Mid Hampshire Healthcare

Job Description

Job Title	Proactive Care Nurse (RGN)
Team	Proactive Care Team covering Andover and Winchester Rural North and East GP practices.
Reporting to	Service Delivery Manager
Accountable to	Service Delivery Manager
Location of work	This role is primarily community-based with remote working. The designated work base is **South Wonston Surgery**, operating on a hot-desking arrangement. The post holder will undertake home visits and work across relevant community settings as required to support service delivery.
Contracted days	Working days are Monday to Friday, dependent on contracted hours. The role does not include weekend or bank holiday working.
Hours	
Salary	per hour (NHS Pension available)
Contract type	Permanent

1. Main purpose of role

The service will proactively manage a defined caseload comprising the frailest 10% of the population. Through comprehensive assessment, coordinated care planning, and timely intervention, the role focuses on identifying emerging needs early and addressing issues before they escalate.

A key objective of the role is to reduce reliance on urgent and unplanned services, including emergency department attendances, non-elective hospital admissions, and urgent same-day interventions within primary and community care. This will be achieved through proactive case management, effective multidisciplinary collaboration, and continuity of care across health and social care services.

The post holder will coordinate and deliver targeted interventions, ensuring patients receive responsive, joined-up support that promotes stability, wellbeing, and high-quality care in the community.

2. Key task and responsibilities

Key Tasks

- Conduct home visits to undertake comprehensive frailty assessments using the Comprehensive Geriatric Assessment (CGA) framework.

- Carry out holistic patient reviews to identify, monitor, and manage complex healthcare needs, including social isolation, falls risk, mobility limitations, nutritional concerns, and mental health needs, with the aim of improving quality of life and preventing avoidable deterioration or crisis.

- Develop personalised care plans for each patient, shared with relevant services with patient consent. Care plans will:
    - reflect outcomes and goals important to the individual
    - include actions to maintain independence
    - incorporate crisis and contingency planning
    - be reviewed at least annually or sooner where needs change

- Ensure every patient on the caseload has a named clinician responsible for coordination and oversight of care.

- Facilitate Advance Care Planning (ACP) and End-of-Life care discussions where appropriate, ensuring patients' future care preferences are understood, documented, and respected. This includes preferences for treatment, resuscitation status, and preferred place of care or death for those with severe frailty or progressive decline.

- Take a holistic approach to wellbeing by supporting social prescribing and addressing wider determinants of health, linking patients and carers to community, voluntary, and NHS services. Support patients to access Adult Social Care assessments and care support where appropriate.

- Work as part of a Primary Care Network (PCN) operating in close partnership with GP practices. Maintain continuous communication with GPs, who provide medical oversight, support care planning, and contribute knowledge of patient history.

- Collaborate closely with community healthcare providers, including community and district nursing, physiotherapy, occupational therapy, intermediate care teams, and falls services, to ensure coordinated and complementary care delivery.

- Support continuity of care across settings by sharing relevant care plans or information with hospital teams during admissions and responding to hospital notifications of high-risk discharges to ensure enhanced post-discharge support.

- Maintain effective working relationships with Older People's Mental Health services to support patients with cognitive impairment, dementia, depression, or other mental health needs.

- Share information and work collaboratively with GPs, Practice Nurses, Community Care Teams, Social Services, Older People's Mental Health Teams, and voluntary sector organisations (with appropriate patient consent) to deliver coordinated and effective care.

- Ensure the identified frail cohort receives coordinated, continuous care across services and agencies. Participate in regular multidisciplinary or "whiteboard" meetings (minimum monthly).

- Delegate patient reviews and ongoing support to appropriate members of the multidisciplinary team and contribute collaboratively to the development and implementation of care pathways.

- Provide clinical monitoring and long-term condition management for patients on the caseload, including:

-annual blood tests

-Quality and Outcomes Framework (QOF) reviews

-long-term condition reviews

- vaccinations where appropriate

- urine sampling

- mobile ECG monitoring

- Follow relevant clinical policies and evidence-based guidelines.

- Liaise with GPs and the wider multidisciplinary team to support clinical decision-making, ongoing management, and future care planning for patients.

- Following completion of an assessment, send a task to the named GP to ensure the patient receives their annual medication review.

- Record all patient consultations and interventions using the EMIS template and ensure records are accurate and kept up to date.

- Introduce and refer patients to appropriate voluntary and statutory services and support access to assessments, information, and care resources.

- Support the education and development of others by supervising clinical students on placement and participating in joint visits to support the learning of clinical colleagues.

This job description is a summary of the main duties of the post and therefore, not exhaustive and the duties of the post will be reviewed regularly in conjunction with the post holder.

3. Training

As part of this role, you will be expected to participate in mandatory / refresher training as required and be prepared to upskill if the needs of the PCT so require for example Long Term Condition management.

4. Core competencies

Decision making

- Uses sound judgment to make good decisions based on information gathered and analysed.

- Considers all pertinent facts and alternatives before deciding on the most appropriate action.
- Commits to decision.

Teamwork

- Interacts with people effectively. Able and willing to share and receive information.
- Co-operates within the group and across groups.
- Supports group decisions and puts group goals ahead of own goals

Reliability

- Takes personal responsibility for job performance.
- Completes work in a timely and consistent manner.
- Sticks to commitments.

Communication

- Expresses ideas effectively.
- Organizes and delivers information appropriately.
- Listens actively.

Integrity

- Shares complete and accurate information.
- Maintains confidentiality and meets own commitments.
- Adheres to organizational policies and procedures.

The post holder will be expected to work to any objectives and standards set within this framework.

5. Health & Safety

It is the responsibility of all employees to work with managers to achieve a healthy and safe environment, and to take reasonable care of themselves and others. Specific individual responsibilities for Health & Safety will be outlined under key responsibilities for the post.

6. Equality & Diversity

It is the responsibility of all employees to support Mid-Hampshire Healthcare's vision of promoting a positive approach to diversity and equality of opportunity, to eliminate discrimination and disadvantage in service delivery and employment, and to manage, support or comply through the implementation of the Mid Hampshire Healthcare's Equality & Diversity Strategies and Policies.

7. Information Governance

As an employee you will have access to information that is sensitive to either an individual or to the organisation and you are reminded that in accordance with the requirements of Information Governance, NHS Code of Confidentiality, Data Protection Act 1998 and also the terms and conditions in your contract of employment, you have a duty to process this information judiciously and lawfully; failure to do so may result in disciplinary action.

8. Rehabilitation of Offenders Act 1974

This post is subject to an exception order under the provisions of the Rehabilitation of Offenders Act 1974. This stipulates that all previous convictions, including those that are 'spent' must be declared. Previous convictions will not necessarily preclude an individual from employment within the Mid-Hampshire Healthcare but must be declared in writing at the appropriate stage during the recruitment process.

9. Essential qualifications

Applicants must be a Registered Nurse with a current NMC registration.