



TOWER HAMLETS GP CARE GROUP CIC

Annual Report

1st April 2016 to 31st March 2017





TOWER HAMLETS
**GP CARE
GROUP** CIC

LOCAL PEOPLE, LOCAL HEALTH

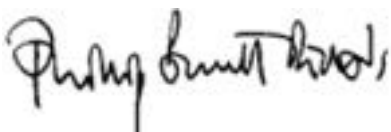
Welcome to the Tower Hamlets GP Care Group Annual Report

You will see the breadth of the work that has taken place over the last year and the contribution that each part of the Care Group has made including Health Visiting, Advocacy and Interpreting, Out of Hours GP, education and the CEPN, Open Doors, leadership and development of Tower Hamlets Together and most importantly our current and future plans for supporting primary care. I hope that you will value the effort that all associated have undertaken to support and deliver the best possible care that we can for our population in Tower Hamlets, our practices and our staff. I'm sure you'd join me in saying a huge 'thank you' to all the GP Care Group staff for the amazing dedication and hard work that has been undertaken this and every year.

Whilst the end of the Community Health Services procurement and the safe transfer of services to the Alliance signals a new era of partnership in the delivery of community based care, the Care Group remains committed to its founding principles of sustaining and supporting primary care in Tower Hamlets. We believe as a board that this can be accomplished by calm and responsible leadership, responsive to the needs of local practices and working collaboratively, building on the excellent work that goes on in practices and networks whilst seeking to ensure that resources are efficiently and equitably used. With the current uncertainties surrounding the future of CCGs locally and nationally, together with the developing role of the STP, there has never been a more important time for a unified organisation to protect, support and sustain primary care boroughwide for the benefit of practices, staff and the local population,

The coming years will be challenging to all sectors of health and social care but I remain confident that the work that we have done together in the Alliance and wider within Tower Hamlets Together and the leadership role that the GP Care Group has taken leaves us in a stronger position to manage the uncertain times ahead.

After four years, I have decided to not seek re-election in the upcoming board elections and return for a time to life as a jobbing GP with my extremely understanding colleagues and a bit more time with my family. I have been incredibly fortunate to work with executive and board colleagues who are committed and passionate about serving our local population and supporting the development of primary care. I will miss each and every one of the team. It has been a fascinating time. I've learned a lot about effective management and the importance of trust and relationships and keeping to your principles to maintain integrity. Finally, I'd especially like to thank you all for the support that you have shown during the time that I have been Clinical Director; it would not have been tenable without your trust.



Chair & Clinical Director

Chief Executive's Report

Tower Hamlets GP Care Group CIC has come a long way since its incorporation in September 2014. From running small contracts for surgical after care and pathology transport, and bulk-buying websites for practices, we have become an employer of over 300 staff, operating contracts for health visiting and community services worth in excess of £15m p.a. and the Tower Hamlets network incentive scheme worth in excess of £6m.

As a result of these service contracts, we are financially self-sustaining and able to support primary care without contributions from general practices.

This annual report sets out some of the Care Group's remarkable achievements during the year which was dominated by the negotiations to conclude the Community Health Services contract and the mobilisation of the contract for health visiting.

When we took over the health visiting service it had a high number of bank and agency staff, poor recruitment and retention, high levels of sickness absence, and was performing very poorly against its key performance indicators. Today it has a larger professionally qualified management team, full recruitment, much reduced sickness absence and the month-on-month improvement in performance indicators is astounding. Everyone in the service has worked very hard to achieve this and they deserve a massive thank you and congratulations for what they have done.

On 1st April 2017 we took on responsibility for the GP Out of Hours Service, the Single Point of Access, the Community Health Advocacy and Interpreting Service, and the Patient Experience Team as part of our bundle of Community Health Services. Transferring services is always a challenge for both the staff involved and the new management. However we were not expecting the change in medical indemnity costs that forced a number of GPs to withdraw from the Out of Hours Service. Nevertheless thanks to the extraordinary generosity of some Board members to take on unfilled shifts at very short notice we were able to provide a full and safe service. Subsequently we have arranged our own medical indemnity cover to fill the gap and, with a new registration system, zero hours contracts or employment by Network Locums, we have recruited several more local GPs to the service, and are in a much better position.

Throughout the year we have played a full and active part in Tower Hamlets Together, a movement that started as a NHS Vanguard project and which is becoming the vehicle for an Accountable Care System. Looking to the future we are focussing on supporting general practice in the face of some of its biggest ever challenges. This means harnessing the resources of the Care Group, particularly CEPN and Open Doors, the Networks and the practice development arm of the CCG. To this end we have been consulting Networks about transferring their network management teams into the Care Group so that we can reorganise and do much of their work once rather than eight times. The Network Managers first proposed this as a network transformation plan, which will release time for other projects that will support both networks and practices. One network has already transferred its team and we anticipate the others will follow. We are also setting up a Primary Care Development Committee, sharing accountability with the CCG to ensure that all the transformational workstreams proposed by the CCG, the Care Group, and coming out the GP Summit held earlier in the year, are properly resourced and supported to deliver.

2017 has been a year of considerable growth and change in the Care Group, and having put down solid foundations we are well placed to meet the new challenges that 2018 will present us.

Finally, as we enter this next phase, our Chair, Dr. Phillip Bennett-Richards and Vice-Chair, Dr. Nicola Hagdrup, have decided to stand down and pass the baton to new leadership. I hope they are very proud of their achievements and on behalf of all their colleagues in Tower Hamlets I would like to say thank you because without their vision, passion, drive and commitment the Care Group would not be where it is today.



Chris Banks
Chief Executive

Primary Care Initiatives @Scale

Over the year the Care Group has been working across the Borough to provide various Primary Care Initiatives @Scale. Here are some of our successes:

Text Service

Rather than a simple messaging service, Tower Hamlets GP Care Group has secured a digital solution, which has enhanced patient to clinician communications and improved access to online services, whilst adding central monitoring of costs and substance to the local digital roadmap. Through this joined up approach we have achieved significant cost savings across the system, better patient engagement and better access to services and standardisation of the offer to the patients.

On-line Training

The Care Group benchmarked e-learning providers and then subsequently secured a cost saving contract for all Practices in Tower Hamlets.

Salaried GP Scheme

As part of helping practices with Clinical Capacity issues, the Care Group in partnership with the CCG and the VTS scheme have been running a Salaried GP Scheme.

