

# St Luke's Primary Care Centre

<https://www.stlukesprimarycarecentre.co.uk/>

## Quality Improvement Programme Evidence Report



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**Founding Member of BLUEMED GP Federation**



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## Foreword by St. Luke's Primary Care Centre Practice Manager

Our practice has had a very busy, but successful year, implementing many Quality Improvement Activities. Our practice team has worked extremely hard to implement them successfully.

I am very pleased and proud to present our report of the evidence of these activities and the patient and practice benefits that have come from them.



Health walks organized by our PPG

## Foreword by St. Luke's Primary Care Centre Practice Participation Group Chair

Our AGM is fast approaching on November 13th 2018 where we will be summarising all the actions that have been completed over the past year, by the Surgery for the benefit of the patients. We cannot fault the efforts now being made at the Surgery, and our much improved relationship with them. Please do spread the word in the community that the Surgery are working hard to improve patient experiences and are very keen to do so. This is no easy task for them so when you have a positive experience then please put this on NHS choices which will give all the staff a boost that their efforts are being rewarded.

## Executive Summary

During the last 12 months we have worked extremely hard with developing and implementing our Practice Quality Improvement Programme of activities. The golden thread running throughout these activities is their relationship and impact upon the responsiveness of the practice to our patients.

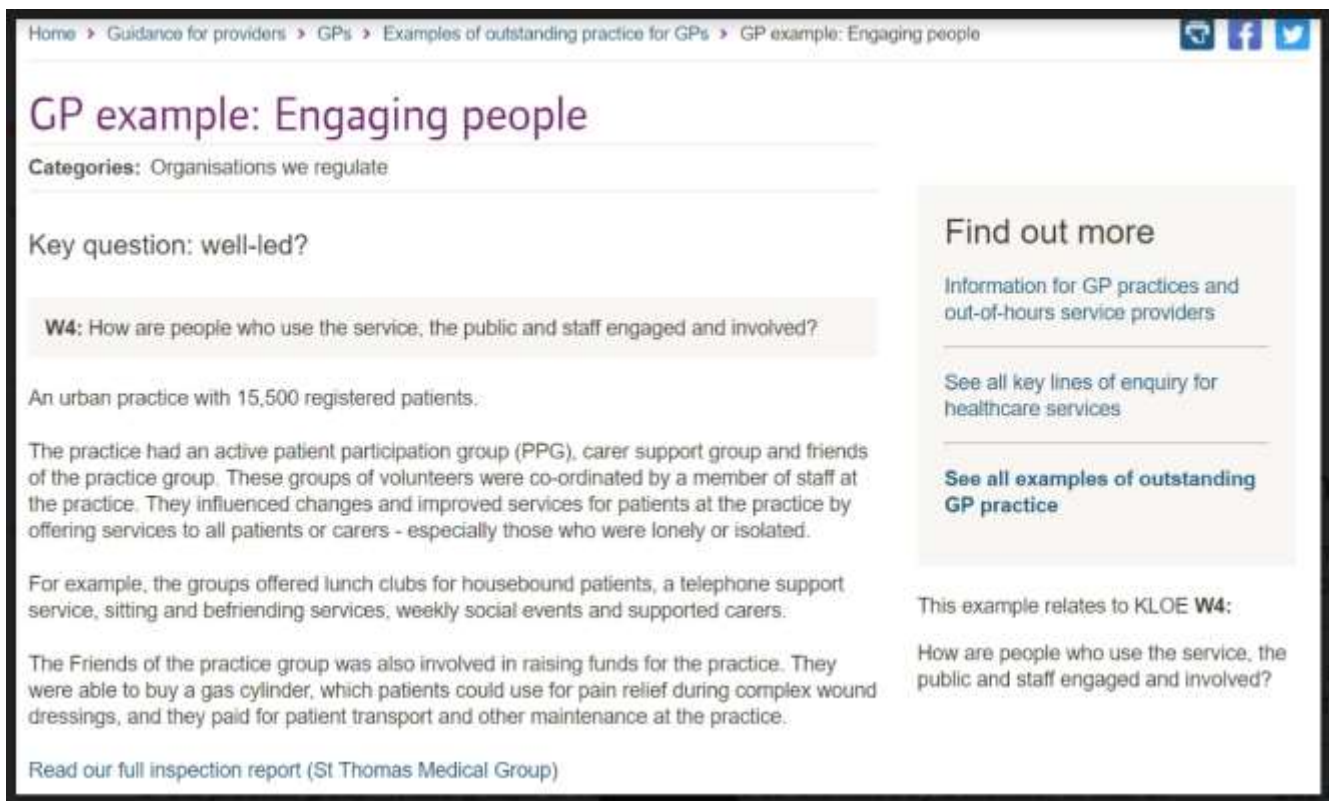
Our aim has always to deliver high quality medical care for our patients, but particularly over the last twelve months we have focused upon how our patients view our delivery of their care, and listened to their views, developing and making changes with them, rather than for them.

- **We have increased our staff numbers :**
- **We have employed a new ANP, particularly because of her Palliative Care knowledge to help our future aspirations of providing Outstanding End of Life Care for our patients**
- **Through increased recruitment and further developing our innovative “Pre-triage Process (PTP)” we further increased, up from the original 40% increase in urgent appointment availability, an additional 22%, to now offer over 200 urgent appointments per day.**
- **We have worked extremely hard with developing our PPG, increasing the membership at October’17 of 8, to now 28.**
- **As part of our ongoing commitment to improve our communication with our patients we have launched a FACEBOOK page, as another medium in which to connect with our patients and highlight Practice changes, quickly and efficiently.**
- **We have made good progress with updating our Practice Website, this is an ongoing project.**
- **We have become much more prompt with implementing recommendations of our PPG through our developed PPG Action Log.**

- We have improved our telephone access, freeing up our receptionists to spend more time with our patients, through changes to our system with more direct department contact. Our telephone system is an ongoing project, seeking to further improve it, within the resources we have.
- To further free up our phone lines and receptionists, we have been directly messaging, via SMS, certain patient pathology results, which has been a huge success, preventing the need for a large proportion of our patients to enquire about their results. This has also resulted in our patients receiving their results much more quickly than previously, a reduction from typically 7 days to 2 days.

## We aspire to be OUTSTANDING

To that end we reviewed the CQC website for outstanding projects demonstrating patient responsiveness:



Being guided by these examples:

eg “lunch clubs”, “fundraising”, “influencing changes and improved services”

We have worked with our PPG to develop and promote patient services, that we will demonstrate within this report, such as :

**Health walks, fundraising, and the PPG have certainly “influenced changes and improved services”**

The PPG Minutes and Action Log is now a standing item on our Partner’ Meeting.

Please see our progress:

**PPG Action log and Practice changes “You asked, we have done...”**

We hope you will agree with us that there has been a transformation in the practice's "Patient Responsiveness", and are demonstrating examples of outstanding practice in this area.

### **Reinvigoration of our PPG**

In October 2017 the PPG had 8 active patient members.

In October 2018 the PPG has 28 active patient members.

A rise of 350%.

Secondary to GDPR, we do not hold our PPG members email addresses.

All our correspondence goes via the chair Sue Hoyles, who can be contacted on: Duston PPG [dustonppg@gmail.com](mailto:dustonppg@gmail.com)

## Patient Participation Group Impact Meeting Notes

### St Luke's Primary Care Centre Patient Participation Group

#### Action Log

<p>Colour coding:</p> <p><b>Red</b> : to do</p> <p><b>Amber</b> : in progress</p> <p><b>Green</b> : complete</p> <p><b>Blue</b> : to hold</p>	<p>Priority rating of the top three actions :</p> <p>1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup></p>
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Date Raised	Action	By whom	Target date	Rag rating
8 May 18	New words for PPG webpage to be added	Alison Pound	Oct 18	Green
10 July 18	Surgery to publish that Drs also have surgery referrals, paperwork and phone calls to make during surgery time – to be displaying on the TV recurrently	Dr Tom	Oct 18	Green
10 July 18	New PPG constitution agreed. To be published on website.	Dr Tom	Oct 18	Green
09/10/18	Put the minutes on website & quicker turn around	Dr Tom	Nov 18	Green
09/10/18	Change the map for practice area	Dr Tom	Nov 18	Green
09/10/18	Re the practice booklet – clarify when the new one is updated on the website, currently assumed to be when the new one is published	Dr Tom	Nov 18	Green
09/10/18	Promoting Healthwalk. It is	Dr	Nov 18	Green

		currently on the website but add to the TV screen?	Tom		
09/10/18		St Crispins and Duston leaflets : Bill Haylock will kindly take ongoing responsibility for creating and submitting the 350 word article.	PPG Member Bill Haylock	End of Oct 18	Amber
09/10/18		Practice approval for “A viewpoint” Partners to agree then to pass back and then for the PPG to agree what to do with it.	Dr Tom	End of Oct 18	Green
09/10/18		Signing in screen 30 mins early cannot register sign in HENCE A SIGN ABOVE check-in But find out those limitations ie 1 min late.	Dr Tom	End of Oct 18	Green
09/10/18		To look into the extent of need for adding nurse/HCA before the staff names, as this removes the confusion where patients think that their appointment has been incorrectly arrived, as it displays a different name to their own.	Dr Tom	April 19	Amber
09/10/18		Multiple accounts for the same mobile phone number new registrations appear to not be possible , despite historical ones working well : eg. husband and wife (consent gained for PID) Bill and Patricia Haylock.	Dr Tom	Nov 18	Green
09/10/18		FDS – a charity are happy to alter the wording to facilitate GP	Dr Emma	Nov 18	Green

	signature without incurring insurance liability. Emma to create suitable wording if possible.			
09/10/18	24/7 phone booking inconsistency need clarifying whether pt is to push 1 or 3. Clarify and discuss with partners to amend system correctly, as I believe it is to fully cease end October. On the website needs to accurately represent is it 24 hrs or not...?	Dr Tom	Nov 18	Green
09/10/18	Book club at Timken Grange	PPG Member Jill F	Nov 18	Amber
09/10/18	Coffee Morning – fact finding to report back to the group	PPG Member Bill	Nov 18	Amber
09/10/18	Well pharmacy challenges and risk to reputation	PPG	Jan 19	Blue
09/10/18	Registration timings – better advertising and an explanation that this is to help the busiest times to be avoided for everyone's benefit.	Dr Tom	Dec 18	Green
09/10/18	Volunteer governance and volunteer policy eg is there a need for online courses. Fact finding meeting by Sue to meet with county volunteer leader to find out the rules that must be obeyed.	PPG Chair Sue	Dec 18	Amber
09/10/18	To look into whether “professionals” in this context non-patients need to wait in the same queue as patients.	Dr Tom	Nov 18	Green
09/10/18	TH to ask the Partners about	Dr	Nov 18	Green

		consideration of queue analysis, if considered appropriate, it is something the PPG can potentially help with.	Tom		
09/10/18		Healthwalk promotion Dr Tom to present at the PLT to encourage clinicians to appropriately recommend patients to participate	Dr Tom	End Oct 18	Green
09/10/18		Ask clinical colleagues to contact Robert if they are available to help with the Health Expo	Dr Tom	10/10/18	Green
10 July		Organise Art Group	Jackie PPG member	Nov	Green
10 July 18		Organise Healthwalk	Karen PPG member	Sept 18	Green
30 Nov 17		Identify the Locum Drs by name for online bookings	Alison Pound	June 18	Green
13 March 18		Amend Dr Roger's phone 'Care Navigation' message	Alison with Dr Rogers	Sept 18	Green
13 March 18		Surgery to implement new Facebook Page.	Alison/Janette Ashton	Sept 18	Green
13 March 18		Update practice website	Alison	Sept 18	Green
13 March 18		The Practice Booklet to be revised as it is out of date e.g. gives directions to disused surgeries	Alison	Sept 18	Green
10 July 18		Surgery to publish information to pre-warn patients of new repeat prescription procedure. PPG looking for volunteers to help/advise patients at an attended table in the surgery.	Alison and Sue	Sept 18	Green

