



NAPC | National Association  
of Primary Care



# CARE Programme Information Pack

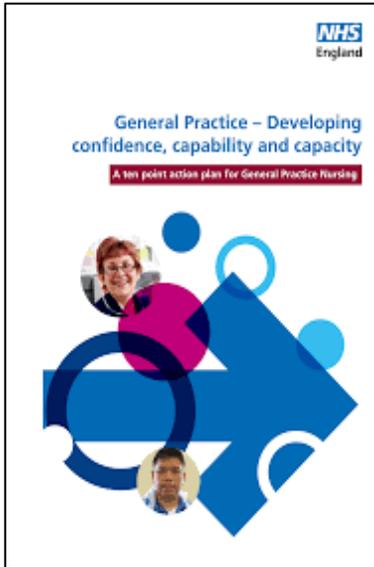


# What is CARE?



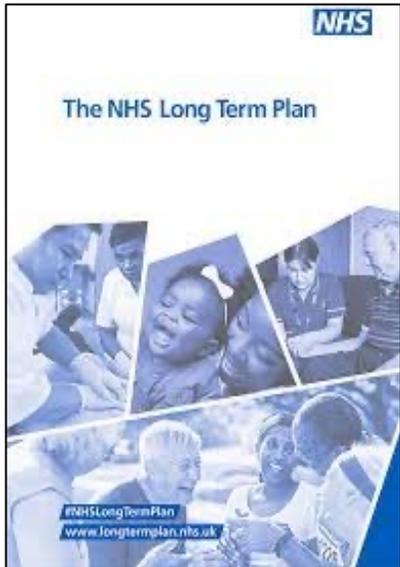
- **CARE aims to radically improve population health and reduce health inequalities** by connecting and empowering the whole health and care workforce and their local communities to design and deliver services that individuals need and want.
- **CARE is a holistic change approach** led by Primary Care colleagues – super connectors! – supporting workforce resilience and leadership development using a combined focus on:
  - **System-wide engagement** – connecting national and local teams and strategies
  - **Individual activation** – using population health improvement projects to anchor learning and demonstrate value
  - **Applied leadership** – creating and maintaining the right environment for change and innovation
- **CARE's operating principles:**
  - Local system-led and focused on continuous improvement based on 3 phases and 3 main areas of activity – Spread, Enable, Sustain – currently anticipated to be delivered over a 3-4 year period.
  - Enables sustainable change and innovation through local system ownership, capacity and capability.

