

General Practice Transformational Support – Update Report November 2018

Primary Care Networks

High Impact Change	Requirement/Funding	Burnley East & West	Hyndburn Central	Hyndburn Rural	Pendle East	Pendle West	Ribblesdale	Rossendale
<p><b>1. Active Signposting</b> – 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.</p>	<p>£600.00 per practice to support the implementation of care navigation in East Lancashire which could include:-</p> <ul style="list-style-type: none"> <li>• Backfill to support local implementation which would include representatives from each practice getting together at a PCN level to share experience &amp; best practice</li> <li>• PCNs reviewing monitoring data with a view to improving the effectiveness of care navigation locally</li> <li>• PCNs seeking feedback from staff &amp; patients about their experience of using care navigation. This may include the use of survey monkey or other forms of questionnaire to obtain patient feedback</li> <li>• PCNs working with PPGs to raise awareness &amp; explain the benefits of care navigation to the wider population including possible inclusion of more information in the practice/PCN newsletter/website</li> <li>• PCNs exploring the opportunities of using the local REAL directory</li> </ul>	<p>Burnley PMs have worked closely with James Bowman Consultancy Ltd in 2018 to support practice managers across the locality. Much of the work has coincided with the GP Transformation agenda. PMG, Yorkshire Street, BWMC, Kiddrow Lane and Rosegrove PMs have all worked closely with James on all areas in this document. APPENDIX 1</p> <p>Meeting regularly with James since January 2018, an ongoing campaign has been developed and will continue going forward to try to reach the ever increasing cohort of patients using Facebook as a source of information. This supports the care navigation and self care agendas on behalf of all practices. The information on the Burnley Practices' Facebook page will be regularly updated: <a href="https://www.facebook.com/BurnleyGPpractices/">https://www.facebook.com/BurnleyGPpractices/</a></p> <p>Practices sent their receptionists to CCG care navigation workshops at which the Wakefield care navigation template was shared.</p> <p>On 11.9.18, receptionists from Burnley practices attended a workshop run by James Bowman at Parkside Surgery to share best practice and gain feedback on care navigation, DNAs, online services and self care initiatives. APPENDIX 2</p> <p>The PCN has not received data on this scheme as yet.</p> <p>A patient feedback survey has been distributed using Survey Monkey. This campaign is currently running and awaiting feedback from the Burnley</p>	<p><u>CARE Navigation:</u> Developed a PCN standardised Care Navigation Protocol</p> <p>In development of standardising a Care Navigation EMIS template</p> <p>In development of a PCN PPG Forum where care navigation and self-care will be promoted</p> <p>In development of a PCN Newsletter where PCN wide information will be promoted</p>	<p>It is apparent that the PCN reception staff consensus is that the template was too long winded. One manager has involved her IT trainer to set up a new shortcut template but this is still too long.</p> <p>Some of the practices are also still awaiting the phone software to enable options and message recording.</p> <p>Staff are asking reasons for appointments and signposting accordingly. One of our Practice Managers has reduced the template to three ticks and is managing to therefore collect actual data for her three practices.</p> <p>Staff and patients do not like this change and some patients are now wise to the system and either will not give a reason or if navigated will say they have already consulted other services.</p> <p>A recent audit by our practice GPs found that 78% of appointment were appropriate 16% could have been dealt with by nursing team the remaining 6% could have been dealt with by another appointment type or administrator.</p> <p>The PCN is still working on awareness raising with PPGs and the opportunities using the REAL directory.</p>	<p>The position so far:-</p> <p>Practices are using the Active Signposting in different ways.</p> <p>We have reviewed the monitoring data as part of the Pendle Practice managers meeting, and have raised concerns with Andy Laverty, particularly in relation to the length of the template and the availability of services.</p> <p>We have discussed the Care Navigation service with our PPGs.</p>	<p>No Update</p>	<p>All staff reception staff attended the Care Navigation training hosted by the CCG. They are now trained to signpost and promote care navigation.</p> <p>All practices discussed the Care Navigation searches that the CCG run each quarter and this information was disseminated to the reception team. Our action plan was to ensure that the reception teams across the network are aware of the need to complete the Care Navigation template.</p> <p>All practices have discussed Care Navigation at their CCG meetings and this has now raised awareness and we are now all aware of the benefits of this service.</p> <p>All practices are sign posting to the REAL directory.</p>	<p>All practices had training provided by Effective personal Interactions to increase confidence of staff when signposting patients.</p> <p>Shadowing between practices.</p> <p>REAL attended PCN meeting.</p> <p>Reported to the CCG the difficulties staff face when using the template. This does not accurately reflect what signposting is being done.</p> <p>PPG representatives attended PCN meeting where action plan including Care Navigation was discussed. Those who have licences have GP speaking on answerphone message.</p>

