一般財団法人オレンジクロス
日本版「社会的処方」のあり方検討事業（仮題）
第3回委員会資料（2018年10月9日）

The Frome Model

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Introduction

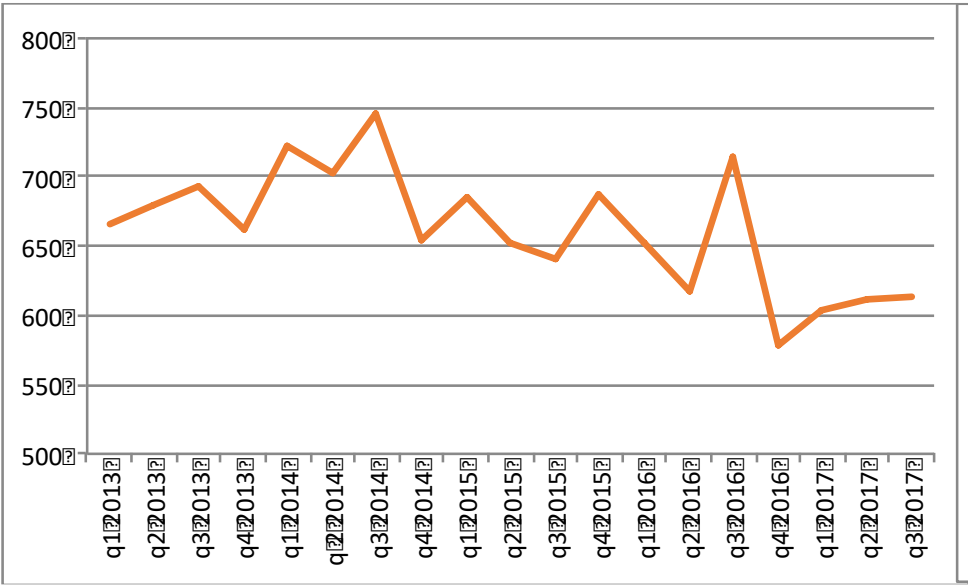
- 3 major components
- Internal hub in GP surgery for identifying and managing people in need of support
- Health Connections Mendip community development service
- Implementation and change methodology

Benefits

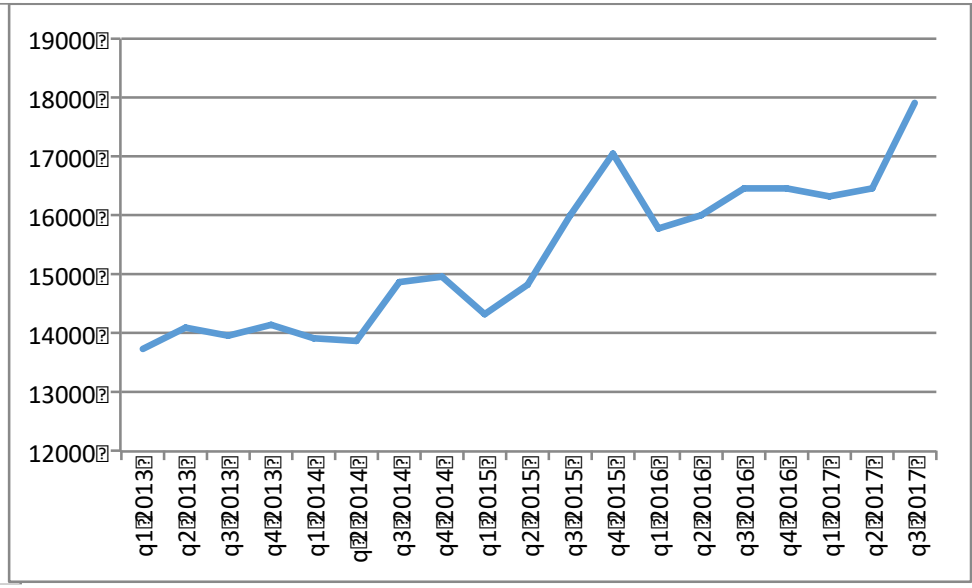
3 main outcomes

- Improved working lives for clinical teams
- Improved patient outcomes in both health and well being
- Reduction in emergency admissions – 16% real terms, with Somerset emergency admissions increasing by 30% during same period

Quarterly emergency admissions Frome and Somerset 2013 - 7



Frome emergency admissions



Somerset emergency admissions

Cost implications of Frome Model

- Cost of all admissions Frome in 2013 - 2014 = £5,755,487
- Cost all admissions Frome 2016 -2017 = £4,560,421
- Reduction Frome between 2013 -4 and 2016 - 7 = £1,195,066.

