

Primary Care Resilience WebEx

Connect, rebuild and move forward together



What to expect



Jill Gillies

Primary Care Improvement Portfolio Lead
Healthcare Improvement Scotland

Aims of the WebEx

1. Reflect on what we have learnt from the response to COVID-19
2. Explore what changes we have made and what we need as we move forward
3. Connect and learn from each other

Agenda

1. Learning from a pandemic – from the perspective of general practice
2. Learning from a pandemic – exploring the system changes
3. Next steps

Building a collaborative approach



Learning System

Collaborative working

Networks

- Special interest groups
- Collaboratives
- Online forums
- Twitter



Problem solving

- QI coaching
- Peer-to-peer support
- Virtual action learning sets
- Site/practice visits and meetings
- Hackathon



Sharing good practice

- Webinars
- Podcasts/Twitter live
- Conferences (*)
- Blogs
- Case studies
- Toolkits and resources
- Newsletters with local activity

ITi – online platform to host resources



Formal training

- Training courses
- Developmental sessions
- Online training resources



Learning from a pandemic – from the perspective of general practice

Clare Morrison
National Near Me Lead

Scott Jamieson
Executive Officer (Quality Improvement)
RCGP Scotland

Managing patient care with technology:

What have we learnt?

How should we move forward?

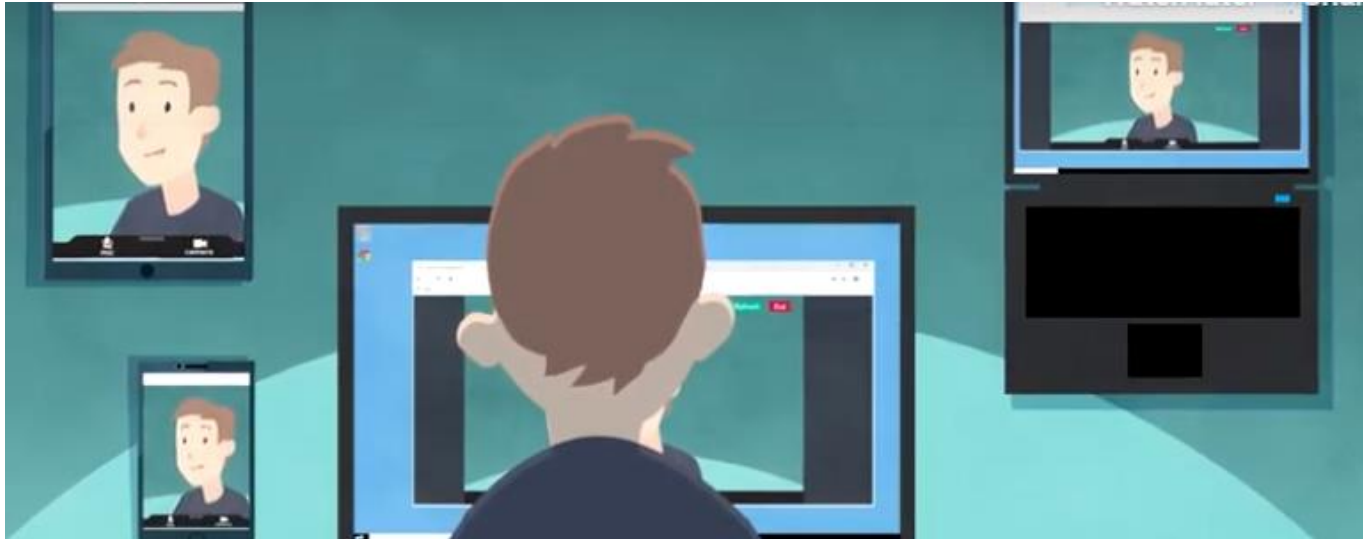


Dr Scott Jamieson, RCGP Executive Officer (Quality Improvement)

Clare Morrison, National Near Me Lead, Scottish Government



What is Near Me?





