

HEALTH AND WELLBEING BOARD			
Report Title	Primary Care Development		
Author/s	Lewisham Clinical Commissioning Group and the London Borough of Lewisham Council	Item No.	3
Class	Part 1	Date:	20 January 2015
Strategic Context	Better Care Fund: Primary Care Lewisham's Sustainable Community Strategy		

1. Purpose

The purpose of the brief paper is to provide the Board with an overview of developments taking place both nationally and locally with regard to primary care. The paper focuses specifically on Lewisham Clinical Commissioning Groups (LCCG) Primary Care Development Strategy and progress made towards implementation. Nationally there are two developments that will have an impact on how local primary care services (GP practice services) are commissioned, delivered and more so how the quality of services will be improved to meet the needs of the local population; (i) Primary Care Co-commissioning; and (ii) Strategic Commissioning Framework for Primary Care Transformation in London.

2. Recommendations

2.1 Members of the Health and Wellbeing Board are recommended to;

2.1.1 Note LCCGs progress on delivering its Primary Care Development Strategy and the associated Better Care Fund programme;

2.1.2 Note LCCGs intention to submit an expression of interest for 'joint commissioning arrangements' with NHS England for general practice services under new proposed co-commissioning developments for 2015/16 – subject to its Governing Body approval on 8th January 2015. That a trajectory for the implementation of 'delegated commissioning arrangements' from April 2016 will be developed subject to a further decision at a later stage.

2.1.3 Comment on the Strategic Commissioning Framework for Primary Care Transformation in London.

3. Policy Context

- a. The Health and Social Care Act 2012 establishes health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Health and wellbeing board members will collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined-up way. As a result, patients and the public should experience more joined-up services from the NHS and local councils in the future.
- b. In line with Lewisham's Sustainable Community Strategy priority to create a 'Healthy, active and enjoyable borough where people can actively participate in maintaining and improving their health and wellbeing', the Health & Wellbeing Board has developed a ten year Health & Wellbeing strategy. The strategy sets out the improvements and changes that the Board, in partnership with others, will focus on to achieve our vision of;

Achieving a healthier and happier future for all

The strategy outlines the key health and wellbeing challenges that people in Lewisham face, as well as the assets, skills and services that are available locally to support people to stay healthy and be happier.

In taking forward action to achieve our vision we have three overarching aims;

- I. ***To improve health*** – by providing a wide range of support and opportunities to help adults and children to keep fit and healthy and reduce preventable ill health.
- II. ***To improve care*** – by ensuring that services and support are of high quality and accessible to all those who need them so that they can regain their best health and wellbeing and maintain their independence for as long as possible.
- III. ***To improve efficiency*** – by improving the way services are delivered; streamlining pathways; integrating services so ensuring that services provide good quality and value for money.

4. Lewisham Clinical Commissioning Group Primary Care Development Strategy

4.1 Lewisham Clinical Commissioning Group (LCCG) shared its Commissioning Intentions for 2014/15 and 2015/16 with the committee in February 2014. LCCG states in its commissioning intentions that it will;

- *Support GP practices to ensure high quality of care for all by levelling up standards and reducing variation between practices.*
- *Work with local providers to ensure optimisation of planned care services by commissioning effectively.*

4.2 LCCG Primary Care Development Strategy details how the CCG plans to meet its statutory responsibilities in supporting and driving improvement in the quality of primary care services. The CCG is responsible for improving the quality of local GP services, working closely with NHS England. However, GP services are currently commissioned and contracted by NHS England.

4.3 LCCG, unlike its predecessor organisation the PCT, has a unique working relationship with local GPs, as it is also a membership organisation of all GP practices in Lewisham, which creates new opportunities to gain the added value from clinical lead commissioning.

4.4 Primary care delivery tends to be centred on general practice as 90% of activity takes place in this setting, supported by practice nurses, community services and health visitors. It is widely recognised in London that general practice is under significant and growing pressure due to population growth, widening health inequalities and patients with increasingly complex needs.

4.5 Lewisham population size is estimated to be 284,325. Lewisham has a young population with 25.4% of the population being under the age of twenty. The Lewisham population is projected to grow across all age groups over the next five years. For this period the largest percentage growth rate is in the 20-64 year old age group.

