

***Hard budgets how to make
them work for you.***

**Pathfinder Healthcare
Developments CIC**

Dee Kyne & David Morris



- **Primary Care**

- What we have done ...
- What we need to do ...

- **Secondary Care**

- What will need to be done ...



**Changing the
mindset and
maximising
the return
from spend.**

Family Doctor



Risk stratification – know your population

Care/Case Management – take targeted action

Wellness Support – not just a disease service

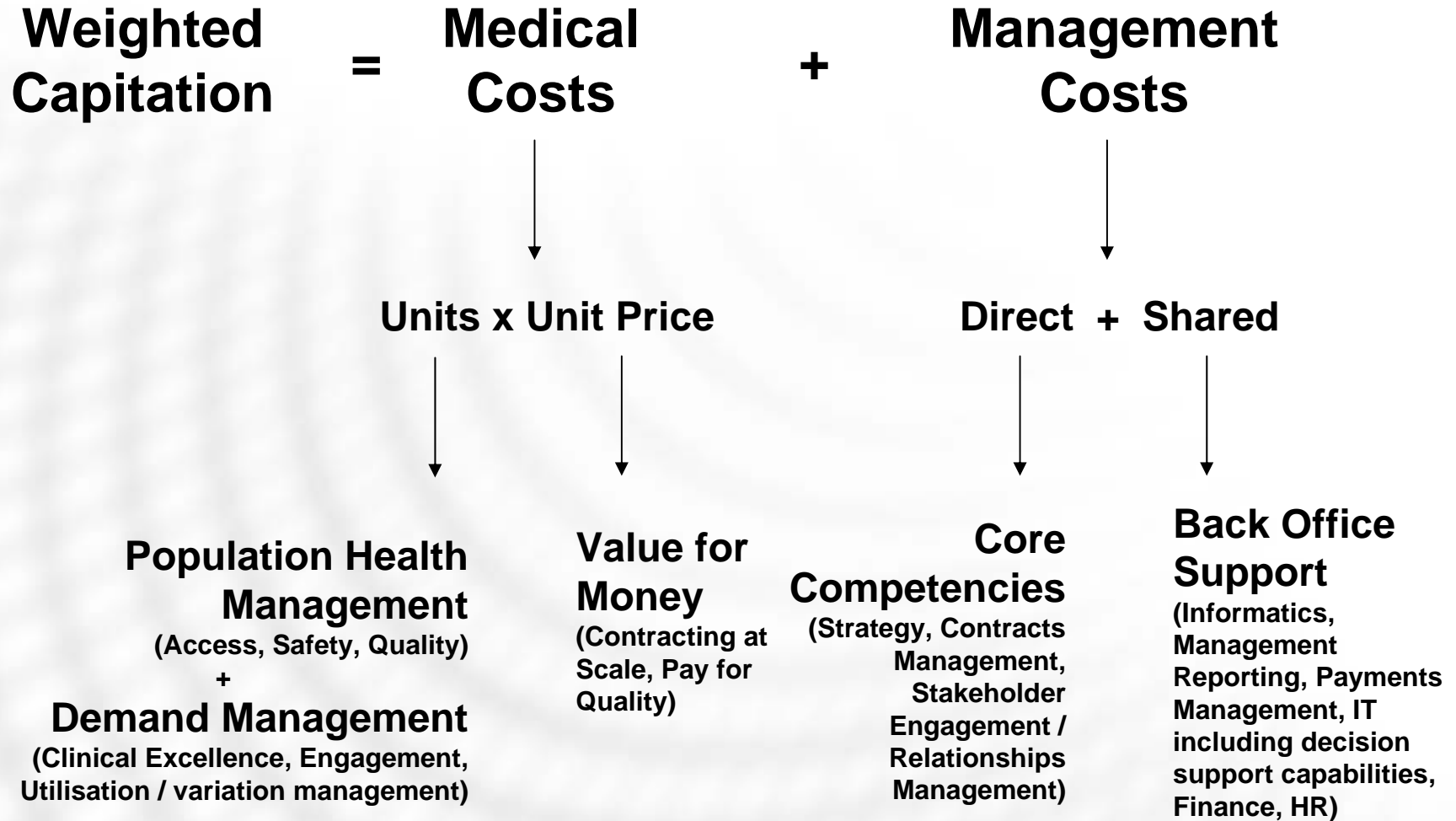
Access – respond rapidly and reduce hospital attendance

