Appendix 4

The future of Primary Care across North Durham CCG: A typical working week in 2019

Monday: Acute and reactive care, unexpected demand surge and an urgent home visit

- At 7:45am Dr A arrives at his practice . Today he is supervising acute/reactive care. Appointments starting from 8:00am are weekend follow-ups, overnight ‘111’ triaged bookings for clinical assessment or patient on-line bookings. The appointment slots are full but Dr A is confident that demand will be managed by his team.

- From 9:00-10:00am there is an unexpected surge in demand: triage requests coupled with several complex walk-ins. Response time on the computer demand management system rises (as does the stress level in Dr A’s team). But the workload manager at the federation hub has already commenced the escalation process across all the other federated practices, and the team rapidly notices that triage calls are being picked up by other practices (with patient agreement) or allocated to Dr A’s team later in the day. The computer screen quickly looks better and Dr A’s team feel in control again.
- At 10:00am Dr A is called by a paramedic. An elderly female patient has phoned ‘111’ and the assessment is that she needs medical care, but not admission to emergency care. A visit from the patient’s usual GP is agreed for midday. The visiting GP knows this is a new problem and as the cause is uncertain, further investigation is necessary. The GP initiates the appropriate investigation protocol. At 2:00pm the patient is taken by urgent care transport to the local primary care investigation centre, part of the federated practice approach. By 4:00pm she has undergone the required investigations and has returned home. As the results show heart failure, at 5:00pm she is visited by a cardiac specialist nurse, who initiates appropriate treatment, and arranges to call again the following day.

Tuesday: Speciality clinic in primary care

- At 9:30am Dr B arrives at her practice. Today she is running the paediatric dermatology clinic from 10:00am. The clinic takes patients from across NHS North Durham CCG. As all clinical computer systems now communicate across the CCG, appointments can be booked directly, referral letters are not needed, and clinic notes are entered directly into the patient record. Dr B runs the clinic with support from two specialty nurses and she has close supervision from a local consultant.
- Appointments run from 10:00am–7:30pm with 30 minutes for each patient. A 90 minute break midway allows for lunch and administrative tasks. Urgent appointment requests can almost always be accommodated. Attendance is close to 100%, supported by text reminders the preceding day.
- Dr B's team is frequently asked about an assortment of minor childhood ailments during appointments, which they usually have time to deal with. This morning, however, the mother of a patient asks for some help with her own health, which requires a full gynaecological assessment. Dr B books an appointment on the clinical computer system for Saturday with a local GP who runs a clinic from a neighbouring practice. This one-stop clinic provides an assessment, including ultrasound and endometrial pipelle biopsy, and management including Mirena IUS insertion.
- Throughout the day Dr B manages a wide variety of conditions and undertakes several procedures that previously would have required a referral to secondary care: eczema, diagnosis of odd rashes, cryotherapy, minor surgery, acne (including the use of isotretinoin).

Wednesday: Single-handed general practice, the named GP, shared clinical records and specialist dementia care team

- Dr C runs a single-handed practice. He and his patients benefit from being part of the federated model, whilst maintaining high standards of personal care. The team of GP, advanced practitioner (AP), practice nurse and health care assistant provide the majority of care, referring to local federated practices in some situations.
- During the morning, Dr C receives a phone call from a local optometrist who is concerned by an 82 year old man showing signs of early dementia. As the optometrist has access to shared clinical records, he notes that Dr C is the named GP and likely is unaware of the problem.
- Dr C knows the patient well, but has not seen him for several months. The AP visits the patient later that morning and discovers that he has become increasingly forgetful over the last six months, and his wife is struggling to cope. The AP undertakes a clinical assessment, makes a preliminary diagnosis of dementia, and completes a referral template on her mobile tablet to the Admiral Nurse team, a specialist dementia care team.
- The Admiral Nurse carries out a full assessment at the patient's home: dementia screening bloods have been taken, a CT of the patient's head has been arranged for Friday, safeguarding issues have been discussed with his wife, and the Admiral Nurse has organised a social worker to visit the next day to assess social care needs. A joint review visit is arranged for Monday next week with the Admiral Nurse, and one of the local GPs who is part of the CCG dementia team — diagnosis and a management plan will be agreed with the patient, his wife, and other family members.
- Through the afternoon, the AP tracks the progress of her patient through the shared care record.

Thursday: Diabetes clinic, pharmacy disease monitoring clinics and teaching students

- At Dr D's practice an 8:00am–8:00pm diabetes clinic is run by a dedicated team: two diabetes specialist nurses, a dietician, and a podiatrist. Patients are booked in from practices across the CCG. The clinic provides a 'one-stop' that caters for all of a patient's diabetic needs.
- The mobile retinal screening service is at the practice today. The clinic takes place in the primary care wellness centre, where patients also have access to a gym and advice from a fitness trainer. A seminar is being run for patients on the DAFNE course.

