

Chapter 7: Managing Care Resources

Productive General Practice - Releasing time: 85% reduction in referrals to mental health

NHS Improving Quality

A Medical Centre in Bristol used the NHS IQ *Shaping Our Future Practice* module to consider whether care to specific patient groups could be delivered in a different way. One GP Partner at the Centre says: ‘This has given us an opportunity to step back and take an objective view on whether we could provide better care for patients in a more efficient manner.’

Using the tools provided in the Productive General Practice module, the team looked at the number of attendances for significant patient groups. ‘We soon identified mental health patients as a key group. There were a lot of attendances, but we were also concerned that as GPs we were not always able to help these patients as much as we wanted to in the short appointment slots.’

The practice decided to use the funds released through the retirement of a part time GP to appoint a specialist mental health nurse. ‘The numbers justified the appointment and we were hopeful that this would be better for the patients, the GPs and the practice’, says the Practice Manager.

Seven months on and the practice really started to see results:

- The mental health specialist nurse has taken on around 40 appointments and 20 scripts each week that would otherwise have been dealt with by the GPs.
- QOF points have improved significantly.
- Referrals to secondary care have reduced by 85%
- GPs report less pressurised surgeries.

The dramatic reduction in hospital referrals has been in parallel with the opening of direct access for patients to counselling. ‘Most importantly we are getting positive feedback from patients and their families. We have even been attracting family members to the practice because of the care we are giving’ says the Practice Manager.

The practice is now using the same method to look at other high volume patient groups. ‘We are currently looking at our musculo-skeletal workload and thinking about how we might be able to deliver a more effective and patient focused service’, says the GP Partner adding ‘This is helping to shift the culture in the practice, away from just offering more appointments to a more patient focused approach.’

Further comments on the case study

The term 'ward' in the term productive ward is appropriate in that a number of initial projects on the subject area were conducted in hospital wards since its inception around 10 years ago; and its sub-title is 'Releasing time to care'. Various case studies have been reported in detail in healthcare journals, some of which are cited in the Further Reading section of this chapter and chapter five.

A potential disadvantage of such savings is that it could also impact on the allocation of resources, both staff and material. A case study based on the NHSIQ projects generally referred to as 'productive ward', is presented shortly in this chapter. Productive ward was discussed in chapter five in the context of quality of care and treatment, and can also be examined / cross-referenced in relation to managing resources efficiently.

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