	London Borough of Hammersmith & Fulham **HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE** **7 July 2015**
Primary Care Briefing – GP Networks, Network Plan 2015/16 and Out of Hospital Services	
Open Report	
Classification - For Noting **Key Decision: No**	
Wards Affected: Hammersmith & Fulham	
Accountable Executive Director: Managing Director, Hammersmith & Fulham CCG	
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1. EXECUTIVE SUMMARY

1.1 The purpose of this report is to provide information to Committee Members about the Hammersmith & Fulham GP Networks, GP Network Plan 2015/16, extended hours and Out of Hospital services. This is the first report on this topic to be shared with the Committee.

1.2 Hammersmith & Fulham's thirty one General Practices operate within five networks across 29 different sites. The practices have all signed up, for the fifth consecutive year, to the Network Plan 2015-16, which aligns incentives in primary care with achievement of the strategic aims and statutory requirements of the CCG. The headlines of the Network Plan are described within the paper, alongside an outline of the current extended hours provision and a description of the Out of Hospital services which the GP Federation will provide on a whole population basis, commencing in July 2015. Last year, all 31 practices in Hammersmith and Fulham formed a legal entity as a GP Federation.

2. RECOMMENDATIONS

2.1 The Committee is asked to note the report.

3. LIST OF APPENDICES:

Appendix A: Network Plan Breakdown

Appendix B: List of Out of Hospital Services

Appendix C: Our practice map and networks

4a. THE NETWORK PLAN

Background and Strategic context

The GP Network Plan has been in operation as a local improvement scheme for General Practice for the past four years. The Plan for 2015/16, to which all practices have signed up, is aligned to, and reinforces the work undertaken to support the following strategies:

- The North West London Out of Hospital Strategy
- Better Care Fund
- Whole Systems Integrated Care
- H & F CCG Operating Plan and Commissioning Intentions

The Plan is also aligned to schemes for acute and community providers and is focused on the following schemes:

i. Network Development and effective use of SystmOne, for example:

- Review of Medical Record Summaries
- Usage of Electronic Prescribing Service – Release 2 (EPSR2)

ii. Reduction in avoidable admissions, for example:

- Specific targets for referral to the Community Independence Service (CIS) and Older People's Rapid Access Clinic (OPRAC)
- Interaction and Responsiveness to the Community Independence Service

iii. Reducing the variation in referrals and improving the use of community pathways, for example:

- Ensuring appropriate use of the Single Point of Access for e.g. respiratory and gynaecology services

iv. Prescribing

The overall objective of this element is to improve the quality of prescribing in primary care while maintaining best value for money.

v. Quality

The Network Plan has been a successful tool for changing behaviour in Primary Care. It has provided practices with the opportunity to work collaboratively, meet to share best practice, and identify solutions to shared problems. This is helping to create a culture of integration amongst practices and paved the way for the successful formation of the GP Federation as a provider entity. It has had particular successes in the following areas: community services usage, reductions in avoidable non-elective admissions, prescribing improvements, care planning, and learning disabilities health checks. The CCG has agreed with its Governing

Body and Health and Wellbeing Board that its two local priorities for 2015/16 will be MMR2 and Diabetes Care Plans. These have therefore been included in the Plan.

vi. Operating Plan Targets

In 15/16, the CCG is mandated by NHS England to achieve specific operating targets relating to increasing dementia diagnosis and Improving Access to Psychological Therapies (IAPT), both of which will continue to be supported by the Network Plan.

Process

Network Meetings

Alongside practices receiving data that relates to their own practice performance, progress against each element of the Network Plan is also discussed at their monthly Network meetings. This provides the opportunity for both the CCG and other practices to review and, where appropriate, challenge practice performance and share best practice or solutions to improve performance.

The Network Plan for 2015/16 aims to build upon the successes of the plans of the previous four years and further strengthen the development of practices, networks, and the GP Federation as a provider organisation, whilst contributing to the wider objectives of the CCG. Progress is reviewed quarterly and reported to the Finance and Performance Committee, a sub-committee of the Governing Body.

4b. OUT OF HOSPITAL (OOH) SERVICES INCLUDING EXTENDED HOURS

Background and Strategic context

The development of GP networks has enabled the CCG to adopt a consistent approach to Out of Hospital (OOH) Services. The suite of Out of Hospital services (see appendix B) were developed as part of our clinically led programme to transform the quality of the NHS across North West London, delivering more care closer to patients' homes and ensuring consistently high quality services are available on a whole population basis. The collective ambition of the CWHHE CCGs is to move forward in increasing access to primary care services, in line with the objectives of the Prime Minister's Challenge Fund scheme underway across North West London, based around the principles of convenient care, accessible care, and urgent care availability.

A robust assurance process has been underway over recent months to ensure that practices and the Federation are ready to commence delivery of the OOH services, most of which will go live in July 2015.

