

# Update on Primary Care Strategy

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**Appendix A: Presentation to HWBB**

28 March 2017



right care  
right place  
right time  
right outcome

# Background

- In July 2016 a draft strategy for the development of primary care in Merton was approved for consultation by the Governing Body;
- The consultation with local stakeholders, including our member practices, took place in August and September 2016. This shaped the direction of the strategy, along with national policy set out in the GP Forward View (April 2016);
- Merton's Primary Care Strategy details how the investment will be utilised to deliver the transformation of primary care, and reduce health inequalities in the borough.



# Merton's 10 Point Plan

1. High quality, holistic care leading to good health and wellbeing
2. Reduction in observed health inequalities and practice variation
3. Provision of evidence based care
4. Delivered by a highly skilled, sustainable workforce
5. Innovative in its approach, using new models and IT
6. Proactive and reactive as needed
7. Informed by Public Health data and focus on prevention of illness
8. Achieve integration across all providers of care in its widest sense, moving towards a MCP model of care
9. Harness resources from within local communities and promote self care and support
10. Produce efficiencies to release savings that will drive transformation

Page  
20



# Progress against key components of the strategy

- Locality working
- Primary Care access improvements
- The development of the East Merton Model of Health and Wellbeing (EMMoHWP)
- Social Prescribing
- Development of the MDT and workforce development
- Integration
- Reduction in practice variation
- Prevention

Page 30



# Locality Working – a place-based model

- 24 member practices working in well established East and West localities, supported by East and West Clinical Locality leads, and Partnership Managers;
- Shortly to be complemented by 2 Primary Care access hubs which will provide 7 day access to primary care across Merton. (The Nelson site in the West, and Cricket Green Medical Centre in the East as an interim measure);
- Practice teams to be closely aligned to our community provider and Social Care, and to increasingly utilise the resources of the local community;
- It is hoped that the access hubs will provide the future focus for development of an MCP model of care, and provide more services closer to home for patients.

Page 31



# Primary care Access Improvements

- Merton GP practices already offer more than 1 million consultations per year. Despite this the need to further improve access to primary care has been requested by patients, and identified as a priority by our member practices;
- This will be resourced via GP Forward View funding, bringing £1 million of extra funding into Merton for the provision of this service over the next 2 years;
- The CCG has a plan to deliver improved access which is made up of 3 components:
  1. Extended access local incentive scheme
  2. 2 x access hubs offering evening and weekend appointments
  3. A practice quality improvement scheme

Page 32



# Development of the East Merton Model of Health & Wellbeing

- Longstanding health inequalities existing within Merton between the East and West, and other demographic differences, mean that the model of care needs to be tailored to the needs of the local population to bring about change;
- Health inequalities arise from a complex interaction of many factors;
- The development of the EMMoHWPB aims to address some of these factors and is being jointly led by The London Borough of Merton and Merton CCG with the support and scrutiny of the Health and Wellbeing Board (HWBB);
- An innovative facility consisting of a community campus and a health facility is being co-designed with the local community;
- The design of the health service model is being agreed at a workshop on 8<sup>th</sup> March attended by commissioners and providers.

Page 33



# Access Improvements in Merton

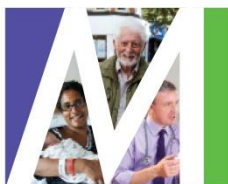
## 1. Extended Access Local Incentive Scheme (LIS):

- To be delivered from 1<sup>st</sup> April 2017 by **all** Merton practices;
- To boost capacity both during core surgery hours from 8am to 6.30pm Monday to Friday and also during extended hours which is before 8am Monday to Friday, 6.30pm to 8pm Monday to Friday, and on Saturday mornings in some practices;
- In response to requests from patients we will be providing more dedicated children's appointment slots, and also including some educational component during these consultations about appropriate use of services for urgent care, and self care for parents on behalf of their children.

## 2. Hub Provision – 2 x Primary Care Access Hubs

- To be delivered from 1<sup>st</sup> April 2017 – one hub in the East of the borough and one in the West;
- To provide extended access Monday to Friday until 9pm and on Saturdays 8am - 8pm, with the East also open Sundays 8am - 8pm.
- The hubs will also provide access to nursing at the weekends for those who need wound care.

