

# East Lancs Union of GPs (EU of GPs)

- What is a GP Federation ?
- Why do we exist and what are we doing ?

# Mission Statement

The East Lancashire Federation, owned by local practices, is devoted to securing the sustainability of general practice within East Lancashire. Our mission is to protect, enhance and grow general practice.

We will operate in a transparent way through working with patients, practices, commissioners and other providers to facilitate the development and transformation of local services for local people by providing support, opportunities and a trusted presence.

# What are we doing ? - examples

## New models of care

- **Paediatric MCP test bed**
- 8:8
- Voice of General Practice
- Help inform and gain engagement of primary care workforce.
- Workforce development group

## Services

- Phlebotomy
- Research
- Apps

# Paediatrics - What are we doing ?

- Health care professionals from GP practices in Rossendale (via the EU federation) and the paediatric team from ELHT are working together with the aim to support families in Rossendale.
- This includes bringing more paediatric services out of the hospital where appropriate, helping people to maintain healthy lives and simplify the way families access advice about healthcare when they need it.



# Why are we doing this ?

- National awareness that NHS not sustainable in current form.
- There is therefore an opportunity as well as an expectation to do things differently.
- The teams that are involved in patient care i.e. those that see children and their families every day want to be involved in influencing those changes.
- Need to develop workforce across Pennine Lancs , including new roles
- Want to “grow our own workforce”, with new innovative roles to retain and attract workforce to our area.
- Want to enable HCPs (especially GPs and consultants) to recapture a more collaborative working relationship
- (from EU federation perspective wish to use this learning to promote similar opportunities across other specialities)



# How have we approached this so far...

- Representatives of primary care (GPs and management) and secondary care (Consultant paediatrician and management) have been working to develop plans.
- Looked at some quick wins eg communication improvement that we can facilitate quickly
- Looking at longer term system change with closer to home. More communication between HCPs by introducing paediatric MDTs.
- Working to populate a template that maps areas of paediatric care against the “new models of care” work e.g. living happy, healthy and well, etc. (Rossendale priority=asthma)
- Consultancy team is looking at modelling implications of proposed changes
- Learning from and plan to seek further learning from a similar project at Imperial London.



