Redmoor Health

suvera webinars

ELC Programme Person Centred Care

Long Term Conditions management: A different approach to delivery

25th February 2025

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Dr Rupa Joshi - National Primary Care Medical Directorate lead for Group Clinics
Georgina Craig, - Founder - Experience Led Care Programme

Redmoor Health

Housekeeping & Welcome

Redmoor Health

Agenda

- ❑ Welcome and Introductions
- ❑ Housekeeping
- ❑ **Suvera** – Transforming LTC management through Proactive Virtual Clinic
- ❑ **ELC Programme** – Group Clinics, A different approach to LTC management
- ❑ Q&A

Redmoor Health

Your Long-Term Condition Management

- Current process – How do you manage your LTC?
- Identifying cohorts of patients / Preventative healthcare
- How are ARRS roles involved in LTC Management?
- How do you promote and educate patients on ARRS roles?
- Capturing data before LTC reviews, such as Florey's

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Suvera's Proactive Virtual Clinic:

Transforming Long-term Condition Management

Agenda

01 Current Challenges:

Long-Term Conditions in Primary Care

02 The Solution:

Why the Suvera model

03 Case Studies:

Patient Outcomes, Efficiency & Return on Investment

04 Top tips:

3 lessons from working with 400+ Practices

Unrealistic Expectations

Achieving Excellence in Patient Care

Focusing on outstanding outcomes, satisfaction, and for our patients.

Prioritising Staff Wellbeing and Retention

Ensuring work satisfaction and retention of our dedicated primary care team.

Financial Efficiency for Sustainability

Operating sustainably despite the economic climate & funding & funding pressures

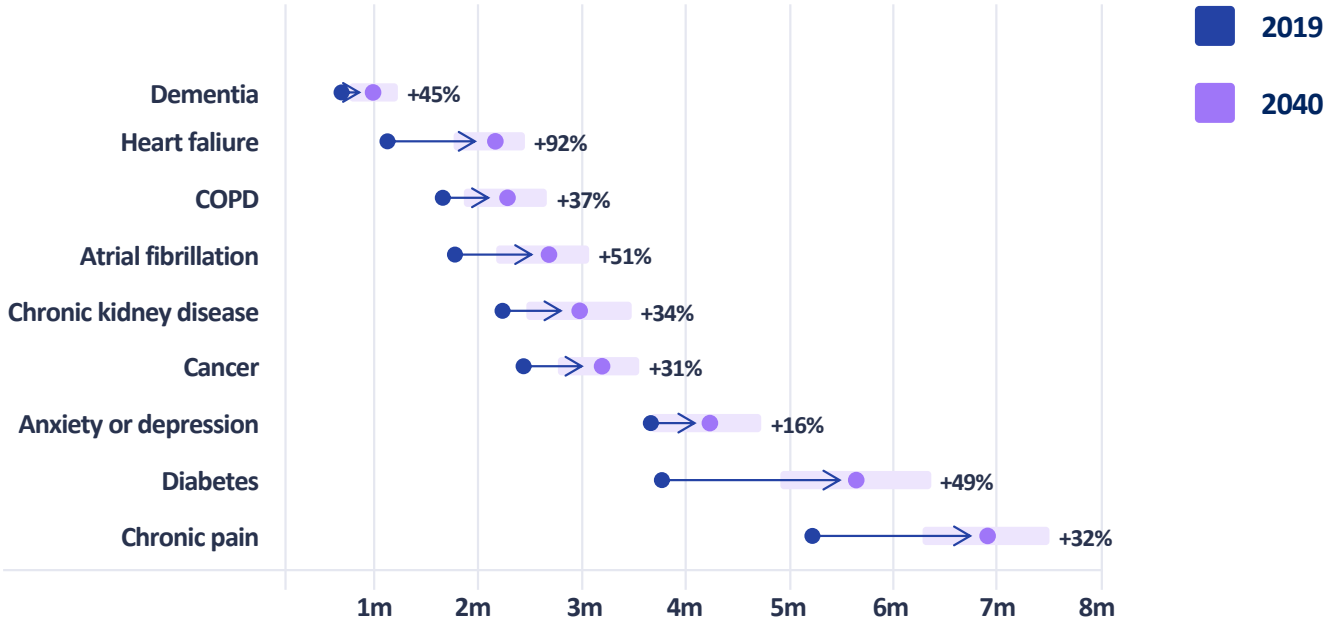
- **Patient experience**
- **Staff morale**
- **Cost savings**

We need better **technology and smarter** ways of working.

These aren't just extras - we can not care for our patients and staff properly without them.

Challenge: An ageing patient population

Projected total number of diagnosed cases for the common long-term conditions managed in Primary Care



63% ↑ of people over the age of 65 live live with 2 or more LTCs

50% ↑ of all GP appointments are for LTCs LTCs

80 hrs ↑ On average lost monthly for an average sized GP practice from not not providing multi-condition reviews reviews

Source: Analysis of linked health care records and mortality data conducted by the REAL Centre and the University of Liverpool.

From Fragmented to Unified: Suvera's Proactive Clinic

Overseen by Practice Manager + GP Partner

ardens HEALTHCARE INFORMATICS

accuRx.

Operational oversight for co-ordinating recall

Digital Tools for managing recall

Admin Recall Team

Clinical Staff

In house

Outsourced

Supervision of clinical staff

suvera

Regulated by CareQuality Commission

Provides a managed, end-to-end pathway

1. Plan

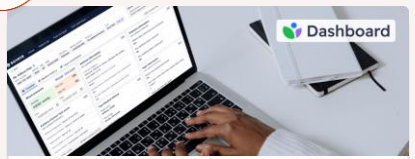
No more spreadsheets spreadsheets

2. Engage

Holistic patient engagement engagement

4. Management

No tasks back to practice practice



3. Automate

More patients, fewer appts appts

suvera

A modern population health management solution

Suvera's virtual clinics help NHS Primary Care providers deliver better deliver better outcomes for patients with long-term conditions. conditions.

