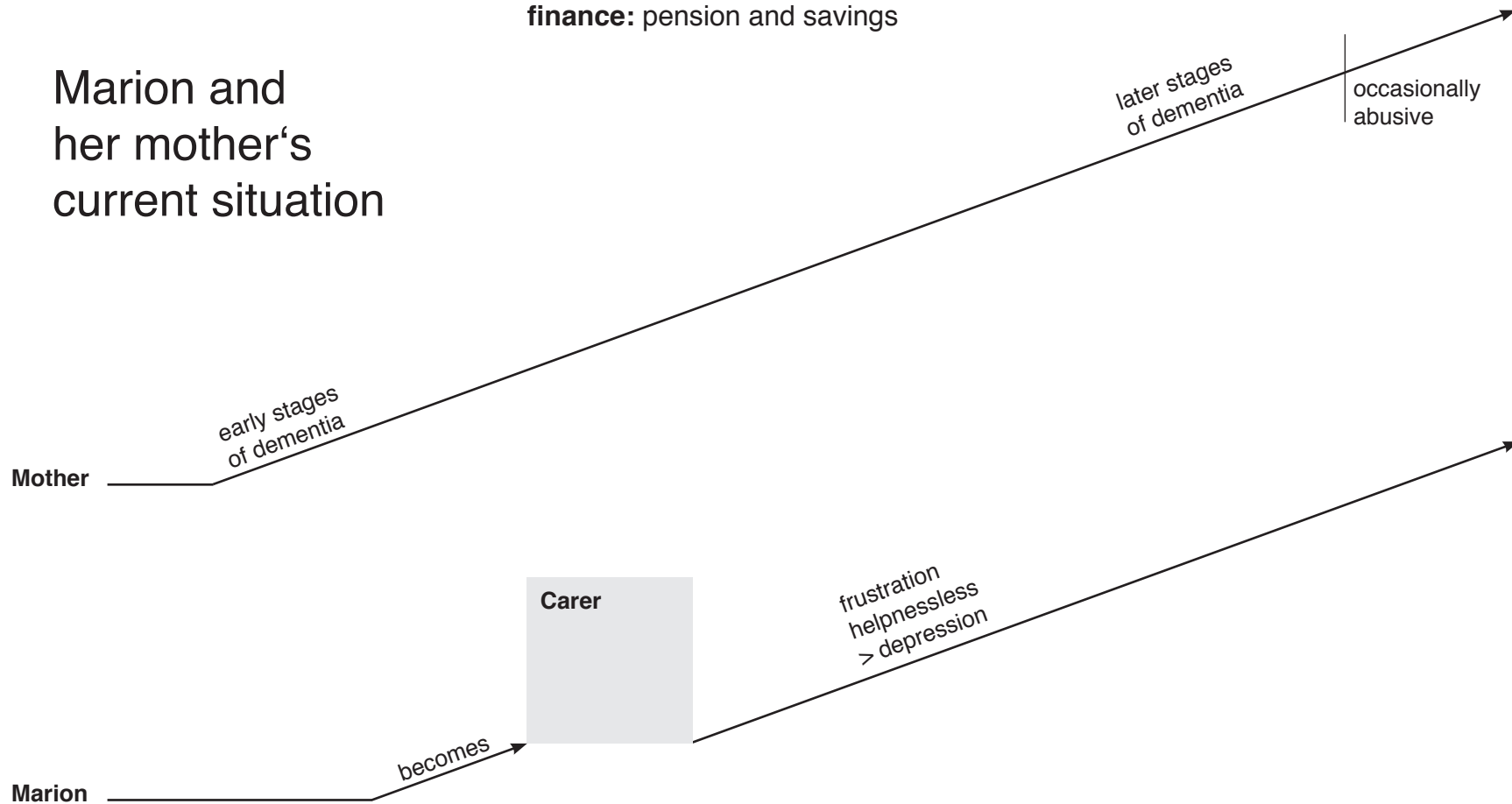
Mary

the
core team
user journey

age: 67 and 88
residence: house in Pollokshields
health issues mother: dementia
