Cluster Network Action Plan 2016/17

(second year of the Cluster Network Development Programme)
Conwy East Cluster

The Cluster Network[1] Development Programme supports GP Practices to work to collaborate to:

• Understand local health needs and priorities.
• Develop an agreed Cluster Network Action Plan linked to elements of the individual Practice Development Plans.
• Work with partners to improve the coordination of care and the integration of health and social care.
• Work with local communities and networks to reduce health inequalities.

The Action Plan should be a simple, dynamic document and in line with CND 002W guidance.

The Plan should include: -

• Objectives that can be delivered independently by the network to improve patient care and to ensure the sustainability and modernisation of services.
• Objectives for delivery through partnership working
• Issues for discussion with the Health Board

For each objective there should be specific, measureable actions with a clear timescale for delivery.

Cluster Action Plans should compliment individual Practice Development Plans, tackling issues that cannot be managed at an individual practice level or challenges that can be more effectively and efficiently delivered through collaborative action.

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[1] A GP cluster network is defined as a cluster or group of GP practices within the Local Health Board's area of operation as previously designated for QOF QP purposes

To understand the needs of the population served by the Cluster Network

The Cluster Profile provides a summary of key issues. Local Public Health Teams can provide additional analysis and support. Consider local rates of smoking, alcohol, healthy diet and exercise – what role do Cluster practices play and who are local partners. Is action connected and effective? What practical tools could support the delivery of care? Health protection- consider levels of immunisation and screening- is coverage consistent- is there potential to share good practice? Are there actions that could be delivered in collaboration- e.g. Community First to support more effective engagement with local groups

No	Objective	For completion by: -	Outcome for patients	Progress to Date
1	To review the needs of the population using available data	Ongoing – to align with BCUHB Planning Cycle.	To ensure that services are developed according to local need	PHW Cluster Profile used to identify the following priorities: lifestyles: Smoking, obesity and alcohol. Chronic disease management- self management, Mental health and Older people Key issues arising from practice profile (access, services, training etc). Mental Health – Lack of appropriate counselling services, this service is in development Access – Appointments and availability Training – Capacity, consider on- line protected time

2	To identify additional information requirements to support service development	December 2016. This is work in progress, and will be agreed with the Public Health Wales lead for the Area and Cluster.	Improved support for service development	This will be identified at future cluster meetings as the Area structure support is further embedded.
3	To consider learning from previous analyses to identify any outstanding service development needs	Ongoing	Improved patient care and health promotion	The actions later in the plan highlight learning from individual practices that will be shared and discussed across the Cluster eg. Audit patients on medications likely to cause hypovolaemia and added risk of reduced kidney function.
4	To develop a plan to contribute to the reduction in prevalence of smoking	The actions required for this will be agreed with the PHW lead for the Area and the Cluster.

The Priority 1 actions below refer to this and need to be agreed with the Cluster to take forward. | Improved health outcomes Improved quality of life | To be detailed following review with PHW. |
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	POPULATION NEED (Priority 1 – Smoking Cessation)				
Priority 1	**The issues**	**Aims and objectives**	**How will this be done?**	**Named Lead**	**Time Scale**
Smoking cessation	There are over 9218 adult smokers in the Locality according to QOF data for 2014/15 (SMOK0004 denominator) . Smoking is linked to social class and accounts for a high proportion of the inequalities in health outcomes. Quitting smoking offers better improvement to healthy life expectancy than almost any other medical or social intervention. Patients are 4 times more likely to quit if they access support from specialist services. NICE guidance is that 5% of adult smokers should be treated every year. This is now a Health Board Tier 1 target, with 40% quit rate. In Conwy East Locality, 20.9% of registered practice population in Conwy East	Implementation of BCUHB smoking cessation pathway in all Practices Increase demand for specialist smoking cessation services Offer timely and appropriate support for all adult smokers who wish to make a quit attempt Ensure tailored interventions and equity of access and outcomes for specific groups, such as pregnant women, manual workers, people with mental health problems and socioeconomically disadvantaged communities.	• All Practices to ensure all staff implement BCUHB smoking cessation pathway. • Sign up to the Smoking cessation audit LES from October 2014 and use the CO Monitors (supplied free) • All staff to undertake training (brief intervention training for clinical staff and ask/assist/advise training for administrative staff) • Share smoking cessation data: referrals to specialist services, numbers of treated smokers and quit rates • Work in partnership with SSW / PHW / WG to provide improved quantity and quality of services. • Ensure an integrated smoking cessation service across community, secondary care, mental health, social care and other relevant settings.		

