NHS
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Implementing one-stop shops for chronic disease review

4 ways to maximise capacity and efficiency

Introduction

Today, over a quarter of the population in England is living with a long-term condition, a figure that is expected to increase in the next decade.[1]

The impact on general practice appointment numbers? Long-term conditions are estimated to account for more than half, while 70% of all money spent on health and social care is attributed to chronic conditions.[1,2]

Of course, it's no news that the UK's chronic disease burden poses one of the biggest ongoing challenges for primary care and the system at large. A growing ageing population and rising multimorbidity have precipitated a level of demand that is outstripping clinical supply.

In response, the health system continues to search for answers to the chronic disease question.

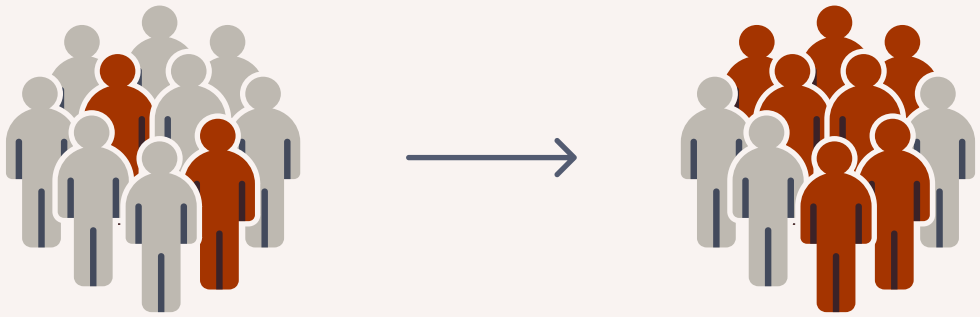
In recent times, we've seen the emergence of Pharmacy First, a scheme that while positive in its advocacy for a greater role for community pharmacy, has not been without its teething problems so far. While the vision for integrated neighbourhood teams envisioned by the Fuller Stocktake champions "a blended mixture of primary and secondary care expertise to provide holistic care for people with more complex and chronic long-term conditions." [3]

Alongside this, the continuing expansion and success of ARRS highlights the crucial role multidisciplinary teams will continue to play in the years to come.

All of these developments illustrate that chronic disease management cannot solely rest on the shoulders of a GP workforce that is already working at capacity in many areas. It will require efficient use of the wider clinical team and the right technology to ensure everyone is working at the top of their license.

The growing chronic disease burden

Over the next 10 years, the number of people who have one or more long-term conditions is estimated to increase exponentially in England.



In the past, chronic disease reviews have tended to take an opportunistic approach, carried out by GPs as and when patients presented in daily practice. However, this can lead to several issues. Whether it's inefficient use of in-practice resources, unnecessary duplication of visits or the rush to catch up on Quality and Outcomes Framework (QOF) at the end of the year. In addition, technology has traditionally only been able to accommodate single morbidity recall.

This has further compounded problems with uncoordinated processes and led to scenarios involving multiple spreadsheets and a lack of time to oversee it all.

From Suvera experience, we see practices adopting a range of different models today. From structured review based on patient risk through to month of birth recall. Your practice may be currently following a blended model, whereby patients receive regular recalls by condition as part of a structured programme, alongside opportunistic review.

There are ways to optimise a structured system with holistic reviews as part of a 'one-stop shop' model. This can facilitate more proactive and preventative chronic disease management, and at the same time, help to optimise in-practice capacity and efficiency. In this report, we explore 4 ways you can achieve it looking at evidence and case studies.

Chapter One

Focus on developing multimorbidity expertise

As the term implies, a ‘one-stop shop’ will look to address all of a patient’s needs in a single visit. Those needs have become increasingly complex.

An estimated 23% of the population is living with multimorbidity. And in people older than 65 years, this statistic increases to around two-thirds of the population, with nearly half having three or more conditions.[4] Data shows continuity of care and looking at the patient as a whole reduces total medication burden and improves life expectancy.

Thus, having members of your care team with more than one chronic disease speciality is an essential component of the one-stop shop. For example, a highly-skilled clinical pharmacist can conduct medication and clinical reviews for hypertension, diabetes and cholesterol in one contact. This can minimise GP time required and avoid duplication of visits, with all medications and authorisations in a single visit.

