Primary Care Pacesetters

Hywel Dda University Health Board

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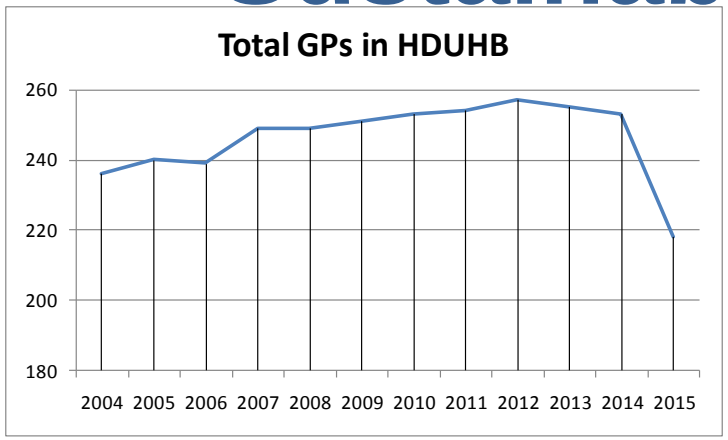
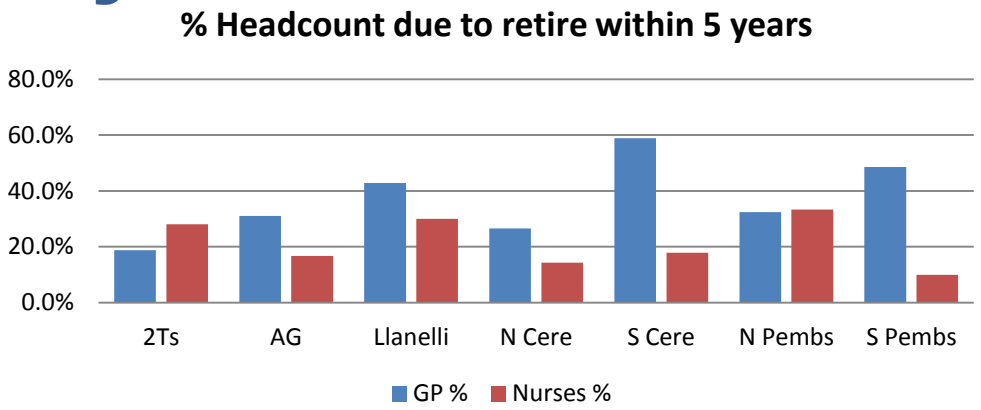
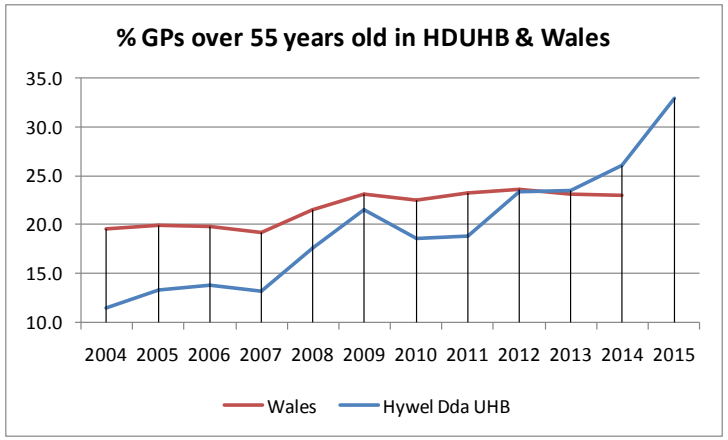
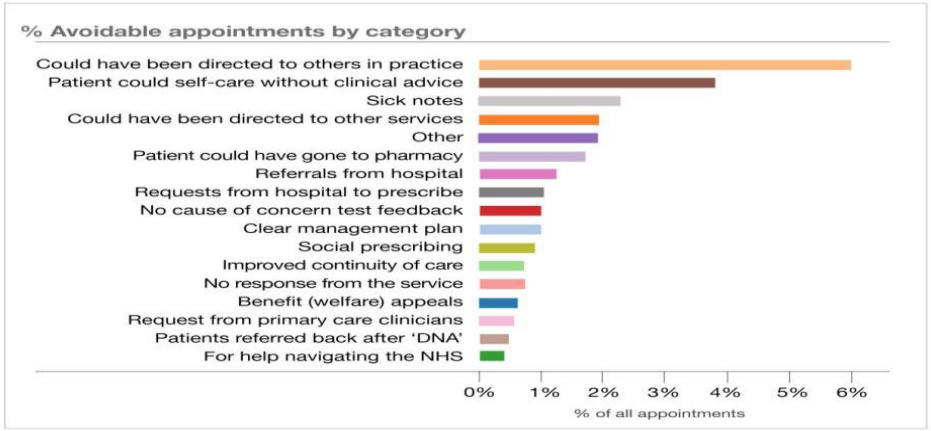
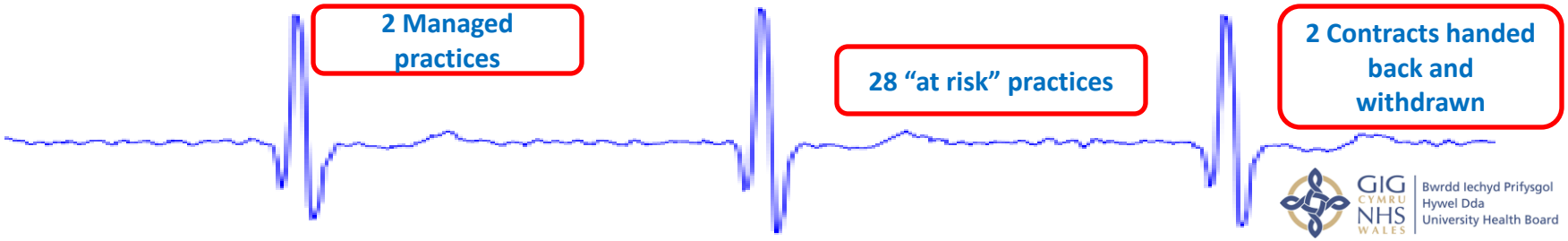
Hywel Dda Primary Care Sustainability Dashboard











