Report to The Healthier Communities and Older People Overview and Scrutiny Panel

Update on Merton CCG's Primary Care Strategy

10th March 2020

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 Primary Care Strategy update that was discussed by the Committee in March 2019, as well as the update on Primary Care Network Development which came to the Committee in June 2019.

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

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

Section 8 of the report includes some concluding comments and next steps and Appendix A includes a glossary which can be viewed alongside the paper.

1. Primary Care Networks

1.1 Context

1.1.1 National Context

In January 2019 The NHS Long Term Plan[1] was published which sets out priorities for the NHS over the next ten years. Primary Care Networks are at the heart of the NHS Long Term plan and will be the foundation of Integrated Care Systems. They will be fundamental to significant developments in terms of how health and care services are delivered.

Following the publication of the Long Term Plan, NHS England and the BMA General Practitioners Committee in England published a five-year framework for GP Contract

[1] See: https://www.longtermplan.nhs.uk/

Reform[2] to support implementation. This document translated the commitments outlined in The NHS Long Term Plan into a five-year framework for the GP Services Contract. The agreement confirmed the direction of travel for primary care for the next ten years and set out the changes in the 19/20 GMS Contract and proposals for the four subsequent years.

One key development was the introduction of a new Primary Care Network Contract. This Directed Enhanced Service (DES) Contract supports Primary Care Networks of local GP Practices working together with local community teams around natural communities based on GP registered lists, serving populations of approximately 30,000 to 50,000 people.

The vision is for PCNs to enable the provision of proactive, accessible, coordinated and more integrated primary and community care in order to improve outcomes for patients. Networks are small enough to provide personal care and large enough to support resilience and to have an impact through deeper collaboration between practices and other health and social care partners.

Nationally the introduction of Primary Care Networks (PCNs) has led to significant changes to the shape of the NHS primary care landscape.

1.1.2 Local Context

There are six Primary Care Networks in Merton and all 22 practices are a member of a network. Details of the PCNs, including their constituent practices and collective list sizes, are included in Appendix B.

Prior to the publication of the new contract guidance, practices in Merton had been working in groups/ networks for over a year, with four established across the borough.

With the publication of the new Network Contract and guidance around the development and resourcing of PCNs, practices worked together to align themselves into networks that make the best use of resources, are geographically coherent and meet the requirements as set out in the DES.

There was a move from four to six PCNs to maximise the level of resource that would be received by the networks (which is particularly relevant in 19/20) but the practices that are now part of smaller networks still intend to work collaboratively to achieve benefits from working at a greater scale.

1.2 Developments in 2019/20

1.2.1 New Roles

[2] See: https://www.england.nhs.uk/publication/gp-contract-five-year-framework/

During 2019/20 a key area for development has been the introduction of the new roles in primary care networks, in particular: Clinical Directors, Social Prescribing Link Workers and Clinical Pharmacists.

In Year 1 (19/20), Networks can receive 100% reimbursement for a Social Prescribing Link Worker (SPLW) and 70% reimbursement for a Clinical Pharmacist.

All Merton PCNs have one or two Clinical Directors who are local GPs (for some networks two GPs share the role). All PCNs have a SPLW (see section 1.2.3 below) and some PCNs have appointed Clinical Pharmacists, with others still pursuing recruitment.

For all new roles, local consideration is needed in terms of strategies for recruitment and retention, including training, development and support for professionals joining primary care teams.

1.2.2 Primary Care Network Development

Supporting PCNs to evolve and thrive is a key priority. Nationally, new dedicated PCN support funding is being provided to help networks mature and be in a position to operate and deliver care differently. Funding is expected to be recurrent for five years dependant on need and effective use and it should support individual Clinical Director development and overall development of the PCN. The funding available for Merton for 2019/20 is £150,000.

The following national documents help to guide how this funding can be utilised:

- PCN Maturity Matrix – which outlines components that will underpin the successful development of networks and sets out a progression model that evolves from the initial steps and actions that enable networks to begin to establish through to growing the scope and scale of the role of networks in delivering greater integrated care and population health for their neighbourhoods.
- PCN Development Support Prospectus – which describes good development support and sets out an agreed consistent view for regional and local teams to use and build upon to ensure any support put in place meets local needs.

PCNs have developed plans for the use of their development funding allocation. Potential outcomes expected to be delivered from the development funding (dependant on specific activities undertaken) include:

- PCNs have an agreed vision and direction of travel and have established development plans for the short, medium and longer term that produce tangible benefits to practices and their patients
- Effective decision-making processes and communication approaches are in place for PCNs

- PCN governance is strengthened and linkages are established with wider ‘system governance’. Joint work is undertaken with other providers, to identify and implement PCN related developments, including how to achieve greater alignment with PCNs and how to improve collaborative working to provide enhanced care and support for complex patients
- Appropriate data sharing arrangements are in place to enable read/write access to records within networks
- PCNs undertake workforce planning and are in a position to support new roles effectively and in a position to embed within practice and PCN teams
- Staff from across PCNs work more closely as a single team and have established shared processes and ways of working where appropriate
- PCNs have mechanisms to engage with patients, communities and other partners
- Inclusion of all levels of practice staff so everyone feels part of a PCN.
- Business intelligence and population health analytics are deployed in a strategic and systematic way. There is dedicated input and support to provide relevant information/ dashboards that is meaningful for PCNs.

