



Introducing the Primary Care Home concept

Dr Nav Chana, Chairman of the National Association of Primary Care (NAPC) explains the advantages of the Primary Care Home's collaborative concept of working at scale. Nav has been a GP at the Cricket Green Medical Practice in South West London for over 26 years.

The primary care home (PCH) concept has been embraced by nearly 1,000 GP practices across England since its launch in 2015, including some in areas of London with significant deprivation and population diversity.

This is important as the concept is designed around a population health management approach.

There are now more than 200 primary care homes, including 13 in London, all at different stages of development but all committed to redesigning personalised and preventative care for their local communities.

Developed by the National Association of Primary Care, the concept is built around the registered list of general practice to bring together a range of health and social care professionals - drawn from community, mental health and acute trusts, social care and the voluntary sector - to deliver an extended team based approach to support primary care teams in providing local care around population needs.

I totally understand the reluctance among some practice staff (including my own), already buckling under the pressure of an ever-increasing workload, to devote what seems like additional time and energy needed to implement this way of working.

Notwithstanding the need to keep pushing for the additional resources we need in primary care, it is also worth thinking differently about the model of care as we are seeing some early signs of impact which have included workload management and improvement in staff satisfaction. No surprises that better integration of care across sectors is starting to show impact.

In Nottinghamshire and South Yorkshire, which have high levels of deprivation and disease, the Larwood and Bawtry PCH has introduced community advisers funded by the voluntary sector. They work from the surgeries, running citizens' advice clinics signposting patients to voluntary and non-medical services in the area and providing a vital link to services that can address some of the underlying causes of anxiety and depression including debt and unemployment.

Mental health is a key area for the Kentish Town PCH which is developing a primary care mental health team to meet the needs of a diverse inner-city population. It is bringing in a consultant and mental health specialist nurse into the group of six practices to be involved in patient care planning, developing relationships across the practices and, crucially, providing a bridge into the foundation trust.

East Merton, a new entrant to the primary care home programme, is just embarking on its journey, by developing a population health management approach starting with people with long term conditions and those with frailty with a view to creating greater team-based care.

The PCH concept gives the responsibility back to GP practices, as providers of care, to design care models for specific population groups but with the backup of an extended team to work with.

But it's important to work towards all the core characteristics of the PCH rather than one or two, as they are intertwined. These are:

an integrated workforce, with a strong focus on partnerships spanning primary, secondary and social care
a focus on improving population health outcomes and greater personalisation of care for that population

aligning clinical and financial drivers by having access to the data, tools and resources for that population
provision of care to a defined registered population of 30,000-50,000

Working within these parameters, PCHs have chosen to develop care models which suit the needs of their populations. Generally, it's been a case of purpose followed by function then form.

There's absolutely no need to worry or be distracted by new structures and new contracts to get going.

What's crucial is that practices enter the PCH programme voluntarily and that it's genuinely clinically led by people working at the 'coal face' rather than being imposed from the top down.

Early results, where things are working, are showing greater staff satisfaction and reductions in workload through a team-based approach, which in turn is giving primary care a renewed sense of purpose. As a result, we are seeing reductions in secondary care activity.

What we need now is our system leaders to get behind the concept and support it with the data, tools and resources to make it sustainable beyond

voluntary effort.

The PCH is beginning to make a real difference to patients and staff, as this film shows.

Visit our NAPC web site for more information about the primary care home concept.