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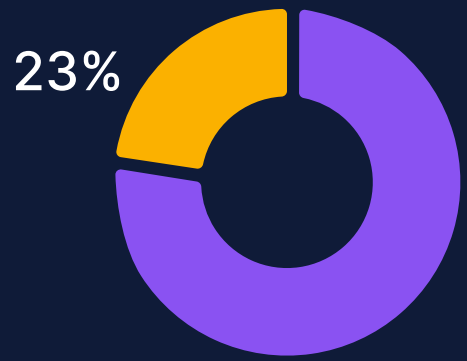

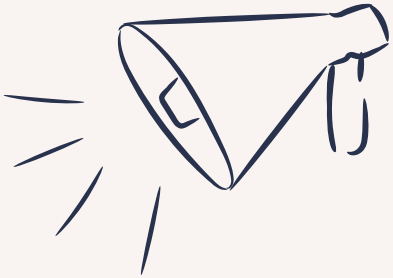

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Such complex medication reviews should be the focus of practice-based clinical pharmacists, and can be done at the same time as QOF recalls, avoiding duplication of effort.

Clinical pharmacists in general practice: a necessity not a luxury? [5]

A number of case studies shared by NHS England illustrate the potential of such an approach. In one practice for example, a clinical pharmacist implementing a proactive, stratified and comprehensive review process is believed to have saved around 80 hours of GP time a month for the practice.[5,6] Within this model, a clinical pharmacist runs medication review clinics for patients with long-term conditions on multiple medicines, including QOF reviews.

While other studies of medicines optimisation interventions delivered by GP practice-based pharmacists have been shown to be effective in reducing medication-related problems. This includes reducing inappropriateness of medications and telephone consultations in general practice in a cost-effective manner.[7]

Top tip

Utilise data analytics to plan for the year ahead. Having a structured operational plan across the whole QOF register can identify key gaps for recruitment and enable you to plan systematically and coordinate workflows.

Map out levels of capacity required based on your staff's current competencies in disease areas. Conduct a competency skill matrix and upskill overlapping areas such as cardiovascular disease. This can guide you in creating workforce development plans and also highlight any areas where you need to upskill clinicians or bring in additional support.

To learn more about utilising multimorbidity expertise talk to us

Chapter Two

Choose an optimal method of recall

How your practice recalls patients will be based on what works best for you, your available resource and population needs. Whether it's at a specific fixed time, by age, condition or risk, different recall models all have their advantages. Where problems can arise is in patient lists with high levels of multimorbidity and polypharmacy, where reviews can become unsynchronised and duplicated.

Month of birth recall is one system that has gained traction recently as a potential solution. And certainly, examples shared by NHS England show how it can provide consistency, increase review numbers and improve patient monitoring.

It can lend itself to a 'one-stop shop' model, especially when it comes to complex patients. The patient can be recalled for all conditions at once on a single date familiar to the individual which can replace all specific condition recalls.

In one study, two practices identified that a low proportion of relevant patients were invited for their long-term annual reviews.[8] There was found to be a lack of understanding around the process between the two sites, which was often carried out ad-hoc and was not always recorded in the practice's clinical system. As a result, patients were not flagged for review in some instances.

The team decided to implement a single patient review process across both practices choosing month of birth and implemented a host of other measures.

At the start of each month a list was developed with patients due for review in the following month and patients contacted once to arrange all relevant appointments, helping to streamline the process. This model has put the practices on track to reach their target of completing over 3000 reviews and also improved collaboration amongst the team.

There are some disadvantages to month of birth recall, however. Namely, by spreading out the review process over the course of twelve months, you may limit your ability to get ahead with QOF. This can also lead to the inevitable last-month sprint, especially if more of your patient list is distributed at the end of the year.

Another potential challenge with month of birth is ensuring enough capacity to meet demand as it fluctuates through the year. If a larger portion of your list size is due for recall in a specific month, this can lead to additional workforce pressures and unnecessary demand spikes.

Top tip

From our experience, prioritising recall by risk overcomes a lot of these hurdles. Indeed, many of the PCN and practice partners Suvera supports choose to recall patients in this manner. It too lends itself to a one-stop shop model, while ensuring QOF is completed early on. This enables teams to plan resource required more consistently over the course of the year and can provide that extra bit of breathing room.

Here at Suvera, our team of data analysts conduct case finding and risk stratify PCN and practice partners' patient lists based on historical clinical data. After ensuring the correct searches, our platform automates outreach to patients via SMS. Patients receive bespoke invites and we streamline care coordination setting up pathways for patients.

For further information on structuring patient recalls, contact our team

Chapter Three

Get the sequence of events right

Another key component of the one-stop shop is ensuring an optimal sequence of events consistently. A patient review where questionnaires or phlebotomy tests are not carried out prior to the appointment may result in wasted capacity or incomplete reviews. And any practice knows that repeat medication reviews and requests for repeat prescriptions can take up a lot of practice time.

The numbers? A study of one practice revealed over 50 hours per week were lost on such activities.[9] This included six hours a week on medication review calls for their GPs, 20 hours a week on long-term condition review for nurses and over 10 hours a week of reception time contacting patients for medication queries.

