Welcome and Introduction
Welcome and introduction

Liz Wise, Director of Primary Care Commissioning & Programme Director, Transforming Primary Care, Healthy London Partnership

Jane Lindo, Deputy Programme Director, Transforming Primary Care, Healthy London Partnership
The Healthy London Partnerships is a joint venture between NHS England and the London CCGs

In London we have been delivering the Strategic Commissioning Framework supporting delivery of a new way of working in Primary Care which is more accessible, proactive and coordinated

Following consultation with over 1,500 patients, clinicians, commissioners and others, this sets out a new vision for Primary Care in London

We are committed to delivering the General Practice Forward View

The Transforming Primary Care programme
Welcome and introduction

#londonprimarycare
@HealthyLDN
Using your App

You can download the app by searching for ‘Transforming Primary Care’ in either app or google store

Through each session you can

Make Notes

Raise a question

To Register your vote

1. Go to Programme
2. In the agenda click Welcome and Introductions
3. Click the voting button

WiFi Login Details
Network: Hospitality Password: ovoline89
Where does the London region stand with GP practices offering online services to registered patients?

A. First
B. Second
C. Third
D. Last
## Agenda for today

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>12:00</td>
<td>Arrival, Lunch, And Networking</td>
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<tr>
<td>13:00</td>
<td>Welcome And Introductions</td>
<td>Liz Wise</td>
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<tr>
<td>13:15</td>
<td>Technology As An Enabler</td>
<td>Hugh Huddy, Jane Barnacle, Jane Lindo</td>
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<td><em>Followed by a short Q&amp;A</em></td>
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<td>14:15</td>
<td>Developing a 21st Century Workforce</td>
<td>Aurea Jones, Alison Stephens</td>
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<td><em>Followed by a short Q&amp;A</em></td>
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<tr>
<td>15:00</td>
<td>Break</td>
<td>Alison Stephens</td>
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<tr>
<td>15:15</td>
<td>Emerging care models</td>
<td>Mark Wilson</td>
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<tr>
<td>15:30</td>
<td>Working in new Ways</td>
<td>Alison Tongue, Alyson McGregor</td>
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<td>16:00</td>
<td>Breakout Workshops</td>
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<td>You can attend TWO sessions, where you will hear</td>
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<td>from speakers on how they are finding innovative</td>
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<td>and practical ways to improve health outcomes</td>
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<td>in their local areas</td>
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<td></td>
<td>• Patient Online - Hints and Tips</td>
<td>Adriana Jimenez, Jane Nicholls, Jo Godman, Natalie Smith</td>
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<td>• Working Smarter, Not Harder</td>
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<tr>
<td>17:15</td>
<td>Closing Summary</td>
<td>Jane Lindo</td>
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<td>17:30</td>
<td>Close</td>
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21st Century Primary Care: Technology
https://www.youtube.com/watch?v=igZMe_2rO84&list=PL6IQwMACXkJ3jXps4MfsJ8IKjiHFcFYrY
The Vision for A Digital London

https://youtu.be/QDF9z38VXnw
Healthy London Partnership is supporting the Patient Online programme - an NHS England programme designed to support GP practices to offer and promote online services to patients including:

- Online appointment booking
- Online repeat prescriptions
- Online access to records
London region recommends 80% of GP appointments be made available to book online
Patient Online benefits

What we have seen and heard:

- Reduction in phone calls
- Reduced DNA Rate
- Increased practice productivity
- Increased patient satisfaction
- Safer to use
In June 2015, it was announced that NHS Digital was commissioned by NHS England to lead on the implementation of SCR into community pharmacies and is expected to be complete by April 2017 for London.

Pharmacies that are now live with SCR can access a summary of key medical information extracted from the patient’s GP record.

**Ambition is to improve patient safety, wellbeing and better access by delivering seamless information sharing and collaboration between health care professionals**
Key objectives:

• Deliver training to nearly 1300 London Community Pharmacists

• Ensure at least 95% of pharmacies have the ability to access Summary Care Records (SCR) by April 2017

• Drive utilisation of SCR so that pharmacies and patients realise the benefits of SCR access
What have we done so far?