# What is CARE?



Population Health Improvement

Resilience and Wellbeing



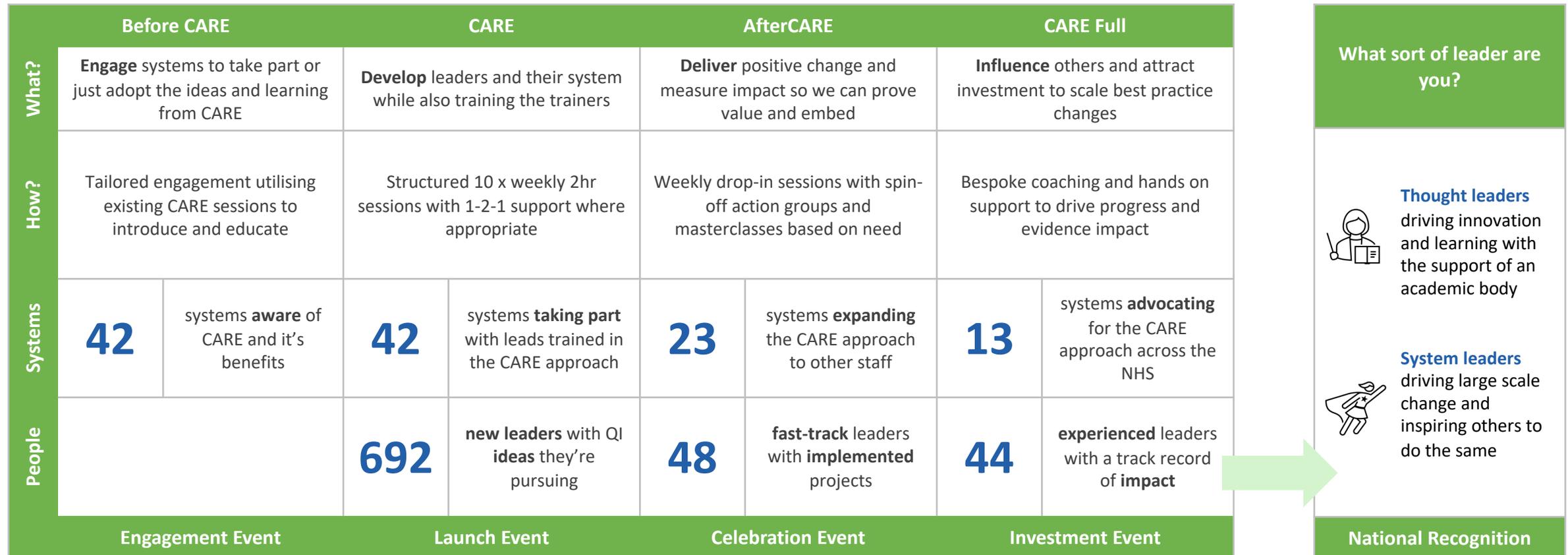
Leadership System Impact

**CARE is a programme that connects participants with each other, their system and their communities, creating a collective voice for the Primary Care workforce.**

