

Radically revamping primary care model

Jackie Butler discovers how local GP practices will evolve with the integration of health and social care provision in Cornwall and the Isles of Scilly

GP practices sit at the heart of healthcare in Cornwall and the Isles of Scilly. The role of these health stalwarts – and our expectation of them – has changed very little since the NHS was set up 71 years ago.

Traditionally we have always wanted a face to face appointment with a GP who knows us. We want to be offered physical care and psychological support when we need it, and to get at least some professional reassurance, if not a prescription for medication or a referral to a specialist.

In more rural and remote communities in Cornwall the historical norm, even in the more recent past, was frequently a Doc Martin-style set-up, with a GP as sole practitioner seeing patients in a village consulting room, sometimes with the radio blaring in the waiting room to give doctor and patient a little privacy from eavesdroppers.

While the county's 59 practices have developed over the decades, there hasn't been a really radical shake-up of the primary care front-line – until now.

Big, positive changes will be happening in Cornwall over the next five years. With ever-rising demands and pressures on GPs – and patients increasingly frustrated in their quest to see their own doctor when they want to – the old model is being rethought to make sure people get the attention they need, when and where they want it. And it might not always be your doctor providing it.

There's a growing recognition that our GPs are just one important part of the picture. A very different practice workforce is emerging with pharmacists, social prescribers, emergency contact practitioners and urgent care physician associates coming into the mix.

"We have a fair bit of that happening now," explains Dr Tamsyn Anderson, Newquay GP, Director of Primary Care for the Cornwall Partnership NHS Foundation Trust and system clinical lead for Cornwall and the Isles of Scilly.

"People do sometimes say they would prefer to see the doctor, but using this team model brings a wealth of expertise and experience."

The term primary care basically

PENWITH PIONEERS

IN the far west of Cornwall, GP practices in Penwith have pioneered the cooperative model that is now being introduced across the county.

"There is huge power with collectivity," says Dr Neil Walden, who recently retired from the Marazion practice where he was a GP for 30 years. He is currently the lead for the Penwith locality primary care network.

"We go back a long way as a cooperative of GP practices. In GP commissioning terms we are at the vanguard of things getting done."

"Primary care needs to be valued. Without it the system would be rapidly overwhelmed."

There are lots of problems in the system and we need to work together to solve them."

Eight surgeries in Marazion, Penzance, Newlyn, St Just, St Ives, and Hayle got together around 20 years ago, supporting each other to give the best healthcare possible in

a largely rural location, with pockets of deprivation equal to areas of inner London. They now form a large primary care network with around 63,000 patients.

They wanted to provide as much good healthcare as they could as close to a patient's home as possible, rather than people having to travel to Truro for treatment.

"The system we thought was right for Cornwall then is now the system for the county. It has taken 20 years to get here," he says.

Carolyn Andrews of Kernow Health CIC adds: "They are doing some fantastic work in Penwith, having invested a lot of time and energy into collaborative working with practices."

Thinking holistically, rather than looking for a medical answer to every problem, has been done with the opinions and wellbeing of local people at the forefront of planning and decision making.



► The diabetes walking group at the Eden Project has achieved many remarkable successes

means any service that is your first port of call when you have a health problem. Traditionally people think of this as going to see your GP, or a pharmacist, optometrist or dentist if you have a minor ailment, eye or teeth troubles. The new thinking is a more planned approach to include other practitioners will provide the best outcome for individuals.

Some 30 per cent of GP consulta-

tions nationally are for musculoskeletal problems – like back and neck pain, arthritis and some autoimmune disorders. For these, you could be fast-tracked to a physiotherapist who can give you the treatment straight away without waiting for a GP referral.

One in four people see their GP for mild depression or anxiety. You could go straight to mental health

support such as Outlook South West psychological therapy service.

There is increasing understanding that a range of health problems are linked to loneliness, isolation or lack of activity, for instance. A social prescriber could introduce you to voluntary and community services locally – maybe a walking group or a regular singing session.

There are a range of practitioners other than a medical professional to assess your needs and receptionists in some practices have been trained

The majority report very positively about their GP practice – a great reflection on our teams

ANDREW ABBOTT

as patient advisers.

Dr Anderson says: "The reception staff can signpost people to the right practitioner. People are sometimes uncomfortable giving information over the phone, but it is really helpful to us because we can make sure you get the right access route."

Andrew Abbott, Director of Primary Care for NHS Kernow Clinical Commissioning Group, says that although there is some resistance to the new model of care, patient expectations are changing in response to their increasing understanding of the challenges facing GPs.

A recent survey of 2,000 people in

patients' problems so that we can do better for those patients," says Dr Walden.

Penwith GPs have recognised the value of social solutions, either as a first option or complementary to medical intervention.

He adds: "At the end of a surgery you often find you haven't taken any medical equipment out of your bag. That's because you are seeing people with social problems who have nowhere else to go."

"It should be as easy for me to put someone in touch with a social-prescribing link worker rather than give them a prescription for medication they don't really need."

"GPs are finding that even patients whose symptoms they have long struggled to find an answer for can be solved by appropriate time, attention and advice from a dedicated social prescriber with knowledge of all the appropriate voluntary services locally."



► Doctor Neil Walden
Greg Martin

"The complexity of patients' needs has changed."

"We are doing a pilot around having a community eldercare physician in our practices who can help with our more complex elderly

ST AUSTELL SOCIAL PRESCRIBING SUCCESS

A GP practice that's seen great successes with social prescribing is St Austell Healthcare. With 31,000 patients – the result of merging three practices – there were not enough doctors to go round, with 4,500 patients per full-time GP.