## Latest set of minutes from the October PPG meeting

St Luke's Primary Care Centre  
Patient Participation Group Minutes  
1830hrs – 9 October 2018

Attendees: Sue Hoyle (Chair)	(SH)
Bill Haylock (Dep Chair)	(BH)
Paul Westley (Secretary)	(PW)
Dr Tom Howseman (GP)	(TH)
Dr Sinead Rogers (GP)	(SR)
Alan Bottwood	(AB)
Moiria Chapman	(MC)
Jill Flanders	(JF)
Karen Rockell	(KR)
Pat Hull	(PH)
Pauline Robinson	(PR)
Wendy Abel	(WA)
Robert Henry	(RH)

Apologies: Emma Donnelly, Dawn Johnson, Jessica Birtles, Geoffrey Beedell, Mike Pepper and Clive Rockell.

TH explained that Emma Donnelly was regrettably ill so was unable to attend this evening. He said the partners have a keen interest in the resurgent PPG and he will also attend for the next three months. There will now be a standing item at the Partners' meetings to discuss the PPG minutes and actions.

## 1. Minutes of the Last Meeting of 11 September 2018.

- 1.1. Minutes agreed.
- 1.2. There was some discussion about how the minutes are agreed. SH explained that the September minutes had been agreed with members and the surgery online but had not been placed on the website.  
**Action:** TH to cause the Sept minutes to be placed on the website.

## 2. Outstanding Actions

- 2.1. **Amend Care Navigation message (Alison)** – SR and TH said the message had recently been amended.
- 2.2. **Create new surgery Facebook Page (Alison)** – TH the Facebook page has recently been set up. There was some discussion about how it should be publicised, how it will be moderated and also WA and others expressed that items might be placed on Facebook but not elsewhere, leaving non-Facebook users in the cold. TH promised they would be duplicated. It was agreed to discuss more fully at the next PPG next month. It was agreed to be a good step forward to push information to patients.
- 2.3. **Update Practice Website (Alison)** – TH said that he has been told it has been updated. It was agreed that some things had changed and it would be an evolving issue. PW pointed out that the 'registering' section still showed a map showing the old surgeries.  
**Action:** TH to cause this to be amended.
- 2.4. **Rewrite Practice booklet (Alison)** – TH reported that this had been rewritten and sent to the publishers. PW pointed out that that the website version needs updating too (ASAP) as it is some years old. **Action:** TH to clarify when new one is published and then updated on the website.
- 2.5. **Upload new PPG page (Alison)** – Not completed. TH asked for the document again from PW and TH will cause it to be updated, together with the new link directly to the PPG email account if possible.
- 2.6. **Publish Drs' other surgery time commitments (Alison)** – TH said he is in the process of writing a presentation for the TV screen in the surgery and hopes it could be added soon.
- 2.7. **Publish new PPG constitution onto website (Alison)** – not completed. TH asked for a copy of the document so he could cause

this to be done.

### 3. Actions Priority Rating (A/B/C)

- 3.1. TH said he had sent a R/A/G suggestion to show the current status of each action. Bill showed a copy of another layout he has used in business, showing priority ratings.
- 3.2. It was agreed that the PPG have always respected that the surgery may have other priorities so an agreed Priority 1/2/3 would also be good, depending on the effort needed and the impact it would have to improve patient experience.
- 3.3. PW will put something together in consultation with TH and BH for the next meeting. TH said he looked forward to this as it will show show real progress at a glance for the Partners' meetings.

### 4. Surgery Article

- 4.1. Bill said he had written a personal viewpoint for publication and it needed to be agreed by the surgery. He informed the meeting that he was considering 'St Crispin and Upton', 'Duston Out and About' too. MC suggested that the 50+ was good as well.  
**Action:** TH to take to Partners' meeting for approval. BH to take ongoing ownership of these articles

### 5. NPEG

- 5.1. SH said she attends this meeting and circulates the minutes. She suggested that it was unnecessary to have it as a recurring agenda item unless there were any matters arising for the PPG. Agreed

### 6. Signing in Screen

- 6.1. SH said this matter had been raised before but she really felt it needed some action. It is thought that patients cannot book in on the self service screen earlier than 30 minutes before their appointment, or later than a minute or two. The screen does not explain why a patient cannot book in and they then have to queue for reception. A sign is needed to explain if the limits cannot be changed.
- 6.2. Then there was some discussion, raise by MC, about nurse appointments on the screen which do not clarify the practitioner is a Nurse.

- 6.3. Ait was observed that health professionals ie pharmacy prescription collections and deliveries, were also waiting in the queue and it seems to be the only practice where this happens. TH said he would examine further.
- 6.4. PW suggested that some proper research needs to be conducted on a day at the surgery to find out what people are waiting for and then try and find other means to speed things up. The PPG could help and all agreed. SR and TH said it was a good idea and would raise it at the Partners' meeting.  
**Action:** TH will examine further and raise the issue of queue analysis at the Partners' meeting.

## 7. Correspondence

- 7.1. SH explained that she had received information that FDS charity is offering special exercise for disabled people if referred by the surgery but the surgery had declined to sign the form. TH explained that it is an insurance thing as, by signing the form, the GP was assuring the patient would be safe. SH said the providers were happy to liaise and amend the form.  
**Action:** SH to cause an amended form to be negotiated with the surgery via ED.
- 7.2. SH also said she had received information that the website published 24/7 phone service was not operating. PW confirmed that a call out of hours referred the caller to 111. However, if the caller presses '1' then the system asks for date of birth etc, so there seems to be fault somewhere.  
**Action:** TH to get this looked at.

## 8. Coffee Morning (etc) Update

- 8.1. SH said the Health Walk run by KR was well underway. All agreed that was good news and KR was thanked. TH to collect leaflets and it is currently on the website.  
**Action:** TH can add to TV screen and raise with clinicians.
- 8.2. JF explained that the Book Club arrangements were in hand after two successful meetings with Timken Grange. Just a few things to iron out that whether indemnity and DRB checks are needed. JF is hoping to start it in January and on a Weds morning at 1030hrs. JF was thanked for her work.  
**Action:** Book Club at Timken Grange - Jill

- 8.3. SH said the group had agreed a coffee morning would be beneficial but the venue had not been agreed and we need someone to take a lead.

**Action:** BH would progress the coffee morning venue as a start, following various suggestions.

## 9. Any Other Business

- 9.1. BH raised the issue that, during PPG work at the surgery, patients were often exasperated with the poor service provided by the adjoining WELL pharmacy. Whilst it is acknowledged as being a separate entity to the surgery, it reflected badly. There was some discussion about either speaking to the manager, area manager and/or inviting them to the PPG. Finally, it was agreed to await the queuing research to see how the Pharmacy might impact. This item is therefore pending next meeting.

- 9.2 SH said that Registrations at the surgery had increased for new patients and also for online registering too. However, she is concerned that times for registering have been specified yet the patients do not know this until they arrive with no mention on the website etc.

**Action:** It was agreed and TH will cause info to be published. BH said that officially registrations for online patients were restricted to one email address per patient, however he had found it works for him and his wife with the same one.

**Action:** TH to examine further.

- 9.3 RH said he was involved in a Health EXPO at St Crispin Community Centre promoting awareness of well-being. TH said this was good providing sensible caution was administered when giving out medical advice so as not to create misplaced anxiety.

**Action:** Clinical colleagues to be asked if they might be able to help RH. (TH)

## 9.4 KR said she had sent something out about volunteering in surgeries. It

**was agreed that Governance was important and just might be useful for all the volunteering for the surgery, once explored for things like the Book Club. SR said that courses were available to help and would explore further.**

Action: **Volunteer Governance and volunteer Policy to be examined with a fact-finding mission with County Leader. (SH)**

Next Meeting: Sue reminded everyone that the next meeting and AGM is 13 November, 1830hrs. **She thanked everyone for a good turnout.**

***BH and others said that the attendance of the Drs, the listening and the hastened actions were excellent.***


## Practice changes “You asked, we have done...”

How we are making it easier for you to get through to a receptionist by phone

- We want to make it easier to get through to our appointment booking line. Therefore one of the actions we are making to facilitate this is to make direct access to our specific departments easier, and free up our receptionists to book your appointments
- The outcome of this is that the automated booking service will not be available from 31.10.18, and the telephone system is updated with the number options shown on the next slide...

*... (please note we are not starting from 1 as some patients have already got used to pressing certain numbers and so would cause potential confusion)*

Practice “You asked, we have done...”



## New telephone options

### Please press :

**2** for **Reception**

**3** for **Results**

**4** for **Prescriptions**

**5** for **Referrals** – directed to the secretaries

**6** for **Admin** – for non-referral administration queries

## Practice “You asked, we have done...”

### Cancellation of the telephone appointment booking system.

- As part of our improvement programme. We have been changing our appointment booking system to help ensure that the right patient is directed to the right member of staff at the right time.
- We need information from the patient to enable this, something that is not possible with automatic booking at present.
- Therefore we have determined that we should cancel the telephone appointment booking line.
- You can continue to book appointments through our online system.

## Practice “You asked, we have done...”



Are you wanting to become  
a new permanent patient?

Dear Patients,

We don't want you having to stand in long  
queues!