- 93% of community pharmacies across London have now attended SCR training with
- 55% now activated and realising the many benefits of the system including a significant reduction in calls to GP’s, time savings and the ability to offer a more efficient service to their patients

From 2015 proof of concept pilot study across 140 pharmacies

85% of Pharmacists saved time on GP calls
85% of Pharmacists saw improved patient safety
92% of patients needed no further signposting
Q&A

#LondonPrimaryCare

Transforming London’s health and care together
03

Developing a 21st Century Workforce
Developing a 21st Century Workforce

Aurea Jones, Local Director, Health Education England, South London

Alison Stephens, Transforming Services Together, OD Lead
<table>
<thead>
<tr>
<th>Global Drivers of Change</th>
<th>People &amp; Patients of the future</th>
<th>Workforce of the Future</th>
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<tbody>
<tr>
<td>Internet access is likely to grow globally by 2-3 billion by 2025, with estimates of new devices ranging from 5 billion to a trillion.</td>
<td>The number of people with a long-term condition (LTC) is set to rise by 19% to 18m by 2025.</td>
<td>The hidden workforce: 6m UK carers set to rise to over 9m by 2043.</td>
</tr>
<tr>
<td>in 1948, 48% of people died before the age of 65. At least 1/3 of babies born in the UK today will live to see 100.</td>
<td>The number of downloads of mobile healthcare and medical apps is predicted to more than triple from 44 million in 2012 to 142 million in 2016.</td>
<td>Currently 30% work part time: likely to rise as average age of NHS employees increases and surveys show trainees want to ‘work less and live more’.</td>
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<tr>
<td>The average age of NHS employees in the UK is currently 44 years rising to over 47 years by 2023.</td>
<td>91% of cancer patients want to be more engaged in their care.</td>
<td>The Future Patient will require staff who are able to provide ‘whole person’ care wherever the patient is: at any time and in any setting.</td>
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</tbody>
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New ways of working
A new type of healthcare workforce

- Treatment
- Hospital
- Specialism
- Formal Provision
- Healthcare & Social Care
- Prevention & self-management
- Home care & primary care transformation
- Generalism
- Multi Disciplinary teams
- Integrated Health & Social Care
# Mind the (generational) gap

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<td>Motivated and hard working; define self-worth by work and accomplishments.</td>
<td>Practical self-starters, but work-life balance important.</td>
<td>Ambitious, with high career expectations; need mentorship and reassurance.</td>
<td>Highly innovative, but will expect to be informed. Personal freedom is essential.</td>
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<tr>
<td>25% of the NHS workforce</td>
<td>40% of the NHS workforce</td>
<td>35% of the NHS workforce</td>
<td>&lt;5% of the NHS workforce</td>
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</table>
Relative growth in NHS staff (WTE)
Selected groups 2002-2012, indexed to 2002
Age distribution of the substantive GP workforce across London

- Under 30: 2% (51)
- 30-34: 15% (512)
- 35-39: 19% (638)
- 40-44: 15% (511)
- 45-49: 13% (463)
- 50-54: 13% (497)
- 55-59: 11% (430)
- 60-64: 6% (223)
- 65-69: 5% (199)
- 70+: 3% (95)
General Practice Forward View – Workforce Agenda

• Increasing training into General Practice
• Refining specialty training
• Increasing Physician Associate training
• Trained nurse mentors into primary care to facilitate undergraduate teaching
• Development of care navigator skills and competencies
• Development funding to primary care for Practice Manager development
• Investment in Practice Nursing
• Pharmacists working in general practice
• Training hubs = Community Education Provider Networks
Changing healthcare & changing workforce

How will primary care provision adapt to meet needs of new generation of workforce?

How will new roles complement your practice?

What support do you need to transform the workforce?
Developing a 21st Century Workforce

HOW East London is Making it happen...

Alison Stephens: TST OD Lead
What we are trying to achieve:

The Transforming Services Together (TST) programme is a partnership between three east London CCGs, NHS England, Barts Health NHS Trust and other hospitals, community and mental health providers, primary care and local authorities, including public health and social care.

Aim

• To deliver safe, sustainable and high quality services for the residents of east London. It focuses on improving physical and mental healthcare in Newham, Tower Hamlets and Waltham Forest, whilst also thinking about how changes in these areas could impact on neighbouring boroughs.