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### 3. Quality Improvement Scheme

- To be developed in 2017/18 with our member practices, focussing on the quality aspects of access;
- This work follows on from the outputs of visits made by the primary care team and clinical locality leads to all 24 Merton practices;
- The scheme will be launched in the summer and topics identified for focus so far include the needs of carers to access appointments; working with reception staff to assist the homeless in accessing care; telephony improvements and the primary care needs of frequent attendees to our local emergency departments.



# Integration

- A key aim of the Primary Care Strategy is to improve integration between providers of care to enhance both efficiency and patient experience;
- We have worked closely with our community services provider, Central London Community Health (CLCH) to more clearly align the community teams to individual practices ensuring that all practices have named nursing teams and access to a named Health Visitor;

Page 36

At our locality meetings we have had presentations from the CLCH MERIT (Merton Enhanced Rapid Intervention Team) and visits to understand the MDT approach of the HARI (Holistic Assessment Rapid Investigation) Service;

- Other initiatives through our localities have included visits to Merton's Dementia Hub and work with community pharmacists, Public Health colleagues and Merton IAPT.



# Social Prescribing Pilot

- A Social Prescribing Pilot is underway in 2 East Merton practices and will run for the current financial year whilst being formally evaluated;
- To date there had been 60 referrals from the Social Prescribing Navigator to local services, and 30 patients seen for appointments lasting between 30 and 60 minutes, as required.
- A database of local community resources is also being built as part of the project;
- There is also a Care Navigator as part of the HARI service directing patients and carers to relevant local voluntary sector organisations;
- This approach is expected to feature strongly within the east Merton Model of Health and Wellbeing to harness local resources on the community campus part of the site.

Page 37



# Development of the MDT and Workforce

- Development of the workforce is vital to both the transformation plans and sustainability of our practices going forward;

## Education and Training - successful 16/17 HEE Strategic Investment Programme bids:

- Funding to improve skills of primary care staff in providing more holistic care to children awarded £22,500;
- Workflow optimisation awarded £79,500 (joint SWL bid with Kingston and Wandsworth CCGs);
- Simulation Mental Health Training awarded £30,000 (joint SWL bid with Kingston, Richmond and Wandsworth CCGs);
- Care Navigation and Receptionist Training £19,000, provider yet to be identified;

Page 38

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- Protected Learning Time (PLT) for whole practice teams are planned quarterly 2017/2018 and jointly run with CEPN;
  - Expansion of the CCG's clinical workforce with the appointment of some new additional clinical lead posts;
  - Future Leaders Programme – the CCG will be investing in this programme for all new and existing clinical leads in the CCG;
  - The Primary Care Team actively signposts all staff towards training opportunities;
- Trainers and Tutors - The CCG senior nurse leads on the educational development of Practice Nurses and Health Care Assistants in Primary Care;
- Many of our practices also host medical students; train GP registrars and some are also supporting the training of Physicians' Associates and Primary Care Pharmacists as part of their team.



# Practice Variation Phase 1

## Background to Merton CCG Practice Variation Scheme

One of the aims of the Primary Care Strategy is to reduce variation in primary care provision and outcomes for patients. Since 2016 we have embarked on a successful workstream which involves visiting each of our 24 member practice and sharing data with them to encourage peer to peer discussion, and to identify educational needs and potential commissioning gaps to promote best clinical practice.