Clinical Equipment Calibration

The Care Group negotiated a borough wide contract on behalf of 16 practices (44% of the borough), thus saving administrative time whilst achieving better value for money at scale. This builds on the borough wide contract we already have in place for Ambulatory Blood Pressure Monitoring Machines.

Tower Hamlets GP Access Hubs

The Hubs offer extended access to GP, Nurse, and pharmacy appointments on weekday evenings 6:30-10 pm and weekends 8 am - 8 pm for Tower Hamlets registered patients and are located across four sites in the borough. Originally funded through grant monies this became a contracted service on 1 April 2017 (at a reduced value for the same level of provision).

We have implemented a bespoke Edenbridge hub dashboard to analyse Hub utilisation data more accurately and monitor the service performances regularly (we are the first site for an Edenbridge dashboard to run on EMIS community).

We identified there was significantly lower demand on Sundays and therefore we switched some support to extend weekday evening services across 2 Hubs till 10 pm and reduced Sunday services to one Hub. We now offer more same day appointments to all Tower Hamlets GP practices on weekdays. Appointment usage is consistently achieving 85% or above and compares well to other pilot sites, we are now focussing on reducing DNAs and increasing overall utilisation.

We have implemented the Family and Friends survey with a 28% response rate, 88% of those who responded to our Family and Friend SMS survey said they would recommend the Hub services to their Friends and Family. We will be collecting our first Tower Hamlets GP Access Hubs Patient Experience Surveys from 1st November – 31st December 2017.

Other Developments

Remote consultation pilot - The hub service has piloted EMIS Remote Consultation with 5 participating Tower Hamlets GP practices booking appointments directly via cross-organisation into the Hub. It allowed Hub GPs to access patients registered medical notes without registering patients into the Hub EMIS Community. GPs could write consultation directly into patient registered practice EMIS GP. However, after collecting feedback and reviewing the service it was decided to suspend using EMIS Remote Consultation until identified technical third-party application issues can be satisfactorily addressed.

Online consultations - we have rolled out eConsult to all GP practices in Tower Hamlets. Steady progress and growth is being seen, eConsult when combined with QI is showing considerable benefits.

| | | |
|---|--|--|
| Visitors 4195 | Unique visitors 3456 | Self-help visits 402 |
| Pharmacy self-help visits 177 | Call service provider visits 164 | eConsults submitted 963 |
| eConsults diverted to other services 28 | Attempts to save appointment 781 | Estimated appointments saved 577.8 |



We are continuing to identify further ways in which we can support and benefit general practices across Tower Hamlets at scale, any suggestions are always welcome.

Community Education Provider Network & Open Doors Team

The CEPN & Open Doors teams have been key partners in Tower Hamlets for many years and became a part of the Care Group in autumn 2015. The two teams work closely together to deliver programmes of multidisciplinary cross sector training and education across Tower Hamlets. The delivery of integrated training enables better understanding of person centred care and empowers the wider workforce to have positive influences on the health and wellbeing of residents of the borough. Better management of health within workplaces and the community also can have a positive impact on pressures in the healthcare system.

Supporting Primary Care at Scale

Part of our ambition is for training delivery to be cost effective yet maintaining quality. We have worked with the primary care network teams to ensure delivery is aligned and where appropriate delivered at scale for example

- delivery of multidisciplinary training on long term conditions
- subscription to an on-line training tool for use by member practices to improve access to high quality statutory training

We coordinate core Continuing Professional Development training for GP practice staff; this includes monthly central PLTs, safeguarding children training, CPD for nurses and HCAs. Over 2,000 places have been filled over the last year, providing all with access to quality training locally. We have also been the host for continuing professional development activities for neighbouring boroughs.



Key Achievements in 2016/17

- Cross organisational training to over 1,800 local workforce members, including training in key behaviour and knowledge based training such as Mental Health First Aid, Suicide Prevention and Making Every Contact Count (MECC)
- Joint training programmes for local community workforce members including education, enforcement, health, housing, employment and faith groups. 90% of the attendees reported changed behaviour and attitude in the workplaces, and a positive impact on own health and well-being post participation

*'I feel more confident in my ability to support myself, family, personal relationships and service user'
'This has been one of the best most informative courses I have been on; I now have more knowledge and understanding of mental health and have now the tools to help improve my wellbeing and that of others'*

- Development of an education faculty ensuring training resources are kept local where possible, including a cohort of Mental Health First Aid trainers, and we are currently developing a project to train suicide prevention trainers on behalf of the East London Health and Care Partnership
- Development and delivery of a bespoke 'prescribing champions' course for administration staff in General Practices, based on a train the trainer model – leading to improved access to appropriate medicines for patients, avoiding delays and reduced administration for clinical staff.

'Fantastic! Should be part of induction'

'Love the detailed handout! This will come in useful, well done with your presentations'

- Development of an RCN accredited cytology programme enabling the training and updating of clinicians by local experts - reducing costs and travel time for local practices.
- Appointment of an additional Open Doors mentor on a 12-month fixed term contract to pilot preceptorship support for new & less experienced Practice Nurses and provide support for Care Certificate training
- Five practice nurses recruited by Tower Hamlets practices following successful completion of the Open Doors – an exceptional retention rate of 80% for the borough
- Recruitment of four very high calibre nurses to the Open Doors programme starting January 2018. The nurses have been successfully matched with training practices
- Three TH Practice Nurses supported through specialist courses (Mentorship, Advanced Nurse Practitioner and Independent Prescribing)
- Partnership working with Newham to provide updates for Practice Nurses, fostering and developing the skills of our team and contributing to sharing of good practice across organisations
- Care Certificate training provided for eight members of General Practice staff to enable them develop into Health Care Assistant roles
- Nine Health Care assistants supported to achieve the Level 3 Health & Social Care Diploma

The Future

The NHS England Five Year Forward View for General Practice support now has a separate workstream to channel £15 million over the next 3 years into Practice Nurse development. This is an exciting development and we are very pleased that Vicky Souster, Open Doors Lead, has been nominated to represent North East London on the General Practice Delivery London Working Party. This is an opportunity to influence the development of Practice Nursing and share the excellent work done in Tower Hamlets by the Open Doors team over the past 9 years.

The teams will be working on the development of a larger programme of education and training to secure future provision that is both sustainable and responsive to local needs.

