



# Report of Milestone Review Board : Assurance Report Quarter 2 2018/19

# Contents

1. Work Programme(s) Overview
  - Primary Care Strategy
  - GPFV
  
2. Commissioned Services
  - Social Prescribing
  - Primary Care Counselling
  - The sound doctor
  - Care Navigation
  - Advice and Guidance
  - Online Consultation/ triage
  - Peer Review
  - Workflow Optimisation
  - Home Visiting Service?
  
3. Enhanced Services
  - QOF+
  - Improving Access
  - Transformation Fund
  - Basket Service- LES9s) COPD/ Asthma
  - EOL
  - PITs
  
4. Other Initiatives
  - Mjog
  - Dementia Friendly Practices
  
5. Practice Group Referrals



# Work Programme(s) Overview

- Primary Care Strategy
- GPFV



# Work Programme Overview – Primary Care Strategy

	Practices as Providers	GP as Commissioners	Workforce
Quarter 2 Priorities	<p>Frailty- Present Evaluation on pathway redesign opportunities and recommendations to Task and Finish Group/ PCPB</p> <p>Interviews/ offer positions for home visiting service</p> <p>Draft operating protocol for Risk Strat/ MDT</p> <p>present QOF data at task and finish group</p> <p>collate and review the outcomes of Peer Review and shared with group</p> <p>Review of Terms of Reference at Task and Finish Group</p>	<p>The outcomes of Qrt 1 2018/19 PPG Chairs Meetings and members meetings to be presented to the Task and Finish Group for discussion and review</p> <p>Review Group Delivery Plans at the Task and Finish Group</p> <p>Practice Commissioning Intentions prepared and Feedback to be collected</p> <p>Practice dashboard including practice profiles has been delayed until oct</p> <p>Care Navigation Cohort 2 launched</p> <p>roll out of A&amp;G resource pack</p> <p>Monitoring of 10HI actions and Improving Access activity</p> <p>Review of TOR at Task and Finish Group</p>	<p>Q1 achievements and issues reported in workbook and shared with Task and Finish Group and Milestone Review Board</p> <p>undertake training needs analysis for clinical roles identifying where new roles should be introduced/implemented</p> <p>In conjunction with group managers and CCG Teams ensure workforce data correlates with wider Primary Care dashboard</p> <p>Promote PA role via PA ambassador and response to next steps for CCT fellowships and IGPR. Promote portfolio careers in line with RWT</p> <p>Promote retention schemes, access to leadership training and opportunities</p> <p>Banner advertising RGGP encouraging retention of trainees and promote roles in GP that may be of interest to local community.</p> <p>Implement schedule of linked In posts and website updates to promote primary care in Wolverhampton</p> <p>Consultation of Practice Nurse Strategy across the STP</p> <p>NHSE of assurance requirements implemented</p> <p>GPFV Workforce stocktake</p> <p>spending intentions confirmed in Training and Development plan 2018/19 &amp; 2019/20, Training and development needs identified</p> <p>Review guidance from HEE - general practice nursing and work with training hubs</p> <p>Monitor placement sites and mentor training</p> <p>Develop preceptor and induction strategy</p> <p>monitor the uptake to return to practice</p> <p>MEC Opportunities</p>
Exception(s) to Critical Path Timescale(s)	<p>Review of identified Pathways / Redesign Opportunities- Post Project Evaluation still taking place for Frailty</p> <p>TOR to be reviewed</p> <p>Risk Stratification/ MDT Model- Options appraisal has been completed</p>	<p>VI practices not mobilised in at scale hubs until August</p> <p>care navigation READ codes unable to be utilised</p> <p>Q4 data to monitor clinical assessment services unavailable</p>	<p>Develop Practice Nurse Strategy, consult and finalise ready for approval</p> <p>PN 10PT AP- 1- Work with Group Managers and the CEPN to consolidate workforce plans and provide intelligence on local nursing workforce needs</p> <p>PN 10PT AP- 3- work with uni sites to identify student placement sites and provide mentor training inline with NMC Standards</p> <p>PN10 PT AP- 5- Plan to be developed to confirm how links will be made</p>



