

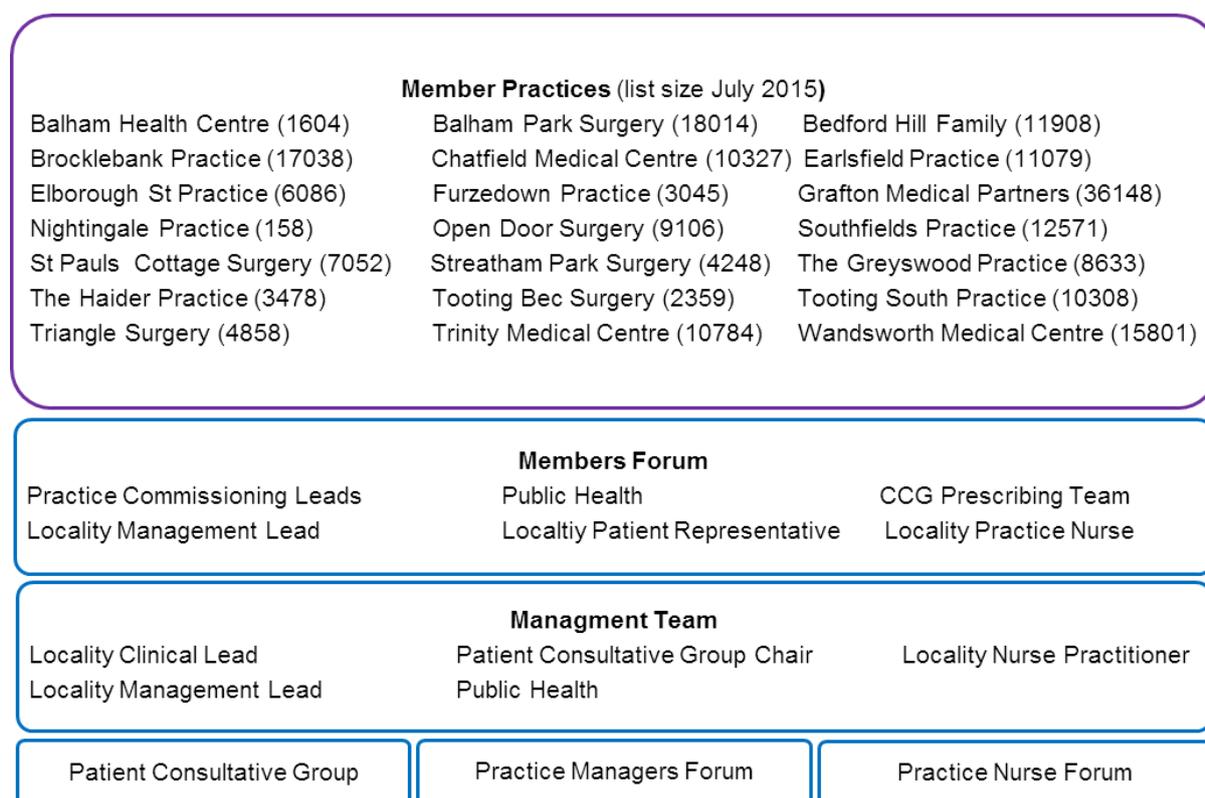
## Wandle Locality Update October 2015

### 1) INTRODUCTION

Wandle is the largest of the three Wandsworth localities, with 20 member practices serving 204,605 registered patients (July 2015), 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.

According to the 2011 census, there were 152,510 residents living within the Wandle locality and 61% of them were aged between 25 and 59 years of age. The resident population is anticipated to increase by approximately 7,000 by 2018. Wandle has higher levels of black and minority ethnic groups compared to the Wandsworth average.

The Wandle area is diverse, with pockets of the locality being overcrowded, pensioners living alone and some areas of significant deprivation. Compared to Wandsworth, Wandle has higher levels of mental health, cancer, cardiovascular disease, and diabetes.



### 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 member’s 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 CCG and Public Health staff frequently attend to present to this group. The group also runs focused workshops within their meetings, allowing them to directly influence strategies and service redesign. Examples of topics discussed is shown on the table below (table 1):

Table 1.

