How can you help PCNs to grow and thrive?

Claire Oatway
Chief Operating Officer

Background of Beacon

Merged April 2014 6 sites, 43k patients, suburban and rural Devon Rapid test site Primary Care Home

Increased



Staff morale



Patient feedback



Immunisations

Reduced



GP waiting times



Length of Stay



Cost of care

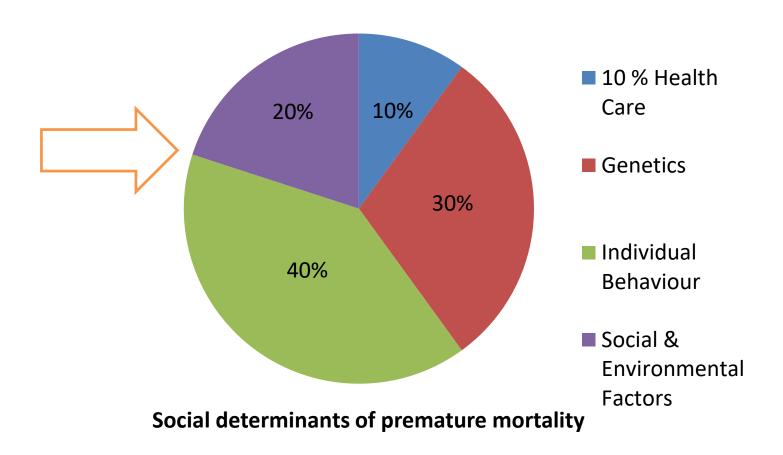
Remember it's a community led need

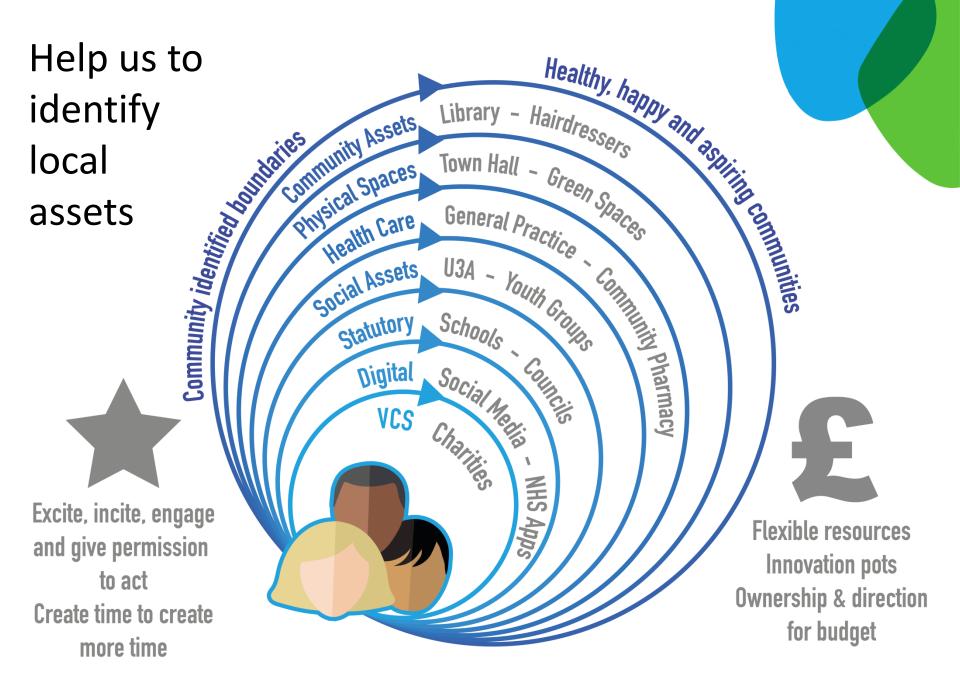
Fragmentation of local services has led to poor working relationships, defensive practice, unnecessary delay and confusion within patient and clinician communities.

Increasing complexity of clinical need is significantly compounded by SOCial need, including health anxiety; and established evidence shows that health behaviours and a lack of personal ownership of health and wellbeing inflate demand. Our data analysis shows high levels of SOCial isolation driving demand for medical services.

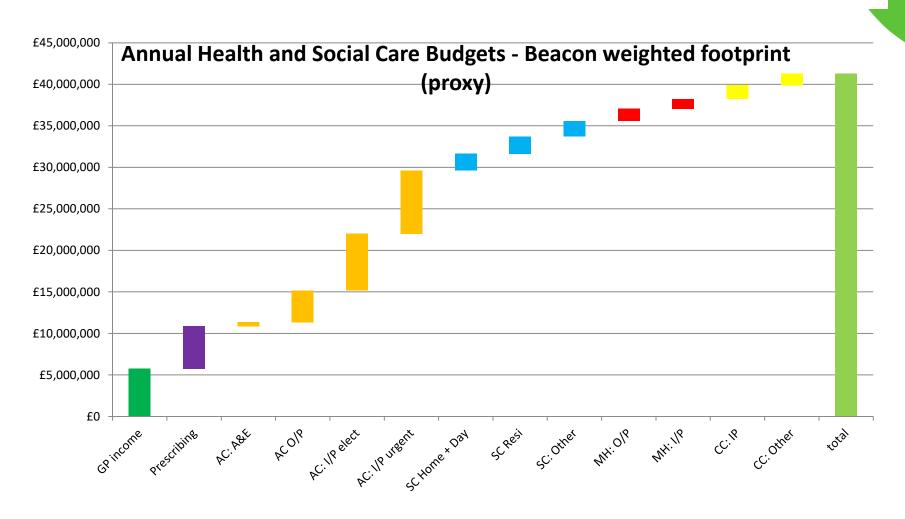
Beacon's Primary Care Home re-establishes a clinical community around our localities and targets social and behavioural intervention to our patient groups relative to need.

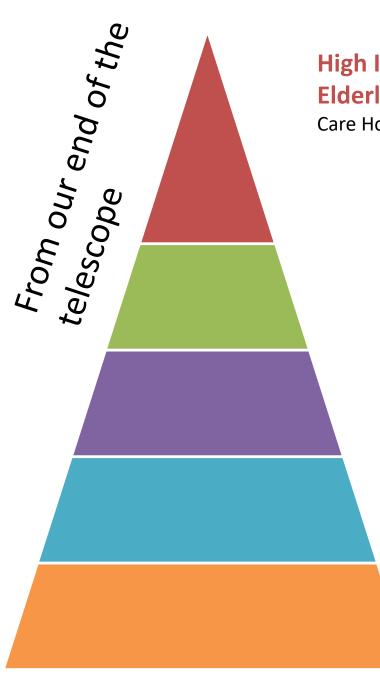
Vision of ICS should be to fundamentally commission for health not health care





Technical support around data? Help us to own whole health and care budgets





High Intensity:Frail Elderly- Virtual Ward, Care Homes

High Intensity: Frequent attenders - Liaison Psychiatry for medical unexplained symptoms

High and Rising Need: Pathway design work, Expert patient, Carers support, real time intelligence

Low Need / Stable: Mental Health awareness, Community Pharmacy integration - annual reviews, social prescribing, secondary care audit, Community dermatology / MSK services

General Health Maintenance: Collaborative flu campaign, patient education

General Health Access: Urgent Care Team,
Digital tools and advice, IA integration
Capacity Modelling, Near Patient Testing

Making the change permanent

