



Healthy Prestatyn Iach

Chris Stockport

Cardiff Practice Management Conference
12 October 2017



Healthy Prestatyn Iach

- Primary Care service covering 22,500 patients
- Commenced service delivery 1st April 2016
- 6 months advance warning within a politically challenging environment
- Health Board Run – not a GMS contract

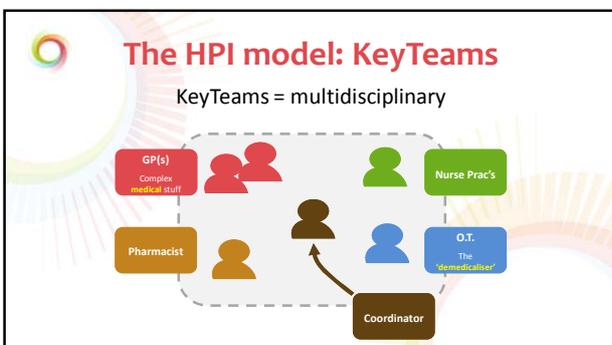


Why?

- The trigger was the GMS contract resignation by 3 neighbouring practices.
- Common initial misperception was that the primary driver was GP shortage.
- In reality, there was a need to introduce 'disruptive innovation' to challenge a number of difficulties.
- Prestatyn was a 'crisis' we needed







The HPI model

Population split across 5 'KeyTeams'
4 general KeyTeams + 1 housebound & care home KeyTeam

The HPI model: KeyTeams

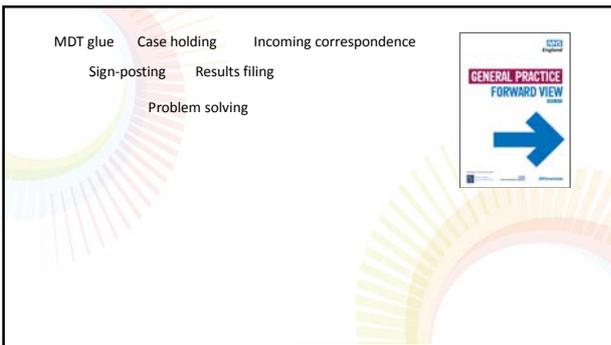
Supporting all of the teams:

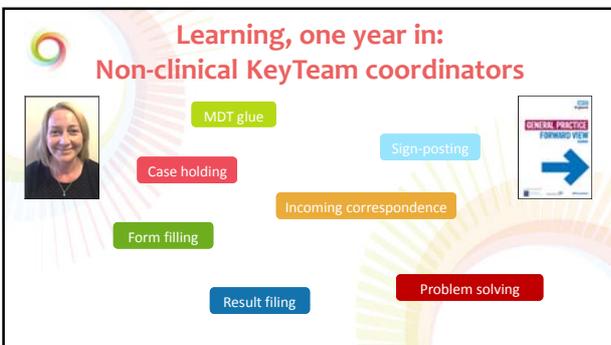
- Practice & Treatment Room Nursing
- In-house Physio's
- Audiologist
- Mental Health Practitioners
- Research Team

KeyTeam principles

- All team members have an equal contribution to make
- Stable team – professionals get to know how each other works, strengths, interests
- Co-located in one office for all of their admin rather than in 'own' consulting room
- Team members are around for advice or to discuss patients they are concerned about









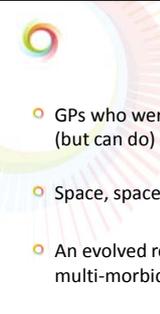
Learning, one year in: Non-clinical KeyTeam coordinators

- A definite winner!
- Already
 - Estimated to have avoided well over 10,000 face to face appointments through signposting, or direct resolution of issue
 - Direct actioning and filing of 75%+ of incoming correspondence. Work ongoing looking at results
 - Case-holding complex patients
- Formal training programme devised, with support from Bevan Commission Exemplar programme



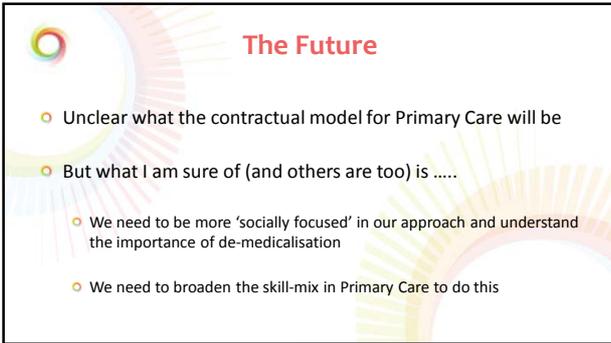
Learning, one year in: Primary Care Occupational Therapists

- OT role proving to be very successful
 - well received by public
 - evidence of demedicalising
 - big growth in local partnerships
- Further to go
- Possible alternative professionals include social worker or psychologist



Learning, one year in: MDT approach

- GPs who were previously GMS partners take time to adjust (but can do) - but it takes time and support
- Space, space, space
- An evolved role for the GP – medical complexity, typically multi-morbidity. The easy stuff has been stripped away.



The Future

- Unclear what the contractual model for Primary Care will be
- But what I am sure of (and others are too) is
 - We need to be more 'socially focused' in our approach and understand the importance of de-medicalisation
 - We need to broaden the skill-mix in Primary Care to do this