**Patient Care Coordinator**

# Job description and person specification

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| **Job title** | Patient Care Coordinator |
| **Line manager** | PCN Manger |
| **Accountable to** | Clinical Director |
| **Hours per week** | Up to 37.5 hours |

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| **Job summary** |
| Care coordinators play an important role within a PCN to proactively identify and work with people, including the frail/elderly and those with long-term conditions, to provide coordination and navigation of care and support across health and care services.  They work closely with GPs and practice teams to manage a caseload of patients, acting as a central point of contact to ensure appropriate support is made available to them and their carers; supporting them to understand and manage their condition and ensuring their changing needs are addressed. This is achieved by bringing together all the information about a person’s identified care and support needs and exploring options to meet these within a single personalised care and support plan, based on what matters to the person.  Care coordinators review patients’ needs and help them access the services and support they require to understand and manage their own health and wellbeing, referring to social prescribing link workers, health and wellbeing coaches, and other professionals where appropriate.  Care coordinators could potentially provide time, capacity and expertise to support people in preparing for or following-up clinical conversations they have with primary care professionals to enable them to be actively involved in managing their care and supported to make choices that are right for them.  Their aim is to help people improve their quality of life.  They may be given a caseload of identified patients and be required to ensure that their changing needs are addressed by considering local priorities, health inequalities and/or population health management risk stratification. |

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| **Generic responsibilities** |
| All staff at this organisation have a duty to conform to the following:  **Equality, Diversity and Inclusion**  A good attitude and positive action towards [Equality Diversity & Inclusion](https://www.england.nhs.uk/about/equality/workforce-eq-inc/) (ED&I) creates an environment where all individuals are able to achieve their full potential. Creating such an environment is important for three reasons – it improves operational effectiveness, it is morally the right thing to do, and it is required by law.  Patients and their families have the right to be treated fairly and be routinely involved in decisions about their treatment and care. They can expect to be treated with dignity and respect and will not be discriminated against on any grounds including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. Patients have a responsibility to treat other patients and our staff with dignity and respect.  Staff have the right to be treated fairly in recruitment and career progression. Staff can expect to work in an environment where diversity is valued, and equality of opportunity is promoted. Staff will not be discriminated against on any grounds including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. Staff have a responsibility to ensure that they treat our patients and their colleagues with dignity and respect.  **Safety, Health, Environment and Fire (SHEF)**  This PCN is committed to supporting and promoting opportunities for staff to maintain their health, wellbeing and safety.  The post holder is to manage and assess risk within the areas of responsibility, ensuring adequate measures are in place to protect staff and patients and monitor work areas and practices to ensure they are safe and free from hazards and conform to health, safety and security legislation, policies, procedures and guidelines.  All personnel are to comply with the:   * [Health and Safety at Work Act 1974](https://www.hse.gov.uk/legislation/hswa.htm) * [Environmental Protection Act 1990](https://www.legislation.gov.uk/ukpga/1990/43/contents) * [Environment Act 1995](https://www.legislation.gov.uk/ukpga/1995/25/contents) * [Fire Precautions (workplace) Regulations 1999](https://www.legislation.gov.uk/uksi/1999/1877/contents/made) * [Coronavirus Act 2020](https://www.legislation.gov.uk/ukpga/2020/7/contents/enacted) * Other statutory legislation which may be brought to the post holder’s attention   **Confidentiality**  The PCN and associated practices are committed to maintaining an outstanding confidential service. Patients entrust and permit us to collect and retain sensitive information relating to their health and other matters pertaining to their care. They do so in confidence and have a right to expect all staff will respect their privacy and maintain confidentiality at all times.  It is essential that, if the legal requirements are to be met and the trust of our patients is to be retained, all staff protect patient information and provide a confidential service.  **Quality and Continuous Improvement (CI)**  To preserve and improve the quality of PCN outputs, all personnel are required to think not only of what they do but how they achieve it. By continually re-examining our processes, we will be able to develop and improve the overall effectiveness of the way we work.  The responsibility for this rests with everyone working within the PCN and practices to look for opportunities to improve quality and share good practice and to discuss, highlight and work with the team to create opportunities to improve patient care.  This organisation continually strives to improve work processes which deliver healthcare with improved results across all areas of our service provision. We promote a culture of continuous improvement where everyone counts, and staff are permitted to make suggestions and contributions to improve our service delivery and enhance patient care.  Staff should interpret national strategies and policies into local implementation strategies that are aligned to the values and culture of general practice.  All staff are to contribute to investigations and root cause analyses whilst participating in serious incident investigations and multidisciplinary case reviews.  **Induction**  In addition to the induction process at this organisation, where you will be provided with a full induction programme, when attending any practice within the network you will also be required to complete their practice induction programme.  Whilst across the PCN we aim to standardise this process, inevitably there will be nuances particular to each practice. In any such instance, the practice management team will support you with this.  **Learning and development**  The effective use of training and development is fundamental in ensuring that all staff are equipped with the appropriate skills, knowledge, attitude and competences to perform their role. All staff will be required to partake in, and complete mandatory training as directed by those listed in Agilio Teamnet. It is an expectation for this post holder to assess their own learning needs and undertake learning as appropriate.  The post holder will undertake mentorship for team members and disseminate learning and information gained to other team members in order to share good practice and inform others about current and future developments (e.g., courses and conferences).  The post holder will provide an educational role to patients, carers, families and colleagues in an environment that facilitates learning.  **Collaborative working**  All staff are to recognise the significance of collaborative working and understand their own role and scope and identify how this may develop over time. Staff are to prioritise their own workload and ensure effective time-management strategies are embedded within the culture of the team.  Teamwork is essential in multidisciplinary environments and the post holder is to work as an effective and responsible team member, supporting others and exploring the mechanisms to develop new ways of working and work effectively with others to clearly define values, direction and policies impacting upon care delivery.  Effective communication is essential, and all staff must ensure they communicate in a manner which enables the sharing of information in an appropriate manner.  All staff should delegate clearly and appropriately, adopting the principles of safe practice and assessment of competence.  Plans and outcomes by which to measure success should be agreed.  **Managing information**    All staff should use technology and appropriate software as an aid to management in the planning, implementation and monitoring of care and presenting and communicating information.  Data should be reviewed and processed using accurate SNOMED/read codes in order to ensure easy and accurate information retrieval for monitoring and audit processes.  **Service delivery**  Staff will be given detailed information during the induction process regarding policy and procedure.  The post holder must adhere to the information contained within PCN and local practice policies and regional directives, ensuring protocols are adhered to at all times.  **Security**  The security of the organisation is the responsibility of all personnel. The post holder must ensure they remain vigilant at all times and report any suspicious activity immediately to their line manager.  Under no circumstances are staff to share the codes for the door locks with anyone and are to ensure that restricted areas remain effectively secured. Likewise, password controls are to be maintained and are not to be shared.  **Professional conduct**  All staff are required to dress appropriately for their role.  PCN staff members are to familiarise themselves and comply with local practice protocol.  **Leave**  All personnel are entitled to take leave. Line managers are to ensure all of their staff are afforded the opportunity to take a minimum of 33 days’ leave each year and should be encouraged to take all of their leave entitlement.  Public holidays will be calculated on a pro-rated basis dependent on the number of hours worked. |