Training: NES Turas

TURAS | Learn

COVID-19 Response Register Sign in

Home My Learning Record

Coronavirus (COVID-19)

Search... Q

All Coronavirus (COVID-19)

Learn Home > Coronavirus (COVID-19) > Remote consulting

< Coronavirus (COVID-19)

Remote consulting

Remote consulting

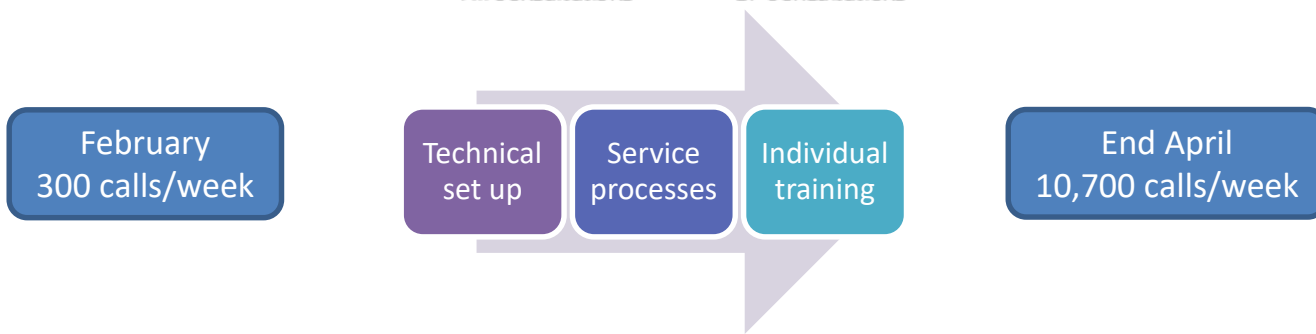
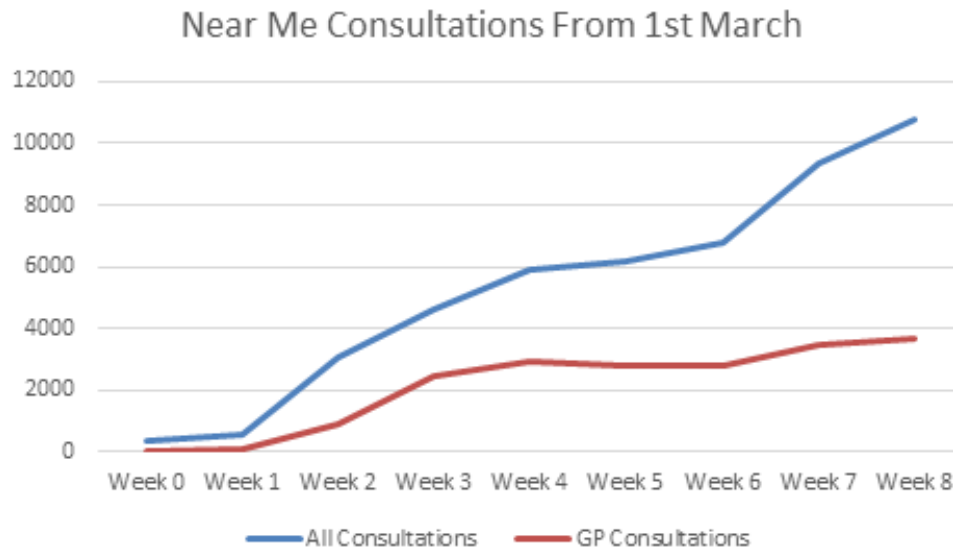
★ Add to favourites

Resources and guidance to help practitioners with remote consulting.

- Technical skills (how to use Near Me)
- Video consulting skills (for clinicians)
- Practices processes and other resources

