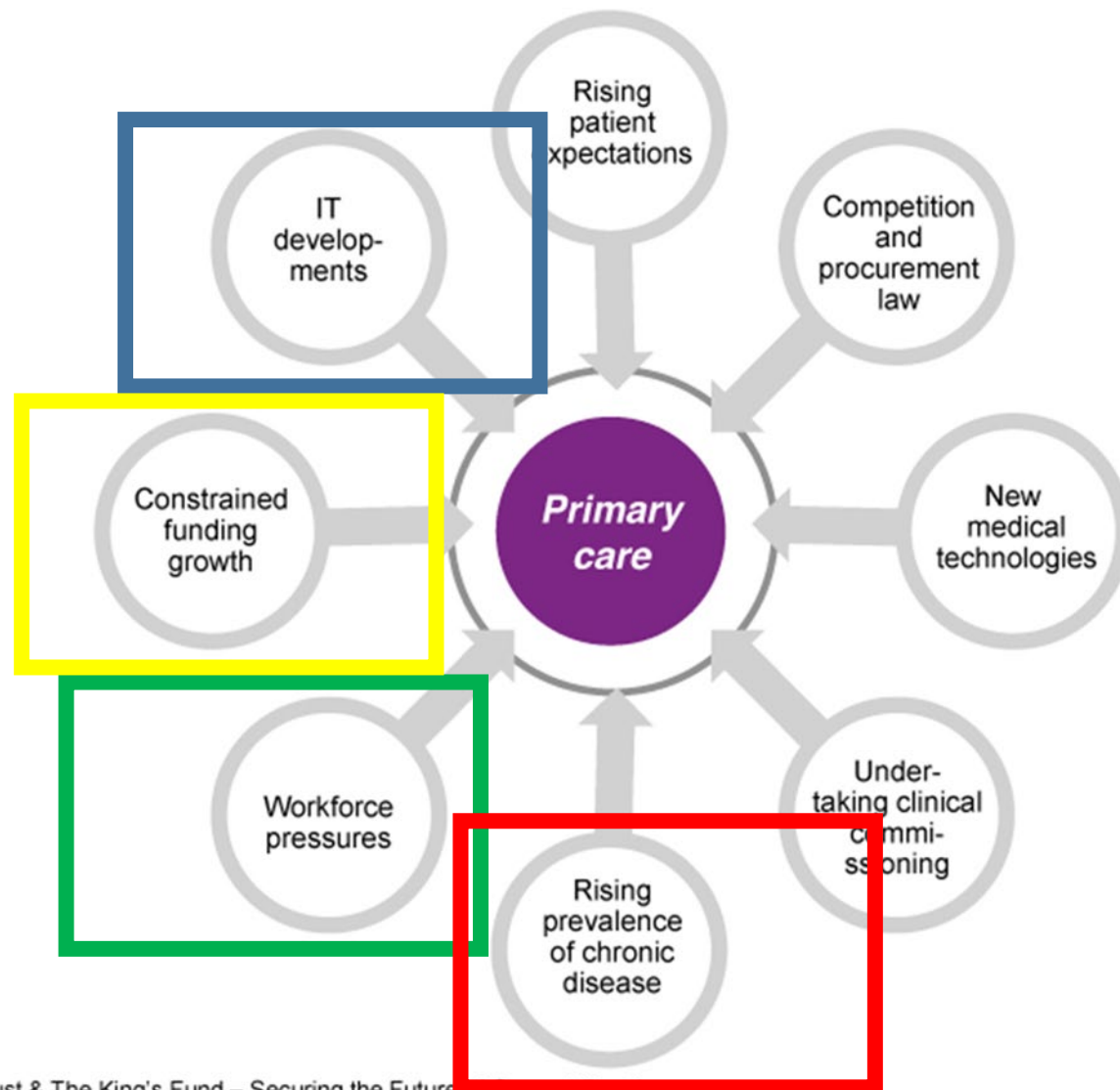


Transforming a poor performance practice

Dr Jay Verma, GP Partner at Shakespeare Health Centre
& Clinical Governance Lead for Data Care Solutions Ltd

Pressures on primary-care in England



New care models

News

Practice News

Workload

Hospital takeover of 18 practices could be copied across England

By Jenny Cook on the 24 September 2018

A West Midlands hospital trust is set to take over 18 practices covering 100,000 patients, with GP partners becoming salaried employees in a move that NHS bosses across England are looking to copy.



[Discuss on Doctors.net.uk](#)