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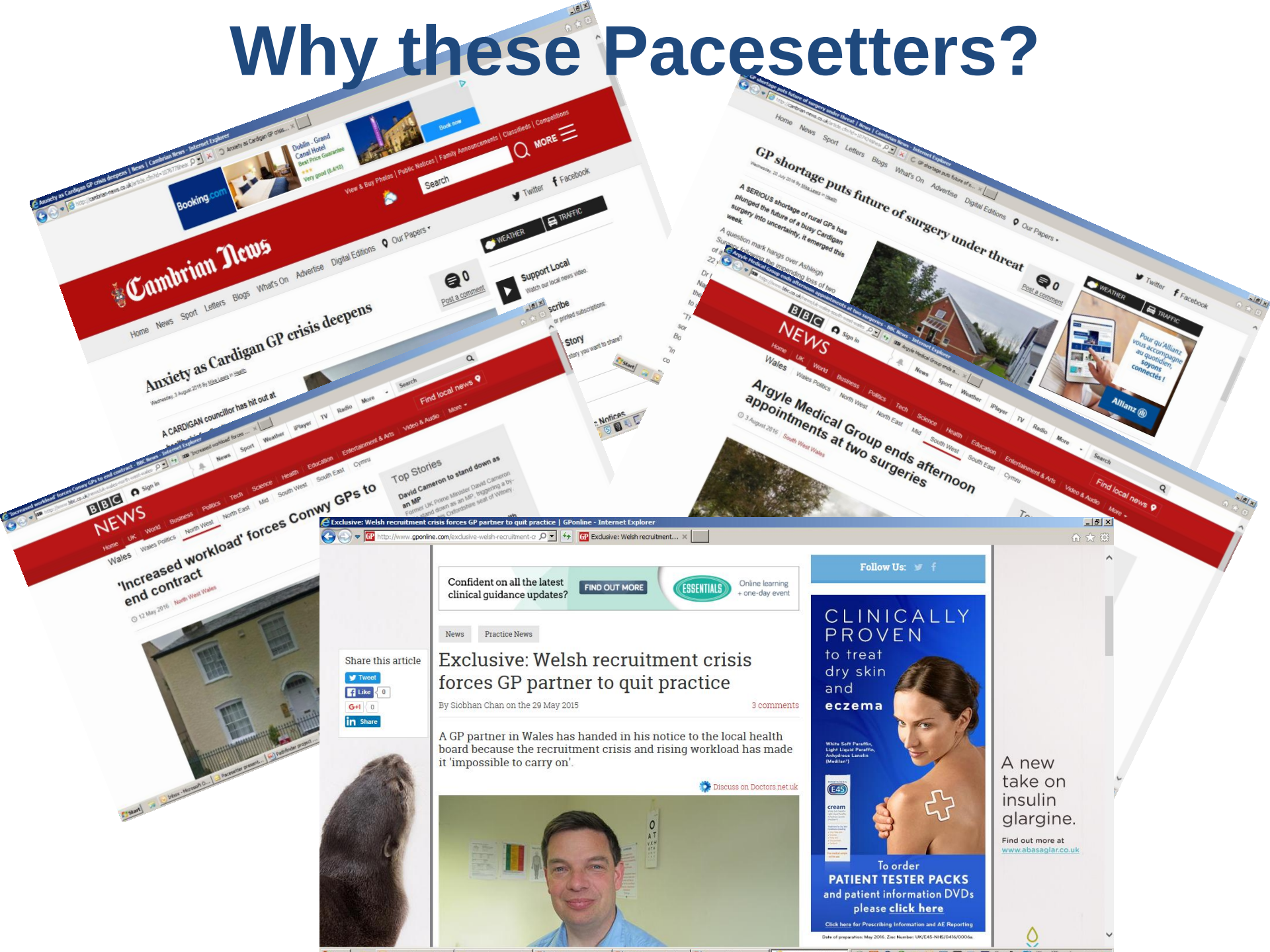
Why these Pacesetters?

