Care Collaborative

Serving Redhill, Merstham and Reigate

Dr Jonathan Leung

@jonpleung

WEDNESDAY 29TH JULY

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About Me

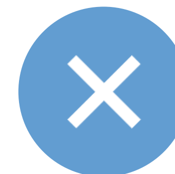
GP Partner @ Greystone House

Joined the partnership in July 19

CC PCN Urgent Care Lead

Clinical Lead for GPinED @ SASH

Background of Emergency Care



Advocate for AHPs

PCN

Primary Care Network

- Groups of surgeries, between 30-50k list size
- Collaborating together, in partnership with community services, social care and mental health care providers
- Delivering services at scale
- Shared workforce

About Us

Greystone House – 14500

The Wall House – 20500

Moat House – 11800

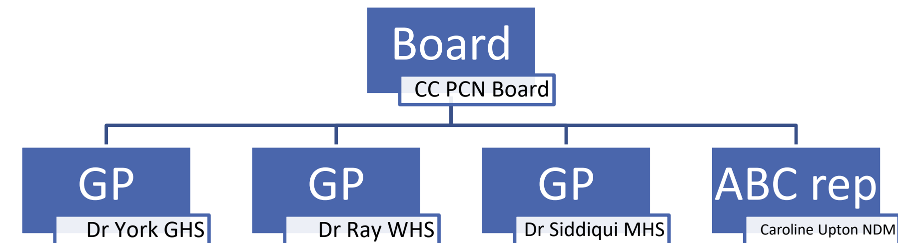
Longstanding history of working together

PCN Board

- One vote per practice
- Accountable CD – Dr Pramit Patel
- Non voting member – ABC representative
- Monthly meetings. Rotating Chair
- Quarterly Finance Updates

ABC line manages

- PCN Clinical Pharmacist
- PCN PAs
- PCN SPLW
- Recruitment & Finances



Population Overview

Care Collaborative PCN Highlights

Demographic

- The Wall House Surgery has a large number of 5 to 9 year old's but fewer younger adults

Morbidity

- Depression, hypertension and persistent asthma most common conditions. Congestive heart failure patients most likely to have multiple morbidities.

Frailty

- 14% of people with moderate or severe frailty are under 65.
- Severely frail patients in the PCN are approx. £400 more on average than the CCG average.

Activity

- Follow up OP attendances are higher in Care Collaborative for 8+ chronic conditions compared to other PCNs.
- Variation in GP visits across the PCN. This anomaly should be investigated.
- Greystone House Surgery appears to have less OP First Attendance and Elective admissions than would be expected, while the other Practices are performing against their case-mix adjustment expected.

Resource utilisation

- The Moat House Surgery has the highest RUB demands as a proportion compared to the other practices in Redhill Phoenix PCN, while at the same time having the lowest volume of patients.

Cost

- The number of chronic conditions rather than age is the main reason for increase in cost.
- 1% of patients account for 27% of costs across Care Collaborative.
- If an intervention was designed to reduce costs across the PCN, targeting emergency admissions would miss 32% of high cost patients, while targeting frailty would miss 39% of high cost patients.