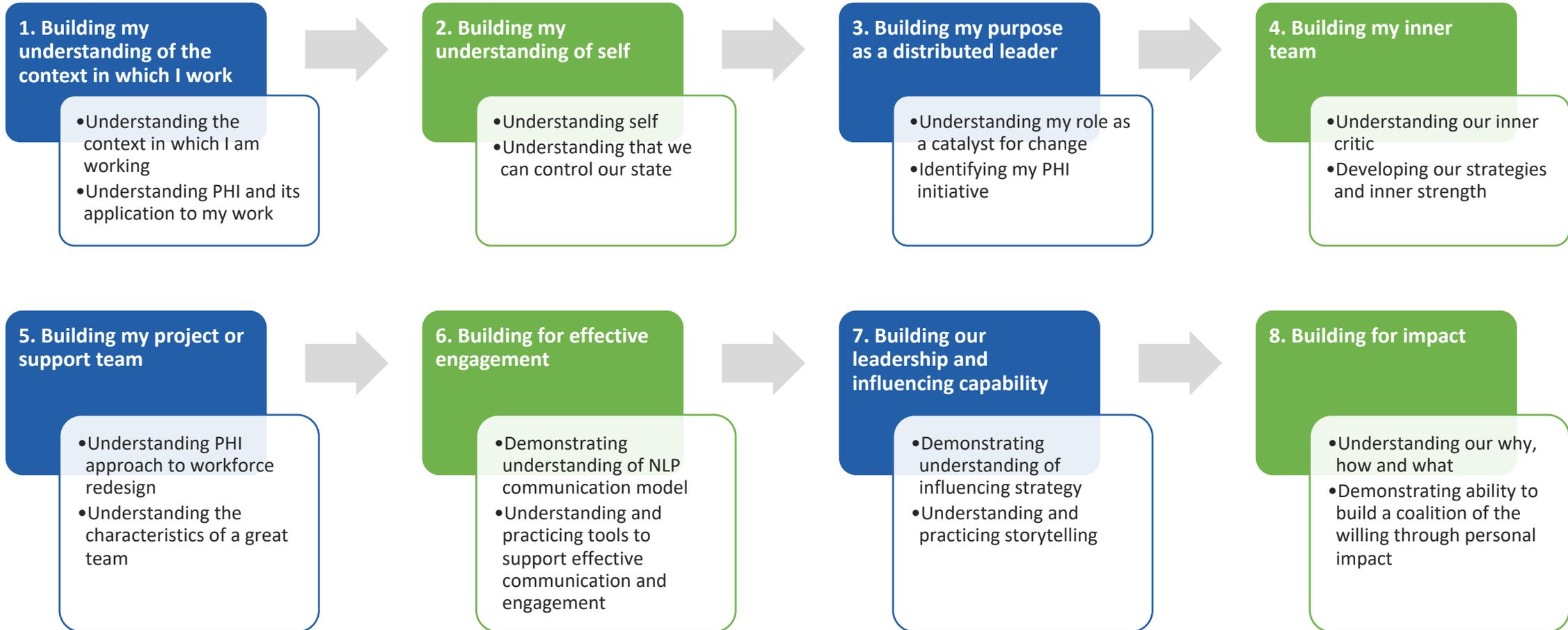
# National CARE Programme



CARE develops the **skills, wellbeing** and **resilience** of Primary Care colleagues so they drive positive change in their **patients**, their **colleagues** and their **system**.



# Module Overview



# Why is this work important now?

## “Understanding urgency vs. importance”

*Harvard Business Review, How to Lead When Your Team is Exhausted – Merete Wedell-Wedellsborg, 2020*



- Collaborative, multidisciplinary leadership (nationally and locally) is critical for Covid and sustainable primary care reform



- A proactive population health focus is the only way to reduce demand
- Workforce resilience is critical and PCNs must continue to pay attention to **whole** workforce engagement, development and empowerment



- Breaking outdated ways of working and connecting national and local imperatives, people and funding streams is critical for immediate and sustainable change

# CARE is working because...



- It cedes control – it is delivered as a **partnership** between local and national systems, enabling local system priorities to align with national imperatives
- Participants **feel valued** and are building self-awareness and resilience, which in turn is **unlocking potential**
  - Primary Care colleagues' population health expertise is helping to unlock new and exciting innovation and improved system leadership
  - Primary Care colleagues are super-connectors – as they find ways of breaking entrenched behaviours and approaches, they're using their professional networks to spread that learning almost in real time
- It **helps participants to find answers for themselves**, using simple methodology and regular coaching and peer support

# Why attend CARE?

## Phase 1: Return on Investment



If I attend the CARE Programme, the total benefit I'll generate is likely to greatly exceed the cost of participating.

### 1) My wellbeing will improve

84% of nurses felt that their emotional wellbeing had improved, and this should lead to better patient **safety**, reduced **sickness** and reduced **absence**.

### 2) My leadership skills will improve

100% of colleagues felt that their leadership and influencing had improved and this should lead to **lower** patient mortality and medication errors.

### 3) I'm more likely to continue to work in Primary Care

80% of colleagues felt that they were much more likely to continue to work in Primary Care and lower staff turnover will lead to recruitment **savings** and improved care **quality**.

### 4) I'll work to improve patient satisfaction

Primary Care organisations with a healthy workforce have a higher proportion of patients who are '**very happy**' with their practice, and we already know that 'happy' equals 'healthy'.

### 5) I'll improve the health of my population

By the end of 2021, CARE participants had started improvement projects in **21%** of PCNs, and better **population health** leads to significant improvements in patient **outcomes** and health **utilisation**.

### 6) I'll help reduce the pressure on Primary Care

Post Covid-19, GP demand has continued to grow at **5%** a year. Typically, patients who see other GPNs / AHPs **4** times, are then **4** times less likely to see their GP the year after.

### 7) I'll help reduce the pressure on Secondary Care

A weak correlation exists between higher numbers of GPNs / AHPs and lower levels of avoidable A&E admissions. Each improvement project is likely to generate a benefit in excess of 1 avoided A&E admission (£2,181) and CARE may therefore pay for itself in reduced A&E demand alone.

### 8) I'll help others improve their skills and wellbeing

CARE participants are sharing what they've learned to such an extent that others are rapidly taking up these ideas, which leads to a magnification of all the above benefits. By the end of 2023, CARE will have made a positive difference to at least **1,000** Primary Care colleagues and this number will continue to grow over time.