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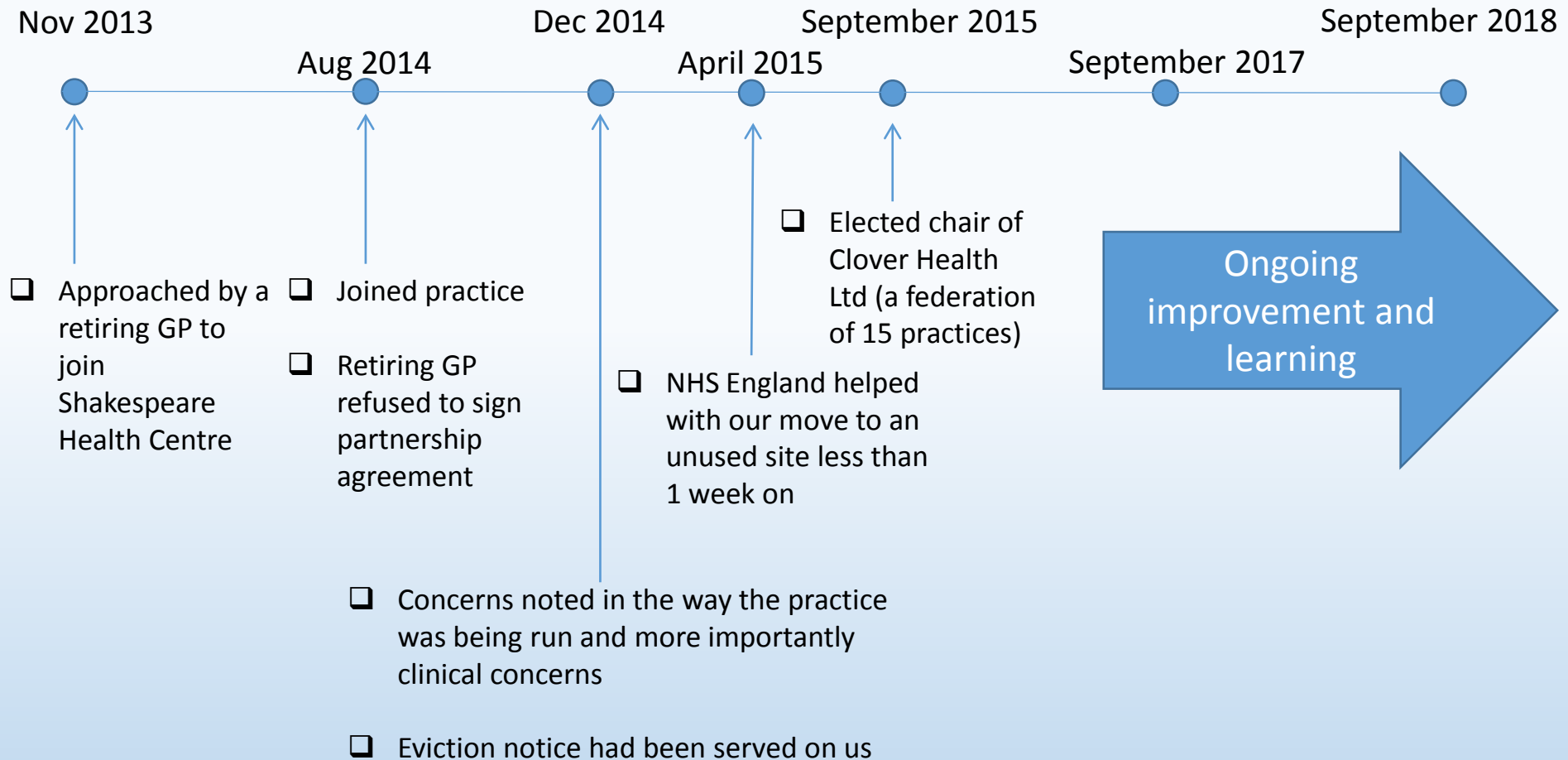
Agenda:

1) Background

2) Changing behaviour

3) Innovative solutions to common challenges

Background



Forming our vision

“Improving Local Health by Working Together”



Shaping the right culture

Harvard
Business
Review

LEADERSHIP

Leaders Can Shape Company Culture Through Their Behaviors

by Jim Whitehurst

OCTOBER 13, 2016



One business buzzword we hear almost everyday is “culture,” as in, our organization has a “strong” or “innovative” or even a “toxic” culture. But what do we really mean when we say this?

Companies that successfully undergo change address all 4 elements of the influence model



Taken from McKinsey's influence model

Challenges

1. Lack of accountability
2. Low staff morale
3. Problems with recruitment
4. Dissatisfied patients
5. Poor morbidity and mortality rates
6. Poor earning practice!

Some basic statistics about our challenges

Local (and national) challenges	NWL	H&H
Workforce	28%* (22% across England)	45%**
Health inequalities	?	JSNA
Variation in management of LTCs	Use QOF data?	?

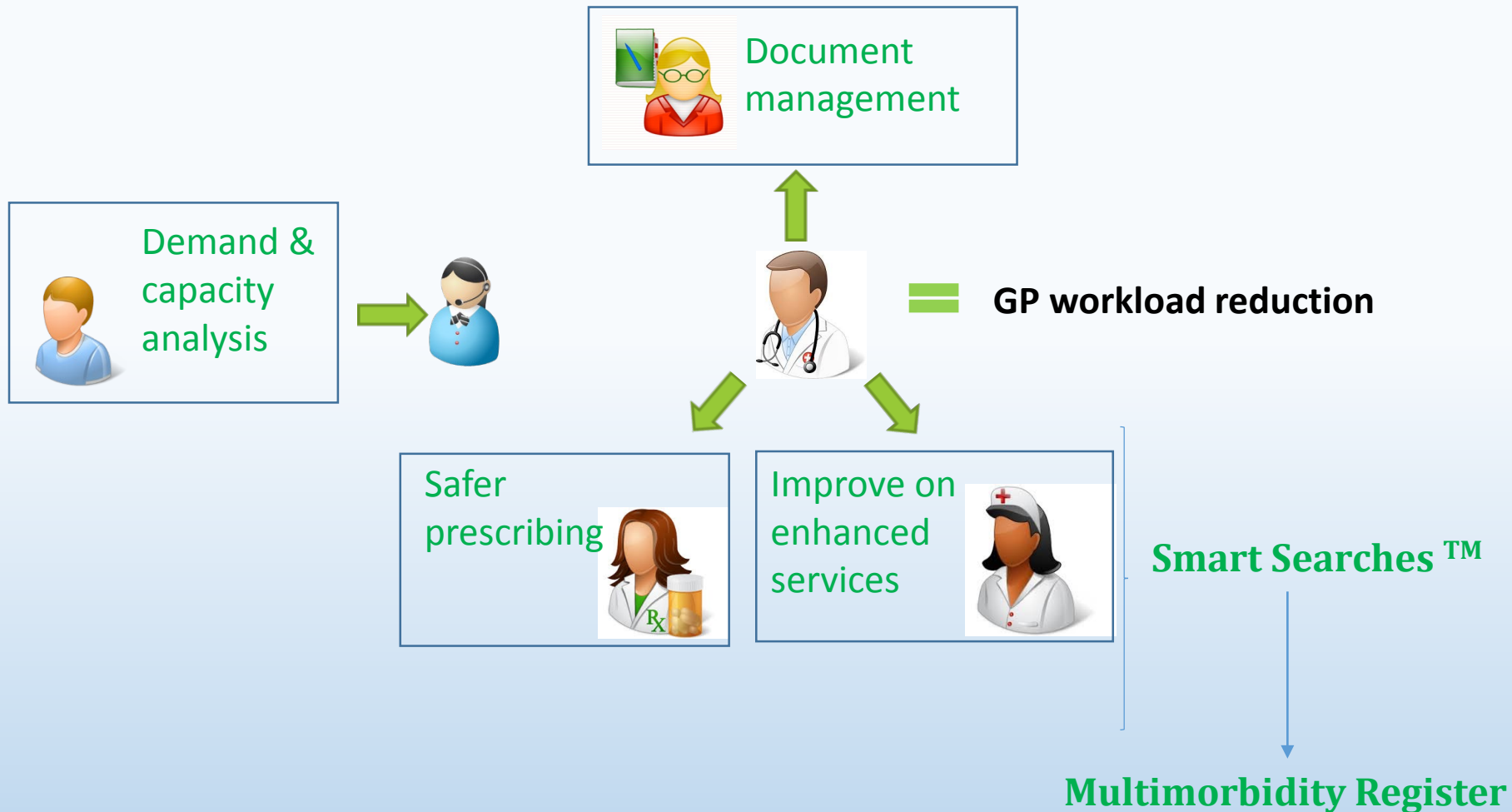
**Data from NHS digital in March 2016

Changing organisational behaviour

“I have not failed. I’ve just found 10,000 ways that won’t work.”

