Primary Care Improvement for Patients with Complex Long-term Conditions

Reimagining general practice: innovative ways of delivering care
Kings Fund 19th June 2018
Dr Michael Gill, Medical Director
Background

• 2013: Prime Minister’s Challenge Fund to improve access to general practice\(^1\)

• 3 East London CCGs set out to pilot new models of care

• Highest users of health and social care had 5+ long term conditions
Long Term Conditions

Patients selected on basis of having four from 8 LTC identified

1. Coronary heart disease
2. Hypertension
3. Heart failure
4. Stroke or mini stroke
5. Diabetes
6. COPD
7. Depression
8. Dementia
Aim

• To test the hypothesis that a new model of Primary Care, **Health 1000** would align and improve:

  1. Quality of care
  2. Health and social outcomes

for patients with 5 plus LTCs
Design Principles

• GP led proactive chronic disease management with focus on health and wellbeing
• Proactive case management of both medical and social care
• Existing diagnoses and management reviewed (specialist geriatrician review management plans)
• Patients accessing unscheduled care have the multidisciplinary team review.
• Disease specific specialists to provide real time advice
• Rapid access to diagnostics
• Tele-monitoring when appropriate.
• A range of out of hours cover including weekends provided (8am – 8pm)
• Patient and carer education with enhanced self-management prioritised
• Patients and carers encouraged to develop personalised care plans.
• The electronic care record to provide access for patients and all care team members to relevant medical and social care information to enhance integrated working.
• Quality improvement and value embedded.
• Key workers to develop multi-skilled roles
Health 1000: the Wellness Practice

- New Practice, Building team, leadership and learning from scratch
- Nested in Primary Care facilities at King George Hospital
- Overseen by a Programme Board of local stakeholders
- Dedicated multidisciplinary team (with specialist)
- ‘Dual’-skilled keyworkers to ensure personalised social and health care
- Focus on Health and Wellbeing (not just illness)
Patient recruitment

- Anonymised disease registers (circa 2000 eligible patients)
- Eligible patients identified by each Practice (simple 3 click process)
- Extra research payment to Practices to cover income loss and administration
- Patients invited to join the Health 1000 Practice
- Patients registered with a named Health 1000 GP
- Comprehensive initial consultations:
  - approx 45 to 60 mins
  - Medication review – identifying pill burden
  - Social needs assessment
  - At home or base
Delivery

• Today’s work today
• Longer GP Appointment times
• Full multidisciplinary team
• Age UK support
• Weekly Multidisciplinary meetings
• Home visits supported
• Travel to practice supported
• On site pathology and radiology
• Extended Hours – 8am to 8pm 7 days a week.
Challenges

• Patient recruitment
• Staff recruitment and retention
• Developing new service from scratch
• Working with three different Local Authorities
• Working with local GPs in three CCGs
• Developing relationships with existing services and providers
• Providing some legacy for future improvement
Evaluation

- Nuffield provided independent qualitative and quantitative evaluation looking at:
  - Experiences and views of individuals using the new service
  - Experiences and views of staff delivering the service
  - The impact on the use of healthcare resources (primary and secondary)
  - The impact on health outcomes
  - Whether the new service is cost-effective
Results

• 408 patients from eligible cohort of 1000 were registered

Qualitative:
• most patients extremely satisfied with the new service in particular:
  • Access
  • Efficiency of service
  • Duration of consultations
  • Staff’s responsiveness
  • Culture/environment “friendly...welcoming”
Patient Registration and Recruitment

No.s of individuals recruited to, leaving & registered with Health 1000 each month up to May 2017

Nuffield Trust
Emergency Inpatient Visits

Quarterly emergency inpatient visits before and after registration with Health 1000

Nuffield Trust
Outpatient Visits

Quarterly outpatient visits before and after registration with Health 1000
Nuffield Trust
A&E Attendances

Quarterly A&E visits that were not followed by an emergency admission, before and after registration with Health 1000

