Report to Merton Health Overview & Scrutiny Committee Update on Merton CCG's Primary Care Strategy 11th January 2018

Executive Summary

This report provides the Merton Health Overview & Scrutiny Committee with an update on how Merton CCG has addressed the issues of improving quality of access to primary care, and other improvements in primary care quality overall.

The report also provides the HOSC with an update on how the primary care team is delivering against Merton's Primary Care Strategy, and next steps.

Key questions considered in this report:

- 1. How have we improved quality of access to Primary Care in Merton?
- 2. How have we improved quality in primary care overall?
- 3. What are we doing to address succession planning for GPs locally?
- 4. Looking to the future what's next for Primary Care in Merton?

The Report

1. How have we improved quality of access to primary care in Merton?

1.1 More and better quality access

Our new Improving Access to Primary Care Local Incentive Scheme (LIS) resulted in participation from all 23 practices and now delivers more appointments in both core and extended hours, providing dedicated slots for children needing same day access and allowing for appropriate redirection of patients back to primary care from any urgent care provider.

This investment in primary care this year has resulted in around 50,000 extra GP appointments (around 4,000 each month) available 8am - 8pm 7 days a week. In addition, two brand new access hubs in East and West Merton are now up and running offering better quality access compared to last year. Appointments can be booked via the patients GP surgery, or via 111.

'Over 90% of patients feel they have easy, or very easy, access to the new service and 95% would recommend the service to their friends and family'

1.2 Upskilling general practice staff

Active Signposting Training has been provided to improve how patients are directed to the most appropriate healthcare professional. Carers Support Merton provided training for all practices on improving quality and availability of appointments for people who care for others.

Upskilling workforce is essential for transformation and ensuring sustainability of general practice and we continue to provide examples of good practice, such as printed guidance and sample scripts, for reception staff on improving telephony and communication skills.

1.3 Increasing digital access

Practices now provide appointments for patients to book online, with some appointments made available at 7am. We have provided training for practices to share information with patients about how to book appointments online.

We are asking our Patient Engagement Group to be involved in how we embed digital inclusion in Merton's services and what success will look like for patients.

1.4 Successful Premium Medical Service Contract (PMS) Review

Merton was the first CCG in London to issue a completed offer that could be signed up to immediately following a successful review process with positive engagement with the London Medical Committee (LMC).

Seven new local Premium Service Specifications have been agreed and launched to include:

- 'Opening Hours, Appointment Numbers and Facilitation of Access for Patients to Local GP Access Hubs' and,
- 'Improving Access to Services for Carers'.

1.5 New Quality Access Scheme

This new scheme was offered to all practices in September with a focus on patient experience and aims to help vulnerable groups by improving their experience of accessing primary care.

2. How have we improved quality in primary care overall?

2.1 New Invest to Save Quality Improvement Schemes

Six Quality Innovation Productivity and Prevention (QIPP) schemes are live and planned for 17/18 to deliver strategic priorities:

- Reduction in both child and adult A&E attendances;
- Winter resilience focus on chronic obstructive pulmonary disease;
- Unwanted variation in referrals and pathology testing;
- Reduction in avoidable acute spend.

2.2 Robust GP Engagement – Practice Variation Workstream

A new approach to how we engage and build relationships with our member practices with a focus on long term change management, led by partnership managers and our clinical leads proved to be an effective method for delivering key schemes in 2016/17.

Merton's Practice Variation workstream is now in its third phase. Phases one and two explored reasons behind variation in GP led first outpatient referrals and pathology testing by visiting all 23 practices to conduct clinically-led discussions. GPs were provided with guidance, tools and practical support to help improve quality of referrals and pathology testing. This resulted in a consistent reduction in spend on first outpatient GP led referrals to secondary care of between 6-7% and 177% reduction in spend on pathology testing over a six month period.

2.3 Improved Training and Education Opportunities

New quarterly protected learning time (PLT) events have been successfully supporting workforce and system resilience, as well as additional training and education events for non-clinical staff as enablers for new schemes and delivering transformation. Outcomes from Practice Variation discussions have been key in deciding the key areas of focus for PLT events.