health issues Marion: depression
family: daughter Marion as a Carer
friends: lost contact due to constant caring
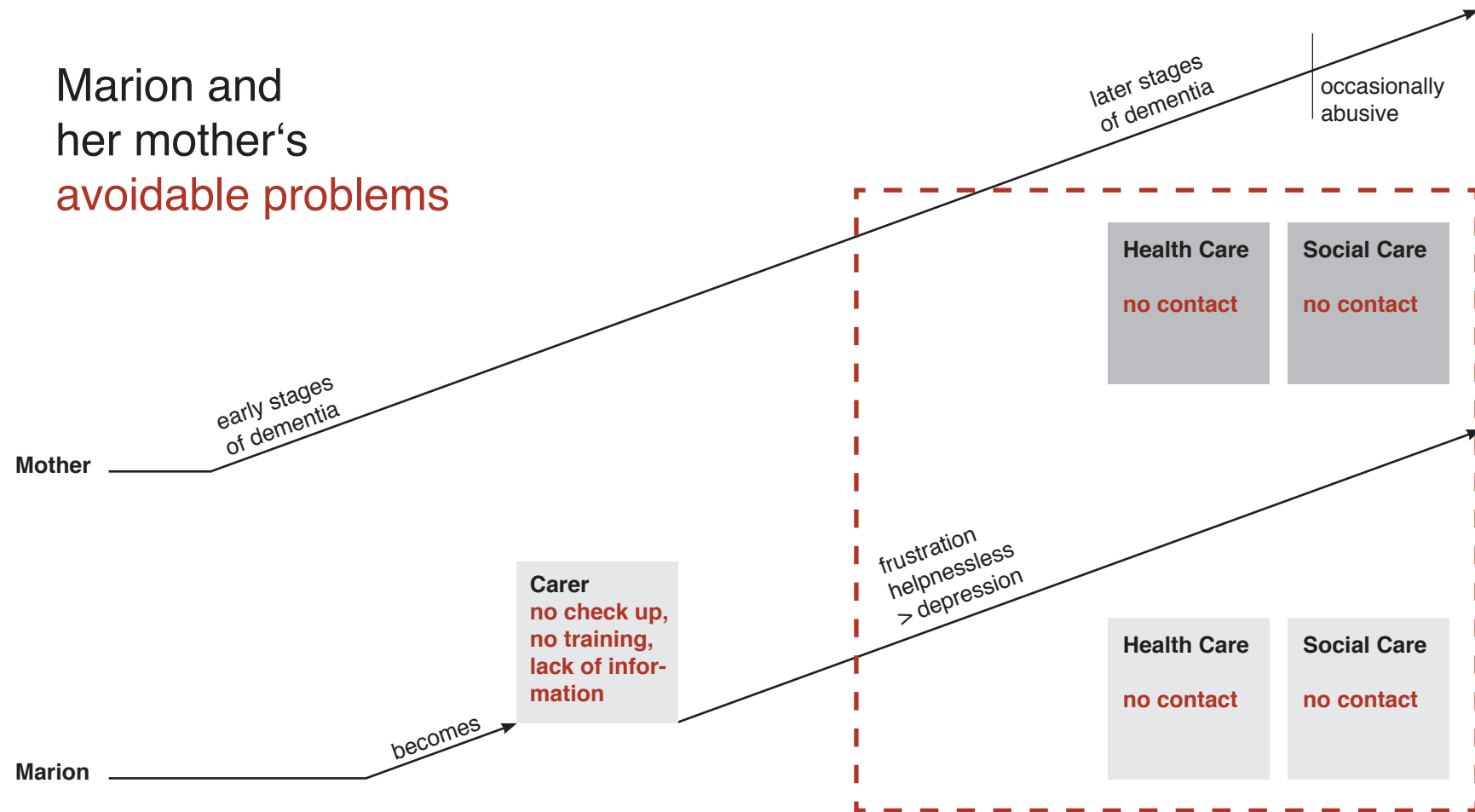**finance:** pension and savings

