

City-wide Localities Group Bi-monthly Report

Governing Body meeting

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7 September 2017

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Purpose of Paper	
To update Governing Body bi-monthly on key highlights, progress and risks in Localities and to ask Governing Body key questions from Localities.	
Key Issues	
Workforce Resource Maintaining engagement	
Is your report for Approval / Consideration / Noting	
Consideration and noting	
Recommendations / Action Required by Governing Body	
The Governing Body is asked to: <ul style="list-style-type: none"> Consider and note the update from City-wide Localities Group Respond to the questions listed in the report. 	
Governing Body Assurance Framework	
<i>Which of the CCG's objectives does this paper support?</i> Principal Objective: To improve patient experience and access to care Principal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield Principal Objective: Organisational development to ensure the CCG can achieve its aims and objectives and meet national requirements.	
Are there any Resource Implications (including Financial, Staffing etc)?	
No	

Have you carried out an Equality Impact Assessment and is it attached?
<i>Please attach if completed. Please explain if not, why not</i>
Not applicable
<i>Have you involved patients, carers and the public in the preparation of the report?</i>
Not applicable

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1. Introduction / Background

- 1.1. Earlier this year, Governing Body approved a new way for localities to report key issues and developments on a bi-monthly basis. The report sets out key themes across the localities as well as specific locality initiatives.
- 1.2. Governing Body is asked to note and recognise the considerable work that is being taken forward and to consider the reported issues and pressures within localities along with the questions, the localities would like Governing Body to respond.

2. Key Themes.

2.1. Commissioning in Practice

- 2.1.1. Every GP in Sheffield makes commissioning decisions every day – through the referrals they make, the prescriptions they issue and as the clinical decision maker in the community, seeking support from the services around them, to look after their patients.
- 2.1.2. With this in mind, some of our practices have taken part in two important audits – one to inform CASES, identifying which referrals are going through CASES and which are going straight to the hospital and one to inform our developing Urgent Primary Care review, to help understand how GP practices process urgent same day need.
- 2.1.3. In addition, all practices have been looking at their commissioning information including numbers of referrals that result in an outpatient appointment, A&E attendances, emergency admissions to understand and inform how they commission as a practice.

2.2. Service Development

- 2.2.1. Another area which practices are starting to contribute to is the development of a new primary care mental health service. Through Locality meetings, practices have been understanding the plans, and how they could contribute to shaping the service. Practices have also been asked to contribute to the new enhanced IAPT service. The Care Trust is seeking clinical champions from primary care to help shape the new pathways.

2.2.2. The pilot roll-out of the Virtual Ward model to practices in Central has sparked a lot of interest in the scheme from practices across the city. This has led to the team in central visiting neighbourhoods, practices and locality meetings describing the model, the roles and responsibilities of the various services involved and suggesting key things which practices could already be putting into place.

2.2.3. Learning Disabilities Annual Health Check– Citywide Localities Group received a very informative report on those practices' signed up to the Learning Disabilities Annual health Checks, looking at why there are gaps in provision across the city. What was clear that there was no one reason but a wide variety of actions which practices could do to improve uptake. One of North Locality's neighbourhoods is now exploring how they could improve uptake by combining efforts across the neighbourhood.

2.3. Reducing Variation

2.3.1. All practices are actively looking at how and what they prescribe to improve outcomes for patients and contributing to the CCG's Prescribing Quality Improvement Scheme.

2.3.2. The CCG is also working with practices to explore improving access in general practice.

2.4. Neighbourhood Development

2.4.1. Key initiatives that neighbourhoods are continuing to develop are their relationships with their communities through their community partnerships, and services that provide care for their patients; going through the steps to set up virtual wards to identify what they can do as neighbourhoods and put in place now. Practices are working together to look at the variation in practice focussing on prescribing and hospital activity. Various schemes are also being developed, focussing on patient needs with high prevalence in their area, including a diabetes service and mental health service in the student neighbourhood, learning disabilities in the North.