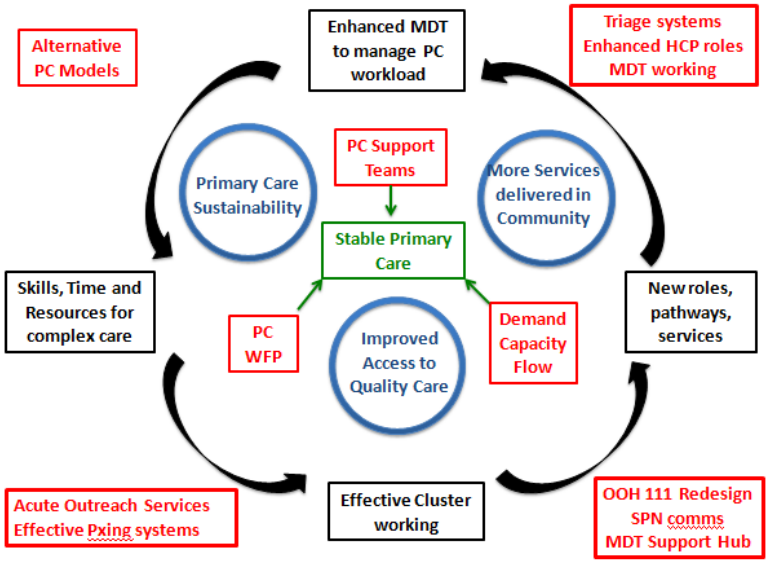


Aims of the Hywel Dda Pacesetters

1. To act as a catalyst and facilitator in order to achieve system change
2. To increase awareness of new technologies and opportunities
3. To actively support practices and groups of practices that are looking at improving their resilience & sustainability
4. To establish a panel of experts to support , investigate, create and operate new structures of working
5. To challenge, motivate and encourage new ways of working together
6. To establish a MDT Support team who can provide on the ground support
7. To test and evaluate new workforce models

Alternative Models of Working

How do we enable contractors to increasingly work together to mitigate the workload and workforce challenges?



