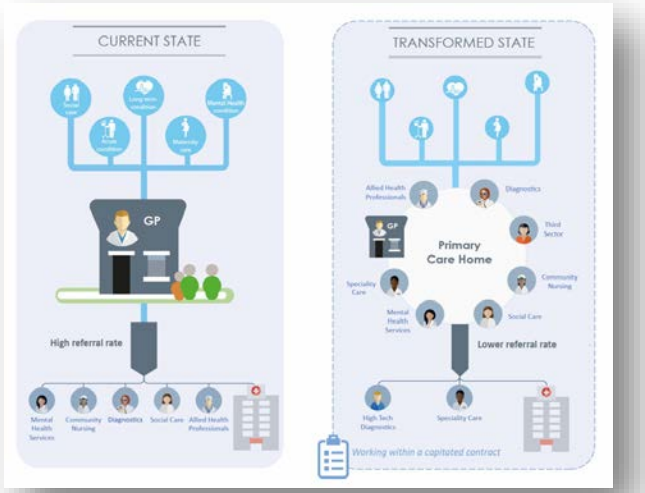
national association of primary care

London's Health: through the lens of the *Primary Care Home* model

Dr Nav Chana

Core characteristics of a Primary Care Home

1. Whole population health management
2. An integrated, multi-disciplinary workforce
3. Financial drivers aligned with the health needs of the whole population
4. Focus on 30,000- 50,000 people



The Quadruple Aim

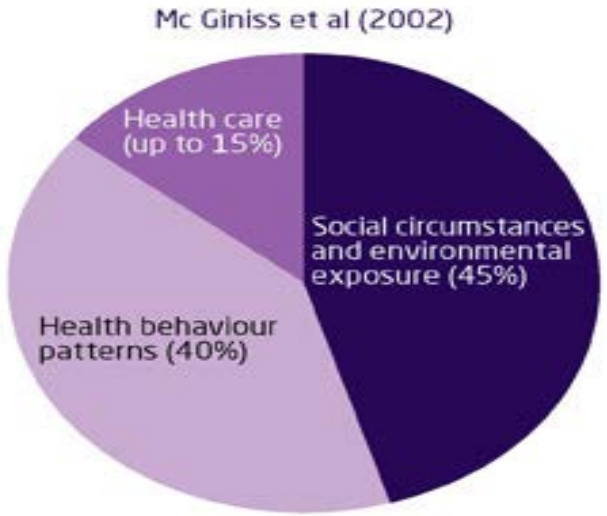
- Improving the health of populations
- Improving the individual experience of care
- Reducing the per capita cost of care
- Improving the experience of *providing* care
  - Increasing joy and meaning for the workforce

Sikka et al (2015)BMJ Quality and Safety - http://qualitysafety.bmj.com/content/early/2015/06/02/bmjqs-2015-004160.full

Primary care

First point contact
Personalised
Comprehensive
Co-ordination and integration of care

Determinants of population health outcomes



www.kingsfund.org.uk/time-to-think-differently/trends/broader-determinants-health

Multispecialty community provision

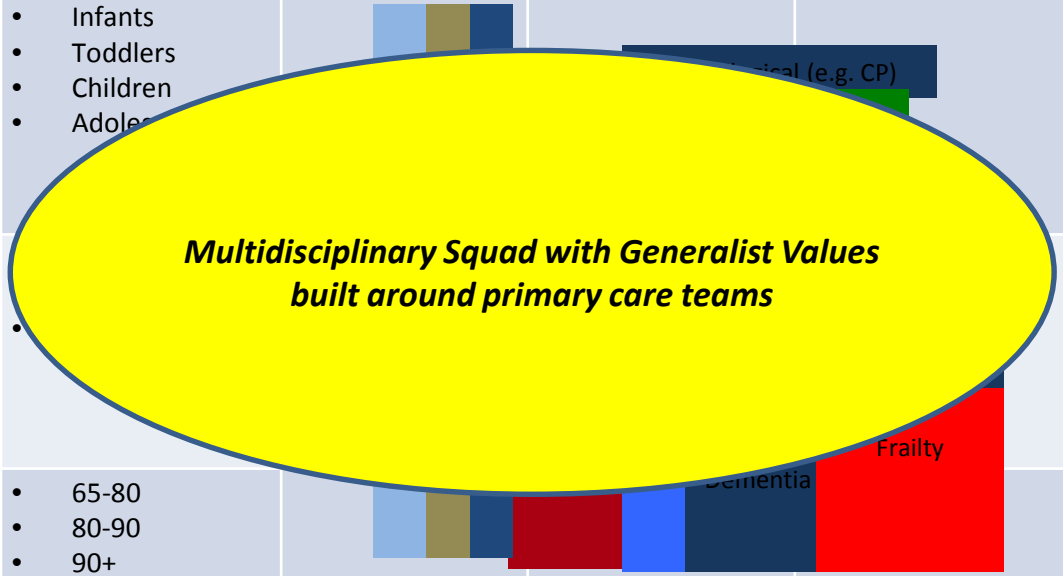
- Integrated provision
- Appropriate ‘place’ for care delivery