| | (aged 15 or over) smoke - this is higher than BCU average 20.4%. (Ref - General Practice Population Profiles (2015 accessed services last year.

Concerns in relation to variable practice and accessibility to services | | | | |
|---|---|---|---|---|---|

POPULATION NEED **(Priority 2 to be chosen by Cluster)**					
Priority 2	**The issues**	**Aims and objectives**	**How will this be done?**	**Named Lead**	**Time Scale**
Mental Health Well-being	Access to counseling services	To provide improved services to patients with mild mental health problems	Utilisation of WG cluster monies to commission additional support. Consideration of other well-being support	Cluster Coordinat or, Cluster Lead, PHW Lead	March 17

For 2015/16 we prioritised:-

- **COPD**

- **Heart failure**

- **Reducing antibiotic prescribing**

- **Leg Ulcers**

- **Mental Health**

- **Improved Discharge Summaries**

- **Appointing a Cluster Lead**

- **Mental Health and Well-being**

- **Access**

- **Recruitment**

Our plans and priorities for 2016/17 will include:-

- **Mental Health counseling, continue to review ongoing counseling service and need**

  - **Leg Ulcer Service, review current service, redesigning the delivery of care**

  - **Training and Education, ring fence funding for training and education to expand across the cluster**

  - **Micro suction service, look to develop a new service to deliver ear syringing, machinery and training as a shared resource across the Cluster**

  - **CRP testing, explore the use of CRP testing machines within the cluster**

  - **Pharmacy, exploring the availability of additional pharmacy input across the cluster**

  - **IT (Ipads), for EMIS etc ,hand held devices and texts messaging services, expand within the cluster**

  - **Development of Primary Care Dashboard to support Clusters providing them with information on a regular basis**

  - **Physicians Assistants, explore possibility of employing within the cluster, linking in with Bangor University**

  - **Slippage money is agreed with Cluster to divide the funding between practice population, Individual practices to report on expenditure to the Central Area Team**

Cluster Summary of population need for 2016/17

Needs of population
CE and CW.docx

			ACCESS			
(to ensure the sustainability of core GP services and access arrangements that meet the reasonable needs of local patients)						
Priority	**The issues**	**Aims and objectives**	**How will this be done?**	**Named Lead**	**Time Scale**	**Progress**
IT	Use of Text messaging service and use of IPads in and out of practices	To aid the expansion of this service evenly across the Cluster	Explore the use of Ipads and Texts messaging with costing across the Cluster	Cluster Lead/Cluster Coordinator	Dec 16	
Provide appropriate help and support to all patients according to their needs	Practice – patient questionnaire	To improve patient access to appointment and increase satisfaction with system	Undertake patient satisfaction questionnaires (access audit) (practice's to feedback to Cluster) Replicate questions used at Conwy surgeries to share ideas and results **To be discussed at MDT Meeting**	Practice Managers & Cluster Coordinator	Jan 2017	
To improve understanding of needs within the practices	Poor data available to assess need	Better quality of data regarding access	Questionnaire across the Cluster, consider the use of external provider	Cluster Lead	Jan 2017	
Improving and	Ensuring adequate	To reduce the number of DNAs for	Consider Text-messaging service to patients	Cluster Coordinator	Jan 2017	