Workforce- develop, expand, support and skill mix

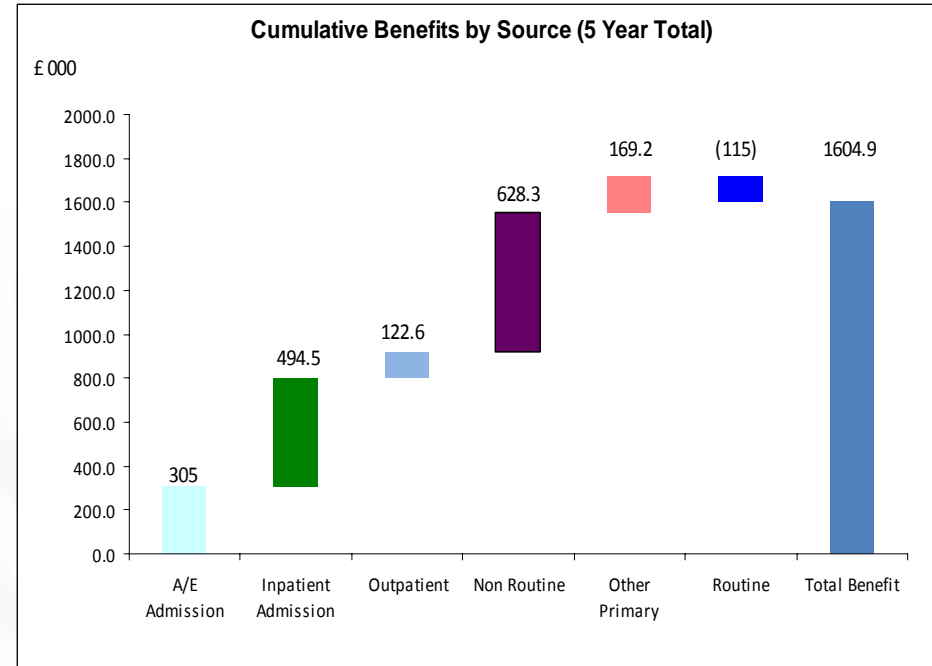
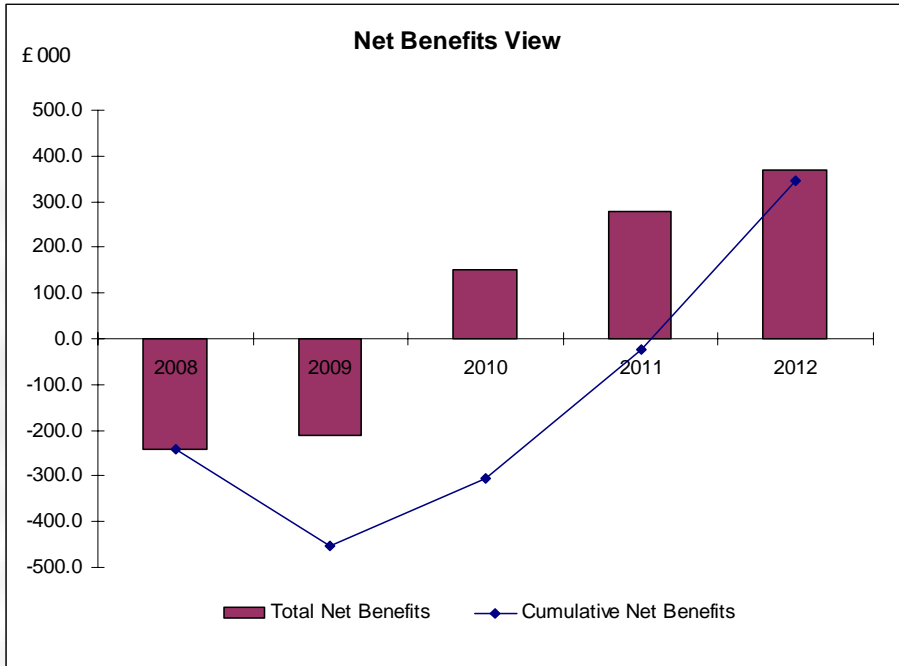
Healthy Communities – mobilise support



