The **CareCoordinatorPlus** Programme
Advanced Online Training for Care Coordinators working in the NHS

What is Care Coordination?

Care Coordinators give their patients time, focusing on 'What Matters to Me' and building rapport and trust with them. Using the principles of Personalised Care, they take a holistic approach to people's health and wellbeing, connecting people to services for practical and emotional support, and supporting people to take greater control over their health and wellbeing. The varied support that the Care Coordinator can provide, leads to more positive health outcomes and reduces the patient's dependency on Primary Care services and long-term care needs.

Personalised Care Institute ACCREDITED

Care Coordinators are generally part of a wider Personalised Care team in the PCN, working with Social Prescribers and Health Coaches to support patients referred to them from GP Practices throughout the PCN.

CARE COORDINATOR NHS WORKFORCE DEVELOPMENT FRAMEWORK 2023

The roles of Care Coordinators however, are many and varied and are determined by the needs of the PCN employing them.

Some of the most common roles for Care Coordinators include the following activities:

- Involvement in the PCN's Enhanced Health in Care Homes (EHCH) commitment
- Convening and Managing Multi Disciplinary Teams (MDTs)
- Developing Personalised Care and Support Plans for patients
- Organising Group Consultations and Clinics with other clinicians
- Identifying and working to support cohorts of vulnerable patients, e.g. those with Long Term Conditions or those who are frail
- Identifying and working to support those in the community who may experience health inequalities
- Supporting vaccination clinics

The **CareCoordinatorPlus** Programme takes place over 4 half-day Modules and provides Care Coordinators with all the knowledge, skills and confidence needed to make an immediate impact in their PCN, regardless of their role within the personalised Care Team.

About the **CareCoordinatorPlus** Programme

The DNA Insight CareCoordinatorPlus Programme is **Accredited by the Personalised Care Institute,** having been assessed against the PCI's rigorous Quality Assurance framework as **providing training of the very highest standard.**

The CareCoordinatorPlus Programme also embraces the training, continued professional development and career progression philosophy contained in the **2023 NHS Workforce Development Framework for Care Coordinators,** and incorporates this ethos and learning into the Programme.

The Programme provides delegates with all the skills, techniques and knowledge needed to work effectively with vulnerable patients, helping them to navigate the wider health and social care system and take greater control over their health and wellbeing.

Personalised Care Delivers Results:
An average
28%
reduction in demand for GP services following referral.
University of Westminster

Who should attend the **CareCoordinatorPlus** Programme?

The training programme is suitable for:

- Newly appointed or currently in-role Care Coordinators who wish to take a more professional approach to their role.
- Those in other health and caring professions, or those with lived experience, who are considering applying for a Care Coordinator role in a Primary Care Network or voluntary sector scheme.

Care Coordinator Peer Support Group

Whilst Care Coordination can be immensely rewarding, the nature of one-on-one case management can also be isolating from colleagues and potentially lonely. The entire CareCoordinatorPlus Programme is therefore designed to enable close and enduring professional friendships to be developed between delegates. We facilitate a structured Peer Support Group amongst delegates that allows them to draw on the professional support and friendship of their colleagues going forward.

Ongoing Support

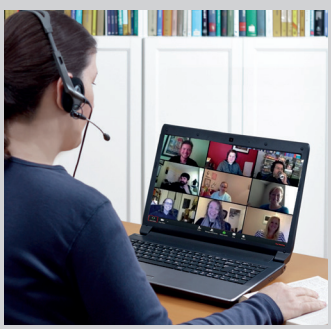
For the 12 months following the training we provide every delegate with access to our 24/7 telephone support service, should they need additional support or wish to discuss challenges they face outside of the Peer Support Group. In addition, we also provide access to our DNA Insight Assets Website and our Health and Wellbeing Prism. The Assets Website contains templates, policies, thought leadership articles, videos, and examples and templates for Care Planning and Service Directories. The Health and Wellbeing Prism is our NHS Accredited Evaluation and Patient Activation Assessment Tool.

Delivery Methods

Our **CareCoordinatorPlus** programme can be delivered face to face at your choice of venue or via the **Zoom** online conferencing platform

The benefits of using Zoom include:

- Access the **CareCoordinatorPlus** workshops on phone, tablet or desktop.
- No Zoom account needed by participants.
- Every delegate has access to a full video recording of the entire workshop.
- HD Video and HD Voice.
- Zoom's Breakout Rooms allow pairs and group working, and skills practice.
- View presenter slides and fellow participant screens at the same time.



The **CareCoordinatorPlus** Programme – Syllabus

The CareCoordinatorPlus programme is divided into 4 half-day workshops or Modules, three of which take place in the same week, with the fourth Active Learning Set and Reflective Practice session taking place several weeks later, once delegates have had an opportunity to put their newly learnt skills into practise.

