

General Practice Forward View (GPFV)

December 2016

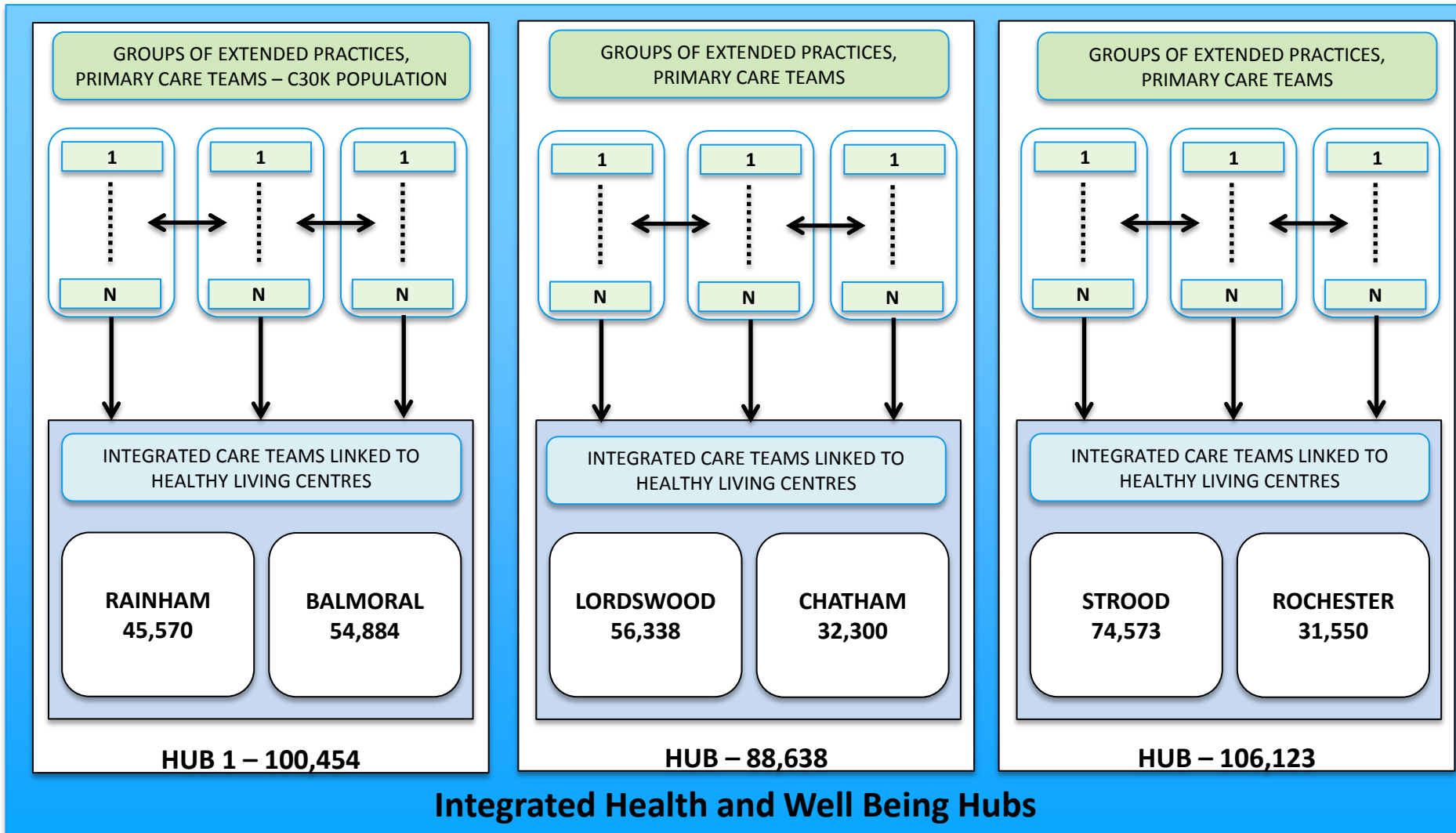


Medway CCG General Practice Forward View

- The Medway Model co-designed with member practices, partners and providers, setting out a vision for self care, technology and the wider workforce
- Improving access and investing in Primary Care Services to meet local demand and inequalities in access
- Implementation of 'Time to Care' and the role out of the 10 High Impact Changes, including alignment to estates and technology investment; workforce development and improved collaboration between providers
- Alignment to the CCGs local estates and digital roadmaps which underpin GPFV plans



