



Report of Primary Care Commissioning Committee: Assurance Report Quarter 3 2018/19

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Work Programme(s) Overview

- Primary Care Strategy
- GPFV



Primary Care Strategy – Progress

Practices as Providers

- Frailty pathway pilot concluded; evaluation complete and project extended until March 2019
- Home Visiting Service launched
- Mental Health pathways redesign in discussion
- Enhanced Health in Care Homes business case is being developed
- Progress has been made on MDT models; 2 are now live with development work on-going
- Primary Care Networks discussions and scoping
- Targeted peer review outcomes presented to T&F group

Workforce

- Data from NHS Digital has been refreshed and reviewed
- Care Navigation Cohort 2 launched and training of staff offered
- Continuous updating and promotion via online resources e.g. website, linkedin
- STP Practice nurse strategy is out for consultation
- 10 point action plan ongoing, with information on local training opportunities promoted
- PA Internship agreed & advert out in January (3No)
- 4 Post CCT Fellows recruited & employment hosted at RWT

Estates

- Refresh of estates is taking place at a STP black country level
- East Park and Newbridge building work is ongoing
- Negotiations for Dr Whitehouse to remain in the building have occurred

General Practice as Commissioners

- Primary Care commissioning intentions has been circulated to practices & engagement plan drafted
- Data from commissioned services reviewed on-going basis
- Transformation plans from groups have been submitted and reviewed (Q2 reports) performing well
- Access utilisation continues to improve; 7 day service in place throughout Christmas period
- Transformation fund hubs (working at scale) are up and running

IM&T

- 3 practice merger is complete
- Work on shared clinical record is logged as a risk; issues with engagement from RWT
- Promotion of patient online happening across the city at various events and signage
- Procurement of licences enabling the roll out of online triage and consultation is underway and will conclude in January 19
- Go live for paper switch off was successful
- DOCMAN issues identified and are now concluded
- EMIS user group held to support practices and hub working

Contracting

- PPV has been scoped for enhanced service (basket)
- Evaluation and review of specifications (extended services) is on-going, revised costing template prepared
- Practice visit process for contract monitoring purposes has been reviewed and agreed
- APMS procurement has taken place and award notice placed. Mobilisation period is underway
- Basket Service Specification revised (wound care) discussions with trust commenced



Work Programme Overview – GPFV

| GPFV Programme of Work Q3 2018/19 | | | | | |
|-----------------------------------|--------------------------|-------------|-------------------|------------------------------|--------------------------------|
| CURRENT | | | | | |
| Chapter | Total Number of Projects | Not Started | Achieved & Closed | In Progress within Timescale | Overdue and/or behind schedule |
| 1 Investment | 7 | 0 | 6 | 1 | 0 |
| 2 Workforce | 27 | 1 | 12 | 14 | 0 |
| 3 Workload | 25 | 2 | 16 | 7 | 0 |
| 4 Infra-structure | 21 | 1 | 13 | 2 | 5 |
| 5 Care Redesign | 5 | 0 | 3 | 2 | 0 |
| Total(s) | 85 | 4 | 50 | 26 | 5 |

Closed 2.26

In Progress 2.23

Closed 3.5 3.10 3.11 & 3.22

Overdue 4.3/4.9/4.13/4.14/4.15

Closed 4.1 4.11 & 4.17

Closed 5.5



GPFV – Progress

- During quarter 3 the programme has continued to progress with a range of movement and changes in status as confirmed in the table below. The number of projects closed in the reporting period has risen from 41 to 50 and the number of projects in progress reduced from 39 to 26. There are however 5 projects that are now overdue these are attached to the infra-structure chapter as stated below and are attributable to premises cost directions not yet being available (NHS England) Applications & Digital Self Care as well as Online Consultation.
- Projects from chapters 2, 3, 4 & 5 have been closed.
- Overdue items pertaining to information technology have been risk assessed and included within the meeting papers for with details of mitigation and suggested actions.
- Overall the programme is almost fully delivered and likely to close at the end of quarter 4 with outstanding items being carried forward to a new combined programme of work for 2019 and beyond that will be reflective of the latest planning guidance.
- Further information on achievements and priorities can be found in the GPFV self assessment



