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Primary Care Conference 2018: Delivering the five year forward view

May 31st, 2018
Adelphi Theatre, University of Salford

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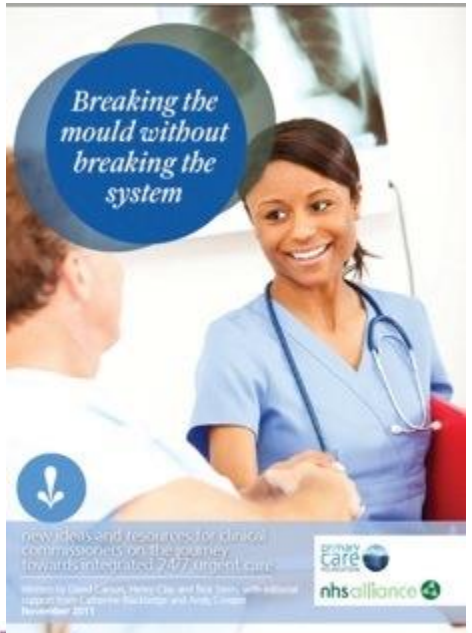
PCF have looked at primary care from a number of angles

- **Diagnostic tools for general practice**
  - Audit of potentially avoidable appointments
  - Reviewing bureaucracy in general practice
  - Web-based tool for reviewing access & urgent care
  - Better decision making in general practice
- **Reports for Department of Health, NHS England and others**
  - Making Time in General practice
  - Primary Care in A&E
  - Urgent Care in general practice
  - Urgent Care Centres
  - Urgent Care Commissioning guide
- **Reviews of urgent care system, 111, OOH etc.**
  - Financial & capacity model for integrated urgent care
  - Benchmark of out of hours services
- **Projects for**
  - Commissioners, particularly CCGs
  - Providers, practices, OOH providers etc.
  - NHS, commercial and mutual organisations



From policy to practice

Big picture

- New models of care – from organisational form to service design
- ‘Making Time in General Practice’, the GP Forward View, General Practice Development Programme & the 10 HIAs

Four initiatives - transforming general practice

1. Is there evidence that the 10 High Impact Actions make a difference?
2. Key lessons from working with over 1,500 practices across the UK
3. Identifying potentially avoidable appointments in general practice
4. A new model for making better decisions in general practice

The Perfect Storm

- General Practice feels under pressure as never before
- Increasing workload driven by the growing complexity of health needs
- Increasing expectations both from politicians and policy makers
- Many GPs are working increasingly long hours and many are looking to leave the profession
- The numbers applying to become trainee GPs and practice nurses has fallen to a worrying level
- The overall share of NHS budget for general practice has reduced by nearly 20% over the last decade

“If general practice fails, the NHS fails. That's why implementing the GP Forward View should matter as much to hospitals as it does to GPs.”

Health Policy Insight: Editorial, Monday 12 September 2016:
Andy Cowper Interview with **Simon Stevens**, chief executive, NHS England

Primary Care & New Models of Care

- **GP Access fund** - 57 pilots covering over 2,500
- **Vanguards** - 50 set up as part of the new care models programme
- The **Primary Care Home** programme, led by NAPC, has expanded to more than 190 sites across England, serving eleven million patients
- **Shift focus from organisational form to service design**

There are five vanguard types:

