Understanding primary care transformation in regional Health Boards.

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WORLD CHANGING GLASGOW

Workshop aims.

- To present key findings from the evaluation of PCTF funded new models of care implemented in NHS Ayrshire & Arran and NHS Lanarkshire.
- To consider how these findings might be used to inform future primary care transformation work in Scotland.

Our team.

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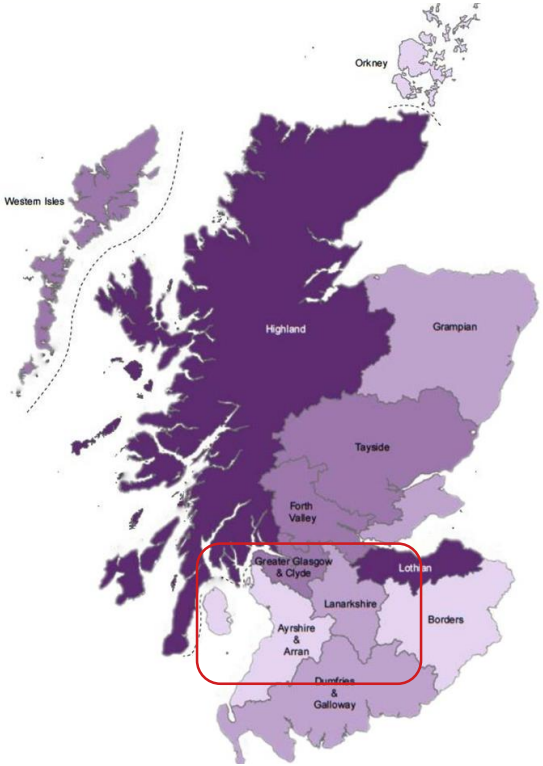
NHS Ayrshire & Arran

Population 370,000.
Population (2014-2039) 1.5%↑.
Urban/rural mix.
Three councils:4th, 6th & 12th most deprived.
Three HSCPs and IJBs.
55 GP practices; 98 community pharmacies.



NHS Lanarkshire

Population 657,000.
Population (2014-2039) 4.7%↓.
Urban/rural mix.
Two councils: 7th & 10th most deprived.
Two HSCPs and IJBs.
103 GP practices; 144 pharmacies.

Drivers of change.

Aging populations.

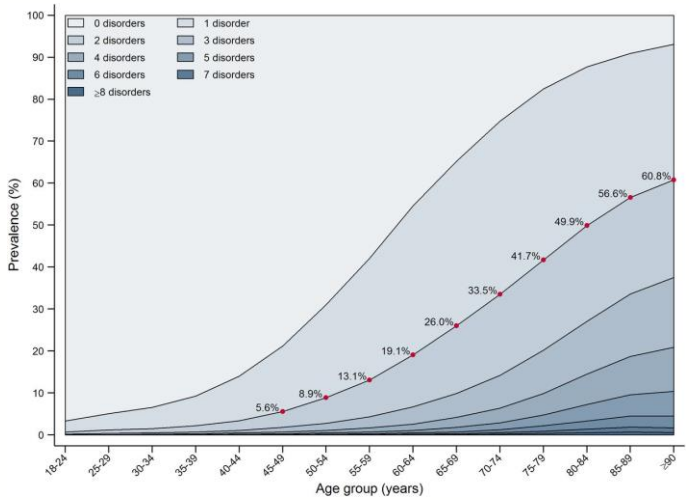
Increased patient demand.

Increased clinical complexity: multimorbidity; complex health & social care needs.

Impact of deprivation and inequality.

Recruitment and retention of staff, especially GPs.

Increasing costs.



Evaluation framework.