# Work Programme Overview – Primary Care Strategy

	IT	Estates	Contracting
Quarter 2 Priorities	<p>Discussions required for remaining 2 TPP practices</p> <p>Go Live- Mental Health, social care and community Feeds</p> <p>Practice visits for patient online promotion test, implement and roll out of video consultation solution</p> <p>testing of online triage</p> <p>monitor and address issues around ERS</p> <p>text messaging solution fully installed and training complete</p>	<p>Business Case development and approval by Local Estates Forum approval</p> <p>Undertake utilisation surveys to determine usage of buildings generally and look for opportunities for underutilised rooms</p> <p>Seek assurance from Practices on leases- Bilston Central Clinic, Whitmore rears HC, East Park</p> <p>Deadline for Dr Whitehouse relocation</p> <p>Start refresh prioritisation work</p>	<p>Undertake Post Payment Variations</p> <p>QOF+ Monitoring</p> <p>Evaluation/Review of specifications for PC Enhanced Services</p> <p>Finalise new wound care specification/tariff</p> <p>Finalise/sign off new process for PC Contract</p> <p>Monitoring Practice Visits (PCCC)</p> <p>Monitor group level activity</p> <p>Procurement evaluation of APMS</p> <p>Complete Commissioning Intentions (19/20)</p>
Exception(s) to Critical Path Timescale(s)	<p>Go Live Acute Data Feed</p> <p>Testing Mental Health Feed</p> <p>Finalise spec Social Care feed</p>		<p>Review final payment of QOF</p>



# Primary Care Strategy – Progress

## Practices as Providers

- Frailty pathway pilot concluded; evaluation complete and project extended until March 2019
- Mental Health pathways redesign in discussion
- Diabetes pathway redesign is being supported by PCH1 potential Diabetes clinic
- Delivery against contracts reviewed and gaps identified for primary care and community services
- Targeted peer review outcomes presented to T&F group

## Workforce

- Training needs analysis for non clinical roles has taken place
- Workforce dashboard is in place, fed by NHS digital data
- 4 CCT fellowship roles have been placed across the STP; further recruitment will take place September
- Recruitment continues to take place on both LinkedIn, CCG and RCGP websites
- Benefits realisation analysis has been completed for 17/18
- STP wide Practice Nurse Strategy is out for consultation
- Promotion of BC ISS

## Estates

- Business case is being developed for the BCF hub sites of Bushbury/ Low hill, Bilston and St peters
- Utilisation surveys, review of room types and void space are on-going
- Meetings with NHS property services and practises involved in ETTF are arranged
- Potential sites for Dr Whitehouse relocation have been identified

## General Practice as Commissioners

- Monitoring and quality process is being established through the development of a dashboard; q4 data has been discussed at T&F group
- Monitoring arrangements for Advice and Guidance are in place
- Care navigation cohort 2 have been implemented
- SAS has been awarded and new contract is in place
- QOF+ has been launched and mobilised, with a review due Oct 2018
- Transformation fund hubs (working at scale) are up and running

## IM&T

- 2 more practices have migrated clinical system; 2 remaining to migrate
- Work on shared clinical record is progressing
- Further training has taken place for practices to use Mjog and GDPR requirements
- Online consultation pilot launched with accompanying guidance
- Online triage pilot launched with accompanying guidance

## Contracting

- QOF+ launch, mobilisation and sign up complete;
- PC enhanced services contract completed sign off
- APMS options appraisal has been completed and procurement commenced
- Pathway changes are being identified to support new way of working and the virtual contract (ICS)



# Work Programme Overview – GPFV

<b>CURRENT</b>					
<b>Chapter</b>	<b>Total Number of Projects</b>	<b>Not Started</b>	<b>Achieved &amp; Closed</b>	<b>In Progress within Timescale</b>	<b>Overdue and/or behind schedule</b>
1 Investment	7	0	6	1	0
2 Workforce	27	1	11	15	0
3 Workload	25	2	12	11	0
4 Infra-structure	21	2	10	9	0
5 Care Redesign	5	0	3	2	0
<b>Total(s)</b>	<b>85</b>	<b>5</b>	<b>42</b>	<b>38</b>	<b>0</b>



# GPFV – Progress

## Chapter 1 Finance

- 1 remains open, focusing around the development of the mental health strategy. The strategy is currently being developed, along with stakeholders, and will reflect primary care needs within its content.
- Funds are available to support indemnity costs
- Practice Manager development allocation approved based on the plan that was submitted to NHSE