		<p>Locality.  <a href="https://www.surveymonkey.co.uk/r/ZSYSJNM">https://www.surveymonkey.co.uk/r/ZSYSJNM</a></p> <p>Kiddrow Lane's PPG designed information cards to hand to patients which relate to the care navigation/self care concepts. These have now been accepted for mass production by the CCG communications team.  APPENDIX 3</p> <p>Active sign posting to the REAL directory has been advertised on the Burnley practices' Facebook account. Practices are being encouraged to add the link to their practice's website along with staff education. Most practices already actively signpost the requests for appointments from their patients by asking for some idea of the reason for the appointment. In this way, patients can be offered the most suitable appointment at the first opportunity, either in house or to an external health/social care provider. The use of the EMIS template is still cumbersome and delays the completion of each telephone call which can be problematic. The following questions were raised: What is the data being used for and how is this being fed back to CCG and practices? Some practices mentioned that this template is different to the one they were "trained" on which seem more cohesive and user friendly. There are still some staff who feel uncomfortable asking patients the reason for the appointment. Staff and patient education on care navigation was highlighted as an ongoing issue for all practices since staff turnover can keep the issue current.</p>						
<p><b>2. New Consultation Types</b> – introduce new communication methods for some consultations.</p>	<p>£1,000.00 per practice to enable practices to work together as PCNs to jointly:-</p> <ul style="list-style-type: none"> <li>Develop methods of increasing patient use of online services</li> </ul>	<p>Ongoing process of opportunistically targeting patients to register to use online services using Patient Access especially since the introduction of the POD scheme in June2017 which affects the ways in which patients order prescriptions and the GDPR law in May 1018. Practices shared ways in which they</p>	<p><u>On-Line Services:</u>  Developed a PCN standardised On-line Services Protocol</p> <p>Developed an action plan to increase patient use of online services</p> <p>Developed an audit plan to</p>	<p>Online Access  There is a variation of between 9% and 37% patients registered for online access.</p> <p>It has been suggested that all new patients should receive a form in their registration pack.</p>	No update		<p>All practices attended an in house training event on how to sign patients up to online services. The practices promote these services within their waiting areas and actively sign</p>	<p>Action plan produced.  Advertise in practices  April 18 22.93% of Rossendale Patients registered.  June 18 23.55 % of</p>

<ul style="list-style-type: none"> <li>• Work with PPGs</li> <li>• Measure uptake, impact &amp; outcomes</li> </ul> <p>£2,000.00 per practice to support a more consistent approach to the introduction of telephone consultations which may include practices:-</p> <ul style="list-style-type: none"> <li>• Reviewing their current service offer</li> <li>• Developing a programme to support the introduction of telephone consultations</li> <li>• Developing/sourcing where necessary training for admin &amp; clerical staff to support the introduction of telephone consultations</li> <li>• Monitoring uptake &amp; evaluating the effectiveness of telephone consultations</li> </ul> <p>£5,000 per exemplar site (Hyndburn Central, Pendle East &amp; Pendle West) to ensure that learning re supporting the introduction of GP online consultations is cascaded across East Lancashire</p>	<p>recruit patients into using online services.</p> <p>A GP Colne Road Surgery is currently trialling "KRY" online consultations. This service is being offered to patients and they can book appointments via a smartphone app. This provides video/Skype type consultations.</p> <p>Feedback from KRY to date is that patients seem happy to use it, GPs are happy to use as long as enough time is allocated to each of these appointments. However as demand in practice has increased due to recent changes, the practice has had to limit access to the service whilst it manages the logistical problems the scheme brings with it.</p> <p>Practices all offer telephone consultations, each practice using them to varying degrees in keeping with the preferences of the individual GPs.</p> <p>Some GPs are very happy to use telephone consultations for a variety of reasons, in particular the sharing of test results with patients which increases the convenience for patients.</p> <p>Some GPs are less comfortable managing consultations by phone.</p> <p>Some practices review their data by return rate and how many different consultations result in patients returning to the practice or how many are converted for telephone / online consultation to a face to face consultation. The ideal is to have low return rates and increased patient satisfaction.</p> <p>The GPs at PMG use EMIS text services to convey test results to patients. The GP introduces the concept of communicating in this way to the patient, and the HCA gains the consent for the results to be conveyed in this way at the point of taking the sample, documenting it via an EMIS protocol. This has proved a very successful way of allowing GPs to communicate directly to the patients reducing the</p>	<p>measure uptake, impact and outcomes</p> <p>In development of a PCN PPG Forum where awareness will be raised.</p> <p><u>Telephone Consultations:</u> Developed a PCN standardised telephone consultations protocol</p> <p>Developed an audit of consultation type, uptake and effectiveness</p> <p>Development of training for admin/clerical staff</p> <p><u>Digital Exemplar Site:</u> PCN Leads have been attending the Digital Exemplar workshops organised by Redmoor Health</p> <p>Have had in-house meetings with Redmoor Health staff to support the PCN with digital innovations.