• TST’s change programme aims to address the system-wide challenges anticipated as a result of a local forecasted population rise of 270,000 patients over the next 10 years, including addressing already challenging workforce supply shortages.
Some of the key workforce priorities to meet the needs of a growing population include:

1. Ensuring recruitment to new and established primary care staffing levels is as efficient and effective as possible.
2. Addressing retention difficulties experienced in primary care and especially with HCAs, GPs and practice nurses.
3. Introducing new models of integrated multi-disciplinary care and new cross-boundary roles to support them (e.g. pharmacists, physician associates and advanced practitioners).
4. Develop and upskill existing roles (e.g. HCA’s, care navigators, health coaches and other clinical and non-clinical staff).

### TST Workforce priorities : 3 Key Challenges

1. **Recruitment and retention** – local Providers experiencing significant issues with GP's retiring, nursing shortages and the impact on agency costs
2. **Developing the workforce** – understanding where upskilling of existing staff and development of other new workforce roles can support primary care to deliver new and improved models of care
3. **East London as a destination**: The high cost of living, perceived low pay and work-related stress contribute to high turnover
**Actions**

**Action during 2015: TST Team**

- **WEL Workforce Mapping: acute, community, mental health and primary care**
  - A comprehensive workforce map including workforce across all settings of care

**Action during 2016: TST Workforce Task and Finish Groups:**

**Physician Associates: Steering Group Aims:**
- To identify sponsorship options across WEL for Graduates
- To develop a PA Programme through Queen Mary’s University of London
- To develop a pipeline of fully qualified PA’s who will want to live and work in East London.

**Promotion & Marketing of new and existing roles:**
All key workforce groups incl: HCA’s ANP & Pharmacists

**To Promote:**
- East London as a destination
- Workforce Recruitment Fairs
- Links with Colleges and Secondary Schools
- Links with Housing Associations & Other Partners

**Provider Collaboration: Education Programmes, Rotations (and cross-sector pathway working):**
- Investigating opportunities to develop both cross-site and cross-sector working
- Build on student placement Workforce Rotations Programme: Nurses and HCAs and other social prescribing roles

**Primary Care Pharmacists**
- GP 5YFV 2016/17 from NHS England; Aim to extend the current clinical pharmacist programme with a new £112 million offer to enable every practice access to a clinical pharmacist;
  - 1 pharmacist per 30,000 population.
  - Aim to implement 33 clinical pharmacists across WEL

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**Where we were...**

**January 2016**
The Vision: Physician Associate CASE STUDY

- To design and implement a new Physician Associate Programme at Queen Mary’s University of London
- To recruit 24 Physician Associates on to the programme by January 2017

TST Plans For PAs in Primary and Secondary Care

<table>
<thead>
<tr>
<th></th>
<th>Yr. 1 (2016/17)</th>
<th>Yr. 2</th>
<th>Yr. 3</th>
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<td>16</td>
<td>23</td>
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<td>Secondary care</td>
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<td>Total</td>
<td>17</td>
<td>24</td>
<td>33</td>
<td>44</td>
<td>56</td>
<td>64</td>
<td>70</td>
<td>76</td>
<td>85</td>
<td>98</td>
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Yr. 1 (2016/17) Yr. 2 Yr. 3 Yr. 4 Yr. 5 Yr. 6 Yr. 7 Yr. 8 Yr. 9 Yr. 10 (2025/26)

TST Workforce Modelling Tool

Net Benefits
(circa 200+ PA’s)
5 Yr’s: £-3,764,264
Physician Associate Steering Group: Key Aims and Objectives

Critical Success Factors (CSF’s)
Identifying the Things That Really Matter for Success

Innovative Curriculum
Student Sponsorship
Clinical Training Placements in Primary Care

Clinical Engagement
Culture shift/OD
Real People!!!
Established PA Steering Group: WEL/STP
Appointed Clinical Lead/s
PA and Patient Reps

1. Curriculum Development
2. Student Sponsorship Model
3. Clinical Training Placements – 24 in Primary Care

Curriculum Approved (subject to sign off)
£216K – WEL Sponsorship Approved (Match Funded)

175 Applications from PA Students
24 Clinical Training Placements confirmed - WEL

Physician Associates – Turning vision into reality

Jan 2016
April/May 2016
July 2016
Sept 2016

Dr Stuart Sutton  Dr Anwar Khan  Dr Ken Aswani
Developing a 21st Century Curriculum