Population health management

- *a proactive approach to managing the health and well-being of a population*
- *incorporates the total care needs, costs and outcomes of the population*
- *It involves segmenting the population into groups of people with similar needs*
- *targeted interventions for population segments and the individuals within.*

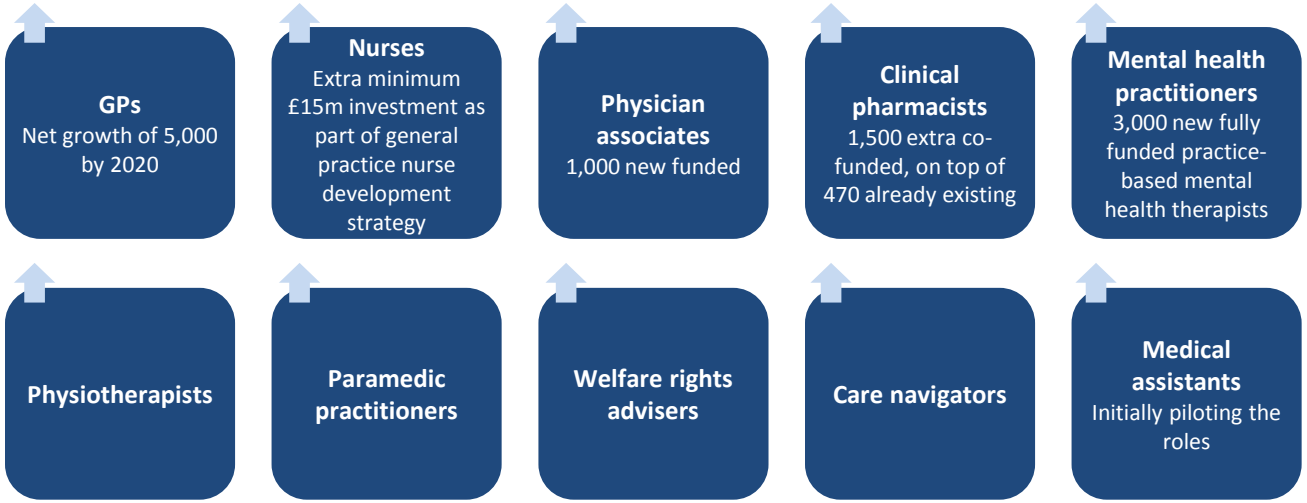
	Generally Well	Long Term Condition(s)	Complexity of LTC(s) and/or Disability
Children and Young People			
Working Age Adults			
Older People			

Life Course	Subdivisions	Generally Well Lower Risk Higher Risk	Long Term Conditions Lower Risk Higher Risk	Complexity of LTC(s) and/or Disability Lower Risk Higher Risk
Children and Young People	• Neonates • Infants • Toddlers • Children • Adole			
Working Age Adults	•			
Older People	• 65-80 • 80-90 • 90+			