Managing Access	appointment capacity to meet demand	GP and other practice appointments				
Improving and Managing Access	Requests from secondary care for GPs to write prescriptions creating work within the practices	To reduce demand for primary care generated prescriptions.	The cluster has previously worked with secondary care to clarify the guidelines which state that if the prescription is urgent the consultant should prescribe for 7 days. This will be revisited in terms of impact. Collate examples of secondary care requests for drugs not on the practice formulary. To invite Area Head of Pharmacy/Chief Pharmacist to cluster meeting to discuss the issue and agree appropriate actions	Head of Pharmacy & Cluster Coordinator	Jan 2017	
Improving and Managing Access	Increased demand for prescriptions during peak holiday periods etc and related influx of temporary residents (TRs)	To reduce the number of prescriptions issued by GPs for TRs	To review with Area Head of Pharmacy/Chief Pharmacist. The Pharmacy LES for Supply of Emergency Medicines, is supporting all relevant practices	Head of Pharmacy & Cluster Coordinator	Jan 2017	

	WORKFORCE					
	Important Note: Each Practice has submitted practice specific plans to detail what will be done in order to meet any practice specific workforce needs e.g to cover a period of maternity leave, recruit to a specific vacancy. The table below refers to matters that can be taken forward at a Cluster level and/or require HB input.					
Priority	The issues	Aims and objectives	How will this be done?	Named Lead	Time Scale	Progress
Education	Lack of service within the Cluster	To start a new teaching/ education programme to cover the whole cluster	Clusters to help and support this programme, including evening teaching sessions	Cluster Team	Jan 17	
Training	Lack of consistency and funding across the cluster	To deliver training sessions	Share resources and common themes e.g. CPR/Child Protection	Cluster Team	Jan 17	
Physician Assistant	Lack of availability of locums across the cluster	Explore possibility of employing a PA	Review Bangor University Scheme and involvement within the cluster	Cluster Team	Mar 17	
Workforce Capacity	Reduction in practice nurse workforce due to retirements and inability to recruit	To attract more nurses into General Practice	Review provision of the extensive training required to cover the diversity of practice nursing requirements	Practice Development Nurse Lead and Practice Nurses	Dec 2016	To follow up with Lead Nurse for Practice Nurses

REFERRAL MANAGEMENT AND CARE PATHWAYS						
Priority	**The issues**	**Aims and objectives**	**How will this be done?**	**Named Lead**	**Time Scale**	**Progress**
Referral Management	Varying referral rates and potential for shared learning/peer review	To review referral rates and use of agreed care pathways across the cluster	Cluster to invite Secondary Care to attend future meeting to understand issues and agree actions to be taken.	Head of Primary Care Area Medical Director,	Jan 2017	
Mental Health Counseling	Lack of service provision		Agree to fund additional counselors to support primary care	Cluster		Mar 2017
Phlebotomy Service			Await further guidance from Welsh Gov	Cluster Team		Nov 2016
Leg Ulcers	Service Delivery		Await further feedback on progress and details of service been delivered – Cluster team to meet with both Areas to discuss service input	Service not satisfactory – have a discussion with community nurses – need to make something fit for purpose		Jan 2017
Enhanced Care SPOA	The use of this service within the cluster	To ensure practices are utilising the service in same	▮▮▮▮ SPOA to attend a Cluster meeting	Cluster Team		Jan 2017

		way				
Ear Syringing	Large resource absorbed up by this service within the cluster	To set up a micro suction service within the cluster	Explore the purchase of machines and sharing the model across the cluster	Cluster Team		Jan 2017

UNSCHEDULED CARE • (To provide high quality, consistent care for patients presenting with urgent care needs and to support the continuous development of services to improve patient experience, co-ordination of care and effectiveness of risk management)						
Priority	**The issues**	**Aims and objectives**	**How will this be done?**	**Named Lead**	**Time Scale**	**Progress**
SPOA	Lack of data to Primary Care from Secondary Care	Improving mapping of service to meet the practice needs	Discussion with Enhanced Care and SPOA Leads arrange meeting to discuss	Cluster Team	Jan 2017	
Discharge Summaries	Poor ED Discharge Summaries	Improve ED discharge summaries to include more relevant information and receive in a timely manner	To provide efficient seamless care to patients between primary and secondary care Cluster to monitor and discuss significant events. Discuss at Cluster level Clinical Governance Input required Feedback to HB via a report Seek an update on the electronic discharge pilot Invite Hospital Director to future Cluster meeting Practice: ALL	Area Medical Director and Cluster Lead	Mar 2017	
Health Promotion	NERS – Welsh Rugby Union		Mapping and service needs within the cluster			

