

Neath Primary Care Hub Pacesetter

ABMU Health Board

Dr Heather Potter (Interim CD – Primary Care)
Kevin Duff (Planning and Partnerships Manager)
Craig Barker (Information Manager)
Marie Amanoritsewor (Project Manager)

21st September 2016

Summary of Project Aims

Two key elements:

Project 1

- Channel patient demand for primary care through telephone triage

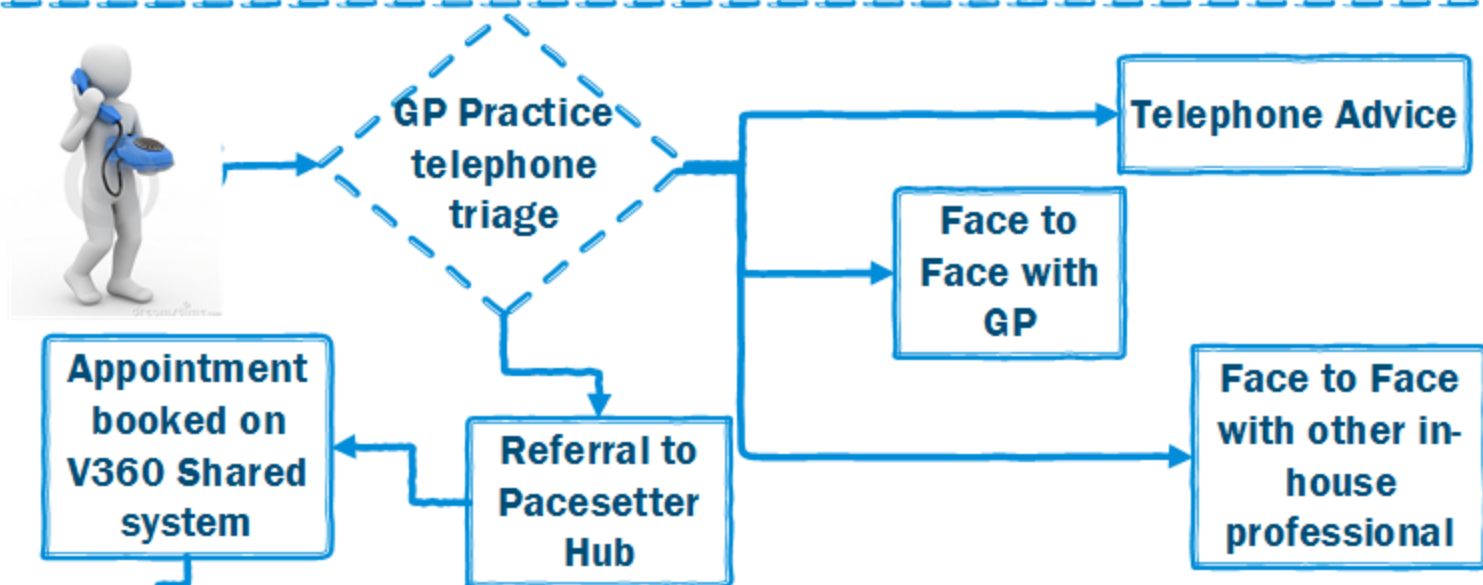
Project 2

- Demand more appropriately managed by a wider range of shared professionals within cluster (*2 Physiotherapists, 1 prescribing pharmacist, 1 mental Health Support worker*)

Facilitated by shared appointment and clinical system (V360) across cluster

Neath Pacesetter Hub

Project 1



Project 2



Why was it chosen

- 20th century Primary Care model facing increased demand:
 - Reduced primary care capacity
 - Patient demand change
 - Limited opportunity to increase capacity in practices within current model
- Local experience indicated patient demand could be deflected
 - Successful clinical triage in Practice 1 (2013) reporting better demand management
 - Successful MSK diagnostic service running in Practices 2 & 3, reporting success of part-time physiotherapist , dealing with 8-10% presentations

What would Success look like?