1.2.3 Social Prescribing

Before the launch of the DES, in Merton there was a well-developed social prescribing service delivered by Merton Voluntary Service Council (MVSC), with three Social Prescribing Link Workers (SPLWs). Building upon the existing service, the CCG offered to hold a contract for service delivery across PCNs and to ‘top up’ the NHS England funding to continue to fund the three existing SPLWs and enable delivery of elements which cannot be covered within the salary funding. This includes areas such as management costs, training, supervision, the role development of the Link Workers and some funding to support capacity building in the voluntary sector.

All of the six Merton PCNs signed up to this model and collaborative work has taken place with MVSC to implement a borough wide model involving at least one SPLW supporting patients in each of the six PCNs. MVSC successfully appointed six additional SPLWs to join the existing team, bringing the total number of SPLWs in Merton to nine and work is underway to embed the service in all practices, ensuring that it is localised to meet patients’ needs. MVSC have also commissioned Elemental which is a digital solution to facilitate effective monitoring of referrals and outcomes.

In Merton social prescribing has connected people with a range of voluntary and community sector-led interventions and the approach has led to positive outcomes for individuals and more cost-effective use of NHS and social care resources.

1.3 Developments in 2020/21

On 6th February 2020 NHS England and NHS Improvement and the BMA jointly published an update to the GP contract agreement[3]. The document updates and enhances the existing five-year framework, which stands unless otherwise amended in the update document.

This update brings a few significant developments from a Primary Care Network perspective.

From April 2020, each PCN will be allocated a single combined maximum additional roles reimbursement sum which will be based on the PCN's weighted population share (in relation to England's total weighted population). Previously it was known that from April 2020, in addition to Social Prescribing Link Workers and Clinical Pharmacists, PCNs could also recruit Physician Associates and First Contact Physiotherapists. The new guidance expands the number of roles included and states that PCNs can also employ the following roles to make up the workforce they need: Pharmacy Technicians, Care Co-ordinators, Health Coaches, Dietitians, Podiatrists and Occupational Therapists.

Previously the guidance stated that the reimbursement level for all new roles would be 70% apart from for the SPLWs which would have remained at 100%. However, the update document confirms that all roles will now be reimbursed at 100% (up to the maximum reimbursable amounts set out in the contract).

Three new network specifications will be introduced in 2020/21:

- Structured Medication Review and Medicines Optimisation
- Enhanced Health in Care Homes
- Supporting Early Cancer Diagnosis

These national specifications have been revised significantly following a consultation process in which Merton participated.

Work is underway regarding determining some of the implications, next steps and processes that need to be put in place and the joint work and support that is required.

2. 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.

2.1 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.

[3] See: https://www.england.nhs.uk/gp/investment/gp-contract/

The Hubs were launched in April 2017 and over time utilisation has grown, showing a significant demand for the service. 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.

Originally there were two GP Hubs co-located with Wide Way Medical Centre in Mitcham and The Nelson Medical Centre in Wimbledon. During 2019/20 the number of Hub sites expanded and there is now an Access Hub at a member practice of each of the six PCNs:

- Original Hub Sites:
    - East Merton - Wide Way Medical Centre
    - South West - Nelson Medical Practice
- Additional Hub Sites:
    - North Merton - Merton Medical Practice
    - Morden - Morden Hall Medical Centre
    - North West Merton - Wimbledon Medical Practice
    - West Merton - Lambton Road Medical Practice

From April 19 to January 20 (inclusive) 18,554 Hub appointments have been provided at the original hub sites (compared to 17,551 for the same period during 2018/19). There were also 3,218 Hub appointments provided by the additional hubs sites from October 19 to January 20 (inclusive). 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 hospitals 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.

The Access Hubs can support with addressing various priority areas. For example, Merton has a low MMR vaccination uptake and to improve performance, childhood immunisation clinics have been launched every Thursday from 5pm-8pm at one of the Hub sites.

Access Hub utilisation is reviewed locally in Merton and across South West London. This is the proportion of appointments attended (excluding patients who do not attend) compared to the total number of appointments available. Across South West London, for 2019/20 the aggregated utilisation rates during quarters 1 to 3 ranged from 43% to 84% and Merton's utilisation rate was 69.2%. The target utilisation rate is 75% and work is being undertaken to develop a detailed understanding regarding current utilisation patterns (across the Hub sites and across patients registered at different practices) and to implement developments which should improve utilisation. For example, the Federation has undertaken further promotion of the Access Hubs, work has been undertaken to support direct booking and progress is being made in relation to introducing text message reminders.

2.2 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.

2.3 Digital Access

Increasing the number of patients who are using online GP services is a priority area. 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 2020, twenty Merton practices had deployed DoctorLink and over the past year a range of communications strategies have been used to promote and raise awareness.