IMPROVING THE DELIVERY OF END OF LIFE CARE (Refer to National Priority Areas CND 007W)						
Priority	**The issues**	**Aims and objectives**	**How will this be done?**	**Named Lead**	**Time Scale**	**Progress**
End of Life Care	Improving End of Life Care	To complete SAE for deaths occurring between 1st January and 31st December 2016, carry out a search to determine patients and assess delivery of end of life care	Document responses to these reviews and feed back to practice and cluster **Discuss at Cluster meeting and feedback our findings – audits/significant events**	Cluster Lead, Practice Managers and Cluster Coordinator	Sept 2016	

TARGETING THE PREVENTION AND EARLY DETECTION OF CANCERS (Refer to National Priority Areas CND 006W)							
Priority	**The issues**	**Aims and objectives**	**How will this be done?**		**Named Lead**	**Time Scale**	**Progress**
Cancers	Earlier detection of Cancers	To Improve expected outcomes	Work with Cluster to recommend batch of tests/investigations that GPs can refer to directly. Present recommendations to Area team for support in implementation		Cluster Lead	Dec 2016	**To progress with Cluster Lead**
Cancers	Newly Diagnosed GI, ,lung and ovarian cancers	Review with SAE proforma	**Discuss at Cluster meeting and feedback our findings – audits/significant events**		Cluster Lead	Dec 2016	
Cancers	Targeting the prevention and early detection of cancers – most are not seen within 2 weeks of referral	To see patients within a two week period as per nice guidelines	To see patients within a two week period as per nice guidelines (SF) added **Discuss at Cluster meeting and feedback our findings – audits/significant events** • Identify what is already happening to address the issues identified • Agree an action plan for issues which have been identified but not addressed • Improve communication between primary care and the cancer services team		Cluster	Sept 2016	

MINIMISING THE HARMS OF POLYPHARMACY (Refer to National Priority Areas CND 008W)						
Priority	**The issues**	**Aims and objectives**	**How will this be done?**	**Named Lead**	**Time Scale**	**Progress**
Frailty and Polypharmacy	Ensure care plans in place for 'at risk' patients living alone >85	Ensure MURs for all identified patients	Identify support from BCUHB pharmacists Prioritize reviews **Discuss at Cluster meeting and feedback our findings – audits/significant events**	Practice GPs with support from Head of MM	Mar 2017	
Medicines Management	Antibiotic stewardship reduction in prescribing of PPI /Tramadol waste		Practice and LHB pharmacy team working together. Cluster agree actions with Head of Pharmacy to further reduce antibiotic prescribing **Discuss at Cluster meeting and feedback our findings – audits/significant events**	Practice GPs with support from Head of MM	Mar 17	Invite ▇ To Cluster Meeting to provide an update ▇ did Attend The Following Meeting

PREMISES PLAN						
Important Note: Each Practice has submitted practice specific plans to detail what will be done in order to meet any practice specific needs relating to premises. The table below refers to matters that can be taken forward at a Cluster level and/or require HB input.						
Issue	**Why?**	**What will be done at Cluster Level**	**How will this be done? (Practice; GP Cluster; Health Board)**	**Named Lead**	**Time Scale**	**Progress**
Inadequate premises to facilitate growing demand	Population increasing with new planned developments within the cluster and increased demand and drive to more service into primary care	Cluster to support practices with common themes across the area	Area Management team and Cluster Team to support for the relevant practice(s) affected and to ensure links with LA and planning. Undertake a Health Impact Assessment on the plans and discuss outcome and recommend solutions.	Cluster Team and Head of Primary Care	Jan 2017	
Lease of all premises	Future concerns with regards to lease arrangements		Concerns regarding Lease arrangements regarding Lease arrangements effecting viability of practices			

