

Digital First Primary Care



Dr Minal Bakhai

GP and Director for Primary Care Transformation, NHS England



The majority of daily NHS activity happens in general practice and the community



Sources: NHS Digital 2023b; NHS England 2023c

Does not include all NHS activity, eg, equivalent data is not available for dentistry, community pharmacy and optometry.

The population has changed considerably over the last 100 years



Growing pressures to fund care for a growing population with high health and care needs over the next 15 years Working age population (millions) generating the bulk of government revenue



REAL Centre Health in 2040: projected patterns of illness in England, Health Foundation 2024

Modern general practice overview



Improving patient and staff experience of general practice involves aligning multiple elements

Well-designed patient journeys and well-designed workflow supported by digital tools are critical enablers

1. Goal	Improvement in p Better alignment of ex		e / practice experience of g	general practice		
2. Model	Modern general p A fairer, safer, more su		neral practice			
3. Plan	Primary Care Acc	cess Recovery Pl	an (PCARP)			
4. Critical enablers	GP websites Highly usable and accessible patient journeys for key tasks	NHS App Supporting self- service + better integration with practice workflow	Digital Services For Integrated Care (DSIC) Better digital and data tools for practices; telephony, online consultation, booking and comms tools	Pharmacy First To increase wider primary care clinical services	Workforce and ARRS To increase capacity and skills	Incentives Transition and Transformation cover, CAIP, QoF QI
5. Transformation support	-	s on' support for pra	amme (GPIP) and Care Navig actices and PCNs to improve to y with demand		online journeys	, improve
6. Communications	National and local pu	blic communication	S			

Enhancing benefits using a population health approach

Creating a 'clinical currency' – a signal/marker that everyone in your practice can understand...

RAG		LC	w		MODERATE HIGH						GH
PNG	1 Non-User	2 Low Need Child	3 Low Need Adult	4 Multi- Morbidity, Low Complexity	5 Multi- Morbidity, Medium Complexity	6 Multi- Morbidity, Medium Complexity	7 Pregnancy, High Complexity	8 Dominant Psychiatric/ Behavioral Condition	9 Dominant Major Chronic Condition	10 Multi- Morbidity, High Complexity	11 Frailty
Unscheduled (Urgent & Routine)	Redirect to Apps (Healt	ultation naviga CPCS hier Together A ervice / Minor I	App, Get U Bet		Same Day in Maternity a	/PA/GP naviga n- practice rev issessment un rapies/MHP/C	iew if required	đ	UCR ICT referra	triage -telepho I t – paramedic	one/F2F

Easiest thing to use it for is 'Access'.

Opportunity to work smarter in this space.

We used our existing processes + just added the signals to improve effectiveness of triage and the accuracy of matching patient complexity to workforce skillset.

Unknown Segment (6.9%)				l segment I%)			Modera	ate need s (19.7%)	egment		segi	need ment 3%)
PNG 0		PNG 1	PNG 2	PNG 3	PNG 4	PNG 5	PNG 6	PNG 7	PNG 8	PNG 9	PNG 10	PNG 1
Opt-outs		Non-user	Low need child	Low need adult	Multi- morbid, low complexity	Multi- morbid, medium complexity	Pregnancy, low complexity	Pregnancy, high complexity	Dominant psychiatric condition	Dominant major chronic condition	Multi- morbid, high complexity	Frailty
		2.4%	16.7%	33.2%	18.8%	9.1%	1.0%	0.2%	2.5%	6.9%	1.9%	0.4%
High acuity	Reactive/ Unscheduled (triage + care navigation)	F2F) • Self-help	o (NHS App, H a.g. UTI, sore	rvice appt (T lealthier Toge throat, cough	ther)	F2F) • Mental I (PNG 8)	health - PCN	MHR/SABP C	nt GP appt (T Crisis Line/Saf sessment unit	e Haven	Con or F • Home v paramed nurses)	isit (e.g. dic or district Community
Medium acuity	Reactive/ Unscheduled (triage + care navigation)	getUBet	ter)	Healthier Toge ritis, eczema)	ether,	Commun	nity midwifery		PNG 8) egnancy Unit essional appt		Con or F Home vi	isit (e.g. GP, dic or district
	Proactive Scheduled	NHS He	alth Check (P	'NG 1 & 3)		 Targeted Pre-nata 	d social presc Il health optim	ribing nisation			 AIM/frail referral Post-ad home vi 	mission
Low acuity	Reactive/ Unscheduled (triage + care navigation)	getUBet CPCS e	ter, Sleepio) .g.	Healthier Toge nealthcare pro		(PNG 8) • Commu	nity midwifery GP or other h	(PNG 6 & 7)	lecovery Colle		Routine clinician	
	Proactive Scheduled	options a		cluding remot c QOF (nurse 4).		PCN pha PNG 8)	armacist-led F - consider price				spring	PCN