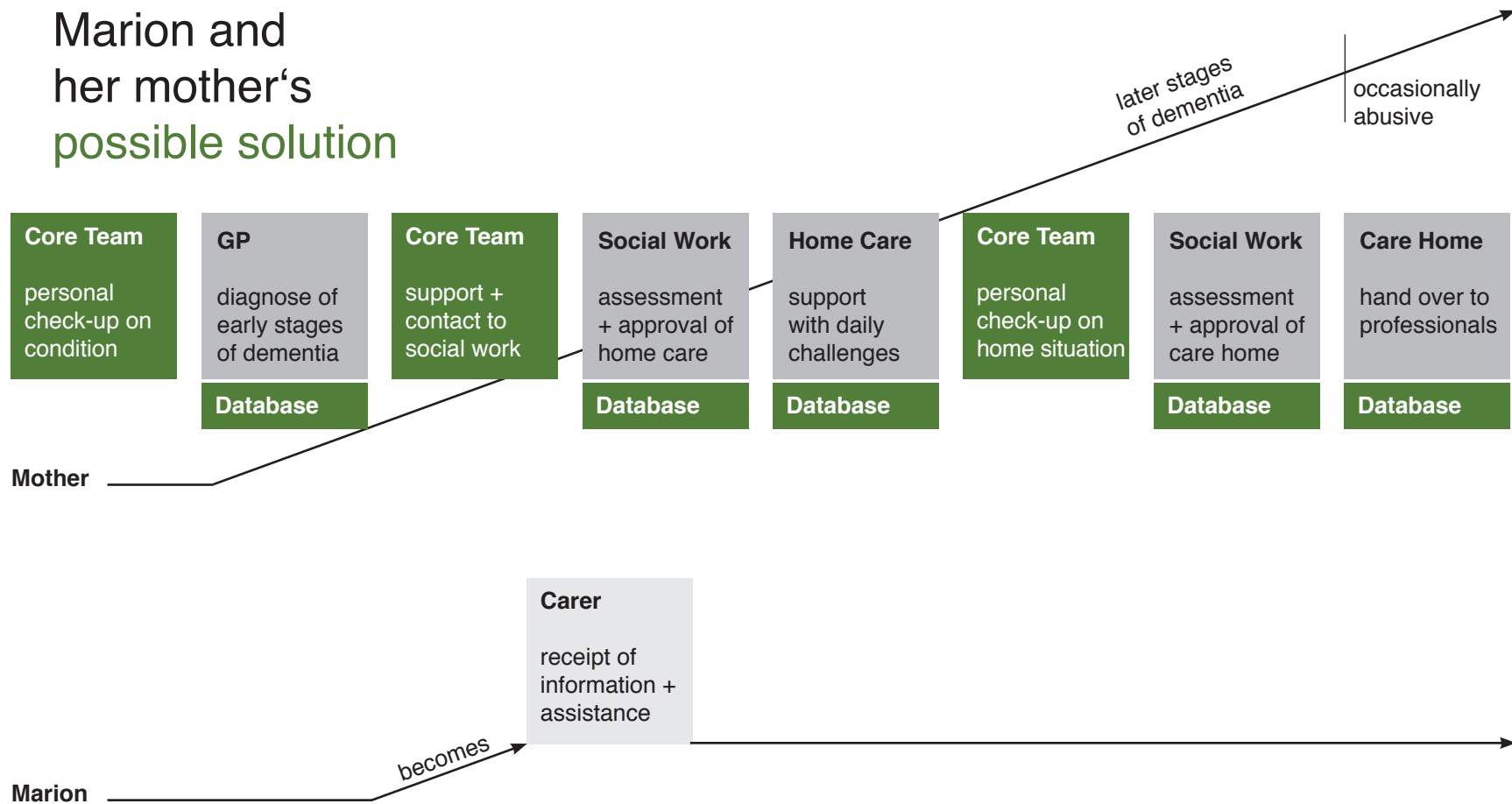## Marion and her mother's current situation

later stages
of dementia

occasionally
abusive

early stages
of dementia

Mother

Carer

frustration
helpnessless
> depression

becomes

Marion

the
core team
user journey

Marion and
her mother's
avoidable problems

later stages
of dementia

occasionally
abusive

early stages
of dementia

Mother

Health Care	Social Care
no contact	no contact

Carer
no check up,
no training,
lack of infor-
mation

frustration
helpnessless
> depression

becomes

Marion

Health Care	Social Care
no contact	no contact

Partnership Working and Communication

the
core team
user journey

Marion and
her mother's
possible solution

later stages
of dementia

occasionally
abusive

Core Team	GP	Core Team	Social Work	Home Care	Core Team	Social Work	Care Home
personal check-up on condition	diagnose of early stages of dementia	support + contact to social work	assessment + approval of home care	support with daily challenges	personal check-up on home situation	assessment + approval of care home	hand over to professionals
	Database		**Database**	**Database**		**Database**	**Database**

