

Rotherham CCG GP Update

Jacqui Tuffnell

Head of Commissioning

The world has changed (I said this before COVID-19 emerged.....)

- NHS Long Term Plan & New GP contract
- Primary care networks
 - 30-50,000 population – 6 PCNs in Rotherham
 - RAVEN, Central, Maltby/Wickersley, Wentworth, Health Village, Rother Valley South – mainly geography based
 - Integrating community care – working more closely together
 - Funding for additional roles
 - Extended access – adjusted this year due to COVID-19
 - Population health management – all PCNs have access
 - Joining up urgent care services – UECC and GPs working more collaboratively
 - Using digital technology
 - Service developments – Investment & Innovation Fund

What has changed?

Our original priorities this year:

Continuing Primary Care Network development – including new service specifications
Improved access – video consultation and continuing uptake of the Rotherham Healthcare APP
Developing the primary care workforce
Federation development
Population health management

How general practice has changed in Rotherham in the last 6 months

- Patient management now completely changed - All GP's operating telephone triage and many using video consultation
- Video Consultation developed via Rotherham Health App rolled out to all practices in March
- NHS login can now be used to access the Rotherham Health App
- Total triage system in place via Rotherham Health App
- Daily situation reporting from practices worked well - supporting the national system
- New Primary Care Hot site went live at the Rotherham Community Health Centre on 31 March – this moved in June to Whiston with the plan to retain until March 2021

Rotherham continued

- A new home visiting service commenced on 16 April – 4 paramedics undertaking hot and cold visiting on behalf of practices across Rotherham
- PCNs have worked with their constituent practices to be ready to support sites across their networks
- Our whole place has worked supportively and collaboratively to support the whole system through the pandemic
- Arrangements are in place with the community team to reduce interactions in patient homes
- Investigations and testing – reviewing how the ‘new world’ will be resourced
- Teledermatology, Physio 1st, MECs were all adapted to continue to support patients
- Enhanced Health in Care Homes was implemented – Existing scheme extended to all CQC registered homes
- Structured Medication Reviews – most patients already have medication reviews but this change involves providing a more consistent, structured approach and utilising the new workforce available to the primary care networks

Fitter, better, sooner

- This plan emerged from work started in 2016 in relation to **clinical thresholds (Phases 1 and 2)**
 - Engagement on this continued for several years, with a variety of groups and events
 - Feedback was generally supportive, especially around equitable and transparent processes- the same criteria for all
 - Concerns that people wouldn't have fast access to smoking cessation, weight management, physio etc and what would happen to people with additional needs, multiple conditions, or who were unable to lose weight for surgery
- We have since had roll out of Commissioning for Outcomes across South Yorkshire and Bassetlaw, widening these processes across the area.

Fitter, better, sooner continued

- Nationally there are now a number of Evidence Based Interventions (EBI). These are procedures which should not be undertaken at all or at minimal levels
- In addition, we have new national guidance (Royal College of Anaesthetists: Preparing for Surgery: Fitter Better Sooner).
- A similar system is now operating in Barnsley with good feedback and clinical outcomes
- Following good outcomes in Barnsley and Harrogate, we had been planning to extend the scheme to all elective (non emergency) surgical procedures (some patient groups are also exempt from this; Learning Disabilities, Severe mental illness, Frail elderly, children)
- However, COVID 19 has impacted the waiting times for non-urgent procedures therefore instead of attending weight loss programmes or smoking cessation prior to referral, the referral happens concurrently at present enabling the patient to get as fit as possible for their surgery – ever more important during the pandemic