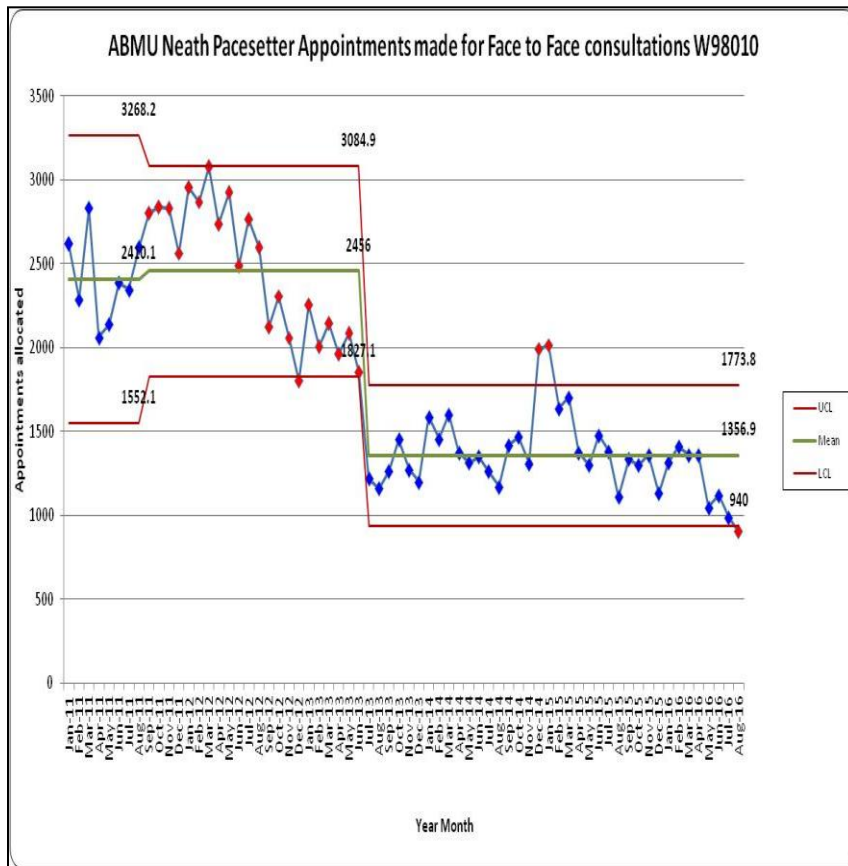
- Patients seen by the most appropriate professional
- Better access to healthcare for patients
- GP capacity saved through better call management/telephone triage
- GPs doing 'today's work today
- GPs having time to deal with more complex cases
- Improved patient satisfaction