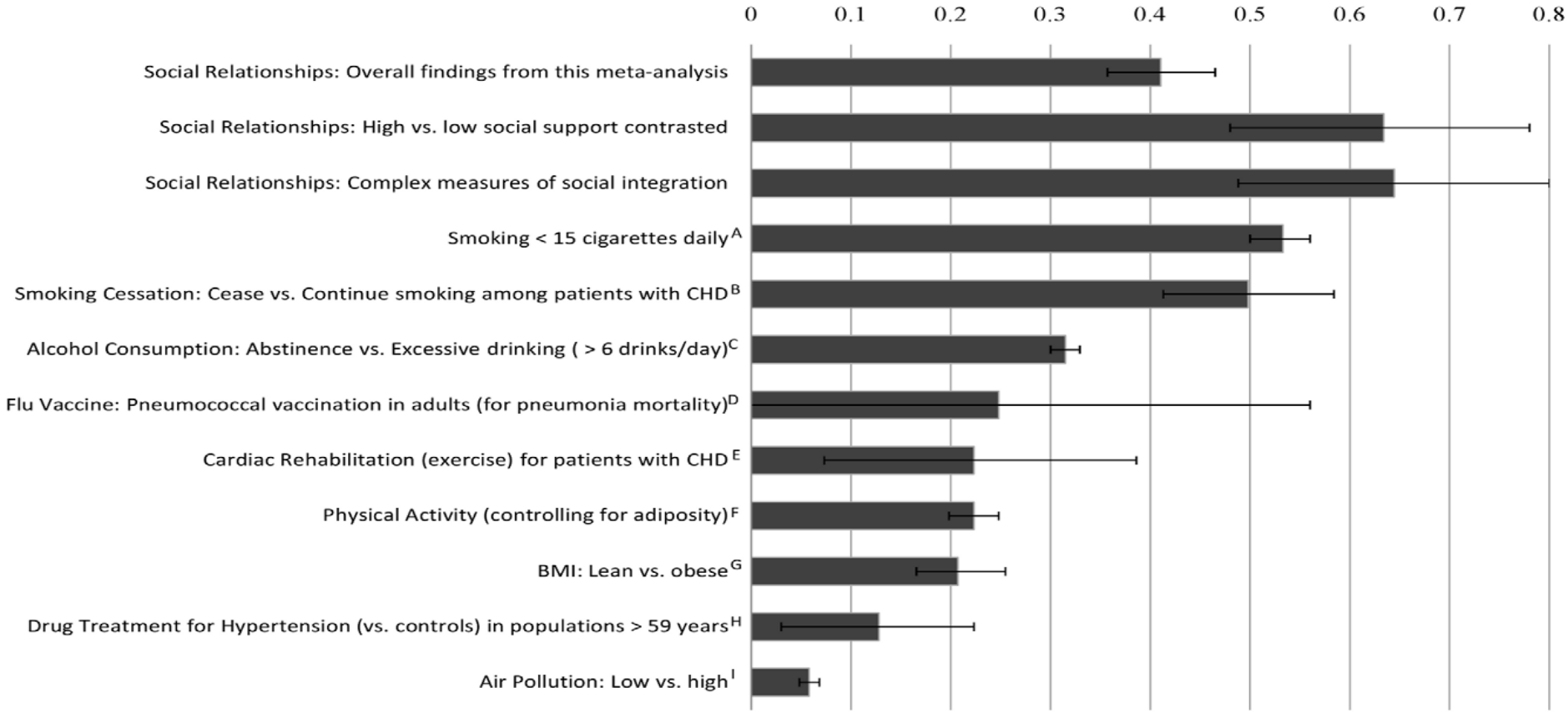
This is a 21% reduction in actual cost between 2013 and 2016

- Cost of all admissions Somerset 2013 - 2014 = £86,535,551
- Cost of all admissions Somerset in 2016 - 2017 = £104,804,840
- Total increase in cost in Somerset = £18,269,289

This is a 21% increase in costs of admissions in Somerset excluding Frome.

