



Reducing the pressure in General Practice: A new model of care

*“We have **increased our patient list by 4,500 people**, that’s a **57 % increase**, and we have seen **no increase in demand for either primary or secondary care consultations** because we do things differently.”*

Mev Forbes, Managing Partner, Robin Lane Medical Centre

The NHS Five Year Forward View asks us to imagine **new models of care** and **“a future where fully engaged patients, carers and citizens play a greater role in their health and health care.”** A future where we draw on the assets, strengths and resourcefulness of people in our communities as well as the staff in our services to do things differently to create a sustainable NHS.

Altogether Better has developed an **evidenced based approach**, working with General Practice, which **delivers this vision and provides an offer to reduce the pressure in General Practice**. The work has been **developed in over 60 GP practices in 16 CCG areas, involving over 1000 citizens who gift their time as champions and have the ability to touch the lives of half a million people**.

Altogether Better’s offer is a future for patients, carers and citizens:

- where they are recognized as a part of the **solution** and **not the problem**, as **an asset not a burden**;
- where they **gift** their time, energy, interest and enthusiasm to work as equal partners in making a real difference to the lives of others;
- where a vast range of **new offers** emerge that **promote wellbeing and resilience, prevent ill health and treat people** who struggle to live well with their **long term conditions, isolation and loneliness**;
- where the mental health and wellbeing of patients **improves significantly**.

It is an **evidenced-based** approach offering a new model of care for General Practice:

- where **consultations** in primary and secondary care **reduce significantly**;
- which **tackles failure demand**;
- where there is a **reduction in the pressures** on staff in General Practice and **staff morale improves**;
- where a **new sustainable business model** for General Practice emerges;
- which makes **prevention** the norm – an integrated part of the system;
- where having champions as part of the **practice family** changes the nature of the family and both coevolve to do things differently, and;
- where **patients get what they really need** and not only what clinicians and professionals can offer.

*“My estimate is that **40- 55% of the patients I see every week could be better supported by someone else**, they don’t need to see someone with 5 degrees. It’s a rotating door, they just come back again and again.*

*“Patients need **people not pills**”*

**Dr Niall McCloud
GP, Exeter**

Creating a new ‘community-centred’ model of care

Using a system’s model of organisation development and an evidenced-based health champion approach to citizen involvement, we prototyped and scaled a radical system intervention which slowly, gently and subversively allows the Practice and the population they serve to co-evolve.

We start by finding practices interested in developing a new model of care designed to help them to deal with the **rising levels of failure demand** generated by patients whose health and wellbeing needs can’t be met by a clinical intervention alone.



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We support these practices to find enthusiastic people who are willing to give their time to work alongside the practice as volunteer Practice Health Champions and we guide and model a way of working together.

Evaluation of work in 30 General Practices, drawing on evidence from the UK Government’s Foresight Project and the New Economics Foundation, shows that 216 ‘types’ of Practice Health Champion-led activities brought about improvements in patients’ wellbeing, resilience and ability to adapt, cope and live well with long term conditions as well as a gaining a better understanding of how to use services.

The evidence tells us that when it works for patients we see **significant improvements in mental health and wellbeing** and **overwhelming support from practice staff to sustain the work**:

- **94% of patients surveyed had improved mental health and wellbeing**
- **95% of staff surveyed recommend and want to continue after the funded period has ended**

We found that having champions as part of the practice family changes the nature of the family and both coevolve to do things differently. This in turn leads to benefits for patients, champions and the practice and **a new collaborative community centred model of general practice emerges**.

New relationships between champions and Practices become embedded and are sustainable into the long term without ongoing funding. Champions becoming part of the practice ‘family’ and, simply, ‘*how we do things round here*’.

Scaling up

This work is scalable across the country. It is not simply social prescribing, signposting or a means of ‘parachuting’ volunteers into a practice setting. It requires both a shift of mind-set and a slightly different way of organizing. Unsurprisingly, these changes don’t happen without the support which Altogether Better is skilled in providing. The biggest threat to scalability is that system leaders, GPs and Practice Managers do not take the time to understand what is radically (but subtly) different about it, and default to replace the new with the old, framing it merely as a volunteer programme.

