

Clinically-Led workforcE and Activity Redesign (CLEAR): Redesigning Same Day Care Services in North Sedgemoor PCN

Dr Eve Corner

MBE PhD FHEA MRes MCSP BSc

Kyle Hepburn

PCN Clinical Director & Lead Clinical Pharmacist

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Some clear challenges

- Increasing demand
- Decreasing workforce
- Inequity of access
- Collaboration

Let's be clear

- A safe day
- No general practitioners
- Same day care
- ONETEAM collaboration

A clear plan

- How busy are we and what is the demand?
- What workforce have we? What do we need?
- How can we safely manage same day care?
- How do we build something new together?

Scope

In outlining a "safe day" for clinicians, North Sedgemoor PCN identified that the requirement of unplanned urgent care is the work that may be shifted to achieve a "safe day" for clinicians, therefore they identified the following areas to focus on:

- **Patients requiring same day urgent care, and**
- **Patients at high risk of requiring same day urgent care (i.e. preventative)**
- **Designing new models of care and workforce within the context of multiple initiatives and organisations working collectively together to integrate ways of working and effectively utilising the ARRS roles and traditional workforce.**

The methodology

The national Clinically-Led Workforce Activity Redesign (CLEAR) programme is designed to deliver operationally relevant workforce modelling, redesign and transformation in the NHS. There are four stages to the CLEAR methodology:

Clinical engagement

Understand baseline models of care, form relationships and discover key issues through qualitative data collection. This secures buy-in and gains operational insights about the service and challenges.

Digital visualisation

Find evidence for key challenges, link qualitative themes to deeper insights, use qualitative data to find impact of change. Our data tools offer accessible data analysis and visualisation, allowing you to evidence issues and possible solutions.

Innovation

Create solutions for key issues with new models of care using bespoke modelling techniques, co-design and collaborate with staff and other CLEAR teams, share best practice and examples of innovation.

Recommendations

All elements of the previous phases come together to communicate the need, evidence and the benefits of the recommended changes.

Executive summary: key findings

Demand for same day care in North Sedgemoor PCN is high and increasing. There is insufficient available workforce to meet the demand, compromising the ability to deliver a 'safe day' for staff and patients.

1. Patient demand is increasing and workforce availability has reduced

- Patient demand for same day appointments has increased by 18% and would need 22.7 WTE GPs to manage that demand in the current model
- The average patient had one more appointment per year in 2022 compared to 2017
- There is difficulty recruiting and retaining staff, in part due to burn out; this has led to a 185% increase in locum activity
- Same day appointments are being used for routine complaints
- Demand is shifting across the PCN, putting all practices at risk of destabilisation

Executive summary: key findings

Demand for same day care in North Sedgemoor PCN is high and increasing. There is insufficient available workforce to meet the demand, compromising the ability to deliver a 'safe day' for staff and patients.

2. Availability of appointments is compromising access to care, particularly for the most deprived

- There is significant **inequity of access** to appointments across the PCN with some **patients having 50% fewer appointments**. Those with less access to appointments are **more likely to attend ED**.
- The more **deprived** patients have **65% fewer** appointments
- Ensuring continuity of care is increasingly difficult in all practices, and those whose demand far outweighs supply, are focusing on initiatives to achieve access first

Executive summary: key findings

Demand for same day care in North Sedgemoor PCN is high and increasing. There is insufficient available workforce to meet the demand, compromising the ability to deliver a 'safe day' for staff and patients.

3. Significant challenges within the PCN make collaborative engagement and place-based thinking essential

- Collaborative working across the PCN is impaired by lack of transparency around resource allocation and finances, and concerns regarding loss of autonomy and standardisation of care due to perceived differences in caseload.
- However, **presenting problems are consistent across the PCN creating opportunities for collaboration**, which is essential due to the shifting demand and workforce crisis.

New model of care: key elements

- ✓ **Central point of access phone number** for same day appointments and some automated functionality to direct patients to the right place
- ✓ **Enhanced triage** process with a PCN wide SOP
- ✓ **One same day care hub** initially developed as a respiratory hub, then expanded to include all same day appointments across the PCN. The workforce will include paramedic **First Contact Practitioners, Advanced Clinical Practitioners** and **Physicians Associates** with GPs working in a consulting fashion.
- ✓ The development of a nursing associate led **Skin Lesion Clinic** using AI technology

New model of care: key elements

- ✓ A **Mental Health Hub** providing 30 minute appointments with appropriately trained mental health practitioners and health and wellbeing coach's
- ✓ A **Women's Health Hub** to provide holistic, integrated care
- ✓ Integration of **MSK First Contact Practitioners** across the PCN
- ✓ **Optimisation of existing services**: ACES, CPCS, optician to ophthalmology referral, minimise warfarin

New model of care: summary

The proposed new model of care is a complete service redesign across the PCN

This new model of care will:

1. Create a single point of access to **improve equity**
2. Improve the triage process / patient streaming to ensure the right patients are accessing the **right appointments, right workforce and right place of care**
- 3. Increase the appointment times**
4. Manage patients requiring same day care in a central hub
5. Optimising the use of ARRS roles with GPs working in a consulting fashion for same day care to **increase capacity and meet unmet demand**
6. Develop condition specific hubs to **release GP consultation time and improve access**

All cohorts SDCH workforce

The final workforce model for all cohorts is shown below

Workforce cost per annum:

- Current model of care with salaried GP: £1,110,669
- Current model of care with locum GP: £2,238,166
- New model of care: £962,906

All cohorts SDCH workforce

Cost saving: £147,763 – £1,275,260 pa

	GP		ACP		PA		Practice nurse		HCA		Administrator	
	WTE	Projected consultations required annually	WTE	Projected consultations required	WTE	Projected consultations required	WTE	Projected consultations required	WTE	Projected consultations required	WTE	Projected consultations required
Current model if scaled to meet demand ¹	7.62	37,873	1.65	7,284	0	0	0.20	1,457	0.23	1,942	2.99	48,555
New model of care workforce model ²	2.85	9,712 consultations 17,723 QA	4.01	17,723	4.01	17,723	0.20	1,457	2.93	48,555	2.99	48,555
% difference	63%↓	74%↓	143%↑	143%↑	incalc	incalc	0%	0%	1174%↑	2400%↑	0%	0%

[1] 12 minute GP consultations. Ratios of each staff group taken from appointment slot user type data.

[2] 12 minute GP consultations, 15 minute ACP/PA consultations and 3 minutes of GP time for QA of 50% of ACP/PA consultations, 5 minute HCA consultations (see appendix 4)

[3] Read codes identified within >80% of consultation data (see appendix 2 for approach and appendix 3 for list of conditions)

Combined workforce requirements for new elements of the pathway

The aggregated impact on the required workforce is shown in the tables below. Overall whole-time equivalents will increase by ~7.40, however **GP workload will reduce by ~8.2 WTE or ~42,664 12-minute consultations per year.** The increased use of ARRS roles will facilitate recruitment, career opportunity and aligns with the network DES with national funding.

Current model of care	WTE	Projected annual consultations required
GP	13.03	63,784
Receptionist/ administrator	13.86	224,984
Health and wellbeing coach	0.23	636
Practice nurse	1.76	7,448
ACP	1.65	7,284
HCA	0.23	1,943
Overall	30.77	306,079

New model of care	WTE	Projected annual consultations required
GP	3.94	16,689
GP (QA for PA/ACPs)	0.89	17,723 (3 minutes each, equivalent to 4,431 12-minute consultations)
Receptionist/ administrator	13.86	224,984
Mental health practitioner	1.15	3,177
Health and wellbeing coach	1.15	3,177
FCP	3.70	12,259
ACP (ANP/PCP)	4.08	17,900
Practice nurse	1.66	7,693
Nursing associate	0.60	2,642
Physicians associate	4.01	17,723
HCA	3.11	48,795
Overall	38.16	359,470

Overall impact

Patient care: Increased appointment lengths and reported satisfaction in the literature:

- 20-minute MSK appointments
- 30-minute mental health appointments
- Up to 60-minute women's health appointments

Recruitment and retention: Optimisation of ARRS roles, professional development opportunity, increase recruitment pool

Financial: The cost of this new model of workforce is **between ~£231k and ~£2.20million less pa than the current model of care** depending on the ratio of locums to salaried GPs (table)*

Staff workload: save 43k x 12-minute GP consultations pa equating to 8.2 WTE GPs

Current model of care overall workforce costs	New model of care overall workforce costs
£1,900,577 (salaried GP)	£1,631,864
£3,828,037 (locum GP)	or £1,669,340 optimised appts WH

First Contact Practitioners
Advanced Clinical Practitioners
Physicians Associates
Nursing Associates

*This does not account for training and estates costs, or ARRS reimbursement.

Summary

Key challenge

The demand for same day care in North Sedgemoor PCN exceeds capacity and is increasing.

Locum activity has risen by 185%.

There are significant health inequalities.

Coupled with a workforce crisis, radical action was required to redesign services and increase access.

Solutions

1. Optimisation of current acute services in ophthalmology and pharmacy
2. Enhanced triaging
3. Integration of a same day care hub with GPs working in a consulting fashion
4. Optimisation of ARRS roles with introduction of first contract practitioners, a mental health hub, a women's health hub
5. AI technology for the management of skin lesions
6. Collaborative working across the PCN to reduce health inequalities and improve access

Executive summary: Projected impact

- Increase equity of access to appointments reducing health inequalities.
- Integration of specialist hubs with good patient satisfaction.
- Workforce diversification and development opportunities.
- Release ~43k GP consultations per annum, equating to 8.2 WTE GP roles at a cost of between £231k and £2.2m less than the alternative model of workforce with increased appointment time and optimisation of ARRS roles.
- Increase cross PCN collaboration and enhanced use of established acute services saving ~£92k pa.

Is it now all clear?

- A clear reflection
 - A clear future
 - A clear path?

Thank you!



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23/03/23



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