</p> <p>As a PCN we have decided to develop the following:</p> <ul style="list-style-type: none"> <li>-IPLATO – MYGP (see below)</li> <li>-Video Consultations (see below)</li> <li>-OCHRA – medical apps promotion to patients</li> <li>-The NHS online ORB promotion to patients</li> <li>-PCN Facebook page</li> </ul> <p>Video Consulting: Also part of the Digital Exemplar project, we are in process of setting up video consultation sessions in each of our practices. Initial work has identified that each practice has different needs which will influence the way we use video technology:</p> <ul style="list-style-type: none"> <li>-Peel House have a paramedic carrying out home visits to patients, and will use the telemedicine technology to provide GP support from the practice.</li> <li>-Richmond Medical already provide remote telephone surgeries, and these will be</li> </ul>	<p>Encourage PPG members to register if not already and spread the word. Also ensure that websites offer online access and registration information. PPG members to attend flu clinics to encourage registration.</p> <p>Uptake is increasing due to practices not allowing pharmacy orders for prescriptions. Practices are generally offering online access to routine appointments.</p> <p>Telephone appointments All practices have reviewed telephone appointments. There is a variation of number of appointments on offer per day depending on size of practice. One of our members is trailing an increase for 2 months and will report back. Another practice is unable to increase capacity.</p> <p>One practice does not have formal slots but GPs ring patients daily. Following this review practices will discuss staff training.</p> <p>Some GPs find this is more time consuming as often the patients have to be seen anyway.</p> <p>Following practice trials we will review effectiveness with a simple audit.</p>				<p>up new patients who register with their practices.</p> <p>All practices promote telephone consultations and encourage all staff to offer these to patients who may not be able to attend the surgery. These are offered with all team members.</p>	<p>Rossendale Patients registered.(Latest figures available on POMI)</p> <p>Continue as per action plan.</p> <p>Telephone consultations baseline audit completed</p> <p>Plan developed within PCN to increase telephone consultations.</p> <p>Implement use of wireless headsets to allow G.PS to type in to clinical notes whilst on the phone to patient.</p>
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		<p>potential for incorrect communication by involving a 3<sup>rd</sup> party eg medical secretary or receptionist, also reducing their workload also. PMG will hold a workshop for GP colleagues to view how this works in Burnley before 31.3.19.</p>	<p>extended to use video consulting with an option for patients to use a computer in the surgery to contact a remote GP.</p> <p>-Oswald will offer telemedicine from the surgery to patients at home.</p> <p>-Blackburn Rd will offer telemedicine from one site to another.</p> <p>Evaluation from other sites indicates that it is important to decide before the pilot, what type of use is appropriate for the practice. Central London CCG has produced a useful interim evaluation including recommendations for communicating with patients, and Bristol University have carried out an evaluation of video consulting. Various technologies are possible, including EMIS linked video consulting and Skype, which is much less complex, already used by many of our patients to contact relatives abroad, and is allowed by the NHS for this purpose. I have set up a Skype account on my remote working laptop and intend to pilot it next week. The suggested protocol for patients attending surgery for video consultation with a doctor on a remote site is for the care navigator to explain the use of technology and to take the patient into a consulting room from which any confidential material and prescriptions have first been removed or locked away. The receptionist will set up the connection with the GP and then leave to allow the patient privacy. At the end of the consultation, the GP will remind the patient to check out at reception. Patients using their own Skype from outside the practice need to be advised to maintain their own privacy. Practices need to decide how/where to record Skype</p>					
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			<p>contact details for future use. Telephone contact needs to be always available as a back up should the connection be inadequate.</p> <p>IPLATO: We are having problems at present to get license for IPLATO for our PCN. Apparently there were only 30 free licenses which have already been distributed – which has left PCNs with no licenses which means we cannot start to do anything. CCG have refused to contribute to purchase of the license – this has now gone to STP/NHSE level. We would appreciate support from CCG.</p>					
<p><b>3. Reduce DNAs</b> – maximise the use of appointment slots &amp; improve continuity by reducing DNAs.</p>	<p>£500.00 per practice to enable:-</p> <ul style="list-style-type: none"> <li>GP practices to work together in PCNs to review DNA policies &amp; protocols with a view to agreeing a consistent approach</li> <li>PCNs to work with the PPG with a view to reducing DNAs</li> <li>Admin time to ring patients who DNA</li> <li>Measurement of the effectiveness of the PCN plan to reduce DNAs</li> </ul>	<p>At the Burnley PMs meeting on 9.10.18, a plan to develop a Burnley locality DNA policy was discussed to ensure that each practice gives the same message to all patients. This will hopefully ensure that “word gets around” which might mean that practice staff are not attacked when applying the policy, and that more patients cancel unwanted appointments.