



GP Forum

7 February 2017



Welcome

Chris Banks,
Chief Executive

Tower HAMLETS GP Care Group

CIC Tuesday night meeting

Access



1. Welcome and context

2. Overview of current GPCG Work streams

- Extended access Hubs update
- GP Out of hours
- Remote Consultation
- Cycle of Demand
- Central Registration
- Workforce – Salaried GP Scheme and Pharmacy Pid
- eConsult (Hurley Group)

3. Table Discussions

4. Feedback

5. Next Steps and close

Hub Operating times accessible via practice and OOH



Blithehale Hub

- Monday, Wednesday, Thursday and Friday **18:30 – 10:00PM**
- Saturday 8:00am – 4:00pm
- Sunday closed

East One Health Hub

- Monday, Tuesday, Thursday and Friday **18:30 – 20:00pm**
- Wednesday **6:30 – 10:00PM**
(extended 2 weeks trial period)
- Saturday **8:00am – 20:00pm**
- Sunday **10:00am – 18:00pm**

St Andrews Hub

- Monday – Friday closed
- Saturday **8:00am – 20:00pm**
- Sunday closed

Barkantine Hub

- Monday – Friday **18:30 – 20:00pm**
- Saturday **8:00am – 16:00pm**
- Sunday closed

Additional Hub capacity based on demand



- **December week 2 2016 - current capacity in hubs 571 Appointments per week (average)**