Partnered with 400+ 400+ GP Practices

100,000+ Patients Patients under management

Commissioned in 20+ ICBs

Regulated by Care Quality Commission

Suvera's proactive clinical services

Regulated by Care Quality Commission

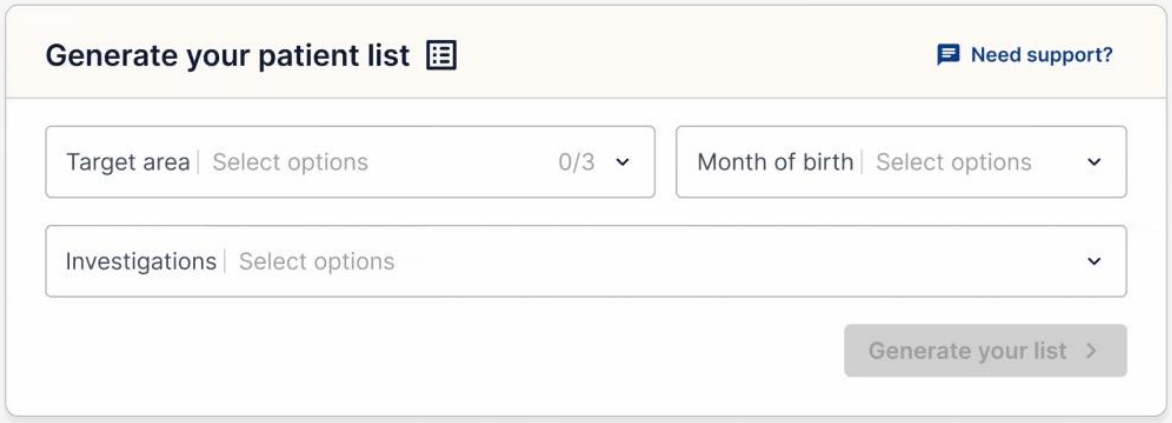
Cardiovascular	Hypertension; Cholesterol; Heart failure*; NHS Health Checks
Diabetes and Obesity	Type 2 Diabetes; Insulin Initiation / Titration; GLP-1 and obesity management
Respiratory	Asthma; COPD
Renal	Chronic Kidney Disease
Frailty	Structured Medication Reviews; Deprescribing initiatives
Recall and Medicines Management	Medication reviews; Intelligent recall; Planner
Mental Health	Severe Mental illness*; Common Complex Mental Illnesses*

*(coming Q2 2025)

The Suvera Planner

No more spreadsheets with real-time analytics to prevent duplication

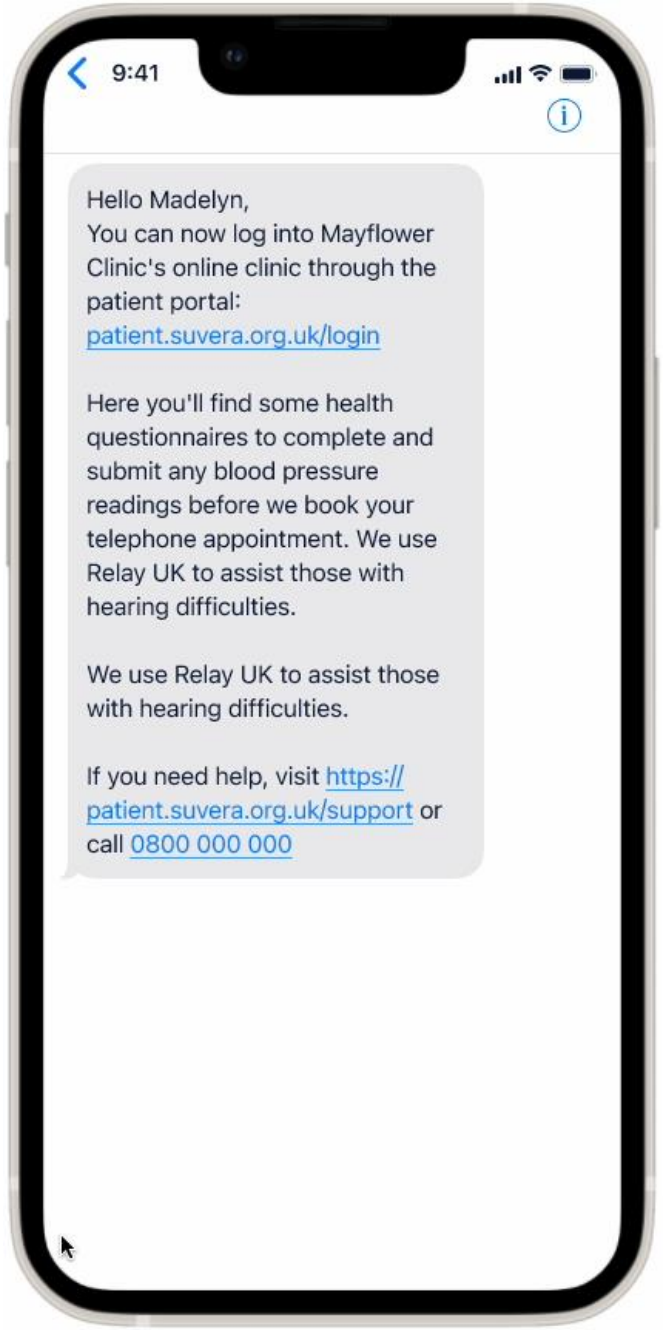
duplication



1. Plan

Complete call & recall across your long-term condition register

- Complete visibility across all clinical systems (EMIS/S1)
- Flexible workflows that work around your practice routines (i.e. Month of birth)
- Patient risk prioritisation for proactive care delivery
- Unified care coordination between practice and teams