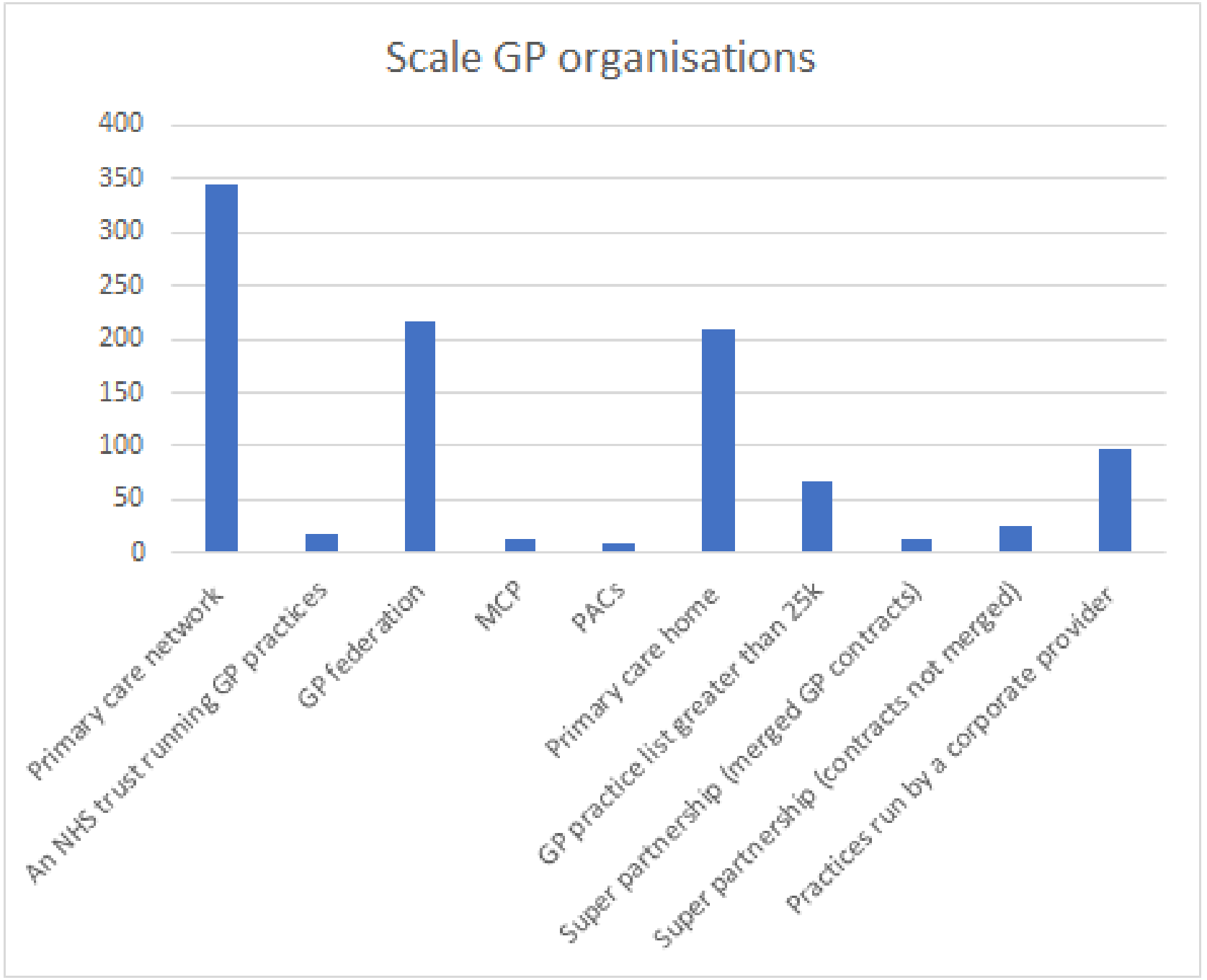
- integrated primary and acute care systems – joining up GP, hospital, community and mental health services
- multispecialty community providers – moving specialist care out of hospitals into the community
- enhanced health in care homes – offering older people better, joined up health, care and rehabilitation services
- urgent and emergency care – new approaches to improve the coordination of services and reduce pressure on A&E departments
- acute care collaborations – linking local hospitals together to improve their clinical and financial viability, reducing variation in care and efficiency.

Four key characteristics of primary care home:

- an integrated workforce, with a strong focus on partnerships spanning primary, secondary and social care;
- a combined focus on personalisation of care with improvements in population health outcomes;
- aligned clinical and financial drivers through a unified, capitated budget with appropriate shared risks and rewards;
- provision of care to a defined, registered population of between 30,000 and 50,000.

How are general practices choosing to work together?

With thanks to Rebecca Thomas & HSJ 4th May 2018



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nhsalliance
connecting, integrating, innovating

MAKING TIME IN GENERAL PRACTICE

Freeing GP capacity by reducing bureaucracy and avoidable consultations, managing the interface with hospitals and exploring new ways of working

October 2015
Prepared by Henry Clay & Rick Stern
Editorial support from Daloni Carlisle

General Practice Forward View, Time for Care Programme & 10 High Impact Actions

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Transforming general practice 1:

Is there evidence that the 10 High Impact Actions make a difference?

Gathering Evidence for the High Impact Actions

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- Report has been prepared for NHS England – awaiting release. Three examples:
- **Haxby Group** – introducing paramedics to its urgent care team as a cost effective alternative to GPs
- **Unity Healthcare** – introduced web consultation as main gateway to care with 87% take up in one year
- **York Medical Group** – standardising care across 3 UCCs, with more capacity but fewer GPs and a customised signposting sheet

"Getting demand under control creates the headspace for transformation"

Emerging themes …1

- Traditional model of general practice may no longer be sustainable
- Shift in skill mix from GPs and nurses to other professions to cope with workload in practices
- New clinical roles can release GP time. They may also raise quality of care, or reduce costs, but not both.
- National focus on introducing new roles - less thought being given to how new staff adapt to a very different working environment.