Module 1

The role of the Care Coordinator and wider Social Prescribing Team in the PCN, Practice or Community (Half Day)

This Module introduces the concept of Personalised Care and the role of the Care Coordinator in the PCN's wider Personalised Care Team. It helps delegates to understand their role in relation to their patients, the rest of the PCN/Practice, the community and the wider health and social sector. The Module covers how to make the role a success and how to engage effectively with patients, establishing rapport and winning their trust so that the Care Coordinator can provide the help needed. The Module includes topics such as the nature of behaviour change, negotiation and advocacy skills, history taking, record keeping, networking and presentation skills, as well as a new focus on telephone consultations and effective engagement techniques in the age of COVID-19.

Module 2

Case Management Skills with the Patient/Client (Half Day)

This module looks at the approaches and techniques central to engaging effectively with the patient. It introduces and provides practice in the skills and techniques with which the Care Coordinator can support the patient to take a more pro-active approach to managing their condition. Using video case studies, audio clips and practical group exercises, the Module covers the key competencies of Active and Empathetic Listening, Motivational Interviewing and Health Coaching.

Module 3

Care Coordinator Roles and Responsibilities in the PCN (Half Day)

Module 3 looks at the variety of roles and activities Care Coordinators are called upon to undertake, and ensures delegates have the requisite knowledge, skills and approaches needed to make a success of their role. We discuss in detail concepts such as Personalised Care and Support Planning, Supported Self Management, Advanced Care Planning/End of Life discussions and the PCN's Enhanced Health in Care Homes commitment. Module 3 also provides delegates with a facilitated opportunity to form a professional peer support network with their colleagues on the course - enhancing their professionalism, building relationships and increasing their resilience.

Module 4

Reflective Practice, Active Learning and Professional Development (Half Day)

Module 4 takes place a few weeks after delegates have started their new role and is an Active Learning Set (ALS) and Reflective Practice session. The 2023 Care Coordinator Workforce Development Framework aims to professionalise the role of the Care Coordinator. Module 4 therefore covers continued professional development and the preparation of a Portfolio of Evidence.

The Active Learning Set is a facilitated learning model, in which delegates are invited to present real life situations and case studies that have presented a challenge in their new role. The assembled delegates discuss the challenge and, through a structured and facilitated process, provide feedback and suggestions to help the delegate with the challenge. The ALS is a very effective model and is designed to help delegates with their own particular challenges, as well as to provide a peer support network that will provide regular and enduring opportunities for the delegates to meet and discuss current topics and issues.

The Key Attributes and Competencies of the Care Coordinator

Person Attributes
Successful Care Coordinators are often described as excellent at building relationships. They are competent, compassionate, empathetic, persistent, resilient, diplomatic and organised, with excellent communication skills and the temperament to work effectively without close supervision. They fully understand the philosophy of Personalised Care and model the principles and approaches in all engagements with patients.

Active and Empathetic Listening
'Active Listening' requires the Listener to fully concentrate on what is being said. Listening with empathy improves mutual understanding and trust. It involves building an emotional relationship with the patient using compassion, feeling and insight. Active Listening focuses on understanding and allows the Care Coordinator to engage on a more intimate level with the patient, making sense of what they are saying.

Health Coaching
Health Coaching is a skill needed by all members of the Social Prescribing team. It guides and prompts people to change their behaviour, so they can make healthcare choices based on what matters to them - supporting them to become more active participants in their own health and wellbeing. Typically, health coaching is used with those patients that have complex issues, long term conditions or have a high patient activation level.

Motivational Interviewing
Motivational interviewing is a style of patient-centred counselling that enables the Care Coordinator to facilitate change in their client/patient's health-related behaviours. It is a technique that allows the Care Coordinator to move an individual away from a state of indecision or uncertainty and towards finding motivation to make positive decisions that improve their health and wellbeing.

Cost

The cost of the Online CareCoordinatorPlus Programme is £597 plus VAT per delegate and includes:

- The 2-day **PCI Accredited** and **2023 Workforce Development Framework compliant** CareCoordinatorPlus Programme
- 12 months of 24/7 telephone support following the training for every delegate
- Access to all the slides, videos and materials used during the Programme
- Video Recordings of all the workshops for later reference, including Chat Pane content
- Access to the **DNA Insight Assets Website** containing, templates, policies, thought leadership articles, videos, and examples and templates for Care Planning and Service Directories
- Free access to DNA Insight's **Health and Wellbeing Prism,** an NHS Accredited Evaluation Tool for Personalised Care professionals
- Membership of the Programme's **Peer Support Group,** comprising your colleagues from the Programme and facilitated by DNA Insight.

DNA Insight is a healthcare training consultancy. We provide guidance and training to GP Practices, PCNs, ICBs, Training Hubs and ICSs in all aspects of Personalised Care, Social Prescribing, Care Coordination and Health Coaching. We also provide Active Signposting & Care Navigation programmes to GP Reception teams, and workshops for GP teams in Correspondence Management & Workflow Optimisation.

Please contact us on **0800 978 8323** email **info@dnainsight.co.uk**
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