## Chapter 2 Workforce

- Black Country General Practice Nurse Strategy 2018 has been drafted and is currently out for comment.
- Procurement of STP training hubs is taking place. Current arrangements will continue until March 2019.
- STP is an Intensive support site, with programmes of work around incentivising portfolio careers, Retention of Newly Qualified GPs and GP Trainees, Peer Mentoring Scheme, Pre-retirement Coaching Forum and System support: Productive General Practice Quick Start Learning In Action -Coaching – Implementation toolkit
- Further recruitment of STP fellowships to commenced in October. There are already 4 in post from previous cohort.
- Physicians associate roles are being promoted and practice's are expressing their interest, and documents supporting internship roles have been drafted.
- Care navigation cohort 2 launched, training rolled out
- Training needs analysis, skills matrix and PM support offer all on-going. Coaching, mentoring and appraisal training has taken place.
- Further funding from GPFV for PMs will enable the support offer to be implemented by march 2019

## Chapter 3 Workload

- Care navigation cohort 2 has been launched and navigation points are already seeing an increase in referrals. This activity is being tracked.
- Document management tender has concluded; due to start training sessions in November
- Royal Wolverhampton Trust E-RS switch off has taken place, with sign off from NHS Digital. Making use of Docman to send letters electronically to reduce paper letters.
- Online triage pilot has commenced with Tudor Road - this will encourage/promote self care through Patient Online. all VI practices to be fast followers in this programme

## Chapter 4 Infra-Structure

- Video consultation software installed in 3 sites for pilot testing
- 1 site currently piloting Online Triage with fast followers identified for further roll out
- Improving Access has been at 100% delivery since 1<sup>st</sup> September. This is a 7 day service.
- Different consultation types and use of two way texting continue to be encouraged
- A digital showcase event and literature is being prepared

## Chapter 5 Care Redesign

- 10 high impact actions continue to be mapped
- Group format and primary care networks are being discussed
- MCP contracting explored, ACA preferred solution.
- Changes to Team W have been made, september session saw a big increase in the number of attendees (68). Programme is planned up until March 2019





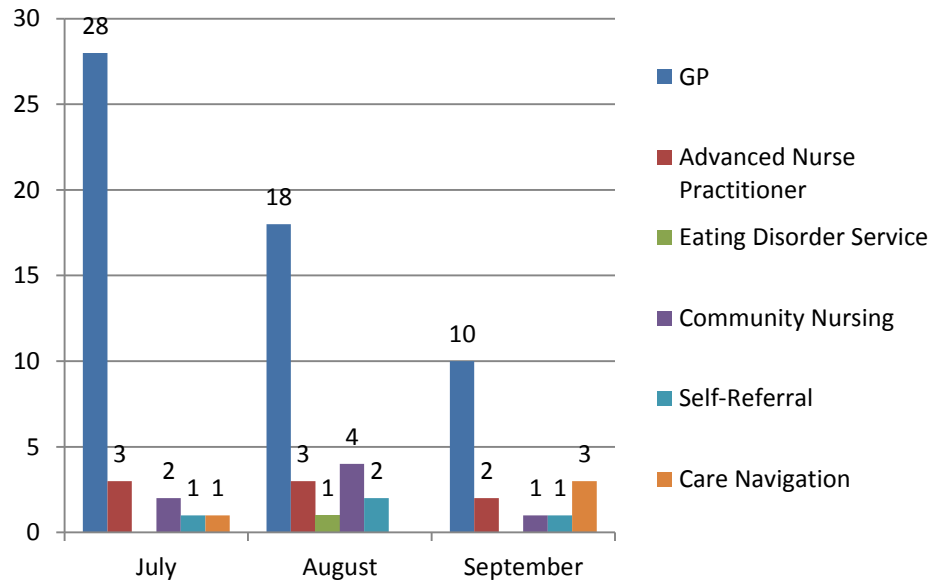
# Commissioned Services

- **Social Prescribing**
- **Primary Care Counselling**
- **The sound doctor**
- **Care Navigation**
- **Advice and Guidance**
- **Online Consultation/  
triage**
- **Peer Review**
- **Workflow Optimisation**
- **Home Visiting Service**