1. Engage

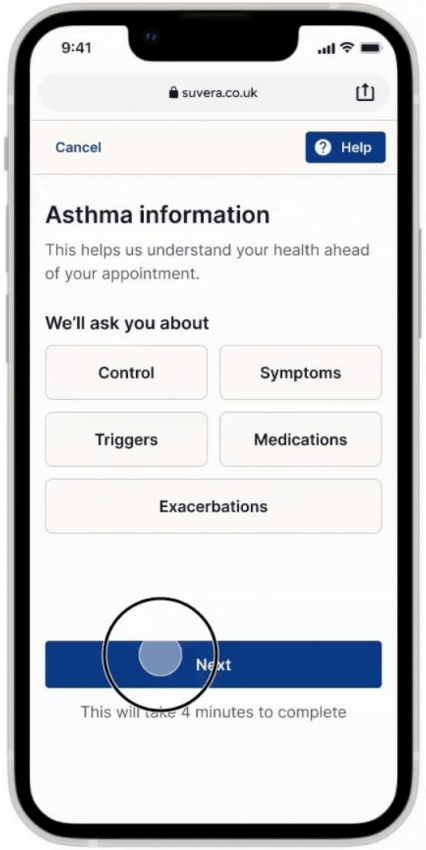
Different Patients, Different Approach

Multiple channels, Suvera's personalised patient web-app experience achieves 81% engagement

Texts/Phone calls/Letters

Digital (WebApp) / Non-digital (Phone calls)

Colour blindness/Reading age/Font sizes



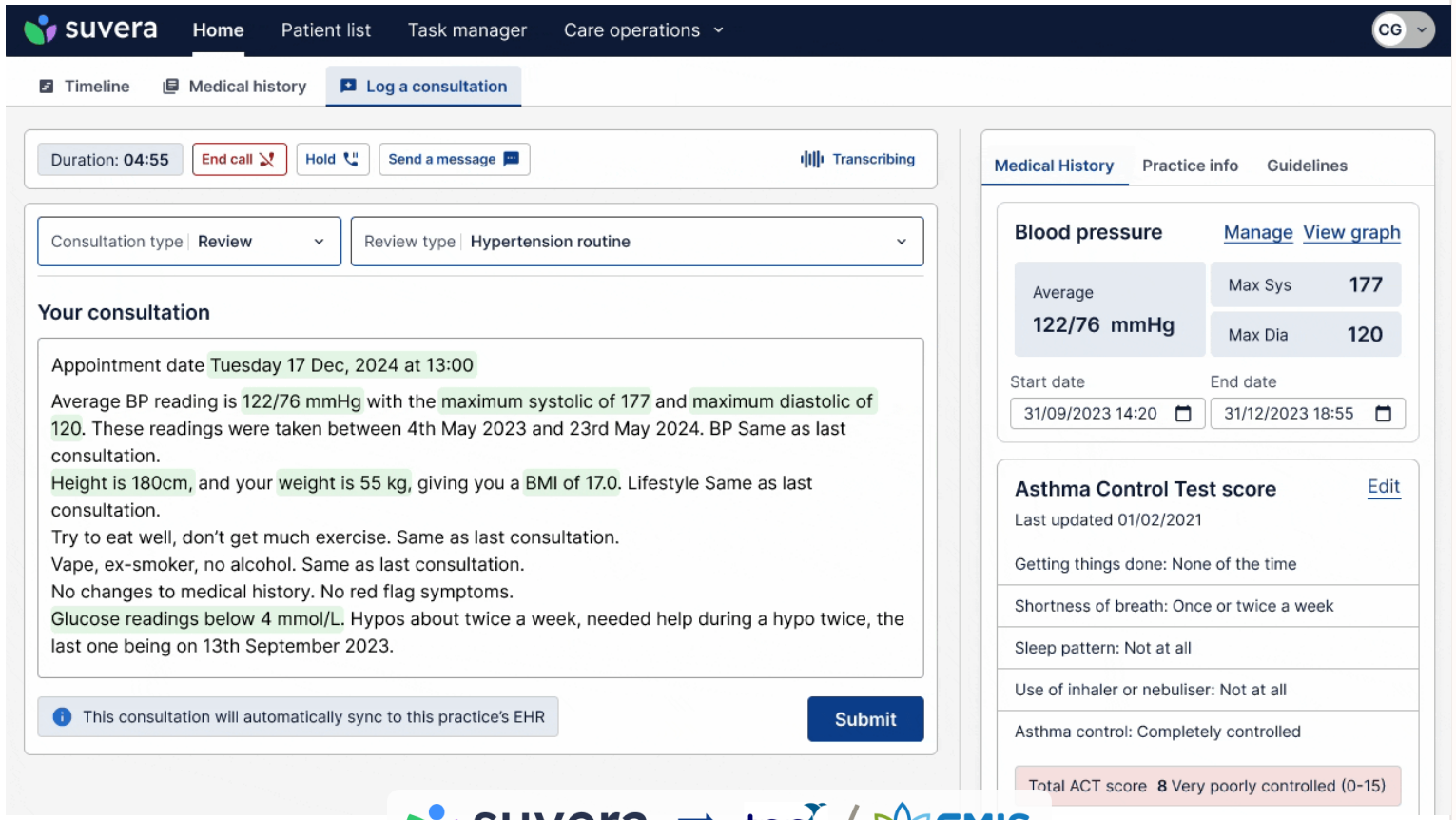
1. Automate

Scale patient outreach while preserving clinical quality - intelligent automation with clinical expertise at its core

- Clinician-guided automation: See more patients without adding staff time
- Smart patient triaging: Direct cases to the right expertise based on need
- Streamlined care pathways: Reduce admin burden so clinicians focus on patients
- Complete clinical oversight: Maintain safety while scaling patient reach

The Suvera Proactive Clinic

No tasks back to the practice



suvera ⇄ tpp / EMIS

1. Care

Complete clinical extension: Fully integrated care delivered as if by an in-house team member.

