

Cluster Network Action Plan 2015/2016 2016/2017
(second year of the Cluster Network Development Programme)
North Denbighshire Cluster
Progress Report

For 2014/15 we prioritised:-

- Establishing a nursing home protocol
- Establishing a benzodiazepine protocol
- Engagement with public health which we have done and are looking at smoking cessation
- Better communication between primary and secondary care
- Improvement in discharge summaries
- Engagement with other service providers

Our plans for 2015/16 we prioritised:-

- We prioritized the major issue of the sustainability of the cluster due to recent termination of contracts from April 2016. The cluster has worked with the health board to find a model of care for the population of Prestatyn. This is now in its early development stage.
- The Cluster has used slippage money to improve patient care and increase workforce within the Cluster.
- The Cluster continues to work with the radiology team with their plans to have GP access to scans.
- Photo dermatology was utilised within the cluster, however due to sustainability issues this was put on hold.
- The practices work extensively to share clinics where possible – for example – coil clinics, minor operation clinics and possibly looking at the Flu campaign as a cluster

Our plans for 2016-17 will include:-

- **To obtain local data about the prevalence and morbidity of chronic pain.
To develop community based service to enable/support self management of chronic pain**
- **To understand and address the gaps in service provision for mental health particularly in regard to teenagers and those with LTC.**
- **Use additional pharmacy services in order to improve medication reviews and support GP with their workload.**
- **Improve the provision for nursing and housebound patients and explore developing cluster based service.**
- **Develop IT across the cluster to support practices, enable better remote working and sharing information across practices.**

Cluster Summary of population need for 2016/17



Needs of population
ND & CSD.docx

PLEASE NOTE THIS PIECE OF WORK WILL BE SUPPORTED BY PUBLIC HEALTH WALES AND YOUR LOCAL AREA TEAMS						
POPULATION NEED (Priority 1 – Smoking Cessation)						
Priority 1	The issues	Aims and objectives	How will this be done?	Named Lead	Time Scale	Progress
Smoking cessation	<p>Smoking is linked to social class and accounts for a high proportion of the inequalities in health outcomes.</p> <p>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.</p> <p>NICE guidance is that 5% of adult smokers should be treated every year. This is now a Health Board Tier 1</p>	<p>Implementation of <u>BCUHB smoking cessation pathway</u> in all Practices</p> <p>Increase demand for specialist smoking cessation services</p> <p>Offer timely and appropriate support for all adult smokers who wish to make a quit attempt</p> <p>Ensure tailored interventions and equity of access and outcomes for specific</p>	<ul style="list-style-type: none"> All Practices to ensure all staff implement <u>BCUHB smoking cessation pathway</u>. 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 	Cluster Lead	October 2016	<p>North Denbighshire figures are high compared to other areas</p> <p>Presentation by [REDACTED] – Quit for Them campaign – 30 December 2016</p> <p>Ongoing progress</p>

	target, with 40% quit rate.	groups, such as pregnant women, manual workers, people with mental health problems and socioeconomically disadvantaged communities.	<ul style="list-style-type: none"> • 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. • Practices will continue to support PHW around smoking cessation for 2016/17 			<p>Ongoing progress</p> <p>Ongoing progress</p>
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<p style="text-align: center;">ACCESS</p> <p>(to ensure the sustainability of core GP services and access arrangements that meet the reasonable needs of local patients)</p>						
Priority	The issues	Aims and objectives	How will this be done?	Named Lead	Time Scale	Progress
1	<p>Improving access to GP services</p> <p>Current workload issues has an impact on</p> <ul style="list-style-type: none"> a) GP access b) recruitment c) retention of staff <p>There is now a BCU Managed practice within the Cluster</p>	<p>Access arrangements should meet the needs of the population.</p> <p>To monitor and discuss as practices and as a cluster to ensure access is maintained.</p> <p>To monitor the progress of this new model, as a Cluster ensuring that access is maintained</p>	<p>Access arrangements have been a topic of discussion at cluster meetings with representation from each practice. All practices work in their own way to meet the needs of their local population due to the variation in GP practices.</p> <p>Skill mix has been reviewed – ways of working have been improved with some surgeries employing nurse practitioners. This will be taken a step further with the cluster as they are planning to employ two nurse practitioners to work across the cluster as opposed to remaining within one practice which may improve access.</p> <p>Access arrangements in relation to appointment systems have been discussed and many practices feel that they are fulfilling the needs of their patients.</p> <p>Financial resources are limited for GMS practices which impacts upon ability to attract staff to vacant posts which impacts upon access.</p> <p>The practices now manage 23,000 patients across 3 sites and planning meetings and liaison with all</p>	Cluster Lead and Health Board Area Director	April 2017	<p>'Healthy Prestatyn Model'</p> <p>Further update? – CD/JCS</p>

