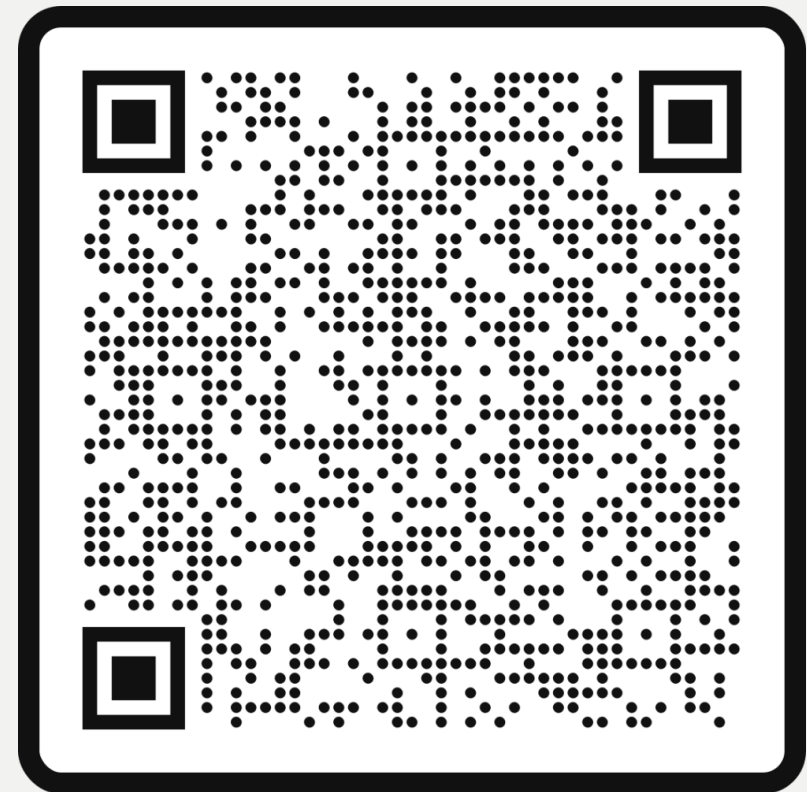




Welcome to the 14th NHS Primary
Care Transformation Conference!



18th June 2025
Etc venues Manchester, 8th Floor,
11 Portland Street M1 3HU



Please scan the QR Code on the screen
below to register your interest for our
accredited training courses.

Register your Interest





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Chair Opening Address



Dr Gurnak Singh Dosanjh

GP

LLR ICB



Interview session



Mr Paul Brown

CFO

Staffordshire and Stoke-on-Trent ICB



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NHS Case Study



Dr Priya Kumar

GP Partner, PHM and Health Inequalities Lead
Kumar Medical Centre, Slough



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Case Study





Case Study



Patrick Denston

Business Manager and Digital Transformation Manager
Alexander House Surgery and Farnborough PCN

Digital Transformation

Dr Richard More
Chief Executive, Xytal

Patrick Denston
Practice Business Manager,
Alexander House Surgery



Alexander House Surgery

Why
change?

Alexander House Surgery

- 9988 registered patients.
- PMS contract.
- Named GP's
- 4 Partners
- Slightly older than average population.
- Areas of deprivation



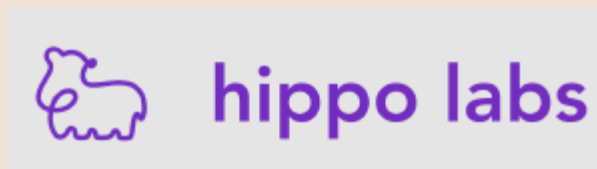
Alexander House Surgery

What does good look like

- 100% QoF achievement
- Finishing on time
- Less than 2-minute call wait time
- High levels of patient satisfaction
- 3.8/5 stars Google rating
- Low staff turn over
- High profitability
- Capacity and demand alignment
- Multiprofessional teams
- High app uptake and utilisation



Alexander House Surgery



Alexander House Surgery



So What...

- 7% reduction in phone calls.
- 20% reduction in manual prescription requests.
- 8% NHS app further uptake.
- 5 Second wait time reduction.
- 0.4 star increase for Google reviews.
- Reduction in emails requiring actions.



