GP Social Enterprise led Call Handling & Nurse Triage Project

Powys Teaching Health Board

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Summary of the Project

This Project aims to develop a sustainable model of patient streaming and nurse assessment and treatment, deployed at GP Practice level, in order to:

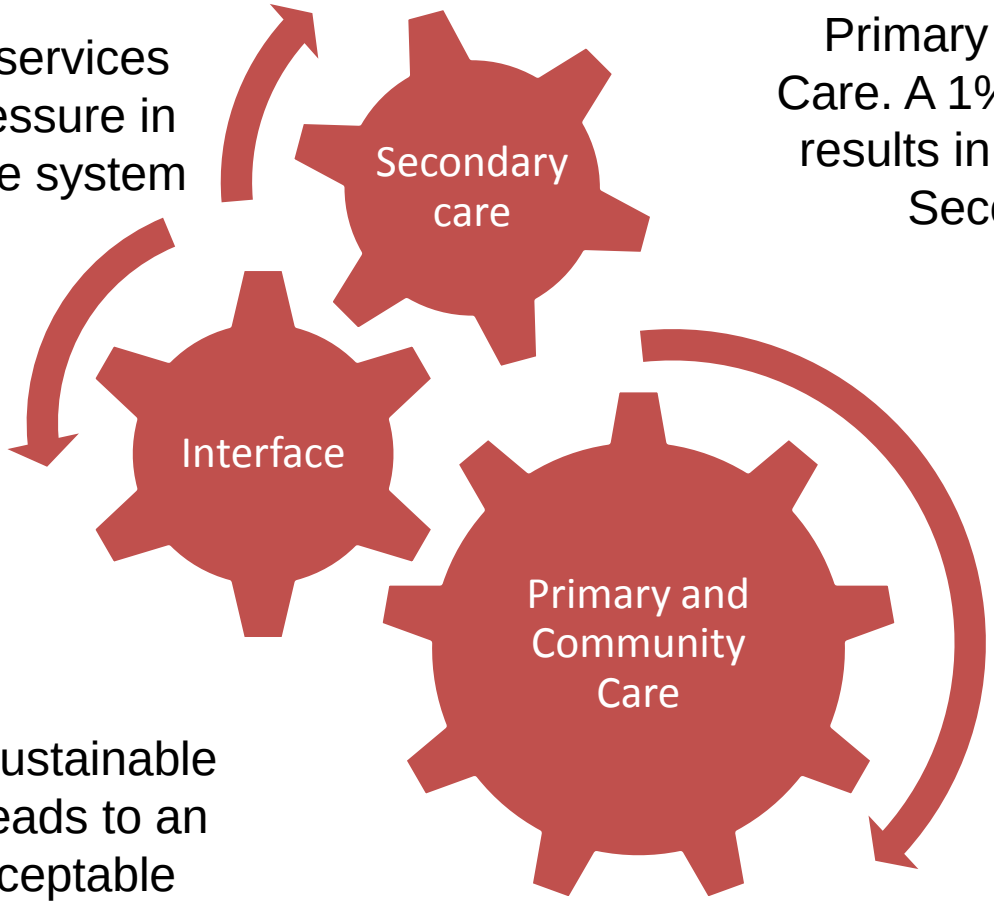
- **Improve access for patients**
- **Improve effectiveness through ensuring appropriate care interventions**
- **Improve efficiency through reducing inappropriate assessment and/or intervention**
- **Improve Practice sustainability through shared resource and costs**

This will change the flow through primary care by providing appropriate alternatives to GP assessment and intervention

Why was it chosen?

Inaccessible P&CC services lead to avoidable pressure in other parts of the care system

95% of all care is accessed in Primary and Community Care. A 1% change in P&CC results in a 20% change in Secondary Care

