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# BICS Shareholder Session

## 25 November 2014 – Primary Care Collaboration

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### 1.1 Objective

The aim of the Shareholder session was to engage with our members on our primary care collaboration programme, to shape the direction of BICS contribution to primary care collaboration over the next 12 months, building on our learning from past achievements and what ‘future perfect’ may look like.

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### 1.2 Executive Summary

The session included some short presentations by GPs, Practice Managers involved in Proactive care and EPiC, and then interactive sessions that engaged everyone on our learning to date and our strategy going forward.

#### **You said:**

- **Continue to support Practices working together with particular consideration for those that find it challenging to work with others for whatever reason**
- **Provide help and support for Practices that are struggling**
- **Focus on helping clinicians to identify the changes in clinical practice that are needed to change the way General Practice is organised**
- **Be transparent in what we do, and communicate, communicate, communicate!**
- **Be supportive and challenging.**
- **Offer the benefits and opportunities of EPiC to other practices, and share the learning**
- **Keep asking how we can help and keep learning by doing!**

Below is the detailed process and feedback. We have taken this feedback on board, and over the coming months we will keep you updated on our progress to meeting these and the detail below through the BICS website.

### 1.3 Process

Sarah Bartholomew, Associate Director, BICS, presented an outline of what has been achieved within primary care collaboration at BICS over the last 12 months (please see presentation at 1.3.1). Xavier Nalletamby (Chair of the Proactive care steering group and GP of ‘EPiC’ practice) and Rick Jones (practice manager of ‘EPiC’ practice) then spoke on how it felt to be part of the primary care programmes, drawing on what had worked well and lessons learnt.

The group were then asked to split into smaller groups reflecting on the following areas:

- Reflecting on what we have achieved over the last months:
  - What has worked well?
  - What do our shareholders want us to do more of/do differently?
  - What can we learn from the last 12 months?
- Shaping the direction of primary care over the next 12 months:

- 'Future perfect' – in 12 months' time where do our shareholders want us to be in primary care?
- How do we get there?
- What are the barriers and challenges and how do we overcome these?
- Making the right connections
  - How should BICS best support engagement across the city?
  - What should our approach be?
  - How do we effectively connect with the various programmes across the city?
  - What connections should BICS make nationally?

### 1.3.1 Presentations



#### Introduction

Brighton Integrated Care Services Board meeting  
25<sup>th</sup> November 2014

Open Board Session

Supporting Primary Care Collaboration

WELCOME!

**Agenda**

1. Welcome and introductions
2. Aim of session
3. **Reflecting** on what we have achieved in the last 12 months  
 Discussion:
  - What has worked well?
  - What do our shareholders want us to do more of/do differently?
  - What can we learn from the last 12 months?
4. Shaping the **direction of primary care** for BICs over the next 12 months  
 Discussion
  - 'Picture perfect' - In 12 months time where do our shareholders want us to be in primary care?
  - How do we get there?
  - What are the barriers/challenges and how do we overcome these?
5. Making the right **connections**  
 Discussion
  - How do BICS best support and help engagement across the city?
  - What should our approach be?
  - How do we effectively connect with the various primary care programmes across the city – what should our role be?
  - What connections should BICS make nationally in primary care?
6. Open forum
7. Next steps and close



**EPiC Update**

Extended Primary Integrated Care (EPiC)

- EPiC has arisen from the Prime Minister's Challenge Fund. The Brighton and Hove bid is dedicated to improving access to people for routine primary care.
- EPiC comprises of 5 distinct work streams: GP Triage, Redirection of Workflow, Pharmacy, Community Navigation and the Extended Hours and Skill Mix service.

	Module 1	Module 2	Module 3	Module 4
<u>Number of Practices Participating</u>	Mile Oak Medical Centre	Ardingly Court Surgery	Charter Medical Centre	St. Peter's Medical Centre
• 16	Benfield Valley Healthcare Hub	Stanford Medical Centre	Sackville Road Surgery	The Practice, North Street
<u>Number of Patients Covered</u>	Brighton Health and Wellbeing Centre	Brighton Station Health Centre	The Practice, Hangleton Manor	Warmdene Surgery
• 125, 205	Hove Medical Centre			The Practice, Whitehawk Road
<u>Number of Participating Pharmacies</u>				The Practice, Willow House
• 19				
<u>Number of Community Navigators</u>				
• 18				

### Proactive Care update

Agreement at locality meeting to support practices to deliver this initiative, to support the formation of clusters and to support a redesign process for the delivery of care for patients defined as "Frail" and/or benefitting from proactive support.