- Thomas Edison

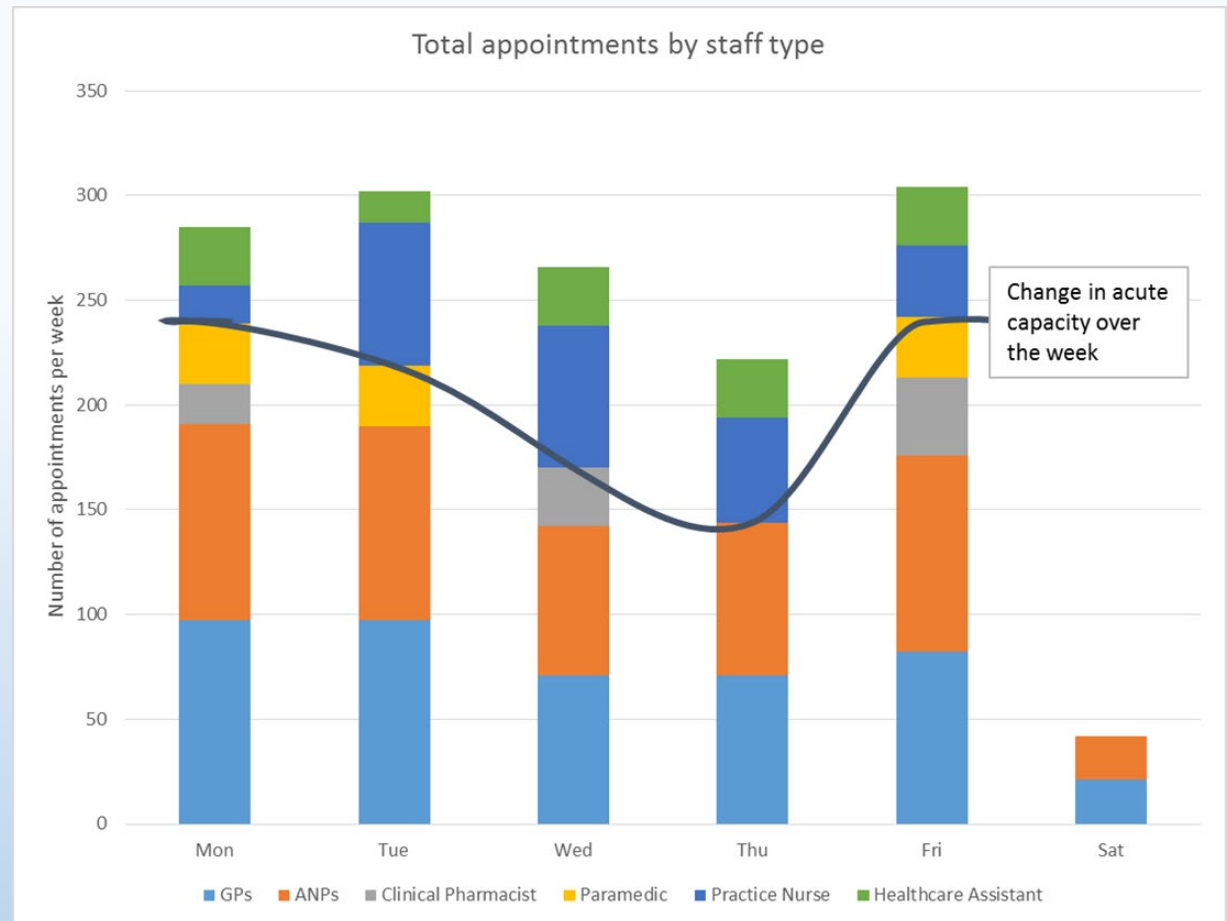
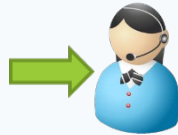
Understanding problems & being innovative