Mother

Carer

receipt of
information +
assistance

becomes

Marion

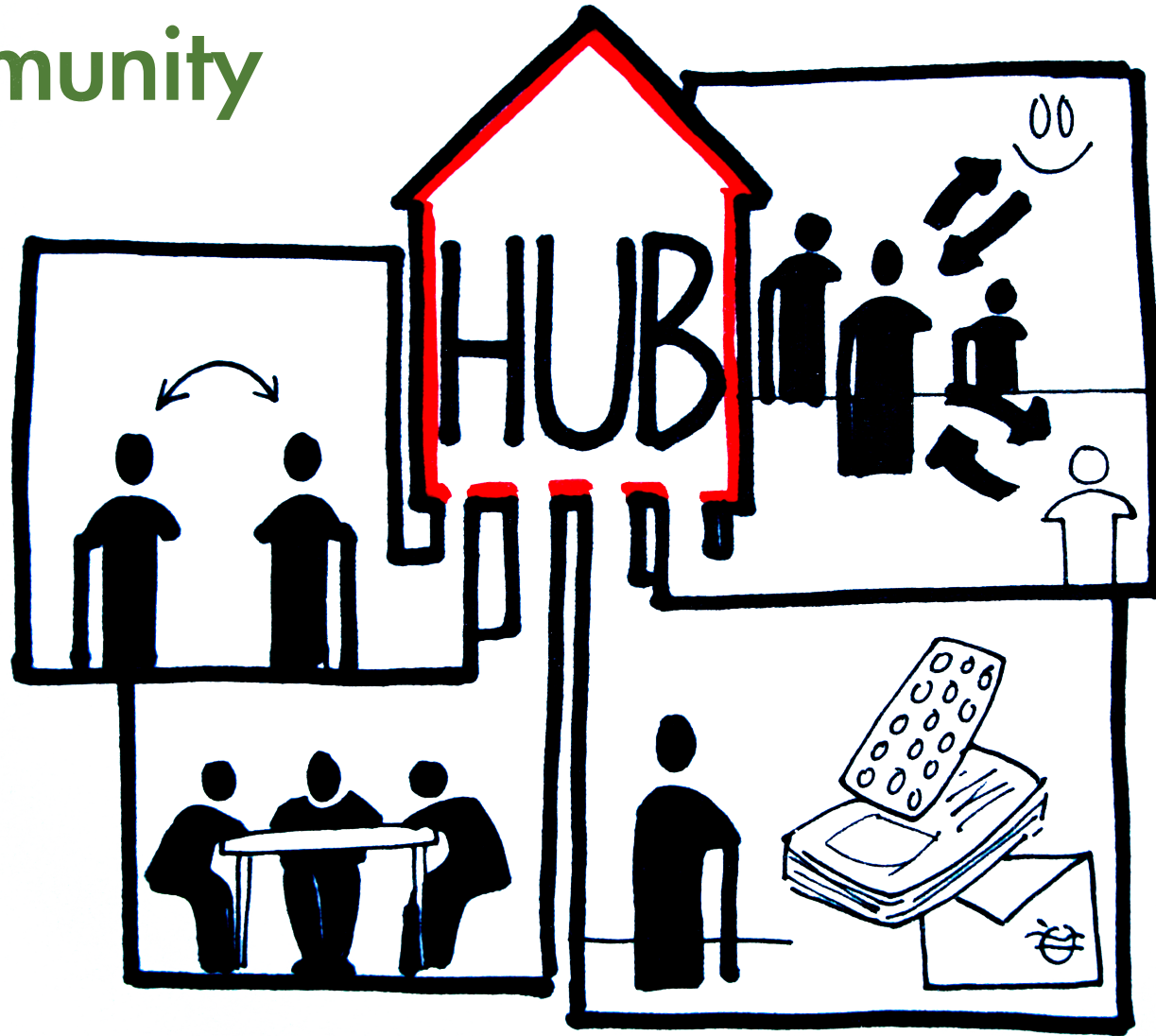# the
core team
advantages

for the user

anticipatory actions to ensure people enter the system