</p> <p>Most practices operate a warning letter based “3 strikes and you are out” policy with exceptions being granted by GPs on a patient specific basis.</p> <p>These patients often fall into 1 of the following categories- chaotic lifestyle, drug misusers, mental illness, dementia and elderly patients.</p> <p>The practices will devise an outline plan for presentation by BWMC’s PM to the Burnley Patient Participation Network (BPPN) at its next meeting on 24.10.18 with a view to encouraging the BPPN members active engagement in the introduction of this Burnley wide policy.</p> <p>At the locality workshop on 11.9.18, examples of how DNAs have been reduced in other areas were given. Sheffield CCG has introduced the “DNA man” into practices and the</p>	<p><u>Reduce DNAs:</u> Developed a PCN standardised Practice DNA Protocol</p> <p>Action Plan implemented for PCN practices</p> <p>Discuss DNAs with PCN PPG Forum</p>	<p>Each practice has reviewed its own policy and they are more or less the same. PPG’s are happy.</p> <p>We have conducted a survey of DNA rates and will aim to reduce this through use of our policies. Further audit results to be reviewed in due course. DNA rates range from 5% to 9.5%</p> <p>Patients are being telephoned or written to which is taking admin time but there seem to be consistency of 3 DNA then consider removal.</p> <p>Consider using reverse psychology and thank patients for cancelling appointments.</p>	<p>The position so far:-</p> <p>Our Practice Managers have worked together to produce a Pendle East DNA Policy. This has been discussed with our PPGs, and due to the differing dates and frequencies of our meetings, is now being implemented within practices. Baseline data has been collected, and progress is now being monitored.</p>	<p>The practices review all DNAs and have a consistent approach to reduce these within the locality.</p> <p>Practices have a policy to deal with patients who fail to attend their appointments on more than three occasions.</p>	<p>Easier cancellation of appointments – eg dedicated option on tel system/ separate number</p> <p>Increase use of online booking – patient can cancel app without calling surgery</p> <p>MJOG text reminder</p> <p>Admin call patients day before appointment</p> <p>Not booking appoints too far in advance</p> <p>Patient only attending once for several chronic disease reviews – rather than on several occasions</p> <p>Develop a good DNA policy in practice and ensure is implemented</p> <p>patient records own appointment on booking card and reads back</p> <p>Publish DNA rates in waiting room and encourage to cancel unwanted appointments</p>	

		<p>community with simple messages of "Can't make it – Cancel It".</p> <p>The use of positive messaging rather than focusing on the negative one of non-attendance, this could also be incorporated into asking patients to promise to cancel appointments at the time of booking as another method of re-education.</p> <p>This message has been placed on Burnley practices' Facebook page.</p>						<p>Figures taken from baseline (Jan-March) have decreased on re-audit (July-Sept) by implementing recommendations as above. Plan to continue as above and re-audit (Jan-March 18) for true comparison.</p>
<p><b>4. Develop The Team</b> – broaden the workforce in order to reduce demand for GP time &amp; connect the patient directly with the most appropriate professional.</p>	<p>£1,000.00 per PCN to enable PCNs to work together, with the support of the Medicines Management Team, to develop an application for a Clinical Pharmacist.</p> <p>£4,550.00 per PCN to support a senior GP mentor for an existing Clinical Pharmacist for 6 months (£350.00 per session every 2 weeks)</p>	<p>BWMC, Yorkshire Street and Thursby Surgery are trialling the use of clinical pharmacy services via Manchester university scheme.</p> <p>PMG employed a Practice Pharmacist wef 1.11.17. She was formerly employed for 15 years by EL Medicines Management Team. Her first task was to conduct a large scale review of repeat prescribing processes in the practice. This project has been continuously worked on during the past 12months in conjunction with GPs in the practice.</p> <p>This comprehensive policy includes referenced guidance on among others, the following sections: Variable use repeat medicines, synchronisation, repeated "acute" requests, high risk drug monitoring, GP communication with care homes template, guidelines for administrators, and nurses, flowcharts.</p> <p>In the interests of collaborative working and in an effort to reinforce a consistently safety-orientated service, the PCN would like to further explore the possibility of this project work being shared across the practices.</p> <p>PMG will hold a workshop prior to 31.3.19 for 1 GP and 1 x medicines manager from each practice to see a presentation of the policy to date in order to understand how this might be incorporated into each practice's systems. PMG would receive funding from this source should the practices wish to share this workstream. The PCN may wish to involve a GP external to PMG to liaise with the Pharmacist going forward.</p>	<p><u>GP Mentor for Clinical Pharmacist:</u></p> <p>All practices in Hyndburn Central PCN are signed up to developing the role of clinical pharmacists within primary care and to working with community pharmacists. Three of the larger practices already have a clinical pharmacist working within their team, and one of the other 2 small practices has been working closely with a local community pharmacist with a pre-registration pharmacist this last year.</p> <p>Regular monthly mentoring sessions are held at Richmond Medical for a group of clinical pharmacists, which has now been extended to include ANPs. This includes support for individual pharmacists on their continuing professional development in the form of an action learning set, followed by a formal education session on relevant topics, such as polypharmacy and health literacy.