Medway Model



Medway Clinical Commissioning Group

The Medway Model Community Service Alignment

Patients and Carers

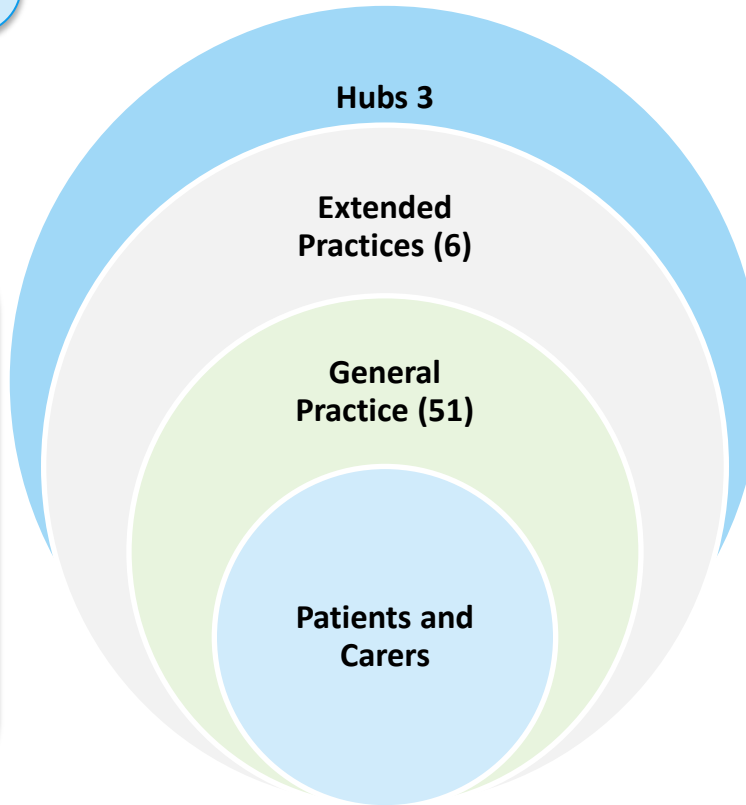
Self Help
Community Pharmacy
Voluntary Support

General Practice

General Practitioner
Pharmacists
Practice Nurses
Mental Health Primary Care Nurses

Extended Practices

Midwives
Specialist nurses
Social care workers
Social Care coordinators
Paramedics
Community health for older people
Carers
Health Visitors
HCAs
IAPT



Hubs

Anti-coagulation	Community nursing teams
Cardiology	Occupational Therapy
Community paediatrics	Pain Management
Dental	Palliative Care
Dermatology	Phlebotomy
Diabetes	Physio
Diagnostics	Podiatry
Dieticians	Prevention and self-care
Emergency Dental	Rehabilitation
Family Planning	Rheumatology
Learning Disability	Speech and language
MSK	Stroke integrated pathways
Neurology	Therapists
Minor Injuries	EIT
Voluntary Services	CRHT
NHS 111	Secondary MH
Consultant Clinics	Dementia services
Consultant Hot Clinics	Rapid response
Equipment Services	Domiciliary care teams
Social care teams	
Occupational Therapists	
Continuing care service	
Community specialists	
Children's services	



Medway Clinical Commissioning Group

The Medway Model Community Service Alignment

Patients and Carers

- Self Help
- Community Pharmacy
- Voluntary Support

General Practice

- General Practitioner
- Pharmacists
- Practice Nurses
- Mental Health Primary Care Nurses

Groups of Practices around HLC or Virtual HLC

- Midwives
- Specialist nurses
- Social care workers
- Social Care coordinators
- Paramedics
- Community health for older people
- Carers
- Health Visitors
- HCA's
- IAPT

Geographical populations of 100,000 (3)

Groups of Practices around HLC or Virtual HLC (6)

General Practice (51)