St Austell was selected as one of 15 national test sites in 2015 to adopt the integrated way of working together with other parts of the system.

Dr Stewart Smith explains: "We looked at what things we were doing that other people could do better – such as medication reviews and mental health."

"Also, we recognised we were seeing many people with social problems like loneliness, inactivity, debt and poor nutrition, that we couldn't do anything about. We are experts in complex medical problems and that is what we should be concentrating on."

Dr Smith visited the Bromley by Bow Centre, held up as a national beacon of social prescribing, and the practice followed their lead to develop a model to suit St Austell.

They started by employing a social-prescribing link worker and focusing on low-impact physical activity for all abilities and where that could be made available.

"We would see someone we thought could benefit from being more physically active and refer them to Hayley and she found them a bespoke package," he explains.

The result were remarkable; six months after starting 85 per cent of those on the programme were feeling happier in their lives and were coming to the surgery 40 per cent less than previously.

More than 700 patients have now been through the programme, representing thousands of saved GP appointments.

"What people are getting is better quality care and more proactive things that are meeting their needs," says Dr Smith.

There are 2.5 full-time social-prescribing link workers at the practice with huge expertise in the

community. Patients are taking part in a wide variety of activities.

"Patients really love it and it is not a hard sell. Rather than increasing your antidepressants, you are doing something positive to improve your quality of life."

The Eden Project is one of the key partners backing the social prescribing programme in St Austell, with many patients joining a variety of walking groups geared towards specific needs.

The diabetes walking group has achieved many remarkable success stories, like Judith's, for example. She reduced her blood sugar levels from diabetic to normal within six months:

"I was diagnosed with type 2 diabetes 10 years ago. Because I'd been ill for 25 years with ME I just accepted my diabetes diagnosis. I had been taking tablets, so I didn't really feel a great deal of difference when I was put on Metformin, two tablets twice a day."

"I knew my diabetic diagnosis was serious and that my lifestyle had to change. I was referred to Hayley and that was the first time that I felt there was any support for me."

"Soon after, I started attending a chair exercise class and I did my first walk at the Eden Project. I have continued with this ever since. I have seen changes that perhaps others wouldn't think were huge improvements, but for me they make a huge difference. I can now sit for longer on a hard chair and at my sewing machine for longer on the days I feel better. I managed to lose six stone and I realise that my diabetes is something that needs continual monitoring."

"I have had no visits to the doctor and I see Hayley for diabetes-related issues. At my review recently I was told I could reduce to two Metformin tablets. I would say to others, take note of the latest research, follow advice and join this walking scheme and you can keep your diabetes under control."

surgery, specialist clinics and even housing and benefit advice.

Technology will have a major impact too, with e-consulting fast becoming a popular way to talk to your doctor, and the new NHS App set to enable people to interact with their practice via their smart phone.

Dr Anderson says: "You can send an email to your GP. That is great for quick queries and many people just want to check what they need to do about a symptom. Also, e-consulting is a really good way to follow up with your GP."

You can send an email to your GP. That is great for quick queries
DR TAMSYN ANDERSON



► Andrew Abbott

physiotherapists and, over time, new services will be commissioned nationally to improve medicines usage, care of the frail and those with complex needs, and providing enhanced support for people resident in care homes. Successful networks will also need to work closely with others in their community, including mental health teams, community nurses, social workers and a plethora of community organisations and voluntary services.

In future practice buildings could be places where you can access all kinds of health and social care, including public health inspired initiatives to keep yourself well, minor

The changes will also give a knock-on effect on demand for emergency care and avoidable hospital admission.

By getting it consistently right at grassroots level, the aim is to reduce demand for urgent and out of hours care, as well as keeping people close to their homes and healthier and happier all round. It will point people directly towards the specialist help in the local community hospitals and targeted services rather than ending up in an ambulance to A&E.

Kernow Health is the community interest company owned by all the

GPs in Cornwall and the Isles of Scilly. It works closely with practices to support them in their everyday work and to develop new, sustainable community-based healthcare options. It also runs 111 out of hours services and school immunisations programme locally.

CEO Carolyn Andrews says: "Primary care networks are now very important parts of the system. NHS England are giving them tasks to pursue and funding."

"People in Cornwall get a good service. The clinicians who deal with them are local clinicians. They are not in a call centre – they are local GPs invested in doing a good job."

Taking more responsibility for your own health is an integral part of the wider holistic vision.

Andrew Abbott says: "It's a reminder for people to think about way to access the care and support needed. GP practices are facing growing demand and if we want the keep the experience high and target our GPs at those who need their help the most, then we can all take responsibility and choose well."

There are lots of ways you can help

yourself. The local pharmacy can advise on symptomatic relief of a sore throat or conjunctivitis, or if you have hay fever you can buy "own brand" over-the-counter antihistamines quite cheaply, and for mild to moderate pain relief, a packet of paracetamol from the supermarket is more cost effective than getting it on prescription.

With long-term conditions like hypertension, collecting information the surgery can use to regularly assess your health is also important.

Dr Anderson says: "We encourage people to get their own monitors and keep an eye on what their readings are looking like."

Over the coming weeks the *WMN* will take a more detailed look at specific areas of change – including how GP practices are changing, initiatives to prevent ill health, care of the elderly, children and young people, and the positive role technology is playing, the initiatives already happening in those areas and those in the pipeline.