</p> <p>DR Ford was invited to attend the Clinical Pharmacist Network meeting organised by NHSE Transformation Team to give a presentation on the First Wave Pilot - it was very well received by all present.</p>	<p>Out of the 10 Rural practices only 2 felt that there could be benefit to then but have concerns about the hosting and funding of this post. Others found that only 1% of appointments would be saved following recent audit.</p> <p>This requires further discussion but is unlikely to get off the ground due to the concerns.</p>	<p>No update</p>		<p>The Practice developed a clinical pharmacist application form, job description and personal spec for the role.</p> <p>The practices appointed a full time trainee Clinical Pharmacist to work across the locality (except Slaidburn practice). The clinical Pharmacist was appointed on the 23<sup>rd</sup> April 2018 and is undertaking the CPPE Pharmacist Training pathway.</p>	<p>Presentation planned to PCN with a pharmacy technician and clinical pharmacist to determine which are the most effective in practice.</p> <p>Irwell medical practice GP mentor for existing clinical pharmacist.</p>

<p><b>5. Productive Workflows</b> – introduce new ways of working which enable staff to work smarter, not harder.</p>	<p>£600.00 per practice to enable:-</p> <ul style="list-style-type: none"> <li>Backfill to support local implementation of efficient document management which would include representatives from each practice team getting together at a PCN level to share experience &amp; best practice</li> <li>PCNs reviewing monitoring data regarding document management with a view to improving effectiveness</li> </ul> <p>£700.00 per practice to support the purchase of 1 Diagnostix per practice with a view to increasing the detection of AF</p>	<p>Training being provided locally at CCG level with practices attending and backfilling where necessary to allow for maximum uptake on each training session.</p> <p>RELEASING TIME FOR CARE - LEARNING IN ACTION PROGRAMME ran in July &amp; August 2018. Several practices attended this programme at the centre of which was the management of clinical data using workflow in EMIS within the context of change management. Practices were able to compare and contrast their methods of managing the data flow. Some practices still send all incoming information to GPs or nurses. Others send only that which only a GP can manage to their GPs, delegating appropriately to other team members. The opportunity to share under protected time was greatly appreciated and may give rise to further workshops in future on a PCN basis, however ultimately, each practice must make its own decision on how it will manage the data flow.</p> <p>Yorkshire Street Medical Centre and Thursby Surgery have purchased the iGPR software package and are currently trialling the service. This is intended to reduce staff work load and increase productivity when requests for medical records have been received from 3<sup>rd</sup> parties.</p> <p>The purchase of My Diagnostix has been placed on hold by the practices until further information has been released from the exemplar sites.</p>	<p><u>Document Management:</u> Each PCN practice has participated in CCG Clinical Correspondence Workshop</p> <p>Development of standardising document management protocols</p> <p>Organised read code, notes summarising, workflows training for admin/clerical staff for Hyndburn Central by data Quality team</p> <p>In development of on-going training programme for above for consistency and to maintain standards across PCN practices</p> <p><u>Diagnostix :</u> Diagnostix purchased for each PCN practice.</p> <p>Standardised Detection of AF protocol being implemented by PCN practices</p>	<p>Practices took part in the clinical document management (productive workflow) workshops. Sharing has taken place and each practice will monitor progress and we will continue to share ideas at future PCN meetings.</p> <p>Clayton Medical Centre ordered the Mydiagnostix on behalf of each practice and distributed these. PWE Accrington Victoria did not wish to purchase this.</p> <p>At a recent meeting a protocol was discussed and it was agreed to share the protocol and use same.</p>	<p>No update</p>		<p>Castle Medical Practice attended the training event on clinical document management. This information was then disseminated to the other practices within the primary care network.</p> <p>An informal meeting was held to discuss best practice and to share learning outcomes.</p> <p>Each practice has a diagnostix to increase the detection of AF.</p>	<p>Comprehensive accredited document management training for full PCN provided by Thornfield's. Level 2 for GP/Managers. Level 2 &amp;3 for all admin staff and practice implementation programme.</p> <p>Locality protocol to be developed after final training session.</p> <p>Shadowing practices that already are successfully using document management.</p> <p>Awaiting data collection.</p> <p>Purchase of MyDiagnostick. All practices now have and will opportunistically screen patients.</p>
<p><b>6. Personal Productivity</b> – support staff to develop their personal resilience &amp; learn specific skills that enable them to work in the most efficient way possible.</p>	<p>Pendle East ONLY - £9,085.00 to source training regarding dealing with difficult patients &amp; training for PM/PCN leads</p>				<p>The position so far:-</p> <p>Our group of Practice Managers has worked with Thornfields to agree a bespoke training package for our Reception and Admin staff.</p> <p>Sara Richardson has liaised with Thornfields to organise the training, which has been held in Colne Health Centre on three separate days.</p>			

					The training has been very well attended.			