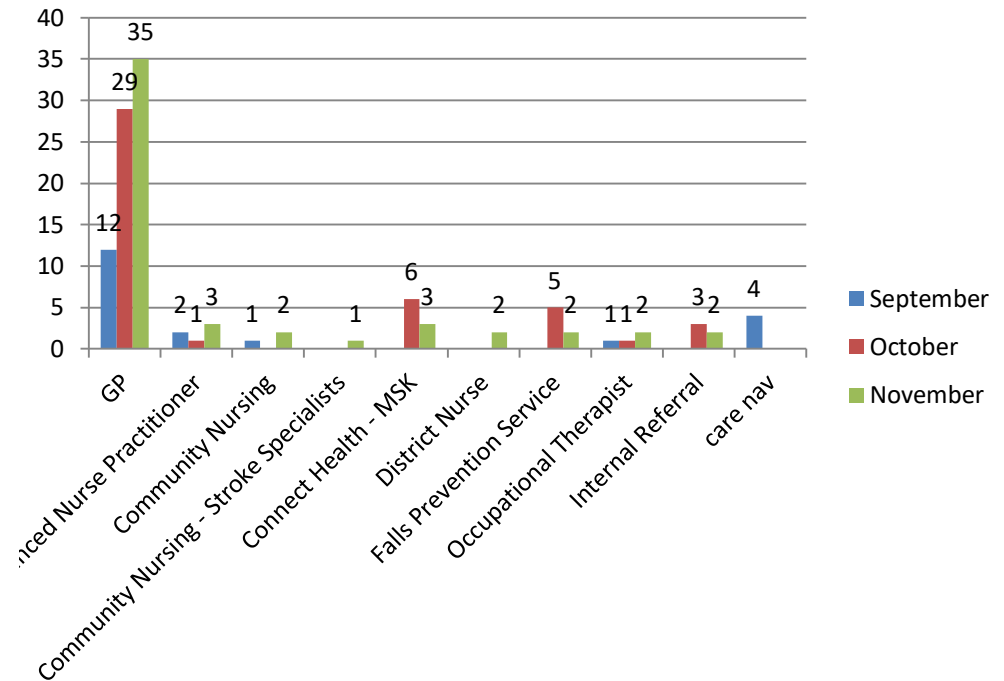
Commissioned Services

- 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"> • Number of referrals into the service • Source of referral (G.P, A&E, CNT etc) • # of first contacts per month/per link worker • Length of time patient has been on caseload at point of discharge • # of patients re-referred back to service following discharge from the service • Wellbeing score at referral/wellbeing score at the point of discharged (timeframes to be determined) • Dropout rate (patients into service who do not engage) (To be reported quarterly). |
| 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 |



- The project was awarded DOH funding in October, enabling the team to expand. Capacity is now at 80 referrals a month, so promotional work is taking place to raise the number received.
- Each patient receives on average 7 hours of support.
- The highest prevalence of presenting issues continues to be social isolation and mild anxiety/depression.
- An evaluation of the Social Prescribing Project is taking place



Primary Care Counselling

Relate are commissioned to provide 85 hours of counselling per week and a total of 4250 per year

Monitoring this period indicates that demand for the service is decreasing, however this is not a concern as the service has been over subscribed since its launch. There has been a slight decline in the take up of the service by patients, this is being explored further by the provider.

The number of unsuitable referrals in this period has declined, and there is increased partnership working between the provider and Healthy Minds to improve the patient journey.

