CONVENZIS

26th June 2024 | etc venues Manchester

Agenda for today:

CONVENZIS

Welcome to the 12th NHS Primary Care Transformation Conference!

26th June 2024
9am – 5:30pm
etc Venues, Manchester

Slido

Please scan the QR Code on the screen. This will take you through to Slido, where you can interact with us.

SCAN ME

Chair Opening Address

Dr Gurnak Singh Dosanjh

GP - LLR ICB

Speaking Now…

Sheinaz Stansfield

Quality Improvement Lead Oxford Terrace and Rawling Road Medical Group. Development Advisor & Primary, Community and Personalised Care Directorate – NHSE

OXFORD TERRACE AND RAWLING ROAD MEDICAL GROUP

MODERN GENERAL PRACTICE

"THE ART OF THE POSSIBLE"

Sheinaz Stansfield: RGN, HV Dip, MBA

Quality Improvement Manager: Oxford Terrace and Rawling Road Medical Group
Development Advisor Primary Care Transformation Team
Trustee Bensham and Saltwell Alive
Council Member Practice Managers Association

Modern general practice (MGP)

Objectives

Improve patient experience of access and allocation, improve staff working environment, better align existing capacity with need

Goals

- **See all expressed demand**
- **Understand all expressed need**
- **Support safer more equitable allocation of capacity based on need and optimise existing capacity**
- **Make full use of a multi-disciplinary team**
- **Building capability to sustain improvement**

Practice workflow tasks or stages

Contact

- Phone
- Online
- Walk in

Single workflow to assess need, prioritise and better align existing capacity with need

Collect information
Structured information captured into single workflow

Filter
to separate admin tasks OR request additional information / photo from patient

Assess needs, prioritise & update patient
Assess patient need and urgency. Identify next steps (considering continuity of care). Then signpost, refer, book or resolve and advise patient of next step within the working day.

Care navigate: Signpost, refer or book according to protocol

Clinical triage: Resolve or book for consultation

Consult
Face to face, phone or video with multi-disciplinary practice and PCN team

Improvement

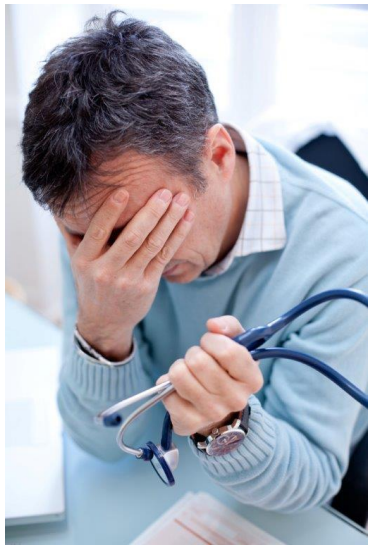
Improvement Capabilities
Capabilities and shared learning to continue change

Patient experience

- Patient choice of channels. All open during core hours to ensure parity.
- Online patient information and self-serve and self-referral.
- Admin request resolved or directed to team.
- Care navigated or signposted to community pharmacy and other primary, community and VCSE services.
- Consultation booked with multi-disciplinary team.
- Request resolved via digital message / phone.
- Consultation booked with multi-disciplinary team.
- Patient has consultation with multi-disciplinary team within practice / PCN.

Updated May 2024

“Needs are becoming more complex, demand is increasing, we don’t have time to listen!” 2008




Access
Workforce
Premises
DOOR
1
OXFORD TERRACE
RAWLING ROAD

Access/Manage Demand

See all expressed demand

- Demand and Capacity (Partner – Now CD)
- Appointments Planning/Room Schedule
- Individual GP Schedules1 WTE administrator
- GPAD

Understand all expressed need

- Understand what demand is made up of
- Productive General Practice
- Regular attenders

Support safer more equitable allocation of capacity based on need and optimise existing capacity

Make full use of a multi-disciplinary team

- Complementary skills PHT and People In ARR roles
- AM/PM/ WE appts
- 15 min appts
- Mode of Appts
- New Telephone system - 2014

The Kings Fund

OXFORD TERRACE RAWLING ROAD

Workload Equity

- Leadership Behaviours
- Culture
- Robust Governance/GP Lead
- Holiday Rules
- Continuity
- Staff Time Bank

Workforce Redesign

- Social Prescribing
- Frailty Nurse
- ARR roles

- Care Planning
- Case Management
- MDT

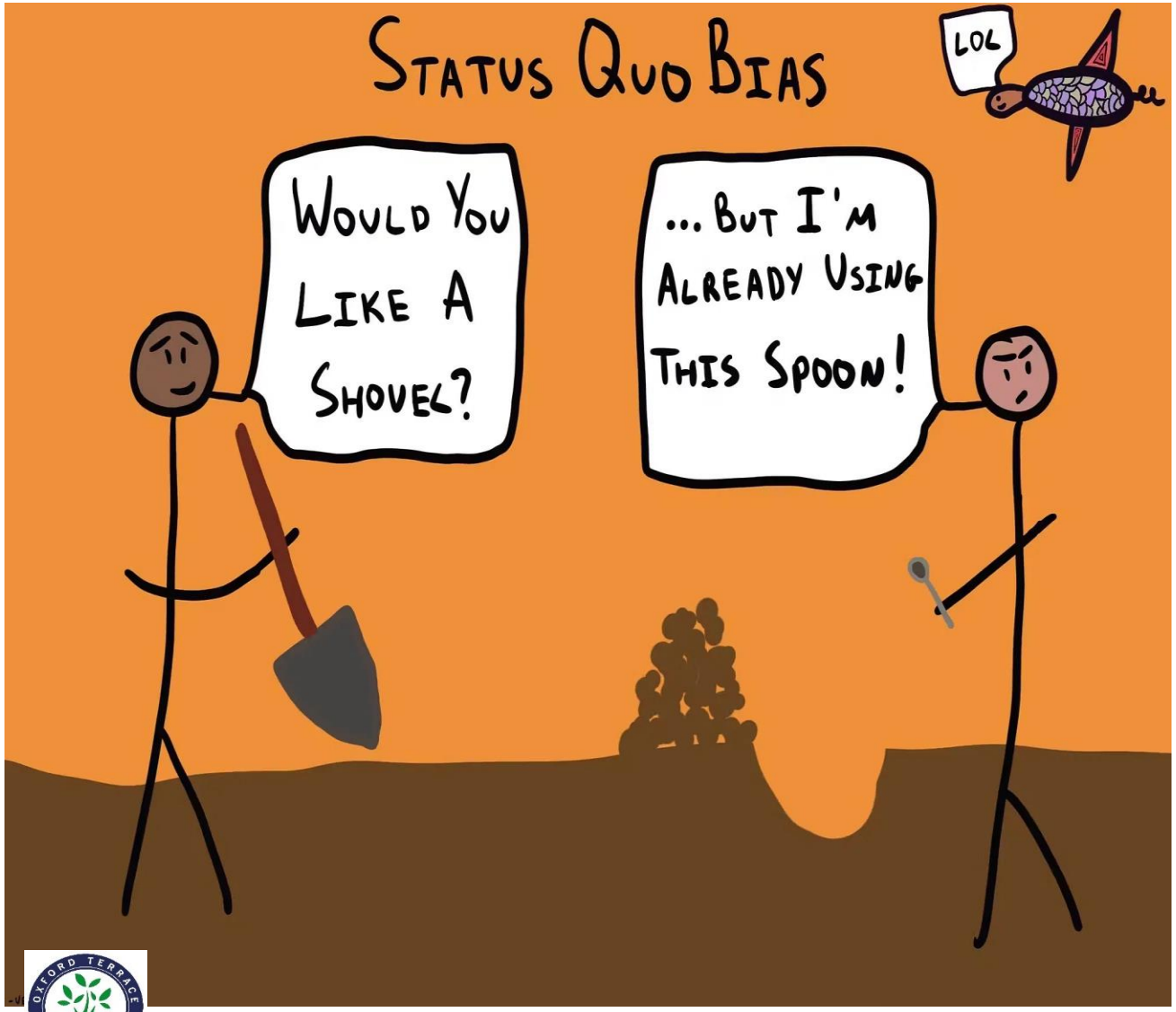
The Future of General Practice……is Bright

- 17.500 patients across two sites, led the covid vaccination programme at practice level throughout, continued to deliver core general practice, supporting 9 care homes all in the midst a significant premises development
- Two mergers/bought out 5 partners
- 15 GPs with specialist skills, enabling patients to receive the right care in practice;
- GP patient ratio of 1:1300;
- Morning, evening and sat am opening;
- Frailty nurses with comprehensive geriatric assessment skills;
- Practice nurses with year of care planning skills;
- Health Care Assistants, Nurse Associates, Trainee Nurse Associates, Nurse Associates complementing the nursing team;
- A team of pharmacists, doing a range of practice and PCN functions as one team – working with community pharmacy (shared purpose);
- SPLW, Care- Coordinators all supporting the management of complex patients and those with social need;
- Two allotments and 3rd sector organisations supported by practice volunteers working with us to address population health needs and changing demographic; food and fuel poverty, isolation including bereavement and mental health tsunamis;
- A4C, HR frameworks, competency frameworks, personal development plans & opportunities;
- Three MDT working together with complementary skills to meet the needs of our practice and PCN population;
- Above the average investment in both clinical and non- clinical teams all enabling us to survive and thrive, and;
- Functional PCN - but that's another story (food network)

I'm bringing her back

I'm putting my feet up and doing more gardening

Quality Improvement Tools



- Why – what is the problem you are trying to solve
- Start small – Test. Test test (PDSA)
- Shared purpose
- Engagement

Modern general practice (MGP)
A Continuous Cycle of Improvement

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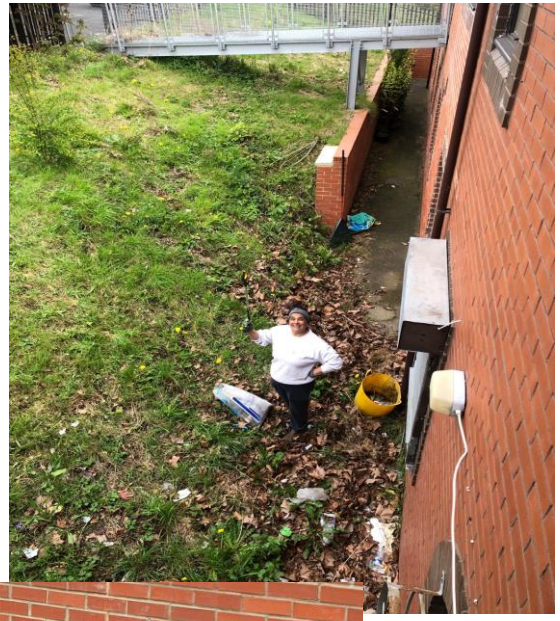
Updated May 2024

The Journey Continues……



- Bees of Bensham
- Royal Horticultural Society
- Comfrey Project
- Herb Herb
- Dilson Physic Garden


Thank
YOU

Reimagining Primary Care: Building a Modern GP Practice for a Healthier Tomorrow Panel Discussion

Vincent Sai
Group CEO and Partner
Modality Partnership

Chris Stanley
Doctor Chief Clinical Information Officer
Haxby Group Practice

Sheinaz Stansfield
Quality Improvement Lead Oxford Terrace and Rawling Road Medical Group. Development Advisor & Primary, Community and Personalised Care Directorate – NHSE


NHS PRIMARY CARE
TRANSFORMATION
CONFERENCE
THE FOUNDATIONS FOR BETTER CARE

Case Study…

Does ***early*** **diagnosis lead to *better* outcomes**?

- Early diagnosis of respiratory conditions can lead to better outcomes for patients.
- Is there a simple solution to the diagnosis and differentiation of Covid-19 and Influenza A/B?

What does this year's respiratory season look like for you?

Are you ready for respiratory season?

How will your respiratory season compare to the rest of the world?

While it’s too early to know how severe the 2024 flu season will be, there have already been more than **47,000** laboratory-confirmed cases across Australia this year, ***up 40%*** over the same period last year.

Diagnostic Testing Options

1

PCR Tests

Highly accurate in detecting the presence of the virus, but results can take 24-48 hours to process. More cost per patient.

2

Rapid Antigen Tests

Provide fast results, often within 15-30 minutes, becoming comparable in sensitivity and specificity to PCR tests.

What's in *your* respiratory diagnostics tool-kit?

1 **Widespread Use**

How many now use rapid diagnostic tests to screen for respiratory illnesses like COVID-19 and influenza?

2 **What are you currently using?**

Are you using mono, strep, rsv, flu, covid rapid tests now?

3 These tests have become increasingly accessible, allowing for 15-20 min diagnosis and quicker treatment decisions.

The Power of Early Diagnosis

1

Early Detection

Rapid diagnostic tests allow for the prompt identification of respiratory illnesses, enabling timely intervention and treatment.

2

Targeted Therapy

Early diagnosis facilitates the use of appropriate antiviral medications and other therapies for optimal patient outcomes.

3

Improved Outcomes

Patients who receive an early diagnosis often experience reduced complications, shorter hospital stays, and better long-term health outcomes.

Successful Early COVID-19 or Flu Diagnosis

Rapid Detection

Early COVID-19 diagnosis allows for prompt isolation, contact tracing, and targeted treatment, helping to limit the spread of the virus.

Improved Outcomes

Patients diagnosed early can receive appropriate care and monitoring, leading to better health outcomes and reduced complications.

Timely Intervention

For Flu early diagnosis enables healthcare providers to initiate antiviral therapies or other treatments at the optimal time for maximum efficacy.

The Impact of Early Diagnosis on Tamiflu (Oseltamivir)

Early Diagnosis	Improved Outcomes
Allows for timely administration of Oseltamivir	Reduces the risk of complications and severity of illness
Enhances the effectiveness of the antiviral medication	Shortens the duration of symptoms and hospital stays
Facilitates early intervention and targeted treatment	Decreases the likelihood of secondary bacterial infections

Is there an effective solution? **YES!**

Introducing the InstaView 3-in-1!

* Flu A
* Flu B
* Covid-19

~Andrew Stradling

BSc., MB BS, MRCS(Eng.), FRCS(Ed.), FRCEM, FRSA
Chief Medical Officer
NHS LPP

The InstaView multiplex rapid diagnostic test has very high sensitivity and specificity and is the market leader in point-of-care testing for COVID and influenzas A & B, allowing you, your staff, and your patients to get an accurate diagnosis of viral URTI. Instaview's rapid & accurate evaluation of viral URTI and exclusion of COVID or influenza is an invaluable tool for ensuring your staff and patients are safe and are directed to the appropriate place and level of care, whether considering patients for admission, discharge, internal transfer, or virtual ward, or for staff returning to work.

