

Driving improvement

Individuals who have made a difference in primary medical services



JULY 2018

Dr Michael O'Neil, GP Partner, Saxon Cross Surgery, Stapleford, Nottingham

Dr O'Neil developed and led on the implementation of eHealthscope, a shared intranet system across the local clinical commissioning group (CCG) to facilitate learning by sharing data and providing access to a range of documents including best practice guidance. This innovation has led to eHealthscope being rolled out to all practices across Nottinghamshire.

Saxon Cross Surgery, in partnership with local practices and the data management team of the six Nottingham CCGs, has continued to develop this system to review and improve patient care by creating information sharing platforms with other practices and healthcare providers. This includes sharing policies, significant events and clinical audits with other services that use the shared eHealthscope system.

As a result, some practices implemented the audits and adopted the same approach to improving the quality of care across the whole CCG. The practice used the workflow register in eHealthscope, which allowed daily updates from GPs, community teams and secondary care on individual patients identified as being at high risk of hospital admission. They were able to identify any gaps in care, for example, a patient with severe COPD who is not under the care of the community COPD team, and could ensure they were referred appropriately.

A unique feature within the system is that it captures clinical reasons for referrals made outside of the e-referrals system across all the practices that use it.

Bernadette Watson RGN, Practice Nurse, Hindon Surgery, Salisbury

As practice nurse, Bernadette has additional responsibilities for older and vulnerable patients.

She runs much of the practice's planned care for patients aged 75 and over as part of its work to improve the quality of their care, provide support in the community and reduce avoidable emergency admissions, as well as enable patients to die in their location of choice (almost always not in an acute hospital bed).

Bernadette coordinated work with the locality eldercare facilitator and the community team care coordinator to work in a cohesive way, communicating well and avoiding duplication. This includes attending the monthly practice multidisciplinary team meetings with community and palliative care staff.

She provides clinical input to the practice's carers' clinics, and specialist nursing input and written information on help available, and end of life care planning at the memory loss clinics.

She manages home visits to the most vulnerable housebound patients and also older people recently discharged from hospital.

The main outcome has been to slightly reduce the emergency admission rate for patients aged over 75 compared with two years ago (when she started this work), when the rate was already the lowest in the clinical commissioning group (CCG).

In previous years about 70% of patients who died did so outside an acute hospital bed, whereas this year 19 of the 20 patients who died did so out of hospital and in their location of choice.

Preventative interventions (flu vaccinations, Zoster vaccinations, AAA screening) are the highest in the CCG and admissions for care sensitive conditions among the lowest.

Patient satisfaction with the two practice nurses is the highest in the CCG.

Brigitte Knowles, Elderly Care Facilitator, Madeley Practice, Cheshire

Five years ago the practice appointed Brigitte as an Elderly Care Facilitator (ECF) who developed an over-75 risk assessment project to detect early signs of medical, social and mental problems to allow appropriate interventions and improve quality of life and independence.

Brigitte provides annual health assessments to all over 85s and patients of any age who have dementia or are housebound. This includes making appropriate referrals and reporting back to the GP. She sends reviews and takes action on questionnaires sent to those patients between 75 and 84 years old as appropriate. Her most recent project has been the setting up and running of her own in-house carers clinic.

Brigitte links with local voluntary services; for example she worked with Keele University Psychology Department and a local school to develop personal biographies for older patients. She is a Dementia Friends Champion,

has trained practice staff and was asked by the Dementia Action Alliance of Staffordshire to offer Dementia Friends training to other local practices. Brigitte has also provided Dementia Friends training in the community. She has been involved in the Beat the Cold Project, promoted appropriate awareness weeks within the practice, and set up a successful Age UK project to help patients with their claims for Attendance Allowance.

As well as short-term outcomes such as reduced attendance at emergency departments, other outcomes include increased detection, diagnosis and referrals for dementia, and increased social care provision and building resilience in older people.

The ECF role is now locally recognised as best practice and is being expanded to all North Staffordshire practices as part of a local improvement scheme. Brigitte led training of the ECFs and set up a social media group to network and provide support for them.

Dr Julian Brown, Litcham Health Centre, King's Lynn

Dr Brown introduced a population management process to the practice. Healthcare assistants were employed to run an admissions avoidance room where whiteboards list priority patients and are updated monthly to identify any key calls to action.

Each week the practice uses the Eclipse system to identify 'at risk' patients. One of the healthcare assistants does a daily upload to the system to get new alerts. The system runs over 2,000 algorithms against patients each day. Calls to action are identified by the team.

A specialist community support team ensures that housebound patients and patients unable to attend the surgery can be appropriately assessed and have support in the community. The community support team uses both the clinical system and the whiteboards in their office to keep up to date with changes in the care provided to patients on different registers. This had led to a reduction in accident and

emergency admissions and inappropriate hospital referrals. The practice's rate of emergency admissions was one of the lowest in the region.