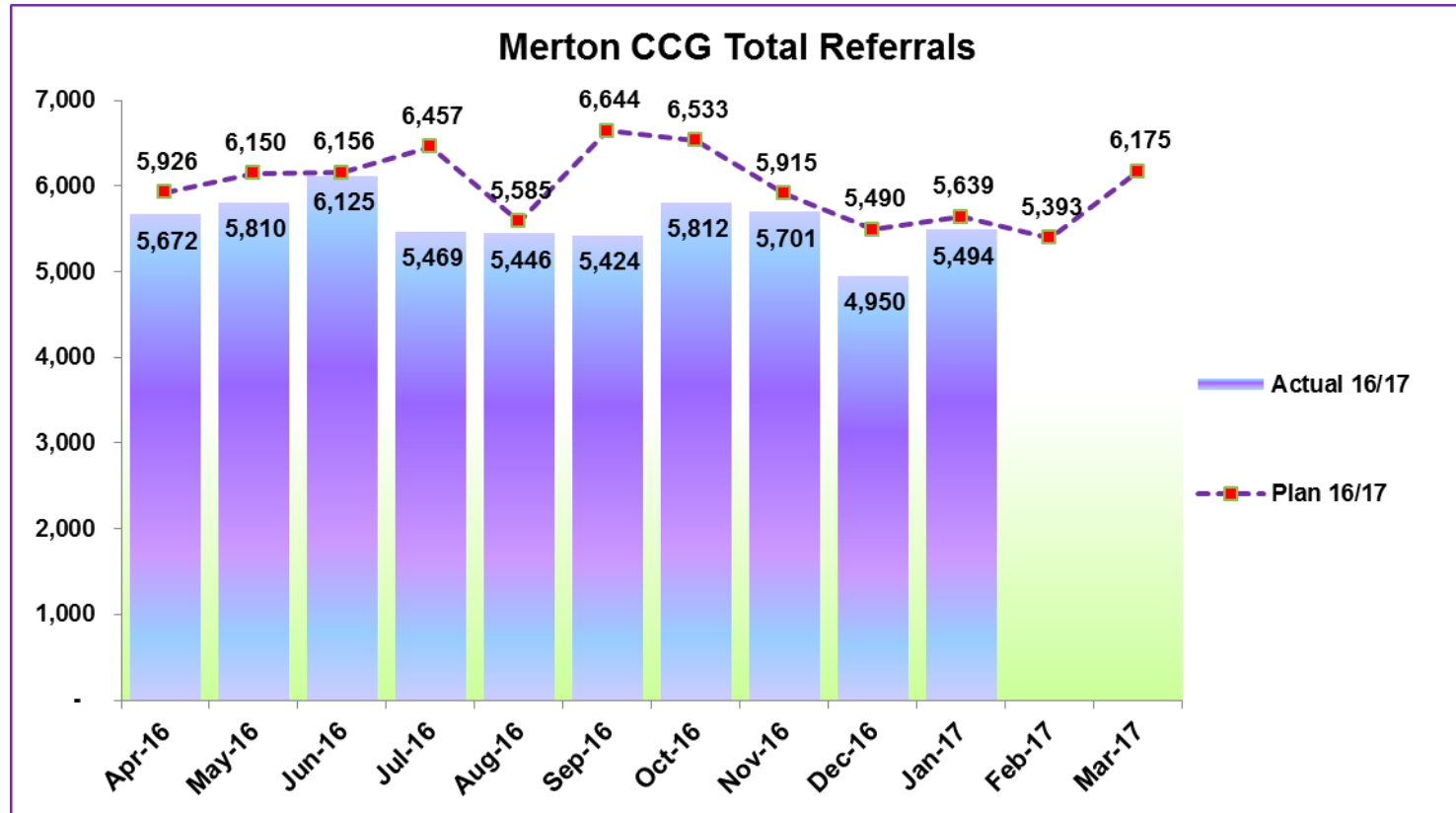
**Practice Variation Scheme Phase 1** focussed on variation in first Outpatient referrals between practices and included a clinical audit which identified the need for the development of some community diagnostic pathways, the peer review of cases in practices, better knowledge and utilisation of community pathways that were already commissioned, and establishing a locum information pack in every practice to improve patient care.

As a result of this we have succeeded in achieving a significant reduction in utilisation of secondary care services indicative of sustained clinical behaviour change and we continue to encourage . This can be seen in the chart on the following page:



# Latest Outpatient Referrals

Page 41



# Practice Variation Phase 2

**Practice Variation Scheme Phase 2** completed in February this year. The scheme focussed on variation in utilisation of key pathology testing and improved outcomes for patients (HbA1c; Vitamin D; Thyroid and Cholesterol) using the same methodology of peer review; discussion and long term behaviour change to improve the quality and frequency of testing. By identifying best practice, the scheme aims to promote excellence and improve quality.

