

# The Frome Model

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# Introduction

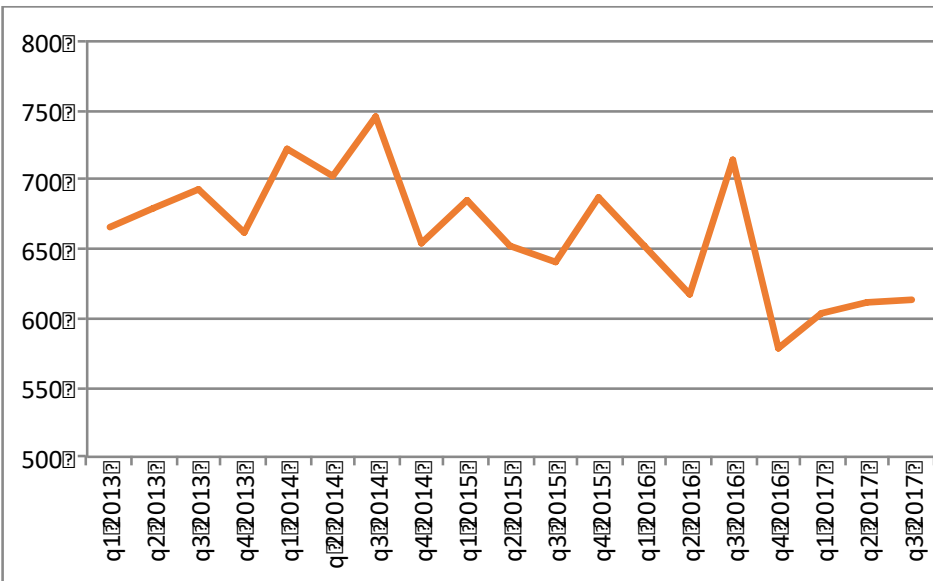
- 3 major components
- Internal hub in GP surgery for identifying and managing people in need of support
- Health Connections Mendip community development service
- Implementation and change methodology

# Benefits

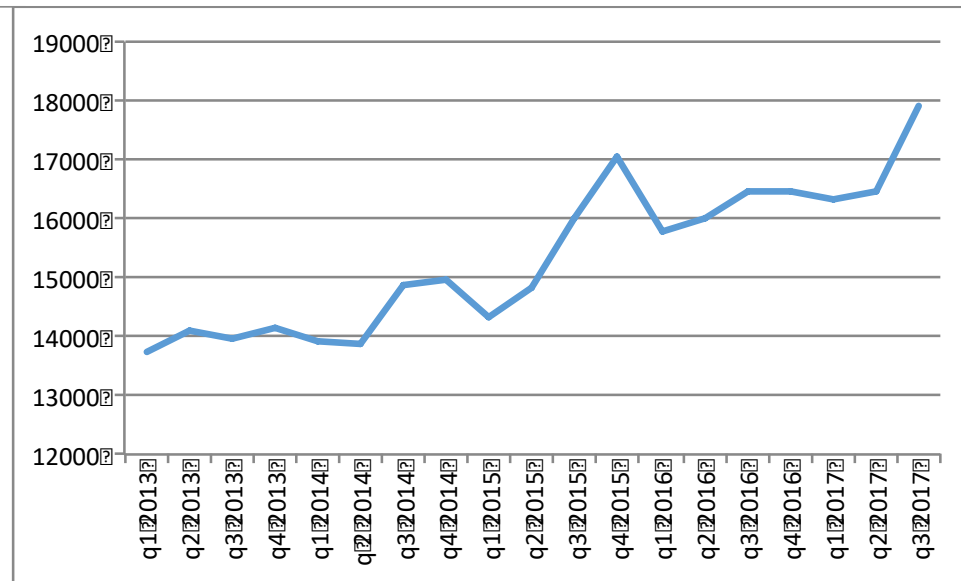
## 3 main outcomes

- 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.

