

A Network Approach to Prevention

South West London Cardiac
Network

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PCT exercise programmes

A risk assessment

What changes behaviour?

Reasonable outcomes

- Practices that achieved savings were more likely to feel that
 - the target **was** achievable,
 - the time scale **was** acceptable
 - and the philosophy **behind the scheme was** acceptable.

- Influences on prescribing in non-fundholding general practices
 - Eccles et al
 - British Journal of General Practice May 1996

Money

- **If you want to change physicians' behaviour, you must attach money**
 - "No margin no mission"
 - Information is only successful in producing change when money is attached and it is communicated in context
- **Align the incentives**
 - Reward the right behaviour not the wrong behaviour - avoid perverse incentives!
 - Incentives work better than penalties - if you structure the incentives correctly people will do the right things.
 - Reward for quality not quantity - manage performance not data!

Post modern education

- **Guiding principles:**

- **Quality criteria should be** developed locally by those who will be judged by them.
- **Changes in behaviour should come about through deep learning rather than through ... guidelines, protocols and instructions through stick and carrot incentives.**

- Towards a postmodern approach to quality indicators at PCG level: the story so far
 - Greenhalgh, Eversley - Quality in General Practice Kings Fund

- **GP participation in an hour's active and thoughtful discussion of a guideline led to a persistence of "guideline-compliant" opinions for at least a year. Those who attended a lecture fared no better than a control group.**
- **"... implementation of evidence-based guidelines must employ active educational strategies if enduring changes in attitudes are to result."**

- Changing attitudes to infection management in primary care: a controlled trial of active versus passive guideline implementation strategies
 - Onion, Bartzokas - Family Practice Vol. 15 No. 2

Personal contact

- Widely used CME delivery methods such as conferences have little direct impact on improving professional practice. More effective methods such as systematic practice-based interventions and outreach visits are seldom used by CME providers.

- Changing physician performance: A systematic review of the effect of continuing medical education strategies
 - Davis, Thomson, Oxman, Haynes
 - JAMA September 6 1995

Audit and feedback

- Audit and feedback can be effective ... The effects are generally small to moderate. The evidence researched does not support the widespread use of audit and feedback: it should be targeted where it is likely to affect change and should not be used generally for all problems.
- For preventive services, the evidence researched suggests that reminders at the time of consultation may be more effective than audit and feedback, but there does not appear to be a striking difference. Audit and feedback could be combined with reminders in situations where time for reflection is needed.

- Audit and feedback to improve health professional practice and health care outcomes (Part I/II)
- Thomson, Oxman, Davis, Haynes, Freemantle, Harvey
- The Cochrane Library 1998 Issue 3

Local opinion leaders

- If it is possible to identify local opinion leaders, they may be important change agents for some problems. Their use results in mixed effects on professional practice. From the evidence researched it is not possible to identify when they are likely to be important.

- Local improvement leaders to improve health professional practice and health care outcomes
- Thomson, Oxman, Haynes, Davis, Freemantle, Harvey
- The Cochrane Library 1998 Issue 3

What changes behaviour?

- Financial - **seems to work**
 - but not always engaging, especially if no savings
 - needs other approaches to make it really successful
 - needs aligned incentives
- Benchmarking (audit & feedback)
 - some evidence that it's useful
 - needs to be used with reminders
- Education
 - slow, but perhaps more effective if use "post-modern" approach

What changes behaviour?

- Opinion leaders
 - Possibly effective but difficult to predict
- Input at practice level
 - looks especially effective
- Acceptance by professionals
 - that it is do-able
 - GPs and practices need a "feel good" factor!
- A combined approach
 - seems as if we always come back to no "magic bullet!"

No magic bullet

- There are no magic bullets for improving the quality of health care, but there are a wide range of interventions available that, if used appropriately, could lead to important improvements in professional practice and patient outcomes.

- No magic bullets: a systematic review of 102 trials of interventions to improve professional practice
 - Oxman, Thomson, Davis, Haynes
 - Can Med Assoc Journal November 15 1995

A network approach

How do you engage primary care in a network?

