

Appendix A: Changes in Primary Care

Workforce

In North and North East Oxfordshire, Primary Care is currently structured in a fairly conventional way, with most practices operating as traditional partnerships, also employing salaried GPs. Most practices have a role in training, from medical students through to Foundation Year 2 Doctors and GP registrars. Some practices employ Advanced Nurse Practitioners to complement their traditional practice nursing teams while also supporting the GPs in extended roles caring for patients with minor illness and same day urgent need. Some surgeries in Banbury have pioneered the employment of pharmacists within practices.

Given difficulties in recruiting GPs and with many clinicians wishing to work part-time, practices are looking to increase effective contributions from:

- Extended trained health care assistants
- Advanced Nurse Practitioners
- Pharmacists
- Physicians Associates
- Diagnostic physiotherapists
- Paramedics
- Practice based Mental Health workers

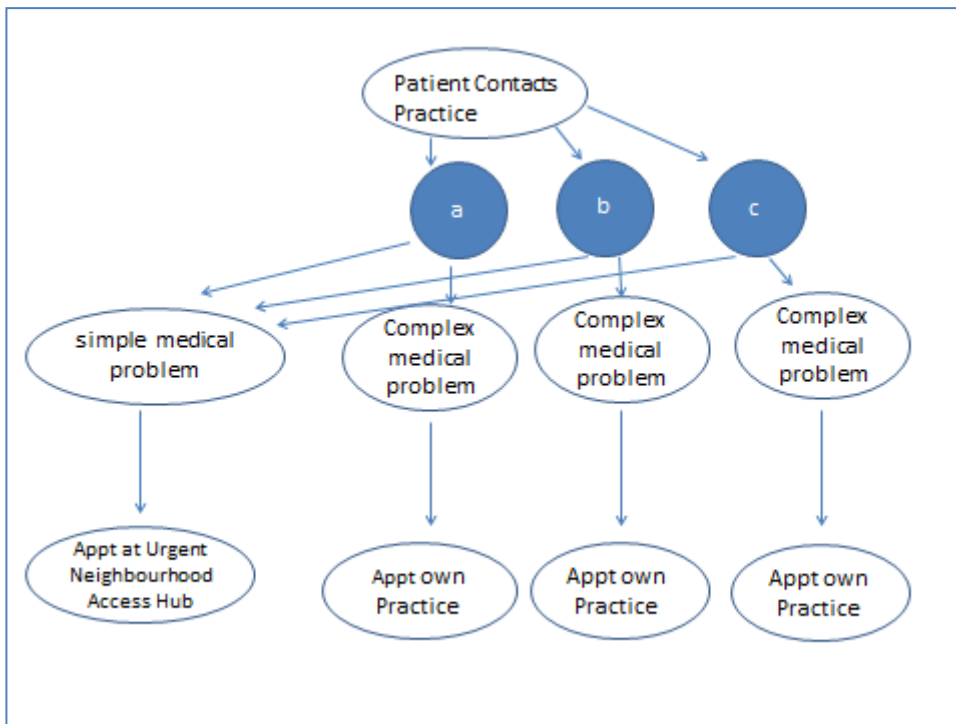
Streaming of Urgent versus Planned Care

North and North East Oxfordshire have a varied population in terms of need, age and working circumstances. This means that different dimensions of access are valued differently by different people, with some people preferring rapid access to any clinician and some requiring continuity of care with the same clinician.

In the NE locality, seven day access is provided through the Neighbourhood Access Hubs based in Bicester (at Bicester Health Centre) and Kidlington (KEY and Gosford Hill Surgeries) in the daytime, and Saturday mornings. This service is provided by the ONEMed GP federation with an evening rota of clinicians provided by the majority of the NE practices. Patients also benefit from access to further extended hours GP appointments on Sundays in Banbury. This service is available through cross locality working via the federated group, ONEMed aligned under Principal Medical Limited (PML).

Some rural cluster practices offer additional evening hours in house but available to other surgeries, 1830-2000 on a rotation basis. Banbury Health Centre is now offering routine primary care hours: Monday to Friday 0800 to 1830.

