

Experience of pandemic response in the context of primary care premises

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Moatfield Surgery

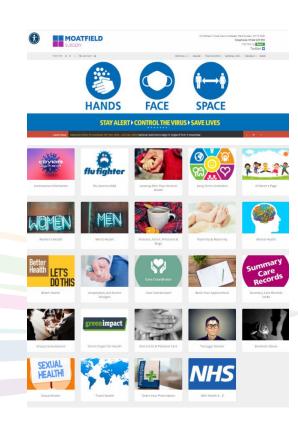
- Built 1985 list 9300
- Extended x 4
- Cited as at 152% utilisation at liast 12500
- Currently list 15400 (and growing)
- East Grinstead has been cited in 3
 PCT and CCG Estates Plans / SSDPs
 since 2009 for premises development
- ETTF 2017 18 month process
- CIL monies identified specifically for town but unable to access
- Team of 50 in total
- Planning space for group consultations
- Remote monitoring for people with chronic conditions / self care





Pandemic – early response

- Increased team and sub-team huddles twice a day 07.30 / 12.00
- Most team members given responsibilities specific to response
- Rolling action plan
- Managed all pre-booked patients and formatted remote consultations
- Managed absences due to self-isolation rules brought in
- Vulnerable people inc those with known sensory impairments
- Building zoning hot wing, ongoing activities, low risk but urgent assessments
- Comms, website COVID info, remote and self care long-terms conditions and other pathways
- Vulnerable people inc those with known sensory impairments
- Drive-through
- PPE
- Bonfire of the bureaucracy





Pandemic – further response

- Re-flooring to build capacity
- Hot hub
- Remote working capability policies, hardware, licences, training
- Now permanent remote working for some team members risk mitigation, space, illness
- Review and refresh practice plan
- Restart re-designed disease reviews, procedures minor ops, coils, smears etc

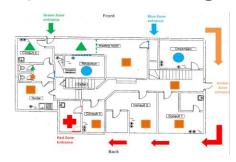


Pandemic – where are we now?

- Increasing pressures on face-to-face consultations from <5% in the first week of lockdown to 25% now for GPs
- Consultations numbers back to pre-pandemic levels by June
- Nearly completed flu vaccination programme approx. 4100 with approx. 3000 in 4 off-site mass vacc session
- Preparing for COVID vaccination programme
- Restarting group video consultations for people with long-term conditions





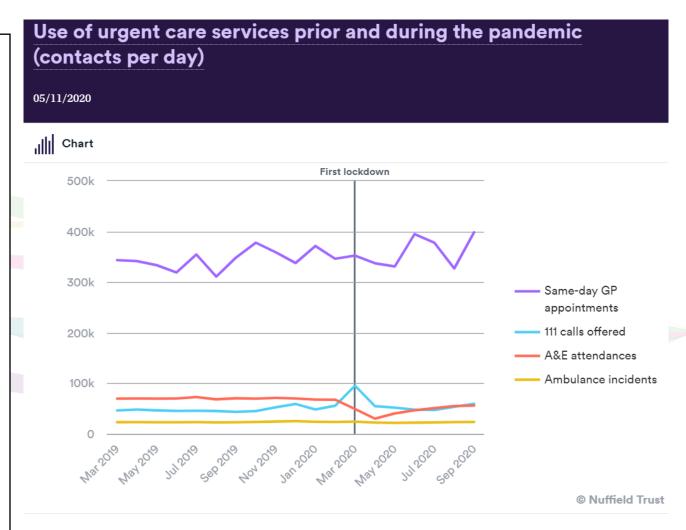




Shift of activity

Nuffield Trust analysis of urgent care activity 2019 and 2020 (published 6/11/20)

- GP number of appointments dipped April/May then jumped back up to normal levels in June
- August dip holiday dip
- Trend of rising GP activity
- A&E visits plummeted in April and have risen but not to historic levels
- 111 spike at 1st CV19 wave Feb-March, smaller rise July-Sept
- Not clear if this data will change significantly during 2nd or subsequent waves
- No clear if this signals some longer term shifts of care



Source: Nuffield Trust analysis of NHS England, 111 Minimum Data Set 2020-21, Ambulance Quality Indicators Data

2020-21, A&E Attendances and Emergency Admissions 2020-21 and NHS Digital Appointments in General Practice

August 2020 data.