# Social Prescribing

Local Requirements Reported Locally
Evaluation of effectiveness of service (quantitative/qualitative)
Minimum dataset to include: <ul style="list-style-type: none"> <li>• Number of referrals into the service</li> <li>• Source of referral (G.P, A&amp;E, CNT etc)</li> <li>• # of first contacts per month/per link worker</li> <li>• Length of time patient has been on caseload at point of discharge</li> <li>• # of patients re-referred back to service following discharge from the service</li> <li>• Wellbeing score at referral/wellbeing score at the point of discharged (timeframes to be determined)</li> <li>• Dropout rate (patients into service who do not engage) (To be reported quarterly).</li> </ul>
Patient feedback
Impact on external activity i.e. Reduction in A&E attendances, Reduction in emergency admissions
Impact on Primary Care activity Reduction in demand in Primary Care
Key Performance Indicators Reporting Template



- Social Prescribing is now a care navigation point, launched September and is already seeing an increase in referrals through this route. As of 5<sup>th</sup> October, 12 referrals have already been received, predominantly through care navigation.
- The service has been successfully awarded DOH funding to increase the reach and capacity of the service. There has been a recruitment process to grow the team, will be in place during quarter 3.



# Primary Care Counselling

referral numbers remain consistently high, but are declining. Through monitoring of the service we are aware that 61% of those referred go on to engage with the service. 39% either decline the service, do not respond to contact attempts, or are unsuitable. .

The service would keep referrals open if they had not been able to make contact, however this has been reviewed to enable accurate monitoring of this issue.

There has been an increase in the number of evening appointments available.

pathways between Healthy Minds and the service have been established

case note audit has taken place and actions reviewed

## Local defined outcomes

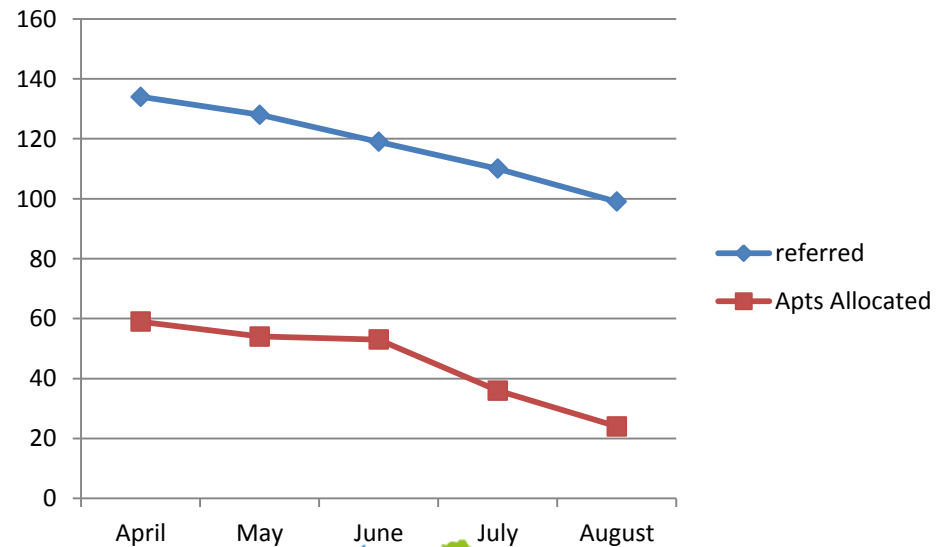
Improved mental health, as measured by recognised outcome measures used by the service Positive recovery outcomes for individuals include:

Increased ability to manage mental health  
Encourage social networks, including an increase in the ability to find work, training and access education

Improvement in the ability to develop and maintain personal and family relationships  
Increase in self-esteem, trust and hope.