To that end we would like you to help us,  
to help you by coming to register at the  
less busy times :

*Please come in to register between :*

**10:30 & 2pm**

or

**3.30pm & 6.30pm**

## Practice “You asked, we have done...”

### GPs behind closed doors...

Did you know ?

**Approximately half of a GP's work is not face to face with a patient.**

So what are they doing behind that door ...?

- Carrying out telephone consultations with patients
- Analysing over **1000** results per day
- Dealing with over **100** letters per day
- Writing referral letters to consultants
- Ensuring the safe prescription of over **4000** medications per day
- Carrying out audits to improve patient care
- There are just too many other issues to describe.....

Practice “You asked, we have done...”

## Health walks in Duston. Everyone welcome!

- **1st and 3rd Tuesday** of the month - **13.30 - 14.30** Meet opposite **Tick Tock Cafe** (was called Little Pickle) St Crispin retail outlet Kent Road NN5 4XB
- **2nd and 4th Tuesday** of the month - **13.30 - 14.30** Meet in cafe at **Duston Sports Centre** (Trilogy) Cotswold Avenue Duston NN5 6EX



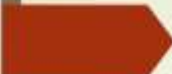
## Practice “You asked, we have done...”

### Health walks in Duston



- All walks are led by qualified walk leaders to help encourage and ensure no one is left behind.
- They are short and over easy terrain with a number of options.
- Walks are open to everyone but are especially aimed at those who are least active.
- Visit <https://www.walkingforhealth.org.uk/> for more info and to register.
- The PPG at St Luke's Primary Care Centre support this activity. Have a look at the PPG page on the surgery website <https://stlukesprimarycarecentre.co.uk/>

## Practice “You asked, we have done...”



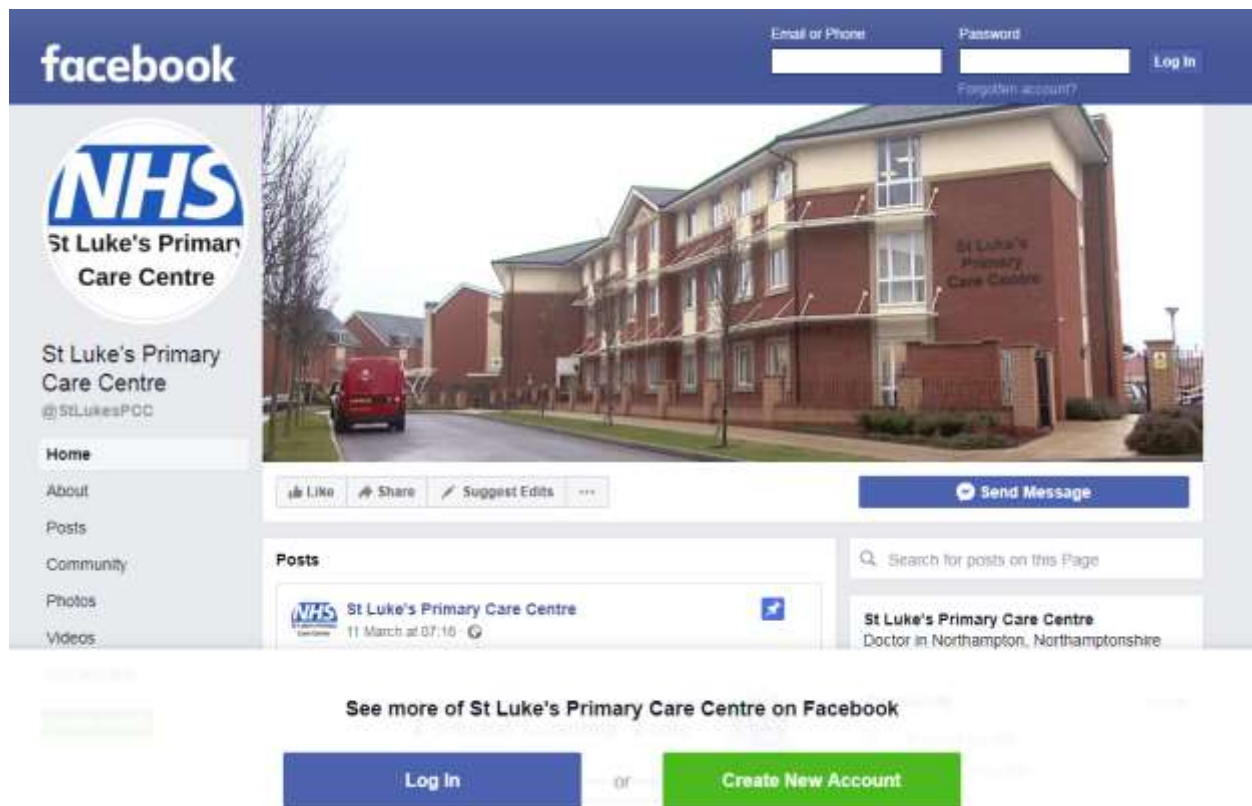
Please use our automatic screen  
to tell us you have arrived 😊

Did you know?

- **It will not allow** you to book in if you are :
  - ! **over 30 minutes early** ...so if you are that early then please do take a seat and return to the screen with less than 30minutes before your appointment.
  - ! **after** your booked appointment time
- We are looking into whether we can amend these default pre-set rules, and will update this notice

## Connecting to our younger patients, and providing a social media presence

### Facebook



## Telephone Access improvements

In order to improve access to our telephone system we have :

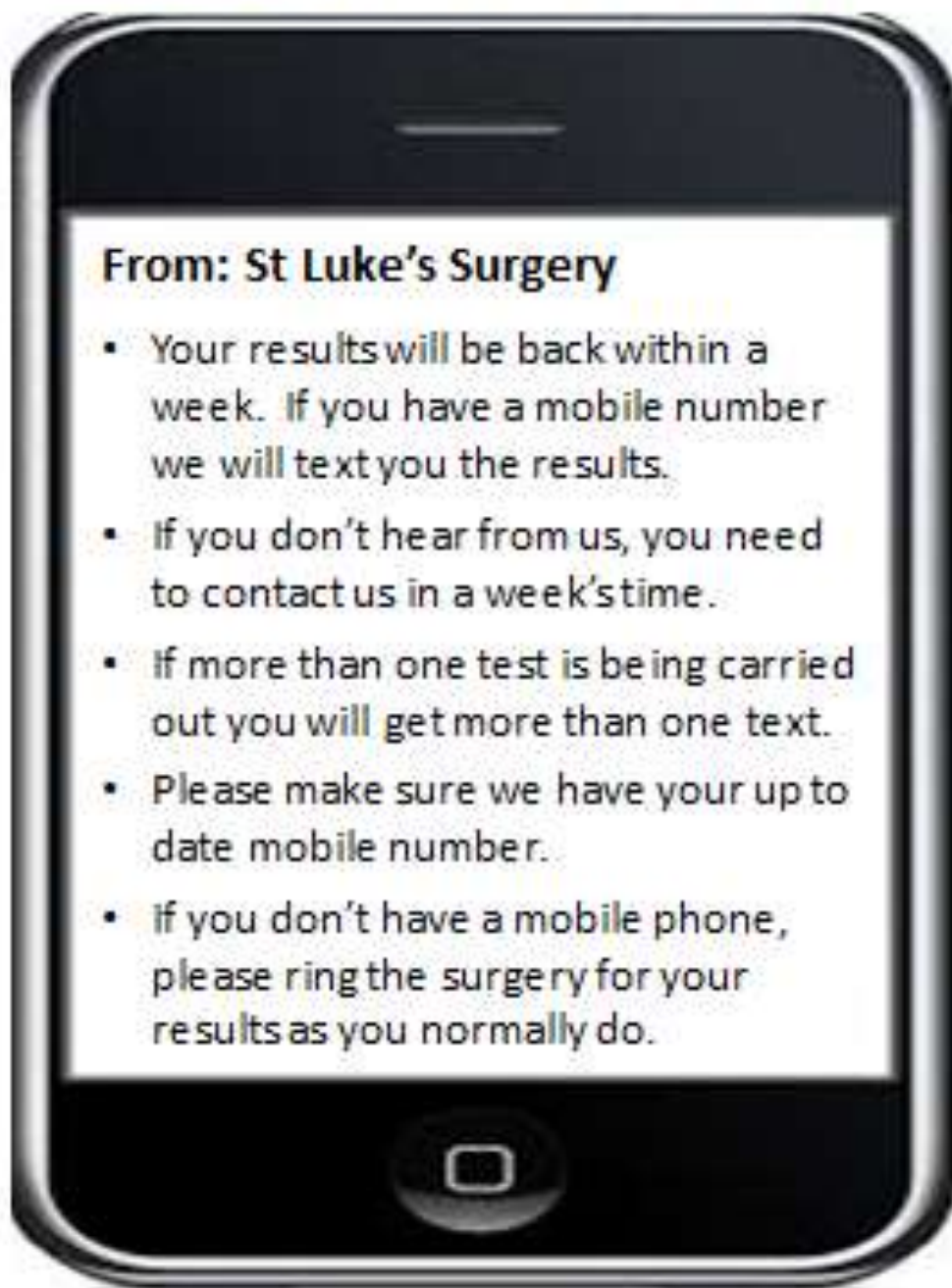
- Reduced the number of patients needing to go via reception to access other departments in the practice via the autoattendant :

### **BENEFITS to patients**

- ✓ Patients can directly discuss their referral, by choosing an option that directs them straight to the Patient Liason Secretary.
- ✓ Patients who wish to speak with the Administration Team about their registration or medical records can now directly communicate. This has required a lot of staff training, as they now deal directly with the patient, rather than a messaging system.
- ✓ This has freed up our receptionists to deal with other patient enquiries.
- ✓ This has background work to our telephone system.
- ✓ For the patient the significant benefit is “RIGHT PERSON, FIRST TIME”
- Our staff and the PPG have put a huge amount of effort into encouraging patients to use our online access:
  - ✓ This helps to reduce the demand on incoming calls
  - ✓ This gives patients access 24/7 to their medical information
  - ✓ OCTOBER’17 5696 patients were registered for online access.
  - ✓ OCTOBER’18 8037 patients were registered for online access.
  - ✓ **This represents a MASSIVE in year increase of 41% .**
- SMS results text messaging has revolutionised our pathology reporting.
  - ✓ The majority of our patients’ results are now directly SMS text messaged to their mobile phone.
  - ✓ This has markedly reduced the number of patients that have to routinely ring up to check their results. Thereby reducing demand on the phone system.
  - ✓ The clinical governance of the SMS results messaging has been overseen by the GP Partners and strictly follows guidelines.
  - ✓ **Extensive staff training and patient communication has been delivered to ensure a successful implementation of this project.**

**Whilst we recognise these substantial changes will not resolve all telephone access issues, we will continue to try and find ways of improving the system. We are currently in discussion with telephone providers to discuss options.**

## YOUR TEST RESULTS



### Texting Test Results



From the 12<sup>th</sup> March 2018 you will be able to receive your test results via SMS text message direct to your mobile phone.