<https://learn.nes.nhs.scot/28943/coronavirus-covid-19/remote-consulting>

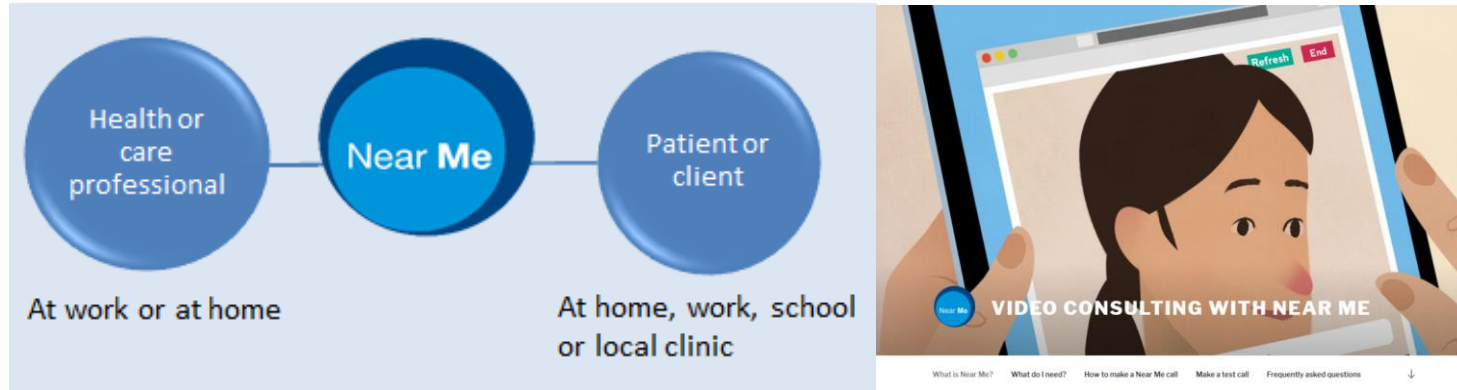
Covid response: rapid scale up



Near Me in new norm?



**All health and care consultations are provided by Near Me
whenever it is clinically appropriate**



- Enables physical distancing
- Delivers person centred and convenient care
- Addresses environmental imperatives



Royal College of
General Practitioners

From the Frontline

The changing landscape of
Scottish general practice

#RenewGP



Key Asks

THE ROLE OF THE GP

- RCGP continues to call for a minimum 4-year, competency-based GP training scheme, embedded within practice
- Postgraduate GP training opportunities should ideally enhance generalist, rather than specialist, skills
- The Scottish Government must continue to recognise and address the specific challenges faced by GPs working in Out of Hours, remote and rural and deprived settings
- All developments within general practice should enshrine the Core Values expressed by the College

Essence – ‘Key advantages of general practice’

- Trust
- **Coordination**
- **Continuity**
- **Flexibility**
- **Coverage**
- Leadership

