An example from Wales: developing enhanced GP and specialist services to provide services outside of a hospital setting by a wider health care team

John Palmer, Director of Primary Care, Community & Mental Health
I Promise

• Elephant
• Metamorphosis
• Welsh Context
• Leadership style
• National / local models of Primary Care change
• Reflection on Cwm Taf UHB experience
• Modern art
• Best practice transfer
• An offer of hand holding
The elephant
Metamorphosis – Polly Morland

- Neuroplasticity
- Capacity for future change is enormous, but our view tends to be that our major change is in the past
- Unless we hold strongly in our imagination a future self that we will become
- This allows us to move from an intuition that change should happen (organic) to exercising our personal agency to make that change
- Moving towards that vision is likely to make us happy in the long term as we exercise our personal autonomy
Welsh Set Up

- Welsh Government Accountable for NHS Wales
- Minister for Health and Social Services (now Cabinet Secretary for Health, Wellbeing and Sport)
- NHS Chief Executive / Director General in one role
- 7 integrated Health Boards (delivery bodies)
- 2 Joint Committees for Ambulance and Specialised Services Commissioning
- 3 Trusts (WAST, Sservices, PHW)
- C. 60 Primary Care Clusters
- Setting the Direction
Welsh Set Up

• Challenging health outcomes borne of post industrial decline
• Planned, integrated, collaborative system
• 48% of the Welsh budget
• Close politics
• Huge operational pressure and expectation
• GMS/QOF +
• Meaningful work
• New Primary Care monies in an effort to rebalance the system – core funding/pacesetters/pathfinders
Follow the leader

- How is a road beaten down through the virgin snow? One person walks ahead sweating, swearing and barely moving his feet.....Five or six people follow shoulder to shoulder along the narrow wavering track of the first man.

Varlam Shalamov
Take the road most travelled

• Urban planners and landscape architects describe a phenomenon they call “natural desire lines” or simply desire lines. The new park near my old house had a striking example. The park’s planners had designed gracious curving paths, which walked the walkers around the borders of the newly planted lawns, through avenues of young shrubs and fledgling trees. The public were being instructed, guided on an improving and scenic detour. From the main road there was one path that led through the park to the entrance of a large supermarket. The park had in fact been built by the supermarket owners to mask this new and unsightly growth of commerce. The path was curved like a long archery bow, cutting a grey and gentle swathe through the young and vibrant grass taking the public on a stroll to smell the roses. Which of course we didn’t. Loaded with desire one way and bags the other we chose expediency over prescribed detour. We voted with our feet. Gradually a line was worn through the grass, connecting the ends of the curves like the string of an archery bow. With use, this line gained definition, lost its green. Soon it was a solid beaten path, a taut and muscular line inscribed by desire and necessity. The record of a public decision at odds with the official description. Desire can inscribe itself on the landscape – make a big mark.

Vincent Deary – How we are (How to live trilogy)
Trailblaze rather than hedgebet?

- In 1949 a forest fire broke out in Mann Gulch Montana. Smokejumpers were parachuted in – a team of 15 headed by a foreman named Wag Dodge. The fire exploded – it was moving over 600 feet a minute – faster than most people can ever run and so 15 firefighters were trapped. Wag Dodge had an idea. He knew that they would lose the race back to the top of the ridge so he suddenly stopped. He lit a match and he lit a fire at his own feet. The fire spread around him. I imagine the other smokejumpers thought the guy was crazy. But his idea was this. If I burn the fuel around me – then when the fire comes and overtakes me – I’m safe – I’ll be in what came to be known as an escape fire. He tried to get the other smokejumpers to join him and nobody did. The fire overtook the crew killing 13 men and burning 3,200 acres. Wag Dodge survived nearly unharmed in his escape fire. It is just tragic to think of the answer being there but just in the moment not able to see it. That’s how embedded people come in the status quo. They can’t recognize an invention when it’s among them and they can’t give up their old habits. We’re in Mann Gulch. Healthcare is headed for really, really bad trouble. The answer is among us. Can we please stop and think and make sense of the situation and get our way out of it. It’s the same challenge.