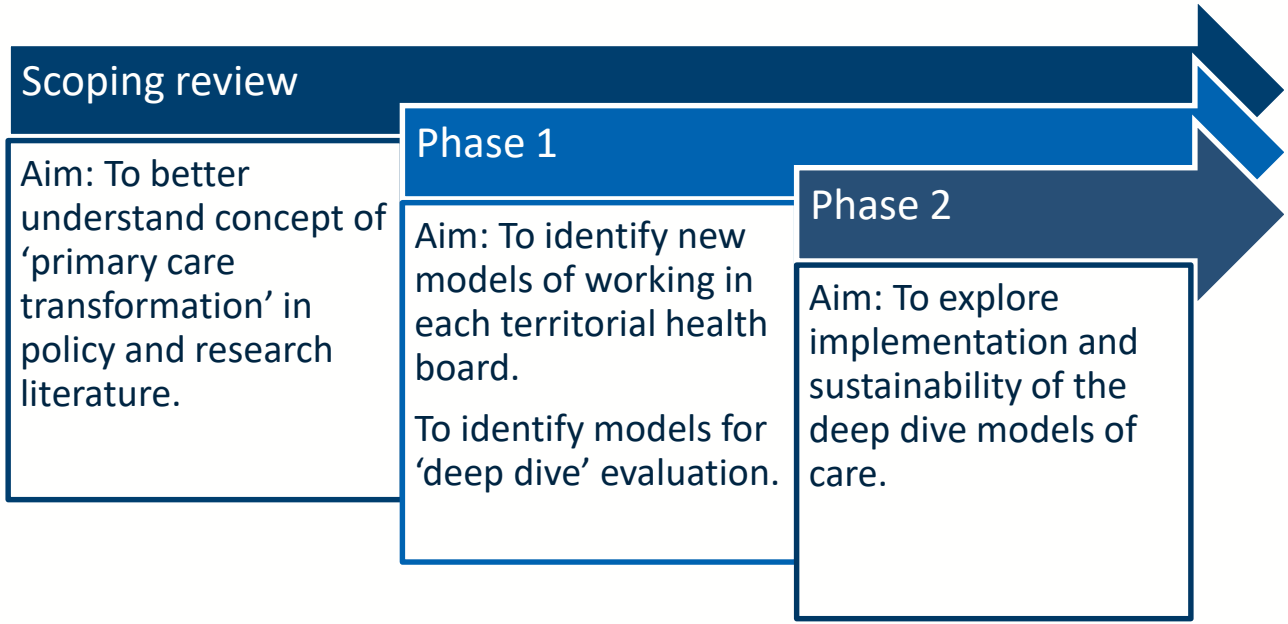
Aims of the evaluation.

Phase 1

- Understand primary care transformation and the context in which new ways of working were being tested.
- Identify the new ways of working models that were being tested in primary care.
- Identify new models of working for further exploration in the Phase 2 deep dives.

Phase 2

- Explore the implementation and sustainability of the deep dive models of care from the perspective of those implementing, and working in, these models.


Scoping review
Aim: To better understand concept of ‘primary care transformation’ in policy and research literature.
Phase 1
Aim: To identify new models of working in each territorial health board.
To identify models for ‘deep dive’ evaluation.
Phase 2
Aim: To explore implementation and sustainability of the deep dive models of care.

Scoping review.

- 18 research papers.
- 15 policy documents.

‘profound’ or ‘significant’ change from **usual ways of working**

- Staff roles and relationships.
- Increasing patient-centredness of services.
- Changing payment systems (prominent in the US literature).
- Use of IT to facilitate change.

Policy: Highlighted new ways of working and importance of IT, ***but*** few strategies to achieve aims or consideration of time or resources required.

Methods – Qualitative interviews & documentary analysis.

Area	Ayrshire	Lanarkshire
Number of Interviews	35	35
Number of documents analysed	115	83

- Thematic analysis
- Interview participants identified by key informants
- Documents – mixed sources

Findings: Phase 1.

12 new models of care in Ayrshire and Arran.

8 workstreams in Lanarkshire.

Findings: Phase 1.

- Ayrshire examples: Allied health professionals, GP recruitment, pharmacist involvement, patient education, Multi-morbidity rehabilitation programme.

- Lanarkshire examples: Allied health professionals, digital health, patient self care programmes, mental health, GP recruitment drives, GP leadership and mentoring.

Findings: Key components.

- Community engagement and information sharing.
- Patient re-direction to health care professionals other than GPs.
- Re-distribution of first point of care workload.
- Development of professional roles, especially for disciplines other than GPs.
- Strategies to enhance GP recruitment.
- Provision of services closer to GPs.
- Changing skill mix.
- Improved use of IT.

Findings: Phase 2.

NHS Ayrshire & Arran.

- Eyecare Ayrshire.
- Pharmacy First.
- Healthy and Active Rehabilitation Programme (HARP).
- House of Care.

NHS Lanarkshire.

- Digital Health.
- House of Care.

Barriers

- High workload in practice
- Lack of acceptance by all practice staff
- Lack of IT Infrastructure and financial costs (e.g. mailing costs)
- Difficulties in continuing patient engagement and motivation
- Poor support from machine suppliers
- Brief and inadequate staff training
- Patients struggling to use new facilities
- Short-term ring-fenced funding

Facilitators

- Leadership in practice
- Good coordination between practice staff (e.g. GP and practice nurse/practice manager)
- Previous relationships
- Health Board
- Convincing staff to change perceptions on use of newer technologies
- Time to learn about new services.
- Development of IT & interoperability.

Phase 2: Anticipated outcomes.

Decreased demand for and use of GP services.

Increased recruitment and retention of staff, especially GPs.

Extended role for other health care professionals.