Emerging themes … 2

- new roles and job titles may obscure our actual understanding of what people can actually do
- Some changes are counter-intuitive – so longer appointments may save time
- Most change is slow and incremental (PDSA) but there is a place for radical change
- The biggest gains may be from radical changes to the non-clinical team

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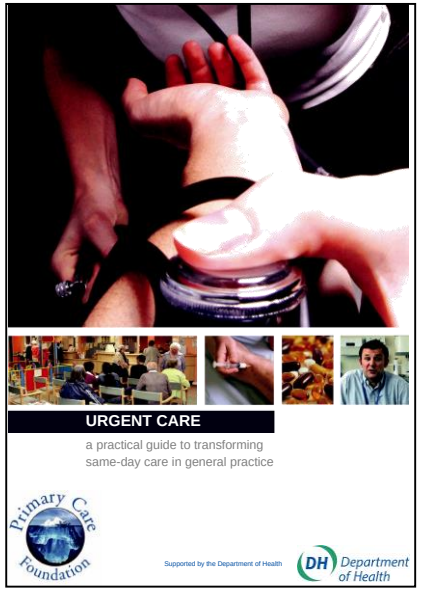
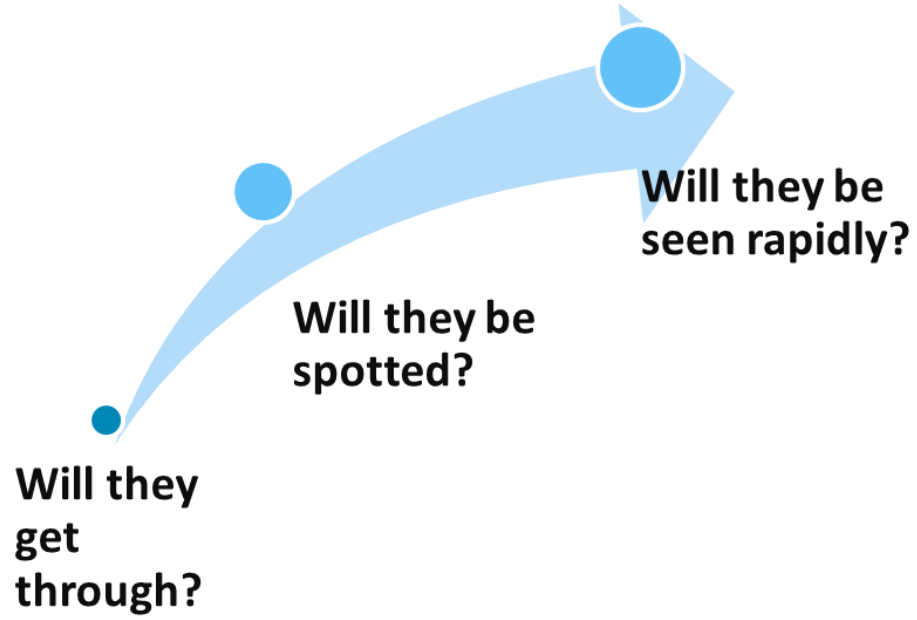
Transforming general practice 2:

Key lessons from working with 1,500 practices across the UK

Reviewing Urgent Care in General Practice

- Report on urgent care in general practice 2009 supported by BMA, DH and RCGP
- Focus on improving working life in practices
- It is about improving speed and quality of response - only sending those to hospital who need to go
- Practices with optimal systems work less hard
- **Since 2012, we have worked with more than 1,500 practices**





Practical examples …

what practices are doing now to improve the way they work

Reducing contacts that don't resolve the problem

- Seeing the wrong clinician – continuity is important for those with greatest needs
- Being seen in a way that doesn't suit the patient
- 'Triage' that creates more appointments
- Short 5 minute slots
- Too few options to book ahead
- Seeing people too often
- Working harder can lead to unhappier doctors and patients … practices with higher consultation rates tend to be less popular with patients

Keeping the process simple and consistent

- Consistency doesn't need to be impersonal
- Common approach (who, how, when) or script for reception team – as patients, we will work around inconsistent or dysfunctional systems
- Reduce length of time on the phone … long calls likely to mean collecting too much information or negotiating as no appointments
- A consistent approach to appointments across the GP team rather than clinical care – avoid undermining the reception team

A rapid response

- Acute illness is time-sensitive - a rapid response when someone is acutely ill is good care and can reduce potentially unnecessary admissions to hospital
- There is evidence that as patients we perceive rapid care to be good care

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Transforming general practice 3:

Identifying potentially avoidable appointments in general practice

The Potentially Avoidable Appointment Audit

exploring how general practice might be, rather than the way it is now

A simple tool for reviewing workload within the practice and exploring how things might be managed differently in the future. So far, nearly 400 practices have received reports and a new, fully automated web-based tool is now available at no cost to all practices across England.

NHS England

The costs of developing and running this audit have been funded in full by the General Practice Forward View, NHS England

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"The interesting thing is that it made us think about differences in how we work and how we might do things in new ways. The audit is, of course, subjective, how could it not be – the idea of what is avoidable will mean different things in different practices – but at a time when we are drowning in work we need to look at things differently and that's what made it useful."