4.6 There are 41 GP practices in Lewisham providing primary care services out of 44 surgeries (sites) and are arranged in four neighbourhood groups (See Appendix 1). This pragmatic geographical grouping has been in place in Lewisham for more than four years and has enabled the development of relationships between practices resulting in agreeing collective goals and improvements. More recently these neighbourhoods are now aligned to local authority services, notably social care – specifically the neighbourhood community teams.

4.7 LCCGs vision for primary care is to ensure the systematic development of primary and community care to produce; (a) a network of advice, support, education physical/mental

health and social care hubs embedded in activated communities; and (b) work together to maximise health and well-being of the population, with access to specialist and diagnostic services when needed.

4.8 The LCCG Primary Care Development Strategy centres on four key high impact changes for Primary Care, in summary;

1. Proactive Care	<i>Work to ensure that ‘every contact counts’, seeing each contact with a patient as an opportunity to address preventative health needs, to provide brief interventions or to sign post the patient to other services within network.</i>
2. Accessible Care	<i>Support people to access care appropriately by working to simplify access points so that people can easily navigate the system and care in a timely way.</i>
3. Co-ordinated Care	<i>Identify people that will benefit from co-ordinated care and a care plan.</i>
4. Continuity of Care	<i>On identifying patients care plans will be co-designed with patients and carers. Ensuring that patients have a named skilled professional accountable for their care.</i>

4.9 The strategy looks to the existence of Integrated Health and Social neighbourhood community teams wrapped around a registered list held by GP practices.

4.10 Lewisham Healthwatch kindly supported LCCG with a public engagement event held on 25th September 2014 on primary care, which has informed the CCGs Primary Care Development Strategy.

5. Improving the quality and patient experience of Primary Care

5.1 Benchmarking Primary Care

As a part of the LCCGs responsibility for improving the quality of primary care services (specifically GP practice services) national benchmarking data (GP National Patient Survey) is reviewed on a monthly basis by the CCG in addition to gaining ‘soft intelligence’ from Lewisham Healthwatch on patient views.

5.2 The national GP patient survey provides information to patients, GP practices and Commissioning organisations on a range of aspects of patients’ experience of their GP services and other local primary care services. The survey provides information on patients’ overall experience of primary care services and their overall experience of accessing these services. The results of the survey are publically available and published on a quarterly basis. The next survey results will be released in January 2015.

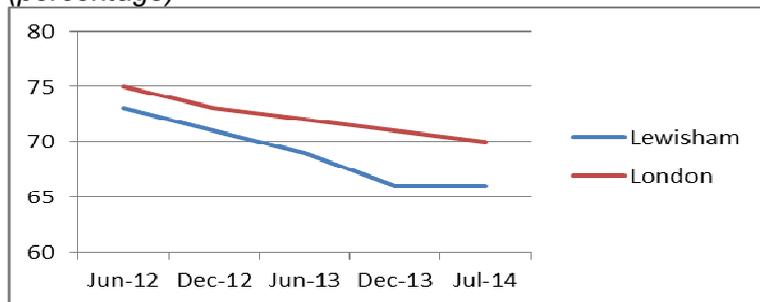
5.3 The total number of respondents to the July 2014 patient survey for Lewisham was 4383. In Lewisham, the GP patient survey for July 2014 evidenced that Lewisham General Practices are performing ‘better’ than the London average in the majority of indicators;

- Helpfulness of receptionists at GP surgeries
- Satisfaction with time spent with GP
- Feeling listened to by GP
- Confidence in GP
- Patient’s feel supported with their long-term condition
- Satisfaction with opening hours
- Having a very good or good overall experience of the GP experience

5.4 Indicators whereby Lewisham General Practices performed 'below' the London average in July 2014 were;

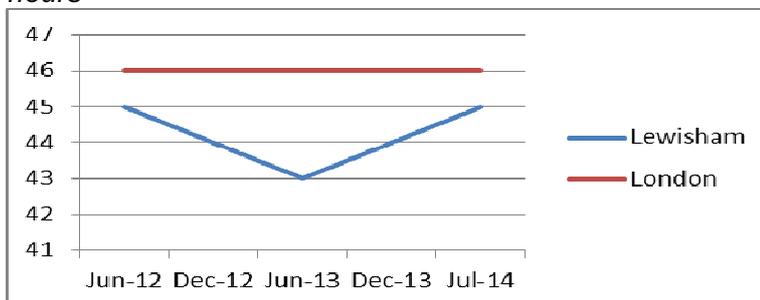
- Ease of getting through to someone at the GP surgery on the telephone:** Chart 1 below depicts Lewisham GP practices performance of 66% against the London average at 70% at July 2014. However, as the chart depicts there is a downward trend in Lewisham and on average in London. More so 84% (3781 – Lewisham Respondents) of people who answered this question stated that they normally contract their GP practice using the phone;

