



Latest news from Principia

February 2017

This document provides an update on the work of the MCP and progress and impact since January 2017. Since our last update, the MCP has:

- Been invited to present its Primary Care Psychological Medicine (PCPM) service at a King's Fund event in London on Friday 10 March.
- Launched its Depression Advice Clinic based at Castle Medical Practice and serving patients from all 12 Rushcliffe practices.
- Held its first Mental Health co-production meeting with patients, carers and providers.
- Seen a decrease in call outs for a second ambulance crew to support falls patients since the EMAS community car has been equipped with Mangar Elk lifting cushions.
- Seen Ambulance Green 1 calls response improve from around 60% of patients seen within 30 minutes performance to 85%.
- Seen the first of its local care homes introduce CARES escalation recording (Concerns Actions Response Examination Shared Information) to be completed prior to calling the aligned GP, NHS 111 or 999 with discussions regarding adoption of the process underway with additional Rushcliffe homes.
- Received data showing that GP referred outpatient first attendances for T&O are 337 referrals below plan at month nine (December), representing a 19.4% reduction in acute activity. This equates to £498,760 based on average referral cost.
- Received data showing that the development of a community gynaecology service has reduced outpatient first attendances by 417 referrals below plan (at month 9 December), representing a 21.5% reduction. This equates to a secondary care saving of £140,946 based on the cost of an average referral.
- Received data showing that a reduction in clinical variation of GP referred first outpatients with 731 referrals made representing a 3.6% reduction below plan.
- Delivered 150 IV Zolendrate infusions through the community Fracture Liaison Service during February.
- Had its communications lead shortlisted for a national Association of Healthcare Communications and Marketing award for output including Principia communications.
- Received data showing that in the first two months since launch the Gastroenterology Pre-Assessment Pathway 28.7% of referrals have been returned to the GP with advice rather than referred for acute outpatient appointment.
- Started work with Capita, its evaluation partner on 2016/17 evaluation.
- Carried out a pulse checks on 13,401 of our 26,000 patients over the age of 65 since September 2016, as part of our commitment to reduce AF related strokes in Rushcliffe.
- Received confirmation that the results from the IAU study for the Health Foundation and NHSE into the impact of the MCP enhanced support to care homes programme will be published mid March.

- Hosted a visit to PartnersHealth by Sir John Oldham, national clinical lead for quality and Productivity at the Department of Health and a member of the National Quality Board.
- Secured a full page feature regarding the launch extended access to primary care in the borough council's community publication delivered to every household in Rushcliffe promoting the availability of evening and weekend appointments from 1 April 2017 - as part its remit as a national 'accelerator' for extended GP access (appendix 1).
- Secured a full page feature as part of the MCP's local adaptation of the One You self care campaign informing local people of the NHS services available to them and encouraging them to choose the right service, first time (appendix 1).
- Provided the feedback collated at the public STP event held in Rushcliffe at the end of January to the Nottingham and Nottinghamshire STP programme office to form part of a published summary of feedback that will inform the next submission of the Sustainability and Transformation Plan.
- Welcomed Siobhan McKenna as its new account manager following the fantastic support and encouragement provided by Simon Griffiths to Principia during its first 18 months.

Principia MCP key facts:

1) Awarded £3.53m in December 2016 to support the development of its Multi-specialty Community Provider (MCP) model of care during 2017/18.

2) The MCP Vision is: *"To provide a better quality of care for the people of Rushcliffe through an innovative, patient-centred, coordinated care delivery system, which is designed to improve our communities' health outcomes, increase our clinician and staff satisfaction and at the same time moderate the cost of delivering that care."*

3) Our ambition is to create a care system which is re-organised and out of hospital, founded on best in class with increased capability and capacity, working in partnership with other providers in a culture of mutual accountability and commitment and bringing benefits to all. The MCP will be accountable for the health care provision for the local population. Risk will be mitigated through the empowerment and involvement of primary care, patients and local providers.

4) Delivery through 10 workstreams - each with clinical leadership and aligned to five overarching goals and triple aims:



Progress and Impact

1. Sharing best practice through the King's Fund learning networks

Principia's PCPM clinic service will present to a Kings Fund Learning Network event in London on Friday 10 March. GP Dr Nick Page and Consultant Chris Schofield will share local learning with up to 50 delegates from more than eight CCGs on the service's contribution to improving parity of esteem in Rushcliffe. The service supports people in looking after their health and wellbeing, managing conditions, pain or symptoms better and signposting to additional groups and services to improve socialisation and quality of life.

