

## Tower Hamlets GP Care Group Primary Care Access policy

Date Issued	01/04/2015
Date to be reviewed	Periodically or if statutory changes are required
Title	Primary Care Access policy
Supersedes	All previous Policies
This policy will impact on	All staff
Financial Implications	No change
Policy Area	Quality & Safety
Version No	1
Issued By	Governance Team
Author	Governance Team
Document Reference	
Effective Date	01/05/2015
Review Date	01/01/2016

### Approval Record

	Committees / Groups / Individual	Date
Consultation	Ops Group	
Approved by	C Banks, CEO, Tower Hamlets GP Care Group on behalf of the Board	15 March 2016

# Primary Care Access Policy

## 1-Aim of this Policy

Tower Hamlets GP Care Group (herein referred to as “THGPCG”) is committed to ensuring that all patients who reside in Tower Hamlets “*receive the right care, from the right person/service, in the right place at the right time*’ through joined-up and collaborative access to health, social care and wider community support services.

It is anticipated that the above aim will be fully delivered within a 3 year time –frame, although much of the delivery approaches will be implemented by March 2016.

## 2- Scope of this Policy

This policy covers access to primary care health services , delivered by GP services , pharmacists , Out of hours services , Walk-in centres , and support services delivered by community & 3<sup>rd</sup> sector .The enhanced approach to improving access for residents outlined in this policy , has been endorsed by all 36 GP practices through their Partners Bodies , and all staff employed by the THGPCG and GP practices directly will be required to operate within this policy .

## 3 Objectives

3.1The objectives of this policy are to ensure that the health needs of Tower Hamlets’ diverse population are met through equitable, fair, open and transparent criteria and processes.

3.2 THGPCG and its 36 GP Practices have a statutory duty to ensure that all residents of Tower Hamlets regardless of age, gender, ethnicity, culture, language, faith, sexual orientation etc. Are able to register with a GP practice in the Borough and access primary care services. THGPCG will ensure through collaboration between all 36 practices and that no resident will be discriminated on the basis of any of the above characteristics.

3.3 This policy will be delivered through :

### a) Valuing Cultural Diversity

- All 36 practices will endeavour to ensure that all staff are sensitive to each patients personal circumstances, and in particular practices will have staff who can speak the key languages within the borough (English , Bangladeshi/ Punjabi and Somali ) both at reception, nursing and GP level . Practices will access the Interpretation & advocacy services when they are unable to match patients’ first language if the patient agrees.
- Care will be taken when using family /friends as interpreters and advocates , to ensure that the views being expressed and communicated are the patients and not the friends/family member
- All practices will ensure that all staff attends annual diversity training to ensure that they are kept up to date with cultural and religious practices in respect to health and illness. Additionally regular meetings will take at a borough -level with key faith institutions and community groups to discuss access issues and address any short –comings

### b) Increased appointments

- Patients will be able to access primary care provision over an extended hour's period in the way that best suits them – whether this is face to face, over the telephone, by video consultation or a web based platform. This will include expanding the range of medical advice and support available at the 4 locality based “Walk- In centres “across the Borough. The “Out – of Hours “service will have more staff to meet the rising demand There will be a significant number of additional hours at GP practices available for patients

**c ) Increase support & advice from local Pharmacies**

- There will be an enhanced community pharmacy offer which will provide an improved “wrap around” service for patients. Community pharmacies working on a locality basis will be able to provide a greater range of services for patients to better meet their need, closer to their homes.

**d) Improving access for children & young people with physical disabilities**

- There will be a partnership established with Whizz- kidz to set up a mobile clinic to improve accessibility of care from GP Services outside of core hours for children and young people with physical disabilities.