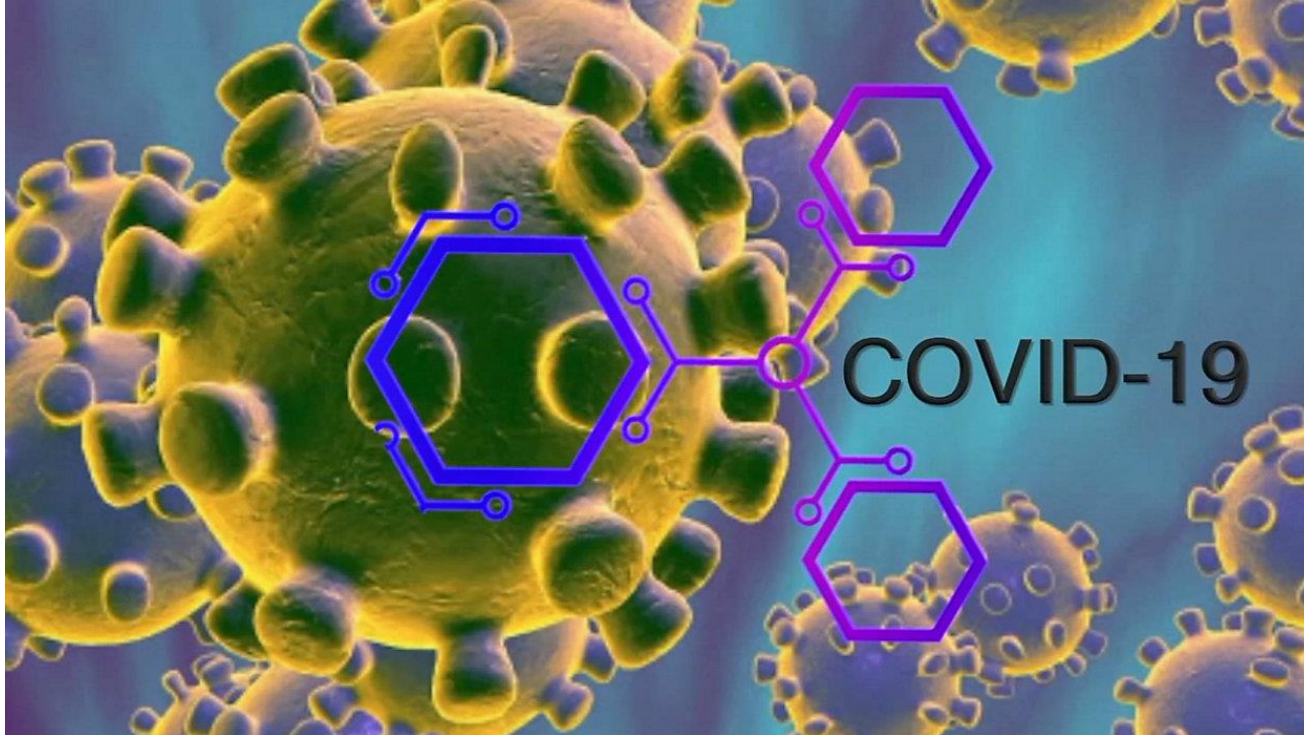
Four C's

- **Contact:** General practice is the default place, the first point of contact, for the vast majority of patients seeking access to healthcare for the first time.
- **Comprehensiveness:** It's not just about seeing the person and their presenting complaint. GPs see people in their holistic lived experience. GPs are uniquely placed to deal with aspects of medical, social, and psychological factors. GPs ask people about something they didn't come in for and take the time to listen, identifying major issues.
- **Continuity:** GPs are there from cradle to grave, with care benefitting from long term relationships with patients.
- **Co-ordination:** Critically, GPs are able to oversee care from multiple providers and act as a 'system failure service' for the NHS. When anything goes wrong, GPs are usually the ones to hear about it. The co-ordination of services at primary care level is an important determining element in the responsiveness of health services provision and the health system as a whole.



What is the place of Near Me in GP practices?

1. Continued physical distancing



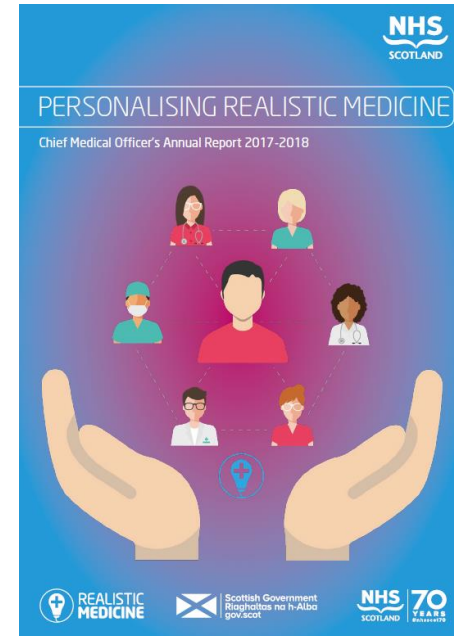
2. Responding to patient demand



Person-centred care

“Near Me enables us to provide appointments where patients want them, rather than expecting patients to fit their lives around the NHS...

It reduces health inequalities related to access and limits the detrimental effects of having to travel for appointments - for frail patients and relatives, it is less exhausting; for others, less time needs to be taken off work or school.”

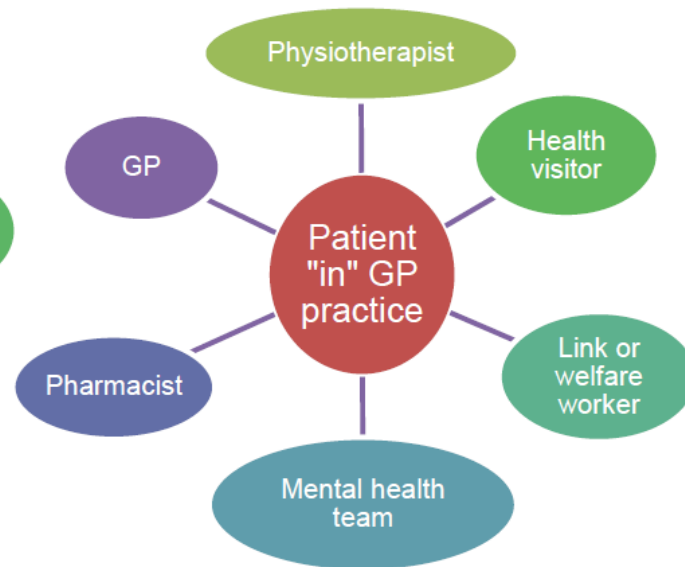


3. Working differently

(1) Enable patients to attend remotely:



(2) Enable professionals to consult remotely:





How could Near Me be used in GP practices?