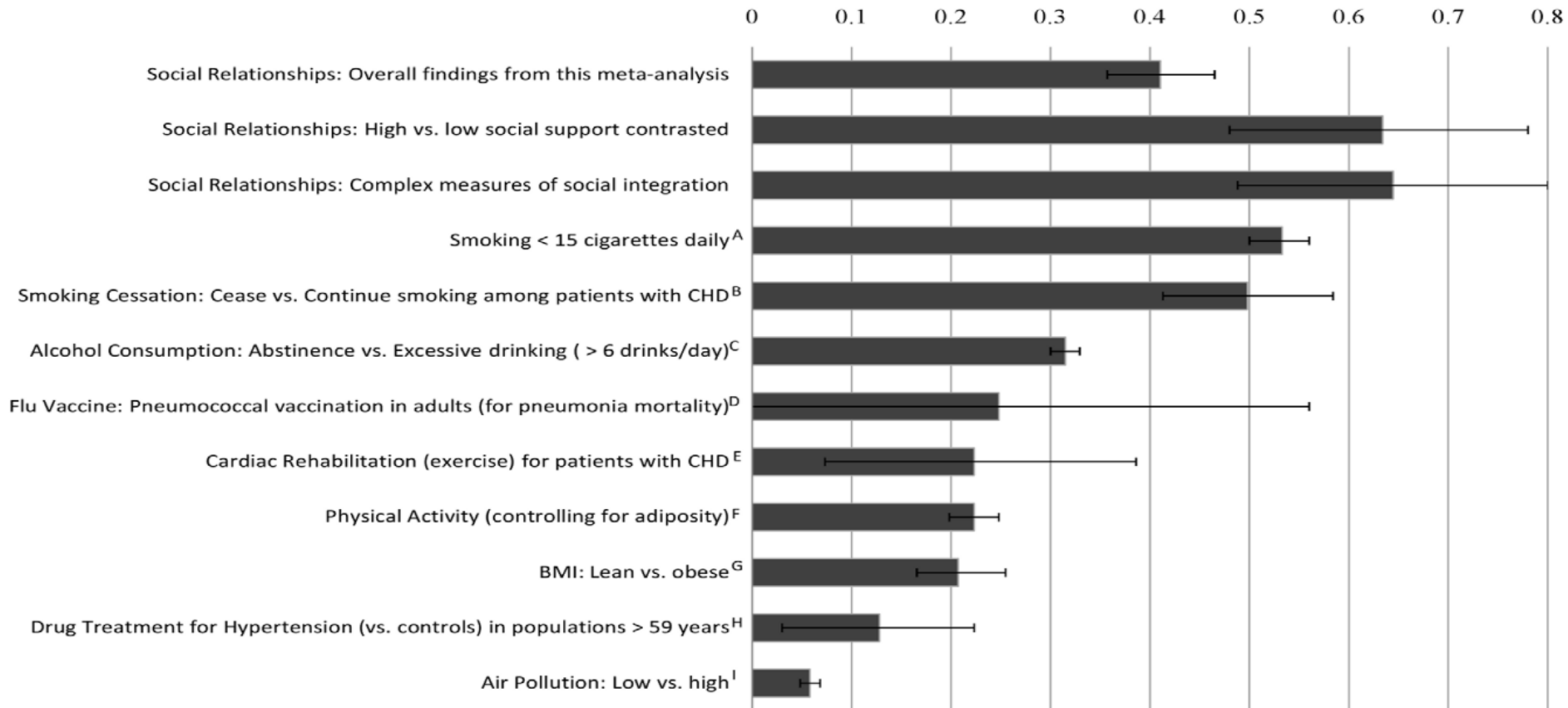
**This is a 21% reduction in actual cost between 2013 and 2016**

- 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**

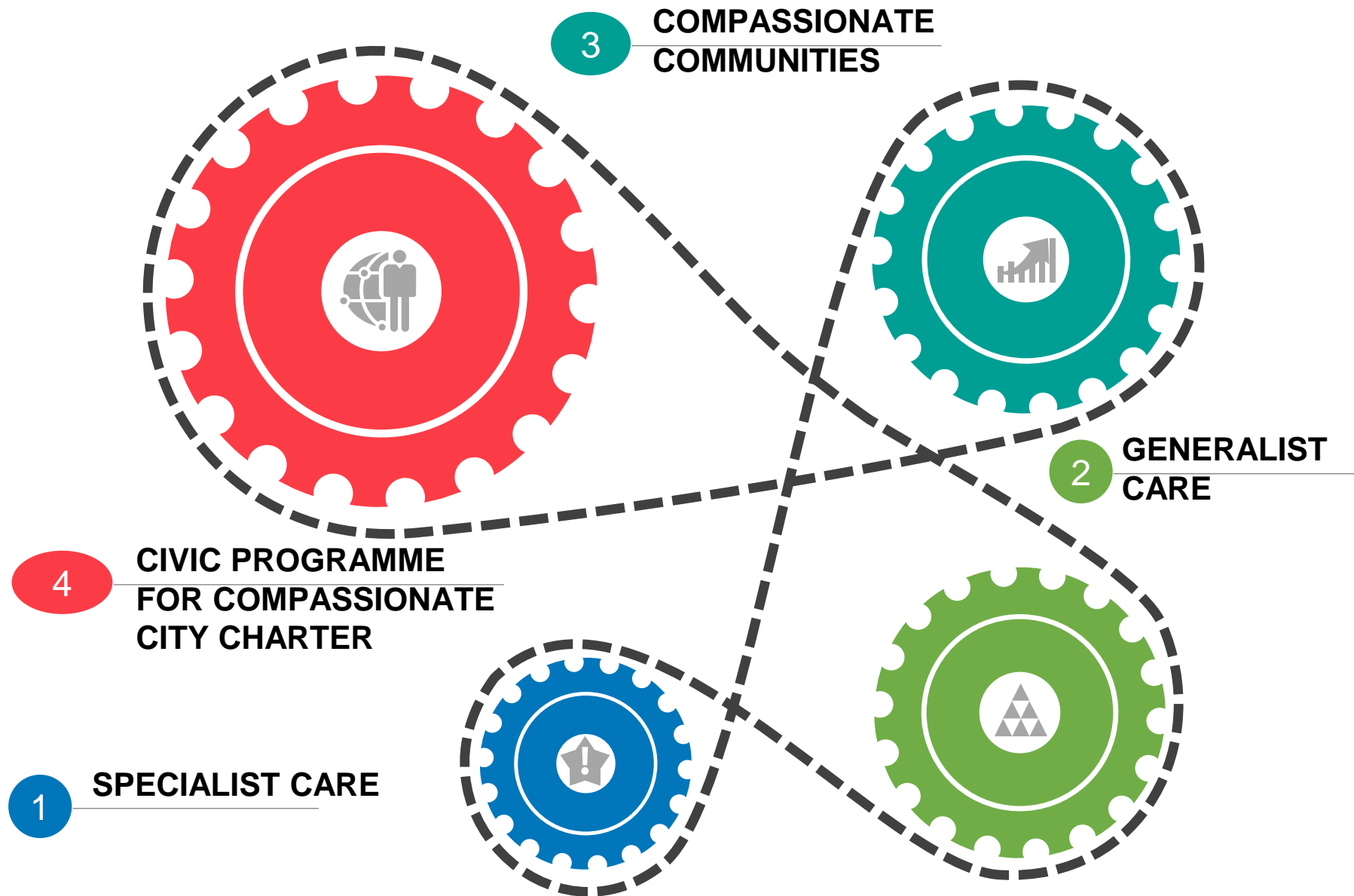
# The comparative impact of social relationships on reduction in mortality