#### Benefits

- Improves patient satisfaction by providing a more convenient and faster way to access their results.
- Reduces calls and appointments from patients wanting to know their test results, which in turn helps free up the phone lines and appointments for other patient needs.
- Promotes the use of technology as a user friendly and accessible way of communicating with patients.

#### Information regarding texting of results.

- You will often receive more than one text as one blood test can give many results. These are not duplicate texts.
- You may get separate texts each time a result arrives at the Surgery and is looked at by a Clinician.
- Some test results arrive from the laboratory quicker than others so there may be gaps between your text results.
- The text will advise you if any action is required. You may be asked to contact the surgery to discuss the results with a member of our Clinical staff.

If you haven't heard from us with your test results within 1 week, please **Contact Us**. Please telephone after 10.00am.

Results can only be given to the person who has had the test unless written consent has been given for someone else to obtain results on their behalf. Please remember, some test results can take longer to come back from the hospital.

📞 Please ensure that we have your up to date personal details and mobile phone number. It is your responsibility to let us know if you change those details so that we can update our records.

## SMS results texting process & Training slides

### Texting Test Results

- From Monday 12<sup>th</sup> March
- Patients will receive texts for their results for tests that were taken the week before
- Normal
- Pick up script
- Repeat test
- Abnormal
- This is to reduce calls into reception
- Make it easier for patients to obtain their results
- Make it faster for patients to get their results

### Texting Test Results

- The text will go out automatically when the result is filed
- It will say "your results are normal"
- It will say "the results of your recent test has been received a further test is advised. please contact the surgery to arrange"
- It will say " following your recent test the doctor has issued a prescription for you. if you are signed up to electronic prescribing this will be at your usual pharmacy if not it will be available to collect from reception after 5.30 today"
- It will say "the results of your recent test has been received a further test is advised. Please contact the surgery to arrange a telephone consultation with a doctor"
- All text will say " there may be further results outstanding in which case we will contact you again in the next week"

## Texting Test Results

- **Reception**
  - Patients can still ring in for their results if they wish to even if they get a text
  - Urgent test results will still be dealt with in the same way.
- **Everybody**
- **Week 5<sup>th</sup> March**
  - Ask patients to ring in for their results but say you may get a text as well as we are launching a new service next week.
  - You will have some slips of paper to give out for one month to patients
- **Week 12<sup>th</sup> March**
  - Your results will be back within a week, if you have a mobile number you will text you the results.
  - If you don't hear from us you need to contact us in a week's time
  - If more than one test is being carried out you will get more than one text

## Texting Test Results

- **Filing Results**
  - Still the same just remember that a text will go automatically.
  - Texts will not go for anything marked negative or positive, everyone needs to use normal/abnormal
- We will not be texting results for Cervical Smears or chlamydia
- Posters will go up in reception, on the web site and on the flat screens next week
- Patients can opt out of texts, this is for all text's including appointment reminders

## We aspire to be OUTSTANDING

### **Our Pre-triage Process PTP has been recognised as outstanding work: Don't just take our word for it...**

“Tom Howseman sent me through this overview of the work that his practice have been doing on the Pre-Triage model. The model has lead the change in skill mix for the GP practice, with increased number of ANPs, reduction in GPs, and the shift to GPs acting in a more ‘consultant’ role.

I don't know if you have seen this information, but thought that it might be something to showcase in the Primary Care Workforce meeting? The change in skill mix I feel is especially impactful, which I am sure Tom will be able to give more information on. However, the results displayed show that this change in skill mix and service delivery has massively increased availability of on day appointments and also improved friends and family results.”

Below is an email exchange between myself and Tom Howseman pertaining to a ‘pre-triage’ model that they have successfully implemented at their GP surgery. Tom is currently supporting another GP surgery within their Primary care network to roll this model out.

I thought it would be a great success story to share, especially the measurable positive outcomes that there has been both for patients and staff. Really powerful, and a great example of innovation that is happening.

If you scroll to the bottom of the email Tom has written a case study on the model with reported outcomes.

Tom : Gillian is the communications lead at NHSE who I met yesterday. I thought it would be good for you to link in with her and share the great practice that you have been doing at St Lukes”

Senior Consultant  
(On behalf of NHS England)

We are very proud to have been recommended for consideration of presenting our work to an NHSE Regional conference sharing GREAT practice.



## St Luke's Primary Care Centre

In 2014/15, St Lukes Primary Care Centre in Duston experienced several GP partner retirements. This led to the team analysing workflows in response to the recruitment of new GPs being difficult. The team looked at what other skill sets could provide some of the services as part of a wider team.

As a result of this review, the partnership refocused their recruitment drive to attract more advanced nurses and up skill their current nurses in minor illness. The practice now has approx. 10 other professionals contributing to delivering 'same day demand' appointments, who are overseen by a GP who provides a 'Primary Care Consultant' role and is on hand to call into appointments and advise if needed. Alongside this, the practice also implemented a pre triage process, that helps direct the patient to the right professional within this team at the right time.

The analysis of skills that existed or could be developed within the team meant that rather than requiring 2 GPs to be on call as had been prior to 2015, this now required a GP and an Advanced Nurse Practitioner. As well as this, the practice were also able to increase availability of on the day appointments by 50% because of additional capacity available. These professionals are overseen by a 'Primary Care Consultant' which according to Dr Tom Howseman (GP Partner at St Lukes) "Is a very efficient way to spread the most senior knowledge and decision-making ability, across the widest possible number of appropriate patients".

### *GP Five Year Forward View*

### *Employee of Nene & Corby CCG*

We are very proud to have been included in our STP's Workforce Document as an example of great practice that could be adopted by other practices in Northamptonshire. We have three practices interested in adopting PTP, and one of them is in the process of implementing it.

Considering examples of CQC's examples of OUTSTANDING General Practice in the domain of EFFECTIVE, we hope you will agree we are now demonstrating examples of OUTSTANDING practice

The screenshot displays the CQC website interface. At the top, the CQC logo is followed by the tagline 'The independent regulator of health and social care in England'. Navigation links include 'About us', 'News', 'What we do', 'Publications', 'Help & advice', 'Get involved', 'Guidance for providers', and 'Contact'. A search bar is present with the placeholder text 'Keywords or service name'. Below the navigation, a breadcrumb trail reads: 'Home > Guidance for providers > GPs > Examples of outstanding practice for GPs > GP example: Staff skills, knowledge and experience'. The main heading for the first example is 'GP example: Staff skills, knowledge and experience', categorized under 'Organisations we regulate'. It addresses the key question 'effective?' and specifically E3: 'Do staff have the skills, knowledge and experience to deliver effective care and treatment?'. The text describes a community interest company serving 10,500 patients in a deprived urban area, highlighting staff development through weekly mentoring and training. A link to the full inspection report for St Pauls Way Medical Centre is provided. The second example is titled 'GP example: Staff and services working well together', also categorized under 'Organisations we regulate'. It addresses the key question 'effective?' and specifically E4: 'How well do staff and services work together to deliver effective care and treatment?'. The text describes a suburban practice with over 11,000 patients that has participated in local pilot schemes to improve outcomes for long-term conditions and has an active patient participation group (PPG).

**Care Quality Commission** The independent regulator of health and social care in England

Share your experience Provider portal

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Search whole website Keywords or service name Search

Home > Guidance for providers > GPs > Examples of outstanding practice for GPs > GP example: Staff skills, knowledge and experience

## GP example: Staff skills, knowledge and experience

Categories: Organisations we regulate

Key question: effective?

E3: Do staff have the skills, knowledge and experience to deliver effective care and treatment?

**Staff development**

A community interest company serving 10,500 patients in a deprived urban area

There is a strong commitment for staff to develop their skills, competence and knowledge through weekly mentoring and an annual learning programme. Clinicians have weekly protected time for mentoring and use the sessions to discuss referrals, results and prescribing, and reflect on opportunities for personal development and career progression.

Staff are encouraged and supported by the practice to acquire new skills. For example, administrative staff were trained in customer service skills and nurses had attended a university-approved diabetes care certificate training course to fulfil their role in running the diabetes clinic. The health care assistant had undertaken flu vaccination training and was being supported to study for an assistant practitioner qualification.

Read our full inspection report (St Pauls Way Medical Centre)

**Find out more**

Information for GP practices and out-of-hours service providers

See all key lines of enquiry for healthcare services

See all examples of outstanding GP practice

This example relates to KLOE E3: Do staff have the skills, knowledge and experience to deliver effective care and treatment?

## GP example: Staff and services working well together

Categories: Organisations we regulate

Key question: effective?

E4: How well do staff and services work together to deliver effective care and treatment?

## Holistic approach to delivering care

A suburban practice with over 11,000 patients

This practice had taken part in local pilot schemes to improve outcomes for patients in the area. For example, the partners had taken a lead role in the design of care pathways for a range of long-term conditions. As a result, community services were developed to treat and manage conditions such as respiratory conditions, heart failure and cardiology, pain and non-malignant palliative care. Outcomes achieved for patients included services being delivered closer to home and a reduction in secondary care referrals and hospital admissions.

Additionally, it had an active patient participation group (PPG) which had strong links with the local community through facilitating health promotion events and local support groups for lung related health needs and carers. The PPG also worked in collaboration with two other PPGs to ensure the wider community benefitted from the activities they held.

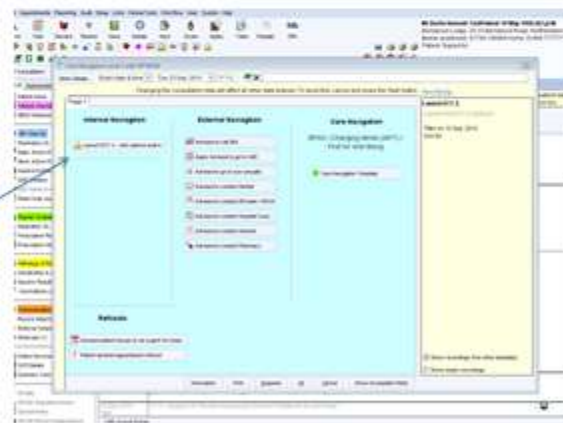
By developing community services, this practice not only demonstrated improved outcomes for local people but also delivered what patients often care most about - having care closer to home.

