



FEATURE

The BMJ Awards 2018: Primary Care Team of the Year

This year's shortlisted teams have found innovative ways to use resources in the community more effectively, finds **Nigel Hawkes**

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GPs enter the digital age

GPs everywhere are struggling under demand. Chelston Hall Surgery in Torquay, with three sites and 22 000 registered patients, gets 500 calls in the first hour of each day, and queues form outside. Practice manager Mark Thomas looked around for a solution.

He found e-consult, an online triage tool for GPs, developed by GPs, and headquartered in London's Docklands. Mark Harmon, a doctor and now strategic director of the company, says the GPs at Chelston Hall were initially sceptical. "Would offering patients a new way to consult GPs just add more to the load? That was their fear."

The system was introduced cautiously. On the practice website there are three choices: help for a previously diagnosed condition, such as hay fever or cystitis; a symptom checker for new symptoms; and administrative help, such as a test result or a sick note. "The symptom checker is essentially history taking online," says Harmon. "It's simple for the patient, requires no login, and takes five minutes. It's submitted in encrypted form to the practice and triaged by a GP or a nurse practitioner.

"If the symptoms are concerning, a red flag is built in, pointing to a 999 call or a visit to an emergency department. An amber flag, and the GP may want to see the patient—safety is paramount. But 70% can be dealt with online." At Chelston Hall, GPs are closing up to 40 queries a day without needing to see the patient. More than 370 practices now use e-consult, some at a much higher rate. "Unity Health in York now does 30% of its consultations online," Harmon says.

Personalised care plan SMS

Keeping patients with chronic conditions, such as type 2 diabetes, hypertension, or high cholesterol, as healthy as possible is demanding. Regular tests and appointments must be organised and patients have to be sufficiently motivated to attend them and then to comply with drug regimens.

At West Green Road Surgery in Haringey, north London, achievement on the National Diabetic Audit was low, and 28% of patients had poorly controlled hypertension, says Naz

Akunjee, a GP there. "Staff would recall patients on the telephone, running through lists in alphabetical order, with no priority for the least well controlled. The message would be to come in to discuss their chronic disease with no further details. Many didn't come."

The answer was to create software that could interrogate the registers and send text messages that would list the latest test results, explain their importance, urge compliance with drug regimens, or suggest an appointment. They could prioritise the patients most needing advice and complete the whole process automatically.

Has it worked? "Of 110 test messages sent to diabetes patients, 23 have subsequently had an improvement in glucose control. Of 97 sent to people with poorly controlled hypertension, 47 have rechecked their blood pressure and 36 were normalised. Not one patient has complained. They get clear information and it often prevents them having to come in for an appointment."

The practice is now working with Haringey and Islington clinical commissioning groups (CCGs) on extending the system to QRISK scores. "It could be used by any practice," Akunjee says. "It's really, really good."

The Chorley surgery

While frequent users of emergency services are often the target of initiatives designed to curb their enthusiasm, less thought has been given to the same problem in primary care, says GP Shashi Khandavalli of the Chorley surgery in Lancashire. Sharing data with three other local practices, Chorley found that 0.5% of the registered patients took up 2.4% of appointments.

"This is a neglected cohort and it's hard to find what they cost," Khandavalli says. "If they're frequent users of emergency departments there's a tariff for each attendance so it's not hard to work out the cost. But in primary care it's much harder. Our hypothesis was that by meeting their needs better we could reduce demand in primary care."

A primary care user support team (PCUST) was set up to create individual action plans for frequent users through face-to-face meetings, identifying their needs in physical and mental health and social needs. One totally unexpected finding was that

frequent users of primary care are not frequent users of emergency departments—in fact they use them less than the general practice population as a whole—but they are familiar faces at outpatient clinics.

A major success of the PCUST teams has been to navigate patients through the complexities of health and social care through advice and direct referrals. A large demand for counselling, wellbeing, and cognitive behavioural therapy was not matched by supply, leading to long waits.

The project started in January 2017 and was funded by Chorley council as part of a public service reform programme. The result has been a drop of 1110 appointments a month by high intensity users in the four practices, plus a fifth which joined later.

South Somerset GP Federation and partners

In the search for the ingredients that will cure the NHS, South Somerset has opted for a new cadre of “health coaches” and an elision of the traditional divisions of care. “It’s a very different approach from traditional general practice,” says Jeremy Martin, general manager of the Symphony Vanguard programme. “We call it enhanced primary care.”

The problems faced were those common to many healthcare economies: heavy and growing demand for services at Yeovil District Hospital and a looming crisis in primary care, with many GPs retiring or leaving and the rest under more and more pressure. Overnight admissions were rising at 6.6% a year and it had been calculated that a new ward would be needed every three years to keep up.

With money from the vanguard programme, 17 practices in the South Somerset GP Federation have hired 53 health coaches to work with patients, especially frequent attenders at surgeries, to increase their knowledge, skills, and confidence in dealing with their own health. “They also do coordination for all practices, signpost patients to community services and provide support and equipment for them at home” Martin says. So far 11 000 patients have been identified and supported.

This and other changes have led to a 7.5% fall in overnight emergency admissions in the first full year. Emergency bed days and length of stay are also down, and patients’ confidence, measured by the Patient Activation Measure, is up. Several GPs have been able to introduce 15 minute appointments while the hospital has closed a ward while improving performance against the emergency department and 18 week targets. The cost in

2017-18 was £2.7m, and the estimated savings £3.9m. The CCG has agreed to continue funding when the Vanguard programme ends.

Urgent Care 24

A salutary experience inspired change at Urgent Care 24, which runs an out-of-hours service in Merseyside. A young woman had called NHS 111 with a sore throat and symptoms sufficiently serious for her to be directed to the organisation’s urgent care centre. She was seen by a GP who noted “very close to admitting” but the woman opted instead to go to a pharmacy to collect an antibiotic prescription. She collapsed and died of sepsis in the car park.

Suzanne Fletcher, a GP and quality improvement lead at Urgent Care 24, says that 70% of sepsis cases arise outside hospital. An audit of data on their adult admissions to hospital showed that in only 11% of cases were sufficient observations made to calculate the national early warning score (NEWS), an alert for identifying seriously ill patients with sepsis. “Some hadn’t even had their temperature taken. We realised we were missing a trick.”

NEWS, originated by the Royal College of Physicians, is a scoring system derived from measures of respiration rate, oxygen saturations, temperature, systolic blood pressure, heart rate, and consciousness level. Meetings were held and fortnightly data bulletins issued. A template was created to help in recording data in face-to-face consultations.

The proportion of patients with a full set of observations steadily increased, reaching and then exceeding the target of 75%. For any patient with a NEWS score of five or more, the emergency department team is alerted as they are on their way, so that rapid assessment and treatment can begin.

Has it saved lives? Urgent Care 24 believes so but cannot say for certain because it does not have automatic access to the secondary care data. It is hoping soon to acquire it.

The Primary Care Team of the Year award is sponsored by MDDUS. The awards ceremony takes place on 10 May at the Park Plaza Hotel, Westminster. To find out more go to thebmjawards.bmj.com

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