

# Tackling Neighbourhood Health Inequalities in Newham Primary Care

## Stratford Primary Care Network Frailty Project

### Aim

**To support patients with moderate and severe frailty to remain healthy and independent in their own homes for as long as possible.**



### Key outcomes

- Patient satisfaction of support across health and social care increased by 18%
- Positive feedback from patients and clinicians
- Business case developed and presented at Clinical Directors meeting to roll-out project across all Newham PCNs
- Four additional Newham PCNs have signed up to participate in the frailty project

### Main actions

- Secured care coordinators to provide dedicated support to the PCN on frailty interventions
- Identified and triaged 76 frailty patients
- Provided case management to 37 residents
- Discussed 34 patients with multidisciplinary team (MDT)

### Next steps

- Plan to secure two further care coordinators bringing additional dedicated resources for this programme
- Look to establish new MDT for geriatric assessments



## Proactive Social Prescribing project

### Children and young people with low level mental health needs

Stratford PCN aimed to increase referral rates of patients aged 12-25 to social prescribers. They established a PCN Family hub to improve this cohort's access to primary care and community services.