Merton and Wandsworth were selected as a 'Digital Accelerator' site for South West London. As part of the Digital Accelerator programme, work is taking place with six selected PCNs from Merton and Wandsworth (three from each CCG) to pilot workstreams/ projects in scope of the programme. These include:

- Improving the Online Consultation Offer;
- Optimising Demand and Capacity;
- Offering Video Consultations and trying other alternative providers;
- Carrying out Patient Insight Work; and
- Improving Telephony Access.

Work is taking place in relation to:

- Rolling out video consultations in Merton and Wandsworth – video conferencing kit has been purchased for all Merton practices and the team is engaging with DoctorLink to complete the creation of user accounts for clinicians.
- The integration of the DoctorLink system with the Directory of Services (so that patients can be signposted to relevant local services) and the NHS App (which provides patients with a route to access a range of NHS services through a smartphone or tablet).
- The implementation of the GP connect interface to provide a more efficient and streamlined connection to GP systems – improving the direct booking process between NHS 111/ A&E into primary care.
- A plan for wider engagement of SWL stakeholders in eliciting requirements for video consultations ahead of going to the market to engage suppliers of video consultation solutions.

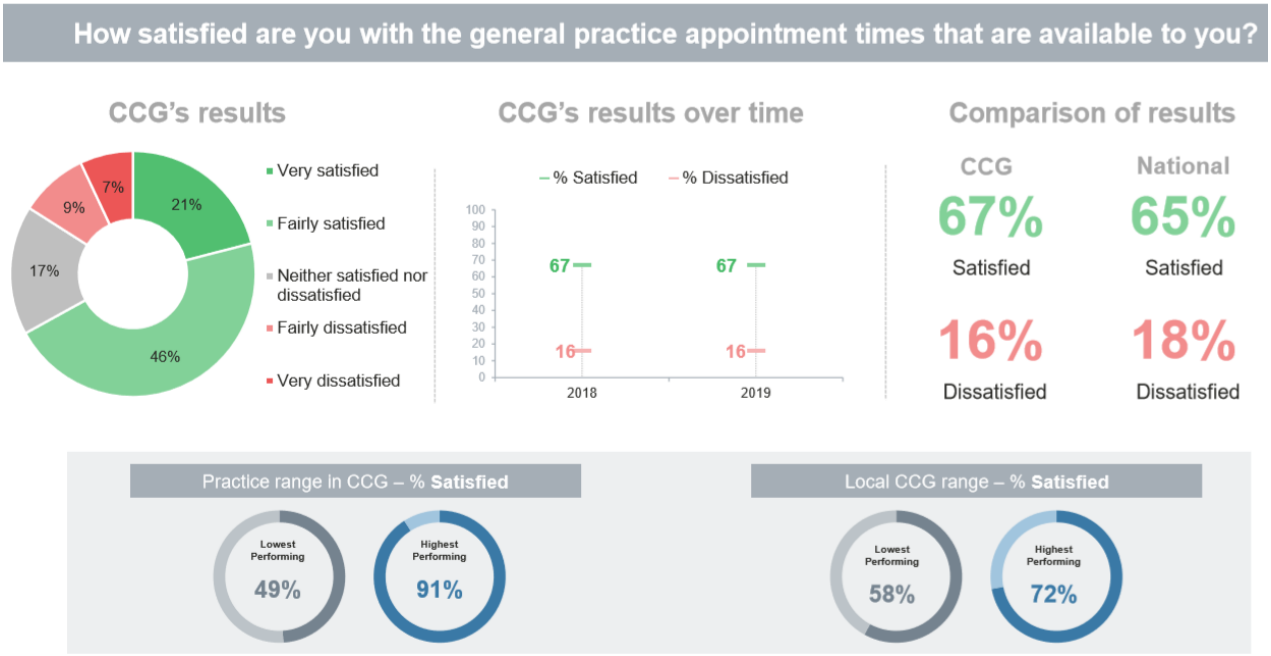
2.4 Merton Data

There is various data and information available regarding access to primary care services. One good way of understanding patient experience is reviewing results from the GP Patient Survey (GPPS), an England-wide survey which provides practice-level data about patients' experiences of their GP practices. The last GPPS publication was in July 2019; for Merton CCG 8,973 questionnaires were sent out, and 2,477 were returned completed which represents a response rate of 28%[4].

