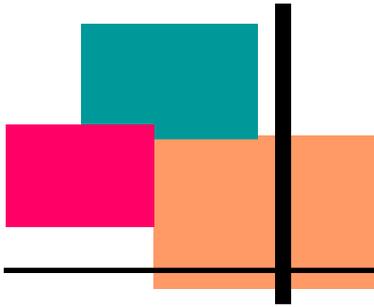




Brighton & Hove Integrated Care Service

Annual Report 2014 - 2015



Wellbeing Service

Brighton & Hove Wellbeing Service is a primary care based mental health service for all people over 18 who are residing and registered with a GP in Brighton and Hove.

We offer a range of support to people with common mental health problems, such as low mood, stress, anxiety and depression. The service is delivered by a team of qualified mental health specialists who use evidence based care to support people to achieve their goals.

<p>Primary Care Mental Health Practitioners</p> <p>People waiting for treatment reduced from 220 to 61 (72%) within 3 months despite high demand.</p> <p>90% of people who need to be seen urgently are seen within 5 working days.</p> <p>Referrals since June 2015 : 1582</p>	<p>4402 Patients Assessed</p>	<p>Talking Therapies</p> <p>The number of people waiting for treatment reduced from 289 to 95 (67%) within 5 months despite high demand.</p> <p>Improving Access to Psychological Therapies: 80% of people seen within 6 weeks for assessment</p> <p>Referrals since June 2015: 2472</p>
<p>3700 Completed Treatment</p> 		

For the period July -December 2015, 97% of patients would recommend the service to their friends and family. A fantastic achievement for the service that was not only celebrated by partners and commissioning managers alike.



Reliable Improvement = 67% 2015-16

67% off people report a demonstrable improvement in their condition The national average for this improvement is recorded at 60.8%.



Memory Assessment Service

Service Achievements

Spotlight

Action Group Service Redesign

The service has formed an Action Group that consists of both clinical and administrative members who are studying what matters to the people we serve and to redesign the service to meet that more frequently

We are learning that of those we assess in our service

- 30% of people ask us for a diagnosis to help them just to plan and live well.
- 30% want a diagnosis, practical support and help much earlier than we currently offer.
- 20% of people could have a diagnosis confirmed from their existing care team plus our support offered either clinically or practically.
- 20% of people already have a working diagnosis and need practical support and help to live well.

We are also learning to redesign our service around some new principles including that:

- Diagnosis is not always helpful and assessment is not always harmless.
- We want to be able to offer practical support and help earlier and more intensively to help people live well
- We want to ensure we look at the whole family and carers as the support system.
- We are going to invest more in our dementia advisor roles and we are going to look into other parts of the service to improve.

The number of people waiting for an assessment was reduced by **88%** (N=149) within 3months.

Bottlenecks within clinical pathway resolved. The average time from referral to diagnosis reduced from **20 weeks** in July 2015 to **8 weeks** as in Jan 2016.

We helped more people get faster access to a diagnosis and achieved an **81%** improvement in our ability to achieve diagnosis within 10 weeks.

In January 2016 84% of people received a diagnosis within 10 weeks.

84%

The service accepted 1825 referrals and made 908 diagnoses of dementia. The Dementia Advisor Service supported 475 patients helping them to live well with their

The service has worked with the CCG to help them understand the data and complexity of the service resulting in collaborative working on service redesign for future memory assessment service

We cannot thank you all at the MAS team enough P... who handled a really delicate situation with amazing sensitivity. It must be tough to deliver such devastating news but this was done in such a way that my lovely Mum never felt uncomfortable or belittled and left very much with her dignity intact and her head held high! Please pass on our heartfelt thanks to the team.

Sussex MSK Partnership

Central

A unique and innovative expert MSK partnership of organisations that combines the best of our local NHS, specialist knowledge to deliver clinical designed and driven pathways of care to a single standard of quality and excellence for all patients designed according to their specific needs. Delivering whole pathway integration. We are in year 2 of this 5 year transformational change.

