Case study: Increasing uptake of innovation in primary care

Introduction

The scope for innovation in primary care is significant and there are many practices who are at the leading edge of innovation. However, many practices also report that there are insufficient resources for innovation given the pressures of demand and workload, and the complexity associated with innovation.

Kent Surrey Sussex Academic Health Science Network (KSS AHSN) worked with primary care teams in Kent Surrey and Sussex, Wessex AHSN and Wessex Local Medical Committees (LMC) to support a conference for clinical leads and practice managers focusing on innovation in primary care.

Background

Primary care deals with 91% of patient interactions with the NHS but receives less than 10% of NHS funding. There are over 6500 GP practices in England, many of whom operate independently, so the market for innovators wishing to work in primary care is disparate. In addition, there are many different funding streams which vary across the country.

Conference

Over 250 delegates attended the LMCs conference: **Innovation in Primary Care**, with over 75% of attendees stating that they found it useful.

The conference enabled practices interested in innovation to see innovative ideas and hear some tips for bringing innovation into their practice. An overview of automation in primary care received a lot of interest with discussions around how automation can be used to ease workload pressures and support patients by guiding them to the most effective resource for their need. Practices shared their experiences of using innovations to good effect, helping to improve access to care for those with long term conditions and increase uptake of vaccinations.

Practices who had used social media effectively to improve patient relations shared their experience and the impact of their social prescribing model.

In addition, they had the opportunity to try virtual reality headsets and see the benefits of this as a learning experience.

Photo: ***Dr James Welham, Farnham Dene Medical Practice, sharing his experience of using Accurx and Self-Book***

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Innovation Checklist

Wessex and Kent Surrey and Sussex AHSN presented jointly on how to innovate, sharing with delegates a guide on how to innovate and take advantage of new services available to help with workload and patient care. In order to support practices, they created an innovation checklist for them to use when considering innovation, preventing costly pitfalls.

This checklist is available via Wessex LMCs website and has been shared with KSS primary care innovation panel.

Wessex Academic Health Science Network

Kent Surrey Sussex Academic Health Science Network

Implementing innovation in general practice

Appendix 1 - Innovation scoring matrix

Give your innovation option(s) a score based on the grid below, include the cost impact of staying with your current set up, so you can see the impact of change. You can add other criteria to the grid to reflect your specific needs.

Criteria	Stay as is	Innovation 1	Innovation 2
Resources needed after implementation - clinical staff (time/ cost of extra hours or staff)			
Resources needed after implementation – time from management/ admin staff or cost of extra staff			
Other resources needed – premises/ IT/ equipment			
Impact on staff			
Impact on patients			
Cost benefit of changing (financial savings less cost to change)			
Other (specific to practice/ PCN/ project)			
Total			

Innovators

12 different innovators presented their products, ranging from using automation to ease workload pressure to improve demand and capacity planning with e-rostering of staff and locums.

Photo: ***Naz El-Sayegh, Anima, outlining an innovative approach to triage and online consulting requests***

Innovators working with KSS AHSN

Accurx self-book to ease appointment booking, improve clinic utilisation and reduce phone traffic.

Anima next generation online consulting supporting collaboration and workflow across primary, secondary and community care.

BetterLetter automates letter coding using a combination of AI and clinical oversight, helping process letters faster with higher accuracy.

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GP Automate address workload pressures through automation of processing normal lab reports, patient registrations and long-term condition (LTC) recalls.

Healthtech-1 automates back-office admin tasks, principally patient registrations capturing full health details, ensuring they are on correct recall registers.

Tempo e-rostering helps with demand and capacity planning, this system enables large practices and Primary Care Networks (PCNs) to plan staffing, locums, rooms and rotas all with one system designed by GPs. It also calculates costs enabling you to find the most cost-effective way of filling gaps.

Impact

The innovators reported that they had a lot of interest following the conference and made some great connections as a result. Five innovators reported an increase in sales as a direct result of the conference, and a chance to meet practices in a different geographical area.

"The Wessex LMC day was such a pleasure to attend. We've had lots of interest from practices who went, it was such a helpful platform for suppliers and the practices too by the sounds of it! Fantastic to see legacy from the day as well with the webpage, it's much appreciated." - Dr Lydia van Hamel-Parsons, Founding Clinician Healthtech-1, NHS GP

Wessex LMC were very happy with the conference, having taken a risk by replacing the regular practice manager conference with one focusing on innovation. Their conference organiser, Louise Greenwood, Director of Local Education Training & Development (LEaD), said:

"*Wessex LMCs likes to support practices in any way that they can. The volume and complexity of primary care work is increasing rapidly, preventing practices from having time to think and plan. We wanted to allow practices some headspace to take time to dig deep into some ideas and leave feeling refreshed and inspired. We also wanted to make it easy for practices to see some solutions and hear examples where time and money have proved effective. We know that change is only likely to be successful if, when you have seen an idea, you get a chance to actually think how you will apply it in your practice. We worked with the AHSN who were able to suggest appropriate innovators to present to our practices and without the collaboration of the AHSN, the conference would not have been possible. The reassurance that the AHSN were able to give, having worked initially with the innovators was very reassuring.*"

And finally, there was positive feedback from delegates with 73% stating that the content of the day was excellent or good and 88% of delegates saying the conference met their needs:

"*I thoroughly enjoyed the day, a lot of the speakers were very inspiring & gave you good ideas, it was also lovely to know we are not alone & have such a huge support network available to us*."

"*I was inspired by some of the speakers to consider changes in our practice*."

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