Early diagnosis drives informed decision-making, saves time and resources, and may avoid unnecessary attendances, admissions, or staff absences

Where is this product available?

MEDIQ

POLARspeed
a UPS Company

NHS
Supply Chain

Questions?

Manufacturer Introduction

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Refreshments & Networking

Chair Morning Reflection

Dr Gurnak Singh Dosanjh

GP - LLR ICB

Case Study…

Redmoor Health

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Speaking Now…

Clare Temple
Product Manager
Redmoor Health

Sorry, you'll have to call back tomorrow at 8am

RECONFIGURING APPOINTMENT SYSTEMS

Clare Temple,
Product Manager at Redmoor Health

Appointment Redesign Toolkit

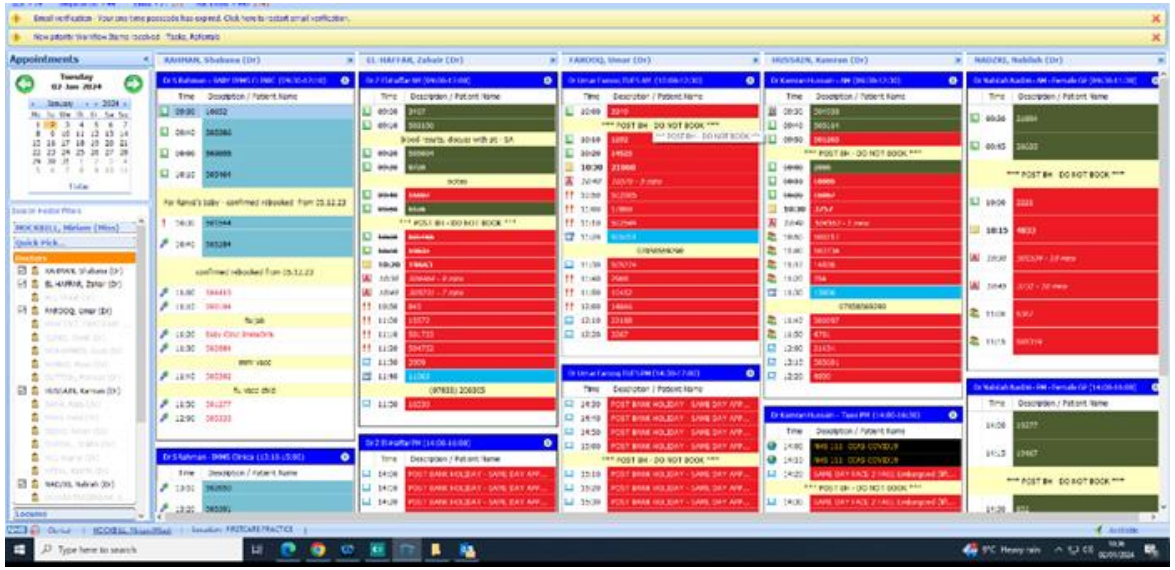
GP Provider Support Unit

Brought to you by

Redmoor Health
Your digital health partner


SWAN MEDICAL CENTRE

Think of it from the practice users' point of view....



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Your digital health partner

Appointment Redesign – The 'Why'

GP Provider Support Unit

'We need to try to get away from the 9am and 1pm rush that we have. I think patients will be a lot more satisfied if we can do that and if we can offer appointments through the whole day. I think it will be less stressful for the receptionists as well.'

Firstcare Practice

'Some days we haven't got appointments to offer because they've been taken before that day's arrived.'

Richmond Medical Centre

'We're currently only releasing bookable appointments via online access or the app, it can vary between 6-10 appointments a day, but we're struggling with allowing that regular, in-person appointment capacity to be released and be used to its maximum capacity.'

Hockley Medical Centre.

'So, at the moment, we're purely using the telephone.
We're constantly full, at 8.20am the whole day has gone, including the emergency doctor.'

Swan Medical Centre.

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Your digital health partner

Key Steps

1 Baseline Assessment

We started with a baseline questionnaire to understand the current state.

2 Data Collection

We conducted practice and patient experience surveys, remote meetings, and in-person visits.

3 Analysis & Recommendations

We analysed the data and provided recommendation reports to practices.

4 Toolkit Development

Based on feedback, we drafted, amended, and completed the appointment redesign toolkit.

5 Evaluation

We performed initial and full evaluations of the toolkit's effectiveness.

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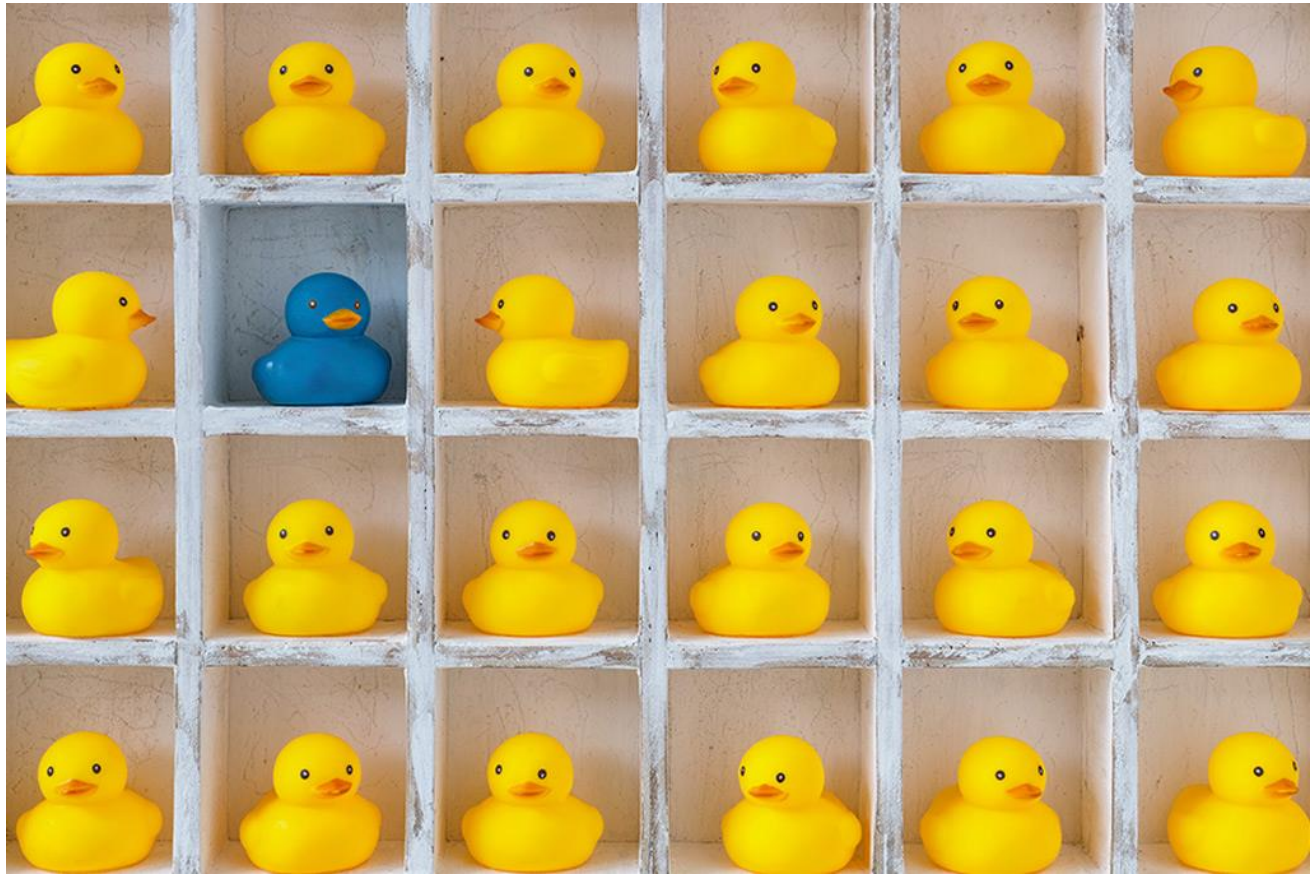
Your digital health partner

Ah, but my practice is different to yours



Appointment Redesign Toolkit

GP Provider Support Unit

Brought to you by

Redmoor Health
Your digital health partner

New Appointment System Guidelines

GP Provider Support Unit

Reduce Demand

- AVOID asking patients to call back - Right Access First Time.
- AIM to reduce the number of on-the-day or urgent appointments.
- OFFER routine appointments as far in advance as possible.
- WHEN POSSIBLE, send a link for a patient to book an appointment online(self-serve).

Increase Capacity

- AIM to have a minimum of 6 weeks appointments available to be booked, for each clinician.
- ALLOW as many appointments as possible to be bookable online.
- SIGNPOST/NAVIGATE every patient however they choose to contact the practice.

Release Time

- PLAN the surgery appointments in advance.
- BE FLEXIBLE and let staff change appointment slots where appropriate.
- AUTOMATE your staff rota using a specialised system or software.
- ALWAYS use positive language with the practice team and patients to keep everyone informed of any changes in the practice.

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Contents

GP Provider Support Unit

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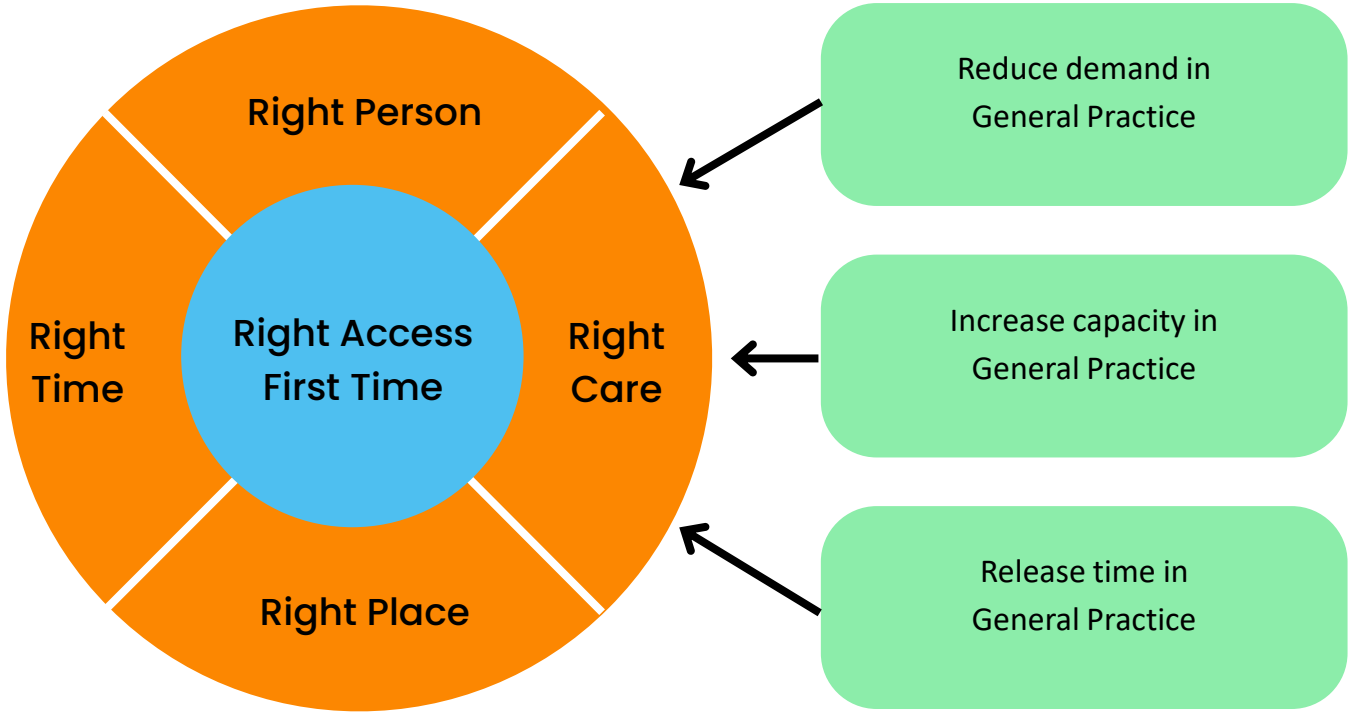
General Practice Triage

GP Provider Support Unit

Using all types of patient navigation and triage in the practice not only helps to empower patients, but also ensures that each patient gets appropriate and timely care.



Signposting
(Click for more information)

Care Navigation
(Click for more information)

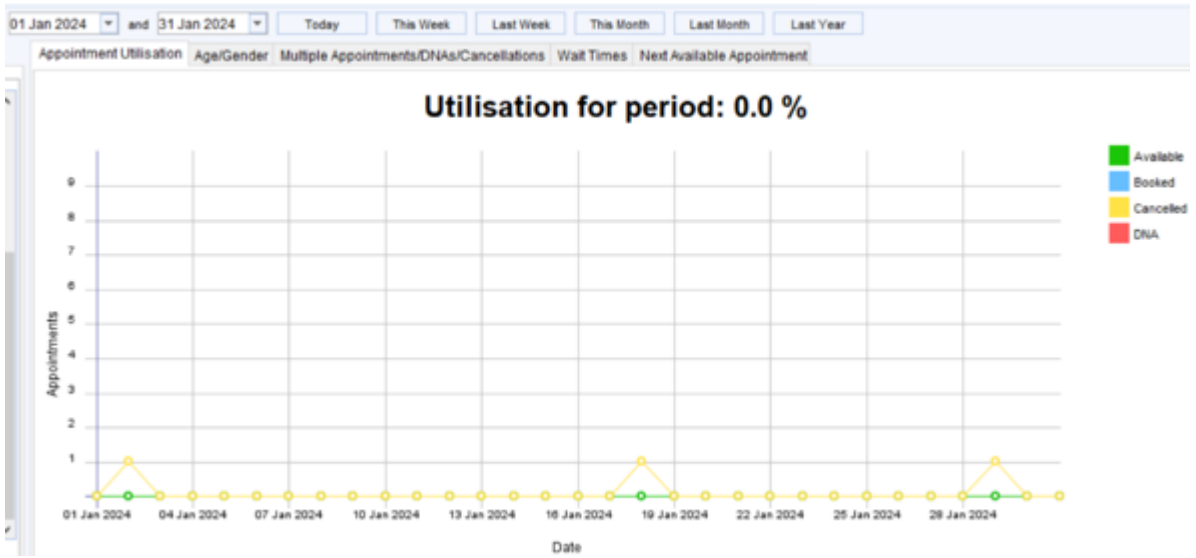
Clinical Triage
(Click for more information)