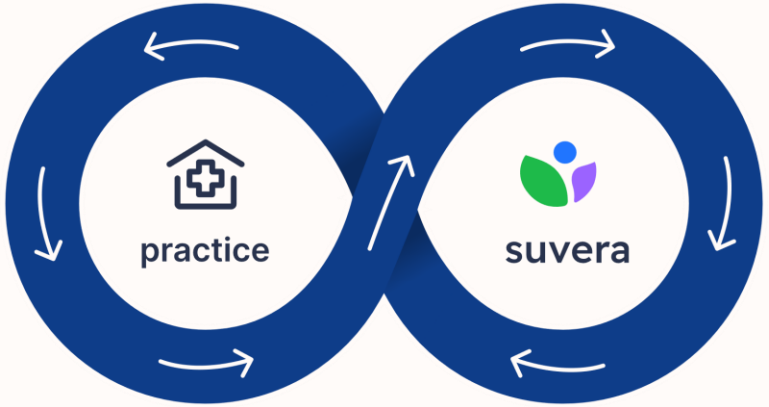
- Seamless clinical integration: Updates to practice for source of truth
- Structured pathways: Pre-configured templates meeting QOF, ICS, and local targets
- Supervised team: Full prescribing and clinical oversight, integrated with your team
- Proactive intervention: Critical patients flagged for immediate clinical response

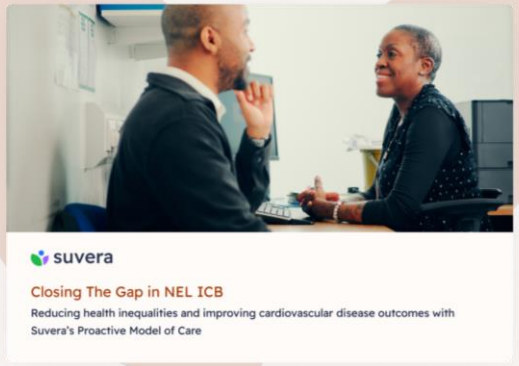
How does Suvera think about the sustainability of General Practice?

Collaborating never dictating

Integrating never duplicating

Extending never replacing





NEL ICB - Cardiovascular Disease Disease Project

Improving blood pressure management at scale

Link to full evaluation here

No.1 most deprived ICB in London

No.10 most deprived ICB in the UK

SEL ICB - Cardiovascular Disease Disease Project

Improving blood pressure management at scale

Link to full evaluation here

No.3 most deprived ICB in London

No.15 most deprived ICB in the UK

Invited Patients in Lewisham over 6 months

5,000 invited

Most common age range	Gender	Deprivation
60-65	46.4% Male 53.6% Female	69% in CORE20PLUS5

Ethnic Group

25.74%	25.14%	20.35%	17.71%	11.06%
1287	1257	1018	885	553
Black, Black British, Caribbean or African	White	Asian or Asian British	Mixed race	Other

Patients Invited:
5000

Total Invites Sent:
5644 (644 pts re-invited with letters)

Overall patient Engagement
80.7% (4035 patients)

Non-engagement despite 3+ attempts across multiple modalities
19.3% (965 patients)

7,443 of consultations succesful

7,450 clinician-generated SMSs sent via the Suvera Platform

15,908

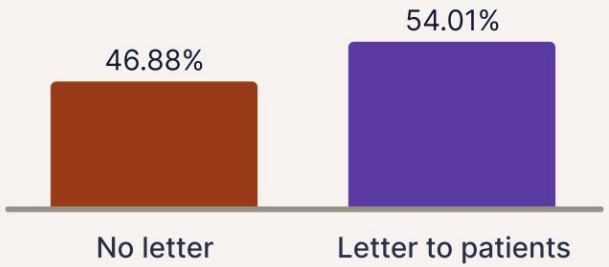
patient submitted blood pressure readings

1052

patient submitted holistic lifestyle questionnaires

15%

improvement in patient engagement to Suvera Patient Web App to submit clinical readings when patients sent a letter in advance of SMS:



85%

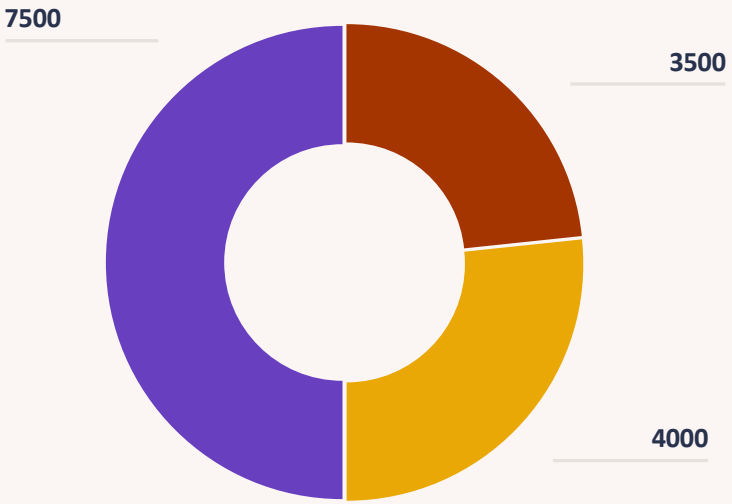
of patients who submitted a stage 3 blood pressure were seen within 24 hours

363 urgent BP submissions stage 3 blood pressures submitted via the patient web app

Estimated SEL cost savings in Primary Care

From hypertension patients in Lewisham requiring treatment by Suvera (N = 5000)

Total hours in appointments saved by the two two PCNs during the Suvera 6-month Pilot Pilot



Suvera's Primary Care Saving Summary:

£170,000 saved from reduction in appointments for General Practice in the 5000 patient population

- £100,000 saved from the engaged patients through administration, clinical reviews and managing patients to target range
- £70,000 saved from administration, and recall outreach of patients who need to be contacted each year.