# Impact of CARE on Participants



## CARE has helped **me**

- **82%** of participants felt that their **job satisfaction** and **emotional wellbeing** had improved, and most felt that their **voice is being heard** a lot more.
- **Participants learned skills** to enable them to continue to build their **confidence** and **resilience**.

## CARE has helped my **patients**

- **92%** of participants felt more able to improve the **health of their populations** and make a **positive difference**.
- **529 projects started** by participants, with several showing evidenced improvements in **population health** and likely improvements in **GP and A&E demand**.

## CARE has helped my **team**

- **94%** of participants felt that their **influencing skills** had improved, and **95%** felt that their **leadership skills** had improved a lot.
- On average, **6 new or existing relationships** were developed by each participant during the programme.

## CARE has helped the **system**

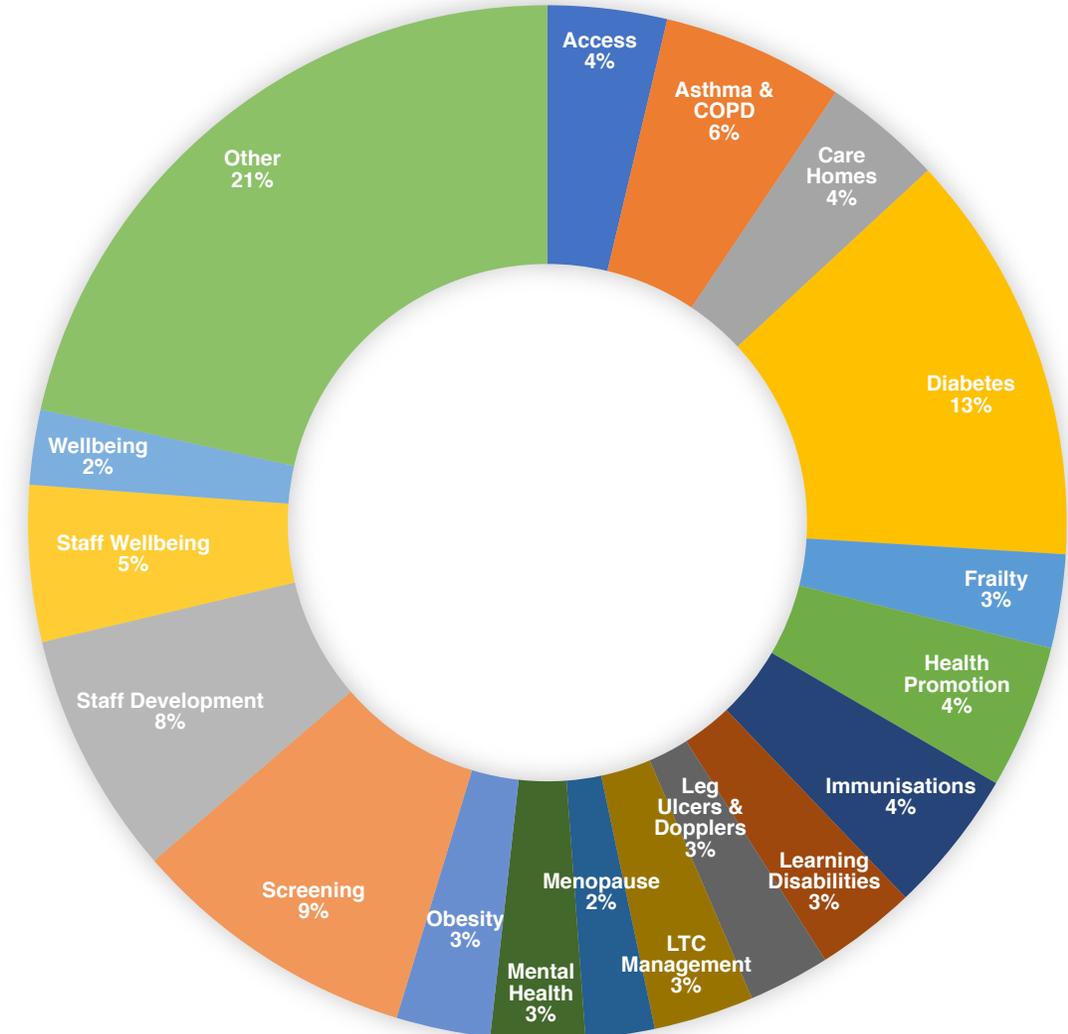
- **92%** of participants felt their ability to **put ideas into practice** had improved, and **70%** felt they were much more likely to **continue to work in Primary Care**.
- **A potential high return on investment** for the system in terms of **improving** staff skill, population health, system demand and PCN maturity.