Workshops	Consultations	Information
<ul style="list-style-type: none"> <li>• Co-commissioning</li> <li>• Primary Care Transformation</li> <li>• Wandsworth Wellbeing Hub</li> <li>• Referral Management</li> </ul>	<ul style="list-style-type: none"> <li>• Ophthalmology Redesign</li> <li>• Patient Online</li> <li>• CCG Strategy Framework</li> <li>• Wandsworth Pharmaceutical Needs Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• IAPT</li> <li>• Wandle Advisory Service</li> <li>• Healthwatch</li> <li>• Wandsworth Wellbeing Hub</li> <li>• Critical Friends</li> </ul>

A recent skill set audit which was completed by the group showed that not only do our patient representatives feed back to their own practice groups, but that they also sit on many other groups such as the Older People’s Forum, Age UK, Wandsworth Carers Centre and LINK. This enables them to be able to feedback commissioning issues discussed to a wider range of organisations and seldom heard groups and ensures that we can reach a more diverse audience.

“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.
- 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 Roadshow - On the 10<sup>th</sup> September 2015 the Locality hosted a CCG Board Roadshow 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 a presentation were given on the Wandle Locality with a question and answer session taking place. The event also hosted a series of market stalls from local organisations including The Furzedown Project, Lifetimes, Alzheimer’s Society, Pauls Cancer Centre and Citizens Advice.
- Seldom Heard Groups – A GP representative from each Wandle Practice undertook a visit to a Seldom Heard or Community Group (Table 2). 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.

Table 2

<b>2014-15 Groups visited</b>	Wandsworth Carers Centre, Thrive, Wandsworth Maternity Forum, Pauls Cancer Centre, Tooting Neighbourhood Centre, Gujarati Mens Group, Share, Thomas Pocklington Trust, Alzheimer’s Society
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### **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, Dementia, Children’s Services and Diabetes.

The Wandle Management Team meets monthly, 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 BUDGET**

From 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:

#### **4.1 Advice and Community Referral Service (2014-15, 2015-16)**

Members chose in 2014 to extend the pilot advisory service that had operated at two Wandle Practices under the Freed up Resources (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.

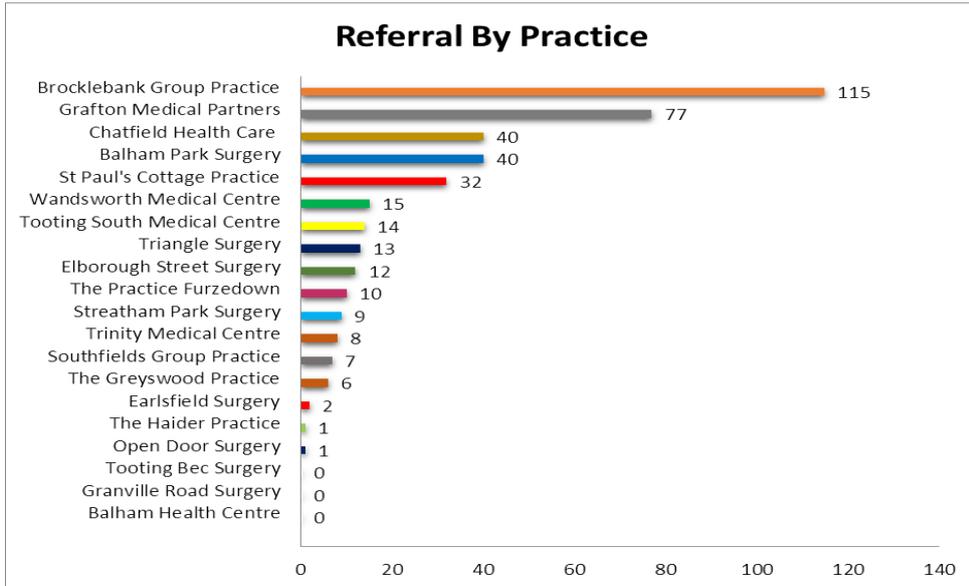
##### Service Description

- Dedicated Advice and Community Referral Officer for Wandle
- After the practice referral, patients are contacted by either telephone or email
- Brocklebank and Grafton Medical Partners provide space for those patients who need to be seen in person
- The service was soft-launched on 1<sup>st</sup> July 2014 and went fully live on the 23<sup>rd</sup> July 2014
- Between July 2014 when the pilot started and 31<sup>st</sup> August 2015 there have been 402 referrals from 17 surgeries (Table 3)
- Many people present with multiple issues as shown by Table 4
- Majority of people accessing the service are between 35 and 59