MSc in PA studies
27 months

8 Modules
PA1 – Basic Medical Science for the PA
PA2 – Healthy People, Healthy Society
PA3 – Care of the Adult
PA4 – Health of Women and Children
PA5 – Care of the Older Adult
PA6 – Mind, Body & Health
PA7 – Care in the Community
PA8 – Research, Evidence & Quality

1600 hours clinical placement
180 hours' Community Medicine'

GP Practice ‘Ask’:
• 25 days per year
• £2500/ 2 yrs
• 1 student/ 2 years
PA Sponsorship: A Match-Funded Model

WEL CCG’s: £216K Investment
(Cohort 1 - £9K per 2nd Year Student)

Crowdmatch increases the capacity of changemakers while engaging the wider community, raising more funds and increasing exposure for the issue, the projects and the funder.

StartSomeGood
Established PA Steering Group: WEL/STP
Appointed Clinical Lead/s
PA and Patient Reps

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Dr Stuart Sutton
Dr Anwar Khan
Dr Ken Aswani
### Challenges Raised

#### The Role in Practice
- Clinicians visualising the role in GP practices. Challenging assumptions as to what PA's can and cannot do.
- Prescribing and progress on statutory regulation of Physician Associates
- Estate capacity in practices.

#### The Training Requirements
- The Training Funding to GPs significant lower than for Practice Nurses at £50 per Day.
- The supervision requirement from GPs during training
- Indemnity uncertainty during training for new role and MDTs

#### Moving Forward
- The ability of practices to recruit Physician Associates and not just train them to take up other posts outside of TST
- The Employment Model, Individual practices, Sessional the role of GPO Federations and Apprentiships
- How can we support smaller practices to develop Physician Associates and the wider MDT
TST plans to: ‘Grow our own’ workforce:

- Develop Primary Care ‘Hubs’ (>10,000 pts) and MDT approaches to improve recruitment and retention in East London
- Develop other new roles: eg: Primary Care Pharmacists & Nurse Rotation Schemes
- Encourage young people to work in NHS
- Evolve Apprenticeship models for the future
- Develop clinical leadership skills
Digitalhealth.london

Transforming London’s health and care together
http://digitalhealth.london/accelerator/

Meet five of the companies in our cohort here today!
BREAK

Transforming London’s health and care together
Emerging care models
Transforming Primary Care

Mark Wilson
Director
The Modality Partnership

At a Glance

- 22 mergers
- 23 primary care sites
- Integrated IT: EMIS Web
- 1° and 2° care contracts
- 350+ staff, single organisation
- Single Partnership
- 38 Partners
- Exec Team
- 1st wave PM Challenge Fund
- MCP vanguard

Modality Population Growth

![Graph showing Modality Population Growth from 2009 to 2016](attachment:population_growth.png)
Leader in Transforming Primary Care and Delivering Innovative Accountable Care Models

Primary Care at Scale

Accountable Care Delivery
Primary Care at Scale

- **Local autonomy** – joining Modality does not mean you have lost control – you are still an owner and will continue to run and grow your practice/locality.

- **Operational Resilience** – you can benefit from being part of a bigger family of like-minded colleagues and access to resources you don’t have working on your own.

- **Income security and diversification** – you will have access to our proven approaches and know-how to maximise and diversify income.

- **Shaping the future** – we are by no means the finished article – help us shape our future together!!!

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**Outstanding Care & Service**

**Patient Focused**

**Truly GP Led**

**Established Track Record**

**Base for Innovation & Further Expansion**

**Financial & Operational Resilience**

**System Leadership**

**High Integrity / NHS Values**

**Employer / Partner of Choice**

**Economies of Scale**
05

Working In New Ways

_TRANSFORMING LONDON’S HEALTH AND CARE TOGETHER_
Time to Care

Our support to General Practice

Alison Tongue – Sustainable Improvement Team

13th October 2016
Objectives

- What do we know about current activity?
- Describe the opportunities and different ways of working
- Examples of development support
Most burdensome areas of bureaucracy

- Getting paid
- Processing information
- Keeping up to date
- Reporting
- Supporting patients

www.nhsalliance.org/making-time-in-general-practice/
info@primarycarefoundation.co.uk
System level:
☑ reduce deflection of work from secondary care
☑ simplify reporting & payment

