

Integrated Community Support Team.



*Working together to improve health and wellbeing
in the community - **with** the community*

What is ICST?

What do we do?

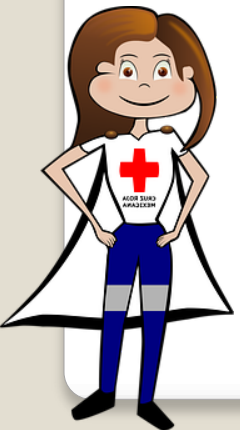
**How can we improve the
patient journey?**

What's in the future?



WHAT IS ICST?

- Integrated Community Support Team.
- 24 hr service x 365 days/yr.
- One contact number.
- Team: Nursing; Physios; OTs; Carers. Admin support
- Cover a geographical area
- Clydesdale has 3 teams covering 512 sq miles, and 60,000 residents.



WHAT DOES ICST DO?

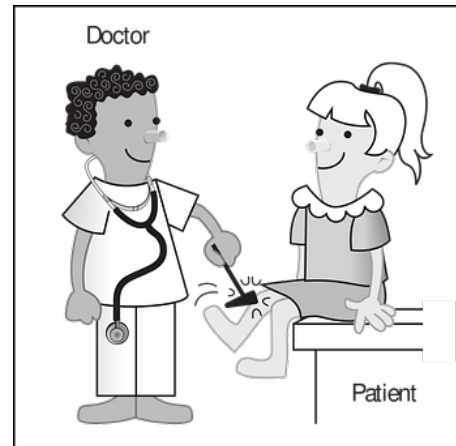
Link with integrated services:

social services; GPs; discharge coordinators; carers; families; Macmillan services; CARS (community assessment rehabilitation services); stroke nurses; MND specialists; palliative care specialists; Parkinson's nurse specialist; MS nurse specialist.

OTs and Physiotherapists: equipped ward within a community hospital

Access to Day Care with supported environment

Support earlier discharge



Support people in their home

Emphasis on long term and end of life care

Continue rehabilitation post-discharge

Continued assessment using multi disciplinary approach

Prevent hospital admission

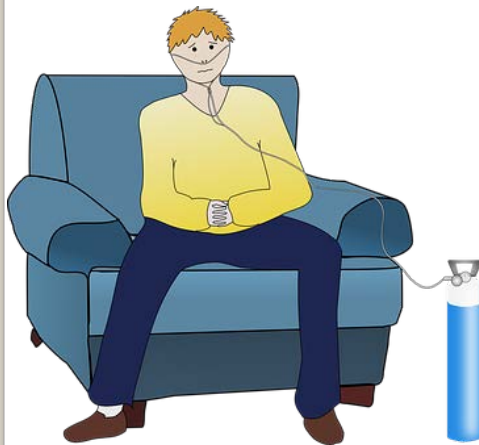
HOW CAN WE IMPROVE THE PATIENT JOURNEY?

- Better communication through “joined up” IT systems with acute and social work.
- Education of acute staff on services provided within the community.
- Develop the existing service to prevent admission during episodes of acute illness.
- Improve links with other services
 - Liaise with discharge co-ordinators to support a quicker transition back into the community environment.





Access to consultants



WHAT'S THE FUTURE?

3rd and voluntary sector

VOLUNTEER



Develop existing knowledge and skills of the staff eg IV therapies at home; better/longer access to carers in first 72 hours of acute illness.



Telemedicine



Prevent admission during a crisis

