

Primary Care Commissioning Committee 2018/19

Date of Meeting:	25 May 2018
Agenda Item:	3.4
Subject:	Primary Care Innovation and Transformation Subcommittee Update
Reporting Officer:	Kate Hudson
Aim of Paper:	To provide an update to the Primary Care Commissioning Committee upon activities and outcomes of Primary Care Innovation and Transformation Subcommittee during February and April 2018.

Governance route prior to Primary Care Commissioning Committee	Meeting Date	Objective/Outcome
Primary Care Commissioning Committee	Select date of meeting.	Click to Select
Primary Care Contracts, Estates and Finance Sub-Committee	Select date of meeting.	Click to Select
Primary Care Innovation and Transformation Sub-Committee	Select date of meeting.	Click to Select
Primary Care Quality and Performance Sub-Committee	Select date of meeting.	Click to Select
Other	Click here to enter text.	

Primary Care Commissioning Committee Resolution Required:	For Information Only
Recommendation	Primary Care Commissioning Committee are asked to note the contents of this report.

Link to Strategic Objectives		Contributes to: (Select Yes or No)
SO1:	To be a high performing CCG, deliver our statutory duties and use our available resources innovatively to deliver the best outcomes for our population.	Yes
SO2:	To deliver on the outcomes of the Locality Plan in respect of Prevention and Access (Prevention and Self Care)	No
SO3:	To deliver on the outcomes of the Locality Plan in respect of Neighbourhoods & Primary Care (Getting help in the Community)	Yes
SO4:	To deliver on the outcomes of the Locality Plan in respect of In Hospital - Planned (Getting more help)	No
SO5:	To deliver on the outcomes of the Locality Plan in respect of In Hospital - Urgent Care (Getting more help)	No
SO6:	To deliver on the outcomes of the Locality Plan in respect of Children, young people and families	No
SO7:	To deliver on the outcomes of the Locality Plan in respect of Mental Health	No

Risk Level: (To be reviewed in line with Risk Policy)	Green
Comments (Document should detail how the risk will be mitigated)	Risks are being managed with mitigation plans against individual projects detailed within the report.

Content Approval/Sign Off:	
The contents of this paper have been reviewed and approved by:	Head of Primary Care, Kate Hudson
Clinical Content signed off by:	Not applicable
Financial content signed off by:	Not Applicable

	Completed:
Clinical Engagement taken place	Not Applicable
Patient and Public Involvement	Not Applicable
Patient Data Impact Assessment	Not Applicable
Equality Analysis / Human Rights Assessment completed	Not Applicable

Executive Summary

This paper provides a summary of the activities, items of discussion and decisions made by the Primary Care Innovation and Transformation subcommittee.

February 2018

Domiciliary Phlebotomy

The Domiciliary Service provider had contacted practices to advise that the service would cease as of the 19th February 2018 as the provider was unable to manage the level of demand which posed a significant clinical risk to both patients and practices within HMR. Discussions had taken place with the provider who highlighting issues with capacity due to the number of weekly new referrals received (approx. 200/250) and inappropriate referrals causing significant problems in terms of delivery. In order to cover the backlog and the anticipated demand from new patients requiring this service, members were asked to consider and approve a maximum of up to £15,000 of additional funding to cover costs for the remainder of 2017/18 financial year. Discussions took place regarding the management of communication in relation to the capacity issues and inappropriate referrals and agreed that practices must be reminded that this service is only available for housebound patients. It was also agreed that the service specification for 2018/19 will be reviewed in light of this situation and consideration given to future service being linked to neighbourhood teams. **The Subcommittee approved a maximum of up to £15,000 to cover the costs of the Domiciliary Phlebotomy Service for the remainder of 2017/18. Primary Care team to work with Commissioning Team to develop service specification for 2018/19.**

March 2018

Committee Effectiveness Self-Assessment Review

An outline of the paper and context was provided. Members acknowledged the key achievements of 2017/18 highlighted in the assessment and positive feedback received regarding the progress and projects included. Members were thanked for their attendance and discussions took place regarding encouraging attendance from other wider Primary Care providers. **The Subcommittee approved the Committee Effectiveness – Self Assessment paper and acknowledge the achievements made by the Subcommittee.**

Terms of Reference (ToR)

The ToR were outlined and reviewed amongst the subcommittee. An update was provided in relation to Primary Care Team becoming part of the Integrated Commissioning Directorate (ICD) from the 1st April. Discussions also took place around supporting behaviour change, self-care

and wider primary care moving forward. **The Subcommittee approved the Terms of Reference with minor amendments.**

