

Shrewsbury PCN - Winter Illness Centre

Managing respiratory illness differently to reduce system demand

BACKGROUND – what was the problem we wanted to solve?

Respiratory illness over winter leads to an increase in patient attendance at both general practice and A&E at a time where these services are already under considerable pressure. A delay in accessing timely care can lead to an avoidable exacerbation of symptoms meaning that patients need more care over a longer period of time. A data search for the number of patients requesting a GP appointment for respiratory problems (upper and lower respiratory tract infections, exacerbation of asthma or COPD, sore throat, cough and tonsillitis for example) showed that there were, on average, 2211 patients per month. The winter illness clinic therefore was anticipated to provide faster access to care for this group of patients, treating symptoms sooner and potentially reducing the need for hospital attendance. Capacity and Access Improvement Payments along with ARRS funding enabled this idea to be tested from October 23 to March 24.

AIM

To increase capacity for acute respiratory illness, sore throats, earache to 2000 additional appointments from October 2023 – March 2024

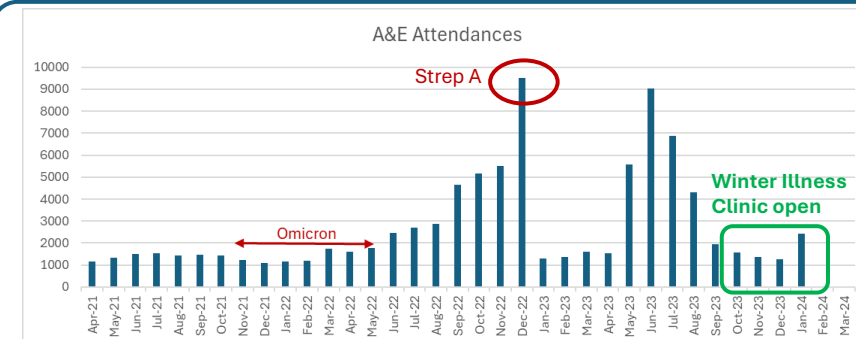
APPROACH

500 additional appointments per week were created from a combination of GP, PA, UCP, ACP and GPR and their booking and onward referrals were supported by a patient flow coordinator. A service specification was created and agreed by all participating practices (9 of 11) covering criteria, training, governance, SOPs and physical resources such as point of care diagnostics.

A PDSA approach was employed to:

- Quickly identify and resolve operational issues such as IT
- Ensure the right support was in place for practitioner decision making such as rapid contact with the PCN Clinical Director
- Feedback appropriateness of patients booked by practices for continuous learning
- Build team relationships using daily handover huddles.

MEASURED OUTCOMES



Difficult to measure true impact other than just activity but the designated capacity was used demonstrating that there was demand for this service. A&E data alone is just one indicator that there was a benefit to this change.

FUNDING

In 2023 Capacity and Access Improvement Payments unlocked funding for the PCN to be able to work innovatively to test this aim as a theory of change.

QUALITY IMPACT

ACCESS to an appointment: Each practice was allocated a specific number of appointments at the winter illness centre daily – for each one of these appointments utilised an appointment was still available at the practice, improving access for other patients during this period.

EFFECTIVENESS: Through continuous testing and adaptation, the team developed a scalable model ready for deployment across other PCNs—including rural areas where Bob/Betty the Bus could play a key role. With Capacity and Access funding, plus winter pressure support, this model is primed for sustainable implementation.

SAFETY: By embracing continuous learning, the team created a safer environment, preventing patient deterioration. Those needing hospitalisation arrived with vital information from a thorough examination, ensuring better care from the start.

EXPERIENCE: Patients feedback about the care received and the timeliness of the appointment was extremely positive. Staff (at the Winter Illness Centre and in practice) felt that it was worthwhile and want to repeat it.