	and ongoing costs of premises					

			CLUSTER NETWORK ISSUES				
Issue	**Why?**	**What will be done?**	**How will this be done? (Practice; GP Cluster; Health Board)**	**Named Lead**	**Time Scale**	**Progress**
Lack of appropriate Counseling Services	Key Issues arising from practice profile and identified unmet need	Provide appropriate support to patients who fall between Parabl and CPN services	Agreement reached to use cluster monies to support this development. Proposal to be developed, costed and implemented. **MH Counseling service to provide a report at the next cluster meeting on patients waiting by practice**	Cluster Lead, BCUHB lead (confirmed)	Jan 2017	**Staff now in Post –** ███ **to Provide an update on a regular basis**
Cluster Meetings	Expanding the Cluster membership		To explore the option of having additional GP's or LLT's representatives at meeting, splitting the cluster meetings into two sections Part 1 Gp's, part 2 LLT	Cluster Team	2017	

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<tr><td colspan="7" style="background-color:#FFC000;">LHB Issues
(in addition to any issues raised above requiring Health Board input)</td></tr>
<tr>
<td>Issue</td>
<td>Why?</td>
<td>What will be done?</td>
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<td>Named Lead</td>
<td>Time Scale</td>
<td>Progress</td>
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<td>To provide efficient seamless care to patients between primary and secondary care</td>
<td>Proactive actions required to improve efficiencies and process between primary & secondary providers</td>
<td>Hospital Director to be invited to cluster meeting to discuss concerns and ideas to improve

Review arrangements for more regular joint working across primary and secondary care</td>
<td>Consideration of the following areas:

Waiting times e.g. pulmonary rehab, diabetes structured programme – look at joint working –
MTED Project – ask Pharmacy to attend
Illegible TTO's
Long Delays in provision of clinic letters
Requests to provide scripts outside BCU formulary
Delays caused by patients being referred back to GP for onward referrals to another speciality or for a 2nd opinion
Upload more pathways and keep them up to date
Availability of most recent diagnostic test results across both primary & secondary care (raise with NWIS for the availability of integrated technology in GPP links to stop the duplication of tests
Growing number of requests from YGC for information from GP Records

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<td>Cluster Lead, Area Medical Director</td>
<td>Review progress in Mar 2017</td>
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LHB Issues (*in addition to any issues raised above requiring Health Board input*)						
Issue	**Why?**	**What will be done?**	**How will this be done? (Practice; GP Cluster; Health Board)**	**Named Lead**	**Time Scale**	**Progress**
To improve communication between GP and local mental health services	To improve MH services for patients	Discussion with MH nurses and new consultants	Discussions already taken place at Cluster level with regards to telephone access to consultants during a specific time Review improvements to date and agree any further action required	██████ MH Lead	March 2017	
Expert Training Programme	Practices seeking support for managing increasing demands for CDM	Discussion with Area Team regarding options to improve access	Include on cluster meeting agenda for initial discussion and prioritisation against other actions	Area team to identify lead	Mar 2017	
Temporary residents	Increase in demand during holidays periods	Development of alternative models to provide a minor ailments service	Consider suggestion of a walk in Clinic during the day to provide a service for T/R's throughout Conwy Area in Central location **Pharmacy input in the practice has made a significant difference to attendances for Kinmel Bay**	Area team to identify lead	Sept 2016	
Changing demands due to changing practice	Development of Community Services according to	Close working with the Area Team in	Include on cluster meeting agenda for initial discussion and agree more detailed actions in relation to community service delivery, capacity and innovation for Kinmel Bay	Area team to identify lead	Dec 2016	

LHB Issues *(in addition to any issues raised above requiring Health Board input)*						
Issue	**Why?**	**What will be done?**	**How will this be done? (Practice; GP Cluster; Health Board)**	**Named Lead**	**Time Scale**	**Progress**
population.	needs of the incoming population	reviewing and developing services to best meet population need				
Medicines Review for new patients	Practice capacity	Review Protocol and consider Pharmacy support	To invite Head of Pharmacy to Cluster meeting to discuss pharmacy support for practice patients, e.g. new patients (MURS – Medicine Use Reviews) and agree actions Access to Pharmacy Support (Review)	Practice and Health Board	Dec 2016	