

Population services for falls and bone health.

From aspirations to service delivery

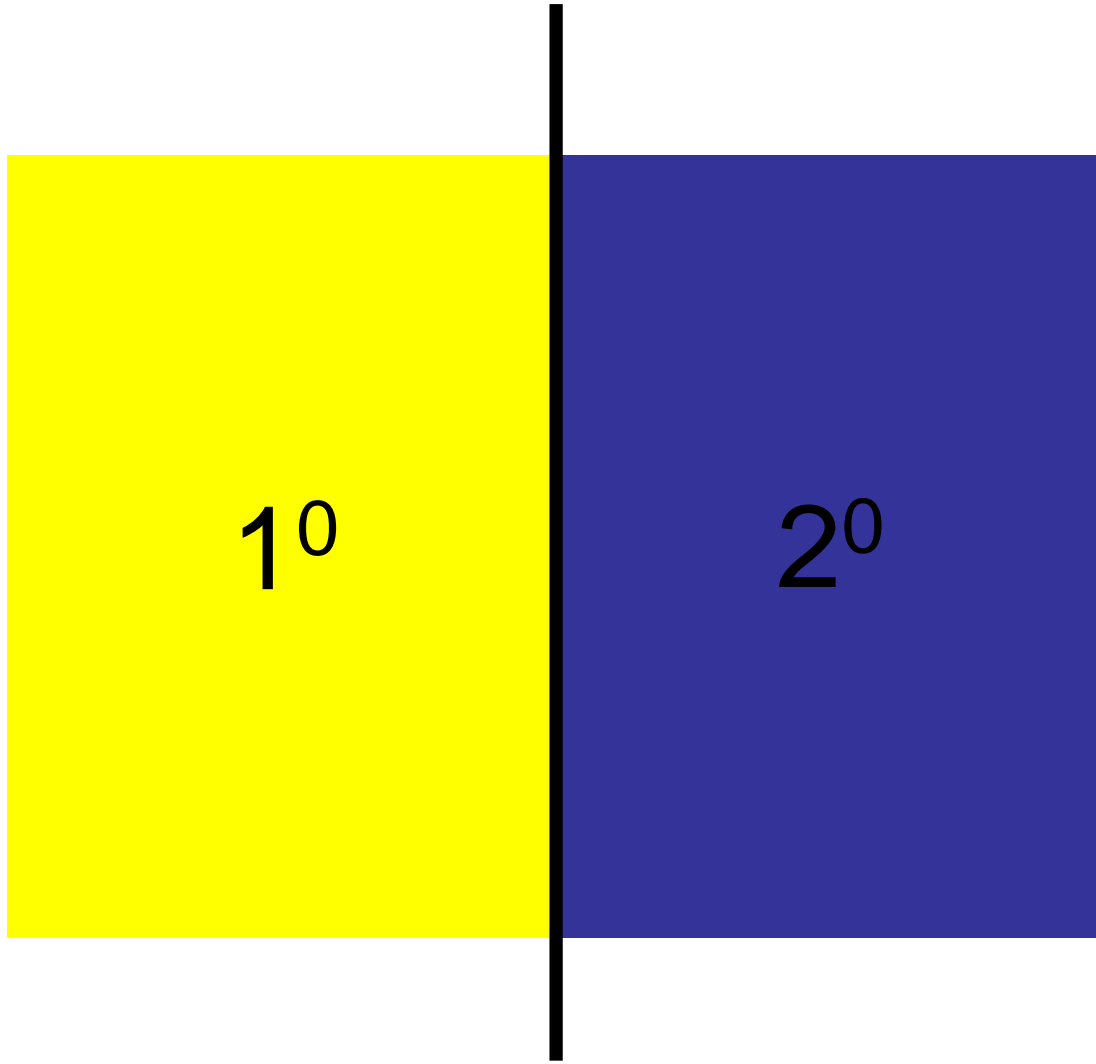
**The acute trust/PCT
partnership perspective**