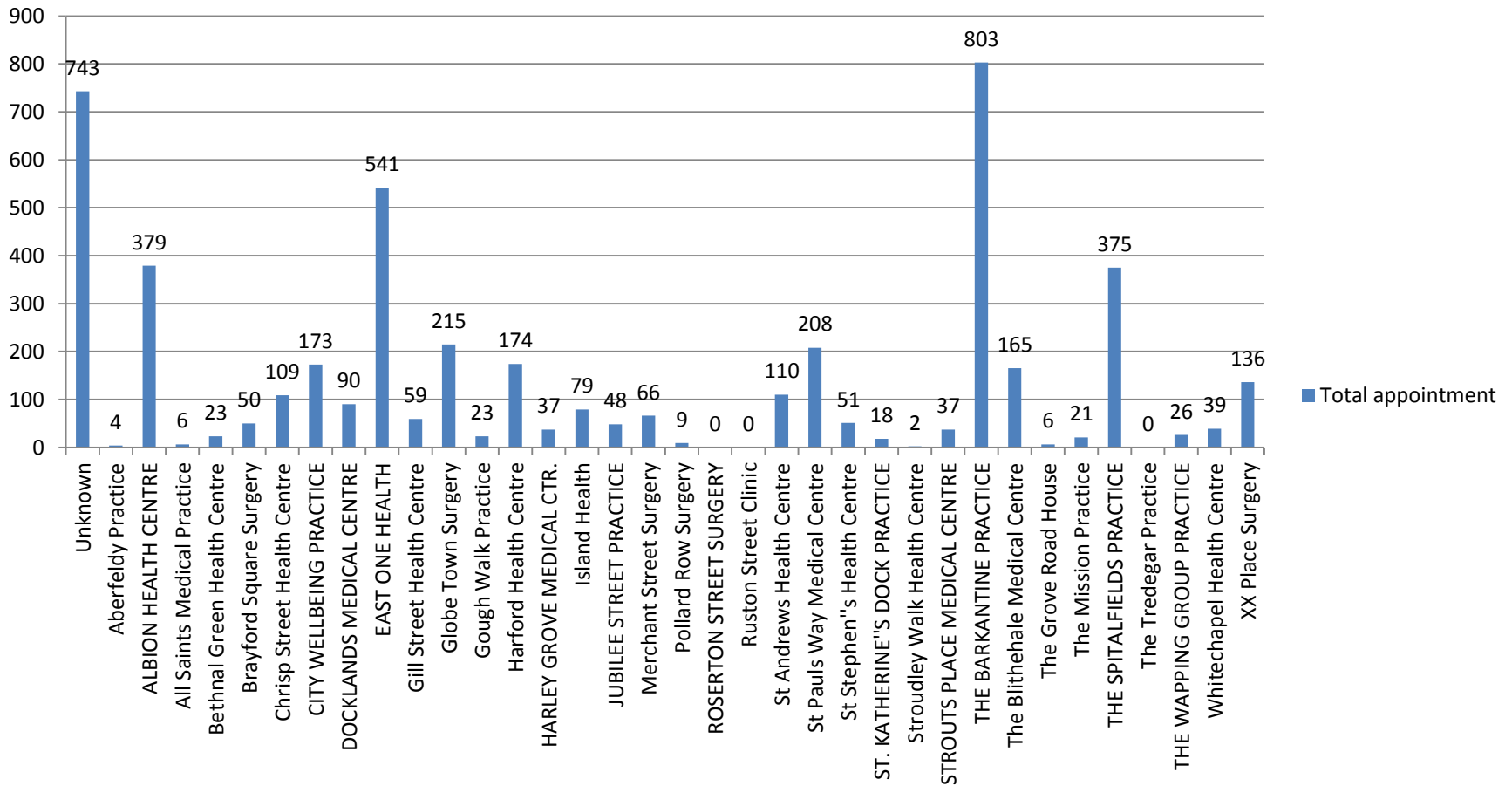
Blithehale

- Increased capacity for weekday appointments (Mondays) at Blithehale, effective January 9th (1 session/16 appointments)
- Increasing capacity for weekday appointments (Fridays), effective February 10th (1 session/16 appointments)
- **East One Health** increasing capacity effective Tuesday Feb 1st (10 appointments), under review, expand to 3 days a week
- Increasing capacity (1 session/16 appointments) in place for GP practices on Saturdays affective from Jan 28th. (lifting from OOH morning slots)
- **58 additional hub appointments in place effective Feb 9th 2017**

Hub Utilisation



Overall Hub Appointment Usages by TH GP Practices
(1st June - 31st Dec 2016)



Hub Operational issues



- Staffing 6:30 – 8pm weekday sessions
- Utilisation of pharmacist appointments, GP's need to encourage and familiarise practice teams to offer IPP appointments
- Low levels of utilisation by certain practices, Reception teams are not offering hub appointments
- Push back from teams due to geographical location of hubs and accessibility
- BCG – Practices required to complete PSD forms due to vaccines being unlicensed. Cooperation very poor

GP Out of Hours

- Hub slots reserved for OoHs
- Service is due to move to GPCG on 1 April 2017
- Sessional staff to have a choice between zero hours contracts and Network Locums
- Dedicated Rapid Response Team to work 24/7 supporting OoHs
- Addressing access issues to GP records
- Exploring use of remote consultation

EMIS Web Remote Consultations



Remote consultation will enable Hub GPs to access and “add to” to patient notes

- GPCG Piloting in North West Locality
- Expand to remaining practices if successful

“ Remote Consultation is changing the face of primary care ”

Mike Clowes
GP Access Fund Scheme Lead, Islington I:HUB

Functionality

- Patient booked into hub location - consent given by patient prior to booking appointment (No need to register patient at the Hub EMIS)
- Patient arrives at specified location– another (practice) EMIS window will load for clinicians.
- Patient practice information/record accessed via EMIS consultation mode
- Record saved into primary record and task/email sent to patient practice
- Record viewable in (practice) EMIS consultation mode part of EMIS as continuation of record.

Cycle of Demand

Team and Approach

cycleofdemand.org



- Challenge Facilitators – working closely with practices to understand their perspectives on the issues and think about possibilities for change, connecting with other local people, practices and organisations.
- Health Champions – working closely with local people to understand their perspectives on the issues and think about possibilities for change, connecting with other local people, practices and organisations.
- Community Researchers – working closely with community organisations to understand their perspectives on the issues and think about possibilities for change, connecting with other local people, practices and organisations.
- PLT identified themes: Practice Capacity, Staff wellbeing, Peoples participation in health, Whole community health and wellbeing, Wider determinants of health

Team; Ian Jackson, Emma Cassells, Louise Vaughan, Mike Fitchett

Cycle of Demand Results

cycleofdemand.org



- Visited all 36 practices in the borough to explore individual issues of demand
- Engaged with over 40 local organisations working to improve community health
- Worked with over 100 local people to explore issues of demand from community perspectives
- Over 40 new initiatives developed based on existing projects and new connections
- Over 50 people (staff and local people) trained in ‘co-production’ – an approach to finding community based solutions to health issues based on knowledge, skills and experience
- More than 10 workshops delivered to multidisciplinary teams based on a range of topics (complex patients, staff well-being, process mapping)
- 6 DIY Health projects developed across the Borough
- Devised a ‘Collaborative Working Toolkit’ to support people, practices and community organisations to work together
- Built Networks of like-minded people holding conversations about new ways of working to improve the health of local communities
- Created a Website to share the innovations and enable people to continue connecting