To address this, processes at the practice were orientated around a clinical pharmacist and a one-stop shop structure established for long-term condition appointments.

Now, medication reviews are conducted over a two-month window to allow time for all relevant checks to be completed prior to the review. This has helped to reduce the need for repeat appointments and generated 28 hours per month of additional GP time. That's around 168 GP appointments a month.

This illustrates just how much of an impact 'getting the small things right' in advance can have in streamlining processes and improving efficiency.

Certainly, similar models implemented by other practices point to more than 90% chronic disease management activity being delivered safely and effectively without direct GP involvement.[10]

Key components here include the collation of review needs, patient questionnaires and blood tests prior to recall combined with review by non-GP prescribers. This gives more time to GPs and other members of the practice team to work to the top of their license and may help to avoid the dreaded end-of-year QOF scramble too.

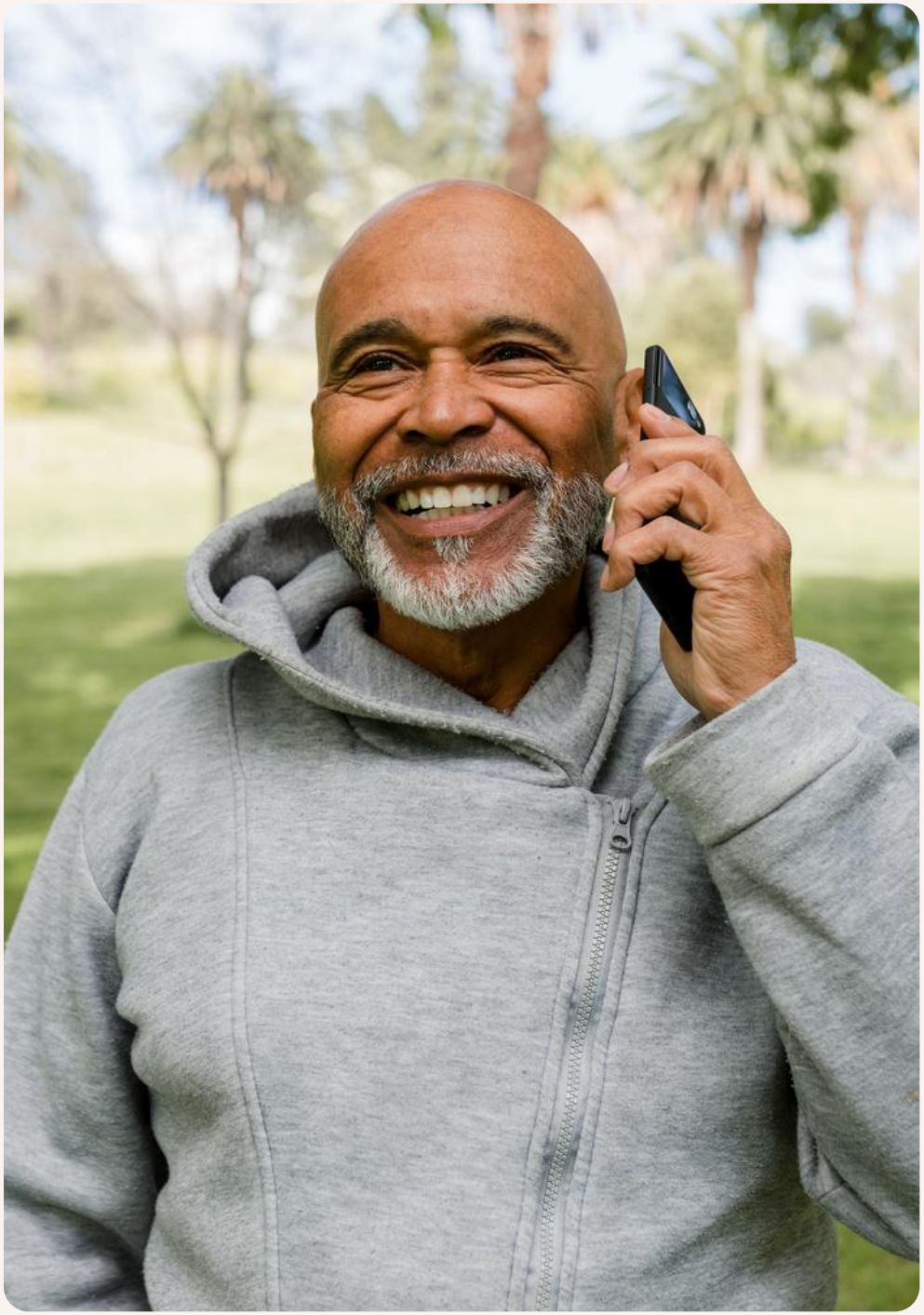
Hours lost due to inefficient repeat prescription and medication review processes

Top tip

When contacting patients prior to review, collect data for all of the patient’s conditions. This enables holistic reviews with all the necessary information to hand. It can also further reduce duplication and minimise unnecessary contacts with the patient.