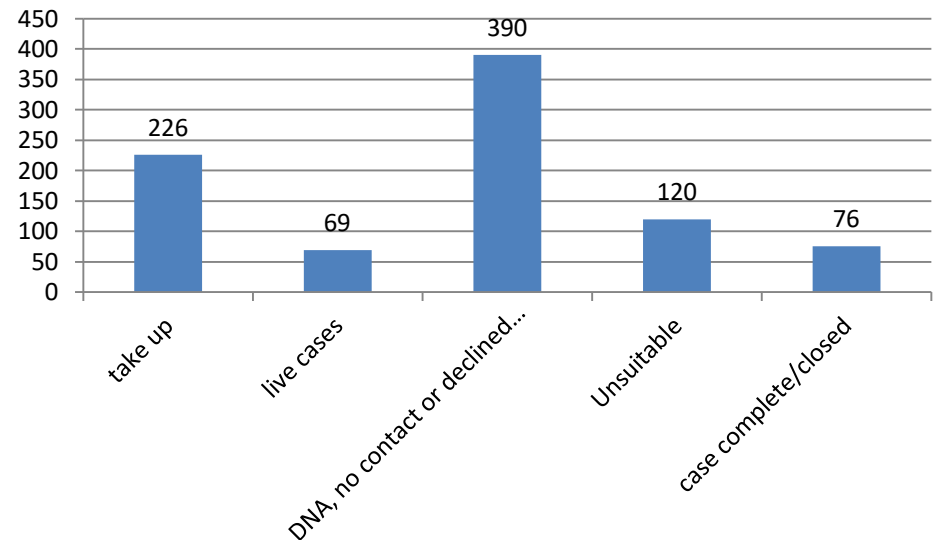
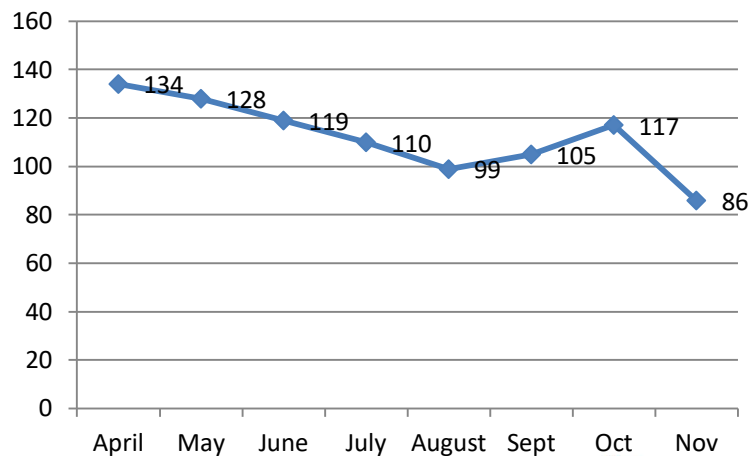
Local defined outcomes

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.

Referral Numbers



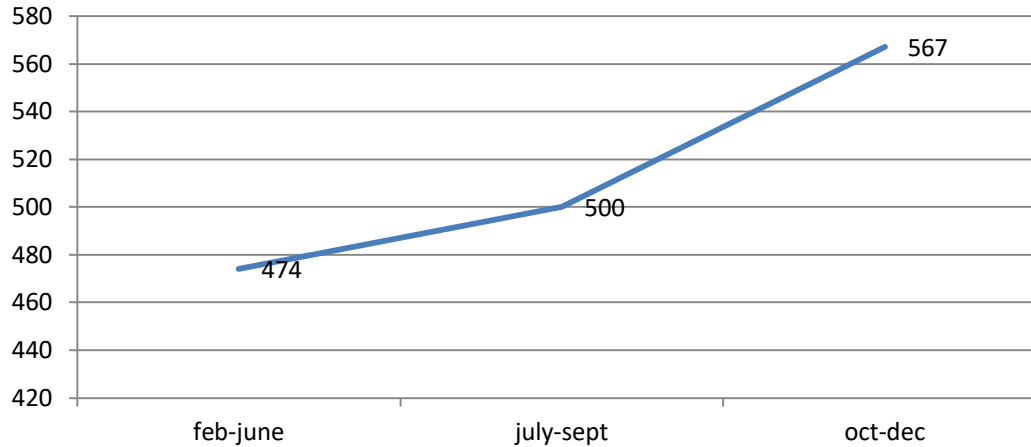
The Sound Doctor

| 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 |
| FIGURES AFTER TEXTING INTRODUCED | |
| August | 3359 |
| September | 2371 |
| October | 3861 |
| November | 2395 |
| Total for 1 st August to 31 st October | 9791 |