Alexander House Surgery

Any questions?
Please come visit us at our stand

Patrick Denston

Email: patrick.denston@nhs.net

Dr Richard More

Email: richard.more@xytal.com



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Refreshments & Networking



Chair Morning Address



Dr Gurnak Singh Dosanjh

GP

LLR ICB



Case Study



AstraZeneca 



Case Study



Professor Raj Thakkar
Head of External Engagement and Innovation
AstraZeneca



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Fireside Interview



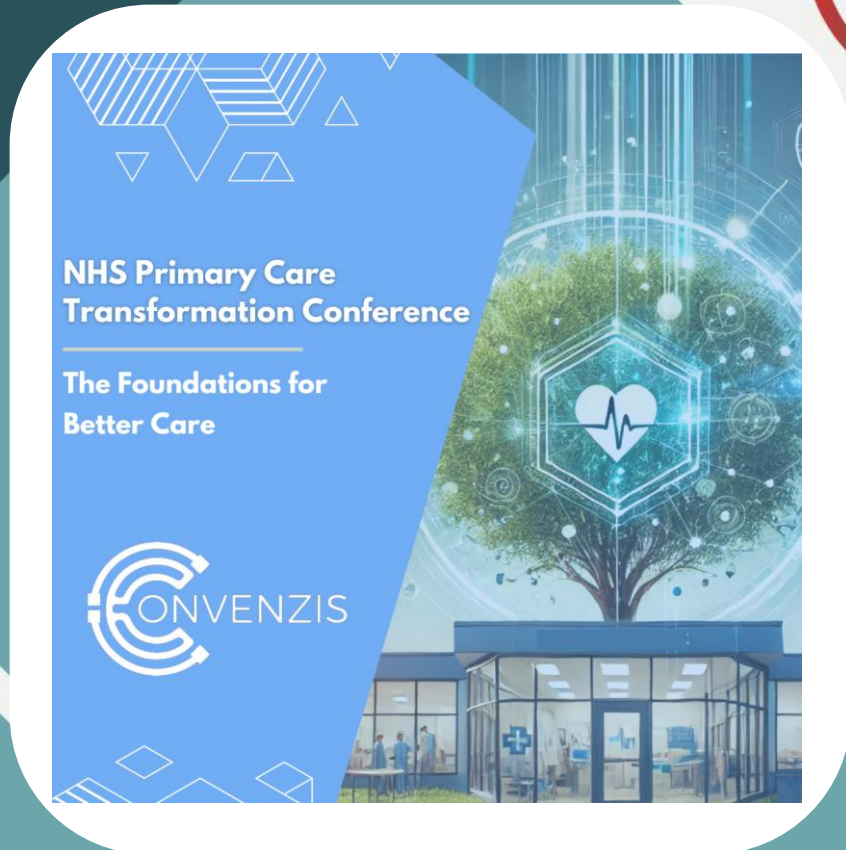
Steve Brine

Former Health Minister and Chair Health Select Committee
Brine Health Ltd



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Case Study





Case Study



Heidi Tickner (She/Her)
Regional Commercial Manager
L&R Medical





People.Health.Care.

Transforming Wound Care in Primary Care:

Empowering Sustainable Self-Care to
Eliminate Waste and Improve
Outcomes

Heidi Tickner
L&R Medical UK



Key Objectives



- Improve patient outcomes
- Reduce resource burdens
- Enable self-care & patient empowerment
- Standardise assessment and treatment pathways
- Achieve financial and operational efficiency
- Upskill workforce
- Support data-driven care and improvement