Don Berwick – IHI and recently US Secretary of State for Healthcare
National Pacesetters, Evaluation and Innovation

- £4m fair-shared across HBs
- Approved on basis of “pushing boundaries” and “learning lessons for Wales”
- 17 Pacesetter projects, 4 themes, i.e.
  - Building integrated primary care support and capability
  - Developing innovative referral/demand management models
  - Creating new organisational forms for delivery
  - New models for delivering pharmacy and prescribing
- Robust evaluation therefore critical, locally and nationally – supported by 1000 Lives and external assistance – looking for real stretch
- Road most travelled disguised as trailblazers...
• PCSU
• Demand/referral management
• Organisational form
• Pharmacy initiatives
Local Pathfinders

- £6m direct from Welsh Government to local clusters
- Experimental, take risks
- Supported by Health Boards, but not directed
- Further £30m fairshare for local primary care projects
  - Direct access physiotherapy
  - Minor ailments scheme
  - Pharmacy appointments
  - Lifestyle coordinators
  - ICT – Web GP / Vision 360
  - Social worker integration
- Care & Repair
- Welsh language
- Diabetic feet service
- MDT/Cluster planning
- CV Risk

- Trailblazing, urgent, non obvious, thoughtful
CV Risk visualisations

Risk Factors

- Waist (cm): 84
- BMI: 27
- Systolic BP: 155
- Diastolic BP: 80
- Total Chol: >6.0
- HDL Chol: 1.4
- Total/HDL: 5.4
- Smoker: Ex

Visualisations

- Latest Risk: 38%
- Relative Risk: 28%
- Target Risk: 38%
- Patient Age: 80
- Heart Age: 90

Legend: L=Light(<10); M=Moderate(10-19); H=Heavy(>19)
Within the LHB there are areas of deprivation, particularly in the post industrial areas such as the Rhondda and Merthyr Tydfil (Fig. 4). 73 out of the 188 LSOAs in the LHB (39 percent) are among the most deprived fifth in Wales with 17 (9 percent) in the least deprived fifth. Cwm Taf LHB has the highest proportion of LSOAs in the most deprived fifths in Wales.

Current projections see a rise in the older population (75 years and over) of Cwm Taf LHB residents from 22,000 (8% of the total population) in 2006 to 39,000 (13% of the total population) in 2031 (Fig. 5). These estimates are based on assumptions about births, deaths and migration. The increase in the number of older people is likely to cause a rise on chronic conditions such as circulatory and respiratory diseases and cancers. Meeting the needs of these individuals will be a key challenge for the Local Health Board. In the current economic climate, the relative (and absolute) increase in economically dependent and, in some cases, care-dependent populations will pose particular challenges to communities.
• 300k pop’n
• Post industrial decline / impoverishment
• Valleys / MT
• 39% in poorest 5th of pop’n – 70% in poorest two
• Close community
• Close politics
As well as reducing spending on public services, the UK Government is increasing taxes and cutting benefits and tax credits. These act to reduce the net incomes of households in Wales, although the average reduction by 2014–15 (2.8% of net income) is a little smaller than for the UK as a whole (3.0%).

