Understanding the potential of joint working between Primary Care Networks (PCNs) and Communities

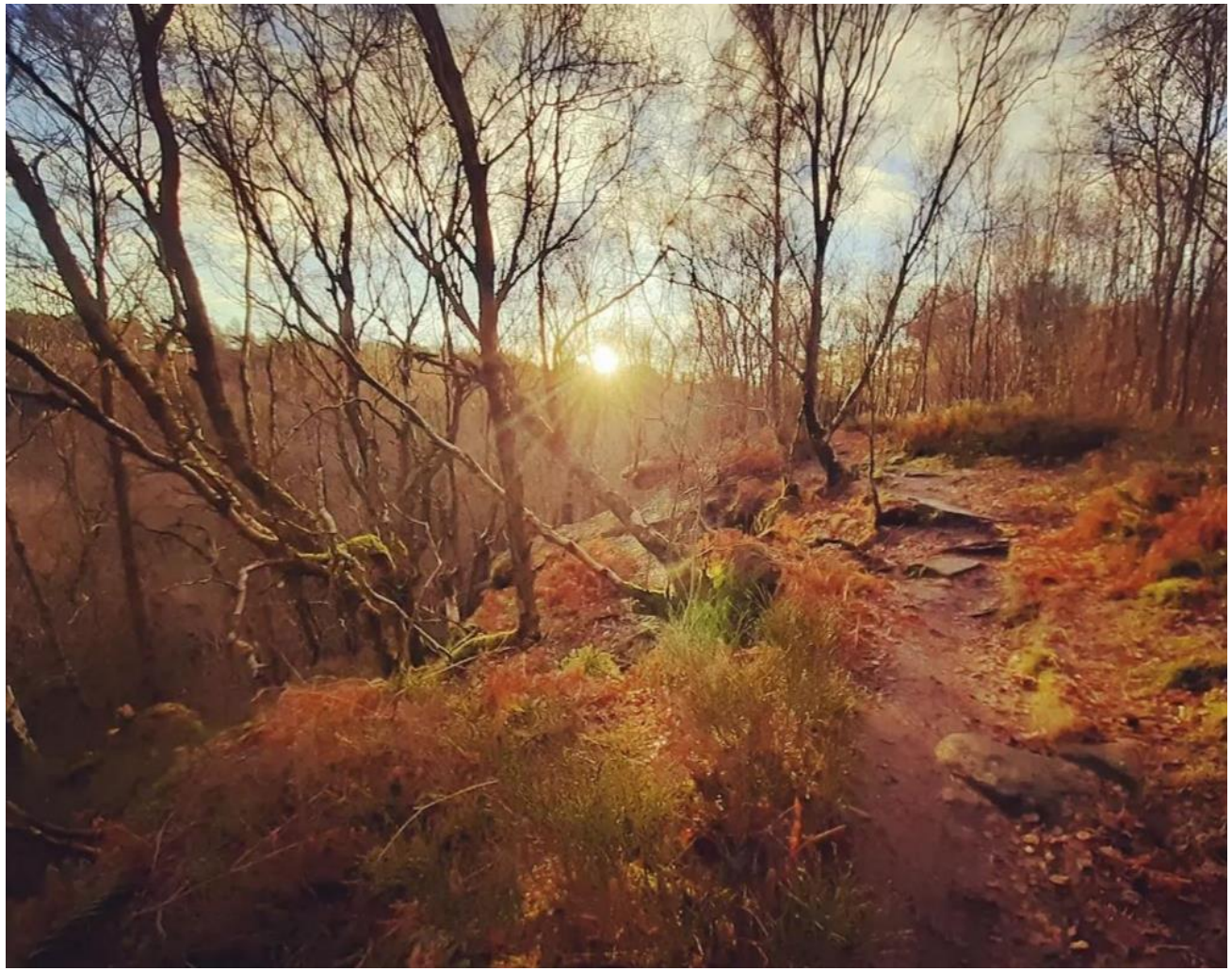
Why does Primary Care need to change? – Helen Blomfield, Township 2 PCN Sheffield, Occupational Therapist

Community Paradigm Shift – Laura Charlesworth, Head of Health Research, New Local

Communities working together in PCNs – Sheruba Draviavaj, PCN Manager Heeley Plus & May Connolly

Why does Primary Care need to change?

- People are living with multiple complex health conditions
- Increase in health inequalities
- Increased demand on GP practices
- Increase in lifestyle preventable Cancers
- Burn out among PC staff



By 2024 each PCN will have funds to recruit equivalent of 20 FT posts

THE 12 NEW ARRS ROLES:

- Clinical Pharmacist
- Pharmacy Technician
- Health and Well-being Coach
- Dietician
- Podiatrist
- Paramedic
- Health Practitioner
- Nursing Associate
- Occupational Therapist
- First-contact Physiotherapist
- Care Co-ordinator
- Physician Associate

Preventative approach & Personalised Care

This e-learning toolkit explains really well how steps can be made to embed a preventative approach into Primary Care.
https://www.e-lfh.org.uk/programmes/embedding-public-health-into-clinical-services/

What is community power?

