

## Governing Body meeting (held in public)

DATE: 21 July 2016

<b>Title</b>	<b>Primary Care Development Update</b>
This paper is for <b>Discussion</b>	
Recommended action for the Governing Body	That the Governing Body:  <b>1. NOTE</b> the work of the Primary Care Development Working Group (PCDWG) outlined within this report.
Potential areas for Conflicts of interest	None.
Executive summary	<p>This paper provides an update to the Governing Body on the work of the Primary Care Development Working Group (PCDWG) since the last update report in March 2016. The Primary Care Strategy sets out the CCG’s commissioning priorities for how we aim to transform services in Bexley over the next five years. This update is organised under the six key areas of the strategy. This work also feeds into the wider “Our Healthier South East London” community based care work-stream.</p> <p>In summary it provides an update on:</p> <ol style="list-style-type: none"> <li><b>1. Accessible Care:</b> <ul style="list-style-type: none"> <li>• Hurley Web GP – online self-help and e-consultation system being piloted by 6 Bexley practices for 1 year.</li> <li>• Patient Online services – encouraging practices to make use of these services to save time and maximising uptake by patients.</li> <li>• Iplato – maximising use of these system for sending SMS messages to patients for appointment reminders, cancellations, public health campaigns and for receiving Friends and Family test feedback.</li> </ul> </li> <li><b>2. Co-Ordinated Care:</b> <ul style="list-style-type: none"> <li>• Care hub- online method for accessing adult social care.</li> <li>• Omnijoin – video conferencing technology to support virtual</li> </ul> </li> </ol>

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	<p>meetings and training.</p> <ul style="list-style-type: none"> <li>• Frequent attenders – improving links between hospital and primary care to manage patients regularly attending A&amp;E.</li> </ul> <p>3. <b>Proactive Care:</b></p> <ul style="list-style-type: none"> <li>• Health Champion Pilot – placing volunteers in seven practices waiting areas to identify patients whose needs may be better met by voluntary / charitable organisations.</li> <li>• PPG development – how PPGs can be supported to work effectively with practices to maximise the benefits for patients.</li> </ul> <p>4. <b>Primary Care Infrastructure:</b></p> <ul style="list-style-type: none"> <li>• Estates and Technology Transformation Fund (ETTF) – submission of 8 local bids, and 2 south east London bids, for estate and technology investment.</li> <li>• Workforce – an update on the work of the Community Education Provider Network including the training programme.</li> <li>• Bexley Linked Care and Connect Care – expanding sharing of the patient record.</li> <li>• Primary Care Activity Reporting Tool – further developments to the benchmarking tool so that practices can review activity and performance.</li> </ul> <p>5. <b>Primary Care Co-commissioning</b> Minutes included at Appendices 1 &amp; 2 for the Primary Care Co-Commissioning Board and Primary Care Joint Committee.</p> <p>The PCDWG will continue to work with practices to support them in taking forward the National, London &amp; Local primary care agenda.</p>	
How does this paper support the CCGs objectives?	<b>Patients:</b>	The Transforming Primary Care Strategy and ‘Our Healthier South East London’ are intended to develop and improve the healthcare offered to patients.
	<b>People:</b>	N/A
	<b>Pounds:</b>	There is likelihood that investment will be required to transform primary care, which is not available within existing resources.
	<b>Process:</b>	N/A
What are the Organisational implications	Key risks	That insufficient resources are available to support the wide agenda.
	Equality	All localities are represented on the PCDWG. The work programme seeks to address current inequalities and support vulnerable groups.
	Financial	The CCG has committed staff resources to support the work. A small budget is also held, however, there is a likelihood that investment will be required to transform primary care, which is not

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		available within existing resources.
	Data	The CCG is working on sharing data across organisations.
	Legal issues	N/A
	NHS constitution	N/A
Engagement	Monthly PCDWG meetings are held which includes Healthwatch and the lay member for Patient and Public Engagement. Engagement also takes place with PPGs and when required for individual projects.	
Audit trail	This paper has not been to any other committee. However, the work is discussed monthly at the PCDWG meetings and a monthly update report shared with localities and the LMC.	
Comms plan	None	
Author: Sarah Birch: Head of Primary Care Development	Clinical lead: Dr Nikita Kanani NHS Bexley CCG Chair	Executive sponsor: Theresa Osborne Chief Financial Officer
Date	7 July 2016	

# Primary Care Development Working Group (PCDWG) Update July 2016

## 1. INTRODUCTION

This paper provides an update to the Governing Body on the work of the Primary Care Development Working Group (PCDWG) since the last update report in March 2016.