The largest average reductions are for households in the poorest fifth of the population (5.2% in Wales) and those households with dependent children (4.3% in Wales). This reflects the fact that such households are more reliant on benefits and tax credits than others. [Mortality down, birthrate up in these populations]

Groups impacted most by the benefit and tax credit cuts may be more vulnerable to cuts by local government or may come to rely more on local government services (e.g. housing or social services). The introduction of Universal Credit will act to offset part of the reduction in benefits and tax credits from 2014, especially for the poorest fifth of the population.
Primary Care Support Unit
Cluster Hub
Cynon & YCC

Cluster Hub
Rhondda & YCR

Cluster Hub
MT & KH

Cluster Hub
T-E & DS

Secondary Care Services

Community Services

Public Service Partners

Primary Care Clusters

Improved Patient Outcomes

Academic Primary Care Unit/Applied Research Framework

Primary Care Support Unit

PRIMARY CARE
Primary Care Support Unit - PCSU

- Innovative Scheme established in 2002
- Sustain...
- Multi-professional Rapid Response Team supporting vulnerable practices
- Directly manage practices and support back to independent contractor status
- Exposure of GPs & other HCPs to challenges and rewards of working in highly deprived areas
- Research Opportunities for GPs; linked to academic centre
• Sustain and modernise....
• Supports GP Portfolio careers - range of job opportunities and joint posts combining research, education and practice
• Supports opportunities for development of specialist clinical skills
• Strengthen leadership
• GP and Practice Manager Mentorship to newly formed and less experienced partnerships
Clusters

- Four Localities
- Merthyr Tydfil, Taff-Ely, Cynon and Rhondda
- GP dominated, but Primary Care ethos developing
- Second year of new monies – strong local team
- Developing corps d’esprit and project focus

Outputs
- ICT – Vision anywhere, GP web
- Community Pharmacy
- Wound Management and Mobile Working / Shared Record with District Nursing
- Behaviour / Lifestyle Management, YM, YH
- Pace, innovation, intelligent design – marginal gains
Cluster Hub – Service Improvement

• Cluster Hubs identified in each Locality with Community Hospitals at the centre – focal point for service delivery; driving forward innovation and new models of care
• Vehicle for interfacing and integrating primary and secondary care services at a Locality level
• Make best use of skills in an equitable way across all practice populations
• provide opportunities for Independent Contractors to develop specialist services, according to community need and in conjunction with the Health Board
• provide new portfolio career opportunities for Doctors, Nurses and AHPs across primary and secondary care

• create a system which will reduce unnecessary hospital admissions; facilitate direct access to a greater range of diagnostics; enable protocol-driven access to inpatient waiting lists reducing overall RTT; reduce outpatient follow-ups; improve patient experience

  – MSK (Hybrid Consultant) – Taff-Ely
  – Respiratory (Specialist Nurse) – Rhondda
  – Diabetes (GPwSI) – Cynon
  – Cardiology one stop shop (GPwSI) – Merthyr Tydfil
GP consultation in Practice
Referral to community cardiology clinic

Referral received by Medical records
Notes free appointment booked within four weeks

AF Clinic
ECG + Echo
GPwSI appointment

Palpitation Clinic
ECG
GPwSI appointment

Ambulatory Investigations (if required)

Discharged back to GP with management advice
Follow up by Community Cardiology
Discharge from Community Cardiology and Onward referral to secondary care
Primary Care Support Unit
Cluster Hub
Cluster Hub
Cluster Hub
Cluster Hub
Primary Care Clusters
Public Service Partners
Secondary Care Services
Community Services
Improved Patient Outcomes
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Primary Care Clusters
Academic Primary Care Unit/Applied Research Framework
Primary Care
Cwm Taf Portfolio Career

• Stimulating practice time with a challenging and interesting case mix
• Engagement and co-design with secondary care colleagues
• Access to world class research and teaching
Best Practice can travel well (despite domain dependence)

- Anaesthetics vs Antisepsis
- Acute Medicine model (Mondrian)
- Natural waking and dementia hub (Organic change)
- Cardiovascular risk visualisation and dental application (Organic change)
- Danish early stage cancer diagnostics (Escape fire)
- Hold a hand
- Balance planning and autonomy
- Understand the organic change taking place and your capacity for agency (personal/organisation)
- Be vigorous and imaginative
Please get on the bus....

- john.palmer@wales.nhs.uk
- https://www.youtube.com/watch?v=ZIOApEWGFqk
Any questions?