

Healthy Liverpool

North Locality Plan 2014 - 2016

Delivering High Quality Primary Care
and Reducing Variation



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2 Profile of Locality

Profile of Locality and constituent neighbourhoods

North Locality consists of 22 practices with a total registered patient population of 107,029 (weighted population 119,754). These practices work out of 4 neighbourhoods – Aintree, Croxteth, Norris Green and Walton (see Appendix 1).

The North Locality Leadership Team meets monthly and is made up of five GPs, one Nurse Clinician and one Practice Manager providing a total of 8 sessions of support per week supporting programme areas with a remit to provide guidance and peer support to individual practices and neighbourhoods. Four of the GPs are also Neighbourhood Leads. The Nurse Clinician and Practice Manager Leads provide support to their peers and in particular play a vital role to enhance skills and engagement in these groups within the Locality. The Leadership Team is also supported by a Patient Representative.

The Locality Chair is a co-opted member of the LCCG Governing Body.

Locality managerial support is provided through Jenny Levy, Neighbourhood Transformation Manager; Scott Aldridge, Neighbourhood Manager and Sue Roberts, Neighbourhood Support Manager.

This plan describes the role of the Locality in improving the quality of General Practice and reducing variation through the Primary Care Quality Framework (PCQF) which was introduced in April

2013 to drive continuous improvement in the quality of care delivered by Liverpool's 94 general practices and reduce variation.

The Framework consists of 62 evidenced based indicators clustered under the headings: prevention, cancer, CVD, long term conditions, children's, urgent care, planned care and patient experience.

With the support of the CCG Primary Care Team via regular practice visits, GP neighbourhood meetings and Locality Leadership Team, practices are presented with opportunities to review performance, identify priorities, receive support from peers and show case best practice. This is fundamental to developing Neighbourhood Teams and delivery of the Healthy Liverpool Programme.

North Locality demonstrated statistically significant improvement in the PCQF indicators below for 2013/14:

- Coronary Heart Disease patients with cholesterol managed to 5mmol (+3.6%)
- Stroke patients with cholesterol managed to 5mmol (+4.7%)
- Diabetes patients whose latest HbA1c is 7.5 or less (+6.4%)
- Diabetes patients who have received all 9 key care processes in last 12m (+3.2%)
- Asthma patients who received an asthma review using the 3 RCP questions in last 12m (+2.7%)
- North is the only Locality to have improved on all three patient experience indicators

3 Member engagement

CCG Lead GPs

Day to day engagement with practices is via the remunerated CCG Lead GP. The Liverpool CCG Constitution articulates the responsibilities of this individual. In agreement with its member practices, North Locality has agreed to flesh out this role by expecting each Lead to:

- Be the conduit of information to their practice colleagues (clinical and non-clinical), feeding back as appropriate to the CCG
- Engage as appropriate with all required Healthy Liverpool Programme discussions, sharing these with all members of their practice.
- Engage regularly with the Locality and Neighbourhood Managers to develop, implement and review their Practice Development Plan to address areas of variation
- Attend Locality specific events (Congress)
- Attend Locality Leadership Team meetings twice a year (where possible) to represent front line GPs.

Locality Education (Congress)

Congress takes place on a quarterly basis led by the Locality Leadership Team. This forum has a history of engagement the Locality GPs and has always been well attended. The forum allows the sharing of good practice – a recent event focussed on delivery of the 9 Care Processes for Diabetes – education and updates from the CCG.

The Locality Leadership Team is planning to put together a defined series of pre-planned events designed to meet the locality needs outlined in this paper.

Practice Managers

This group meet bi-monthly with meetings led by the Locality Practice Manager lead. The agendas are driven by the practical issues facing practice managers and support is provided by the Locality Management Team and the Primary Care Team as appropriate. On a day to day basis the Locality Practice Manager Lead provides peer support as required. The Practice Manager Lead for the Locality works in partnership with their counterparts in Liverpool Central and Matchworks in the planning and development of the city wide practice manager development programme.

Practice Nurses

The Locality Nurse Lead is a Nurse Clinician, elected to represent the interests of the member practices. She is fully engaged in supporting the City Wide Practice Nurse Development Programme championing the Locality to ensure its practice nurse educational needs are incorporated and is a key contributor to the Practice Nurse Development programme being led by NHS England.

Market Place

All practices and their teams are encouraged to engage in the City-wide Market Place event. The Locality has an influence in the content of these events to ensure the content meets the needs of the member practices.