- Numbers viewing the resources have steadily increased month on month
- This material contains six conditions to date – diabetes, COPD, dementia, back pain, weight management surgery and heart conditions. There currently is a library of around 300 films continues to grow and includes a number of animations.
- Numbers viewing the resources have steadily increased month on month
- A n evaluation of the service has taken place. The findings indicate that the majority of the patients using the videos have accessed the videos multiple times, to aide their understanding of the content and the condition they were viewing. This helped them to have a better understanding of the condition, reducing the amount of time needed within practice to either support this learning or due to complications.
- The majority of respondents agreed or strongly agreed that their understanding and confidence in dealing with their condition had been improved due to accessing the content of the videos.
- There were also a high proportion of respondents that felt they had visited the GP practice less than before. An even split of respondents felt they had visited hospital about the same or less often. None of the respondents to either question felt there had been an increase in attendance at either provision.
- Comments and feedback are all positive, with themes including how helpful they found the information, how easy it was to access and understand, and the changes they have made because of the information.
- Responses from this method mirrored those of the first survey; that the experience of the videos was a positive one. 78% of responses found the information useful, with 79% felt that they would recommend the films.



Care Navigation



- Care Navigation was launched in February 2018
- All practices have used the template to record navigation of patients
- So far, there has been **1541 navigations** recorded on the clinical template
- 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 and both practices and navigation points report an increase in numbers being navigated



Choose and Book Advice and Guidance

| Clinical Specialty | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | total |
|---------------------|-----------|-----------|-----------|-----------|-----------|-----------|----------|----------|-----------|------------|
| Dietetics | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Elderly Care | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| Endocrine/ Diabetes | 2 | 0 | 3 | 0 | 10 | 3 | 0 | 0 | 4 | 22 |
| General Surgery | 1 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 4 |
| Gynaecology | 5 | 2 | 3 | 7 | 2 | 3 | 0 | 0 | 6 | 28 |
| Haematology | 9 | 8 | 10 | 6 | 8 | 6 | 0 | 0 | 0 | 47 |
| Neurology | 1 | 3 | 0 | 3 | 1 | 1 | 0 | 0 | 1 | 10 |
| Orthopaedics | 1 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 3 |
| Paediatrics | 1 | 1 | 5 | 1 | 7 | 1 | 0 | 0 | 4 | 20 |
| Plastic Surgery | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Respiratory | 2 | 2 | 0 | 5 | 1 | 1 | 0 | 1 | 3 | 15 |
| Urology | 4 | 2 | 2 | 3 | 4 | 3 | 0 | 0 | 6 | 24 |
| Total | 28 | 20 | 23 | 27 | 35 | 18 | 0 | 1 | 25 | 177 |

- The facility is available in the following specialties at RWT, utilisation is better than the same period in the previous year although not at the level expected following relaunch.
- There was a significant drop in referrals during October and November; however numbers have returned to previous levels during December
- Advice and Guidance will be part of the revised Peer Review Specification for 2019/20
- A review of the specialties is planned to identify most effective use of this resource in collaboration with Peer Review. This data will influence how the scheme is measured when counted referrals that have been averted.
- Group Leads/Group Managers will be required to closely monitor utilisation & understand why practices aren't using & encourage them to do so.



Online Consultation/ Triage

Video Consultations

Lower Green/Grove – not currently using Video Consultations

IH Medical - 1 patient since being installed

Online Triage

Tudor MC – 1 form submitted July, September and 2 forms submitted November 2018

Progress

- Fast followers session held, 12 practices identified
- Procurement process underway to purchase licences; due to award end of Jan 2019
- Online services communication plan is in place, with various events and promotional activities taking place
- There are reporting issues that are being worked through with the current provider

Next Steps

- Work with clinicians to develop skills in online consultation
- Targeted promotion within pilot practices with patients
- Agree Online Services Engagement Plan
- Progress work with fast followers once procurement process is concluded
- Solution to reporting to be found
- Risk to be updated to reflect mitigating actions/controls to underpin successful rollout



Workflow Optimisation

Progress

- Training has taken place; all practices have either attended or have been contacted by the provider
- Feedback from practices is positive, with a number already implementing the processes
- Clinical Audit commenced via GPs from each practice to verify learning of non clinical personnel

Next Steps

- Work with practices to implement learning as a phased approach
- Review findings from clinical audit & respond to gaps in assurance where necessary
- 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 has commenced in November 2018 and practices are accessing the additional allocated appointments.
- Early indications confirm that the service is releasing time for GPs to manage competing demands within their practice(s)
- Patient/carer feedback will be an important factor in the evaluation due to commence in March 2019



