

NHS Primary Care Contracting

Identifying Change Levers in Primary Care Best Practice Examples

Introduction:

In seeking to identify the levers that drive change in primary care, NHS Primary Care Contracting has collated over 200 examples from within the NHS.

Our database of practice differs in that we've reviewed all submissions, established themed groups based on PSA target criteria and created groups where the drivers would have most impact.

Minor Injuries Local Enhanced Service– PSA Target Group: Reducing health inequalities, Improving access to care, Improving the patient/user experience & Reducing mortality rates.

Overview:

Started April 2004, through the implementation of the nGMS, they attempted to lower unscheduled admissions to local acute trusts by trying to treat minor injuries in the community.

Objectives:

- Encourage Patients to be seen in the community for minor injuries as an alternative to seeking admission to nearby acute trust
- Significant secondary to primary care shift of work

Key Drivers:

Admissions Avoidance - support of unscheduled care initiatives

Results:

Admissions were shown to be reduced as a result of audits accompanying the LES specification. Patient satisfaction was high and unscheduled admissions were avoided

PCT / Practice Name: South East Herts/Royston, Buntingford BS PCTs

Title of Initiative: Minor Injuries Local Enhanced Service

PCT / Practice: Royston, Buntingford and Bishops Stortford PCT

What was the main prompt for this initiative?

Value for money

Working towards standards for better health

Admissions Avoidance

What do/did you hope to achieve from this initiative?

Encourage Patients to be seen in the community for minor injuries as an alternative to seeking admission to nearby acute trust

What is perceived as the key lever/driver for this change?

Admissions Avoidance - support of unscheduled care initiatives

When did the initiative start?

April 2004

When does/did the initiative end?

01/04/06

Did your initiative address any of the following targets?

Reducing health inequalities

Improving access to care

Improving the patient/user experience

Reducing mortality rates

Does your initiative meet any of the following strategic tests for Primary Medical Care Contracting?

Improve the patient experience

Progress the choice agenda

Enhanced services shift treatment from secondary to primary care

Vehicle for strategic change

Use QOF to manage long-term conditions, health improvement and health

promotion

Develop an integrated unscheduled care programme

Of which areas did your initiative support system reform?

Improving primary care and management of long-term conditions

Choice and contestability in services

Fast access to the most appropriate service in a different setting

In which other areas has your PCT/practice's initiative made a significant contribution to primary care development?

Significant secondary to primary care shift of work

Innovative scheme positively evaluated as bringing benefit

Development of healthcare roles in primary care settings

Health professionals in primary care such as occ therapists

Value for money or financial savings identified through development of primary care

What criteria did you use to assess the success of the development: what were the outcomes?

Patient satisfaction

Cost effectiveness

Health outcomes improvement

How did the initiative fare against these criteria?

Admissions were shown to be reduced as a result of audits accompanying the LES specification. Patient satisfaction was high and unscheduled admissions were avoided

What were the set-up costs of your initiative?

£14,000

Where did the funding come from?

Enhanced Service Floor

What were the financial incentives of your initiative?

Practice

Health economy

What contractual mechanism(s) was your initiative set-up under?

GMS contract

Can you provide examples of how your initiative provides value for money:

Results in reduction in A&E and admissions costs at Addenbrookes Foundation Trust. Costs of specifications were established in dialogue with GP leads and approved by the PEC

Can you provide examples of cost savings (directly or indirectly) as a result of your initiative?

HRG costs of 100+ cases were saved as a result of LES which is priced at £9.00 per patient (exclusive of diagnostics)

What were the main difficulties in setting up and implementing your initiative?

Other practices in the two PCT areas wanted to have access to the LES - as this was targeted specifically to the northern locality which is both rural and without access to community Minor Injury services within the local community hospital

How were they overcome?

Opposition to implementation was discussed and overcome via PEC discussion and voting of the PEC on this issue

What factors do you believe were the most important to the success of the initiative?

Patient education and full partnership working with GP practices

What were the main benefits of the initiative?

Admissions avoidance

With the benefit of hindsight, are there aspects of this initiative you would have approached differently?

More formalised auditing process with more robust audit outcomes specified. This is being introduced in more detail in the next financial/commissioning year

Other Notes

The implementation of the nGMS contract made such local commissioning possible. It is hoped that this approach to locality based commissioning directed by patient need will be reapplied in relation to practice based commissioning

Is your initiative identified as an enabler in your Local Health Community's

Integrated Service Improvement Plan?

Yes

FOR FURTHER DETAILS ON THIS AND OTHER SIMILAR SAMPLES, CONTACT
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