£3.1b

Annual estimated
healthcare cost
associated with Leg
Ulcers¹

**1 Million
Patients**

which equates to 2% of the
UK adult population
affected with a leg ulcer¹

71%

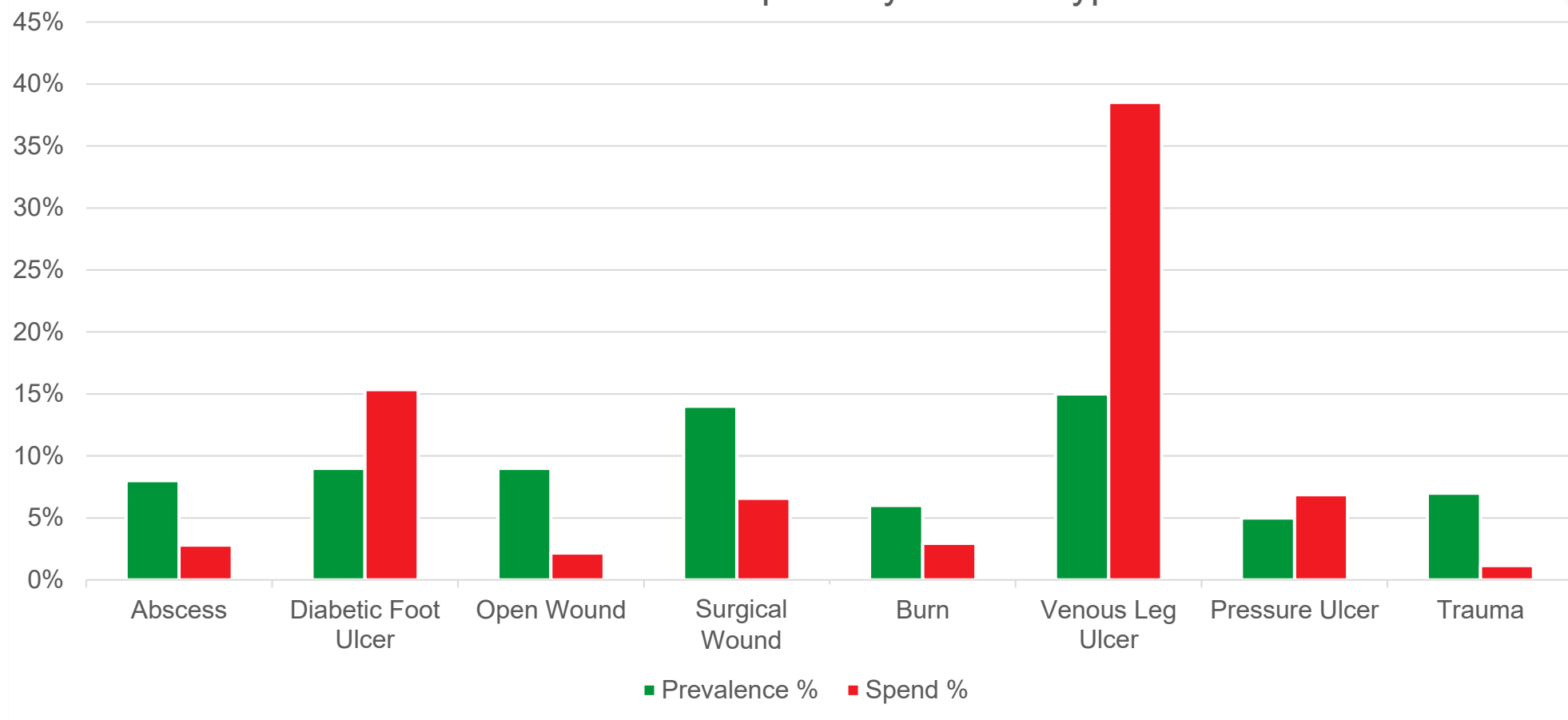
Increase in
