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Bringing joy back to general practice

Deb Gompertz and Jeremy Martin

Primary Care Managers Conference

12 September 2024

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We are a not-for-profit organisation that has led the development of population health improvement and integrated working for over two decades

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NAPC is working to bring joy back to general practice by empowering healthcare professionals to improve the health and wellbeing of their community

- Integrated Neighbourhood Teams
- Population Health and health creation
- Transformation to digital health
- Individual and team development

Our programmes

- The CARE programme
- Care Navigation
- Community Health and Wellbeing Workers (CHWW)
- Activation
- Integrated Neighbourhood Teams

Growing consensus that the current model is broken

Current state is not fit for purpose

It is fragmented, does not meet the needs of patients, and misses the opportunity keep people well which in the long term would reduce demand on acute services.

District Nurse Teams	Community Mental Health Teams	Frailty Teams	Hospital at home	Home First
Anticipatory Care Teams	Acute sector outreach	Virtual Wards	Ageing Well	Therapy Teams
Ambulance See and Treat	Social Care	Housing	Rehab	Domiciliary Care
Others???				
General Practice - GPs, Practice nurses, Practice Manager, ARRs				

Possible future state

Confident and autonomous integrated team of teams built around local neighbourhoods

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Who is in the team?

**The make up of the generalist and specialist teams will vary depending on the needs of the local population*

The sustainable solution is to create **flourishing integrated teams** across primary and community care that are accountable for their local population and the individual needs within it. **Team Members can include –**

All GP practice staff:

- GPs/ Practice Nurses/ Paramedics in GP Practice
- Admin/ Receptionists/ Practice Manager

All Community Teams except beds and dental:

- District Nurses/ Community Matrons/ HCAs/ Admin/ Virtual ward team/ Health Visitors
- OT/ Physio/ MSK/ Frailty team/ Same day team/ Rapid Response Team/ Manager

Individual or PCN level or both:

- IAPT/ CAMHS/ CMH/ OPMH/ MH Rehab

PCN Staff:

- Social prescribing team/ Frailty team/ Paramedics - Same day team
- Manager/ Physio

Local Authorities:

- Domiciliary Care/ Assessment/ Care Home

Questions for local discussion:

- Palliative/ CHC/ School nursing/ VCSE/ Beds/ UTC

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How do we do this?

- Trust and relationships
- Creating maximum opportunities for discussion and communication
- Sharing information
- Giving staff time and headspace

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Supporting practices through integrated working