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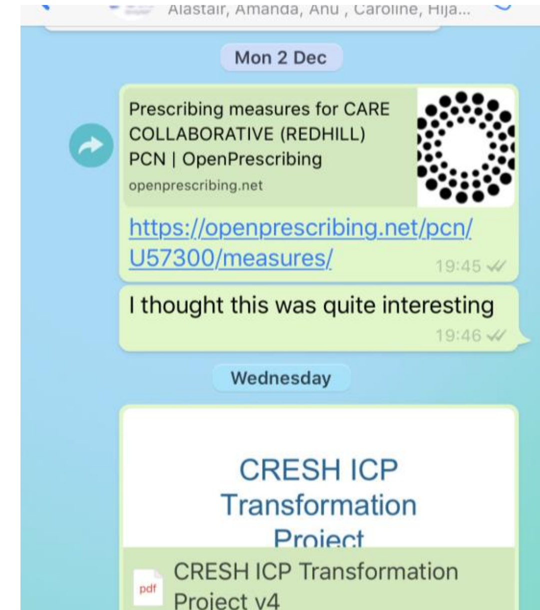
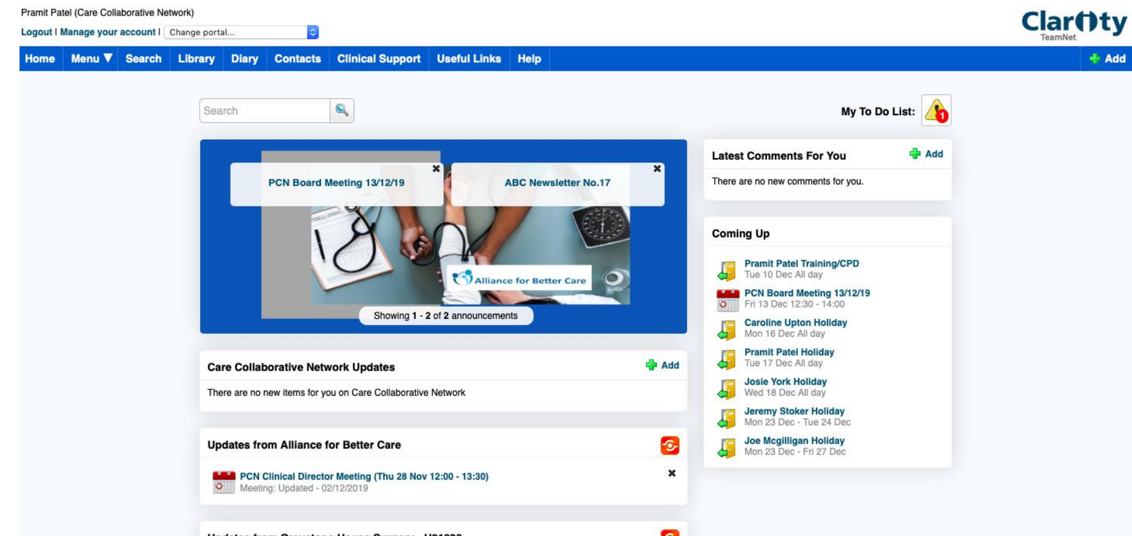
Inter Practice Relationships – Year 1

- Developing relations between practice colleagues
- Cross site visits
- PCN PLTs
- Whatsapp Groups – QI/QOF, Urgent Care, Partners group
- Lanyards
- Screensavers
- Joint Clinical Meetings
- Clarity Teamnet - communications
- Workforce Planning
- Social Media - Twitter page follow us @CareCollabPCN





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Example 1:

Urgent Care Project

Action Learning Set facilitated by Kings Fund

2 X ANPs, 3 GPs, Ops Manager, Clinical Pharmacist, IT lead, administrator and now PAs!

Hub n Spoke

Supported and managed by ABC

PATIENT CONTACT OPTIONS

NHS 111

PHONECALL

CARE NAVIGATORS

ONLINE: FOOTFALL

NHS APP

- ROUTINE F2F APPT
- ROUTINE ☎ APPT
- PHARMACY TEAM: REPEAT Rx, MED QUERY
- MED3 REQUEST
- REFERRAL, REPORT, LETTER
- ADVICE
- ADMINISTRATION

THE URGENT CARE TEAM

- A MULTI-DISCIPLINARY TEAM CONSISTING OF NURSE CONSULTANTS, NURSE PRACTITIONERS, ADVANCED CLINICAL PRACTITIONERS, CLINICAL PHARMACISTS, PHYSICIAN ASSOCIATES, GP VTS TRAINEES AND A GP
- THE CENTRAL "HUB" OF THE TEAM LOCATED AT A SINGLE SITE FROM A SINGLE WORK AREA
- HANDLING 200-350 TELEPHONE TRIAGE CALLS FROM A COMBINED PCN LIST
- SATELLITE CLINICS AT THE TWO OTHER SURGERIES
    - STANDARDISATION OF TREATMENT ACROSS THE NETWORK
    - A REDUCTION IN EMERGENCY DEPARTMENT ATTENDANCE
    - A RESILIENT AND FUN TEAM
    - A REDUCTION IN TRADITIONAL DUTY DAY ISOLATION
    - UPSKILLING OF TEAM MEMBERS AND INTERACTION WITH CARE NAVIGATORS
    - A FINANCIALLY VIABLE MODEL

