

WFHP Clinical Model:

Background:

Demand for general practice services continues to grow at about 3-4% per annum, despite this GP numbers are reducing and the funding into our partnership is falling. This means that it can be increasingly difficult for patients to access a GP. To help us focus care where it is most needed we have discussed our vision for a clinical model that will allow us to develop services to suit our population.

Clinical Model:

The following statement is an extract board report which summarizes our broad clinical model:

This document captures the discussion of the board meeting of WFHP on 26/1/16. The board looked at a briefing paper on evidence in primary care provided by the LMC and Dr Felix Blane.

We discussed the salient points in the paper and agreed that the key findings of “partnership based general practice” and “continuity of care” were fundamentals we agreed with.

Within the paper three separate patient groups were identified and we have looked at our broad view on how we would like these patients cared for.

- 1. Patients with long term conditions / frail older people / patients with mental health problems/ patients with serious urgent care problems. These patients should be looked after in their own surgery with continuity of care being paramount.*
- 2. Patients who want longer opening hours, we felt this group of patients would be best looked after on 1-2 sites only and that we should look to open these sites for at least 12 hrs a day Monday to Friday if not longer. In this case access trumps continuity of care.*
- 3. Patients with minor illness, who are ambulatory. In this group we would still like to provide appointments for them on each site but we would like to look at pooling resources for 1-2 urgent care hubs to offer “same day” appointments once the site based appointments were full up. This would allow a more systematic way of dealing with “extra type patients”*

Use of sites

We looked at our sites and identity that longer term it might be a natural fit to have one site delivering more enhanced planned care (elective hospital type services) This is likely to be delivered on the Bewdley Site We also want to explore the possibility of using 1-2 sites as more urgent hubs with longer opening hours.

Access model

It was acknowledged that access varied across the sites. We felt that one model is not right for all at present. It was felt that on sites where access was an issue then the Doctor Triage model would be worth exploring in more detail. Some of our sites have set up this doctor triage model in conjunction with a business called "patient access" details of how this service works can be seen on the patient access website.