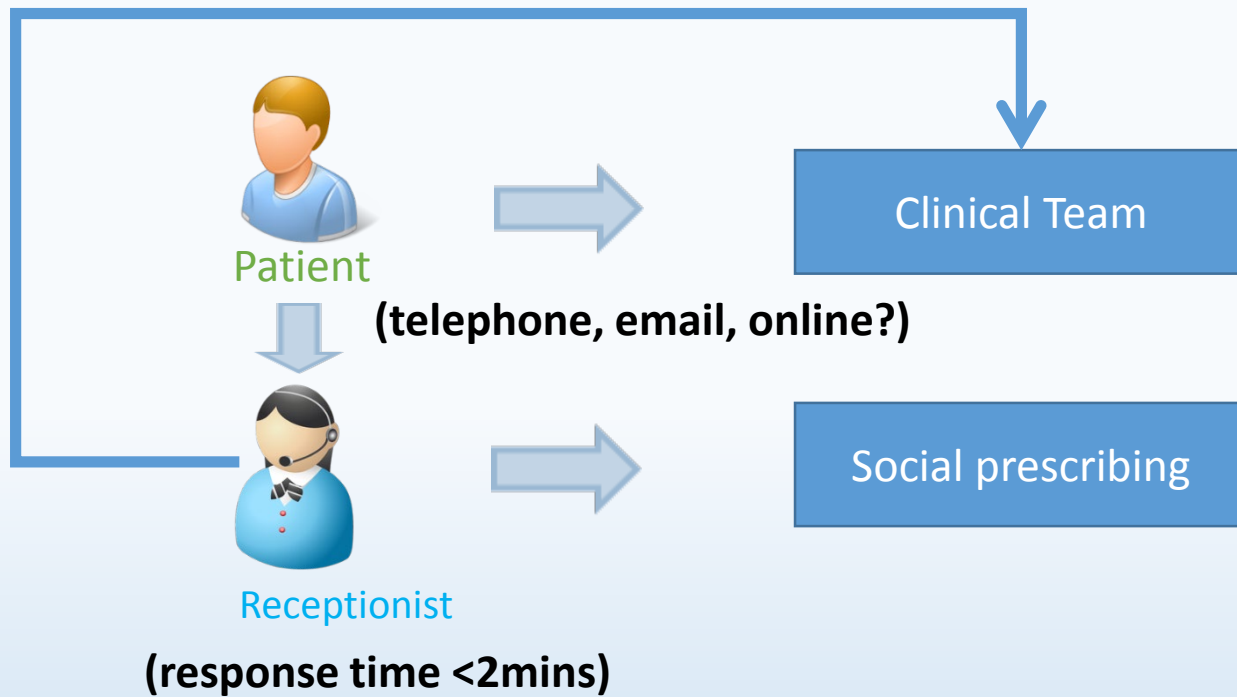


**Improving access:
analysing demand and *creating* capacity**

Capacity to meet demand by day

Demand & capacity analysis





Improve on
enhanced
services



Safer
prescribing



Diabetes

Our vision through Sita Welfare Trust



**"I will change
my mindset and behavior if ..."**

I

*"... I see my leaders,
colleagues, and
staff behaving
differently"*

II

*"... I understand
what is being
asked of me
and it makes
sense"*

IV

*"... I have the skills
and opportunities
to behave in the
new way"*

III

*"... I see that our
structures,
processes, and
systems support
the changes I am
being asked to
make"*

Role modelling

Navigator

- Educate and train receptionists
- Ensure blood tests are up to date
- Navigating patients to the right team member

**Developing
talent and
skills**

**Fostering
understanding
and conviction**



... and guidance
... monthly
... team

**Reinforcing
mechanisms**

Clinical pharmacist feedback

"After completing an independent prescribing course, I became a clinical pharmacist at Shakespeare Health Centre."

In March 2016 I joined the team at Shakespeare Health Centre. I was initially a general pharmacist. The clinical pharmacist role was created to support the medication review team and to advise patients on their medication.

The monthly diabetes clinics have been a success. We regularly discuss cases and the clinical pharmacist has been able to provide advice on the management of diabetes.

I am currently running the clinics and have shown great results on the number of patients who have turned up. This has aided towards the success of the Clover Health federation.

Successful integration of a clinical pharmacist into a diabetes practice team: First-hand experience shared

Dina Kapoor, Anne Goodchild

Clinical pharmacists are becoming an integral part of diabetes general practice teams. This article follows the journey of clinical pharmacist Dina Kapoor, who joined Shakespeare Health Centre in Hayes, north-west London, in 2015. Reflections from Dina highlight the training and support required to develop skills that enabled her to become an integral member of the practice diabetes team. Her appointment was part of a new integrated team approach within the practice, which prioritised training and the use of audit to recall appropriate patients and improve the diabetes services. The outcomes presented are a testament to the teamwork provided at practice level, including the emerging role of the clinical pharmacist.

Background

Despite their earlier unsuccessful bid for a clinical pharmacist in NHS England's initial pilot, the new GP partners at Shakespeare Health Centre (SHC), in Hayes, north-west London, continued to pursue this path, as they felt strongly that there was an

ARTICLE

my role as a clinical pharmacist.

Working with DSN Anne Goodchild, I initially carried out diabetes medication reviews and pressure medications, and blood pressure readings.

My understanding of diabetes has improved, and when it is suitable to refer patients to our peers and we

the service provided has improved for our patients, which in turn has aided towards the success of the Clover Health federation.


Citation: Kapoor D, Goodchild A (2017) Successful integration of a clinical pharmacist into a diabetes practice team: First-hand experience shared. *Diabetes & Primary Care* 19: XX-X

Article points

1. A clinical pharmacist was recruited and became an integral member of a general practice diabetes team.
2. Updilling the primary care workforce had a substantial impact on patient experience and clinical outcomes.
3. A team approach, including GPs, nurses, clinical pharmacists and administration staff, was a vital part of this project.

Clinical pharmacist at Shakespeare Health Centre

Patient feedback



"I am very happy getting quick appointments at the practice for my diabetes follow up. The (clinical) pharmacist is always very helpful"

"The service provided by the surgery is very good and the staff are very friendly and they keep to my appointments very well."

"I am very happy that I get appointments regularly and quickly. The Pharmacist has helped me control my sugars better. I am very pleased with the service here."

The results

Table 1. QOF data in the corresponding years showing improvement with time

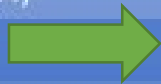
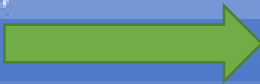


	March 31 st 2015	March 31 st 2017	Compared to QOF 2017 targets
No. patients on diabetic register	371 (7%)	383 (9%)	N/A
HbA1c 59mmol/mol or less	47% 	79% 	75%
HbA1c 64mmol/mol or less	55%	84%	83%
HbA1c 75mmol/mol or less	63% 	91% 	92%
BP 150/90 or less	79%	94%	93%
BP 140/80 or less	69%	84%	78%
Cholesterol 5.0 or less	58%	82%	75%
Foot assessment performed	63%	92%	90%
Proteinuria or microalbuminuria on an ACE	100% (12 patients)	100% (34 patients)	97%
Influenza vaccine given	59%	93%	95%
Referred to structured education programme	55%	89%	90%