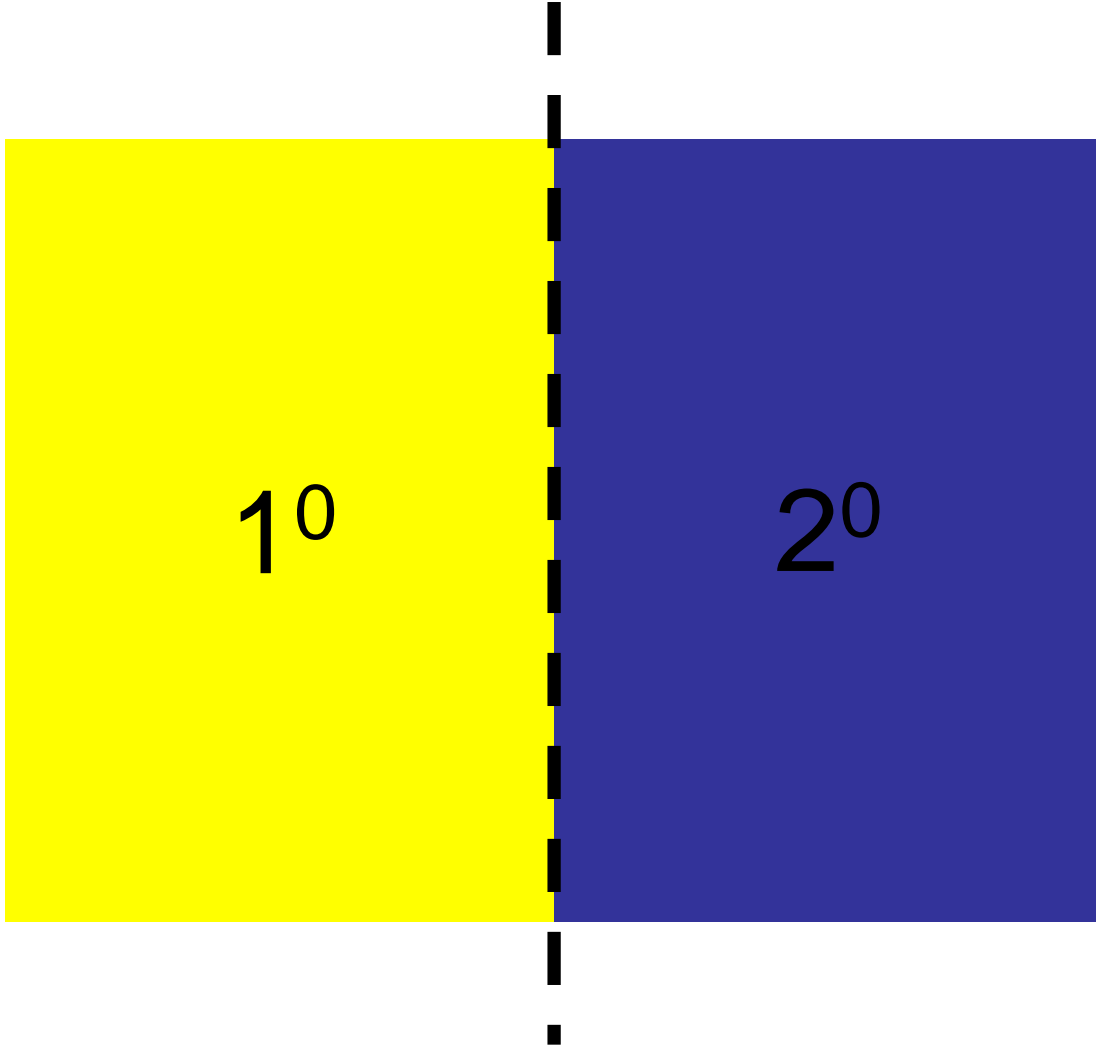
Matt Thomas

*Consultant Geriatrician, Poole
Hospital NHS Foundation Trust*

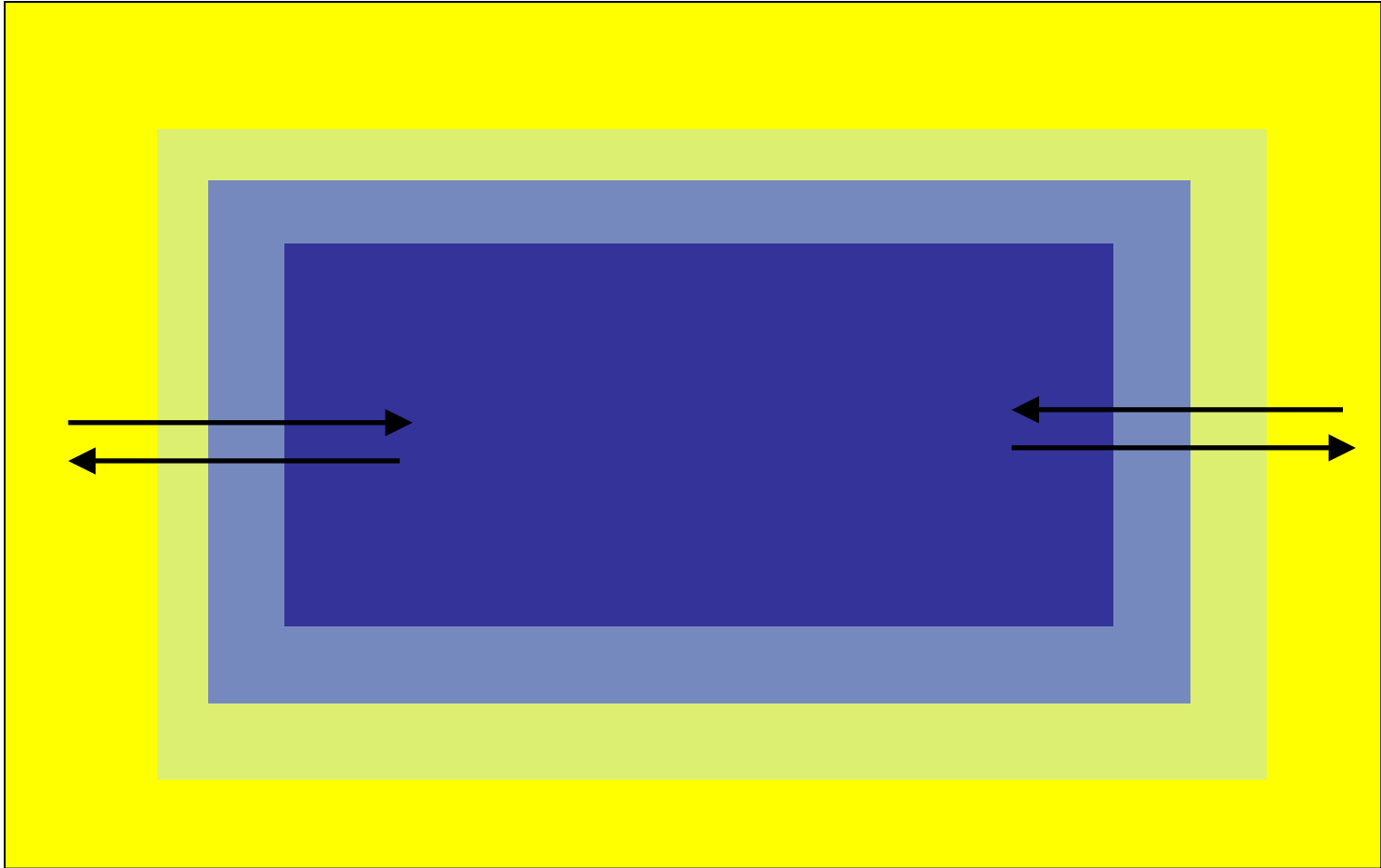
Declaration of interest

- Stroke Job in Poole coming up

