

Governing Body meeting (held in public)

DATE: 24 November 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	GP members may be involved or have an interest in certain aspects of the developments outlined.
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 July 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 the report provides an update on:</p> <p>1. Accessible Care:</p> <ul style="list-style-type: none"> • 8-8 primary care, 7 days per week • 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 • Iplato – rollout of new app that makes use of online services more user friendly and accessible • Interpreters available on demand via remote video access for unscheduled/urgent appointments

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	<p>2. Co-Ordinated Care:</p> <ul style="list-style-type: none"> • Enhancing care home support – prevention and remote consultations • Frequent attenders – improving links between hospital and primary care to manage patients regularly attending A&E <p>3. Proactive Care:</p> <ul style="list-style-type: none"> • Health Champion and social prescribing pilot – methods of signposting patients to voluntary/charitable organisations that are best able to respond to needs • Support to vulnerable patient groups –promoting services available that support specific needs/ patient groups <p>4. Primary Care Infrastructure:</p> <ul style="list-style-type: none"> • Estates and Technology Transformation Fund – successfully progressing four schemes to next stage • Workforce – care navigation pilot to develop the non-clinical workforce • Bexley Linked Care and Connect Care– expanding sharing of the patient record • Primary Care Activity Reporting Tool – further developments to the benchmarking tool so that practices can review activity and performance • Locality resilience – support to individual and groups of practices to strengthen resilience in line with the GP Forward View <p>5. Primary Care Co-commissioning</p> <p>The CCG is continuing to work with south east London colleagues to progress the application for level 3 delegated commissioning.</p> <p>The PCDWG will continue to work with practices to support them in taking forward the National, London & Local primary care agenda.</p>
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How does this paper support the CCGs objectives?	Patients:	The Transforming Primary Care Strategy and ‘Our Healthier South East London’ are intended to develop and improve 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. However, national resource is being provided to progress 8-8 and the locality resilience plan.	
	Process:	N/A	
What are the Organisational	Key risks	That insufficient resource is available to support the wide agenda. Practices capacity and willingness to	

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implications	engage in transformation.	
	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. Some new investment is being made available by NHS England as part of the GP Forward View covering 8-8, locality resilience, e-consult and specific training needs.
	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 monthly at the PCDWG meetings and a monthly update report shared with localities.	
Comms plan	None.	
Author: Sarah Birch: Head of Primary Care Development	Clinical lead: Dr Nikki Kanani NHS Bexley CCG Chair	Executive sponsor: Theresa Osborne Chief Financial Officer
Date	8 November 2016	

Primary Care Development Working Group (PCDWG) Update November 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 July 2016.

The PCDWG continues to support practices in taking forward various workstreams 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 workstream.

2. CURRENT PROGRAMME OF WORK

The PCDWG meets monthly and has been overseeing progress of the areas set out in this report. .

1. Accessible Care

- **8-8 primary care, 7 days per week**

The CCG is now actively progressing plans to deliver 8-8 primary care, 7 days per week as additional funding is expected from NHS England to do this. Additional appointments will be provided in two top up hubs, 6.30pm-8pm Mondays to Fridays and 8am-8pm Saturdays and Sundays. It is currently envisaged that these will be based alongside the CCG's current urgent care centre sites, depending on affordability. The CCG has appointed an interim Project Manager to take this work forward and is in the process of recruiting to the role, with the funding being provided by NHS England. Weekly project team meetings are taking place. The CCG is working with the local GP federation, Bexley Neighbourhood Care CIC who it is expected will deliver the list based service on behalf of all its member practices. Healthwatch have been engaged to undertake some patient insight work to ensure that the service is best designed to meet the needs of varying patient groups, whilst remaining within London expectations. The service specification is currently being defined in discussion with clinicians. It is intended that the service will commence during spring 2017.

- **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 patient's own GP (through e-consults). This pilot has been funded by the CCG for one year with the pilot now approaching the end. The six participating practices are Lakeside Medical Practice, Crayford Town Surgery, Albion Surgery, Crook Log Surgery, Barnard Medical Group and Woodlands Surgery.

