

# Appendix D: Descriptions of the six key population groups, including characteristics of good and links to key lines of enquiry

## Population group descriptors

### Older people

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| <ul style="list-style-type: none"> <li>• Care tailored to individual needs and circumstances, including a person's expectations, values and choices. Consideration of carer's needs, particularly where elderly carer</li> <li>• Regular 'patient care reviews', involving patients and carers</li> <li>• Named accountable GP</li> <li>• Ensuring patient &amp; carer receive appropriate coordinated, multi-disciplinary(including those who move into a care home, or those returning home after hospital admission</li> <li>• Unplanned admissions and readmissions for this group regularly reviewed and improvements made</li> <li>• Staff knowledge, skills and competence to respond to the needs of this population group. Including training in appropriate communication skills</li> </ul> <p>Access to services, including flexible appointment times and same day telephone consultations where appropriate.</p> | <p><b>Relevant key lines of Enquiry</b></p> <p>Effective E1<br/>Effective E4<br/>Caring C2<br/>Responsive R3</p> |
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## People with long-term conditions

- Care tailored to individual needs and circumstances, including a person's expectations, values and choices. Consideration of carer's needs.
  - Regular 'patient care reviews', involving patients and carers
  - Staff knowledge, skills and competence to respond to the needs of this population group
  - Supports patient & carer to receive coordinated, multi-disciplinary care whilst retaining oversight of their care, acting as a coordinator and navigator of care where appropriate.
  - Referrals to specialists in an appropriate and timely way.
  - Proactive monitoring of the prevalence of LTCs within the practice population including responding to a sudden deterioration of a condition/s, identifying those with a LTC and those at risk of developing one. Health promotion advice and information related to LTC including advice on self-management
  - Proactive case management and long-term monitoring of people with LTCs
  - Access to services, including flexible appointment times and same day telephone consultations where appropriate.
- People are signposted to patient groups and supported to access a support network.

### Relevant key lines of Enquiry

Effective E1  
Effective E3  
Effective E4  
Responsive R1  
Responsive R2

## Mothers, babies, children and young people

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| <ul style="list-style-type: none"> <li>• Safeguarding children, including early identification of need and early help offered with other services</li> <li>• Prioritisation of children, young people and families living in disadvantaged circumstances, looked after children, children of substance abusing parents, young carers. Extra support offered to these families</li> <li>• Knowledge, skills and competences to recognise and respond to an acutely ill child.</li> <li>• Regular assessment of children's development and early identification of problems in the physical and mental wellbeing of children and young people and follow up of these.</li> <li>• Primary and pre-school immunisation, health promotion advice</li> <li>• Children and young people treated in an age appropriate way and are recognised as an individual, with their preferences considered.</li> <li>• Involvement in planning for the transition of children with complex health needs into adult services</li> <li>• Communication, information sharing and decision making with other agencies, particularly midwives, health visitors and school nurses</li> <li>• Generalist medical care during pregnancy</li> <li>• Information, including on lifestyle advice on healthy living, given to pre-expectant mothers, expectant mothers and fathers.</li> </ul> | <p><b>Relevant key lines of enquiry:</b></p> <p>Safe S3<br/>Safe S4<br/>Effective E1<br/>Effective E3<br/>Effective E5<br/>Caring C2<br/>Responsive R1<br/>Responsive R3</p> |
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## Working age people (and those recently retired)

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| <ul style="list-style-type: none"> <li>• Appointments system enables access for this group and practice easy to contact</li> <li>• Monitoring of appointments system and improvements made where lack of appointments</li> <li>• Alternatives provided for people who are unable to attend the practice due to work commitments, eg telephone appointments</li> <li>• Access to further services in the practice, eg in house phlebotomy</li> <li>• Offered a choice when referred to other services</li> </ul> | <p><b>Relevant key lines of enquiry:</b></p> <p>Responsive R1<br/>Responsive R2</p> |
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## People in vulnerable circumstances who may have poor access to primary care

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| <ul style="list-style-type: none"> <li>• No Barriers to accessing GP services</li> <li>• Able to register with the practice, including those with no fixed abode</li> <li>• Information on how to access GP services are made available to these groups. Sign posting to specialist support groups.</li> <li>• Proactive in assessing and monitoring the practice population needs, including for people in vulnerable circumstances</li> <li>• Structured approach to addressing health needs and inequalities</li> <li>• Proactive approaches to reaching out to these groups (eg drop in clinics and working with other agencies)</li> <li>• People are encouraged to participate in health promotion activities, such as breast screening, cytology, smoking cessation.</li> <li>• People feel able to access the practice's services without fear of stigma and prejudice.</li> <li>• People who use the services feel able to trust the practice staff with personal information. Staff take time to listen to people from these groups.</li> </ul> | <p><b>Relevant key lines of enquiry:</b></p> <p>Effective E5<br/>Caring C1<br/>Responsive R1<br/>Responsive R2</p> |
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## People experiencing poor mental health

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| <ul style="list-style-type: none"> <li>• No Barriers to accessing GP services for people experiencing poor mental health</li> <li>• Monitoring of mental health needs within the practice population, including within hard to reach groups.</li> <li>• Staff skills, competences and knowledge to: <ul style="list-style-type: none"> <li>– Assess and respond to risk for patients experiencing mental illness (including in suicide prevention)</li> <li>– Support people to access emergency care and treatment when experiencing a mental health crisis</li> <li>– Recognise and manage referrals of more complex mental health problems to the appropriate specialist services</li> </ul> </li> <li>• Care tailored to their individual needs and circumstances, including their physical health needs. Including annual health checks for people with serious mental illnesses</li> </ul> | <p><b>Relevant key lines of enquiry:</b></p> <p>Safe S4<br/>Effective E1<br/>Effective E3<br/>Responsive R3</p> |
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| <ul style="list-style-type: none"><li>• Access to a variety of treatments is facilitated (eg listening and advice, IAPT and counselling)</li></ul> |  |
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