Demonstrating a saving of £1.70 in Primary Care from £1.00 invested in the Suvera Virtual

- Number of GP appointments saved (with medication review) review)
- Number of non-clinical engagement calls calls
- Number of blood pressure questionnaires to review review

Estimated SEL cost savings in Secondary Care

From hypertension patients in Lewisham requiring treatment by Suvera (N = 5000)

Reduction in cardiovascular events

A 10mmHg decrease in systolic blood pressure pressure lowers the risk of:

Major cardiovascular events	- 20%
Coronary heart disease	- 17%
Strokes	- 27%
Heart failure	- 28%
All-cause mortality	- 13%

- *Cost of a single bed-day is £400*
- *Average cost per patient in first year of stroke is £24,778 to the NHS*

Suvera's Secondary Care Saving Summary:

- Each stroke costs approximately £20,000 in the first year alone, the prevention of 40 strokes could lead strokes could lead to £800,000 in savings.
- If you factor in the societal impact of 40 strokes and 25 heart attacks on the wider social system, through unpaid care hours and lost productivity, it comes to an additional £20,000 per year per patient. This is not to mention the emotional impact to friends and families for these 65 prevented cardiovascular events. (Link)

Overall there is a conservative saving of £8.00 in Secondary Care from £1.00 invested in the Suvera Virtual Clinic model

40 strokes

Estimated reduction in Hypertensive related admissions

25 heart atacks

Estimated reduction in Hypertensive related admissions

**Calculated NHS cost savings from reductions in stroke. SOURCE: Oxford Academic*

Estimated combined cost savings from from Suvera

£1 = £9.70

Investment in Suvera | Savings to the system

Suvera's Primary + Secondary Care Saving Summary:

Initial investment for Suvera = £100,000

Primary care cost savings (£1.70 saved per £1.00 spent)

Secondary care (£8.00 saved per £1.00 spent)

A community-focussed preventative, digitally powered care model return for every £1.00 spent by the NHS. In other words, £970,000 will the system from this pilot intervention alone.

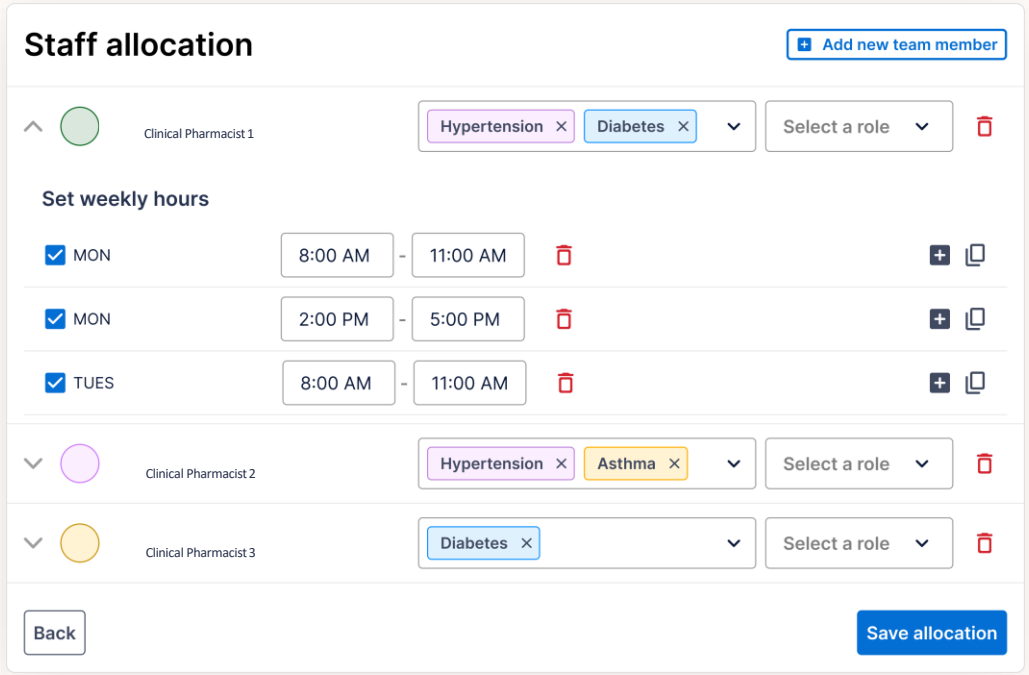
Lesson 1: Competency mapping

Co-ordinating care to optimise effectiveness of clinicians, without compromising care.

Ensuring that patients are seen at the right time by the correct skill level clinician through bespoke clinical pathways.

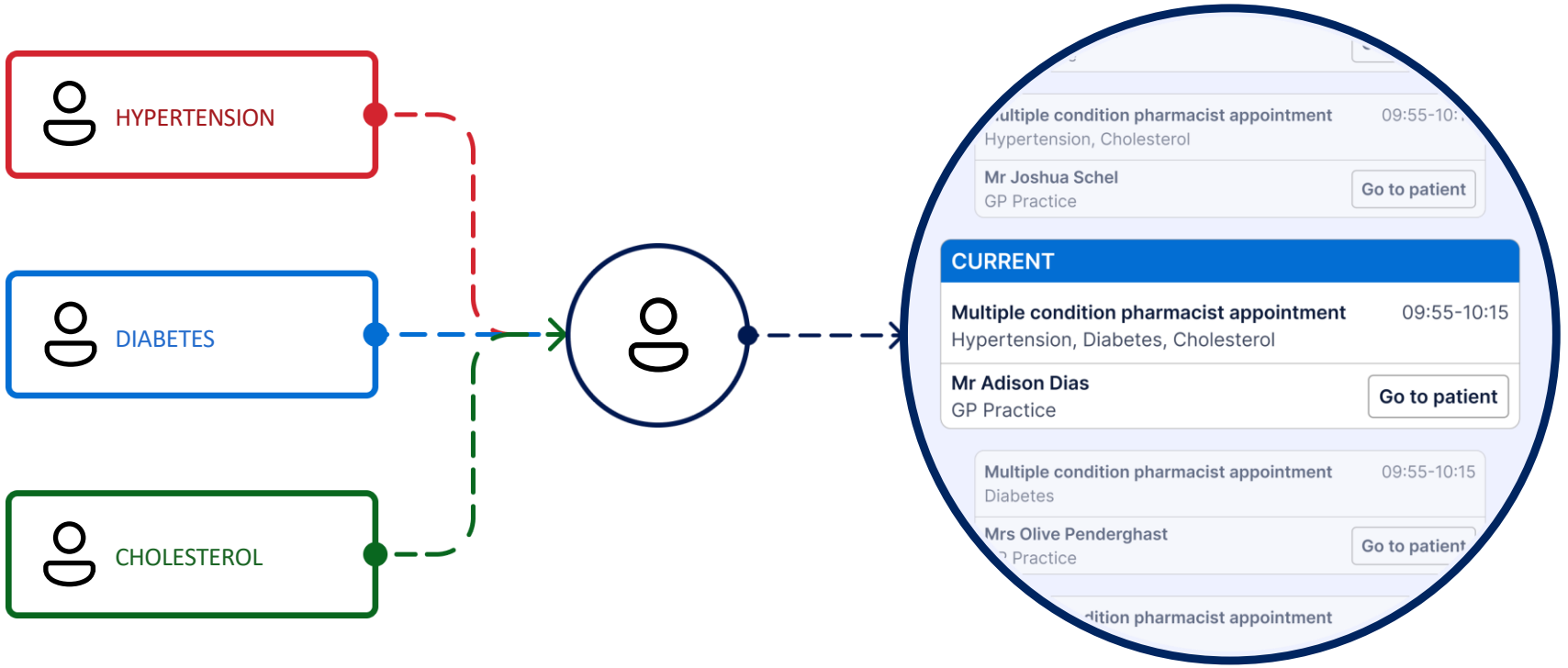
Top tip: Conduct a competency skill matrix and up-skill overlapping areas such as Cardiovascular disease (Hypertension/Cholesterol/Diabetes).

