NAPC | National Association of Primary Care

Primary Care Home Case Study

Organisation: Thanet Health Community Interest Company

Number of PCHs: 4

Population: 144,000

GP practices: 14

Partnership: The PCH involves primary care, acute, community and mental health trusts, clinical commissioning group (CCG), police, county council, ambulance, voluntary sector, hospice, local pharmaceutical, dental and ophthalmic committees.

STP footprint: Kent and Medway

The challenge

Demand for health services has historically been high in Thanet with an elderly population and deep pockets of deprivation. Forty per cent of the population is over 60 and many are frail in their 50s. At the same time, primary care has faced recruitment problems, with GP practices closing and those surviving struggling to cope with huge pressures on existing staff. With better prevention, there were indications that cardiovascular, respiratory disease and cancer could be diagnosed sooner.

What they did

There was a collective realisation that the status quo was unsustainable for patients and staff. Health and social care organisations realised that they needed to come together to pool resources on a voluntary basis to start building an integrated, accountable care organisation to improve care for frail elderly people and reduce demand. An integrated nursing team has been established to provide an enhanced frailty pathway and an acute response team created to provide a range of treatment and personal care support to keep people out of hospital. The team comprising a GP, nurses, health care assistants, physiotherapist, occupational therapist, voluntary care and care agency work closely with social services. They assess patients and put a package of care in place to enable them to remain at home or be discharged. Health and social care coordinators have been brought into GP surgeries to provide non-clinical support to patients and GP surgery hours extended to include weekends and Bank Holidays.

The impact

Frail elderly are receiving better care out of hospital and being admitted to hospital less frequently. Over a 10-week trial period in 2016/17, non-elective admissions fell by 155 compared to the same period last year, suggesting potential annual savings of almost £300,000. Medication reviews have also brought down prescribing costs.

Lessons learnt/success factors

Factors contributing to its early success: commitment and buy-in from all organisations involved, effective staff engagement, commitment and leadership from the CCG. Continuing funding of initiatives or an adequate capitated unified budget for the PCH will make it stick.