

Meeting: Primary Care Commissioning Committee			
Meeting Date	26 September 2018	Action	Receive
Item No.	7	Confidential	No
Title	Time for Care		
Presented By	Zoe Alderson, Head of Primary Care		
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Clinical Lead	Dr J Schryer, CCG Chair and Primary Care Clinical Lead		

Executive Summary

The Time for Care Programme was developed by NHS England in response to the 'Making Time in General Practice' report published in October 2015 as part of the 'General Practice Forward View'.

17 Practices initially expressed an interest in taking part in the programme however the number of participants reduced significantly over the course of the programme with the final two sessions focusing on measurement and sharing learning therefore not taking place.

The purpose of this paper is to provide the Primary Care Commissioning Committee with the outcomes of Bury's Time for Care Programme that took place from October 2017 and provide feedback in order to learning for any future similar programmes of work.

Recommendations

It is recommended that the Primary Care Commissioning Committee:

- Receive the information being presented in this report

Links to CCG Strategic Objectives

To encourage people so that they want to, and do, take responsibility for their own health and well-being.	<input type="checkbox"/>
To drive and support system wide transformation.	<input checked="" type="checkbox"/>
To commission joined-up health and social care for people in Bury through a Single Commissioning Framework.	<input type="checkbox"/>
To achieve financial sustainability for the Bury health and social care economy.	<input checked="" type="checkbox"/>
To support the Locality Care Alliance to deliver high quality services in line with commissioner intentions.	<input type="checkbox"/>
To be a high-performing, well-run and respected organisation with an empowered workforce	<input type="checkbox"/>

Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below: NO
GBAF <i>[Insert Risk Number and Detail Here]</i>

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
<i>If you have ticked yes provide details here. If you are unsure seek advice from Lynne Byers, Email - lynnebyers@nhs.net about the risk register.</i>						

Governance and Reporting		
Meeting	Date	Outcome

Time for Care Programme

1. Introduction

- 1.1. The Time for Care Programme was developed by NHS England in response to the 'Making Time in General Practice' report published in October 2015 as part of the 'General Practice Forward View'.
- 1.2. The purpose of this paper is to provide the Primary Care Commissioning Committee with the outcomes of Bury's Time for Care Programme that took place in October 2017.

2. Background

- 2.1 The Time for Care Programme was developed by NHS England in response to the 'Making Time in General Practice' report published in October 2015 as part of the 'General Practice Forward View'.
- 2.2 The programme provided practical support to front line General Practice staff to implement small scale improvements focused around the 10 High Impact Actions, to release time for care these covered:
 - a) **Active signposting:** Provides patients with a first point of contact which directs them to the most appropriate source of help. Web and app-based portals can provide self-help and self-management resources as well as signposting to the most appropriate professional.
 - b) **New consultation types:** Introduce new communication methods for some consultations, such as phone and email, improving continuity and convenience for the patient, and reducing clinical contact time
 - c) **Reduce Did Not Attend (DNAs):** Maximise the use of appointment slots and improve continuity by reducing DNAs. Changes may include redesigning the appointment system, encouraging patients to write appointment cards themselves, issuing appointment reminders by text message, and making it quick for patients to cancel or rearrange an appointment.
 - d) **Develop the team:** Broaden the workforce in order to reduce demand for GP time and connect the patient directly with the most appropriate professional.
 - e) **Productive work flows:** Introduce new ways of working which enable staff to work smarter, not harder.
 - f) **Personal productivity:** Support staff to develop their personal resilience and learn specific skills that enable them to work in the most efficient way possible
 - g) **Partnership working:** Create partnerships and collaborations with other practices and providers in the local health and social care system.
 - h) **Social prescribing:** Use referral and signposting to non-medical services in the community that increase wellbeing and independence.
 - i) **Support self care:** Take every opportunity to support people to play a greater role in their own health and care with methods of signposting patients to sources of information, advice and support in the community.
 - j) **Develop QI expertise:** Develop a specialist team of facilitators to support service redesign and continuous quality improvement.

- 2.3 In return for this support practices were required to:
- a) Take part in 6 half day practical workshops held at 4-6 weekly intervals, working on a change they want to implement, with support from Quality Improvement specialists in form of various skills/tools, and through the group sessions they share, problem-solve and learn from each other.
 - b) Test out changes within their practice between sessions with the intention that by the end of the Programme they will have successfully implemented an improvement that is sustainable as well as having gained skills that they can use to make ongoing improvements within their practices.

3. Outputs of the Programme

- 3.1 The programme commenced in October 2017 with 17 practices originally expressing an interest in:
- Develop the Team (DtT)
 - Active Signposting (AS)
 - Productive Workflows (PW)
 - New Consultation Types (NCT)
- 3.2 **DtT** – Practices identified skills and knowledge gaps within the team and took to using protected Learning Time Initiative (LTI) time to address those gaps. They also looked at what roles/functions could be carried out by alternative members of staff linking to productive workflows.
- 3.3 **AS** – A number of practices looked at whether appointment requests could/couldn't have been dealt with elsewhere/differently. Developing knowledge of wider services and normalising social prescribing as an alternative to clinical care where appropriate. This will be further built on with the Navigator training that is currently being rolled out for all front line reception staff.
- 3.4 **PW** – A number of practices worked on correspondence management. Initial concerns around potential mistakes/errors from staff (both clinical and non-clinical) where expressed. Practices are working with staff to ensure they are comfortable with the changes as part of developing their role for the future rather than them seeing it as a new role. Again this will be further supported with training due to be started in October.
- 3.5 **NCT** – One practice was specifically looking at Email consultations for diabetic patients. They incurred IT/IG challenges due to emailing outside of GP system but they are working with vision to develop a guideline. Current position on this project is not known.
- 3.6 The group sessions also provided practices with a number of practical tools around Managing Change, Change Adoption, and Resistance to Change/Transition
- 3.7 Unfortunately as the number of participants reduced significantly over the course of the programme the final two sessions focusing on measurement and sharing learning did not take place.

4. Feedback from Practices and CCG Managers

- 4.1. A number of the practices taking part in this programme had already undertaken the Productive General Practice (PGP) Quick Start programme. Practices rightly or wrongly therefore may have perceived the Time for Care Programme as a lesser support model.
- 4.2. Feedback included:
- a) That they were not getting out of the programme what they had envisaged at the start of the programme and therefore could not warrant continued attendance
 - b) Lacked contact with practices in between the sessions to ensure they were progressing ideas or had someone to talk through issues they may have had.
 - c) Support needs to be bespoke to each individual practice e.g. some of the tools discussed within the group sessions were not relevant for the changes the practices were trying to implement.
 - d) Too much time was spent on theoretical tools rather than specific schemes and problem solving
 - e) A number of the tools being used were a repeat of what was part of the PGP Programme
 - f) May have been received better if the Time for Care Programme had been rolled out before the PGP Programme.

5. Associated Risks

- 5.1 Whilst the overall programme was not perceived a success it has provided a launch pad for the Primary Care Team to continue to work with General Practice around a number of initiatives linked to the 10 High Impact Changes such as:
- a) Care Navigation
 - b) Correspondence Management
 - c) Online Consultations
 - d) Work together at scale,
 - e) Promoting self-care,
 - f) Social Prescribing
 - g) Introducing new technologies
 - h) Make best use of the wider workforce

- 5.2 This will ensure the CCG continues to support our practices to develop and adapt to the challenges around them to remain sustainable for the future.

6. Actions Required

- 6.1 The Primary Care Commissioning Group is required to:
- Receive the information being presented in this report

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