Chart 1: GP Survey July 2014 – Lewisham – Ease of getting through on the phone (percentage)



- Patients knowing how to contact out of hours:** Chart 2 overleaf depicts Lewisham GP practices performance of 45% against the London average 46% at July 2014, however it is important note that patients knowledge of out of hours service has increased when compared figures for 2014 are compared to 2013;

Chart 2: GP Survey July 2014 – Lewisham – Patients knowing how to contact out of hours



5.5 LCCG has commenced a programme to support practices in improving access. The initial focus of this work will be 'patients getting through to the practice on the telephone'. Areas that are being investigated include the role of technology in supporting improved patient access (e.g. intelligent phone systems, on-line booking). In addition, the CCG are reviewing the outcomes of the Primary Care Foundation programme commissioned by the CCG to support GP practices in improving access by addressing improving operational systems and processes as well as sharing best practice.

5.6 LCCG will be launching a targeted public communication programme focussed on raising awareness of GP out of hours services (provided by South East London Doctors – SELDOC), which is planned for the next edition of the Lewisham Life free local magazine, due for publication in early 2015. This follows on from the 'A&E won't kiss it better' campaign where greater emphasis was placed on messages around accessing GP out of hours services. This emphasis was largely gleaned from intelligence provided by the Lewisham Healthwatch Patient Reference Group in September 2014, where local people were unaware of how to access GP out of hours services.

5.7 Care Quality Commission (CQC)

As part of the Care Quality Commission operating framework Intelligent Monitoring reports are developed on all providers. The GP Intelligent Monitoring Reports (first published 18th November 2014 and re-published on 5th December 2014) are based on 37 indicators, which builds CQC intelligence to derive the risk and then enable the CQC to make decision about when, where and what to inspect. Band 6 is low (lower risk) and Band 1 is high (higher risk).

5.8 The GP intelligent monitoring looks at a range of indicators to create priority bands for inspection including QoF, GP patient survey, HES and NHS Comparators. This information is used to ask questions about the quality of care offered by NHS GP practices, but are never used on their own to make final judgments. This is because there are various factors that require consideration when interpreting the intelligent monitoring banding a GP practice may currently be in.

5.9 Lewisham GP practices fared well in reports, with only 3 practices falling into band 1 and the majority of GP practices being in the upper bands 4-6. LCCG will be working with NHS England Primary Care Contracting teams to support those practices.

5.10 Lewisham Neighbourhood Primary Care Improvement Scheme (LNPCIS)

To support delivery of the Primary Care Development Strategy, LCCG launched its Lewisham Neighbourhood Primary Care Improvement Scheme (LNPCIS) in September 2014, which is a direct invest of 3/4 million pounds to GP practices. Building on previous schemes designed and managed by LCCG, the LNPCIS has been structured to support a reduction in emergency admissions with a specific focus on long term conditions.

5.11 The aim of the scheme is to support GP practices to;

- Increase self-management for people with long term conditions and improve outcomes
- Enable a positive impact on access to primary care services
- Build on collaborative working within neighbourhoods in Lewisham
- Reduce variation between practices

5.12 The scheme supports GP practices in 'neighbourhoods' to work together to improve the quality and reduce variation in the delivery of services and care to patients with diabetes, COPD, hypertension and cancer (improving early detection). There is also a focus on driving up seasonal flu and pneumococcal vaccination coverage rates across neighbourhoods. Early figures for 2014/15 in Lewisham indicates that the number of vaccinations for flu has increased in comparison to the same period in 2013/14 for; (i) those who are 65 years (+1.4%) and over; (ii) those under 65 years and at risk (+1.9%); and (iii) pregnant women (+8.9%).

5.13 The CCG will be reviewing the outcomes of the scheme in January 2015 with the intention of extending the scheme into 2015/16.