<b>7. Partnership Working –</b> create partnerships & collaborations with other practices & providers in the local health & social care system.	£10,000.00 per PCN to work together to review service delivery in relation to diagnostic services including: - <ul style="list-style-type: none"> <li>24 Hour ECGs</li> <li>Fractional exhaled nitric oxide (FeNO) testing in line with NICE guidelines</li> <li>Diagnostic Spirometry</li> <li>CRP Testing</li> </ul> As a minimum, this should include:- <ul style="list-style-type: none"> <li>A review of service delivery across the PCN with a view to identifying gap/variation in provision/outcomes</li> <li>Agreement in relation to which tests should be offered at what level e.g. in practice, across PCN, across CCG</li> <li>Develop standard protocols across the PCN</li> <li>Develop service level agreements as appropriate</li> <li>Secure training</li> <li>Equipment</li> </ul>	Burnley Practice Managers and Lisa Cunliffe, East Lancs CCG's Primary Care Development Manager discussed the potential for collaborative, locality based plans to be developed. Consequently, 2 business cases were compiled and submitted to Lisa Cunliffe, and Dr Lisa Rogan East Lancs CCG's Associate Director of Medicines: <p>1.FeNo testing. The benefits of FeNo testing are: Reduced risk of exacerbations or escalation of asthma symptoms. Improved symptom control and management in people with a diagnosis of asthma Avoidance of hospital admissions and readmissions to secondary care Potentially more informed clinical decision making, and earlier diagnosis of asthma. APPENDIX 4</p> <p>2.CRP testing. Measuring CRP is simple, quick and convenient for patients, and is cost-effective. CRP testing will: Complement existing diagnostic tests Aid and improve infection diagnosis with particular relevance to sepsis Improve management of the patient with a view to minimising emergency admissions Improving the quality of life of, and outcomes for patients as per NICE guidelines especially LRTI's or coughs. APPENDIX 5</p> <p>Rosendale Locality has also shown an interest in the same business cases. Transformation understanding and the wider picture of what the CCG is trying to achieve across the network including where funding has been placed for the various schemes to improve access, direct and self-care programmes.</p>	<u>Service Delivery:</u> A mapping exercise completed for all PCN practices to review diagnostic equipment; service delivery which has identified the gaps. The next steps are: -Review diagnostic services to be provided as a practice or as a PCN -Develop standard protocols for diagnostic testing across the PCN -Purchase any diagnostic equipment as appropriate -Develop service level agreement as appropriate Identify any training needs	We have had discussion around the equipment which practices have available and the capacity that practices may have to staff clinics for other practices.  This area was discussed in more detail at the last meeting.  Some funding is required for equipment for example ABPM, ECG and Spirometry. Offers were made from some practices to provide testing to patients of other practices.  It was agreed to standardise across the PCN in relation to coding to ensure prevalence figures are correct for benchmarking of data. Therefore read code training may be necessary across practices and ensuring that clinicians are using correct up to date EMIS templates and EMIS protocols.  Ensure that clinical staff across the PCN are adequately trained and if not arrange appropriate training. Numbers of staff to be confirmed and in the meantime consider sharing of staff members who are trained.  Rural and Central PCN Lead Practice Managers have been working with Rachel Watkin, other CCG and ELHT colleagues to consider respiratory service pathways.	No Update		The practices have purchased Feno machines to optimise the management of respiratory symptoms and help identify patients who have allergic airway inflammation which will increase practice prevalence.  The locality have met and received training on the Feno machines and these are now actively used within consultations.  The locality has developed a standard protocol for each practice to adhere to.	PCN Meetings to discuss plans.  James Bowman recruited to work on business case.  Business cases submit to MMT at CCG.
<b>8. Social Prescribing –</b> use referral & signposting to non-medical	Yorkshire Street ONLY £1,890.00 to provide sessions by a qualified Moves for Minds Therapist to patients over the age of 75.	3 pilot sites were identified to deliver the MfM therapy:  Abbey Grange HFE* Chapel Lodge HFE*						

<p>services in the community that increase wellbeing &amp; independence</p>		<p>Burnley Football Club</p> <p>*pts resident in the care homes were all invited to attend the sessions (some pts not registered at our practice attended)</p> <p>Patients on the practice dementia and severely frail registers were invited to attend the BFC courses.</p> <p>To date Abbey Grange courses have been completed – 7 sessions Feedback has been received and there was an overwhelming positive response to the sessions (feedback attached – patient consent obtained).</p> <p>The intention of the pilot was to review the outcomes, however this could prove difficult as not all patient are registered at the practice.</p> <p>From the initial feedback, we feel that this program certainly delivers increased wellbeing and independence to a very vulnerable cohort.</p>						