##### Outcomes and benefits:

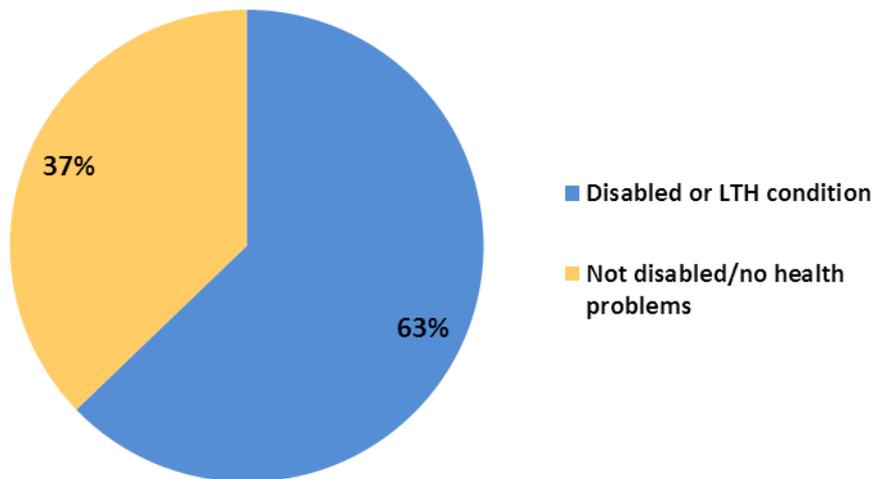
- An increase in both frequency and regularity of social prescribing / community referrals conducted through the surgeries
- Increased footfall and engagement with web-based local information sites
- Reduced levels of frequent attendance at the surgery in question
- A decrease in the number of emergency attendances and admissions across a patient group made up of those most likely, from previous records, to access these types of emergency services
- Helping people to recover from episodes of ill health or following injury

##### Table 3

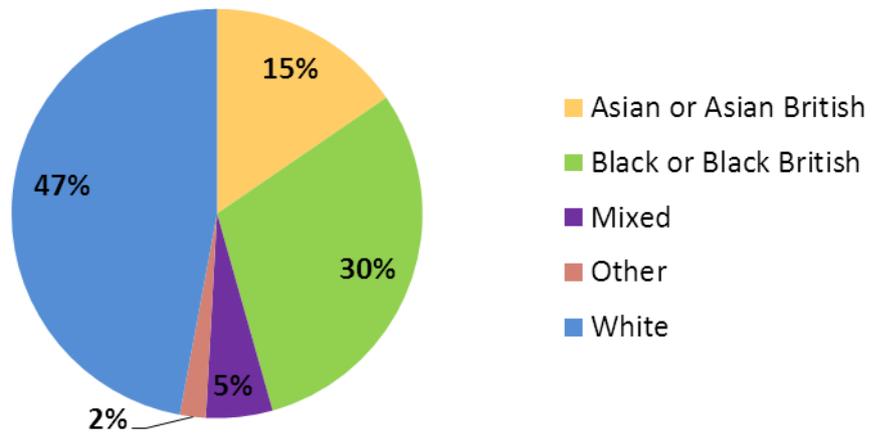


The ethnicity and disabilities are broken down in the following graphs.

**Graph 1: Disability and Long Term Health Conditions**



**Graph 2: Ethnicity**



**Table 4: Breakdown by Advice events**

Advice Event	Number of Advice Events
Benefits & tax credits	324
Housing	236
Debt	126
Employment	51
Other	27
Health & community care	19
Legal	15
Travel & transport	15
Immigration & asylum	12
Utilities & communications	12
Relationships & family	11
Education	7
Financial services & capability	5
Consumer goods & services	3
Tax	2
<b>Grand Total</b>	<b>865</b>

#### **4.2 BMI Measurement with pre-school immunisation booster (2015-16)**

As obesity is one of Wandle's key priorities, a pilot has been put launched in August 2015 for Nurses and HCAs to measure children's Body Mass Index (BMI) when they attend for their pre-school immunisation booster. The pilot 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. 14 Nurses have been trained to date with further training scheduled
- Information pack sent out to practices including EMIS monitoring form
- EMIS search to be carried out to establish baseline and then rerun in March 2016
- Practices to refer patients on to the Mini Boost service an educational healthy lifestyle programme for children aged 2-5 and their parents run by Mytime Active

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

#### **4.3 Cancer: Early Diagnosis (2014-15)**

To support the Cancer diagnosis priority, and in discussion with the Locality Cancer Leads all practices in the locality were asked to take part in a significant event review of cancer diagnosis made over the previous twelve months. Each practice was asked to select one diagnosis per 1500 registered patients and complete a Significant Event Analysis (SEA) review template.

These were then discussed at a peer review event in their practice where the learning from the reviews was shared and collated. The learning was then shared with the wider Locality and also with the Locality Cancer Lead and Cancer Clinical Reference Group in preparation for further work on early diagnosis of cancer and educational events around the electronic cancer diagnosis tool that will be integrated into EMIS Web. 15 practices in the Locality took part in the audit and peer review, with 110 cases review and discussed.