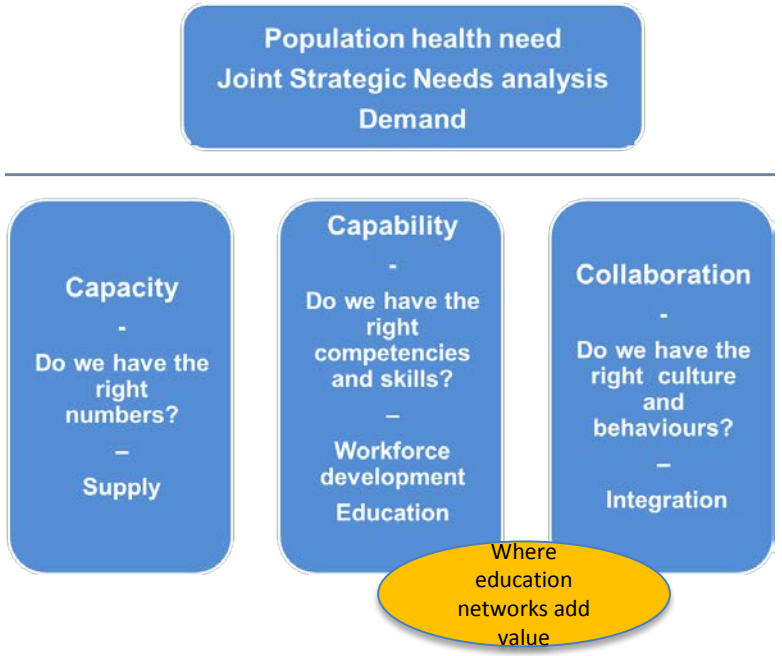
Multidisciplinary Squad with Generalist Values built around primary care teams

Workforce roles



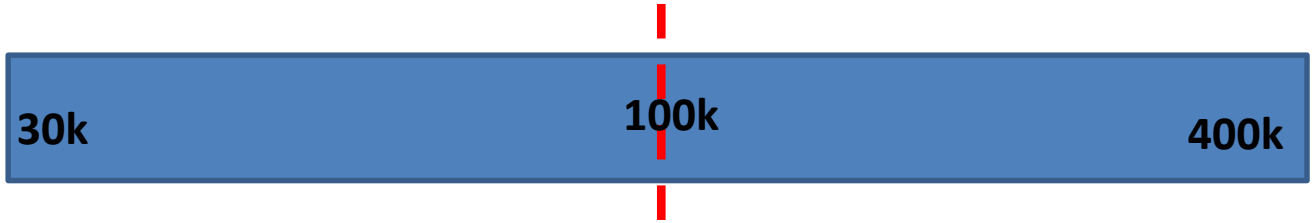
Source: NHS England presentation

Balanced workforce design approach



But you need a great squad…

Function and Form



- ✓ Practice grouping
- ✓ Integrated workforce
- ✓ Sense of belonging
- ✓ Whole population health management
- ✓ Appropriate scope of service provision

- ✓ Sufficient size to hold an MCP contract
- ✓ Subject to procurement rules
- ✓ Organisational form important
- ✓ Wider scope of service provision

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Primary Care Home

What is a Primary Care Home?

- The ‘home of care’ for a population
- Provider led
- The right size to scale and the right size to care
- PCH= MCP – contract + freedom to act + shared learning