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| **Primary key responsibilities** |
| 1. Work with people, their families and carers to improve their understanding of the patients’ condition and support them to develop and review personalised care and support plans to manage their needs and achieve better healthcare outcomes. 2. Help people to manage their needs through answering queries, making and managing appointments, and ensuring that people have good quality written or verbal information to help them make choices about their care. Work collaboratively with GPs and other primary care professionals within the PCN to proactively identify and manage a caseload, which may include patients with long-term health conditions, and where appropriate, refer back to other health professionals within the PCN. 3. Support the coordination and delivery of multidisciplinary teams with the PCN. 4. Raise awareness of how to identify patients who may benefit from shared decision making and support PCN staff and patients to be more prepared to have shared decision-making conversations. 5. Work with people, their families, carers and healthcare team members to encourage effective help-seeking behaviours; 6. Support PCNs in developing communication channels between GPs, people and their families and carers and other agencies; 7. Conduct follow-ups on communications from out of hospital and in-patient services; 8. Maintain records of referrals and interventions to enable monitoring and evaluation of the service; 9. Support practices to keep care records up-to-date by identifying and updating missing or out-of-date information about the person’s circumstances; 10. Contribute to risk and impact assessments, monitoring and evaluations of the service; Work with commissioners, integrated locality teams and other agencies to support and further develop the role. 11. Undertake all mandatory training and induction programmes 12. Contribute to and embrace the spectrum of clinical governance 13. Develop the PCC role through participation in training and service redesign activities 14. Attend a formal appraisal with their manager at least every 12 months. Once a performance/training objective has been set, progress will be reviewed on a regular basis so that new objectives can be agreed 15. Maintain a clean, tidy, effective working area at all times |

