

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.

1: Prestbury Stroke Centre – PSA Target Group: Improving long-term condition management, Improving access to care & Improving the patient/user experience

Overview:

Started in November 2004, a new rehabilitation wing was set-up, to bridge the gaps in service provision in local community stroke and falls services. The centre and its new multi-disciplinary team has also been at the forefront of the modernisation and redesign of day services within in the county, with the emphasis on maximising independence and promoting rehabilitation, and helping people "to lead ordinary lives".

Objectives:

- To help reduce the incidence of stroke in the population
- To support the modernisation of day care services
- To help reduce the incidence of falls.

Key Drivers:

To help reduce the incidence of stroke in the population and ensure that those who have had a stroke have prompt access to integrated stroke care services, as outlined in standard 5 of the NSF for Older People. The NSF specifies that people who have had a stroke should be treated appropriately by a specialist service, and subsequently, participate in a multidisciplinary programme of secondary prevention and rehabilitation. Also to support the modernisation of day care services and to help reduce the incidence of falls.

Results:

- Improved hospital discharge rates
- Reduction in hospital admissions
- Reduction in Falls and associated costs
- Health outcomes improvement
- Patient satisfaction

PCT / Practice Name: Cheltenham and Tewkesbury PCT

Title of Initiative: Prestbury Centre

PCT / Practice: Prestbury Day Centre

What was the main prompt for this initiative?

Organisational Development

Patient and Quality Dissatisfaction

Working towards standards for better health

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

Gaps in local community stroke and falls services were identified in October 2003 at a workshop attended by a range of colleagues and stakeholders from the local community, including service users and carers. A new rehabilitation wing was built at Prestbury Day Centre to bridge the gaps in service provision in these critical areas. The centre and its new multi-disciplinary team has also been at the forefront of the modernisation and redesign of day services within in the county, with the emphasis on maximising independence and promoting rehabilitation, and helping people "to lead ordinary lives".

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

To help reduce the incidence of stroke in the population and ensure that those who have had a stroke have prompt access to integrated stroke care services, as outlined in standard 5 of the NSF for Older People. The NSF specifies that people who have had a stroke should be treated appropriately by a specialist service, and subsequently, to participate in a multidisciplinary programme of secondary prevention and rehabilitation. Also to support the modernisation of day care services and to help reduce the incidence of falls.

When did the initiative start?

01/11/04

When does/did the initiative end?

n/a

Did your initiative address any of the following targets?

Improving long-term condition management

Improving access to care

Improving the patient/user experience

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

Take opportunities for skill mix and forge effective new partnerships

Improve the patient experience

Of which areas did your initiative support system reform?

Safe, well-integrated and better quality services

Improving primary care and management of long-term conditions

Services provided within an environment of promoting self-care

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

Innovative scheme positively evaluated as bringing benefit

Reduction in workload for GPs or other clinicians by the utilisation of other

Health professionals in primary care such as OCC therapists

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

Health outcomes improvement

Patient satisfaction

How did the initiative fare against these criteria?

A total of 96 people have been through the stroke programme to date, 59 of whom have suffered a stroke, and 37 of whom were carers.

Feedback since November 2004 has demonstrated significant improvements reported by patients in:

mood

confidence

knowledge and awareness

ability to return to work

an increased knowledge of the use of medications
improvements in Berg Balance scores
increased uptake of exercise
Services users have also indicated high levels of satisfaction with the service
Formal evaluation methodology is currently being approved by the Research and Ethics Committee.

The following are some quotes from people who have been through the Stroke programme:

" I honestly don't know what I would have done if I hadn't been sent here."

"This has increased my confidence to undertake more exercise."

"I am more able to think things through."

"I have been able to get back to work with confidence."

What were the set-up costs of your initiative?

£250K. This was grant funding, which was used to redesign day care and to build the brand new rehabilitation wing at the Day Centre.

Where did the funding come from?

Social Services Access and Systems Capacity Grant
PCT Local Delivery Plans funding

What were the financial incentives of your initiative?