Social Prescribing

In April 2016 the CCG commissioned us to undertake a 12 month pilot of Social Prescribing across the borough to ascertain a “best fit model” for a borough wide roll-out, incorporating the existing Social Prescribing schemes delivered by Bromley-By-Bow and the Mission Practice. Subsequently an extension has now been agreed by the CCG until October 2018.

3 potential models were identified and 6 Social Prescribing pilots were approved in July (2 existing schemes and 4 new schemes which covered the remaining 6 networks).

A project team was established (Dr Mike Fitchett and Network Manager Kam Kaur) to oversee the contract and delivery of the pilots. A monthly steering group is working collaboratively to offer advice and expertise on SP to both the GPCG and the new pilots. This comprises GPCG project team, WITH (Wellbeing in Tower Hamlets representing the voluntary sector) Forum representative, THT public health representative, and the 2 existing Social Prescribing scheme managers.

A Sharing and Learning Network has met monthly for all 6 Social Prescribing schemes to share tools, systems and processes which reduce duplication and escalate “Go Live” dates.

From September 2016, led by Network teams, Social Prescribing schemes undertook mobilisation and recruitment. By November all schemes had staff in post and began to deliver the service. During the past 12-16 months the 6 Social Prescribing schemes have become embedded within primary care and there is a steady flow of referrals.

Monthly Breakfast meetings with the 3rd sector organisations for each scheme take place to build effective referral pathways and to build locality 3rd sector/self- help/volunteer based services/ activity databases



Key developments make Social Prescribing efficient and reduce duplication include:

- EMIS – compatibility for the scheme
- Case management recording system
- GPCG marketing logo /brand for SP
- Adaption of MYCAW patient feedback tool
- Links into the BBBC Macmillan SP scheme specifically for cancer patients/families
- Resources secured for the external evaluation of the 6 pilots
- Promotion and engagement with respective networks/localities
- A Sharing and Learning Network
- Relationship with 3rd Sector 'WITH' Forum

Collaboration & partnership working:

The project team, regularly attends the WITH Forum, where each Social Prescribing scheme has presented and received feedback, and the project manager presented to the Inter-Faith Forum in November. There has been a high level of interest from the voluntary sector to learn and work with the schemes. Therefore a quarterly Social Prescribing Forum has been set-up, this has proved extremely successful and is always over-subscribed.

Social Prescribing has been identified as a key enabler for the Borough Health & Well-Being strategy and linked to the priority for learning, training, volunteering and work.

Social Prescribing Evaluation

An evaluation is currently being undertaken analysing the number of referrals from primary care, the numbers referred on to other support services, particularly the voluntary sector, and gauging feedback from clinicians and patients.

During the first 8 months of the pilot, 1,780 referrals were made to 270 organisations. A survey conducted with all community and voluntary sector organisations on the Tower Hamlets CVS database in August–September 2017 showed (47 responses from 46 organisations):

- 74% organisations had heard about the local Social Prescribing scheme
- 64% had received referrals.

During the first 8 months of the pilot, clients were assisted with the following needs:

- exercise (x640)
- weight management (x440)
- learning/training/employment (x430)
- anxiety/stress/depression/low mood (x360)
- social isolation (x280)
- healthy eating (x260)
- money issues (x220)
- housing issues (x210)
- smoking/alcohol/drug issues (x60)
- other needs including domestic violence, bereavement, parenting support, help with tasks of daily living (x280)

A survey with referrers into the Social Prescribing service from primary care showed (183 respondents, from 35 GP practices):

- 99% respondents felt that Social Prescribing brought benefits to their patients
- 80% agreed that patients respond well to the idea of Social Prescribing, with 19% neither agreeing nor disagreeing
- If Social Prescribing did not exist, 78% respondents believe it would affect the ability of their patients to address the social determinants of health and 76% believe it would affect the ability of their patients to engage with their health
- If Social Prescribing did not exist, 23% respondents would not try to take on some of the support themselves by finding appropriate organisations and 29% would steer away from opening up holistic conversations because they don't feel they have the knowledge/ confidence to refer to appropriate organisations, leaving a gap in terms of meeting patient's holistic needs

A quantitative evaluation will also be undertaken to demonstrate the level of return on investment. The project team are supporting the preparation of a business case for the CCG to consider a longer-term investment. We are looking at the appropriate model and finances as well as looking into alternative sources of funding in order to make Social Prescribing sustainable for the future.

Health Visiting Service

The Health Visiting service leads the local delivery of the Healthy Child programme, this supports children and families at a crucial early stage of life. Health Visiting works in partnership with local services such as GPs, Midwives, Childrens Centre staff, Social Care, Compass Wellbeing and the voluntary sector to deliver this programme to local communities.

The Healthy Child Programme offers every family a programme of screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices – all services that children and families need to receive if they are to achieve their optimum health and wellbeing. (Healthy Child Programme: Pregnancy and the first five years of life). The programme is delivered by undertaking holistic assessments of families' health and well being including lifestyle choices, risk factors, resilience and protective factors to inform the appropriate advice and support required to enable parents /care givers to give their child the best possible start in life within the early years.

As of August 2017 the caseload was 23,600 children aged 0-5 years registered with the service and due to significant residential building development within Tower Hamlets this is projected to rise to 27,000 by 2020.

Key achievements are:

- The safe transfer of the service to GPCG on 1 April 2017 without compromising the delivery of care
- Recruitment to all vacancies within the service
- A strengthened senior professional leadership team with a new Director of Health Visiting and two additional Clinical leads
- Improved the skill-mix to increase AfC band 6 posts as vacancies arise enabling the appointment of an additional 4 Community Nursery Nurses
- Significantly improved performance against key indicators

| Key Performance Indicator | Performance at September 2016 | Performance at September 2017 |
|-----------------------------------|-------------------------------|-------------------------------|
| New Birth review | 86% | 95% |
| 6-8 week review with GP | 89% | 85.27% |
| 3-4 month contact | 0% | 57% |
| Under one year of age review | 44% | 72.75% |
| Two to Two and a half year review | 61% | 75% |
| Breast Feeding at 6 weeks | 39% | 58% |

- Improved support for staff including carry cruisers to reduce muscular-skeletal injuries and the introduction of Smart Phones for all lone workers to improve personal safety
- A paper-lite service to improve data security of the client record and reduce our carbon footprint
- Safeguarding Supervision improved from 92% to 98% over the year
- Pilot of a Community Health Visiting Clinic within a Children Centre enabling access for all irrespective of GP registration and promoting access to other services
- An award from City University recognizing the quality of pre-registration student placement experience
- Introduction of a new client satisfaction survey based upon the Picker Tool using a tablet device in HV clinics