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| **Coordinate and integrate care** |
| 1. Making and managing appointments for patients, related to primary, secondary, community, local authority, statutory, and voluntary organisations. 2. Help people transition seamlessly between secondary and community care services, conducting follow-up appointments, and supporting people to navigate through wider the health and care system. 3. Refer onwards to social prescribing link workers and health and wellbeing coaches where required; 4. Regularly liaise with the range of multidisciplinary professionals and colleagues involved in the person’s care, facilitating a coordinated approach and ensuring everyone is kept up to date so that any issues or concerns can be appropriately addressed and supported; 5. Actively participate in multidisciplinary team meetings in the PCN as and when appropriate; 6. Identify when action or additional support is needed, alerting a named clinical contact in addition to relevant professionals, and highlighting any safety concerns. 7. Record what interventions are used to support people, and how people are developing on their health and care journey, 8. Keep accurate and up-to-date records of contacts, appropriately using GP and other records systems relevant to the role, adhering to information governance and data protection legislation; 9. Work sensitively with people, their families and carers to capture key information, while tracking of the impact of care coordination on their health and wellbeing; 10. Encourage people, their families and carers to provide feedback and to share their stories about the impact of care coordination on their lives; Record and collate information according to agreed protocols and contribute to evaluation reports required for the monitoring and quality improvement of the service. |

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| **Secondary responsibilities** |
| In addition to the primary responsibilities, the PCC may be requested to:   1. Support the delivery of QOF, incentive schemes, QIPP and other quality or cost effectiveness initiatives 2. Undertake any tasks consistent with the level of the post and the scope of the role, ensuring that work is delivered in a timely and effective manner 3. Duties may vary from time to time without changing the general character of the post or the level of responsibility |

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| **Person specification – Patient Care Coordinator** | | |
| **Qualifications** | **Essential** | **Desirable** |
| The Patient Care Coordinator is enrolled in, undertaking or qualified in appropriate training as set out by the [Personalised Care Institute](https://www.england.nhs.uk/personalisedcare/supporting-health-and-care-staff-to-deliver-personalised-care/personalised-care-institute/) |  | Provided by the PCN |
| GCSE English and Maths | ✓ |  |
| NVQ in Business Administration or Health and Social Care |  | ✓ |
| Proficient in the use Excel and Word | ✓ |  |
| **Experience** |  |  |
| Experience of working in a primary care setting/secondary care |  | ✓ |
| Experience of working in an administration role | ✓ |  |
| Experience of data collection and using tools to measure the impact of services | ✓ |  |
| **Skills** | **Essential** | **Desirable** |
| Excellent communication skills (written and oral) | ✓ |  |
| A clear understanding of child protection policy and procedures and commitment to the safeguarding of children and vulnerable adults | ✓ |  |
| Good IT skills |  | ✓ |
| Clear, polite telephone manner | ✓ |  |
| Good knowledge of MS Office and Outlook |  | ✓ |
| EMIS/SystmOne/Vision user skills |  | ✓ |
| Effective time management (planning and organising) | ✓ |  |
| Ability to listen, empathise with people and provide person centred support in a non-judgemental way | ✓ |  |
| Courteous, respectful and helpful at all times | ✓ |  |
| Able to get along with people from all backgrounds and communities, respecting lifestyles and diversity | ✓ |  |
| Commitment to reducing health inequalities and proactively working to reach people from all communities | ✓ |  |
| Able to support people in a way that inspires trust and confidence, motivating others to reach their potential | ✓ |  |
| Ability to use own initiative, discretion and sensitivity | ✓ |  |
| Ability to work as a team member and autonomously | ✓ |  |
| Good interpersonal skills | ✓ |  |
| Problem solving and analytical skills | ✓ |  |
| Ability to follow policy and procedure | ✓ |  |
| **Personal qualities** | **Essential** | **Desirable** |
| Polite and confident | ✓ |  |
| Flexible and cooperative | ✓ |  |
| Motivated | ✓ |  |
| Forward thinker | ✓ |  |
| High levels of integrity and loyalty | ✓ |  |
| Sensitive and empathetic in distressing situations | ✓ |  |
| Ability to work under pressure | ✓ |  |

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| **Other requirements** | **Essential** | **Desirable** |
| Flexibility to work outside of core office hours | ✓ |  |
| Disclosure Barring Service (DBS) check | ✓ |  |
| Access to own transport and ability to travel across the locality on a regular basis, including to visit people in their own home | ✓ |  |

Notes:

This document may be amended following consultation with the post holder to facilitate the development of the role, the organisation and the individual provided they meet the minimum role requirements outlined in Annex B section B5 on pages 89-91 of the [Network Contract Agreement DES Specification PCN Requirements and Entitlements dated 2 June 2023](https://www.england.nhs.uk/wp-content/uploads/2023/03/PRN00157-ncdes-updated-contract-specification-23-24-pcn-requirements-and-entitlements-updated.pdf).

All personnel should be prepared to accept additional or surrender existing duties to enable the efficient running of the practice and the PCN.