General Practice at Scale in Islington to date (Mar 2019)
Working to improve quality and build a unified and resilient General Practice

- 5 newly qualified GPs supported to develop leadership, planning and logistical skills.

Supporting GP retention by working with 2 practices to offer a more blended role, in which one session per week is funded by the Federation.

- 8 PBP improving medicines optimisation, with Federation undertaking the employment, 8 new posts approved.

Data Protection officer is in post to ensure General Practice compliance with data protection law.

SuperAdmin work has shown to reduce GP administrative work load, the federation has supported this with training and recruitment. Summarising role has been introduced since January to support practices.

Providing extended hours access for Islington GP practices.

Increasing technological capability within general practice, by search and report and remote consultation, to reduce variance and improve outcomes.

Locality Clinical Leads are the General Practice sponsors for the integrated network programme.

8 Network Ambassadors represent the practices to provide a collective voice for their interests act as a conduit for communication.

Network Lead and Officers provide the co-ordination and operational management of locality projects.

Medical Director oversees clinical governance of all Locality work streams.

Building GP resilience

- 600 pts with COPD reviewed at 16 practices including education and upskilling of teams.

Improved patient outcomes include inhaler change, referral to pulmonary rehab, secondary care, CORE or advised to repeat spirometry.

Facilitated and remunerated review of GP type 2 diabetic pathway. Number of new patients who meet 3TTs post-PBP appointment: 34%

Arrange DM reviews in group consultations.

Proactive, community based, multi-disciplinary and multi-provider, care model for moderately frail older people to improve their health and wellbeing via comprehensive geriatric assessment.

448 patients screened, 56 patients (13%) undergoing assessment and 116 (26%) have reviewed and discharged.

270 patients with SMI have been seen since 01/18, there has been an \( \Delta \) in \% of pts with recorded \begin{itemize} \item HbA1c \item BP \item alcohol \item spirometry screening \end{itemize}

177 new patients with history of AF reviewed and READ coded with a 12.2% conversion rate to DOAC.

To improve uptake of flu vaccine, we undertook a non-responder flu survey with a provision for Central recall.

50 Frequent attenders responsible for 871 A&E attendances at UCLH, 45-minute GP led consultation to reduce secondary care use.