Population of patients in our 3 CCGs circa
655,000

85%
Referrals into the service against plan
Low levels of bypassing

Total referrals received since service Oct 14
69,275

More than **80%** are triaged within 24 hours

Patients see the benefits of the integrated pathways that put patients more in control of their own care, decisions and how they manage their own conditions.

Patient and Carer Forums are helping us shape the future of the service.

Since October 2014

community service overall incident rate

0.0042%

overall complaint rate

0.0018%

Total number of appointments in the community MSK ICATS service since October 14: **59,615**

163

Total staff headcount. One of the largest employers of ESPs in the UK.

Over 2015 we have provided training to clinicians on motivational interviewing (50% of clinicians trained) and shared decision making (83% of clinicians trained) in order to maximise patient control over their own care.

95% of patients would recommend or highly recommend our service.

over **90%** of Patients say they had a good or very good experience of their appointment at our clinics

75%

of patients in the community service left their first appointment with a diagnosis since October 14

Sussex MSK Partnership

Central

We will continue to be working on the building projects to achieve vastly improved areas for patients and staff, to deliver our co-located model at the following sites:

Horsham
Hospital

Crawley
Hospital

Sidney West

Hove
Polyclinic

This will deliver:

Improved IT and equipment

New hydrotherapy area

65 clinical consult / treatment rooms

Office space for 40 people

2 new rheumatology infusion suites

WHAT'S HAPPENING OVER THE NEXT YEAR?

We will.....

- Develop a new SMSKP website with useful information for patients and GPs such as referral guidelines and pathway information
- Change outgoing letters to patients and clinicians to ensure timely and effective outcomes.
- Continue Systems Thinking work to connect processes to what really matters to people accessing the service.
- Develop a directory of resources that will signpost people to support them to self manage.
- Roll out the GP education programme to all in April and May to support the management of patients in primary care.
- Rollout a patient reported outcome measure (MSK HQ) to demonstrate the clinical effectiveness of each pathway within the service.

We are redesigning

PHYSIOTHERAPY

PAIN

RHEUMATOLOGY

This is what some of our patients have said over the last year:

"I want to take the opportunity to say your organisation is wonderful"

"Thanks for all the help and support you have given over my difficult & painful year"

"This is the most efficient department I have had the pleasure to be with and I am under the care of lots of other departments in the NHS"

What have we done since service commencement in November 2014?

- BICS and our partnership with Horder Healthcare, Sussex Partnership NHS Foundation Trust and Sussex Community NHS Trust won the integrated contract for High Weald, Lewes & Havens and Eastbourne, Hailsham & Seaford contract which is worth £180 million over 5 years.
- The population of patients being served is 347,000
- Since April 2015, Sussex MSK Partnership East has:
 - managed 30,000 new referrals
 - created 26 new jobs locally in the management and administration hub
 - new clinical team of 17 ESPs and 6 Consultants working in the community hubs
 - rolled out 5 new clinical pathways across 3 Community GP Practices and 2 spokes
 - 96% of referrals are triaged within 24 hours
- Provided training to ESPs and Consultants on motivational interviewing and shared decision making, in order to maximise patient control over their own care and self-management
- Implementation of clinical correspondence, which benefits GP Practices as patient information goes directly into GP Practices clinical systems
- We have shared learning across MSK Central and MSK East via operational teams and a joint leadership forum

What is next?

- We look forward to experimenting with system solutions for Patient Held Record i.e. Patient Knows Best, SystemOne
- We will be implementing solutions for integrating Diagnostic Imaging systems



“You run an excellent service and have been very helpful”

Mrs K P

Mr T S

“... was really lovely. Very nicely spoken, gentle, kind and helpful, very patient.”