<p><b>9. Support Self-Care</b> – take every opportunity to support people to play a greater role in their own health &amp; care with methods of signposting patients to sources of information, advice &amp; support in the community.</p>	<p>£2,000.00 per PCN to support the 'Walk in my Shoes' project which aims to help bring together community pharmacy teams &amp; GP practice teams to help each other understand their roles, improve working relationships &amp; ultimately provide better care for their patients.</p> <p>£600.00 per practice to support PCNs working with PPGs to promote self-care. PCNs are asked to consider the use of the Health Literacy 'how to' guide produced by Health Education England in partnership with Public Health England &amp; the Community Health &amp; Learning Foundation.</p>	<p>1.SELF CARE FACEBOOK PAGE PMG, Yorkshire Street, BWMC, Kiddrow Lane and Rosegrove PMS have all worked closely with James to set up the Burnley Practices' Facebook page: <a href="https://www.facebook.com/BurnleyGPpractices/">https://www.facebook.com/BurnleyGPpractices/</a> APPENDIX 7</p> <p>The practice intend to continue to try to reach the ever increasing cohort of patients using Facebook as a source of information.</p> <p>Social interaction with the local Burnley patient population has seen a number of different campaigns being added to the Facebook page. The statistics are available for the most successful campaigns</p> <p>Other areas have been added to the Facebook page but the figures above show that active messaging and engagement increases patient self-awareness over the locality. Further active targeting and the use of paid marketing could increase numbers reached along with the uplift in</p>	<p><u>Supporting Self Care</u></p> <p>Working with Community Pharmacy: The 'Walk in my shoes' toolkit was developed by Lewisham CCG to support GP practices &amp; community pharmacists to work better together. The clinical pharmacist mentoring group plan to develop it further to meet the needs of the community in Hyndburn Central, in particular in working with patients and community pharmacists to develop a labelling system to help people with language, literacy and visual problems to understand and use their medicines effectively. The first step will be for the practice pharmacists to make contact with their community counterparts, with whom they are already in regular clinical contact, in order to put together a local working group for the above project.</p>	<p>This area requires further discussion as a PCN.</p> <p>As a practice we have set up regular meetings with our most local pharmacy. Our prescription administrator and the pharmacy manager are arranging to shadow each other for at least a ½ day. I will be sharing the outcome of this with PCN colleagues.</p> <p>A couple of PPG's are on the back burner due to recruitment of participants, other PPG's are very enthusiastic to help.</p> <p>Each practice will be reminded of this at our November PCN meeting.</p>	<p>The position so far:-</p> <p>Kathryn Phillips has met with Kath Gulson of the LPC to discuss how we can take this forward, given the number of Pharmacies we deal with, and the range of independents through to large Pharmacy chains and supermarkets.</p> <p>Kath Gulson has agreed to come and talk to our PCN Managers group to agree how we take this forward.</p>	<p>All practices support the 'Walk in my Shoes' project and we promote self-care literature within our waiting areas.</p> <p>All staff are trained to signpost to the most appropriate services.</p>	<p>2 practice in the PCN looking at Walk in my shoes project. Pharmacist attending GP practices. Work ongoing.</p> <p>Dr Mannan attended locality PPG meeting to inform members of PCN work and support of self-care.</p> <p>PPG members invited to PCN meeting.</p> <p>Plan to work with PPGs and REAL to promote self-care to patients.</p>	

		<p>engagement. Practices have been briefed on the inclusion and exclusions for good social media use.</p> <p>2.SELF CARE ARTICLE A self-care article has been produced and sent to the CCG communications team and asked to be published across media channels locally in Burnley.</p> <p>3.WORKING WITH LOCAL PHARMACIES At the Burnley PMs meeting on 9.10.18, it was agreed that an initial meeting with local community pharmacies would help practices and pharmacies to collaborate on signposting and self-care promotion – dates tbc (January- March 2019), and generally improve working relationships going forward. This would be with a view to establishing regular meetings if all parties felt they were of value.</p> <p>4.MOVE FOR MINDS A pilot of a new self care scheme is being run by Yorkshire Street Medical Centre. “Move for Minds” currently has 3 pilot sites:  Abbey Grange HFE* Chapel Lodge HFE* Burnley Football Club</p> <p>Patients resident in the care homes were all invited to attend the sessions (some patients not registered at Yorkshire Street attended)</p> <p>Patients on the practice dementia and severely frail registers were invited to attend the BFC courses.</p> <p>To date Abbey Grange courses have been completed – 7 sessions Feedback has been received and there was an overwhelming positive response to the sessions (feedback attached – patient consent obtained).</p> <p>At the end of the pilot, outcomes will be reviewed with the help of other practices whose patients have Attended the sessions. Initial feedback is that the practices are satisfied that the program delivers</p>	<p>Working with Patients: As part of the Digital Exemplar project, we plan to set up a Facebook page for Hyndburn PCN, which we will link to the websites of all our practices, and will include public information about our PCN. This will include a closed group for patients who wish to be involved in the Hyndburn PCN PPG, building on the work already done by Peel House. This will enable patients of any of our practices to sign on and contribute to the discussions. We need an administrator to take charge of setting up the page and accepting applications to join the discussion group, and a leadership team to start &amp; monitor discussions. All practices will need to encourage their PPG members (and other patients who may not have been previously able to attend face to face meetings) to join up. It will enable the participation of the housebound and those with caring responsibilities. Initial work on supporting self care will include the NHS Self Care Toolkit by Peter Moore, which will be posted on the website and discussed by the PCN PPG. An initial session using the Health Literacy Toolkit has been carried out with the clinical pharmacist group. This proved very successful and I would like to roll it out to other staff, particularly as part of the enhanced diabetes service.</p>					
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		increased wellbeing and independence to a very vulnerable cohort in a cost effective manner. APPENDIX 8						
10. Develop Quality Improvement Expertise – develop a specialist team of facilitators to support service redesign & continuous quality improvement.								
