

# Welcome



Primary Care  
Network  
NHS Confederation

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Due to the number of attendees, please ensure you remain muted and put any questions you have into the chat.

The session will be recorded and accessible to primary care members via our app.

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General  
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Council





# Continuity of Care

## Our Model of Microteams



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- Dr Pritti Aggarwal  
*GP Partner & Director of Primary Care Placements for Medical Students*



- Moira Wright  
*Care Coordinator Lead*





Improving Continuity of Care by 956%  
within 1 year with microteams



# What is Continuity of Care?

“ The extent to which a person experiences an ongoing relationship with a clinical team or member of a clinical team.”

RCGP



# Types of Continuity

- Relational
- Managerial
- Informational

# Benefits of Continuity



↑ Patient satisfaction



↑ Adherence to treatment plans



↓ ED visits & hospital admissions



Cost-effective



↑ Job satisfaction



↓ Mortality rates





# The Challenge

- 
- Rapid growth
  - Episodic care
  - High GP workload
  - Low satisfaction
  - Funding
  - Increasing demand
  - Complexity of patient

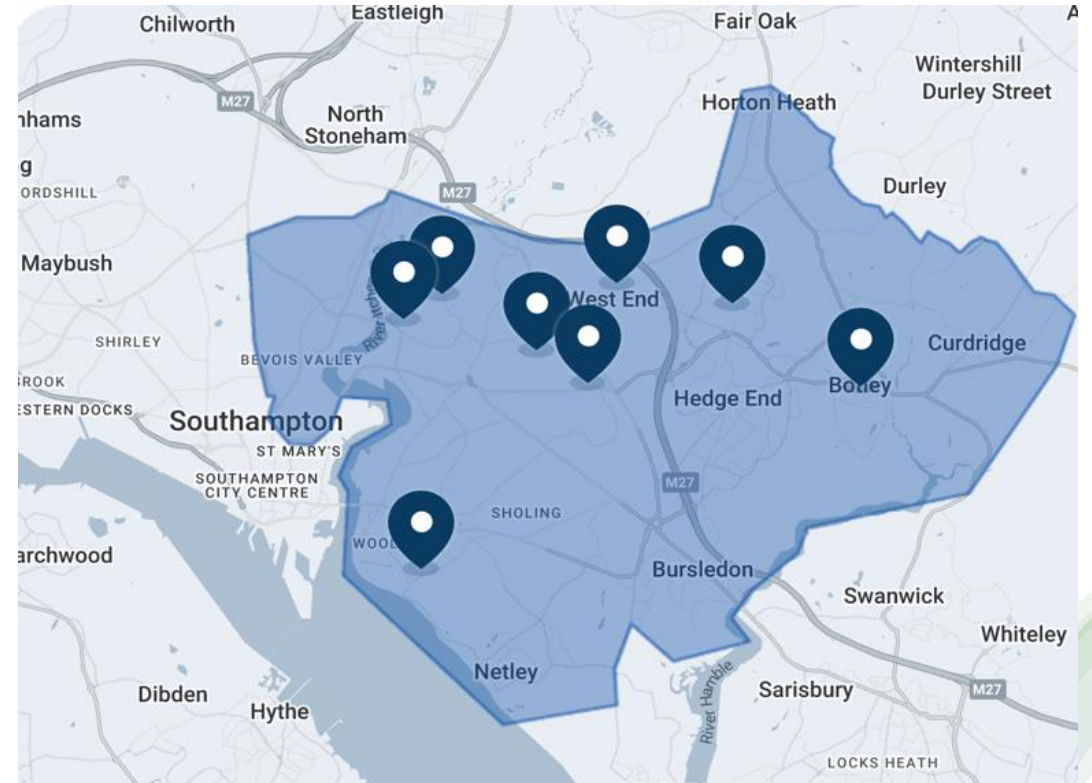






# Living Well Partnership: Background

- PCN
- 8 sites
- 8 partners
- 200 employees
- 46,500 patients
- High health inequalities