75697
Patients referred through the service in 2015

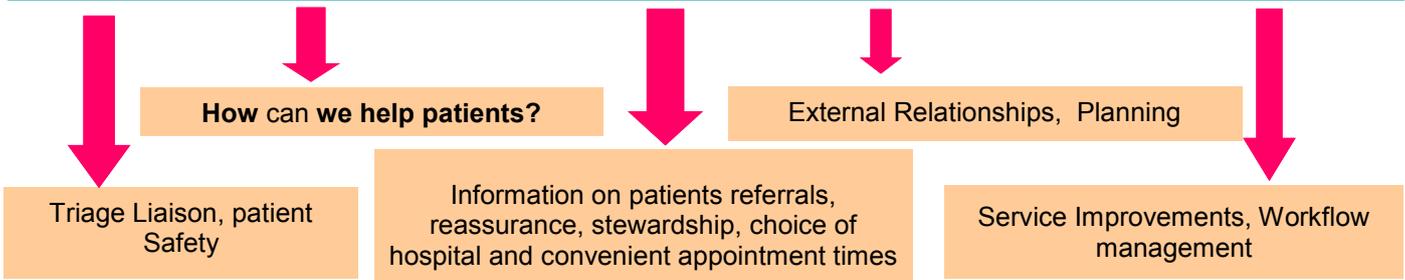
Percentage year on year increase in new referrals is below the national average, an improvement in referral quality means more patients seen at the right place at the right time



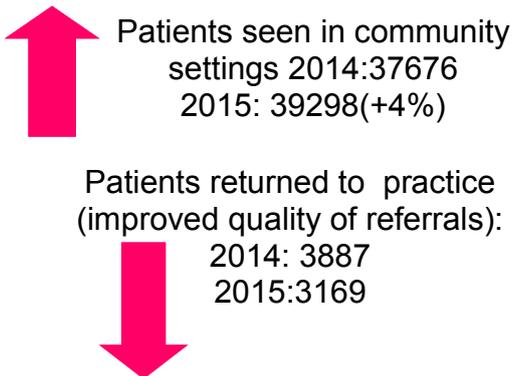
Speed of patient referrals through our service



A Self-Managed Team
Patient focused—how can we help?
15 Patient Care Advisors



Improvements in Referral Quality



Looking Forward

- Continue with our exciting self-management project. The aim is to develop a fully non-hierarchical team with focus on wholeness staff wellbeing and dedicated to improving the patient experience through compassionate stewardship through the CReSS service.
- Develop and roll out a comprehensive programme of GP and practice education sessions to further improve referral quality and community service uptake and accurate pathway use.



Proactive Care

45 Practices in Brighton and Hove

Stephen identified that he wanted to be able to go fishing at Brighton marina but couldn't due to mobility issues. The Care Coach identified that he would benefit from a fold up mobility scooter to go into his car and suggested that he applied for a grant from Turn to Us. Stephen was awarded the grant within a couple of weeks and now goes fishing. This has increased his independence.

Duane who cares for his wife with dementia had been suffering from multiple falls and unplanned hospital admissions. His hope was that he could see the same GP each time he had an appointment at the surgery. The Care Coach set up a care review with a Care Manager for him, his wife and his daughter. Duane and his wife now see the same GP each time and they have updated his record to show that he is his wife's carer should he be admitted to hospital in the future.

Key Achievements

- ◆ 3 practice clusters are live with the remaining 3 scheduled in a phased rollout
- ◆ 11 Care Coaches have been appointed to cover the city
- ◆ Greater integration between Primary Care and the 3rd sector.
- ◆ People are empowered to prioritise their own care and what matters to them with a de-medicalised approach.
- ◆ Pharmacists are completing around 10 medication reviews per week per cluster.

Clinicians can now refer in any patient they feel will benefit from the service regardless of where they sit in the risk stratification tool, this information will then be used to help us learn more about how patients are stratified.