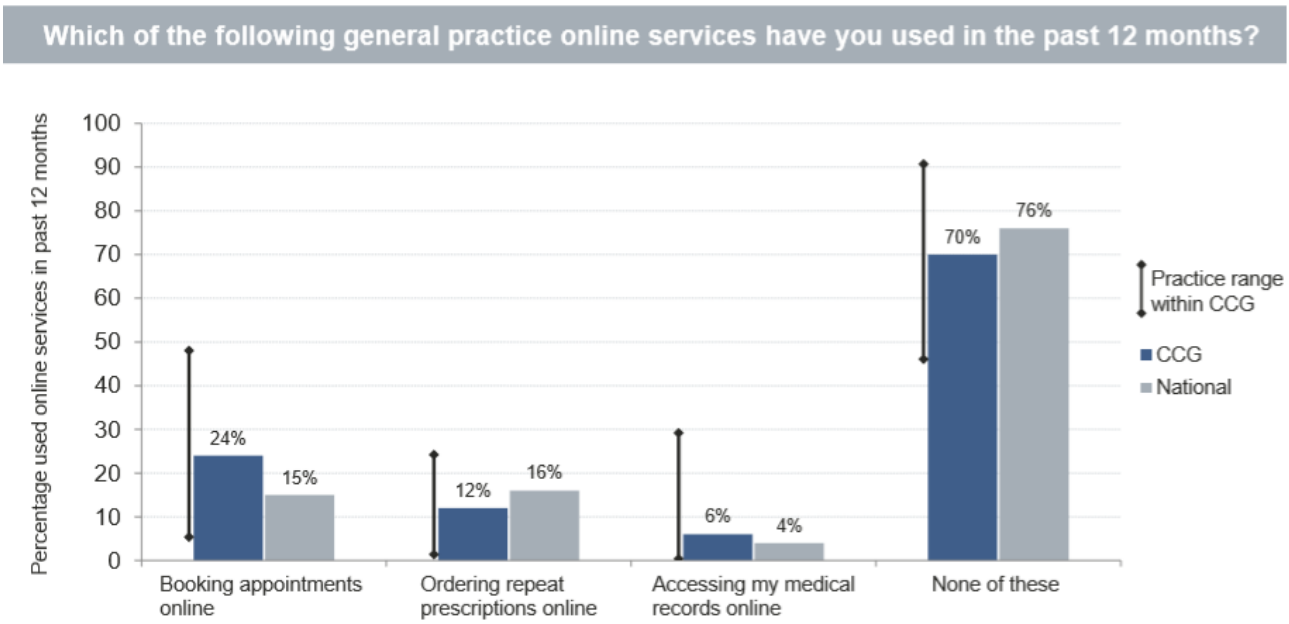
It is possible to compare Merton with other South West London boroughs and national averages, look at variation across practices and review trends over time. In terms of satisfaction with available general practice appointment times, all South West London CCGs perform better than the national average. Similar percentages of patients reported that they were satisfied across the CCGs, although the percentages for Sutton and Wandsworth CCGs are slightly higher than for the other boroughs. However, within each CCG there is significant variation across practices.

	How satisfied are you with the general practice appointment times that are available to you?	
	Satisfied	Dissatisfied
Croydon CCG	67%	17%
Kingston CCG	68%	14%
Merton CCG	67%	16%
Richmond CCG	68%	16%
Sutton CCG	71%	15%
Wandsworth CCG	72%	13%
National	65%	18%

[4] For further information, see: https://www.gp-patient.co.uk/Slidepacks2019



The results from the survey also help to identify areas for development. As noted above, improving digital access is a key priority but as can be seen from the graphs below, most patients are not currently accessing the online services listed.



2.5 Next Steps

The update to the GP contract states that an improved appointments dataset will be introduced in 2020, alongside a new, as close to real-time as possible, measure of patient experience. This may mean that it is possible to look at a more consistent access data across practices going forward (as practices often have different naming/ coding conventions for appointments).

Another development will be that from April 2021 the current 8 to 8 funding (for the access hubs) will flow to PCNs and operational guidance to support the transfer is being developed nationally. Work will need to take place to review the current access 'landscape' (as there are several elements to this) and to work collaboratively with PCNs to develop an access model from April 2021.

3. Delegated Commissioning

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 has provided assurance to the Merton Primary Care Committee and a joint Merton & Wandsworth Primary Care Quality Review Group was established to manage the early intervention and quality assurance of contractual arrangements, including earlier identification of vulnerable or struggling practices (see section 4.1 for more details). For example, workforce and succession planning support can be provided, which can be particularly valuable for practices which are envisaging that they will be affected by GP retirement.

3.1 Personal Medical Services (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 focussed 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

During 2019/20 work has taken place to review the PMS specifications and key performance indicators (KPIs).

It was identified that the Diabetes specification could be retired as it has been superseded by a new Local Incentive Scheme introduced in 19/20 (described in section 5 as this is overseen by Merton Health, Merton's GP Federation).

A review group has worked on revising the frailty specification and developing a new specification in relation to the prescribing of Antipsychotic Drugs following guidance issued to CCGs. The specifications were revised/ developed with input from the LMC, Practice Managers, Clinical Leads and CCG colleagues.

The frailty specification has now been signed off by the LMC and it is envisaged that the Antipsychotic Drugs specification will also be signed off in the next couple of weeks with the view to implement from 1st April 2020.

3.2 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
- End of life care and complex patients
- Minor surgery
- Patient transport
- Improving access
- Ambulatory blood pressure monitoring
- SMI health checks
- Diabetes care/insulin initiation (managed by the Merton GP Federation – see section 5)
- Care homes (managed by the Merton GP Federation – see section 5)

The LIS contracts and specifications that are managed by Merton CCG are currently under clinical review. The activity reporting and invoicing process is also being streamlined to make it easier for practices.