Using the ARRS capacity

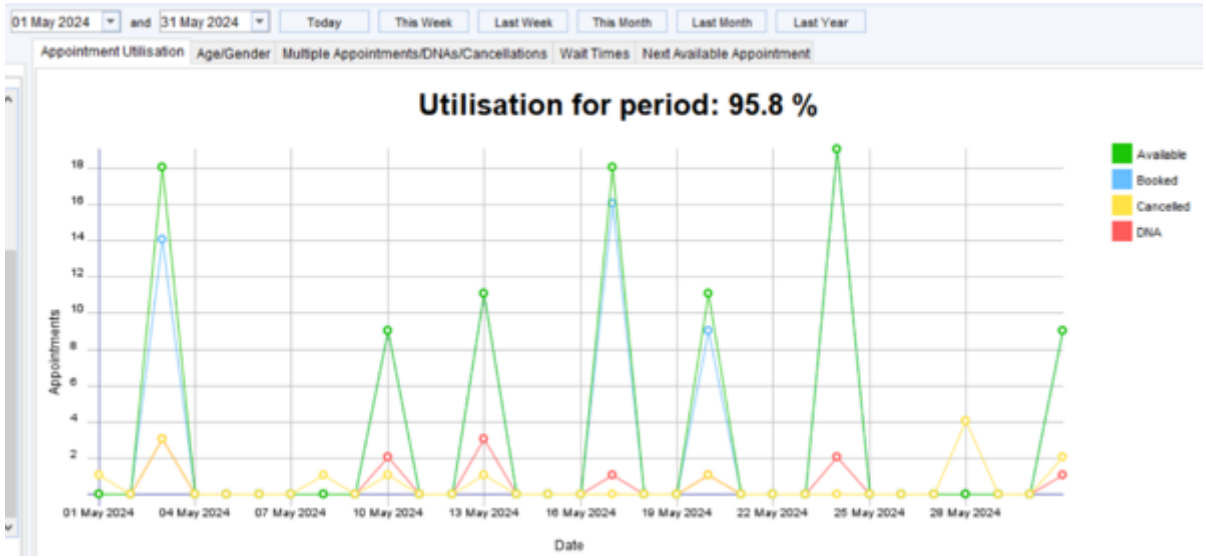
GP Provider Support Unit

First Contact Physio appointment utilisation rose from **no usage** to almost **96% of appointments**

January 2024



May 2024



Swan Medical Centre

Redmoor Health
Your digital health partner

How do we deal with the period of change

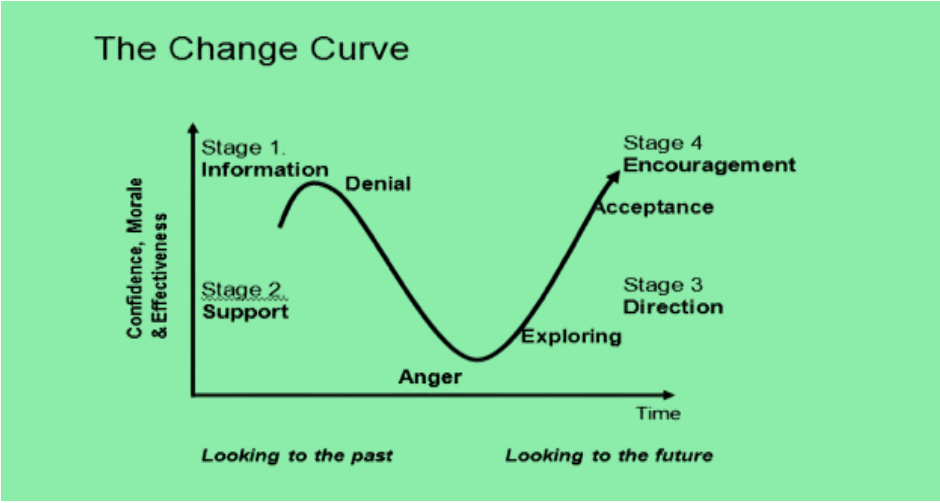
GP Provider Support Unit

There is going to be a period of change for each practice, staff and patients.

There is currently a limited number of appointments, and we are going to ask staff to book every patient in once they have been care navigated if they need to be seen.

Staff are going to be diverting some patients away who may not like it and we need to remember that it will take time for everyone to adjust.

Tell the story of why and show the opportunities for change, benefits for staff and patients.



Mitigate this by:

- Providing good patient communications before the change.
- Ensure extra staff are allocated for the first 4 weeks or avoid times when there is a lot of annual leave.
- Contingency planning for running out of appointments.
- Ensure staff are trained, confident and positive when speaking to patients. You could provide a script for receptionists if it would help.
- Peer support from other pilot practices.

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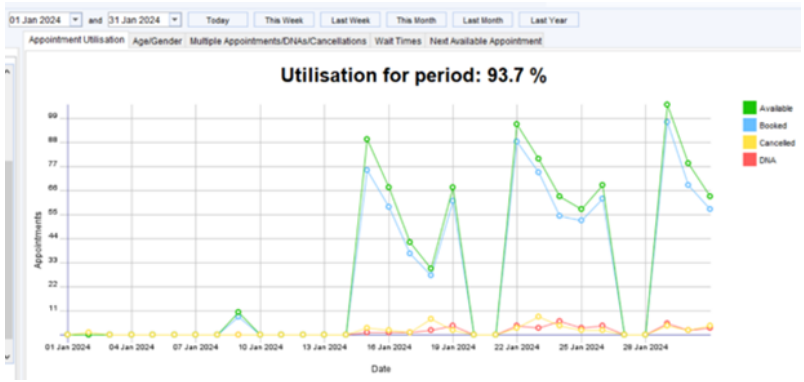
On the day appointment utilisation **increased by 5%** between Jan and May 2024

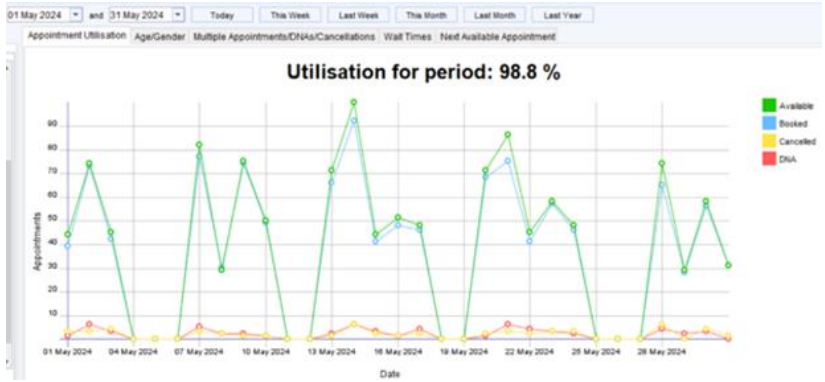
Increased from just **under 500** 'on the day' appointments per month **to almost 800**

January 2024



Time	Count
<1 Day	470
1 Day	54
2 Days	34
3 Days	33
4 Days	35
5 Days	36
6 Days	26
>6 Days	175

May 2024



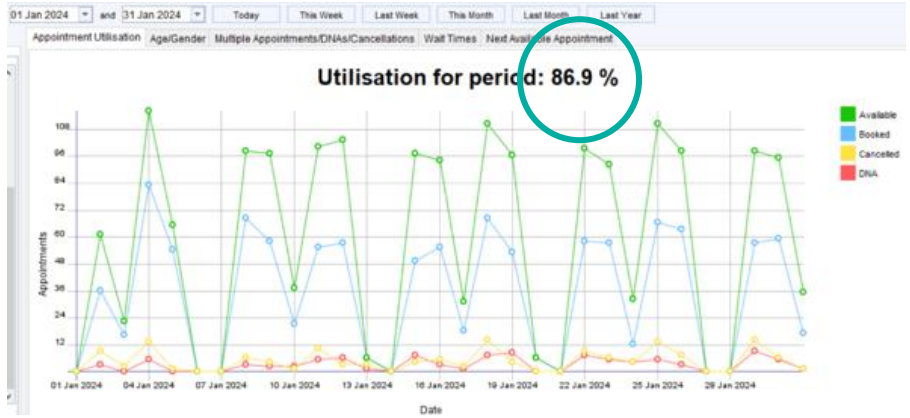
Time	Count
<1 Day	790
1 Day	8
2 Days	7
3 Days	4
4 Days	6
5 Days	7
6 Days	17
>6 Days	358

Swan Medical Centre

Routine appointment utilisation **increased by another 5%** and unused slots **halved over that last 5 months**

GP Provider Support Unit

January 2024

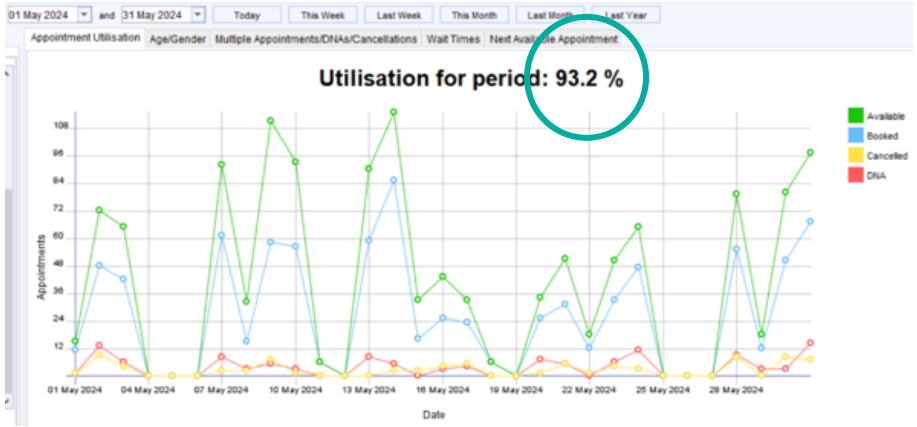


Report From: Mon 01 Jan 2024 to Wed 31 Jan 2024
On Rota Types: All Rota Types
Show: Staff Member | Rota Type | Branch | Rota Time | Fully Booked Rotas | Slot Type

The Swan Medical Centre

Total Slots	Unused Slots	Unused Slots %	Total Duration	Unused Duration	Unused Duration %
3880	573	14.8	58430	7855	13.4

May 2024



Report From: Wed 01 May 2024 to Fri 31 May 2024
On Rota Types: All Rota Types
Show: Staff Member | Rota Type | Branch | Rota Time | Fully Booked Rotas | Slot Type

The Swan Medical Centre

Total Slots	Unused Slots	Unused Slots %	Total Duration	Unused Duration	Unused Duration %
3105	246	7.9	47310	4405	9.3

Swan Medical Centre

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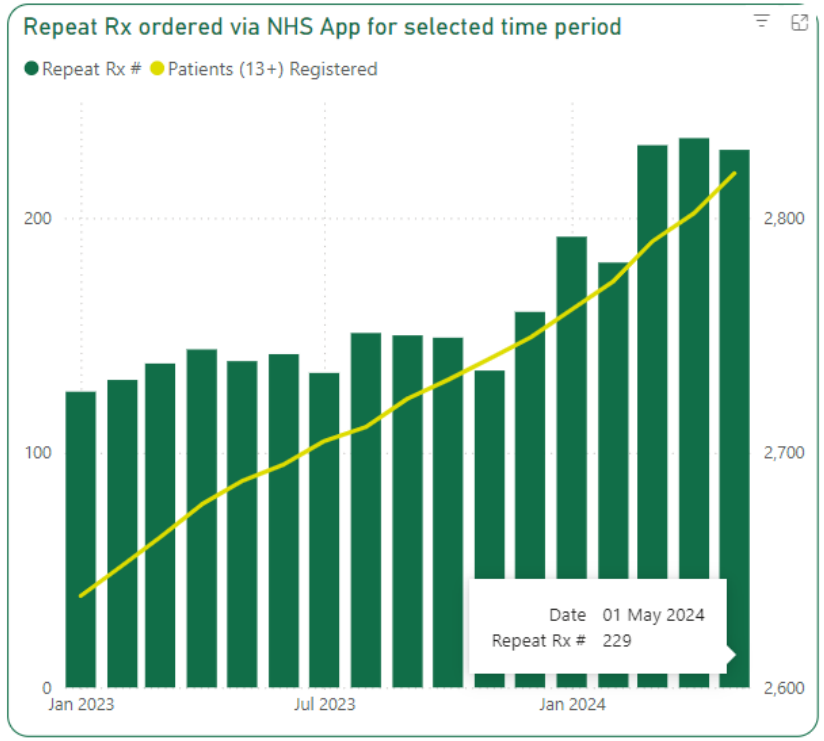

GP Provider Support Unit

They have almost tripled the number of prescriptions ordered through the NHS App, **saving almost 10 days of time**

And have an **active Facebook group** to **communicate** with patients

Richmond Medical Centre

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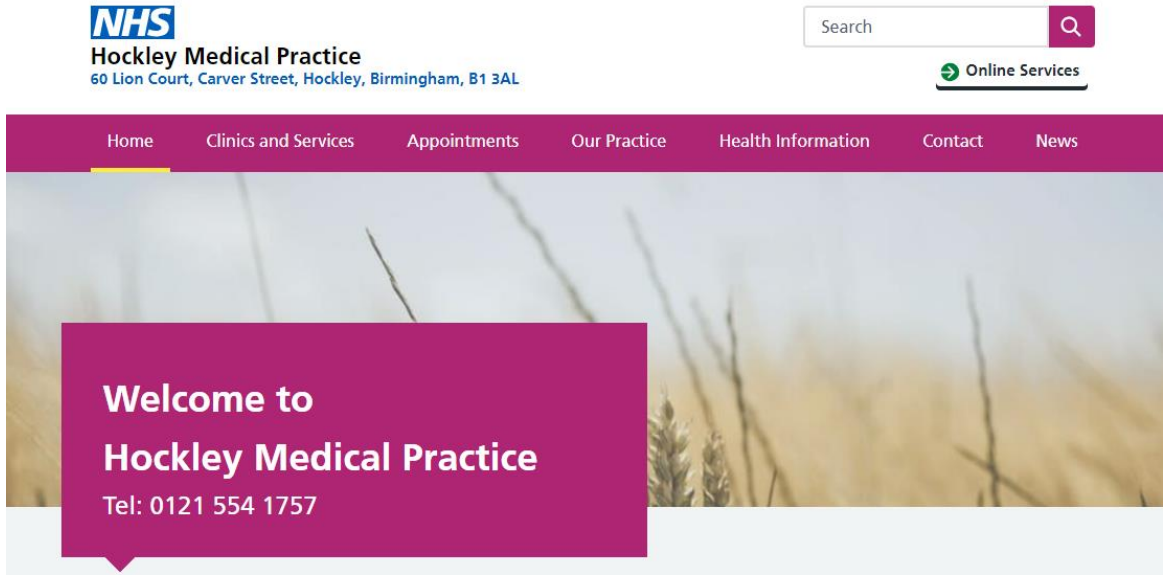

