

## **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: Diabetes Interface Clinic – PSA Target Group: Management of long term condition**

##### **Overview:**

Started in December 2004, this was a GP-led assessment clinic for patients who might be suitable for insulin conversion and a weekly clinic led by a specialist nurse who converts the patients to insulin and provides supporting education sessions.

##### **Objectives:**

- To provide investigation and treatment closer to a patients home
- To reduce the number of referrals to secondary care
- To reduce length of time a patient has to wait for specialist opinion and treatment
- To provide educational advice to patients allowing greater patient empowerment and self management

##### **Key Drivers:**

- nGMS contract (enhanced services) and the PCT's strategic aim to reduce referrals to secondary care.

##### **Results:**

- Improved patient / user experience
- Improved access to care
- Value for money – savings of £68 per patient (against national tariff)

**PCT / Practice Name:** Somerset Coast PCT

**Title of Initiative:** Diabetes interface clinic

**PCT / Practice:** Williton Surgery

**What was the main prompt for this initiative?**

Value for money

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

- GP led monthly assessment clinic for patients who might be suitable for insulin conversion & a weekly clinic led by a specialist nurse who converts the patients to insulin & provides supporting education sessions
- To provide investigation and treatment closer to the patients home
- To reduce the number of referrals to secondary care
- To reduce the length of time a patient has to wait for a specialist opinion & treatment
- To provide educational advice to patients allowing greater patient empowerment & self-management

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

nGMS contract (enhanced services) & the PCT's strategic aim to create services within primary care that reduce referrals to secondary care

**When did the initiative start?**

December 2004

**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

Progress the choice agenda

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

Choice and contestability in services

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

**the outcomes?**

Cost effectiveness

**How did the initiative fare against these criteria?**

The cost of the service is approximately £125 per patient which includes a first outpatient appointment, appointment with the specialist nurse and follow up by the nurse. This compares favourably with a secondary care outpatient appointment which is £193 under the national tariff. The PCT also plans to assess patient satisfaction of the service once it has been running for one year.

**What were the set-up costs of your initiative?**

None

**Where did the funding come from?**

nGMS enhanced services funding

**What were the financial incentives of your initiative?**

Practice

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

GMS contract

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

The PCT plans to pull the funding from secondary care by demonstrating a clear reduction of referrals. The savings will be used to extend the service.

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

Initially it was difficult getting other practices to refer into the service, so for the first 2 months the clinic had spare capacity

**How were they overcome?**

Worked with our referral management centre to intercept referrals to secondary care and ask the practice whether they would consider sending them to the interface clinic instead. We also wrote out to practices to remind them of the service and had the letter endorsed by secondary care. The following month the clinic was full and has been ever since!

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

Secondary care engagement was important as it assisting with promoting the service. It also ensured that protocols were agreed with the secondary care provider and that they were cooperative in allowing fast-tracking to secondary care if necessary, and supervision of the clinic.

**What were the main benefits of the initiative?**

Benefits to patients - the PCT is in a rural area where there is some distance to the nearest secondary care provider. This clinic means that patients are seen in the locality in which they live, which is important when dealing with long term conditions

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

We are now looking at providing structured education to patients and extending insulin conversion clinics across the patch. It may mean that we need to change the model slightly by having separate education and insulin conversion clinics

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

Identified as a pilot scheme with the view to roll this out to other areas of the PCT. The method of creating services which reduce referrals to secondary care is also identified, and recommended to be applied to other specialties

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