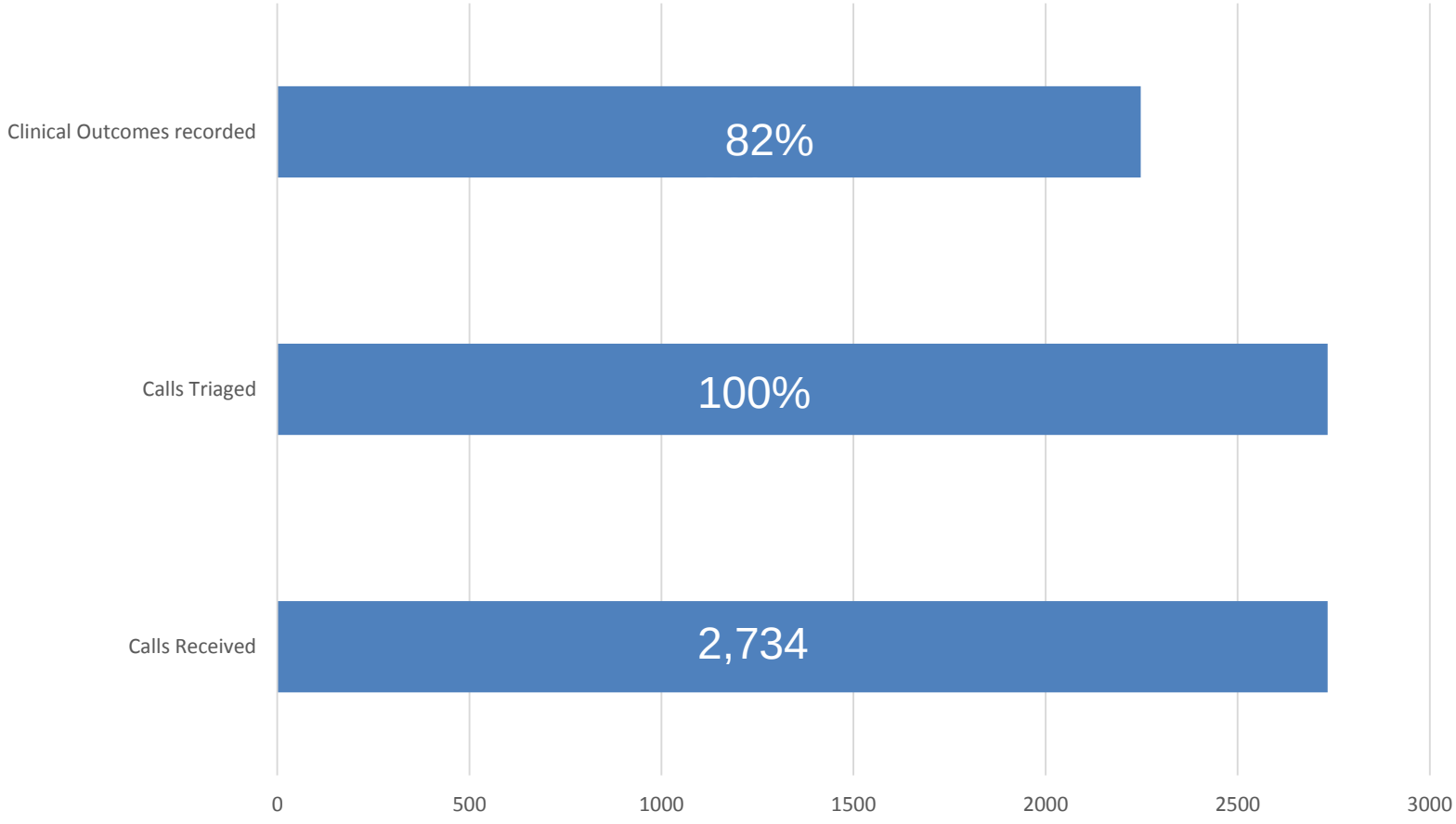


An increasingly unsustainable workload for GPs leads to an increasingly unacceptable delay in accessing services

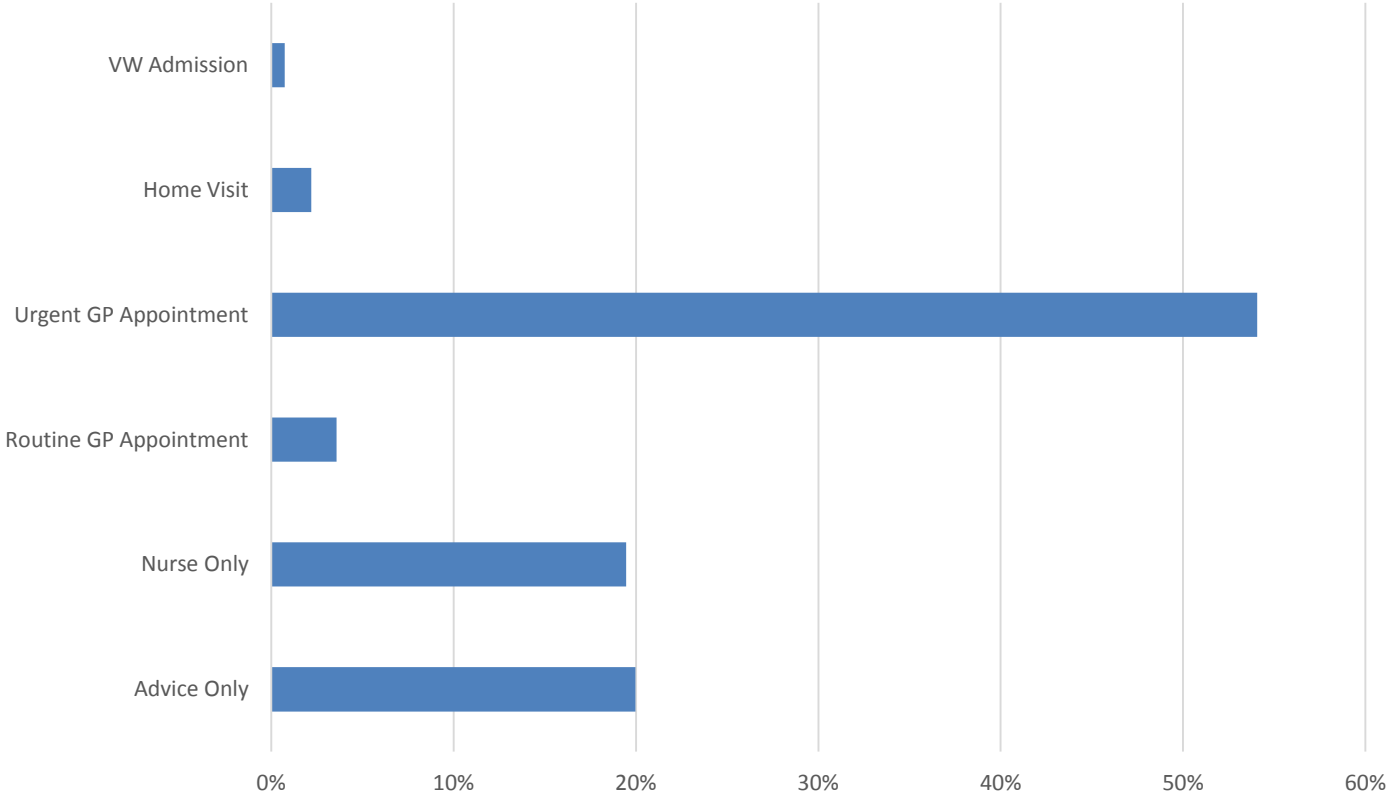
What would Success look like?

