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Primary Care Home Case Study

Organisation: The Healthy East Grinstead Partnership

Number of PCHs: 1

Population: 40,000

GP practices: 4

Partnership: Four GP practices, the clinical commissioning group, acute, community and mental health trusts, town and county council, ambulance trust, fire and rescue service and the voluntary sector.

STP footprint: Sussex and East Surrey.

The challenge

East Grinstead's four GP practices had been struggling to recruit and retain staff and cope with increasing demand from a population that was living longer with long-term conditions.

What they did

The community nursing team and an existing multidisciplinary proactive care team were merged into an enhanced primary care team which focuses on patients at highest risk of hospital admission. They provide more joined-up care, treating people at home and preventing unnecessary hospital stays. GPs are no longer involved in activities where they were adding no value, freeing them up for other work. Pregnant women can now self-refer to midwife services, people with musculoskeletal needs go directly to a physiotherapist and community nurses order wound dressings online. Care coordinators have been introduced at all practices to signpost patients to any non-clinical services they may need, ranging from food banks to social clubs. An urgent, on-the-day primary care service is being developed and the PCH is working closely with West Sussex Fire and Rescue Service to ensure housebound patients at risk of falls have their social and medical needs identified, as well as receiving fire prevention advice and information.

The impact

There were 154 high-risk patients in East Grinstead in December 2016 but only 17 were on the caseload of the PCH team. By the end of March 2017, more than 110 were on the caseload, leading to a reduction in unplanned admissions. More than 700 patients opted to self-refer to physiotherapy in the first six months of the scheme going live. Physiotherapists now see urgent cases within five days, compared to all patients waiting six weeks to be seen. The new dressing ordering system has freed up three hours of GP time a week in each practice, released 30 minutes of time for each nurse a week and enabled patients to receive their dressings much more quickly. Pregnant women no longer need a GP appointment before referral to the midwife.

Lessons learnt/success factors

Establishing a successful PCH requires time to be invested in developing relationships between participating organisations, a collaborative mindset is essential and significant one-to-one engagement. Buy-in from staff comes after explaining specific changes and benefits to teams and individuals.