Read our full inspection report (Church Walk Surgery)



## Pre-Triage Process {PTP}

Getting the **right patient**,  
to the **right clinician**,  
at the **right time**



This is the landing page for “care navigation”

PTP starts by the receptionist receiving the patient enquiry, loading up the patient record.

Then clicking upon the “Launch ECT” button

**Receptionist records, their name and the patient's preferred telephone number**

Then starts typing in any bits of information the patient initially describes the reason they need help today.

**.....is the problem, one of our PTP protocols**

If it is the receptionist clicks OK.

If not, then the receptionist can continue to "free-text" the problem within this box, then click OK.

Question

Which of the following pathways is most appropriate for the patient?  
If none of them are appropriate choose "None apply".

Both pain Chest pain Cough Dizziness and/or vomiting Ear symptoms Eye symptoms Fever Short of breath Temperature symptoms UTI None apply Back

**These are the currently prepared PTP protocols**

For the purpose of this demonstration we will use the presenting problem of ABDO PAIN

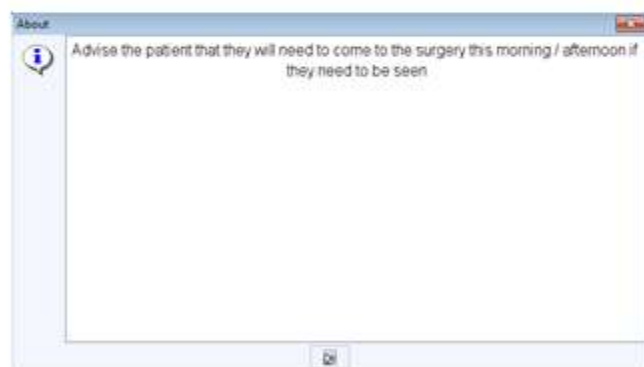
Question

How long have you had these symptoms?

1 to 2 days 2 to 7 days 1 to 2 weeks 2 to 4 weeks More than a month Pause

**The questions have been decided by a GP, and honed for over 18 months, seeing PTP move from paper to SystmOne protocol**

The buttons at the bottom, once clicked by the receptionist input text into the patient record automatically



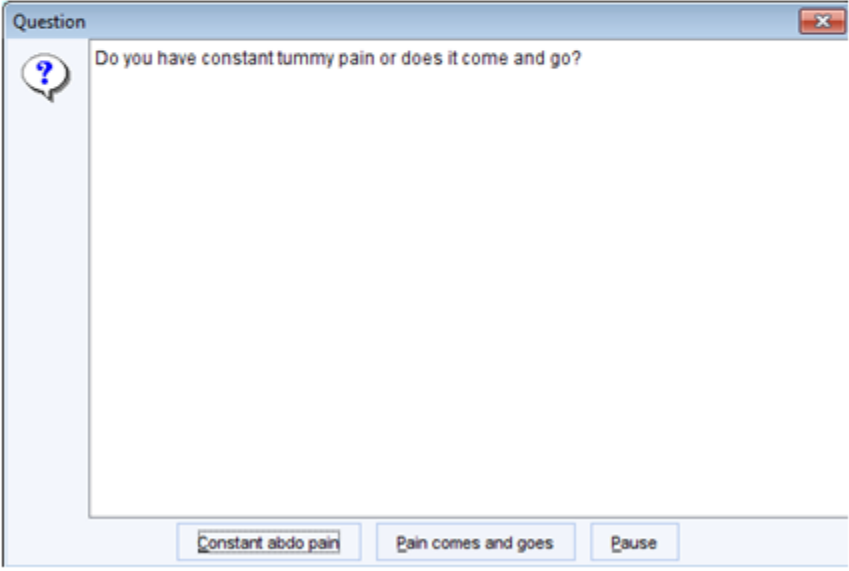
**The protocol is structured throughout to help guide the receptionist**

This allows even a very new receptionist, to be consistently asking, clinically appropriate and relevant questions

**PTP** : Receptionists ask the clinically useful questions

## **ONLY CLINICIANS MAKE THE DECISIONS**

**PTP** : The “pre-triage clinician” directs the **right** patient, to the **right** clinician, at the **right** time



The image shows a screenshot of a software window titled "Question". Inside the window, there is a question: "Do you have constant tummy pain or does it come and go?". Below the question, there are three buttons: "Constant abdo pain", "Pain comes and goes", and "Pause". A question mark icon is visible in the top-left corner of the dialog box.

Question

Do you have a rash?

The algorithm that sits behind the protocol enables that if the receptionist clicked YES here, the next question would be DOES IT BLANCHE? If the answer to that was NO then the protocol would halt and instruct the receptionist to talk immediately to the on-call senior clinician. For the purposes of this demonstration we will click "no to rash"

Yes No Pause

Question

Do you have a temperature?

Yes No I dont know Pause

[illegible]

This is where the “pre-triage clinician” comes in...

**PTP – PART TWO**

## PTP – PART TWO

## We have created an Emergency Care Team (ECT)



It is the job of the Pre-Triage Clinician to direct the receptionist to book the most appropriate appointment

**CLINICALLY SAFE**  
MAKING THE BEST USE OF THE RESOURCES  
AVAILABLE TO YOU  
IN YOUR **MDT**

...some patient problems don't need face to face appointments

PTP ENABLES **THE CORRECT IDENTIFICATION OF PROBLEMS THAT CAN BE APPROPRIATELY DEALT WITH OVER THE PHONE**

Patient Name	Date of Birth	Status Color
Mr. John Smith	15/03/1955	Salmon Pink
Ms. Jane Doe	22/07/1960	Blue
Mr. Robert Brown	08/11/1945	Orange
Ms. Emily White	30/09/1970	Purple
Mr. David Green	12/05/1985	Salmon Pink
Ms. Sarah Black	01/02/1990	Blue
Mr. Michael Gold	18/08/1975	Orange
Ms. Lisa Silver	25/04/1965	Purple
Mr. James Grey	03/10/1950	Salmon Pink
Ms. Anna Blue	14/06/1980	Blue
Mr. Peter Red	28/01/1968	Orange
Ms. Helen Yellow	07/12/1972	Purple
Mr. George Brown	19/03/1958	Salmon Pink
Ms. Karen White	05/09/1962	Blue
Mr. Charles Black	21/07/1948	Orange
Ms. Patricia Gold	11/04/1978	Purple
Mr. Thomas Silver	29/11/1963	Salmon Pink
Ms. Barbara Grey	09/08/1952	Blue
Mr. William Blue	17/02/1988	Orange
Ms. Margaret Red	04/05/1973	Purple
Mr. Christopher Yellow	23/10/1957	Salmon Pink
Ms. Sandra Brown	13/01/1967	Blue
Mr. Daniel Green	02/06/1982	Orange
Ms. Michelle White	16/03/1977	Purple
Mr. Andrew Black	27/09/1961	Salmon Pink
Ms. Rebecca Gold	08/12/1956	Blue
Mr. Joseph Silver	15/04/1983	Orange
Ms. Stephanie Grey	01/07/1969	Purple
Mr. Matthew Blue	20/02/1954	Salmon Pink
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Mr. Jonathan White	03/05/1959	Salmon Pink
Ms. Heather Black	18/11/1966	Blue
Mr. Ryan Gold	07/03/1981	Orange
Ms. Nicole Silver	24/06/1971	Purple
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Ms. Kristina Yellow	19/07/1976	Purple
Mr. Alexander Brown	02/10/1960	Salmon Pink
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Mr. Matthew Black	11/	

We run a morning on-call starting at 0800,  
then an afternoon on-call starting at 1400.  
Thus pre-triage operates for us 0800-0930 & 1400-1530

**THE PRE-TRIAGE CLINICIAN OPERATES FOR THE RIGHT  
LENGTH OF TIME, IT CAN BE VARIED ON THE DAY BY YOU**

## Some of the benefits of PTP

- Team building – particularly reception
- Increased capacity for “on the day demand”
- Safe reduction from 2 GPs oncall to an ANP + a GP
- Resilience
- Ability to effectively use an MDT – rather than purely GPs
- Ability to provide clinical oversight and support to an MDT
- Improved consistency of questioning by reception

## Some **more** benefits of PTP

- Brings the apparent skill of a new receptionist up more quickly
- Ability to audit actions more effectively
- Saves time within the consultation, secondary to many questions already having been documented
- Increases safety – some questions remembered that may have been overlooked by a clinician at times.
- Quicker call back times to patients
- Many fewer phone calls made by clinicians
- Majority of appointments made on the first contact with the receptionist – not waiting for call back

...and don't forget there SystmOne protocols for all the other buttons...

...to help your clinicians, and your receptionists...

The screenshot shows a software window titled "Question" with a question mark icon. The text inside asks: "Which of the following pathways is most appropriate for the patient?" and includes a note: "If none of them are appropriate choose 'None apply'". Below the text is a large empty rectangular box for the user's selection. At the bottom, there is a horizontal row of buttons: "Both pain", "Chest pain", "Cough", "Diarrhoea and/or vomiting", "Ear symptoms", "Eye symptoms", "Falls", "Short of breath", "Temperature symptoms", "UTI", "None apply", and "Other".

- ✓ Quicker for patients
- ✓ More responsive to Paramedics calling for GP advice from the community
- ✓ More responsive to Social Services calling to report safeguarding concerns about a patient
- ✓ More responsive to our District Nurse and ICT colleagues, getting senior clinical advice, facilitating their ability to keep patients at home safely, avoiding unnecessary hospital admissions

We evaluate our Quality Improvement Activities, in several ways, one of which is to reflect how it meets the domains of GMC Good Medical Practice.

For PTP, we reflected that:

### Knowledge, Skills & Performance

#### ✓ Develop and maintain your professional performance

This has been achieved by designing and leading a project that has needed both the leadership skill and clinical knowledge of a GP

#### ✓ Apply knowledge and experience to practice

PTP has been a product of that knowledge and experience, directly being implemented into day to day practice for not only our practice but two other practices.

#### ✓ Record your work clearly, accurately and legibly

The PTP protocols have improved reception questioning efficacy and improved the recording of that exchange, improving clinical information recording.

### Safety & Quality

#### ✓ Contribute to and comply with systems to protect patients

PTP has safety as a central aim through its objective of getting the right patient to the right clinician at the right time.