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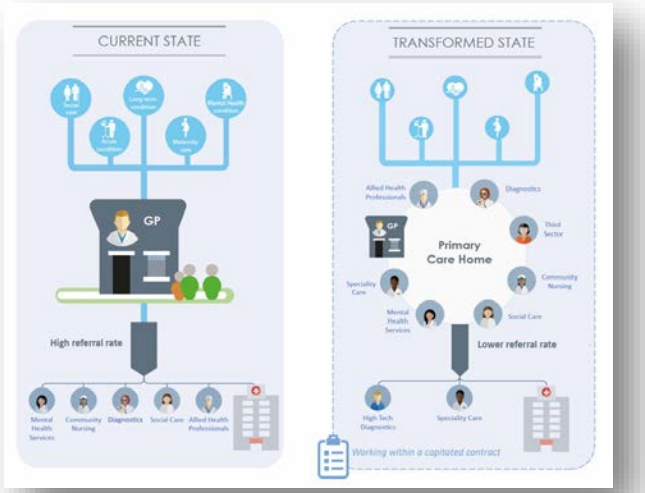
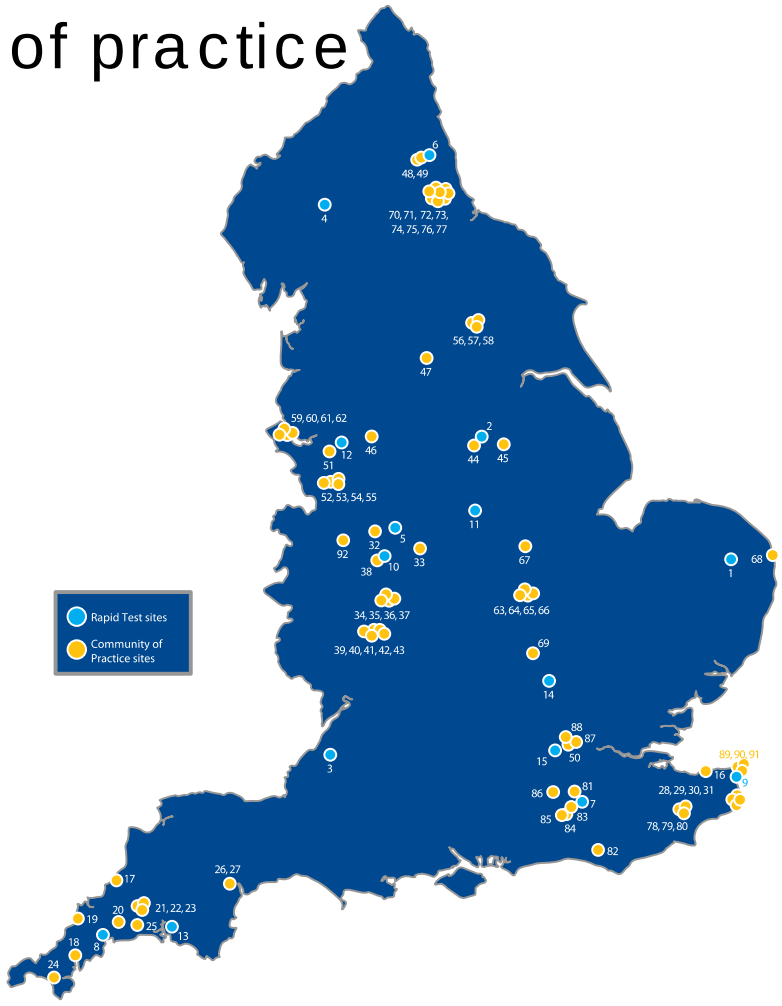
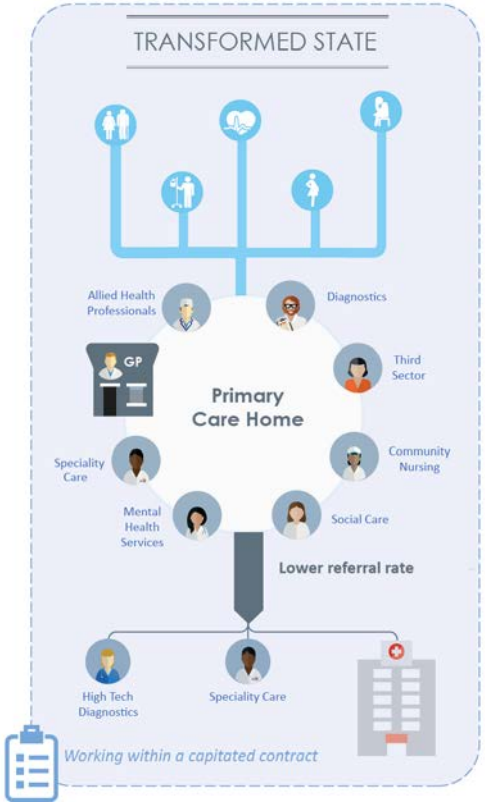


The PCH community of practice

- 160 sites
- 10% GP practices in England
- 12% of population



The PCH model can be an enabler for stabilising Primary Care



1. Encourages **practices to morph and seek economies of scale**

2. **Easier for whole 'system' engagement**

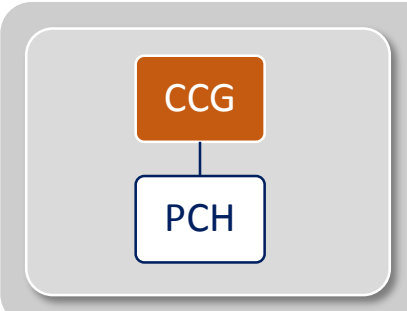
3. **Freedom to act** encourages **innovation and improve recruitment and retention**

