

Report to The Healthier Communities and Older People Overview and Scrutiny Panel
Update on Merton CCG's Primary Care Strategy
12th March 2019

Executive Summary

This report provides The Healthier Communities and Older People Overview & Scrutiny Panel with an update on the delivery of Merton CCG's Primary Care Strategy.

It builds upon the update that was provided and discussed by the Committee in January 2018.

Information is provided about developments in relation to the following areas/ priorities:

1. Access
2. Delegated Commissioning and Quality Assurance
3. Quality Improvement Initiatives
4. Merton Health (Merton's GP Federation)
5. Education, Training and Workforce
6. Information Technology
7. Primary Care Estates

The remainder of the report (sections 8 and 9) describes the strategic direction of travel and next steps, bearing in mind the recent publication of the NHS Long Term Plan and a five-year GP contract framework. There will be significant implications for general practice services in Merton and how primary care is provided in an increasingly integrated manner with other services.

1. Access

Improving access to primary care services is a key priority in Merton. There has been significant progress in this area and further developments are planned.

1.1 Access Hubs

Merton Health (Merton's GP Federation) provides Access Hubs, offering GP and nursing services, which extend current provision to 8 am – 8 pm Monday to Sunday. The two GP Hubs are co-located with Wide Way Medical Centre in Mitcham and The Nelson Medical Centre in Wimbledon. They provide additional access for patients to both routine and same day GP appointments and increase patient choice in terms of access to primary care.

The Hubs were launched in April 2017 and over time utilisation has grown, showing a significant demand for the service. From April 18 to January 19 (inclusive) 17,551 Hub appointments have been provided and patient satisfaction remains high.

All practices can book into the GP Hubs for evening and weekend appointments. NHS 111 and emergency departments at both St George's and St Helier are able to book appointments at the Access Hubs. This will help to ensure that patients receive the support required in the most appropriate setting.

1.2 Improving Access to Primary Care Local Incentive Scheme

All 22 practices deliver the Improving Access to Primary Care Local Incentive Scheme (LIS). This scheme continues to deliver 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.

1.3 Digital Access

Increasing numbers of patients are using online GP services. The direction of travel is for growing numbers of patients to book appointments, request repeat prescriptions, view test results and access their records online.

Across South West London DoctorLink has been selected to provide an online triage platform for patients. It includes a digital symptom checker and medical advice based specifically upon responses. It is thought that this system could transform how patients access their GP practice, especially for same-day and urgent appointments, helping to direct patients to the most appropriate service for their health needs. At the end of January 2019, six Merton practices had introduced DoctorLink and from September 2018 – January 2019 (inclusive), there had been a total of 722 registrations. An implementation plan is in place and the software will be rolled out to all practices.

There will be further significant digital developments in the coming weeks and months, including capacity to deliver dedicated video consultation follow-up appointments.

2. Delegated Commissioning and Quality Assurance

In 2016, Merton CCG took on delegated responsibility from NHS England for the management of Primary Care contracts. In terms of governance, the Merton Primary Care Operations Group provides assurance to the Merton 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 (see 2.3 for more details).

2.1 Premium Medical Service (PMS) Contract

A PMS Review (undertaken during 2017/18) allowed the CCG to offer a refreshed set of specifications to practices that will deliver improvements in care for patients. This piece of work was clinically led and took a positive approach to successfully deliver a new set of KPIs in collaboration with Merton and London wide LMC.

The specifications focus on the following services/ priorities:

- Improving Access to Services for Carers
- Opening Hours, Appointment Numbers and Facilitation of Access for Patients to Local GP Access Hubs
- Medicines Management
- Demand Management
- Proactive Care for People Living with Mild and Moderate Frailty
- Diabetes
- Implementation of Active Signposting and Dementia Friends Training
- Prevention – improving uptake of Screening and Immunisation
- Wound care
- Administering Non-Contraceptive Hormonal Implants or Injections

2.2 Locally Commissioned Services

Merton CCG has a number of primary care Local Incentive Schemes which focus on the following services/ priorities:

- Anticoagulation
- Post-Operative Wound Care
- Near Patient Testing
- Menorrhagia management
- Phlebotomy
- Insulin initiation
- End of life care and complex patients
- Minor surgery
- Patient transport
- Improving access
- Ambulatory blood pressure monitoring

During 2019/20, there will be a process for clinically reviewing each contract and specification. The Primary Care Commissioning Committee will have oversight and final sign-off on our approach to managing and reviewing the LIS contracts going forward.