the prevalence
of wounds

49%

of chronic
wounds
healed within
12 months



Prevalance Vs Spend by Wound Type

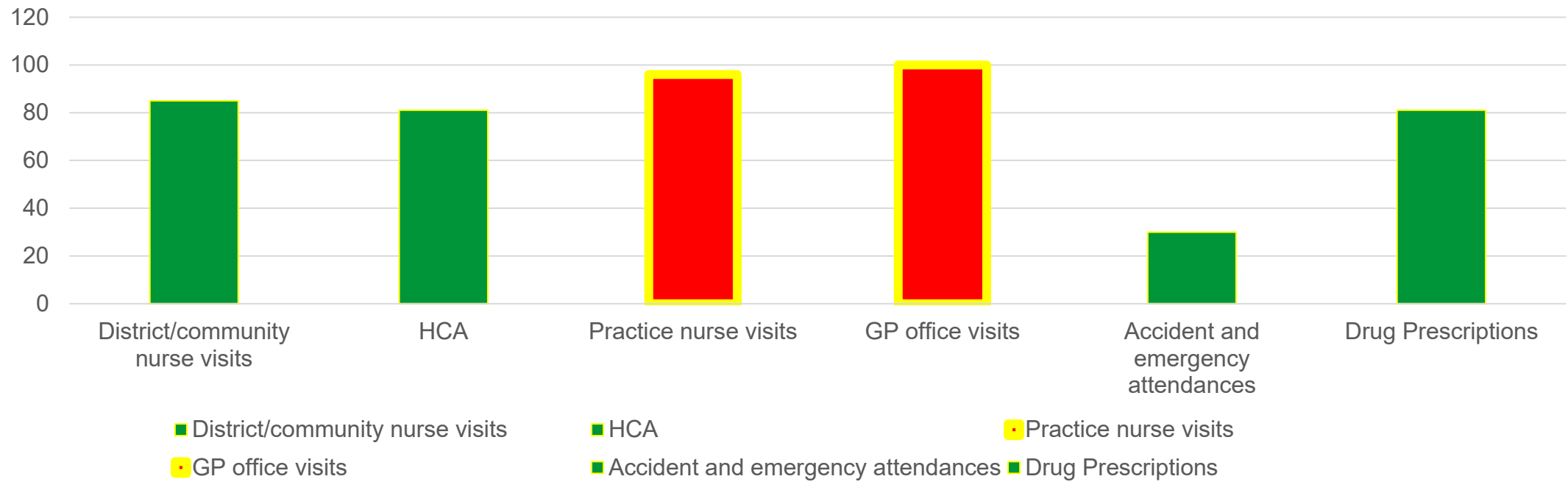


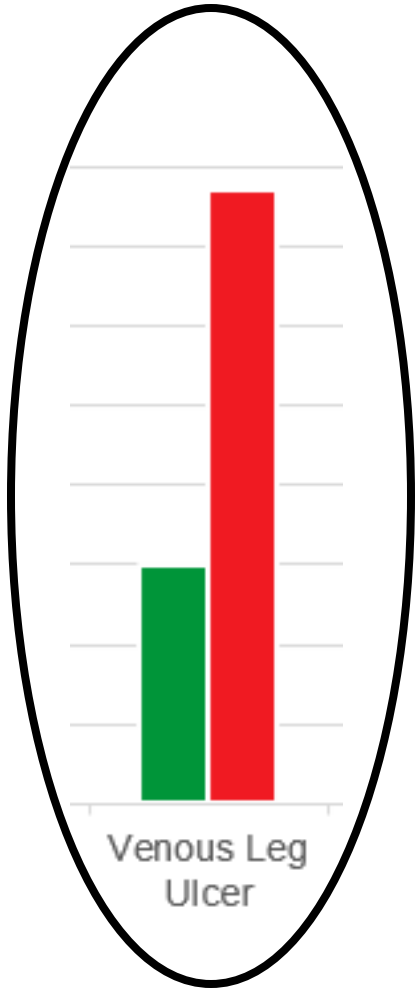


People.Health.Care.