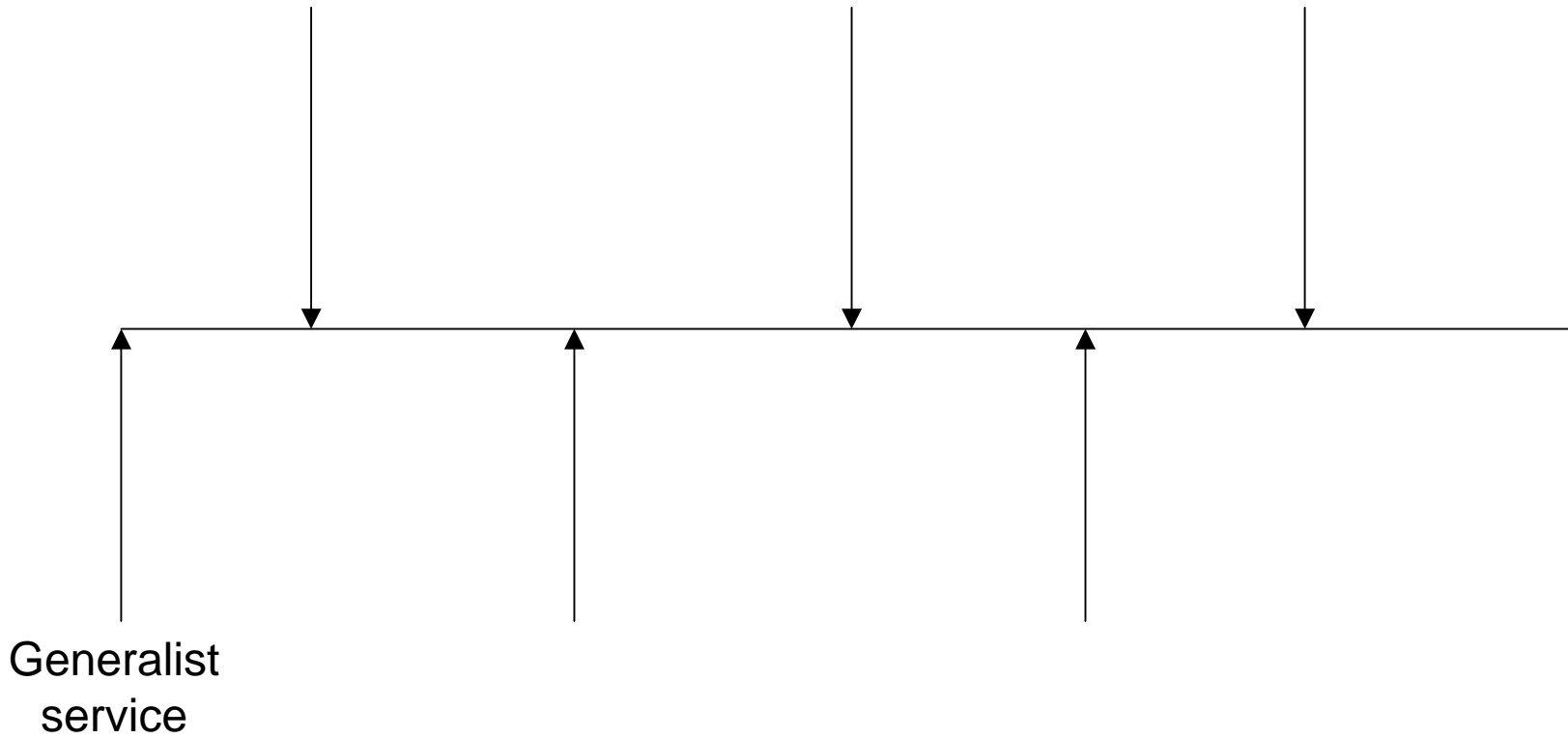




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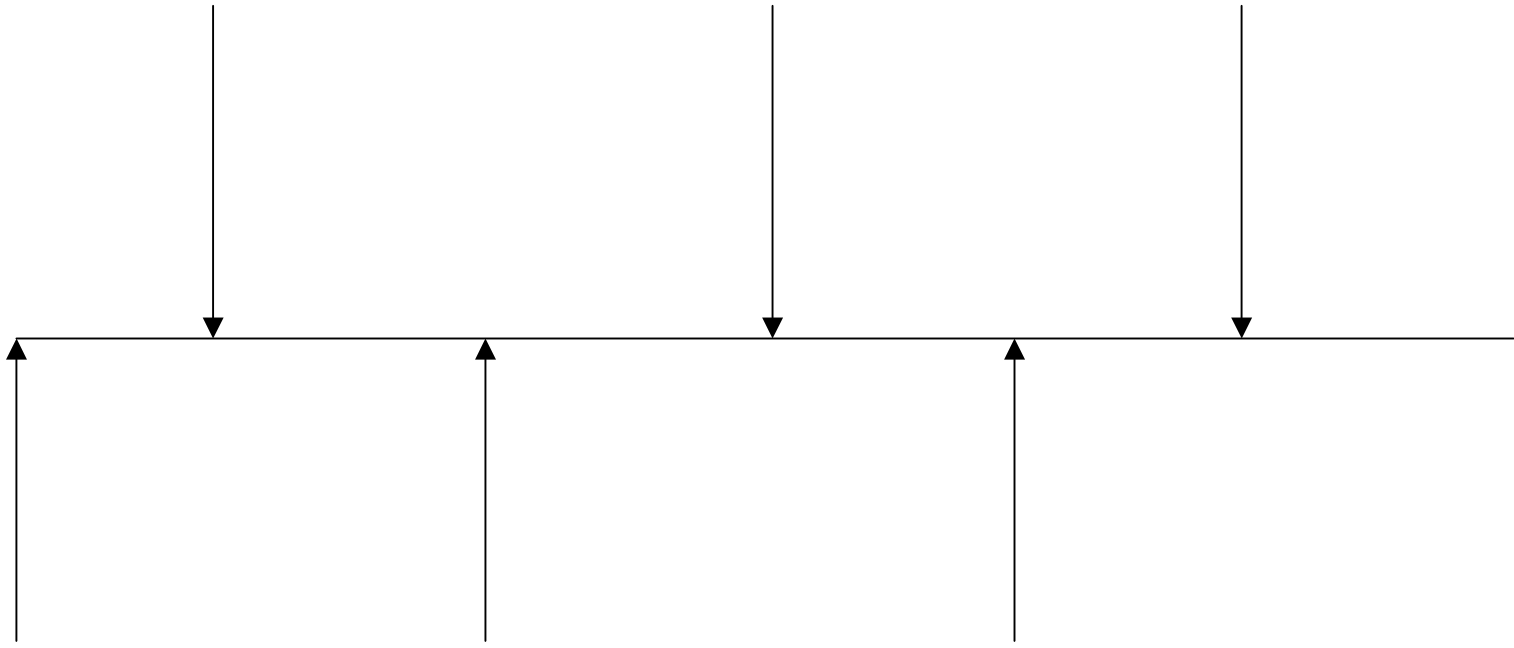


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Specialist Service
initiation