The Neighbourhood Hubs provide rapid access for patients, in particular for those of working age and for children who, except in certain circumstances, do not need to see the same GP for episodic conditions. This frees up time for GPs to concentrate more resources on patients who need a level of continuity.



Home Visiting

Traditionally, patients were visited by their GP, usually after surgery in the early afternoon or occasionally in the middle of surgery. This meant that if patients needed to be admitted to hospital this happened later in the day, which was not ideal, and there was much less chance if they just needed tests that they could return home on the same day.

With the new model of care a Primary Care Visiting Service has been established. Urgent access for housebound patients is provided through the GP federation, with a team of experienced Emergency Care Practitioners (ECPs) reviewing patients and liaising with GPs to form treatment / action plans. If a patient needs specialist tests and assessment there is an opportunity for patients to receive them in the ambulatory care department at the Horton and John Radcliffe Hospitals before returning home for treatment.

Services for Frail Patients

It is hoped that by streaming patients with simple urgent care needs to neighbourhood hubs this will release more GP time to provide continuity of care for patients with complex needs, working together with an extensive integrated locality team to support frail older patients at home with:

- Links to the ambulatory assessment service with secondary care input
- The ability to facilitate early discharge from hospital
- The ability to maintain physiologically unstable patients at home or in Nursing Homes with some secondary care input from a locally co-ordinated ambulatory care facility.
- Improving long term conditions care.

Integrated Locality Teams comprise GPs; community nurses, therapists, carers and social services working together on a locality basis to keep patients with complex medical conditions at home and facilitating early discharge from hospital.

Prevention and Promotion of Self Care

Primary care has an important role in empowering patients to self-care, taking responsibility for their own health and wellbeing, and knowing how and when to seek help when they are unwell. It is seeking to do so through:

- Making every contact count: in which every contact with a patient (in primary, community and secondary care) is used as an opportunity to improve patient knowledge and level of involvement in their care
- Using personalised care planning as used in the 'House of Care' model to engage informed patients to work in partnership with health professionals to better manage their health and health care
- Referral to exercise on prescription, structured diabetes education and other initiatives that seek to support behaviour change and better self-management of long term conditions
- Making shared decision making the norm
- Increasing the use of Patient Decision Aids; condition specific information that is accurate and balanced and allows patients to think about the pros and cons of a particular treatment, clarifying what the patient hopes the treatment will achieve
- Development and testing an appropriate model of social prescribing
- Increasing access to NHS Health Checks, particularly for more vulnerable people, in particular those in the 2% high intensity group, and patients with autism or Learning Disabilities.
- Working with schools to promote healthy lifestyles, increase health literacy so that young people and their families use health services appropriately, and encourage students to consider the wide range of career opportunities within health care

What do Proposed Changes look like for Patients?

Patient Exemplar 1: Tommy Smith awakes with earache / cough / fever

Current Model of Care:

- Rings GP practice – no bookable urgent appointments available
- Invited to come to 'sit and wait' clinic at 12.30pm
- Waits 1 hour – sees a tired GP in practice who has already seen a normal routine surgery and 6 extra patients.

New model:

- Rings GP practice – thorough discussion – problem assessed as suitable for Urgent Access neighbourhood hub
- Given appointment at 9.30am at the local Hub
- Sees GP with access to patient notes and treatment agreed
Hub GP reports to patient's own practice, who can follow up if needed
- Own GP has time to see complex elderly patients as has fewer urgent extra appointments to fit in

Patient Exemplar 2: Maud Smith is aged 84, lives alone and is feeling very poorly and unable to get out of bed

Current model of care:

- Rings GP practice in morning
- GP visits at 2pm
- Seen in hospital at 6pm, investigations complete by 10.30 pm
- Admitted and stays 2-3 days.

New model of care:

- Rings GP practice in morning
- Visit arranged with Primary Care Visiting Service
- Paramedic rings GP at 10.30am and agrees action plan
- Patient attends Ambulatory Assessment Unit
- Investigations complete by 5pm
- After liaison with Locality Integrated Team, the patient is discharged home same day with home care in place. May be followed up by the frailty service