A new mind set

Systems organise around a purpose, and so a way to fundamentally change a system is to get it to identify a new purpose, often by formulating this as a question. The Huber definition of health as “the ability to adapt and self-manage in the face of social, physical and emotional challenges” (Huber et al, BMJ, 2011) helps us shape a new question:



“How do we support people to adapt and change in the face of social, physical and emotional challenges?”

Health is no longer about the absence of disease. Today, the challenge we face is to create a system within which people are able to **adapt** and **change**. When **citizens become part of the system** the work takes place in **liminal space** – a space at the boundary between the *formal* world of organisations and the *informal* life-world of citizens. Working in this space requires a different way of seeing the world; a new set of skills, norms, behaviours and language which is

very different to the traditional NHS approach.

Making the economic case

Supported by evidence from the York Health Economics Consortium which demonstrated up to **£112 return on £1 invested** and given that this work promises a sustainable business model where clinicians have enough time for their clinical consultations and patients make better use of services, making the case to General Practice is relatively easy. This is particularly so when supported financially by local commissioners or funders (CCGs / Local Authorities). In the short term Practices can see the resourcefulness that champions bring by increasing the range of offers available to patients. Over a longer period of time we have evidence of significant reductions in primary and secondary care consultations.

“It feels like we’re a GP Practice within a larger organisation. There’s the General Practice Primary Care bit which is wrapped around with a much bigger range of things going on.”

Dr Linda Belderson
GP, Robin Lane Medical Centre, Leeds



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If early findings from the evaluation were to be replicated across the country we would see a future where:

- **The resilience of general practice is transformed** so that it can cope with the reducing number of GPs in the system, in particular the reduction in the number of single handed GPs, the increasing numbers of GPs retiring or leaving the system, and the decreasing numbers of GP trainees;
- **Prevention becomes the norm - an integrated part of the system**, reducing the future prevalence and incidence of socially determined disease by creating the conditions where people are supported to prevent, manage and live well with long term conditions and improve their mental, social and physical health and wellbeing;
- **Citizens work together with the practice using a collective bottom up approach to deliver wellbeing** in a community. (This is not a top down individual approach). Citizens are no longer seen as 'users or choosers' of services but as people who work as part of the system as 'makers' and 'shapers' of innovative new services which enable patients to adapt and self-manage in the face of social and emotional challenges, and;
- **Patients use services differently** and the pattern of service use changes.

This approach and its guiding principles can be applied in other NHS settings, drawing on our experience in A&E, Mental Health & community settings and within a model of integrated health and social care.

A case story from Robin Lane Medical Centre, Leeds: Creating a sustainable future for General Practice

"We had a growing realisation that general practice was unsustainable in its current format. We knew that funding was going to be an issue. We can't just go on employing more and more doctors to meet more and more demands, we had to think quite radically about how to change demand in the first place" Mev Forbes, Managing Partner

Robin Lane now works with more than 50 enthusiastic citizens who deliver 19 different kinds of groups and activities. As well as the plethora of champion-led social groups, the practice now runs a Ukulele group, provides 7 day a week breastfeeding support delivered by Champions, keeps a constantly updated dynamic directory of local services and resources and signposts and routes people to activities in the community.

Champions also support service delivery in many different ways including for example increasing the numbers of people attending Saturday flu clinic from 300 to over 800 people. *"The Champions have enabled a lot of things to happen which wouldn't have been able to happen otherwise"* (Linda Belderson, GP). *"But the great story is that lives have been transformed, people are no longer isolated; they have made new friendships and use services differently"* (Mev Forbes, Managing Partner).

Evidence of improved efficiency and increased productivity

- The practice has increased their patient list **by 57% from 8,500 to 13,000 patients without any increase in Primary or Secondary Referrals and a 10% reduction in use of A&E.**
- There is evidence of increased efficiency by dealing with **failure demand**
- Over 50 volunteer Practice Health Champions work alongside the practice team
- The practice have **reconfigured their staff team and redesigned their offer to respond to the new challenges**, choosing not to appoint to a vacant salaried GP post but instead choosing to invest in a Community Matron and a Wellbeing Coordinator.
- **The Practice has evolved to do things differently** – their identity has changed - they no longer describe themselves as a medical service and are rebranding as the Robin Lane Health and Wellbeing Centre

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