Appropriate Care for Everyone (ACE) - What will it look like for our patients?

Health and Social care services are working together to deliver services in a joined up way. This will mean that every adult in Oxfordshire will be receiving care that is timely, in the right place and suitable for their needs. At the moment some people get ‘stuck’ in the system and may find themselves in hospital for much longer than they need to be. This is a problem we are trying to solve in Oxfordshire by closer working between organisations.

Let’s meet Mary
This is the story of Mary. It will tell you how her care might happen now and what we expect to happen in future.

Mary is an 85 year old lady who lives alone in a bungalow in an Oxfordshire suburb. She is frail but generally manages on her own at home despite having arthritis, heart disease and being on several pills a day. One Friday afternoon her neighbour finds her on the floor more confused than normal. Mary says she has not drunk much today. Her neighbour gets her up and sits her on the sofa and calls her GP.
What happens now:
Mary’s GP arrives after afternoon surgery, Mary is having a cup of tea but not able to walk to the toilet well. She is also a little dehydrated and mildly confused. She does not want to go to hospital. Mary’s GP has the choice of admitting her to the John Radcliffe Hospital via A & E or leaving her overnight. He decides to admit her to hospital.

While she is in hospital Mary develops a chest infection and remains in bed for a week. She waits another week to be assessed for home support and three weeks after her fall she is discharged with a care package.

When Mary gets home she is less mobile and falls again. She is readmitted to hospital and thought to require a nursing home. She is discharged to a community hospital to wait for this and after 2 months she is transferred to a nursing home.

What will happen:
Mary’s GP practice arranges for someone trained in ‘enhanced’ older people’s medicine to call round the afternoon. She assesses her and decides Mary is a little dehydrated but not needing acute medicine or 24 hour nursing care. She rings up the ‘integrated community teams’ single access number to ask for crisis care. The operator arranges a care package within two hours and allocates a care coordinator to follow Mary up in the morning.

The next day the care coordinator checks on the situation, things are stable but an on call nurse assesses further. On Monday Mary is not very mobile, the care coordinator asks the rehabilitation team (including an occupational therapist) to assess at her home. They do this the same day and help her mobilise. Mary is able to walk a little more but not drinking enough. The care coordinator asks the Hospital at Home team to monitor her for a few days.

After a week Mary is walking better and has started to eat and drink normally. She has regained most of her strength and is more her usual self. Her GP calls in (as part of an enhanced GP role of the practice) to make sure medically she is doing well. After two weeks she is back to her normal independent self.

How to get involved
Take a look at the Talking Health pages on our website http://bit.ly/ACEOXON. You will be asked to register before you can get all the information. Complete our questionnaire either on our webpage or available as a hard copy by contacting us as shown below.

How to find out more
Email: talking.health@oxfordshirepct.nhs.uk
Phone 01865 334636

You can also write to us with your views at:
Communications & Engagement, FREEPOST RRRKBZBTASXU
NHS Oxfordshire, Jubilee House, 5510 John Smith Drive
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