Health United Birmingham (HUB)

Number of patients covered: 60,000 Number of practices participating: 2 practice partnerships

Number of CCGs covered: 2

Service changes

• Successfully demonstrate an alternative model for delivering enhanced primary healthcare through remote and physical access

• Repatriate out-of-hours services and provide additional access to primary healthcare both within and outside of normal practice hours



• The outlets are based at existing GP sites, reinforcing local service continuity and enabling patient access regardless of where they're registered.









life sciences

digital

What's going well?

• New digital and smartphone access channels launched



 New clinical contact centre, now regularly providing access to over 1000 patients per day



 Common condition guides and LTC management programmes launched.



What's better for patients?

- Same-day access to a GP or prescribing nurse
- Up to 70% of appointments dealt with via a phone or Skype consultation
- Availability of appointments regardless of when requested during the day
- Ability to request access through phone, web and app.



'As a long term local patient I'm hugely impressed with this new service offered by our surgery. As well as making it easier to make contact, to book appts and get support from the surgery, these new systems offer new routes to rapid and excellent professional advice and reassurance.'

David Winkley, Patient, Sept 2014 'Just a quick note to congratulate you on the Vitality Partnership app. Personally I think this is a great app which has allowed me to connect very easily and quickly to my doctor.'

Anonymous, Nov 2014

What lessons have we learned?

Challenges?

The speed of transformation of both clinical and non-clinical functions
Satisfying previously unmet demand
Reaching agreement on a sustainable commissioning model quickly
Generating evidence-based data quickly to demonstrate impact.

Advice for others?

Ensure maximum effort is given to embedding change at ground level
Patient, public and staff engagement should be continuous

•The size of the pilot project should remain small, with clear leadership and a coherent patient community •Consider and accommodate for the time it will take to reach sustainable commissioning agreement •Find a way to do it without having to change anything in terms of primary care clinical systems.