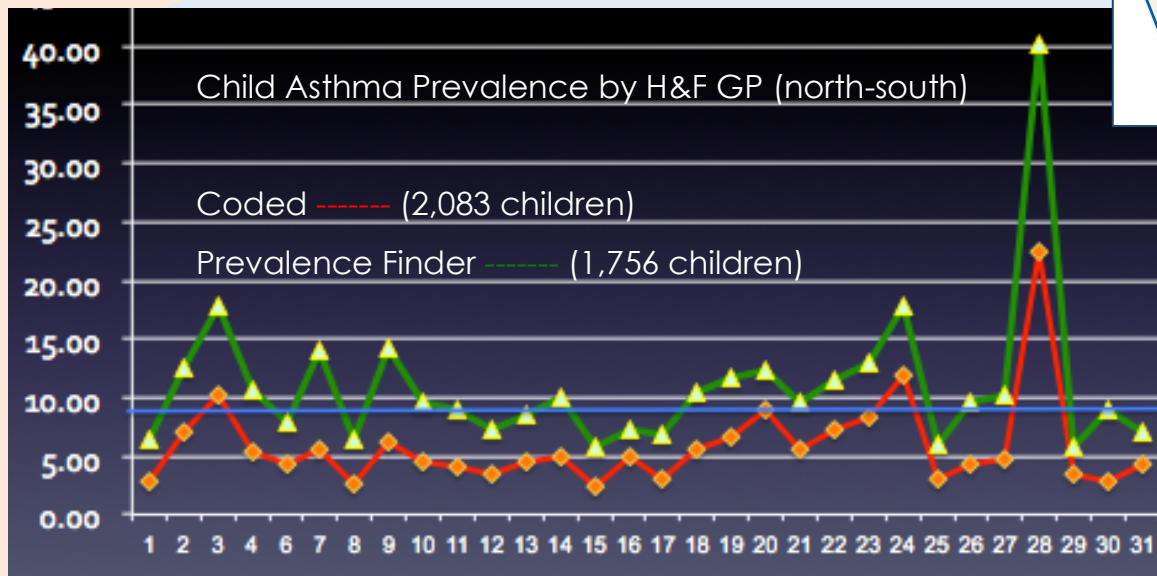


Working at scale



3



Creating an Asthma Tool

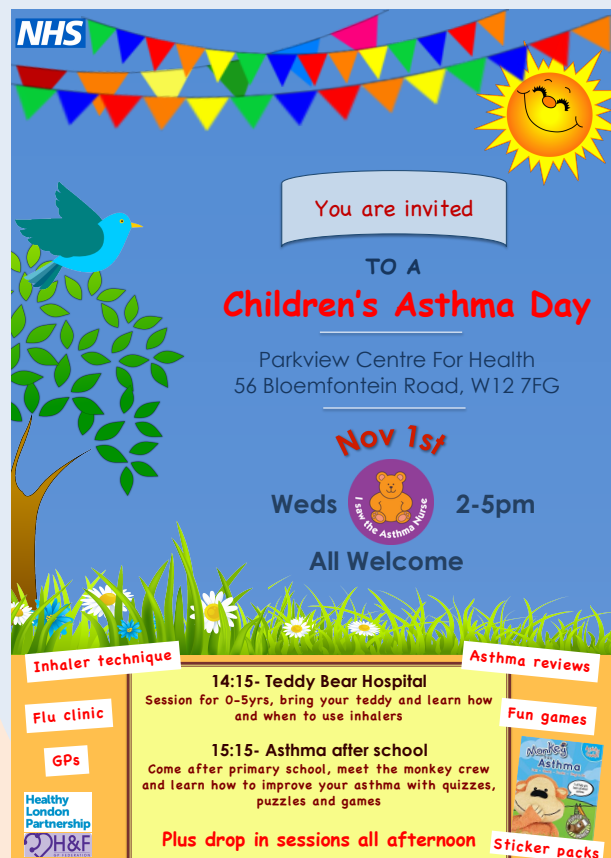
H&F has low rates of admission for asthma, however prevalence rates vary significantly by GP practice.