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"The main surprise was that despite initial concerns about the levels of avoidable appointments, the actual proportion identified was lower than in other practices. It is important to have real data rather than anecdotal evidence, so that was helpful and a good result. It was also time efficient for me as a practice manager as I didn't need to chase people up. It is invaluable to have a clinical perspective."

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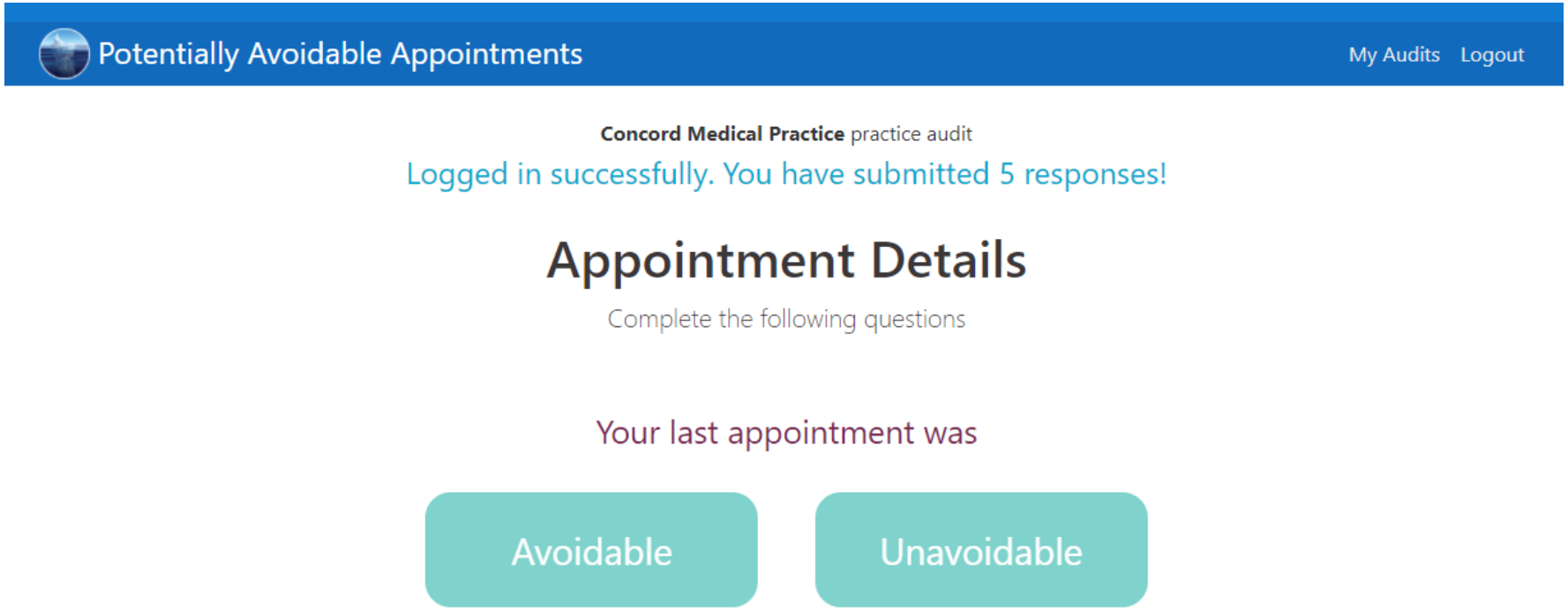
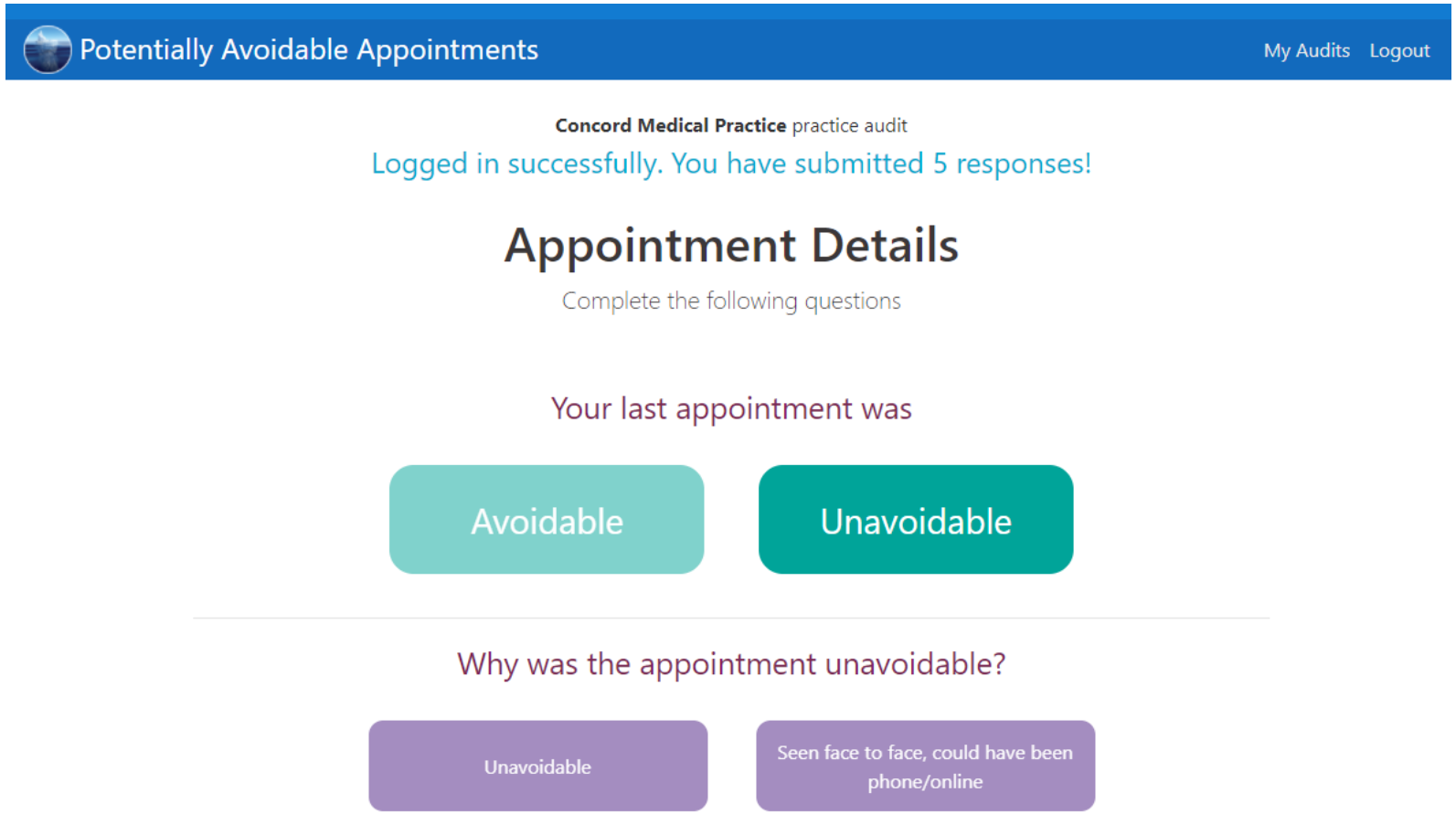
Any practice can access the audit from the front of our homepage at www.primarycarefoundation.co.uk