Reduction in health inequalities.

Reduction in inequities in health care access.

Promotion of patient-centred care.

Addressing complex needs in the community.

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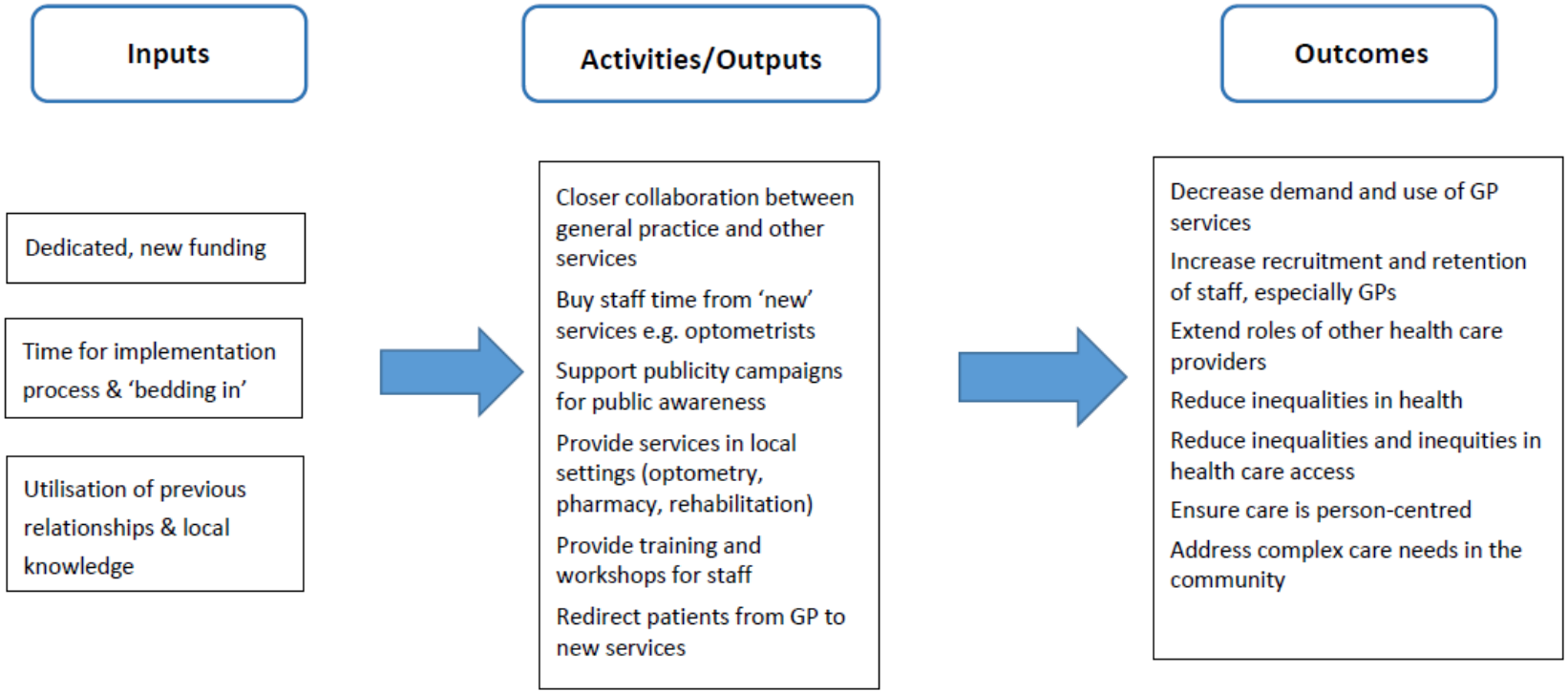

Limitations.

Too early to evaluate impacts and sustainability – most tests of change took a long time to get going.

Lack data on patient experience and views of these new ways of working.

No engagement with practices who did not participate in new test of change.

No data to judge impact on equity of access.

Low uptake in some models, e.g. House of Care, so risk of bias in the findings.

Other barriers – and facilitators – to implementation may have been missed.

Strengths.

Multiple methods.

Range of stakeholders involved, including health board staff and those working at practice level.

Analysis of 198 national and regional policy documents; 70 qualitative interviews.

Good engagement with key informants.

Barriers and facilitators identified resonated with international literature.

Key recommendations.

Implementation was facilitated by dedicated funding, but uncertainty over continuation needs to be resolved.

Patient participation and learning is a key next step.

Support for data collection, extraction and analysis is a key requirement.

Further long-term evaluation will allow us to judge the impact of these primary care transformation journeys.

Discussion.

Do these findings resonate with your own experiences?

What are the key learning points for your organization?

Going forward, how would these findings help you plan service development in your area?

What next?


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