4. Quality Assurance and Improvement

4.1 Joint Primary Care Quality Review Group and Practice Support Team

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. The group includes clinical and quality representation and locality teams. It reviews a range of data and information in order to seek assurance on the quality of

services and to identify any areas or individual practices that may require support. For example, recently the 2018/19 Quality and Outcomes (QOF) data was reviewed, the group looked at overall achievements for some key areas, discussed possible reasons behind variations and agreed next steps.

The PCQRG identifies what support is available, what further work may be required and monitors progress. As part of the contract with Merton Health (see Section 5), a Primary Care Support Team (PST) has been created which reflects the commitment to build primary care quality and resilience at practice level and the PST aims to reduce variation in quality within PCNs and across Merton.

The PST is able to facilitate discussion within practices and identify areas of good practice as well as areas where improvements could be made. The PST then supports the practice to identify and implement actions for improvement. This may include linking in with other teams and/or services that will be able to provide expert advice and support.

The aims of the Practice Support Team are to:

- Improve care quality and compliance
- Reduce workload and/or find efficiencies
- Improved practice infrastructure
- Support with workforce Issues
- Identify opportunities for care redesign

Practice requirements are varied ranging from help with Care Quality Commission (CQC) compliance pre and post inspection to specific needs such as managing submissions, premises risk management, organisational development and practice quality assurance and improvement systems.

4.2 Practice Variation Visits

In 2019/20 the Primary Care Team has continued with the Practice Variation Visit Programme across all practices in Merton. This programme was initially developed in 2016/17 when Primary Care colleagues visited all 22 practices in the borough twice; the first meeting focussed on referral management behaviours and the second meeting on pathology testing.

The meetings were clinically led and were carried out by the Locality Manager and Clinical Lead; the CCG provided practice specific data, a NICE guidance pack and a directory of community services to facilitate a discussion with the practice. The CCG targeted 8 specialties and 4 tests. Following the meeting the Locality Manager summarised the meeting and circulated the actions. The GPs were then responsible for disseminating the learning from the discussion as part of an informal peer review and add the community service directory to their local locum toolkit. Each GP at the practice was also required to

complete an audit on the 8 target specialties for 3 months, to identify the reasons behind their referrals, to see if there were any knowledge gaps.

Due to the challenges facing the local health system and ever-increasing pressures on secondary care, the CCG has continued the clinically led visits to practices with one visit per practice each year. The purpose of these visits is to identify best practice, as well as explore areas where we know there is variation in activity, which practices may need support to address. The feedback from these visits has been very positive and practices have found it useful to see a breakdown of their referral rates, which enables them to investigate specific areas further.

4.3 Integrated Working

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. ILTs aim to provide proactive, patient centred, coordinated care, to keep people well in the community and prevent avoidable emergency hospital admissions.

In 2018/19 a Local Incentive Scheme (LIS) for primary care was introduced to provide enhanced support for end of life care and other complex patients and this scheme has achieved positive outcomes. In 2019/20 a scheme for Care Homes was introduced which has a comparable structure and approach.

During 2018/19, over 230 practice-based multidisciplinary team (MDT) meetings were held involving a range of partners. At these meetings there were over 4300 patient conversations, including over 2700 regarding end of life patients and over 1600 regarding other complex patients.

There was a 41% reduction in A&E attendances and a 51% reduction in non-elective admissions amongst a cohort of patients receiving enhanced support. There is a monthly ILT Steering Group meeting (which is multi-agency and multi-professional) which oversees the ILT work and helps to lead and drive developments.

An ILT MDT Toolkit has been developed and a ‘100 day challenge’ initiative has been undertaken which involved MDTs reviewing how the team operates, considering what is going well and identifying areas for improvement.

5. Merton Health Limited (Merton’s GP Federation)

Merton Health is a rapidly evolving Federation which has significantly expanded its portfolio of services. Merton Health has refreshed its governance structure to ensure that the Federation is Primary Care Network led.

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 the Federation is commissioned to deliver additional services by other partners, for example Public Health commissions the Federation to provide Health Checks and the Diabetes Prevention Programme.

Service	**Description**
Access Hubs	As described above – see section 2.1
Integrated Locality Team Coordination	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 4.3)
Practice Support Team	As described above – see section 4.1.
Primary Care at Scale	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. The Federation is leading the delivery of the Primary Care at Scale (PCaS) work programmes. 2019/20 PCaS workstreams include the following: • Leadership development Support the development of Clinical Directors in their role as leaders of PCNs, and also as Merton Health Board Members • Communication and engagement Strengthen collaboration within and between PCNs and with wider stakeholders including patients and the public. Develop processes for shared learning. • System partnerships Ensure PCNs are supported in working in partnership with Merton Health and Care Together. Develop new models of care through integrated working and focusing in population health needs. • Quality improvement Develop a quality improvement team. Work with PCNs to identify and focus on quality improvement areas • Efficiency and shared back office function