4 Challenges and issues

Challenges and issues for the Locality

Quality Improvement / Variation

The fundamental principle of the Locality is to drive up the quality of Primary Care and reduce variation. The Locality will build on the available insight work to ensure patient engagement in this endeavour and, responding to the PCQF performance month on month the Locality Leadership Team are working with member practices through their CCG leads, neighbourhood meetings, Congress Meetings, Practice Manager Meetings and Practice Nurse meetings to address the following areas where the Locality is an outlier:

- **Access** - This may be affected by the lack of a Walk in Centre in the Locality which has always been sighted by practices as a reason for the difficulties they have with achieving this indicator, the need therefore to ensure equitable timely access for patients with practices is paramount. Multiple pilots and schemes have been initiated to address this without success however the Locality is embarking on a root and branch review of individual practice access to understand this in more detail, triangulating this with feedback from the Locality patient group and practice Patient Participation Groups.
- **Prevention – Cervical Screening** – All North neighbourhoods currently achieve Band A for cervical screening however the overall uptake rate is under review to identify variation in performance and exception reporting.
- **Under 65 Flu Vaccinations** – There is currently variation comparing the North with Central and Matchworks and variation between neighbourhoods and practices within the Locality. Through the Practice Manager and Practice Nurse forum the plan is to share best practice clinically and in terms of systems and processes to reduce variation and increase uptake.
- **Long Term Conditions – Pulmonary Rehabilitation** – The Locality achievement is below the CCG average. There is currently only one site within North for this service, however following consultation with member practices this will increase and referrals and patient uptake will be monitored.
- **Alcohol Brief Interventions** – There is a variation in this indicator across the Locality and through the Practice Manager forum and championed through the Locality Leadership Team, best practice will be mobilised to ensure an increase in uptake.
- **Unplanned Admissions – Angina / cellulitis / Chronic Heart Failure / Flu & Pneumonia** – There has been a steady rise in unplanned admissions across the Locality which is a cause for concern. Through the practice development plans and neighbourhood meetings this will be understood and addressed.

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Member Engagement

Whilst overall engagement is good, succession planning for the Locality Leadership Team remains an issue. The Team is currently carrying a vacancy and during the next year a recruitment campaign will begin. In addition as the Locality Leadership Team has three GPs heavily involved in Governing Body activities leaving the Locality light of "foot soldiers", a model of delivering more robust, regular peer to peer support will be developed. Additionally the Locality is challenged with engaging with and implementing the City Wide organisational development plan to ensure all practice staff are enabled with the skills to implement new ways of working.

Practice Nurses

The Locality needs to increase its engagement with Practice Nurses and will develop a plan for neighbourhood nurse meetings as a minimum to engage the nursing workforce, provide local education and the opportunity to share best practice. These fora will also enable Locality nurses to identify their overall training needs to contribute to the City-wide Education Programme.

Neighbourhood Delivery

The Healthy Liverpool Programme has identified neighbourhoods as the key vehicle for widening primary care at scale through multi-disciplinary multi-agency teams commissioned to work flexibly to support patient care, address health inequalities and reduce variation.

The Locality will support its constituent member practices and current neighbourhoods to engage with, locally shape and implement this model of care.

The model will also include engaging in describing the non-clinical services required within a neighbourhood to support self-care, prevention and patient empowerment. The neighbourhoods will be supported to identify these key partner organisations to ensure we exploit their assets for the benefit of our patients.

A specific issue for the Locality is working to support our single handed practice (7 / 22) colleagues to ensure delivery of primary care at scale, engaging them in neighbourhood delivery will be crucial, a challenge for the City will be to enhance the skills and flexibility of the general practice workforce to provide complex care.



5 Enablers

Core Contract Changes

Across the City changes to the GMS/PMS/APMS contracts will have an impact on our member practices in terms of finance and the infrastructure needed to implement and deliver the changes. LCCG has described how practices will be supported and the Locality will ensure this takes place to continue to raise the quality of Primary Care Delivery and that variation is reduced.

IM&T Gold Standards

There is a contractual requirement for patients to have improved access to on-line services. To ensure consistency across all practices to deliver Gold Standard IM&T, the Locality in partnership with Informatics Merseyside colleagues will support member practices with this. Practices will also be supported to engage with mobile working, data accreditation, SMS text messaging to patients and providing patients with access to their medical records.

Local and Liverpool Quality Improvement Scheme

The Primary Care Quality Framework highlights performance against the Quality and Outcome Framework (QOF) and the Liverpool Quality Improvement Scheme (Liverpool GP Specification). Twenty of the 22 North practices have signed up to provide the Liverpool Quality Improvement Scheme. Locality coverage of all other 15 Local Quality Improvement Schemes will be monitored to ensure consistency of delivery and equitable access to out of hospital services.

