

Understanding the Model of Care – Site Visit to Holsworthy & Hatherleigh Medical Centre

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, GP practices and South Western Ambulance Foundation Trust over the last 2 years.

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 February 2020 – Holsworthy & Hatherleigh Medical Centre Site Visit

[Ruby Country Medical Group](#) brings together Holsworthy & Hatherleigh Medical Centre, and Stratton Medical Centre with a growing practice population of 14,800 patients spread over about 350 square miles in both Devon and Cornwall. Their team includes GPs, a Clinical Pharmacist, paramedics, nurse practitioners, practice nurses, health care assistants and phlebotomists as well as practice management and patient services teams. They also have access to two social prescribers employed by the local Primary Care Network (PCN).

The following councillors undertook the visit to Holsworthy & Hatherleigh Medical Centre, where they met Jane Wells, Managing Partner, Ruby Country Medical Group:

- Cllr Hilary Ackland, Chair
- Cllr Sylvia Russell
- Cllr Andrew Saywell
- Cllr Jeff Trail

Issues Identified

Health Profile

- There is considerable rural deprivation in the area. Low wage and low skilled jobs in the main.
- The patient profile is poorer and more elderly than the Devon average. People are living much longer with ill health. Growing complex elderly.
- At the 40-70 years health checks, the main issues tend to be obesity and alcohol. The number of diabetics has increased significantly. There is a lot of work also around smoking cessation.

Primary Care Networks

- There are 6 practices in the PCN (4 in Devon and 2 in Cornwall). Each practice has a Practice Administrator, and the PCN has a PCN Manager who was recruited to help run the Network.
- PCNs will not see a patient at another surgery within the PCN unless there is a sub-contracting arrangement.
- PCNs are not yet mature. It might be 5 to 10 years until they are maximising their potential.
- There is a lack of consistency across the various practices as all private business.

Rural Isolation

- Accessibility is an issue with Holsworthy over 30 miles from the nearest acute hospital in Barnstaple. The area suffers with a lack of connectivity. Getting to Barnstaple is difficult, as the distance is compounded by issues with the roads. There are also many elderly who do not drive.
- The local farming community often will not let people see if they are struggling and will look after themselves more.

Recruitment and Retention

- Last year the [Nuffield Trust](#) reported that a cross the UK, the number of GPs relative to the size of the population has fallen in a sustained way for the first time since the 1960s. The shortage of GPs could treble in the next 5 years.

- The situation with GP recruitment is an issue in Holsworthy and North Devon in general. North Devon has limited professional opportunities. A lot of GPs over 55 and would like to retire given certain recent pension issues.
- Unlikely to have partners that will work here for 30 years – on average now staying for 5 years. The family doctor days have long gone. Patients do not always recognise this is the case.
- GPs generally marry similar high earners and there needs to be career opportunities in the area for both, which Holsworthy does not have.
- It is difficult recruiting nurses, nurse practitioners and pharmacists. 'Growing your own' is the way forward and promoting opportunities in nursing in primary care. High percentage of nurses also over 50.
- Holsworthy & Hatherleigh Medical Centre currently has 9 GPs, which is 2 short and also 2 nurse practitioners short in the practice, while also need 10 new staff for the PCN including a mental health worker. GPs often want to work part-time.

Appointment Waiting Times

- The latest target is that patients are seen within 3 weeks.
- There is always a huge spike in the number of patients on a Monday as the out of hours provision is not adequate in Barnstaple.

Accident & Emergency

- People in the area do not tend to use A&E in the same way as they would if it was nearer (Holsworthy is over 30 miles from Barnstaple). Direct correlation in terms of A&E attendance and the distance people live to the hospital.

Prevention

- Prevention is key and earlier intervention.

Mental Health

- Massive need for mental health services – managing those with a high risk of suicide. There are significant gaps in terms of childrens mental health and emotional wellbeing.

Residential Care

- Residential care homes in the area are mixed in terms of their quality. There is only one home in the area with step-up and step-down beds.

Voluntary Sector

- Voluntary groups tend to be in the towns, but as soon as you get outside then huge drop off.

Digital

- The practice has had digital medical records for over 20 years. These do not tie in with hospital records.
- eConsult is used for sick notes, travel advice, asthma reviews. Not convinced by the STP claim that it will save 5% of appointments. The ease of access may end up creating more demand.

Carers (unpaid)

- Link in with Devon Carers – have social prescribers working with frequent attenders.
- Carer identification is difficult. Considerable time is spent data cleansing to ensure the carers register is up to date.
- Carers are often at end of their tether compounded by the rurality and lack of services available.

Care Workers

- As there will be across the County, there are issues with staffing and care workers remuneration, which is exacerbated by the rural isolation and demography of the area.
- There are some areas not covered by any providers. A care package of 4 sessions a day may be agreed, but then the provider may only be able to cover 2 of these.

GP Surgery Valuation

- Issue with how GP surgeries are valued creates significant limitations.

Small GP Practices

- Shebbear will not be the last small practice to close. Less than 5000 population size are not seen as viable.

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.

Members also wished to place on record their thanks to Jane Wells and Ruby Medical Group for the visit.

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