"We cannot get GPs to do the work"

An early start

- Facilitators going into practices
 - CG, CHD, IT, Diabetes, Prescribing
- By 2000 practices had:
 - Audited CHD registers
 - Named leads who had been trained
 - Data entry templates
- By 2001
 - Joint primary / secondary care prescribing guidelines for CHD
- Aligned incentives
 - Prescribing and CG

By 2000 ...

- **Creation of CHD registers**
 - performance known at practice level (benchmarking)
- **Training**
 - attendance at PCG education sessions on CHD NSF
 - practice based education sessions
- **Prescribing**
 - all new MI patients given aspirin, statin, betablocker/ACEI
- **Referrals**
 - consistent referral policy - adherence to guidelines - appropriateness of referrals
 - fully worked up before referral with consistent rates for Ix and Rx of CHD
- **Acceptance of input**

CHD Collaborative

- Took forward pre-existing work
 - starting in primary care not secondary care
 - collaborative leads went into PCTs to work with primary care
 - set up templates - went into practices - validating registers
 - targetting those needing help with Read codes
- PCTs seeing the benefit
 - QOF visits -pre-QOF visits

Training

- Training on use of guidelines
 - 50 GPs attended
- Bradford CHD prevention course
 - ran twice
 - 48 healthcare professionals have diploma (mainly KPCT)
- Regular visiting of practices
 - pharmacy, CHD, diabetes, IT, HF
 - reinforcing the education received
- Incentives aligned with training
 - prescribing, CG, later primary care development & enhanced services

Network

- Active engagement of PCT CHD clinical leads from outset
 - including in appointment of collaborative staff
 - scheduling meetings at times when clinicians could be there
- Merged seamlessly into network
 - ethos of
 - working in partnership
 - across the sector
 - sharing learning
 - equity across the sector

Primary & secondary prevention task group

- Prevention is a primary care issue
 - 4/5 PC CHD leads at each meeting
- Baseline assessment
 - primary & secondary assessment for 5 PCTs (1.2m population)
 - first time really knew what was going on
 - shared data including QOF

