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WHITEPAPER

Innovation in Primary Care

An Era of New Possibilities for Providers, Professionals and Patients

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Primary healthcare in transformation

The Covid-19 pandemic has resulted in major change for primary care — because of shifting needs and priorities, alongside requirements for personal protective equipment and an array of social distancing measures.

While workloads have increased for many teams, we've seen a significant reduction in the availability of NHS staff. Healthcare professionals have also been impacted by the virus, the need to self-isolate, and the demands of young relatives or elderly parents within 'care bubbles'.

Significantly, the pandemic has highlighted weaknesses in the system, including inequalities in the care provided and a lack of integration through joined-up pathways.

It's also exposed poor management in the area of technology. Even though the NHS has a clear strategy of digitisation, the pandemic has proved that innovation can — and should — happen faster.

Over the past 12 months, we've seen some remarkable results through innovation in primary healthcare — and many professionals have caught a glimpse of what's possible when there's a will to make it happen.

This whitepaper explores some of these innovations, imagines how tomorrow's healthcare might look, and sets out some of the steps required to deliver on the potential.

Moving at Speed

It's an uncomfortable truth, but if the NHS had changed little in the face of the pandemic, then the system would have been overrun and could have possibly collapsed.

But primary care adapted rapidly in many ways. Video consultations are a good example. During the pandemic, a GP in their 70s, who might previously have resisted telephone consultations, was having video calls with patients at home. Technology was embraced out of necessity.

Vaccination is another example of what's possible when there's a real will to achieve a desired outcome. Huge investment was placed in research and the roll-out programme. Very quickly, tens of millions of people were vaccinated.

The big question for thought-leaders today is: how do we clearly identify what's succeeded — and then invest more resources in the right areas to bring about lasting change?

For example, should we spend more money on buildings, or should we put the resources into services that save many people from coming into buildings at all? And how can we use technology to manage resources more efficiently and better care for patients in a more joined-up healthcare system?

Let's explore the opportunities and challenges ahead.

Research published in July 2020 by GSK, the pharmaceutical conglomerate, found that **84% of people in Spain**, **77% in the UK**, **75% in Italy** and **63% in Germany** consider it important to take their health into their own hands to relieve pressure on healthcare systems.

Consumers have also become accustomed to managing many aspects of their lives remotely via technology; they wonder why the same is not possible when it comes to their health.

Digital healthcare was the future. Then along came Covid-19

- Wired, 15 December 2020

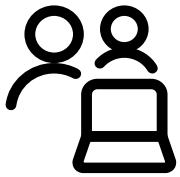
Three Priorities for the Healthcare of Tomorrow

1. Empowering patients

We need to re-examine our healthcare model based on what we've learned in the Covid-19 era.

For years, we've assumed that patients want to come into our practices and departments to see someone. So we've set up our systems for them to visit and we've employed gatekeepers to control access.

