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）

Implementation Plan

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7 key points

1. Implement all the functions of the model
2. Ownership of change must be in primary care NOT TOP DOWN CHANGE
3. No criteria for identification other than clinical impression – do not use databases
4. Do what is best for the patient
5. ALWAYS use quality improvement methodology for change
6. EMPLOY A COMMUNITY DEVELOPMENT WORKER
7. Working relationships across teams and organisational silos, come first – face to face communication

Key principles

- Build on what is already there
- Demonstrate that change is an improvement
- Build continuous improvement
- Steering group for area is a must
- Think about different ways of delivering key functions dependent on local preferences
- MUST be fully funded
- MUST implement all functions of the model
- MUST be owned by primary care
- MUST be ground up change

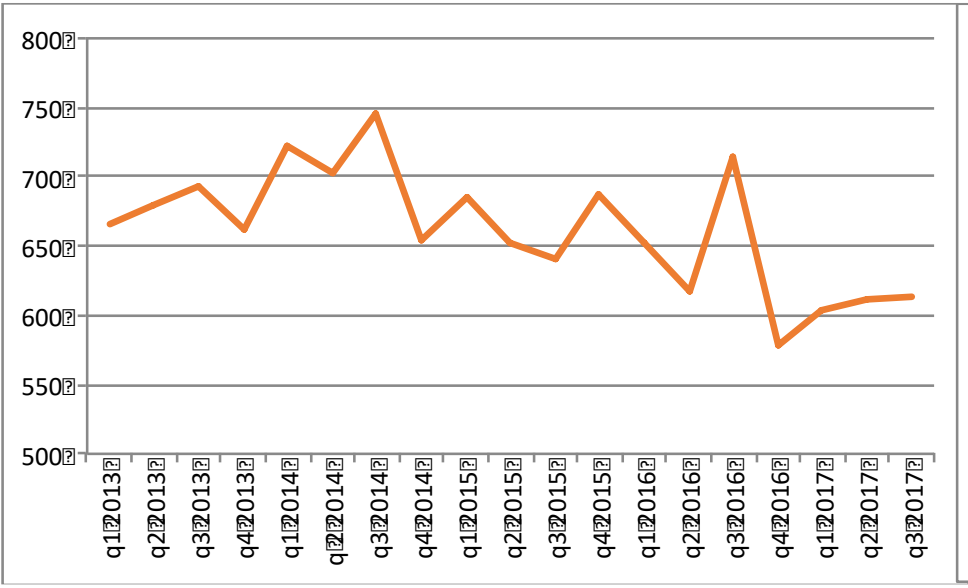
Why is QI so important

- Builds system reliability
- Engages and enthuses often disenfranchised health professionals
- Puts the power of change into the hands of those who do the work
- Ensures that a change is an improvement – otherwise don't do it!
- Deals with complex systems, process, outcomes and balancing measures
- Lead GP in each practice

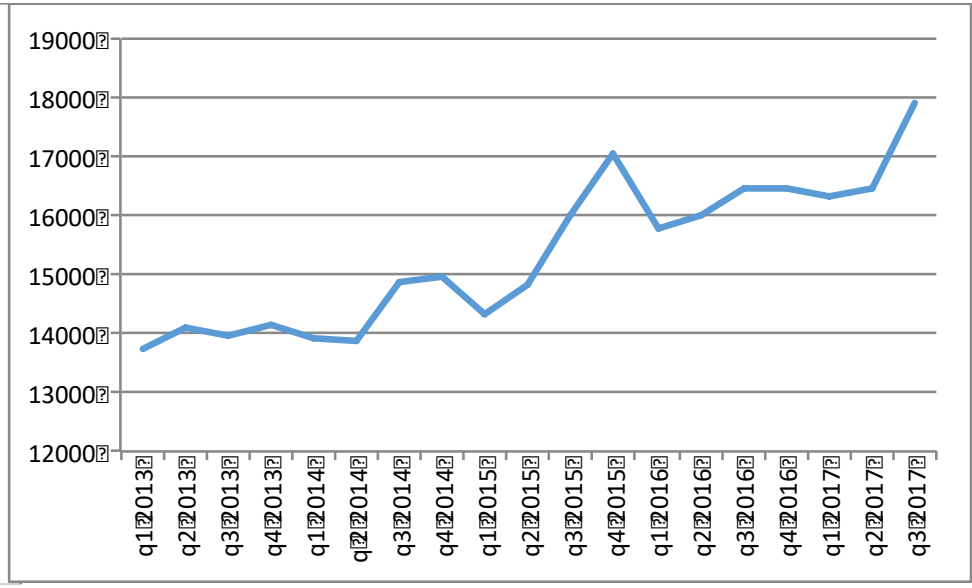
IHI Improvement methodology

- Relies on ideas generated by the people who do the work, not top down
- Leadership on the ground
- Inclusive in nature
- There are no bad ideas, only those that need testing in small scale testing cycles – adopt, adapt abandon
- Listen to the sceptics – they have useful points
- Use of run charts to demonstrate continuous improvement