Up to 4000 patients will be identified by the risk stratification tool in the coming 12 months for enrolment in Proactive Care

Learning will be captured shared within clusters and between clusters at the Steering Group to make greater impact on people's lives

Success will be judged on how well we meet what matters to the people we serve and how we scale that across all 45 practitioners

Patient survey Feedback

EPIC Project

"Wonderful Doctor, helpful and informative"

"Dr Haslam was one of the nicest GPs I have ever been seen by - lovely man! Thank you"

"I am very pleased that my doctor's provide an extended hours service as I can't always take time out of work to make a doctor's/nurse appointment"

Provided greater access to routine general practice for people who may not be able to attend during core hours

"Very convenient for me as I work week-days"

"I think appointments are a very good thing as some people would postpone or not deal with what could be a serious issue"

Case note audits and patient safety cross-checks undertaken by clinical team

Extended Hours

Nurse appointments have been popular, especially around QOF reviews

"I think it's great that this surgery is open on a Saturday. It means if work is really busy, I can still visit the GP if I need to without stress. Brilliant service"

"The GP took the time to help me and I really appreciated her care and advice"

"Excellent service, very happy"

"Working full time makes it difficult to make appointments so I really appreciate late night appointments as well as weekend ones"

"Brilliant service"

Provided patients with exactly the same service as in core hours

Access to a GP from 8am-8pm during the week and 8am-2pm on Saturday

Community Navigation

"Wow, I had no idea there was this much support available"

"I'm moving forward with less fear"

"My role as a Community Navigator is to guide people back into the community, to help them regain their self-esteem, but to remain in the background, offering support to do it themselves, which is much more powerful."

Patients

Navigators

"That was very useful. I didn't know so much was going on in Beveandean" - after 1st session
"You've been brilliant. I'm going to try all of these. This has been very helpful." - after 2nd session
"It is a brilliant service." - after 3rd session"

"Being a Community Navigator is about empowering people. It's a service that can give them time to talk and explore non-medical support or activities in the community"

"You will make a difference to my life you know. You have helped me look at things in a different way and put me in touch with ESAB (East Sussex Association of Blind and Partially Sighted People) and that will make such a difference"

"I would recommend volunteering to anyone with a little time to give, especially if you want to get back into work, change your life or give back. Everyone gains from this marvellous scheme."

Workflow Redirection

Redirection of GP time from administration to patient facing work

"I have never been involved in a change programme that has led to such a dramatic improvement in service so quickly. In one week the surgery was transformed"- Dr

Robust clinical governance ensured patient safety with no reported incidents

In house Pharmacists undertook medication reviews saving GPs additional time

"Being part of the EPIC workflow redirection project has greatly increased my knowledge and ability to take appropriate action whilst processing incoming letters and reports. This has reduced the volume of incoming post that now needs to be forwarded to a clinician for action within the practice" James Steward-Administrator at Stanford Medical Centre

"By filtering and redirecting workflow to an experienced administrative team leader, this has led to a reduction in my volume of paperwork and allowed more focus on patient care"- Dr James Simpkin GP

Broadened the skills of the administrative team and increased job satisfaction

"Processing incoming letters (is) much more straight forward and simple. It has reduced the time taken to undertake this task and improved the accuracy of the coding"- Dr Simon Hincks GP,