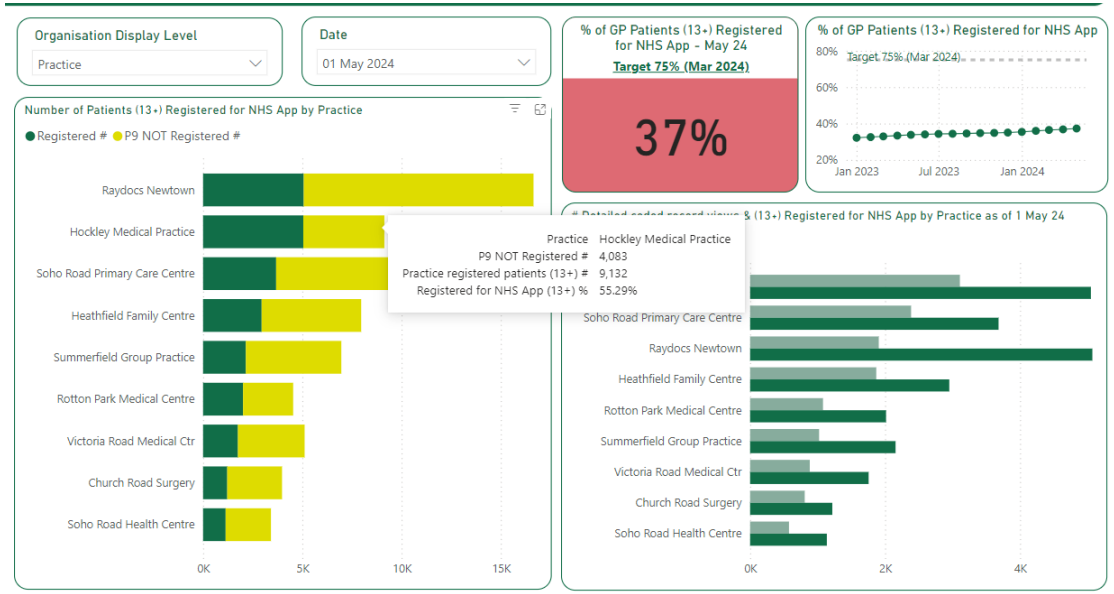

- **Hockley** now **leading the PCN** in terms of NHS App registrations at **55% of population** over 13
- In 3 months prior to support, only 124 appointments had been booked online via NHS App, this **rose to 643** over the following months – **saving 32 hrs admin time**.
- Cancellations **rose from 35 to 150** appointments, **saving 7hrs admin time**

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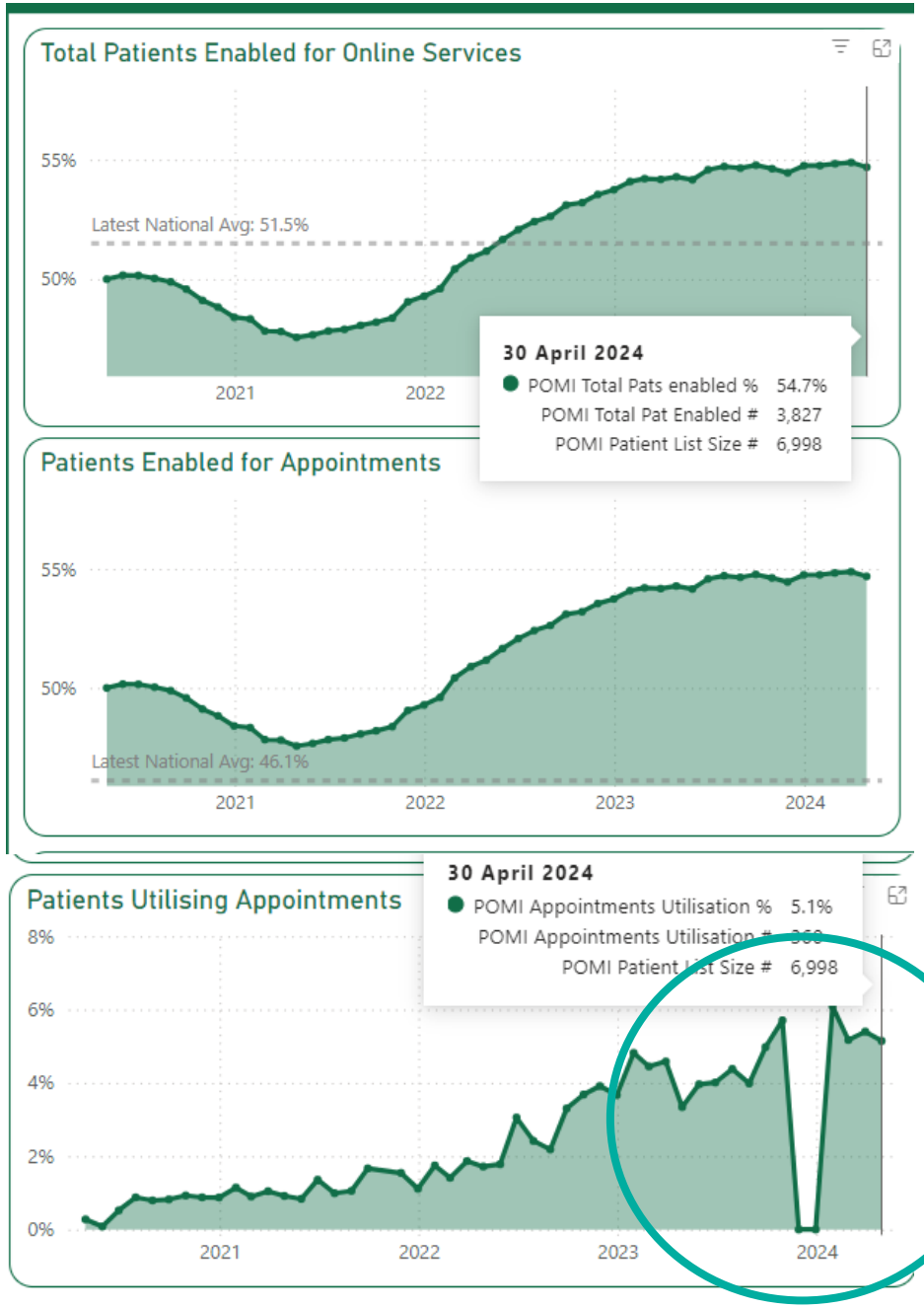


At the start of the project, despite having **over 50% of their patients enabled to book/cancel online**, they had switched off their online booking appointments and weren't using self-booking links. They hadn't configured their books correctly so didn't feel confident to recommend online booking and all appointments were booked over telephone or in person

By the end of the support **5% of appointments** are now booked **online**

Feedback

Feedback from patients

“The PPG are very happy with it, and they like the fact that they've got options e.g for admin queries.”

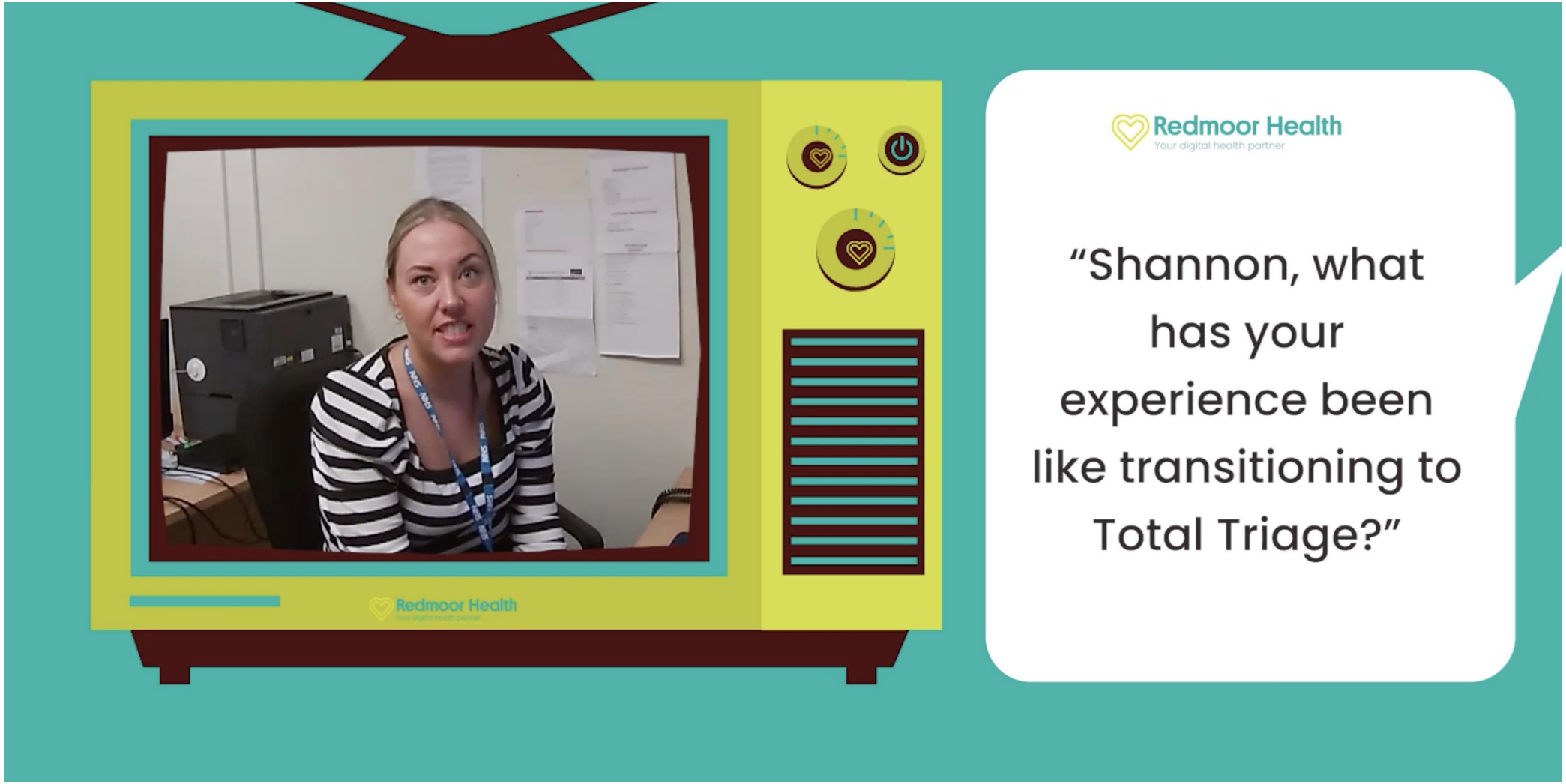
“Patients are happy, that they've got more than one option, they don't necessarily have to ring.”

Feedback from practice team

“Overall, I personally feel it's better than what we were offering before.
I get the impression from the other clinicians that they're happy with it as well.”

What aspect of support you received from Redmoor Health did you find most useful?

“There was a recommendation document. I think that was really helpful because it helped us to look at what we were doing, and based on that we made some changes.”



Case Study…

XYTAL

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SCAN ME

Speaking Now…

Dr Richard More
Chief Executive
Xytal

XYTAL

Primary Care Transformation

The Good, The Bad and the Ugly

Dr Richard More
richard.more@xytal.com

Transformation

Noun:

1a The action of changing in form, shape or appearance

1b A changed form; a person or thing transformed

2 A complete change in character, condition, etc.

OED

XYTAL

Our Experience

We take a holistic approach to healthcare transformation, integrating leadership development, coaching and process improvement.

Founded 2003, commenced Primary Care Transformation programmes in 2011.

> 1,300 practices
Team of c50 consultants
Our purpose is to make the world a healthier and happier place drives what we do and how we work.

Utilise quality improvement and behavioural change techniques to drive meaningful change.

XYTAL

“People do not mind change, the do not like being changed”

Peter Drucker

XYTAL

Is it a change?

- Practices report an average saving of:

  - 6 hrs 16 mins of clinical time per week
  - 6 Hours 49 Mins of administrative / managerial time per week

- A reduction of 4.4% of “avoidable appointments”

- Increase in staff:
  - Engagement
  - Recommended their practice as a place work

- 97% report the sessions as going “well” or “very well”

XYTAL

PRACTICE DATA

Address the Practice's problem

Our problem was…:

- Lack of appointments (GP/ACP)
- Long wait for routine appointments
- Inefficient use of clinical skills mix

It needed to improve because…

- Patients being directed to 111 when duty day list full
- Increased workload via tasks
- Burnout of clinical staff

XYTAL

PRACTICE DATA

XYTAL

All improvement change, but not a change is an improvement

XYTAL

PRACTICE DATA

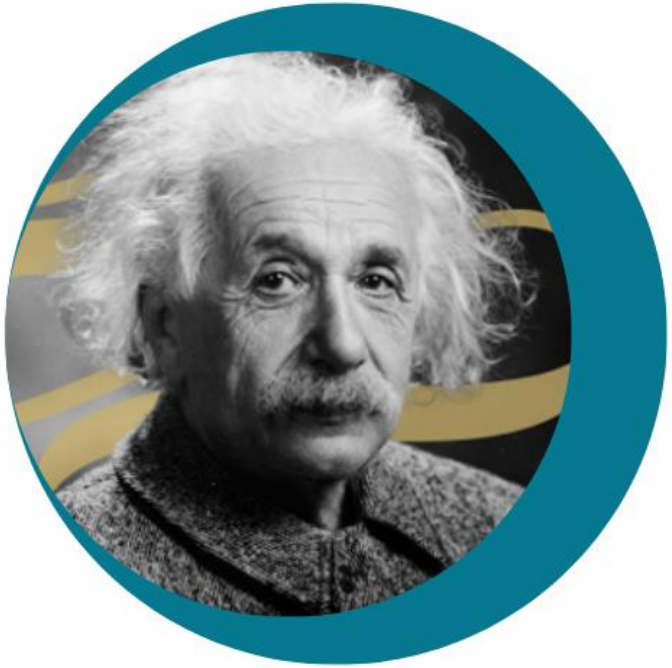
Use data

We know our change is an improvement because…

	2023		2024	
	Total appts	Online	Total appts	Online
Week 1	399	0	669	199
Week 2	414	0	625	246
Week 3	292	0	645	226
Week 4	345	0	604	279

- Appointments saved – dealt with by Duty GP/signposting
- Reduced wait for routine appts – from 4 weeks to 2 weeks
- Fewer 111 reports
- More appropriate use of ARRS services
- Feedback from patients (informal)
- Care navigator feedback – more enjoyment of role, well-supported, learning environment
- Telephone Data

XYTAL



“If I were given one hour to save the planet, I would spend 59 minutes defining the problem and one minute resolving it”

Einstein

“For every complex problem there is an answer that is clear, simple, and wrong”

H.L Menken

XYTAL

Positively Ugly

“One of my old practices last year spent six months on the program and routinely provided the practice manager, assistant practice manager, operations manager, reception lead and administration lead in the program.

