

## **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: Williton Hospital Stroke Unit – PSA Target Group(s): Reducing health inequalities, Improving long-term condition management, Improving access to care & Improving the patient/user experience**

#### **Overview:**

Started in November 2004, a stroke rehabilitation centre was set-up in a community hospital to ensure that patients, who suffered a stroke event, received diagnostic services and acute care within the DGH, but as soon as medically stable are transferred to Williton for the rehabilitation phase.

#### **Objectives:**

To provide specialist stroke rehabilitation within a community hospital setting in line with an agreed stroke pathway.

#### **Key Drivers:**

NSF Older People Stroke Standard Targets

#### **Results:**

- Improved patient experience and outcomes
- Meeting NSF standard for Increased number of patients receiving stroke care in specialist unit.

- reduction in length of stay in acute beds

**PCT / Practice Name:** Somerset Coast Primary Care Trust

**Title of Initiative:** Williton Hospital Stroke Unit

**PCT / Practice** Somerset Coast Primary Care Trust

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

Value for money

Clinical Governance

Patient and Quality Dissatisfaction

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

To provide specialist stroke rehabilitation within a community hospital setting in line with an agreed stroke pathway. We wanted to ensure that following a stroke event, patients receive diagnostic services and acute care within the DGH, but as soon as medically stable are transferred to Williton for rehabilitation phase.

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

NSF Older People Stroke Standard Targets

**When did the initiative start?**

01/11/04

**When does/did the initiative end?**

Ongoing

**Did your initiative address any of the following targets?**

Reducing health inequalities

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?**

Improve the patient experience

Enhanced services shift treatment from secondary to primary care

### **Of which areas did your initiative support system reform?**

Fast access to the most appropriate service in a different setting

Safe, well-integrated and better quality services

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?**

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

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

Cost effectiveness

Health outcomes improvement

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

Evaluation ongoing:

Initial feedback indicates -

- increase in SCPCT stroke patients being treated within specialist unit
- prompt transfer of stroke patients from Acute bed to community unit has resulted in higher percentage of stroke patients having access to stroke unit in Taunton & Somerset NHS Trust
- increased patient and carer satisfaction with services
- Decreased length of stay due to intensive rehabilitation package available in the unit
- High proportion discharged from unit to own home

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

Capital : £75,000

Revenue: £108,000

**Where did the funding come from?**

From the Strategic Health Authority, through the Local Delivery Planning process

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

Health economy

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

Local GP practice contracted to provide medical cover for stroke beds

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

Getting sign up from acute service stroke consultant... anxious about protocols for transfer and medical cover arrangements for the unit

**How were they overcome?**

Joint planning, involving Consultant in training for GPs providing cover, and ongoing monitoring and review.

Same Consultant now holds this initiative up as an example of good practice.

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

Clearly identifying need including patient perspective, involving all key stakeholders in planning and implementation, using levers appropriately to gain support of acute services i.e Williton stroke unit helps Acute providers to meet target of stroke pts through specialist unit . J

Joint training programmes for staff across organisations has also been key.

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

Improved patient experience and outcomes

Meeting NSF standard for Increased number of patients receiving stroke care in specialist unit.

Reduction in length of stay in acute beds

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

Identified in : West of Somerset Stroke strategy, West of Somerset Discharge action plans, NSF countywide strategies, SCPCT Governance and Business Plans.

FOR FURTHER DETAILS ON THIS AND OTHER SIMILAR SAMPLES, CONTACT  
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