#### **4.4 HIV testing in GP practices - Active screening for clinical indicator conditions pilot (2015-16)**

A previous study conducted in Wandsworth identified that patients diagnosed with Clinical Indicator Conditions (CICs) were 10 times more likely to have HIV infection when compared with the general population. Actively offering HIV testing to patients with diagnosed CICs could contribute to the long term reduction of undiagnosed infection in the community.

The pilot aims to determine whether active screening for clinical indicator conditions is a more cost and epidemiologically/clinically effective way of identifying people with undiagnosed HIV infection in Wandsworth.

Wandle have agreed to fund this for 3 Wandle Practices that have been selected by Public Health to trial this pilot based on prevalence. Practices must already be routinely carrying out HIV testing.

The pilot would be conducted in following phases:

1. Clinical Indicator Training provided to staff (July 2015)
2. Using Clinical Indicator Condition Read codes, EMIS systems would be searched to identify the number of patients registered and diagnosed with a clinical indicator condition since January 2012 (approx. 36 months) to June 2015. Where a clinical indicator condition is identified a prompt would be placed on the system to recommend HIV testing at patient's next attendance. (July/August 2015)
3. Monthly update meeting held to feedback to practice on how many tests conducted (July-Jan 2016)
4. A second search is planned to be conducted in January 2016, to identify patients diagnosed with a clinical indicator condition and determine whether CIC training increased uptake of testing at point of appointment. (Jan 2016)

The pilot will be reviewed in January 2016, where the following measures will be assessed:

1. Number/proportion of patients who have had a CIC diagnosed (this will be broken down by year of diagnosis, age, gender and ethnicity)
2. Number/ proportion known to be HIV positive
3. Number/proportion of patients who attended since prompt uploaded on the computer system
  - a. Number/proportion of patients who consequently accepted HIV testing
  - b. Number/proportion of known HIV positive cases identified
4. Number/proportion of patients who have yet to be tested.

## **5) MEMBERS DEVELOPMENT PROGRAMME (MDP)**

The MDP, which is now in its third year, has been created to allow protected time for practices to focus on developing and improving quality. In 2014-15, twenty one practices have signed up to the MDP and focused 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. 6 educational events were held throughout the year.

In 2015-16 all Wandle Practices have signed up to the programme. This year the focus is on key quality areas identified within each practice. Common areas being identified include safeguarding adults, staffing, and complaints. Peer review and shared learning events are also taking place over the course of the year.

## **6) PRACTICE SUPPORT TEAM**

The Practice Support Team is a multidisciplinary team who facilitate discussions within practices to identify areas of good practice and also areas where improvements could be made. The team then support the practice to identify and implement actions for improvement, and also share good practice identified with other practices. A Local Quality Tracker was developed to provide an overview of quality in primary care, using a range of data sources including Quality and Outcome Framework (QoF) data, General Practice Outcomes Framework data and NHS England data and this is used support the practice visits. Seven Wandle Practices have so far received a visit with an ongoing programme planned throughout the year.

## **7) SUPPORTING TARGET DELIVERY**

As well as supporting the CCG's core target delivery programmes, in 2014-15, Wandle also specifically contributed to targets around Dementia and IAPT.

### **7.1) Dementia – Increasing diagnosis rates**

The Wandsworth dementia diagnosis rate reached 67% as of 1<sup>st</sup> April 2015 and, therefore, meeting the nationally set target. This was achieved through the localities working with practices to promote the take up of the patient data harmonisation work (from Memory Assessment diagnosis data) and a local dementia coding audit. Wandle Practices took part in both of these and as a result the local diagnosis rate has since increased and is now at 69% (May 2015).

### **7.2) Improving Access to Psychological Therapies (IAPT) Referrals**

In the last quarter of 2014-15 there was a drive to increase referrals to IAPT to enable them to meet their targets. Practices were regularly sent updates on the service, waiting times and courses available to remind them to refer patients. Wandle practices referred over 706 patients to IAPT in Q4 2013-14, contributing to the achievement of the IAPT targets.

## **8) REDUCING HEALTH INEQUALITIES**

In line with the Wandsworth Health and Wellbeing Strategy Wandle is committed to reducing health inequalities across our locality. Some of the initiatives that we have contributed to in order to do this include:

- Community and Advice Referral Assistant which has placed resource where the most social need has been identified
- BMI Measuring ensuring earlier identification and management of weight issues and better access to lifestyle services
- HIV Clinical Indicators Conditions where specific practices have been targeted to ensure we make the most difference
- PACT (Planning All Care Together), Wandle contributes the largest amount of PACT activity which dedicates more resource and time to patients with the most need

## **9) 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

#### Attach 4

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.