Generalist
service

Specialist Service
initiation



Generalist
service



Guidelines
Local and
national

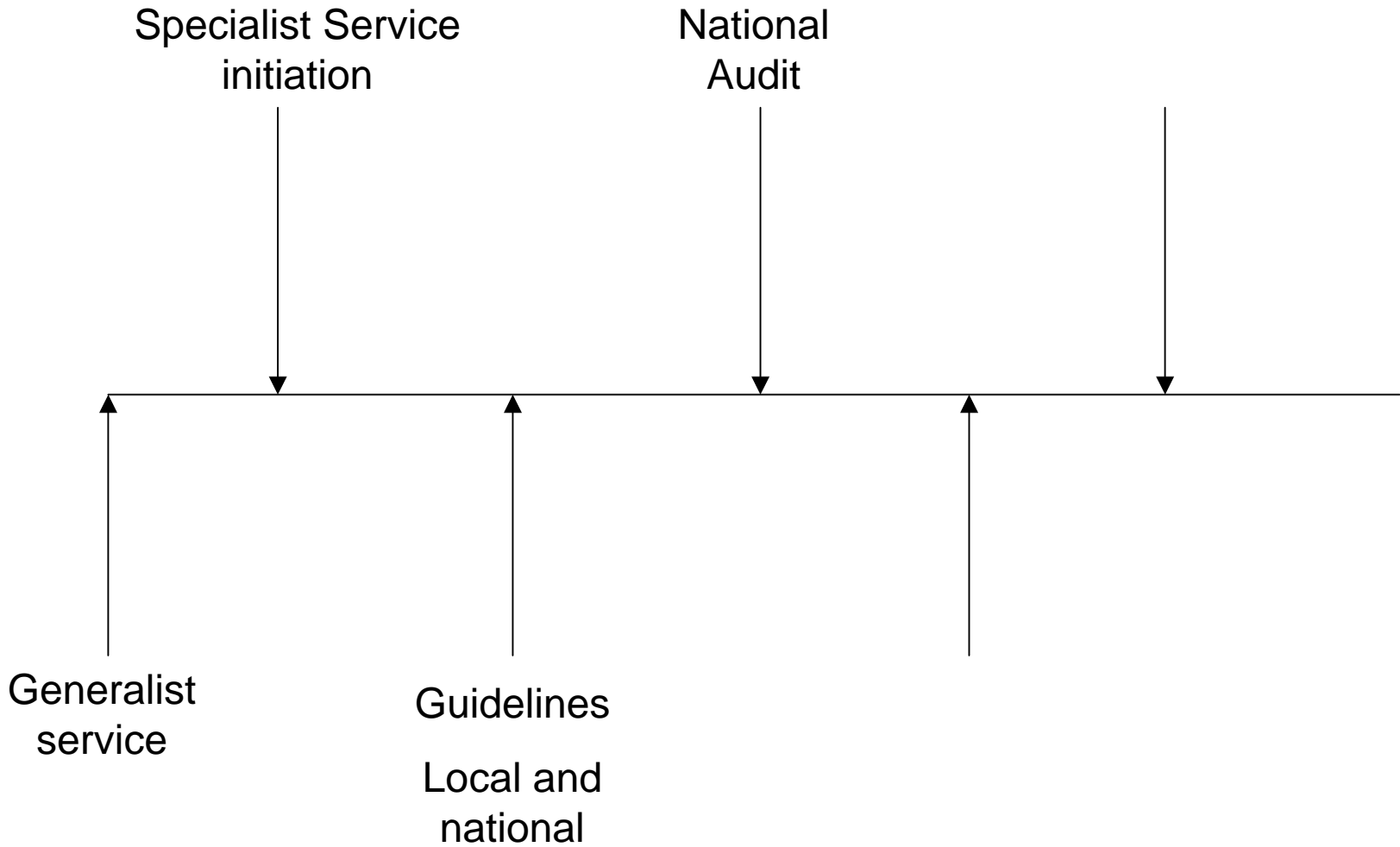