Other Ideas	Rosegrove £1,598.99 to purchase a blood pressure machine for patients to use in the waiting area	<p><b>Rosegrove</b> BP machine bought, for the first month we had it in the treatment room to ensure that the readings were accurate. It is now situated in reception for patients to use. Uptake is a little slow.</p> <p>I intend, once flu season has finished, for the HCA to spend a couple of hours a week in the waiting area, asking patients to undertake their blood pressure.</p>	<p><b>Whitefield and Richmond</b> We have purchased a BP monitor at both sites which is sited in the waiting room. This has allowed for opportunistic screening for patients. It has also helped patients to take their own blood pressure giving them empowerment ..... without the need to make an appointment just for routine BP checks. It is definitely promoting patient self-care.</p> <p>We have now developed a protocol where, once the patient's BP is stable – they are directed to come and take their own BP.</p>					
	Ribblesdale ONLY £48,350 voice recognition software						<p><b>Ribblesdale</b> The practices have received a demonstration on voice recognition and are currently exploring other alternative providers to ensure best value for money. We need to ensure that our chosen software is compatible with Snomed and has no ongoing compatibility issues.</p>	
Other	Rossendale Only £15,435 in respect of wireless headsets for frontline care navigators & GPs who will be consulting on the phone							<p><b>Rossendale</b> Headsets have helped to increase the number of telephone consultations. Improved the ability for care navigators to signpost.</p>

								(Have experienced some problems with compatibility of different models of Cisco phones)
<b>Other</b>	Whitefield/Richmond £13,700.00 to support collaborative working including developing staff skill mix, clinical & non-clinical, in order to broaden the workforce to work at both sites for continuity of patient services.		<b>Whitefield/Richmond</b> We have done the following: -Developed skill-mix within clerical/administration staff and clinical staff -Standardised policies and protocols across both sites -Workforce: clinical and non-clinical staff now work across both sites – cover can easily be provided at either site for annual leave and sick leave -Centralised the referral system – system much more robust now -Mapping exercise - looking at other systems/services which can be centralised ie: workflow management; notes summarising -Training – developed collaborate training for clinical and non-clinical staff -Meeting: developed collaborate meetings for staff at both sites ie: clinical, nurses, administration -Developed a Clinical mentor system lead by Dr Fiona Ford – for new recruits at both sites.					
<b>Other</b>	£3,400.00 to purchase a patient call system to save GP & reception staff time.  £4,000.00 for a call in system to help save waiting times for patients & to help promote health care material & awareness to patients whilst	<b>Colne Road Surgery</b> <u>Call in screen</u>  £3646.18 +VAT has been spent on installing the Envisage Coda Digital Signage System. This is the call in screen provided through a partner	<b>King Street , Dr Bello , Dill Hall</b>  An LED Jayex Patient call system has been installed and is now used by all the clinicians in practice for calling patients in for their appointments. This has definitely saved GP and nursing staff time as they no longer have to get up from the desk and walk to the waiting room to call patients in. The message facility on the system has also been very beneficial for letting patients know about important information and changes in practice.					

	<p>they are waiting to be seen.</p> <p>£2,000.00 for a BP machine in the waiting room to help free up nursing appointments &amp; help patients by having up to date records.</p>	<p>company of Emis Web. It is fully integrated with our clinical system and includes educational information for patients. The contents of the information displayed can be changed depending on the needs of our patients as well as the current season. For example flu season, summer holidays, back to school ect. Our staff have full control over what slides are displayed and we have details that enable us to add, change and take away slides as often as we need to.</p> <p style="text-align: center;"><u>BP machine</u></p> <p>We have decided to use the monies paid to cover the registration and annual maintenance costs for the calling in screen. We feel that this will be a much better use of the money as we are in the process of increasing our Nursing team to cover simple procedures such as taking blood pressures of patients.</p>						
<p><b>Other</b></p>	<p>£22,500.00 for costs in respect of the 3 way practice merger (£10,000.00 for St Nicholas Group Practice, £10,000.00 for Rosehill Surgery &amp; £2,500.00 for Manchester Road Surgery). Involving costs towards training staff, buddy working, team building, alterations to rooms &amp; weekly clinical &amp; management sessions.</p>	<p style="text-align: center;"><b><u>Burnley Group Practice</u></b></p> <p>We have proactively merged 3 practices, successfully, and spent a significant amount of time and effort on streamlining systems and implementing management tools to ensure we are all working within more efficient systems. We have invested in staff training, working closely alongside the patient group, questionnaires to patients and updating our practice leaflet and website. We have addressed the layout of the surgeries to accommodate the staff and improvements for patients. We have clearly defined policies and more efficient and productive ways of working. The appointment and phone system are closely monitored to improve access to patients. We have upskilled the staff and implemented skill-mix with a good success with recruitment. The staff have adapted well to new roles and challenges that the merger has brought.</p>						