Month	referred	Apts Allocated
April	134	59
May	128	54
June	119	53
July	110	36
August	99	24

Total referrals 590  
take up 226  
completed 58  
live cases 122  
unsuitable, no contact or declined service 234



# The sound doctor

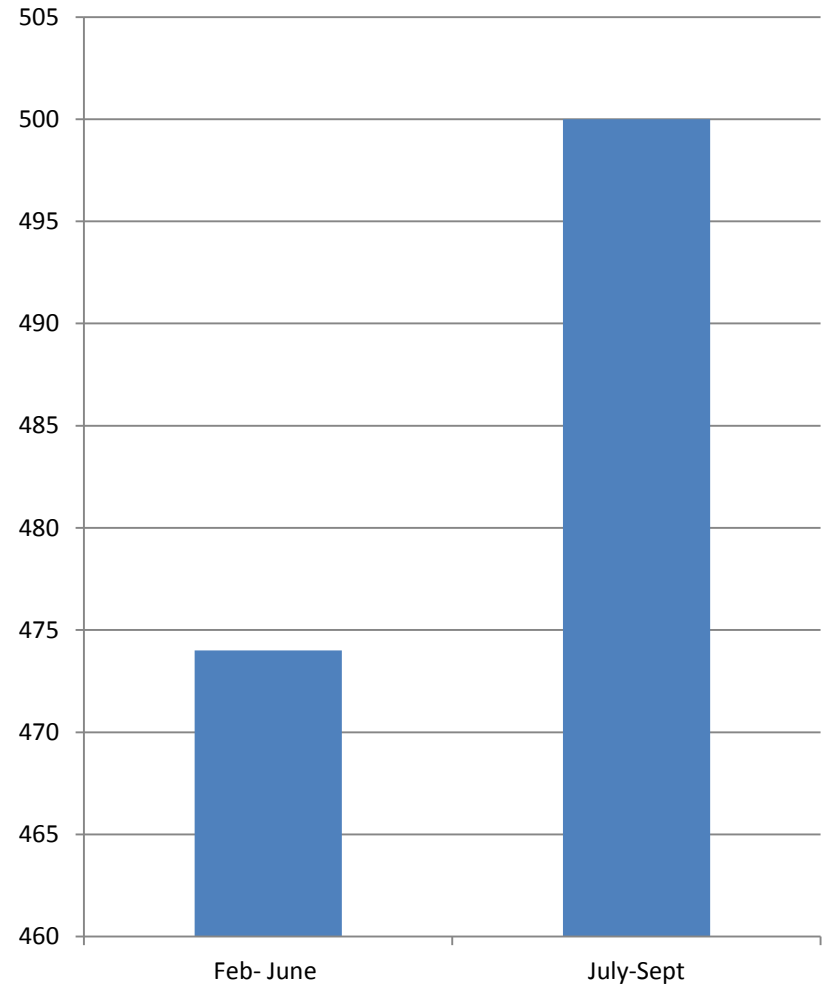
Month	Number of views
Sept 17	187
Oct	248
Nov	380
Dec	454
Jan 18	462
Feb	476
Mar	480
Apr	488
May	489
June	501
July	633
August	1531 (up to and including 10 <sup>th</sup> August)

- Numbers viewing the resources have steadily increased month on month
- From August, practice unique data has become available, to enable reporting at group level and support assurance reporting of 10 high impact actions
- Mjog has been utilised to send information to all patients by different practices- this has resulted in a lot higher take up throughout August and September
- This has lead patients to seek information on conditions they may not have yet, but by providing the information it is supporting prevention and self care agendas.
- The provider are issuing an evaluation survey to all registered users, which will inform a decision as to whether we continue to commission the provider beyond March 2019.



# Care Navigation

- Care Navigation was launched in February 2018
- Since then, 377 staff have received training either face to face, in practice or online, and every practice has taken part in training.
- So far, there has been **974 navigations** recorded on the clinical template, this is the equivalent to **97 GP hours saved** which translates into 32 clinical sessions worth of appointments.
- Phase 1 navigation points have seen an increase in self referrals to their services, which can be due to care navigation.
- Phase 2 has been launched with meet the provider sessions held and training update packs circulated.
- There has been an increase in the number of codes identified for reporting; templates have been updated



# Choose and Book Advice and Guidance

The facility is available in the following specialties at RWT and the number of requests April to August 2018

Clinical Speciality	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Total
Dietetics	1	0	0	0	0	1
Elderly Care	1	0	0	1	0	2
Endocrine/ Diabetes	2	0	3	0	10	15
General Surgery	1	2	0	1	0	4
Gynaecology	5	2	3	7	2	19
Haematology	9	8	10	6	8	41
Neurology	1	3	0	3	1	8
Orthopaedics	1	0	0	0	2	3
Paediatrics	1	1	5	1	7	15
Plastic Surgery	0	0	0	0	0	0
Respiratory	2	2	0	5	1	10
Urology	4	2	2	3	4	15
Total	28	20	23	27	35	133

- Activity is increasing
- Information pack has been sent out to practices, communications plan in place for reminders every 3 months via bulletin
- information posted onto the Members area of the Intranet as a reminder for practices
- Case studies to gain feedback and impact on patient to be gathered.