Health economy

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

Improved hospital discharge rates
Reduction in hospital admissions
Reduction in Falls and associated costs

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

1. Changes in roles and working practices as staff moved from traditional day care posts to the more dynamic role of rehabilitation assistants
2. The therapists underwent significant changes in their working culture, management and organisation, moving from a health setting to a joint health and social care setting, where they are required to work on an individual basis, with support from team members from different disciplines and management.
3. Shift of funding from acute services to community based rehabilitation services.

How were they overcome?

1. New job descriptions were developed for day care staff in order to meet the requirements of the new service, and to recognise changes in roles and working practices as staff moved from traditional day care posts to the more dynamic role of rehabilitation assistants. This change also provided a structured career path for staff. The move brought challenges to the existing day care service which was already responding to new eligibility criteria and a proposed restructuring of day care services. This has been achieved successfully, with the existing day care service users benefiting from a more dynamic, outcome-focussed approach and the welcome, regular input from the therapy team. The management team and HR team supported staff throughout these changes to minimise anxiety and disruption.

2. The management team at the centre had to learn how to manage therapy staff from a range of disciplines. A key challenge was completing the staffing protocol which set out clearly the differences and links between the role of operational day to day management and clinical supervision. This protocol provides guidance for both managers and staff involved.

3. Funding was provided from partnership contributions, and the integration of the unit into mainstream health and social services has been an excellent achievement. The performance of the team and its service convinced the PCT and Social Services to begin to transfer funding from acute rehab services into more locally based community services. Funding is managed by Social Services on behalf of the PCT, under a Section 28A agreement, co-ordinated by the finance teams from both organisations. This has been accomplished largely through the development of excellent trusting relationships between the PCT and Social Services, open and honest communication, the involvement of stakeholders at every stage, as well as a strong desire on behalf of everyone to make this innovative development a success.

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

Effective partnership working by a wide range of agencies, including:

Gloucestershire Social Services

Cheltenham & Tewkesbury Primary Care Trust

Gloucestershire Hospitals NHS Foundation Trust

Local primary care colleagues including GPs and District Nurses

Secondary health care

Physiotherapy

Speech and language therapy

Occupational therapy and the charity organisations, Carers Gloucestershire and

The Stroke Association

What were the main benefits of the initiative?

The team has highlighted the following positive outcomes:

The experience of working as part of a service built around the service user is very fulfilling, as they can see the positive outcomes to patients

The opportunity to develop new skills, train and mix with other disciplines, leading to a better understanding of the roles of their colleagues, and understanding the benefits of working as part of a multi-disciplinary team

They are members of a team which is seen as a centre of excellence locally and countywide enjoying the challenge of helping to develop a service which, due to its success, will to be extended across the county using the protocols they developed

Service users have reported the following benefits:

Previously there were no community stroke services, therefore this is a 100% improvement in the availability of services

Qualitative feedback from service users has indicated positive outcomes on quality of life measures following the Stroke and the Falls Programmes.

Reported benefits from the Falls Programme include improved confidence, increased mobility and a reduced fear of falling. Berg Balance scores and Confbal scores, measured at the start and end of the programme, indicate improvements for most patients.

Service users attending the day centre now benefit from personal development plans, activities designed to maximise their independence and direct access to the therapists.

Short waiting times to access these services

Transport is provided to all service users and carers if required. This is a major achievement and is due to maximising resources between organisations.

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

No

Other Notes

The stroke and falls programmes are truly comprehensive, with input from:
A community stroke care co-ordinator, occupational therapist, physiotherapist,
clinical psychologist, speech and language therapist, dietician, pharmacist
Carers Gloucestershire advisor

The service is designed to be person-centred and built around the needs of the service user and their carer. Service users have the advantage of being able to see therapists from different disciplines at the same time, enabling a holistic approach to people's rehabilitation.

Is your initiative identified as an enabler in your Local Health Community's Integrated Service Improvement Plan?

yes - Change the shape of Day Care services to promote service user inclusion in mainstream community provision

**FOR FURTHER DETAILS ON THIS AND OTHER SIMILAR SAMPLES,
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