The PCDWG continues to support practices in taking forward various work streams within the “Transforming Primary Care in London” strategy. The Primary Care Strategy sets out the CCG’s commissioning priorities for how we aim to transform services in Bexley over the next five years. This update is organised under the six key areas of the strategy. This work also feeds into the wider “Our Healthier South East London” community based care work-stream.

## 2. CURRENT PROGRAMME OF WORK

The PCDWG now meets monthly rather than fortnightly and has been overseeing progress of the areas set out in this report. Two smaller working groups have also been set up to take forward work on managing patient expectations and addressing front of house challenges.

### 1. Accessible Care

- **WebGP - econsult**

The Hurley Web GP software is a website that includes self-help content, sign posting options, symptom checkers, access to 111 clinicians and the ability to consult remotely with the patients’ own GP (through e-consults). This pilot has been funded by the CCG for one year with the pilot now half way through. The six participating practices are Lakeside Medical Practice, Crayford Town Surgery, Albion Surgery, Crook Log Surgery, Barnard Medical Group and Woodlands Surgery. Two of these practices have also had a new redesigned website that is now clearer and more user friendly for patients.

Activity continues to be monitored and reported on to the PCDWG. To date there have been over 470 e-consultations sent to the participating practices but the activity levels by practice vary significantly. Each practice has also been recording the outcome of the e-consult and whether it helped avoid a GP appointment. Some of the pilot practices are managing to deal with over 80% of e-consults without needing to invite the patient in for an appointment. This helps release appointments for patients with medical issues that require a face-to-face appointment. Patients using e-consult have reported a 75% satisfaction level with one patient commenting, “I did not need to speak to a GP and therefore did not waste their time or my time with a face to face consultation”.

- **Iplato – Appointment Reminders, Reducing DNAs (do not attend) and Digital Inclusion**

All 27 practices continue to use the Iplato SMS system to text their patients appointment reminders, with patients being able to text back and cancel if they can no longer attend or no longer need the appointment. Over the last year there have been over 400,373 appointment reminders sent out by text and 12,916 patients have sent a

text back cancelling their appointment, making it available for someone else. Some practices report that they have seen a significant drop in the number of patients not attending their appointment as a result of this technology.

There is still more that can be done to reduce DNAs and the PCDWG has been encouraging practices to collect and have up-to-date mobile phone numbers for their patients. This means more appointment reminders will reach patients with scope to reduce DNAs further. Iplato produces a monthly report on digital inclusion showing the number of mobile phone numbers that each practice holds as a % of their overall list size. This ranges from 52% to 81% in Bexley practices showing there is still opportunity for the majority of practices to collect more mobile phone numbers.

Practices are also able to send out targeted SMS health promotion messages to patients, which is particularly helpful for flu vaccination reminders, health check invites, child weight management invites, cervical screening reminders or to send relevant targeted prevention advice like reminders to take inhalers on bonfire night.

Monthly activity information is sent to practices for information.

- **Patient online services and Practice Websites**

Work continues to promote online services to patients and to make sure the system is configured appropriately so that patients have a positive experience of booking an appointment, ordering a repeat prescription or even viewing their medical record online. .

The CCG's primary care development and communications teams have been supporting / advising practices who wish to improve their websites by providing sample copy, identifying gaps and through undertaking a review of websites. It is hoped that this will ensure that there will be less variability between the quality and content of practice websites ensuring that all patients have access to information that is critical to a practice website as well as resources that help patients self-manage or way-find.