2.3 Joint Primary Care Quality Review Group

The Joint Merton and Wandsworth Primary Care Quality Review Group (PCQRG) is a clinically led group with responsibility for overseeing the quality of services provided by GP practices across both boroughs through the core GP contracts. It reviews a range of data and information in order to seek assurance on the quality of services and also identify any areas, or individual practices that may require support. The group includes clinical and quality representation and locality teams.

The PCQRG identifies what support is available, what further work may be required and monitors progress. As part of the quality, support and education contract with Merton Health, a Primary Care Support Team will go into practices to improve quality, reduce variation, develop resilience and support them through CQC inspections (see Section 4).

3. Quality Improvement Initiatives

Included below are a few examples of quality improvement initiatives involving primary care.

3.1 Invest to Save Quality Improvement Schemes

2018/19 Quality Innovation Productivity and Prevention (QIPP) schemes are live and include a focus on a number of areas including:

- Providing extended consultations in order to reduce A&E attendances amongst a cohort of patients (adults and children) who have attended A&E frequently.
- Addressing unwarranted variation in referrals and pathology testing.
- Supporting patients with Chronic Obstructive Pulmonary Disease.
- Improving support for complex patients in the community (including patients who are at risk of hospital admission).

3.2 Practice Variation Workstream

Merton's Practice Variation workstream is now in its fourth phase, building on successes and learning from previous years. The purpose of this workstream is to explore variation in GP led first outpatient referrals and pathology testing by visiting all 22 practices to conduct clinically-led discussions.

GPs are provided with guidance, tools and practical support to help improve quality of referrals and pathology testing. Previously this has resulted in a reduction in spend on first outpatient GP led referrals to secondary care and on pathology testing. At the end of the fourth phase a summary from all the visits will be collated and distributed to practices to share best practice and key learning points.

3.3 Integrated Locality Teams (ILTs)

Integrated Locality Teams (ILTs) have been developed in Merton, including the following sectors/ services: primary care, community services, social care, mental health, hospice services and the voluntary sector. A key goal of the ILTs is to provide enhanced proactive care for complex patients to keep people well at home and prevent avoidable emergency admissions to hospital.

Common multi-agency goals are to provide planned, preventative and proactive care and to deliver a seamless service that is personalised, coordinated, and outcome focused and is delivered in, or close to, patients' homes. Included below is a summary of key developments amongst ILT partners.

Sector/ Service	Key Developments
All Partners	Merton Health (Merton's GP Federation) has appointed five ILT Coordinators (4.2WTE) to work across all partners in order to support the coordination of care of complex patients and to enhance joint working amongst ILT partners.
Primary Care	Each GP practice in Merton has committed to working in one of four networks which form part of the overall ILTs (North/ East/ South/ West).
Community services	Central London Community Healthcare NHS Trust (CLCH) has aligned its community nursing teams to the four ILTs: Link points of contact for each practice have been identified for a range of areas: case management; therapies; rapid response; dementia; end of life.
Social care	The London Borough of Merton (LBM) has a link Senior Health Liaison Social Worker (HLSW) for each GP practice. There are now four HLSWs (previously there were three professionals in the team).
Mental health	South West London and St George's Mental Health Trust (SWLStG) has identified: <ul style="list-style-type: none"> • Link care coordinators for working age adults for each GP practice. • A liaison point of contact across all practices for services for older people.
St Raphael's Hospice	St Raphael's Hospice works closely with other partners and CNSs attend practice MDTs. Discussions have taken place in relation to the opportunities associated with the development of Merton's ILTs. The hospice will be exploring whether it is possible to identify a link point of contact for each of the ILTs.

Voluntary Sector	<p>Discussions are underway about ways of working and involvement of the voluntary sector, and further engagement is planned.</p> <p>Work is underway in relation to the links between the ILT Coordinators, Social Prescribers and voluntary sector partners.</p>
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3.4 Social Prescribing

Social Prescribing is a means of enabling clinicians to refer people to a range of local, non-clinical services to improve their health and wellbeing. Recognising that people's health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way and facilitate access to the right support, in the right place, at the right time.

In Merton social prescribing has connected people with a range of voluntary and community sector-led interventions, such as exercise/ mobility activities, advice services, befriending, peer mentoring and carers respite. This approach has led to positive outcomes for individuals and more cost-effective use of NHS and social care resources.

Face to face social prescribing clinics are currently delivered in 13 Merton practices. A business case for borough-wide implementation was recently approved and so social prescribing will now be rolled out across all 22 Merton practices.