#### ✓ Respond to risks to safety

PTP delivers robust clinical governance, while supporting the development of clinical skill and knowledge throughout the practice team

#### ✓ Protect patients and colleagues from any risk posed by your health

PTP was partly designed originally to facilitate reduced face to face contact for me, secondary to my potential immunodeficiency

### Communication, Partnership & Teamwork

#### ✓ Communicate effectively

Having a clinician in reception has really improved reception to clinician communication

#### ✓ Work collaboratively with colleagues to maintain or improve patient care

PTP is a whole practice patient care delivery model

#### ✓ Teaching, training, supporting and assessing

At every step PTP facilitates and supports the development of the whole team, in a safe robustly clinically governed way.

#### ✓ Continuity and coordination of care

PTP is key in the coordination of care, it has the facility of facilitating continuity, where appropriate with previous GP consultations noted

#### ✓ Establish and maintain partnerships with patients

Patients have loved PTP, and our patient satisfaction with our practice has improved markedly

### Maintaining Trust

#### ✓ Show respect for patients

PTP allows patients to be involved with their care, by supporting them to give reception the key clinical details that helps an appropriate disposition of a call to be made by the pre-triager.

#### ✓ Treat patients and colleagues fairly and without discrimination

PTP can help in making the reasonable adjustments needed to treat patients fairly

#### ✓ Act with honesty and integrity

PTP is a transparent system, that has clinical governance at its core.

## We aspire to be OUTSTANDING

In the domain of **CARING**

We treat all our patients with respect. We want to improve the care of our patients with disabilities.

The Mental Capacity Act (MCA) is a great piece of legislation, yet it is not being implemented in everyday practice as well as it can be nationally.

At St. Luke's, we have developed a fantastic SystmOne Protocol to help clinicians better use and embed MCA into our work, and patient notes.

Don't just take our word for it...

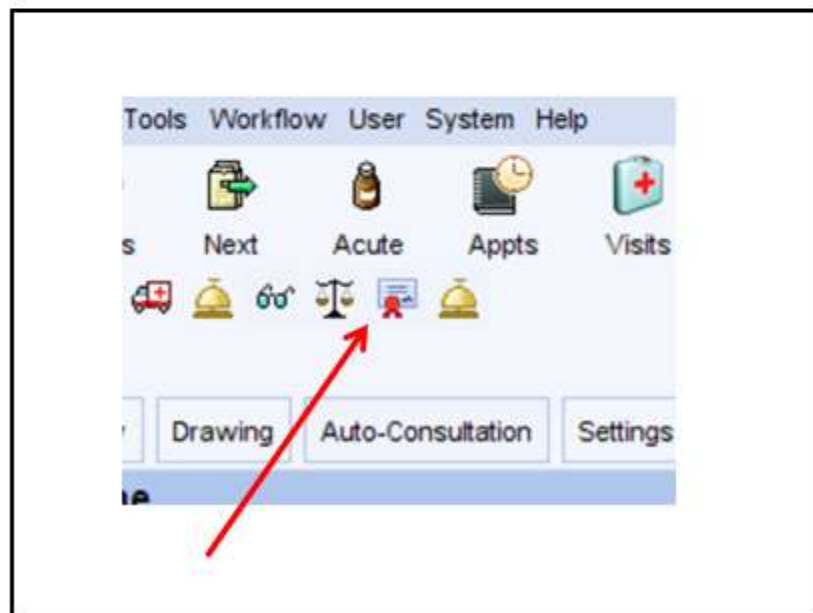
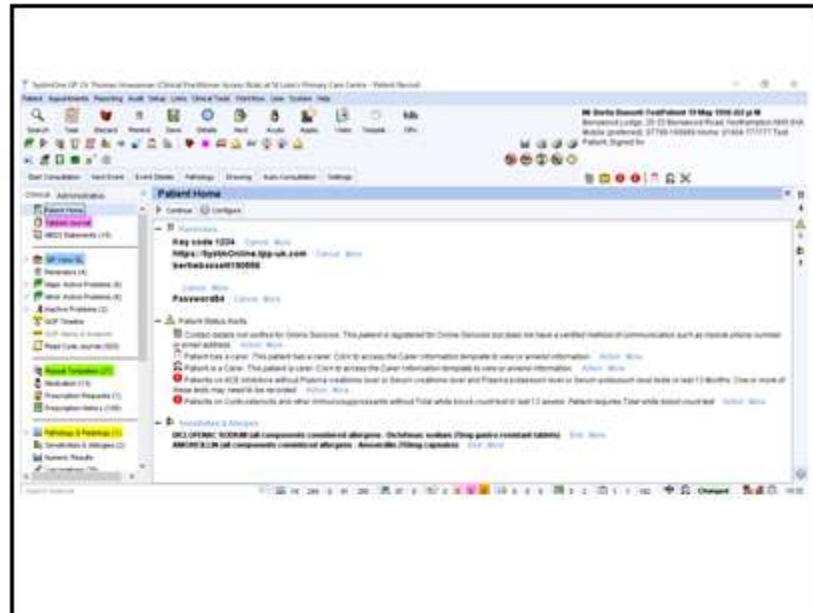
*"Tom Howseman ... has created in SystmOne a protocol which guides the clinician through the MC assessment process*

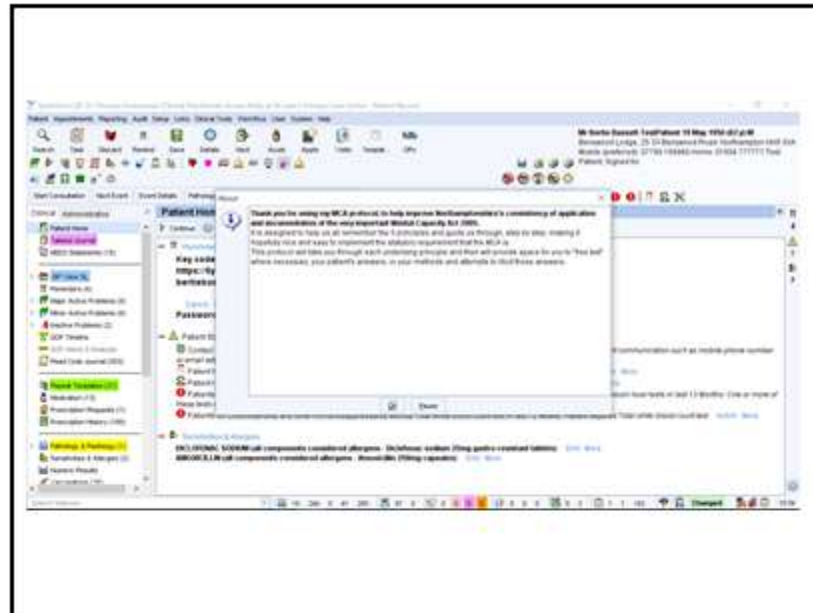
*I have attached Tom's powerpoint which describes how this happens*

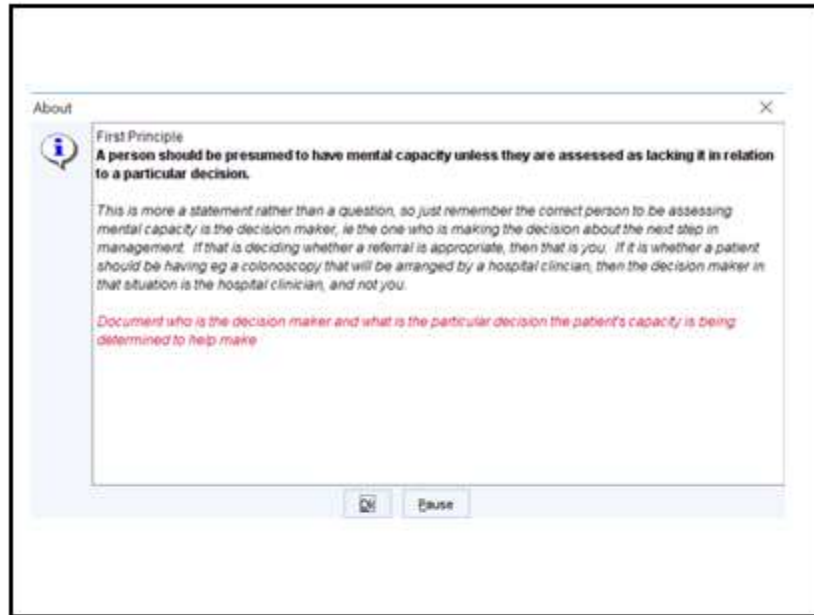
*I know you have wanted for some time to embed a process within the GP systems SystmOne covers 75% of practices so we still have Emis to consider*

*Could you feedback based on the powerpoint so we can launch this excellent piece of work"*

Safeguarding Named GP for Nene & Corby CCG







Quick Note

Other Details: [Exact date & time] Sun 15 Sep 2018 10:32 [X]

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button. [View History](#)

☐ Leave clinical relevance unchanged  
☐ Make this event clinically relevant  
☒ Make this an admin event

Decision maker if the patient is determined to not have capacity, and hence the person assessing the patient's mental capacity today = Dr Tom Hoareman

Decision to be made: Referral for inguinal hernia repair

[Next] [Cancel]

About

**Second Principle**  
**All practicable steps must be taken to help the person make the decision.**

Does the patient understand the language used, simple vs complex, layman vs medical, English vs their native language. Do they require pictures on the computer, or drawn out to help explain things. Do they need a leaflet explaining a potential procedure.

Therefore document that you have considered these and other barriers to understanding, and WHAT reasonable adjustments you have made to overcome them

[Next] [Pause]

Quick Note ×

Other Details: Exact date & time ▼ Sun 16 Sep 2018 ▼ 10:32 ✓ ✕

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button [Help](#) [Warning](#)

☐ Leave clinical relevance unchanged  
☐ Make this event clinically relevant  
☒ Make this an admin event

Second Principle  
All practicable steps must be taken to help the person make the decision.

Steps taken ▲ ▼ Presets

OK Cancel

Question ×

? Is the patient able to communicate their decision in any way?

Yes No Pause

Question

\*\*\* Can the individual understand all the relevant information about the decision?

Yes No Pause

Question

\*\*\* Do you consider the individual able to retain the information long enough to use it to make a choice or an effective decision?

Yes No Pause

Question

\*\*\* Do you consider the individual able to use or weigh that information as part of the process of making the decision?

Yes No Pause

Question

If you have answered YES to ALL the last three starred questions the individual is considered on the balance of probability, to have the capacity to make the decision above.  
If you have answered NO to ANY of the last three starred questions, on the balance of probability, the cognitive impairment is sufficient to demonstrate that the individual lacks the capacity to make this particular decision.