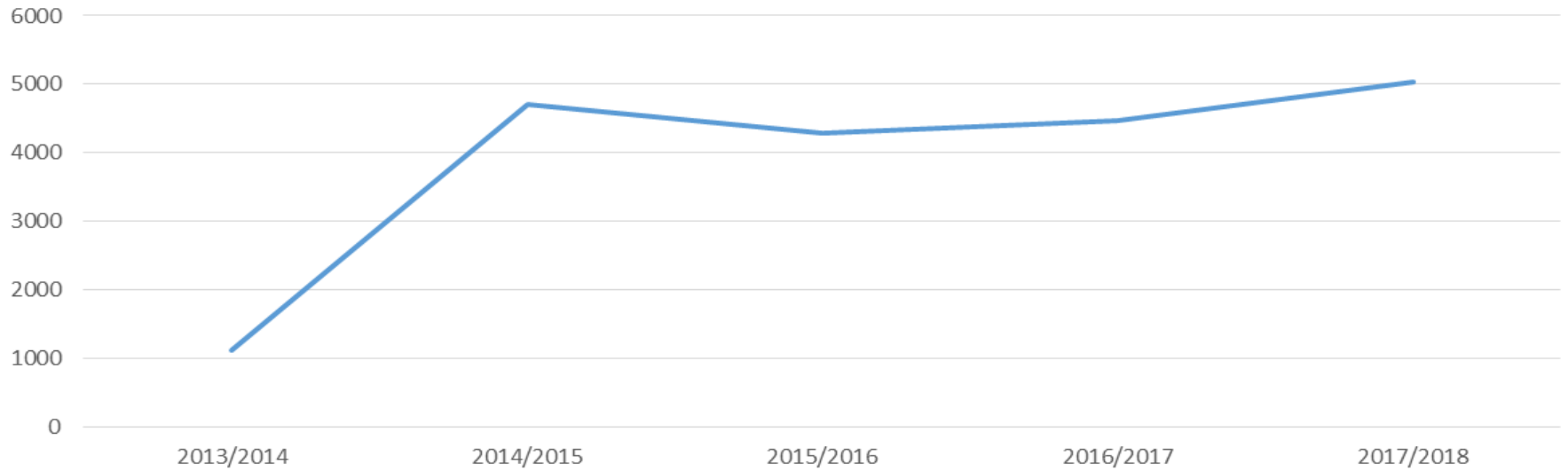
Table 2. Illustrates the cost saving made to HCCG as a result of SHC not referring patients to THH for injectable treatment

	Appointment type	Frequency of appointments	Cost per appointment	Total cost
<i>THH (secondary care)</i>				
	<i>First appointment</i>	<i>58</i>	<i>£170</i>	<i>£9860</i>
	<i>Follow up (x5)</i>	<i>290</i>	<i>£86</i>	<i>£24940</i>
<i>Cost to HCCG for treatment of 58 patients had we referred them to THH for injectable treatment</i>				<i>£34,800</i>
<i>SHC (primary care)</i>				
	<i>First appointment</i>	<i>58</i>	<i>£60</i>	<i>£3480</i>
	<i>Follow up (x5)</i>	<i>290</i>	<i>£30</i>	<i>£8700</i>
<i>Cost to SHC for treatment of 58 patients</i>				<i><u>£12,180 ^</u></i>
Secondary care costs avoided in 1 year				£34,800*

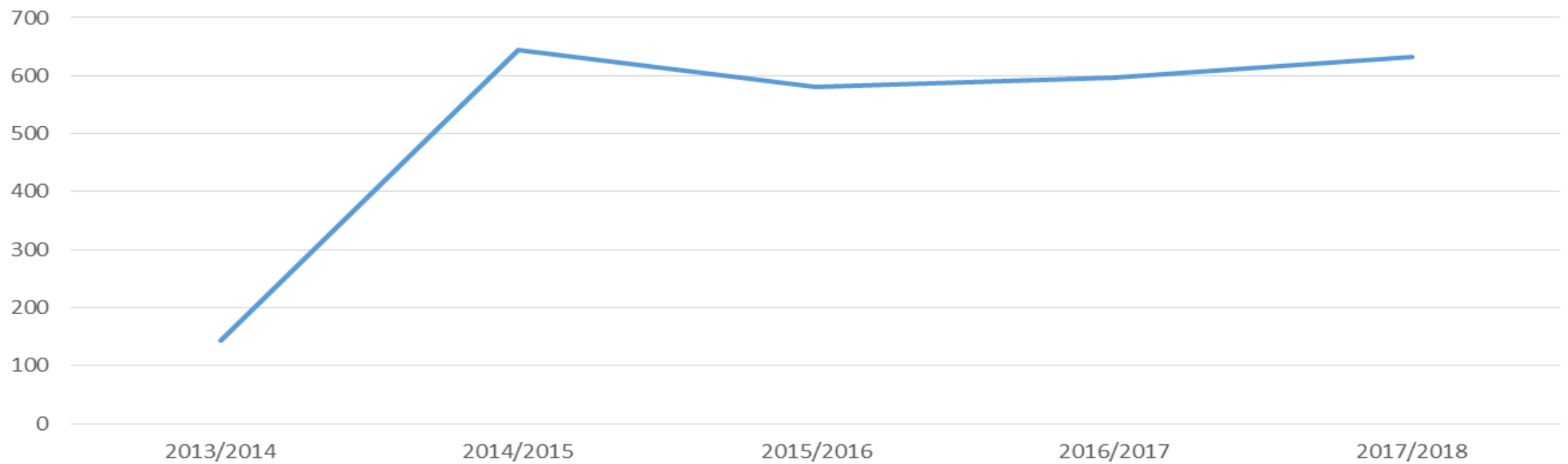
^ The practice funded this pilot by restructuring their workforce

* Direct saving to HCCG as a consequence of the practice treating patients with injectable therapy options

