LivingCa
MEDICAL SERVICES

LCMS Presentation

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Dealing with the 'concerns'

- No intent or desire to make any Dr 'redundant'
- No intent or desire to make any Reception Staff 'redundant'
- No one will 'have to go to Hounslow' to see a clinician
- Pts do not have to 'see a nurse before seeing a GP'
- No activity prejudices current Dr/Pt relationships – LGBT, Elderly, Infirm, Parents, Children, Chinese, Female – all deserve an equitable service offering
- No activity will alienate the Chinese population
- We do have one intent – to deliver safe, high quality healthcare for our patients

ps. The service isn't a 'walk-in' one – it's a booked appointment system – there is a walk-in service on the ground floor – in primary care we have Emergency and Routine appointments – we should be able to best determine which patients receive these rather than a lottery of who can get to the Practice by 0800hrs

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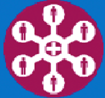
Dealing with the ‘concerns’

- Drs – we want to reduce hours of locums and agency Drs plus reduce some hrs for the two Drs
- Reception Staff – lots of training to become ‘Care Navigators’ – “SIGNPOSTING”
- Hounslow?! – trying to speed up access – have you tried an UBER ride out there lately?!
- Pts will be streamed to the most appropriate member of the MDT – common practice, widely used in the NHS – best practice
- No activity prejudices current Dr/Pt relationships – pts can still see the Dr, but fewer ‘emergency’ and more ‘routine’ so as not to disadvantage other pts in more urgent need
- Chinese speakers – 90%+ of mornings we have a non-Chinese speaker on reception – higher risk of misinterpreting a clinically serious issue – improving Language Line access and get a clinically sound judgement first time – as early as possible
- Why? Because it reduces risk for Pts and staff and improves access and it is in line with the GP 5yr FV…

GP 5yr Forward View – working at scale

Resilience

Economies of scale


System partnerships

Skillmix

Innovation and improvement

Staff development

Dr Peter Varnham – Director of General Practice Development

Whatever else you want to achieve,
make it a priority to release clinical time urgently

Background

- CCG Landscape
  - CCGs gaining devolved powers from NHSE to now manage primary care (GP) budgets – like before CCG days
  - GPs conflicted – managing CCGs & determining where GP budgets are spent
  - Cost pressures abound – most CCGs in debt – usually by millions £
- Direction of travel
  - GPs are exploring and trialling ways to adapt/change - EVOLVING
  - FEDERATION, consolidation, make best use of scarce resources
  - Centralise BACK OFFICE functions and activity
  - Monies being offered to support large-scale MERGERS between GPs
  - MULTI-DISCIPLINARY TEAMS – up-skill HCAs and Nurses to see planned activity (increases practice revenue) and reduce pressure on GPs

Current State

- Traditional Practice model – but not well delivered
- Practice has inherent weaknesses
    - Variable local processes
    - No MDT approach - lacking ANP/HCA capabilities
    - Poor coding costing £000’s – by GPs and PN despite training
    - High dependency on costly GPs – 50%+ of revenue
    - PN retired and back PT/long periods of leave
    - No HCA for bloods and procedures, health checks, tests etc. – lost revenue £000’s
    - £3-5k in debt every month – 10/12 months in debt last FY

So what is the proposal?

- Focus clinical staff on clinical activity:
  - reduce GP & Nurse admin activity – est 30-40%
  - Nurses – under-represented and under-skilled
  - HCAs – not present and having own detailed tasks
- Two-pronged process:
  - Upskill/recruit HCAs to undertake nurse activity; upskill/recruit ANPs to undertake GP clinical activity; reduce locum & GP costs overall
  - Take all admin tasks out of the clinical spokes and put in a HUB – concentrate, focus, achieve efficiencies of scale and specialisation
- Who else has done it and what's been the response there?

Gosport MCP’s Same Day Access Service

“Multi-speciality Community Provider”

- Involves same day access in one hub
- Standardised telephone triage and/or same day clinic with GP, NP, ANP, HCA (ECP or physio as well in their case)
- Outcomes include:
  - increasing length of GP slots for patients with complex needs
  - decrease in waiting time for routine appointments
  - and reduction in overall admissions to A&E/inpatient stays
- Triage outcomes include
  - 38.6% conversion to same day appointment
  - 70.9% of face-to-face appointments are now seen by MDT
  - 100% of patients surveyed recommend the service

Patients feedback on similar model

"The service is extremely professional. They put the patients first, and the care is first class, right the way from the initial call, through the reception team and to the doctors."