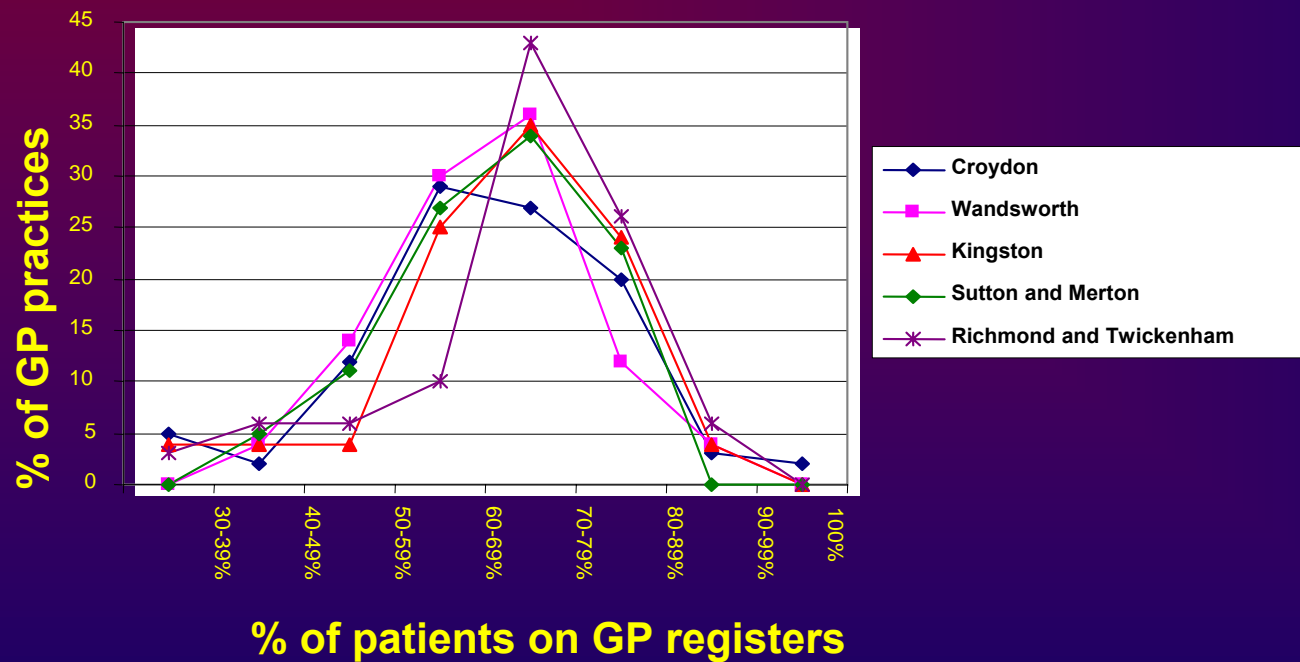
Prevalence

	<i>Unadjusted prevalence</i>				
<i>PCT Name</i>	<i>CHD</i>	<i>DM</i>	<i>LVD</i>	<i>HT</i>	<i>CVA/TIA</i>
Croydon	2.4%	3.6%	0.3%	10.5%	1.0%
Kingston	2.4%	2.9%	0.2%	8.9%	0.9%
R&T	2.0%	2.1%	0.3%	8.8%	1.0%
S&M	2.5%	3.2%	0.3%	9.8%	1.0%
Wandsworth	1.7%	2.8%	0.2%	8.3%	0.7%

Source: QMAS data (Dec 2005)

Cholesterol target

CHD Indicator 8 - % of patients with CHD whose last measured cholesterol (within last 15 months) is 5mmol or less



Source: QMAS data (Dec 2005)

Services

Service	KPCT	CPCT	SMPCT	RTPCT	WPCT
Dietician					
Smoking cessation					
Physical activity					
Psychology					
Patient education sessions					
Weight management					
Phase 4 rehabilitation					
Phase 2 rehabilitation					
Heart failure rehab					

Current work

- Risk assessment standardisation
 - shared view across primary & secondary care
 - sharing tools & approach
- Developing CV risk tool
 - compatible with 3 GP systems used
 - compliant with JBS 2 guidelines
- Prescribing
 - working towards sector wide agreement on prescribing guidelines
- Sector-wide guidelines for AF agreed
 - driven by primary care across primary & secondary care
 - including stroke risk stratification (secondary prevention of stroke)
 - guidelines launched with educational seminar attended by >40 GPs across sector

Heart failure

- **Service set up**
 - to support primary care nurses & doctors
 - using an enhanced service
 - all HF patients have self-management plan
 - all use a hand-held record
 - all given traffic lights instructions

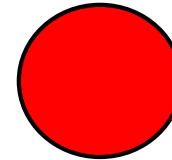
GETTING YOU INVOLVED IN THE MANAGEMENT OF YOUR HEART FAILURE

Please weigh yourself - every Morning: ♥After emptying your bladder
♥ before you get dressed; ♥ before you have breakfast.

If you are steadily gain weight over a number of days, your body maybe storing too much fluid. Symptoms such as becoming more tired, breathless and finding it difficult carrying out your normal every day activities are all signs that your condition is changing. See traffic lights below for a summary of what you can do to help manage your heart failure.

Symptoms

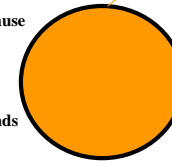
- You become very unwell
- You become more breathless while at rest, or unable to finish a sentence due to breathlessness;
- You start experiencing new chest pains, cold sweats and nausea.



What you Should do

This is a medical emergency and you need to get immediate help - ring 999 for an Ambulance.

- You are feeling more breathless than usual, especially when lying flat;
- You start waking up at nights because of breathlessness;
- You can't walk as far as usual;
- You have put on two or three pounds in weight in 2-3days;
- Your ankles are becoming more swollen than usual.
- You feel unusually tired



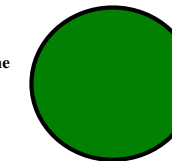
Your condition is getting worse, and you need to take action to prevent your symptoms deteriorating

Increase your diuretic (water Pills) as directed by your GP or practice nurse.

If you do not improve in 24 hours or gets worse, then go up to red.

Contact your GP within 48 hours for an appointment.

- You are no more breathless than usual.
- You have not put on any weight.
- Your ankles and legs appear to be the same as usual.
- You are not more tired than usual.



Your heart failure is under control - continue as normal and carry on taking your prescribed medication.