South Somerset

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Focus on people

Value team

Collaborate

Innovate

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How

- “Huddles”
- Surgery and PCN level
- Case identification
- Case numbers
- IT

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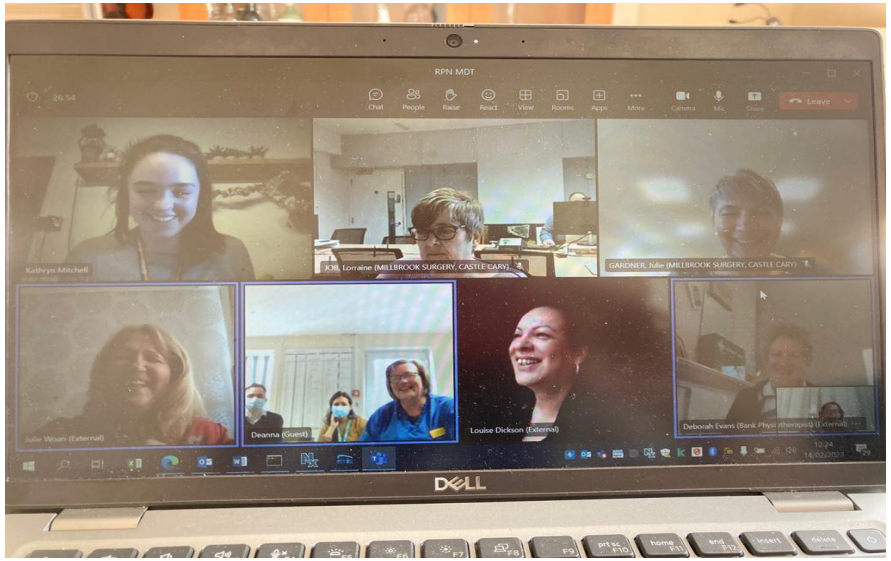
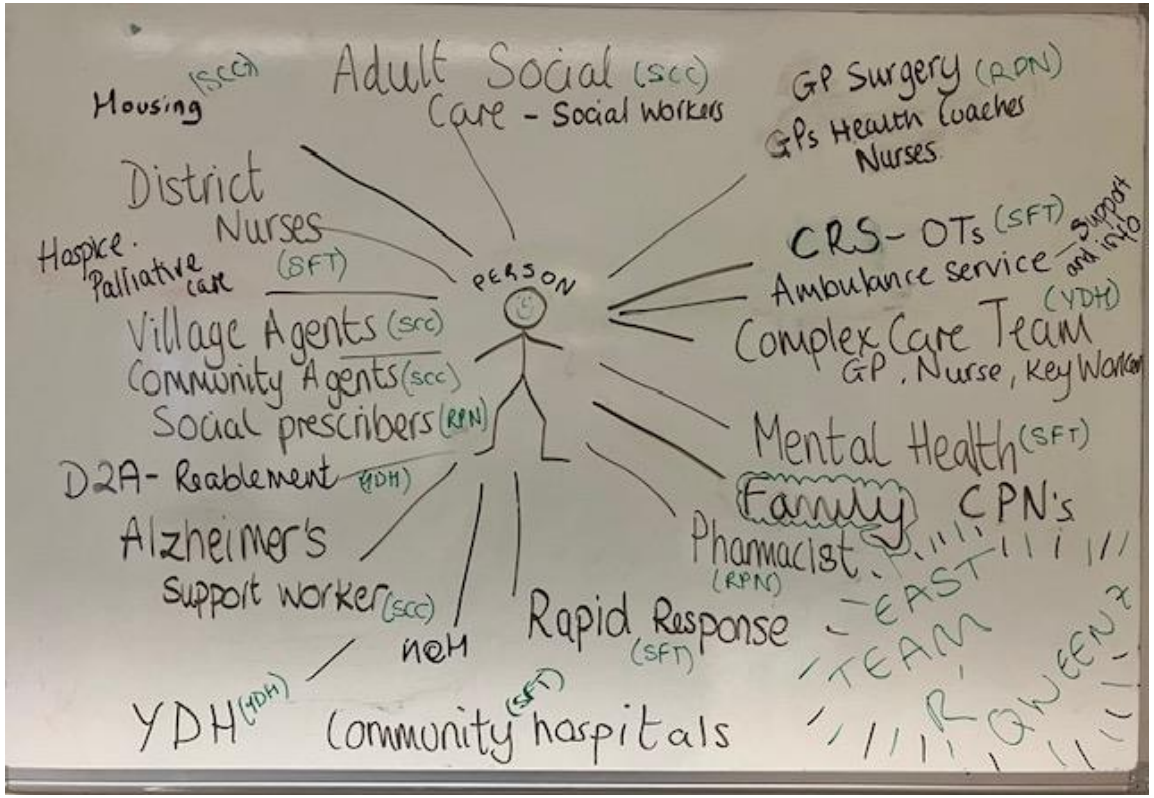
What do we do?

- Person centred care/shared decision making
- Comprehensive(Geriatric)Assessments
- Personalised care plans
- MPM
- Proactive and reactive





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Who we are

Our team

Rehab services, district nurses, primary care, pharmacy teams, social prescribers, Adult social care

Our friends

Alzheimer’s Society, acute trust, families, carers, geriatricians, parkinson's team, community mental health, palliative care

Our neighbours

Village Agents, Housing, Police, urgent care response, rapid response, connect somerset, hospital at home

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What don't we do?

Don't ask for a referral

Don't have criteria for people to be seen

Don't say no

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Make friends/build relationships

Trust each other

Live in same space

Reduce duplication

Give each other permission

Enable and facilitate

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Existing knowledge of people & local services