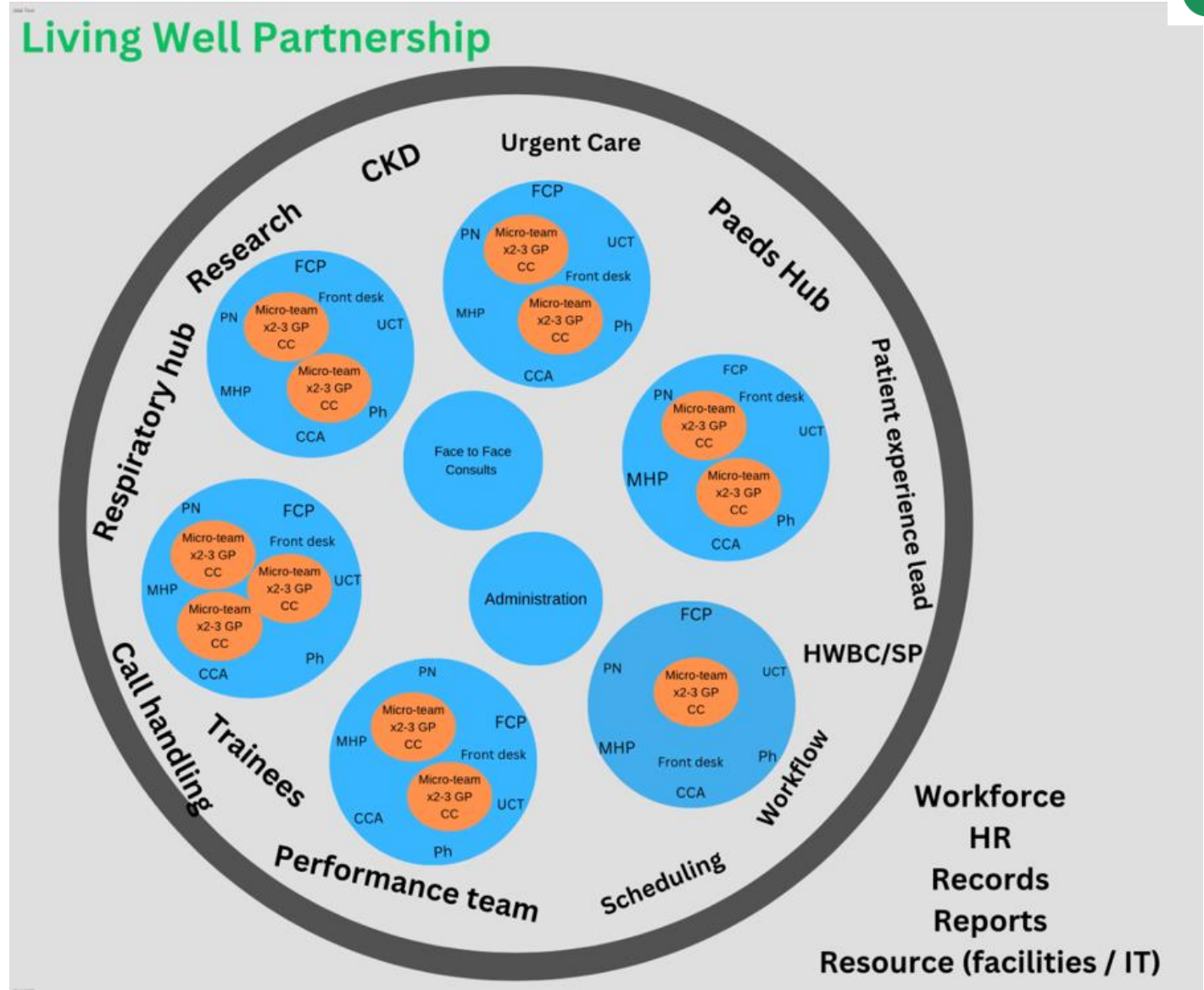
# Microteams

- Teams led by a GP
- Aim to improve continuity & outcomes
- Share workload AHCPs
- Accommodate workforce