No. of Prescriptions issued by Shakespeare HC for antidiabetic drugs



No. of Prescriptions issued by Shakespeare HC for insulin

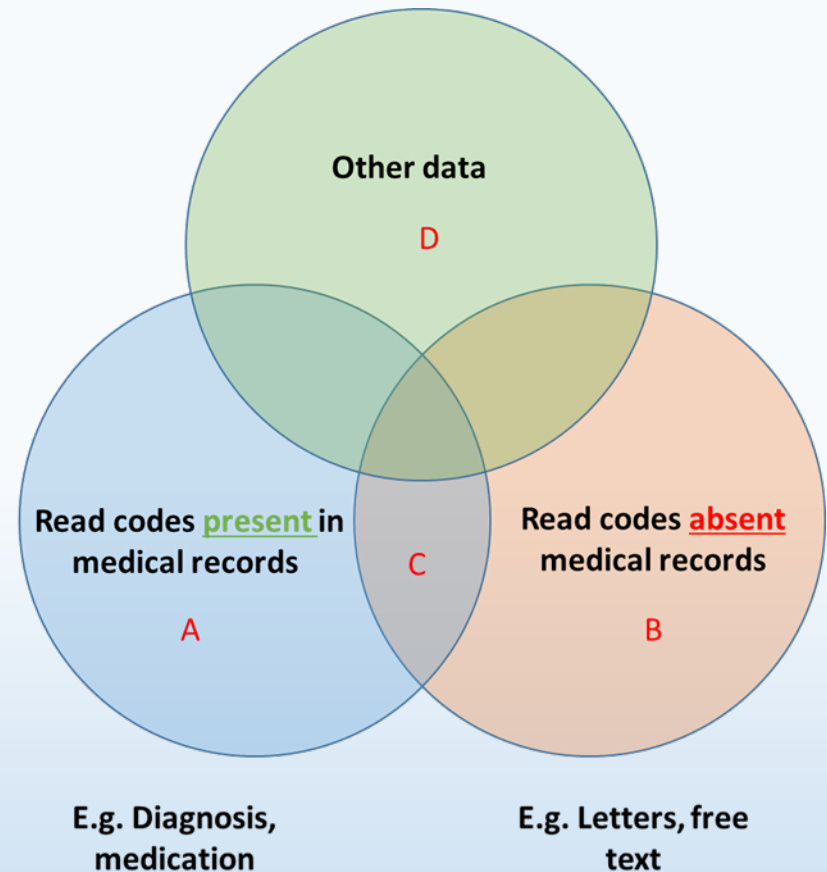




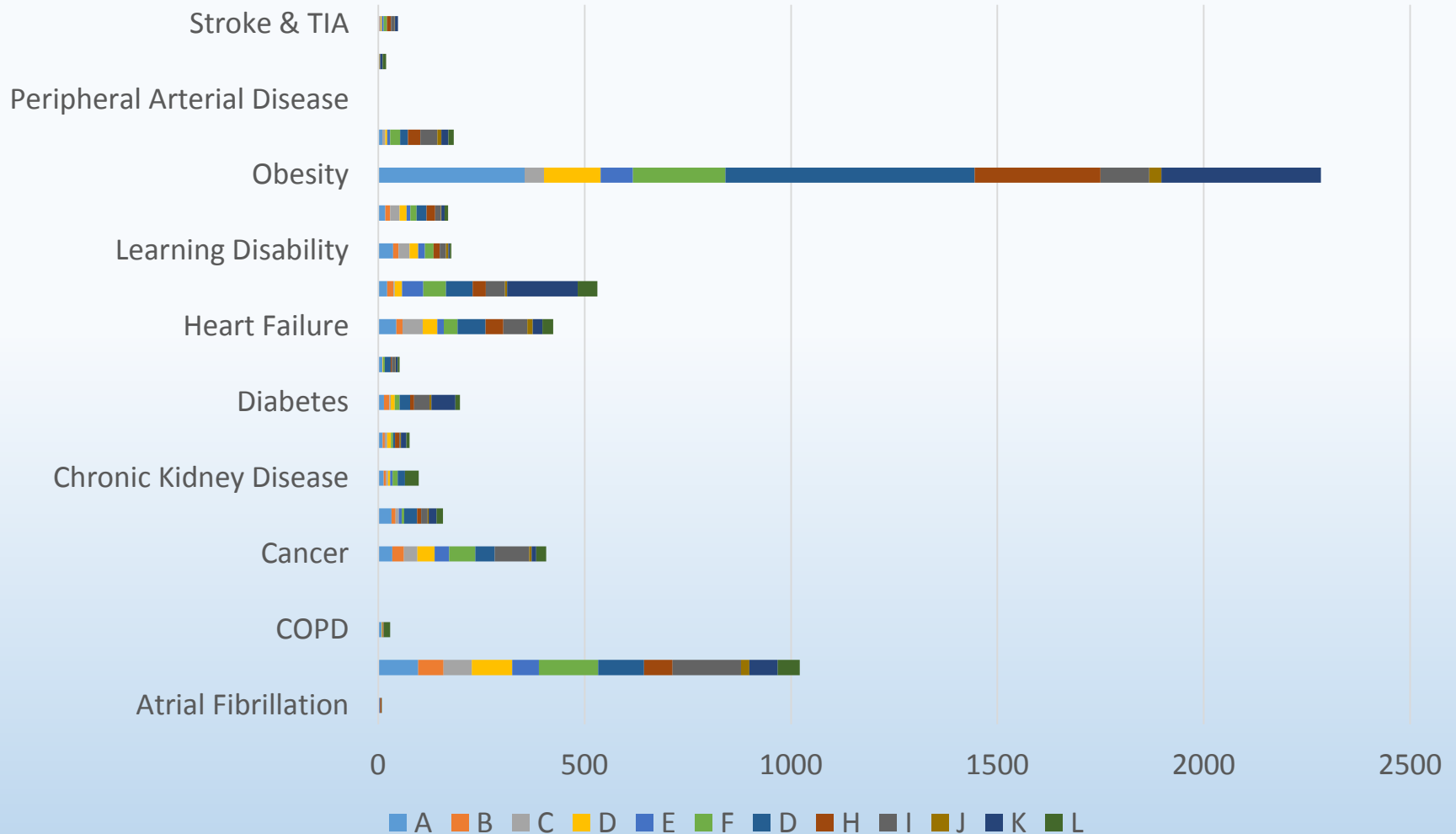
Smart Searches™

A	All Read coded entries and medication
B	All scanned letters free text consultations
C	Summarised letters with correct Read codes entered
D	All other supporting data, e.g. demographics, registration etc.