precaution instead of reaction

individual, empathetic check up

personal first point of contact

access to information

for the **system**

overall impression of the person´s condition

more possibilities for an individual care plan

the
community
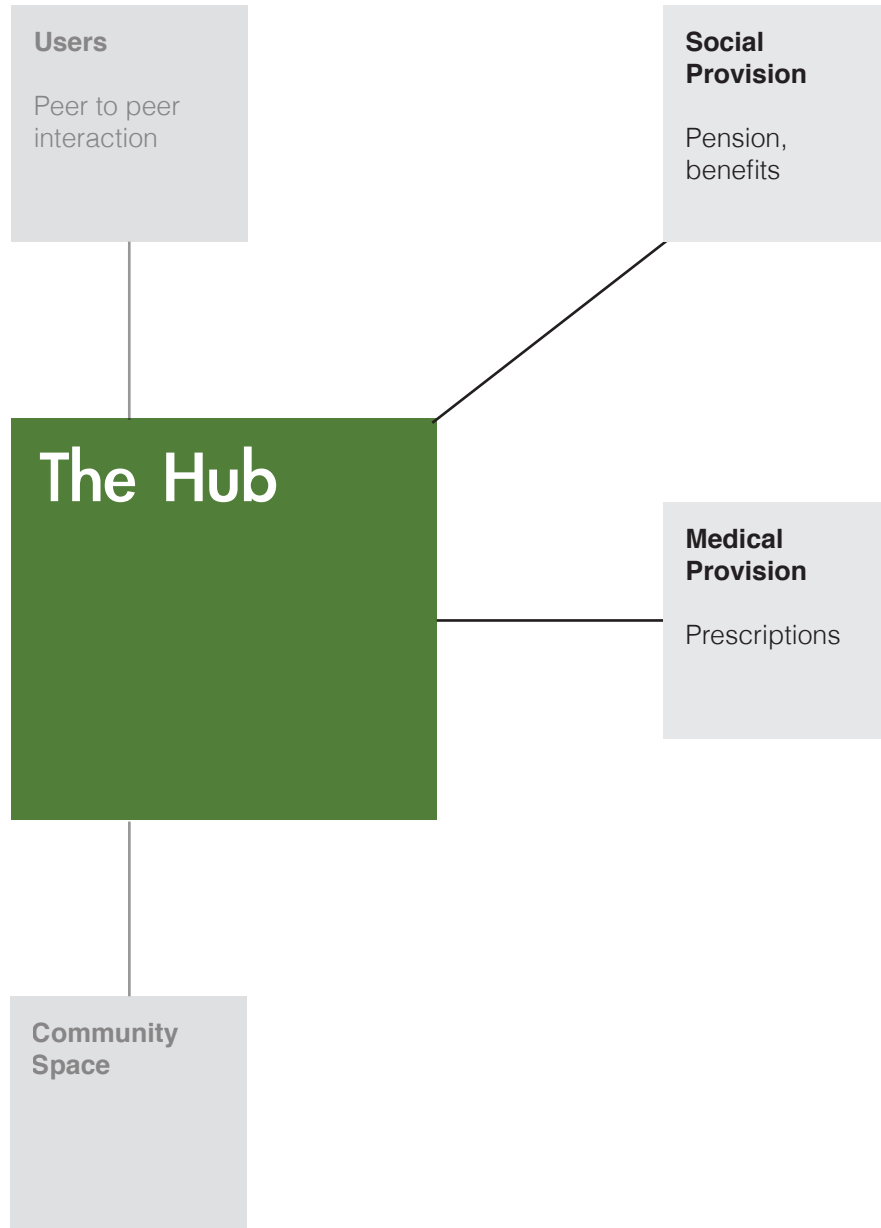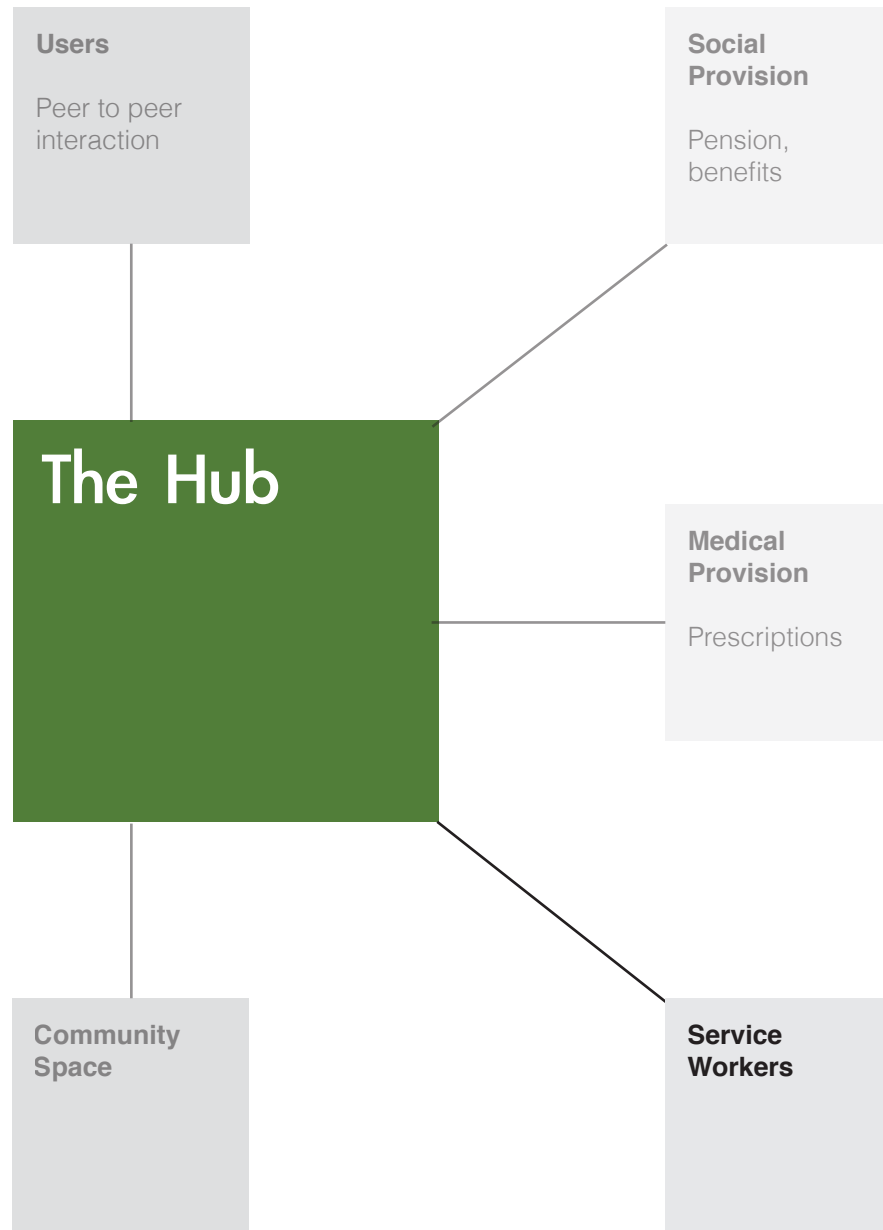hub