2 visioning workshops involving most practices within the city. 4 work streams areas identified.

1. Risk profiling
2. Care planning and needs assessment
3. Medicines management and harm reduction
4. Tackling social isolation

Framework document circulated to practices, to be signed off at the next Steering Group meeting scheduled for 2<sup>nd</sup> December.

Timetable for immediate actions for Practices e-mailed which include:

- signing up to the vision set out in the framework document by **28/11/14**
- confirming who their Practice lead and GP lead will be **28/11/14**
- confirming who they wish to cluster with (around 40,000 population), by **5/12/14**
- scheduling meetings in December in order for MoUs to be in place by **19/12/14**
- expressing an interest if they want to lead a Workstream by **5/12/14**

### Practice Update

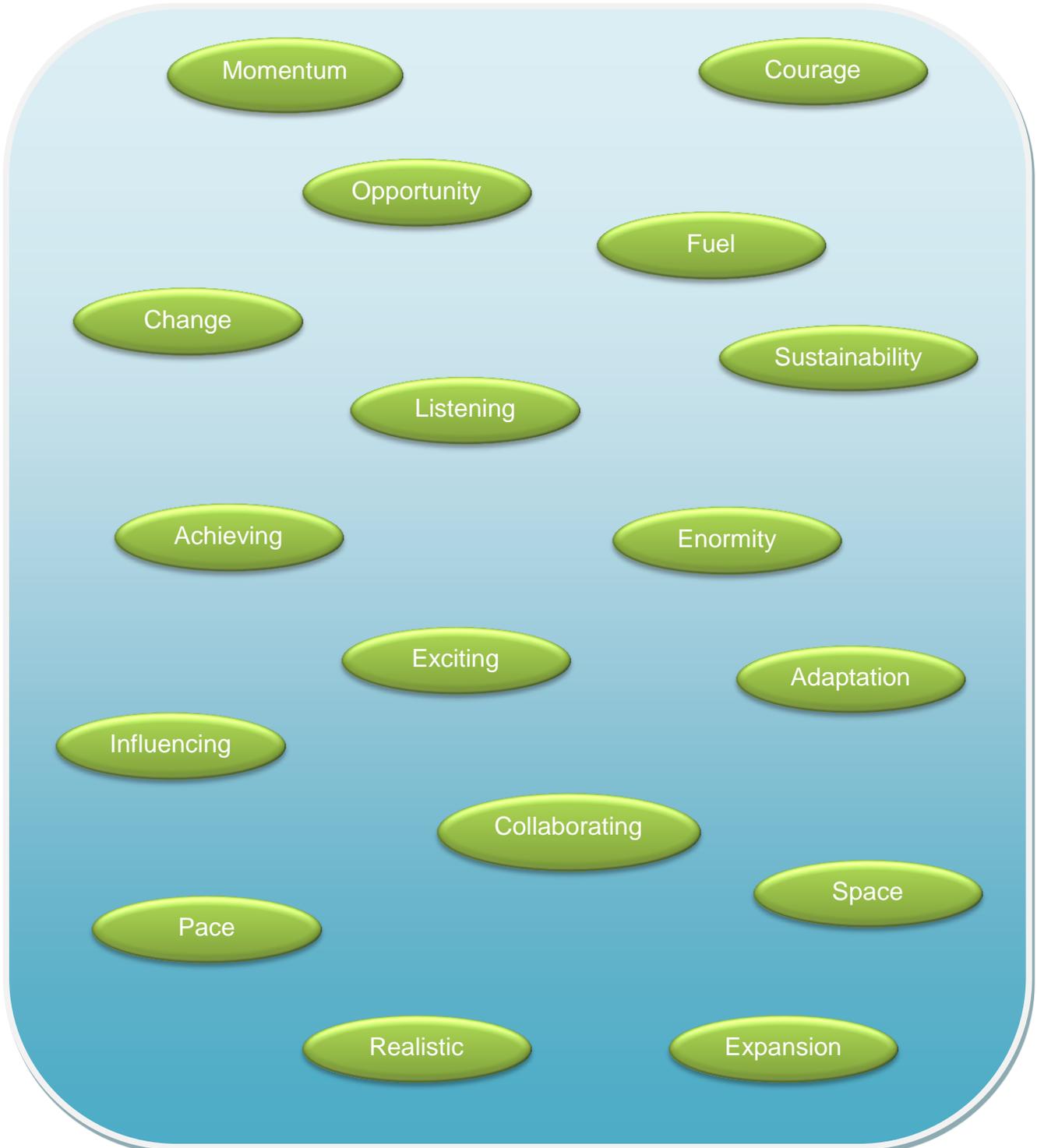
- Burwash Medical Centre and Portslade County Clinic merged (contractually) on 1<sup>st</sup> April 2014 to create Benfield Valley Healthcare Hub (BVHH).
- BICS's grant of £100K to Burwash was spent entirely on improving and delivering healthcare between 29<sup>th</sup> May 2013 and 31<sup>st</sup> March 2014. During the financial year to 31<sup>st</sup> March 2014, Burwash made no profit.
- Burwash's accounts are being finalised and will be available for all Shareholders to view once signed off as per the commitment made at the last AGM.
- BVHH is entirely financially independent from BICS. However, BICS and BVHH are working closely together and collaborating in a number of ways including sharing staff.
- BVHH is participating fully in all aspects of the EPIC pilot including hosting one of the 4 Extended Hours Service modules and testing out the workflow pathways. We also have a Community Pharmacist working with us for 1 session per week.