Joy, 57 – Patient, Better Local Care MCP

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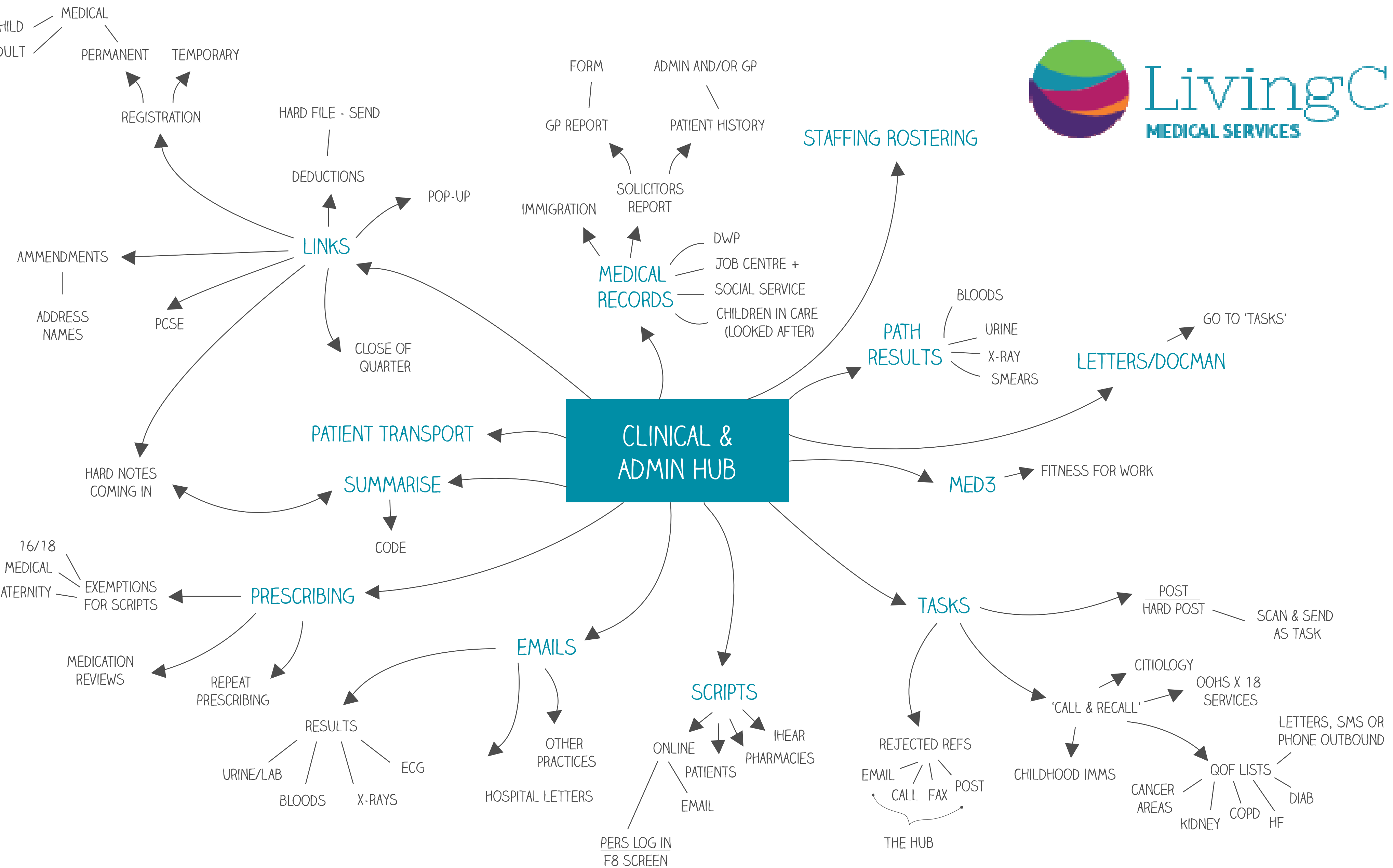