Extended Hours

Current position regarding Extended Hours provision across Hammersmith and Fulham
In Hammersmith and Fulham, consists of the following:

1. 4 out of 5 practices, in partnership with LCW (a social enterprise organisation), providing urgent care access to all patients in the borough for 8 hours on a Saturday and Sunday

2. 20 practices providing planned care appointments outside of core hours (8am – 18:30pm) to their own patients under the Local Enhanced Service (LES).
3. 4 practices providing planned care appointments outside of core hours (8am – 18:30pm) to their own patients under the Directed Enhanced Service (DES) which is commissioned separately by NHS England
4. 3 Practices providing planned care appointments outside of core hours (8am – 18:30pm) to their own patients under their core APMS contract which again is commissioned separately by NHS England

The revised service is one of the Out of Hospital Services, and will provide appointments for the whole CCG population with GP network-based 7 day working (12 hours per weekday, 12 hours per weekend), for the purpose of delivering improved outcomes through routine and urgent care provision. Due to differing commissioning approaches in the past, practices within both H &F and CWHHE, currently deliver a range of differing provision. A standardised model has therefore been developed and will be rolling across CWHHE, ensuring that a high quality service model is implemented, whilst allowing for local variation to reflect local demand and circumstances. SystmOne, the single GP record system used across H&F, will be used to support referrals between GP practices and access to records for the extended hours service (with patient consent), thus ensuring continuity of care and ensuring the networked service is clinically safe.

The CCG is working with the GP Federation in seeking Expressions of Interest (EOI) from practices seeking to provide Extended Hours 'hubs' according to the new specification. The service will commence in the Autumn, in place of the existing weekend service. Work is also underway to review the Extended Hours provided by practice 'spokes', with a revised service anticipated to commence in April 2016.

The criteria for practices to provide either a 'hub' or 'spoke' extended hours service are described both in the service specification and in an assessment matrix, which includes both quantitative elements - such as existing opening times within 'core' contractual hours - and qualitative elements such as access and current performance across a range of indicators. Governing Body lay members have been involved in designing the EOI documentation and assessment matrix, and we are currently recruiting patient representatives to be involved in reviewing the submissions, and a non-CWHHE GP.

5. Conclusion

This report has been provided in response to a request by the Committee to receive some information on the GP Networks and Out of Hospital services. It has described the locality structure and Network Plan for 15/16, and the suite of Out of Hospital services which will be provided by the GP Federation on a whole population basis, providing accessible and high quality care and outcomes.

Appendix A: Network Plan Element Breakdown

Element	Processes / Requirements
Prerequisites to Network Plan	Attendance at monthly Network Meetings
	Have a lead GP and deputy
	Attendance at Members' Meeting
	Practice Nurse Attendance at tri-borough Practice Nurse forums
	Use local information systems available: - WHYSE – Business Intelligence Portal accessible to CCG staff and GP Practices - Extranet
Element 1 - Network Development and Effective Use of SystmOne	Share best practice
	Understand performance for all elements
	Discuss External Peer Review of referrals
	Discuss Case Review of Virtual Ward patients
	Improved use of Read Codes (Q1 in comparison with Q4)
	Usage of Electronic Prescribing in Q3 and Q4
Element 2 - Reduction in the variation of Referrals	Create referral plan for each targeted specialty
	Conduct monthly audits of focus specialties
	Feedback Quarterly at Network meetings on outputs of audits
	Identify variance of referral behaviour between clinicians
	Ensure processes are in place for using correct referral pathways
	Attend Education Sessions
	Identify areas where education should be targeted
	Promote appropriate use of diagnostics available
	Promote appropriate use of Out of Hospital services
	Encourage use of consultant hotlines
Element 2 - Using Community Services	Ensure 100% of referrals are made to Gynaecology single point of referral
	Conduct quarterly Clinical Audit of those patients who have attended secondary care but are a) not urgent/2 week waits and b) have not been triaged by community service
	Ensure 100% of referrals are made to Respiratory single point of referral
Element 3 - Avoiding unnecessary Non-elective Admissions	Identify at-risk patients using appropriate tools and or SystmOne Frailty Index
	Review Non Elective Admissions
	Review A&E Attendances
	Hold quarterly meetings with Virtual Ward team
	Undertake Case Review of potential Virtual Ward patients
	Follow-up patients who have been referred from other sources
	Identify patients appropriate for OPRAC service
	Incorporate Care and Crisis Plans into patient records

	Follow guidance on managing Long term conditions as detailed within plan
Element 4 - Improving the Quality of Prescribing	Meet with Prescribing Link Pharmacist
	Review data provided by Medicines Management team to identify savings
	Maintain use of North West London Formulary
	Identify areas where savings can be made
	Meet Prescribing Expenditure target
	Review data provided to prioritise Quality Indicators
	Quality Indicator 1 - Quantity of antibiotics
	Quality Indicator 2 - Recommended 1st line antibiotic items as % of all antibiotic items (top 11)
	Quality Indicator 3 - Quantity of oral Non Steroidal Anti Inflammatory Drugs prescribed
	Quality Indicator 4 - Quantity of Omega 3 acid supplements
	Quality Indicator 5 - advice on dose of simvastatin co-administered with amlodipine or diltiazem
Element 5 - Operating Plan Targets	IAPT: access, recovery rates and waiting times
Element 5 - Local Quality Premiums	MMR2 – increasing percentage of eligible population covered
	Diabetes Care Planning – increasing number of patients with care plans

APPENDIX B - OUT OF HOSPITAL SERVICES

Ambulatory Blood Pressure Monitoring

Anti Coagulation (Level 1 – Monitoring)

Anti Coagulation (Level 2 – Initiation)

Case Finding, Care Planning and Case Monitoring

Complex Common Mental Health

Complex Wound Care

Simple Wound Care

Coordinate My Care

Diabetes (High Risk)

Diabetes Level 1)

Diabetes (Level 2)

ECG

Extended Hours

Homeless service

Near Patient Monitoring (Methotrexate monitoring)

Phlebotomy

Ring Pessary (gynaecological procedure)

Mental Illness - (Level 1)

Mental Illness - (Level 2)

Spirometry Testing

APPENDIX C - Map (attached as separate document)