Network-based asthma care HLP and H&F GP Federation Pilot

But QoF data is not child specific so GPs worked with the CCG IT team to create an asthma prevalence finder tool that would not only reveal children coded with asthma, but also identify un-coded asthmatics. The north H&F practices would pilot the tool and be supported by child health GPs via practice based sessions.

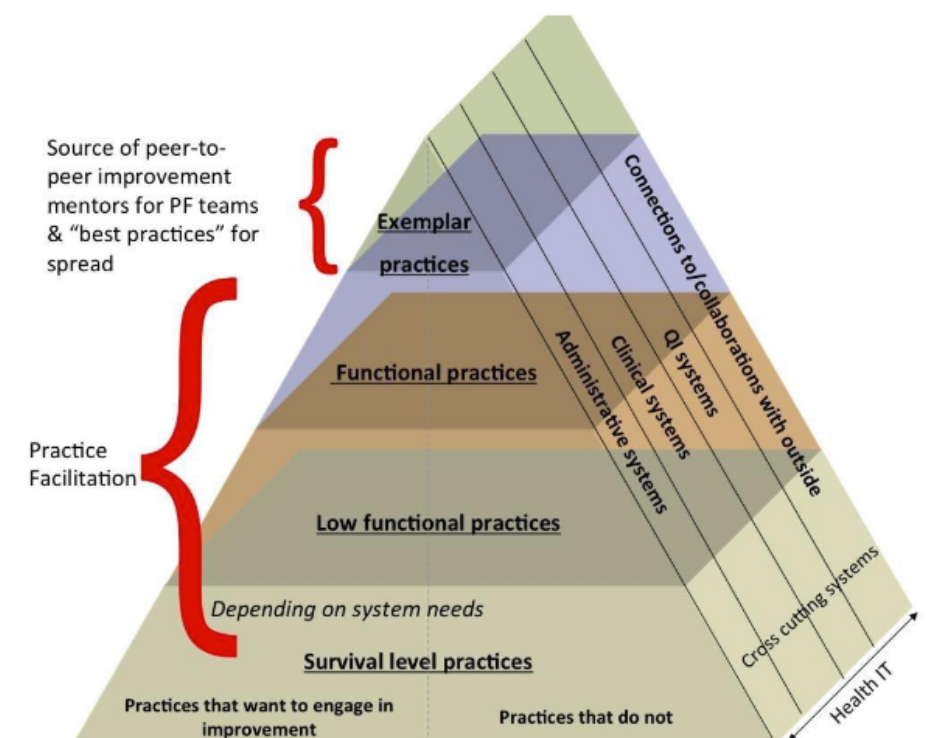
Network-based approach

Two teaching events were held as part of an attempt to generate a collaborative approach to asthma care, and about 50 attended these, including health visitors, GPs, practice managers, pharmacists, practice and school nurses. The second of these was followed by an event for families, with asthma-themed, age specific group sessions for pre-school, primary school and teens, plus fun quizzes and demonstrations of inhaler technique. Local practices sent 8,000 texts to families to promote the event, QPR donated match tickets as a prize, and the CCG enabled record sharing so child health GPs did asthma reviews on a child's own GP records for those who walked in on the day. Over 70 people attended, from 10 different practices across the area. Almost all had relatives with asthma, and although 70% felt they had a good knowledge of asthma, 87% said they had learnt from the day. 100% cited it as enjoyable, and there was a desire for more events in the future. It would have been impossible for a single provider to have independently set up and run this program, it required collaboration between many organizations, and local leadership. It thus illustrates a GP Federation role in building primary care at scale.



Practice Support

Although 7 practices arranged meetings and 5 had GP teaching, just 2 of the 10 pilot practices ran the tool and recalled cases. That this happened despite them all being small GPs in the same geography highlights the need to recognize practices are at different levels of maturity, with different capacity to change, and different resource needs. There is thus a need for a companion practice support process.



Model for Allocating Practice Facilitation Resource

<https://pcmh.ahrq.gov/sites/default/files/attachments/pcpf-complete-curriculum.pdf>