Back to Basics: Business Fundamentals



Understanding our financials to forecast outcomes

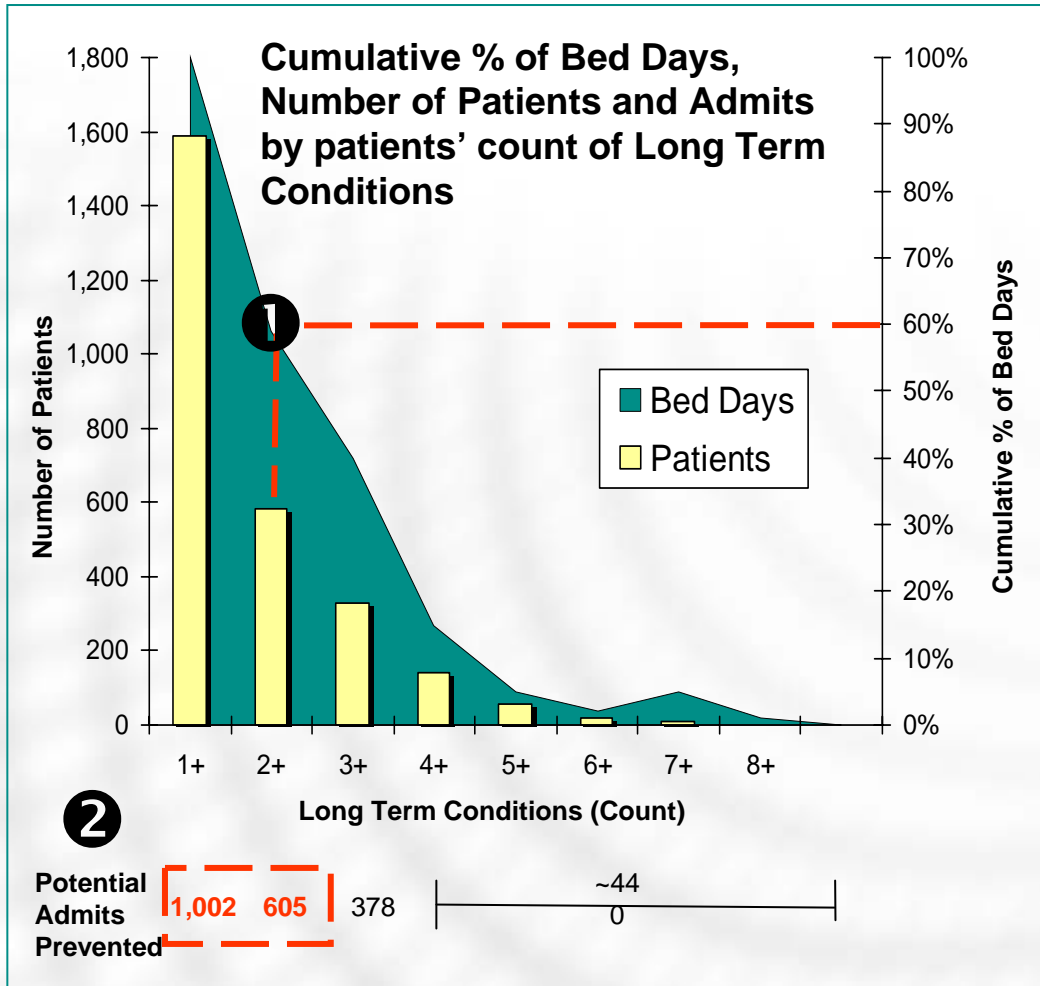


All numbers in £ 000	2008	2009	2010	2011	2012
Net Benefits	-243.3	-211.1	150.4	279.1	370.7
Cumulative Net Benefits	-243.3	-454.4	-303.9	-24.8	345.9

A/E Admission	Inpatient Admission	Outpatient	Non Routine	Other Primary*	Routine
305	494.5	122.6	628.3	169.2	(115)

* Other Primary Care – include the savings associated with Workforce Development : reduced sick days, increased productivity and lower cost of turnover

Sizing Targets and Potential Impact



Observations:

- 1** 40% of patients with 2+ LTCs account for 60% of bed days
- 2** Patients with two or more LTCs are more likely to be admitted but patients with one or two LTCs do have a 30-40% chance of admission

Telephone Outreach Care Management

A state-of-the-art telephonic support programme focused on changing health behaviours



- Partnership with Aetna UK – leveraging their expertise in the programme delivery
- **Early identification of all at-risk patients using health analytics, not a disease specific programme**
- Programme is completely **integrated** with existing patient care and the practice - from identifying patients to following practice procedures
- Programme introduced as an adjunct to established diagnosis and medications to enhance patient/doctor relationship
- Promote **behavioural** change through use of patient rewards