- One clinic patient has gestational diabetes. She is 26 weeks pregnant and attends her appointment remotely from her workplace. Her insulin requirements are monitored via telehealth, and the specialist nurse texts her recommended insulin dosage changes. An insulin prescription is sent via electronic script transfer to the pharmacy near the patient's work. As the clinic rotates between the federated practices, further telehealth contact will occur from a different location tomorrow.
- A patient has complications from type 1 diabetes. He is only 32 years old and has numerous physical consequences from poor control of the disease. The specialist nurse observes that the patient is showing signs of depression, so she arranges an appointment with a federated mental health worker that afternoon, who is running a clinic in a neighbouring practice.
- Dr D's practice also has an attached pharmacy. Today there is a primary care pharmacy clinic for disease monitoring available to patients across North Durham. The pharmacy runs lithium, DMARDs, and warfarin clinics, alongside smoking cessation and health checks.
- Dr D also regularly teaches medical students. The organisation provided by federation has allowed her to dedicate more of her time to this, and she now runs student teaching locally, with input from the majority of neighbouring practices. Student feedback over the last year has been excellent.

Friday: Palliative care, protected learning time and evening clinics

- Dr E is doing an evening surgery today, so she starts her day at 11:00am. Dr E is a GP with a special interest in palliative medicine. Her day begins at the hospice, which starts with a multidisciplinary team meeting; patients at the hospice are discussed, along with those in the community who need extra input from herself, the Macmillan nurse team and the palliative care consultant. She spends the next few hours with patients who either attend the hospice day clinic or are on short-term stays for symptom control.
- Throughout the morning, several GPs ring the hospice for advice on palliative care. Some calls are dealt with over the phone by team members; others require a home visit which Dr E starts just after lunch. The visits have been arranged so that the GP and MacMillan nurse can also be present, if indicated. An hour is allocated for each visit. Dr E is recognised for her skill in symptom control for patients approaching the end of life.
- Between 4:00–6:00pm Dr E's surgery closes for practice development. The practices in the federation have agreed to manage demand from the central hub, across neighbouring practices, during protected sessions of two hours fortnightly or combined for longer sessions.
- At 6:00pm the surgery reopens for evening appointments. Clinics are run by Dr E, two salaried GPs, two practice nurses and one health care assistant. Attendance is almost 100% as patients have all received automated text and email reminders over the preceding 48 hours. Appointments run on time; patient feedback and satisfaction scores are excellent.

Saturday: Weekend clinics, GP sickness cover
'Well Woman' clinic and early pregnancy assessment clinic

- There is a problem this morning. Dr F has become unwell overnight with the flu and is unable to work. She has a fully booked 'well-woman' clinic. This has been a popular Saturday addition over the previous two years, catering to women who are unable to attend during the week. Any federated surgery can book a patient into this clinic, which runs from 10:00am–6:00pm.
- At 7:00am Dr F emails the on-call practice manager to explain the situation. The practice manager checks the profiles and schedules of all clinicians working today across the federation, and rearranges the schedule of several GPs to enable cross-cover. Consequently, at 9:30am a female GP from another practice in the federation, with similar gynaecology experience, arrives to cover Dr F's clinic. All of the patients have been contacted (by email, text or phone) to explain the change of GP, and to offer them the opportunity to delay their appointment should they wish to see Dr F.
- Today the EPAC (early pregnancy assessment clinic) is held at Dr F's surgery. This is a midwife-led clinic which runs every day, rotating among the federated practices using a mobile ultrasound. Any patient can be booked electronically into the clinic, either from their own practice, by a midwife, from '111', or from the out-of-hours service.
- The weekly haematuria 'one-stop' investigation clinic runs today at the adjoining primary care investigations centre. Patients are referred directly from any of the CCG practices into this nurse-led clinic. Appropriate blood tests are taken in their practice prior to referral. It is run by a urology specialist nurse and a radiographer, who undertake flexible cystoscopy and ultrasound; they have on-line access to a consultant urologist for advice and help with assessment. By the end of the clinic each patient has received a diagnosis and management plan.

Sunday: 'Floating' GP and planned weekend discharge from hospital

- Dr G arrives at his surgery at 8:00am. There is a range of clinics for reactive care and management of long-term conditions running at his practice. But today he is one of the federation's 'floating' GPs. His work will be allocated by the workload manager at the federation's hub, responding to demand across the federated practices in NHS North Durham CCG.

- Dr G might spend a portion of the day visiting patients in care homes, who otherwise would have been taken by ambulance to University Hospital of North Durham emergency care for assessment. He might spend some time triaging calls for any practice which becomes too busy. He might see patients at his own surgery should demand increase.
- At 2:00pm Dr G is called by the sister from one of the medical wards to inform him of the planned discharge of one of his frail elderly patients. The patient lives alone, and was admitted with a fractured hip. Surgery was successful, and after a period of rehabilitation she is ready for discharge this afternoon.
- Dr G accesses the shared electronic record to check that all services are in place. Social care is involved and he can see that carer visits are allocated. The community pharmacy will deliver her updated medication pack later this afternoon. Her first physiotherapy visit is booked, and an occupational therapist will visit tomorrow morning. District nursing visits will commence this evening to administer medication and for a general check-up. Dr G is happy that all services are in place, and arranges to visit the patient tomorrow afternoon.

Key characteristics of the future of primary care which will be supported by NHS North Durham CCG:

- Federated working that enables increased efficiency in primary care
- Sustainability in working practices for primary care professionals
- Wrapping of social care and community services around primary care
- Maintaining personal care of primary care services
- Flexibility to offer seven day cover to patients and extended weekday opening hours
- Movement of secondary care services into the primary care domain
- ‘Generalist-specialist’ primary care clinicians
- Information sharing systems and culture that promote patient-focused case management and timely access to information, as well as reducing barriers to inter-agency working
- Access to effective and fast diagnostics, increasingly based in primary care investigation centres