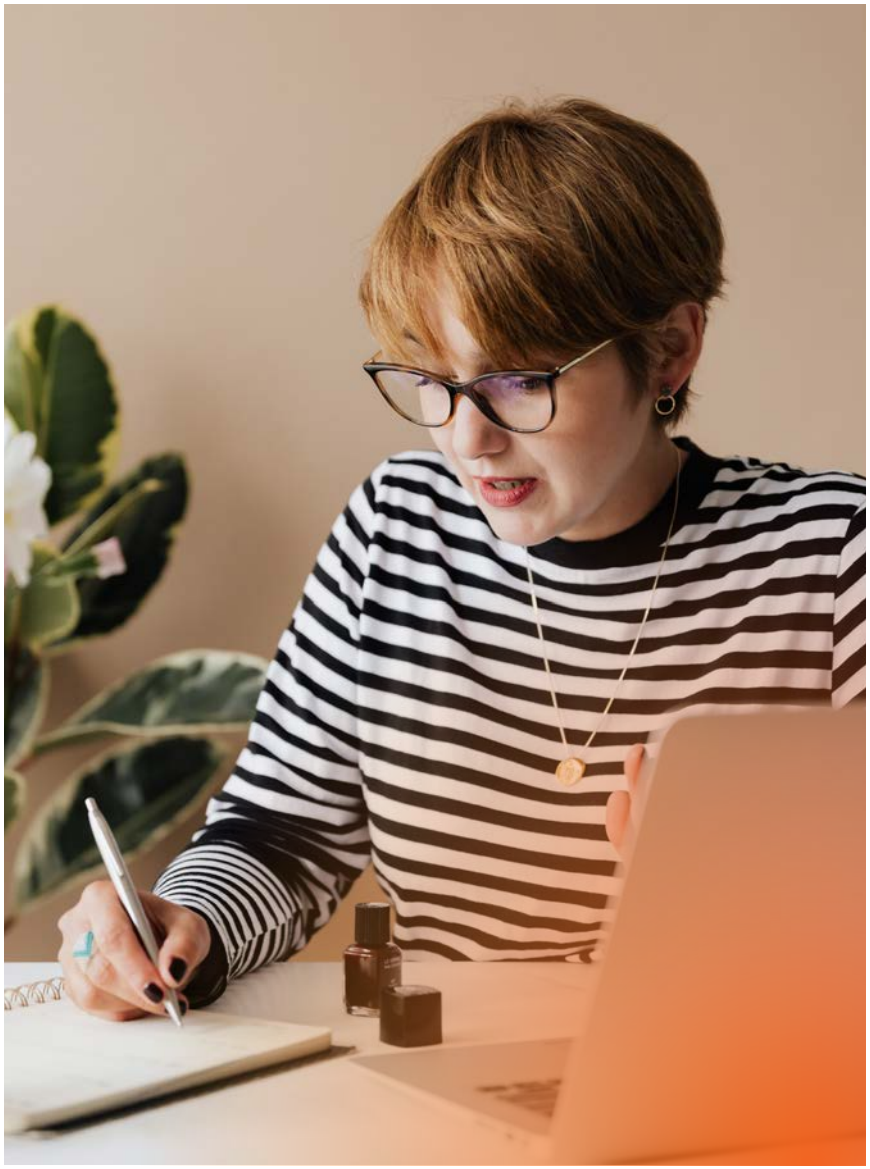
In reality, most patients never wanted to lose two hours of work or have to hastily arrange childcare. They would have liked to avoid paying for petrol, enduring the five-mile journey stuck in traffic, polluting the environment, finding a parking spot and then idly sitting with their phones until their name was called.



In truth, the patient simply wanted their problem to be addressed quickly and effectively.

It's my belief that many would have taken a telephone or video consultation if it could have given them exactly the same outcome with far less time, cost and stress. And it's reasonable to imagine that some might even go further — if given the opportunity to access care and services via self-service, bypassing the step of running through a set of symptoms with a GP.

We need to empower patients to do more for themselves using new technology and solutions. In turn, this will start to reduce pressure on services.



Making informed decisions

As healthcare professionals, we need to guide patients towards making informed choices about choosing the right place for the right care.

Let's consider Accident and Emergency departments.
A patient's arrival might result in lengthy waits and conversations with receptionists, nurses and doctors. On one hand, something like cardiac chest pain might need urgent attention.

But, in many cases, the care they need isn't necessarily at the hospital. The patient might be best served if they are signposted to their GP, visit a pharmacy or attend an urgent treatment centre. Alternatively, if they have a cough or cold, the best advice could be to self-care at home.

People need guiding towards the most appropriate service from the outset. And technology can help.

A fresh focus on triage

Currently, the majority of the public are not yet ready for self-triage. It's too big a step. But patients can be triaged by someone using an intuitive triage system. What's more, that person only needs to be trained in the software, they don't need to be a clinician on a commensurate salary.

The triage system will shape the conversation and find the most appropriate outcome.

Once the public becomes familiar with the triage process, then it's only a small step for computer-literate patients to want to self-serve using the triage system themselves on a tablet, laptop or phone at home — making the process even faster and more convenient, while getting the same outcome.

"It's possible to imagine 85 per cent of care taking place at home without people touching Accident & Emergency departments or other urgent healthcare services."