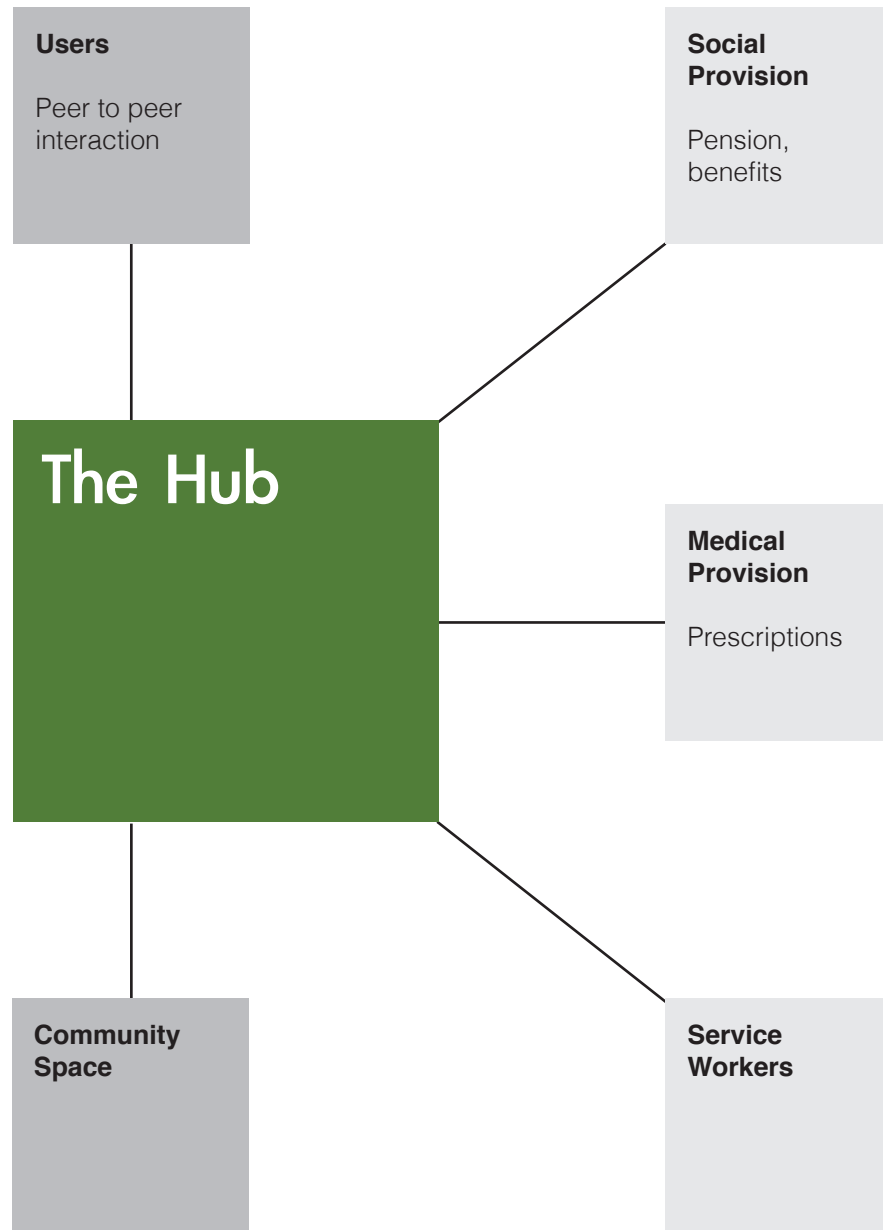the
community
hub

The Hub

● the
community
hub

Users

Peer to peer
interaction

The Hub

**Community
Space**

the
community
hub

Users

Peer to peer
interaction

**Social
Provision**

Pension,
benefits

The Hub

**Medical
Provision**

Prescriptions

**Community
Space**

the
community
hub

Users

Peer to peer
interaction

**Social
Provision**

Pension,
benefits

The Hub

**Medical
Provision**

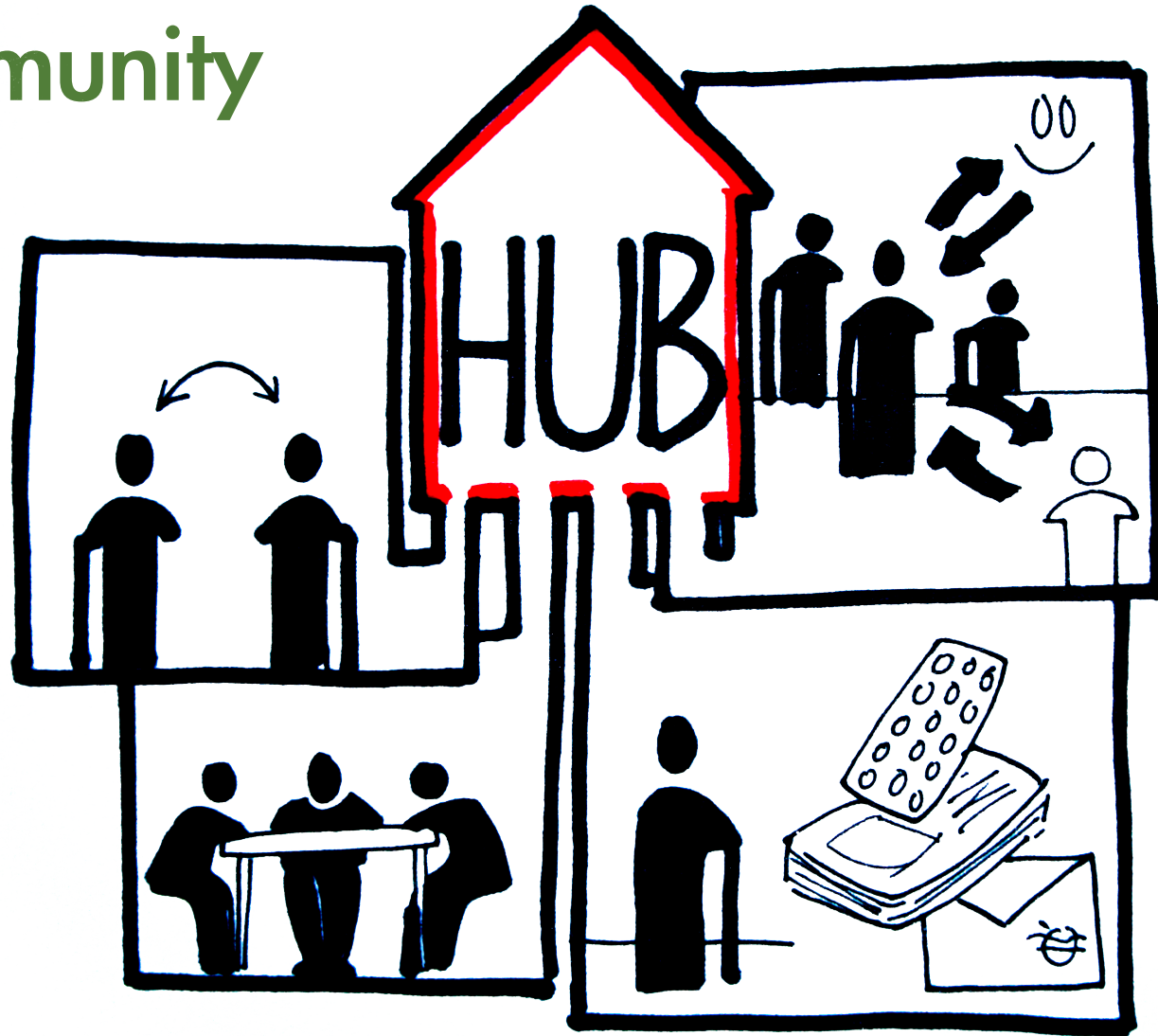Prescriptions

**Community
Space**