Saves an estimated 4 hours of GP time per week

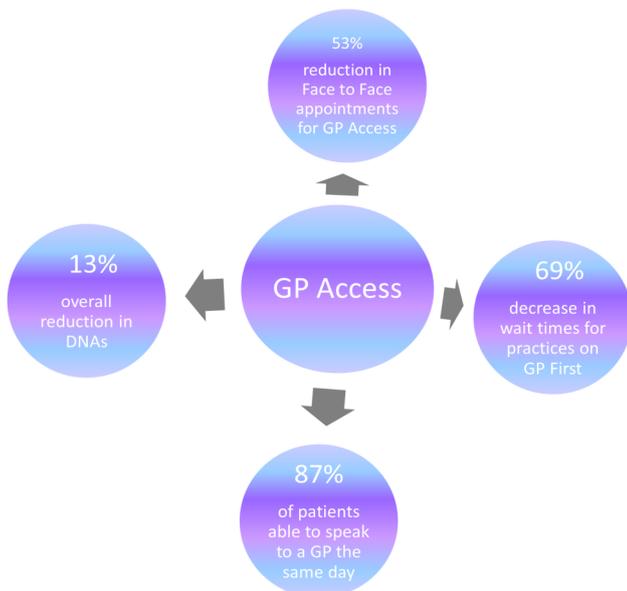
EPIC Pharmacists

There is now a greater awareness amongst GPs and Practice staff of the valuable contribution that Pharmacists can make to patient care and the day to day functioning of the Practice

Pharmacists saw patients in the community, reducing the need for patients to see a GP.

86% of patients seen by a Pharmacists were successfully managed and did not need to be referred to a GP

Recognised by Royal Pharmaceutical Society, Nuffield Trust, LPC and received national recognition for being a ground-breaking pilot exploring new methods of delivering care



National evaluation data suggests the GP Access model was successful in shifting the profile of appointments. The data suggested that the proportion of in-clinic and home visits GP appointments during core hours had gone down. The proportion of telephone appointments is now 34% compared to a baseline of 10%.

High Weald, Lewes and Havens Community Health



We have supported Sussex Community Trust (SCT) to win the community health services contract and to help people to receive seamless care by redesigning services with GPs around Communities of Practice (COP)



Successfully engage Primary Care to ensure maximum success of the project



Redesign clinical and referral pathways to enable robust COPs to form and to ensure peoples' journeys are streamlined and interconnected throughout the system

Key Achievements

ENGAGEMENT

- ◆ Ran successful engagement workshops in Nov 2014 with 20 members of Primary Care to build the vision for COPs
- ◆ Attended two locality meetings to share next steps and create visibility

RELATIONSHIPS

- ◆ Built good local relationships with Primary Care
- ◆ Strong relationships built with CCG and locality leads
- ◆ On-going relationship building with SCT

6 Day Learning Programme

- ◆ Agreement from key players to run 6 day systems thinking learning programme

Looking Forward

Host workshops to redesign Respiratory and Dementia clinical pathways

Engage with Social Care and Secondary Care regarding the learning programme

Via learning programme, redesign referral pathways to aid COP development

Community Anti-coagulation Service (CPAMS)

The CPAMS service is an anti-coagulation service delivered in partnership with Boots for people in Brighton and Hove.

The service aim to clinically triage all CPAMS referrals within 24 hours and to offer an appointment within 5 days at Pharmacies across Brighton

98%

People are triaged within 24 hours

Safe

95%

People are offered an appointment within 5 days

Timely

4 days

average waiting time

Efficient

The CPAMS service's contract with Boots has been extended until 2017

Community Eye Service

The Community Eye Service has been running since 2009 and is delivered in Partnership with Warmdene surgery and Dr Avin Rogers. The service treats a number of minor eye conditions including lid lesions, blepharitis and dry eyes.

The CES aims to offer all patients an appointment with one of it's 2 clinicians within 21 days.

99%

The service aims to operate a follow up ratio of below 25%

80% of people are treated and discharged on their first visit

And here is what some of the people have had to say about their treatment:

"very efficient and friendly all round"