2.4.2. In the Porter Valley Neighbourhood practices have been working with the Good Things Foundation (<https://www.goodthingsfoundation.org/>) looking at Digital Inclusion working with patients to benefit from online access/self-care etc. The Townships Neighbourhoods are working closely with the CSW and working on a communication package for practice staff to recognise when it's appropriate to refer a patient to a CSW. Townships one and two recently held their third Reception Forum where reception staff are sharing good working practices and now looking at buddying up with a different practice to look at how skills are deployed differently across the locality.

2.5. Workforce Development and Practice Resilience– as part of implementing the GPFV programme plan, we have recruited a number of practice managers to help us in delivering our GP Forward View plan, each taking specific projects. In the last two months, practices have attended workshops on clinical coding and care navigation which aim to alleviate pressures on practices and therefore result in improved resilience.

3. Locality Specific initiatives

3.1 Central – All Practices engaged with the Virtual Ward process, with ongoing to support to Practices in an effort to maximise the reduction of unplanned admissions.

Central representatives are working with other Localities, Neighbourhoods and Practices to share the key principles of the service in readiness for future city-wide rollout.

Practice Managers are attending ILM training as part of the GP Forward View Plan.

Central Locality Practice Managers are working with NHS England staff on a Locality specific training programme as part of the GP Forward View.

There is a locality wide approach to the Prescribing Incentive Scheme.

3.2 Hallam and South – there are a large number of practices engaged with the GP Forward View plan and implementation, for example attending training events regarding Medical Optimisation/Management Training/GP Access audits.

The locality continues to support practices engaging in the Shared Medical Appointments Model using Patient Centred Care Plans and Patient Activation Measures where this fits with the topic.

There has also been a lot of interest in the Virtual Ward project being run in Central Locality.

3.3 West – West locality covers diverse communities , students, homeless, Somalian rural, and industrial. Our practices get involved in a wide range of forums shaping how these communities are supported. In the last couple of months our university student practices have attended and contributed to the Student Health and Wellbeing Board, and undertaking audits on student A&E attendances, to inform how students can be supported at certain times of the year.

Practice Nurses and District Nurses in West are working together to explore how complex wound care can be provided in the community.

3.4 North – North are currently working on a pilot with District Nurses & community IV team to look at providing IV antibiotics in the community, covering both patients at home & in care homes. This will provide better care especially for frail elderly or housebound patients & hopefully avoid admissions.

4 Challenges/Risks and Issues

4.1 What is really apparent from everything reported above is how much our practices input into our plans, how much they are delivering our intentions and at the same time, improving themselves and delivering good quality primary care, meeting the increasing demands and complex needs of Sheffield people.

4.2 The challenges and risk remain that without their engagement and input, it would be difficult to do all that we do. Practices have recently completed a survey asking about practices' resilience. The outcomes of the survey will be reported to Primary Care Commissioning Committee.

4.3 Practices are still finding it difficult to recruit, with currently 12 GP vacancies in the city.

5 Key questions for Governing Body

5.1 As a reminder, localities have asked a number of questions of Governing Body in the first two reports. These are listed below. The Citywide Localities Group is keen to work with Governing Body members to develop responses and actions to address the questions below. In addition to those below, practices have asked the following:

- practices know an outline of the plans for Sheffield and South Yorkshire and Bassetlaw through the ACP and ACS, however, practices would like to know more what this means for them as member practices and providers in Sheffield.

5.2. Please could Governing Body provide an explanation. The outstanding questions are:

- As neighbourhood and out of hospital initiatives gain scale, pace and impact, how do we ensure that where we have activity/cost reducing initiatives we are able to fully release the associated acute spend and reinvest it in primary care and communities? What actions can localities take to support?
- How does the Sheffield estate strategy support the city's expectations for an integrated primary and community service, and how can we work together with partners to use vacant space to our collective benefit (both providing services and releasing cost)?
- What process will be developed for neighbourhoods to access funding in order to deliver their local initiatives?
- What budget and finance information will be provided in order for neighbourhoods to measure success in their objectives.
- What will be the ask of practices in the delivery of Urgent Care.

6 Action for Governing Body / Recommendations

6.2 The Governing Body is asked to:

- Consider and note the update from Citywide Localities Group
- Respond to the questions listed in the report.

Paper prepared by Rachel Dillon, Locality Manager, West
On behalf of Governing Body Locality GPs
24 August 2017