2.4 Focus on Proactive Care

A new expanded multi-disciplinary team model of proactive care for complex patients is underway through development of integrated locality teams (ILT).

We are also looking at developing the foundations for an effective future Multi-Speciality Community Provider (MCP) model and supporting early adopters of new models of care such as the emerging Primary Care Home (PCH) model.

2.5 Merton Health - Our Local GP Federation

A robust and dedicated focus has resulted in new successful contracts for Merton Health.

2.6 Improvements to Primary Care Estate and IT Interoperability

Six strategic estates developments are on track to enhance general practice provision across the borough and reduce health inequalities, including the development of the Wilson Health & Wellbeing Campus in Mitcham. Merton are working closely with colleagues as part of the South West London Strategic Estates Board.

Improvements to GP IT will help facilitate new schemes and changes to how services are accessed by patients now and in the future. These improvements are part of wider South West London plans.

2.7 Delegated Commissioning and Quality Assurance

As part of being fully delegated our Primary Care Operations Group provides assurance to the Primary Care Committee and a new joint Wandsworth & Merton Primary Care Quality Review Group has been established to manage the early intervention and quality assurance of contractual arrangements, including earlier identification of vulnerable or struggling practices.

2.8 Social Prescribing Pilot

Positive patient outcomes as a result of the social prescribing pilot in two practices in East Merton. This pilot is being robustly evaluated and will support plans to widen the scope of the service over the coming year.

3. What are we doing to address succession planning for GPs locally?

This is a national issue and one that in Merton is being taken forward at a South West London level by our SWL Sustainability and Transformation Programme (STP), however at a local level GP Resilience funding has been used to provide specific allowances to practices in direct need. At a SW London level all practices will be able to access training to support workforce development.

We are working with our local community education provider network (CEPN) and local federation (Merton Health) to target key areas in order to support sustainability of general practice.

There are a number of key areas running at SWL level as part of the GP resilience programme these are as follows:

- Diagnostic services to quickly identify areas for improvement support
- Specialist advice and guidance e.g. human resources, IT (e.g. recruitment to a SWL level IT facilitator to provide dedicated support to practices).
- Coaching/Supervision/Mentorship
- Practice Management Capacity Support (Via access to the general practice quick start programme or equivalent).
- Rapid Intervention and management support for Practices at risk of closure; e.g. a co-ordinated support to help practices struggling with workforce issues (e.g. engagement in International GP recruitment programme and plans for a recruitment workshop to scope recruitment and retention issues).
- Change management and improvement support to individual practices or group of practices

As part of general practice at scale, we are currently developing a strategy to support practices to work together through economies of scale in areas such as shared back office functions, shared management structures with a view to release time and create efficiencies in response to the rising demand.

4. Looking to the future – what's next for primary care in Merton?

Continued focus on the following:

- Integrated Locality Teams to support proactive care;
- Improvements to GP IT and Estates (including use of new technology) in particular developing plans for the new Wilson Health & Wellbeing Campus;
- Ensuring the patient voice is heard in all areas of our work;
- Continue positive engagement and relationship building with GP membership, in particular building on the success of our Practice Variation Workstream and planning further phases;
- Continue to support and work towards new models of primary care in Merton to improve quality and access to primary care for all our residents, and
- Stretching existing QIPP schemes and exploring new areas for invest to save initiatives to improve quality in all our service areas.

5. Conclusion

This paper identifies that much of the Primary Care Strategy has already been delivered, particularly in relation to improved access in primary care, and this is

testament to the willingness of our member practices to offer more access, both in practices and via the two new GP access hubs. However there is no room for complacency and even within the access work there are plans for ongoing service improvements and the possibility of widening the scope of the hubs.

We have built up positive and strong engagement with our GP membership throughout 16/17, and will continue this in order to support primary care development, further key transformation pieces and promote good practice. We will also ensure we share plans and information effectively with our stakeholders, patients and wider community.

Some areas of the strategy remain a work in progress but with clear plans and intention for delivery, such as the East Merton Model with links to estates improvements, and the Integrated Locality Team development.

The journey towards new models of care and primary care at scale is reflected in the paper and will now start to pick up pace into 2018/19 through the joint efforts of our membership and the primary care team.