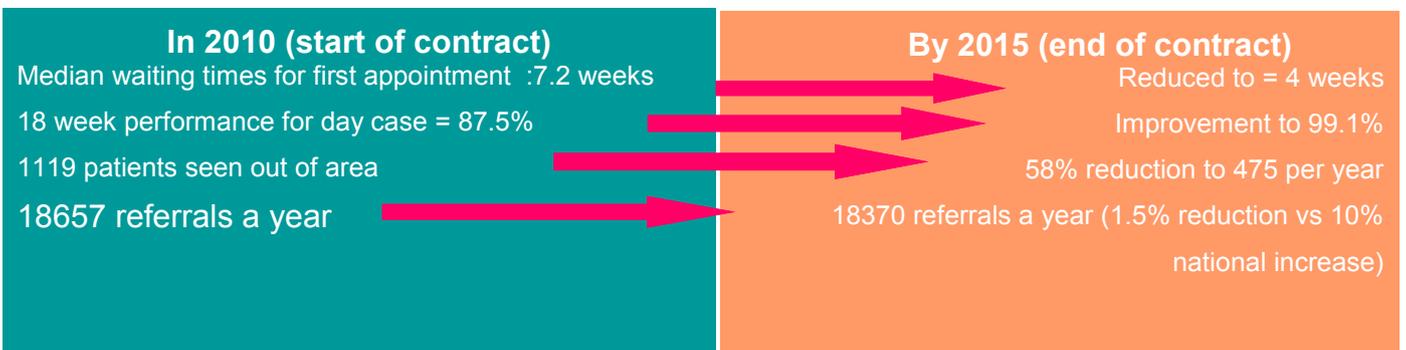
"Absolutely fantastic, thank you"

"I was seen immediately. Extremely professional and kind. Thank you"

Skin Care Brighton & Hove

**Dermatology Prime contract
2014-2015**

- BICS started the service in 2010 in Partnership with BSUH and SCT and several GP Practices
- Retendered and won tender in 2014 with Sussex Community Dermatology Care Service and withdrew from the procurement due to supplier issues.

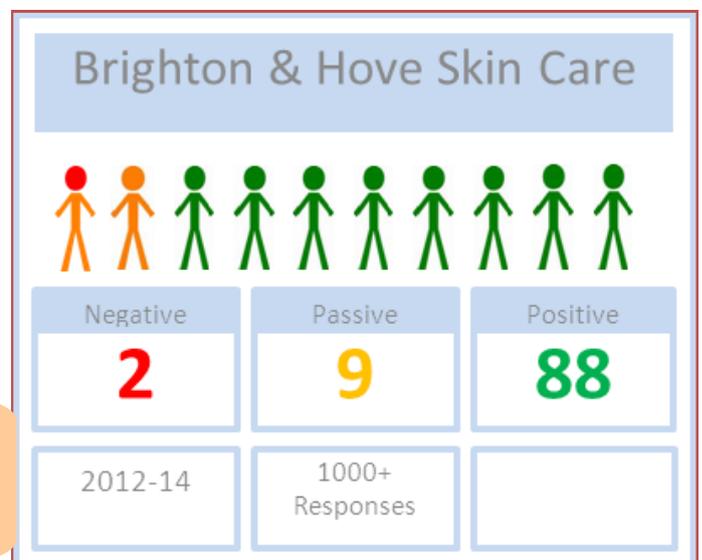


Wonderful care from start to finish.

I was very impressed about the care, the attention I received and all the information.

Care was outstanding, everything clearly explained. Diagnosis and treatment immediately after was much appreciated.

The doctor I saw cared about what happened after my treatment. They called to ask how I was and told me I could contact them regarding complications.



Community Gynaecology Service

In partnership with BSUH, Portslade Health Centre & Beaconsfield Medical Centre

- Service commenced in 2009 and ended in November 2014
- Decommissioned as 'any qualified provider' was introduced for some conditions previously seen by community service

Women seen in 2014-15

212

Seen within 4 weeks

90%

Treated in community
(hospital appointment avoided)

87%

Women's expectations met

100%

Over 95% attendance

1844 hospital attendances avoided

I was just astounded with the high quality of the service. It was quick and Dr Rockwell was very kind and it was the 'kindliness' of the service from doctors to the admin staff as it was quite a worrying being referred.

Care was outstanding, everything clearly explained. Diagnosis and treatment immediately after was much appreciated

Really efficient-seen quickly-convenient - really positive experience

Very quick. Happy with how flexible the appointments were and how accommodating the phone staff were!

Community Gynaecology Service



Negative

1

Passive

2

Positive

97

2012-2015

Over 50% of patients surveyed

Based on over 900 patients