

Experience Led Commissioning of primary care services in Windsor Ascot and Maidenhead Clinical Commissioning Group (WAM CCG)

The system challenge

WAM CCG was preparing its five-year strategic plan and primary care strategy. which is focused on more integrated working in the community and delivering extended hours in primary care, with a focus on people taking greater personal responsibility for self-care, leading to reduced demand for hospital care and fewer unplanned admissions. With a gap in experiential data and outcomes, WAM CCG wanted to enrich its understanding of peoples’ lived experience of primary care and apply outcome measures that reflect what matters to local people and families as well as front line teams whose lived experience of delivering care directly influences the quality of care and patient and family experience. The CCG was also considering becoming a collaborative commissioning pilot site and wanted to find out what the community thought about that.

The focus question:

“What can happen because we work together so that people in WAM are supported by their GP and community services to keep well and live life to the full?”

Communities of interest

The programme engaged with:

People (n=30)

- People who use primary care services
- People with mental health issues

This CCG had a older age profile and was in an affluent area.

Staff (n=30)

- Receptionists in primary care

Programme design

Programme phase	Methodology chosen
Discovery	<p>Staff: discovery workshop with primary care receptionists; outreach in GP surgeries to secure one to one interviews; table top discussions at a planned education session for GPs, nurses and practice managers</p> <p>People: 2 discovery workshops with people with mental health issues; outreach in GP surgeries to secure one to one interviews</p>
Dream and design	<p>Positive Futures Planning workshop attended by staff, parents, commissioners and providers</p>

CASE STUDY

Touch points

Receptionists	People
<ul style="list-style-type: none"> • Meeting and greeting; establishing rapport • Managing access to appointments • Supporting family carers • Supporting people to self-manage • Simplifying medical terms • Supporting emotional health needs • Supporting physical health and mobility • Connecting people with the same condition • Support from the practice management team • My health and wellbeing <p>Open questions:</p> <ul style="list-style-type: none"> • What is working well about primary care? • What can we improve? • What is the one thing you would change? 	<ul style="list-style-type: none"> • Understand and manage my long term condition • Coping with the unexpected • Having a say in my care plan • Coping with health crises • Relationship with my GP • Relationship with receptionists • Keeping physically active and mobile • Emotional health • Family and peer support • Living life to the full <p>Open questions:</p> <ul style="list-style-type: none"> • What is working well about primary care? • What can we improve? • What is the one thing you would change?

Key insights:

This ELC programme found that primary care was already doing a good job.

It could do an even better by:

- Supporting and educating people to take control; become experts in their condition
- Supporting preservation of mobility. Primary care may be under-estimating the value and under-investing in preserving mobility and helping people get 'out and about' to connect with community activities and their loved ones
- Connecting people with their peers with the same lived experience as an integral part of primary care. People want to support each other more
- Recognising and supporting family carers to keep well and cope
- Supporting receptionists to educate, connect and support people with the community
- Simplifying clinical language in consultations; making conversations more empowering

People perceived wait a long time to see their GP (both for an appointment and in waiting room). Redesigning primary care so people with long term health issues see their own GP more often; creating a wider variety of consultation possibilities (including telephone) would help change this.

People with mental health issues perceived they needed greater support to keep well and live life to the full. They recommended:

CASE STUDY

- Redesigning primary care so people with severe and enduring mental health issues see their own GP who knows them more often, and are able to have longer appointments so they can also focus on their physical issues as well as the mental conditions, would make a difference
- Having a number of a professional they can contact and permission to call would also offer reassurance and reduce anxiety, often enough to prevent a mental health crisis and consequently many people may never ring
- Introducing condition specific peer support groups and groups that provide a sense of purpose and variety would build on the positive impact these groups already have – they could also focus on supporting people to keep active
- Having a care plan gives people with mental health issues a great sense of reassurance, especially that they will know what to do in a crisis – this needs to be designed with the person and in good time
- Recognising the critical role of informal support from support workers, such as those who help in housing associations, needs to be recognised – the more formal support from the CMHT and their CPN, which is sometimes felt to be lacking

Receptionists are very proud of their work and are motivated by making a difference to people and families. They:

- Worry about people; especially those who have a weak voice. They see a lot of unfairness in the current system
- Can see many ways to improve efficiency, access and responsiveness and are rarely involved
- Want to be empowered to educate and support people and families more
- Support the idea of practices as community hubs
- Need more supportive systems and training. They are effectively triaging emergencies and urgent care
- Are often dealing with rude behaviour and threats. They want recognition for the contribution they make and to be respected by the public and their practice team (especially GPs)

Everyone felt that it was primary care systems rather than relationships that needed improving. They felt that becoming a collaborative commissioning pilot site would be a way to improve systems and in addition asked for:

- GP practice targets for referral to third sector / voluntary sector support services
- Provision of access to mental health specialists in every practice.