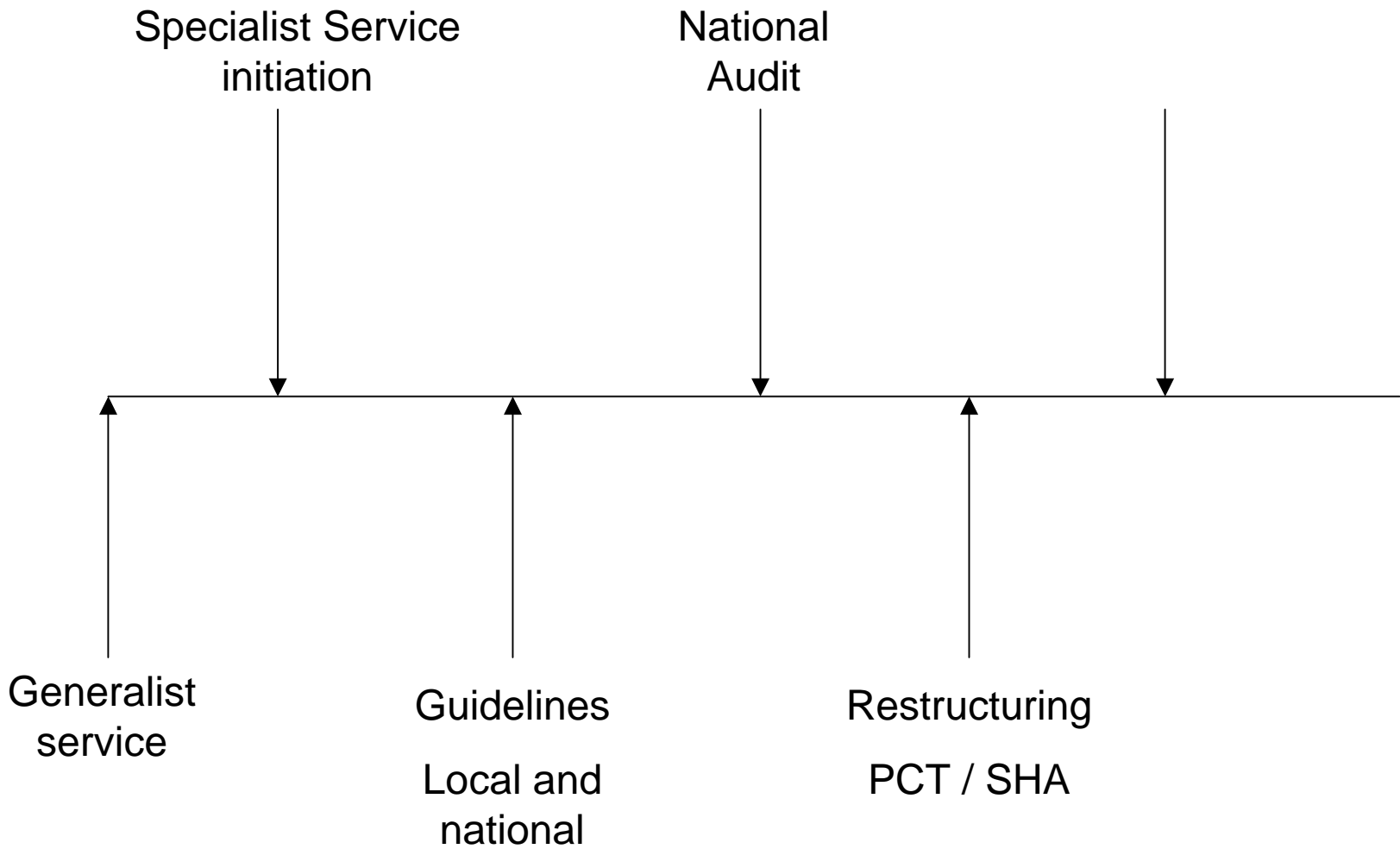
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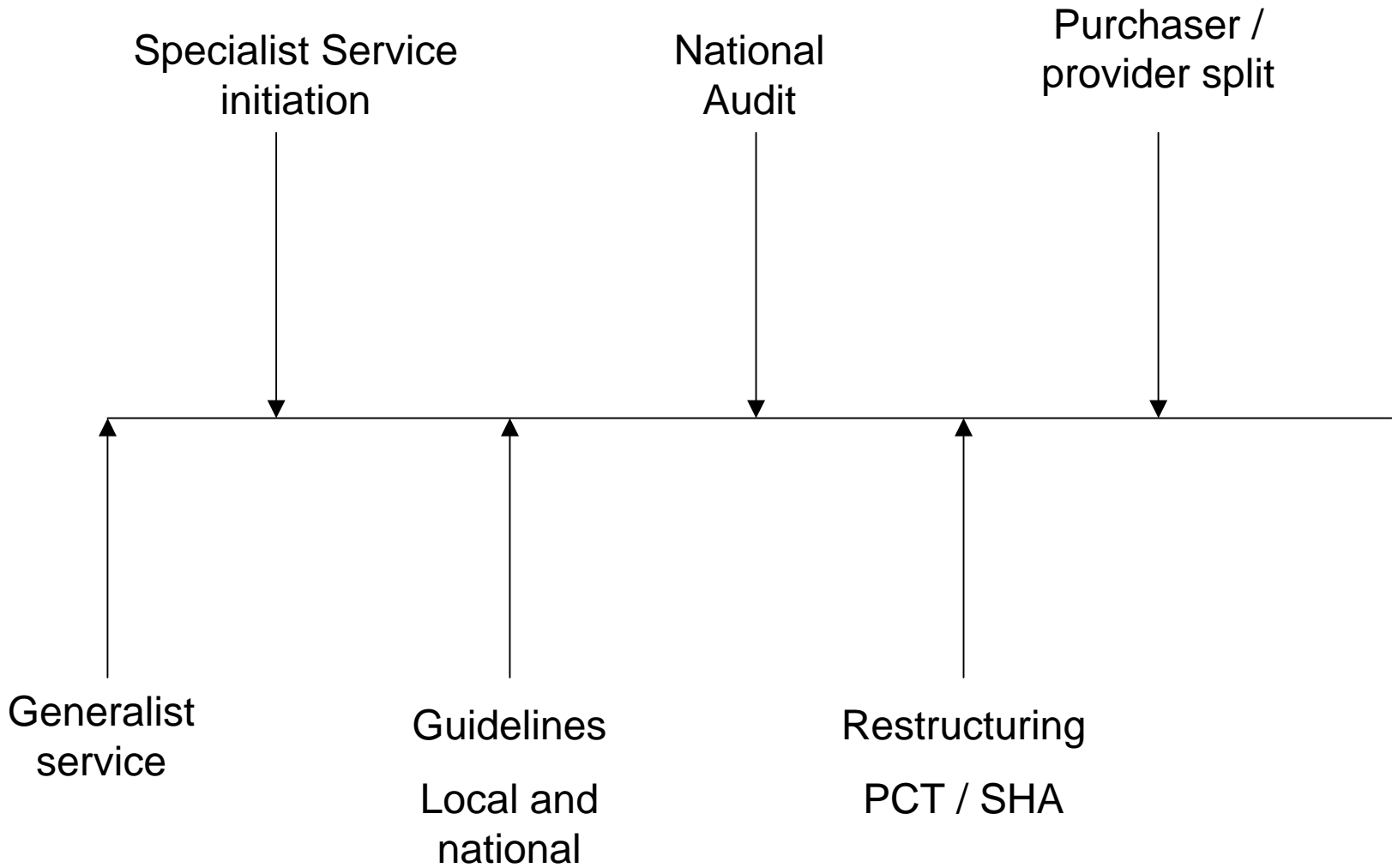


