Extended Primary Care
• What do we mean?
• Why do we need it?
• What are we already doing?
• How will we develop it further?
Why do we need Extended Primary Care?

Rise in complex chronic disease
Increasing elderly population

Focus of care moving from acute to community

Service delivery must adapt to create capacity
What is Extended Primary Care?

- Increased anticipatory care
- Reviewing and optimising patient pathways
- Local improvements reflecting NHS priorities
What are we already doing?

- Enhanced service programme
- Clinical Service Improvement Groups
- Extended roles for Primary Care clinicians
- Community Hospitals
- Strategy Development
Enhanced Service Programme

- National: eg near patient testing
- Local: eg care homes strategy
- Scottish Enhanced Service Programme: eg diabetes / COPD
Clinical Service Improvement Groups

• 22 Groups multi-disciplinary groups co-chaired by clinicians from acute and primary care
• Pathway analysis and redesign
• Identification of clinical priorities; local context from national strategy
Pathway Development

PREVENTION
Health Promotion and Improvement

MANAGEMENT
Assessment, Diagnosis Treatment

DISCHARGE
Long Term Support, Rehabilitation

END OF LIFE
Palliation
CHRONIC OBSTRUCTIVE PULMONARY DISEASE

SPECTRUM OF CARE

PALLIATIVE CARE
- Long-term Oxygen Therapy
- Self-Management
- Hospital @ Home
- Telecare/Care Management
- SESP Self-Management

SMOKING CESSATION
- Pulmonary Rehabilitation
- Prevention

SPIROMETRY
- Symptoms

DETERIORATION
- Support in community
- Further hospital admissions
- Further exacerbations
- Hospitalisation
- Severe exacerbations
- Treatment in primary care
- Diagnosis – GP, +/- hospital referral

END-STAGE
Extended Roles for Primary Care Clinicians

• GP’s: towards GPwSI
• Community nursing roles
• Allied Healthcare Professionals
• Healthcare support workers
• Community Pharmacists
• Optometrists
Examples in Practice

- GP Dermatology Service
- Chronic Pain Service
- Addiction Service
Community Hospitals

• Additional local services
• Supporting training – staff and carers
• Working with local authorities, voluntary sector
• Continuing to offer intermediate care
• Supporting development extended roles
Enhancing Intermediate care and rehabilitation

Older people
People with long term conditions
People with prolonged absence from employment

Prevent unnecessary admissions
Identifying and managing those at risk
Safe early discharge
Prevention of dependency
Health benefits of return to work
Help to see the horizon more clearly....
How will we develop it further?

• Whole system approach; clinically led
• In partnership – clinical community, patients, carers and voluntary groups
• Building on success of collaboratives
• Access
• Quality and Safety
• Sustainable
Outcomes

• Demonstrable shift in the balance of care
• Improved access in and out of hours
• Development of GP, nurse and AHP skills
• Faster access to secondary care when req
• Improved outcomes for patients via faster diagnostic and assessment in primary care settings
Performance Measures

- Extend opening hours of GP practices
- Maintain 48 hr access to appropriate HCP
- Improve access to pre-booked appointments
- 9w max wait to first assessment in AHP services
- Whole journey, RTT, wait 18w
Performance Measures

- Reduction in rates A&E attendance and time to admission, discharge or transfer
- Reduction in rates of hospital admissions and number of days spent in hospital for patients with COPD, asthma, diabetes, CHD
New Horizons...

...safe, accessible and sustainable services

...better working environment