# Online Consultation/ Triage

## *Progress*

- Both video consultation and online triage pilots are running
- Take up of triage is going well
- Patients are reticent to take up online consultation in the practice
- Further funding to be allocated before march 2019 from NHS digital/ GPFV

## *Next Steps*

- Work with clinicians to develop skills in online consultation
- Marketing and promotion of the services to be developed
- A workshop to promote the services is scheduled, and fast followers have been identified to have the service installed within practice



# Workflow Optimisation

## *Progress*

- Contract has been awarded and is in place
- Practices have been prepared for accessing the training
- Advertisement of dates for training imminent

## *Next Steps*

- Ensure practices commit to attending training
- Work with practices to implement learning as a phased approach
- Review success of intervention via online portal





# GP Home Visiting Service Pilot Project

## Practices Taking Part

Practice Name	List Size	No of visits allocated per Practice per week
Newbridge Surgery	4603	8
Parkfields Surgery	13952	21
Grove Surgery	3576	5
Caerleon Surgery	3182	5
All Saints and Rosevillas Surgery	5976	9
Pennfields Surgery	4513	7
Duncan Street Primary Care Centre	10,000	15

- Project due to commence November
- Nurse recruitment is complete
- Additional funding has been requested for HCA role



# Enhanced Services

- QOF+
- Improving Access
- Transformation Fund
- Basket Service- LES(s) COPD/ Asthma
- PITs
- Health Checks



# QOF+

- 100% of practices have signed up
- Scheme was launched in June 2018
- Templates, protocols and pop ups for obesity and alcohol are installed in the clinical system
- Template for diabetics not yet included
- MDPP referral process communicated to practices
- Update provided to practices at team W in September
- Utilisation report due to be reviewed end of October 18
- FAQ document continues to be maintained and shared with practices
- Serches for year end reconciliation have been set up
- Consideration of potential underspend due to take place in October 18 and assurance from practices will be sought before funds are reallocated
- QOF+ development meetings are due to commence November 18



# Improving Access

Appointments available- September 2018

Day of the week	VI	Unity	PCH1	PCH2	TOTAL
Monday	15	10	9	5	39
Tuesday		10	12	18	40
Wednesday	17	10	12	6	45
Thursday		10	10	5	25
Friday		10	10	6	26
Saturday	46	80	73	52	251
Sunday	47	32	26	27	132

Additional Appointments Available per week	558
--	-----

Appointment Utilisation (percentage)

Group	July	August	September
VI	70	68	72
Unity	72	64	71
PCH1	80	76	80
PCH2	75	74	82
Total	70	70	75

- Access is now at 100%- 30 minutes per 1000 patients is now in place across all groups
- Requirement will change on 1<sup>st</sup> April 2019, to 45 minutes per 1000 patients



# Transformation Fund

- Working at Scale-  
PCH1 are performing Healthchecks at scale  
PCH2 offer Diabetes services at scale  
Unity are performing Healthchecks at scale  
VI are performing Healthchecks at scale

Other areas are being scoped for suitability by each group.

Updated Delivery Plans and assurance reports are due for Q2 at the end of October



# Primary Care Basket Services

Procedure	Year to date
Suture/Clip/Staple Removal	1082
Pre-Op Check	65
Dressing Changes - post secondary care treatment - COMPLEX	1169
Dressing Changes - post secondary care treatment - SIMPLE	4175
12 lead ECG's as part of pre-op or at request of secondary care	125
Ear Syringes as part of audiology prep	422
Pessary Changes	106
Post-Op Checks	374
Admin of Gonadorelin (Zoladex and Prostrap) Hormone Implants	578
Subcutaneous injection of Heparin - only where a patient or carer is unable to self-administer	63
Subcutaneous injection of Heparin - Administration of Epoetins only where a patient or carer is unable to self-administer	8
Testosterone	98
Denosumab	53
Minor Injuries	1079