Clinician choice



Unscheduled care

As part of the triage process

- For all clinicians
- Compared with telephone:
 - ✓ Additional clinical observations
 - ✓ More reassurance if anxious
 - ✓ Eyeball patient

Home visits

Care home visits (“ward rounds”)



Scheduled care

Long term condition reviews

- Asthma, CHD, CKD, sexual health, hypothyroidism, epilepsy, IBD, pain...

Medication consultations

Mental health consultations

Follow up appointments

- Reviewing treatment
- Discussing results
- Following up a procedure

Three way consultations



Discussion

- 1. What have we learnt from managing patient care with technology?**
- 2. How should we move forward?**

Learning from a pandemic – exploring the system changes



Dr Michelle Watt
Medical Adviser
Primary Care Division,
Scottish Government

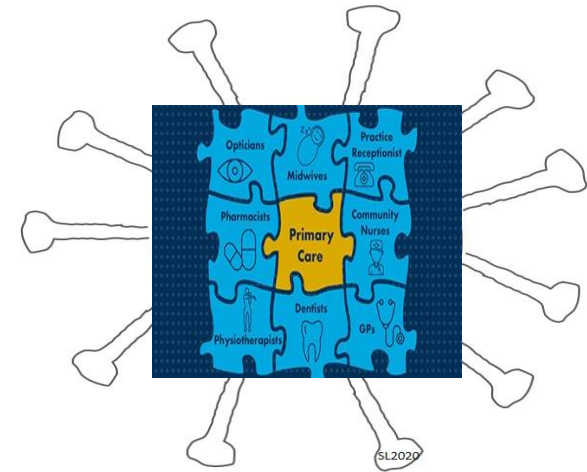


Dr Nico Grunenberg
GP, CQL in NHS Tayside

Our Covid story so far.....

- Nearly 14,000 confirmed cases, approaching 2,000 deaths
- 43% deaths in care homes, 8% at home, 49% hospital
- $\frac{3}{4}$ of all deaths are in those age 75 and over
- Lockdown, social distancing, Shielding, Care planning, PPE
- Testing- from 350 per day to 3,500 to 8,000
- Rapid adaptation- the “new normal”