- The principle that communities themselves have valuable insights into their own circumstances and what they need to thrive.
- Solutions to an area's biggest challenges are often to be found within the community and its assets, not just inside formal institutions.
- Community powered approaches aim to give communities greater influence and control over decisions and services which affect their lives.
- At the heart of this is collaboration which draws on the expertise of communities, local public services and the voluntary and community sector to devise appropriate support that improves outcomes.

Why community power?

Our research has identified many benefits of community power:

- Community power can **strengthen community wellbeing and resilience**, by enabling people to participate and deliberate in decisions.
- Community power can **boost trust** in formal institutions and democracy, and supports community cohesion.
- Many **social determinants** of health outcomes are within communities – including personal networks, housing and green space. Active, connected communities are **happier and healthier.**
- Community insights can support a shift to a more **preventative approach**, reducing demand on under-pressure public services. There is great potential to reduce **health inequalities.**

Three NHS paradigms: state, market and community

The NHS	State paradigm	Market paradigm	Community paradigm
Key organisational principle	Standardisation	Efficiency	Prevention
Key problems seeking to solve	Treating illness	Treating illness more efficiently	Preventing illness, alongside treatment when needed
Locus of power	Clinician and Whitehall bureaucrat	Clinician and manager	Clinician and community
View of service user	Deficit-led: primarily a passive patient	Transaction-led: a customer with choice determined by provider	Asset-led: a participant in their own health and wellbeing
View of communities	Not in the purview of services	A source of treatment alternatives through social prescribing	Equal partners with deep insight into effective service response
Implementation method	Top-down, uniform model of provision	Targets, performance management and productivity drives	Devolution, culture change and deep community engagement
Organisational relationships	Separate specialist organisations	Competition between organisations	Collaboration and shared community-led mission across organisations
Funding model	Centrally planned funding model	Activity-based funding model	Place-based funding allocations, joint investment in prevention
Accountability	Whitehall	Whitehall, across an increasing number of arms-length bodies	Local accountability in the context of a national outcomes framework
Approach to engagement	Not widely pursued	Patient feedback sought through closed surveys	Community participation viewed as essential to service design
Attitude to data	Quantitative data informs decision-making at the top	Quantitative data informs performance management within different services	Quantitative data, combined with qualitative community insights, informs prevention shift

Communities Links with PCNs

Heeley Plus
Primary Care Network

Just an example- lots of good work happening across country

Show you opportunities of working with communities

Inspire you with the opportunities!

HEELEY PLUS PCN- AN OVERVIEW

- Group of 7 GP practices in Sheffield covering 42000 patients
- We have strong partnership links with voluntary sector- Heeley Trust
- Vision

‘Integration Health and Social’

-valuing the impact of the wider determinants of health

- supporting patient access to appropriate services to address what matters to them.

WHAT WE FOCUS ON?

How we integrate general practice services with PCN services.

Proactive, personalised care for patients

To bring together practices to share learning, offer services at scale based on population need.

We look for ways to involve patients in our projects

LINKING PRIMARY CARE TO COMMUNITY

- Connecting patients to local services
- Starts with a conversation- personalised care roles.Link workers, care coordinators and health coaches great at this!
- Receptionist and practice teams care navigating.
- VCSE support in achieving this- understand community need/want
- Coproduction of services with communities – engaging patients with lived experience

PROJECTS

- Women’s health project
- Social prescribing and what voluntary sector can offer primary care- asset based approaches
- Diabetes peer support groups
- Mental health peer groups
- Health cafes – Diabetes, Mental health.
- Network Patient Group

PCN DIABETES CLINICS AND PEER GROUPS

- Multidisciplinary approach to diabetes care (Dr, Nurse, link worker, patient peer café (drop in and booked appointments). Referrals come from practices
- Patient peer groups- involved in supporting each other, education and self management
- Co-production with patients- : designing care services with people so they better meet their needs
- Outcomes- ‘one stop shop’; one to one and peer groups

WOMENS WELLBEING PROJECT

- Partnership working- joint bid between Heeley Plus PCN , Heeley Trust and Sheffield Occupational Health Service (SOHAS) to support women's reproductive health and wellbeing in the workplace
- MDT clinic to offer drop ins for advice and support – GP, Pharmacist, Link worker, Occupational Therapist (ARRS staff)
- Peer support groups in community to support women's wellbeing.
- SOHAS support for women in workplace

MENTAL HEALTH PEER GROUP

- Started with hosting listening events for patients supported by primary care mental health team
- Key message- have space where patients can support each other and have non judgemental space to share
- Patient led
- Start small and grow! Building into Network Patient Group

TRANSFORMATION FUND PROJECT

- Joint funding bid between PCN and voluntary sector to support with establishing community led groups- led by community worker
- Walking groups in green spaces to support patients struggling with mental health, activities for families
- Community pots- setting up mini projects led by patient volunteers- some funding allocated to this

CONCLUSION

- PCNs - Focusing on proactive, preventative and personalised care
- Working with communities- identifying key priorities – using data and local knowledge!
- Its about the relationships! Start small and grow- can take time!
- Its not about short term priorities but long term results!