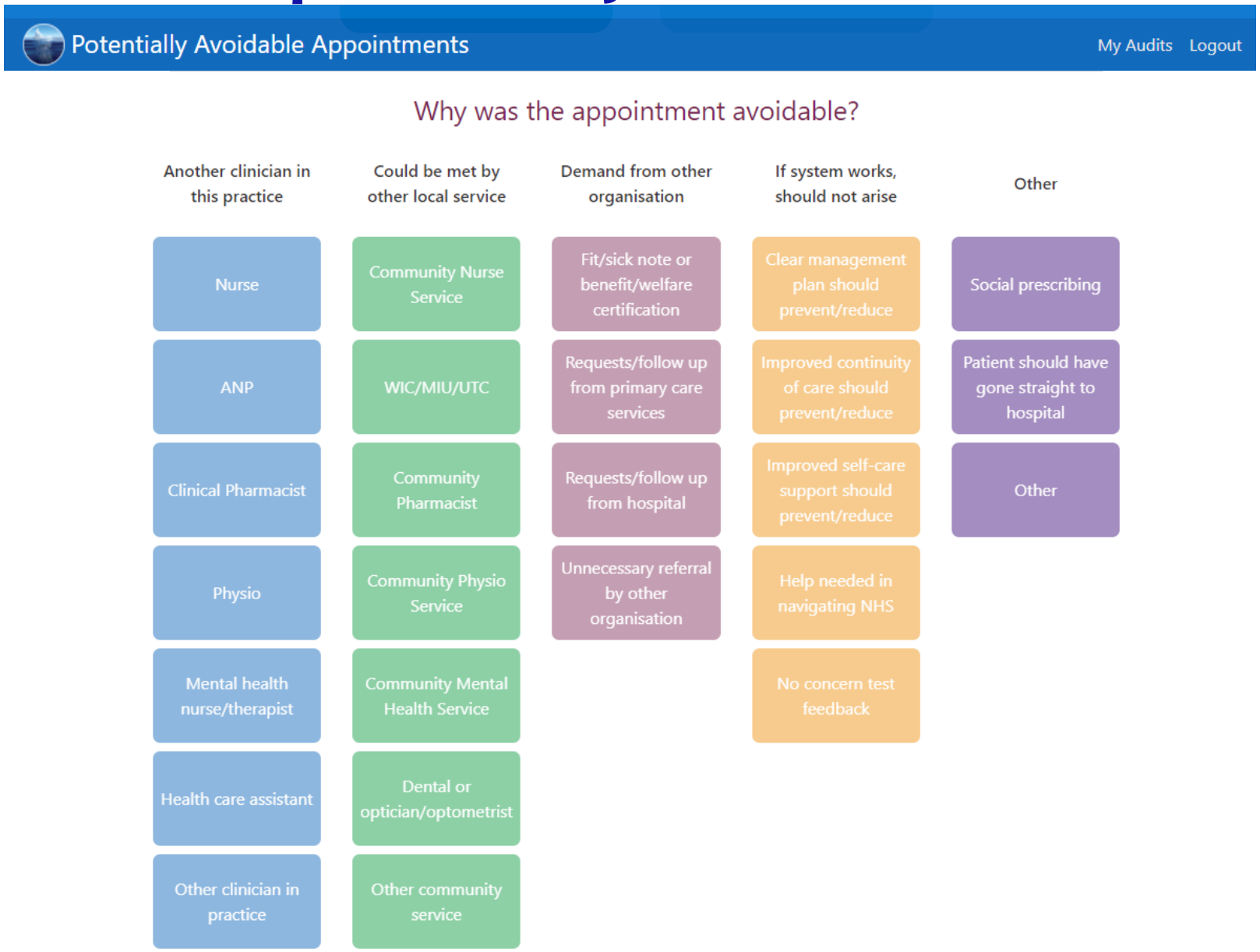
Clinician is offered simple choice …



If the appointment was unavoidable …



If it was potentially avoidable …



The Potentially Avoidable Appointment Audit

exploring how general practice might be, rather than the way it is now

Why are practices signing up?

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What practices tell us … 1

We are just working too hard – we are working increasingly long hours and there seems to be no way out. By looking more closely at the 1 in 5 appointments (rolling national average) that others could pick up practices can find a way of reducing the pressure.

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What practices tell us … 2

We know we need to do something different, but we don't know what. Like all audits, this simple review helps focus attention on specific issues within the practice. Practices frequently use the audit as a general diagnostic tool.

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What practices tell us … 3

We are struggling to recruit GPs and nurses
this audit helps make sense of what work could be potentially shared with other members of the practice team, including new roles such as practice pharmacists or GP assistants, or passed on to other organisations.

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What practices tell us … 4

We are working more closely in a network or federation with other practices – and this audit helps explore similarities and differences and how you might work together.

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What practices tell us … 5

We have no money to pay for development - this audit has been funded nationally and is free for all practices across England.

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The costs of developing and running this audit have been funded in full by the General Practice Forward View, NHS England

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What practices tell us … 6

We are part of a bigger national programme that is already looking at avoidable appointments – this web-based audit is much easier and simpler than working out your own way of reviewing appointments or using a paper-based system.

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What practices tell us … 7

We want to know how we compare with other practices – the audit has also been piloted and tested by 400 practices across the UK, so it is easy for you to benchmark how you compare to others. It also means all the initial problems have all been ironed out.

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What practices tell us … 8

We want a way of showing how money could best be spent to support general practice – the results have been used across larger areas as the basis for further investment as funding from the 5-year Forward View becomes available.

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And what we tell practices …

how to make the audit as effective as possible

- Discuss the audit together as a practice team
- Include all appointments – phone and face to face
- There is no hard and fast rule about what is avoidable - agree how you plan to use the audit
- Meet up and discuss the audit report as a team
- Identify specific actions