**Living Happy  
Healthy and  
Well**  
Prevention  
and Self Care

**Keeping  
Happy  
Healthy and  
Well**  
Integrated  
Community  
Services

**Joined up  
care and  
support**  
Community  
Hubs

**In hospital  
care  
(DGH level  
services)**

**Specialised  
hospital  
care (greater  
than PL  
provision)**

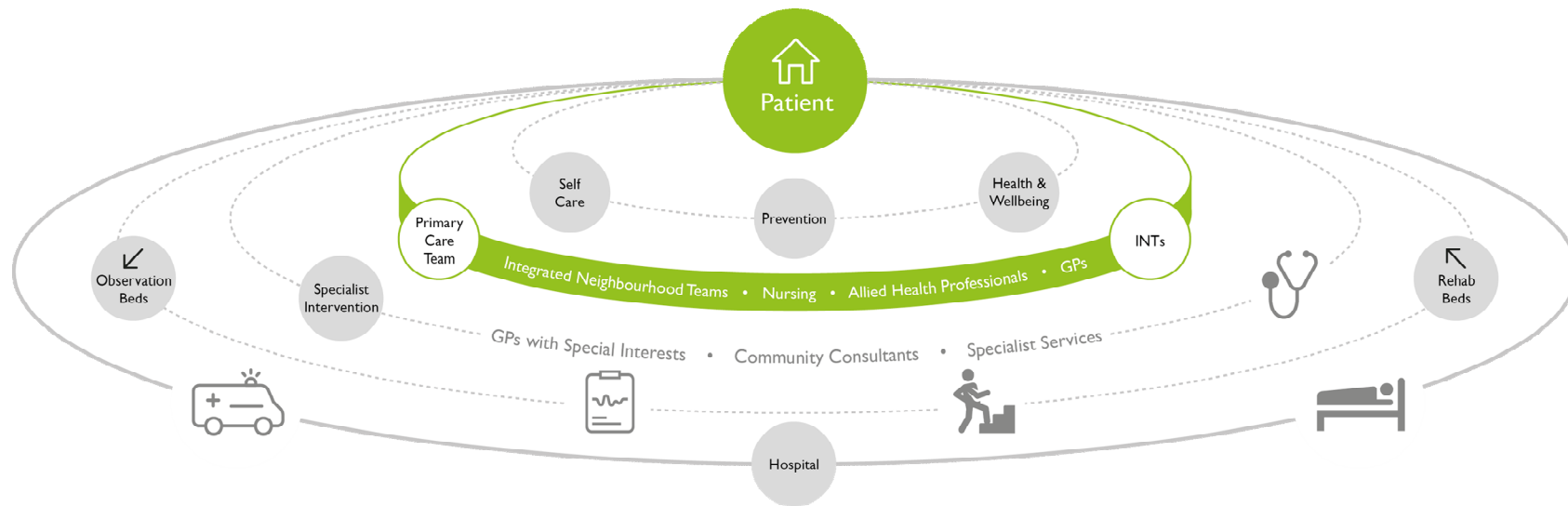


# New models of care for Pennine Lancashire

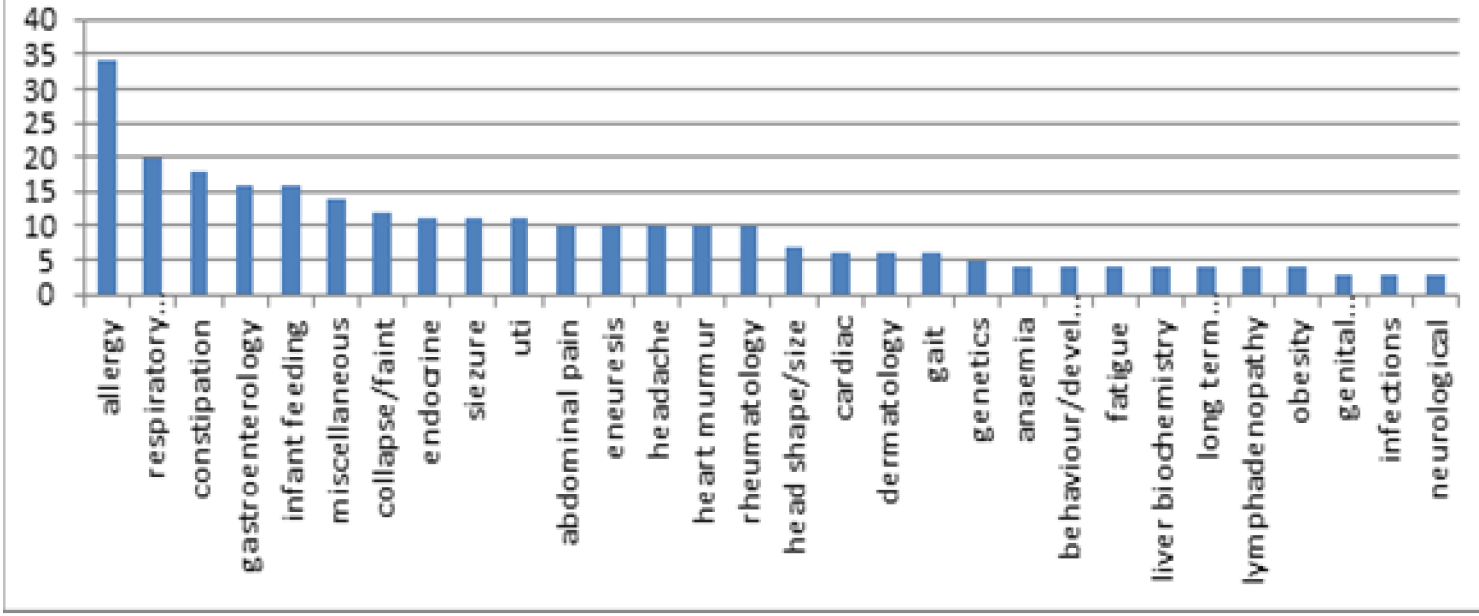








## Number of referrals



# A lot of ideas ..

- Workshop
- Involvement of all sectors eg ELHT, school nursing, voluntary sector, safeguarding, health visiting, community nursing, commissioners, primary care .....
- Proxies – patient examples (asthma , constipation)
- Worked through what each organisation could offer, any gaps and any barriers.

## Sam

My 7-year-old, Sam, is worrying me. I don't think his asthma is very good tonight.

He started using inhalers about 2 years ago, I'm not really surprised as I had a bit of asthma when I was a kid but I grew out of it.

He used to have a blue and brown inhaler and he has been doing well. He just uses his blue one now and has a spare at school which they give him every PE lesson and at playtime. The teachers said they thought he needed it quite a lot. I did have an appointment for him with the nurse at the surgery. They kept sending me letters and then, when they rang, I said I would take him for a check. Things got a bit busy and I missed the appointment. I wish now that I had taken him.

He caught a cold at school last week and his cough is worse than ever. He has eaten his tea ok and was playing with his friend but he is coughing an awful lot. My friend told me this afternoon that her nephew got rushed into hospital with his asthma last week. I hope Sam will be ok.

He is usually in bed asleep at 8 o'clock. If he coughs again all night I will have to take him to A+E but it does seem a long way to go. It's too late now to go to surgery. I will sleep in his room so I can hear him. No sleep for me tonight!

# Asthma / wheezy children

Why? – “lot of it about”,

Allows to explore and revisit pathways for acutely ill child

Allows us to explore how we all (across all sectors) help prevent illness e.g. schools nursery, practices, community nursing teams, consultant teams.

What identified as important – consistent message to help understanding eg videos of inhaler technique, asthma action plans.

Working on possibility of website where parents access such advice and professionals can share best practice between all groups

# Where are we up to ?

- Rossendale
  - Review of present expertise in valley
  - Review of Practice resources e.g. spacers, inhalers
  - Parent and family involvement
  - Other colleagues locally
- Whole system
  - Looked in detail at asthma – plotted
  - “what services can be provided at each level”
  - “what needs to change – what are the barriers”
  - MDT – Imperial
  - **AIM – be up and running in September with a new ways of working (new school year /winter)**

# Thank you

- Questions ?