Practice level:
☑ manage workload differently
Innovations from around England that release time for GPs to do more of what only they can do.
The way we work

- Tailored development support to groups of practices to implement and sustain change in managing workload differently
- Peer to peer
- Skills and knowledge development for individual practice staff in leading change
- Productive General Practice
- Spreading examples from around the country
Aim  improve repeat prescribing process

What we did  A facilitator from the programme visited the practice for a couple of sessions to support progress. Supported practice staff to undertake a waste walk and process mapped their repeat prescription process.

Findings  Waste was identified in
  • reprinting of scripts,
  • looking for scripts,
  • dealing with pharmacy/patient enquiries,
  • scripts waiting over 24 hours to be signed by a GP amongst several others
Productive Workflow

Ideas generated

• educating patients about when to re-order their prescriptions,
• GPs review/signing of scripts in the main practice office and involving the pharmacist in the work they were doing. A partner pharmacist reviewed the process map and noticed other areas for streamlining such as monthly and weekly blister packs that they could better pick-up, rather than the practice

Impact

• Communication between the practice and pharmacist has been improved, a whole series of faxes (often duplicates) have also stopped and saved time.
• Collectively the actions have generated ‘released time’ of 556 hours on activities stopped. The practice equates this to £5k in cost
Working Differently—Building a local development programme with North Southwark GP Federation

Aim

• ‘We were so impressed with the course we asked the SI team to help our federation design and deliver a development programme for our member practices… It is important for us to build the skills and capabilities across roles in the practice. This together with the earlier leadership development programme will make a big impact on our federation’s sustainability’ (Tilly Wright - Practice Manager and Director QHS GP Federation)

What we will do

• federation with their members will prioritise 4 High Impact Actions to work on
• facilitated action learning events to test, measure and implement changes
• steady stream of practice staff and federation leaders are attending our General Practice Improvement Leaders programme who in turn will support practices locally
• Productive General Practice (Quick Start) support next year potentially
Working Differently: ‘Real life real time learning’
Your Time for Care programme

Development Advisor Support

10HIAs showcase

Preparation
Menu of support, readiness, aligning plans, preparing champions

Launch event

Learn from innovators

Change in practice
Action event
Change in practice
Action event
Change in practice
Action event
Change in practice
Action event
Change in practice
Action event

Productive General Practice

General Practice Improvement Leaders Programme

Reception & clerical staff training

Online consultation systems (from 2017)

Practice manager development

CCG investment & support
england.nhs.uk/gpdp
atongue@nhs.net

#GPforwardview
‘Collaborative Practice – A New Model of Care’

Transforming Primary Care: 21st Century Primary Care

London, 13th October 2016

Alyson McGregor

Director
NHS National network organisation

Our team - we are a diverse team of experienced, clinicians, OD & system designers, academics and people with experience of working with 24,000 people who gift their time as health champions

Working together we have developed an award winning, evidenced based approach

Using theoretical models of organisational development and evidenced based practice we have prototyped and scaled a radical system intervention which offers a new model of care

Works in General Practice, integrated care, A&E, specialist hospital services, mental health trusts... plan to take into care home settings
• NHS & social care facing unprecedented challenge

• NHS set up to treat infectious disease – organised to do this around a ‘medical model’

• Nature of disease has changed

• New demands – supporting people to adapt and cope with long term conditions, loneliness, isolation, anxiety …..old age

• Primary care no longer sustainable

• NHS 5YFV: need a “more engaged relationship with patients, carers and citizens”

• Need for a new social model of health
“It’s a rotating door - they just come back again. Patients need people not pills”

Dr Niall McCloud, GP Exeter

- **10-15%** Minor ailments – pill, sore throat, headache
  pharmacist /wise granny
- **10-15%** depressed, anxious, stress, fatigue. Need a job, some friends, a loving partner- NOT antidepressants or counselling
- **10%** obesity & lifestyle related – type 2 diabetes, hypertension, heart disease. Need to lose 4 stone, move about more, eat fresh food. NOT BP tablets
- **5%** Lonely and we are the only social contact
- **5-10%** just getting old! lots of problems – no cure