Application of Frome model would have saved Somerset £35 million – total budget £700 million

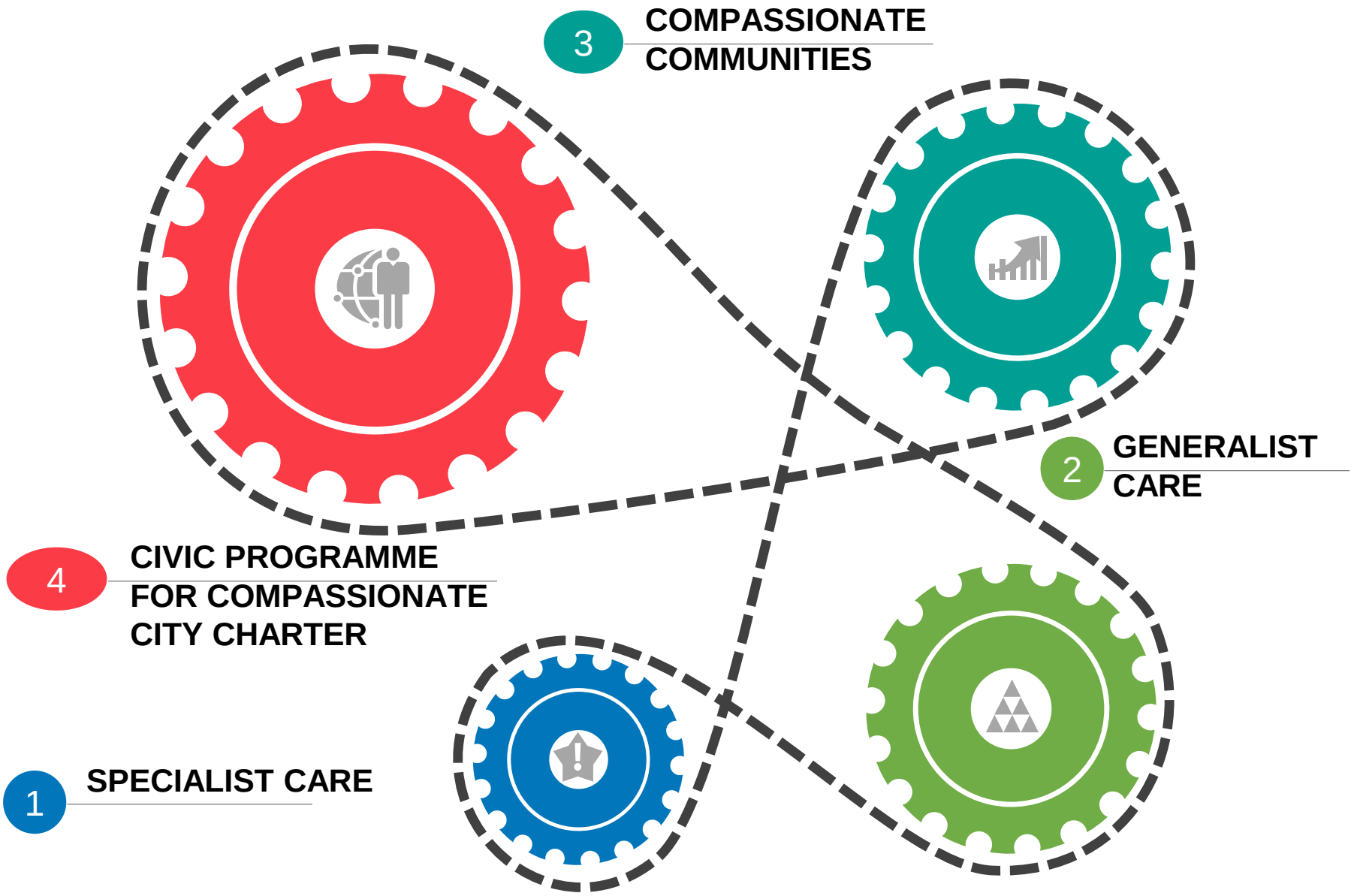
The comparative impact of social relationships on reduction in mortality