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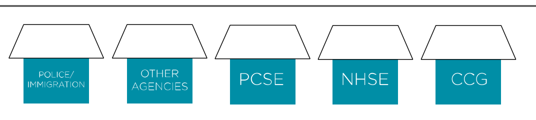
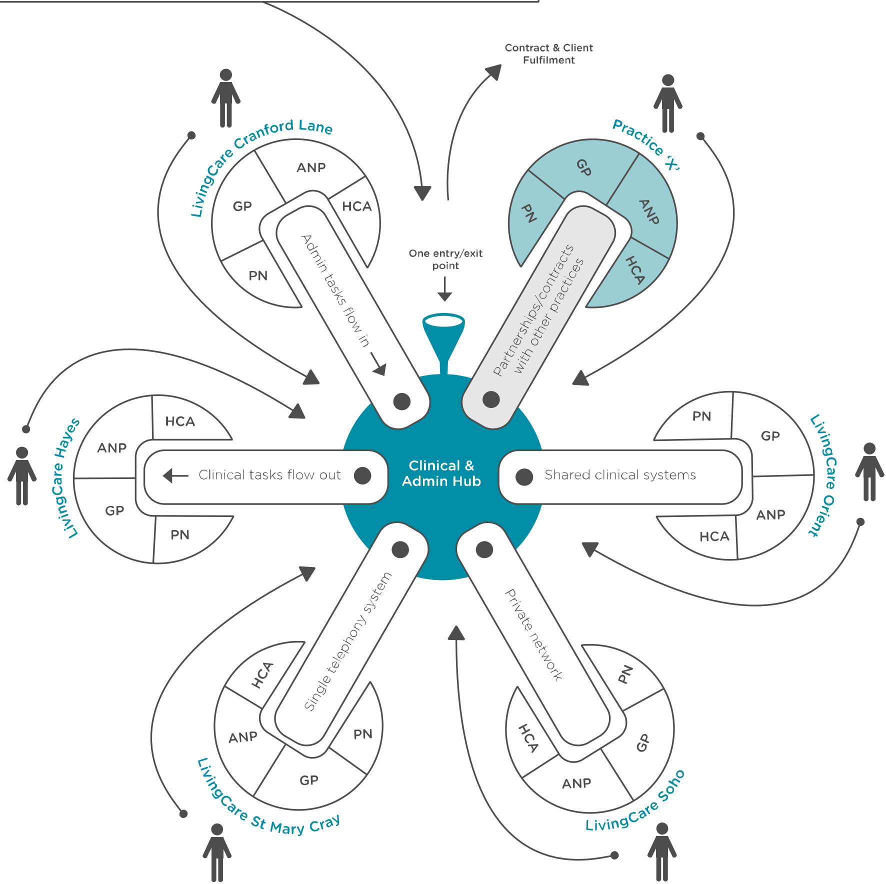
The 'admin burden' – most to be shifted to the HUB





1. Contracts centrally managed day-2-day, KPI's, CQC, CQMs, NHS choices, LES, DES, QOF reports/returns
2. Streamlined, cost efficient, improved revenue, reduced costs
3. Faster, Accurate forcasts/revenue/costs
4. Fast access - Same day, urgent appointments, routine appointments
5. Fast triage
6. Appointments are appropriate length
7. Spokes focus on clinical delivery
8. Minimal admin tasks outside hub
9. New business by selling hub services to GMS/PMS practices "Practice X"