Another innovation is the Patient Passport system. Patients have a smartcard that links to the data held on the practice's system. Scanned at reception when a patient arrives, the Patient Passport alerts staff if there are any outstanding tests due or additional clinical input required. The Patient Passports are directly linked with local hospital data and allow the extended healthcare team to access the patient's key medical information outside of the practice.

"I make big savings by keeping people out of hospital", says Julian. "We have created a vulnerable patient support network, dramatically reduced the admission rates for our patients and dramatically improved our ability to keep people safe. That's what excites me."

Rachel Fitzsimons, Clinical Lead for Multi-Disciplinary Work, Directorate of Multi-Disciplinary Dental Education, Health Education England

Rachel developed and implemented an innovative package of oral health training for the health and social care workforce caring for older people in the North East and North Cumbria.

NICE has recognised that many care home staff have a limited understanding of the importance of oral health. Residents can therefore receive sub-optimal oral health advice and management. This results in poor health outcomes, with an adverse impact on people's general health and quality of life, as well as significant cost implications for the NHS and social care services to manage the consequences.

Rachel led the introduction of oral health care training for local care home staff in 2015, and its subsequent development. This training, now linked with Health Education England's Mouth Care Matters programme, covers:

- oral health in relation to systemic health and the CQC inspection framework
- prevention and oral care, including tooth brushing, care of dentures and dry mouths

- introducing an Oral Health Needs Assessment and oral care plans
- the importance of regular dental examinations.

An additional course has been developed covering dementia and oral health, and residents and families are trained directly at special events in care homes. In total, more than 2,200 people have been trained so far in care homes, and feedback has been excellent.

North Tyneside Local Authority and CCG have collaborated to implement an oral assessment tool for quality management of commissioned care services. There are plans to replicate this approach elsewhere.

The training has been highly successful in improving the understanding of good oral health by care home staff, and thereby person-centred oral health care for local care home residents. In addition to improving care, the use of resources has been enhanced through adopting a preventative approach.

Charlotte Waite, Community Dentist, Loughborough Dental Clinic, Loughborough Hospital

Charlotte is a community dentist in Loughborough, providing comprehensive care for patients who can't access care in the general dental services, for a variety of reasons.

Health inequalities can be particularly pronounced for the patients accessing the community service, and Charlotte believes it's her, and her team's duty, to help reduce those inequalities and tackle the barriers to access to treatment.

Charlotte was elected Chair of the British Dental Association's England Community Dental Service Committee and has been campaigning against the use of an automated system that has ended up fining over 40,000 dental patients in England. She's argued that many patients are not deliberately trying to 'fraud' the NHS, they are just struggling to manage under the complex system of declarations.

When the fines were checked, almost 90% were overturned, suggesting a huge scale of error in the system.

Her campaign was highlighted by the BBC, helping to raise awareness of this issue and encouraging a response from NHS England.

Charlotte and her committee have been meeting with the NHS Business Services Authority and NHS England to try to find a better system, to ensure vulnerable patients are not being unfairly treated.

The NHS is now running a national awareness campaign, so people have a better understanding of who is entitled to free dental treatment, and there are plans to make simpler forms and clearer information available.

Charlotte has featured in the Wellcome Collection's recent 'Teeth exhibition', explaining dental patients' experience of anxiety and how she works to overcome it – she is a fantastic ambassador for the community dental service.

Reena Patel, Healthcare Assistant, Inclusion Healthcare

Reena joined Inclusion Healthcare in 2012 as an administrator, however her people skills and caring nature shone through and she trained to become a healthcare assistant.

Reena now cares for the patients of this specialist GP practice that treats homeless people, refugees and asylum seekers in Leicester. Reena constantly goes above and beyond for the patients she treats. She collects clothing from friends and neighbours to give to the homeless patients, she has collected Christmas gifts and Easter eggs for the children of the refugees and asylum seekers families, and she has organised trips out for the children of refugees and asylum seekers to the local farms and play centres.

She created a 'Daily Guide' book for homeless patients on what services were available on each day, such as locations where breakfast is provided, or lunch. It also included details of places where the homeless can go for advice, or daily supplies of things like water or toothpaste. Reena also created a 'Daily Guide' for the refugees and asylum seekers families, noting down local groups they could attend or free sessions of playgroups for the children. She researched everything in the guide herself and now that it is standard procedure to give this guide book to all new patients or arriving families so they know what services are available to them.

Dr Anna Hiley, CEO and GP, Inclusion Healthcare, Leicester

Dr Anna Hiley qualified in 1999 as a GP and since then has put the care of homeless and vulnerable people at the forefront of her medical practice.