4. Merton Health (Merton's GP Federation)

Merton Health is a rapidly evolving Federation which has significantly expanded its portfolio of services and there are further developments planned for 2019/20.

There are mature Primary Care Networks (PCNs) with PCN aligned Board Directors and dedicated PCN leadership teams (including a Clinical Director, Lead Operational Manager (Practice Manager) and Project Manager) to oversee the delivery of initiatives and engage with practices.

Discussions are underway to develop the PCNs into multi-provider integrated networks with oversight from Merton Health and Care Together. The shared vision is to improve the health and wellbeing of the Merton population through "start well" "live well" and "age well" related programmes.

Merton CCG commissions Merton Health to provide several locally owned, primary care services for patients registered with a Merton CCG GP practice. Included below are descriptions of these services. It is also relevant to note that Public Health commissions the Federation to provide Health Checks and the Diabetes Prevention Programme.

Service	Description
Access Hubs	As described above – see section 1.1
Integrated Locality Team Coordination	<p>Merton Health has been commissioned to provide Integrated Locality Team Coordinators to work across practices and all ILT partners to support the coordination of care of complex patients, including end of life care patients and patients living with severe frailty. They are considered to act as the ‘glue’ between different partners to enhance joint working to support the delivery of high quality and patient-centred care for some of Merton’s most vulnerable patients. (See section 3.3)</p>
Primary Care Support Team	<p>Merton Health delivers a GP practice support service which aims to provide additional support to practices, with regard to quality, sustainability and resilience.</p> <p>The team provides support to GP practices and adopts a surgery-focused approach, tailored to the circumstances and needs of an individual practice. Through working collaboratively with practices borough-wide, Merton Health is in a good position to share learning across practices and to drive quality improvement.</p> <p>Key goals include supporting the achievement of best practice and reducing variation across practices to support equitable access to high quality primary care services for patients.</p>
Primary Care at Scale	<p>It has been recognised that practices working together or ‘at scale’ could provide opportunities to address many of the challenges facing primary care and could bring benefits for patients and practices themselves as well as the wider health system.</p> <p>The Federation is leading the delivery of the Primary Care at Scale (PCaS) work programmes. Scoping work has taken place with practices in order to shape the direction of travel in terms of what Primary Care at Scale ‘looks like’ in Merton.</p> <p>Resources are being shared across four networks with a view to practices working collaboratively to deliver projects that are tailored to benefit their local populations.</p> <p>Successful PCN initiatives include the Merton Pharmacist Programme, Proactive Care Homes Project, UK’s first diabetes population segmentation dashboard and EMIS¹ hosted CLCH² Diabetes community services.</p> <p>¹ EMIS is the primary care clinical system used in 20 Merton practices. (The other two practices use Vision). ² CLCH stands for Central London Community Healthcare NHS Trust, the community services provider in Merton.</p>

5. Education, Training and Workforce

5.1 Education and Training

Upskilling the primary care workforce is essential for transformation and ensuring sustainability of general practice. The Merton Community Education and Provider Network (CEPN) plays a vital role, working in partnership with the CCG, Merton Health and the SWL Health and Care Partnership.

A range of training, education and support has been provided. Protected Learning Time (PLT) events have continued to successfully support workforce and system resilience. Sessions for clinical and non-clinical staff have been delivered which have been well received.

During 2018/19 five PLTs have taken place and the clinical events focussed on the following subject areas:

- Anticoagulation / Cardiology
- Neurology / Dermatology
- Cancer & EOLC
- Children's health and wellbeing
- Digestive health

5.2 Workforce and Succession Planning

This is a national issue and one that in Merton is being taken forward at a South West London level by our SWL Health and Care Partnership (HCP). At a SW London level all practices will be able to access training to support workforce development, resilience schemes, International GP Recruitment programmes and access funding for additional roles that will support a GPs workload.

Work is taking place with our local Community Education Provider Network (CEPN) and local federation (Merton Health) to target key areas in order to support the sustainability of general practice.

There are several key areas running at a SWL level as part of the Primary Care workforce programme. These are as follows:

- 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
- International GP Recruitment scheme
- Additional workforce roles such as Clinical Pharmacists
- Change management and improvement support to group of practices through Primary Care at Scale

In 2019 GPs themselves will have access to wellness conferences, peer support networks and a number of other schemes aimed at addressing the needs of individuals who may be experiencing challenges such as 'burnout'.

6. Information Technology

Improvements to GP IT will help to 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. Included below are a couple of examples of key developments.