Fractional Exhales Nitric Oxide (FeNO) Testing

An outline and context of the paper was provided and members were advised that the use of FeNO testing is now included in Asthma guidance issued by NICE. Discussions took place regarding this as an equitable service and the suggestion of a HUB/Neighbourhood model. It was confirmed that NICE recommends a HUB model however operational issues such as pathways, resources and timeframes for implementation were highlighted. The proposal could not be considered as the proposal detailed a pilot in 2018/19 using 2017/18 monies which was prohibited by finance. **The subcommittee agreed to review and bring back the proposal at a future subcommittee.**

April 2018

2018/19 Primary Care Priorities

Members were asked to consider primary care priorities for 2018/19. The majority of 2018/19 primary care budget has been allocated to support CORE+2 and Primary Care Academy with some funding remaining to support new innovations in primary care. Discussion around greater support for at scale working and building resilience in primary care. Members were asked to consider projects for 2018/19 for consideration in future subcommittees. **The subcommittee noted the verbal update provided.**

Patient Test Results

Concerns have been raised around GPs receiving patients test results requested by other health care providers without any background information. Discussions took place regarding the need for a system whereby the results should be sent to the person who the request had originated from, and a suggestion was made for teams such as the HEAT team, District Nurses and Podiatrists to be provided with their own inbox for results. The suggestion has been discussed at Governing Body and the CCG is looking into a process for results, duplication and agreeing responsibility. RHA also agreed to highlight the issue with board members and raise with the neighbourhood teams.

Transformation Highlight Updates

The PCIT subcommittee has established its governance arrangements to support the delivery of the Borough's integrated commissioning objectives including the Locality Plan and transformation themes. PCIT subcommittee members oversee the delivery of all work associated with Primary Care transformation and report progress to the Neighbourhood and Primary Care Board. PCIT subcommittee are accountable for the performance and delivery of primary care projects and support manage the risks associated with delivery of the programme plan, escalating these in line with reporting arrangements. The subcommittee provide assurance in relation to the programme/theme whilst developing innovative and creative solution to challenges represented by the individual projects. PCIT reviews progress against each of the four Locality Plan Primary Care transformation projects which also includes delivery against Greater Manchester Primary Care Reform.

Whilst monthly updates are [provided at the subcommittee, below summarises the latest position on each primary care projects:

Core+ 2

- The CCG LCO due diligence process is complete and has been approved.
- The LCO contract which includes Core+2 and Primary Care Academy is now with the provider to agree and sign.
- Mobilisation meetings have commenced to support CORE+2 delivery as of 1st April 2018.
- Discussions taking place for CCG primary care staff to provide tactical support for CORE2 and Primary Care Academy contract delivery.

Clinical Pharmacist

- The service specification is still currently in draft with plans to finalise by May 2018.
- Head of Medicines Management is working with RHA to deliver a consistent clinical pharmacist programme for HMR.
- Members noted the number of red and amber risks identified against the delivery of the scheme which include a consistent HMR approach to delivery, recruitment challenges and achieving locality plan savings targets.

Primary Care Academy

- As with CORE+ contract yet to be agreed but mobilisation and tactical support taking place.
- International GP recruitment will commence in July with Skype interviews taking place in August and face to face interviews in September. Final interviews expected in November with the aim for the successful applicants arriving in December 2018.
- Currently exploring feasibility of a Rochdale hub for the University of Manchester Widening Participation Programme for Year 12 students as part of delivering 'Grow our Own' against the primary care workforce strategy.

Focused Care

- Contracts agreed and in place with the provider
- 8.5FTE Focused care workers employed to date covering 15 GP practices. Target for end of 2018/19 to reach full boroughwide coverage across all GP practices using 16 FTE Focused Care workers.
- A scoping exercise and meetings with new practice is taking place to support next round of recruitment.
- Case studies included in appendix A.

Presentations

The subcommittee invites presentations at each meeting to help foster innovation and learning and possible developments within primary care. The following presentations were delivered:

Correspondence Management

A standardised Correspondence Management process supports GP practices better time manage and process clinical correspondence and letters. This has proved to release more time to care which would support the delivery of GM Primary Care Reform and CORE+2. An outline of the various levels of training available was provided. It was acknowledged the training or a similar offer from RHA would support HMR GP practices and support RHA in achieving its outcomes for CORE+.

Our Rochdale: Directory of Service

A presentation was provided outlining the new "Our Rochdale" DoS which included a demonstration of the system. The system will be launched to the public in May to coincide with the opening of the EASY Hubs. Members were asked for comments and a request was made for suggestions of any further information that would be useful to include on the site to support primary care. Discussions took place around raising public awareness of alternative services and ensuring easy use for navigating around the system. It was suggested the system be presented at the next LEG meeting alongside the EASY Hubs.

