



# DOES THE PRIMARY CARE HOME MAKE A DIFFERENCE?

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Understanding its impact

## PCHs have been successful in releasing a range of benefits for patients, staff, practices and the wider system

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
Length of Stay	▼	8 day reduction for admitted care home residents registered with Beacon Medical Group

## The characteristics of the PCH model and the environment that it creates enables rapid progress in addressing priorities for the local health economy

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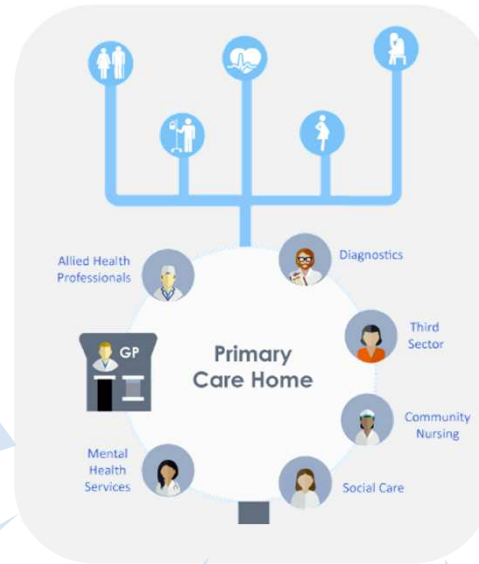
We have identified features that are important to enabling primary care transformation. These are aligned with the four characteristics that define the PCH model:

- 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

# Some quotes from what we heard

*“I feel that working collaboratively as part of an integrated, multi-agency team we have been able to make a real difference to the patient experience and in many cases we have had a huge positive impact on patients’ lives. How do we know this? Because the patients have told us so”*

**Partnership Officer, Bassetlaw Community and Voluntary Service**



*“This has opened numerous doors and conversations with patients and partners across the wider system to develop opportunities for more joined up care”*

**GP, Beacon Medical Group**

*“There's a real energy for change and new ideas can be implemented quickly”*

**GP, Larwood and Bawtry**

*“Working in this way has made me want to defer my retirement”*

**District nurse, Larwood and Bawtry**

*“I feel it makes a massive difference to patient care and patient experience. Our Meridian surveys confirms this”*

**Support Worker, Thanet**

*“There is a 'happy buzz' at our practice since PCH has started”*

**Practice pharmacist, Larwood and Bawtry**

# The Next Stage:

## Embedding performance improvement and impact assessment into every PCH

Evaluating more sites lets us demonstrate the benefits of PCH and also understand why PCH works

### 3 Sites

*What:* Discovery of **indicative benefits**

*How:* A pragmatic and flexible **evaluation methodology**

### 14 Sites

*What:* A **compelling case for investment** both locally & nationally

*How:* A **standardised methodology** that forms the basis of a light touch performance reporting framework

### 169 Sites

*What:* A robust **causal argument whether PCH works** and confidence to extrapolate nationally

*How:* An established **performance reporting framework**

### All future sites

*What:* A **return on Investment of PCH** and an evidenced understanding of **what features of PCH drive success**

*How:* An **embedded performance improvement framework** that generates automated insights

Evaluation evolves into performance improvement