Prescribing

The Locality will ensure engagement through neighbourhood meetings

and practice visits with the range of improvement projects below:

A focus on long term conditions -

The Medicines Management Committee has sent out a menu of priority projects that practices are encouraged to follow. Practice choice will be linked to the needs of their patients and the practice development plan rather than following a wide range of small scale projects.

Prescribing systems and process -

There is substantial clinical risk and financial waste resulting from inefficient prescribing systems. The medicines co-ordinators model has been shown to improve patient safety reduce unnecessary costs and, by acting as the link between the practice and hospitals and pharmacies, reduce GP workload.

Adherence strategy -

Up to half of prescribed medication is not used as intended, with an impact on patient benefits and prescribing costs. Informed by Insight research, an adherence strategy, linked to the self-care and patient engagement is expected to increase the effective use of medicines.

Co-Commissioning of Primary Care

LCCG is consulting its member practices to facilitate engagement with the co-commissioning agenda which sets out raise standards of quality within general practice services, reduce unwarranted variations in quality, and, where appropriate, provide targeted improvement support for practices. This dovetails with the overall LCCG approach to improve quality and reduce variation through the Primary Care Quality Framework through the Localities and neighbourhoods.

6 Patient engagement

Throughout 2013-14 16 / 22 practices had signed up to the Patient Participation Directly Enhanced Service. The current core contract changes have seen a reduction in the payment per patient for participating in the scheme and NHS England are currently requesting practices sign up declarations. The Locality will continue to support practices to deliver effective Patient Participation Groups who engage patients in the best possible way and that also reflect the patient population ensuring consistency of message across the Locality and the opportunity for input into City Wide engagement.

The Locality Leadership Team is now an integrated member of the Alt Valley Community Trust engaging with patients and public in the Croxteth and Norris Green neighbourhoods and has recently become an integrated member of the Fazakerly Health Forum enabling improved engagement across Walton and Aintree Neighbourhoods. The plan is to build on these relationships by completing the recruitment process for an elected patient representative to sit on the Locality Leadership Team. Currently the Chair for Fazakerly Health Forum has been providing this role, but there is an acceptance from the Locality Leadership Team and Fazakerly Health Forum that a formal election process should be undertaken.



7 Delivery mechanism

Practice Development Plans

Practice development plans have been identified by the Locality Leadership Team as the vehicle to drive forward the quality agenda and reduce variation across the locality. The Locality Leadership Team with management support will support practices to identify areas for improvement using the Primary Care Quality Framework as well as building on any feedback from achievement in the previous year, any educational needs associated with this both both clinical and non-clinical staff as well as supporting the practice to implement the core contract changes. The practice CCG leads will own the practice plans and with the support of the Neighbourhood Support Manager these will be updated on a quarterly basis.

Sharing best practice

LCCG Primary Care Team has developed from their City Wide practice visits a summary of initiatives proven to be successful for individual member practices. During the completion of the practice development plans and throughout the year these will be shared with practices to embed good practice and raise quality and reduce variation.

Involvement with other organisations

2013/14 saw the establishment of a Health Improvement Steering Group across the locality. This brought together NHS Liverpool Community Health, Liverpool City Council, Liverpool Charity and Voluntary Services (LCVS), Cobalt Housing as the main social housing provider and third sector organisations including but not limited to Alt Valley Community Trust and PSS Health Trainers. The focus of the meetings was to identify how the organisations could work

together to address the health needs of the local population and how practices tap into the wealth of resource these organisations have to support patients. 2014/15 and beyond will built on the early stages of this group to develop the strong working relationships to assist in the development of the Healthy Liverpool Programme.

The Locality engages with Cancer Research UK to assist with the development and implementation of practice tool kits to support reducing the variation in Cancer survival rates and early detection. The joint working identified the need for individual practice cancer profiles to be established and shared with practices at neighbourhood meetings. Cancer Research UK has offered the use of their Primary Care facilitators to support practices with practical support to address the variation in clinical practice. The joint action plan outlined how Cancer Research UK can support practices to complete the RCGP clinical audit tools and the RCGP Significant Event Analysis tool kit. The former is being reviewed by the CCG Cancer Programme Team as one tool to be rolled out to practices with the potential for financial support to complete and the latter is identified in the Liverpool Quality Improvement Scheme as one of the preferred SEA tool kits required to ensure compliance with the KPI.