	and 5 remaining GMS practices. A new model of care has been implemented in HPI		relevant stakeholders are still ongoing Continue to look at how practices work closer together e.g service provision and links with the patient facing academy			Update CD/JCS
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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
	Recruitment and Retention is still an issue within North Wales and the Cluster is still looking to recruit GP's to North Wales, with links Liverpool and Manchester University Sustainability in the cluster is still under discussion and will form further discussions for 16/17. Many issues including increased workload, high	Ensure there are adequate practice staff (GPs, Nurses etc) to meet the needs of the population.	A project group has been formed due to sustainability issues. This group will meet on a regular basis and also engage with other groups including the cluster group to see which model of care will best serve the cluster population.	Health Board Area Director and Cluster Lead	Regular project meetings are in place	'Healthy Prestatyn model' Further update CD/JCS

	deprivation of the cluster population and high GP list sizes were discussed.					
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REFERRAL MANAGEMENT AND CARE PATHWAYS						
Priority	The issues	Aims and objectives	How will this be done?	Named Lead	Time Scale	Progress
	Improve number of patients on Enhanced Care caseload.	Promote Enhanced Care with all practices in the locality.	<p>Continue with the good communication between the cluster lead and the enhanced care service.</p> <p>The benefits of enhanced care have been discussed in several of the cluster meetings and the EC ANP has also delivered a presentation of the benefits of the enhanced care. From feedback from local GPs they are using the service more than in the past. North Denbighshire usually has a higher number of EC patients than other parts of North Wales.</p> <p>To continue the existing good work and improve upon it, communication with the EC staff will be achieved by inviting them to cluster meetings to discuss progress and any issues.</p> <p>IVs Bolus - . Community Nursing been trained to deliver IV's, but lack of patients has made maintaining competencies difficult. Community Nursing Teams are in the process of updating their training.</p>	Cluster Lead and EC team.	April 2017	Ongoing progress

			Update also required on whether more not step up patients could be accepted by ANP's. The issue was raised with the LMC as the current LES stipulates GP only			LMC update
	Improve upon the Pathways for Nursing and Residential Care homes.	To distribute letters from the cluster to each nursing and residential home in the locality. The letters state outlines improvements in the process explaining what is expected by the home when booking a GP visit.	<p>The Cluster Lead has started visiting nursing and residential nursing homes to distribute these letters which will benefit patient care and improve continuity of care.</p> <p>The visits also raise the opportunity for the Cluster Lead to discuss with the Care Home managers any issues from their perspective which will then be reported back to the cluster.</p> <p><i>To evaluate any changes following letter to care homes – GROUP UPDATE</i></p>	Cluster Lead	Nov 16	<p>Letter sent by [REDACTED] to all nursing homes</p> <p>Ongoing</p>
	Referrals to be discussed at practice level and any learning points to be discussed at cluster	Practices to look at their referral patterns, discuss within their practice and bring learning points to the	<p>Discussions to be held at practice meetings, and at cluster meetings.</p> <p>Awaiting development of Primary Care Dashboard</p>	Individual practices And Cluster Lead	April 17	Update to given at the Nov Cluster meeting

	meetings.	cluster meetings.				
	Provision for step up nursing home beds This may help prevent unnecessary hospital admissions in patients too unwell to be admitted to Enhanced Care.	To prevent unneeded hospital admissions	To write to the Health Board to see if any funds for spot purchasing are available to resource this. <i>Review process of spot purchasing (BCU)</i>	Cluster Lead	April 17	Group agreed admissions would be accepted on a weekend however if GP disagreed with decision discharge on Monday – Reviews GP's 16/17

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
	To work together with other agencies to improve patient care for patients with urgent needs.	<p>To improve urgent care needs in the cluster</p> <p>To minimise admissions to patients to A&E from nursing homes who are on End of Life pathways</p> <p>To discuss with A&E any common themes, working differently or areas of learning</p>	<p>Letter to nursing from the cluster group is being distributed which should help continuity of care.</p> <p>Palliative care team is planning to attend the next cluster meeting to discuss the treatment escalation plan which may help prevent unnecessary admissions to hospital.</p> <p>To contact A&E lead and WAST to invite to speak in the cluster group to see if there are any new ways of working in the locality to improve patient care.</p> <p><i>EOL SLA – [REDACTED] has met with colleagues</i></p> <p><i>Discussions have now been put forward for ANP training within the Cluster and the development of lower grade nurses to have access within Primary Care for training and development</i></p>	<p>Cluster Lead [REDACTED] presented a new pathway</p> <p>[REDACTED], Senior Cluster Co-ordinator in contact with Secondary Care leads</p> <p>[REDACTED]</p>	April 17	<p>TEPS- Dr [REDACTED]</p> <p>Consultation on TEPS with WAST, DN, Primary and Secondary Care. Central pilot areas are Bradshaw Manor and Preswylfa (CMC) Nursing Home LES to be reviewed Forms will be flagged</p>