5.14 Referral Support Service (RSS)

5.15 LCCG implemented a 2 year Referrals Support Service pilot for Lewisham in July 2014. The RSS is used to; support appropriate referrals from GP practices to secondary care (specialist outpatient services), develop a body of expertise and guidance about local services, improve the quality of referrals and provide evidence to inform commissioning needs. An effective referrals support service ensures a close relationship between all levels of the health system and helps to ensure that people receive the best possible care closest to home. It also supports with increasing capacity and reducing pressures on GP practices.

5.16 As a direct result of the implementation of RSS - during the first 5 months of the pilot Choose & Book usage amongst Lewisham GP practices increased from 7% (previously one of the lowest rates in the country) to over 25%. Choose & Book supports a better

patient experience due to greater certainty of appointment, and a better experience throughout the NHS. Choose & Book enables patients at the point of consultation with their GP to; (i) choose any hospital in England funded by the NHS (this includes NHS hospitals and some independent hospitals) for their care; (ii) choose the date and time of their appointment that is convenient for them; (iii) experience greater convenience and certainty; and (iii) there is a reduced risk that correspondence gets lost in the post as most of the communication is done via computers.

5.17 *Primary Care and Mental Health Update*

5.18 *Dementia*

LCCG are currently working with Primary Care, South London and Maudsley (SLaM), Lewisham & Greenwich Health Trust and the Voluntary sector to improve dementia care in the borough for our residents and patients.

5.19 A local Dementia Action plan has been developed by our Joint Commissioning Team comprised of CCG and Local Authority staff outlining a series of projects to improve the dementia diagnosis rates within primary care, ensure our memory clinic has enough resources to support an increase in diagnosed patients, an increase in local awareness of Dementia through the provision of training for frontline public sector staff as Dementia Friends and development of a local Dementia Action Alliance comprised of local businesses and the Public Sector to improve the lived environment for local residents and patients that have been diagnosed with Dementia.

5.20 The initial stages of the plan are to support our local GPs to increase the rate of diagnosis within our estimated population of individuals that potentially have Dementia from 52.6% (November 2014) to 58.1% by March 2015. The increase in screening is intended to support an earlier identification of Dementia to ensure that the right support is made available to Dementia sufferers that will lead to an improved quality of life.

5.21 The second stage of the plan will be to ensure that waiting times for the Memory Clinic are reduced to no more than 12 weeks from screening to assessment to ensure timely access to appropriate support. By the end of the current financial year we expect to have achieved our local proposed target of 58.1% diagnosis rate, have no waiting times longer than 12 weeks from screening to assessment and have launched our Dementia Action Alliance and have offered Dementia Friends training to all CCG and Local Authority Social Care staff.

5.22 *Improving Access to Psychological Therapies (IAPT)*

Improving Access to Psychological Therapies service (IAPT) is currently working to achieve locally agreed targets for the service over the course of the current financial year. These targets were developed at a national level and for recovery rates, waiting times and access rates. Locally the Lewisham Clinical Commissioning Group has agreed with the provider SLaM that the service will achieve a sustained level of recovery of 40% for all those who complete treatment. The IAPT service at the end of Q2 of this financial year was achieving a 43% recovery rate which is in line with the average London IAPT recovery rate. The Joint Commissioning Team are also monitoring the average waiting times for patients seeking treatment, the average time as of November 2014 currently stands at 34 days from the point at which a patient decides to access the service to the point when they are seen.

5.23 It has been agreed with the IAPT service that by the end of the current financial year the service will have access rates that reflect 15% of all of the people in need within the borough (This target is also set at a national level). Currently the service is under target in this area however the service has planned to increase access via specialist group work interventions, this approach has been successful in other boroughs and is considered to be an effective method of achieving the 15% (of those individuals in need) by the end of the current financial year.

5.24 *Patients Transferring to Primary Care*

The new Adult Mental Health Model redesign process has reorganised the three locality based teams into the new primary care four neighbourhood structure. In addition to the re-location of some staff under this new model a number of local clients will also transfer to new teams or be discharged to primary care if they have a lower level of need.

5.25 The process of discharge primarily for clients within the psychosis pathway that have complex needs or have been long standing clients will be managed by the newly created Low Intensity Treatment Team (LiTT). The LiTT will facilitate the seamless transition of clients that require some additional support from Community Mental Health Teams (CMT) to Primary Care.