Process Measures

Appointments made for Face to Face Consultation

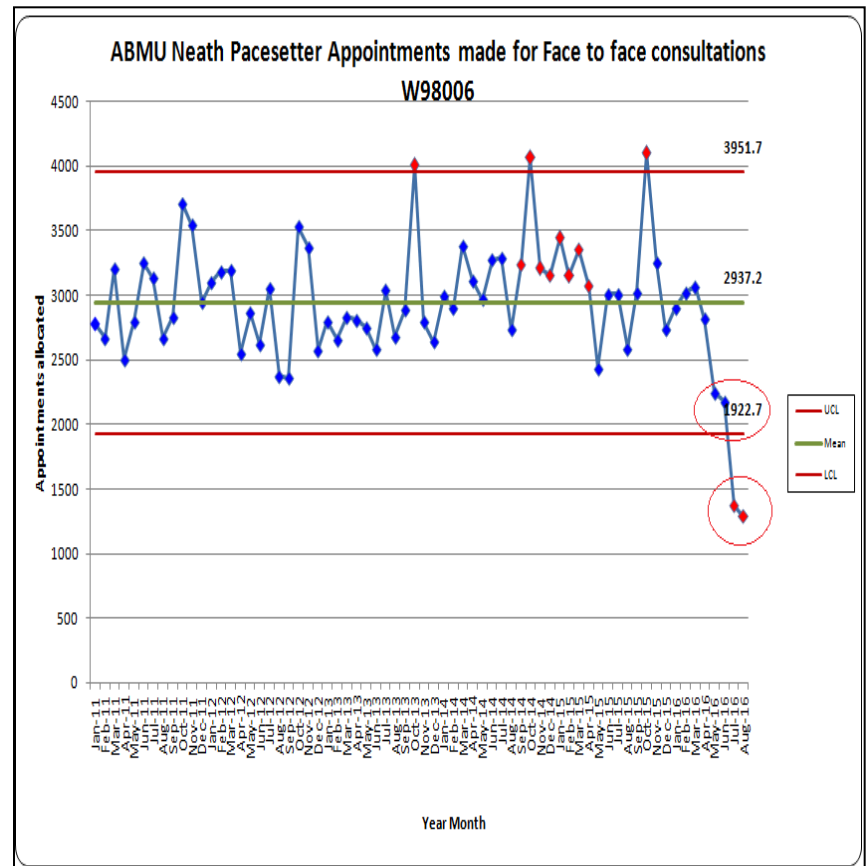
Practice 1

Triage introduced June '13



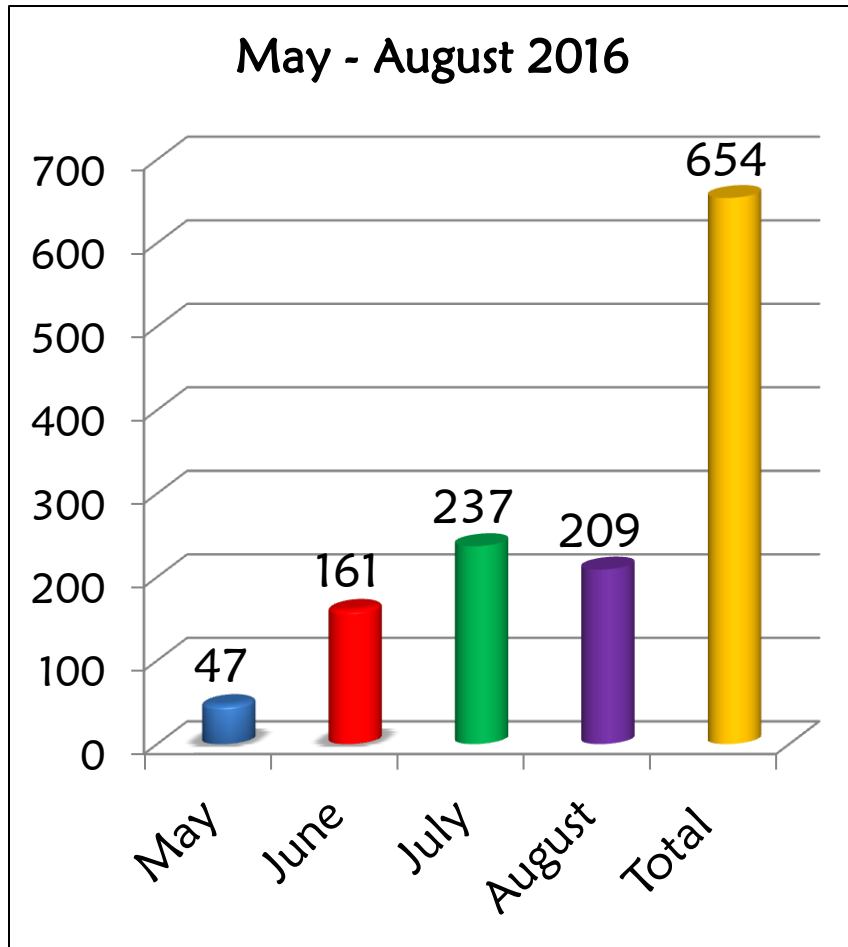
Practice 2

Triage introduced 4th July '16

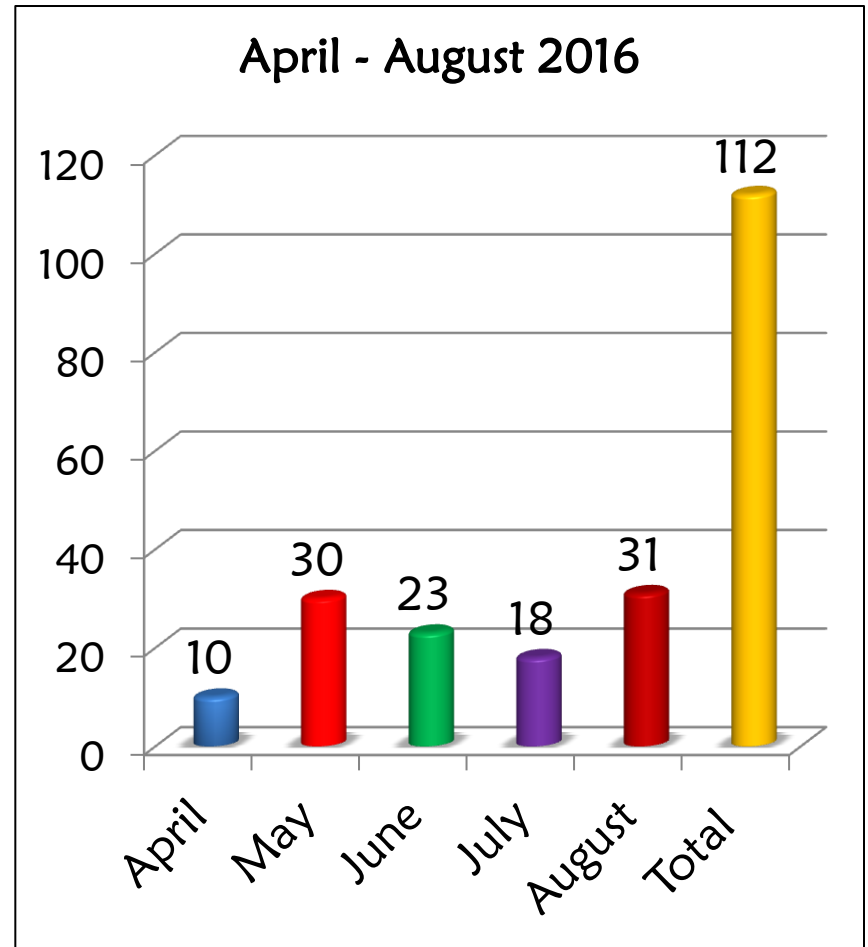


Process Measures

Physiotherapist Activity



MH Support Worker Activity

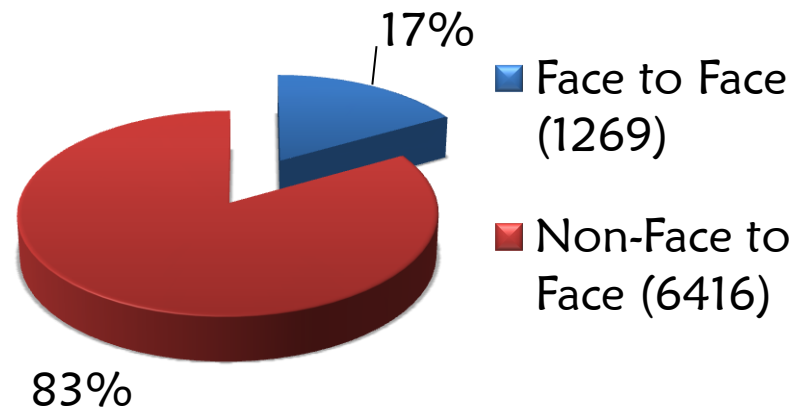


Process Measures

Pharmacist's Activity

- Polypharmacy & medication reviews
- Drug/disease specific review clinics