Activity continues to be monitored and a report on the effectiveness of Web GP was discussed at October's PCDWG meeting. This concluded that the overall usage by patients is lower than hoped resulting in the investment being poor value for money. However, when it is used, patient satisfaction is very high with many reporting how

pleased they are to be able to get a response to their medical query without the need for a GP appointment. Each practice has also been recording the outcome of the e-consult and whether it helped avoid a GP appointment. On average across the six pilot sites only 24% of e-consults resulted in a GP face-to-face appointment. This helps release appointments for patients with medical issues that require a face-to-face appointment. The CCG is currently inviting feedback / comments from the participating practices on whether they would wish to continue with the Web GP / e-consult service.

As part of the GP Forward View, funding is expected to be made available to CCGs for e-consult technology from April next year and this needs to be considered when making a decision as to whether to continue with WebGP. This pilot will help inform the most effective approach of making e-consults available to patients, who would most benefit from the technology,

- **Iplato – Roll out of My GP app**

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. Practices are also able to send out targeted SMS health promotion messages to patients that are particularly helpful for flu vaccination reminders, health check invites, child weight management invites, cervical screening reminders or to send relevant targeted prevention advice.

Iplato has recently launched an app which allows patients easier access to book appointments via the app, receive appointment reminders, allows patients to update their personal details, records smoking status automatically (which gets coded in the clinical system), allows patients to set medicine reminders and to self-monitor metrics such as weight, height etc. Updates to the app enable practices to send targeted messages to patients eligible for flu vaccinations who can automatically book themselves into clinics and it sign-posts smokers to smoking cessation services. The app is available to all Bexley practices at no cost and so far eight practices have started to use it. It is hoped that the app will make patient online services more user friendly and hence increase uptake.

- **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. There is now a national target in place whereby 10% of the registered population are users of patient online services. At the beginning of November, 10 out of 27 practices in Bexley have met this target. Resources and further support to improve uptake on patient online services is being made available by NHS England through an assigned facilitator and much improved publicity materials available to practices for free. Further details are awaited from NHS England to progress this further.

The CCG's primary care development and communications team has been supporting / advising practices who wish to improve their websites by providing sample copy, identifying gaps and through undertaking a review of the website. It is hoped 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 as well as resources that help patients self-manage or way-find.

- **Accessing British Sign Language interpreters remotely for urgent / unscheduled appointments**

Given the recent introduction of the Accessible Information Standard, the CCG has been looking to extend the interpreter service that practices can offer to their deaf or hard of hearing patients. The CCG has just established a contract with a company that provides an online virtual sign language interpretation service for many organisations and companies. This service allows the patient to sign to a BSL interpreter via a mobile device and for the interpreter to explain to the GP what is being signed and vice-versa. A patient attending an urgent / un-scheduled appointment, who requires sign language support, can now be provided an interpreter very quickly. The contract is paid for by the CCG and there is no cost to practices.

2. Co-Ordinated Care

- **Enhancing care home support**

The CCG has supported two successful bids for Health Innovation Network funding. The two awards are for £10,000 each: the first was led by Lakeside Medical Practice and will trial video conferencing with care homes; the second was led by Bexley Community Education Providers Network (CEPN) and involves the development of a training video on Urinary tract infections (UTIs) identification and falls prevention for care home staff. Both projects will start by the end of the year.

- **Frequent Attenders**

Work is progressing to see how links between Queen Elizabeth Hospital (QEH) and primary care can improve in the management of complex elderly who are frequently presenting at A&E and getting admitted to hospital. Following a meeting of the PCDWG, the A&E consultant at QEH wants to work with willing practices to share more activity about patients who are regularly attending hospital to see how organisations can better work together to prevent avoidable hospital admissions.

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 upon 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. Volunteers are now being provided with laptops to help improve the service offered, signposting and the sharing of information.

