

Wandsworth CCG Board Update September 2014

1) INTRODUCTION

Wandle is the largest of the three Wandsworth localities, with 22 member practices serving 198,288 patients (Jan 2014), predominantly inhabiting the electoral wards of Bedford, Earlsfield, Fairfield, Graveney, Nightingale, Southfields, Tooting and Wandsworth Common . Wandle member practices are represented on Wandsworth CCG Board by clinical leads Dr Michael Lane and Dr Seth Rankin.

The majority of the residents, 55% of the Wandle population, are aged between 20 and 44, with approximately 2,300 births to Wandle residents last year and the Wandle resident population is anticipated to increase by about 5,000 in the next three years.

The Wandle area is ethnographically diverse, with pockets of high levels of overcrowding, pensioners living alone and significant deprivation. There are higher than Wandsworth average levels of BME groups, childhood obesity, and higher prevalence of emergency admissions for long term conditions or alcohol related harm.

A recent public health needs analysis showed that, whilst sharing many of the same health priorities as the rest of Wandsworth, Wandle does have locality-specific issues that could be addressed. This analysis helped Wandle Locality to choose our chosen priority areas of diabetes, COPD, obesity, health of Seldom Heard Groups and reducing inappropriate A& E attendances.

2) ENGAGEMENT

- Members Forum - The Wandle Members Forum meets on the first Thursday of every month, and is attended by representatives from each member practice, Wandsworth Council, Public Health and our patient group lead. The forum provides a conduit upwards from member practices and their patients, via the Locality, to the CCG Board as well as a regular opportunity to engage members at formative stages of strategic design and to cascade information, policy and decisions back down to them.

A standing agenda item ensures that the members forum receives regular updates from Wandle representatives on Clinical Reference Groups (CRGs) about the work of their CRG and ensure that pathway redesign is rooted in real practice experience.

- Patient and Public Involvement (PPI) - The Wandle Patient Consultative Group (PCG) is attended by representatives from most practice patient groups. Active recruitment is ongoing to encourage those practices that do not send representatives to do so. The group meets once every six weeks and is chaired by elected patient chair Marion Endicott.

The group is invited to contribute to commissioning needs assessments, strategies and CCG positions during early drafting and CGG and Public Health staff frequently attend to present CCG work to this group. The group also runs focused workshops within their meetings, allowing them to directly influence strategies and service redesign. Recent examples include Community Services Redesign, Ophthalmology and 111.

“We try as a patient group to ensure our cycle of business is relevant to what other Wandle/CCG forums are discussing/implementing, and also make provision for anything which

comes to attention as a matter of sudden importance or urgency, thus keeping our schedule flexible, accountable and relevant” - *Marion Endicott*

- Practice Managers Forum - The Wandle Locality Manager attends the monthly Practice Managers Forum. This provides a good opportunity to brief Practice Managers on work in development and a forum to hear their issues and answer their questions about the CCG.
- Practice Nurse Lead - Wandle has appointed a nurse lead who attends the Members Forum and is also a member of the Wandle Management Team. She leads the well-attended monthly Practice Nurse Forum and provides a vital link in encouraging practice nurse involvement in Commissioning as well as ensuring that the practice nurse voice is communicated to both the localities and CCG.
- Practice Visits - The Wandle Clinical Leads and the Wandle Locality Manager conduct regular visits to our member practices. These visits provide an opportunity to listen to practices’ concerns and feedback about commissioning, and to help identify areas for potential CCG support where appropriate.
- Weekly Update - A weekly email is sent to practice managers, GPs and nurses, providing information on both locality specific and Wandsworth-wide commissioning issues. This communication format was co-designed with members, and is well received by practices.
- Wandle Road Show - On the 2nd July Wandle hosted a CCG Board Road Show which gave the local population an opportunity to meet the Board and discuss local issues. The event was attended by approximately 25 members of the public and presentations were given on the CCG and the Wandle Locality. This was followed by roundtable discussions on the CCG’s healthcare plans and priorities for Wandle in the coming years.
- Seldom Heard Groups – A GP representative from each Wandle Practice undertook a visit to a Seldom Heard or Community Group. These visits helped our commissioning GPs to understand the health and social care needs of the group, explore how health promotion messages could be better spread and ensured that a wider patient voice was heard. Groups visited by Wandle GPs this year included Thomas Pocklington Trust, Cedar House Support Group, Community Matters and the Asian Women’s Association.

3) CLINICAL LEADERSHIP

Wandle practices, both small and large, have supported their GP members to fill many of the CCG leadership positions; several CCG board members are from Wandle and the locality is actively promoting CCG succession planning within their GP complement. Wandle GPs are the Clinical Leads for numerous Clinical Reference Groups and work streams including CVD, Children’s Services and Diabetes.

The Wandle Management Team meets fortnightly, with representation from the Patient Consultative Group, Public Health, Wandsworth Council and practice nursing alongside the Wandle Clinical Leads and the Locality Manager.

4) LOCALITY INVESTMENT

4.1) Freed up Resources (FURs)

With FURs no longer available to practices after 31st March 2014, the locality invited practices to submit individual bids against their remaining allocation, and agreed to pool remaining resources for locality use.