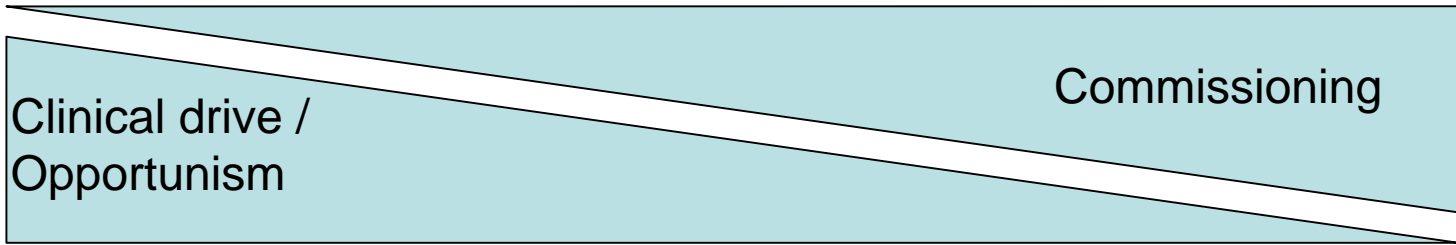
THE ROYAL BOURNEMOUTH
AND CHRISTCHURCH HOSPITALS
NHS TRUST











Specialist Service initiation

National Audit

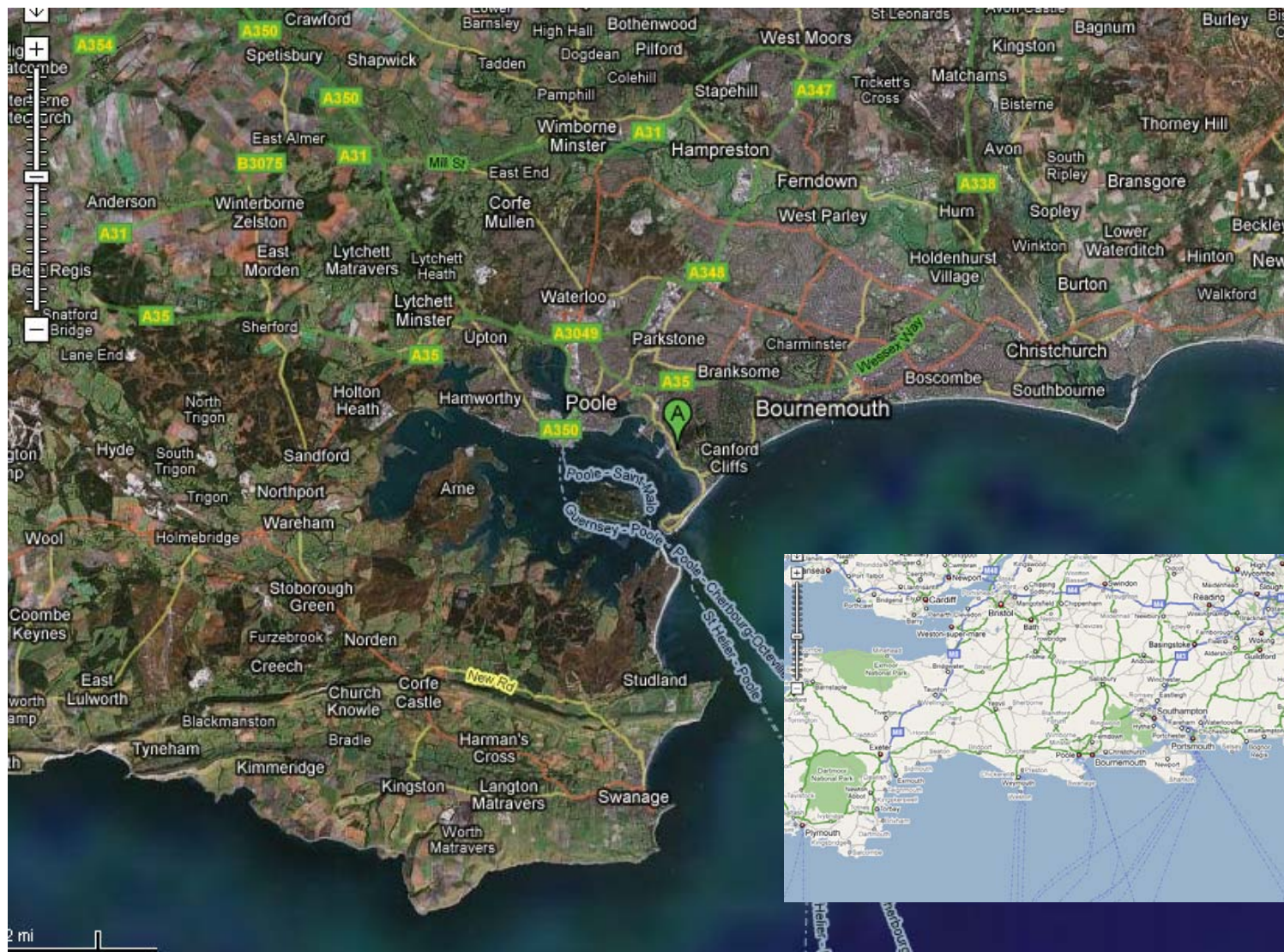
Purchaser / provider split



Generalist service

Guidelines
Local and national

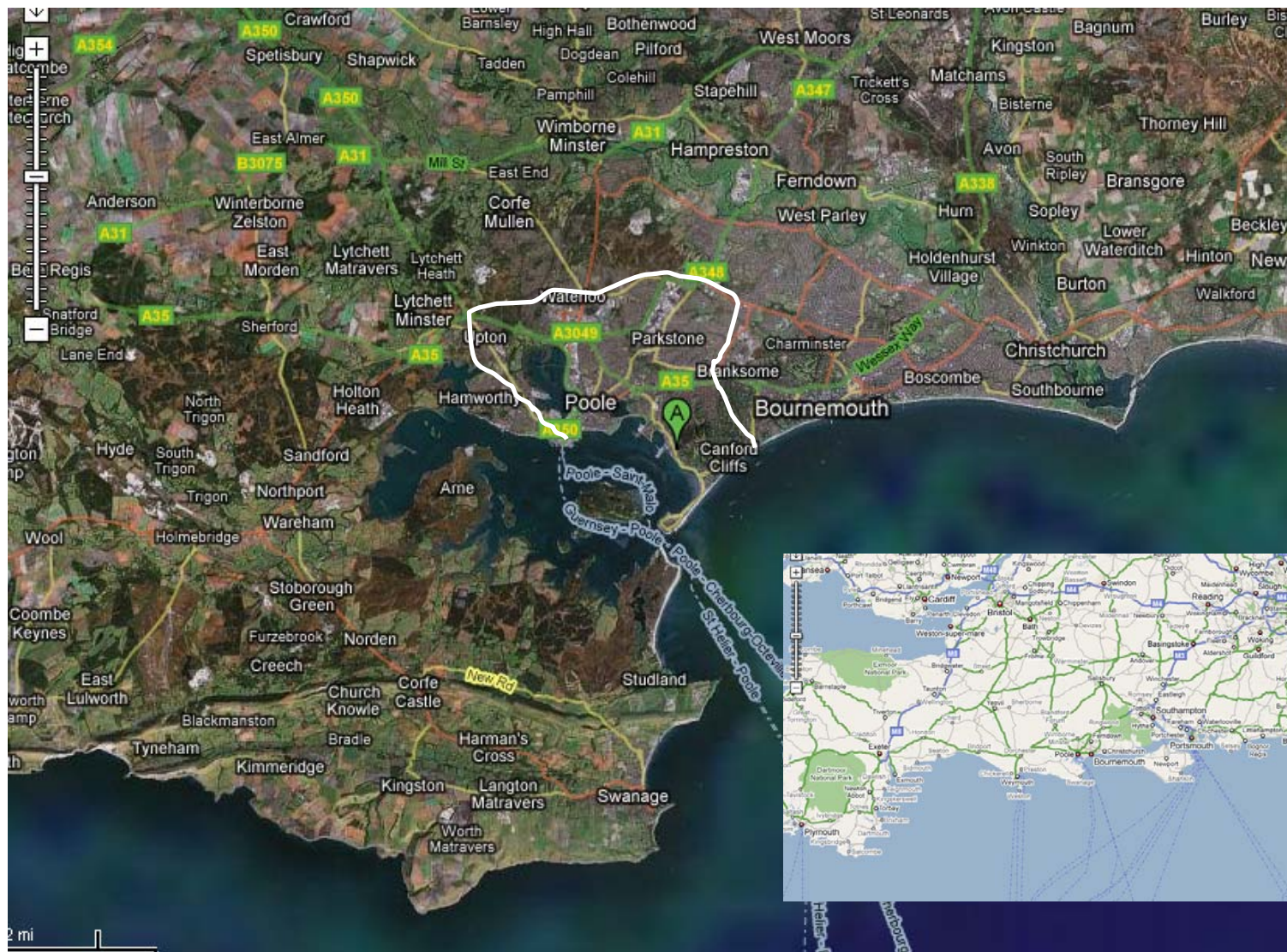
