Integrated health and care in action

Primary care

Understanding how integrated care systems are redesigning primary care services

For many people, their first point of contact with the health service is through primary care (such as GPs, pharmacy, dentistry and eye health). There are almost four times as many patient contacts with these services compared to hospitals.

50% of all GP appointments are as a result of a long-term condition. GP practices have specialist knowledge of the areas they serve and the patients they care for, and are usually best placed to improve the health and wellbeing of residents.

But general practice has faced challenges in recent years, with particular difficulty in some areas recruiting enough staff to meet their rising and increasingly complex caseloads. Therefore, it is important that GP practices are able to build the capacity and capabilities required to meet the needs of their patients, including support to adopt new ways of working and to develop different ways of managing clinical demand.

The Long Term Plan includes a number of key commitments to support this, including increasing investment in 'out of hospital' primary and community health services; investing in more GPs, alongside other roles such as pharmacists, counsellors, physiotherapists and nurse practitioners, to ensure that GPs' skills are focused on where they can best help patients; and helping practices to embrace new, 'digital-first' services, providing convenient access to care and advice. GPs and their teams are also being supported to work more closely with colleagues in other practices across an area, forming primary care networks so that they can offer better access, more services and proactive care for patients.

Freeing up GP appointments in Luton

GP practices in Luton

have worked together to provide more than 3,000 extra appointments a year, including halving the number of appointments lost due to patient non-attendance.

Groups of GP practices have pooled their skills and resources and formed a primary care network to provide patients with access to more health professionals, including GPs, pharmacists, paramedics, physicians associates and specialist doctors. They can treat patients for a wide range of illnesses, ensuring they see the right person from the start and freeing up the GPs to spend more time with patients who have complex needs.

GPs made a number of changes including altering the types of healthcare professionals in the practice, offering alternative appointments where appropriate and

more health professionals working alongside GPs than three years ago.

There are over

introducing long-term conditions clinics.

As well as freeing up appointments, the model has led to friends and family satisfaction with services being positive nine times out of ten, while complaints have fallen by 12%. Approximately £50,000 has been saved through this new way of working.

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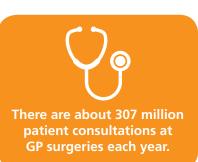




Integrating general practice services to improve outcomes for patients

Primary Care Sheffield, a GP-led organisation which covers all 81 surgeries in the area, has improved access to general practice and increased patient satisfaction following an extensive one-year trial programme.

New hubs spread across the city offer evening and weekend access to GP and advanced



nurse practitioner appointments. In the first year, 24,448 appointments were provided which released 3,171 hours of GP time. The hubs have been successful in helping to relieve pressure from both

general practice and secondary care, with a baseline of an annual 15% demand reduction for Type 2 presentations in A&E.

Practice and service clinical systems are also integrated, including patient records and appointment booking facilities. Practices can book into the healthcare hubs and, when the hubs are closed, the NHS 111 telephone service allows patients to be clinically triaged into the service.

The service began with four hubs, but has recently expanded to six, and includes evening and weekend appointments with a physiotherapist and phlebotomists as well as the GPs and practice nurses. They have provided a primary care solution for patients who would otherwise have attended A&E and supported practices in providing care to housebound patients.

Care navigators making a difference

Westongrove Partnership in Aylesbury, Buckinghamshire is using a new team of care navigators to improve patient experience, helping them to get the right help when they need it, and freeing up GP time.

Eight staff from across three sites have undertaken care navigation training, learning about key national health and wellness messages, sources of help available to residents from local charities or community groups and gaining additional skills on dealing with people such as consultation skills, managing boundaries and behavioural management.

Care navigators can have a range of 'day jobs' such as receptionists and administrators, but their role is also to signpost people to sources of help, advocacy and support, and to help people play an active role in managing their own health. By having a team of experts who can help find the right non-clinical support for patients, GP and nursing time is freed up for those patients who really need their specialist clinical support.

The aim is for the care navigators to become an integral part of the multi-disciplinary team and consult directly with patients in the future. By developing the skills of the teams within the practices, it is also empowering staff and leading to increased job satisfaction and staff retention.

Online consultation tool freeing up GP time

Hedge End Medical Centre in Hampshire is one of a growing number of practices using an online service called eConsult, which is helping patients get support more quickly and freeing up precious time for doctors to see the patients who need their help most.

eConsult is an online triage and consultation tool, accessed via the practice website, which gives patients immediate access to self-help, allows them to complete administrative tasks such as requesting a sick note and makes it easier for GPs to assess what medical care the patient needs.

If a patient is unsure what the problem is or would like advice from their GP, they can fill in a form which asks them to describe their symptoms in as much detail as possible. GPs can manage most of these consultations without the patient having to come into the surgery.

Research indicates a GP can read and action two to three online consultation requests in the time it would take for one face-to-face appointment. By promoting the service widely and redirecting patients to the online service, Hedge End has managed to save an estimated 55-80 appointments each week.