**e) Improving access through technology**

- Patients will benefit from improvements to core General Practice provision through faster and more convenient ways to get advice or GP treatment delivered through the WebGP platform. This will maintain continuity with own practice team and serves unmet needs of less mobile or working populations. This will also support the efficiency of General Practice, realizing broader benefits for patients in receiving care from their GP. Additionally THGPCG will encourage patients to access GP services through a range of IT platforms including:  
Health touch platform: video consultation: These will be enhanced particularly to meet the needs of children and young people through our partnerships with a Youth Advisory Group.

**f) Wrap-around services**

- GP practices will increase access to diagnostics as part of a “wrap around” out of hour's service which will incorporate phlebotomy provision.

**g) Delivering a coordinated and integrated primary care service through:**

- Better coordination of urgent care for patients, through enhanced General Practice provision that is fully integrated with the Out of Hours service to ensure that patients are seen in the most appropriate clinical setting and as close to home as possible
- Promoting Health Touch which will provide better coordination of care between the patient and their primary and secondary care health professionals. The app, which will be shared with health professionals of the patient's choice, will allow clinicians to better plan the need for face to face appointments, reducing unnecessary travel and time for patients where there is an opportunity to manage their health care needs remotely, as well as linking information and clinicians across a range of care settings.

- Providing IT connectivity and direct access to video consultation between GPs and Community Pharmacy will deliver benefits to patients of better coordination of care, through robust information sharing across these care settings.
- The extended provision of General Practice will deliver benefits to patients being discharged from an acute setting, as well as supporting 7 day services in hospitals. As the hubs will be providing routine as well as urgent care, GPs with access to full patient information and notes will be available and able to interact with acute clinicians, as well as supporting weekend discharge of patients.

#### **h) Delivering Proactive care in partnership with patients**

- Supporting and improving the health and wellbeing of the population through self-care, health literacy, and keeping people healthy through the targeted work in this project to address the cycle of demand.
- The model of social prescribing has been tested at the Bromley-by-Bow GP practices in partnership with the Bromley- By – Bow Centre and has demonstrated the following benefits which will now be rolled-out across all 36 GP practices in Tower Hamlets:  
Reduced visits to general practice in the twelve months after assessment within a social prescribing scheme .More appropriate use of clinicians' time, allowing them to concentrate on medical issues during all consultations. Increases in the range of services offered by the practice, allowing a more holistic care package
- Greater encouragement and support for patients with long-term conditions to adopt a self-care approach to their condition and overall health.
- Support to lead a healthy and active lifestyle, GP services and teams will continue to encourage more patients to lead healthy lifestyles and participate in programme delivered across the borough
- Development of skills in self-management for patients, working in collaboration with their clinicians through the DIY Health project, with a focused health education and peer support programme.
- Greater control for patients over their personal health information for patients through the health touch, health sharing app that will also support self-management.

#### **i) Accessible Information for residents**

- THGPCG will ensure that information on the increased hours at GP practices and the additional new services is made available to all residents and community & 3<sup>RD</sup> Sector groups, in a variety of formats, in line with THGPCG's information and communication strategy.

### **4-Responsibilities for Delivery**

The THGPCG's Board will have ultimate responsibility for ensuring that this policy is implemented .The Chief Executive and senior management team will have day-to day responsibility for ensuring delivery, and monitoring and evaluation. Patient Access will be a key performance indicator in the Board's performance dashboard.



The primary care access manager will be responsible for ensuring that the expanded services and new approaches including the use of technology are effectively implemented within agreed timescales in partnership with the 36 GP practices and other partners.

The Quality & Safety Committee will establish a sub-committee Patient Access to oversee the delivery & implementation who will report 6 monthly to the Quality & Safety Committee, who will report to the THGPCG Board. The patient access committee will organise an annual patient satisfaction survey to gain feedback from patients, which will contribute to the continuous improvement process.

## **5- Training & Support**

The patient access sub –committee alongside the patient access manager will be responsible for identifying training and support needs of staff across primary care in delivery the objectives of this policy .The training & support needs plan will be forwarded onto the training & support committee for resourcing and delivery.

## **6-Mointoring & review**

**The THGPCG will review this policy annually**