- Data unavailable for quarterly breakdown or year to date comparison



# Health Checks

Invites needed per quarter (target)	Invites at Q2 18-19	Diff	Health checks needed per quarter (target)	Health checks at Q2 2018-19	Diff	% Uptake (target 45-55%)
3665	2269	-1396	1759	1031	-728	3166

- Data above is for July and August; awaiting September data
- for July & August (combined) we have increased to 937 completed checks



# Peer Review

Speciality(ies)	Recommendations to CCG	Recommendations to Secondary Care
ENT	<p>If ear syringing is available in the community, can the clinics be promoted further, and could a clinic for micro-suction be commissioned that deals with complex patients?</p> <p>It was queried whether patients with unilateral hearing loss could be directed straight to ENT.</p> <p>Can SALT and other therapists directly refer into SWBH, thus avoiding the GP?</p> <p>Can GEM centre refer directly too?</p> <p>If patients have had a CT scan for hearing loss, can they not be onwardly referred rather than the GP referring?</p> <p>Patients should be given open access for a specific amount of time, ideally a year to prevent re-referrals.</p> <p>All points have been raised with Strategy and Transformation Team for further investigation and will be fed back to Group Leads.</p>	<p>Can we include as routine a statement that says, "NO RED FLAGS"? This may stop some referrals from getting rejected.</p> <p>Clarity of pathway for occupational health referrals and ENT/Audiology would be helpful.</p> <p>Could patients who DNA have the opportunity to make a further appointment? What is in the access policy? Re-referrals make GP referral numbers look higher.</p> <p>All points have been raised with Strategy and Transformation Team for further investigation and will be fed back to Group Leads</p>
Haematology	<p>It was felt that E-RS Advice and Guidance is not always User friendly as GPs will not always remember to go back in to check if a response has been received from the Acute Trust.</p> <p>The only way to know if there is a returned message is to check in:- Worklists, Worklist type and select Advice and Guidance, Refresh.</p> <p>There isnt a flag in the system that will highlight that the message is back, however practices have been informed previously and are also reminded within the monthly bulletin that it is best practice to check the worklists daily, or as a minimum at least twice a week.</p>	<p>It was noted that inter hospital advice and guidance would also be useful as this may reduce consultant to consultant referrals.</p> <p>Blood results should come with more explanation.</p>





# Peer Review

Urology		
Gynaecology	<p>Is there a pathway for menorrhagia?</p> <p>There are opportunities for Mirena Coil fitting to be undertaken in Primary Care.</p> <p>Changing of pessaries could also be done in Primary Care. This should be considered using a gynaecology registrar who may wish to deliver additional sessions.</p> <p>In Lincolnshire they do have community clinics funded by the CCG and delivered by GPs.</p> <p>Deliver a Team W session about Gynaecology.</p> <p>Do EMBRACE offer advice and guidance? This has been raised with the Lead Commissioner (Public Health) and service manager at EMBRACE for clarification</p> <p>Confirm how long RWT have to respond to Advice and Guidance. Once the initial A&amp;G has been raised, a response should be received with a 3 days turnaround.</p>	RWT to consider services that could be delivered appropriately in community/Primary Care. E.g. dilators?