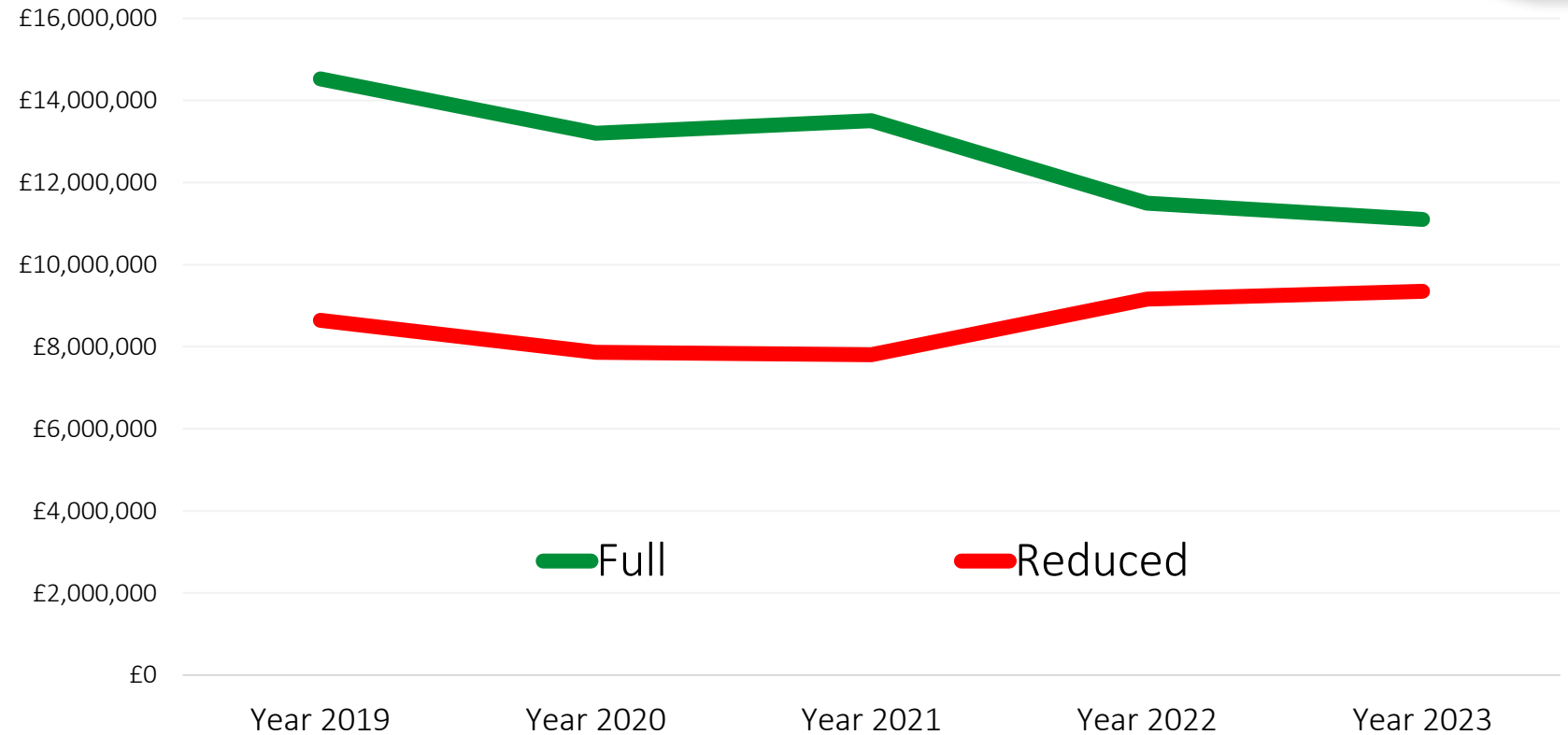


Percentage of venous leg ulcer patients using a resource
2017/2018



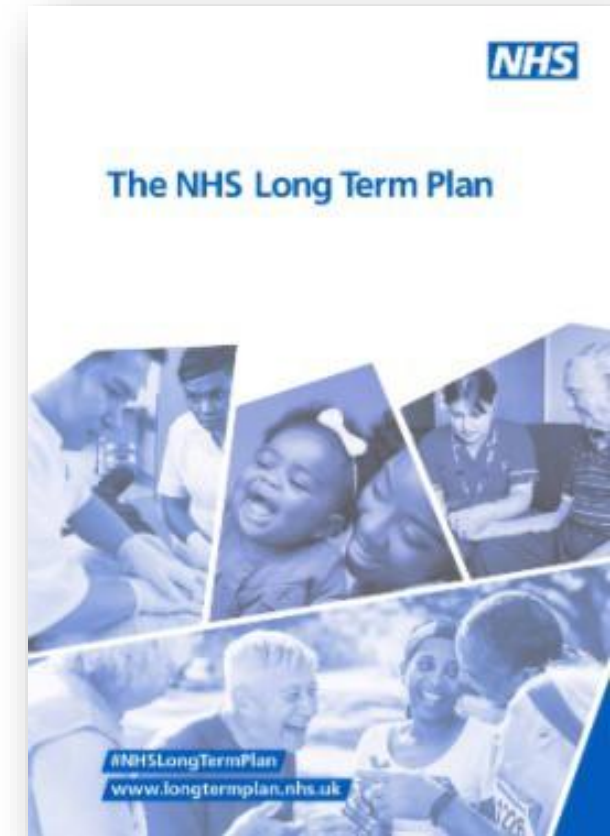


Full and Reduced Compression Spend



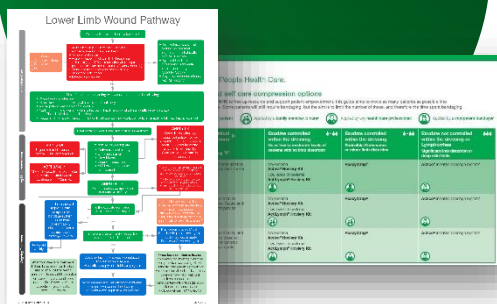


- Part of the *NHS Long Term Plan* is to **make self-management business as usual**
- As well as the right products and treatment plan, **patients need to be supported to have the confidence and knowledge** to successfully self-care
- **Approaches to supported self-care** are well embedded in other therapy areas, such as diabetes and respiratory.



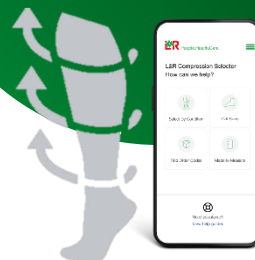


Eliminate Delays in Care



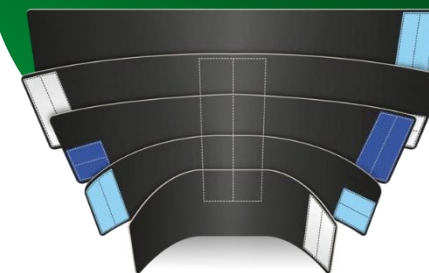
With **pathways & matrices** to support timely assessment & action, preventing venous & lymphatic disease progression

Eliminate Errors in Compression Selection



By driving **safe, clinically proven & cost-effective** compression selection

Eliminate Poor Outcomes



By supporting patients to **self-care**, improving their condition and our use of resource

