

Better Access, Better Care, Better Lives

North East London

Number of patients covered: 759,300

Number of practices participating: 137

Names of CCGs covered: Barking and Dagenham, Havering and Redbridge

Summary of pilot's work

- Health 1000 (PACS)
- Improved access to primary care
 - Establishing GP 'hubs'
 - GP triage in A&E
 - GP telephone consultations
- Shared patient record

Our top three innovations are:

Health 1000

Year of Care pilot highlighted the fragmentation of our health and social care. Therefore, BHR are piloting the first fully integrated organisation in the UK (run as a social enterprise) which will operate under a capitated budget.

Lessons Learnt:

- Patient recruitment and full assessment is very time consuming
- System-wide culture change required (patients, staff and providers)
- Numerous contract and legal issues to overcome to deliver a radical new model of care

Outcomes and benefits to patients:

- Better, co-ordinated patient care
- Improved patient outcomes
- More involvement of the voluntary sector
- Improved efficiencies in commissioning of services

Shared Care Record

The ability to read and write-back to existing clinical systems, share appointments, integrated care plans and End of Life care plans within an individual patient record.

Lessons Learnt:

- National support is required as clinical system providers are unwilling to engage
- Resolving governance and data sharing arrangements can be time consuming

Outcomes and benefits to patients:

- Access to a patients' clinical record to enable integrated, co-ordinated care
- Safer care
- Will empower patients to manage

Improved access to primary care

A whole system approach to redesign in-hours and out of hours GP services which include a GP 'hub' service providing extended GP services, 7 days a week, GP-led triage service in A&E and practice-based telephone consultation service. Once the shared care record is fully operational, fewer steps in the patient pathway will be required.

Lessons Learnt:

- Ongoing engagement in the design of the services with patients and providers is essential
- Need to overcome rigidity of commissioners in moving away from existing commissioned service models

Outcomes and benefits to patients:

- Improved patient satisfaction & experience levels
- Streamlined routine and urgent primary medical service pathway for patients