40% SAME-DAY F2F APPT

- THE WALL HOUSE SURGERY
- MOAT HOUSE SURGERY
- MOAT HOUSE SURGERY

HOME VISTS

VISITING DOCTOR OR PARAMEDIC

60% HANDLED OVER PHONE

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Example 2:

PCN Project: Care Homes

- Aimed at “anticipatory care”
  - Reducing hospital admission
  - EOL and ReSPECT
  - Structured medication reviews

    - Working closely with a care home, developing relationships, liaising with supervising GP as required

Transitioning to Primary Care

- Single named supervisor
- Gentle transition and build up of responsibility
- Supervised clinics (both direct and indirect)
- Regular catch-ups, both formal and informal
- Competency based progression to nest stage of working
- Own office
- Own name badge

The Role of the PA

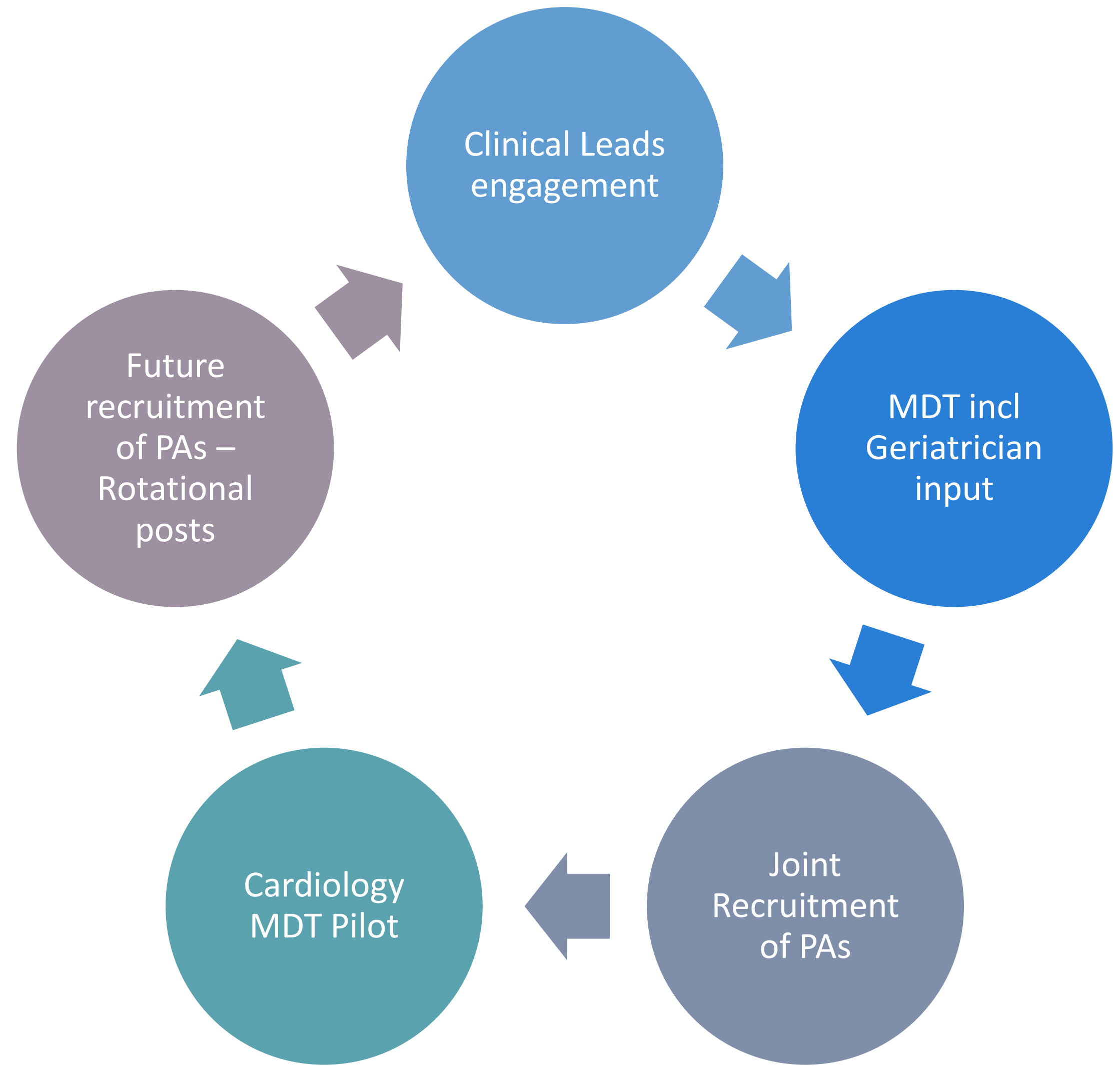
- Very broad horizons

- Managing acute and chronic
- PAs to hold own "list"
- Manage results, clinic letters, referrals
- Opportunity for specialism (minor ops? IA injections? Coils and implant?)
  - Specifics project e.g. Frailty, Care homes, cancer, women's health

The Role of the PA

- No more working in-silo

- Aware there are examples where PA’s have felt isolated
- Strong movement for a team of PA’s
- Opportunities for education, leadership, in-house development



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Wider Relationships Year 1 SASH

Michael Wilson CBE
Chief executive

Challenges

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- Change Management
- Workforce
- Outgoing partners – resistant to change
