How to create a multidisciplinary workforce to improve care for patients and relieve pressure on GPs

Kings Fund
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Dr Chris Jones, Programme Director
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# New Models of Care

## Multispecialty Community Providers
- Blending primary care and specialist services in one organisation
- Multidisciplinary teams providing services in the community
- Identifying the patients who will benefit most, across a population of at least 30,000

## Integrated primary and acute care systems
- Integrated primary, hospital and mental health services working as a single integrated network or organisation
- Sharing the risk for the health of a defined population
- Flexible use of workforce and wider community assets

## New approaches to smaller viable hospitals
- Coordinated care for patients with long-term conditions
- Targeting specific areas of interest, such as elective surgery
- Considering new organisational forms and joint ventures

## Enhanced health in care homes
- Multi-agency support for people in care homes and to help people stay at home
- Using new technologies and telemedicine for specialist input
- Support for patients to die in their place of choice
The 14 MCP Vanguards
The Vanguard Hypotheses

50% of work done by GPs could be carried out by a more cost effective resource

30% of elderly people admitted to hospital acutely for a short stay of between 0 and 5 days do not need to be admitted and could be cared for differently in an alternative setting

30% of patients occupying an acute hospital bed do not need to be there because their episode of acute care is over

We have devised 90 logic models with which to evaluate the programme and test these hypotheses.

The new model of care must also achieve the three objectives of the Triple Aim.

THE TRIPLE AIM

- Lower Cost
- Better patient experience
- Improved outcomes

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10 High Impact Actions

1. Active signposting
   - Online portal
   - Reception navigation

2. New consultation types
   - Phone
   - E-consultations
   - Text message
   - Group consultations

3. Reduce DNAs
   - Easy cancellation
   - Reminders
   - Patient-recording
   - Read-back
   - Report attendances
   - Reduce ‘just in case’

4. Develop the team
   - Minor illness nurses
   - Pharmacists
   - Therapists
   - Physician associates
   - Medical assistants
   - Paramedics

5. Productive work flows
   - Match capacity & demand
   - Efficient processes
   - Productive environment

6. Personal productivity
   - Personal resilience
   - Computer confidence
   - Speed reading
   - Touch typing

7. Partnership working
   - Productive federation
   - Specialists
   - Community pharmacy
   - Community services

8. Social prescribing
   - Practice based navigators
   - External service

9. Support self care
   - Prevention
   - Acute episodes
   - Long term conditions

10. Develop QI expertise
    - Change leadership
    - Process improvement
    - Rapid cycle change
    - Measurement
Care Navigation
Care Navigators

Making every contact count. Developing staff and signposting patients to appropriate services.

Not clinical, non-binary.

- Upskilling of existing personnel
- Over 120 care navigators trained and counting
- Supported by primary care health champions
- Using Service Directory and other on-line tools
- New front door experience: ‘Apple Store’
- Accredited Training Provider
- On-line Course developed – Available November
- Approved for GP Forward View 10 High Impact Actions
Care Navigation App

- Web-based decision tree
- A-Z, Symptom checkers
- Public access
Kiosks

- Care Navigation App & web site
- Kiosks in Reception
- Part of West Wakefield web site
- Service Directory
- Real-time signposting to resources
- App Library
Does it work?

Last 6 months:

- 12148 episodes
- 1472 hours GP time saved
Multi-disciplinary Workforce: Primary care
GP led primary care team

- Care Navigator
- ANP
- Practice Nurse
- Patient
- Mental Health Worker
- Social Worker
- Health & Wellbeing Worker (SP)
- Physiotherapist
- Pharmacists
- HCP / PA

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Pharmacists in General Practice

“Colleagues in secondary care have relied on pharmacists’ skills for years and it is well overdue for these skills to be available in primary care”

Dr Maureen Baker, Chair of the RCGP
What do Pharmacists offer?