Patients and Carers

Services Configured on Geographical populations of 100,000

- | | |
|-------------------------|----------------------------|
| Anti-coagulation | Community nursing teams |
| Cardiology | Occupational Therapy |
| Community paediatrics | Pain Management |
| Dental | Palliative Care |
| Dermatology | Phlebotomy |
| Diabetes | Physio |
| Diagnostics | Podiatry |
| Dieticians | Prevention and self-care |
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| Family Planning | Rheumatology |
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| Community specialists | |
| Children's services | |



Time to Care – 10 High Impact Actions

- Published in July 2016, national development programme for general practice – Time to Care
- The CCG will facilitate and champion the 10 high impact actions
- The CCG will develop clear plans on how we will support the planning and delivery of a local Time to Care development programme, to implement across member practices
- Agreed and monitored through the established Local Care Teams



1. Active Sign Posting

Patients will be provided an appropriate source of help. Web and app-based and care navigators can ensure the patient is booked with the right person first time

Benefits for patients

- Improves appointment availability
- Reduces low-value consultations and onward referrals
- Shorter wait to get to see the most appropriate person

Benefits for the practice

- Frees GP time.
- Makes more appropriate use of each team member's skills.
- Reduces internal referrals

Patient Online

- Patients to be given access to a web portal or mobile app. Services will include booking or cancelling appointments, repeat prescriptions, test results, submitting patient-derived data, self-help advice, education materials and consulting a clinician. The CCG intends to work with their practices to ensure 100% utilisation April 2018

Reception care navigation

- Practice reception staff to be trained to enable them to access information about services and direct patients them to the most appropriate source of help or advice.
- The CCG will work with the Community Education Providers Network (CEPN) locally to build on work that they have already been undertaking in reception training
- This rollout will be complete by September 2017

Bromley by Bow Centre

60% to SP(1500+)

2. New Consultation Types

The CCG will work with local practices to pilot new communication methods for some consultations, such as phone, text messaging, e-consultation, email and in the case of patients with long-term conditions group consultations.

Benefits for patients

- Greater convenience, often no longer requiring time off work/caring duties
- Improves availability of appointments
- More opportunities to build knowledge, skills and confidence for self care

Benefits for practice

- Shorter appointments (e.g. phone consultation average 50% shorter, 66% dealt with entirely on phone)
- More opportunities to support self-care with e-consultations, text message follow-ups and group consultations

The CCG will work with local practices to identify local good practice and pilot new ways of working in practices and across clinical hubs. This work will commence in 2017/18.



Clarendon , Salford

 90% Same Day

3. Reduce DNAs

The CCG will work with the practices to maximise the use of appointment slots and improve continuity by reducing DNAs. Changes may include redesigning the appointment system, issuing appointment reminders by text message, and making it quick for patients to cancel or rearrange an appointment.

Benefits for patients

- Improves appointment availability
- More convenient

Benefits for practice


- Frees up appointments
- Easier to avoid queues developing, through more accurate matching of capacity with demand

The CCG is already investing in text messaging software that will support patient reminders, patient appointment and cancellations.

Practices will also be encouraged to adopt easy cancellation access via telephone.

Working with practices to increase access will provide patients with the confidence not to book to far in advance and reduce DNA's

The CCG will roll out and implement the new software to all practices by March 2018.



Modality - Birmingham



72% DNA

4. Develop the Team

The CCG will work with Health Education England and local health care education providers to broaden the available workforce in primary care. This may include training a senior nurse to provide a minor illness service, community pharmacist, physicians assistants, medical assistants or providing direct access to physiotherapy, counselling or welfare rights advice. This will also look at the most effective use of paramedics.

Benefits for patients

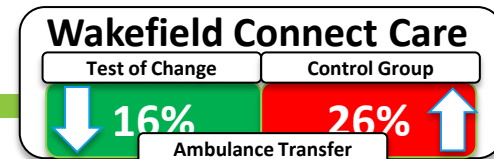
- Improves appointment availability
- Reduces low-value consultations and onward referrals
- Shorter wait to get to see the most appropriate person

Benefits for practice

- Frees up GP time
- Makes more appropriate use of each team member's skills
- Reduces internal referrals
- Improved job satisfaction for administrative staff undertaking enhanced roles

The CCG will benchmark its workforce in Primary Care and begin working with HEE to ensure resources are understood.