- Minor ailments (being piloted in 1 practice)
- Medicines related queries
- Discharge issues and medicines reconciliation
- Telephone consultations & calls
- Drug monitoring activities
- Liaison with social services and community pharmacies
- Alterations to therapy
- Prescribing & repeat prescribing interventions such as re authorisations, synchronisation, etc.

July 2015 - Aug 2016



Settings

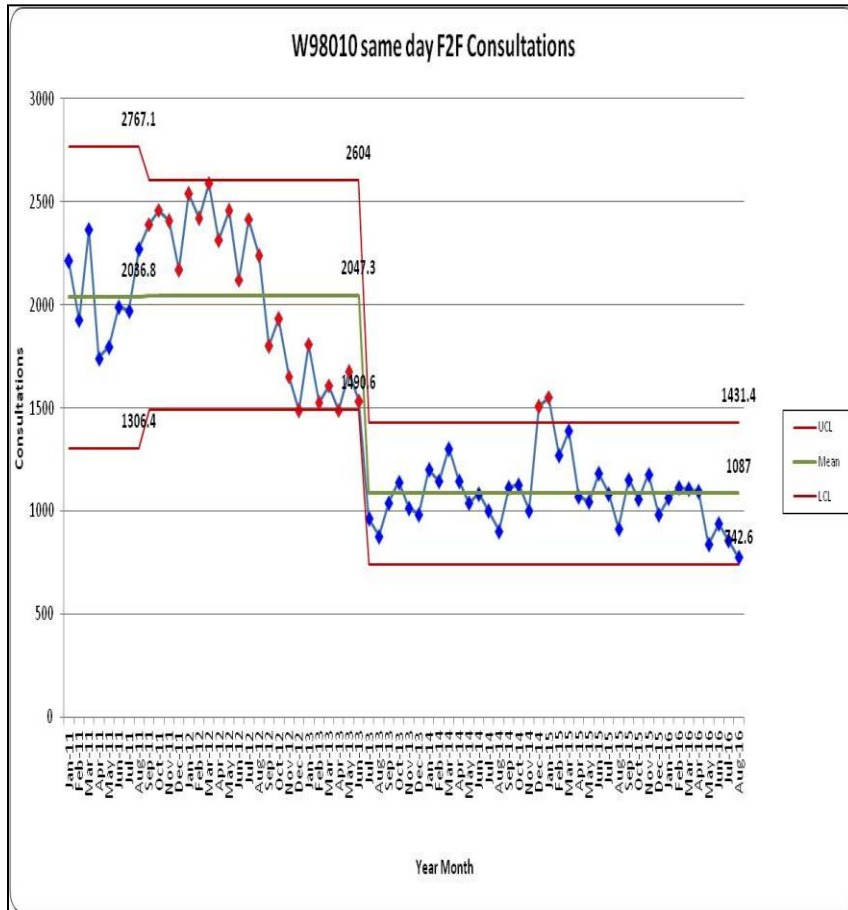
- In practice
- In Care Homes
- Patient's own home