PRIMARY CARE AT THE FRONTLINE OF RESPONSE



111- Covid hubs and centres

Chart 1: NHS 111 Call Demand and Average Time to Answer Calls

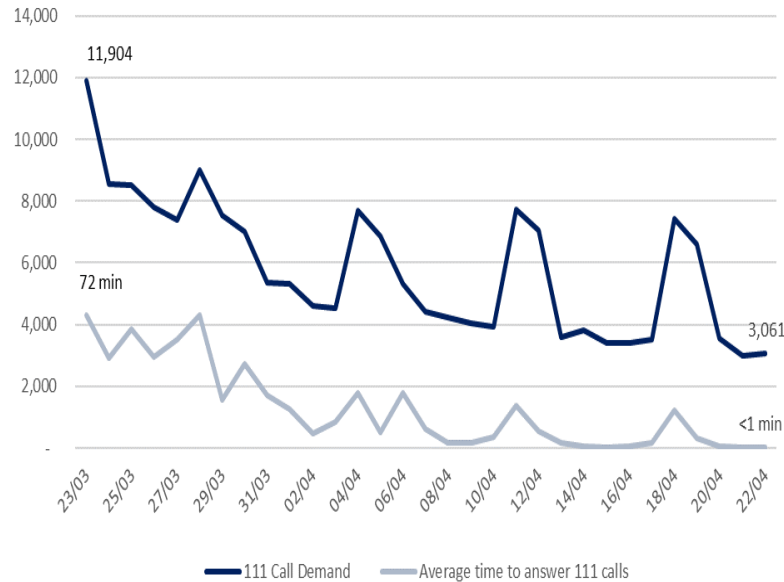
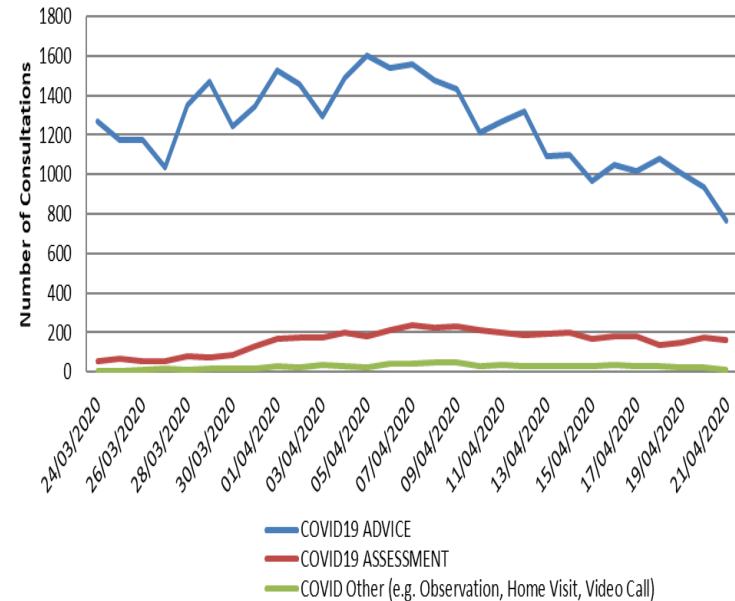
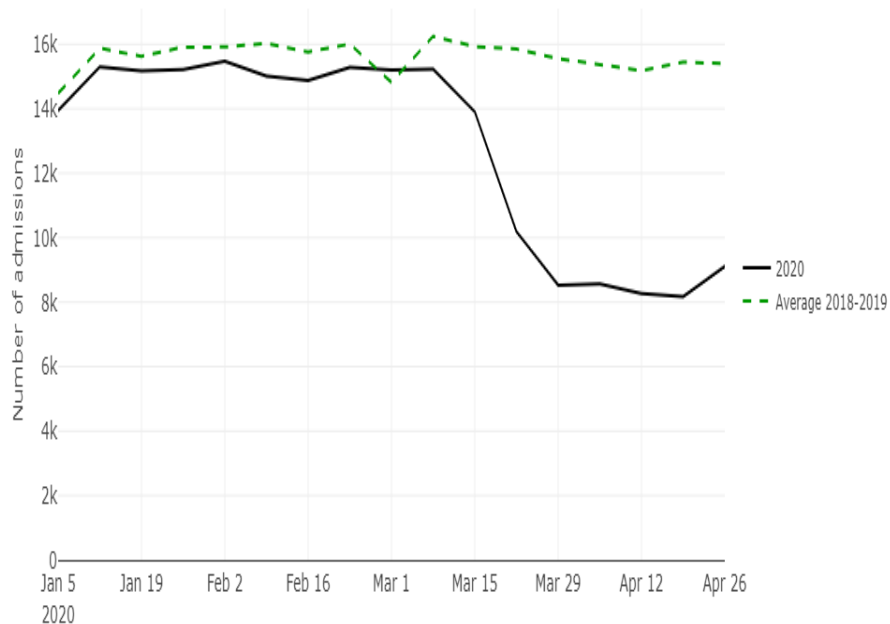