Our plans for 2017/2018

- The service will move to a locality based model to increase the flexibility of cover, improve team supervision and access to support services
- Introduction of mobile working so staff can record contacts in a contemporaneous manner and have instant access to information required by families
- Roll out of the antenatal visiting so that every pregnant woman has contact with her Health Visitor
- Introduction of the Maternal Early Childhood Sustained Home visiting programme (MECSH), an evidence-based approach to working with families requiring a universal plus level service



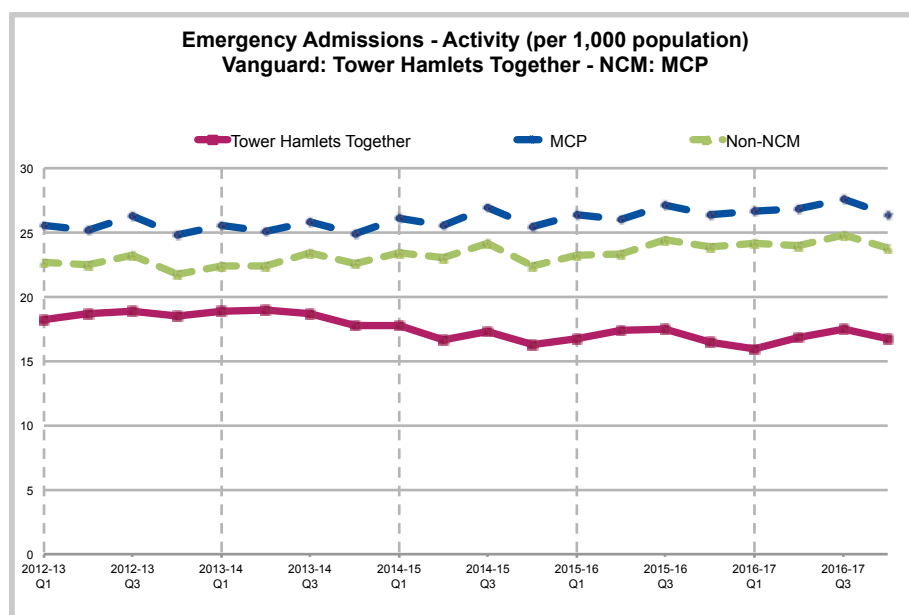
Partnership Working in Tower Hamlets

We are a partner of Tower Hamlets Together (THT), which brings together the main health and social care providers in Tower Hamlets:

- Barts Health NHS Trust (acute hospital, community and specialist services)
- East London NHS Foundation Trust (community & mental health services)
- LB Tower Hamlets (adult and children social services)
- Tower Hamlets GP Care Group CIC (GPCG - primary & community care services)
- Tower Hamlets CCG
- Community and Voluntary Sector

THT made a successful application to become a Vanguard Scheme for the NHS, with funding to develop new models of care as a Multi-specialty Community Provider (MCP) from April 2015 – March 2018.

As THT we have developed a highly effective programme to strengthen integrated working between our organisations and ensure effective use of combined resources that means we are amongst the best performing MCP sites nationally.



The programme is delivering:

- Changes to clinical practice at a practice level
- Stronger integrated working within multi-disciplinary teams and between provider organisations
- Improved patient experience and outcomes
- Integration of acute and community services and staff to ensure smooth patient pathways and effective communication
- Patients and their carers with increased knowledge about the integrated care model and how to access services to reduce unscheduled hospital attendances both in and out of hours

Phil, our Clinical Director has been Chair of the Tower Hamlets Together Board since its inception. We are now evolving THT to become the basis for a borough based accountable care system (ACS).

Shared Incentive Scheme

One of the early developments was a shared incentive scheme agreed across partners to share the risks and benefits of service improvements, with the aim of improving outcomes for residents of Tower Hamlets. In 2016/17 this included incentives to improve flu vaccinations and has resulted in Tower Hamlets achieving some of the best vaccination rates across London.

Community Health Services Alliance

We worked with Barts Health NHS Trust & East London NHS Foundation Trust bidding jointly to provide community health services in Tower Hamlets. The successful bid led to the commencement of a new Alliance contract in April 2017. This is expected to become the basis for an evolving Accountable Care Organisation (ACO).

The Care Group act as the Alliance Manager, co-ordinating the service offer. An Alliance Board comprising Tower Hamlets CCG, Barts Health, East London Foundation Trust and the Care Group oversees the contract. The contract is focussed on outcomes for the population and a proportion of the income is dependent upon collaborative work to improve identified outcomes.

As a result several services also transferred to the direct management of the Care Group, these are set out in the next few pages and shows the rapid progress we have already made to improve service delivery.



GP Out of Hours

A high quality out of hours service is essential to support Primary Care in hours therefore we were delighted when the Tower Hamlets GP Out of Hours Service transferred back into primary care management and to the GP Care Group on April 1st 2017.

The service is open from 6.30pm until 8am on weekdays, 24 hours at weekends and Bank Holidays. It supports Tower Hamlets registered patients, residents and visitors to the borough by seeing any urgent medical conditions that cannot wait until the surgery reopens.

Access to the service is now via a new telephone number - 0300 033 5000; the service also takes referrals from NHS 111 and increasingly the Royal London Emergency Department.

Key statistics

43,755 contacts in 2016/17

21,862 calls giving advice

2,583 home visits

6,870 face to face consultations

2,987 patients transferred from the Emergency Department at the Royal London Hospital

GP Staffing

When the service was transferred it was struggling to fill the GP rota. This had resulted in a number of service closures from 3am until 8am during 2016. Therefore upon transfer we: -

- Started a recruitment drive with more flexible options for GPs
- Reduced the time from application to commencement on the rota
- Set up a corporate indemnity scheme

This has resulted in

- 13 new applications from GPs offering to work in OOHs
- Only one service closure in May with continual running since then

Improving the Service

Since the contract transferred to GPCG on 1st April 2017 we have :

- Set up access for patients to attend GP extended access hubs closer to where they live (1,504 appointments)
- Introduced cloud telephony and secure remote access to medical records so GPs can work remotely, taking telephone calls from home in times of a surge in demand or when there are medical staffing shortages
- Worked closely with partners to develop plans to develop a new primary care led Urgent Treatment Centre at the 'front door' to the Emergency Department at the Royal London Hospital. The aim is to see and treat primary care presentations to the Emergency Department, improving waiting times and to support people to access primary care. This releases staff to focus on patients with more serious, often life threatening needs

Single Point of Access

The Single Point of Access (SPA) transferred to GPCG on 1 April 2017 and currently manages referrals from Health Care Professionals for Tower Hamlets housebound adult patients who require the services of the Community Health Teams (nursing and therapies). This service also takes messages for the Community Health Teams from health care professionals, patients and their family or carers.