Suvera automatically pre-populates this for your staff practice list



Lesson 2: Smart appointments to adapt to patient needs

Pre-appointment data collection alters their flow personalised consultation time based on patient needs, maximising clinical efficiency.



Lesson 3: Breaking Through Engagement Barriers

Our approach connects with traditionally hard-to-reach reach communities, driving meaningful health outcomes where outcomes where engagement methods fall short

Top tip: Lessons from hospital outpatient clinics where patient patient attendance is frequently higher and can help with patient with patient empowerment.

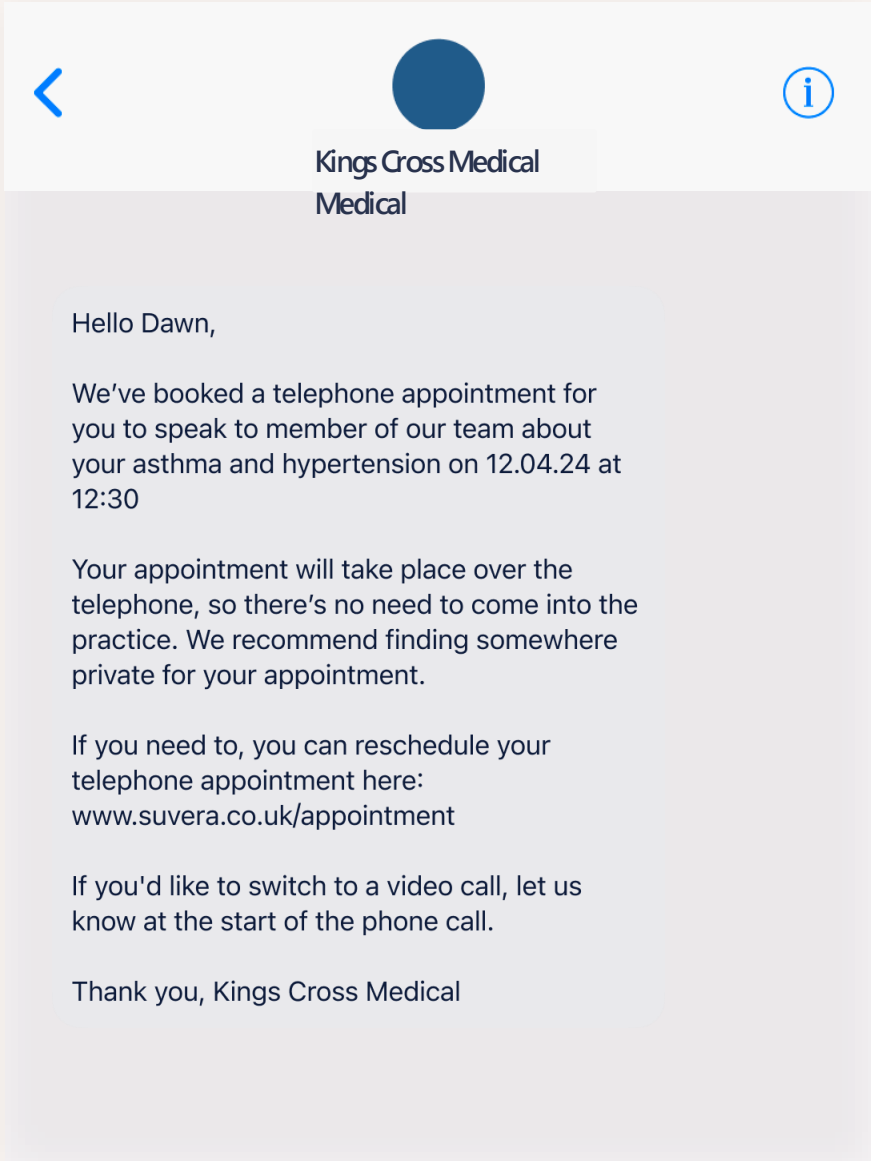
~40% Response rate for self-booking links*

%

~75% Attendance rate for pre-booked appointments**

%

*40% achieved from 3x PCN pilots of 7400 patients
** 75% achieved across 36,000 live patients



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k

Group Clinics: a different approach to managing term conditions

Georgina Craig
National Director, The Experience Led Care Programme

Dr Rupa Joshi
GP Partner
Deputy Medical Director for Primary Care and Responsible Officer, South-West Region, NHS England
National Primary Care Medical Directorate lead for Group Clinics, Estates and Children and Young People
Transformation Lead for the British Society of Lifestyle Medicine

After today's presentation

- We will provide answers to any outstanding questions via follow up email and a link to access free learning resources
- If you are interested in Group Clinic learning programmes, post in the CHAT or email: georgina@elcworks.co.uk to link with support available in your ICB

ELC Programme Person Centred Care

Getting started with Group Clinics

Date	Time	Topic
FRI 07 MARCH	12.30 – 13.30	Group clinics and women's health
TUES 29 APRIL	12.30 – 13.30	How Group Clinic deliver 10 Year Plan

Review case studies, past webinar highlights and access free learning resources on our website: www.elcworks.co.uk

ELC Programme Person Centred Care

What are group clinics?