	Deliver economies of scale, develop support functions across areas such as HR, workforce development, contract management
Care Homes	The Care Homes service was introduced in 2019/20 and includes the following: • The delivery of a Care Home Local Incentive Scheme (LIS) by GP Practices in Merton • The leadership, management and oversight of the Local Incentive Scheme by Merton Health • The delivery of care home developments and initiatives by Merton Health The overarching aims of the LIS service include to provide enhanced proactive support for care home residents, to improve the identification of patients requiring enhanced/ multidisciplinary input, to enhance communication amongst professionals and to support the delivery of high quality person-centred care. This will help to achieve improved outcomes for patients, including reducing avoidable admissions and, for those at end of life, helping them to be cared for, and to die, in their preferred place.
Diabetes	The Diabetes service was introduced in 2019/20. The aim is to coordinate partnership working between primary, community and acute providers in the delivery of local diabetes services and it is anticipated that this will lead to more integrated and sustainable diabetes services which focus on prevention and holistic care, (including physical and mental health services, and appropriately signposting patients to education, self-care and social prescribing services). The service has two key elements: 1) Individual general practice Local Incentive Scheme (LIS) This involves individual GP practices managing their registered patients with or at risk of diabetes through early detection, prevention, education and improved care management to deliver better outcomes. 2) GP Federation Local Incentive Scheme (LIS) This involves the GP Federation helping individual GP practices through on-going support and education to enable them to deliver tailored services to their registered population. The approach will be through Primary Care Networks, supporting a joint approach to design innovative ways of supporting individual practices.

6. Education, Training and Workforce

6.1 Education and Training

Upskilling the primary care workforce is essential for transformation and ensuring sustainability of general practice. The Merton Training Hub (formerly 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 2019/20, three PLTs have taken place and the fourth is being held in March. The clinical events have focussed on the following subject areas:

May 2019	• Gastroenterology Clinical Assessment Service • Diabetes (including Local Incentive Scheme) • Care Homes (including Local Incentive Scheme)
September 2019	• ENT (Ear, Nose and Throat) • Prostate Follow Up • Nutrition • Gastroenterology Clinical Assessment Service
December 2019	• Gynaecology • Diabetes (including Local Incentive Scheme) • Physical Activity
March 2020	• Asthma Update • COPD (Chronic obstructive pulmonary disease) • Spirometry & case studies • Medicine Management Team – South West London Guidelines • Update on Social Prescribing • GP wellbeing and healthy workplace development

6.2 Workforce Initiatives

The General Practice Forward View (GPFV) (which set out NHS England's approach for strengthening general practice) and the NHS Interim People Plan (which sets a vision for how people working in the NHS will be supported to deliver care) have set out clear requirements and intentions with regards to growth and development of the primary care workforce.

Locally many workforce initiatives are being taken forward at a South West London level. The Health and Care Partnership Primary Care Transformation team is working with Training Hub leads from each of the six CCG areas to deliver positive outcomes for the primary care workforce against the GPFV. Collaborative work is also taking place with

Health Education England (HEE) to develop Training Hubs to support PCNs and the wider delivery of the NHS Interim People Plan.

Joint work is being undertaken to improve recruitment and retention of staff and overall staff satisfaction, and there is a focus on the following areas:

- Recruitment and Retention
- General Practice Resilience
- GP and GPN fellowships
- Admin and Clerical training

As an example, in relation to GP retention, each Training Hub is taking a lead on particular projects and is delivering them across South West London on behalf of all. Initiatives are advertised through the Training Hub and shared via various communication channels (including local meetings such as practice manager forums and locality meetings).

To give a sense of the scale and nature of the work that is underway, there are 11 retention schemes currently running across South West London:

- Peer support programmes for all roles
- Careers fairs
- Maternity coaching
- A locum bank
- Inductions for new staff
- GP coaching
- Portfolio roles
- Nurse and HCA preceptorship and GP mentor and preceptorship
- GP coaching and GP events
- GP and Nursing qualitative survey

It is also relevant to note that the update to the GP contract introduces a number of developments which will support retention and succession planning in general practice:

- Fellowships in General Practice
- Mentors Scheme
- New to Partnership Payments
- Induction and Refresher Scheme
- Locum Support Scheme
- Enhanced shared parental leave

Challenges in relation to the primary care workforce is a national issue and it is hoped that the funding for the additional roles through the network contract (see section 1) and various initiatives should support with the workload of general practitioners and the overall sustainability and resilience of general practice.

7. Primary Care Estates

7.1 Progress and Governance

Merton CCG, Merton's Health & Care Together Board, South West London STP and other key stakeholders recognise the importance of estates as a key enabler for the delivery of the NHS Long Term Plan, Merton's Local Health and Care Plans, and to support the maturity of Primary Care Networks and improvements to primary care premises overall.

Strong governance is in place through SWL Estates & Investment Board up to the London Estates Primary Care and Capital Panel (LEPCCP) which provides scrutiny and assurance on behalf of NHS England.

A monthly Merton Borough Estates Group (MBEG) meeting has been established successfully bringing together borough estates leads including primary care, healthcare providers, NHS Property Services and London Borough of Merton, to manage and oversee key projects and identify priorities and opportunities. The group has been asked to produce a borough level estates strategy for completion end March 2020 which will consider how future growth and changes in population impact on health infrastructure, as well as identify priorities, opportunities and long term plans for primary care estate in Merton. The strategy seeks to create closer links between clinical plans and estates and to enable Merton to be in the best position to bid for available funding.