Chart 3: Activity Levels in Community Hubs

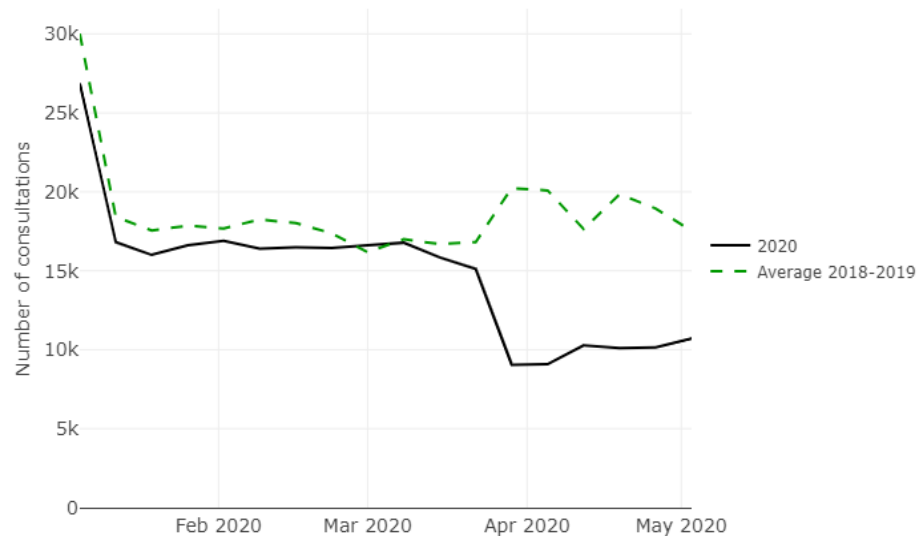


Impact on services

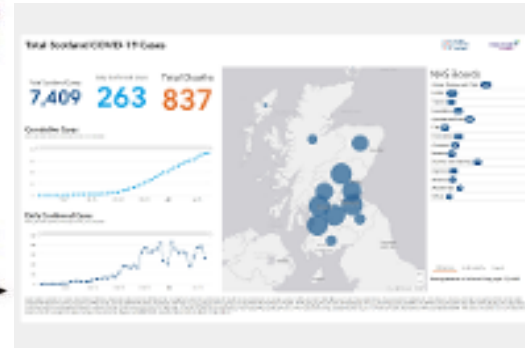
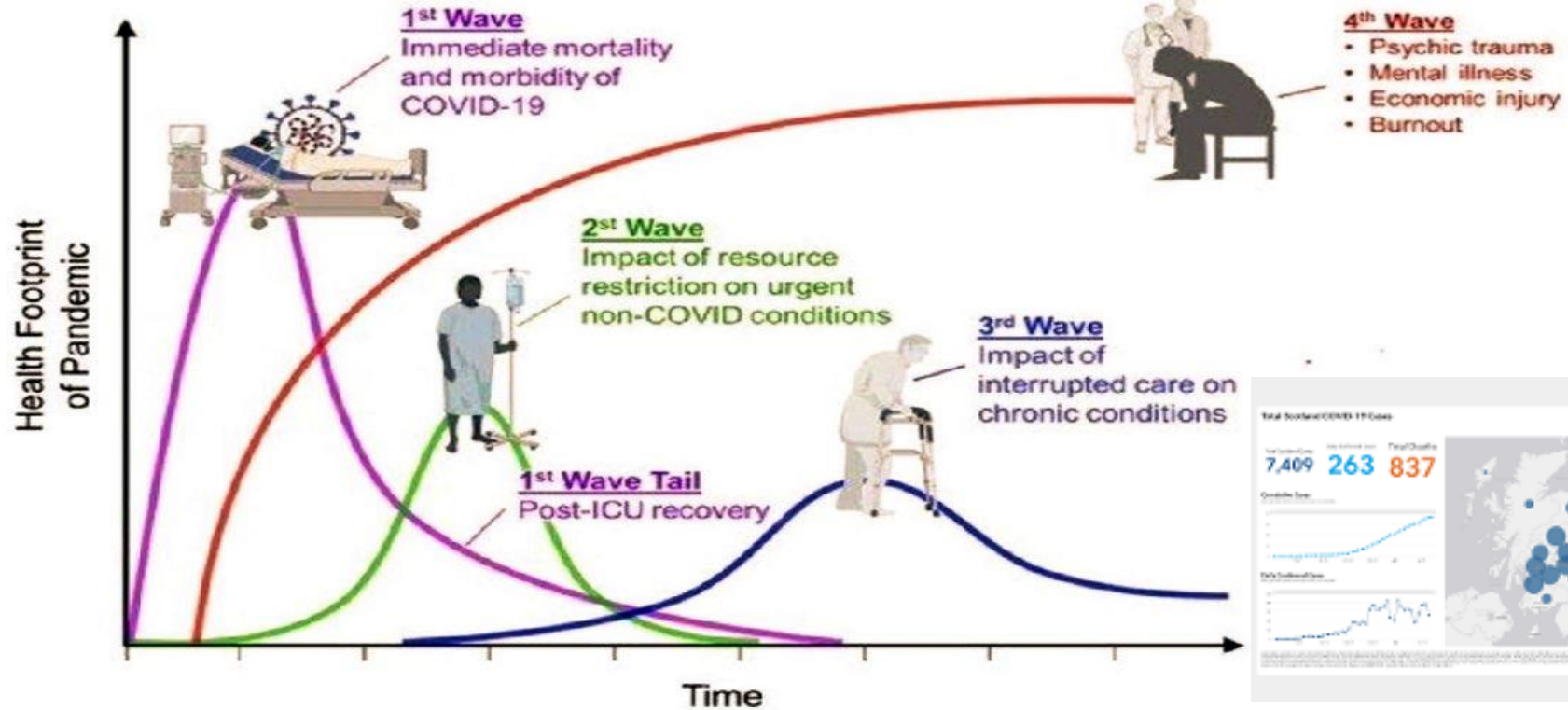
Weekly admissions to hospital



Weekly consultations to out of hours services



Pandemic impact on health



New ways of working

- New collaborations- Fluidity of roles-SHARED PURPOSE
- Teams and teaming- TRUST
- Flattened structures, quick approvals, rapid adaptations
- Shared learning- WHO, other countries, the military
- EBM and action learning
- Rapid evidence summaries e.g risk factors, transmission, testing

WHO will make the change happen?