		required within the cluster to benefit patients.				on system to alert clinician. Intravenous antibiotics Can be delivered in nursing homes for specific patients – ongoing discussion with [REDACTED] WAST
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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
	Improving cancer care.	Review care of all patients' newly diagnosed Lung/Ovarian/Digestive cancers between January 1 st 2016 and December 31 st 2016 using SEA tool.	<p>Review and discuss at practice level any learning points and discuss these in the cluster meetings.</p> <p>Any common themes will be sent to the health board</p> <p>Discussions with the Colorectal team regarding referral pathways has been arranged for the next cluster meeting.</p> <p>Cluster Lead has attended Radiology engagement group for direct access to scans (heads, CT KUB, MRI Lumbar spine) and this is ongoing.</p> <p>Possibly invite Gynaecologist to discuss Ovarian cancer to cluster group.</p> <p>Respiratory physician has already attended cluster meetings in the past.</p> <p>Have there been any common themes with regards to findings with regards to previous audits for 14/15, 15/16 and if there have been any, what future developments will the Cluster put in place to improve any identified issues.</p> <ul style="list-style-type: none"> Identify what is already happening to address the issues identified Agree an action plan for issues which 	<p>Cluster Lead</p> <p>██████████ BCU</p> <p>██████████</p>	6 months	<p>Colorectal update –</p> <p>Some examinations not being documented. This affects the process need more information on referrals. Discussion regarding new items on NICE Guidance mainly Patient 60yrs and over and have anaemia even in the absence of iron deficiency. Tests show occult blood in their</p>

			<p>have been identified but not addressed</p> <ul style="list-style-type: none"> • Improve communication between primary care and the cancer services team 			<p>faeces. Iron deficiency anaemia. Consider a suspected cancer pathway referral for colorectal cancer in people with a rectal or abdominal mass.</p> <p>Upper GI Cancer – Nice Guidance discussed as a group. To get patients seen quicker, it is better to complete the USC form rather than a referral letter, this will speed up appointment times.</p>
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						Ovarian Cancer – Ovarian cancer is a difficult area as guidance's are vague. Provided leaflets with a summary guideline regarding ovarian cancer to the Cluster. If patients show some symptoms – will need to refer, try to refer early
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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
	To improve End of Life care -	Identify all deaths between January 1 st 2016 and December	The practices will complete the EoL SEA tool and discuss as a	Cluster Lead	6 months	Ongoing

	<p>Evidence suggests too many people are not dying in their place of choice.</p> <p>To discuss and learn from each other good practice and discuss any learning needs.</p>	<p>31st 2016.</p> <p>Use the significant event tool to assess delivery of EoL care.</p>	<p>practice any learning issues. Any points should be brought to the cluster group meetings and discussed. The Cluster Lead will share these with the wider health board.</p> <p>There is a template on EMIS web which is lengthy therefore one doctor in the cluster will see if they can shorten the template with all relevant information on one page.</p>			Ongoing
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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
	Elderly patients are often at significant risk of harm through	To identify and record % of patients aged 85 or more with 6	Each practice will be required to undertake the NO TEARS reviews on their patients; any learning points will be discussed with the practice and the cluster. If there are any common themes these will be documented within the locality and reported to the Health Board.	Cluster Lead		Ongoing

	polypharmacy.	or more medications face to face medication review using NO TEARS approach for at least 60% of the cohort.				
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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
Funding	Improvement of premises	Liaison with HB	Advice from the Health Board in how to address the issues in the premises plan. Ongoing review for 2016/17	Cluster Lead	Ongoing	Improvement Grant identified for 2015/16 – but with limited notice. Several bids have been approved across the Area. Priority to identify recurring Grant from 2016/17
Practice		Premises Plan				
CMC		Expand GMS space to accommodate newly recruited doctor.				IG Bid approved
Kings House and Quarry		Funded through practice monies new minor surgery room, toilet, clinical room, worktops and decoration throughout costing in the region of £30k completed. Still require new double glazed windows, (quote submitted this financial year along with IG application). Although practice received a grant at the beginning of the year, there are still 14 windows to replace. Re-design reception area to comply with DDA. QA visit recommended new flooring has carpet now. Flooring required in 2 Clinician Rooms. New disabled and patient toilet required.				IG Bid approved

