

MEMBER SHOWCASE

Case study



Transforming patient care and local services

Beacon Medical Group Primary Care Home

The challenge

The Beacon Medical Group in Plymouth, a large practice with 24 GPs across five sites, was frustrated with the fragmentation and dilution of local services, and the increasingly distant relationships with other health and care agents. It was also caring for patients with complex care needs in the face of a rising workload. There was high demand for appointments that didn't need GP expertise, staff were overworked and there was suboptimal working with other partners.

Taking on the mantle of a primary care home rapid test site enabled it to innovate in many ways, improve services to patients, address unmet needs and transform relationships with other providers. Its vision has been to create an integrated health and wellbeing service which meets its population's needs and inspires its staff.

What was done

Beacon Medical Group has expanded its urgent care teams across their sites, cutting the average waiting times for GP appointments. The teams comprise one or two GPs, a paramedic, nurse practitioners and pharmacists, who screen all patients seeking on-the-day appointments on the phone and invite in those who need to be seen.

There is an enhanced service for the six largest care homes in their area. Each week a pharmacist and a GP carry out a 'ward round' at each care home visiting patients who are most at risk of hospital admission. They provide support to care home staff to help them support patients better. The pharmacist conducts medication reviews to reduce the complexity and cost of medication where appropriate.

The primary care home has also refocused its virtual ward. A monthly multidisciplinary team meeting involving the voluntary sector, physiotherapists, mental health staff and the community health team, discuss patients they are concerned about, mainly the frail over-50s, and create treatment plans and monitor progress.

Research into its most high-intensity patients, who had the most contact with GPs, found that often they had mental health needs which were not being treated and they were going to A&E, sometimes with unexplained physical symptoms.

A liaison psychiatrist from Devon Partnership NHS Trust is now based in surgeries two days a week to see patients and offer advice to GPs on caring for the most regular attenders – whose physical health needs are particularly intertwined with mental health concerns.



In other areas, they've worked with community pharmacies to increase flu immunisation coverage among vulnerable patients. They worked together on marketing campaigns around flu jabs, using media and social media and messaging on prescriptions to target those most in need – leading to a 13 per cent increase in flu coverage for those with chronic respiratory conditions.

They are also trying to proactively reach out to different parts of their patient population, to better understand their needs. For example, for young people a 'takeover day' was held encouraging them to redesign services. There are many armed forces veterans in the area who are vulnerable to mental health issues, diabetes, tinnitus and musculoskeletal problems.

An awareness month was held, working with local voluntary organisations, to highlight the additional needs that veterans have and to encourage them to sign up to their register. By running the campaign, Beacon now know of some 90 veterans locally and can offer them greater support.

Each individual action takes approximately three to six months to achieve, with different levels of intensity. However, Beacon sees the transformation as a multi-year project that changes the expectations of patients and communities and the joint-working among partners.

The results

The average waiting times for GP appointments has been cut by six days by expanding its urgent care teams. Over six months, the average waiting time for a GP appointment fell from 14 to eight days (August 2016 to February 2017).

Early analysis suggests there have been 330 fewer GP referrals to hospital and a slowdown in the growth rate, from 5 per cent to 1 per cent.

There has been an eight-day reduction in average length of stay for care home residents admitted to hospital. From October to December, the average length of stay for admitted care home residents dropped from 12.7 days in 2015 to 5.1 days in 2016.

The growth rate in A&E admissions fell from 7 per cent to 4 per cent, resulting in an estimated 55 A&E admissions avoided. For patients over 60, the growth rate in A&E admissions fell from 10 per cent to zero.

Other results include a 13 per cent increase in flu vaccinations for patients with COPD, £39k savings from 284 medication reviews where medicines no longer needed to be taken and a rise in staff satisfaction, with 87 per cent enjoying their job in 2016, compared to 61 per cent in 2015.

Overcoming barriers

Beacon initially tried to run the transformation using traditional programme management approaches. It was clear that formal governance and larger boards that represented the broader system were going to stifle creativity. The extended group would not be able to meet all of the aspirations of all of the partners and so created stronger ties with each partner to match their ambition and energy.