Leadership, partnership, facilitation, motivation and support

Alternative Model Success factors

- *Population based planning and delivery of services*, a “cluster plus” model *bringing practices together to build resilience and survivability*
- *Improved patient care and experience*
- Benefit from *increased economies of scale* – The Whole is greater than the sum of its parts!
- *Empowering GPs, Practice Managers and healthcare staff* to take control of the future vision of Primary Care by education, information, motivation and support
- *A resilient General Practice model which respects and supports GPs, cares for all of our patient needs whilst embracing the future*

Alternative Model Process Measures

How do we enable contractors to increasingly work together to mitigate the workload and workforce challenges?

Patients – *"Are our care and services patient centred?"*

Satisfaction surveys, Access, RTT times, Outcomes

GP's and practice staff – *"Are we proactively supporting them?"*

Sustainability applications, Contract notices, service uptakes, access, recruitment numbers, complaints, feedback, confidence

Hywel Dda UHB – "Are we building for the future?"

Workforce planning, Delivery agreements, strategy, planning, IMTP, recruitment, improving services, performance outcomes

Alternative Model Outcome Measures

1. ***Are we improving Quality and volume of patient care?***
   (Access, outcomes, satisfaction, quality of life)
2. ***Are we able to develop and deliver of new services?*** INR, MSK, Vasectomy, OT, Frailty, Dementia)
3. ***Are we developing of new ways of working?***
   (Federation, cooperative, collaboration)
4. ***Are we creating and developing of new work roles?***
   (OT, Physio, APP, ANP, HCA, Cluster roles)
5. ***Are we building a new relationship with Primary Care contractors?***
   (Proactive, not reactive, Partnership, not directive)

Alternative Model Balancing measures

- ***Are we seeing any major Patient movements?***
  registrations, transfers, etc

- ***Are we halting Turnover of staff?***
  resignations, leavers, new starters

- ***Are we improving Practice performance?***
  QOF analysis, cluster delivery, enhanced services, access

Alternative Model Learning

You cannot rush things! We are making critical decisions that must be done right, first time!

We cannot carry practices, but we must motivate, encourage, support and lead them right through this process - The practices must want the change

For a change to be successful, you need to build critical mass.

We need to address issues that have arisen around superannuation, project management resource, business planning, indemnity, etc.

Doing nothing is not an option. Change is our only hope for a better future.

Practices are looking to us for the practical help to manage this change

Hywel Dda needs a bit of every pacesetter to initiate system change

Alternative Model Next Steps

- Federation – North Ceredigion (*This is progressing well. We will be looking at company formation later this week)*
- Collaboration – Amman Gwendraeth (*We have now commissioned external facilitators to help this group progress. They already have vision 360, data sharing, terms of reference and big ambitions)*
- Cooperative - North Pembrokeshire (*We are in early talks with 4 practices about how they can work together to support each other. We have also commissioned external advisers to support the group*)
- Vasectomy Services – We are in discussions with Secondary care to deliver these services within Primary Care. We have an agreed SLA and will shortly be commencing tender agreements
- Teledermatology - We have supported a pilot which has seen GPSI monitor and action lesions and moles to speed up diagnosis and referral

Discussion – 21st Sept 2016

- Dedicated manager appointments to support pacesetter projects; delay in appointments mean this project has only been running since Jan
- Detailed stats on GP retirement and practice sustainability across HD
- Much activity in general practice that doesn't need to be done
- How do we bring practices together to deliver services differently – collaboration, merger, federation, 'cluster plus'
- Making vision a reality through using parts of different models
- Tailored fit to suit practices needs and for sustainability / resilience
- GPs realising there are economies of scale and benefits of joint working - represents a shift in thinking; asking to be involved – proactive, not reactive
- Partnership approach, not directorship, between practices and HB
- *Are our care and services patient centred?*
- *Are we proactively supporting nhs and gp staff?*
- Useful titles for outcome measure
- Importance of taking time to plan changes – better chance of getting it right first time
- Indemnity an issue

Primary Care Support Team (PCST)

The Team

Multi Disciplinary Support Team:

- 2 GPs (still recruiting)
- 1.2 WTE Advanced Paramedic Practitioners (WAST)
- 2 sessional Advanced Practitioners
- 3 WTE Practice Based Pharmacists
- Nurse Triage (ad hoc)
- Project / Service Manager
- Ad hoc staff

