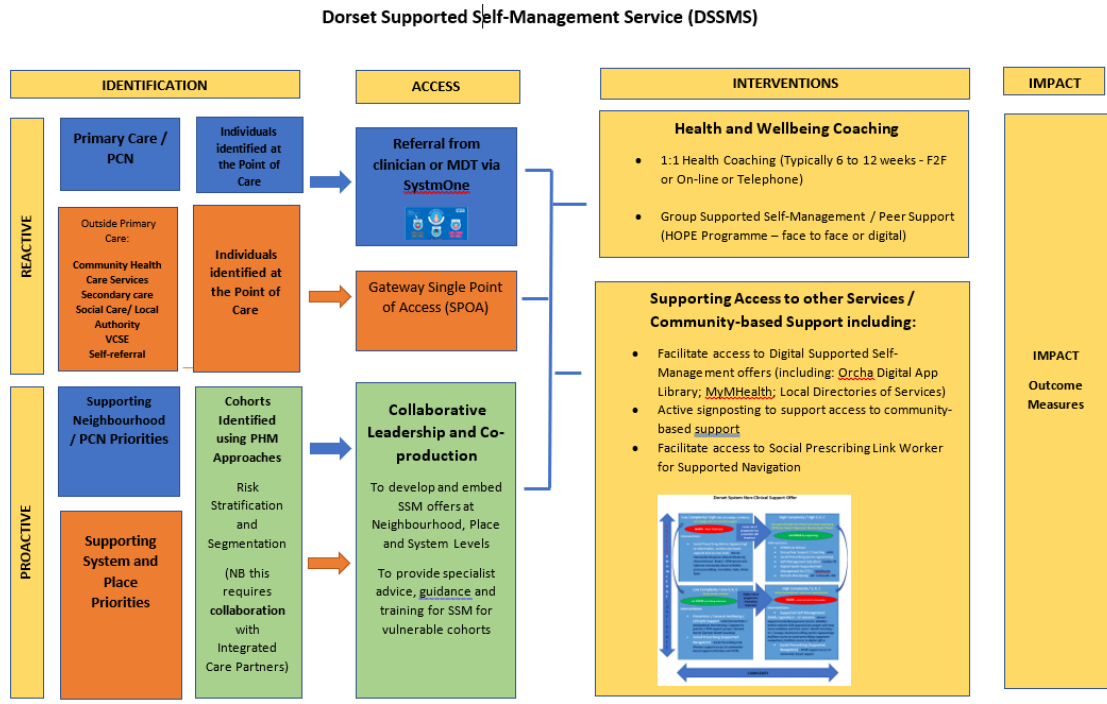


Service name	Dorset Supported Self-Management Service (DSSMS)																																																																																																				
Service specification number	QVV/0292																																																																																																				
Population and/or geography to be served	<p>The service is for Service Users aged 18+ with one or more long-term physical and mental conditions registered with a GP in Dorset.</p> <p>The following provides data on the total registered population 18+ by system, place and neighbourhood level and the number of people living with long-term conditions (LTC) - as of March 2023.</p> <p>System (Dorset) = Of the total 18+ registered population of Dorset (681,114), 372,570 have one or more LTC. This equates to 54.7% of the total population.</p> <p>NHS Dorset Patients aged 18+ Population and those with 1 or more Long Term conditions As at March 2023</p> <table border="1" data-bbox="268 835 1377 1529"> <thead> <tr> <th>Place</th> <th>PCN</th> <th>Dorset 18+ Population</th> <th>Dorset 18+ Population with 1 or more LTC</th> <th>% - Dorset 18+ Population with 1 or more LTC</th> </tr> </thead> <tbody> <tr> <td rowspan="8">BCP</td> <td>Bournemouth East</td> <td>43,373</td> <td>20,194</td> <td>46.6%</td> </tr> <tr> <td>Central Bournemouth</td> <td>39,119</td> <td>17,750</td> <td>45.4%</td> </tr> <tr> <td>Christchurch</td> <td>41,258</td> <td>23,656</td> <td>57.3%</td> </tr> <tr> <td>North Bournemouth</td> <td>46,755</td> <td>21,255</td> <td>45.5%</td> </tr> <tr> <td>Poole Bay and Bournemouth</td> <td>34,052</td> <td>16,908</td> <td>49.7%</td> </tr> <tr> <td>Poole Central</td> <td>54,354</td> <td>30,242</td> <td>55.6%</td> </tr> <tr> <td>Poole North</td> <td>44,540</td> <td>26,059</td> <td>58.5%</td> </tr> <tr> <td>Shore Medical</td> <td>47,360</td> <td>24,132</td> <td>51.0%</td> </tr> <tr> <td></td> <td>South Coast</td> <td>29,521</td> <td>14,308</td> <td>48.5%</td> </tr> <tr> <td>BCP Total</td> <td></td> <td>380,332</td> <td>194,504</td> <td>51.1%</td> </tr> <tr> <td rowspan="8">Dorset</td> <td>Blandford</td> <td>18,943</td> <td>10,577</td> <td>55.8%</td> </tr> <tr> <td>Crane Valley</td> <td>27,915</td> <td>15,804</td> <td>56.6%</td> </tr> <tr> <td>Jurassic Coast</td> <td>33,048</td> <td>19,877</td> <td>60.1%</td> </tr> <tr> <td>Mid Dorset</td> <td>41,935</td> <td>23,834</td> <td>56.8%</td> </tr> <tr> <td>Purbeck</td> <td>28,588</td> <td>17,361</td> <td>60.7%</td> </tr> <tr> <td>Sherborne</td> <td>18,654</td> <td>11,122</td> <td>59.6%</td> </tr> <tr> <td>The Vale</td> <td>32,715</td> <td>19,017</td> <td>58.1%</td> </tr> <tr> <td>Weymouth and Portland</td> <td>63,872</td> <td>40,386</td> <td>63.2%</td> </tr> <tr> <td></td> <td>Wimborne and