- **Accessible Information Standard (AIS)**

By Sunday 31<sup>st</sup> July, all organisations that provide NHS or adult social care must fully comply with the AIS. The aim of the standard is to make sure that people who have a disability, impairment or sensory loss are able to access information in a form that they can understand, and receive any communication support that they need. This will include making available information in different formats, for example in large print, braille, easy read or via email, and providing appropriate support with communication, for example, from a British Sign Language (BSL) interpreter, deaf, blind manual interpreter or an advocate. Bexley's IM&T team have prepared an information pack for practices summarising the key information, guidance and links to resources / suppliers that may help them to implement the standards.

The PCDWG also had a presentation by Bexley Deaf Centre which highlighted needs of those with a hearing impairment. Practices were supportive of running training within each practice to develop staff awareness.

## **2. Co-Ordinated Care**

- **Coordinated Care: Care hub**

The PCDWG were showcased the new online portal for accessing adult social care services: <https://carehub.bexley.gov.uk>. This allows patients to complete a self-assessment online to identify what their needs are. This would lead onto a social care assessment if required. There is also a comprehensive database of local services specifically aimed at carers and those in care: <https://careservices.bexley.gov.uk> This single point of access for adult social care enables patients to take control of the process, with support available from council staff and the library.

- **Omnijoin**

There are nine Bexley practices who are piloting the Omnijoin video-conferencing software which enables practice staff to hold video consultations or meetings. It is hoped that this will save practice staff time through reducing the need to travel whilst allowing face to face dialogue with a clinical professional who may not be able to physically attend. Key uses include multi-disciplinary team meetings, liaison with care homes, team meetings for all practice staff when they work across multiple sites and delivering training. It is hoped that this may lead on to virtual consultations with patients.

- **Frequent Attenders of A&E services**

Work is progressing to see how links between Queen Elizabeth Hospital and primary care can improve in the management of complex elderly who are frequently turning up at A&E and getting admitted to hospital.

## **3. Proactive Care**

- **Health Champion Pilot and Social Prescribing**

Bexley Voluntary Services Council (BVSC) is working with seven Bexley practices to place volunteer Health Champions within their reception areas. The aim is to navigate patients into existing voluntary services or raise awareness of current resources, before reaching a GP, thereby freeing up GP appointments. It is hoped that this proactive approach will help make sure that patients with social issues will be linked up with local services best placed to meet their needs thereby helping to alleviate pressures on practices so that they can focus on their more complex patients. The scheme has been operating since March 2016 with all volunteers being trained in motivational interviewing and the range of services available locally.

There is also a social prescribing service operating in the Clocktower locality / LCN which is currently being formally evaluated to see if the service has had an impact upon unplanned hospital activity as well as improving outcomes for patients. This evaluation alongside the monitoring being undertaken on the Health Champions scheme will inform what is the most effective and affordable model longer term which may be different practice to practice or Local Care Network to Local Care Network.

- **PPG development**

Some practices are using their PPG members effectively as an extension to the practice workforce. The following is a list of ideas and examples about the work of some PPGs in the borough that other practices may wish to replicate:

- Arrange targeted sessions with groups of patients and relevant voluntary / community services organisations e.g. carers' sessions with Carers Support / Crossroads, dementia information session with the Alzheimer's Society.
- Have specific sessions run on e.g. men's health, women's health or any topic that someone in the practice could run.
- Conduct / gather patient feedback in the waiting room whilst also using PPG to communicate messages to patients that the practice wants to convey.
- Running social sessions for older lonely patients.
- Encourage patients to register for online services and show patients waiting how to use it.
- Support / contribute to writing articles for practice newsletters.

#### **4. Primary Care Infrastructure**

- **Estates Strategy and Estates & Technology Transformation Fund (ETTF)**

The final estates strategy was submitted to NHS England in May 2016 and since then work has continued to develop the key schemes identified. At the end of June the CCG submitted 8 bids to the ETTF with 2 further bids being incorporated in south east London wide bids. The CCG is expected to hear whether bids are included in the shortlist in August and the final outcome of which are successful in October 2016.

