



NHS

Ipswich and East Suffolk
Clinical Commissioning Group

Patient Partnership Conference

30 May 2017

John Peel Centre

Church Walk, Stowmarket, IP14 1ET





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Welcome

Pauline Quinn

*Governing Body Lay Member for Patient & Public
Involvement*





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Looking back at 2016/17 & Forward to 2017/18

Jan Thomas

Chief Contracts Officer





General Practice Forward View

The Future of General Practice

Dr Imran Qureshi
Clinical Executive Chair



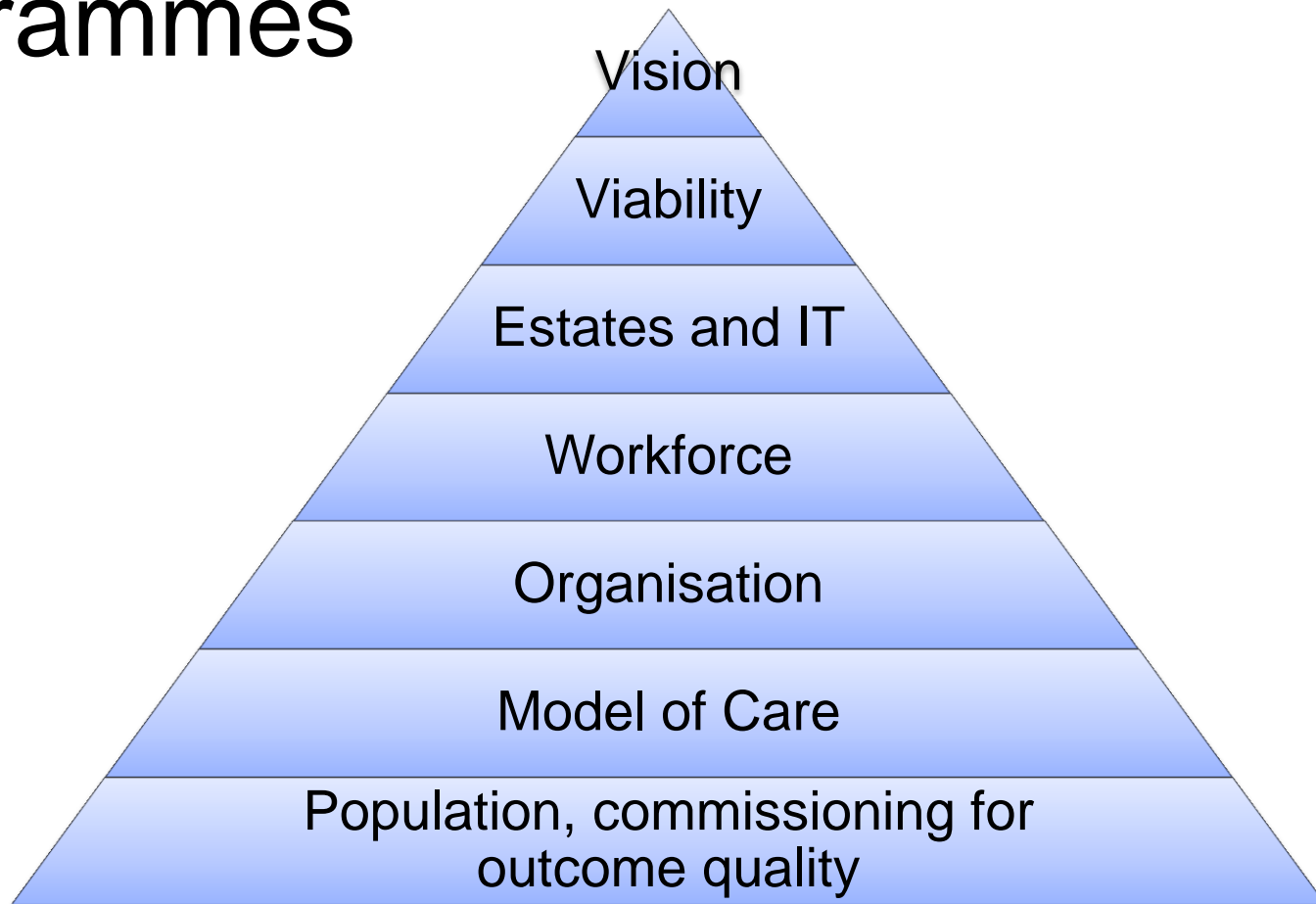
Primary Care Strategy

- Developed from discussions with GPs at training and education events, starting in 2014.
- Approved by Governing Body on 31 March 2015, with a **vision** of
Safe, local, high quality care that is delivered by local practices and other organisations working together seamlessly to care for patients effectively and at a sufficient scale to facilitate the provision of an enhanced range of services.
- And objectives of:
 - 1) Enabling time to care
 - 2) Delivering prevention
 - 3) Supporting GPs to manage patients who are acutely ill and oversee long term condition care delivered by others
 - 4) Supporting and enabling patients to self care
 - 5) Providing continuity of care although not always health care professional
 - 6) Planning that all services are delivered in a primary care setting unless safety or VFM reasons dictate
 - 7) Increasing the pace of transition from a secondary to primary care setting with transfer of resources
 - 8) Facilitating practices to work together in groups



Primary Care Strategy

Key action plan programmes



GP Forward View

- National document, published April 2016.
- NHS required first CCGs and then STPs to respond with plans to include:
 1. New models of care
 - 2. Workload– ten national high impact actions**
 3. Workforce – GPs, nurses, ‘new’ clinical and management roles
 4. Access – extended hours (GP+)
 5. Infrastructure – IT and Estates
 6. Investment – to include £1.2m
 7. Leadership



Releasing Capacity in General Practice

10 High Impact Actions

10 High Impact Actions to release time for care

1:
ACTIVE SIGNPOSTING



2:
NEW CONSULTATION TYPES



3:
REDUCE DMAs



4:
DEVELOP THE TEAM



5:
PRODUCTIVE WORK FLOWS



6:
PERSONAL PRODUCTIVITY



7:
PARTNERSHIP WORKING



8:
SOCIAL PRESCRIBING



9:
SUPPORT SELF CARE



10:
DEVELOP QI EXPERTISE



Where are we?