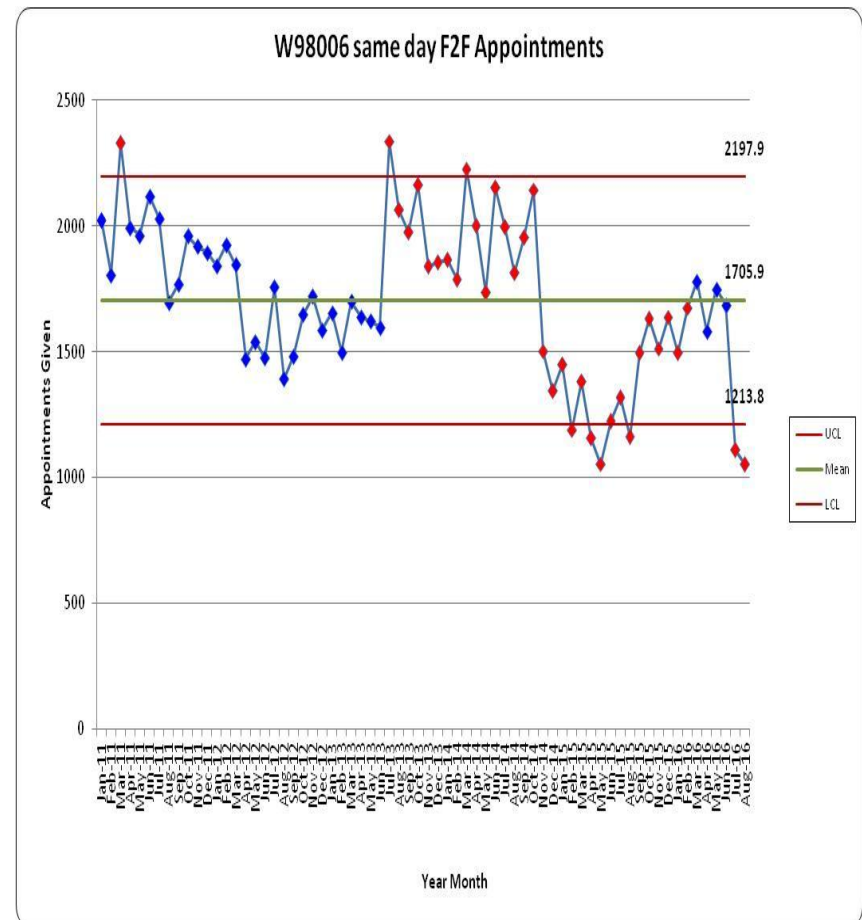
Outcome Measures

Same Day Consultation following triage

Practice 1

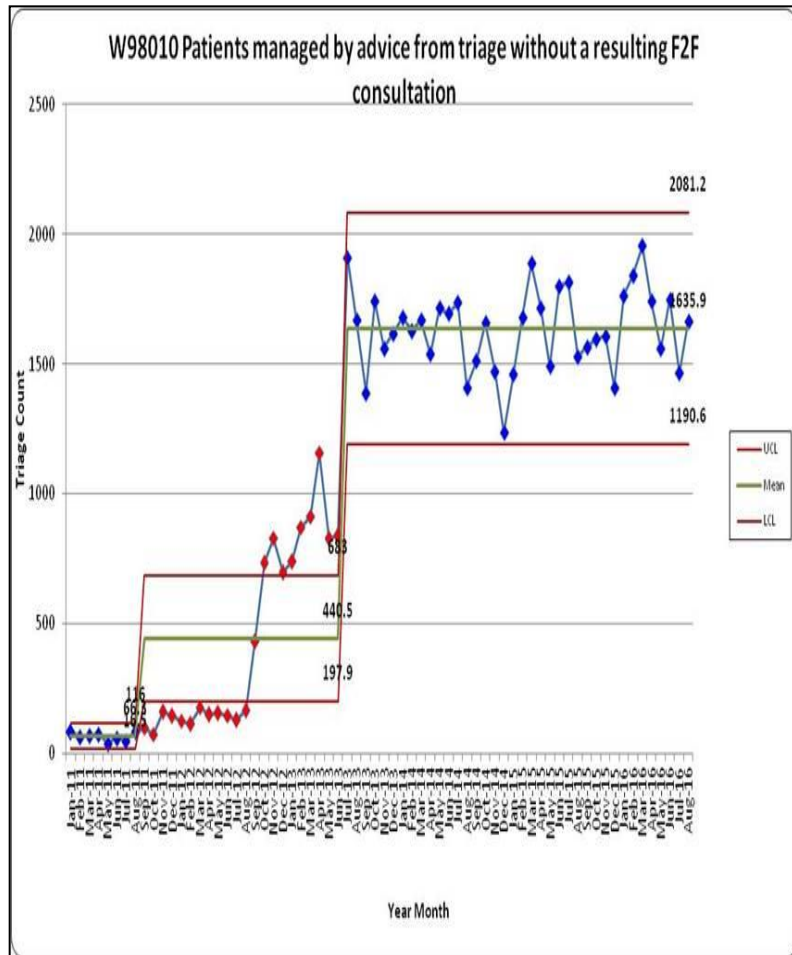


Practice 2



Outcome Measures- Managed by advice only

Practice 1



Patients GP Triage who required a F2F consultation and those only requiring advice ~ (Jul 2016-Aug 2016)

Practice 1:

Triage & F2F
31%

Triage & advice only
69%

N=4,545

Practice 2:

Triage & 2F
42%

Triage & advice only
58%

N=4,168

Outcome Measures

Patient Experience

Pharmacist made me feel a lot better when I left, very helpful

A very good service

The Physiotherapist after my consultation said that the problem is nerve not muscle and is going to arrange a course of treatment at Neath Port Talbot Hospital

