



Haringey Council

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| Report for: | Health and Wellbeing Board | Item Number: | |
| Title: | Primary Care Development - Update | | |
| Report Authorised by: | | | |
| Lead Officer: | Sarah Price, Chief Operating Officer, Haringey CCG | | |
| Ward(s) affected: | Report for Key/Non Key Decisions: | | |

1. Describe the issue under consideration

Radical change is required for Primary Care Services in Haringey and the CCG is developing a five-year strategy to transform services. This paper outlines some of the changes currently underway while the strategy is in development.

2. Introduction

Across Haringey primary care there is variability in quality and outcomes for patients. Significant financial and patient demand pressures on all sectors of the NHS have resulted in a need for efficiency gains and greater integration between primary, secondary and tertiary care services. It is generally acknowledged that the current model of general practice is constrained when considering how to improve the provision of out-of-hospital care.

3. Recommendations

To note the progress to date and the work required moving forward.



4. Alternative options considered

N/A

5. Background Information

5.1 The Future Of Primary Care?

New integrated models of primary care describe organisations that are:

- Generalist-led
- Clinically driven from the bottom up
- Fit for purpose locally

These models will require:

- Working at scale with other practices centred around local population
- Working in partnership with other providers in the health system
- Primary care taking a lead role in co-ordinating care and providing continuity of care
- A more proactive response to self-management and prevention
- Workforce growth and re-design
- Sharing of resources, staff and infrastructure to get best value
- Moving from practices to integrated models of care
- Strong primary care at the heart of neighbourhood/locality health services
- Practices need to work with commissioners to determine the future role of general practice within the wider health care system
- Protect the core features and what is good about primary care (i.e. a universal, holistic service offering continuity of care, and focusing on population health management)

5.2 Early Progress – Experience In Haringey

5.2.1 Integration

Practices have begun to consider how to strengthen the current 4 Collaboratives, North East, South East, Central and West. Key to this is the creation of development sessions focused on greater understanding of their localities, peer review and challenge through openly sharing data and information.

These learning networks should provide more:

- Focus looking at the demographics and health provision within/to their area.
- Opportunity to examine information on prevalence/performance.
- Shared learning through peer review
- Opportunity to engage other members of the practice
- Smaller groups who feel more comfortable to engage
- Provide greater clarity in what is required in terms of support from the CCG.
- Opportunity for a learning agenda
- Opportunity to improve income/performance though improve QOF or LES performance collectively



The key challenge for each Collaborative is planning and considering possible collective provision of services so that they are able to and prepared to bid to provide range of extended services from April 2014. Work is planned with each of the Collaborative on thinking through different models for collective working.

5.2.2 Information & IT

IT is a key enabler of the integrated agenda allowing for the better transfer of information across the system, from secondary to primary and from practice to practice and as we move forward into social care. The majority of our practices are now on web based information systems.

IT allows us to communication more effectively with our patients, the majority of our practices are using text messaging; The initial focus has been to use the technology to confirm appointments and to reduce “non-attenders”. This winter has seen SMS texting used to remind for flu vaccination and moving forward we can use this technology to improve long term conditions management.

To support peer review and development of practices, we have recently launched public health profiles of our practices and dashboards for each of practices and networks of progress against the national and local standards. We are updating the information that is provided to practices to review their performance against practices in their Collaborative and the CCG averages.

We have installed new technology within our practices, for example healthcare BP/BMI monitors, we have installed these machines in 33 practices within Haringey, it allows the patients visiting the practices to record these vital details. In addition we have provided the practices with self-check in screens and electronic notice boards. In addition we have installed in the practices productivity software, which allows them to manage the call of patients for review etc.

5.2.3 Clinical Services

Haringey has an established Minor Ailments Scheme which was recently expanded. This service is active across Haringey practices and pharmacies, providing an alternative setting for consultations for minor ailments. This scheme means that people can get help and prescriptions for some minor conditions at their local pharmacy, without the need for a GP appointment. In 2012/13 there were 15,537 consultations with GPs for minor ailment conditions; these people can now be seen in one of 38 Haringey pharmacies if they choose.

Clinical Pharmacy Support has been funded to improve the pharmaceutical care of nursing home patients and frail elderly patients on high risk medicines. The aim is to reduce medication related incidences through effective staff training and clinical review of medication and to reduce medicines related hospital admissions.



Haringey Council

Haringey has the 8th highest incidence of alcohol related admissions across London. To improve the management of this complex cohort of patients we have developed four Alcohol Hubs where patients can access identification, advice, extended brief interventions, initial and comprehensive assessment, and referral into intensive alcohol treatment, including detoxification and wraparound treatment options. From September 2013, we will be offering primary care based counselling for those with alcohol and a mental illness.

Pilot Benefits Advice services have been developed to increase access and uptake of welfare benefits. This advice targeted for the most deprived residents in the borough in order to maximise income and reduce health inequalities.

Active for Life aims to increase the physical activity levels of the most inactive adults and those who have the most to gain from making such increases, namely disadvantaged people. This initiative is being piloted in our North East Collaborative (most deprived).

5.2.4 Access & Productivity

This stream seeks to work with GP practices to help them identify ways to improve their capacity, access, productivity and management. For example, Haringey CCG has invested in two initiatives Doctor First and Productive Primary Care which are currently being piloted in a number of practices (with a view to roll out to more practices). One of the things these initiatives focus on is helping practices to look at the way all appointments are scheduled, and what practices could do to improve. The pilot sites have shown significant improvements in terms of ease of access in terms of booking an appointment. The Dr First sites, schedule phone consultations throughout the day when patients are phoned back by the doctor to have a brief telephone consultation. This will result in an appointment being booked, a referral elsewhere or medical advice on the phone. The Haringey CCG Urgent Care LES is a scheme designed to help practices make changes to practice processes and procedures and review their activity profiles to improve the way they respond to urgent requests for appointments. 58% of practices of our practices signed up to the Urgent Care Rapid Response Service, on call HCA/Social care support for patients at home to avoid acute admissions

5.2.5 Planned care

Haringey is working with providers and has reviewed the care pathways for 7 areas to move more care from secondary to primary and community services and to improve integration. The pathways are in Gastroenterology, Urology, Ophthalmology, ENT, Cardiology, COPD and Diabetes.

Haringey has introduced a Multi Disciplinary Team meeting to improve the management of patients with complex health and social needs and to support admission avoidance. The MDT is managed using telecommunications, with practices phoning in to engage in the review of their patients. To support the MDT we have invested in a Matrons Service to aid patients identified at risk of acute admissions through MDT teleconference and risk stratification.



Haringey Council

6. Background information

N/A

7. Comments of the CCG Chief Finance Officer and financial implications

5 million has been identified for primary care development from 2013 to 2015. This is funding is supported from a risk share agreement between the 5 CCGs of North Central London (Camden, Islington, Enfield, Barnet and Haringey)

8. Head of Legal Services and legal implications

9. Equalities and Community Cohesion Comments

10. Head of Procurement Comments

11. Policy Implication

12. Reasons for Decision

13. Use of Appendices



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14. Local Government (Access to Information) Act 1985