Only coded medical records and some other data can be searched on and therefore visible to data quality analysis



Outcome from twelve practices



DATA CARE SOLUTIONS
Clean data, safe patient care

DATA CARE SOLUTIONS <small>Clean data, safe patient care</small>		QOF Workforce Operational Calculator						
Clinical Indicators	Investigation	Basic checks	Condition review	Medication review	Cost per patient	Total staff cost per clinical condition		
Coronary Heart Disease	CA	N/A	N/A	CP	10.5	£ 724.50	Code:	
Heart Failure	N/A	N/A	GP	CP	22.8	£ 570.00	Investigation	Request for blood test, urine ACR, ECG
Stroke & TIA	CA	HCA	GP	N/A	22.05	£ 926.10	Basic checks	Blood pressure, foot check,
Hypertension	N/A	HCA	N/A	CP	11.25	£ 6,615.00	Condition review	Review of clinical condition such as asthma,
Diabetes	CA	HCA	N/A	CP	14.25	£ 5,757.00	Medication review	Check concordance, interactions, compare v
COPD	R	N/A	N	CP	16.25	£ 341.25		
Epilepsy	R	N/A	GP	N/A	17.8	£ 267.00		
Cancer	CA	N/A	GP	N/A	18.3	£ 1,098.00		
Mental Health	R	N/A	GP	N/A	17.8	£ 712.00		
Asthma	R	N/A	N	CP	16.25	£ 4,225.00		
Dementia	R	HCA	GP	N/A	21.55	£ 344.80		
Depression	R	N/A	GP	CP	25.3	£ 531.30		
Chronic Kidney Disease	CA	N/A	N	N/A	9.25	£ 490.25		
Atrial Fibrillation	CA	N/A	GP	N/A	18.3	£ 475.80		
Learning Disability	CA	HCA	GP	N/A	22.05	£ 220.50		
Peripheral Arterial Disease	CA	N/A	N	N/A	9.25	£ 92.50		
Osteoporosis	R	N/A	CP	N/A	10	£ 40.00		
Rheumatoid Arthritis	R	N/A	-	N/A	10	£ 210.00		
Final operational cost for QOF					£	23,641.00		

