

## **JOB DESCRIPTION January 2025**

**Job Title:** Modbury Health Centre Care Co-Ordinator

**Reports to:** Modbury Management Team

**Hours:** 24 hours over 3 days

### **Job summary**

To be responsible for undertaking a wide range of patient contact and administrative duties and the provision of general support to the multidisciplinary team.

Duties include but are not limited to, greeting, and directing patients, operating the care navigation protocol to screen and signpost patient requests to booking appointments, patient registration, processing of information (electronic and hard copy) and assisting patients as required. To act as the central point of contact for patients, the distribution of information, messages and enquiries for the clinical team, liaising with multidisciplinary team members and external agencies such as secondary care and community service providers.

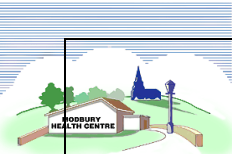
The Care Coordinator role is seen as a critical and evolving post to support the Enhanced Health in Multi-Disciplinary Teams within the locality to deliver effective, co-ordinated care for all patients.

### **Main duties of the job**

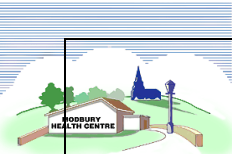
Act as a central point of contact to ensure that patients receive the best possible care, and the person is supported to achieve the outcomes that are important to them. This is achieved by bringing together all the information about a person's identified care and support needs and exploring options to meet these within a single personalised care and support plan, based on what matters to the person.

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. You will use knowledge of health and social services available in the locality, including those offered by the community and voluntary sector, to link people up with these and help them overcome any barriers they might encounter. The aim is to help people improve their quality of life and avoid unplanned hospital admissions.

The following are the core responsibilities. There may be on occasion, a requirement to carry out other tasks; this will be dependent upon factors such as workload and staffing levels:



- a. Using MHC Care Navigation Protocol where patient requests are screened by the practice and signposted to the next appropriate step in their care journey, also taking account of their preferred GP where possible to offer maximum continuity of care and process personal, telephone and e-requests for appointments.
- b. Process incoming and outgoing mail:
  - Sorting all clinical post and prioritising for the GP in terms of actions.
  - Signposting some post to others such as clinical pharmacist etc.
  - Extracting all information from clinical letters that needs coding and adding to notes.
  - Arranging appointments, referrals, tests and follow up appointments of patients.
- c. Initiating contact with and responding to, requests from patients, team members and external agencies.
- d. Process referrals to external agencies such as secondary care using the electronic referral system (ERS)
- e. Refer patients to a pharmacist using the CPCS procedure.
- f. Process all DNA letters in accordance with current policy
- g. Action GP2GP tasks
- h. Coding data on clinical system
- i. Data entry of new and temporary registrations and relevant patient information as required.
- j. Input data into the patient's healthcare records as necessary.
- k. Scanning of patient related documentation and attaching scanned documents to patient's healthcare records
- l. Manage all queries (including administrative queries) as necessary in an efficient manner.
- n. Maintain a clean, tidy, effective working area at all times.
- n. Support all clinical staff with general tasks as requested.
- o. Helping the GP liaise with outside agencies e.g. getting an on-call doctor on the phone to ask advice or arrange admission while the GP can continue with their consultation(s)
- p. Participation in an annual individual performance review, including taking responsibility for & maintaining a record of own personal and/or professional development, learning and performance and demonstrating skills and activities to others who are undertaking similar work.

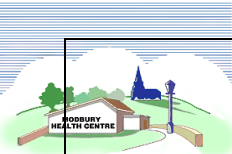


q. Be aware of own professional boundaries and what to do when you have reached them.

### **Job responsibilities**

You will work as part of a multidisciplinary team to:

- Work to support the personal care requirements for an identified cohort of patients, using available decision support aids.
- Support the practice in improving overall patient care through promotion of services available to them locally within the PCN and the wider health system.
- Support the practice in identifying appropriate patient cohorts for targeted intervention.
- Liaise with other key stakeholders as needed for the collective benefit of the patient including but not limited to GPs, nurses, pharmacists, and other support staff from within the PCN practices or from other provider organisations.
- Assist patients and carers in managing their own needs, answering their queries, and supporting them to address their needs.
- Communicate effectively and sensitively using language appropriate to the patient and their carer and their level of understanding.
- Provide accurate, impartial information, support and guidance to patients and their carers to enable them to make choices about their care.
- Raise awareness of shared decision making and decision support tools and assist patients to be more prepared for shared decision-making conversations.
- Provide coordination and navigation for patients and their carers across health and social care services, where appropriate linking with social prescribers and other patient link workers in the PCN.
- Work in partnership with key providers in the local community to enable improved access to services for patients.
- Actively engage with, assist, and provide advice to carers, to enable them to sustain their caring role escalating any concerns to the practice when required.



- Work with practices to support delivery of any national and local targets with regard to the GP contract.

## **Person Specification**

### **Experience Essential**

- Excellent communication skills including active listening and non-verbal, with a clear, empathetic & polite telephone manner.
- Exceptional & caring inter-personal skills with patients and colleagues.
- Demonstrate honesty, integrity, care, and compassion when dealing with others, utilising tact and persuasion skills when necessary.
- Confident, motivated, flexible, and cooperative. Forward thinker with high levels of integrity and loyalty.
- Ability to work as a team member or autonomously.
- 2 years' experience working in General Practice NHS.
- Awareness of Data Protection legislation and appreciation of the need for discretion and confidentiality in the workplace.
- Excellent organisational skills with the ability to manage the time of self, prioritising tasks to meet challenging deadlines.
- High level of customer service & IT skills.
- Advanced keyboard skills with proven speed and accuracy

### **Disclosure and Barring Service Check**

This post is subject to the Rehabilitation of Offenders Act (Exceptions Order) 1975 and as such it will be necessary for a submission for Disclosure to be made to the Disclosure and Barring Service (formerly known as CRB) to check for any previous criminal convictions.