“Estimate that 40- 55% of patients I see every week could be better supported by someone else – they don’t need to see someone with 5 degrees”
Creating a new mind set in General Practice

“Health is the ability to adapt and self manage in the face of social, physical, and emotional challenges (Huber, 2011)

- Systems organise around a purpose
- To change a system we need to agree a new purpose- often best to formulate the new purpose as a question

We bring citizens and services together to answer the question:

“How do we work together to support people to adapt and change in the face of social, physical and emotional challenges?”
“We have increased our patient list by 4500 patients and seen no increase in demand for either primary or secondary care consultations because we do things differently”

Mev Forbes, Managing Partner, Robin Lane Medical Centre, Leeds
Robin Lane Medical Centre, Pudsey
Our experience in Primary Care

• 70 GP Practices in 18 CCG areas
• Stumbled across a new model for general practice: ‘Collaborative Practice’ which is designed to meet these challenges
• Citizens play a pivotal role in a sustainable solution
• Found new ways to be in conversation with citizens by designing whole system conversations
• Amazing response from the system- NHSE/ NHS Confederation

• In-depth evaluation
What happens?

More than 50 champions delivering 15 different weekly offers - 391 people attending every week.

"the great story is that lives are transformed. We reach hundreds and hundreds of people every week. People are no longer isolated; they have made new friendships and use services differently"

Linda Belderson
GP Robin Lane
WHAT REALLY HAPPENS?

WE SEE TRANSFORMATIONAL CHANGE - CHANGE FROM THE INSIDE OUT

Changing the members of the family TRANSFORMS the family

- it changes the very nature of who the family are-
- it changes what the family does
- It changes what the family knows
- It changes what we notice and how we see the world
- It changes ‘who’ the family know & spend time with
- It changes how the family behaves and the language we use
It works...for patients

• Better health outcomes
• Patients are supported to live well with LTCs
• Patients better understand how to use services
• Growing community cohesion
• 94% increased levels of confidence & well-being
• 94% acquired new knowledge related to health and well-being
• 99% increased involvement in social activities and social groups

“It really helped me get back on track...it was about isolated and lonely people...and I was one of them, basically left to rot. When you invited me that day, it saved my life.”
It works...for the practice

• 95% of staff would recommend it and wish to continue
• Staff morale improves & workload shifts
• People come out of silos and organise around purpose
• The practice can offer alternatives
• Practice list size increases
• Clinical consultations go down
• Receptionists take leadership role

“Whoooooooooo hoooo..... This is the bestest workplace in the world and proud to be part of it...such a good team.” (Primary Care Nurse, Gateshead) ”
Collaborative Practice – a 3\textsuperscript{rd} way

The ‘Life world’

- \textit{People} with myriad and unique skills, interests, values, beliefs, needs
- Multiple and fluid identities
- Human interaction
- Flexibility, improvisation
- Stories
- Relationships
- Non-monetary, fluid ideas of exchange and reward
- Emergent order

Formal Systems/Institutions

- Roles, qualifications, titles
- Fixed and legitimised identities
- Processes & structured interaction
- Protocols and pathways
- Fixed definitions
- Data
- Hierarchy, authority
- Monetary economy, fixed ideas of currencies and exchange
- Planned order

Reproduced with permission of Linguistic Landscapes Ltd. 2015
This is NOT.....

- A time limited ‘project’, ‘scheme’ or ‘programme’

- simply a paid link worker model of social prescribing? Though it does deliver the 2 key elements of social prescribing – helping people to get to the right support AND providing support offers

- A traditional volunteering programme
  - There is no job description or defined role
  - No hierarchy
  - Not based on a medical/formal model
This is

• About creating a new relationship
• Modelling a 3\textsuperscript{rd} way of working (1+1+1)
• changing the ‘practice team /family’ and becomes ‘simply how we do things round here’
• work that amplifies and connects existing offers- Health Trainers/coaching/ health navigators /community connectors and the plethora of activities on offer in the voluntary and community sector
• Gentle & subversive OD which transforms general practice
• Built on recognising and realising the value of people and staff
• Sustainable
This is meaningful and fun....
If you want to chat call the team on +44 (0)1924 398428 or call Alyson 07780593409

Or visit our website
www.altogetherbetter.org.uk

Follow us on Twitter
http://twitter.com/altogetherbetter
Breakout Workshops

Transforming London’s health and care together
Breakout Workshops

Patient Online – Hints and Tips
Will give you very practical tips on how to utilise and promote patient online services in your local areas

*Taking place at the Box suite*

Working Smarter, Not Harder
Will provide an introduction to Quality Improvement methodology and how it can be applied to your day to day work to help you work smarter not harder.