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
- Template for Diabetes has been live since November 2018; all templates protocols and pop ups that are required are now installed
- NDPP referral process commenced November 2018 - communicated to practices
- FAQ document continues to be maintained and shared with practices
- Evidence to practice activity confirmed work taking place across majority of indicators
- Members Meeting discussion dedicated to QOF+ - learning / feedback fed into QOF+ Development Group
- Searches for year end reconciliation have been set up
- QOF+ development meetings are in place and are currently identifying the content and development requirements for 2019/20
- Additional investment for 2019/20 has been agreed during budget setting (c£2m scheme value 2019/20)



Improving Access- Group Performance

utilisation per group per day

| day of the week | VI | | | Unity | | | PCH1 | | | PCH2 | | | TOTAL | | |
|-----------------|-----------|-------------|------------|-----------|-------------|------------|-----------|-------------|------------|-----------|-------------|-------------|--------------|-------------|------------|
| | Available | utilisation | percentage | Available | utilisation | percentage | Available | utilisation | percentage | Available | utilisation | percentage | Available | utilisation | percentage |
| Monday | 490 | 455 | 93% | 204 | 165 | 81% | 165 | 145 | 88% | 83 | 67 | 81% | 942 | 832 | 88% |
| Tuesday | 546 | 484 | 89% | 130 | 121 | 93% | 150 | 137 | 91% | 196 | 170 | 87% | 1022 | 912 | 89% |
| Wednesday | 496 | 439 | 89% | 200 | 156 | 78% | 169 | 154 | 91% | 88 | 73 | 83% | 953 | 822 | 86% |
| Thursday | 417 | 366 | 88% | 120 | 96 | 80% | 126 | 100 | 79% | 71 | 58 | 82% | 734 | 620 | 84% |
| Friday | 328 | 305 | 93% | 120 | 113 | 94% | 121 | 73 | 60% | 78 | 78 | 100% | 647 | 569 | 88% |
| Saturday | 1844 | 1688 | 92% | 880 | 697 | 79% | 651 | 590 | 91% | 721 | 680 | 94% | 4096 | 3655 | 89% |
| Sunday | 1161 | 871 | 75% | 353 | 250 | 71% | 314 | 241 | 77% | 460 | 343 | 75% | 2288 | 1705 | 75% |
| | | | | | | | | | | | | | 10682 | 9115 | 85% |

- 10682 additional appointments were available over this quarter. 9115 patients attended, resulting in a 85% utilisation rate



Improving Access- Utilisation

OCT TOTAL

| Day of the month | Available | Booked | DNAs | Utilisation |
|------------------|-----------|--------|------|-------------|
| 1 | 40 | 37 | 5 | 80% |
| 2 | 59 | 54 | 13 | 69% |
| 3 | 44 | 43 | 4 | 89% |
| 4 | 44 | 42 | 3 | 89% |
| 5 | 28 | 28 | 3 | 89% |
| 6 | 283 | 262 | 27 | 83% |
| 7 | 117 | 93 | 13 | 68% |
| 8 | 43 | 35 | 6 | 67% |
| 9 | 57 | 55 | 9 | 81% |
| 10 | 38 | 34 | 1 | 87% |
| 11 | 31 | 28 | 5 | 74% |
| 12 | 30 | 28 | 2 | 87% |
| 13 | 296 | 270 | 20 | 84% |
| 14 | 127 | 84 | 12 | 57% |
| 15 | 43 | 42 | 6 | 84% |
| 16 | 56 | 47 | 8 | 70% |
| 17 | 47 | 45 | 2 | 91% |
| 18 | 43 | 33 | 0 | 77% |
| 19 | 45 | 40 | 3 | 82% |
| 20 | 259 | 229 | 31 | 76% |
| 21 | 125 | 94 | 11 | 66% |
| 22 | 42 | 41 | 2 | 93% |
| 23 | 53 | 48 | 4 | 83% |
| 24 | 46 | 38 | 4 | 74% |
| 25 | 37 | 24 | 2 | 59% |
| 26 | 27 | 22 | 1 | 78% |
| 27 | 223 | 188 | 19 | 76% |
| 28 | 124 | 93 | 8 | 69% |
| 29 | 39 | 35 | 4 | 79% |
| 30 | 56 | 55 | 5 | 89% |
| 31 | 28 | 28 | 1 | 96% |