After working for several years as a GP serving homeless people and asylum seekers at an outreach centre, Dr Hiley led the service through the 'right to request' process to begin trading as a Social Enterprise on 1 September 2010. Now in its eighth year of trading, Inclusion has become a successful and sustainable social enterprise.

In 2015, Dr Hiley led the team in the caretaking of Assist, another primary care provision in Leicester, which caters for the refugee and asylum seeking population. In 2017, contracts for both homeless healthcare and refugee and asylum seeking healthcare were awarded to Inclusion Healthcare.

CQC rated Inclusion's primary care provision as outstanding, meeting the health needs of vulnerable and excluded groups, with particular expertise in homelessness, substance misuse and offender healthcare. Assist has also been rated outstanding by CQC.

Dr Hiley now champions the development of Social Enterprise models in primary care across the UK, recently supporting Arch to win a bid to provide healthcare to the homeless population in Brighton. Although Dr Hiley's time is limited, she delivers clinics at all practices and is constantly striving to raise awareness of the healthcare needs of homeless people and asylum seekers through links with the media, fundraising (running marathons for Shelter) and speaking at key events.

Ben Underwood, Associate Dentist, WS Inness and Associates, York

Ben is an associate working in general dental practice in York. He is also an NHS Innovation Accelerator Fellow and has developed the free app, Brush DJ.

He invested his own money to develop the app for the benefit of his patients, but realised that it could be scaled to reach thousands, if not millions of people. As an NIA fellow, he received financial support to develop the latest version of the app. The funding for the NIA programme came from The Health Foundation, NHS England and the Academic Health Science Network.

He developed the app in response to seeing the rise in the use of smartphones and tablets and seeing so many patients, especially young children, with decayed teeth, and knowing they were going to end up having a traumatic and expensive general anaesthetic.

The app is a toothbrushing timer, playing two minutes of music taken from the user's device, to encourage brushing for an effective length of time. The app also allows users to set

reminders to brush twice a day, floss, use a mouth rinse, and when they should next see their dentist.

Brush DJ has been downloaded to over a quarter of a million devices in 197 countries and is the only dental app in the new NHS Digital Apps library.

The app has been translated into 14 languages, with no passwords, in-app purchases or personal details required, and can be used with any type of toothbrush.

Ben has published evidence of the app's effectiveness for motivating people to brush in the British Dental Journal. His study found that 88% of users were motivated to brush their teeth for longer, and that 92.3% would recommend Brush DJ to their friends and family.

The app is recommended on the NHS Choices website 'How to keep your teeth clean' guide.

Dr Fiona Smith, Eaglescliffe Medical Practice, Stockton-On-Tees

GP Fiona Smith has made a real contribution to improving services for teenagers. Recognising increasing trends for young people with mental health problems presenting to their GP, she undertook significant case reviews and affirmed that few referrals were accepted into CAMHS and schools were ill-equipped to provide counselling. With worsening symptoms, adolescents repeatedly returned to the GP.

Dr Smith established a youth panel of 20 individuals aged 11 to 19 to seek their opinions about service development. They suggested ideas such as online booking for over 13s and longer appointments, which have been implemented. They conducted a survey of over 1,500 young people in the area, which suggested that a teen health clinic in GP

premises would be considered a safe and confidential environment where they would feel welcome. Furthermore, they were receptive to alternative therapies other than CAMHS and counselling, and proposed the development of youth navigators in schools. The panel has redesigned the practice website and has been consulted about the design of clinical space in preparation for the clinic.

Dr Smith has liaised with relevant local voluntary organisations, fellow healthcare professionals and the practice's adult patient participation group to gain support. She has opened up discussions with the commissioners to design a one-stop shop clinic with a GP and youth counsellor, and opportunity to provide therapy with drama, art and music, advice on careers and exams, and contraception.

Heather Vernon-Heath, Horfield Health Centre, Bristol

Heather has worked for the health centre for 10 years in a variety of roles, including receptionist, customer services co-ordinator and most recently Community Resource Lead (CRL), until her recent retirement.

In her role as CRL, Heather's job was to liaise with patients requiring community support and assistance; she also provided support and assistance to carers and the volunteers at the health centre.

In this role, Heather has made a significant and positive difference to many patients. She has dealt with difficult situations and improved the quality of life for many vulnerable patients. Often it is as simple as signposting them to another resource; without Heather's assistance, they would never have found it. At other times it is Heather's tenacity and perseverance in applying for and obtaining

things like a blue disability card, which the patient would never have achieved alone.

Heather has always gone above and beyond her role, visiting patients at home when they cannot get to the surgery and even attending court to support patients with benefit disputes.

As well as supporting patients herself, Heather has made many valuable contacts with community resources where she has referred patients to for advice and support. These include Age UK, The Samaritans, North Bristol Advice Centre and Care Direct.