ELC Programme Person Centred Care

Group clinics…

- Are an alternative way to offer planned clinical appointments for people with similar clinical problems, with carers able to attend if they wish
- Include group discussion of common concerns AND individual reviews or assessments, discussion of biometrics and treatment, and often prescribing
- Usually involve 6-8 patients (VGC) and 10-12 patients (F2F)
- Are managed from start to finish by a ‘facilitator’
- Are 60-90 minutes long, with the clinician present for the central clinical session, which lasts 30-45 minutes
- Are conducted via an NHS approved video platform (VGC)

ELC Programme Person Centred Care

The three key delivery roles

Clinician

Facilitator

Clinic Co-ordinator

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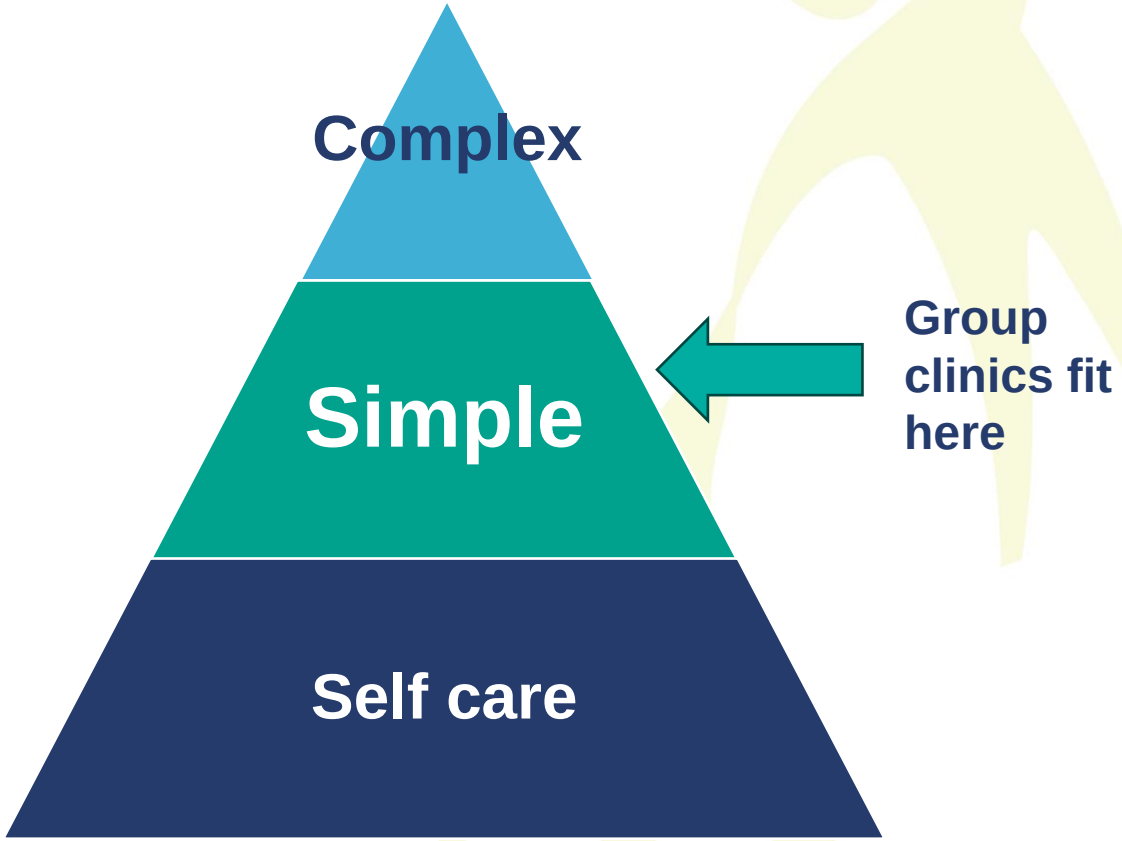
Where group clinics fit into care pathways

Complex care: usually involves history taking, diagnosis and management of complex individualised risks e.g. making a cancer diagnosis, urgent and emergency care

Simple care: is often planned and routine; driven by guidelines and protocols and requires self management or rehabilitation e.g. asthma or diabetes review

Self care: self directed intervention or care e.g. lifestyle change, sleep hygiene



*Simple care is often high volume healthcare

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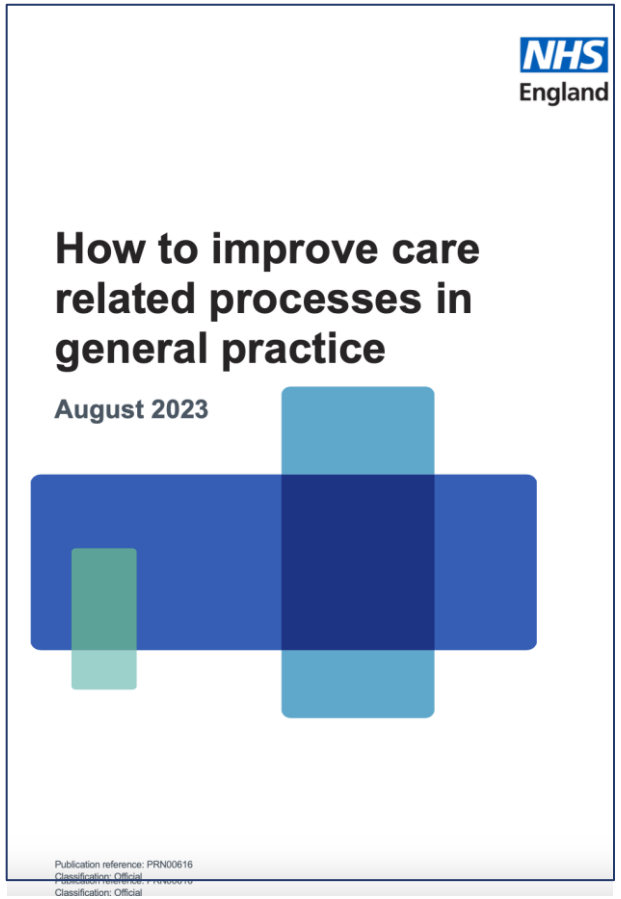
Group clinics deliver Modern General Practice