PCST Success factors

Team in place working across patch

Reduction in Practice Watch list

Increase in GP recruitment

Menu of new roles - tried and tested

Clusters and / or practices directly considering new roles

PCST Outcome Measures

Key figures

8 practices supported (2 practices withdrawn notice since support given)

APs see on average 14 pts in clinic and 0-8 home visits per day enabling more capacity to be available in practice

O/T project- reduced demand on GP appointments up to 50% and have increased patient confidence and ability to self manage (reducing demand on for GP appointments)

Pharmacists have reduced workload significantly, improved systems and communication which eases pressure in surgery

PCST Outcome Measures

Patient Satisfaction:
I was very impressed with the treatment received.....I would definitely see the APP again

GP view on APs:
The impact is positive... We are developing new relationships with new teams .... and confidence among patients in the new roles.

PM view on PBP:
Xxx has been such an asset: Xxx manages all acute medication requests, previously GP's were completing this task and the number of requests have reduced from 60/day approx 15/20 per day

Practitioner view
I have a wider view point now, whereas before I would mainly think emergency now I know what a patient may need regarding medication dose change, referral and other tests

GP view on O/T Project:
Several patients with acute issues seen within a few days by the OT prevented repeat visits'.

PCST Process Measures

Reduction in numbers of unsustainable practices
Risk assessments,
meetings with practices,
no. of sustainability applications

Impact on GPs and practices
Questionnaires,
Informal feedback mechanisms

Increased capacity
Activity data captured for PCST and O/T,
Pharmacist reporting and CASPA data

Patient Satisfaction
Patient experience questionnaire piloted
Complaints/Compliments

PCST Balancing measures

Practices – *directly employ new roles*

Clusters – *new roles being taken on*

Sustainability *- withdrawal of notice from practices*

PCST Learning

What did we learn?

Joint working is a balancing act
Small team doesn't spread easily
Juggling expectations
Don't run before you can walk

Could it work elsewhere?

YES but....
Need dedicated management support
Enthusiasm and drive is key
Clear on expectations from day 1
Start small and build

Barriers

Recruitment into posts
Willingness to change
No evidence base

How does it fit with / inform the whole system model for Primary Care in Wales ?

Supports sustainable primary care model
Tests new workforce models and new ways of working

PCST Next Steps

Next Steps:
Build on existing team
Development of new roles
Patient engagement strategy on new roles

Barriers
Attraction of the right people
Practices wanting to be guinea pigs
Expectation management (Pts and HCP)

Is this pacesetter successful?
YES

New roles are being embraced
GP feedback
Patient feedback
HCP Feedback

Ministerial Priorities

1. Achieving Service sustainability

Primary Care Support Team, Triage and treat, Cluster pharmacists, Practice manager leads, Telehealth initiatives, Proactive care conferences, Premises improvement grants, Optometry leads, Primary Care estates strategy to be developed, New roles tested and evaluated and rolled out, Salaried GP model