- **Workforce**

A comprehensive programme of education continues to be planned and promoted to practice staff. The Community Education Provider Network (CEPN) is taking on increasing responsibility for addressing workforce challenges in the borough and practices are being encouraged to contact the CEPN when they have staffing vacancies as they may be able to offer solutions.

A GP Fellow scheme has been started in Bexley to encourage GPs to stay within the area. The Fellows rotate between practice, Oxleas, the CCG and Greenwich & Bexley Hospice.

- **Bexley Linked Care and Connect Care**

NHS Bexley CCG's linked care scheme is now expanding the data sharing arrangement to cover local acute hospitals and community care settings. This will allow e.g. A&E departments to access a part of Bexley patients' GP records providing consent is given, and for GPs to see the hospital records. Practices are in the process of signing up to the Information Sharing Agreement and a series of patient engagement activities are planned over the forthcoming months. The quality and continuity of care will be improved for patients as clinicians will have access to their medical history, avoiding the need for patients to repeat this multiple times. Any patient can opt of these data sharing arrangements and will be made aware of the process for doing this.

- **Primary Care Activity Reporting Tool (PCART)**

The PCART tool has been further developed to include electronic prescription activity, text message appointment reminder activity, mortality data and vaccination/screening uptake figures, making this information available for practices to review. The tool aims to include all information that practices wish to regularly review in one place and helps

aid quality improvement. It is discussed at practice visits and helps identify where practices can learn from one another through sharing best practice.

## **5. Primary Care co-commissioning**

The latest meeting of the Primary Care Co-Commissioning Board was held on 14th June 2016. The minutes are attached at Appendix 1. Discussion focussed on the ETTF bid submission and the Board endorsed the bids to be made and the prioritisation of each bid. Other areas for discussion covered those on the agenda of the Primary Care Joint Committee (PCJC) on 29<sup>th</sup> June. The minutes from this meeting are not yet available but those from the 28<sup>th</sup> April meeting are attached for information in Appendix 2. This committee is the main decision making forum for primary care matters and considers Primary Medical Services finance, quality and performance, premises infrastructure and the PMS contracts review.

## **3. CONCLUSION**

The PCDWG will continue to work with practices to support them in taking forward the National, London & Local primary care agenda.

## **4. RECOMMENDATIONS**

Members are asked to:

- **NOTE** the work of the Primary Care Development Working Group outlined within this report.

ENCLOSURE: L(iii)

Agenda item: 94/16

## Clinical Commissioning Group

### PRIMARY CARE CO-COMMISSIONING BOARD

#### PART 1 MEETING

Tuesday, 14 June  
3.45 pm to 5.30 pm  
Danson Room

#### PRESENT:

##### NHS Bexley CCG

Mary Currie – GB Nurse **(MC)** – **Chair**  
Katie Perrior – Lay Member Patient and Public Involvement **(KP)**  
Sarah Blow - Chief Officer **(SB)**  
Theresa Osborne - Chief Financial Officer **(TO)**  
Keith Wood – Lay Member **(KW)**  
Anne Douse – Director of Quality, Performance & Business Services  
Michael Boyce – Deputy Director of Primary Care Development, PMO and Financial Information **(MB)**  
Dr Sid Deshmukh – GP Locality Lead (Frognal) **(SD)**

##### NHS England

Jill Webb – Head of Primary Care, NHS England **(JW)**  
Gary Beard – Assistant Head of Primary Care, NHS England **(GB)**  
Liz Wise – Director of Primary Care Co-Commissioning & Transformation **(LW)** – via teleconference (item 33/16 only)

#### IN ATTENDANCE:

Dr Bill Cotter – LMC Representative **(BC)** (item 33/16 only)  
Sue Wright (notes) - PA to Chief Officer and Director of Quality, Performance & Business Services, Bexley CCG

#### APOLOGIES:

Dr Nikita Kanani – CCG Chair **(NK)**

Item No	
<b>STANDING ITEMS</b>	
<b>29/16</b>	<b>WELCOME AND INTRODUCTIONS</b> Introductions were made and absences noted.
<b>30/16</b>	<b>DECLARATIONS OF INTEREST</b> SD conflicted on Item 35/16.