2. Sir John Oldham holds up Principia MCP as national example

PartnersHealth, the partnership of all 12 Rushcliffe GP practices and cornerstone of the Principia MCP, hosted a visit by Sir John Oldham, national clinical lead for quality and Productivity at the Department of Health and a member of the National Quality Board on 8 February 2017. Sir John heard about the MCP's approach to improving long-term conditions management, the development of PartnersHealth, the enhanced GP specification for Rushcliffe and the implementation and impact of elective first outpatient community services. Following his visit, Sir John took to Twitter to say:
"@PrincipiaMCP is the best example of population analysis for delivering optimal pathways I have seen in U.K. Lesson for rest of NHS."

3. Mental Health co-production with patients and carers

MCP Workstream 5, Management of Mental Health, held its first Mental Health co-production workshop with members of the Rushcliffe community, including carers and service users, meeting with providers with the aim to improve the mental health pathway for Rushcliffe registered patients. A second meeting is planned for late March to build on the evident energy and motivation of the community to continue to work together to improve mental health outcomes in Rushcliffe.

4. Launch of community Depression Advice Clinic

The MCP has launched a new community clinic for patients requiring or seeking additional support and advice around the treatment and management of depression and anxiety. The clinic, based at Castle Medical Practice is able to take referrals from all 12 Rushcliffe practices and 8 appointments were provided in February with 100% attendance. Teaching and training is being provided to practice nurses regarding the service offer to ensure awareness of the service and its offer as well as the criteria for referral into the clinic.

5. Equipment procurement reducing call outs

There has already been a notable decrease in requests for a second ambulance crew from the Rushcliffe EMAS community car to support falls patients who are found on the floor. This is due to the single community car responder being able to safely lift patients using the Mangar Elk hydraulic lifting cushion since these were procured three weeks ago. Feedback from EMAS first responders, patients and carers has been positive regarding the ability to manage falls more quickly and efficiently.

6. Expansion of Fracture Liaison Service offer

Recent data shows the Fracture Liaison Service has delivered 150 IV Zolendrate infusions within the community in the period of Feb 2016 – January 2017. This considerably exceeds annual target of 32 infusions. The service was initially funded to

provide IV infusions to patients following an initial fragility fracture, and has now been funded to deliver IV Zoledronate infusions within the community to a wider cohort of patients, including patients with risk factors for fragility fracture (e.g. Osteoporosis).

7. Early success for community Gastroenterology

Since the launch of the Gastroenterology Pre-Assessment Pathway two months ago there have been 140 referrals into the pathway. 87 of these have a complete pathway, with another 53 awaiting a diagnostic and/or results. Out of the 87 with a complete pathway, 25 referrals (28.7%) have been returned to the GP with advice avoiding the need for a secondary care appointment.

8. Improvement Analytics Unit (IAU) care homes study

Following last month's informal, positive feedback, Principia MCP has been notified that the study conducted by the IAU on behalf of the Health Foundation and NHS England into its enhanced support to care homes programme is scheduled for publication mid-March. The MCP communications lead is working in partnership with the Health Foundation communications team to align proactive communication of the publication date and headline findings. A media release is planned at national, regional and local level with the relevant spokespeople brief to provide comment and interviews as required.

9. AF update and provision of training

National data shows for every 25 patients on anti-coagulation therapy, one stroke is saved. Based on this calculation, Rushcliffe has saved approximately 13 strokes plus the related costs – estimated at £156k. In addition, there has been an 18% reduction in AF-related strokes in Rushcliffe between 2014-15 and 2015-16 (SSNAP data) – appendix 2.

Principia aims to increase the identification of AF prevalence from 1.88% to 2.2% over the next year, meaning we will need to identify and additional 400 cases of AF and increase the number of patients on anti-coagulation medication from 78%-85%. Twenty Kardia AliveCor Devices have been purchased for Practices, covering 17 sites. Three devices will be used in the community. Principia is also looking to implement Disease Registers to identify gaps in care with some of this work has already undertaken via our shared clinical platform – SystmOne.

Dr Yassir Javaid, a GP and Cardiologist at Northampton CCG, has been delivering an up-skilling programme to Rushcliffe GPs which has now been opened up to the other CCGs via the Clinical Network to ensure that training is delivered capacity. The four, three-hour training sessions cover heart failure, AF, ECG and angina – on passing a final exam, GPs can receive RCGP accreditation for the training. The MCP is also looking to develop specialised clinical role in cardiology to undertake the following:

- Review all new heart failure diagnoses as well supporting the AF work
- Coordinate quality improvement work for practices
- Referral analysis/triage
- Support for heart failure nurse team
- Act as a Trainer/mentor

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Good evening the doctor will see you now...

Patients in Rushcliffe will benefit from additional GP appointments in the evening and at weekends as part of a new seven-day primary care service launching on 1 April 2017.

Patients will be able to book through the surgery they are registered with for appointments between 6.30pm and 8pm in the evening on weekdays and between 8.30am and 12.30pm at weekends. If they request an appointment outside core working hours they will be offered a slot with a Rushcliffe GP, Nurse or Healthcare Assistant at one of three locations across the borough.