4. Multidisciplinary Teams can release **more time**

5. Allows real delivery of benefits faster and **a development escalator**

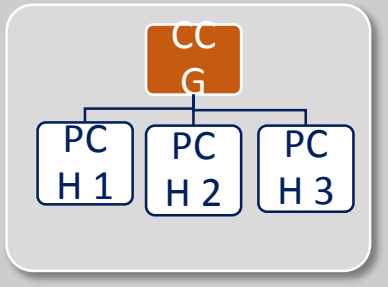
PCH and NCM models

'LOCAL PCH MODEL'



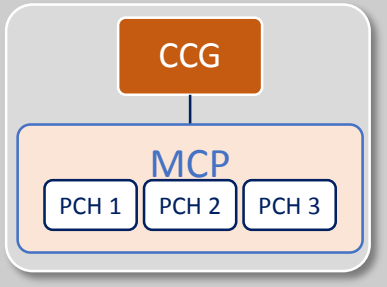
- Larwood and Bawtry PCH
- Beacon PCH
- St Austell PCH

'CCG WIDE PCH MODEL'



- South Cheshire and Vale Royal CCGs (Winsford PCH, Central Crewe Cluster PCH)
- Durham Dales, Easington and Sedgefield CCG (9 PCHs across three localities: Durham Dales, Easington and Sedgefield)
- North Devon CCG (Integrated care Exeter)

'MCP PROVIDER PCH MODEL'



- Cannock Chase CCG (Stafford Primary Care Home , Rugeley PCH)
- Horsham and mid Sussex CCG (Horsham PCH, Burgess Hill and Villages PCH Haywards Heath PCH, Healthy East Grinstead PCH)
- Wolverhampton CCG (Wolverhampton Care Collaborative PCH, Wolverhampton Total Care PCH)
- Thanet CIC (Ramsgate PCH, Margate PCH, Quex PCH, Broadstairs PCH)

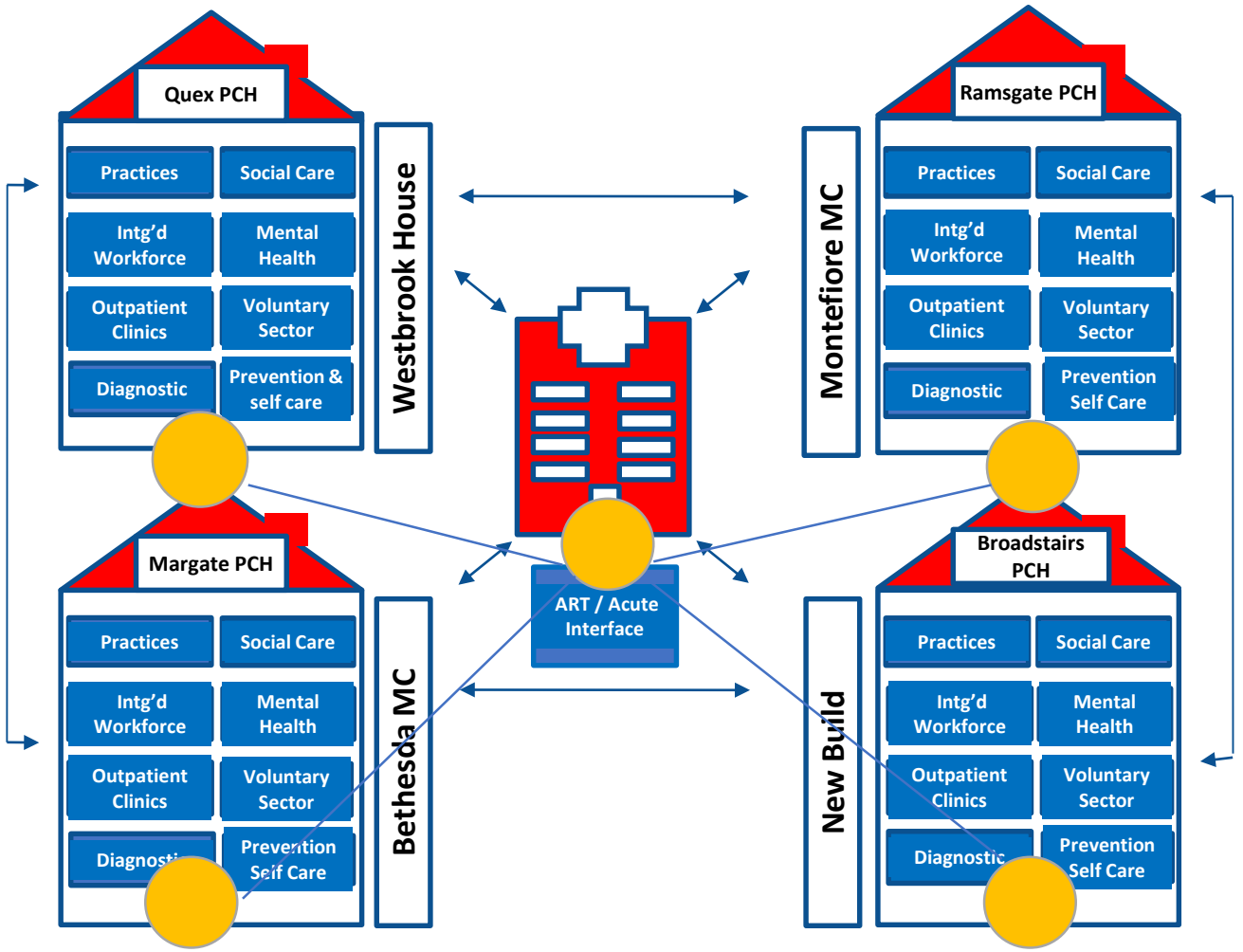
Integrating health and social care IN THANET