- Reduced avoidable demand on GPs leading to:
  - More GP time spent with those who need it
  - Quicker access to more appropriate services for patients
  - Better quality of working day for practitioners
  - Better experience for patients
  - Improved system performance

What are your Process Measures?



What will be your Outcome Measures?



Will you have any Balancing measures?

- **Incidents**
  - None
- **Complaints**
  - None
- **Patient Safety Issues**
  - None
- **Community Resource Team Feedback**
  - 

What did you Learn ?

- **Model can be really successful**
  - *Practice sustainability (e.g. Ystradgynlais)*
  - *Improving access (reduced waits/longer slot times)*
- **Takes time to implement**
  - *Change needs to evolve to be sustainable (flexibility)*
  - *People can't be told to buy into it (need to see benefits)*
- **Requires new skills in primary care**
  - *Can't just take skills from elsewhere (got to grow them)*
- **There's more than 1 version of the model**
  - *Not all Practices are the same (outcome not process)*

Ministerial Priorities

- **Achieving service sustainability**
  - Practices more able to cope with increased demand/loss of GP capacity (Ystradgynlais)
  - Better balance of working day for Practitioners (All)
- **Improving access**
  - Routine appointment times reduced (Crickhowell)
  - Longer time slots for consultations (HayGarth/Brecon)
- **Moving services out of hospitals**
  - Reduced emergency admissions (Virtual Ward intake)

Next Steps

- **Continue to monitor progress**
  - Benefits evident but need to compare models, e.g. Machynlleth, and costs (at system & patient level)
- **Move to total triage model**
  - All patients, all the time (same in hours and out)
- **Consider larger impact on Practice viability**
  - Support where there are vacancies
- **Consider wider workforce implications**
  - What skills and how training requirements and costs can be met

Discussion – 21st Sept 2016

- Range of versions of the triage/call handling model, to suit different clusters
- All patients triaged; clinical outcomes captured on templates for evaluation
- Potential for 'total triage' model - ie to manage telephone / walk in patients from all practices in cluster
- No complaints so far and positive feedback from practices
- Evidence of improving sustainability
- Reduced waiting time for some patients (from 2-3 weeks to 2-3 days); longer consultations available for those needing to attend
- More alternative pathways for USC - seeing evidence of reduced emergency admissions (linked to virtual ward)
- Change needs to evolve over time - patients see benefits of being seen quicker vs consultation with GP; GPs also need to see benefits before buying in
- Flexibility within model is important – let the model evolve and build gradually
- Practices now supportive of one telephone number as SPOA
- Reliance on ANPs within practice – need to train more, rather than taking from other posts; HBs need to consider training for future roles that have not yet been established
- Need to set up training programmes for multiple prof roles to meet the needs of future cluster models
- Better working day for Practitioner - helps with recruitment
- Barriers to immediate roll out of this model:
  - Numbers of ANPs
  - Quality of triage – training of ANPs
  - Lead-in time to develop the service – approx. 2 years
  - Need for support systems
  - Building trust and confidence in the system – through seeing the benefits
- Difference in models north vs south - using Adv Paramedics and Shropdoc to triage in north; in south using ANPs within practices teams. Difference in clinical gov risks; ANPs have variable skills but can also see patients within practice. Use of peer review in south.
- Need for defined workforce and skills required for triage. Is some risk inherent when gaining experience in triage?
- Importance of letting different models/processes emerge in different areas, but ensure standardised outcomes
- Potential for remote triage by GPs working from home; impact of 111 service – centralised triage and information centre; could triage directly into 2ry care
- Could have clinical triage system to switch on to cope with surges of demand.