

Proactive Care @home programme

‘Top tips’ to help you implement Proactive Care Frameworks

Introduction

The Proactive Care @home programme aims to support primary care teams to implement and deliver [Proactive Care Frameworks](#), created by UCLPartners. These are designed to support primary care to deliver high quality, proactive, routine care for patients with long term conditions, by enabling GP practices to:

- prioritise clinical activity for patients who are at highest risk, working with the GP practice’s existing IT system;
- help reduce the workload for GPs; and
- improve personalised care for patients.

We are working with local health and care partners in the East Midlands and UCLPartners to support their uptake and implementation of these frameworks. These are our top ten key learning points that we hope will be useful for any healthcare systems rolling out the frameworks themselves.

Top tips

Engagement

1. It is important to maximise buy-in at all levels. Find the right clinical and / or operational lead(s) within your Integrated Care System (ICS), Primary Care Network (PCN), and GP practice to champion and lead this work.
2. Communication and engagement: brief both staff and patients about the Proactive Care Frameworks, and any changes to their long-term condition reviews they can expect, for example reviews by healthcare assistants or social prescribers.

Mobilisation

3. Don’t underestimate the planning needed for implementation of the Proactive Care Frameworks – it does take time and resource to plan and implement effectively. However, this is an investment in better business outcomes: it can



help with workforce efficiency, support recruitment, and improve proactive and personalised patient care.

4. Consider thinking about how the Proactive Care Frameworks can help to deliver local or national initiatives, such as Blood Pressure @home, Quality Outcomes Framework, locally commissioned services, Direct Enhanced Service, or Impact Investment Fund, leading to more efficient ways of working.
5. Consider your ambition for implementing the frameworks and what good will look like. Agree the metrics you would like to collect early (see the [UCLPartners implementation guide](#) for more information). Ensure these metrics have been included within the templates that are used to document the proactive care reviews.
6. Map existing staff training which aligns with the frameworks to support the rapid upskilling and mobilisation of the wider primary care workforce to deliver the frameworks. Use the mapping exercise to identify any condition-specific training gaps. UCLPartners also has [several training resources](#) on the website for health care professionals for training purposes.

Implementation

7. Once you have chosen the condition(s) you want to work on, run the searches to guide the workforce numbers required to implement those frameworks (the high-risk lists are likely to have fewer patients and so are a good place to start).
8. Within your practice or PCN, decide on the templates/coding that you will use to document the proactive care reviews that have taken place by the healthcare assistants/social prescribers etc. Look for any coding that is not routinely used in your region, for example 'lifestyle advice regarding hypertension' or 'provision of proactive care'.
9. Ensure that everyone in the practice and PCN understands the frameworks and how they work. Patients may call and ask reception staff about the new way the practice is being run, so a consistent message is vital.
10. Make the best use of your staff's skill set to reduce the amount of training that your workforce will require. For instance, designate respiratory specialist pharmacists to see your asthma and COPD patients across practices within a PCN.

Contact

For more information about the Proactive Care Frameworks programme or to have a conversation on how we can support, visit our website or email:

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