NOV TOTAL

| Day of the month | Available | Booked | DNAs | Utilisation |
|------------------|-----------|--------|------|-------------|
| 1 | 41 | 28 | 5 | 56% |
| 2 | 33 | 29 | 1 | 85% |
| 3 | 272 | 238 | 16 | 82% |
| 4 | 124 | 90 | 11 | 64% |
| 5 | 41 | 41 | 2 | 95% |
| 6 | 56 | 46 | 11 | 63% |
| 7 | 42 | 41 | 5 | 86% |
| 8 | 39 | 36 | 1 | 90% |
| 9 | 42 | 42 | 1 | 98% |
| 10 | 228 | 216 | 15 | 88% |
| 11 | 124 | 96 | 14 | 66% |
| 12 | 44 | 42 | 5 | 84% |
| 13 | 43 | 43 | 4 | 91% |
| 14 | 39 | 37 | 3 | 87% |
| 15 | 43 | 41 | 2 | 91% |
| 16 | 22 | 21 | 2 | 86% |
| 17 | 234 | 207 | 28 | 76% |
| 18 | 125 | 113 | 15 | 78% |
| 19 | 43 | 40 | 3 | 86% |
| 20 | 39 | 36 | 6 | 77% |
| 21 | 45 | 40 | 3 | 82% |
| 22 | 40 | 28 | 3 | 63% |
| 23 | 22 | 22 | 0 | 100% |
| 24 | 214 | 176 | 10 | 78% |
| 25 | 133 | 86 | 12 | 56% |
| 26 | 43 | 42 | 2 | 93% |
| 27 | 53 | 49 | 7 | 79% |
| 28 | 45 | 44 | 5 | 87% |
| 29 | 41 | 40 | 2 | 93% |
| 30 | 35 | 34 | 4 | 86% |

DEC TOTAL

| Day of the month | Available | Booked | DNAs | Utilisation |
|------------------|-----------|--------|------|-------------|
| 1 | 213 | 195 | 28 | 78% |
| 2 | 134 | 97 | 19 | 58% |
| 3 | 43 | 67 | 9 | 135% |
| 4 | 55 | 53 | 6 | 85% |
| 5 | 46 | 33 | 3 | 65% |
| 6 | 40 | 34 | 1 | 83% |
| 7 | 41 | 40 | 8 | 78% |
| 8 | 232 | 208 | 20 | 81% |
| 9 | 119 | 104 | 18 | 72% |
| 10 | 40 | 37 | 2 | 88% |
| 11 | 57 | 52 | 4 | 84% |
| 12 | 46 | 44 | 1 | 93% |
| 13 | 44 | 34 | 3 | 70% |
| 14 | 40 | 40 | 4 | 90% |
| 15 | 224 | 201 | 43 | 71% |
| 16 | 145 | 113 | 14 | 68% |
| 17 | 43 | 40 | 2 | 88% |
| 18 | 57 | 49 | 4 | 79% |
| 19 | 46 | 42 | 9 | 72% |
| 20 | 43 | 38 | 4 | 79% |
| 21 | 38 | 26 | 3 | 61% |
| 22 | 216 | 180 | 20 | 74% |
| 23 | 149 | 110 | 15 | 64% |
| 24 | 79 | 40 | 4 | 46% |
| 25 | 60 | 28 | 1 | 45% |
| 26 | 145 | 78 | 8 | 48% |
| 27 | 26 | 18 | 2 | 62% |
| 28 | 39 | 37 | 4 | 85% |
| 29 | 215 | 175 | 16 | 74% |
| 30 | 135 | 88 | 15 | 54% |
| 31 | 65 | 40 | 3 | 57% |