Home My Health Assessment My Health Report My Completion Certificate



My Health Assessment Summary

Overall Health Risk

My Conditions

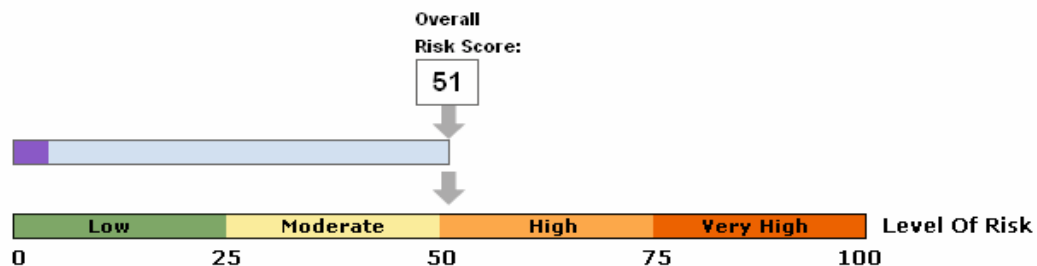
Print this page

Name: Mike Wain Gender: Male Date of Birth: 11 Dec 1973

My Health Assessment Summary

- Risk you cannot change
- Risk you can change

Compare Score History



Risk Levels For Certain Health Conditions:

Low	Moderate	High	Very High
Depression	Breast Cancer		
Skin Cancer	Colon Cancer		
Stroke	Diabetes		



Volunteers practise t'ai chi outside the Windmills shopping centre in Smethwick

Flexible approach to medical checks

Smethwick stands at the point where Birmingham ends and the Black Country — a cluster of once soot-encrusted towns — begins. The soot has gone, along with the heavy industry that gave rise to it, but the health problems associated with poverty and poor diet persist.

Smethwick, a diverse town in which at least 23 languages are spoken, is made up of three wards that are among the most deprived outside London. Life expectancy is nine years lower than in the more affluent suburb of Solihull, according to Niti Pall, a partner in Pathfinder Healthcare Developments (PHD), a social business built from a partnership between Smethwick Medical Centre, where she has been a GP for 16 years, and nearby Cape Hill Medical Centre.

Their efforts to devise flexible means of providing preventive medical checks for their patients would surely meet with the approval of Lord [Ara] Darzi, undersecretary at the Department of Health, whose report on the NHS calls for a major shakeup in primary care.

Apart from targeting patients on their lists through age and family history, PHD has rounded up 45 volunteers to invite members of the public into marquees erected outside supermarkets, factories, and even pubs.

Once inside the marquees, tests can be done for such health indicators as blood pressure and glucose levels. The area has a particularly high prevalence of cardiovascular disease and diabetes.

"People round here have low expectations for their health, and we want to change that," says another Smethwick GP, David Morris.

Funding for PHD has come with the help of a £200,000 loan from Big Issue Invest. Business development director Dee Kyrle puts the cost at around £500,000 a year. She was outside the PHD marquee at the Cape Hill branch of Asda when she saw a florid-faced man of "around 50", sidling past. "We started chatting and he was persuaded to come in to have his blood pressure tested," she says. "It turned out to be so high that he went straight to hospital. He's now on medication that has saved his life."

On Sundays, Pall sometimes visits the Gurdwara, the town's Sikh place of worship. "You can have a captive audience of over 2,500," she says. "Not that the men listen to me. I may be a Sikh, but I'm a woman. They're more likely to take notice of David," she adds with a smile and nod in the direction of her GP colleague, Morris.

She is, however, finding a more receptive audience among the women, encouraging healthier food in the kitchens through an NVQ in catering, offering female-only dance classes, and making the older people aware of the importance of routine health checks.

Chris Arnot

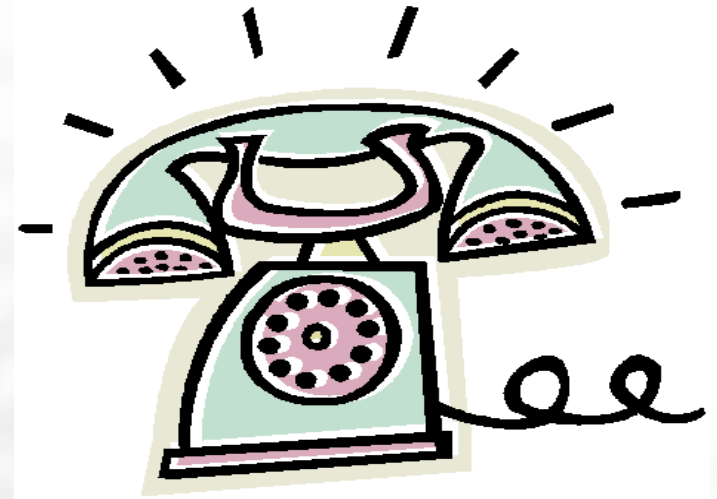
Oldbury Council House - Health Day Mayor of Sandwell- Blood pressure check



Any patient wishing appointment on same day once open appointments taken are rung back by a clinician - usually within 30 minutes.