Ferndown</td> <td>35,112</td> <td>20,189</td> <td>57.5%</td> </tr> <tr> <td>Dorset Total</td> <td></td> <td>300,782</td> <td>178,167</td> <td>59.2%</td> </tr> <tr> <td>Grand Total</td> <td></td> <td>681,114</td> <td>372,671</td> <td>54.7%</td> </tr> </tbody> </table>					Place	PCN	Dorset 18+ Population	Dorset 18+ Population with 1 or more LTC	% - Dorset 18+ Population with 1 or more LTC	BCP	Bournemouth East	43,373	20,194	46.6%	Central Bournemouth	39,119	17,750	45.4%	Christchurch	41,258	23,656	57.3%	North Bournemouth	46,755	21,255	45.5%	Poole Bay and Bournemouth	34,052	16,908	49.7%	Poole Central	54,354	30,242	55.6%	Poole North	44,540	26,059	58.5%	Shore Medical	47,360	24,132	51.0%		South Coast	29,521	14,308	48.5%	BCP Total		380,332	194,504	51.1%	Dorset	Blandford	18,943	10,577	55.8%	Crane Valley	27,915	15,804	56.6%	Jurassic Coast	33,048	19,877	60.1%	Mid Dorset	41,935	23,834	56.8%	Purbeck	28,588	17,361	60.7%	Sherborne	18,654	11,122	59.6%	The Vale	32,715	19,017	58.1%	Weymouth and Portland	63,872	40,386	63.2%		Wimborne and Ferndown	35,112	20,189	57.5%	Dorset Total		300,782	178,167	59.2%	Grand Total		681,114	372,671	54.7%
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Service aims and desired outcomes	<p>Aim: To support service users with long-term conditions (LTCs) to build skills, knowledge and confidence to manage their own health and wellbeing, live well with their condition and reduce demand on health services.</p> <p>Outcomes:</p> <ol style="list-style-type: none"> 1. Service Users have improved skills, knowledge and confidence to manage their own health and wellbeing. 2. Service Users have improved health and wellbeing. 3. Service Users report a positive experience and were able to access the service in their preferred way, ie One-to-one or group / face to face, on-line, telephone. 4. Service Users can access information they need to manage their LTC by their preferred method, eg digital, on-line, paper. 5. Service Users can access the service in the community, at a location of their choosing, at PCN level as a minimum and in a timely way. 																																																																																																				

6. Service Users need fewer GP appointments to support the management of their LTCs.
7. Service Users feel they are getting the best out of clinical / GP appointments.
8. Service Users report improved ability to access / maintain employment ie paid or voluntary.

Service description and location(s) from which it will be delivered

The following diagram describes the service. The service requirements are indicated in the yellow boxes and specific collaborative working expectations indicated in the green boxes.



Locations:

- PCN / Neighbourhoods
- Outpatient Elective Care Hubs (Poole and Dorchester)
- Community Wellbeing Hubs as they develop.