Quarterly emergency admissions Frome and Somerset 2013 - 7



Frome emergency admissions

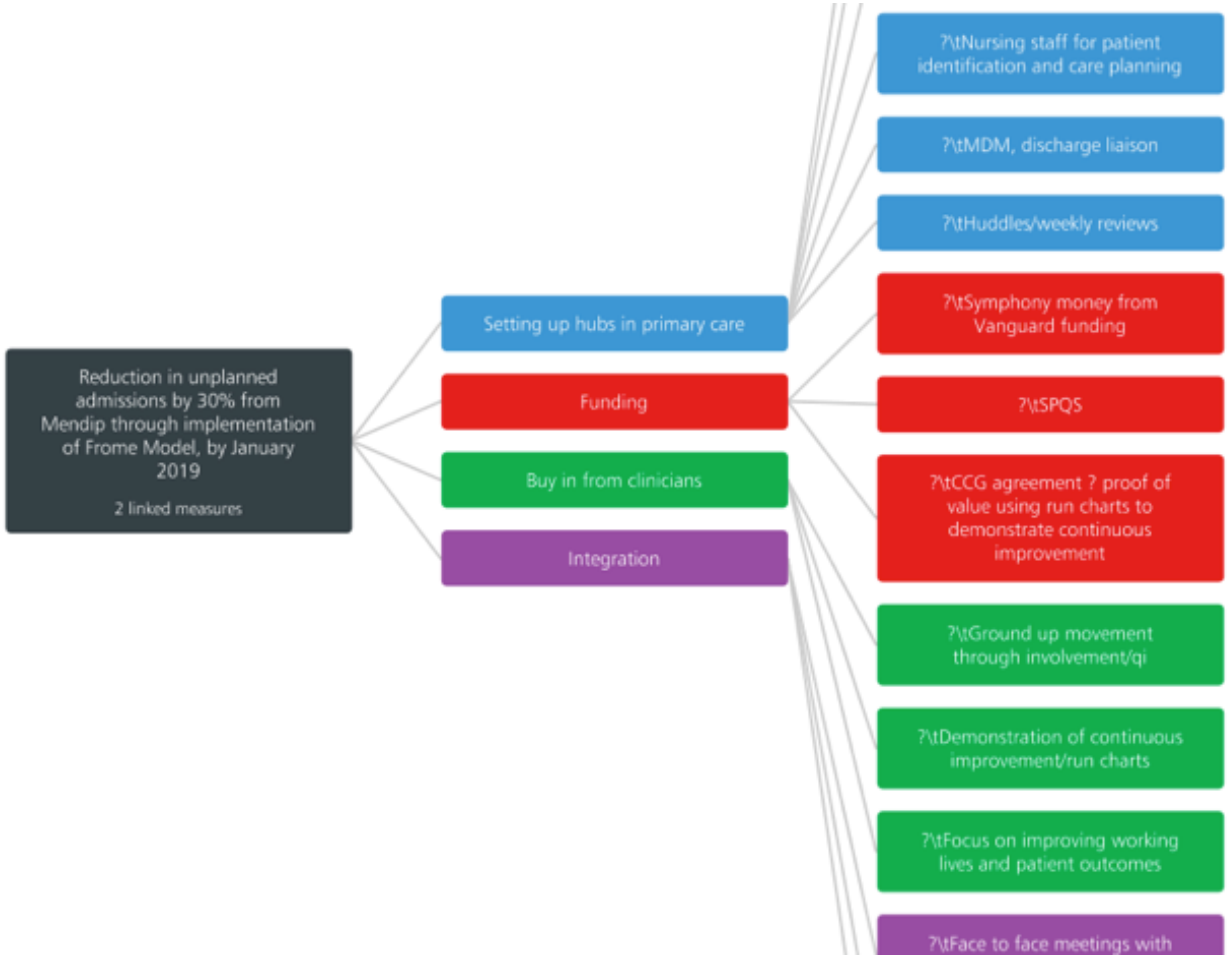


Somerset emergency admissions

Implementation methodology/mentoring

- Each GP surgery has a lead for the practice.
- Coaching/mentoring happens about monthly
- Time to implement changes inside practice – includes MDT, training and supporting
- Mentoring for community development and nurse time

Make a Driver Diagram – project overview



Setting up an internal hub in GP surgery

- Identification of those in need of support
- Phone call post discharge from hospital
- Admin support
- Discharge liaison with acute hospitals
- MDTs – weekly and monthly

What is needed for hub – per 10,000

- Admin support 0.5 FTE
- Nurse practitioner time for phone calls etc. 0.5 FTE
- GP time for MDT and running project in practice 0.1 FTE
- Discharge liaison

Goal setting and care planning

- Goal setting – My Life Plan, what is important to me. Health and well being promotion
- Care planning – ACP, TEP, DNACPR, admissions avoidance. Harm reduction
- Referral pathways inside GP practice
- Visibility and transferability of plans across organisational boundaries
- Use of quality improvement

Who does goal setting and care planning?

- Health Connectors
- Practice staff
- GPs
- Nurses

Community development service

4 key functions

- Web directory of services
- Formation of groups where there are gaps
- One to one work with Health Connectors – motivational interviewing AND community development
- Community Connectors – training and support

What is needed for a community development service?

- Community development lead
- About 1 Health Connector for 10,000 population
- All help with the 4 activities of the community development service
- Ideally crosses more than one practice – 30,000 to 100,000

Remember that IT serves our needs not the other way round

- Unified database so that everyone can see My Life Plan
- Ease of use and good coding, important for QI work
- Interoperability of clinical system with My Life Plan
- Ease of use of service directory

The 3 main outcomes

- Improved working lives for clinical teams
- Improved patient outcomes
- 30% reduction (at least) in hospital admissions.

- This is clinician led, is not top down and is not run by healthcare managers. Change **must** be led by the people who do the work.

Funding

- Total cost is approximately £10 per head
- Return on investment in terms of emergency admissions is £60 for every £10 spent
- What is the cost of early intervention?
- What we are really trying to achieve is community health.

Suggested Plan

- Implement a project in a geographical area surrounding a hospital
- Reductions in admissions and costs start within a year
- Aim for a roll out programme based on the success of the initial project – only after trends are improving to demonstrate effectiveness in different settings.