Over the next two years. The CCG will work with practices to pilot new roles and rollout best practice.



5. Productive Workflows

The CCG will work with GP practices to introduce new ways of working. This work will be supported by the service improvement expertise within the Medway and Swale Centre for Organisational Excellence (MASCOE).

This will include reviewing and capacity and demand, reviewing practice processes to reduce waste and improve efficiency.

Benefits for patients

- Improves appointment availability and customer service
- Reduces errors

Benefits for practice

- Frees time for staff throughout the practice
- Reduces errors and rework
- Improves appointment availability and patient experience

The CCG will review and pilot new ways of working over the next two years.

6. Personal Productivity

The CCG will work with practices to ensure that they access the opportunities to support and develop staff. This will include personal resilience and enhanced skills. These will range from service improvement training, mentoring and peer support schemes to improving information systems and productivity.

Benefits for patients

- Improved quality of consultations, with more achieved
- Reduced absence of staff

Benefits for practice

- Frees clinicians to do more in each consultation, with fewer distractions and frustrations
- Improves staff wellbeing and job satisfaction

7. Partnership Working

The CCG is working with its member practices to develop 'The Medway Model'. Aims to enable closer and more seamless working with health professionals across the CCG including secondary care, community and pharmacy services, residential and nursing homes.

Benefits for patients

- Access to expanded range of services wrapped around the patient in the community
- Reduces delays introduced by referrals to different providers

Benefits for practice

- Frees GP time, makes best use of the specific expertise of staff in the practice.
- Creates economies of scale and opportunities for new services and organisational models

The Model is developing with local engagement from all CCG stakeholders including Primary Care. Range of workshops and meetings including:

- STP workshop
- Local Care Teams
- GP Monthly PLT
- Primary Care Collaborative Working Group

Symphony Somerset

 **37% Admissions**

8. Social Prescribing

Referral and signposting to non- medical services in the community. Will include leisure and social activities, carer respite, befriending, social care, advocacy and support

Benefits for patients

- Improved quality of life
- Improved ability to live an independent life

Benefits for practice

- Frees up GP time
- Allows clinicians to do the things that only they can do

- The CCG already commission a Care Navigation Services. Primary care can refer to the service that in turn can signpost to non-medical services in the community which increases wellbeing and independence
- The CCG will be reviewing and enhancing this service during 2017 to recognise the growing need for social prescribing and that the GP is not always the most appropriate person to meet patients' needs, particularly where someone has social needs



Bromley by Bow Centre

Over 1500 services

9. Support Self Care

Benefits for patients

- Improved ability to live an independent life.

Benefits for practice

- Frees GP time, allows them to spend more time doing what only they can do

- The CCG will work with Public Health, Primary Care the Voluntary Sector and its Community Provider aligned to the developing Medway Model to create new ways to support people to play a greater role in their own health and care. This will include care navigation and signposting
- The CCG will work with local community pharmacies to make best use of the minor ailment scheme and advice and guidance in 2017
- The CCG will be working with community providers and specialist teams to increase patient education and self-management of long term conditions
- Support the delivery through improved use of IT

10. Develop Quality Improvement Expertise

Benefits for patients

- Assurance of continuous improvement in patient safety, efficiency and quality of care

Benefits for practice

- Improved ability to achieve rapid, safe and sustainable improvements to any aspect of care
- Increased staff morale and sense of control

- Medway and Swale Centre for Organisational Excellence (MaSCOE) has been created to help improve healthcare systems to deliver sustainable high value outcomes for patients, families and carers by eliminating wasteful practices or processes. Working with partners across Medway MASCOE are committed to working with all our communities in Medway and Swale to create innovative, needs based services that provide patients with healthcare where and when they need it
- MASCOE will use a whole systems approach uses quality improvement (QI) methodology to embed the essential quality improvement capabilities across the system in Medway and Swale
- MASCOE will build local capability in quality improvement and aim to accelerate the delivery of the evolving Sustainable Transformation Plan (STP) supported by our emerging Local Digital Roadmap (LDR)

Haelo - Salford

Whole system CQI

Improved Primary Care Access

The CCG will be start access improvement funds in 2018/19 and achieve 100% coverage from April 2020.