6.1 Connecting Your Care

Connecting Your Care¹ will improve information sharing across health and care providers which will bring benefits for patients and professionals. It will help to achieve improved patient care through real time access to a range of information including appointments, discharge summaries, medications, allergies and diagnostic test results.

6.2 Mobile working

This initiative enables end users including GPs to have full remote access to their files as well as to all EMIS Web functionality using Microsoft Surface Pro devices. This will improve IT service availability, staff productivity, and agile working. The development will support integrated working between general practice, community services and social care to support the care for our most complex and vulnerable patients.

7. Primary Care Estates

Merton CCG's Board and other key stakeholders have given strong support for estates as a key enabler to achieving primary care strategic objectives.

There is a monthly Merton Health & Care Estates & Investment Group whose aims include to carry out borough level planning, inform the estates strategy across SWL and to bid for transformation funding.

Several strategic estates developments are progressing, which are described below.

Wimbledon Medical Practice (formerly Princes Road Surgery) – move to the newly refurbished Patrick Doody Health Centre

On 26th November 2018 staff and patients of the former Princes Road Surgery moved to newly refurbished premises at Patrick Doody Clinic, 79 Pelham Road. The practice, renamed Wimbledon Medical Practice, has successfully transitioned into its new home.

¹ See: <https://www.swlondon.nhs.uk/ourwork/connectingyourcare/>

An allocation of funds direct from the Department of Health & Social Care to NHS Property Services for the cost of the works provided the practice with new modern treatment rooms, consulting rooms and a patient waiting area on the ground floor, with dedicated staff breakout and office space on the first floor. The practice shares the building with community healthcare services (provided by Central London Community Healthcare NHS Trust).

Rowan Park (Rowans Surgery) – new Medical Centre

Between 2012 and 2014 the former Rowan High School site, Rowan Road Mitcham was redeveloped as part of a joint project with the Homes and Communities Agency (HCA), Crest Nicholson Homes and Merton Council.

At the time a Section 106 (S106) agreement was put in place for a scout hall and community facility, new medical centre and pharmacy. Rowan Park residential development has been complete since 2014, however the medical centre and community facilities are yet to be built.

This high-profile scheme has support from ward councillors and local MP and remains high priority for Merton CCG. Once complete, the new building will provide fully compliant, modern premises for Rowans Surgery and their patients, as well as community space for local people.

Although full planning consent was secured at the time, the delay between 2012 and the present has resulted in an increase in construction costs and revisions to the specification for the medical centre to which the CCG has agreed.

Progress has been significant in the last 6 months and next steps are as follows:

- Crest Nicholson's representatives have advised that they will be taking a new affordability proposal to their national Board in March for approval.
- Any changes will be considered as amendments to the approved plans and subject to approval by Merton Council before the build can start.
- Once approved, engagement will begin with Rowans Surgery practice on the plans and design of the GP space.

Colliers Wood Surgery – new Medical Centre

An EETF (Estates & Technology Transformation Fund) Scheme to the value of £1.01m to consolidate two separate Colliers Wood Surgery premises (Lavender Fields branch and Colliers Wood High Street main) into one new, purpose-built facility at the Guardian Centre, Merton Vision (established local charity) site at 67 Clarendon Road, Colliers Wood, SW19 2DX.

The new facility will provide Merton Vision with accommodation on the ground floor, along with treatment and consultation rooms, dedicated staff, meeting and office space for the GP surgery on the first floor. The need for a second floor is under review.

In recent weeks the Council's Design and Review panel requested an amendment to the look and scale of the proposed building. Architects are working on these new designs. Although supportive of the need for new GP premises, Local ward councillors have indicated on behalf of residents that the building's scale is not in keeping with local surroundings and there has been some opposition to the impact of increased traffic and pedestrian activity as a result of the health centre.

Merton CCG has responded to this positively and is reviewing the need for an additional 200 m² of clinical space in order to further reduce the size of the building and has asked Octopus to undertake a cost analysis of the impact of withdrawing the space should this no longer be required.

The scheme has a set of proposals which are capable of getting planning permission and in principle fit with the Council's legal framework for the site. Further to revised designs being acceptable, it is anticipated that a planning application will be submitted within the next few months.

The Wilson Health & Wellbeing Campus

Following an economic appraisal in 2015 it was decided that a new building on the Wilson Hospital site in Mitcham was the preferred option for providing the estate to support the delivery of new models of care.

The Wilson will become a Health & Wellbeing 'Campus', addressing needs of residents in the east of the borough, but with services available for all residents of Merton.