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 Q3 at the end of January



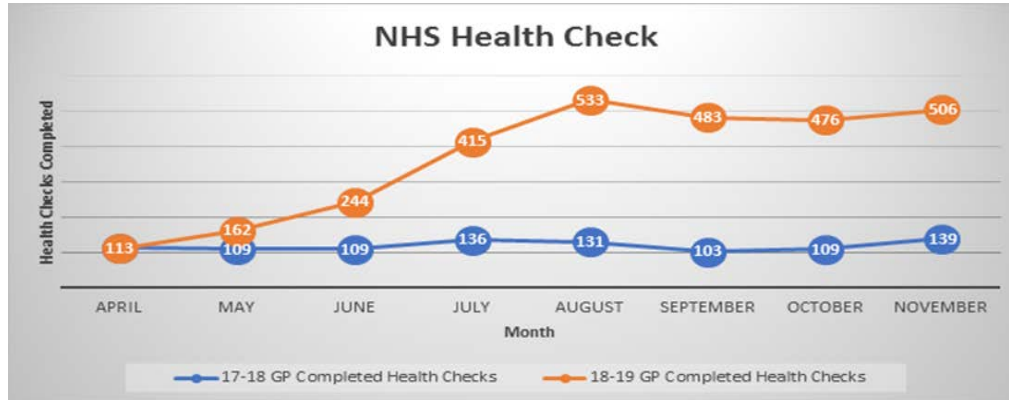
Primary Care Basket Services

| 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 |

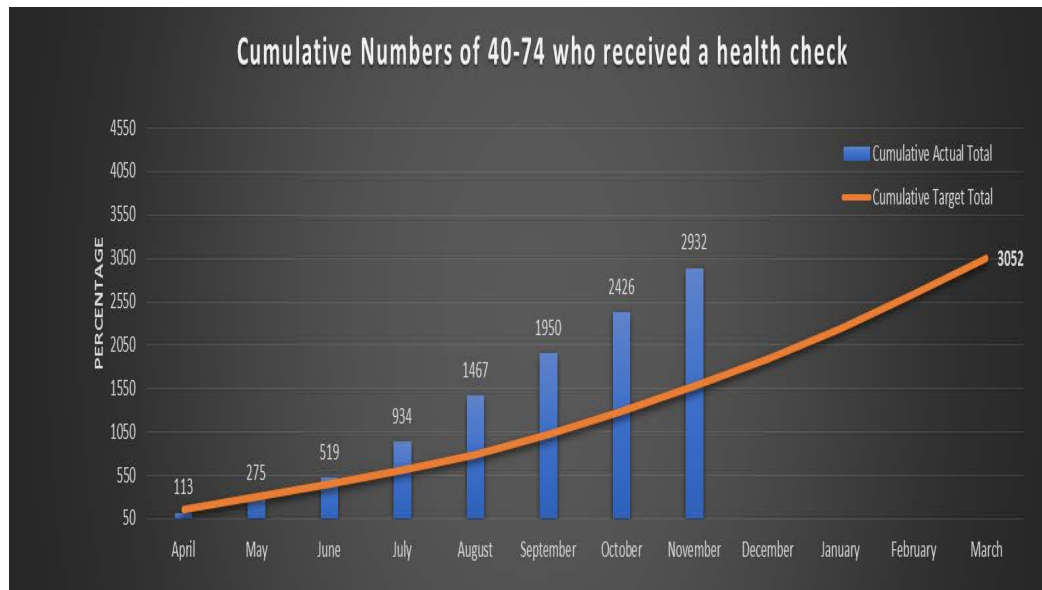
Wound Care Service Specification has been revised to combine all wound care activities in line with Practice Nurse Strategy & revisions to Wound Care Service (Community Services)



Health Checks



November 2018 data: **683** invited, **506** completed, **74%** uptake. Despite being flu vaccination season and the practices having to deal with winter pressures etc. in November NHS health checks have continued to increase. **2932** NHS health checks have been completed since 01/04/18 and up to 01/12/18

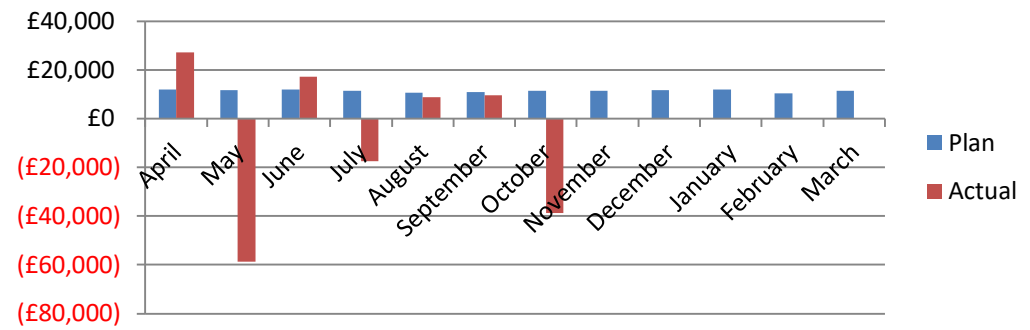


949 were completed in the same period in the previous year (by primary care) and **1161** (by primary care) in the full year of 17/18



