Tower Hamlets GP Care Group

Primary Care Networks

Background to Networks

- Networks in Tower Hamlets were first formed in 2010.
- Tower Hamlets is cited as an example of best practice that is now being replicated nationally, through the introduction of PCNs.
- Tower Hamlets Networks were established due to the high levels of deprivation and chronic underfunding of primary care.
- List sizes have increased by 26.2% between 2011 and 2019 (11% to 46%)
- 1st April 2021 Networks 3 & 4 merged
- Report available – some examples are included in this presentation

How are the Networks bringing GPs together at scale in order to focus on delivery?

- Network Incentive Scheme – a contract that is held with all the Networks
- Variety of schemes developed by GPs and the CCG for the Networks to deliver against
- Targets set, all aimed at improving the health of the Network populations
- Practices work together to achieve the targets

Examples of delivery at scale

- Inter-practice referral scheme in place since 2010, for specific procedures/services and more recently creating centralised flu clinics.
- Shared call and recall across practices which has been sued for Covid more recently
- Recruited several HCAs to support with phlebotomy clinics in all practices and domiciliary clinics
- Wrap around domiciliary service so patients get the same care as they would if they visited the practice.

How are Networks working with health & social care, community & voluntary sector to provide a wide range of services?

- Network 8 has developed a Healthy Island Partnership Community team
- Patients can be referred if the clinician has identified a health and/or social need that might benefit from support of the team
- The Team includes Health Coaches and a Volunteer co-ordinator.
- The Health Coaches provide 1-1 support for people and link closely with the volunteer co-ordinator
- The Volunteer Co-ordinator supports patients to attend local community projects e.g. drop in coffee mornings, walking groups, exercise classes, and is building a network of volunteers locally to support community projects.

How are Networks working with health & social care, community & voluntary sector to provide a wide range of services?

- Network 1 created a ‘Key Team’ - started as an HCA/Phlebotomist, GP Registrar, 2 Occupational Therapists and a pharmacist,
- They work on improving the long-term health outcomes of the network’s complex care patients.
- There are now plans to expand this team to include care co-ordinators, social prescribers and a paramedic.

Monitoring and assurance of TH PCNs

- CCGs monitor the PCNs performance via a dashboard which contains targets by PCN
- Covid impacted on these targets and the NIS was paused.
- The NIS is being reset with monthly meetings in place to ensure that Primary Care is supported to recover its NIS delivery
- GPs and other clinicians chair and support the NIS reset meeting

How are Networks assessing the needs of the local population to identify people who would benefit from targeted proactive support?

- The North East Locality Health team created a multidiscipline and multi-organisational team, consisting of Network teams, Social Prescribers, Health Visitors, Midwifery, benefits advisors, primary care reps and PH lead on child poverty.
- The team wanted to improve the uptake of Health Start Vouchers to improve Child Poverty
- The Team worked with the national Team to remove the requirement for a Health professional signature which has not only benefitted TH residents but wider.

Questions

Thank you