Example SOP

Reflections

- Senior GPs dealing with the most complex patients
- 15-20min appts with most senior clinicians.
- Named GP for all red patients.
- QOF Spreading high risk health checks across the first 6 months of the year.
- PNG 4 & 5: Remote Health Checks completed digitally
- PNG 8,9,10: F2F Health Checks
 prioritised for this group
- Amber patients and non CPCS Greens being seen PCN pharmacist rather than senior clinician.
- CPCS of green PNG patients has seen reduction of the 60% rebound seen in Amber and Reds

Practice Case Study

Practice Analysis January 2024

Summary on practice	Care Related Encounters per 1K	Proportion of Care encounter for adults	Encounters (+65)	F2F Green	Tel Green	F2F Ambers	Tel Ambers	F2F Red	Tel Red	QOF
Slough vs Practice	† historically	↓ lower historically	↑ historically	↓ lower	↓ lower	↑ historically	↑ historically	↑ historically	↓ historically	Achieved earlier in year
			-							
Practice vs Practice YTD	↓ 13.7 %	↓1.1%	Same	↓ 4.5%	↓ 3.8 %	↑1.7%	<u></u> †3.0	↑ 0.1 %	<u></u> ↑0.1 %	<mark>↑1.9%</mark>
Practice prospective	PNG effect - reduced duplication	No effect on wider system pressures	No effect on wider system pressures	PNG effect	PNG effect	PNG effect	PNG effect	Status quo - remote monitoring	Status quo -remote monitoring	PNG effect

Summary on wider system	A&E attendance per 1K	Admissions per 1 K	Total Bed days per 1 K
Slough vs Practice	↓ lower historically	↓ lower historically	↓ lower historically
Practice vs Practice YTD	↓ 10.6 %	↓ 33.6%	↓ 31.4 %
Practice prospective	PNG effect	PNG effect	PNG effect

Recent exploratory data generated by the System Insights Analysts compares practice activities vs Slough place and vs practice/itself over the previous year.

Practice prospective captures the Lead GP (Dr Priya Kumar) interpretation of the changes seen/ the cause of change.

Support for practice and PCNs to realise the benefits of 'modern general practice'

Find out more

The General Practice Improvement Programme (GPIP) offers support to practices and PCNs to implement and realise benefits from the modern general practice model

Visit the GPIP webpages or search for 'gpip'

Join the <u>FutureNHS Improvement Connect</u> site for more information and resources

				Ingland
15	Get involved	Commissioning	Our work	About us
ement Programme	ice 🕻 National General P	Home 💙 General pr		General practice
ovement Programme			gramme	National General Pr Improvement Prog Modern general pr model
Delivery plan for recovering access to primary				Universal general p improvement supp
and primary care networks (PCNs) over 2 years now they work.	vides tailored support ake changes and impro			Intermediate and ir general practice im support
port?	neral practice n	Why does g	9	Capability building
ng, and practices are facing a widening gap	exity in general practic	Demand and com		Resources
neet that demand. All practices have pressures utely in practices working in areas of high need	enges, with these ofter			Supporting transfo general practice – f other support
rated in response to these challenges and have ctice model'. We have collated and codified these	elements of a 'moder	created the differe	pointment	Improving GP appo data
PCNs make changes more easily and realise the	· · · · · · · · · · · · · · · · · · ·			Latest updates
	·		ture	Practice infrastruct
	general practice	The modern	the best	General practice – t
	y. general practice recovering access to			Practice infrastruct



Thank you