I saw Rachel and she explained everything thoroughly to me

Was impressed and satisfied with the service received today

Parking is a very big problem

I don't think this service should be given before you see a doctor

Helpful review of medication

Didn't feel the appt was so timed as when seeing GP. He had a better understanding of my medication now

It has helped me to understand my condition and what options are open to me

Seen quickly, very friendly + helpful

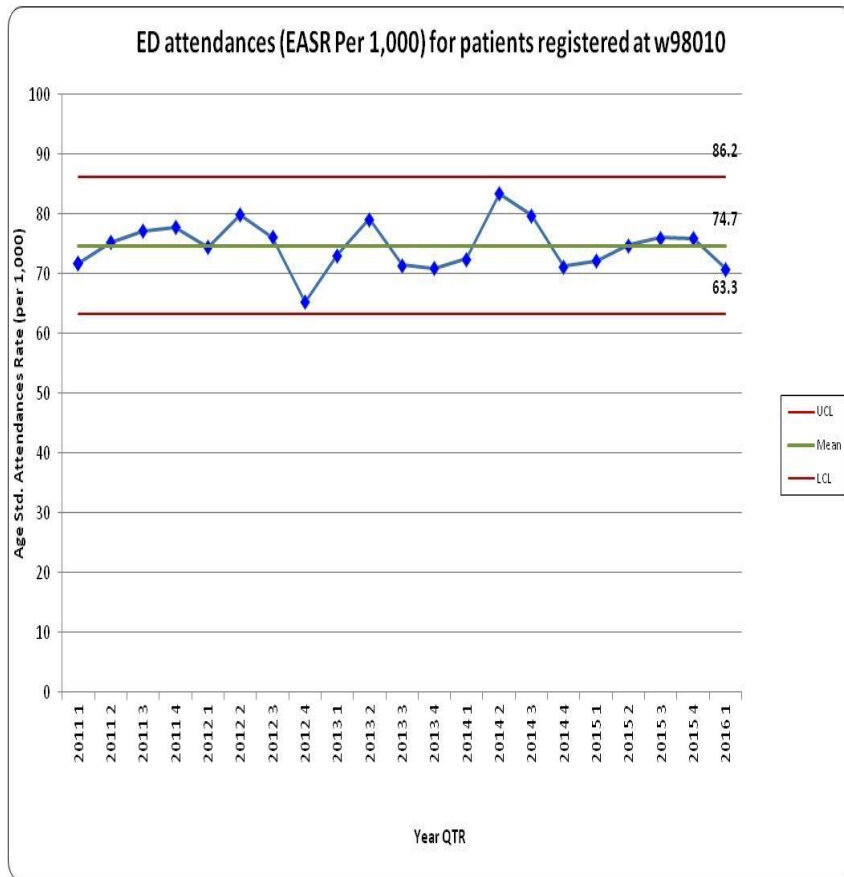
He informed me I was not taking my treatment correctly - which I wasn't excellent service