- Dr Zahid Chauhan OBE

2. Delivering care in the most appropriate way

Care needs to happen in the right place — wherever that is. It's possible to imagine 85 per cent of care taking place at home without people touching Accident and Emergency departments or other urgent healthcare services. Through innovation, we can make better use of resources. But today, we're some distance away.

Let's imagine a patient seeing a doctor at their GP practice. The clinician decides a blood test is needed. The patient returns for this on another day. Some days later, they come back a third time to see the doctor, who has the results. This leads to a referral from the doctor.

This is a simple illustration which becomes even more complicated when you consider we have an increasingly ageing population with multiple co-morbidities. We need to streamline this process with a one-stop-shop approach.

For example, a clinical pharmacist could be trained to talk through the questions remotely with a patient, taking in their medical history.

A blood test could be taken. Then the doctor could be involved — once only, at the point when the decision can be made — after the information from the pharmacist and the blood test result has reached them.

More care, delivered efficiently

Conferencing tech, joined-up patient management systems and other innovation can enable the process to happen smoothly and efficiently. The point of contact for the patient doesn't have to be a pharmacist.

It could be a nurse, a healthcare assistant, care home staff, or someone else with system training. It might even be someone placing a stethoscope on a patient's chest, while the GP listens remotely.

Crucially, this approach could save on the scarce resources of GPs, take pressure off Accident and Emergency departments, and avoid ambulances being called. Using the right technology, we could start to build a healthcare network that enables us to deliver more appropriate care — often at home — and do it more quickly and cost-effectively.

3. Embracing a new working model for professionals

Amid the heartache and challenges of the pandemic, we've embraced some positive changes in how we act as healthcare professionals — and it's important we don't return to the same old behaviours.

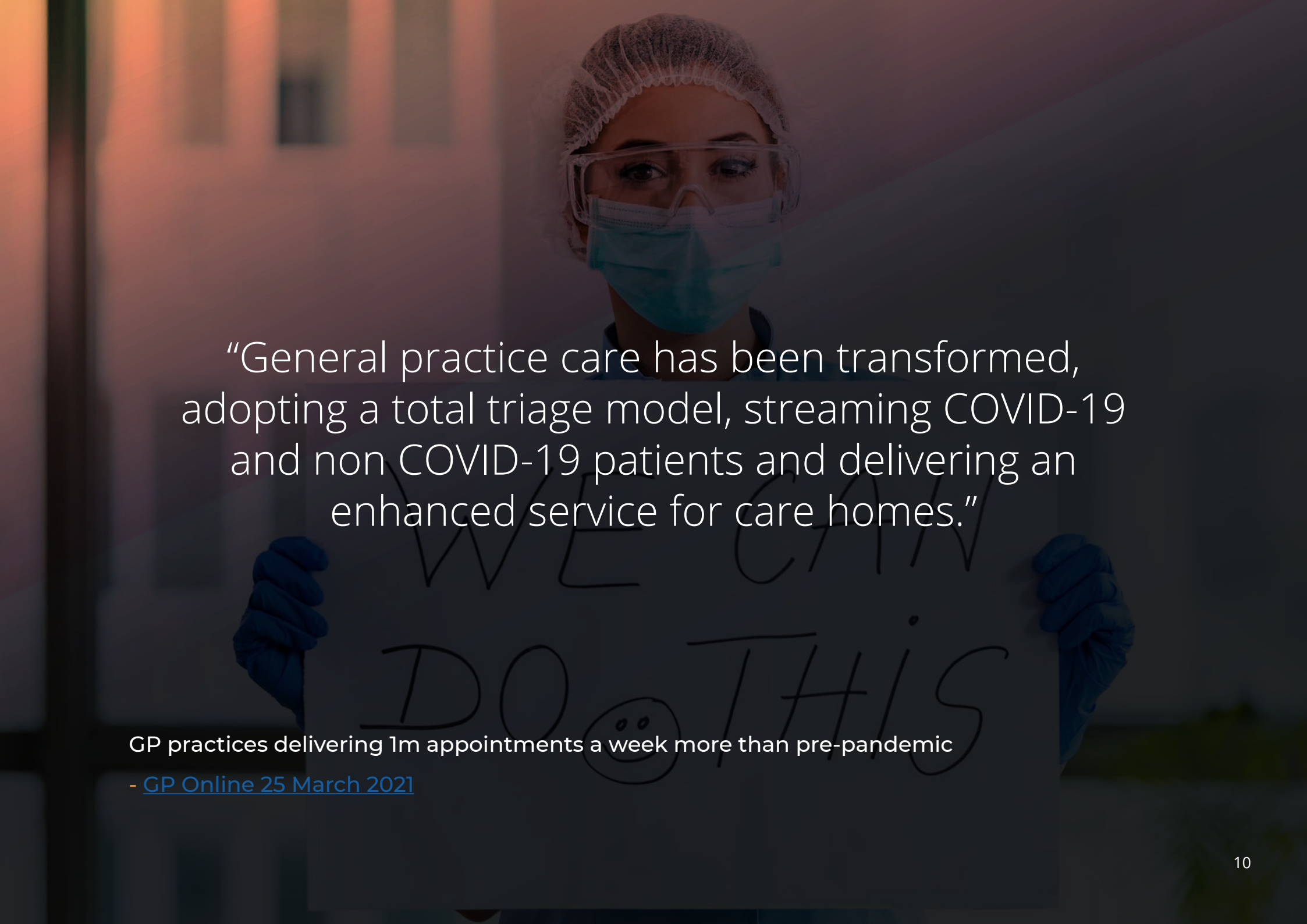
Traditionally, doctors are trained to be highly risk-averse. But, because of Covid-19, we've often had to adjust how we provide care, through video consultations and other ways, because we've lacked other options. This has helped many doctors towards a new mindset about how to deal with risk, evidence and mitigation to protect patients and staff against harm.