the more you talk to each other, the more effective the audit will be

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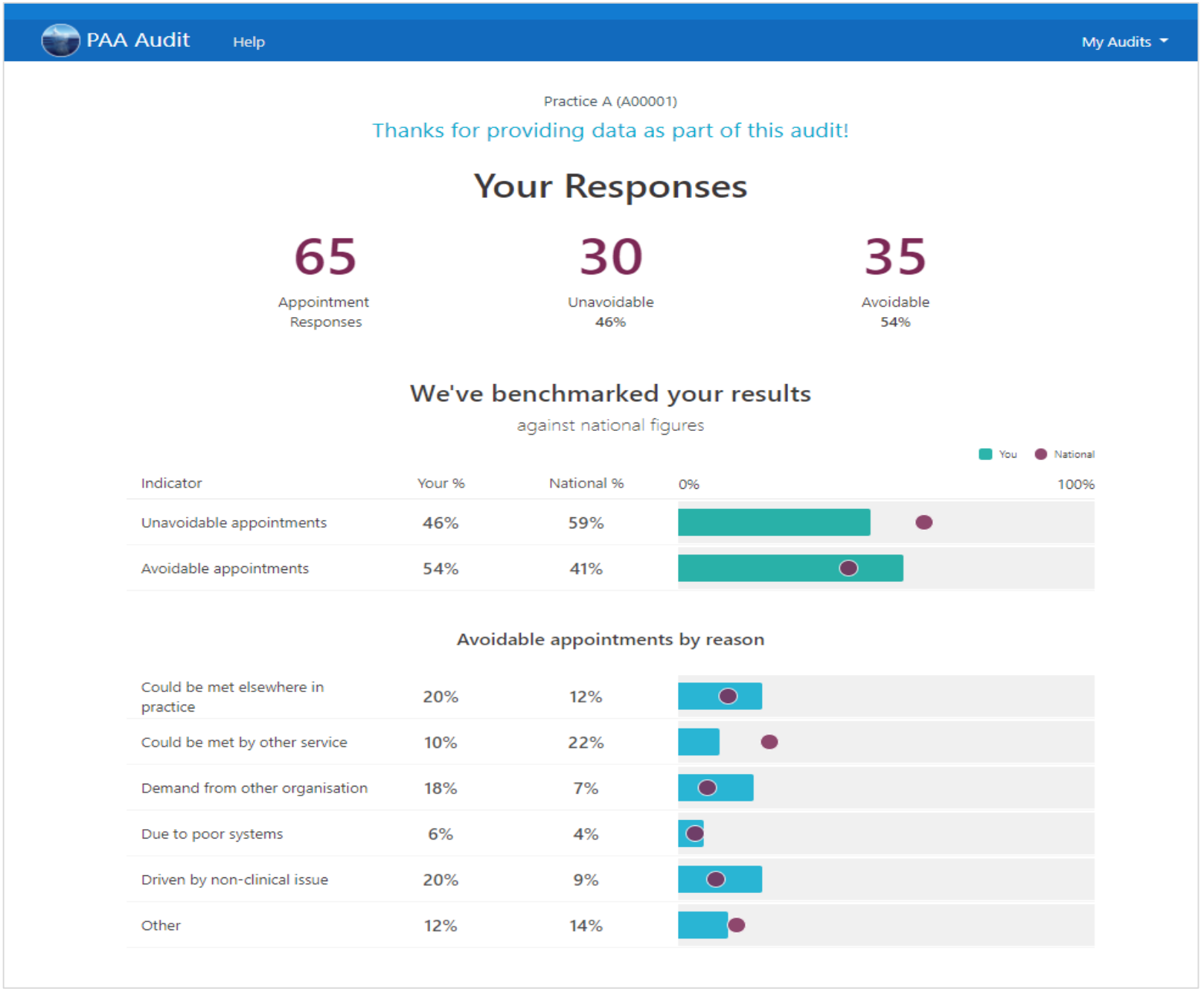
Instant feedback report for each clinician



Report for the whole practice team …1

Potentially Avoidable Appointments

Audit feedback **Practice A (A00001)** *08 January 2018 to 31 March 2018*

Introduction

The potentially avoidable appointment audit report allows you to review your audit results, compare colleagues within your practice and benchmark your results against other practices who have completed the audit. It is a report to help you reflect on how you use the single most important resource - your time.

12% of your practices appointments were considered potentially avoidable, this is lower than the national average of **13%**

Audit Participants and Results

	Appointment Responses	Potentially Avoidable	vs National
5 Participants	100	12%	▼ - 1%
2 GP	55	15%	▲ + 1%
1 Nurse	15	11%	▲ + 1%
2 Other Clinician	30	8%	▼ - 3%

National average figures are based on the mean result of all practices that have taken part in the audit

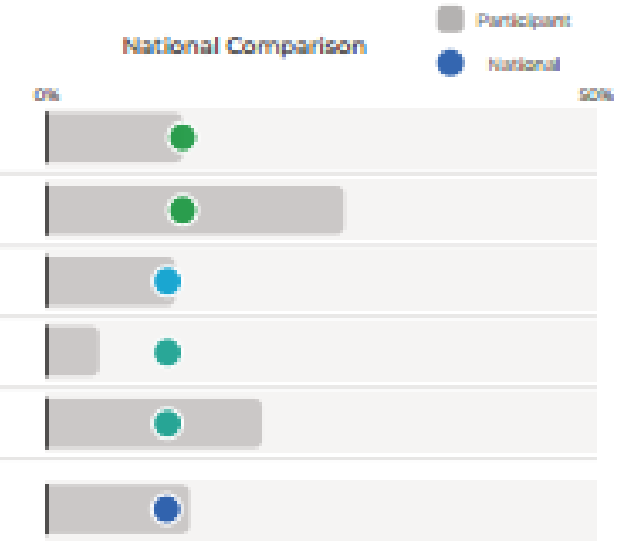
Report for the whole practice team …2

Results by participant

4 participants submitted data as part of the audit, 2 others were invited but did not submit any data. The table below shows the results for each participant, along with a comparison to national average, where the bar represents the participants % of potentially avoidable appointments against the circle that represents the national %.