The service is contactable on [0300 033 5000](tel:03000335000) and is operational 24 hours a day, seven days a week.

The aim of the Single Point of Access is to provide one clear and consistent route for staff and members of the public, this remit is being extended to include all community-based services for both children and adults. Thus increasing the scope to social care and the voluntary sector.

To achieve this since 1 April we have: -

- Implemented a programme to agree and map care pathways for all services working with ELFT, Barts Health and the London Borough of Tower Hamlets
- Moved to the new 0300 number above to support the service to work in a more flexible manner and improve performance management of response times
- Tested the beta version of the new patient portal (see below)

The team are looking forward to the expansion of the SPA and are excited that this will enable them to develop the new skills that will be required to be navigators of care, managing the additional workload effectively and working with additional services.

Public facing portal

An Internet based portal has been procured via Tower Hamlets Together and is in the beta testing stage of development working with partners including Healthwatch and the voluntary sector. This portal will work alongside the Single Point of Access bringing together the many services available across the Borough into a single directory, enabling the public to search for the most up to date information on all of the various support options available across the Borough of Tower Hamlets.



Tower Hamlets Advocacy & Interpreting Service

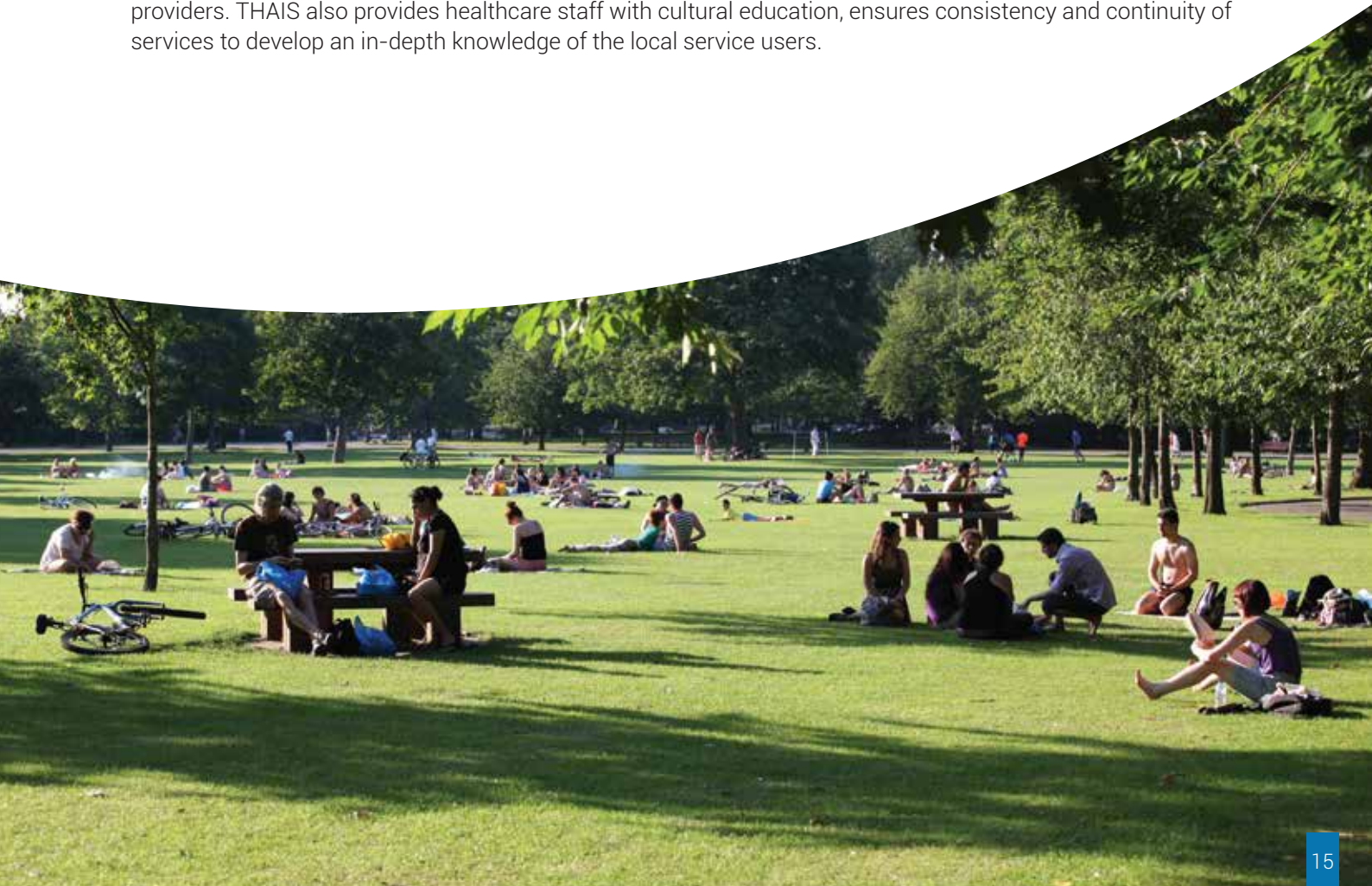
The bilingual Tower Hamlets Health Advocacy & Interpreting Service (THAIS) ensures equal access to primary and community health care services within Tower Hamlets. Our trained staff speak a variety of languages, where necessary other languages including British Sign Language (BSL) are provided through outside agencies.

The service delivers 48,700 contacts within GP Practices and other community health services, of which 96% are covered by the in-house team, 4% are delivered by outside agencies to meet the needs and the diversity of our supported communities and uniqueness of their languages. The THAIS service supports the needs of a diverse community of which, Bengali/Sylheti is the biggest (50.7%), Punjabi/Hindi/Urdu (4.0%), Somali (3.9%), Turkish (3.2%), Mandarin/Cantonese (3.0%), Portuguese (3.0%), Polish (3.0%), Russian (1.9%) etc.