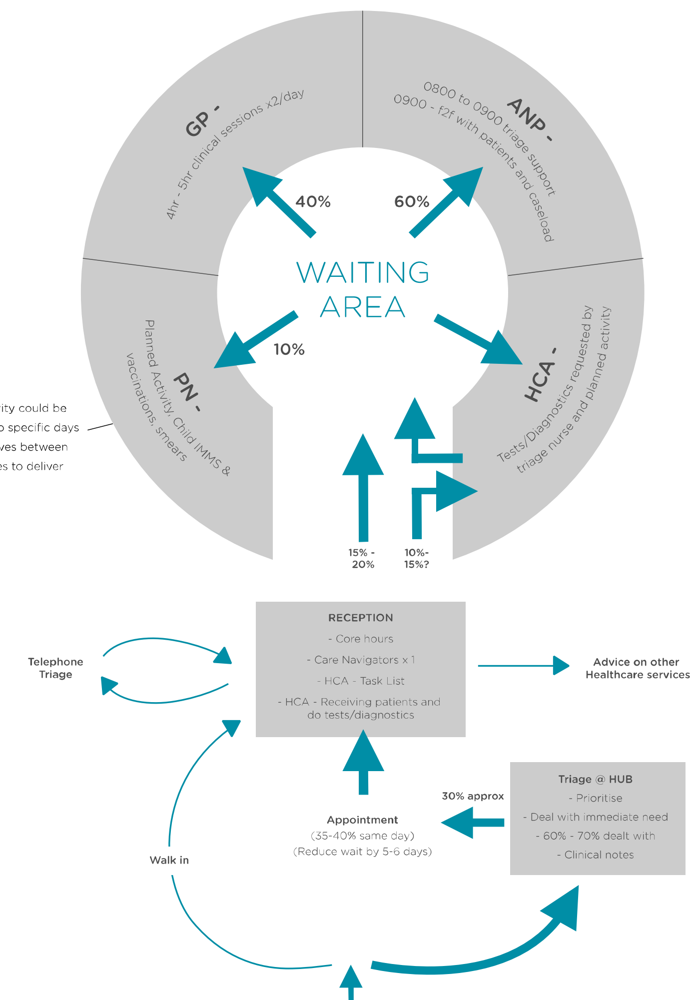
Put the admin in to a distinct HUB – release Drs f
F2F clinical activity at the Practices

All requests, data, PT calls etc. fed in to one place
create excellence in streamlining process – clinica
and admin

Patients call in to the HUB – though they feel its
their own practice – dial the same local number –
clinical assessment: triage or pass to non-clinical
Team – other trials show 30% dealt with without
pass through for F2F appointments

Clinical triage team mirrors what's been done in
Out of Hours for 20+ years – its not new – it's a
new application of the process

AL SPOKE
tient Journey



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NB: GP ACTIVITY
40% of 30% =
12% of original volumes

- Clinicians (nurses) triage the calls:
    - "Press 1" Nurses determine outcome – advice, other provide
      referral, prescription, etc.
    - 'Press 2" Non-Clinical – Admin Team – deal immediately with
      need – speedy response
- Patients arrive at Practice with clinical notes for the prevailing condition
- Task list for HCA – patient has diagnostic tests before they see the GP/ANP
- GP/ANP see notes/results – speeds up diagnosis and directed questioning – faster decisions
- Referral to other services is the only admin process not removed f the HUB – clinically safest process
- Results and correspondence managed in the HUB – clinical tasks s on the IT systems to the clinicians in the spokes
- Patient call-backs; from the HUB
- Stop the telephone lottery at 0800hrs PT behaviour change
- Increase 'same day' appointments by 30%+
- Reduce waits for GP/Nurse routine appointments by 40-50%
- Reduce unnecessary patient time in the Practice

Timeline

- Patient consultation and feedback – delayed by initial response and desire to create a joint plan with the PPG
- Recruitment and train – Nov/Dec 17
- Dual running cost Dec 17 – Jan 18
- Deploy to 1 site – 1 Dec 17
- Deploy to all sites – mid-Jan/Feb 18

Summary

- GP Services got to evolve and develop
  - Move to clinically better (faster/safer) outcomes for patients
  - Safer practices & procedures
  - Faster access for the more unwell
  - Fairer assessments – no queuing at 0740hrs in the rain – and longer appointments
  - Soho Practice can't withstand current losses

To do…

- The suggestion to try to map the locations of the patients within the Practice Boundaries – can’t be done on current software
- Comms plan being finalised:
  - Text messages about proposals – be more proactive
  - Questionnaire being designed – inform and seek thoughts
  - Want to test the phone translation (Dec/early Jan) and get feedback from Chinese patients in particular
  - Feedback will be gathered before, during and after the changes and fed-back to pts, PPG and CCG (NHSE) and to the Council if helpful
- Take this to all the CL practices to improve their patient access, reduce pressure on GPs and reduce A&E/Acute stays
- With released GP time start the Primary Care Homes work the CCG and NHSE want