31/16	<b>TO AGREE MINUTES OF 14 APRIL 2016</b> Agreed.
32/16	<b>TO AGREE MINUTES OF 25 MAY 2016</b> Agreed.
32/16	<b>ACTION LOG UPDATE</b> Actions discussed and log to be updated.
<b>ITEMS FOR DECISION</b>	
33/16	<p><b>Estates &amp; Technology Transformation Fund (ETTF) bids</b></p> <p>Following NHSE guidance on ETTF bids, a spreadsheet was compiled outlining the bids and showing which of the criteria each bid meets. TO gave a brief overview of the process undertaken and why some areas were not now included as bids.</p> <ul style="list-style-type: none"> <li>• Slade Green Medical Centre – the feasibility study concluded that existing premises are sufficient to meet growth requirements.</li> <li>• Erith Hospital – following a utilisation review, and discussions at the Estates Working Group, this item has been moved up the agenda.</li> <li>• Belvedere &amp; Thamesmead – Feasibility study underway which will inform the Belvedere and Lakeside bids.</li> <li>• A number of utilisation reviews have been undertaken within practice premises which has identified available capacity..</li> <li>• A third UCC/LCN hub, in Clocktower, was considered, but ongoing revenue costs are unaffordable. However, LCN implementation is supported by a number of other bids.</li> <li>• Integration and Interoperability – Tele-health – is a placeholder as is Practice Mergers and DDA/CQC.</li> <li>• Two bids that are high priority for Bexley are Digitalisation of Patient Records and Integration and Interoperability – Data Sharing. These will now be submitted as south east London bids.</li> <li>• Lyndhurst IT/Technology upgrade and Cairngall expansion were not deemed to fit the criteria and therefore considered not supportable.</li> </ul> <p>MB has entered initial bids onto the portal and CCG staff are helping to make the bids robust.</p> <p>LW said she felt that Bexley has a very solid process around the development of the Estates Strategy, identification of the bids and application of local criteria.</p> <p>JW had concerns regarding the Practice mergers and DDA/CQC compliance bid which she did not feel will “hold water” and Erith Hospital which she felt does not contain strong GP interface. TO explained the rationale behind Erith Hospital and the links to delivery of 8-8 and hubs. JW suggested that the bid emphasized the hub and the interface with local general practices which should be named. JW also suggested that London improvement grant funding and vulnerable practices funding would be more appropriate sources for mergers and DDA compliance. After discussion, members agreed to remove practice mergers from the bids.</p> <p><b>ACTION: TO to remove practice mergers from the list of bids.</b></p>

	<p>BC arrived during discussion and TO asked that he contact her if he had any further queries on the bids.</p> <p><b>ACTION: TO to send meetings papers to BC, for LMC, after the meeting.</b></p> <p>JW suggested that the PCJC template needed to be enhanced to explain what action will be taken with bids not being submitted for ETTFF funding.</p> <p><b>ACTION: TO to complete PCJC the template and to include what action will be taken with bids not being submitted for ETTFF.</b></p> <p>The Primary Care Co-Commissioning Board:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the ETTFF prioritisation criteria used</li> <li>• <b>Discussed</b> the proposed bids and <b>Endorsed</b> the bids proposed for submission</li> <li>• <b>Agreed</b> the priority of the ETTFF bids</li> <li>• <b>Noted the</b> bids not being submitted to ETTFF.</li> </ul>
<b>ITEMS FOR DISCUSSION</b>	
34/16	<p><b>WESTWOOD SURGERY – UPDATE ON REMEDIAL ACTION</b></p> <p>The CQC placed the surgery under special measures, and the latter subsequently submitted a very viable action plan. The CQC has since re-visited and NHSE are awaiting the outcome. GB said the report will not be sent for another 5 weeks. <b>ACTION: JW to move this item from the PCJC 29 June meeting agenda to the August meeting.</b></p> <p>Although SB appreciates CQC’s capacity issues, she feels that it is unfair that a surgery rated “inadequate” has had to wait for a re-visit and is now waiting weeks for the report to come through.</p> <p><b>ACTION: NHSE to e-mail the CQC about the delay and copy in the CCG, so that the CCG can also follow up.</b></p>
35/16	<p><b>PMS UPDATE</b></p> <p>SD declared a conflict.</p> <p>JW gave a high level factual overview.</p> <p>Discussions have taken place regarding local commissioning intentions (CIs) across London CCGs and a number of concerns were raised by London-wide LMCs on these and London CIs, resulting in a request for all local negotiations to be paused. 17 individual points were raised before the end of March which NHSE London Region has responded to with a letter sent to the LMC. Ros Roughton has sent a national missive to CCGs setting out expectations as to what needs to be in place before a PMS review can be fully implemented and stressing the importance of publishing commissioning intentions. Bexley submitted its commissioning intentions in February. Bexley GPs’ existing contracts will continue until agreement has been reached and they have been receiving regular updates from the LMC and NHSE.</p>