# Impact of CARE on Population Health



## CARE is improving population health

- **92%** of participants felt more able to improve population health and put their ideas into practice
- **529** health improvement and staff development projects have been started by participants, with this set to rise to 700



# Impact of CARE on Patient Outcomes & Inequalities



## CARE is improving the physical and mental health of patients

- 9% of projects are having a measurable impact on patient health and wellbeing, with this number likely to grow over time.
- Case studies show statistically significant large improvements in BMI, HbA1c, blood pressure, function and pain.
- Case studies show statistically significant large improvements in depression, anxiety, wellbeing and activation.

## CARE is helping address inequalities and increase health confidence

- 51% of projects are either directly or indirectly looking to address health inequalities.
- A large proportion of projects are providing personalised care and helping patients develop their health confidence, activation and ability in self-management.

# Examples of CARE Population Health Initiatives



Improving the mental wellbeing of people with dementia using technology and group events to connect and reduce loneliness

Supporting adults with learning disabilities and/or mental health issues with Makaton teaching to improve cognition and wellbeing

Developing Learning Disability Reviews and NHS Health Checks to be delivered remotely and to include prevention, health promotion and social prescribing

Using technology to help carers support each other and to help those at risk of diabetes

Supporting at-risk patients who are over 65 and have not had a pneumococcal vaccine with vaccine invitations and advice

Training health care workers to build their knowledge of frailty and the ability to prevent it through interventions

Providing exercise programmes for patients with chronic disease, such as qi gong, to improve their physical and mental health

Influencing commissioning to improve access for the LBGT+ community

Supporting children and young people in schools and letting young people know what services are available

Supporting housebound patients in self-management and administering insulin

Increasing update of vaccinations and improving awareness in order to keep older people keep out of hospital

Training for care home staff in the administration of insulin

Each project aims to **test new ideas** and achieve measurable improvements in **population health, patient activation and system demand** while acting as a vehicle for participants to **develop their skills** further.



# Impact of CARE in Participants' Words

Since I completed the course, I successfully interviewed for the Lead Practice Nurse role at our practice. I am now a line manager to six members of staff, working closely with the Lead Nurse to develop my skills. I **honestly can say the CARE Programme helped me gain the confidence to apply and interview for this role.**

**Danielle Townsend**  
*Lead Practice Nurse*

The CARE programme helped develop me as a **leader and increase my confidence to be able to develop my career in a way I hadn't envisaged.** I was very shy and lacked confidence before the course but through learning more about myself and how I perceive others, and how they perceive me, I felt more equipped to be able to really think about what I wanted and how to achieve it. I felt better able to connect with people and support the teams around me. This has led me to be able to be more creative with the ideas I have as I know I have the power to influence change by engaging people.

**Kirsty Shanley**  
*BLMK GPN Lead*

After nearly 40 years of working in the care sector, this is the very first time I have had **supported leadership training** towards innovation and integrated working. Everyone should have access to this course – NHS or not, as it offers **networking opportunities** to share experiences and best practice, enabling better patient care. An excellent component of the course is the **ongoing mentorship** that is on offer – this is a gold standard that puts any other course in the shade.

**Dawn Osborn**  
*Social Prescriber – GP Link Worker*

# Contact us

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