*Taking place at the Debenture Lounge*
Patient Online Workshop
Adriana Jimenez, Digital Technology Manager
Jane Nicholls, National Patient Online Implementation Lead
Part One: Overview
Overview of HLP
Functionality enabled
Benefits
Benefits Survey

Part Two: Hints and tips
Process Change
Technology
Marketing & Advertising
All Staff Groups

Q&A
Transforming Primary Care:

London CCGs and NHS England (London), working together as Healthy London Partnership, with a vision to transform London’s experience of primary care. This is laid out in the Transforming Primary Care in London: A Strategic Commissioning Framework (2015) and aims for the service specification for general practice to provide a more consistent level of service to patients.

**Proactive Care** - supporting and improving the health and wellbeing of the population, self-care, health literacy, and keeping people healthy.

**Accessible Health** - providing a personalised, responsive, timely and accessible service.

**Coordinated Care** - providing patient-centred, coordinated care and GP-patient continuity.

*Digital services can improve all of these deliverables*
Almost a quarter of GP appointments slots are available online across London GP practices (24%)

BUT only 13% of patients are signed up for an account

Transforming primary care to make London the healthiest city in the world
Patient Online - Benefits

- Improve safety
- Look up medical jargon
- Improve health control
- Improve knowledge and health literacy
- Improve access and convenience
- Reduce errors and duplications
- Less pressure on staff
- Increase use of SMS
- Save phone calls
- Increase patient satisfaction
- Improve communication with patients
- Administrative time saving

Source: http://www.nhsalliance.org
Patient Online benefits survey

National team carried out three surveys between January and February 2016 to support the measurement and evaluation of benefits. The links were shared via NAPP website, EMIS website, beacon sites, NHS England’s range of communication channels.

- Approx. 25,000 patients responded to relevant surveys to complete: *I do use/ I do not use online services*

- Another 150 responses were received from staff working in beacon sites on questions *whether online services have helped the practice*
Patient Online benefits survey results

Improved accessibility and convenience for patients and the public

- Reduced phone calls and journeys to the surgery
- Better patient knowledge of health information and where to find it

- 68% of patients who use online services agree that cancelling appointments online is straightforward
- 92% of patients that use online services agree that it saves them time compared to telephoning into surgery
Patient Online benefits survey results

**Improved communications**

- More convenient access
- More ways of communicating
- 24/7 home and abroad
- Use of apps and different devices

75% of patients who use online services are booking appointments online rather than using other methods to contact the surgery

46% of patients who use online services agree there has been an improvement in communication with their GP surgery since going online
Patient Online Programme

Jane Nicholls, London
Implementation Lead
Patient Online Hints and Tips

Process Change
Technology
Marketing & Advertising
All Staff Groups
**Staff Promotion**

- Reception team to champion, promote at every opportunity either on phone or face to face.
- Nurse & Health Care Assistant staff to routinely mention during appointments and health care checks.
- GPs to mention during consultations and refer patients to reception team or website for further information.
- Ask District Nurses to promote online services, esp with housebound patients.
- Target particular cohorts of patients and promote during specific clinics/campaigns.
- Encourage Practice Nurses to offer online access to records for suitable patients with long-term conditions.
- Have a POL champion who would check data regularly with regard to registrations and discuss data/progress in staff meetings for ideas from all as to how they can increase registrations.

**Process change**

- Register patients for Online Services as part of the New Patient Registration process.
- Reduce/cease repeat prescription order line.
- Attach a POL registration form and leaflet to repeat scripts and test result print outs.
- Promote to patients with polypharmacy and multiple repeat prescriptions.
- Promote use of online repeat requesting to all patients taking regular medication and still visiting the surgery to order.
- Staples a message about POL on coloured paper to the back of the script.
- Identified patients who have access issues (visually impaired, physically disabled etc) to promote online access (and EPS) to them.

