

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: User-inclusive managed counselling/mental health service – PSA Target Group(s): Improving access to care, Improving the patient/user experience

Overview:

Started in 2002, an in-house, patient-inclusive management of psychological care was implemented to shorten waiting times for patient referrals and create a more seamless structure to care.

Objectives:

- Enhanced services shift treatment from secondary to primary care
- Improve the patient experience
- Fast access to the most appropriate service in a different setting
- Services provided within an environment of promoting self-care

- Rapid response to referral means patients are quickly seen and therefore a very low DNA rate

Key Drivers:

Long waits for patients to see counsellors/psychologist through the NHS

Results:

- Less work for GPs
- Patient don't have to wait for mental health help nor go outside to a 'hospital setting' the GP setting models the patients right to mind/body healthcare under one roof
- Quality of the service attracted 2 fully qualified counsellors to volunteer counselling hours to the practice

PCT / Practice Name: Abney House Medical Centre

Title of Initiative: User-inclusive managed counselling/mental health service

PCT / Practice: City & Hackney

What was the main prompt for this initiative?

Working towards standards for better health

Organisational Development

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

In-house, patient inclusive management of patients, psychological well-being

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

Long waits for patients to see counsellors/psychologist through the NHS

When did the initiative start?

2002

When does/did the initiative end?

Ongoing

Did your initiative address any of the following targets?

Improving access to care

Improving the patient/user experience

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

Enhanced services shift treatment from secondary to primary care

Improve the patient experience

Of which areas did your initiative support system reform?

Fast access to the most appropriate service in a different setting

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?

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

Innovative scheme positively evaluated as bringing benefit

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

Patient satisfaction

GP feedback

What were the set-up costs of your initiative?

nil

Where did the funding come from?

PCT & GPs

What were the financial incentives of your initiative?

Practice

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

GP and practice led development

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

Rapid response to referral means patients are quickly seen and therefore a very low DNA rate In-house service that includes the patient in the Ending/ Feedback form

Community & Liaison networking means those patients referred on get appropriate, local referral-on when necessary
Quality of the service attracted 2 fully qualified counsellors to volunteer counselling hours to the practice

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

- Ensuring appropriate referrals
- Ensuring a seamless service
- Attracting ethnic minorities

How were they overcome?

Discussion with referrers and straightforward information prominently displayed
Establishing a protocol of service and clear paperwork infrastructure
Communication, networking, open self-referral system

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

Solid infrastructure of paperwork
GP Dr Harris' commitment to the mental well being of his patients

What were the main benefits of the initiative?

Less work for GPs
Patient don't have to wait for mental health help nor go outside to a 'hospital setting' the GP setting models the patients right to mind/body healthcare under one roof

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

Tried to make it a service that the PCT observed over time so they could have monitored it and seen it develop so that any positive practices could be spread to other GP surgeries

Other Notes

I think this system works well, more importantly the patients in their anonymous returned questionnaires conducted from the inception of the service think so and so do the practitioners. This is a system that if set up with care, could work well in many GP practices and patients would not have to wait for the care of their emotional well-being. This system would work well with the new graduate worker scheme (our practice has just taken one on) The group work enables many people to be helped

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

Service was given model status by PCT

FOR FURTHER DETAILS ON THIS AND OTHER SIMILAR SAMPLES, CONTACT
Angus.Wrixon@pcc.nhs.uk