	Quarry House -Flooring required for 2 Clinician Rooms.	
Lakeside	Have some spare capacity but no financial incentive to recruit, purpose built property with no major issues	
Madryn	External storage for medical records required to free up space in the surgery.	Briefly discussed requirements at CD practice visit
Park House	Building extension required for Park House main surgery. Branch surgery delivered from Westfield, very old premises, alternative premises or refurbishment required	IG Bid approved
Healthy Prestatyn lach	Agreement to move to Ty Nant in April 2017	Ongoing work in Ty Nant
Healthy Rhuddlan lach	BCU owned building. Maintenance on going	BCUHB premises and funding stream for any improvement is therefore discretionary capital

CLUSTER NETWORK ISSUES						
Issue	Why?	What will be done?	How will this be done? (Practice; GP Cluster; Health Board)	Named Lead	Time Scale	Progress
Benzodiazepine protocol	To standardize care in the locality	We have agreed to look at this as a locality with input from the BCU Pharmacy team	Some work has already started in the clusters last year. Follow up with a meeting with the BCU pharmacist at a cluster meeting.	Cluster Lead [REDACTED]	April 17	Presentation [REDACTED] - Ongoing
Coil clinics	Cross practice coil clinics to allow patients from other GP practices to attend the coil clinic at another	Insertion and removal of coils and implants	<ul style="list-style-type: none"> • Agreement between the practices at cluster level • Identification of GP practices who wish to run clinics. Clarence Medical Centre has offered this in the past. • Progress has been made on the above and CMC are currently receiving referrals from HPI and this service can be advertised more to other practices in the cluster 	CMC	Work in progress	CMC are currently in a position to offer this service to the cluster, the LES for this has been in place for some time
Minor surgery clinics	Cross Minor surgery clinics to allow patients from other GP	Discussion at cluster meetings	<ul style="list-style-type: none"> • Agreement between the practices at cluster level • Identification of GP practices who wish to run clinics. Clarence Medical Centre has offered this in the past. • 	CMC	On hold	Ongoing – delay due to other Cluster issues

CLUSTER NETWORK ISSUES						
Issue	Why?	What will be done?	How will this be done? (Practice; GP Cluster; Health Board)	Named Lead	Time Scale	Progress
	practices to attend the minor surgery clinic					
Subcut Fluids	Patient by Patient basis	Policy in place	<ul style="list-style-type: none"> Cluster felt that if DN can insert syringe drivers then they can potentially manage subcut Dehydration /sensation of thirst- mouth care if favoured by some, the amount of fluid doesn't make any difference to patient outcome Advanced Care Pathway – being reviewed – has this been completed? 	Cluster Lead/E Grove	Ongoing	UPDATE

LHB Issues <i>(in addition to any issues raised above requiring Health Board input)</i>						
Issue	Why?	What will be done?	How will this be done? (Practice; GP Cluster; Health Board)	Named Lead	Time Scale	Progress
Cluster Funds – slippage is available but agreement on how it can be used needs to be clarified	To use cluster funds in this financial year	The Locality Lead has been discussing with the Health Board	<ul style="list-style-type: none"> By ongoing discussions with the Health Board and at the next cluster meeting. Slippage money has now been allocated to practices on an individual basis-	Cluster Lead	Current	To be discussed at Cluster Meeting 9 March 2016
Delayed Discharge summaries	To improve patient care as current system creates delays with transfer of information	To write again to the relevant person in the BCU for an update.	<ul style="list-style-type: none"> By writing a letter to the Health Board lead for discharge summaries. To get an update on the electronic discharge summary project. 	Cluster Lead	Ongoing	Ongoing progress and modification in place
Long delays in OPD clinics	This is causing multiple visits by the same patient for the same reason to GP surgeries.	To write to clarify current waiting times in all outpatient specialities	<ul style="list-style-type: none"> Write to BCU outpatient leads 	Cluster Lead	Ongoing	Live access to individual waiting list information will be available via

LHB Issues <i>(in addition to any issues raised above requiring Health Board input)</i>						
Issue	Why?	What will be done?	How will this be done? (Practice; GP Cluster; Health Board)	Named Lead	Time Scale	Progress
						IRIS- Pilot at CMC – roll out to all practices from Jan 2016
Expediting referrals	Causes multiple visits by patients to the practices due to delays in the system, wasting clinical appointments	Write to relevant BCU lead	<ul style="list-style-type: none"> By writing a letter to the Health Board lead for discharge summaries. 	Cluster Lead	Ongoing	As above
Local practices from a separate cluster not taking in patients from Kinmel Bay forcing patients to	This is caused by GP shortage in one practice causing poor access forcing patients to Rhyl practices	LHB to address the issue with the Practice and encourage Conwy East Cluster to take on these patients	Email correspondence sent to Head of Primary Care via Cluster Team to address this issue			

LHB Issues <i>(in addition to any issues raised above requiring Health Board input)</i>						
Issue	Why?	What will be done?	How will this be done? (Practice; GP Cluster; Health Board)	Named Lead	Time Scale	Progress
join North Denbighshire Cluster. This putting a strain on services						