- Need to connect with community - embrace community champions
- Information Sharing
- Change = Opportunity

Summary

- Lots of options for PA's to explore

- No need to make decisions early

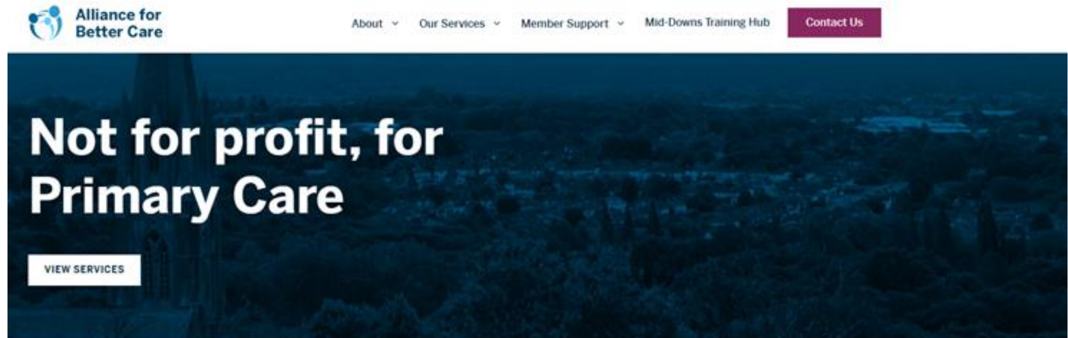
- Beware not getting a full picture of what options are available

- The greatest challenge is defining the path for PA's in general practice

- Worth thinking about what's "beyond" general practice

Alliance for Better Care (ABC)

- GP federation
  - What is a GP federation?
- Not for Profit organization
- Started in 2014
- Grown to 44 GP practices throughout East Surrey, Crawley, Horsham and Mid-Sussex (>500 000 patients)
- What does ABC do?
  - Improved Access (Hubs)
  - GPinED
  - Livi
  - Providing employment for workforce
  - Education
  - Project support and management for PCN services



Who We Are

Alliance for Better Care is a not-for-profit organisation that focuses on improving patient care in partnership with its members.

Founded in 2014, ABC has grown to represent 44 GP practices throughout East Surrey, Crawley, Horsham and Mid-Sussex, and together we aim to strengthen and develop General Practice in our region.

We work alongside the Commissioning Groups across the area to create a larger primary care and integrated workforce that

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Summary

- What we think the future of Pas in general practice may be

- How can we as a team have a role in influencing coming changes?

- Exciting and fast-moving times in general practice

- Good time to be a PA, and opportunities are plentiful

Thank you and Questions?