

Governing Body meeting (held in public)

DATE: 24 March 2016

Title	Primary Care Development Update
This paper is for Discussion	
Recommended action for the Governing Body	That the Governing Body: 1. NOTE the work of the Primary Care Development Working Group (PCDWG) outlined within this report.
Potential areas for Conflicts of interest	Some practices may benefit from initiatives of the PCDWG.
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 November 2015, and the approval of the Primary Care Strategy in September. 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> <p>1. Accessible Care:</p> <ul style="list-style-type: none"> • Hurley Web GP – online self-help and e-consultation system being piloted by 6 Bexley practices for 1 year • Patient Online services – encouraging practices to make use of these services to save time and maximising uptake by patients • Core opening hours – ensuring our practices are open core hours ahead of upcoming contractual changes • 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

	<p>2. Co-Ordinated Care:</p> <ul style="list-style-type: none"> • Virtual Multi-Disciplinary Teams – case management discussions of complex elderly patients who are frequent attenders of A&E • Avoiding unplanned admissions DES – 1 year extension of this national contract for practices • Coordinate my care – maximising use of this online shared care record for patients in the last year of their life <p>3. Proactive Care:</p> <ul style="list-style-type: none"> • Health Champion Pilot – placing volunteers in seven practices waiting areas to identify patients whose needs may be better met by voluntary/charitable organisations • Dementia Friends – information resources available to practices • Supporting vulnerable groups – homeless and carers – expanding knowledge base about the ranges of services that exist for these groups and ensuring they are well supported by primary care • Encouraging use of online self-management resources – encouraging practices to promote and make available to patients, self-management resources • Libraries – raising awareness of how the work of libraries has broadened and how their services can complement primary care especially in respect of educating people to use technology. <p>4. Primary Care Infrastructure:</p> <ul style="list-style-type: none"> • Estates Strategy – setting out the 5 year strategy for estate and technological change within the borough • Workforce – an update on the work of the Community Education Provider Network including the training programme • Bexley Linked Care – the sharing of the patient record across practices and with the two Urgent Care Centres • Vibe – development of an intranet site for practices to support collaboration • Digitalisation – options to remove hard-copy patient records from practices as a means to free up space • Primary Care Activity Reporting Tool – benchmarking tool so practices can compare performance for hospital activity, patient survey, demographics etc. <p>5. Local Care Networks (LCN)</p> <p>The PCDWG will continue to work with practices to support them in taking forward the National, London & Local primary care agenda.</p>
<p>How does this paper support</p>	<p>Patients: The Transforming Primary Care Strategy and ‘Our Healthier South East London’ are intended to develop and improve the</p>

Clinical Commissioning Group

the CCGs objectives?	healthcare offered to patients.	
	People:	N/A
	Pounds:	There is likelihood that investment will be required to transform primary care, which may not be available within existing resources.
	Process:	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. 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 may not be available within existing resources.
	Data	The CCG is working on sharing data across organisations.
	Legal issues	N/A
	NHS constitution	N/A
	Engagement	Via PCDWG, PPGs and Healthwatch.
Audit trail	This paper has not been to any other committee. However, the work is discussed fortnightly at the PCDWG meetings and an update report shared with localities and the LMC. Briefings are also included in the internal bulletin.	
Comms plan	None	
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Date	8 March 2016	

Primary Care Development Working Group (PCDWG) Update

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 November 2015, and the approval of the Primary Care Strategy in September.

The PCDWG continues to support practices in taking forward various workstreams within the Transforming Primary Care in London strategy. During late November 2015 and early December 2015 the team conducted the first of its scheduled practice visits. The meetings focused on:

- Finding ways to alleviate pressures/challenges faced by practices (this may include recruitment, retention, IT, premises issues, changes to services);
- Ensuring that the National and London-wide transformational priorities of Primary Care are recognised by practices (including any changes the practice has made to the way it operates);
- Supporting practices to utilise the Primary Care Activity Reporting Tool (PCART);
- Discussing any areas raised in CQC reports and promoting the range of resources available that may assist practices;
- Maintaining and developing good working relationships with practices.