Yes the patient has capacity No the patient does NOT have capacity Pause

Quick Note

Other Details: Exact date & time: Sun 16 Sep 2016 10:32

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Text' button. [Hide Warning](#)

☐ Leave clinical relevance unchanged  
☐ Make this event clinically relevant  
☒ Make this an admin event

What is the purpose of the intervention?

An act done or decision made under the Act or on behalf of the person who lacks mental capacity must be in the person's best interests.  
 Steps taken, including who I have spoken to, to determine the course of action that was in the best interest of the patient were:

About

**Fifth Principle**  
 Consideration must be given to achieving the least restrictive means of accomplishing the purpose of the act or decision.

What is the least intrusive/restrictive way to accomplish the purpose eg using sedation rather than G.A., using an USS rather than a CTMRI.

*Document how you determined the course of action that was the least restrictive to the patient*

The screenshot shows a medical journal entry in a software interface. At the top, there are tabs for 'Details', 'Text', 'Audio', 'Apps', 'Video', 'Template...', and 'Other'. Below these are icons for various functions. The main title is 'Journal'. A note states: 'The journal shows results after any applied filtering. This does not include results from consultations in collapsed admissions. The search box only search the journal. This message can be hidden by going to User > User Preferences > Patient Record > New Journal and disabling the 'Show search warn'.' Below this is a search bar with a 'Custom Filter' dropdown and a search icon. The entry is titled 'Mental Capacity Act clinical assessment Protocol' and is categorized under 'GP Data', 'Community', 'Urgent Care', 'Everything', and 'Letters'. The text of the entry is as follows:

**Mental Capacity Act clinical assessment Protocol**

**First Principle**  
A person should be presumed to have mental capacity unless they are assessed as lacking it in relation to a particular decision.  
Decision maker if the patient is determined to not have capacity, and hence the person assessing the patient's mental capacity today = Dr Tom Howesman  
Decision to be made= Referral for inguinal hernia repair

**Second Principle**  
All practicable steps must be taken to help the person make the decision

**Steps taken**  
The patient is able to communicate their decision.  
The patient cannot understand the information provided by me.  
The patient is NOT able to retain the information long enough to consider it.  
The patient is NOT able to weigh the information provided.  
The patient has been determined to not have the mental capacity to make this decision.

**Fourth Principle**  
An act done or decision made under the Act or on behalf of the person who lacks mental capacity must be in the person's best interests.  
Steps taken, including who I have spoken to, to determine the course of action that was in the best interest of the patient were = I spoke to the carer, and the sister of the patient, it was determined that attending an appointment to see a specialist to look at the different options of how the inguinal hernia could be repaired, and the level of anaesthetic required, was a necessary next step in the patient's care, and was in the best

The screenshot shows a Microsoft Word document titled 'Consultation Information Sheet Specific Consultations'. The document is a template for a consultation information sheet. It includes a header section with the following information:

Presented by Dr Thomas Howesman  
On 14th May 2019 at 10:00 AM  
Consultation Information Sheet  
Specific Consultations

The document is divided into sections for 'First Principle', 'Second Principle', 'Steps taken', and 'Fourth Principle'. The text in these sections is identical to the text in the first screenshot. The document is formatted with a title bar, a ribbon, and a footer.

## We aspire to be OUTSTANDING

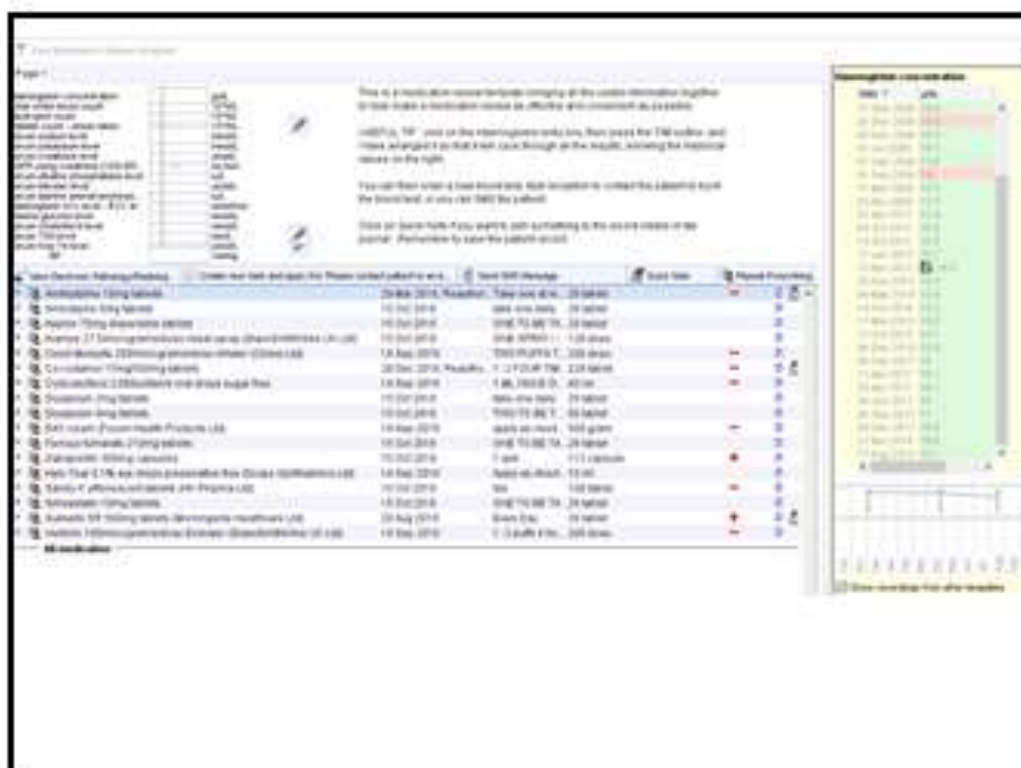
### In-house developed Medication Review Template

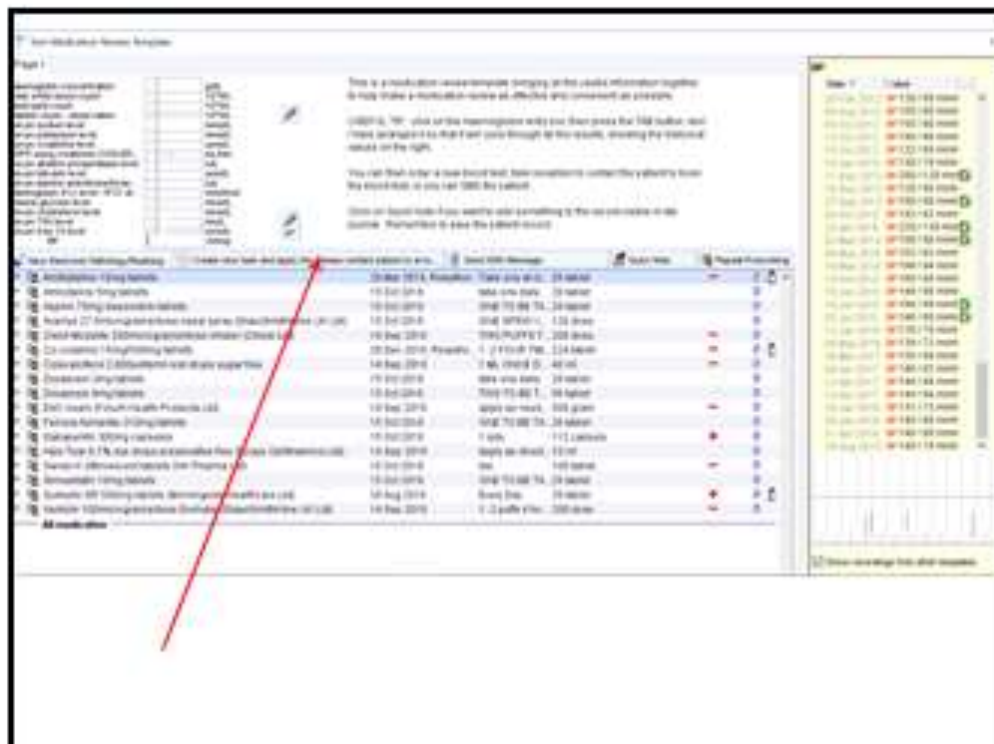
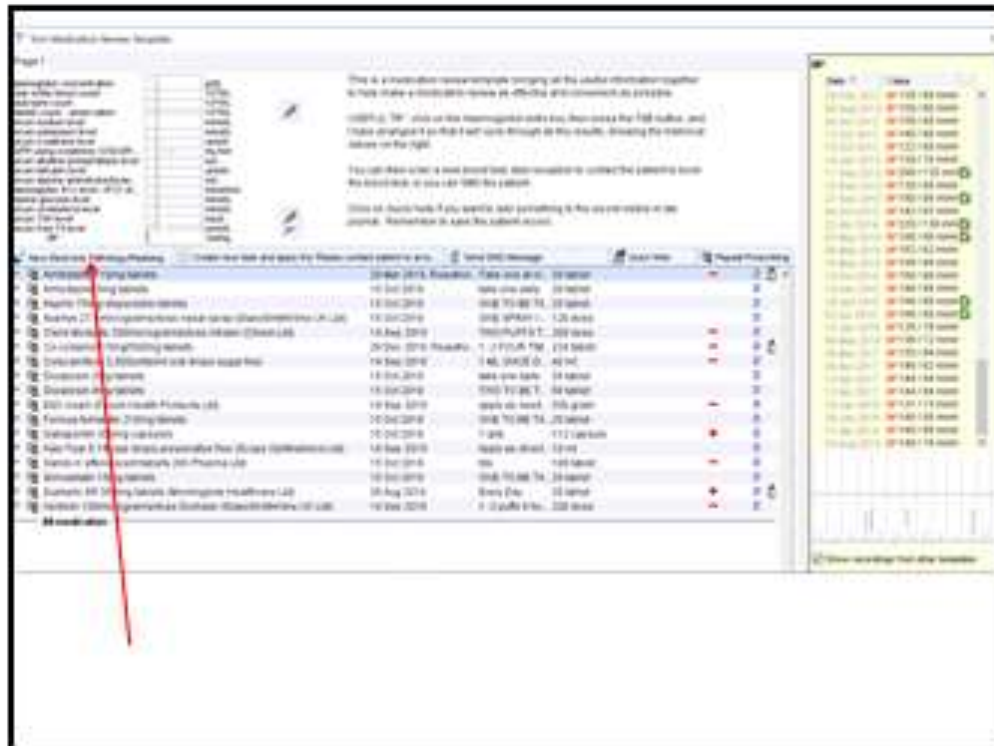
Considering examples of CQC's examples of OUTSTANDING General Practice in the domain of EFFECTIVE, we hope you will agree we are now clearly demonstrating examples of OUTSTANDING practice

The screenshot shows the Care Quality Commission (CQC) website. The header includes the CQC logo and the text "The independent regulator of health and social care in England". Below the header is a navigation menu with links: Home, About us, News, What we do, Publications, Help & advice, and Get involved. A search bar is present with the text "Search whole website" and "Keywords or service name". The main content area displays a breadcrumb trail: Home > Guidance for providers > GPs > Examples of outstanding practice for GPs > GP example: Using information effectively. The title "GP example: Using information effectively" is prominently displayed. Below the title, the categories are listed as "Organisations we regulate". The key question is "effective?". The main text describes an example of outstanding practice for GPs, focusing on the use of technology to improve communication with secondary care services, patients, and their PPG, as well as to reduce the risk of missed tests and results. It mentions that the practice developed enhanced recall systems to ensure that patients did not miss important tests or treatments. For example, GPs and practice nurses used information from hospital departments to remind patients who needed a repeat test or scan at infrequent intervals. This reduced the risk of patients missing an important test. The practice also expanded and improved the existing prompt system to remind patients when they needed tests and treatment. This was used to support patients with complex medical needs and long-term medical conditions. For example, GPs were prompted to review whether a patient diagnosed with dementia needed another person to act on their behalf when making decisions about care and treatment. The practice also ensured that it had secure arrangements to exchange information with hospital departments. This reduced the need for some patients to visit hospital as an outpatient and the information returned from the hospital enabled the patient's named GP to follow this up promptly. At the bottom, there is a link to "Read our full inspection report (Windrush Medical Practice)".

