Neighbourhood – Frailty Duty Dr

NW3 practices 27th April – 31st May

HAVERSTOCK HEALTHCARE
The Camden GP Federation

Duty Frailty Dr of the Day – Pilot Start Thursday 28th April

Purpose:

- To co-ordinate all the necessary inputs (to act as an integrated team) to reduce the number of A&E attendances, Emx admissions, and reduce LoS for our Frail patients
- To trigger the proactive planning to reduce any unnecessary readmissions, owning the action plan until passed back to 'home GP' with all teams taking on their part of the plan.

Pilot Objectives:

- To align with the existing Frailty planning processes – in particular to take a view on what proportion of the Planned Care LCS proactive planning investment and current home visiting service could be 're-purposed'
- To identify how the outcomes (eg changes in Acute activity can be measured)
- To define what any new pathways will be
- ***To have a clear way of making the role scalable for other 'Primary Care Homes'***
- To inform a business case to make this role substantive for 17-18

Pilot detail…

Patient Cohort: All frail patients that are in some sort of imminent risk of hospital admission/ attendance/ extended hospital stay, that would benefit from additional GP input.

Referrals From: GP practices; RFH (the assessment wards, TREAT clinic and ED); RAPID/PACE team; London Amulance Service; Adult Social care; Potentially others – the pilot aims to learn

Pilot detail…

Basic Pilot Process:

- Referral via simple call to the mb of the Duty Frailty Dr
- With pt consent, the GP will have access to the pts notes, and using the contact numbers of the pt's home GP have a way of readily understanding the patient’s normal 'baseline'.
- The GP would give advice, help co-ordinate a wider response as necessary, or indeed visit the patient as necessary.
- The GP will be mobile (eg have laptop access to notes), and part of the pilot will be to determine where best to base themselves.
- The GP will record their intervention into the Federation instance of EMIS in Camden. This is accessible then by the home GP practice.
- The end point of each intervention will be a discharge letter to the home GP. This is similar to the GP Home Visiting pilot that has been conducted in Camden.

Other Aspects to consider (Governance & IT)

- The legal entity under which the work is done (We are using Haverstock)
  - SOPs, complaint procedures, employment etc…..
  - The 3 Drs are formally ‘locuming’ with Haverstock as part of the Pilot
  - ***What happens if anything went wrong!***

- EMIS and IT (we are building on the learning from the Home visiting):
  - Use of the Federation instance of EMIS
  - Operating on the move (laptop access)
  - The need to be able to see the patient record and communicate back with practices
  - Patient consenting

Aside Thought – how do things apply to the Universal Offer!

QUESTIONS??