# LWP Microteams Structure

- 12 microteams
- 6 sites
- Led by a GP
- ~3875 patients
- Stratified patients



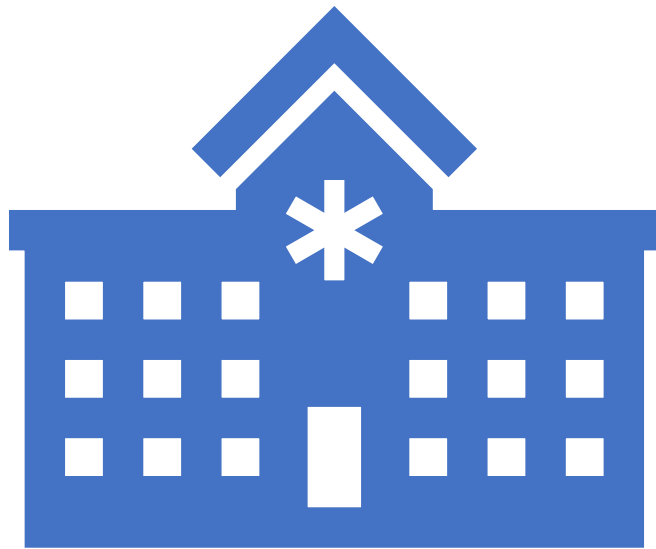


# Implementation

- Planned implementation
- Training
- Staff engagement
- Patient engagement
- Launched on 6 March 2023



# Measuring Continuity



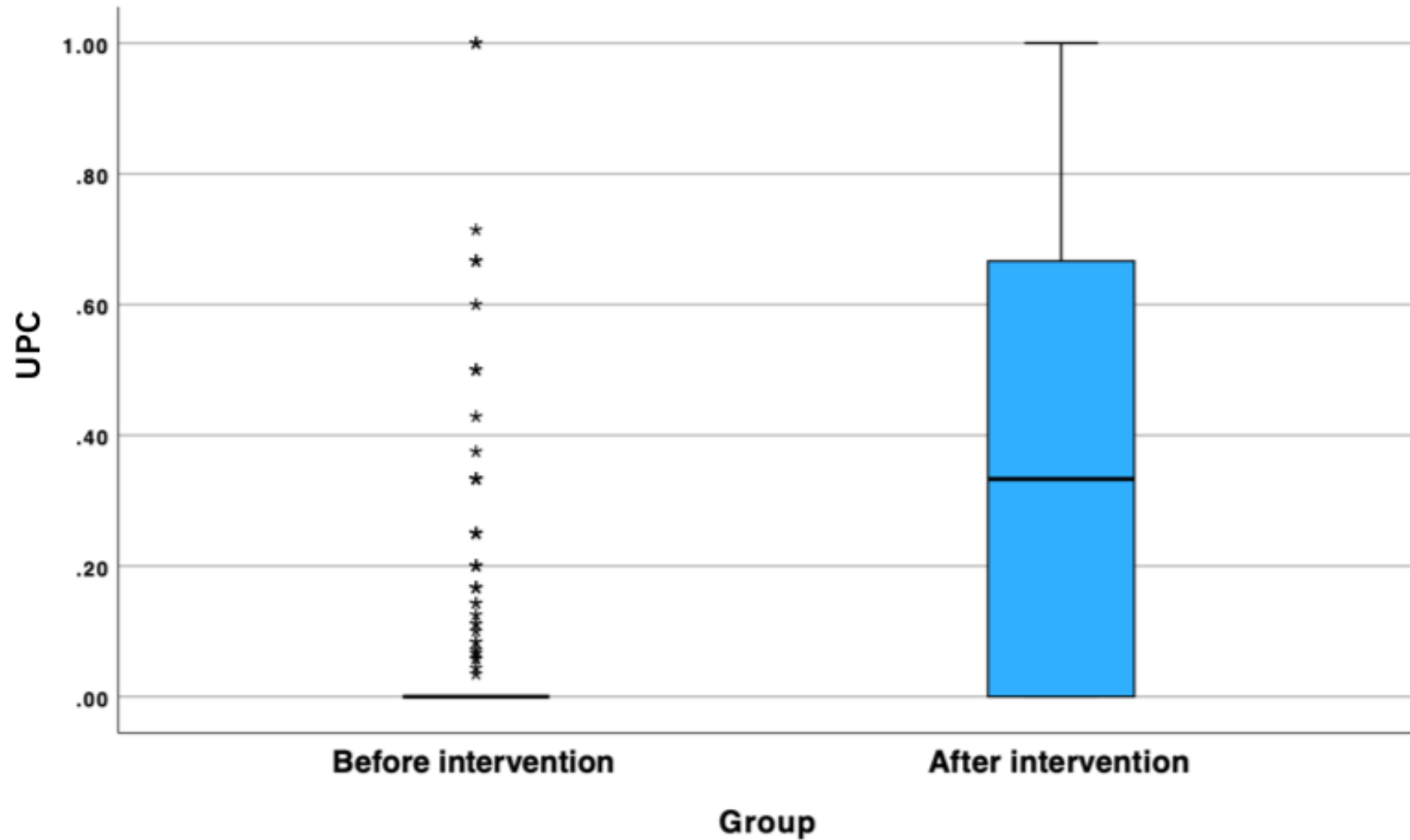
- Usual Provider of Care (UPC) index
- Ratio of appointments with named GP/team to total GP appointments
- Analysed for patients with  $\geq 3$  appointments & further all patient appointments