50% dealt with over phone, 30% seen same day, 20% given appropriate other appointment

30% reported would have gone to A+E without this.



Primary care – what more needs to be done...



The inconvenient truth

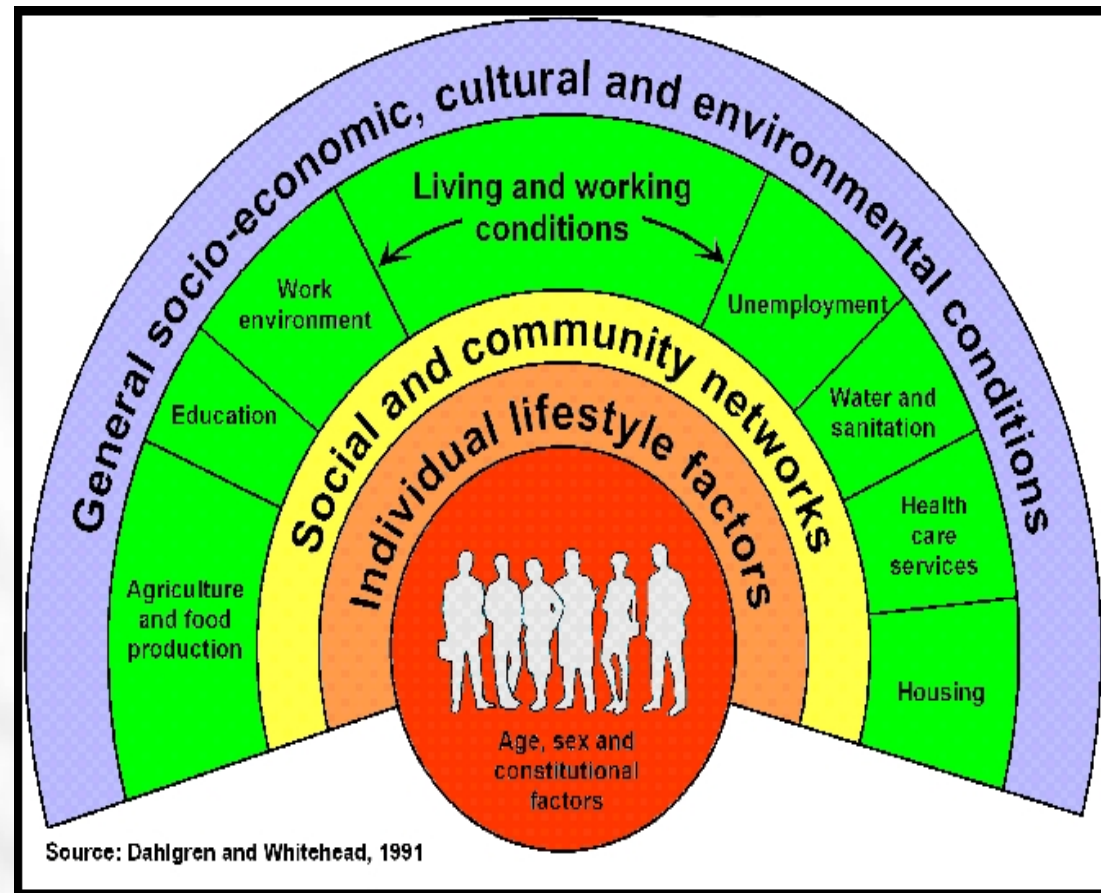
Challenging

but.....