Page 4  
Additionally during the visit the primary care team have gathered information from all practice teams about the varied approach to handling same day demand for consultations. The outputs from this will feed into the work to be done in the summer on developing individual practice access plans and promoting best clinical practice.

There are further phases being planned for the remainder of the year.





# Prevention

- The Primary Care team has worked closely with Public Health in giving feedback about the re-procurement of healthy lifestyles services through locality discussions. In addition, a member of our primary care team sat on the moderation panel for the new service;
- Senior CCG clinicians have worked with our Director of Public Health to ensure that changes proposed to commissioning intentions in relation to surgical readiness support prevention of adverse surgical outcomes and improve long term health in relation to smoking cessation and management of obesity;
- The needs of specific groups have been highlighted to our community service provider to ensure that services are culturally appropriate to improve outcomes
- All practices were encouraged to sign up for the National Diabetes Audit at our recent Diabetes PLT event.



# Update on enablers identified in the Primary Care Strategy

1. IT Projects
2. Estates Schemes
3. Contractual Review
4. Improving practice resilience by working at scale



right care  
right place  
right time  
right outcome

# 1. IT Projects

## The following will be available in 2017:

- Implementation of DXS, Kinesis, Referral facilitation-to assist with clinical pathways, referral specialist advice and administration of referrals;
- Optimise Rx – to assist with safe and cost effective prescribing;
- Health Help now App-already available being marketed further to assist with promotion of patient self care and appropriate use of services.

Page 45



## 2. Estates Schemes

Merton CCG has secured significant national capital funding for upgrading primary care estates in Merton which will be critical to transformation especially in relation to the shift of some services from secondary to primary care as described in the SWL STP.

Improvement Grant (IG) schemes for Central Medical were awarded this year for a loft extension with ground floor extension and other improvements; James O’Riordan won a bid to remove existing doors and replace with automated door closer equipment. A successful bid for improvements to Wide Way Surgery is also underway.

In addition the CCG supported Estates and Technology Transformation Fund (ETTF) bid applications for a wide range of schemes. We are still working through the revenue consequences of these schemes.



# 3. Contractual Review

- There is a nationally mandated review of GP PMS contracts which has been devolved locally due to take place in 2017;
- The CCG has set up a working group jointly with colleagues in NHS England's local team to take this forward;
- There will be engagement with GP providers and the LMC to review the contract KPIs to ensure that they are fit for purpose and will assist with the delivery of the CCGs objectives for improving patient care whilst maintaining stability in practices.

Page 47



# 4. Work to improve resilience across Primary Care

Primary care in Merton is under significant strain especially in relation to rising demand from an increasingly aging population with more complex health needs and workforce shortages.

## How are we mitigating this?

- By building on our model of locality working and support;  
Some practices are in the early stages of identifying a need to work at greater scale in the future and our GP federation Merton Health will be key to this going forward;
- The CCG has invested in primary care and continues to work collaboratively with Merton Health to develop resilience in primary care;
- By working closely with our local area colleagues from NHS England to provide rapid support if needed.

Page 48



# Work in Progress and Challenges

- Further development of practice and community MDTs is needed, especially closer integration with Social Care;
- IT systems in Primary Care remain relatively undeveloped and we need to develop rapid interoperability with appropriate data sharing agreements and a robust Information Governance framework. In addition new modes of consultation such as Skype and e-consulting are planned;
- From 1<sup>st</sup> April 2017 we will be part of a Local Delivery Unit (LDU) with Wandsworth CCG providing scale and resilience to the commissioning of services for patients in both boroughs, and help with our drive for Primary Care Transformation;
- Merton CCG needs to play its part in delivering the SWL STP - including the transformation of hospital outpatient services within St Georges Hospital;
- We need to ensure that the patient voice has greater prominence in commissioning decisions some of which are potentially contentious in a time of financial austerity;
- Close ongoing partnership working is needed with the local authority to deliver the redevelopment of the Wilson site;
- There is a plan to invite some of the local councillors to the locality meetings in April to improve understanding of respective roles;
- Prevention needs to be embedded in all pathways and an ethos of making every contact count to promote health and wellbeing
- Closer links with Merton voluntary services.



# Thank you

## Any questions?