Appendix A HMR Focused Care Case Studies

Focused Care Good News Stories
March 2018



Date case opened: January 2018

Date Reported: 20th February 2018

Patient details: Joanne*, Female

Focused Care Worker: Rose*

CCG Area: Heywood, Middleton and Rochdale

Joanne* was referred to Focused Care via her GP. She suffers from Persistent Delusional disorder, Chronic Kidney Disease and Diabetes. Her blood pressure, cholesterol and HbA1c were all high and she was non-compliant with medication.

Rose* worked with the practice team to make contact and for Joanne to agree to a full assessment which identified that Joanne did not have any income, with ESA payments last paid 2 years ago and she had no current bank account. There were also language barriers with meant Joanne could only communicate through her husband who has limited English. This meant that she was unable to read or understand the labels on the medication dispensed by the pharmacy, her medication was being taken on an ad hoc basis and she was not attending hospital appointments.

Rose explained the importance of compliance and contacted the pharmacy to request for the medication to be changed into dosette boxes and she created a tick chart for Joanne to complete after each dose was taken. They discussed the importance of hospital appointments and how to attend these using public transport along with Joanne's difficulties with claiming benefits.

Since working with Rose the GP has reported the Joanne's blood pressure had come down, was taking her medication and had attended her hospital appointments.

Joanne now has now opened a bank account and after contacting the Job Centre and supporting Joanne to attend appointments at the JCP the DWP have agreed to reinstate the ESA claim and look into back payment.

Date case opened: January 2018

Date Reported: 22nd February 2018

Patient details: Rick*, Male

Focused Care Worker: Pamela*

CCG Area: Heywood, Middleton and Rochdale

Rick* was referred to Focused Care by his GP. He was suffering from anxiety and depression and was sofa surfing with his daughter. He required support with housing due to risk of homelessness along with finances and debt management.

Rick had been informed that due to owing rent he was unable to apply for housing until the rent arrears had been cleared. Pamela* contacted the homelessness officer and explained the situation who advised that if he was homeless then the rent arrears would not stop him obtaining temporary accommodation for himself and his daughter. Following this an appointment was arranged at housing to have a homelessness assessment completed. Rick agreed to make regular payments so he could go on the housing list and Pamela has supported him to do an online application. A referral has also been completed for help with consolidation of debts.

Rick explained that he could not express the relief he felt and is happier as he feels his situation is improving with support from Focused Care.

***All names have been changed to protect identity**

Focused Care Good News Stories
March 2018



Date case opened: June 2017

Date Reported: January 2018

Patient details: Jackie*, Female

Focused Care Worker: Sian*

CCG Area: Heywood, Middleton and Rochdale

Jackie* has suffered depression for about 20 years and this had been managed until she was a victim of bullying in the workplace and was signed off sick. Jackie was struggling to cope with her health and social needs but needed support to do this.

The Focused Care worker Sian*, supported Jackie to apply for benefits while she wasn't in work and supported her with council tax, general debt management and mortgage provider so that she didn't lose her home. Along with referring Jackie to counselling Sian also supported her emotionally over the months and worked with the GP surgery in order to monitor Jackie's Diabetes.

The key point of change came when Jackie gained insight into her depression and turned a corner when she was accepted onto a training course.

Jackie is now back in full time employment, and is managing financially on her income. She is accessing a counselling service and her depression is being managed. Her Diabetes is being managed due to better wellbeing and monitoring and she is now accessing exercise in the community.

Sian felt that the regular time she was able to spend with Jackie to offer practical and emotional support really made a difference. Jackie said 'I just needed someone to listen and support me at a difficult time in my life'

Date case opened:

Date Reported: 22nd February 2018

Patient details: Emily*, Female

Focused Care Worker: Leah*

CCG Area: Heywood, Middleton and Rochdale

Emily* was referred to Focused Care with multiple medical conditions and social concerns which included historical diagnosed breast cancer, poor mobility due to COPD, severe anxiety and depression, isolation and outstanding carers arrears. She was also not engaging with medical services.

Due to her poor mobility and mental health issues she had failed to attend her breast screening and had ignored the bowel screening letter. Furthermore, she had no current dentist and needed new dentures.

Leah* arranged home visits to build a rapport with Emily and arranged and supported her to attend the breast screening appointment which resulted in a letter stating she was cancer free. The bowel screening test kit was arranged, and this now been completed and sent off.

Through joint working with the GP Leah was able to refer Emily to the community dentist service regarding her dentures and she is now engaging and home visits have been completed by the GP and practice nurse to carry out her medication review and singles vaccination.

Leah liaised with adult social care to arrange a financial assessment and the corporate debt services to have her debts frozen and a payment plan set up to prevent future debt which reduced Emily's anxiety.

***All names have been changed to protect identity**