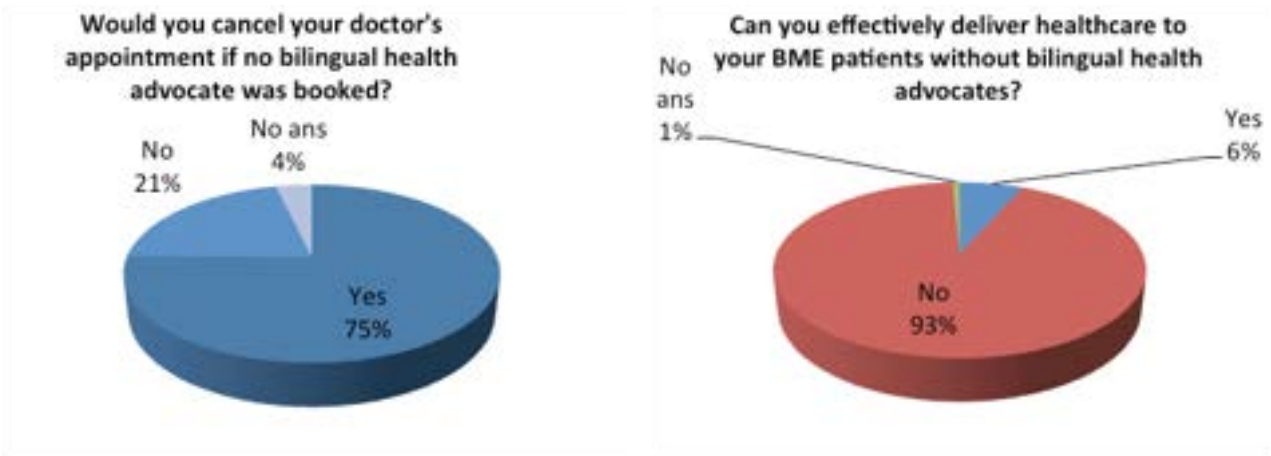
Key Performance Indicators

| | |
|---|-----|
| • Service unmet needs | 1% |
| • Service DNA | 1% |
| • Cancelled appt. without notification to THAIS | 2% |
| • Service ethnicity monitoring | 98% |
| • Fulfilment of advocacy appointments | 97% |
| • Fulfilment of Interpreting appointments | 97% |
| • Patient & Providers' satisfaction | 80% |
| • Electronic referrals | 87% |

One of the mechanisms by which BME health needs can be adequately articulated is through provision of access to appropriate interpretation service and advocacy. The action of literal translation combined with interpreting and giving a voice to the patient (advocacy) usually overlap forming what is termed as bilingual advocacy. The provision of bilingual health advocates creates a bridge between ethnic minorities and service providers. THAIS also provides healthcare staff with cultural education, ensures consistency and continuity of services to develop an in-depth knowledge of the local service users.



The recent case study of the use bilingual advocacy within Barts Health and Tower Hamlets Community Health Services provided the following responses from BME service users and clinicians:

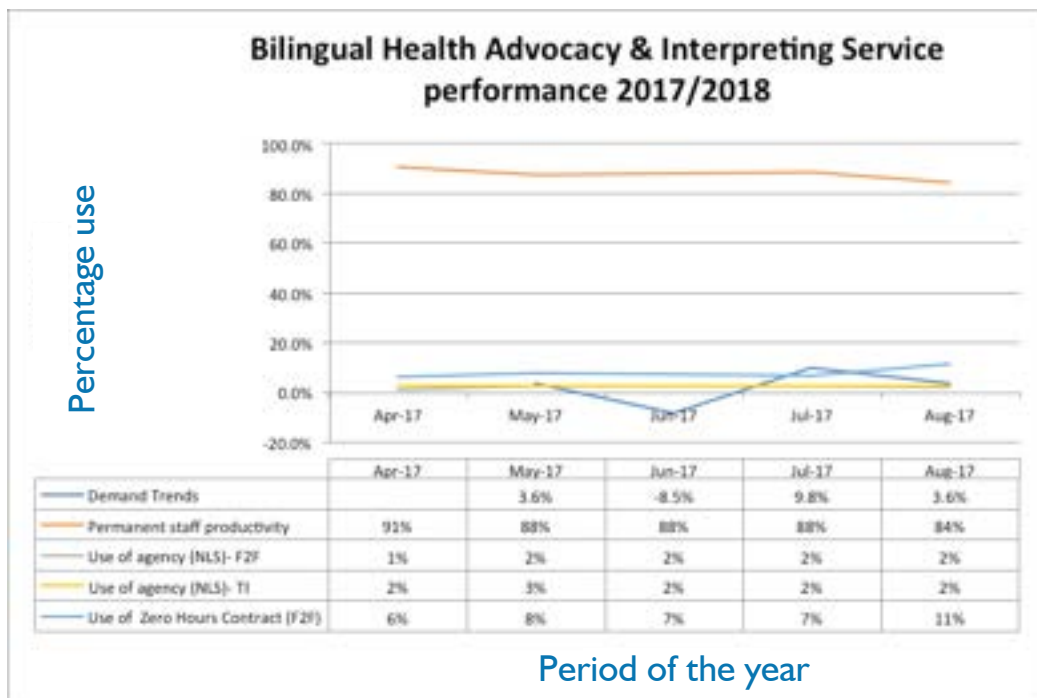


BME comments: **"I can't speak English, therefore if I don't get an advocate there is no point in going to the Dr as I can't explain my problems"**

Clinician Comments: **"My practice would be unsafe without advocates"**

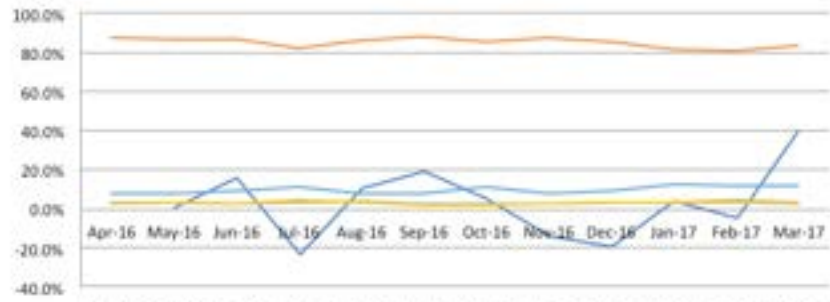
Since the service transferred to GPCG we have: -