# 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

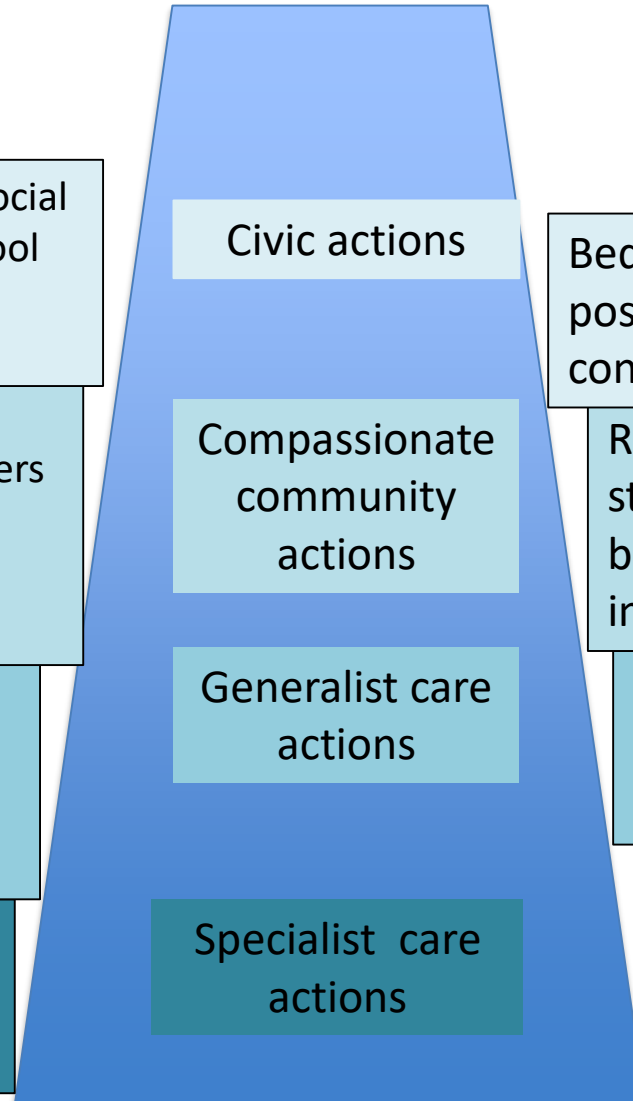
## NEGATIVE CONSEQUENCES

Poor work experience, increased social isolation, stress, lost work and school days, disenfranchised grief and caregiving

Carer exhaustion, increased co-morbidities for patient and caregivers, emergency admissions, long term psychological trauma, long term ill health

Poor care planning, poor coordination, emergency admission to hospital, poor symptom control

Poor symptom control, lack of equity, poor outcomes, increased institution usage



## POSITIVE OUTCOMES

Bedrock of support, engagement post bereavement, increased social contact, social cohesion & inclusion

Resilient supportive networks, strengthened relationships into bereavement, increased social interaction, reduced hospital use

Good long term condition management,, good, coordinated care

Good disease management, integrated with primary care, good coordination

# 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