Restructuring
PCT / SHA



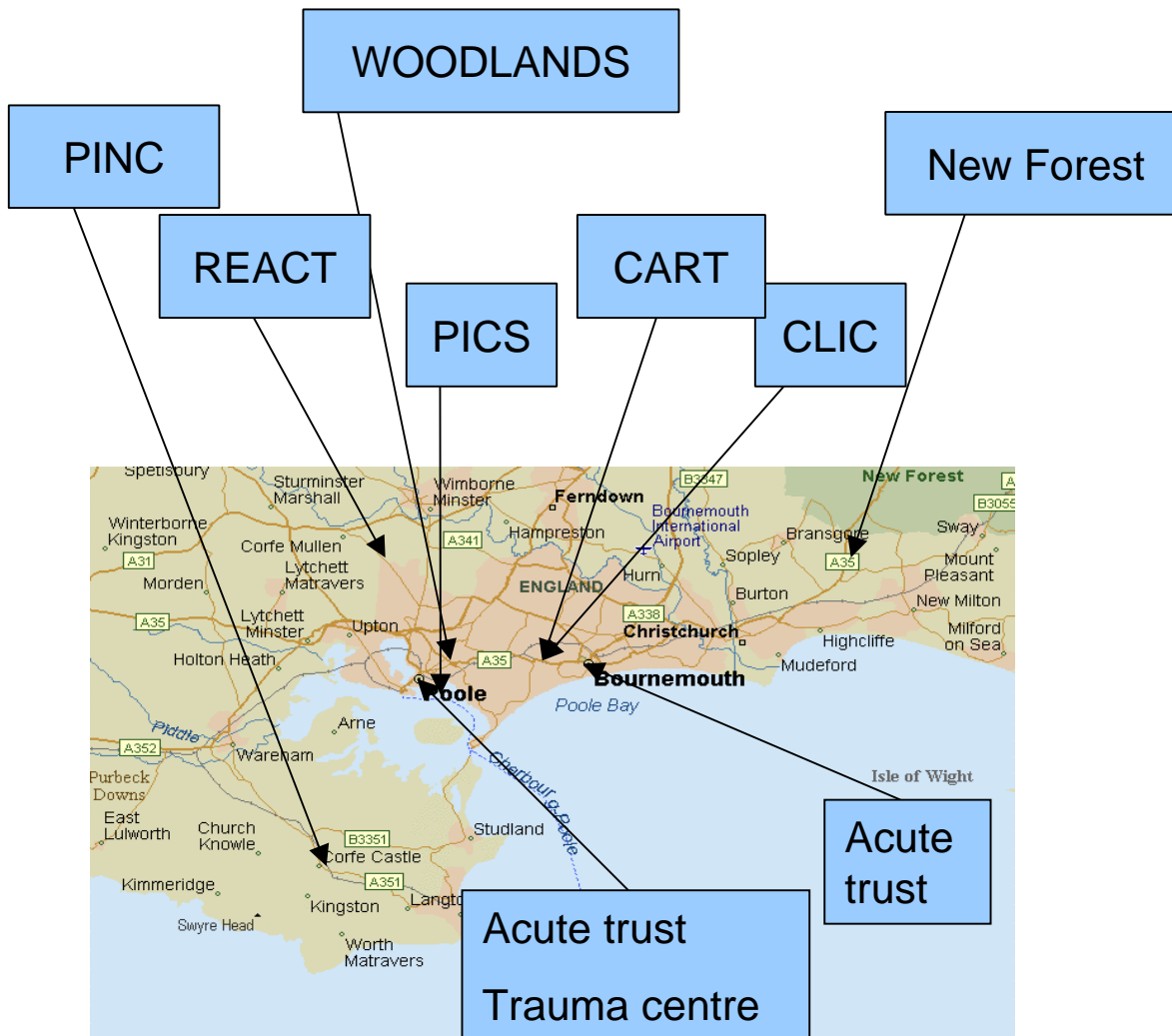
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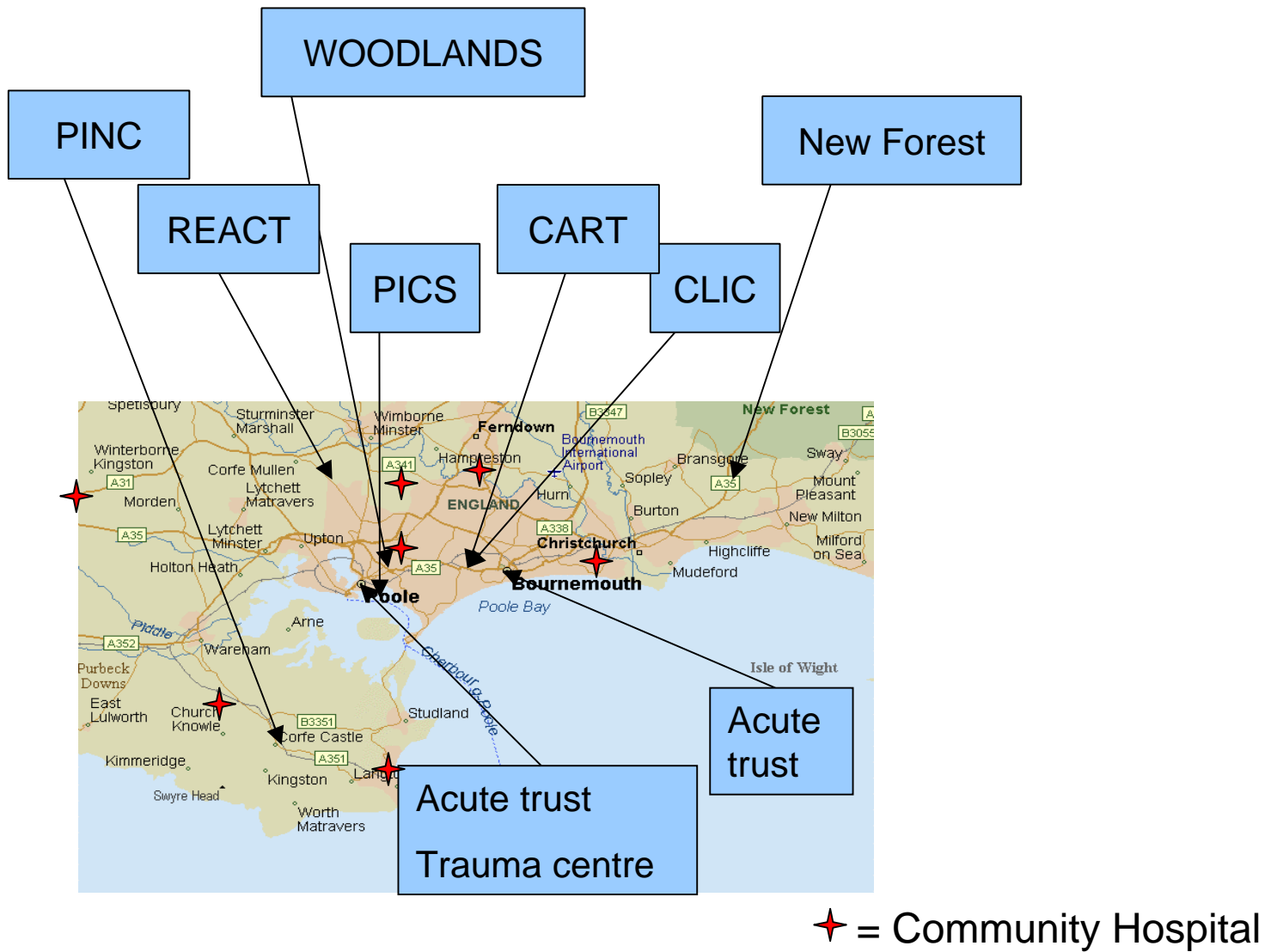
- PCT
 - Commissioning
 - Provider
- Acute Trusts x 2
- Social Services x 2
- Bone health
- 3rd Sector
 - Osteoporosis Dorset
- Ambulance