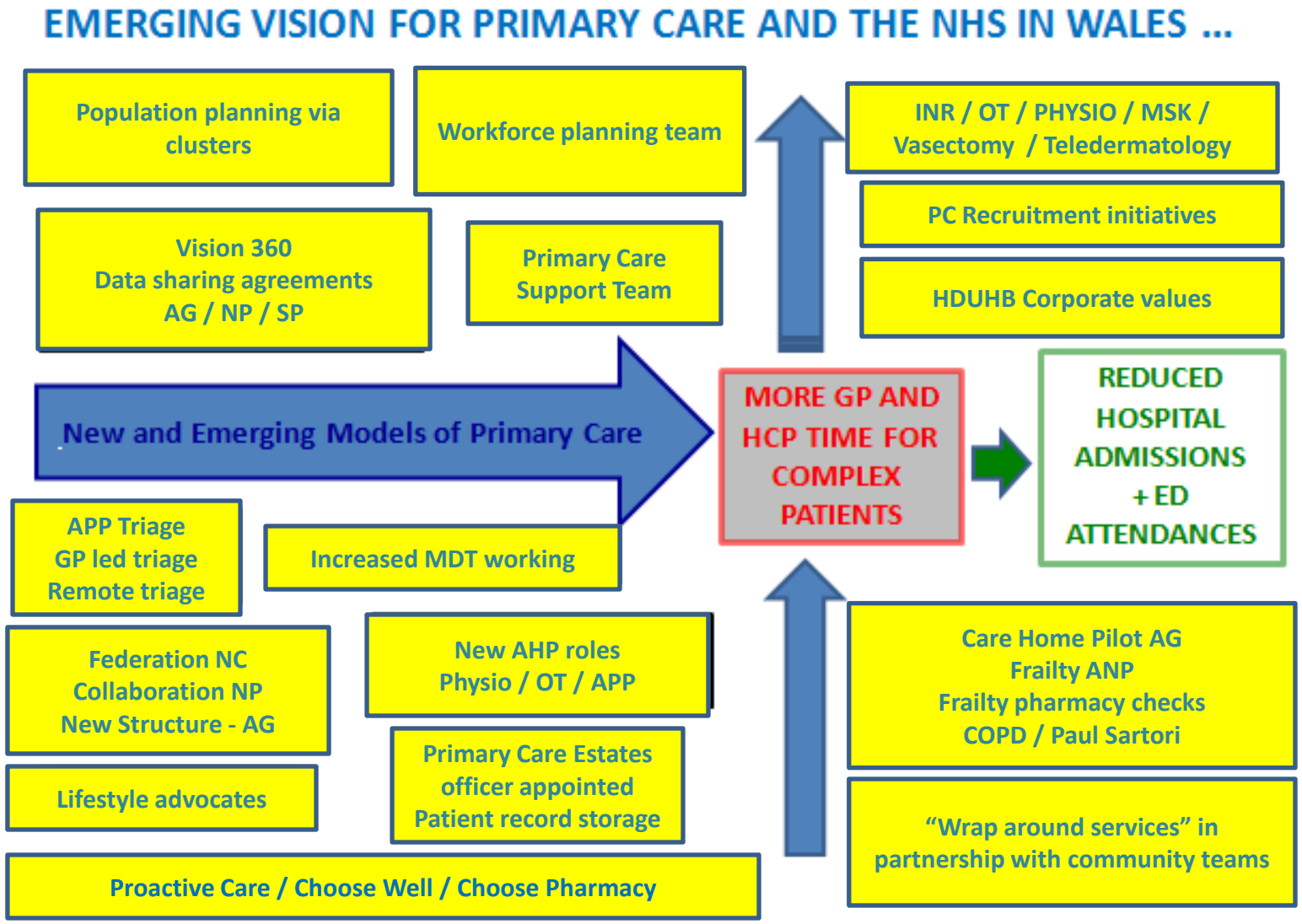
2. Moving services

INR Level 4 service rollout (37 practices, 1 pharmacy), Patient Medical records storage Initiative (5 practices so far), Community phlebotomy, vasectomy services, Tele-dermatology initiatives, Triage and treat, Lifestyle advocates, Common Ailments programme / Choose Pharmacy, unscheduled care initiatives

3. Improving access

Increased capacity within GMS, Choose well, Proactive care, public education programmes, Patient Participation groups

What our current Success looks like?



Using the pacesetters to create the new Primary care model within HDUHB

HYWEL DDA VISION FOR INTEGRATED PRIMARY AND COMMUNITY SERVICES

Planning functions
Building skills, relationships, capacity, processes and roles in Localities
Primary Care workforce planning at Locality Level
Understanding capacity, demand, variation, population health need and flow
Utilising IM&T – existing, new & emerging
Primary & community estate – fit for future

Outcomes & Success Factors
Integrated workforce with high trust, effective decision making and deliverable plans based on population need
Motivated, flexible and resilient workforce with high levels of prestige, diverse and complementary skills
Equipment and facilities which are integrated and promote local delivery

New and Emerging Models of Primary Care

A PRUDENT approach to healthcare with the GP practice at the heart of local care provision

Managing unscheduled care needs	Strengthened focus on prevention, health promotion & self care
Integrated care around the patient	
Contractors collaborating for sustainability & innovation	
New roles, skill mix, mentoring and salaried support	
Meaningful conversation, co-production and education of our communities	