# Continuity results



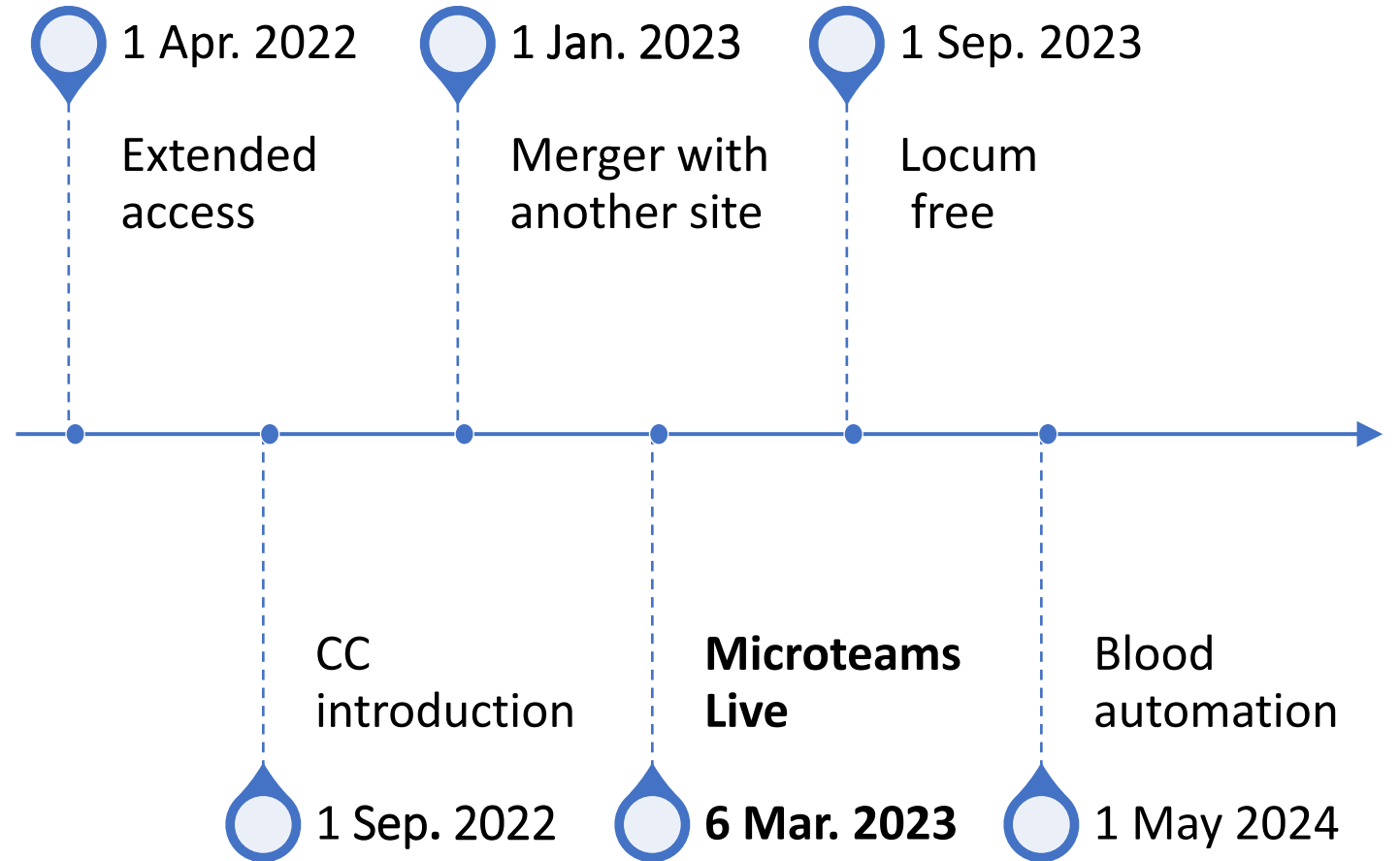
Category	Metric	Pre-Intervention	Post-Intervention	p-value
>3 GP Appointments	Total Patients	1,024	4,070	-
	UPC Score (Mean, SD)	3.39 (SD = 0.12127)	35.81 (SD = 0.35476)	<0.001
All GP Appointments	Total Patients	4,804	15,436	-
	UPC Score (Mean, SD)	3.26 (SD = 0.1592)	37.00 (SD = 0.4371)	<0.001
>3 GP Appointments (Excluding Urgent Care)	Total Patients	-	1,597	-
	UPC Score (Mean, SD)	-	35.55 (SD = 0.3412)	-