- Procured a web based stand alone system to support bookings which proved resilient during the recent malware attack
- Commenced a service delivery review, seeking ways of improving the effectiveness and efficiency of the service



Bilingual Health Advocacy & Interpreting Service performance 2016/2017

Percentage use



| | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|--------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Demand Trends | | 0.3% | 15.2% | -23.8% | 10.2% | 18.4% | 4.7% | -14.7% | -19.5% | 3.4% | -5.1% | 39.3% |
| Permanent staff activity | 87% | 87% | 86% | 82% | 86% | 88% | 85% | 87% | 86% | 81% | 81% | 83% |
| Use of agency (NLS)- F2F | 3% | 3% | 2% | 3% | 3% | 2% | 2% | 2% | 3% | 3% | 4% | 3% |
| Use of agency (NLS)- TI | 2% | 3% | 2% | 4% | 3% | 2% | 2% | 3% | 3% | 3% | 3% | 2% |
| Use of Staff Bank (F2F) | 7% | 8% | 9% | 11% | 8% | 8% | 11% | 8% | 9% | 12% | 12% | 12% |

Period of the year



Patient Experience Team

The Patient Experience Team gather, analyse and share feedback from service users and carers who have been in contact with and received support from community health services across the Alliance.

This feedback is shared with the teams delivering the services and helps them to better understand what it is like to be a service user and carer in Tower Hamlets. The methods used are qualitative, and enhance the feedback obtained using the Friends and Family Test (FFT) data, which tends to have less detail. The more detailed information and narratives that the PE Team are able to obtain through directly talking to those receiving services enables frontline teams to learn and replicate what is working well, and address issues that have emerged as requiring improvement. This learning is then shared across teams to ensure that best practice is adopted more widely.

The PE Team exceeded their target number of qualitative feedback with service users and carers, and between April 2016 and September 2017 the team achieved: -

- **87** Discovery Interviews
- **259** pieces of telephone feedback with services users on the Integrated Care Pathway, or their informal carers
- **427** pieces of feedback using a nationally validate Patient reported Experience Measures or “PREMS” tool

The team has commenced a two-year capacity building project to attract new volunteers from the local community to become part of the PE Discovery Interview Team.

After using Tower Hamlets Together services we want residents to be able to say...

| | |
|---|---|
| Around me | I feel safe from harm in my community |
| | I play an active part in my community |
| | I am able to breathe cleaner air in the place where I live |
| | I am able to support myself and my family financially |
| | I am supported to make healthy choices |
| | I am satisfied with my home and where I live |
| | My children get the best possible start in life |
| | I am confident that those providing my care are competent, happy and kind |
| My doctors, nurses, social workers and other staff | I am able to access the services I need, to a safe and high quality |
| | I want to see money is being spent in the best way to deliver local services |
| | I feel like services work together to provide me with good care |
| | It is likely I will live a long, healthy life |
| Me | I have a good level of happiness and wellbeing |
| | Regardless of who I am, I am able to access care services for my physical mental health |
| | I have a positive experience of the services I use, overall |
| | I am supported to live the life I want |

Our Board Members

Elected Non-Executive Directors



Dr Sabir Zaman
Network 1



Dr Phillip Bennett-Richards
Network 7 & Chair



Dr Simon Brownleader
Network 2



Dr Mike Fitchett
Network 8



Dr Ben Dougall
Network 3



Debbie Russell
Practice Manager



Dr Nicola Hadrup
Network 4 & Vice Chair



Ruth Walters
Practice Nurse



Dr Sella Shanmugadasan
Network 5



Chris Ley
Network Manager



Dr Joe Hall
Network 6



Ayesha Lulat
Network Manager



Executive Director
Chris Banks
Chief Executive



Independent Director
Jane Payling
Audit Chair

Managing Our Growing Workforce

As the role and range of services we provide has grown so has our workforce

| Service | Mar-16 | Sep-16 | Sep-17 |
|---------------------------------|-----------|------------|------------|
| Advocacy & Interpreting Service | | | 64 |
| CEPN | 2 | 2 | 3 |
| Corporate | | | 11 |
| Health Visiting | | 130 | 146 |
| Open Doors | | 5 | 6 |
| Out of Hours Service | | | 64 |
| Extended GP Access Hubs | 16 | 17 | 23 |
| Patient Experience Service | | | 4 |
| Vanguard | 3 | 3 | 3 |
| Grand Total | 21 | 157 | 324 |

We employ people on a permanent, temporary and bank basis to meet the needs of the service and provide flexibility and minimise the use of agency staff.

| Service | Permanent | Temporary | Bank | Total |
|---|------------|-----------|-----------|------------|
| Advocacy & Interpreting Service | 31 | 1 | 32 | 64 |
| CEPN | 2 | 0 | 1 | 3 |
| Care Group Core | 11 | 0 | 0 | 11 |
| Health Visiting | 126 | 14 | 6 | 146 |
| Open Doors Education & Development Team | 6 | 0 | 0 | 6 |
| Out of Hours Service 016 | 24 | 0 | 40 | 64 |
| Extended GP Access Hubs | 1 | 3 | 19 | 23 |
| Patient Experience Service | 3 | 0 | 1 | 4 |
| Vanguard | 1 | 2 | 0 | 3 |
| Total | 205 | 20 | 99 | 324 |

Recruitment

| Time to Hire | Weeks |
|--------------|-------|
| Q3 16/17 | 5 |
| Q4 16/17 | 5 |
| Q1 17/18 | 5.6 |
| Q2 17/18 | 4.9 |

The time to hire is measured as the period from interview outcome notified to all checks completed. The candidate ready to start time has averaged about 5 weeks over the past year which is comparatively fast due to our very efficient and effective process.