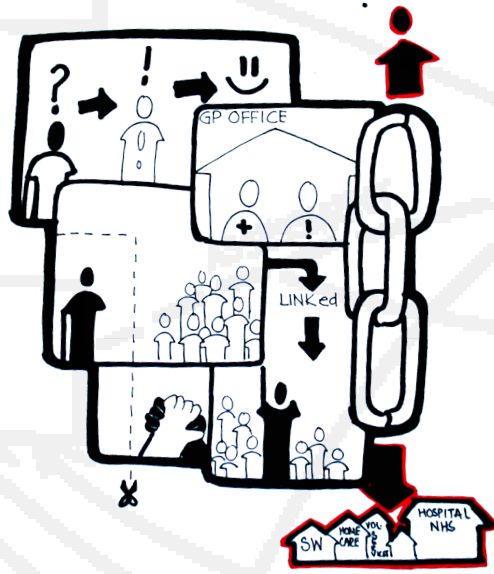
**Service
Workers**

the
community
hub

integrates well-being and the community

educates users about the system

reduces stigma surrounding services

provides entry point into system

targets all relevant users

Users

Peer to peer interaction

Social Provision

Pension, benefits

The Hub

Medical Provision

Prescriptions
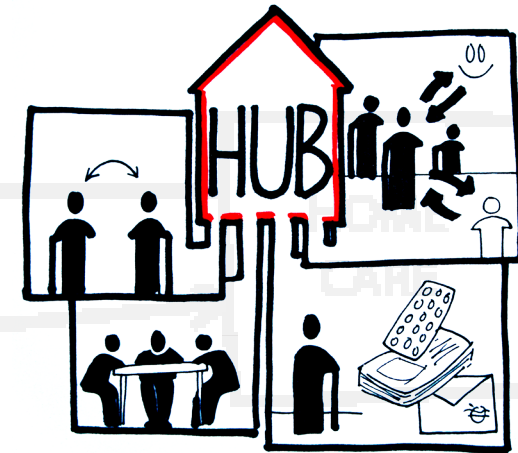
Community Space

Service Workers

the
community
hub

Concepts

- the LINK

- the Core Team

- the Community Hub