Primary care homes – advanced primary care networks: impact and lessons learnt

Dr Nav Chana MBE, National PCH Clinical Director, NAPC (panel chair), Dominic Hardy, Director of Primary Care and System Transformation, NHS England, Dr Sohail Abbas, GP and Lead, Bradford Care Alliance Primary Care Home, Dr Paul Bowen, GP, Team BDP Primary Care Home, Ash Soni OBE, President, Royal Pharmaceutical Society and Dr Omotayo Kufeji, Newport Pagnell Medical Centre Primary Care Home
Primary care homes – advanced primary care networks: impact and lessons learnt

Dr Nav Chana MBE, National PCH Clinical Director, NAPC
Primary care home has four key characteristics and six key enablers

1. **an integrated workforce**, with a strong focus on partnerships spanning primary, secondary and social care;
2. a combined focus on **personalisation of care** with improvements in **population health outcomes**;
3. aligned **clinical and financial drivers**
4. provision of care to a defined, registered population of between **30,000 and 50,000**.
Primary care networks stages of maturity

Increasing population health management
Emerging themes from mature Primary Care Homes

<table>
<thead>
<tr>
<th></th>
<th>Engagement</th>
<th></th>
<th>Care model development</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The most successful PCHs are those that are engaging acute, social services and the voluntary sector, but it’s ok to start small with a shared vision.</td>
<td></td>
<td>Focus on the strength of multi-disciplinary teams and the social determinants of health when designing initiatives.</td>
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<table>
<thead>
<tr>
<th></th>
<th>Understand population health data &amp; needs</th>
<th></th>
<th>Workforce, training, education &amp; culture</th>
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<tbody>
<tr>
<td>2</td>
<td>It’s ok to start on Population Health Management without access to linked data sets. Just speaking to your peers will reveal new insight, but look out for hard data too.</td>
<td></td>
<td>Develop inter-disciplinary teams, focused on collaboration across organisations and what services will be needed to support the health and care needs of the population group.</td>
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<thead>
<tr>
<th></th>
<th>Evidence &amp; Evaluation</th>
<th></th>
<th>Alignment of resources &amp; financial drivers</th>
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<tbody>
<tr>
<td>6</td>
<td>Don’t let complexity get in the way. Start small and measure just one thing that you would like to change.</td>
<td></td>
<td>Ensure collaborative working arrangements are in place so what you start can be sustained.</td>
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<th>5</th>
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<td>4</td>
<td></td>
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</table>
**What are Primary Care Home sites doing?**

**Analysis of 263 Initiatives**

<table>
<thead>
<tr>
<th>Collaboration</th>
<th>Health Needs</th>
<th>Care Models</th>
</tr>
</thead>
<tbody>
<tr>
<td>60% of initiatives are engaging other local partners and 19% are already working with agencies beyond the health system to address wider determinants of health.</td>
<td>24% of initiatives are addressing mental health issues. Other common areas of focus include care of the elderly, LTCs, Wellness, Diabetes and MSK.</td>
<td>38% of initiatives include multidisciplinary case management. Other common interventions include social prescribing, specialist co-location, home care, early detection and health promotion.</td>
</tr>
</tbody>
</table>
How are Primary Care Home sites performing?

Analysis of PCHs covering 10% of Primary Care

**Workforce**

- 8% more clinical non-GP staff compared to the national average. PCH sites employ proportionally fewer GPs and fewer non-clinical staff compared to the national average.

**Population**

- 2% more people are very happy with their GP practice in PCH sites compared to the national average.

**System**

- 3% lower A&E admission rate in PCH sites compared to the national average and a 9% lower A&E admission rate when controlled for age. Also the growth in A&E admission is 33% lower in PCH sites.
Primary care homes – advanced primary care networks: impact and lessons learnt
Dr Sohail Abbas, GP and Lead, Bradford Care Alliance Primary Care Home
Happy, Healthy at Home

Community Partnerships in Bradford

Dr Sohail Abbas
Deputy Clinical Chair Bradford City CCG
Chair of Bradford Out of Hospital Programme Board
Bradford PCNs and CPs

Community Partnerships and Primary Care Networks

How everything comes together ...

Practices in a PCN

Community Partnership

All other partners

Primary Care Network

Acute Trust

Community Trust

Citizens

Local Authority & Public Sector

VCS
Bradford Integrated System

AWC: 3 community partnerships, 1 health and care partnership

Bradford (City & Districts): 11 community partnerships, 3 localities, 1 health and care partnership
Alignment of GP practices into Care Homes

Examples of key projects

WHY
Large number of Care Home beds
Unsustainable demand on GPs and wider community staff
Poor communication

HOW
Task & Finish Group
Effective engagement with all stakeholders
Work to address the challenges around patient choice

IMPACT
Improved communication
Timely access to services
Better continuity for patients, families and staff

WHAT'S NEXT
Intergenerational activity sessions between teenagers and residents
Share learning across system
Review A&E data

TEAMWORK
‘Restore’ Recovery College

**IMPACT**
Reduce loneliness and isolation
Increase opportunities for people to live more meaningful lives

**WHY**
People are socially isolated
People have a lack of self-confidence
Increased numbers of people with mental health issues

**HOW**
Partnership working ‘Restore’ Recovery College
Enrol 100 people for the 12 week pilot course
Launch event May 2019