	This item would be a matter arising at the SEL PCJC meeting on 29 <sup>th</sup> June.
<b>36/16</b>	<p><b>LONDON REQUIRES IMPROVEMENT SOP UPDATE</b></p> <p>This paper is the penultimate version and includes London LMCs' comments. There have been a few more comments since and the final version should be available soon. JW took the opportunity to share a set of numbers that would be included in the SOP regarding the current round of inspection ratings, which were now statistically significant given over 800 inspection ratings had been issued for practices across London, and the 'Requires improvement' practices in London were now in excess of 18%, some 8% higher than the national average.</p> <p>The Board noted that there would be a recommendation to agree the SOP on 29<sup>th</sup> June.</p>
<b>37/16</b>	<p><b>LIS REVIEW AND RECOMMENDATIONS:</b></p> <ul style="list-style-type: none"> <li>• <b>PRIMARY CARE INNOVATION/IMPROVEMENT FUNDS (PCIF)</b></li> <li>• <b>DELEGATED PRESCRIBING</b></li> </ul> <p>There are already 2 LIS schemes in place for PCIF and Delegated Prescribing. Documentation has been sent to NHSE for presentation at the PCJC on 29<sup>th</sup> June for formal approval.</p> <p>The Delegated Prescribing scheme was approved by the Finance Sub-Committee in April 2016 to continue the scheme that was originally started in 2015/16. This was approved before the co-commissioning operational framework came into force. It received approval from the LMC. As the 2016/17 scheme is the same as the 2015/16 scheme, it was felt that no further engagement was required. SB questioned whether, as this has already gone through the CCG's internal governance process and had been endorsed by the Governing Body, the paper should be for noting rather than for formal approval at PCJC. North Bexley and Frognal had agreed to participate, but Clocktower do not appear to be taking part. SB expressed the need to ensure that the governance around this is completely clear so as not to undermine the CCG's own governance.</p> <p>JW said that across London there was no uniformity in how CCGs applied NHSE's guidance on needing to approve LIS' offered by CCGs pre CCG delegation arrangements and the agreement of the London Operating Model, which included the need for LIS' commissioned by level 2 and level 3 committees to be reviewed by NHSE for duplication of funding or contractual requirements, and to confirm they were strategically aligned. JW also suggested that NHSE's review provided extra assurance for the CCG.</p> <p><b>Action: JW to state at the PCJC that the scheme has already been agreed through Bexley's governance process and is for ratification only.</b></p> <p>Likewise, the PCIF Scheme was agreed by the Governing body for implementation in 2015/16 and rolled over into 2016.17. BC confirmed that the LMC was content with the scheme. <b>Action: TO to provide details of value per practice to GB.</b></p>
<b>38/16</b>	<b>ANY OTHER BUSINESS</b>

	None.
<b>ITEMS FOR INFORMATION</b>	
<b>39/16</b>	None.
<b>40/16</b>	<b>DATE OF NEXT MEETING – 28 July 2016 – 11.00 am to 12.30 pm – Danson Room 221 Erith Road, Bexleyheath, Kent DA7 6HZ</b>