All were very proactive and engaged with the program between sessions.

Audits were completed on time and showed that there were significant areas for development.

When it came time to draw up the action plan one of the senior GP partners walked into the room and said ‘’Nope. We’re not doing that. I like it as it is’’

XYTAL

Just Bad

“Practice signed up for the QI programme on the basis they would get paid for it. Did not free up any clinical time. Did not want to make any changes to ways of working – felt they did everything as efficiently as possible”

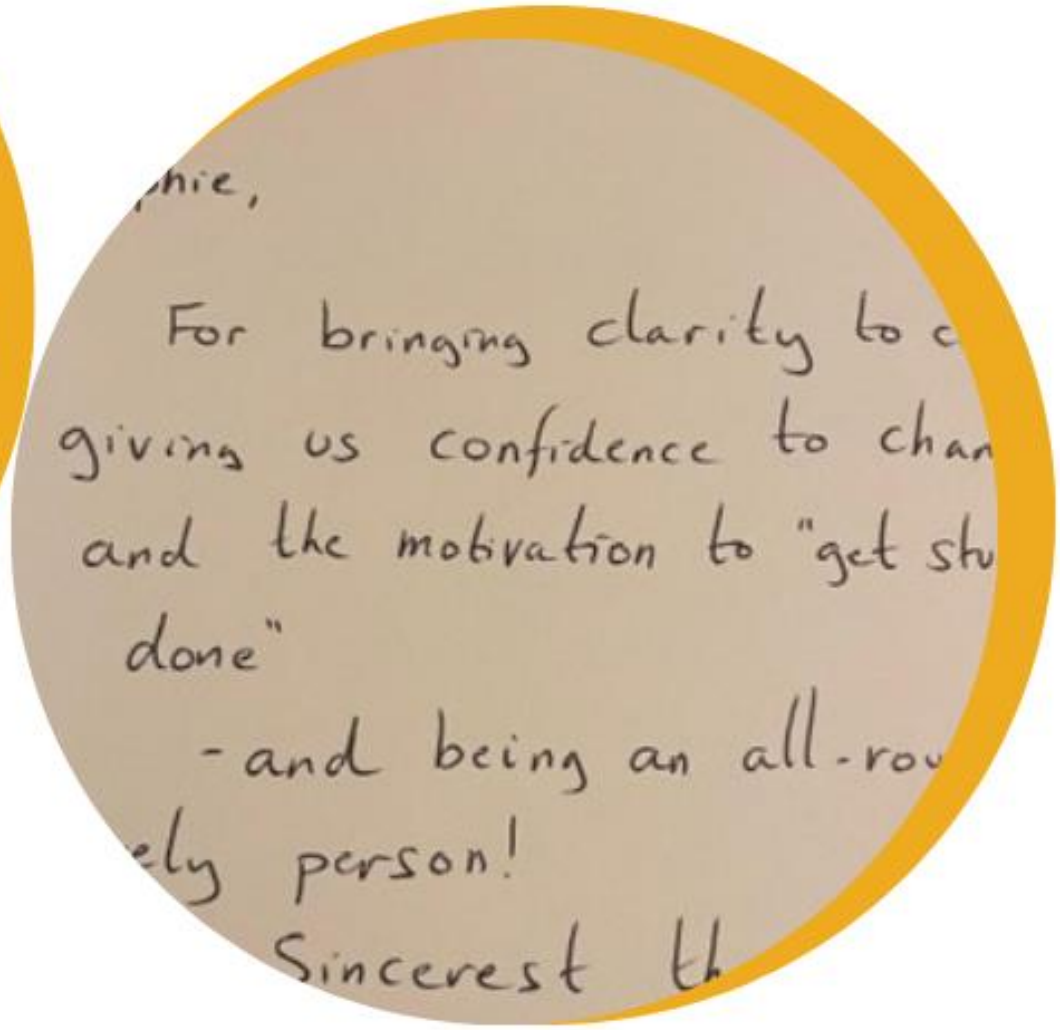
XYTAL

“The sessions (and the practice) did a complete 180, with staff feeling free to speak up and be heard going forward. The change in attitude and culture that I saw in the over 26 weeks was amazing”

The Good

XYTAL


IS THIS
GOOD?


hie,
For bringing clarity to c
giving us confidence to chan
and the motivation to "get stu
done"
- and being an all-rou
ely person!
Sincerest th

Interview Session...

Helen Davies

GP, Clinical lead for Community Integration and Population Health Management and Digital - Calderdale Cares Partnership ICB

Case Study…

EDATT
ENABLING DIGITAL ACCESS THROUGH TELEPHONY

CONVENZIS

Speaking Now…

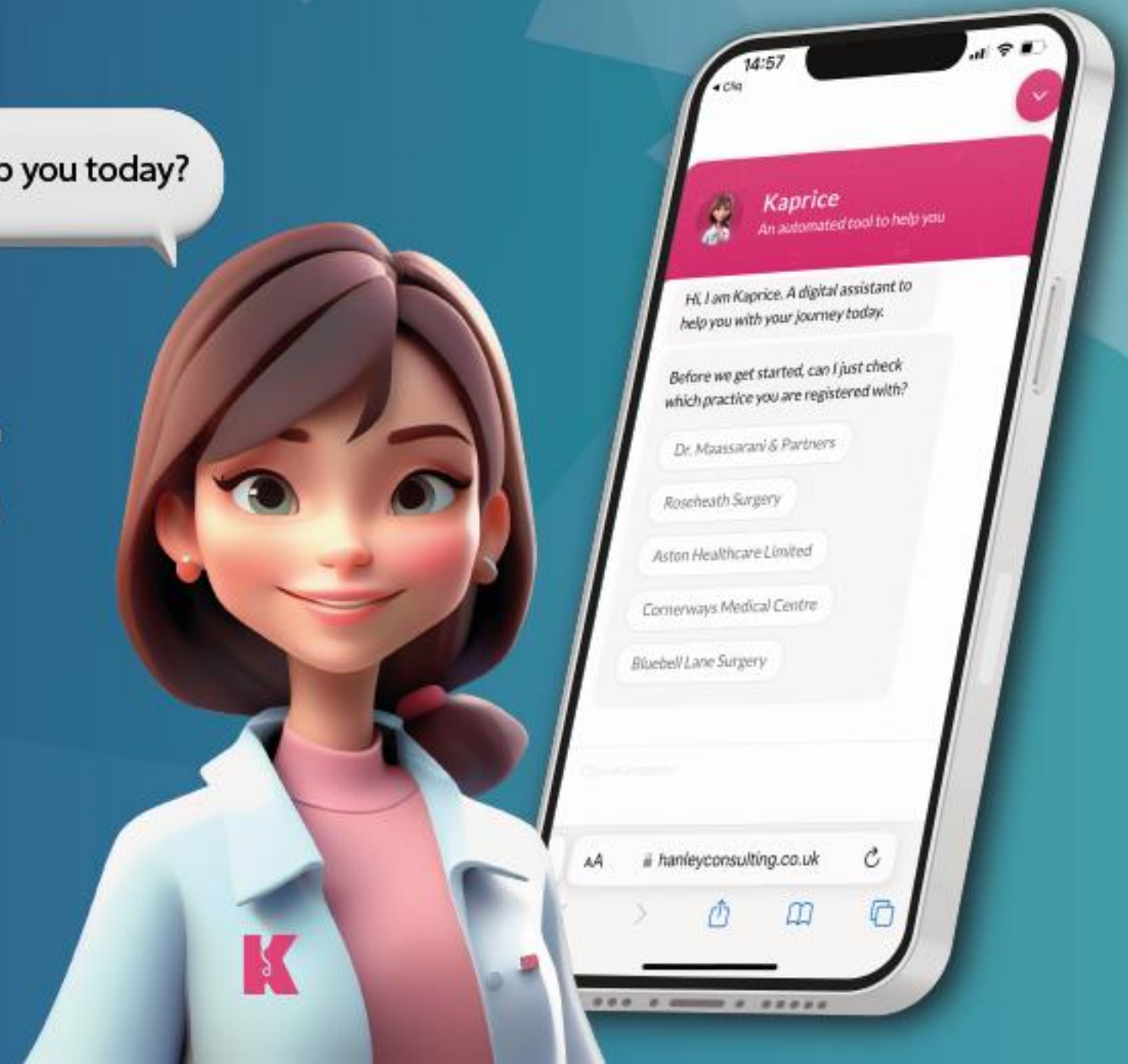
Max Gattlin
Product Lead
Hanley Consulting

EDATT

ENABLING DENTAL ACCESS THROUGH TELEPHONY

Hi, how can I help you today?

Introducing EDATT



HANLEY CONSULTING

Why EDATT?

Access: 86% of patients say getting through by phone is the biggest barrier to them accessing health services

Awareness: Lack of knowledge of digital tools (65% of those with online access, 45% don't know they can access test results)

Knowledge: 67% of patients want to use digital but don't know how

Demand: Demand is outstripping capacity, 80% of unmet telephone demand

Wellbeing: Increased pressures on reception staff

Staffing: Difficult to retain staff (receptionists leaving after their first week)

Financial: Hiring and training reception staff is costly, use of locum GPs is expensive and underutilisation of ARRS roles is also expensive.

EDATT
ENABLING DIGITAL ACCESS THROUGH TELEPHONY

EDATT:
UK's #1 Digital Support Assistant

Automate Patient Support

Don't have time to educate patients on how to access services digitally? With EDATT, patients receive the support they need without the need for practice intervention.

Reduce Inbound Calls

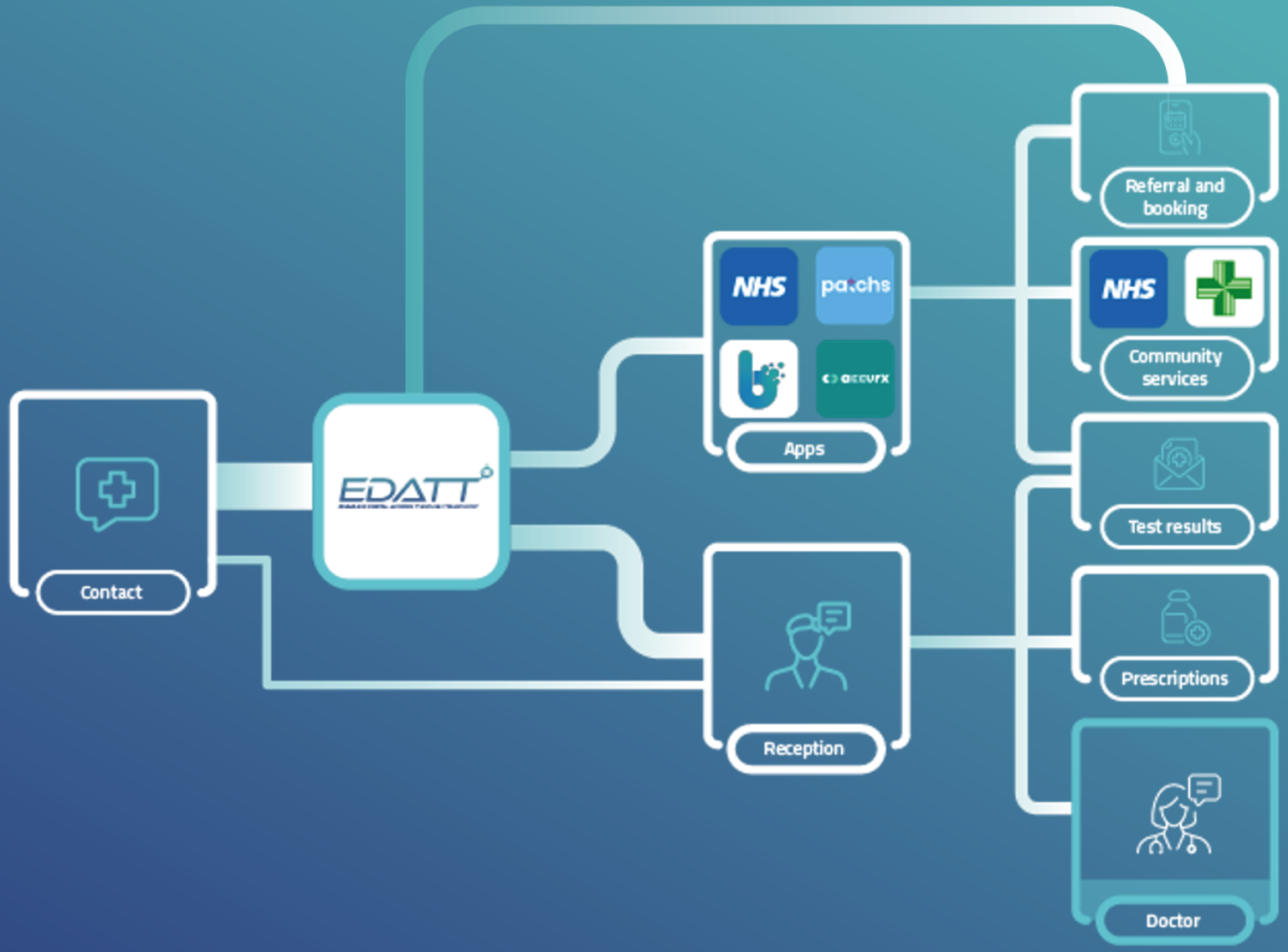
Shift telephone demand to digital, at the patient's request. Improve access and patient experience with reduced call wait times by empowering patients to self-serve.

Increase NHS App Uptake

Increase NHS App registrations with personalised guided support for patients. Increase online prescription orders, appointments management and medical record access.

Reduce Stress on Staff

Improve staff wellbeing by improving the digital maturity of your Practice. Reduce paper prescriptions and calls regarding test results by digitally enabling your patients.