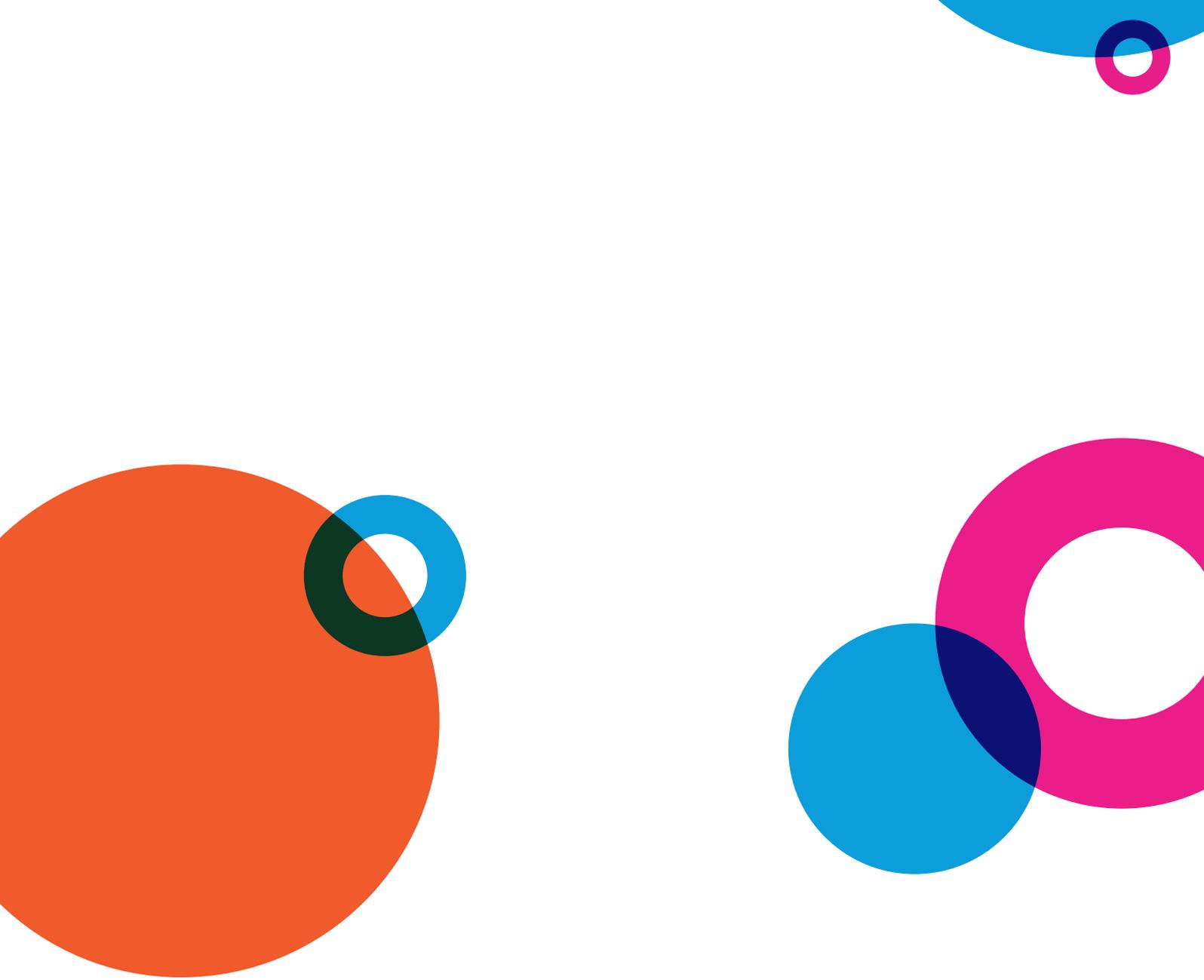
Beacon had created a business case for additional resources, which was rejected by national and local funders. The decision-making was slow to reach that point and Beacon has not been able to achieve the full change it wished to see for its patients. Instead, to keep momentum going, individuals focused on a mixture of Beacon-only initiatives and smaller projects that could be delivered and could enhance trust, cooperation and learning among the partners.

Key learning

- **A willingness to take risks and take on new initiatives without waiting for full funding to drive visible change.**
- **Having the badge of being a primary care home rapid test site meant many of Beacon's partners wanted to work with them.**
- **As a provider, they were able to drive change and expand services.**
- **An organic approach that matched together ambition with different partners to start doing together and demonstrating that joint working works.**

Takeaway tips

- Start big, start small, just start.
- Surround yourself with enthusiasts – they'll be the ones that will energise you and tell you what can be done and not what can't be done. (Remember, they can come from anywhere).
- Ask for help, you'd be surprised who comes forward.
- Sometimes the spirit of joint endeavour alone adds value to a partnership made of individual organisations and to a sense of individual morale.



Find out more

Beacon Medical Group was selected as a primary care home rapid test site in December 2015.

The primary care home model was developed by the National Association of Primary Care (NAPC) and is an innovative approach to strengthening and redesigning primary care highlighted in Next Steps on the NHS Five Year Forward View. The model shares some of the features of the multispecialty community provider (MCP) bringing together a range of health and social care professionals as a complete care community to focus on local population needs and provide care closer to patients' homes.

For more information on the primary care home model, visit www.napc.co.uk or contact napc@napc.co.uk

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