

Understanding the Model of Care – Site Visit to Chiddenbrook Surgery, Crediton

Report of the Health & Adult Care Scrutiny Members

Please note that the following recommendations are subject to confirmation by the Committee before taking effect.

Recommendations:

that the Committee shares the learning from the visit to inform its future work programme.

Background

Following the 22 March 2018 Health & Adult Care Scrutiny Committee it was agreed that members would undertake a series of visits to health and care settings across the County. Councillors wanted to get a first-hand account from staff of where the system is working well, how supported they feel and where there may be issues of concern. The visits were about members getting a better understanding of the way in which the model of care in Devon is working operationally and the key issues affecting services from a frontline perspective. Members have undertaken visits to various health providers including to psychiatric units, community health and care teams, residential care homes, personal care providers and South Western Ambulance Foundation Trust over the last 18 months.

The Model of Care

The model of care in Devon is built upon the premise that people should be treated in their own homes wherever possible and that conditions that had previously required hospitalisation may no longer need it or may not need it for as long. Staying any longer than necessary in hospital causes harm to patients – muscle function reduction, reduced independence & risk of infection. It particularly affects people who are frail and people who have dementia. The model also enables improved use of resource by transferring resource and workforce from the provision of community hospital beds to the provision of enhanced home-based care services more people can be supported.

- Comprehensive assessment to identify and support those most at risk of being admitted to hospital in an emergency
- Single point of access and rapid response service - front and back end of the pathway - admission avoidance and expedited discharge
- Building on what is already taking place; each intervention is an extension of work that is already happening in parts of Devon
- Changing how we think and act - changes in system & process only part of the change – ‘doing the same, better’.
- Leading to changing the focus to prevention, population health & wellbeing. New focus & roles that span health, care and rehabilitation = ‘doing things differently’.
- Trust, mutual understanding of risk and ability to share information are essential for successful integration.

25 September 2019 – Chiddenbrook Surgery, Crediton Site Visit

The following councillors undertook the visit to Chiddenbrook Surgery, where they met Richard Ward, Practice Manager:

- Cllr Ackland, Chair
- Cllr Saywell
- Cllr Way
- Cllr Squires (Children's Scrutiny)

Issues Identified

Shortage of GPs

- It has been reported that there is a shortfall of about 6000 new GPs being nationally recruited.
- Chiddenbrook recently appointed an Advanced Nurse Practitioner instead of a GP having held a vacancy for 6 months.
- Members expressed concern about young doctors going straight into locum work purely for financial reasons. Chiddenbrook Surgery try to minimise locum use.

GP Surgery Valuation

- Issue with how GP surgeries are valued creates significant limitations.
- The GP practice partner model is under pressure given the joint liability and all the risks that go with it.

Appointment Waiting Times

- Every year GPs are getting busier as their patient contact number rises. Waiting times for routine appointments at Chiddenbrook are in 3-4 days to 3 weeks, which compares favourably nationally. Chiddenbrook have blank surgery in the morning and the afternoon for urgent appointments. Also the practice has a specific appointment slot for working people.
- Members raised issue with GP delays and pressure on A&E. Richard Ward advised members that the number of people going into A&E compared to GPs is miniscule. Whatever people think about GPs gatekeeping, they let more people in than any other service.

Prevention

- The need for the system to focus more on prevention.
- Chiddenbrook used to have a good diabetes prevention model, providing a diabetes clinic and were the only practice in the County with a reducing number of diabetic patients. CCG received funding to provide the clinic centrally, however there was not the sign up, so will have to restart the model here.

Relationship with Health Partners

- GPs at the practice were not routinely aware of what services were being provided at the local community hospital.

Primary Care Networks

- The Primary Care Network (PCN) idea recognises issues with GP capacity. PCNs will be used to specifically deploy additional staff - a social prescriber and a clinical pharmacist.

Demographics

- More people are spending more time in ill health for many reasons including lifestyle choices made. This is causing an increased demand for services.

Social Prescribing

- There is an over reliance on medicine for treating all ills. There is however a lot out there in terms of the voluntary sector to make social prescribing work.

Voluntary Sector

- The surgery has a 3 weekly multi-disciplinary team meeting with the voluntary sector and partners. Work with the voluntary sector can be hit and miss depending on funding cycles.

Devon Referral Service

- Devon Referral Support Services supports patients in getting the right advice, care or treatment. Referral times are a concern with appointments often some time off.

Digital

- Health are looking at how capacity can be expanded to cope with demand. eConsult is one such option. Digital can also be used to help to educate the population how to get best out of the system.

Crediton Hub New Joint Surgery Project

- Started the Crediton Hub joint surgery project with New Valley about 4 years ago. The plan has proven to be incredibly popular in Crediton, but is not over the line yet, as awaiting a decision from NHS England on the business case which has been championed by the CCG.

Carers

- The Surgery try to ensure carers are identified and registered – 160 carers are currently registered through the practice. Mindful of the vulnerability of carers as well as the cared for person.

Health and Adult Social Care Integration

- There is a need to change the culture and silo working that still exists in some areas. Staff need to understand their wider role as part of an integrated system.
- There has been a lack of leadership and coordination across the STP. Communication issues as much as anything. GP practices part in the grand plan has not been properly articulated.

Conclusion

Members agreed that the site visit provided invaluable insight into how the model of care is working from a GP surgery perspective. The key objective is to keep people living safely at home, promoting their independence and their good physical and mental health.

The Committee should continue to consider further visits in line with the work programme to broaden members understanding on complex topics.

Councillor Hilary Ackland, Vice Chair Health & Adult Care Scrutiny Committee

Electoral Divisions: All

[Local Government Act 1972](#)

[List of Background Papers](#)

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There are no equality issues associated with this report