Discussion with pharmacist helped me understand my asthma condition

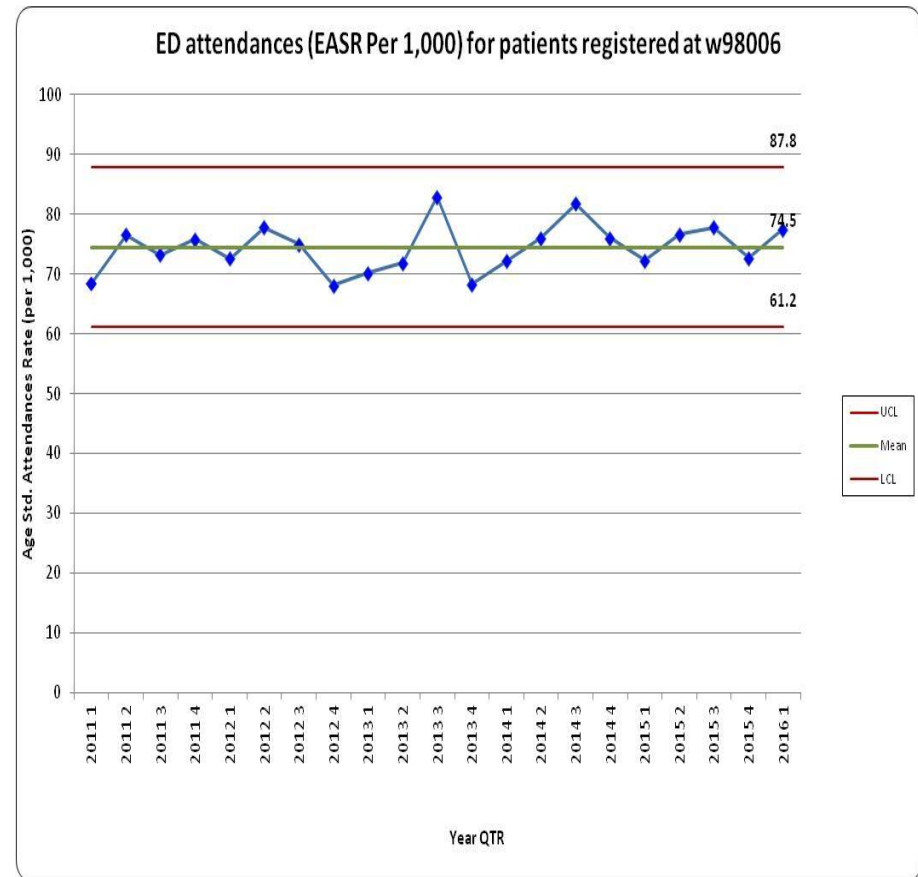
Balancing Measures

A& E attendances

Practice 1

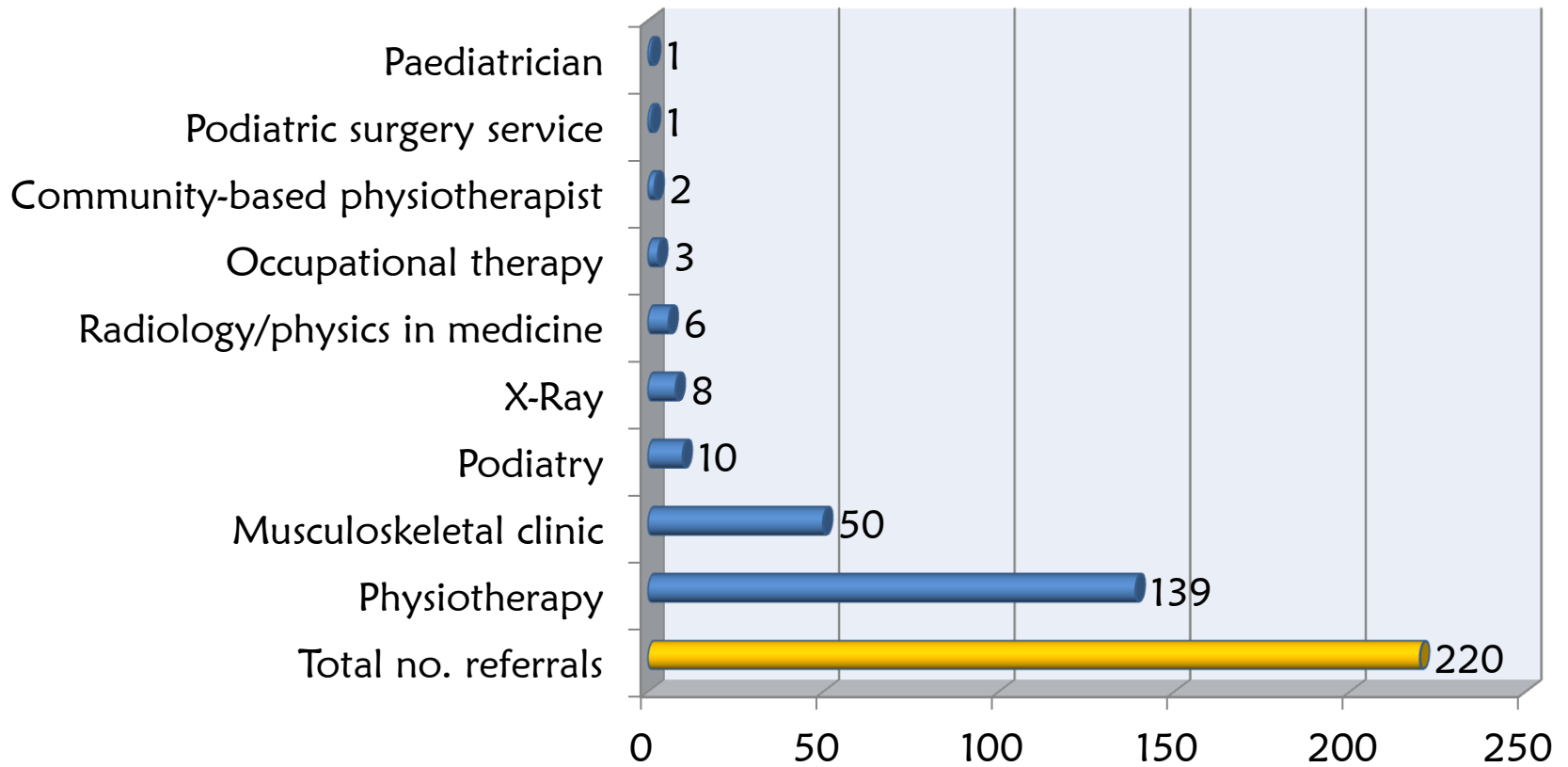


Practice 2



Balancing Measures

Hub Physiotherapists onward referrals (5 practices)



Learning

- Changing Culture (GPs and patients) takes time
- Challenge of building trust in the development of new pathways
- Greater lead in time for IT development essential
- Data analysis support due to complexity of primary care practice systems essential
- Project management essential

Meeting the ministerial priorities

Improving Access

- Patients are being seen in a timely manner by the right person in the right place
- Patient satisfaction with the process is high

Achieving service sustainability

- Early outcomes show deflection of demand to the hub thereby releasing slots in practices

Moving services into community settings

- Services delivered at the hub locally accessible

Next Steps

- Interim evaluation (Nov/Dec)
- Establish operational management
- Review potential to include other services
- Capital Funding
- Further developments in V360 – onward referrals and access to docman

Discussion – 21st Sept 2016

- Includes triage AND referral to a wider MDT, facilitated by a shared telephone system
- GPs can do 'today's work today', saving GP capacity through better call management and triage
- Reduced face-to face appointments and same day appointments
- Increase in MH counselling appointment when moved service in-house
- Patients seen by most appropriate healthcare professional - "It's satisfying to send a patient to the right professional"
- Includes physios and pharmacist – 'Pharmacist saving hours of GP time'
- Many patients are satisfied with advice – many problems can be solved with telephone advice by a GP
- Changing culture takes time! Patients and older GPs take time to accept different systems; younger GPs liked system
- GPs like incentive of having additional clinicians in the hub
- Greater lead time for IT development is essential; use of Vision 360 shared appointments system has been critical. How might this link to pharmacy IT systems?
- Data analysis support is essential due to complexity of the primary care systems
- Lots of potential for a range of professionals within the hub – exciting times! Moves away from see/treat/refer model. Could work in urban or rural area
- Sign-posting patients to other professionals by receptionists / GPs – left up to practices to decide; different models for triage, similar outcomes
- Complex patients – need more resource to manage
- Potential to make formal connections with ACOT to get greater benefits of integrated care and more resources for complex patients
- Potential for All Wales approach – esp using V360 across wider providers