National averages are based on the average for each participants skill group.

Name	Skill Type	Responses	% Avoidable	National Comparison
Clarice Wheatley	GP	33	12%	
Aron Regan	GP	22	27%	
Klaudia Bryant	Nurse	15	11%	
Samuel Hume	Other clinician	9	4%	
Valerie Gardiner	Other clinician	21	19%	
Practice Total		100	12%	



Report for the whole practice team …3

How your practice compares

This page shows how your overall practice results compare to the national average. The national average is based on the results of all practices that have taken part in the audit to date.

National averages are based on the average for each participants skill group.

Results by skill group

The chart below shows the proportion of potentially avoidable appointments as a practice total and split by skill group against the national average.

Each bar represents the spread of national results, with the line showing the national average (median). The circle shows where your practice is placed. Most practices fall within the shaded area of the bar, therefore you can easily see if your practice is significantly different to the national average.

Where each clinician is placed

The chart below shows where each clinician is placed against the national distribution. This helps to highlights the variation within your practice. The national figures here are based on the average across all skill groups.

Again, the line shows the national average, with each diamond representing each individual clinician.

You can login to the audit tool and download your audit result data to analyse further!

Feedback from practices

results from a survey of practices who received reports July 2017 – February 2018

Feedback from 58 practices across Worcestershire: four review questions

1

How can your practice help patients more towards the right practitioner? *Top three options chosen:*	
Work with reception staff	**34%**
Provide all staff with a simple sheet for patients that explains who within the practice is best able to deal with their condition	**18%**
Review common long-term conditions to agree which elements of care are provided by each clinician and ensuring they are seen at the right frequency	**15%**

2

What is the single most important referral pathway for reducing the burden on GPs by providing better support to patients? *Top three options chosen:*	
Identifying the right social prescribing support	**25%**
Improving access to mental health	**22%**
Working with local authority on housing and benefits issues	**20%**

3

How can you avoid or reduce patients coming to the practice when you can add no value? *Top three options chosen:*	
Highlighting to the CCG the issue with patients being referred back to practices by specialists 'to do work that should be done in hospital'	**37%**
Persuading the CCG to agreed protocols that will allow direct referral to specialists	**27%**
Highlighting to the CCG the need to address instances when hospitals inappropriately refer back patients	**20%**

4

What type of practitioner do you feel would be most helpful to have more of in your practice to take some of the workload off GPs? *Top four options chosen:*	
Advanced Nurse Practitioners	**38%**
GP Associates	**17%**
Practice Pharmacists	**17%**
Practice Nurse	**16%**

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Transforming general practice 4:

A new model for making better decisions in general practice

Making better decisions in general practice

building capacity and capability to translate integrated data sets into powerful evidence to help you reduce workload and improve care

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"The financial crisis across the NHS continues to make headlines. But while financial deficits make news, knowledge deficits tend to get ignored. There has never been so much data, but how much provides real information?"

Article in Healthcare Leader, March 2018

From a one-off stocktake … to a change in the way we work

a case study from ***One Care*** covering practices across Bristol, North Somerset & South Gloucestershire, Jan-June 2017

- Funded by NHS England as a one-off exercise to improve understanding of general practice
- One Care are a federation of over 90 practices with analytical support to extract data from practice systems
- Easy to digest reports, combining data sets, sent to each practice to show how practice compares to others
- Broader report prepared for workshops across groups of practices to help identify priorities across localities
- Summary of key learning sent to STP Board to inform planning

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There are also some real opportunities for improvement …

- **Shifting from the quantity to the quality of consultations** - activity isn't always a good thing, but greater focus of offering continuity of care and longer consultations for the right people, probably is
- **Managing the workforce in general practice** - there are big variations in skill mix and the way practices deploy their clinical teams to meet agreed goals
- **The power of benchmarking against your peers -** allows practices to ask why they are significantly higher or lower than others on a specific clinical measure
- **As well as wider national comparisons** - with practices that are 'most like me'.

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What does this tell us about transforming primary care?

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1. Improvement and innovation in general practice has the potential to reduce pressure in primary care and across the rest of the health & social care system
2. Prioritise innovation in systems and process rather than organisational design
3. Good evidence is essential if we are to make effective decisions about change and improvement, including understanding and reducing variation
4. Practices working together offers new opportunities to improve care and reduce workload and costs
5. It's not big or small - it's always both – doing the right thing at right level
6. It's often not what you do, but how you do it
7. There is no single big idea … lots of little things creating continuous, sustained improvement within an increasingly connected system

Get in touch …

Email me at rick.stern@primarycarefoundation.co.uk

You can access the avoidable appointment audit and download copies of our reports at www.primarycarefoundation.co.uk