NHS

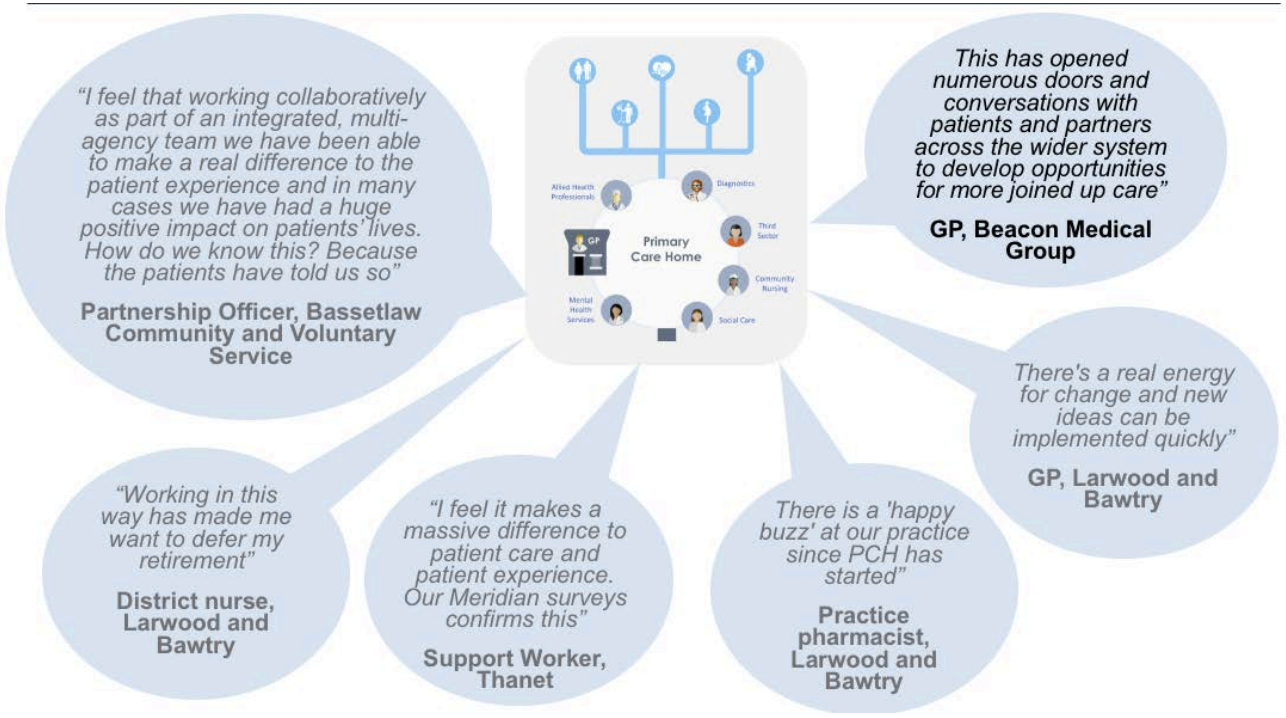
Thanet PCH Program.