EDATT
ENABLING DIGITAL ACCESS THROUGH TELEPHONY

A New Way to Manage Demand and Improve Access in Primary Care

- Redirect 15% of demand through effective care navigation
- Expand self-referral and self-booking pathways
- Improve patient access to services
- Speed up ‘time to care’ with direct routing into appropriate services
- Reduce admin burden on practice teams
- Tackle the 8am rush – Reduce call wait times by 2 minutes
- Empower patients to self-serve digitally
- Gather patient submitted health data (via Health Forms)
- Increase NHS App uptake
- Double online prescription ordering (Reduce manual script processing)

All of which make up the NHS National Priorities 23/24 (Delivery Plan for Recovering Access to Primary Care)

EDATT
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EDATT Dashboard

- Telephony Data
- Online Consultation Data
- EDATT chatbot data
- NHS App (uptake/usage)
- Community Signposting
- Workforce Wellbeing
- Time saved (by days)

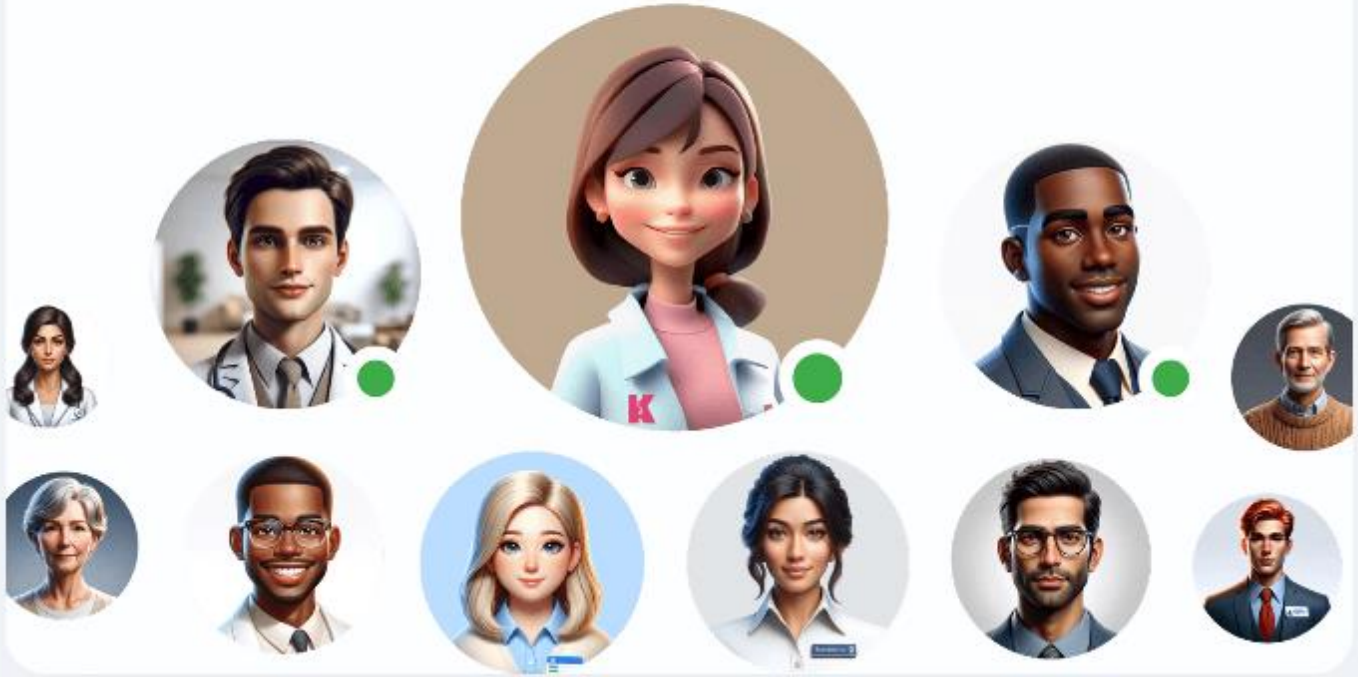
EDATT
ENABLING DIGITAL ACCESS THROUGH TELEPHONY

Custom avatars

Add a friendly face to your digital support assistant to aid patient engagement and increase adoption.

Meet Kaprice, Sully, Mali and friends...
Personable, memorable, helpful.

Who will you create?



Utilise existing digital tools

Built to integrate with all telephony systems, website suppliers, online consultation and self-booking platforms.

EDATT By Numbers

Tackling 8am rush: Halve telephone call queues within 6 months
(most popular bot usage time is 8am-9am)

Increase NHS App uptake: Increase NHS App uptake by >10%
Automate patient support to encourage NHS App uptake and usage

Online Prescriptions: Double online prescription orders, saving >5 days admin per month

Reduce DNAs: Increase digital literacy and 24/7 appointment cancellation, reducing DNAs

Automate Modern General Practice: Expand and automate self-referrals and self-booking pathways

EDATT
ENABLING DIGITAL ACCESS THROUGH TELEPHONY

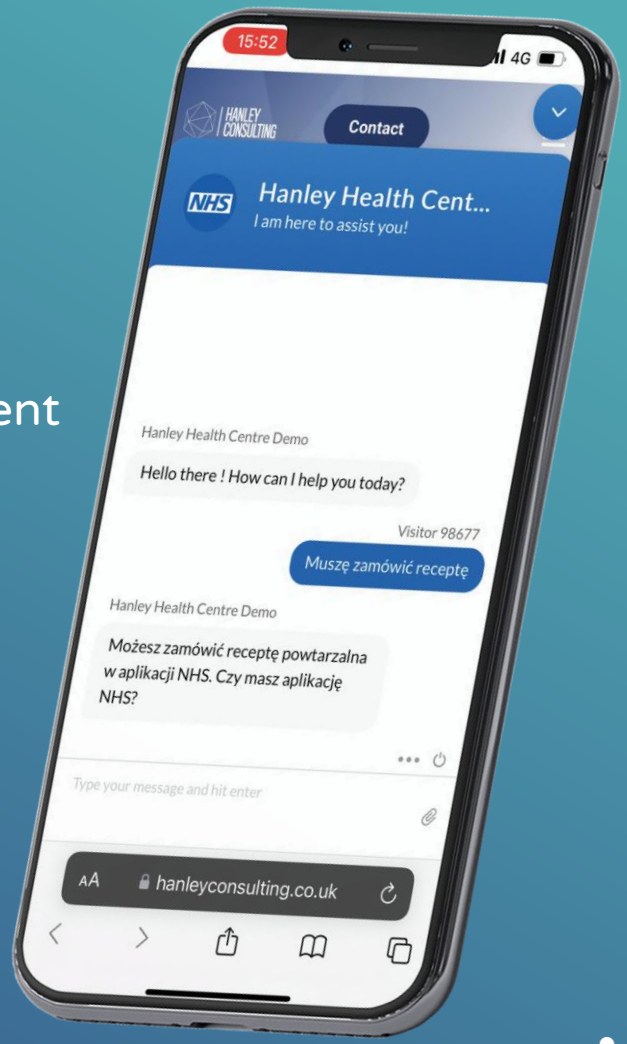
Reducing Barriers to Healthcare with AI

(EDATT+)

Natural Language Processing (NLP): Understanding patient intent leveraging AI means no patient query goes unanswered

Sentiment Analysis: Respond with empathy and understanding with new sentiment analysis.

Machine translation: All new language detection, not only detects which language the user uses, but also dynamically translates responses into the patient's language.



Launching Summer 2024

EDATT
ENABLING DIGITAL ACCESS THROUGH TELEPHONY

Funding EDATT

1. Capacity & Access Payments: Better digital telephony, Simpler online requests, faster care navigation, assessment and response.

2. Local Automation Funding: PCNs, ICBs, Federations and Places may receive or have access to funding for automation technologies.

3. PCARP (DSIC) Funding: Funding is now available for ICBs to draw down from the National Procurement Hub for online consultation suppliers and Demand & Capacity Planning Tools (DCPT).

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Come and see us for more information

Give EDATT a go...

CONVENZIS

Slido

Please scan the QR Code on the screen. This will take you through to Slido, where you can interact with us.

SCAN ME

Lunch & Networking

Chair Afternoon Address

Dr Gurnak Singh Dosanjh

GP - LLR ICB

Speaking Now…

Mateen Ellahi MBBS, MRCGP,MBA
Private and NHS GP Partner and trainer. PCN Lead in teaching
Primary Care Consultant

Speaking Now…

Dr Shanker Vijay
GP Lead, Digital Transformation - Primary Care, NHS England (London region)

Mr Ian Leigh
Senior Programme Manager, Digital Transformation - Primary Care, NHS England (London region)

Speaking Now…

Jill Winters
Director - 111 & CAS

12th NHS Primary Care Transformation Conference: The Foundations for Better Care

Jill Winters Director in an NHS Provider

- Why integrated care has more in common with…

- Than…

I will be sharing images that have patient permission to be used/shared, they are from open source BMJ, Lancet et al but… they are of battlefield injuries.

Office for Veterans' Affairs - GOV.UK (www.gov.uk)

Op RESTORE: The Veterans Physical Health and Wellbeing Service (veteransgateway.org.uk)

Text 81212 or call 0808 802 1212

Or call NHS111

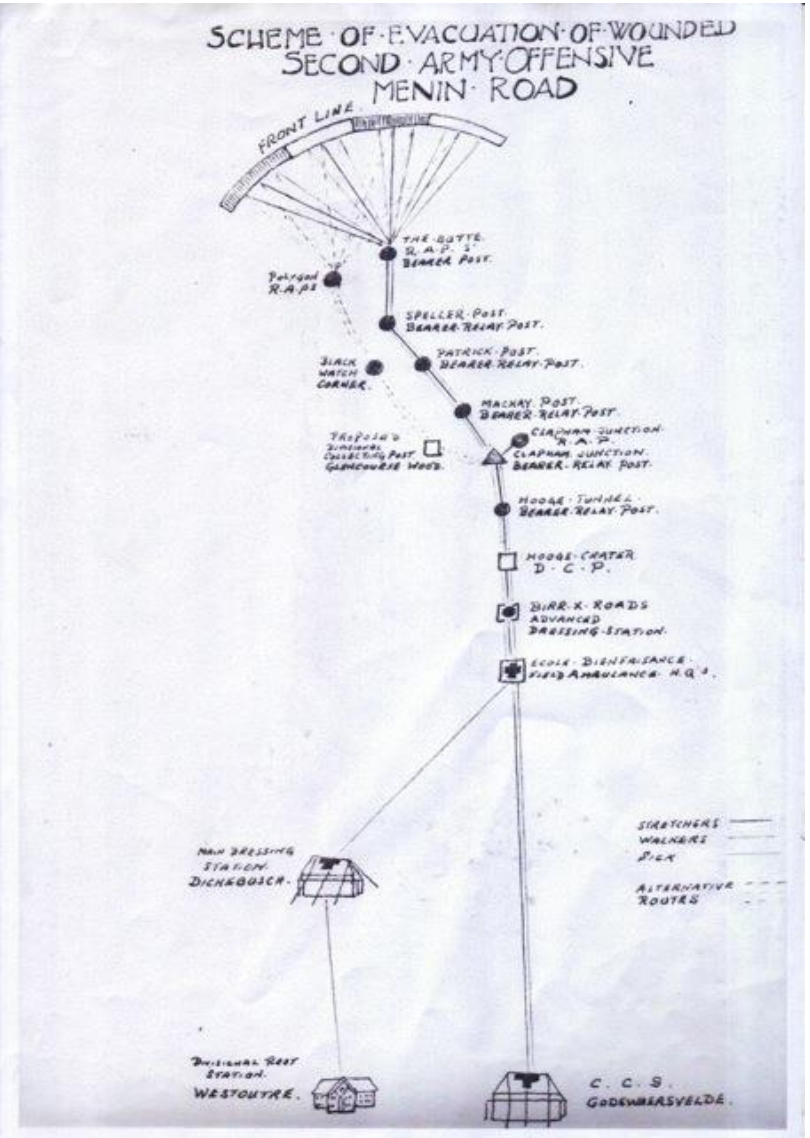
Mental health support for veterans, service leavers and reservists - NHS (www.nhs.uk)

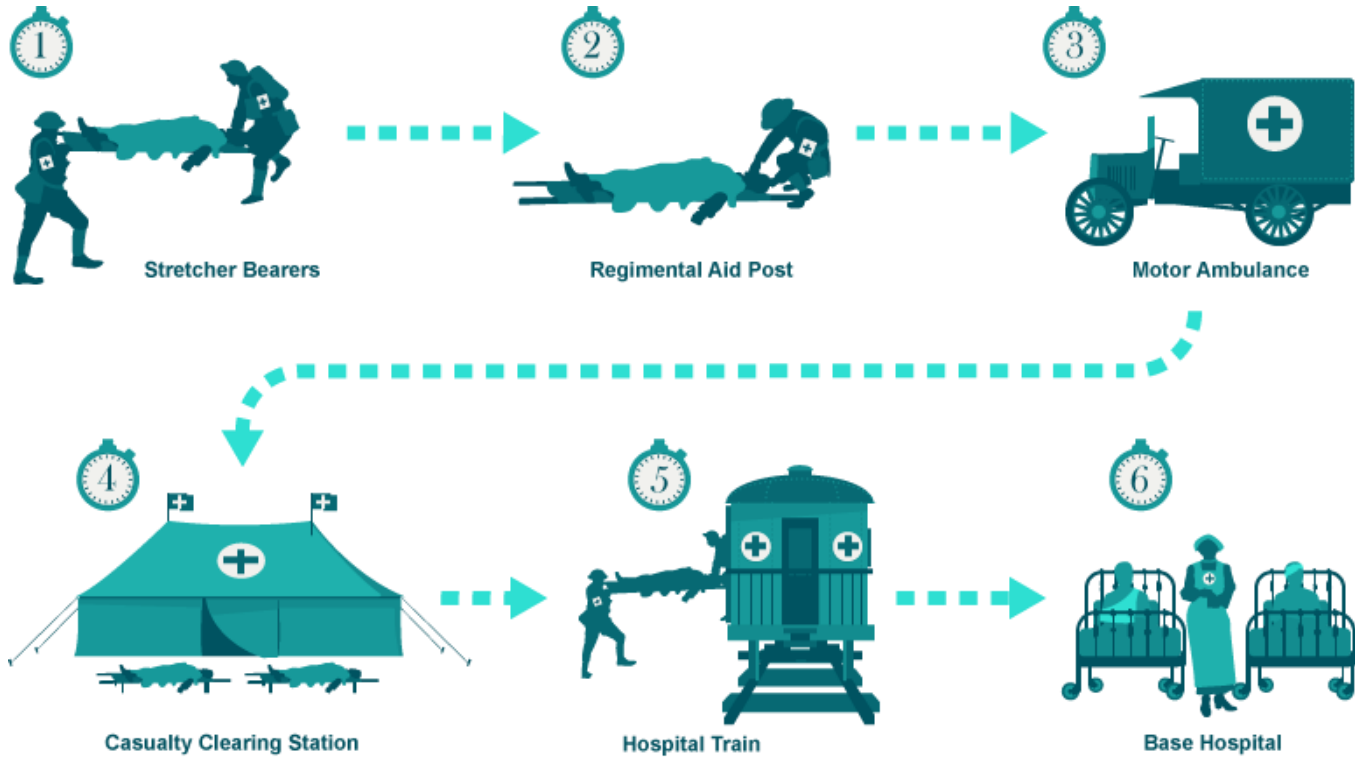
What has integrated care to do with the battlefield?