# Other Initiatives

- Dementia Friendly Practices
- MJOG Two Way Texting



# Dementia Friendly Practices

Month	Number Trained	Number of DFP's
July		2
August		4
September	24	7

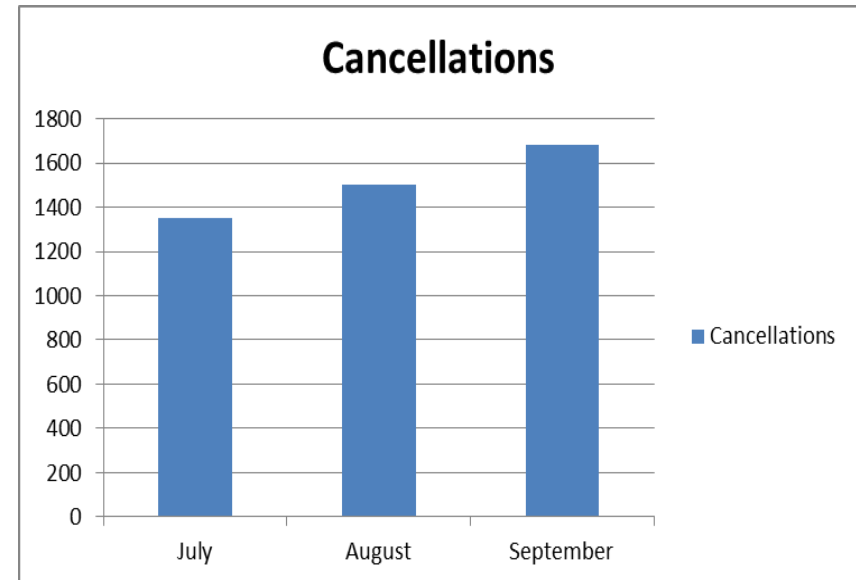
- Dementia friends sessions available for practices to book, to be held during team meetings etc. at their practice
- 4 practices have taken part in the sessions, with an additional 7 practices booked in over the coming months



# Mjog

	Reminders	Cancellations	FFT Messages	Campaign Messages
July	47699	1354	11946	14810
August	55225	1504	13729	20755
September	60048	1680	14312	30725
Total	<b>162972</b>	<b>4538</b>	<b>39987</b>	<b>66290</b>

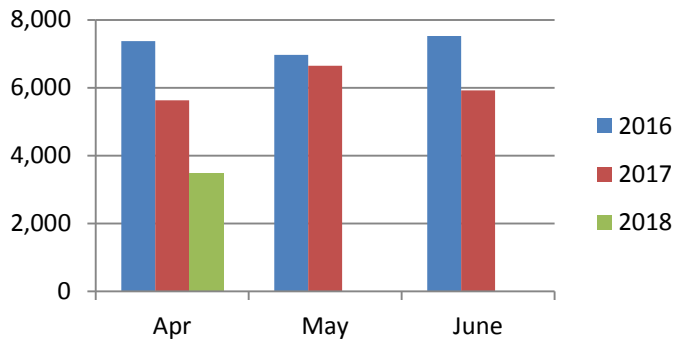
- The number of messages sent out is increasing; practices are utilising the service as a way to communicate and engage with patients
- The number of appointments cancelled in this way is rising; 4538 appointments have been able to be reallocated due to cancellations through text message
- Participation in FFT is growing
- Comms regarding GDPR are required



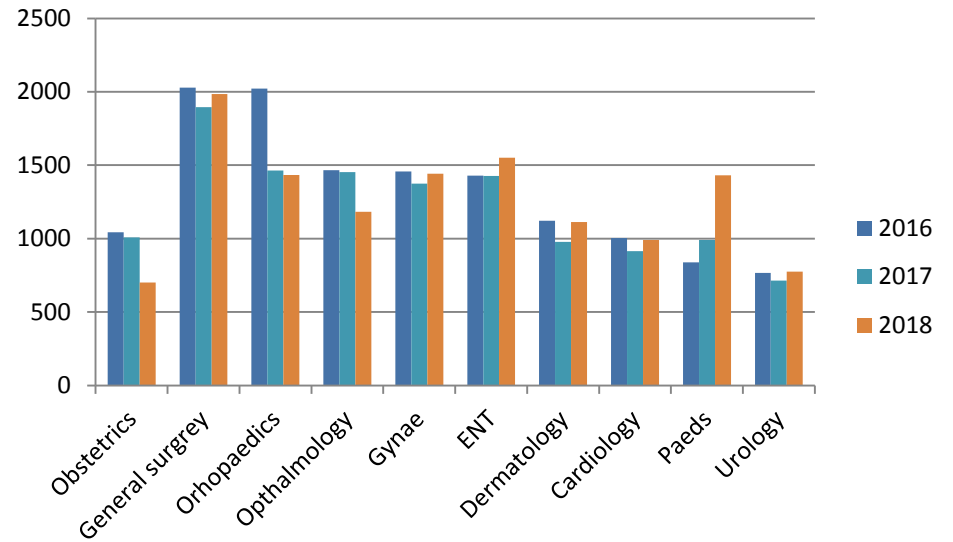
# Practice Group Referrals



# All Specialties



# Referrals to specialties- Q2



Referral data reviewed as part of Peer Review

