



Mary's story - being unwell and recovering

Mary is 85 and has lived alone since her husband died a year ago. She is well-supported by her daughter, who lives locally, but is still getting used to life alone. Mary is proud of her independence and until recently has managed her type 2 diabetes well. Mary's health needs are complicated because she also has lung problems which cause breathing difficulties.

When Mary's husband died her GP arranged for her to be looked after by a team of health and care professionals with different skills. This included a doctor, physiotherapist, social worker and pharmacist. They assessed Mary's physical needs, as well as her mental wellbeing, and agreed a plan for the best way to care for her and help her to live independently.

With Mary's agreement, this care plan can be seen by all the health and care professionals involved in her care. Her daughter can also read it on an app on her mobile phone. The actions on the care plan include checking Mary's blood to monitor her diabetes, regular medication reviews, an invitation to a wellbeing class and an introduction to a local book club, as she is a keen reader. All the professionals in Mary's health and care team work together and are closely linked to the district hospital. One member of the team is her key contact, and they keep in touch regularly.

Unexpectedly, at 8pm on a Friday night, Mary develops bad tummy pains. She calls her daughter, who immediately calls 999. The ambulance crew can see Mary's care plan, including what tablets she takes and what her health issues are. The ambulance takes her straight to the specialist emergency care hospital.

Mary needs emergency surgery and she is looked after in the intensive care unit before and after her operation.

Mary's operation goes well and she feels much better and is out of intensive care in a couple of days. However, the treatment has left her feeling weak and has made her diabetes a bit harder to manage. Her daughter is worried about her going home.

Mary is transferred to her local district hospital, where a team focuses on getting her fit, strong and ready to go home. Mary's care is led by a new type of health professional, who is a specialist in looking after people who are getting ready to go home and who has expert knowledge of both community and hospital services.

Mary's care plan is strengthened with more care and support. This includes a mental wellbeing assessment and a visit by her key contact from the team who support her at home. The hospital team agree she can go home, but will receive extra support and care until she regains her confidence. Over the next few weeks Mary gets back into her usual routine, including catching up on her reading for her book club.