Cycle of Demand

Examples

cycleofdemand.org



- Practice capacity: Microteams, Extra care project, Doctor first
- Staff wellbeing: Practice manager close to waiting room, Running group, Coffee, Lunch
- People's participation: Menopause group (see video), Can do fund, Guerilla Gardening
- Whole Community health: Health awareness events, Networking Lunch at Harford led to community group activity, allotments, monthly networking breakfast of local organizations
- Wider determinants: Benefits advisors, Digital inclusion project, Foodbank training

Cycle of Demand

What next?

cycleofdemand.org



- Evaluation
- GPCG Primary Care Development Group looking at what might be easily rolled out
- THT linking this in with Social Prescribing, Social movement for health, and Wellbeing hubs
- Link to Resilience and QI
- Embed into the Primary care strategy

Central Registration

Aims & Objectives

- To increase the proportion of the population in Tower Hamlets that register with local primary care
- Increase awareness of local services
- Reduce the levels of unregistered residents
- Increase the use of planned services
- Reduce the inappropriate use of urgent care services

Description

- A central registration process that supports each individual GP practice in Tower Hamlets.
- Market local services collectively as the 'Tower Hamlets Health Club'.
- Provide registration process for residents in an easy and acceptable way on a multi channel basis.

How

- Develop a consistent registration process which is available:-
 - Via the web
 - On an App
 - Via telephone
 - Directly upon presentation at partner services – pharmacies/walk-in centres/ED/UCC
- Residents will be offered the choice of GP Practices available in their local area.
- Two stage process with:-
 - initial remote registration
 - follow up visit to practice to present documentation to confirm address and arrange new patient check.
- A reminder system will be put in place for stage 2 with removal from list if not completed within (?) 6 weeks.
- Individual GP Practices have an opt in, for those that do not agree to participate residents will be signposted to the practice where appropriate.

Workforce



Pharmacy Bid

- NHS England has committed to 1,500 more clinical pharmacists in general practice by 2021
- GP Care Group developing a model based upon the bid requirements and feedback from Practices/Networks in Tower Hamlets
- Have you sent back the questionnaire yet?

Salaried GP Scheme

- GP Care Group has been commissioned by Tower Hamlets CCG to set up a Salaried GP Fellowship scheme
- GP Care Group provide a programme of support to doctors who are working locally doing their Certificate of Completion of Training during 2016/17.
- The GP Care Group have a direct and regular interface with these doctors which aims to encourage them to apply for vacancies via the GP Care Group Salaried GP Fellowship scheme.
- This in turn will help support practices who have GP workforce recruitment and retention challenges.



eConsult from webGP

Dr Mark Harmon

January 2017

econsult.net

Workshop – Table Discussions

- Review of current workstreams
- Other potential options, including Healthwatch recommendations

Summary of Health Watch Recommendations

1. Best practice from doctor based phone triage systems should be shared across practices and similar systems adopted where possible.
2. Consider the opportunity that phone consultations could provide to further develop patient knowledge of the urgent care system and where to access reliable health advice and support.
3. Increase the level of information and links to reliable external sources on GP Practice websites to enable patients to self-manage with greater confidence.
4. Use the opportunity of people waiting on hold for extended periods to provide information on common symptoms and appropriate patient action.
5. Put systems in place to better enable working patients, the seriously unwell or vulnerable to access practices appropriately. It cannot be a one size fits all system.
6. Increase the use of online technology for appointments, prescriptions, referrals and the sharing of medical records.
7. Continue and expand the hub system of referring patients to other network practices on the basis that partner GP Practices have access to patient records.
8. Expand and promote pharmacy services providing reassurance to patients of the qualifications, confidentiality and the professional approach of pharmacy consultations.
9. Healthwatch Tower Hamlets to work with local residents to campaign at a local, regional and national level to increase resources allocated to supporting Tower Hamlets GP services.
10. GP Networks to seek patient agreement to use their mobile numbers for non- medical texts.

FEEDBACK



Next steps & closing remarks

Dr Phil Bennett-Richards