The future

- Population health 85% of health outcomes determined by social, environmental and behavioural factors
- Primary Care Networks and integrating care for populations
- Multi-disciplinary team based care
- Community support, community space
- Technology enabled care
- Self care pods / health literacy / health information
- Prepared for future pandemics
- Training and hosting wider group of professionals









The future of premises

- One public estate?
- Places for holistic care calm, welcoming, excellent environments
- Infrastructure supports personalised care patient pods, information systems respond to patients personal needs, enable digital inclusion, sensory needs
- Catering for groups of people teams, local networks
- Accommodating more training and hosting of co-located teams and services
- Co-location with wellbeing activities indoor and outdoor
- Zero-carbon buildings
- Capacity to zone and deliver social distancing and even drive through facilities

Introduction of group consultations
Group space needed instead of traditional consultation rooms

New multidisciplinary team (MDT)
Space to accommodate integrated team

Digital health
Location for workforce needs to be considered

Location for workforce needs to be considered

Location for workforce needs to be described areas

Services for non-medical needs
Community space may be more accessible for wellness hub or social prescribing

Urgent care hubs
City centre base may be more appropriate





NAPC bring some unique capabilities to the development of future healthcare estates

Population Health Analytics & Management

Clinically led

Model of Care

change

- Our population health approach is light touch and practical allowing the focus to be on action
- We leave a legacy of capability with the practice
- We can work with existing PHM solutions helping clinical teams to take practical action

Using local our population health management approach, clinical experience and intelligence from our national network to advise on practical but innovative new care models

NAPC Digital

- Reinvent the care model, so it is fit for purpose in the digital age, in safe, high quality and sustainable way.
- Take advantage of technology to support better quality of and more cost-effective care, enable proactive preventative healthcare and better management of chronic health disease

Population Health driven and digitally enabled healthcare estates

Future Estates

Shaping estates around population health needs aligns proposals with NHS strategy

Bringing together clinical expertise, population health & digital expertise to develop innovative new models

Changing the way estates are planned and used by taking advantage of digital and healthtech

Working with the NHS and commercial organisations to shape the future of healthcare estates



Designing a new population health driven, technology enabled estates need

Set the ambition

Understand the population health need

- Work with the practice and PCN team to understand their clinical and estates ambition
- How does their workforce feel about the space and how it could work?
- What is the potential for sharing space with other services?
- How does this space relate to STP estates strategies and how might this now change?

- Clinical interviews and population health analytics used to understand what is the real population health need
- What part does the building play in the health and wellbeing of the local population?
- How does the need impact the ambition / the extent of digital utilisation that can be targeted?

Understand the estates options

Design the care model

Understand the technology options

This stage is delivered through a series of facilitated working sessions bringing together clinical (internal and external), managerial, estates and tech experts. This multidisciplinary approach ensures that the model benefits from the interaction of diverse expertise.

Design the care model

 Working with the local clinical MDT (preferably cross organisationally to design a new care model bearing in mind technology and estates options

Understand the technology options

 NAPC experts present viable options for enhancing the care model with technology as well as pushing the boundaries of the care model design with novel suggestions

Understand the estates options

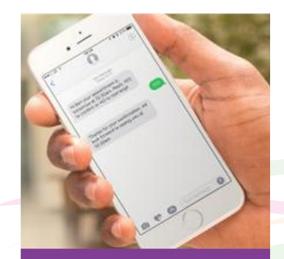
• Understanding the art of the possible for a given building in terms of architecture, design and finance

Implement the model

- Working with the local clinical and managerial team to deliver on the ambition including the smooth implementation of technology
- Facilitating working sessions with colleagues in other providers to ensure smooth running of the new approach
- Evaluate the impact in terms of population health, patient satisfaction and workforce satisfaction



What are we hearing and seeing?



Mobile technology



Patient self serve



Technology enabled new ways of working



Digital prescriptions and e-referrals

Interoperability