World War One

- WWI 40-50 million casualties
- Multiple field hospital/medical nodes
- Difficult casualty tracking
- Paper based

The Battlefield and patient evacuation journey - 1918





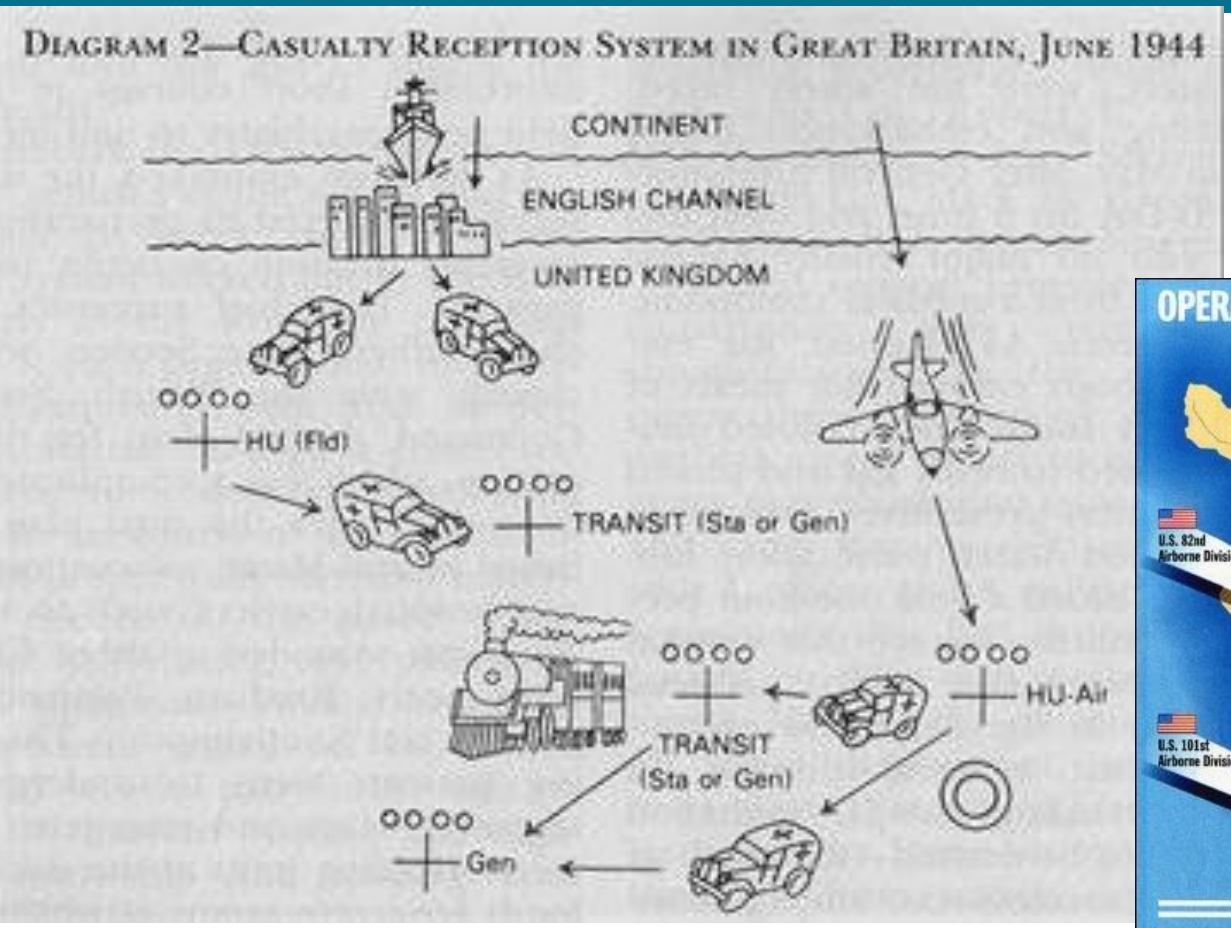
Ask: **Where were the patient health records?**

[ww1 patient evac british army schematic 17 Aug 1918]

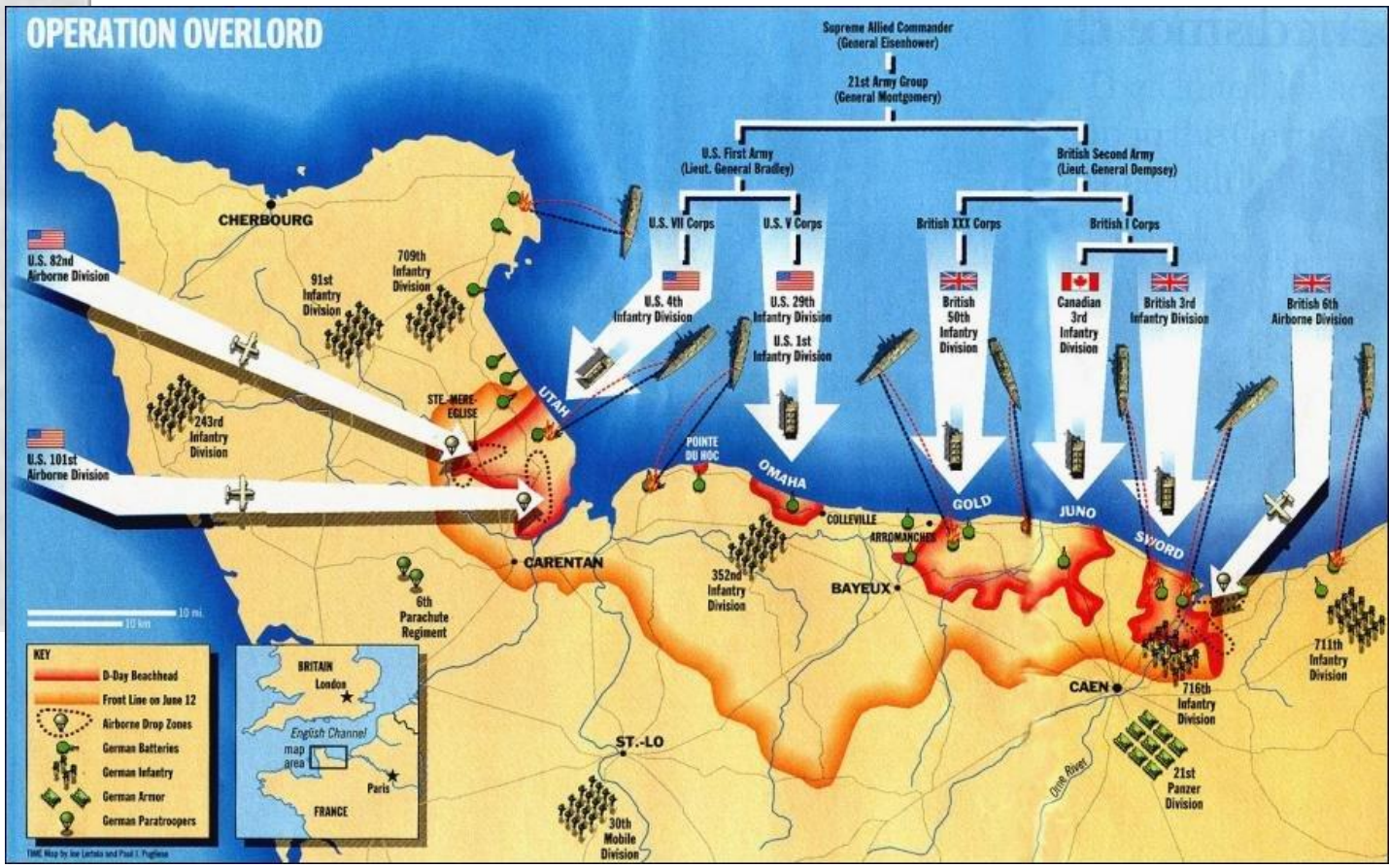
World War Two

- WW2 15-50 million military casualties
- Multiple medical nodes
- Better casualty tracking (paper)
- Paper-based and military owned

The Battlefield and patient evacuation journey – D-Day



- Distance
- Comms
- Constraints/demand
- Warning of patient movements



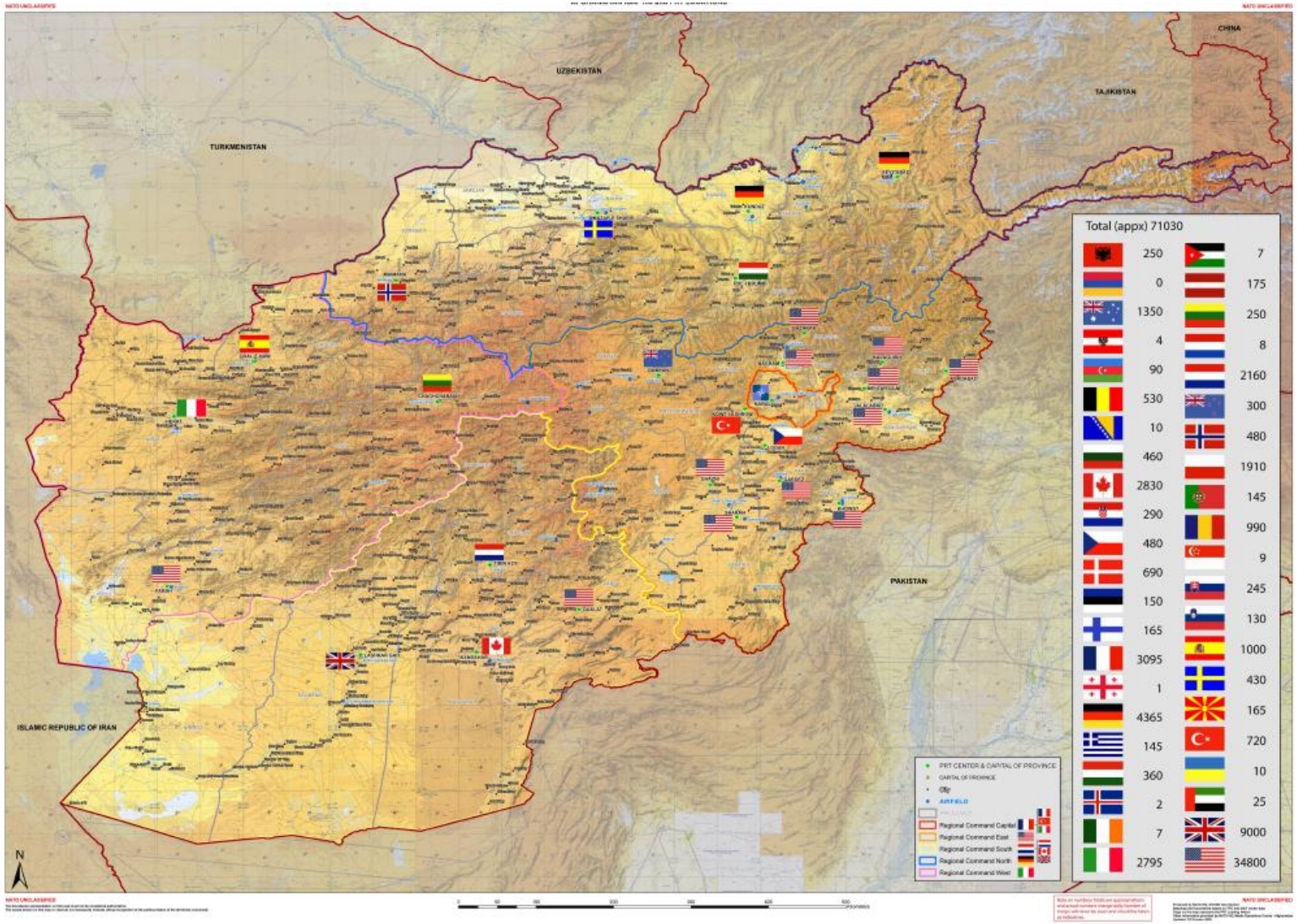
Op HERRICK

- Afghanistan – 10000 casualties
- Multiple medical nodes
- Efficient (but not digital) casualty tracking (J1 cell)
- Paper records/difficult interface with NHS records

Afghanistan – OP HERRICK

Shared pre-hospital process/triage at POI

150 + Forward Positions (FP), Operating Bases (FOBs) or Camps

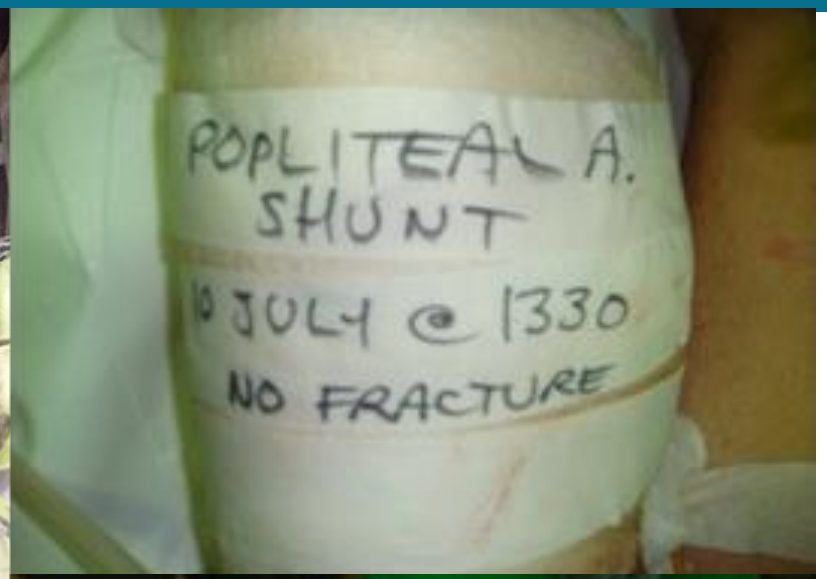


Multiple medical providers

No single healthcare record

All soldiers taught battlefield first aid/trauma platinum 10 mins)