New ways of working have solved some long-running issues. For example, before Covid-19, a GP surgery might struggle to fill out-of-hours provision. But now this isn't a problem for some practices because 80 per cent of doctors and nurses are equipped with systems that allow them to work remotely from home.

This flexibility can be transformative. For example, a trained doctor might have stepped away from the workplace because they need to care for an elderly relative or look after children and so cannot commit to regular hours. But now they can work from home, playing their role in supporting the wider healthcare system — even if it's just a few hours, here and there. With the right tools and system access, they can triage and prescribe medication from home via a laptop.

This new remote model for professionals also saves them from travelling to work, using petrol, increasing pollution and encountering a host of unnecessary hassles.

Giving staff the choice to work from home can be beneficial for GP practices and other primary care providers. Organisations don't need to bring hundreds of people back into offices. You can give them a dedicated workload and find tools to manage their performance better and support them. We must consider this new model seriously.



"General practice care has been transformed, adopting a total triage model, streaming COVID-19 and non COVID-19 patients and delivering an enhanced service for care homes."

GP practices delivering 1m appointments a week more than pre-pandemic

- GP Online 25 March 2021

Four Ways to Support Innovation in Primary Healthcare

There are practical ways that healthcare leaders can help to drive and support change.

1. Demand better system integration

We need to integrate better to improve patient outcomes and save on duplication and resources. This is something that key decision-makers should explore today. I don't mean we need to establish a single, over-arching body that covers everything. Rather, we need to enable integration through safe clinical handshakes between organisations. Through technology, we can create these joined-up pathways that help to transform the patient journey.

A good illustration of this is social care. Politicians talk about integration of health and social care. But integration should not be about putting a social worker alongside a GP in a surgery.

Integration is having a common technology, so you can transfer information from one team to another at the click of a button, wherever care is provided, in-person or remotely. We can go further in this area too — by bringing the voluntary sector under the same umbrella.

It's not about who holds the contracts; it's about all these organisations working together in more effective ways to save time, make the best use of resources and enable patients to understand care pathways more easily.

2. Refresh healthcare training

The whole purpose of training is to reflect the needs of the communities and patients. However, doctors, nurses and other healthcare professionals have been largely trained using textbooks and physical examinations.