The CCG will commission and fund extra capacity in line with the Medway Model at extended practice level in to ensure that everyone has access to GP services:

- including sufficient routine and same day appointments at evenings weekends
- effective access to other primary care and general practice services including pharmacy, front door at A&E and out of hours support

This will be piloted in one locality in 2017/18 and rolled out across the CCG as funding comes on stream in 2018/19



Primary Care Workforce

The CCG will work with Health Education East and local STP partners to develop a general practice workforce strategy linked to the New Models of Care. This will include:

- Establishing a local Workforce Group to include the LMC and CEPN representation
- A baseline that includes assessment of current workforce in general practice and workload demands
- workforce development plans which set out future ways of working including the development of multi-disciplinary teams and support for practice nursing



Primary Care Workforce: Areas of focus

- General Practitioner recruitment inline with national target 5,000 in 2020
- Co funding additional Pharmacists to work in practices by 2020 (1500)
- Improving Access to Psychological Therapies (IAPT) in general practice with 3,000 more therapists in primary care
- initiatives to attract, recruit and retain GPs and other clinical staff including locally designed and nationally available initiatives
- actions to ensure GPs are operating at the top of their license, improving and upskilling other members of the multi-disciplinary team
- Continue to expand the multi-disciplinary team and greater integration across community services aligned to the Medway Model



Infrastructure: Estates

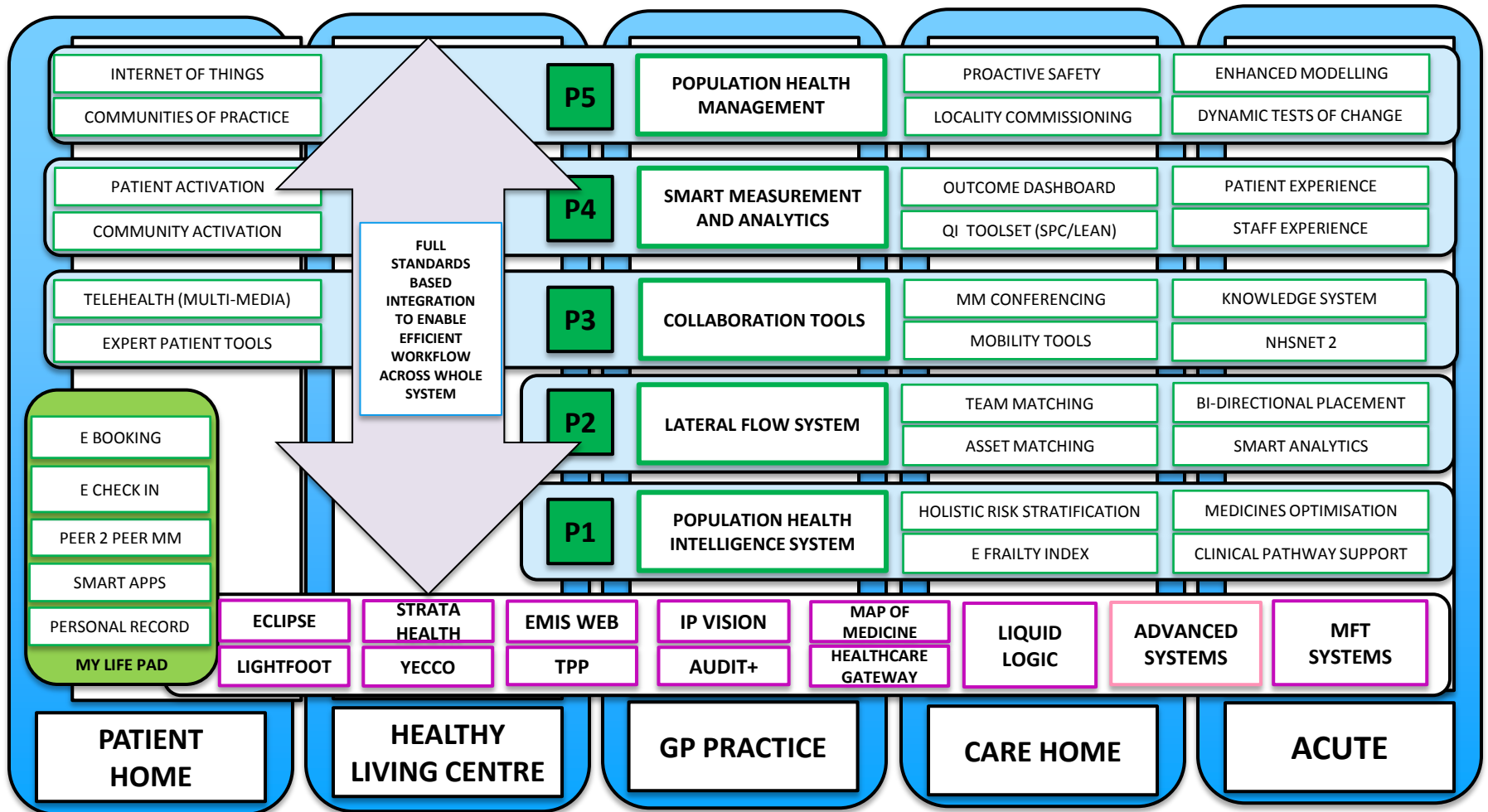
The vision for future estate is that:

- Is fit for purpose and future needs, responds to growing demand by delivering increased capacity
- Supports and facilitates closer integration at local level
- Makes the most of what already exists
- Key to the Medway Model is the full utilisation of our current Health Living Centres and creation of other supporting Community and Primary Care Hubs
- Successful Estates and Transformation Fund Bid for development in clover street
- Successful funding through the One Public Estate (OPE) Programme to work with the council on a feasibility report for Hub development in Strood
- Working with Stakeholders via the OPE Programme to explore further estate development opportunities





Medway system- local digital roadmap (LDR) V4





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Digital Road Map: currently aligning with high impact actions

SCHEME	START DATE
	IMPLEMENT
GP system standardisation across primary care	01/10/2016 30/6/17
Federated GP system model	01/04/17 30/04/18
ICT infrastructure consolidation Healthy Living Centre's	01/04/17 30/04/18
Whole system pathway development	01/11/2016 31/7/17
MIG Gateway – Record and Document sharing	01/11/2016 31/3/17
Active Directory	01/04/17 30/04/16
SMS Text Reminder Service	01/01/17 31/3/18
Resource and referral management	01/11/2016 30/11/17
Order Comms	01/07/2017 31/12/17
Patient On line	01/04/2013 01/04/2018

Medway Clinical Commissioning Group

Investment in Primary Care 2017/19

Key Funding Steams	High Impact Changes										MCCG QIPP £'000 (2017-18)	MCCG QIPP £'000 (2018-19)
	1 Active Sign Posting	2 New Consultation Types	3 Reduce DNAs	4 Develop the Team	5 Productive Workflows	6 Personal Productivity	7 Partnership Working	8 Social Prescribing	9 Support Self Care	10 Develop Quality Improvement Expertise		
£3/head of population Transformational Support											444	444
On line consultation software systems											77	103
Care Navigators/Medical Assistants											51	51
GP Resilience Programme											42	42
Improved Access funding (for CCGs not receiving PMCF/GPAF)												1,009
GPFV Implementation Funding											33	33
Total											647	1,682

Primary Care Capital Investment 2017/19				
Programme	Description	Funding Source	000 (2017/18)	000 (2018/19)
GP System Standardisation	GP System Standardisation	ETTF	300	80
Federated GP system	the importance of being able to work across boundaries within a federation	ETTF	250	
Order Comms	Electronic diagnostics	ETTF	50	
Active Directory		ETTF	100	
Total			700	80



Alignment to QIPP

High Impact Actions

Key STP Programmes	1 Active Sign Posting	2 New Consultation Types	3 Reduce DNAs	4 Develop the Team	5 Productive Workflows	6 Personal Productivity	7 Partnership Working	8 Social Prescribing	9 Support Self Care	10 Develop Quality Improvement Expertise	MCCG QIPP £'000 (2017-19)
SPOA, rapid response, care navigators											394
Medicines management											3,474
Falls/frailty											2,201
Community development/voluntary sector contribution											200
Outpatients											3,207
Technology											782
End of life											344
Urgent care											1,066
Diagnostics											1,332
Care homes											100
Right Care Clinical Variation											2,096
Other											1,804
Total											17,000

