Primary Care Home
Case Study

Organisation: Granta and Shelford
Number of PCHs: 1
Population: 42,000
GP practices: 2
Partnership: Two practices, acute and community trusts, community services.
STP footprint: Cambridgeshire and Peterborough.

The challenge
The partners of three like-minded practices in Cambridge used a scenario building tool to imagine the future state of general practice and the impact it might have on them. They concluded that the historic model of small practices, characterised by enthusiastic amateurism, was unsustainable. At the same time, an antagonistic relationship between primary and secondary care professionals was failing to deliver the best possible standards of care for patients.

What they did
The three Granta Medical Practices joined forces with the neighbouring Shelford practice to form a primary care home (PCH). Discussions are at an advanced stage with Cambridge and Peterborough NHS Foundation Trust to second their community staff into the PCH. Communication with the local acute hospital trust has been improved and projects underway include the collaborative delivery of paediatrics, ear, nose and throat (ENT) services and ophthalmology. There are plans to pilot the acclaimed nurse-led Buurtzorg model of community nursing founded in the Netherlands. The model empowers nurses to deliver all the care that patients need with the focus on maintaining their independence for as long as possible. The PCH also has ambitious plans to move towards a John Lewis type model of ownership with all staff having a stake in the business rather than the traditional model of employees working for doctors.

The impact
As a result of working at scale and putting in place professional management and IT support systems, the PCH has extended surgery hours which, on some days, give patients access from 6.30am to 8pm. By managing long term conditions and providing continuity of care, 46% of patients receive same day access to a GP. Two emergency care paramedics are available to make home visits and there’s a dedicated phone service with a 20-minute call back time. In urgent cases, same day appointments are achieved within two hours of patients making the call.

Lessons learnt/success factors
Partners and staff had to change long-standing habits to accommodate new ways of working. Not all staff felt comfortable about all the changes. A partnership of 16 GPs is too big and cumbersome to get involved in all decisions so an operational executive of three partners and senior practice management was set up with delegated authority to run the organisation.

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