General Practice
very well placed to
address this

and.....

can take longer term view



Maximising impact

Assisting clinical decisions

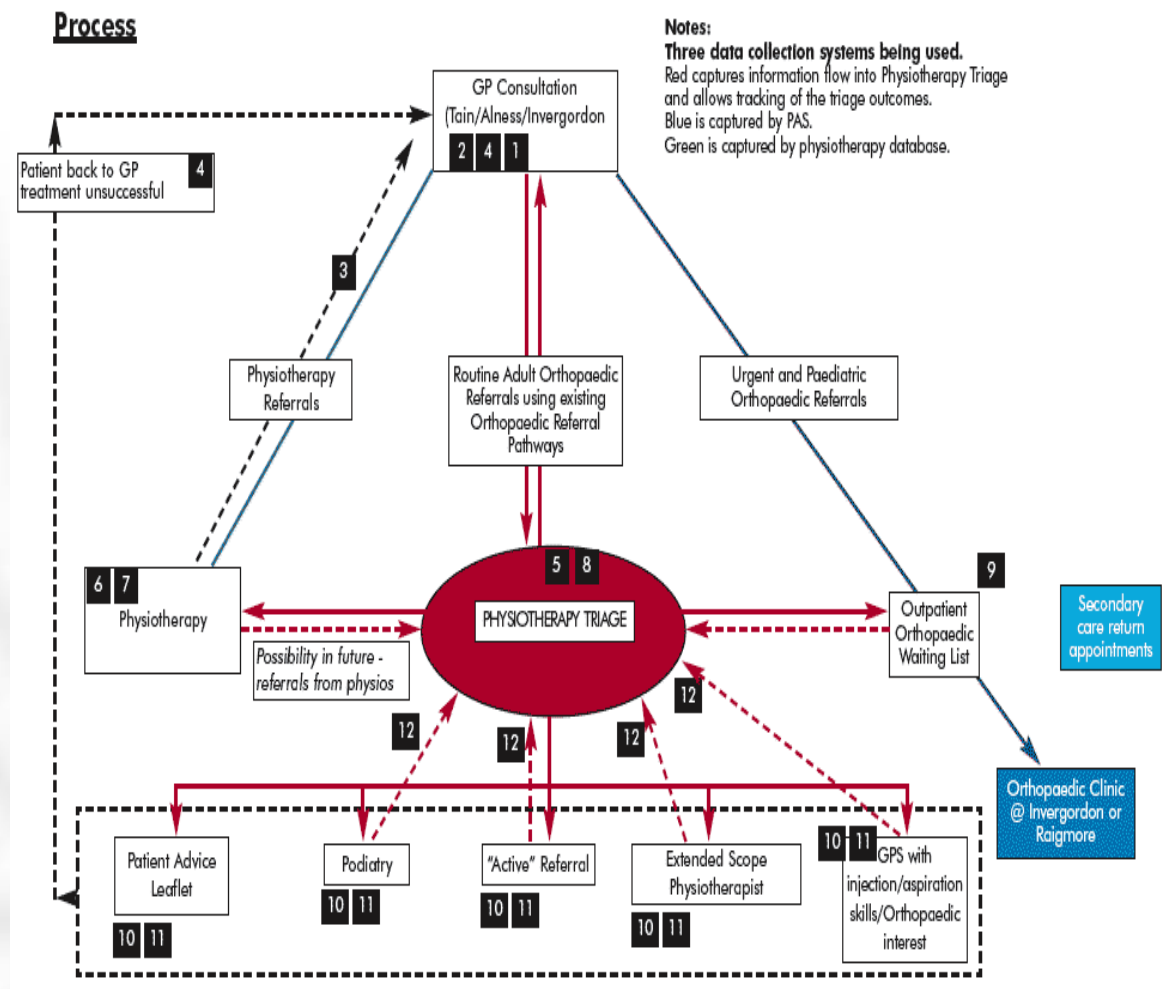
Improving standards



Time consuming...

but

appears cost effective and helpful to clinicians if done well.



Nutrition

Exercise

Environment

Mindfulness

... plethora of largely
ignored evidence



Extracting the money!



Work
together
where
possible



BUT....

Stop contracting for activity... and



Also...

Provide in
General
Practice as
much as
possible



Consider slaying sacred cows??

Figure 2. Number of trusts and health authorities

	1998	1999	2000	2001	2002	2003	2006	2007	2008	
(District) health authority	100	99	99	99	95					
PCT and care Trust			40	161	304	304	152	151	151	
Ambulance	35	35	32	32	31	31	12	11	12	
Acute and specialist hospital	173	173	173	176	176	173	171	169	173	
Mental health and learning disability	39	36	50	51	51	65	57	57	60	
Community Trust	113	107	99	64	17	14	12	11	11	
Multi Service Trust	65	65	32	27	18	8	7	6	6	
Regional bodies	8	8	8	32	32	32	10	10	10	
Total	533	523	533	642	724	627	421	415	423	