Peer Review

Targetted Peer Review



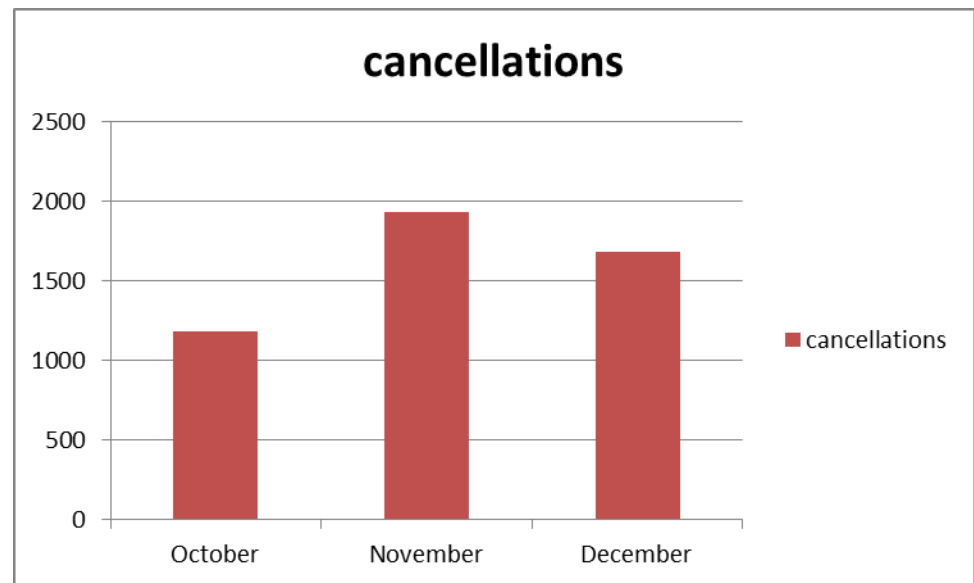
- As demonstrated in the graph above, savings are evident but these are much less than expected, this is likely to be due to the slow start that occurred when practices were reluctant to engage earlier in the year. As meetings have become more established GPs have begun to positively engage and value Peer Review Meetings.
- However, when reviewing if there is any correlation between the specialisms that have been subject to peer review and savings made there is evidence to suggest that there is a positive relationship in specialisms such as urology & gynaecology, this may be coincidental.
- In order to mitigate the current position, a series of remedial actions have been identified in an attempt to influence the realisation of savings in more specialisms by the end of the financial year.
- The new specification will focus on roles of those referring within general practice as the skill mix is changing and referrals are being made by other members of the team eg clinical pharmacist, advanced nurse practitioner etc. This will expose whether or not supervision within the practice(s) is suitable and help to emphasise where improvement may be required. Data will continue to focus on high referrer(s) with low conversion ie discharge at first out patient appointment.
- There is an opportunity to incorporate the 2019/20 specification as a quality requirement within the QOF+ scheme, this will be explored at the QOF+ Development Group Meeting in December so that peer review is a fundamental requirement for practice quality payment(s) to be made.



Mjog

| | reminders sent | cancellations | FFT | Campaign messages sent |
|--------------------|----------------|---------------|-------|------------------------|
| October | 42188 | 1184 | 9790 | 28287 |
| November | 65701 | 1935 | 17087 | 58522 |
| December | 47343 | 1682 | 12801 | 20217 |
| total this quarter | 155232 | 4801 | 39678 | 107026 |

- 4801 appointments have been reallocated due to cancellations through text message; this is consistent with quarter 2 figures.
- Participation in FFT is continuing to be higher than previously recorded due to text messaging
- Practices have increased the number of campaign messages that are sent out, encouraging patients to self care
- Risk of increased expenditure when used for campaigns ie flu



Conclusion

- Work Programmes
- Commissioned Services
- Enhanced Services