**WHAT’S NEXT**
Promote service
Recruit students

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**WHY**

- People are socially isolated
- People have a lack of self-confidence
- Increased numbers of people with mental health issues

**HOW**

- Partnership working ‘Restore’ Recovery College
- Enrol 100 people for the 12 week pilot course
- Launch event May 2019

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**WHATS NEXT**

- Promote service
- Recruit students

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**RESTORE—BD4 Recovery College Timetable**

<table>
<thead>
<tr>
<th>DAY</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Stress Control</td>
<td>Craft &amp; Wellbeing</td>
</tr>
<tr>
<td></td>
<td>11am – 12.30pm</td>
<td>1pm – 2.30pm</td>
</tr>
<tr>
<td>Tuesday</td>
<td>All 4 Mindness Group</td>
<td>Breathing Buddies</td>
</tr>
<tr>
<td></td>
<td>10.30am – 12noon</td>
<td>3.15pm – 4pm</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Body Confidence</td>
<td>Money SOS</td>
</tr>
<tr>
<td></td>
<td>10am – 11.30am</td>
<td>1pm – 2.30pm</td>
</tr>
<tr>
<td>Thursday</td>
<td>Artworks</td>
<td>Music</td>
</tr>
<tr>
<td></td>
<td>10am – 11.30am</td>
<td>12.30pm – 2pm</td>
</tr>
<tr>
<td>Friday</td>
<td>Counselling Skills in Loss</td>
<td>Lost Friends</td>
</tr>
<tr>
<td></td>
<td>10.30am – 1.30pm</td>
<td>1pm – 2.30pm</td>
</tr>
<tr>
<td></td>
<td>Yoga Mums and Tots</td>
<td>9.30am – 11am</td>
</tr>
</tbody>
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Restore Recovery College
@RestoreBD4
Lack of support for carers
Increasing demand on GPs and community services
Inappropriate use of services

- Task and finish group
- Collaborative working
- Source a range of activities
- Building upon success
- Ongoing learning

- Improved relationships
- Effective signposting for people
- Increased confidence for carers

Larger scale events
Improve advertising
Linkage to national campaigns
Potential challenge

Establishment of Primary Care Networks (PCNs)

➢ Impact on our existing Community Partnership model
➢ 80% of GP practices have not changed, demonstrates positive relationships already established
➢ Keen to continue to build our CP model alongside PCNs

System buy in and working to address challenges
Realignment of staff
System wide engagement to dispel myths and continue to promote collaborative working in building our model
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Dr Paul Bowen, GP, Team BDP Primary Care Home
Service + Technical Culture = PCN
Primary care homes – advanced primary care networks: impact and lessons learnt

Dr Omotayo Kufeji, Newport Pagnell Medical Centre Primary Care Home
How did we do it?

Milton Keynes Clinical Commissioning Group

Supporting young people aged 13 - 19
<table>
<thead>
<tr>
<th>Holistic suite of interventions</th>
<th>Generally well/good wellbeing</th>
<th>Long term condition(s) / social needs</th>
<th>Complexity of LTC(s)/ social needs and/or disability</th>
</tr>
</thead>
</table>
| **Children and young people** | • SMILE course  
• Working with local Youth Clubs | • ‘Talk for Sport’  
• COMPASS Milton Keynes Young Peoples drug and alcohol service. Children’s drop in sessions during the summer holidays  
• Providing volunteering opportunities with the elderly | • Working with Hannah Pugliese, CCG commissioner for children's mental health on metrics & CAHMS |
| **Working age adults** | • Developing primary care navigators and social prescribing  
• Why Weight? | • Health & Nutrition clinics  
• Primary Care Plus  
• Joint Multiple LTC clinics  
• Improving Access to Psychological Therapies (IAPT) project | • Primary Care Plus including antipsychotic injections in house |
| **Older people** | • Referral to Brooklands to support wellness  
• Working with Lovat Fields retirement village to support a better quality of life through groups and volunteering | • Focus on end of life care for diagnoses other than Cancer - Heart Failure  
• Falls prevention  
• DN diabetes/Vascular care project  
• Keep active for respiratory patients | • Community Matron - a holistic model  
• District Nursing Care  
• Working with MKUH - reducing admissions from nursing/residential homes  
• Working with MK Council provision of Adult social care |
Talk for Sport
A joint PCH project between NPMC and Places for People Leisure
Key findings

- Personal Smile survey scored at 64% (current mood).
- 73% would recommend the Talk 4 Sport.
- 100% reached the minimum recommended amount of physical exercise per week guidelines.
- The staff at Middleton were rated 7.8/10.
- The young people were asked from a list what personal improvements they made.
- 76% made new friends.
- 69% improved mental wellbeing.
- 76% learnt different ways to exercise.
- 76% enjoyed being part of a group.
- 69% felt confident in using the gym and other facilities at Middleton Pool.

- Smile survey improved 16%.
- 72% improvement in participants completing the minimum amount of physical exercise per week under NHS and GOV guidelines.
- 71% would complete another course of Talk 4 Sport.
- Out of the pupils that had previously seen a Health Care Professional for anxiety or depression, 83% would choose a Talk 4 Sport option before seeking a Health Care Professional.

Overall it shows a positive correlation between physical activity and mental wellbeing alongside other benefits such as peer support groups, team work and socialising in a controlled environment.