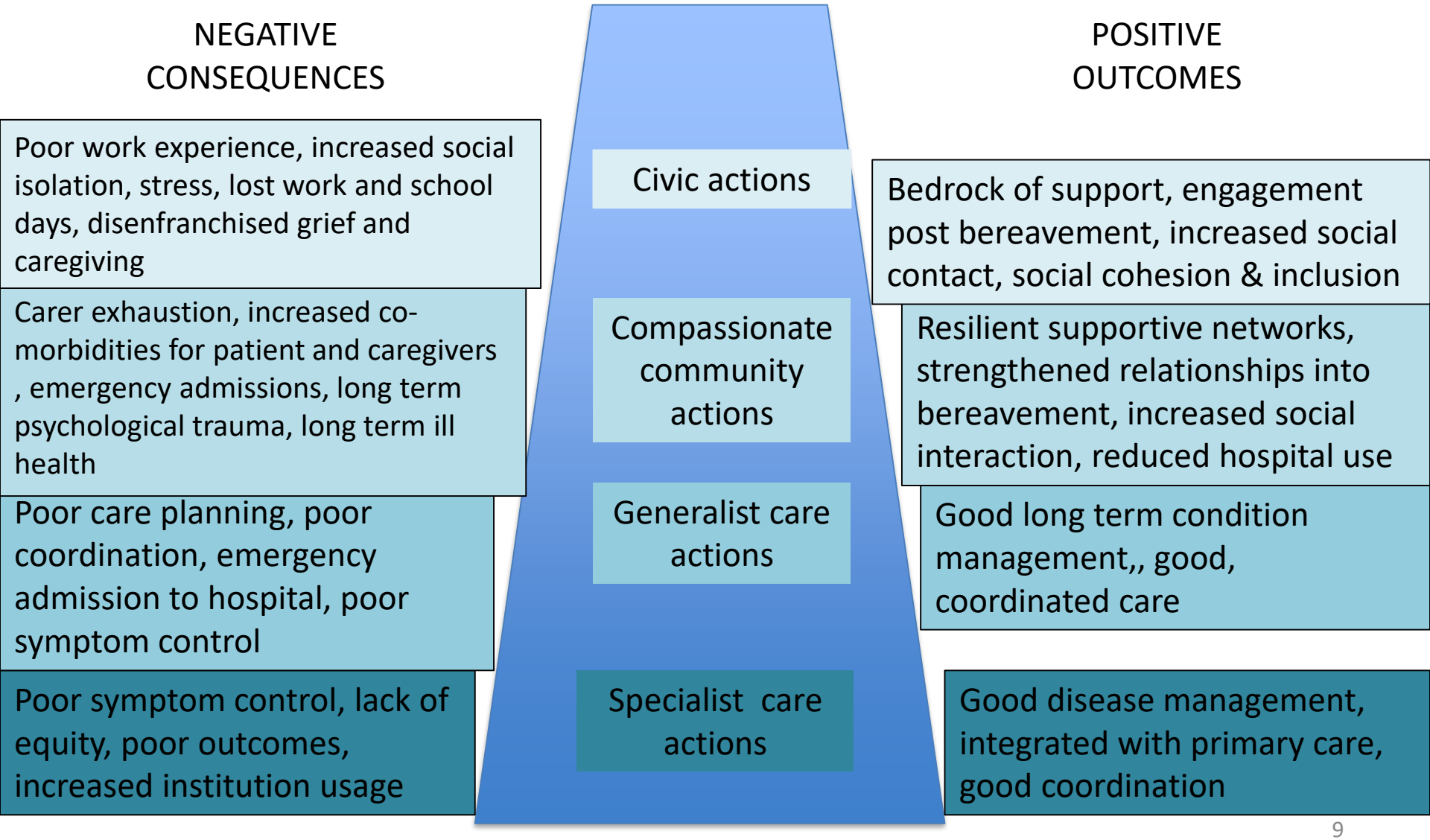
Longevity and social contact

- Biggest single factor in longevity, particularly face to face contact (*Pinker 2015,The village effect: How face-to-face contact can make us healthier and happier*) is social contact
- A fundamental aspect of what keeps us alive, part of human evolution, part of 60 million years of primate evolution
- A new dimension into medicine
- We have found a way of making social relationships/compassionate communities become a routine part of clinical practice in Frome

Health Care – The New Essentials



The Hierarchy of Well Being



Compassionate Communities rather than social prescribing

- Social prescribing is community focussed – people going out into community
- Compassionate communities builds community resource, enhances naturally occurring networks and links all of this together

A new dimension

- Whole population intervention – the changes that have taken place are across the whole population
- Equally as valid to a teenager as to an elderly person
- This is not solely a medical intervention – it is the union of new models of primary care with compassionate communities.
- Use of IHI quality improvement methodology is key to change management

4 key steps

1. Identifying those in need of support – whatever that means
2. Patient centred goal setting and care planning, including admissions avoidance and resuscitation discussion
3. Enhancement of naturally occurring networks
4. Linkage to community networks