**Being shared across Nene & Corby CCG as helpful for everyone**

I have created a template, for our BLUEMED Federation practices, that brings together a lot of the components that I commonly use when I do a medication review. It is not exhaustive, and of course only complementary to our normal practice.







## **111 Direct booking**

### **A better journey for our patients**

We are the **only practice in Northampton**,  
to implement 111 direct booking, chosen because  
**the CCG recognise St. Luke's as innovative and an early adopter site**

This new service allows for when a patient rings 111, and a 111 clinician advises that the patient needs a face to face appointment at our practice, the 111 clinician is able to directly book that appointment for the patient without the need for the patient to ring the practice, saving the patient time and trouble and freeing up our practice telephone lines and receptionists to deal with patients more quickly, and be responsive to our patients' needs.

## Paramedic hosting



### **Northamptonshire**

#### **GP Urgent Home Visiting Service**

*East Ambulance Service working in partnership  
with Nene CCG & Primary Care*

We offered to host a paramedic from the ambulance service as part of a CCG pilot programme, facilitating quicker response times for patients, helping our acute hospital, and providing care closer to home :

The rapid response home visiting service will operate for 8 hours between the hours of 10:00 – 18:00hrs (5 days per week, Monday to Friday for the duration of the contract). Urgent Home Visits will be made to patients in their own home or patients care facility.

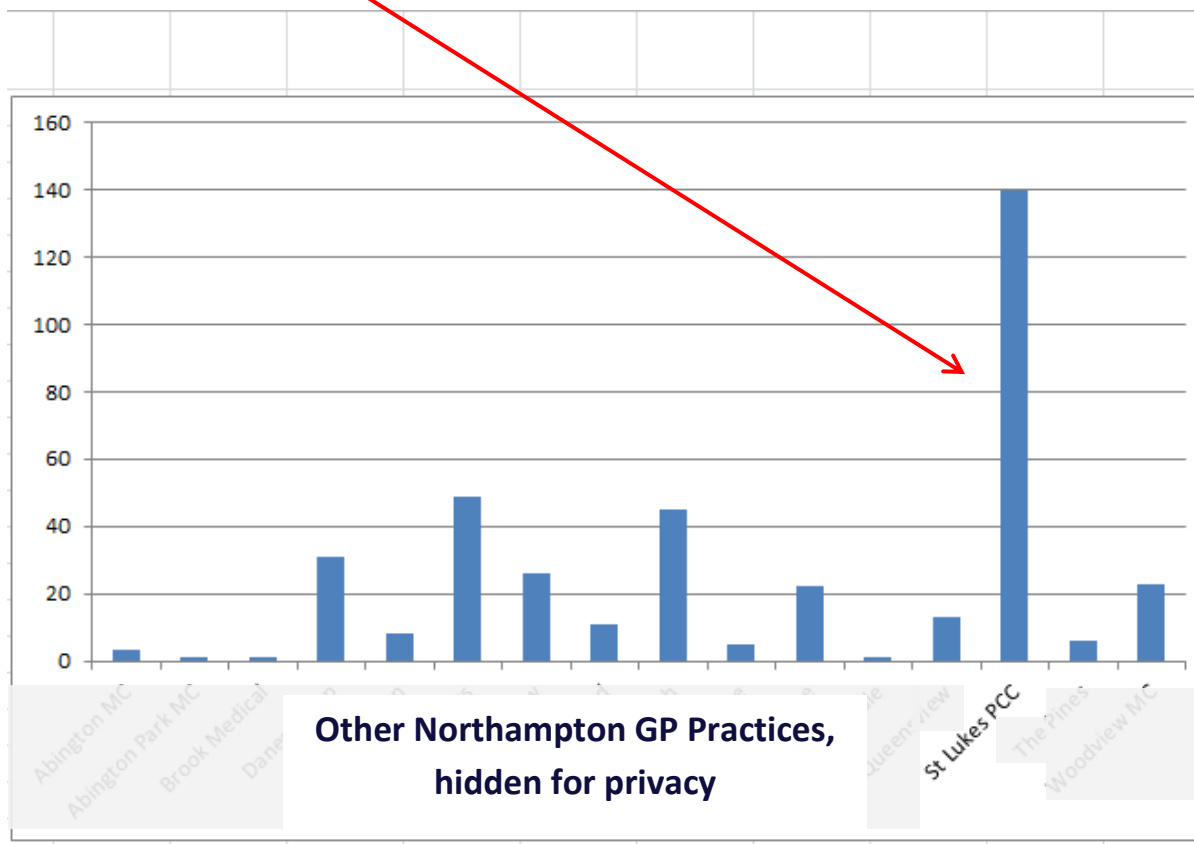
Work with Intermediate Care Teams (ICT) to assess and support patients within the community who otherwise may need a hospital admission.

Attend urgent home and care home visit requests from identified GP Practices to avoid a direct hospital admission. The service is restricted to patients with an acute same day need.

The Paramedic/ECP will visit patients to assess, and where appropriate take a shared decision with the GP on the most appropriate care necessary. In some instances the Paramedic/ECP will provide treatment, will liaise with referring GP, or will coordinate care from another health care professional

The Paramedic/ECP will contact the referring GP directly following each patient care episode, informing the GP of the condition of the patient and of any urgent clinical need outside of the scope of practice of the paramedic/ECP whilst with the patient.

## St. Luke's working with Northamptonshire's Age UK



From Christopher Duff Chief Executive of Northamptonshire's Age UK :

"I enclose an up to date chart of our referrals for the Personalised Integrated Care Programme. I would like to take this opportunity to thank you and all the staff at the St Luke's practice for the help and support offered by St. Luke's in working with us to deliver this very valuable service to their patients. **St Luke's practice has referred the most patients out of any of the GP participating surgeries into our service.** In fact St Luke's has **referred a hugely creditable 36%** of the referrals in the period June 2017 to October 2018. **This maximises the service for St Luke's patients** and is a really valuable contribution for them and for the programme as a whole. The programme is of course available to all Northampton patients."



**Our services**  
Get the support you need

**Activities and events**  
Ongoing social activities

**Get involved**  
How you can help

**About us**  
What we're doing in the community

**Buy products**  
Designed for your needs

**Shop**  
Our charity shop

[Home](#) / [Our services](#) / [Personalised Integrated Care](#)

[Information & Advice](#)  
[Day Centres](#)  
[Cancer Sitting Service](#)  
[Collaborative Care](#)  
[End of Life Help at the End of Life](#)  
[Handyperson Service](#)  
[Home Care Cleaning Service](#)  
[Hospital Discharge and Community Team](#)  
[The Later Life Project](#)  
[Money Management Support](#)  
**Personalised Integrated Care**  
[Telephone Befriending Service](#)  
[Travel Cutting Service](#)  
[Business Directory](#)  
[Referring Hospital Project](#)

## Personalised Integrated Care

This service provides tailored services and support to older people in Northampton.



### What does the service offer?

We aim to provide holistic, non-medical support to improve the health and wellbeing of people living in Northampton.

- ✓ A Personal Independence Co-ordinator (PIC) will talk to you to find out what you would like help and support with. They will listen to you and work with you to put in place the help you feel you need.
- ✓ This may include putting you in touch with support groups or other services in your area that you may not be aware of. They may help to set up a group which can help you if such a group does not already exist.
- ✓ Age UK Northamptonshire is working with your GP practice and the local NHS to help improve the support provided to you. If you agree to join this project our PIC will be given access to your medical details to help them in supporting you.

Our PIC will chat to you and find out if you wish to join the scheme. If you think the help and support on offer is not for you, you can choose not to join. Once you join the scheme your PIC will work with your GP practice and others involved in supporting you. The support normally lasts about about 12 weeks, but this depends on the level of support you need.

### Who is it for?

For people who live in Northampton and are:

- aged 60 or over and
- have two or more long-term health conditions and
- find it difficult to manage at home and
- are at risk of unplanned admissions to hospital for either health or social reasons

### How much does it cost?

We do not make a charge for this service but may refer you to services for which there is a charge.

### How do I access the service?

Please call us on 01604 611200 or send an email [referral.pic@nhs.net](mailto:referral.pic@nhs.net)

**East Midlands Academic Health Science Network**  
**AliveCor Kardia project to detect Atrial Fibrillation.**

St. Luke's applied successfully to obtain several AliveCor Kardia devices to opportunistically screen patients for heart rhythm disturbances.

This is primarily to increase our detection of Atrial Fibrillation (AF).

This condition is well known to markedly increase a patient's chance of having a stroke.

**Once detected we are able to rapidly anticoagulate them, reducing St.Luke's Patients Stroke risk dramatically.**



## AliveCor Kardia Device



We hope this demonstrates St. Luke's Primary Care Centre  
commitment to :

- ✓ Improving our responsiveness to our patients' needs.
- ✓ Constant innovation.
- ✓ Producing and sharing great medical practice.
- ✓ Engaging with outside agencies to help us.
- ✓ Provide our patients with the best possible care.

**We will continue to develop our practice here, at  
St.Luke's as we aspire to be OUTSTANDING.**