Two Estates Strategy development workshops were held with stakeholders, including representatives from Merton Health, the LMC and the CCG's Primary Care Transformation directorate.

7.2 Merton Primary Care Estates Schemes

<u>Rowan Park (Rowans Surgery) – new Medical Centre</u>

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.

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.

<u>Colliers Wood Surgery – new Medical Centre</u>

An ETTF 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 new improved 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.

An update on progress and estimated date for practical completion for both schemes will be shared via the primary care newsletter and usual networks at the appropriate time.

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. Plans remain for The Wilson to become a Health & Wellbeing Community Hub, addressing needs of residents in the east of the borough, but with services available for all residents of Merton.

8. 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 2020/21.

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 bring significant change for primary care and as new national new guidance is released local work takes place to review the implications and establish associated 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: Glossary

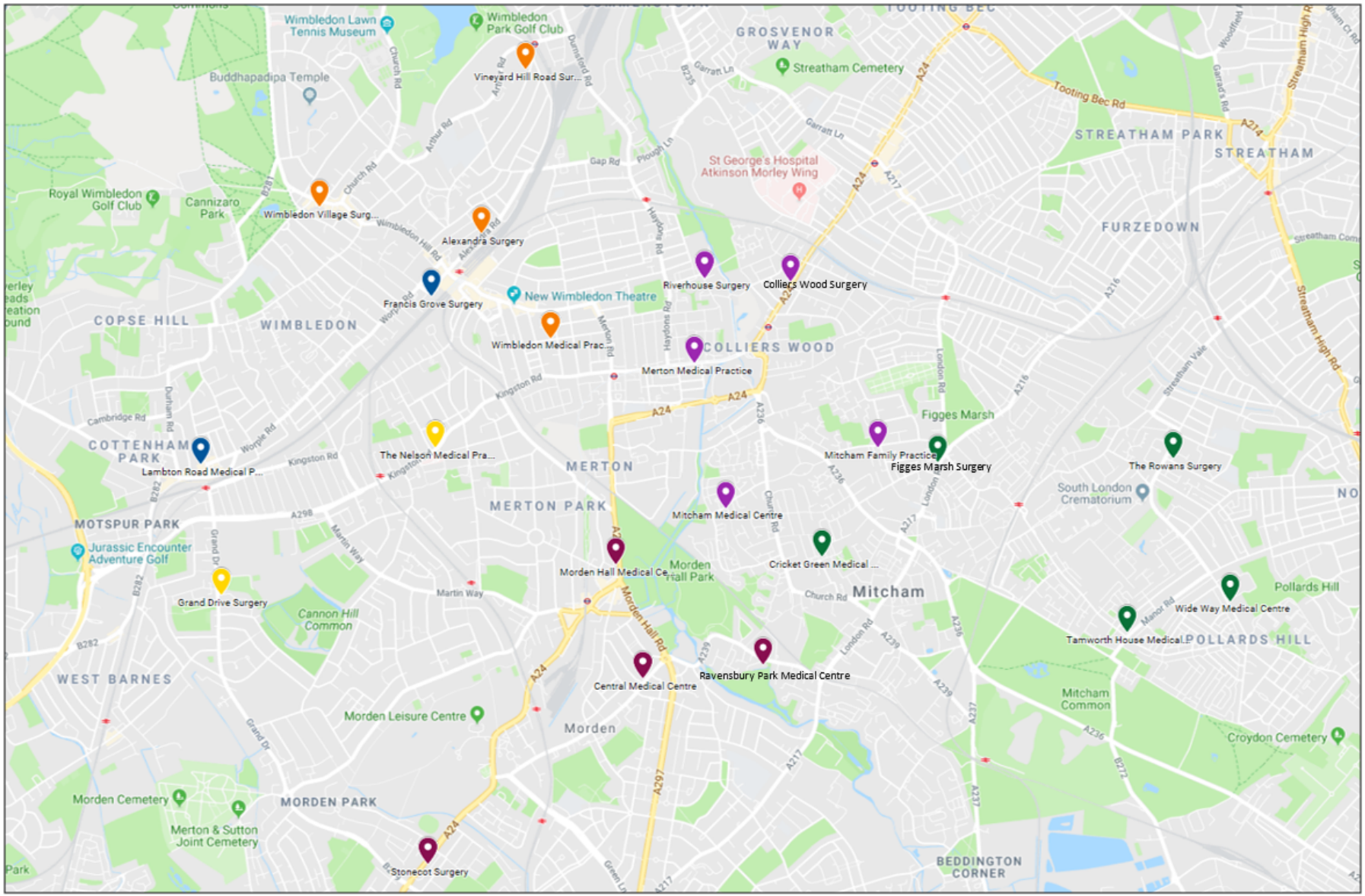
Term/ Acronym		Description
British Medical Association	BMA	The BMA is the professional association and registered trade union for doctors and medical students in the United Kingdom.
Care Quality Commission	CQC	The independent regulator of all health and social care services in England. The CQC monitors, inspects and regulates providers, ensuring that standards of quality and safety are met.
Directed Enhanced Service	DES	Directed Enhanced Services are nationally developed and negotiated services for general practice which are provided over and above those delivered under core contracts.
General Medical Services Contract	GMS Contract	The GMS contract is a nationally agreed contract for the delivery of essential primary care services to local communities. This is a type of 'core' contract that GP practices hold. Note: There are also Personal Medical Services (PMS) contracts and Alternative Provider Medical Services (APMS) contracts (other types of core contract).
Health Education England	HEE	Health Education England is the national leadership organisation for education, training and workforce development in the health sector. HEE is an executive non-departmental public body, sponsored by the Department of Health and Social Care.
Integrated Care System	ICS	In an Integrated Care System, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.
Merton Health and Care Together	MHCT	Commissioners together with key providers and partners within health and social care in Merton work together as part of the 'Merton Health and Care Together' Programme under the auspices of the Health and Wellbeing Board to tackle challenges and strategically plan transformation collaboratively. The MHCT Board is Merton's place-based board.
Primary Care Network	PCN	A Primary Care Network consists of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations.