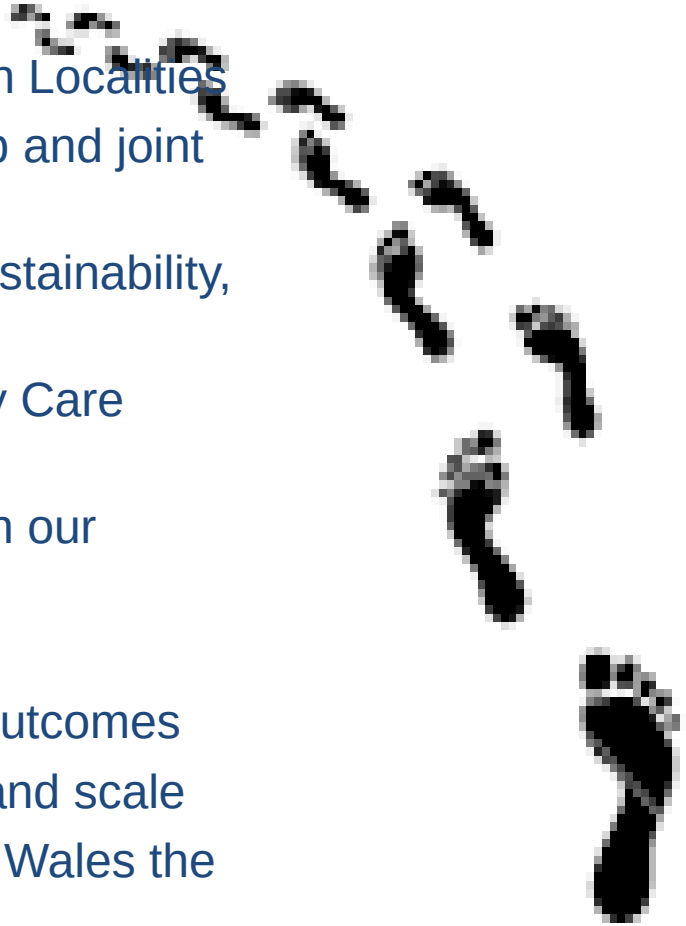
ENHANCED CARE FOR AND WITH PATIENTS WITHIN THE COMMUNITY

RESILIENT HIGH QUALITY SERVICES

EQUITABLE SERVICE DELIVERY, ACCESS AND OUTCOMES

Next Steps

- Continuing to build trusting relationships in Localities
- Nurturing the growing ethos of partnership and joint working.
- Building on piloted solutions to support sustainability, succession planning and integration.
- Test our new vision and model for Primary Care based on
  - Enhanced care for and with patients in our communities
  - Resilient high quality services
  - Equitable service delivery, access & outcomes
- Implement and deliver our plans at pace and scale
- Continue to learn, grow and share across Wales the work that Primary Care has commenced



Discussion – 21st Sept 2016

- Practices are now asking for support
- Additional workforce for 8 practices with MDT support team; thinking space for practices
- Importance of: dedicated project management; enthusiasm and drive; managing expectations; clear exit strategy
- PCST - importance of collaboration with WAST; use of advanced paramedics, with joint rotations and shared skills. Undertake home visits.
- OT and pharmacist projects – reduced demand on GP appts
- Zero hrs contract with other staffing groups – use only as needed
- PCST is a 'landing pad' giving new GPs the opportunity to work in the area without committing to a practice - 'try before you buy!'
- PCST gives practices 'breathing space' to plan for a more sustainable future
- Patient satisfaction around use of Adv Practitioner has been really positive
- Practices have withdrawn notices of intent to withdraw
- Further west and north – harder to recruit – collaborative approach needed, maximise support. Attract new GPs by conference stands across UK, social media –create interesting roles tailored to needs / interests of individual GPs, ie match to jobs. Academic fellows – research into roles
- Outcome measures: harder to capture qualitative measures, eg practice collaboration, buy-in, engagement; wealth of quantitative measures. Developing ways of working with technology
- Pushing boundaries of eg pharmacists / paramedics to change workforce; keep clinical supervision within meds management team/WAST for profs working in PCST; GP is clinical lead for PC team, with appropriate reporting structures for other professionals
- Potential to combine Support Team models and design one ‘Once for Wales’