**Hints & Tips for Increasing Patient Registration**

- Put a message on the voicemail and call waiting.
- Increase the number of appointments offered online, which should encourage patients to discuss the benefits of online booking with friends, neighbours, work colleagues etc.
- Update the practice website to give more prominence to Online Services, including the option for patients to access their Detailed Coded Records.
- Advertise Online Services using media resources in Waiting Rooms, including Jayex boards and TV screens.
- Google translate option on website (example of a practice website using this is: [http://www.thegatesurgery.nhs.uk/](http://www.thegatesurgery.nhs.uk/)).

**Advertising and Marketing**

- Increase the number and prominence of posters and leaflets advertising Online Services in public areas such as the Front Desk in Reception, Waiting Rooms, Dispensaries (where appropriate).
- Include in Practice Newsletter.
- Advertise on social network pages.
- Run sign up sessions in the practice to help patients sign on for services, including having a “meet and greeter”, can be either staff of PPG members, to offer patients support in POL registration - (e.g. handing out application forms in Waiting Rooms & talking about the benefits they’ve experienced).
Patient Online Hints and Tips

Process change

• Register patients for Online Services as part of the New Patient Registration process

• Reduce/cease repeat prescription order line

• Promote use of online repeat requesting to all patients taking regular medication and still visiting the surgery to order.

• Attach a POL registration form and leaflet to repeat scripts and test result print outs

• Identify patients who have access issues (visually impaired, physically disabled etc) to promote online access (and EPS) to them
Maybush Practice case study

Practice Demographics

- 14% ethnic population
- No 3 on deprivation scale
- 8% > aged 75

@31 March 16
9,105 patients
1,135 registered for online services = 12%

@30 June 16
9,028 patients
1,518 registered for online services = 17%

383 Patients
5% increase
How did they do it?

Source: POMI @ 30/6/16
Patient Online Hints and Tips

How did they do it?

- Emailed all patients with email account to come in and register
- Advertised on Website
- Communicated with all patients using “old system” to transfer

1st June
No prescription requests by email

**BENEFITS?**

- Saves admin time
- EPS – less footfall, shorter queues
- Safer and better – e.g. audit trail, drops straight into medical record
Patient Online - Maybush Practice case study

Potential Time Savings:

For e.g. 30 Prescriptions saving 1 minute per transaction could =

<table>
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<tr>
<th></th>
<th>Time Saved in Minutes</th>
<th>Time Saved in Hours</th>
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<tr>
<td>Year</td>
<td>7740</td>
<td>129</td>
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</tbody>
</table>
Forename> <Surname> if you would like to register for Patient Online Services at <Surgery> which would give you the options of ordering your prescriptions, booking appointments, viewing results and immunisations online, please contact us on <telephone no.> or text back YES to <textback number> and we will arrange this.
Patient Online Hints and Tips

* Technology to Promote

- Put a message on the voicemail and call waiting
- Increase the number of appointments offered online
- Update the practice website to give more prominence to Online Services, including embedding the appropriate system link
- Advertise Online Services using media resources in Waiting Rooms, including Jayex boards and TV screens.
- Google translate option on website (example of a practice website using this is: [http://www.thegatesurgery.nhs.uk/](http://www.thegatesurgery.nhs.uk/))
Patient Online Hints and Tips

- Advertising and Marketing
  - Increase the number and prominence of posters and leaflets advertising Online Services in public areas. [New promotional material available for practices to order](#)
  - Include in Practice Newsletter - [Promotional toolkit](#)
  - Advertise on social network pages
  - ‘Meet and Greet’ sign up sessions in the practice, run by either staff or PPG members, offering patients support in POL registration
Staff Promotion

- Reception team to champion, promote at every opportunity either on phone or face to face
- Practice Nurse & Health Care Assistant staff to routinely mention during appointments and health care checks
- GPs to mention during consultations and refer patients to reception team or website for further information
- Ask District Nurses to promote online services, especially with housebound patients
- Target particular cohorts of patients and promote during specific clinics/long-term conditions/campaigns
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For more info on specific data and any other queries or comments, please contact the Patient Online London Team at ENGLAND.POLLondon@nhs.net
Q & A

Thank You

www.england.nhs.uk/patient-online
england.patient-online@nhs.net
Summary and Close