



How is our system changing?

Familiar Faces

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What has changed?

Familiar Faces is a new service for North Cumbria developed to address the needs of patients often termed 'Frequent Attenders'.

- These patients are complex ,
- Use a disproportionate amount of health and care resources, often with little clinical benefit
- Can be at the detriment of their health, and well-being, due to the overuse of unnecessary investigations and procedures.
- National data and our learning shows:
 - Psychological needs, including trauma, presenting as somatic complaints
 - Complex social needs and issues of deprivation
 - Isolation and relationship breakdown or loss
 - Poorly managed long term conditions
 - Fragmented relationships with health care



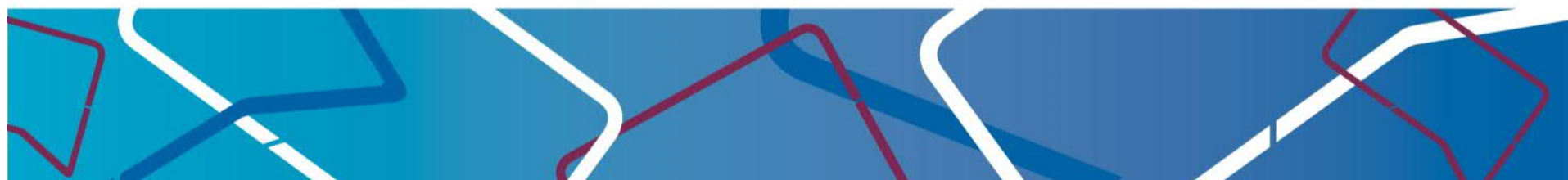
The traditional medical model of care is spectacularly inadequate when dealing with frequent attenders:

- needless referrals, investigations
- spurious labels and diagnoses.
- psychoactive drugs are often prescribed.

The only certainty is that investigation, referral, and labels make frequent attenders worse not better.

But we know they benefit from consistent management by a skilled team, through a clinical care plan shared across the health system

- psychological care from experienced staff, embedded in the primary care team
- appropriate social and community support



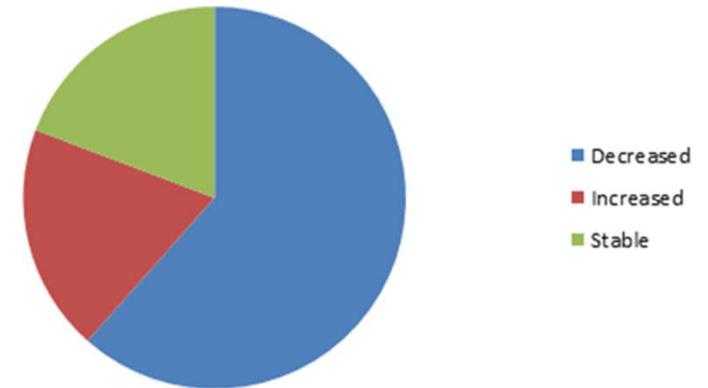
Patient Complexity and Clinical Outcomes

Example: Familiar Faces patients report a high level of psychological

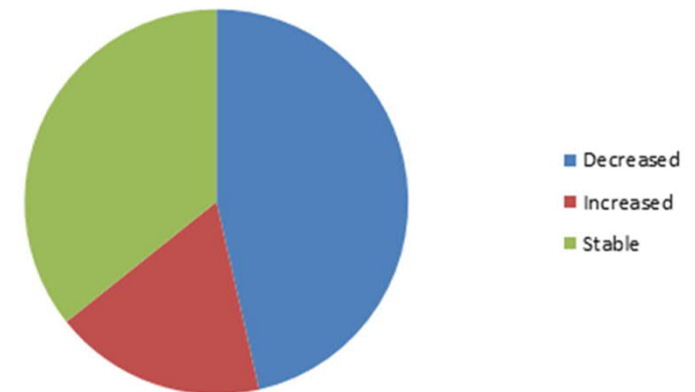
GAD7

		Mild	Moderate	Mod Severe	Severe
PHQ9	Mild	9%	3%	0%	0%
	Moderate	4%	4%	7%	2%
	Mod Severe	1%	5%	10%	7%
	Severe	0%	1%	13%	37%

Change in PHQ9 score (1st to 2nd)



Change in GAD7 score (1st to 2nd).



System wide working

One to one patient contact will not address the problem of frequent attenders. Instead, we need to address this as a system with:

- Consistent management
- Early identification
- Staff with training to identify “vulnerable” patients, for example those with ACEs
 - For example, in a 12 month period, adults with four or more ACEs are twice as likely to have visited their GP six or more times, twice as likely to have attended A&E and three times as likely to have experienced a hospital stay. For adults, this increased usage is evident from age 18 and continues until later life (age 70+).
- System co-ordination e.g. A & E



How has this impacted on patients

- Really good, really helpful. The clinician is really understanding when I really have a bad day. She was so empathetic and understanding. Even my partner has noticed the massive difference in me and how better I am.
- Excellent. Hopefully benefiting long term with EMDR, feel exhausted after [sessions] and it's hard going.
- It's really good. The service has provided me some extra support and it's a lift for me. I would recommend this service.
- Brilliant, cannot fault it. I feel very supported and have moved leaps and bounds. I have learnt so much about myself and my condition through PPSS groups and through 1:1 work.



How has this impacted on staff

Dr Chris Corrigan, GP Partner

This is a fantastic service. I have referred some of my most challenging patients whose lives have become stuck and totally dysfunctional, usually because of interplay between physical health issues and associated psychological difficulties.

The input from Familiar Faces has enabled the patients to unlock their situation and pick up their lives again to start moving forward.

This has also released GP time to meet my other demands as often the patients seen by Familiar Faces are at the extreme end of appointment demand upon our service.



- Dr Dan Berkeley, Maryport Surgery

The familiar faces project has been a good example of collaborative working across an ICC. We are able to offer a service within the practice that would normally not be available on the NHS without extremely long waits. Because the familiar faces team work alongside us we can build a good relationship with them and help our patients to do so as well. Patients have found the service very useful, and it has reduced the demand for appointments from some patients with significant psychological issues. It has also reduced admissions, with notably one patient reducing from attending A and E at least ten times a month, to no attendances following familiar faces support.



Where are we now? What next?

The Familiar Faces service is embedded in three integrated care communities across North Cumbria. Over the first 18 months of activity, the service has:

- Developed unique methods of reliably identifying the patient cohort from data across the health economy (including primary care, out of hours, emergency care, secondary care and emergency services)
- Worked closely (integrated) with primary care and engaged the system in providing a different model of care (i.e. offering suitable therapy)
- Supporting and educate the care team, across the system, to offer a consistent management model
- Initiated and led a system-wide initiative for Cumbria becoming a trauma-informed county (ACEs)

The priority for 2019/2020 is to extend the service to the remaining 5 ICCs offering equity of service and significant release of resource for the system