The difference that Heather has made to vulnerable patients is invaluable. She has also taken significant amounts of work away from front line clinical staff, freeing them up to deal with other patients.

Dr Kaysia Heafield, Somercotes Medical Centre, Alfreton, Derbyshire

Kaysia is a GP partner at Somercotes Medical Centre and lead for the care of vulnerable people. As part of her evaluation of the care of vulnerable people, Kaysia noted that clinicians often reported feeling ill-equipped to offer support to carers, being unaware of where to direct them and what help they could expect to receive. Equally, patients had reported during consultations that they didn't know what help was available, how to access it or if they even qualified as a carer.

In response to the need to increase the support provided to carers, Kaysia collaborated with the Derbyshire Carers Association and was instrumental in setting up a "Carers' Clinic" in

the practice. Carers receive an assessment of their needs and are involved in developing a support plan that focuses on the positive outcomes they would like to achieve. Within three months of the project starting in July 2015, it achieved measurable results including increasing the rate of carer identification by 281% and increasing the number of active carers on the practice's register by 40%.

Following the great success of the Carers Clinics within the practice, Kaysia worked closely with the clinical commissioning group and other local surgeries to see the service rolled out to 17 other local practices; the number of carer assessments completed with the locality has now increased by 800%.

Nigel Hodder, Volunteer, Milton Abbas Surgery, Dorset

Milton Abbas Surgery was awarded a rating of outstanding from CQC in September 2016. The surgery puts the success down to the hard work and diligence of the whole surgery team, but says the rating would not have been achieved without the support it received from its patient participation group (PPG), known as Patient Voice, and the Neighbour Car scheme, both of which owe much of their success to local resident volunteer, Nigel Hodder.

The PPG has been in place since 1998 and was one of the first to be established nationally. In recent years, Nigel has refreshed and strengthened this from being a purely fundraising group to an informative advisory and constructively critical representative group that supports the work of the surgery.

In addition, Nigel has been the driving force behind establishing the Neighbour Car scheme and continues to administer this, co-opting other volunteers to arrange and deliver patient transport. This has the dual benefit of reducing social isolation and increasing independence for local people. As well as bringing patients to the surgery, the service provides transport for people to attend hospital and other personal appointments, and for visiting friends or going shopping. This provides important social value, reducing the burden on healthcare.

From a surgery perspective, this service reduces the need for staff to conduct home visits, saving around 1,000 home visits each year.

Tracy Pollard, Nurse Manager, Inclusion Healthcare

Tracy has worked in the NHS for 30 years, joining Inclusion Healthcare in 2012 as a Practice Nurse and progressing to become the Nurse Manager, leading a team of four other nurses.

Inclusion Healthcare is a specialist GP practice that treats homeless people, refugees and asylum seekers. Tracy treats her patients with outstanding care, she constantly goes the extra mile for the patients and treats them all the respect and dignity which they do not also receive due to their status or lifestyle.

Tracy also does outreach work, going out on the streets of Leicester as early as 4am to

Speak and help rough sleepers. She advises them on their medical needs and other services they can access. Tracy has also held additional clinics to ensure the homeless population have their flu jab and when there was a TB outbreak two years ago, Tracy led the screening drive with the homeless people of Leicester.

Now, alongside her clinical and management work, she trains and lectures at the Nursing Council and with the Royal College of Nursing. She also has student nurses placed with her to train them on treating these groups of people.

Dr Parmjit Marok, Rotton Park Medical Centre, Edgbaston

Rotton Park Medical Centre has always been a family-run practice with a history of 100 years.

Dr Parmjit Marok, one of the main GPs at the practice, was instrumental in the recent improvements made at the practice. Her clinical insight and significant input into management responsibilities for recruitment, training and implementing new policies and procedures has facilitated the seamless integration of all aspects of patient care.

She has taken over the daily running of the practice and this is visible in the day-to-day activities from the moment patients contact the practice and are greeted by the reception staff, to being seen by the GP.

She was responsible for practice initiatives such as improving the detection of, and safeguarding against, female genital mutilation, and detecting HIV and latent tuberculosis.

The practice is located in an area with a high HIV prevalence and Dr Marok worked with the local hospital to devise and pilot a process to enable GPs to detect HIV in asymptomatic patients and allow early detection and treatment to improve morbidity and mortality.

She is the practice safeguarding lead and has a keen interest in safeguarding children who are vulnerable to female genital mutilation. She has devised procedures that allow this to be detected and then for subsequent safeguarding of these children. This initiative has resulted in a number of vulnerable children being placed on the safeguarding register and families receiving extra support from outside agencies.

She also devised a standardised process for acting on medical alerts from MHRA, which has resulted in several medication safety audits and improved patient outcomes.

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