INNOVATION AWARD 2012

GP Supported Nurse Practitioner Visiting

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The Denburn Medical Practice

Background

The Denburn Medical Practice was formed 2 years ago as the result of the merging of 2 smaller practices. The current patient list size is approximately 10,400. The formation of a new practice posed various challenges, ranging from workforce planning to system design and implementation. For all practical purposes, it was a 'clean sheet' design with no pre-existing template to adopt as a guideline, since no other GMS practices in the North East of Scotland had merged in this way.

Challenges Posed

As was previously stated, the merging of the practices posed various problems which needed to be overcome. Some of the problems facing us were as follows:

1. There were a hugely varying geographical spread of patients across the Aberdeen City area, resulting in increased travel-time required to visit all of these patients. On review of our home-visits, it was calculated that the average time for a single home-visit was approximately 45 minutes. This consisted of 15 minutes travel to and from the patient, plus 15 minutes to consult with the patient at their home.

2. The growth in the size of the practice list by more than 10%. This created a demand for more appointments and increased the need for the GPs to be on-site for more routine appointments and to deal with emergency presentations.

3. The adoption of responsibility of services to both a care home and nursing home, as part of Locally Enhanced Services (LES). During the merger, the practice took the extra responsibility of providing GMS services to an extra newly-established care home, on top of the other nursing home care we already provided. This clearly further increased the demand for home visiting.

4. No significant increase in available resources. Although the merging of the practice benefited us through economies of scale and improvements through better integration, there were no increased resources via newly allocated funding streams. This required

for more efficient working and re-evaluating the skill-set present at the practice and utilizing them more effectively.

Service Re-Design

Having reviewed the situation post-merger, it was established that GPs were in higher demand within the practice on-site for appointments, and that they were spending increasing amounts of their time travelling between patients for home-visits. Therefore, it was thought that by reducing the amount of time GPs were travelling for home-visits, this would free them up for more on-site consulting (in line with our demand for increased practice appointments).

My idea was to utilize the Nurse Practitioner role to provide routine home-visits which would normally be undertaken by GPs, in order for the GPs to use that time seeing patients within the practice. The traditional GP model for Nurse Practitioner working involved conducting Practice based Minor Ailment consultations. In the newly devised model the Nurse Practitioner conducts *home-visits* for acute and minor ailment presentations in the morning, and a *same-day booked clinic* in the afternoon (where appropriate patients are identified by the duty doctor via the triage system). Also, the on-site duty doctor would then conduct any complex home-visits in the afternoon which would have been identified via triage as being inappropriate for the Nurse Practitioner.

The benefits of this system are that consulting hours are increased by 1.5 hours per day, which translates to 45 extra GP appointments per week, and potentially 90 nurse Practitioner minor ailment appointments per week. Thus, by employing one Nurse Practitioner, we increased the number of available appointments weekly by 135. Previously, a full time GP at the practice was seeing approximately 100 patients per week. The cost of employing a Nurse Practitioner was approximately half the cost of employing a full time GP. This new system allowed for the availability of a clinician on-site at the practice to meet the demands of any emergency presentations and support staff as required.

As a result, this system has clear demonstrable clinical and financial benefits. These include:

- Increased number of GP appointments.
- Increased availability of same day book duty doctor triage slots.
- Increased continuity of care. Patients are able to see a familiar doctor or nurse practitioner during their regular home-visits.
- Increased patient satisfaction. It has been noted that there has been an increase in patient satisfaction as a result of the implementation of this new system.
- Cost effectiveness. This model being significantly cheaper than employing a full time GP.

We continue to develop and refine the current model and are working towards a proactive triage system as opposed to a traditional reactive one.