List A

- The Delivery Board
- The senior sponsors
- The Programme Management Office
- The Delivery Board work streams
- The Working Groups
- The Directors of participating organisations
- The Change Facilitators

List B

- The mavericks and rebels
- The deviants (positive). Who do things differently and succeed
- The nonconformists who see things through glasses no one else has
- The hyper-connected who spread behaviours, role model at a scale, set mountains on fire and multiply anything they get their hands on
- The hyper-trusted. Multiple reasons, doesn't matter which



Source: adapted by Helen Bevan
from [Leandro Herrera](#)

System changes from a practice and personal perspective

Dr. Nico Grunenberg, CQL and primary care faculty fellow

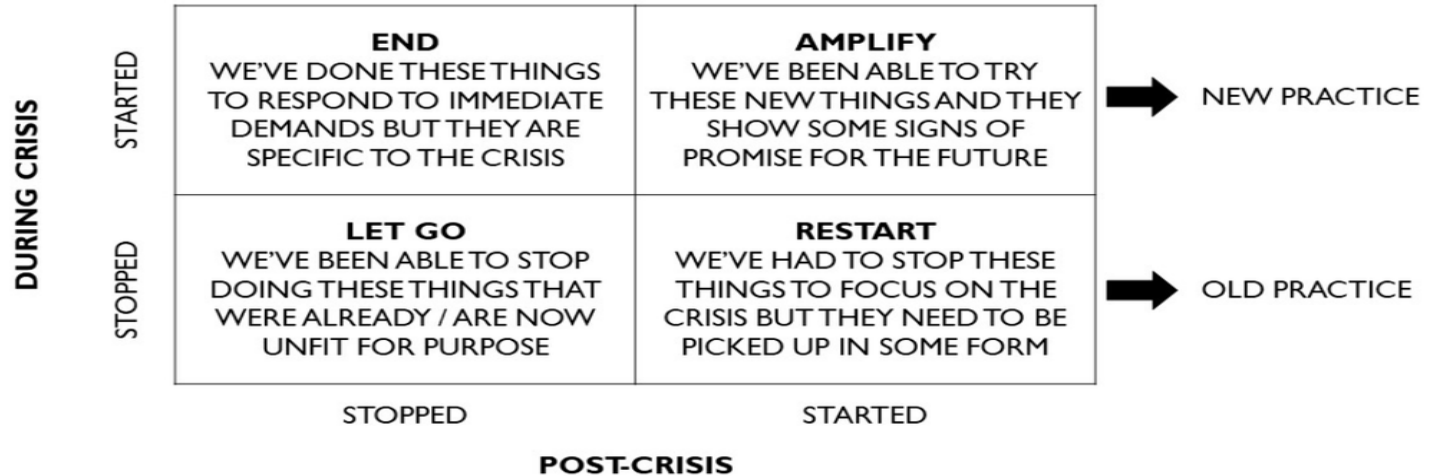
- The practice team
- The Cluster
- Across interfaces
- Redefining the “why”
- The way forward- opportunities

Recovery and the “new normal”

WHAT PRACTICE
ARE WE SEEING IN
COMMUNITIES,
INSTITUTIONS,
POLICIES?

Understanding crisis-response measures

Collective Sense-making



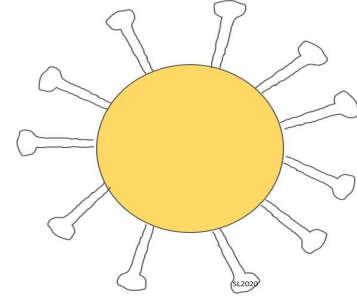
Understanding crisis-response measures

My “keep” list

- Trust
- Kindness
- Recognition
- Networks
- Skills
- Home/virtual working
- Using resources



Questions for you



- What has gone well?- And what hasn't?
- What do you see as key priorities for the next steps in recovery?
- What do we want to keep going forward?

Next steps



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Next steps

- Future webinars? Topics?
- Learning system – What's good? What's missing?

Keep in touch

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Thank
you