Wandle member practices chose to fund a number of schemes including:

- Extended hours: above and beyond the Access / Extended Hours Enhanced Services resulting in over 2000 additional hours (equating to approximately 8044 extra appointments) of GP, nurse and health care assistant consulting time
- Dedicated Citizens Advice Service across two practices offering 5.5 hours of appointments and providing social welfare advice and acting as a gateway for patients to local support services and community-based resources
- Counselling Services

The FURs that were pooled were used to purchase clinical equipment- bids were subject to approval by the Wandle Management Team and measured against strict criteria to ensure they directly enhanced patient care and supported Wandle's local priorities.

4.2) Locality Investment Budget

For 2014-15 each locality has a budget to fund projects, assessed against set criteria which include need, equality, benefits and feasibility. Wandle has £159,000 to invest in locality schemes. Members worked with the Management Team to develop the following proposals:

Advice and Community Referral Service

Members chose to extend the pilot advisory service that had operated at two Wandle Practices under the FURs scheme. The extended pilot service aims to enable all Wandle practices to 'prescribe' community advice with onward referrals where appropriate to their patients. The service aims to demedicalise patients' social support needs, improving the quality and timeliness of advice received and improving the appropriateness of primary care contacts.

- The service anticipates up to 500 referrals from Wandle GPs over the nine month pilot
- After the practice referral, patients are contacted by either telephone or email
- Six practices spread geographically across the locality have volunteered to offer space if follow up face-to-face appointments for the service are required
- The service was soft-launched on 1st July and went fully live on the 23rd July; 30 referrals have been made to date
- A full evaluation of the service will be carried out

Outcomes and benefits:

- An increase in both frequency and regularity of social prescribing / community referrals conducted through the surgery
- Increased footfall and engagement with web-based local information sites
- Reduced levels of frequent attendance at the surgery in question

- A decrease in the number of emergency attendances and admissions across a patient group made up of those most likely, from previous records to access these types of emergency
- Helping people to recover from episodes of ill health or following injury

BMI Measurement with pre-school immunisation booster

As obesity is one of Wandle's key priorities, a proposal has been put forward for Nurses and HCAs to measure children's Body Mass Index (BMI) when they attend for their pre-school immunisation booster. The proposal includes:

- Training for health care professionals on the technicalities of measuring BMI in children and how to discuss the issue of child obesity in an effective, compassionate and motivating way
- Provision of BMI charts to practices
- Information sessions run at key practices across Wandle where parents could receive advice on healthy eating, physical activity, behaviour change and local weight management services

Outcomes and benefits:

- Halt the increasing levels of overweight 4-5 years old in Wandle by providing an opportunity for early intervention
- Increase parental awareness of overweight in children and the importance of regular BMI measurements throughout childhood
- Increase the uptake of lifestyle services
- To make every contact count and maximise the influence that family health care professionals have on patient behaviours and lifestyle.

5) QUALITY PREMIUMS

The CCG had three local quality premiums to deliver on over 2013-14. Practices were specifically asked to support delivery of two of these areas – referrals to smoking cessation and secondary prevention of fractured neck of femur. Wandle practices engaged fully with this work and by the end of March 2013 had delivered 3370 referrals to smoking cessation (61% of the total number of Wandsworth referrals) contributing to the CCG exceeding its target of 4800 referrals.

6) MEMBERS DEVELOPMENT PROGRAMME (MDP)

The MDP, which is now in its second year, has been created to allow protected time for practices to focus on developing and improving quality. In 2013-14 twenty Wandle practices took part in the MDP, focusing on areas such as prescribing, front of house, back office, and referral management to improve efficiency and quality of services. For 2014-15, twenty one practices have signed up to the MDP and are focusing on areas including infection control, significant events, safeguarding, controlled drugs, Family and Friends feedback, improving customer service, repeat prescribing and internal practice processes. Practices submit regular action logs of activities they have undertaken and the outcomes achieved.

Ten practices are taking part in the Productive GP Programme. This is a structured programme designed to support practices in continuously improving how they work, as well as helping them to release savings.

7) QUALITY OUTCOMES FRAMEWORK (QoF) – QUALITY and PRODUCTIVITY

All practices were involved with the Quality and Productivity section of QoF for 2013-14. A borough-wide event was held where pathways for the outpatient and emergency admission sections were proposed, developed and agreed. Practices help design the outcome measures, and also discussed how to reduce A&E attendances.

The pathways agreed were:

- Outpatients: Antenatal, Carpal Tunnel, Heart Failure
- Emergency Admissions: Diabetes, Fractured Neck of Femur, Peripheral Arterial Disease

All Wandle practices attended the peer meeting and engaged with the pathways, auditing their patients referred through them, and especially focusing on exceptions and reasons for not following pathways. These pathways should now be embedded in practices for continued use.

Reducing inappropriate A&E attendances is a key priority for Wandle. Under the Quality Productivity work stream, all practices developed an action plan of how they were addressing this. Actions implemented by practices included:

- Increase usage of the Community Ward
- Increased flexibility and access for on call doctors
- Increasing telephone consultations
- Identifying and reviewing frequent attenders
- Introducing walk-in services at key times of the day
- Better use of community services
- Improved education to staff and patients

8) SUMMARY

Wandle will continue to engage fully with its member practices, ensuring they are involved and aware of all of the CCG's work. We will also continue to work closely with patients, the public and all other relevant stakeholders. Ongoing development and delivery of the locality investment budget schemes described above will continue and will build on the work that has already been undertaken within the Wandle Locality.

Wandle Locality will continue to support its member practices to identify, nominate and develop primary care clinicians and managers, with a view to widening the depth and breadth of clinical expertise available to the CCG.