• Prescribing Support Services (PSS) are our external provider contracted to provide practice based pharmacists for the MCP Vanguard in Wakefield

• PSS pharmacists are working in an enhanced role to offer:

Core Service:

• Annual medication reviews
• Letters & discharge note reconciliation
• Prescription reauthorisations
• Responding to acute medication requests
• Dealing with patient medication queries
• Liaising with community pharmacists

Additional Service:

• Offering medicines optimisation for patients:
  – With long term conditions, including CKD, care homes, housebound
  – Taking immunosuppressants
  – Taking 10 or more repeat medications
  – With learning disabilities or dementia
  – Requiring urgent care support
  – To avoid unplanned admissions
Does it work?

- April - September 2016
- Interventions made = 27,309
- GP time saved = 3,414 hours
What do pharmacists do?

Intervention types: April to September 2016

Outcomes

- Medication requested
- Repeat prescription reviewed by pharmacist
- Patient medication advice
- Medication review done by pharmacist
- Letter from specialist
- Medication on discharge letter
- Synchronisation of repeat medication
- Medication optimisation
- Minor Illness
- Medication review
- New medication commenced
- Medication increased
- Medication change to branded
- Inappropriate medication stopped
- Medication stopped - ineffective
- Medication recommenced
- Medication stopped - side effect
- Repeated prescription
- Medication stopped - interaction
- Medication stopped - contra-indication
- Medication change to generic
- Medication decreased

Total

- 20,924
- 7,633
- 5,070
- 8,737
- 2,780
- 1,716
- 648
- 884
- 356
- 94
- 33
- 26
- 22
- 18
- 16
- 16
- 3
- 2
- 2
- 2

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Next steps

• Significant scope to further develop the role of pharmacists

• Mid-term review underway to get feedback from pharmacists, GPs, practice managers and patients.

• Plans to improve the next 6 months will be informed by review results and may include:
  – Development of pharmacist-led long term condition clinics
  – Ring-fencing some time per session to allow for case finding of complex patients
  – Exploring the use of pharmacy technicians to assist pharmacists
  – Trial of pre-bookable and acute pharmacy appointments within the EOH sessions
Physiotherapy is ‘absolutely vital’ as part of ‘first contact care’

Dr James Kingsland, President of the National Association of Primary Care.
What is Physio First?

- 15 minute appointments for an initial physio assessment and advice
- Must be a new MSK problem or an acute exacerbation of a pre-existing problem
- Staffed by experienced physios with SystmOne smartcard read/write access
- Recommendations can be tasked on SystmOne to GPs or admin team
  - For example: referrals, prescriptions, sick notes
Does it work?

- April – September 2016
- Interventions = 1005
- GP time saved = 164 hours
What work are physios doing?

Intervention types: April to September 2016

Outcomes

- Patient education in self-care: 830
- Exercises: 794
- Referral to community-based physiotherapy service: 310
- Referred to doctor: 72
- Manual therapy: 38
- Self-help advice leaflet given: 26
- Referral to general practitioner for medication review: 13
- Refer to accident and emergency department: 10

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Physio First – Patient feedback

- Very good service
- Excellent way of streaming patients
- Informative
- Very efficient, explained things well
- Great idea for initial diagnosis. Didn't have to wait long. Knowledgeable friendly guy!
Physio First – Next Steps

• Mid-term review underway to get feedback from physios, GPs, practice managers and patients.

• Plans to improve the next 6 months will be informed by review results and may include:
  
  — Ability to offer up to 2 follow-up appointments per patient to offer treatment and review
  
  — Marketing campaign to better raise awareness of the service to patients
  
  — Trial of pre-bookable and acute physio appointments within the EOH sessions
Heath & Wellbeing Workers

- Enhanced service
- All adults 18+, not just >50
- Workers across all practices
- Deliver social prescribing service
- Work out of HealthPod as well
- Work with VCS & other services
Social Workers

• GP Liaison Service
• Close working with local authority
• Named Social Worker, linked to practices
• On site and by phone
• To be part of the extended primary care team
• Part of community team
Mental Health Workers

• Mental health navigators
• Based in community hub
• Take referrals from primary care
• Key member of community hub team – taking internal referrals from VCS, Community Nursing, social services etc.
Spread & Replication

• Task for 2017/18
• Starting now
• Products & Tools being developed
• Show & Tell events

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