Our vision through Sita Welfare Trust

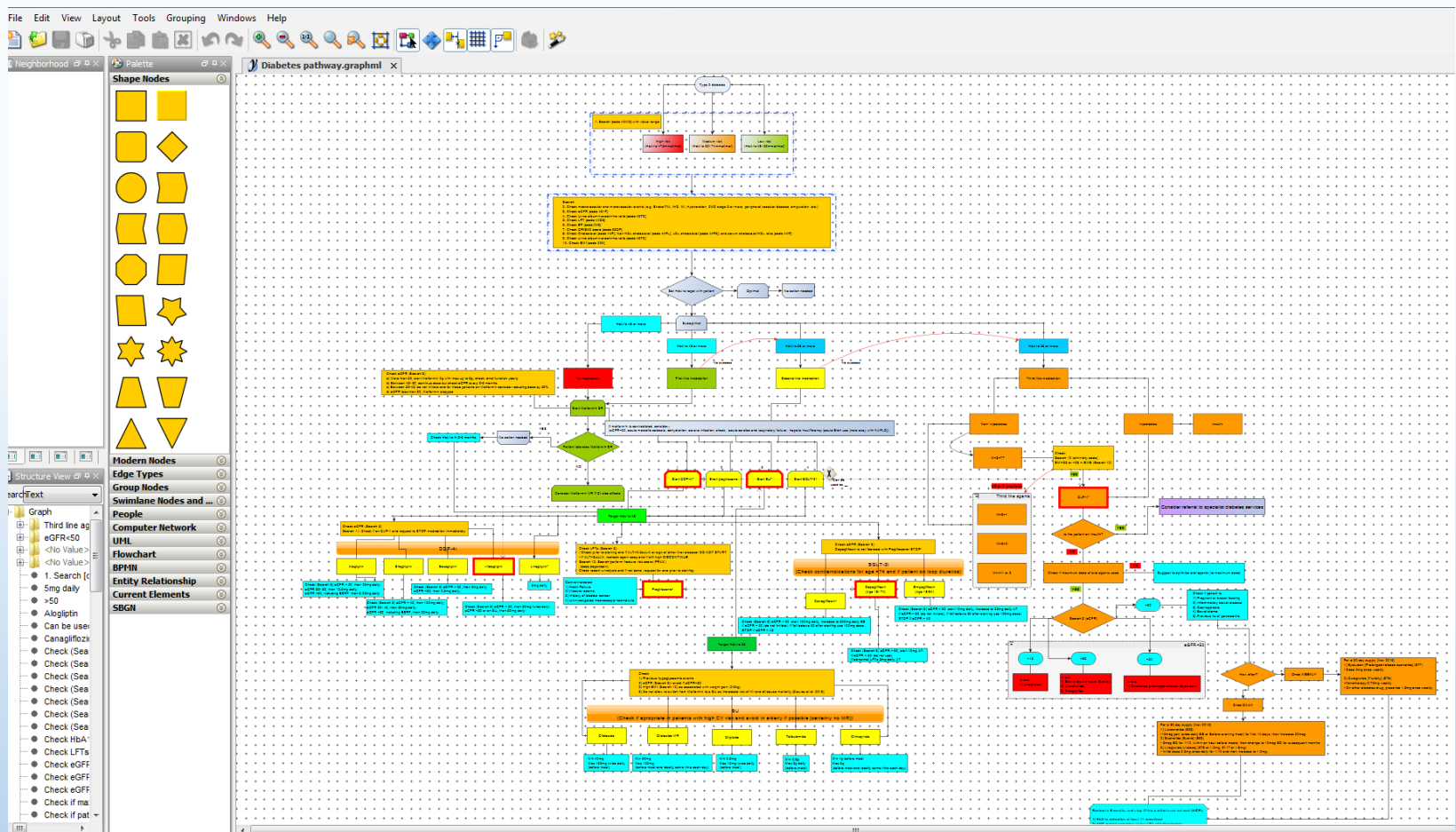




The Challenges

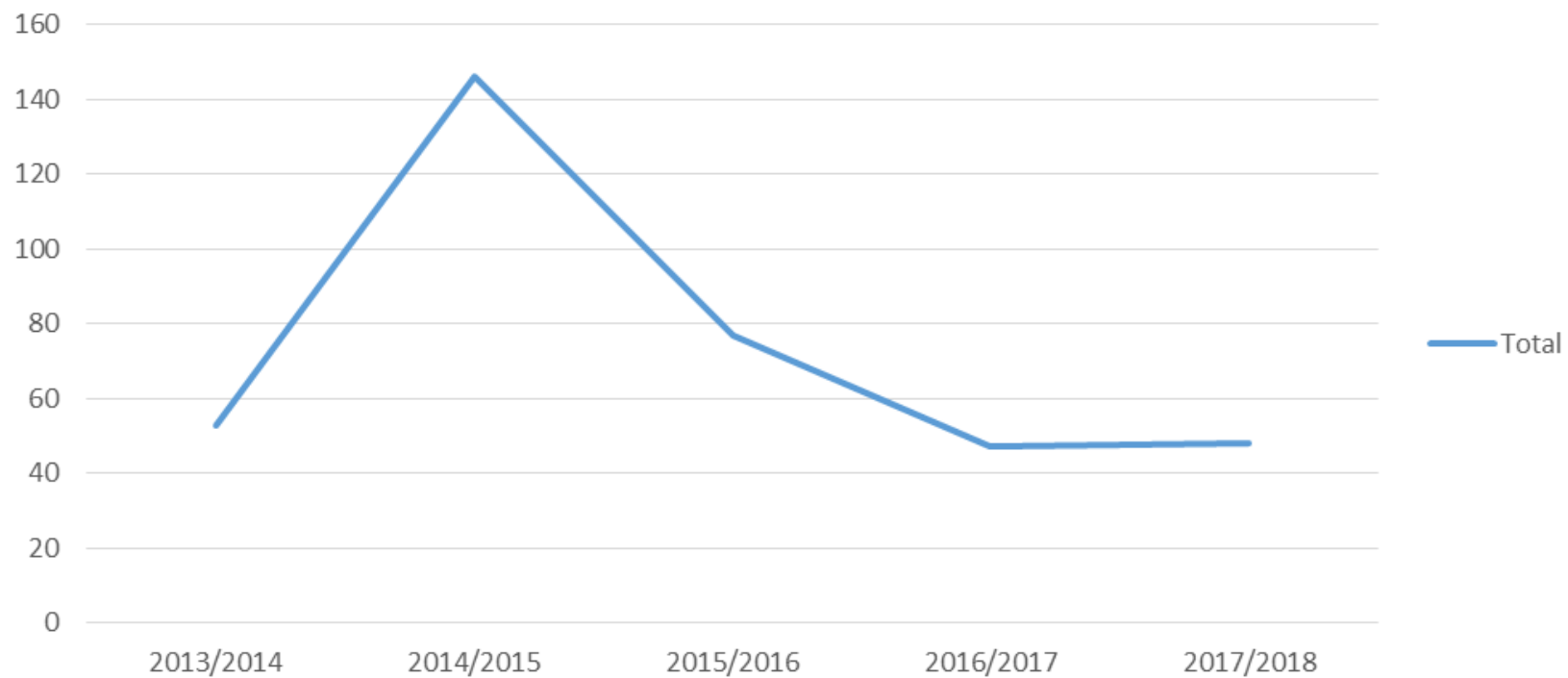
- Lack of Access to healthcare
- Lack of access to reliable healthcare?
- Lack of education
- Money

Diabetes clinical decision support tool



Antibiotic prescribing

Total No. of Prescriptions issued by Shakespeare HC for Broad Spectrum antibacterials

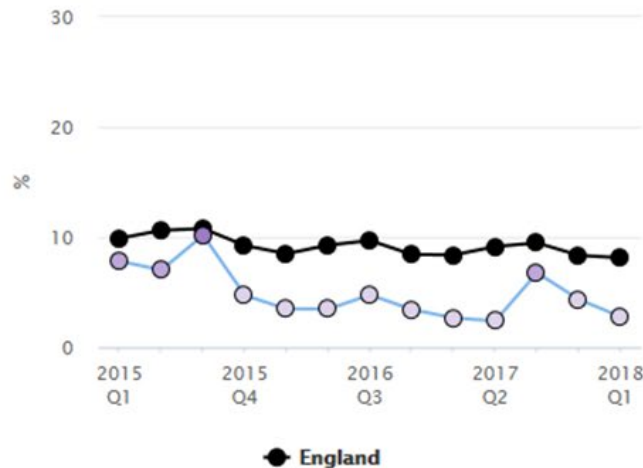



Percentage of broad spectrum prescribed antibiotic items (cephalosporin, quinolone and co-amoxiclav class) by quarter














E86612 - Shakespeare Health Centre

Proportion - %

 Export chart as image [Show confidence intervals](#)



Recent trend: 

Period		Count	Value	Lower CI	Upper CI	Hillingdon	England
2015 Q1		38	7.82	-	-	11.11	9.90
2015 Q2		20	7.02	-	-	11.82	10.62
2015 Q3		28	10.18	-	-	12.56	10.78
2015 Q4		16	4.72	-	-	10.85	9.24
2016 Q1		14	3.47	-	-	10.49	8.50
2016 Q2		11	3.47	-	-	11.44	9.28
2016 Q3		14	4.76	-	-	11.87	9.70
2016 Q4		14	3.43	-	-	9.49	8.43
2017 Q1		11	2.67	-	-	9.27	8.38
2017 Q2		7	2.39	-	-	10.21	9.15
2017 Q3		18	6.77	-	-	10.77	9.48
2017 Q4		14	4.35	-	-	9.27	8.35
2018 Q1		9	2.78	-	-	9.21	8.13

Source: [NHS Digital](#) publish monthly prescribing data that is aggregated in to annual and quarterly totals under the OGL.

Summary

I. It can be done!

II. You have the technology already... do not need to seek out AI just yet!

Working at scale

✓ First
- super
prac

PULSE At the heart of general practice since 1960

When I grow up, I'll be a w

HOME NEWS ↓ VIEWS ↓ CLINICAL ↓ PARTNERS ↓ SESSIONALS ↓ TRAINEE PULSE

HOME → YOUR PRACTICE → PRACTICE TOPICS → MANAGEMENT

Super-partnerships to the rescue

29 May 2018

Nick Rayner, executive chairman of Suffolk Primary Care, describes how the super-partnership model is helping to sustain general practice

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f SHARE ON FACEBOOK

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EMAIL TO A FRIEND



General practice has long been teetering on a cliff edge. A growing and ageing population has created a huge demand for our services, while at the same time we're struggling with supply because fewer GPs are joining the profession. If we're to avoid falling off, then

minded

Questions?

We are at stall 34 if you would like to talk further!



DATA CARE SOLUTIONS

Clean data, safe patient care