SHARED MEDICAL APPOINTMENT = group clinic

A reliable process for long-term condition review should include the following elements:

- A personalised care approach to LTC management with use of **shared medical appointments**, social prescribing and digitally enabled self-management depending on patient choice and need.
- Unification of medication review and LTC review processes
- Making full use of multi-disciplinary team and involve all staff and patients in the design of new processes encouraging patient responsibility for health and well-being/management of their LTCs
- Equitable spread of activity across the year e.g. using birthday month recall (avoiding Q4 panic to achieve QOF or generate high levels of personalised care adjustments)

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Risks we need to manage

- Third party disclosure i.e. confidentiality
- Informed consent to share medical results and participate in the group clinic
- Identity check (VGC only)
- Location and contact phone number check (VGC only)

Dr Rupa Joshi

GP Partner
Deputy Medical Director for Primary Care and Responsible Officer, South West Region, NHSE
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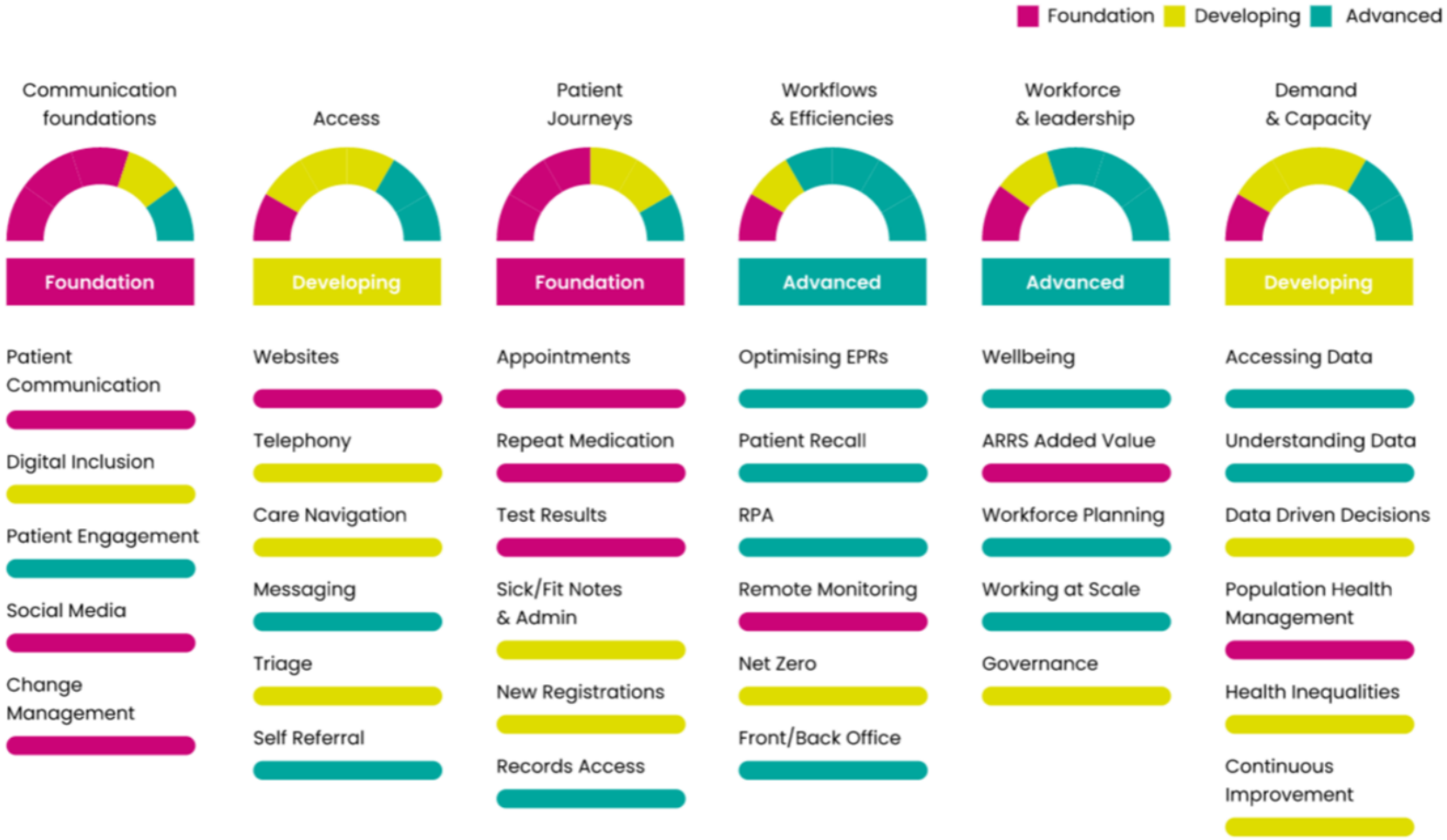
Underpinned by our support

Current pillar assessment levels



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DIGITAL & TRANSFORMATION hub

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Network members will have exclusive access to in-person events focused on digital transformation. These events are designed to support your professional development and offer networking opportunities throughout the year.

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