The neighbourhood meetings are used as a mechanism to invite support agencies to come and discuss their services, allowing the member practices to ask specific questions. In recent months Addaction, Social Inclusion Team and Aintree Hospital have been examples of services who have attended to provide clinical services updates, educational updates and to increase engagement with the members.

8 Assurance process

North Locality Leadership Team is dedicated to supporting the delivery of high quality primary care and reducing variation. This will be achieved through:

At Practice Level

- Robust Practice Development Plan in place with every practice with identified clinical leadership, implementation plan and reviews.
- Monthly practice visits by Neighbourhood Support Manager to enable delivery of Practice Development Plan
- Individual practice and neighbourhood engagement with Medicines Management Team

At Neighbourhood Level

- Leadership from Neighbourhood lead GPs
- Monthly meetings with relevant education plans
- Peer review

At Locality Level

- Monthly updates of PCQF monitored by Locality Management Team and Practices
- Quarterly review of PCQF performance at Locality Leadership Team Meetings
- Quarterly neighbourhood reviews to Locality Leadership Team
- Planned mobilisation of Locality Leadership Team to support individual practices linked to Practice Development Plans

At City-Wide Level

- Planned engagement and mobilisation of City Wide Clinical leads to support individual practices linked to Practice Development Plans
- Planned engagement and mobilisation of partner organisation linked to needs of practice, neighbourhood and Locality

Dr Paula Finnerty, Chair North Locality
Jenny Levy, Locality Development Manager
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9 Appendix

<p>Walton</p> <p>Population: 30510</p> <p>The majority of patients registered with practices in the Breeze Hill neighbourhood reside the County, Warbreck and Kirkdale wards.</p> <p>County and Kirkdale are amongst the most deprived wards in Liverpool, Warbreck, however, is less deprived than the Liverpool average.</p> <p>A very high proportion (45%) of the housing in Kirkdale is owned by social landlords where as in County and Warbreck, this percentage is much lower.</p> <p>Kirkdale has the third highest rate in the city of incapacity benefit claimants, reflecting the fact that more than 30% of residents are living with a limiting long term illness. County and Warbreck are closer to mid-range for both of these indicators.</p>	<p>Croxteth</p> <p>Population: 16867</p> <p>The great majority of patients registered with practices in the Croxteth neighbourhood live in the Croxteth ward, however, a significant proportion also reside with the West Derby and Norris Green ward areas.</p> <p>Deprivation varies greatly across the neighbourhood with Norris Green being the 6th most deprived ward in Liverpool but Croxteth and West Derby being ranked 19 and 24 respectively out of 30 wards.</p> <p>Over 50% of the dwellings in Norris Green are classed as social housing (ranked 3 in the city), which contrasts starkly with West Derby, where only 10% fall into this category (ranked 27). Croxteth lies between the two at around 26%.</p> <p>Roughly a quarter of the neighbourhood population are living with a limiting long term illness, whilst the percentage of residents claiming incapacity benefit varies between 8% in West Derby and 15% in Norris Green.</p> <p>Life expectancy in Croxteth and Norris Green is around 4-5 years lower than the national average and this is middle of the range for Liverpool, in West Derby it is in line with the national average and in the top 10 in Liverpool.</p>
<p>Aintree</p> <p>Population: 36419</p> <p>The majority of patients registered with practices in the Aintree neighbourhood reside within the Fazackerley, Warbreck and Norris Green wards.</p> <p>Norris Green is one of the most deprived wards in Liverpool, Warbreck and Fazackerley are less deprived than the Liverpool average.</p> <p>More than half of the housing in Norris Green is owned by social landlords, but in Fazackerley and Warbreck this percentage is much lower.</p> <p>Norris Green has a high proportion of incapacity benefit claimants with the other two wards being more towards the mid-range.</p> <p>Overall life expectancy in this neighbourhood is towards the Liverpool mid-range, although in Warbreck and Fazackerley, male life expectancy is in the top ten in Liverpool.</p>	<p>Norris Green</p> <p>Population: 23233</p> <p>The majority of patients registered with practices in the Ellergreen neighbourhood reside the Norris Green and Clubmoor wards, two of the most deprived areas in Liverpool.</p> <p>A very high proportion of the housing in these areas is owned by social landlords.</p> <p>Both wards have very high proportions of the population living with a limiting long term illness and following this trend, high rates of incapacity benefit claimants.</p> <p>Life expectancy is middle of the Liverpool range in Norris green, however, Clubmoor has some of the poorest life expectancies in the city. In general, male residents of these neighbourhoods can expect to live for 4-5 years less than the England average and female residents 3-5 years less.</p>

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