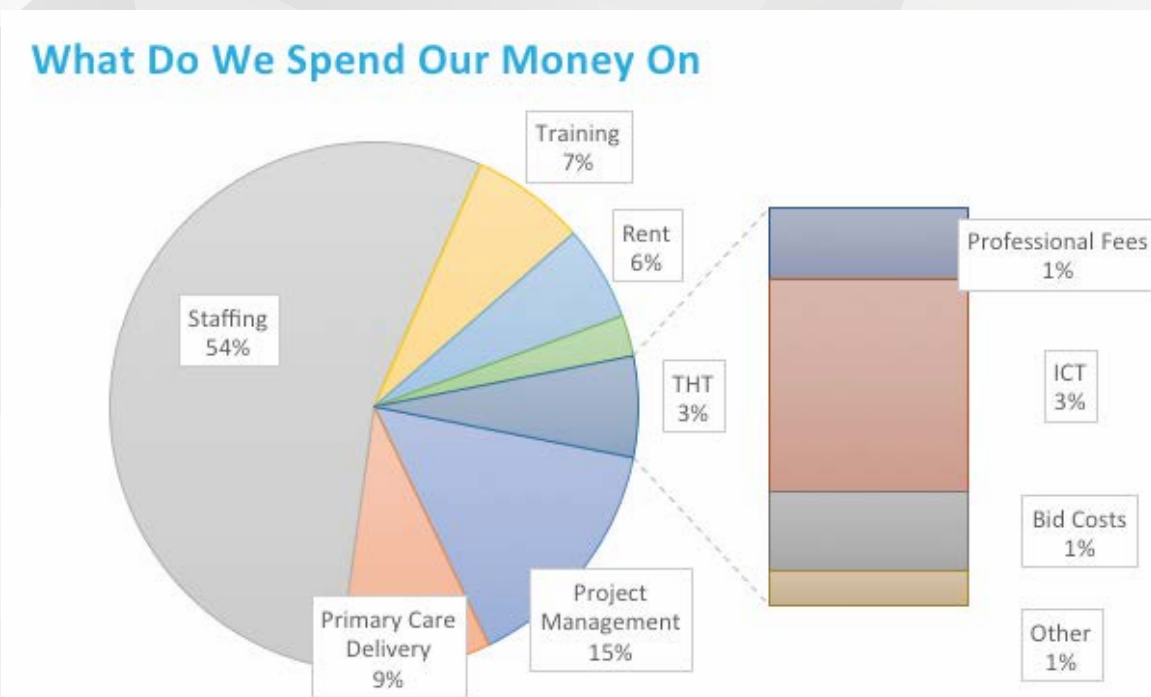
Achievements include:

We received approval for a Full NHS Jobs Account which, allowing recruiting managers to view applications and to shortlist online. Between February and September 17 twenty job adverts were placed on NHS Jobs, generating 859 applications and 132 shortlisted candidates and 42 appointments. An Electronic Staff Record has been established, used commonly in the NHS this supports HR and payroll processes.

Access to the NHS Pension Scheme has been established for each of our service contracts. Formal union recognition is in place with regular Joint Staff Consultative Committee meetings. A Staff Involvement Group has been established to enable dialogue between staff and Care Group Leadership about issues, opportunities and challenges affecting the organisation. It brings together staff from different services to focus on building a culture of integration, collaboration and to support innovative ways of working.



Our Financial Performance



Turnover

£11.2m



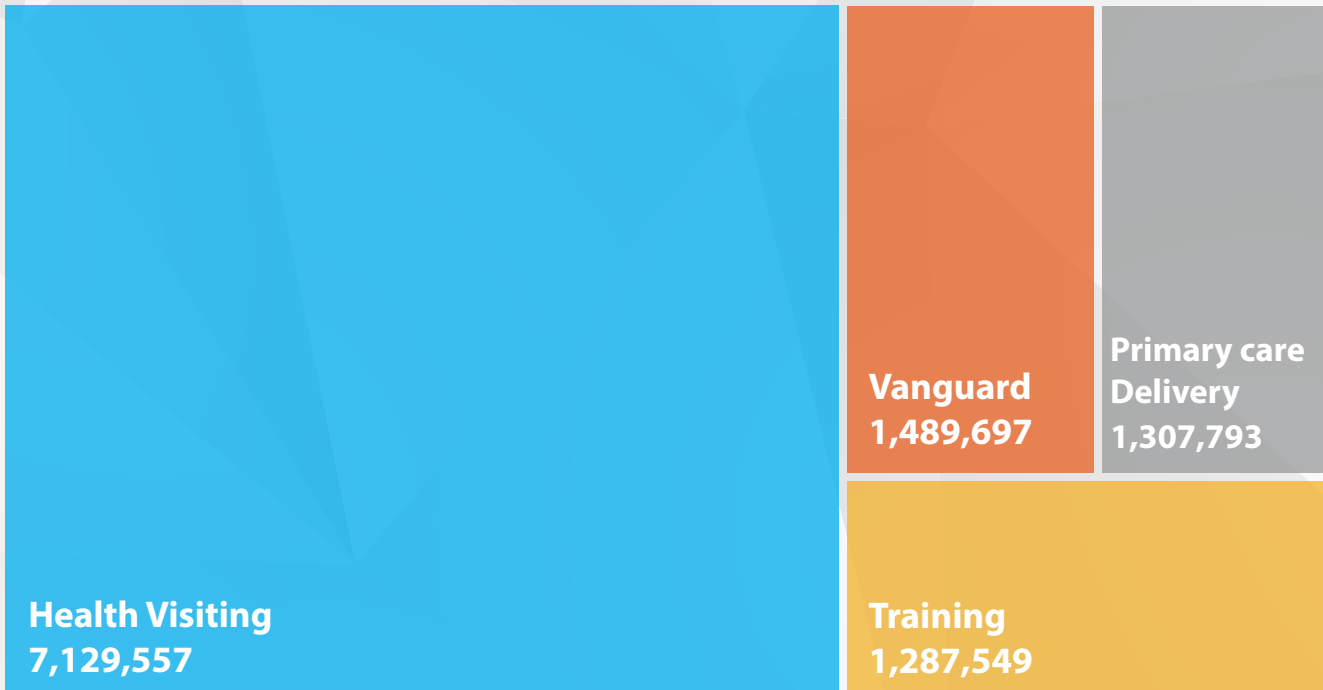
3 TIMES HIGHER
THAN 15/16 LEVELS

Surplus

£162k

100% RETAINED
FOR
INVESTMENT

What Generates Our Revenue





April 2009

Formation of 8 Primary Care networks



November 2013

Formation of the GP care group



September 2014

Incorporation as a Community Interest Company



November 2014

CEPN & Open Doors transferred to the GPCG
(14/15 £300k)



April 2015

Vanguard and PMCF (15/16 £2.6m)



April 2016

Provider of Health Visiting services (16/17 £11.3m)



April 2017

Alliance Manager/Community Health, Lead provider of
NIS Contract (17/18 £23m)





Registered Office - St Andrews Health Centre 2 Hannaford Walk, Bow, London, England, E3 3FF
Company Registration No. 09233816

www.gpcaregroup.org