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 continues to meet fortnightly and has been overseeing progress in the following areas.

1. Accessible Care

- **Hurley webGP**
The Hurley WebGP 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. All six participating practices (Lakeside Medical Practice, Crayford Town Surgery, Albion Surgery, Crook Log Surgery, Barnard Medical Group and Woodlands Surgery) went live with WebGP between 14th December 2015 and 18th January and links to WebGP can be found on all practices' home page. All practices have been responsible for publicising the availability of WebGP to their patients and there has been borough wide communication in the Bexley magazine and stakeholder newsletter.

To date there have been over 120 e-consultations sent to the participating practices but there is variability in usage across the six practices. The PCDWG is monitoring activity and working to ensure that best practice is shared. This will maximise usage of the software, giving patients an alternative access route to general practice. It is hoped that practices will start to see demand diverted from their phone lines to WebGP, with patients needs being dealt with efficiently and at greater convenience to the patient.

- **Patient Online Services**

The March Bexley Magazine includes an article promoting Patient Online Services for ordering repeat prescriptions and booking GP appointments. The intention is to raise awareness and increase usage of online services increasing convenience for patients and saving practice administration time. The PCDWG has been working with practices to ensure that the benefit from this system is maximised by encouraging practices to:

- Release the majority of appointments online;
- Check that it is clear on practice websites how to access online services and that all links work;
- More heavily promoting within their practice;
- Making use of the range of support available from system suppliers and NHS England resources to ease the burden of embracing online services.

In addition, the CCG is in regular liaison with the GP system suppliers to ensure that systems are user friendly and activity data is routinely reported. There is variation between practices on the number of appointments released online as well as usage by patients so the PCD team is sharing best practice and working with practices on an individual basis to encourage uptake. A national campaign for promoting patient online services is anticipated for later in the year.

The CCG's communications team is also working with practices to try and improve website content.

- **Core Opening Hours**

All PMS practices in Bexley are required to open from 8am-6.30pm for patients to access all services including attending an appointment, speaking to a receptionist and collecting or ordering a repeat prescription. This will become more important following implementation of the new PMS contract. Currently not all practices in Bexley fulfil this requirement as some limit access on a Thursday afternoon, over lunchtime or at either end of the day. The PCDWG is actively encouraging practices to review this ahead of the contract changes so that they have time to plan and prepare. The workload demands on practices are ever-increasing and it is recognised that different models such as telephone triage and working at scale need to be more thoroughly explored. A focus group has recently been established to take forward this work.

- **Iplato**

26 out of 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. Since Iplato was implemented in March 2015 there have been over 346,000 appointment reminders sent out by text and over 10,400 patients have text back cancelling their appointment. Practices report that they have seen a drop in the number of patients not attending their appointment as a result of this new technology. Iplato has recently developed an app which is due to be piloted with the three Bexley

EMiS practices. This allows patients easier access to online services such as appointment booking, an alternative way to receive appointment reminders, allows patients to update their personal details and smoking status automatically, allows patients to set medicine reminders and to self-monitor metrics such as weight, height etc.

2. Co-Ordinated Care

○ Virtual MDTs

For the last few months, Community Geriatrician Dr Gloria Yu, supported by Mariette Mason (Older People Commissioner), has been chairing virtual MDTs for patients who are frequently being admitted to hospital. These virtual meetings are attended by the QEH A&E Consultant, District nursing, Social worker, council with the GP or Patient care coordinator dialling in for their patients. Omnijoin (video-conferencing technology) enables all professionals to view their own clinical systems from their own base, with all agreeing actions to ensure the patient is well managed and kept in the community. Practices have been actively encouraged to join these virtual meetings if they receive an invite as GPs, who have participated, report how helpful these sessions have been.

○ Avoiding Unplanned Admissions DES

The avoiding unplanned admissions Directed Enhanced Services (DES) is being extended for another year (until April 2017), so practices will continue to have the option to deliver this service for their most complex elderly patients.