Nuffield Trust
Costs

Distribution of costs per emergency inpatient visit in the 12 months before and 3 to 15 months after registration  Nuffield Trust
Distribution of costs per elective inpatient visit in the 3 to 15 months before and after registration  Nuffield Trust
Conclusion

• Owing to a low number of recruits, statistical power was too low to confirm any improvement in quantitative health outcomes

• Qualitative outcomes demonstrate patients have benefited from this innovative model of care

• Aligned social and health care embedded within a Primary Care model has improved patient satisfaction and promoted general well being
But there is more Nursing Homes

• Limited recruitment had not tested our systems
• Where could we test this further and add value?
• Four Nursing homes in Havering – challenged and GP cover limited
• Agreement to use current staff and expertise to support these four Nursing Homes
• Nuffield to provide bespoke different evaluation for this cohort of patients.
Process

• All patient reviewed and re-registered
• Medicines reviewed and tidied
• GP to GP transfer patchy (？necessary)
• Weekly named GP visit and review
• Monthly Consultant review (+ any interim advice and support)
• Out of hours support
Progress

• PEACE / PACE documentation – end of life
• Relationship building
• Reducing medication load
• Managing behavioural issues
• Food and Nutritional Supplements
• Challenges of documentation to satisfy inspection
Nursing Home Weekend calls
Nursing Home Results

Figure: Changes in the use of hospital services among Health 1000 and comparator homes before and after registration.
### Nursing Home Costs

**Emergency inpatient visits – bed days and costs to commissioners**

<table>
<thead>
<tr>
<th>Bed days per person year</th>
<th>Health 1000</th>
<th>Comparators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before registration</td>
<td>13.0</td>
<td>15.6</td>
</tr>
<tr>
<td>After registration</td>
<td>6.2</td>
<td>15.6</td>
</tr>
<tr>
<td>% change*</td>
<td>-53%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Marginal change</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>associated with Health 1000 (95% confidence interval)**</td>
<td>-50% (-72% to -10%)</td>
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<tr>
<td><strong>P-value for marginal change</strong></td>
<td>0.02</td>
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</table>

<table>
<thead>
<tr>
<th>Cost per person year</th>
<th>Health 1000</th>
<th>Comparators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before registration</td>
<td>£2,925</td>
<td>£3,757</td>
</tr>
<tr>
<td>After registration</td>
<td>£1,760</td>
<td>£3,347</td>
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<tr>
<td>% change*</td>
<td>-40%</td>
<td>-11%</td>
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<tr>
<td><strong>Marginal change</strong></td>
<td></td>
<td></td>
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<tr>
<td>associated with Health 1000 (95% confidence interval)**</td>
<td>-£1,022 (-£30 to -£1,673)</td>
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<tr>
<td><strong>P-value for marginal change</strong></td>
<td>0.04</td>
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* Negative changes represent reductions
Conclusions

• Improved quantitative outcomes
• Potential cost reduction – reduce pressure on emergency pathway
• Qualitative outcomes similarly very good
**Health 1000 Journey and Future**

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**Year of Care Programme**
One of seven sites working with DoH on 'Capitated Budgets'

**Prime Minister’s Challenge Fund**
BHR CCGs’ awarded funds to test capitated model

**Planning Phase**
BHR CCG’s work with UCLPartners to develop model and costing for new service. Contracting mechanisms agreed and staff recruitment commenced

**Health 1000 Opens**
Service launched and patient recruitment commenced

**Planned end of original pilot**
BHR CCGs extended the Health 1000 contract to March 2018. Awaiting Nuffield Evaluation. Service restricted to a GP service

**Nuffield Interim Report**

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**Nursing homes**
4 Nursing homes added to the practice list

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**Contract due to expire**

Pilot Practice was due to close but has now been extended up to March 2019. MDT restored CCG is using the learning to form a model at scale

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**Absolute Project End Date**

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Further information


Special Thanks:

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