ReadyWrap® & Leg Ulcer Hosiery Kits

- Deliver strong compression of at least 40mmHg



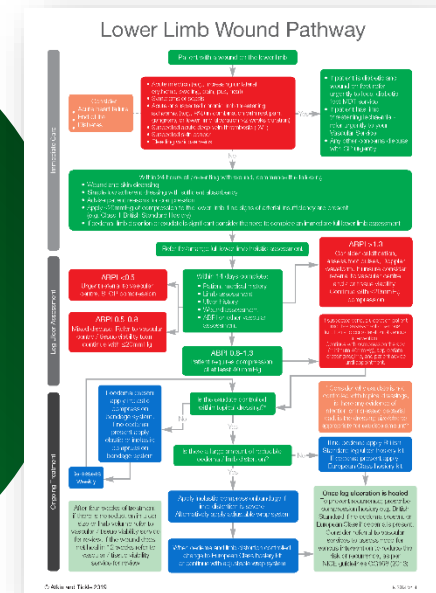
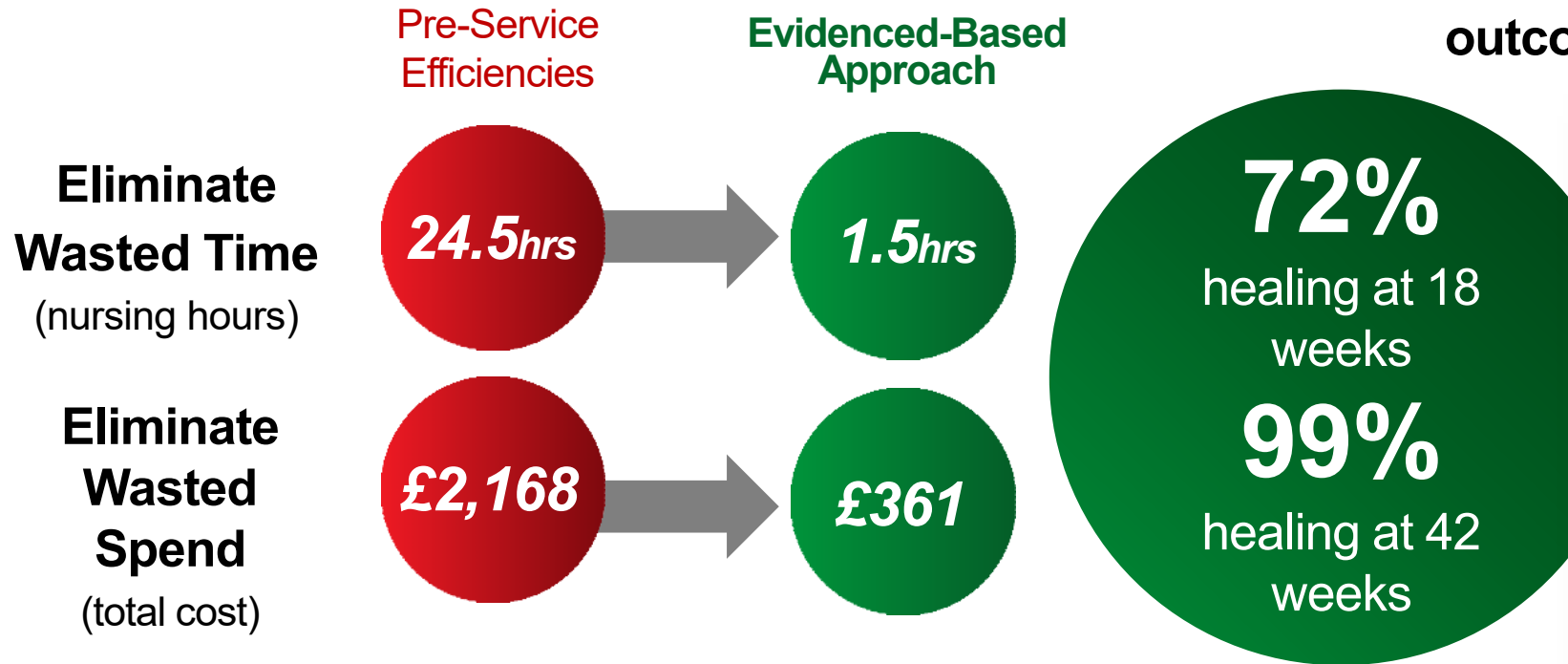
Fig 6: Bandage waste for one patient – 24 weeks of treatment



Fig 7: ReadyWrap waste for one patient



Eliminate poor outcomes





People.Health.Care.



Per 100,000 population:
(total cost release or cost avoidance)

£903,500

If up to 25% of patients with leg ulcers were supported by the self care delivery model nationally

Per 100,000 population:
(product cost release or cost avoidance)

£226,000

If up to 25% of patients with leg ulcers were supported by the self care delivery model nationally

Per 100,000 population:
(nursing hours)

6 FTE

If up to 25% of patients with leg ulcers were supported by the self care delivery model nationally



Staff Health and Wellbeing Improvements:

100% of staff reported an **increased level of motivation** to support patients to self-care

80% of staff said they could **spend more time** with patients who cannot self-care and on other care duties

67% of staff believe that using a self care model has **reduced their workplace stress levels**

Sustainability:

60% reduction in miles driven (where patients are treated on the Self Care Model)

£535 saving in fuel costs per 100 patients

1,471kg saving in CO2 per 100 patients

Thank you for listening

Heidi Tickner
Regional Commercial Manager
E: Heidi.Tickner@uk.lrmed.com
T: +44 (0)7896 280 095





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**Those with a yellow lanyard
attending today's roundtable
please meet at the registration
desk**



Lunch & Networking



Chair Afternoon Address



Dr Gurnak Singh Dosanjh

GP

LLR ICB



Case Study





Case Study



Sharon Hanley
Managing Director
X-on an SGC Company



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Panel Discussion



Mina Gupta
Group Clinical Chair
Modality Partnership



Dr Priya Kumar
GP Partner, PHM and Health
Inequalities Lead, Kumar Medical
Centre, Slough



Craig Murney
Programme Director, Primary and Community
Care, NHS National Services Scotland