This is still important, but training also needs to be refreshed to reflect the provision of remote care using video and any emerging technology.

3. Encourage behavioural changes among patients

As consumers, most of us probably felt some resistance when supermarkets introduced self-checkouts. But we quickly realised they could save us time and were more convenient in most cases.

Similarly, as we've discussed already, many patients will soon recognise the benefits of remote care or seeing someone other than a doctor — if it addresses their problems sooner and safely.

As we develop our services in areas such as triage, patients will value being seen by the most appropriate person right away, rather than feeling they've been passed to and fro throughout the system.

This is about education combined with a positive experience. We can encourage patients and explain how it'll help to address their health needs. If they genuinely need the 'personal touch' of seeing someone — for example, a mental health counsellor — then this can be arranged. If their issue turns out to be loneliness, then the voluntary sector may be best to provide help right away, rather than them seeing a doctor who has a different set of skills. Again, early triage will help.

However, even though many patients will recognise the advantages right away, for others it will be a struggle. For a 90-year-old, their whole concept of the NHS may be to walk into a GP surgery. This isn't something we can change easily and so — for a certain amount of time — we may need to run parallel systems, in effect, to ensure that everyone receives the care they need. And one system will be increasing as the other decreases.

4. Revisit healthcare legislation

The laws around healthcare have been changing during the past 12 months because of the pandemic.

One example would be the Statement of Intent that doctors can issue regarding end-of-life patients — so their passing, when it comes, is treated as an expected death and you can issue the death certificate accordingly. Before Covid-19, doctors needed to see the person face-to-face and their passing had to be within 14 days of the statement. During the pandemic, this was changed to 28 days and the face-to-face visit could be via a video call. This has made a significant difference.

In similar ways, I believe that legislation needs to reflect the changes of environment, the nature of work and the technology that enables us to provide care in a different way.

"We maximise our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against or left behind.

We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste opportunities for others."

Taken from the NHS Constitution — Values

Pressing Forward, Not Turning Back

The nature of primary care has changed significantly since the arrival of Covid-19. It's essential that we build on what we've learned and continue the good work, rather than turn back.

We need to assess where we've done well — and focus more on that. Today, technology already exists that can answer many of the challenges and opportunities explored in this whitepaper.

Significant rewards are within reach: clinicians can achieve more, valuable resources can be used more effectively, and the patient experience can be improved significantly.

To seize the opportunity, we need commitment from leaders as well as dedicated investment and clear goals. It requires a partnership approach, where technology experts and clinicians come together to overcome barriers and find exciting new ways to deliver outstanding innovation in primary care.

What's clear is that the opportunity exists — for those with the vision to press forward.

About the Author

Dr Zahid Chauhan OBE is passionate about improving health, education and social care services — through innovation, improving efficiency and creating opportunities for local communities.

His main areas of expertise are clinical and corporate governance as well as innovative business development through stakeholder engagement.

Dr. Chauhan is a General Practitioner and elected councillor in the North West, Chief Clinical & Governance Officer for BARDOC and Clinical Lead for Greater Manchester Urgent Care Alliance. He has served as a deputy chair of Health and Wellbeing Board in Oldham and Non-Executive Director for North West Ambulance Services Trust.

As Chair of MioCare Group he led the organisation to an ethical care agenda through innovative ways of working. Dr Chauhan is currently serving as Cabinet Member for Health and Social Care in Oldham Council and is leading several community projects to empower communities' and is founder of the Homeless Friendly Charity.

Dr Chauhan represented United Kingdom on the Committee of region in European Union where he was involved in policy making and ensuring Britain's view is well represented.

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How Advanced Delivers Innovation in Primary Healthcare

Primary care professionals want to make a difference to people's lives by delivering high standards of care. Teams need the freedom to make the best decisions possible with the right information, without being impeded by unnecessary processes or poor technology.

Our solutions are designed with the help of our internal clinical team. We solve problems that need fixing, providing efficiency, auditability and visibility — so health and care professionals can deliver world-leading care for patients and service users.

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