

Dr Benjamin Roper – Doctor UPCC Mode Transcript

Introduction

I'm Dr Benjamin Roper. I'm a GP at Vale Group practice. I am often the lead GP for the UPCC, for the clinicians that operate in Porthceri in the hub or UPCC. I'm also Community Director for the Vale locality and I do some interim Community Director work for Western Vale at the moment as well. The role of the UPCC is to see patients with minor illness within the Central Vale Cluster and this is to help other practices with their workload and improves sustainability of the practices within the Cluster. The model is also being rolled out into East and West and Vale to try and expand the UPCC model into other areas and try to work in slightly different ways, as the Central Vale model works.

Challenges and Rewards

We initially implemented the model just before COVID started and the challenges were then building the workforce and establishing the model. There weren't really enough advanced practitioners in the area to man the UPCC. The idea being, for minor illness, you don't need to see a doctor, you can see a minor illness trained clinician - that might be a pharmacist or nurse or a paramedic that have had extra skills brought to them by training and they see the patients and make the diagnosis for the minor illness.

The patients are referred to the UPCC from their own practices, so for patient experience it's very similar to what they already expect when they ring their own surgeries, but rather than be booked into their own practice they're booked in to be seen up here. That was the initial model and then COVID came along we had to alter the model to try and help support practices, and so we had a much more triage based model, where patients were telephone consulted first. Now we're working with tele-consulting and with a face to face stream within the Central Vale UPCC.

The challenge has always been building of the workforce, but over the last three, three to four years we've increased the number of trained advanced practitioners that can see patients so within Central Vale now we have quite a strong team of advanced practitioners that can see patients and reduce the need for the GP role. This has proved really useful over the last two or three years for sustainability of the local practices. We can supply space for patients to be seen or tele-consulted when surgeries' staff have not been well with COVID, or they've been struggling with pressures mainly due to the COVID pandemic.

The idea of the UPCC was borne out of struggling with sustainability within the Central Vale, struggling to recruit new GPs into the area and it's a very heavy area for demand, especially for minor illness within the population. So the idea to create this centre for people to be seen was borne out of the Cluster meetings with GPs with similar ideas and other colleagues supported the idea within the Cluster meetings. We were able to start a pilot three to four years ago and the pilot was successful and it's grown from there.

Generally colleagues have received it very well because it's helped them with sustainability and reduced the workload on those practices. It's improved sustainability when practices haven't necessarily been able to deliver everything themselves due to staff illness. Colleagues' reception I feel, has been very good across the area and hence has led to expansion of the model into East and West Vale and being taken up nationally as well with a national drive to develop UPCC's in Health Boards across Wales.

The patients, when we've done surveys, seem to be very happy with the service as well; they don't seem to mind coming to a different practice to their own surgery, as it means they often seen quickly. They don't appear to mind being seen by an alternative healthcare practitioner for these services and they seem to be understanding, once it's explained to them, if they are questioning. So from a patient point of view, I feel that they are getting a very good service and it's well received by them.



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The impact upon colleagues in the main is that it's reduced workloads and ability to deal with more complex patients from a doctor's point of view within their own surgeries. GPs within their own surgeries should now be able to see or spend a little bit more time with more complex cases within the practice. Service users are hopefully being seen more rapidly for more appropriate conditions; So, you know, a sore throat doesn't necessarily need to be seen by a doctor, whereas someone with perhaps cancer type symptoms would now be seen more likely to be seen by their GP. There has been a lot of work in the background from a Health Board point of view and Welsh Assembly Government point of view to deliver the service and support the service and ensure it is heading the right way for patient care nationally.

Lessons learned

Over the three to four years, the main lessons we've learned is that developing the appropriate clinical team for seeing patients does take a long time and not to rush and develop things too quickly and expand the model too quickly. Also that when you start expanding out into other areas, the model doesn't necessarily fit with what's been developed within the Central Vale so it's having the ability to adapt the model slightly to fit with the needs of the healthcare in that population. So East and West Vale are very different populations to Central Vale and the criteria that we use Central Vale doesn't necessarily entirely fit with what they want in East and West Vale, but it's working together with colleagues to try and help practices use the model as best they can for their population.

Conclusion

The benefits realisation is about sustainability of the practices and during the COVID period, making them and making them be able to deliver healthcare for patients without practices having to close down due to COVID. So when they were running low on clinicians, they could just keep open and keep delivering healthcare throughout the pandemic and then when they were struggling with numbers, this has helped keep the numbers down and improve sustainability of the practises across the area, even beyond the COVID period.