	Examples of progress ... across Suffolk, within localities and practices
New Organisational forms (and models of care)	Suffolk Primary Care Deben Health Group (DHG) Ipswich Primary Care Coast & Country Primary Care
Workload management	On the day hub in Felixstowe. Also being progressed in north west Ipswich and DHG Direct access – to diagnostics; Well-being services; Musculoskeletal services Development of care navigators Consultant to Consultant referrals – a new approach
Workforce	Suffolk Locum Chambers Physios in practice and direct referrals GP leadership and development programmes Care navigator training and 100 apprenticeships across clinical and non clinical roles in Suffolk University of Suffolk – Student nurse placements programme East of England Physicians Associates recruitment University engagement programme – starting with UEA, London, Birmingham and Nottingham
Access	GP+ in Ipswich and now, Felixstowe, Leiston, Wickham Market and Stowmarket
Infrastructure IT and Estates	NW Ipswich – multi-practice site planned Electronic prescribing implemented £1m+ Estates Technology Transformation Fund proposals supported



10 High Impact Actions

What will it mean to General Practice and Patients?

Dr Imran Qureshi
Louise Hardwick
30 May 2017



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Active Signposting

Reception care navigation

The Idea

- Receptionists' job is to connect the patient with the most appropriate service (not just book everyone with a GP).
- Train receptionists to ascertain the patient's need. Include red flags for medical emergencies
- Develop a directory of services including services outside the practice, for patients to be directed to

Impact

- Reduced GP appointments – estimated at 1,046 per year for a 10,000 patient practice
- Patient benefits – faster access to the right service (one step in the process removed)
- Staff satisfaction – receptionists feel they're doing a better job for patients and making bigger contribution to the practice



Active Signposting Online Portals

The Idea

- Patients are encouraged to make the practice website or a mobile phone app their first point of contact
- This provides access to symptom checkers, links to local sources of advice and support in the community, details of community pharmacies and self help advice for minor ailments
- This may sit alongside e-consultation functions and transactional services for repeat prescriptions and appointment booking

Impact

- Patients increase their knowledge about how to care for themselves and are connected with community based care and support options that improve wellbeing and independence
- Reduced GP demand for appointments



Question 1

Care Navigators

1. How do you think patients will respond to receptionists playing a more active role?

2. How can members of the public, Patient Participation Groups and others help with marketing and feedback?



Social Prescribing

The Idea:

- Signpost patients to care and support services which increase wellbeing and independence
- Examples include leisure and social community activities, befriending, carer respite, dementia support, housing, debt management and benefits advice, one to one specialist advocacy and support, employment support and sensory impairment services
- The service maybe external to the practice, taking referrals, or there may be closer integration within the practice team

Impact:

- Reduced demand for GP and other appointments
- Improved quality of life for patients and carers
- Satisfaction and empowerment for volunteers



Question 2

Social Prescribing

1. What do you think would be good social prescribing?

2. What reservations might you have? And how could they be overcome?





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Workshop Activity:

Involving Patients & Public in shaping the
future of general practice





Break

11.10am – 11.40am





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Suffolk and North East Essex Sustainability and Transformation Plan

Isabel Cockayne *Head of Communications*
&

Andy Yacoub *CEO Healthwatch Suffolk*



Suffolk and North East Essex Sustainability and Transformation Plan



- 953,000 population
- 2 County Councils
- 7 District and Borough Councils
- 3 Clinical Commissioning Groups (CCGs)
- 104 GP practices
- 2 GP Federations
- 3 Acute trusts
- 2 main Mental Health providers
- 2 main Community Health providers
- 8 Community Hospitals
- 1 Ambulance Trust
- 2 local Healthwatch
- 2 local Medical Committees
- 177 Dental practices
- 184 Pharmacies
- 193 Optometrists
- Significant contribution from the voluntary sector & hospices

£2.3bn
System health and care income 2016/17

£2.4bn
Health and care expenditure 2016/17

£84.8m
System health deficit 2016/17

Income based on 2015/16 place based allocations

A

Aim: Our vision: People across Suffolk and North East Essex live healthier, happier lives by having greater choice, control and responsibility for their health and wellbeing

B

Better together

- 1 Hospitals working together and alliance working
- 2 Making services simpler for patients and carers
- 3 Workforce recruitment including primary care

C

Collaboration

Results include: £1m successful bid for diabetes
New models of care
Commissioners and acutes met their financial requirements in 2016/17



Demonstrating progression: Among our neighbouring CCGs we are more cohesive and have stuck our necks out more



Experience: What will be different over time? What will we be able to achieve?



Finances: Can we meet the long-term deficit?



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Q&A session on STP

Isabel Cockayne *Head of Communications*

&

Andy Yacoub *CEO Healthwatch Suffolk*





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Summing up and going forward

Pauline Quinn

*Governing Body Lay Member for Patient & Public
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