# Impact of Microteams





# Complexity of Continuity: A Non-Linear Journey?







## Patient Satisfaction Outcomes

- Friend and Family results:
- Pre 21%
- Post 88%





## Impact on GP Satisfaction and Efficiency

- ↑ Job satisfaction
- ↑ Focus on clinical work
- ↑ Recruitment & retention
- ↓ Administrative tasks
- ↓ Locum usage



# Role of Care Coordinators

Engage	Engage patients with multiple health & wellbeing needs
Identify	Support patient to identify their needs
Activate	Proactive care plan, with key people & signposting
Empower	Empower patients to lead on own self management
Optimise	Optimise clinical capacity through support of patients



# Impact of Care Coordinators within Microteams

4,763 care coordination contacts

A total of 431 active cases

Allows appropriate skill mix use to focus on tasks

Enhances organisational & backstage continuity

Provides consistent care & appropriate escalation routes



# Adaptability of Microteams Model

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Scalable alternative to single  
named GP models

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Addresses part-time working  
patterns

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Supports workforce sustainability

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Potential for implementation in  
diverse practice settings

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Regular reviews and adaptations  
recommended



# Conclusion



SCALABLE &  
REPLICABLE



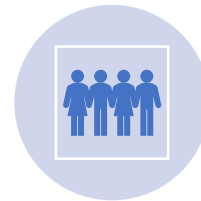
↑ UPC IN  
SHORT  
TIMEFRAME



↑ PATIENT /  
STAFF  
SATISFACTION



CONTINUITY OF  
CARE



WORKFORCE  
SUSTAINABILITY



REGULAR  
MEASUREMENT  
& ADAPTATION



?MODEL FOR  
MODERN  
PRIMARY CARE  
DELIVERY?



# Acknowledgements

- Living Well Partnership
- Prof Mark Rickenbach
- NHIR
- GMC
- NHS Confederation





# Thank You

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