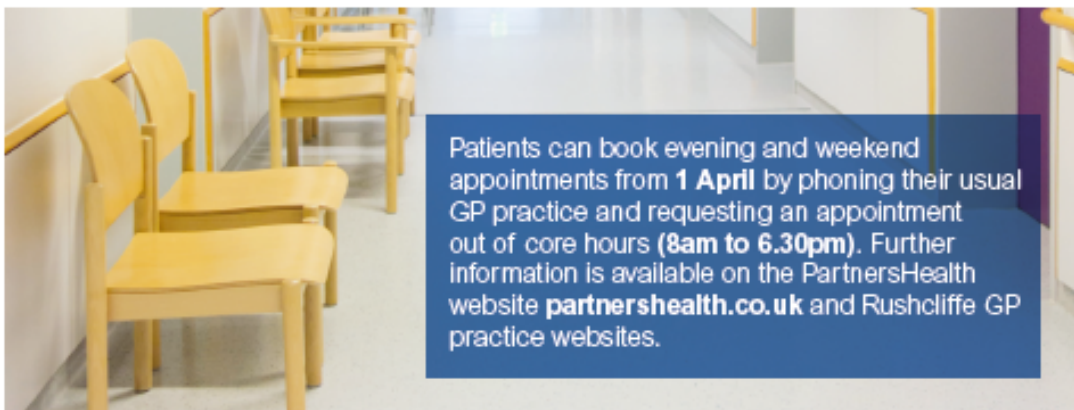
NHS Rushcliffe Clinical Commissioning Group (CCG) applied to become one of 18 transformational areas in the country to accelerate increased access to GP services and was successful in securing additional national funding to provide additional appointments. Other areas of the country will be expected to provide similar access by March 2019, in line with the national drive for seven-day NHS services.

PartnersHealth, the local partnership organisation comprising all 12 GP practices in Rushcliffe, has worked with local doctors

to provide the staffing and premises needed to expand the service offered to patients outside core hours. The additional evening and weekend appointments will be available from three sites: East Bridgford Medical Centre, Castle Healthcare Practice in West Bridgford and Keyworth Medical Practice.

Dr Stephen Shortt, GP and Clinical Lead at NHS Rushcliffe CCG said: *"We know from listening to our patients that being able to get a GP appointment easily when needed is really important. We also know that people have work and family commitments that can make it difficult to get to the doctor during the day.*

Since PartnersHealth was formed in 2015, the teams across our 12 practices have really come together, working in collaboration to improve general practice locally for patients, specifically around access to appointments, quality of care and consistency of the service provided."



Using local GP services

top tips to help you and others

- **Tell us by 10**

If you think you need to see a doctor urgently, try to call your surgery before 10am. This helps them to organise appointments or visits for later the same day or within 48 hours.

- **Appointments online**

Register with your practice for Patient Online. This allows you to order your repeat medication and book appointments online.

- **Medications – don't get caught out**

Order any repeat prescriptions in plenty of time – especially coming up to bank holiday weekends or if you are planning to go away from home and need to take a supply with you.

- **Can't make it? Cancel it!**

Did you know that missed GP appointments cost the NHS in Nottinghamshire more than £3 million a year? If you can't make your GP appointment, please make every effort to phone the surgery and cancel so the slot can be offered to someone else.

- **Catch it early**

If you get a letter inviting you for routine cancer screening or an NHS Health Check, make sure you attend. Catching the signs and symptoms of diabetes, heart disease and cancer early means treatment is often more successful.



- **Expert advice without a GP appointment**

Depending on your health problem, you may not need to see a doctor at all. Pharmacists can offer free, expert advice for a range of minor illnesses and can recommend over the counter medicines to relieve symptoms. Practice Nurses are qualified professionals within GP surgeries who can provide childhood, travel and flu vaccinations, routine cancer screening and contraception. They can also treat minor injury and illness and arrange a prescription for you if required.

- **Unsure where you should go for your health problem?**

NHS 111 is a free 24/7 telephone service that can assess your symptoms and direct you to the right care. This might be a pharmacist, doctor, Urgent Care Centre or GP out of hours service. Remember, you should only go to the hospital for emergencies or life-threatening conditions, for other health problems you will be often be seen quicker elsewhere!

BECAUSE THERE'S ONLY
ONE YOU

Appendix 2 – AF data

Month	AF diagnoses	AF on anticoag	Pulse Checks
April	43	10	
May	39	11	
June	45	19	
July	48	20	
August	54	20	
September	62	30	1329
October	60	33	2756
November	38	44	2365
December	43	44	1860
January	92	46	2576
February	95	57	2515
	619	334	13401