○ Coordinate My Care

There has been a significant increase by practices in the use of coordinate my care. This involves populating an online, shared care plan for patients who are anticipated to be in the last year of their life. This means in a crisis situation, health care organisations including London Ambulance Service, acute hospitals and community services such as the hospice are able to access the patient's record including their end of life wishes. The purpose is to help facilitate patients' end of life preferences and ensure they are achieved.

3. Proactive Care

○ Health Champion Pilot

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 upon their more complex patients. 18 volunteers have now been recruited, trained in motivational interviewing and the range of services available locally and assigned a practice to volunteer. The volunteers have a scheduled start date during March 2016. Longer term it is hoped that this will integrate with the Social Prescribing pilot that is operating in Clocktower.

- **Dementia Friends**

An Alzheimer's Society information worker was working with Bexley practices and pharmacists until the end of January 2016 to help raise awareness of what it is like to live with dementia and turn that understanding into action. The following offer was available to practices:

- Complete a dementia awareness display
- Provide up-to-date leaflets and resources for patients
- Deliver a one hour information session for practice staff (development/multi-professional learning opportunity)
- Run a session for patients

24 out of 27 practices engaged with this initiative and in total 111 practice staff became dementia friends.

The CCG is now linked with Greenwich & Bexley Community Hospice to see whether this initiative or some form of dementia awareness training can be continued.

- **Supporting Vulnerable Groups**

Work led by BVSC, with GP practice representation, has been reassuring advice providers in the borough that homeless clients can register with a GP practice. This flows from previous work on ensuring the patient registration policy was being followed by practices. Bexley's advice providers reach residents with a multitude of issues that contribute to homelessness from debt and unemployment to marriage breakdown and mental health issues. Providers such as Streetlink, Trust Thamesmead and MIND all have a contribution to improving health outcomes for those at risk of homelessness or who are homeless.

- The PCDWG recently heard about the new Carers hub which is a partnership between 4 voluntary organisations in Bexley: Carers' Support (Bexley), Age UK Bexley, the Alzheimer's Society and Crossroads Care South East London. Services already being provided by the four partner organisations have been up-scaled to meet anticipated additional demand from carers, including welfare benefits advice, befriending, the Alzheimer Society's Carers Information and Support Programme, and the dementia café in Bexleyheath run by Crossroads and Age UK.

- **Encouraging online self-management**

The PCDWG has collated a range of self-help resources that practices may wish to include links to on their websites but can also be promoted to patients during consultations. The IT team have included these in practice favourites during recent computer upgrades as well as on Vibe, the developing intranet site for practices/localities.

- **Libraries**

Work is progressing to see how primary care and library services can better link up as a recent presentation by the LBB library service revealed the breadth of services available in libraries and how these complement the work of primary care and health more broadly. These included support for carers, social activities to help prevent loneliness, the home library service that has since been linked up with the District Nursing service, e-books/e-resources, IT training, guidance on accessing council services, dementia resources and linking with social prescribing. The PCDWG are now

pursuing whether the library can help teach and encourage patients to make use of patient online services as a way of maximising uptake. Practices are also linking with the libraries service to provide noticeboard space to increase awareness of the Carer's hub and the facilities that the borough's libraries provide to Bexley residents

4. Primary Care Infrastructure

- **Estates strategy**

A draft estates strategy was submitted to NHS England at the end of December with a comprehensive update provided to the Governing Body at the January 2016 meeting. Work continues to be progressed in line with this previous update so that the completed estates strategy can be submitted at the end of March and a bid put forward to the Primary Care Transformation Fund by the end of April.

- **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 held a well attended launch event in November where practice staff could learn more about what is happening locally and how they can get involved.

The Blue Stream Academy e-learning platform was rolled out to all Bexley practices in April 2015 and to date over 2,500 courses have been completed. The tool has now been purchased for 3 more years so will be available to practices until April 2019.

