



Primary Care Home Case Study



Organisation:	Larwood and Bawtry
Population:	35,000
GP practices:	2
Partnership:	PCH includes primary care, acute and community trusts, clinical commissioning group, county council, district council, voluntary sector.
STP footprint:	South Yorkshire and Bassetlaw

The challenge

Larwood and Bawtry Primary Care Home covers several villages in Nottinghamshire and South Yorkshire, some of which have high levels of deprivation and disease. Two practices wanted to rebuild the primary care team to care for their local populations and work in partnership with other organisations to ensure services improved and remained sustainable despite an increasing workload.

What they did

The two GP surgeries created integrated teams co-locating community and voluntary services in the practices. Community matrons and community nurses worked with practice nurses to form integrated neighbourhood teams. Community advisors funded by the voluntary sector now work from the surgeries, running citizens advice clinics signposting patients to voluntary and non-medical services in the area. The PCH is working closely with the district council to support people with housing needs and gain awareness of new care homes opening. Social care clinics are held on site to reduce waiting times for assessments. A practice pharmacist has been appointed as head of prescribing to advise and carry out medication reviews in care homes. There's now joint training with the integrated teams, for example, involving community and practice nurses. Since the launch, there's been a great deal of staff and stakeholder engagement involving all the partners.

The impact

There's been a 5% reduction in prescribing costs following the appointment of the practice pharmacist. Analysis over a seven-month period found a significant reduction in prescribing costs and projected £229,000 annual savings, as well as reducing the risk of side-effects for patients. Emergency admissions dropped by 8% over the same period with the clinical commissioning group estimating savings of £277,000. Staff are working together better and find work more fulfilling. According to a staff survey, 87% of those surveyed felt the PCH way of working had improved job satisfaction. Three new GPs have been recruited. Co-location of teams means patient care is discussed face-to-face by staff from a range of different organisations and care plans integrated across services.

Lessons learnt/success factors

Lessons learnt have included the need to engage staff and have a 'do and build' attitude. Co-location to create integrated teams had a huge impact on joint working, increasing skills and sharing of patient information.

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