For example, the individual may be invited to submit information for asthma, blood pressure and lifestyle in a single touchpoint. And once the information is collected, sequences of care can be automated and established based on the specific individual's needs.

To find out how Suvera structures sequencing of events, click here



Chapter Four

Prioritise patient engagement

The success of the review process also depends on securing patient buy-in. Unstructured and opportunistic chronic disease management may catch patients off guard, leaving them uninformed and unsure of the intended purpose. This has been termed by some as a 'clash of agendas,' and may hinder patient engagement.[11]

Indeed, evidence points to benefits of communicating the aims of a medication review prior to it taking place to avoid misconception, anxiety and improve the experience.

In a study of GP practices conducting review of patients with more than two long-term conditions and polypharmacy, patients who were newer to the review process or had only one previous review were said to have felt uninformed. Participants noted prior prompts and advance communication would be beneficial.[12]

Building in a regular 'expected' or anticipated review date is a viable solution. The annual 'MOT' combining a clinical and medication review may help with understanding and set expectations in that regard. Namely, as it is structured around a concept that is known and familiar to the patient, as opposed to the practice such as alphabetical sequence for example.

As part of preparing patients for review, patients can be invited by SMS to submit required blood pressure readings and complete questionnaires for all conditions prior to their appointment. This can give the patient time for reflection, preparation and empower them as active participants in the medicines optimisation process.[14]

> "…As soon as you just phone somebody randomly and say, 'Hi it's … the pharmacist from … I'm trying to call today we're going to have a look at your pain medications'. Straight away you've got the brick wall. I think, if somebody is prepared and knows, then you get a lot more out of that consultation.
>
> Respondent, Early implementation of the structured medication review in England: a qualitative study.[13]

Top tip

Certainly, here at Suvera, we know the benefits of prior communication first hand. Working alongside practices and PCNs, patients enrolled in our online clinics are contacted in advance and invited to submit lifestyle information and key health data prior to their appointment.

This gives the individual an insight into their health and helps to frame their review. While our platform provides tools to manage their care remotely. Patients like how thorough the review process is and 88% said they would recommend our service to a family or friend.

To learn more about the Suvera patient experience, visit our patient hub

Conclusion

This report points to some potential areas to structure chronic disease management within the context of a one-stop shop model. From Suvera's experience with PCN and practice partners, this model can increase capacity, efficiency and support QOF attainment.

There is a growing body of evidence as to the benefits of clinical pharmacy working within the practice team to review patients, particularly with regard to multimorbidity and polypharmacy. Models discussed here point to the possibilities of leveraging specialist knowledge in prescribing that can straddle multiple disease areas. This provides a solid foundation for holistic, patient-centred care.

Alongside leveraging such expertise, implementing a structured review process with an optimal method of recall, whether by risk, month of birth or a blend of both, can ensure patients are reviewed in a timely fashion, and support QOF attainment.

Preparing for success will rely on forecasting advance resource required for your population, and systematically planning contact with patients to ensure the necessary information is gathered prior to review. This in turn can help to set prior expectations and ensure good engagement with patients.

How Suvera can help

With primary care facing increasing pressure, Suvera online clinics are on hand to support PCNs and practices to optimise long-term condition outcomes.

From Type 2 Diabetes to asthma and more, we help patients who need it most. Taking hypertension as an example, Suvera has supported PCNs to attain an average 80% target achievement across all practices in key QOF indicators. While 70% of patients reach normal blood pressure control within 28 days.

Suvera online clinics help reduce practice demand for care by proactively managing chronic patients. And all consultations are fully coded and completely up to date with your records, ready to achieve all QOF and Investment Impact Fund (IIF) targets.

Our model can provide a digital one-stop-shop for populations that straddle multiple disease registers and a full management suite encompassing clinicians, care coordinators, project management, data analysts and GP supervision, all under one roof.

Our platform facilitates data collection for multiple conditions in a single touchpoint

We integrate with your ways of working and contact patients based on your chosen method of recall

Our planning tools help partners structure long-term condition management, simplifying recalls and reducing administrative tasks

Our team of experienced clinical pharmacists take on complete end-to-end management of your patients' condition and medication reviews including prescribing any medications they might need

To find out how we can help you, contact us on:
partnerships@suvera.co.uk

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