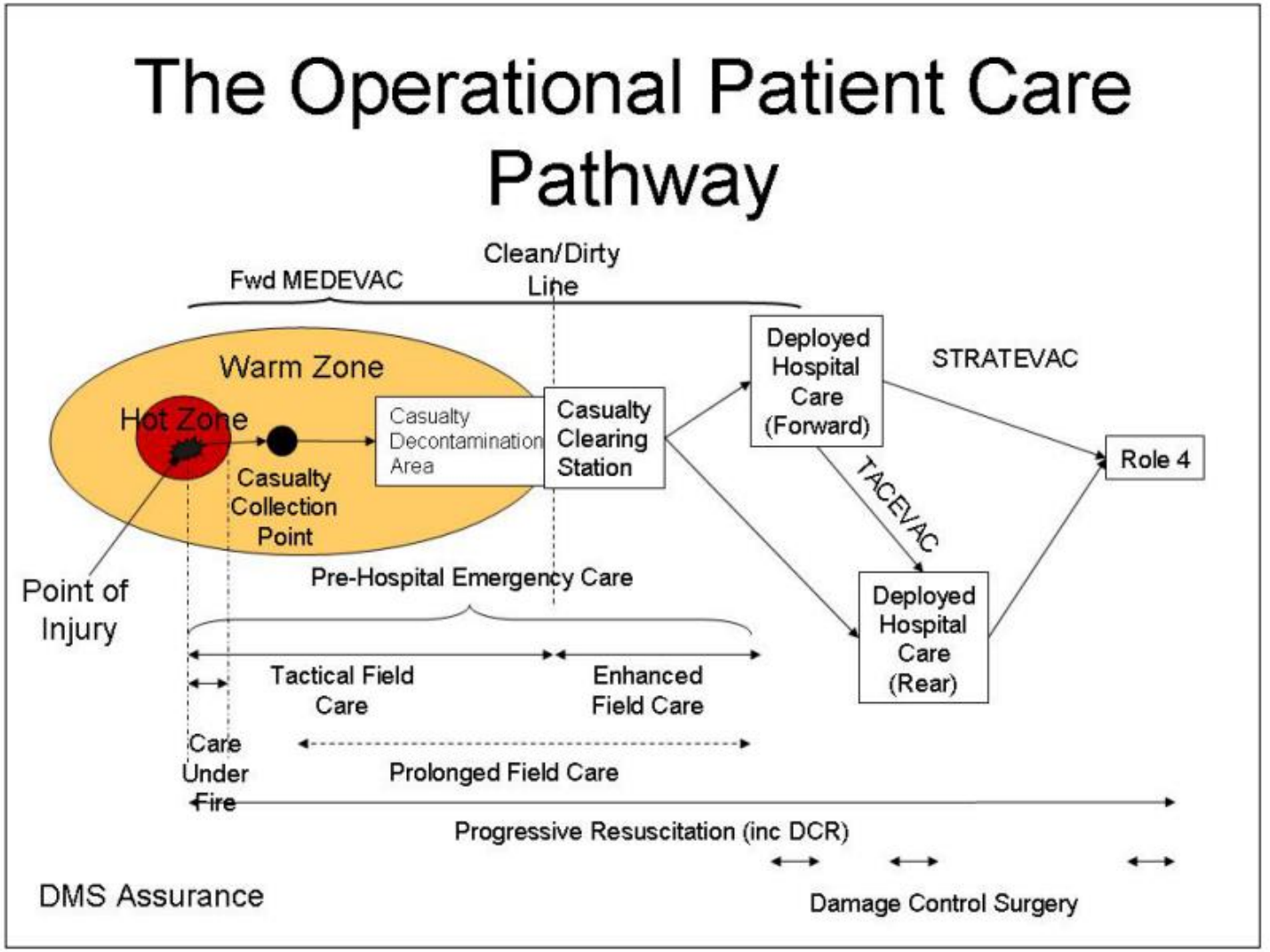
Patient Journey



- Point of Injury/Wounding (PoI/W)
- CASEVAC coordinated by the JOC

Military Patient Care Pathway

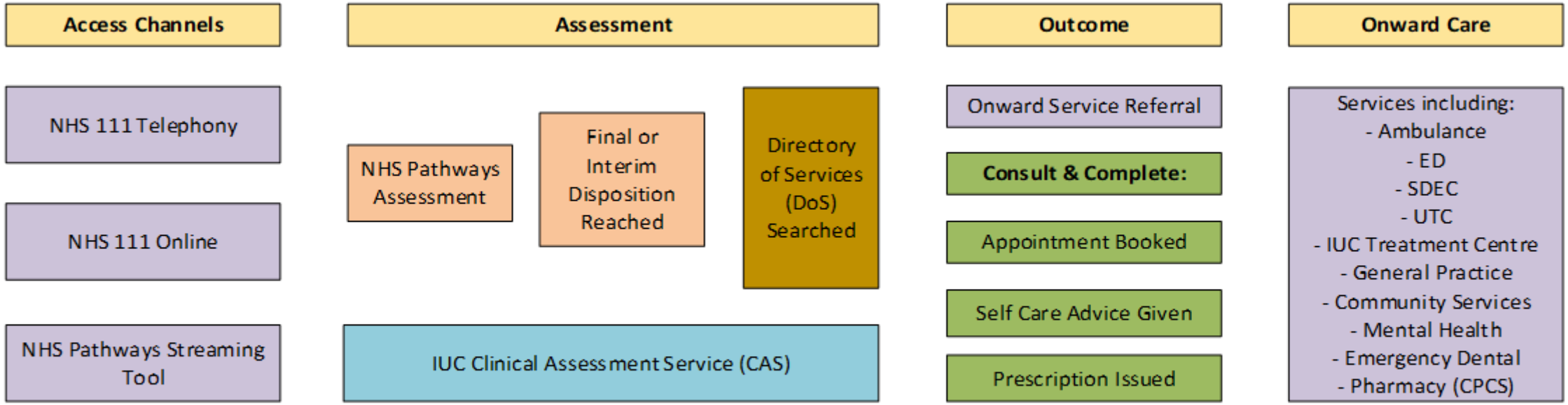
Take the care to the patient



The health record IS the patient

The NHS Patient Journey

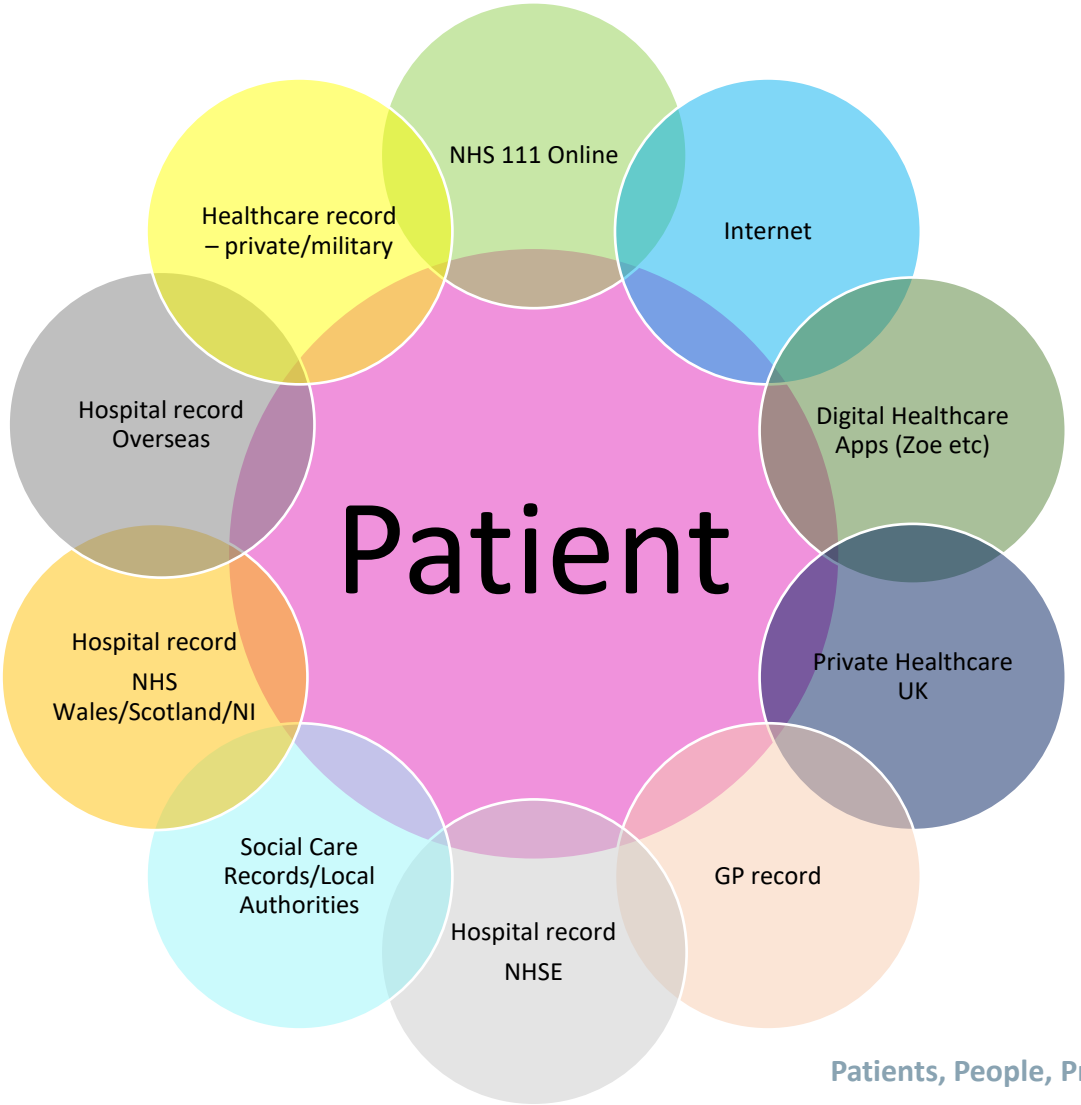
Figure 1: IUC patient journey

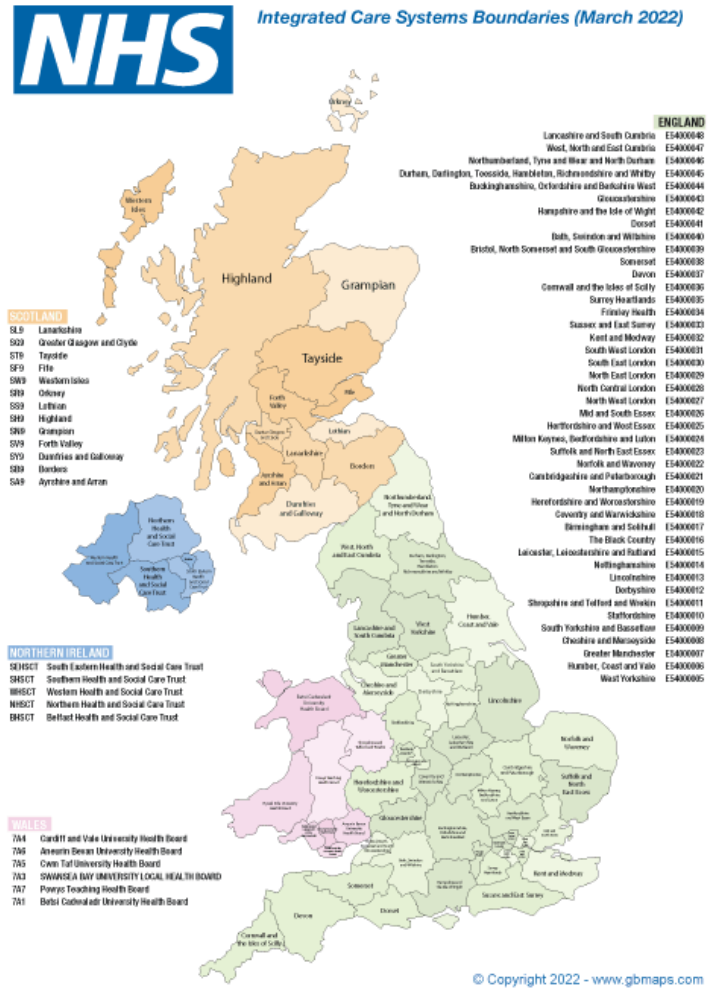


Different steps in this journey may be provided by different organisations.

Integrated Urgent Care key performance indicators 202324 v1.0 - NHS Integrated Urgent Care (IUC) - FutureNHS Collaboration Platform accessed 25 Sep 23

Where might our patients have information?

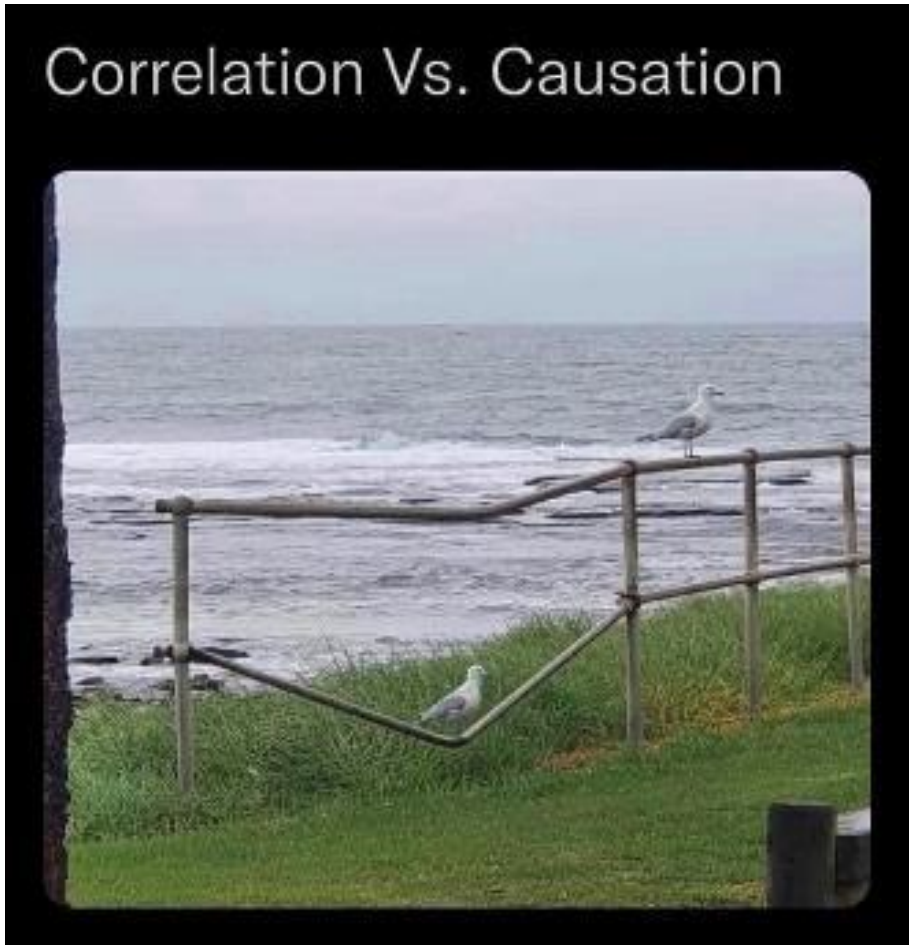




Patients, People, Processes

Quality Data to drive Service Improvement

- Looking in the wrong place
- Learning the wrong lessons
- Changing the wrong thing



What can we learn

- Veteran’s have a mixed patient journey (paper and digital)
- The last century has shifted away from hospital care delivery
- We can predict a population health expectation
- It is all in the interface

Drinks and Networking

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Thank you for attending The 12th NHS Primary Care Transformation Conference!

Scan here to book onto our next Primary Care Transformation Conference in October!