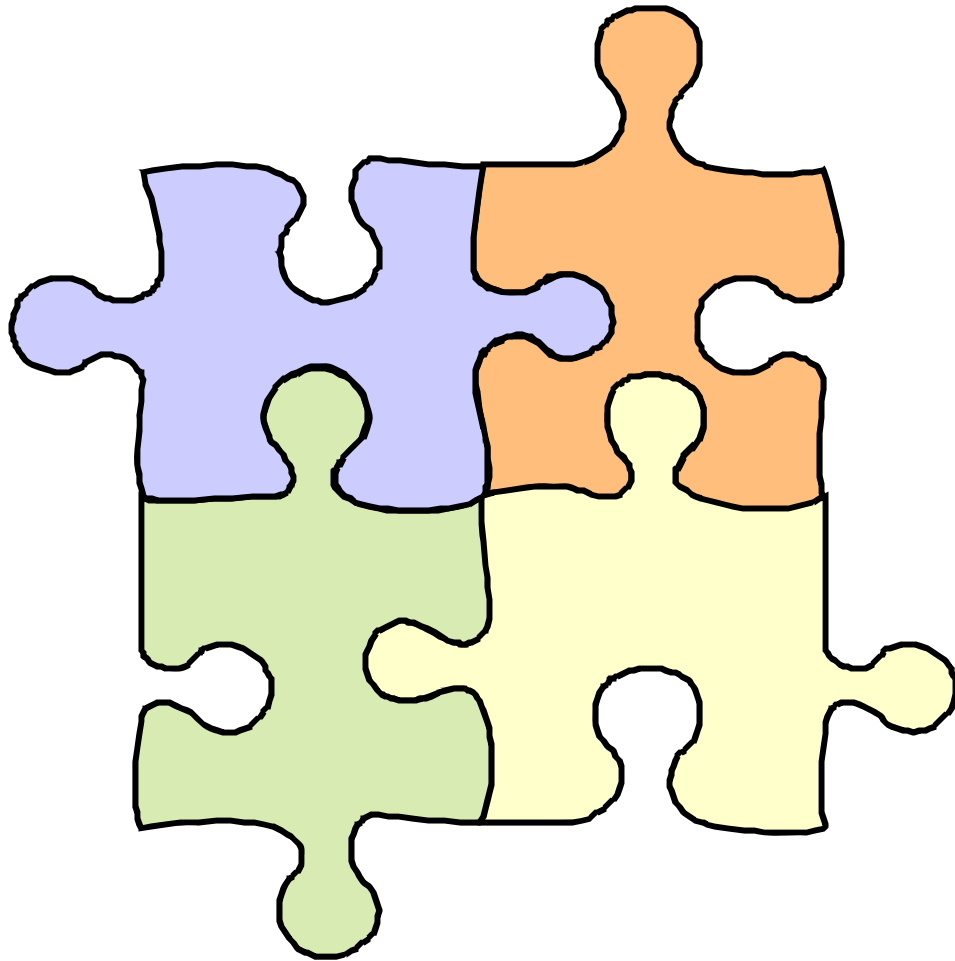
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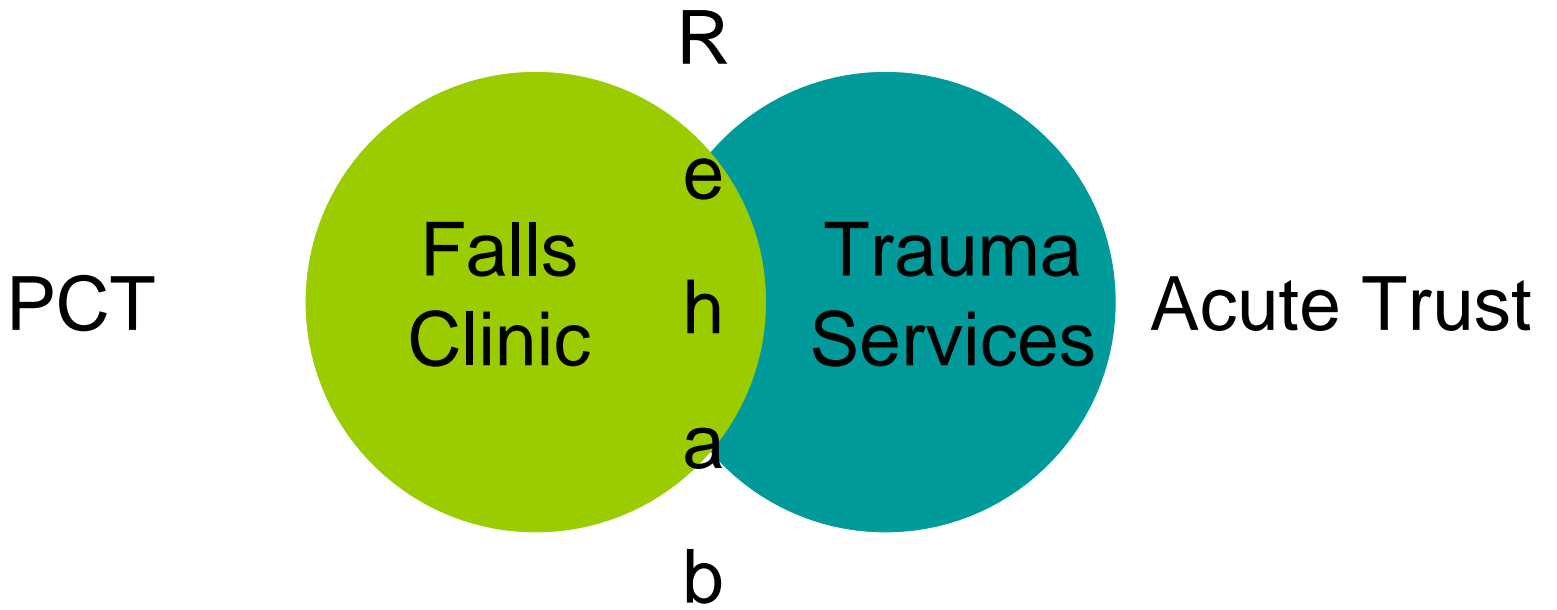
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- Identifying patients
 - A+E
 - Fracture clinic
 - Orthopaedic wards
 - Therapists
 - Ambulance service
 - Social services



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- Differing priorities
 - Inpatient falls
 - Outpatient falls

- Acute Trust
 - Less # NOF
 - Less rehab
 - Less expenditure on poor income stream
 - More theatre time for elective work
 - Less pressure on beds
- PCT
 - Less # NOF
 - Less expenditure on Acute Trust
 - Better falls prevention / osteoporosis treatment

- Future

- Flexible – commissioning / finances
- Evidence Based (audit driven)
- Remain opportunistic
- Ensure services are appropriately skilled
- Catch all
- We need services that are aligned so that staff know the who, what and where of referral or services that are equitable in availability and ability

Clinical Governance / Audit