The Wilson will be deliberately different from a traditional health centre. The space will support residents of all ages to stay healthy and develop stronger links with their wider community, as well as deliver and signpost to local wellbeing services that support people to lead healthier lives.

The wellbeing steering group will work closely with community organisations and other local development schemes to ensure a rounded and well thought out integration of wellbeing services does not duplicate what is already available or destabilise current funding opportunities.

A detailed paper was presented to Merton's Governing Body meeting early in January at which the details of the service model were shared. Work is underway on the practical contracting matters that accompany the new services and how it is to be delivered and managed so that when building work commences we are well prepared.

The desired outcomes of the Wilson programme align with those of the Merton Health & Care Together Board – Start well, live well, age well. Included below is a summary of the intentions in relation to primary care at the Wilson:

- Although there will not be a GP practice housed at the new campus, local GPs will work together on-site to provide a range of clinics and consultations, including group consultations, for a population of around 100,000 that complements and works with local practices and will not destabilise.
- There will be a holistic approach with a strong focus on the management of complex patients, long term conditions and mental health needs. There will be children and young people's services (including for families and carers) and social prescribing will also support older people with improved links to the community and intergenerational activities.
- A 'one stop shop' approach means less travelling time for patients, with the opportunity to host multi-disciplinary team meetings with the GP as a key partner at one convenient site.
- Improving Access to primary care will be via consultations booked via a same day appointment system, not via a walk-in. Patients who turn up on the day with an urgent need or unmanaged serious condition, or those who do not currently have a registered practice, will be triaged on-site as appropriate and either seen booked in to be seen on the day at the Wilson, or referred to other appropriate urgent or local primary care or community settings.
- Out of Hours GP services beyond 8pm are proposed (subject to contractual agreements). These will be available to people who are not registered with a Merton GP practice;
- Social Prescribing will signpost people to community-based voluntary sector services based at the Wilson and elsewhere in the local community that will support with addressing some of the wider social determinants that affect health such as loneliness, unemployment, housing, relationship issues and debt.

It is currently estimated that the Wilson Health and Wellbeing Campus will open to the public in 2022.

As committee members may be aware, there is a delay owing to securing funding for the Wilson. We are actively working on a number of options and aim to have a positive resolution shortly.

In the meantime, work to develop services that will be based at the campus is continuing as planned. Community engagement activity is also continuing.

8. Direction of Travel

On 7th January 2019 The NHS Long Term Plan² was published which sets out priorities for the NHS over the next ten years.

On 31st January 2019 NHS England and the BMA General Practitioners Committee in England published a five-year framework for GP Contract Reform to implement The NHS Long Term Plan³.

This document translates the commitments outlined in The NHS Long Term Plan into a five-year framework for the GP Services contract. The agreement sets out the changes in the 19/20 GMS Contract and proposals for the four subsequent years. It also confirms the direction for primary care for the next ten years seeking to meet the reasonable aspirations of the profession.

The agreement:

- Seeks to address workload issues resulting from workforce shortfall.
- Brings a permanent solution to indemnity costs and coverage.
- Makes improvements to the Quality and Outcomes Framework (QOF).
- Introduces automatic entitlement to a new Primary Care Network Contract.
- Helps join-up urgent care services.
- Enables practices and patients to benefit from digital technologies.
- Delivers new services to achieve NHS Long Term Plan commitments.
- Gives five-year funding clarity and certainty for practices.
- Tests future contract changes prior to introduction.

As noted above, the framework introduces a new Primary Care Network Contract which outlines a significant shift in the future of general practice and primary care. Primary Care Networks are at the heart of the NHS Long Term plan and will be fundamental to significant developments in terms of how health and care services are delivered. The new GP contract requires practices to come together in geographical networks covering populations of approximately 30,000 - 50,000 patients to share staff and services.

Additional funding for specific different primary care roles (clinical pharmacists, social prescribing link workers, physician associates, first contact physiotherapists and first contact community paramedics) will be provided to networks and new specifications and models of care will be delivered.

In Merton Primary Care Networks are already in place (see Appendix A) and their roles and functions will evolve going forward.