		Networks would normally be based around natural local communities typically serving populations of at least 30,000 and not tending to exceed 50,000. They should be small enough to maintain the traditional strengths of general practice but at the same time large enough to provide resilience and support the development of integrated teams.
Quality and Outcomes Framework	QOF	The Quality and Outcomes Framework is part of the GMS contract for general practice and seeks to improve quality of care for patients. It is an incentive scheme for GP practices and rewards practices for meeting various indicators relating to a range of clinical areas.
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.
Sustainability and Transformation Partnership	STP	STPs are NHS organisations and local councils working together to improve the health and care of the populations that they serve. They were created to bring local health and care leaders together to plan around the long-term needs of local communities. Nationally it is expected that by April 2021 every STP will grow into an Integrated Care System.
Training Hub Formerly Community Education Provider Network	CEPN	The CEPN represents a borough-wide learning network of providers that facilitate the delivery of training and education within the community. The core function of a CEPN is to design, develop and deliver a workforce that will lead to sustainable improvements in the health and well-being of the population it serves.

Appendix B: Merton Practices and Primary Care Networks

Primary Care Network (PCN)	Practice	List Size At 01-Jan-20	Collective List Size
North Merton	Mitcham Family Practice	3717	37803
	Riverhouse Medical Practice	5828	
	Merton Medical Practice	8303	
	Mitcham Medical Centre	8824	
	Colliers Wood Surgery	11131	
East Merton	Rowans Surgery	7149	46205
	Figges Marsh Surgery	8505	
	Tamworth House Medical Centre	9067	
	Wide Way Medical Centre	9949	
	Cricket Green Medical Practice	11535	
South West	Grand Drive Surgery	8792	38588
	Nelson Medical Practice	29796	
Morden	Ravensbury Park Medical Centre	5384	38192
	Stonecot Surgery	8824	
	Central Medical Centre	9019	
	Morden Hall Medical Centre	14965	
North West Merton	Vineyard Hill Road Surgery	4678	32924
	Alexandra Surgery	5756	
	Wimbledon Medical Practice	9584	
	Wimbledon Village Practice	12906	
West Merton	Francis Grove Surgery	14321	32605
	Lambton Road Medical Practice	18284	

Total CCG Registered Population	226317


Wimbledon Lawn Tennis Museum
Wimbledon Park Golf Club
Buddhapadipa Temple
Vineyard Hill Road Sur...
GROSVENOR WAY
Streatham Cemetery
Tooting Bec Rd
STREATHAM PARK
STREATHAM
Royal Wimbledon Golf Club
Cannizaro Park
Wimbledon Village Surg...
Alexandra Surgery
St George's Hospital Atkinson Morley Wing
FURZEDOWN
Francis Grove Surgery
New Wimbledon Theatre
Riverhouse Surgery
Colliers Wood Surgery
COPSE HILL
WIMBLEDON
Wimbledon Medical Prac...
COLLIERS WOOD
Merton Medical Practice
Figges Marsh
COTTENHAM PARK
Lambton Road Medical P...
The Nelson Medical Pra...
MERTON
Mitcham Family Practice
Figges Marsh Surgery
The Rowans Surgery
South London Crematorium
MERTON PARK
Mitcham Medical Centre
MOTSPUR PARK
Jurassic Encounter Adventure Golf
Morden Hall Medical Ce...
Cricket Green Medical ...
Morden Hall Park
Mitcham
Pollards Hill
Grand Drive Surgery
Cannon Hill Common
Wide Way Medical Centre
Tamworth House Medical...
POLLARDS HILL
WEST BARNES
Central Medical Centre
Ravensbury Park Medical Centre
Mitcham Common
Morden Leisure Centre
Morden
Croydon Cemetery
Morden Cemetery
MORDEN PARK
Merton & Sutton Joint Cemetery
Stonecot Surgery
BEDDINGTON CORNER
North Merton
East Merton
South West
Morden
North West Merton
West Merton

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