Xavier spoke to the shareholders about the numerous challenges Primary Care and General Practice are currently facing nationwide. He suggested that practices would need to work together to survive in the future and was pleased that St. Peters was participating in the EPiC pilot.

Rick also outlined that being part of EPiC had given them opportunity to experiment with different methods of working and in particular changing access for the practice had made a difference.

1.4 The following section sets out the feedback of the groups:

**How would you describe what we have achieved in one word?**



## Reflecting on our achievement in the last 12 months

### What has worked well?

The use of multiple deadlines as catalysts for spurring on mobilisation

'Can do' as the status quo

A level of focus to achieve what was previously impossible

Continually sharing learning

Pump priming resource

Improved transparency

### What can we learn?

Our work is constantly challenging, more staff should be shown how to deal with this

The staff have been thinly spread

Our understanding of the complex services has increased, this should be shared internally

## The direction of Primary Care Collaboration for BICS for the next Year

### Future Perfect

Where do our shareholders want us to be in 12 months' time?

Support for practices to be 'tender ready'

Well informed patients e.g Intermediate SVS

Engaging more frequently with practices – particularly those less engaged with BICS

Early identification of struggling practices

Support package for practices in place;

- Space
- IT
- Training
- Temp Staff

Aid and funding support for struggling practices

Expansion of EPiC to other practices

Maintain a supportive and directive balance. Be a guiding light

Continue collaboration

Continue to facilitate general practice

More internal and external comms regarding BICS developments

Focus of project support

Transparency within BICS

## How do we Achieve our aims?

Intelligence gathering

Creation of a framework for interacting with struggling practices

Connect to purpose and strategy within BICS

Maximise our expertise

Research shareholders' wants and needs sooner

Headlines – what do we want to achieve?

Frequently asking what have we learned?

Keeping shareholders informed

Trust in leadership

Tender writing support

Adaptive behaviour within BICS, pull together infrastructure

Own our purpose and be 'ready for the unexpected'

Finish what we start – don't neglect existing services

Need for more clarity and regular update to show BICS developments

Keep up to date with 'who's who'

### 1.5 Shareholders who attended the session:

Shelley Chell  
Daniel Leach  
Tina Livingstone  
Kerra Nolan  
Carmen Richardson  
Marion Rowkins  
Janet Syder  
Melanie Teulet

Anna Williams  
Catherine Bryant  
Paul Forsdick  
Nina Graham  
Rick Jones  
Xavier Nalletamby  
David Supple