There is also a social prescribing service operating in the Clocktower locality 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. It will also align with the emerging models of local care networks whereby third sector / prevention services are provided to best meet the local needs of the population.

- **Support to vulnerable patient groups**

Work continues to showcase and promote the work of various existing local services that aim to prevent healthcare issues escalating or are targeted at providing specific support that aims to maintain wellbeing. Women's Aid, Carers Support, Cancer Research, Cruse and the Beat programme have all been promoted recently with alerts within the clinical GP system added, helping to raise awareness of available resources.

4. Primary Care Infrastructure

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

The CCG has recently learned that the following bids to the ETTF have been approved subject to the relevant business case approvals:

- Infrastructure to support virtual consultations and the development of training hubs – this will involve Omnijoin being made available to all practices so that they can access training remotely and also initiate their own virtual meetings/ consultations.
- Relocation and Consolidation of Bexley Group Practice – relocating the main practice and two of the branch sites into new premises opposite the existing main site. This scheme has been progressing for some time.
- Lakeside Medical Centre- improved utilisation of the health centre enabling the practice to expand to meet the growing population in the Thamesmead / Belvedere area.
- Erith Health Centre – improved utilisation of the health centre providing additional clinic rooms

There were also two London-led bids on interoperability and improving uptake of patient online services that have progressed to the next stage.

- **Workforce- care navigation pilot**

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. The CEPN recently won a South London bid to develop the Care Navigator role in various care settings covering general practice, care homes and within Oxleas. The long-term benefits of developing the non-clinical workforce in this way are:

- free-up clinical time
- improve care planning for patients and clients
- improve communication and satisfaction for patients and clients
- empower patients and clients
- support earlier hospital discharge and help avoid readmission
- improve staff satisfaction and well-being and
- improve recruitment and retention of a valuable workforce

The CCG and the GP Federation, Bexley Health Neighbourhood Care, are working with Network Locum to develop a local locum staff bank in Bexley. Each practice in Bexley can add local doctors to a free, central pool, allowing the GPs full transparency of sessions, tailored to their own specific preference settings. The key benefits for practices in the area are that it is easier to harness the experience and knowledge of local GPs, it is free to book local GPs and there is increased efficiency / speed in filling sessions.

- **Bexley Linked Care and Connect Care**

NHS Bexley CCG's data sharing scheme has now expanded the data sharing arrangement to cover local acute hospitals and community care settings. This means GPs will be able to access their patients' hospital records and hospital clinicians will be able to access Patients' GP records, providing consent is given. 26/27 practices have signed the Information Sharing Agreement, with information about the programme available in practice reception areas. The majority of practices have now received training on using the portal finding it a much speedier way of locating hospital test results and seeing the patient journey through acute services in a much more timely way. The quality and continuity of care will be improved for patients as clinicians will have access to their history, avoiding the need for patients to consistently repeat their medical history. Any patient can opt out of these data sharing arrangements and will be made aware of the process for doing this within the practice.

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

The PCART tool has been further developed to include digital inclusion data, FFT test data and usage of the iplato my GP app. Practices receive regular reminders when new data is uploaded to the tool and hot spot reports are being developed helping to flag to practices where they need to focus their time. 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.

- **Locality Resilience**

As part of the GP Forward View there is resource available from NHS England to support building resilience in General Practice. The CCG in conjunction with the GP Federation has developed a Resilience Plan to ensure that this resource is focussed appropriately to individual practices or groups of practices that would particularly benefit from extra support. Schemes that impact both individual practices and build resilience across the whole CCG have been included covering various workforce development initiatives, extra training and focused support on vulnerable practices. An

assurance template has recently been completed and the CCG is awaiting final confirmation of the resource available.

5. Primary Care co-commissioning

The latest meeting of the Primary Care Joint Committee (PCJC) was held on 20th October. The minutes from this meeting are not yet available but those from the August meeting are attached for information. This committee is the main decision making forum for primary care matters and considers Primary Medical Services finance, quality and performance and premises infrastructure.

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.