Wider team supporting

Learn from each other

Shared risk

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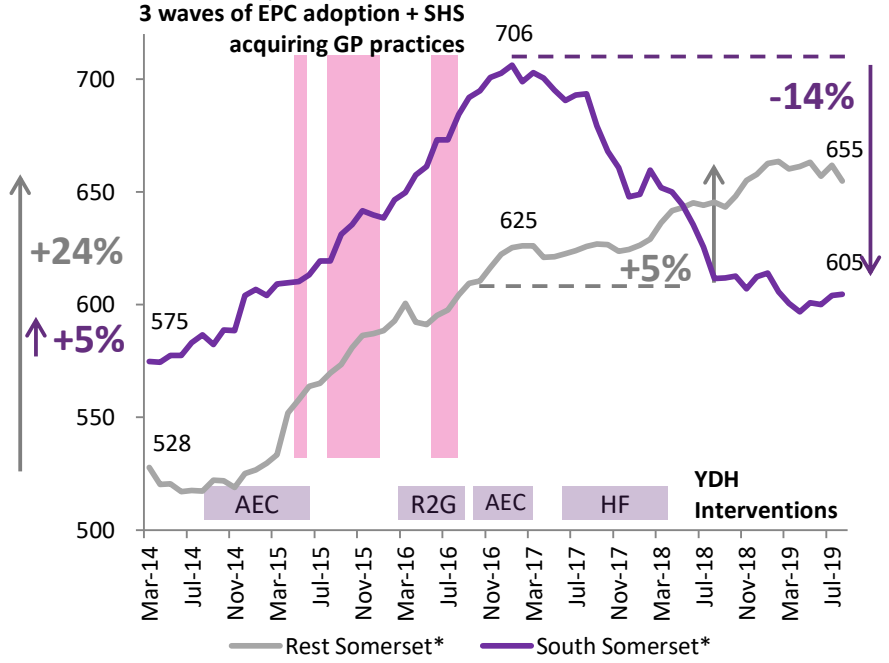
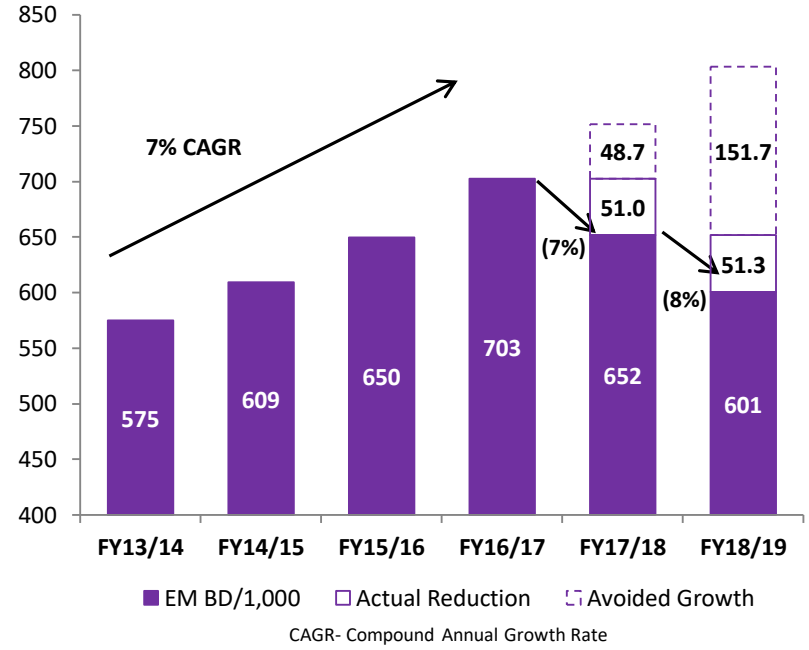
SOUTH SOMERSET EMERGENCY BED DAY REDUCTION (JUN-19)

Over 2 years: 26 General & Acute beds freed up (and avoided building 31 new beds by avoiding expected growth)

DRIVEN BY SYSTEM WIDE INTERVENTIONS IN PRIMARY AND SECONDARY CARE.

T12m South Somerset Emergency Bed Days/1,000 population *(EM BD/1000) excluding Paeds & Maternity*





CAGR- Compound Annual Growth Rate

Primary Care Changes:

EPC; Enhanced Primary Care
Health Coaches, Huddles, MDTs & Complex Care Team (CCT)- current CCT model starting Nov 2016

SHS; Symphony Health Care Services (NHS organisation at arms reach from Hospital Trust. Aim; to support primary care in Somerset)
SHS progressive acquisition GP PMS/GMS practices

Secondary Care Changes (YDH; Yeovil District Hospital Foundation Trust)

AEC; Ambulatory Emergency Care
New Service development

R2G; Red to Green programme
New quality framework for in-patient stay

AEC; Accident and Emergency Department (2nd intervention)
Reconfiguration

HF; Home First
New intensive discharge pathways

*Source: YDH June 2019, based on Trakcare, CSU Somerset System (all Providers) data May-19. * ~1% of 'Other' Activity with no reported GP, is divided prorata to South and Rest of Somerset.*

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I have increased confidence in my role…I feel happier and included

It has taught me how to look after a person as a whole and prioritise what matters most to them in a way no teaching session or textbook would be able to do.

Our MDT's reduce duplication of referrals and visits, which has led to confusion for colleagues and patients in the past.


MORRISONS
FREEZER TIPS

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SHOW ME YOUR MEDS PLEASE

2021 (12 weeks)
1 in 4 people (40)

- 1049 months of prescription items unused = £10,866
- 39 medications stopped = £3,529/12m
- 14 new cognitive impairments identified

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What's next?

Adult Social Care

Childrens services

4th PCN

Streamline services

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Thank you

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