² See: <https://www.longtermplan.nhs.uk/>

³ See: <https://www.england.nhs.uk/publication/gp-contract-five-year-framework/>

9. Conclusion and Next Steps

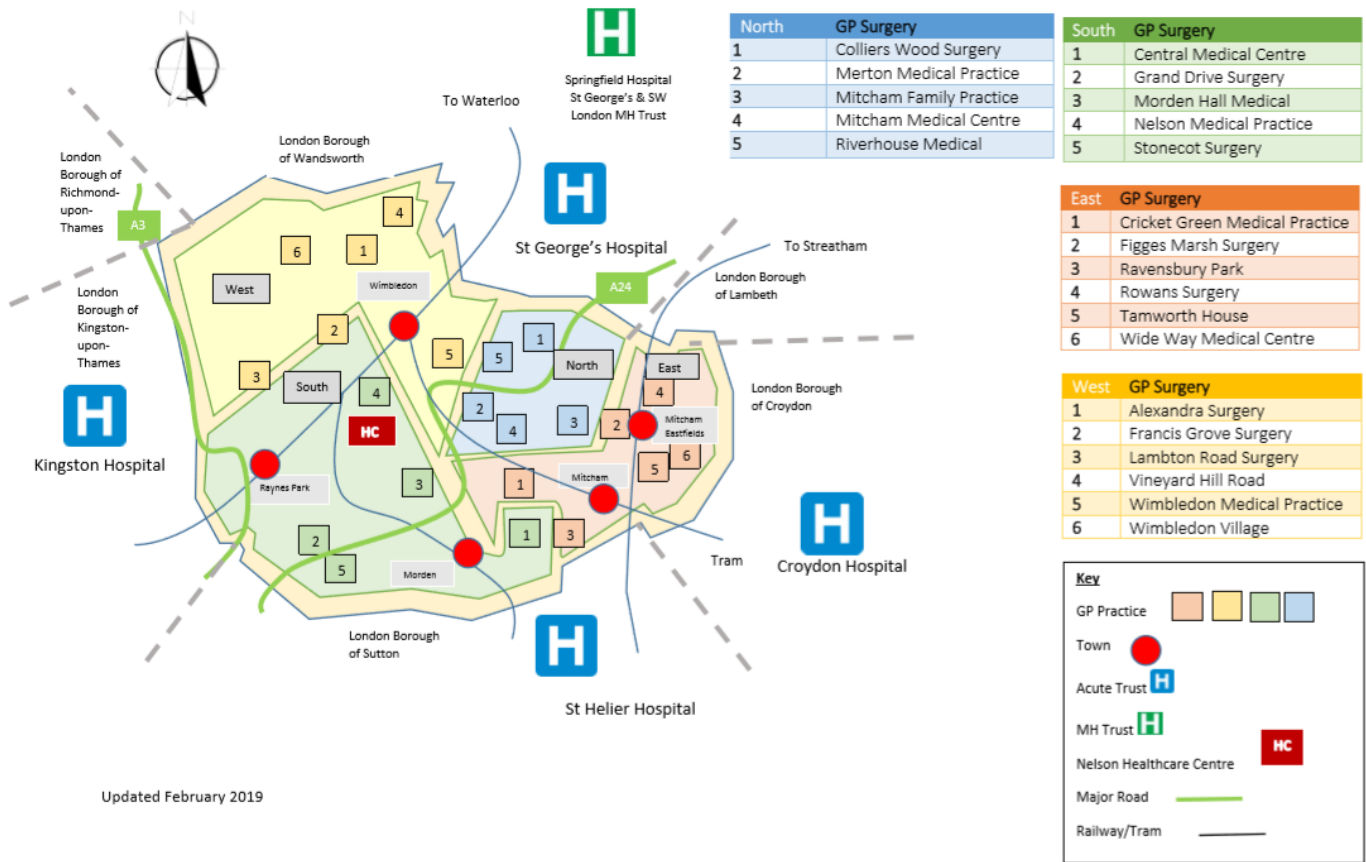
This paper identifies that significant progress has been made in relation to the delivery of the Merton Primary Care Strategy. Some areas are still in development and will continue to be progressed throughout 2019/20.

Positive and strong engagement with our GP membership is incredibly valuable and supports with primary care development and transformation work and in terms of promoting good practice and quality improvement.

The NHS Long Term Plan and the five-year framework for GP contract reform signals significant change for primary care. We are awaiting the publication of further national guidance which will provide additional information about some of the shorter term arrangements that need to be put in place. Work is underway in terms of reviewing the implications and establishing associated local plans and next steps.

The intention is to adopt a collaborative and supportive approach, working closely with member practices, Merton Health and other partners, to ensure the successful delivery of new models of care and greater integration between health and care services for the benefit of Merton patients.

Appendix A: Map of Merton GP Practices (Four Networks)



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