The CEPN has also been progressing the following areas of work:

- Supporting Nurse revalidation - all nurses have access to HeART IT based revalidation portfolio and had training on using the tool
 - Promoting and actively encouraging clinical and non-clinical apprenticeships in the borough
 - Developing innovative GP roles for newly qualified GPs to help retain them in the borough
 - The bid to NHS England for 1 senior and 5 clinical community pharmacists to be employed in general practice was successful. Recruitment is in progress.
 - Regular multi-professional learning events are planned giving an opportunity for practices to learn together and share best practice
 - Securing student placements in Bexley practices for a range of healthcare professionals.
- **Bexley Linked Care**
NHS Bexley CCG's data sharing scheme, Bexley Linked Care (BLC), is now in place and being used by the Hurley Group where appropriate. The BLC project group is anticipating the usage results. With phase one of the project underway, the project group is working with Lewisham and Greenwich NHS Trust to explore how their data sharing project, Connect Care, can work alongside BLC. BLC will be vital for the future development of Local Care Networks and any joint working developed and implemented in practices.

- **Vibe**

A working group consisting of practice managers and GPs has been formed to advise on the configuration of Vibe. Vibe is an intranet that allows practices to automate some of the key practice operational processes to allow them to become more efficient and provide a mechanism for them to locate all of their essential information in one place.

The group has looked at the intradoc system that a number of practices are using to ensure that much of the functionality can be replicated in Vibe, which is at no cost to practices. Vibe will include the following features which will save practices time and help evidence all the requirements of CQC inspections:

- Document sharing folder with read receipt and sign off ability including a mandatory documents area for GP and NP clinical registration certs/numbers
- Complaints area for practice to add complaints and add documentary evidence as necessary
- A variety of practice logs as follows:
 - a) Significant Events Log
 - b) DBS checks and certificate numbers Log
 - c) Staff Flu Jab Log
 - d) Staff Imms Log
 - e) Leave Requests Log
 - f) Smartcard Log
 - g) Staff training Log or web link to Bluestream Training Log
 - h) VPN token Log
- Staff Emergency Contacts
- Practice specific contacts List
- Practice Calendar – leave / practice meetings
- Link to Vision/EMIS system so that users can access clinical system directly from Vibe

- **Digitalisation**

The IT team at the CCG have been investigating options for digitalising the hard-copy, paper records (Lloyd George) as a way of freeing up capacity in practices. Options to store the records off-site or the scan all the records and destroy the hard-copy have been explored. Practices have been asked what capacity this would release in their practice and how they would use this released space. The aim is that this will enable practices to have more clinical capacity as well as providing space that may enable them to operate differently.

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

This is now a web-based system that practice staff can access via practice computers (but outside the vision clinical system) and on mobile devices using practice and CCG wi-fi to look at acute activity data, patient data and general demographic information. The tool is regularly updated and further developments are underway to include online services data, mortality data and vaccination/screening uptake figures. The web tool was discussed and showcased at practice visits during November/December encouraging practices to make use of the tool. Many practices showed it to CQC inspectors during recent visits which they reported as being helpful. There will be

further support with interpretation of the data at practice visits planned for later in the year.

5. Local Care Networks (LCN)

The LCN Programme has now been formally established with a Programme Board, Team and Director all in place. The Board has Chief Officer and director representation from all major stakeholders. It is chaired by Sarah Blow, CCG Chief Officer, and meets on a two-monthly basis. Representatives from Bexley CCG, LBB, Oxleas NHS FT, GBCH and the Federation are all in place.

The focus of the programme will be three-fold moving forward. Firstly, Bexley has three localities which are well established across the borough and it is proposed that these will form the geographic basis for the LCNs. It is also planned that a leadership team will be introduced into each of the localities to enable the development process. Secondly our LCNs will focus on enhancing (for instance; delivering 8-8, 365 days a year) and integrating services in each of their localities. "Our Healthier South East London's" (OHSEL) 'high impact' changes will provide the context for this work. Thirdly, LCNs will move toward the development of more effective commissioning arrangements with a focus on capitation as a means of funding a more person-centred health and social care service.

6. Primary Care co-commissioning

The latest meeting of the primary care joint commissioning committee (PCJC) was held on 11th February. The minutes from this meeting are not yet available but those from the December meeting are attached for information in appendix A. 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. The February meeting discussed and approved NHS England and the CCG's Primary Care Commissioning Intentions in respect of the PMS 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.