Thanet Health CIC

napc Primary Care Home


Quex PCH
Practices
Social Care
Intg'd Workforce
Mental Health
Outpatient Clinics
Voluntary Sector
Diagnostic
Prevention & self care
Westbrook House
Ramsgate PCH
Practices
Social Care
Intg'd Workforce
Mental Health
Outpatient Clinics
Voluntary Sector
Diagnostic
Prevention Self Care
Montefiore MC
Margate PCH
Practices
Social Care
Intg'd Workforce
Mental Health
Outpatient Clinics
Voluntary Sector
Diagnosti
Prevention Self Care
Bethesda MC
ART / Acute Interface
Broadstairs PCH
Practices
Social Care
Intg'd Workforce
Mental Health
Outpatient Clinics
Voluntary Sector
Diagnostic
Prevention Self Care
New Build

Is it working?



Early impact; guarded optimism, blah blah…

Pilot Site Example Benefits		
A&E Attendances	▼	£27k of savings each year enabled by providing extended primary care access in Thanet
A&E Admissions	▼	£295k of savings from reductions in A&E admission driven by Thanet Health
GP Referrals	▼	330 GP referrals to hospital avoided given a slowdown in the growth rate demonstrated by Beacon Medical Group
Prescribing Costs	▲	£220k of prescribing savings demonstrated by Larwood and Bawtry
Staff Satisfaction	▲	67% of staff surveyed felt that PCH had improved their job satisfaction
Utilisation	▲	78% of staff felt PCH had decreased or not added to their workload
Staff Retention	▲	86% of staff regarded Beacon Medical Group as a good employer
Patient Experience	▼	82% of staff felt that PCH had improved patient experience
GP Waiting Time	▲	6 day reduction in the average time patients wait to see their GP
Population Health	▼	13% increase in flu vaccinations for patients with COPD registered with Beacon Medical Group
Hospital Stay	▼	8 day reduction for admitted care home residents registered with Beacon Medical Group

NAPC, PA Consulting (2017) Does the primary care home make a difference?

What's working?

1. The PCH is developed, implemented and led by providers while being supported by commissioners
2. Providers release benefits by working at a the right level to effect change
3. The PCH model fosters collaboration throughout the system
4. Staff are activated to become the drivers of positive change

NAPC, PA Consulting (2017) Does the primary care home make a difference?

Learning from sites – what is working?

What sort of interventions 1?

- Access
  - Web based access
  - Separating urgent care from elective care
  - Home visiting teams
  - Care navigation

- Integrated provision
  - Musculoskeletal
  - Mental health
  - Pharmacy
  - Community nursing/ palliative care

What sort of interventions 2?

- Community asset based approaches
  - Voluntary organisations
  - Primary care navigators
  - Social prescribing

- Population segmentation and workforce redesign addressing primary/ secondary interface
  - Frailty
  - Diabetes/ COPD
  - MSK
  - Mental health

What sort of interventions 3?

- Integrated care record
- e-consultation
- Centralised telephony
- Diagnostics/ point of care testing

and finally…

What it might mean for primary care professionals

- The value of variety
  - *Different practices, different settings*
- The importance of continuity
  - *Separation of urgent care from planned proactive care*
- Opportunities for management and leadership
  - *Multiple opportunities for career progression and leadership in different dimensions*
- Additional areas for primary care professional development
  - *Learning with, from and about others*
  - *Enhanced supervision and mentoring*

Sabbey A, Hardey H (2015) *Views of newly-qualified GPs about their training and preparedness: lessons for extended generalist training* BJGP