

A decorative graphic consisting of three blue circles of varying sizes and three thin blue lines. One large circle is at the bottom right, a medium one is above it, and a smaller one is to the left of the medium one. Three thin lines are positioned in the upper left and right areas of the page.

Vision Statement

Stafford Primary Care Health
Alliance

Aims of the Organisation

The Stafford Primary Care Health Alliance aims to allow the member practices the opportunity to develop new services, improve efficiencies and ultimately, improve the care provided to our patients. The Alliance will develop new ways of working that will look to use innovative approaches to health care delivery and work with local stakeholders to create a culture of wellbeing for all registered patients.

The Alliance will use the Primary Care Home model as a basis for development, with the patient being at the centre of everything that we do.

The GPs within the Alliance Practices will be instrumental in the orchestration of health care delivery.

The 5 member practices are:

Castlefields Surgery

Holmcroft Surgery

Gnosall Surgery

Stafford Health and Wellbeing (SHaW)

Wolverhampton Road Surgery

The practices have come together as an alliance with a joint vision to improve the health and wellbeing outcomes of their local population. They are committed to transform the quality and experience of care for patients. They have collaborated on several joint work streams with the aim of redesigning the way they provide services for their community.

Care of Frail and Complex Patients

The practices are jointly working together to reduce inappropriate admissions and condense the length of stay for frail and complex patients. The practices are using primary care data bases to identify and risk stratify frail and complex patients whilst pooling their staffing resources with other providers to optimise, personalise and tailor the patient's care to their individual circumstances. The initiative incorporates local providers Staffordshire and Stoke On Trent Partnership NHS Trust, and South Staffordshire and Shropshire Healthcare NHS Foundation Trust.

The alliance has access to support via its local Community Education Provider Network which is managed by the GP Federation. The aim is to deploy a workforce with capability using joint education initiatives to manage and respond to this complex cohort more effectively.

The Complex Care Programme utilises existing capacity in general practice linking it with community and secondary care. The practices all belong to the local GP Federation, (which

covers all GP practices in Stafford and Cannock CCGs). They are able to augment their capacity and capability by utilising services currently being delivered by the GP Federation via the Prime Ministers GP Access Fund. This includes an Acute Home Visiting Service, which provides all the practices with access to a local GP between the hours of 2.30pm to 7.00pm Monday to Friday who can undertake acute home visits on behalf of the practice with aim to reduce unnecessary attendance at A & E and possible admission.

The Federation has appointed specialist Frailty GPs who have been provided with accredited education modules via Keele University to provide additional clinical support for the management of frail and complex patients.

Improved Access

There is 7 day a week access for patients to general practice as one of the practices in the proposed PCH provides Saturday and Sunday morning nurse and doctor appointments for all the patients in the proposed PCH. The GPs and nurses who provide the capacity for the weekends are all local healthcare providers who know the locality well. All the practices are on the same clinical system EMIS web and at the weekend the site has access to an overarching EMIS system which allows GPs and Nurses access to all the patients' records (with appropriate data sharing agreements in place).

One of the sites is piloting the use of directly bookable physiotherapy appointments to evaluate if this can support capacity in primary care. Patients are able to book directly with a physiotherapist for MSK assessment either as a face to face consultation or via a telephone assessment.

Diagnostics

The practices are working with a provider of ultrasound diagnostics to offer patients the choice of accessing a locally delivered diagnostic service via one of the practices.

Mental Health

The Federation will be providing additional capacity with the introduction of Psychological Care Practitioners (PCPs) to attempt to address some of the lower level mental health needs of the population. The scope of work undertaken by these practitioners will involve social prescribing and the identification and sign posting for social needs such as problems with finances, housing and relationship issues.

Patient Education

The Alliance is working to improve service availability ensuring that patients see the most appropriate care professional. It aims to reduce demand on A &E not only by improving access to primary care but by working with our local secondary care Trust UHNM to invest in patient empowerment and education. The proposed PCH has agreed future plans with the Head of Widening Participation at the local Trust to start to engage with young people to

support their career progression and to develop Youth Trainers who can provide peer support for people with long term conditions such as asthma.

Ultimately the vision of the proposed PCH is to widen the scope of participation in a patient's care by encompassing all sectors involved in health and social care including the voluntary sector, to transform the health outcomes for our local community.

Organisational benefits of the Alliance

There are a number of possible advantages of working together with other practices in the locality.

There are a number of keys areas in which realistic benefits can be achieved:

- Collaborating on administration
- Use of new professionals & Workload distribution
- Staff Career Progression
- Training and education

Administration

The practices recognise the benefit working together as an alliance sharing back office functions and training. They are currently engaged in creating various joint protocols to change the way the administration teams work on a day to day basis. Adapting and adopting what works well across the sites is the means by which the proposed PCH intends to improve efficiency and quality standards. Staff training has been organised to support practice staff to develop the care navigator role.

The Alliance has a genuine desire to create a supportive health care environment which enables staff to work in an integrated way with other providers. The Alliance is willing to involve in a shared vision for local health care the other primary care services of dentistry, pharmacy and ophthalmology.

Buying Power

As a single purchaser, an alliance or federated body has immediate obvious negotiating strengths, e.g.

Medical indemnity costs

Accountancy

Consumables

Stock drugs and medical equipment

Medical Staffing

Recruitment costs

The GP First federation already offers some of the benefits above.

New Professionals and Workload

Many ancillary professions are involved in the day to day care of patients including physiotherapists, community matrons, mental health nurses and pharmacists. Some of these can diagnose and manage patient's care without the need for GP input.

Currently most patients automatically get booked to see a GP. With a range of suitably qualified professionals available to the patient at the point of contact with reception, they can get their problem addressed effectively and quickly.

Using a GP lead in each area, significant numbers of patients could be appropriately sign posted to a professional across the practices in the alliance. This would increase the opportunity for internal referral and second opinion.

Staff

A key component in successful primary care is its staff. The traditional partnership model gives GP's full control of their business but offers very little opportunity for career progression, development and variety of opportunity.

Working at scale allows individuals to develop areas of interest and offers the opportunity to spend a greater proportion of the working week following that interest. As a larger organisation develops new ways of working areas of special interest can grow outside of existing GPSI roles such as diabetes, gynaecology, dermatology and musculoskeletal medicine.

Education and careers can be better supported with an internal network of trainers with links and contacts to local universities. This can offer opportunities in teaching in a variety of contexts, promote peer support and further professional development.

Training Practices

All of our practices are already established training practices with excellent trainers. By pooling resources, we could offer joint tutorials to trainees across several practices. This would be time efficient for the practice and give a higher quality and more consistent delivery of training to all registrars.

Trainees can spend time at different surgeries to get a wider exposure of general practice. By centralising administration it should be possible for practices to deliver more education more efficiently and effectively.