5.26 The service currently has 90 people transferred to it from the CMHTs and it is anticipated that people will stay within the service between 9-18 months. The team is currently deferring new referrals to enable the development of effective engagement and support of the first 90 clients. The team will take on next cohort of clients from January 2015 and it is expected to reach the full cohort of 200 by spring 2015. The transition of clients to Primary care is expected to begin in June 2015 at a rate of 15 per month and this process will be jointly managed with GP practices via the support planning process.

5.27 *Sexual Health Services in Primary Care*

The NHS England GP contract includes the provision of some standard sexual health services including basic contraception services (e.g. contraception pill, injectable contraception), HIV testing and cervical smear taking. In addition, Lewisham Council commission GP practices to provide additional sexual health services under a Public Health Enhanced Service (PHES). These services attract additional payments for practices. The two main sexual health services delivered under the PHES are; (i) Long Acting Reversible Contraception (LARC); and (ii) chlamydia and gonorrhoea screening.

5.28 Insertion and removal of coils and contraceptive implants is commissioned through the LARC PHES. These are contraception methods which last from 3-5 years. Twenty practices are commissioned to provide this service. Additional qualifications and training are required in order to fit these types of contraception.

5.29 Thirty four GP practices provide chlamydia and gonorrhoea screening to their registered patients aged 15-24 years as part of the national chlamydia screening programme. This additional payment will be withdrawn from 2015/16 since this is now embedded in practice.

5.30 Public health also supplies condoms, pregnancy tests and “instant” HIV tests to practices. A training programme on sexual health and HIV is run across Lambeth, Southwark and Lewisham and supports the commissioned provision.

5.31 As part of the sexual health strategy the primary care provision of sexual health services is being reviewed, and it is likely that there will be a move to a neighbourhood model of provision with better links to pharmacies.

5.32 *Lewisham Integrated Medical Optimisation Service (LIMOS)*

The Lewisham Integrated Medical Optimisation Service otherwise known as ‘LIMOS’ was nominated for Health Service Journal Managing Long-term Conditions award in 2014. This piece of work has been developed and delivered in collaboration with LCCGs Medicines Management team and London Borough of Lewisham and Lewisham and Greenwich NHS Trust. It supports patients with long term conditions to manage their own medicines to enable them to stay in their own home for as long as possible. The service has prevented over 60 A&E attendances in the last 6 months, and stopped almost 100 unnecessary medicines as well as shown a reduction in the need for social services support for medicines administration. LIMOS was shortlisted as one of 11 finalists from over 200 applications.

6. Primary Care (GP Practices) Co-commissioning

- 6.1 In May 2014 NHS England invited expressions of interest (Eoi) from CCGs to explore co-commissioning arrangements. Following discussions with the six (Bexley, Bromley, Greenwich, Lambeth and Lewisham), CCGs in SEL and the LMC, an expression of interest was submitted by the six Governing Bodies in June 2014 committing to further exploration in particular with the CCG membership.
- 6.2 The stated overall aim co-commissioning is to develop better integrated out-of-hospital services based around the diverse needs of local populations.
- 6.3 Co-commissioning is one of a series of changes set out in the *NHS Five Year Forward View* and articulates the need to address traditional barriers in the how care is provided. It calls for out-of hospital-care to become a much larger part of what the NHS does, and for services to be better integrated around the patient. Co-commissioning is a key driver by enabling commissioning budgets and plans to be aligned or more formally delegated depending of the level of co-commissioning and therefore provides greater opportunity to deliver population wide commissioning beyond those services currently commissioned by the CCG.
- 6.4 The CCG commenced engagement with its membership in November and December to ascertain the level of support for co-commissioning arrangements in addition to understanding some of the complexities and practicalities.
- 6.5 In November 2014, NHS England produced additional guidance on Co-commissioning and next steps. Consequently, across the SEL there have been collective workshops where CCGs have discussed the practical tasks and decisions required to support assurances required by NHS England. Additional workshops for SEL are planned for February 2015.
- 6.6 CCGs are required to submit Eoi and provide assurances to NHS England on 30th January 2015 for 'joint commissioning arrangements' with NHS England.
- 6.7 Three standard models the co-commissioning of primary care have been offered to CCGs by NHS England;

Greater involvement in primary care decision-making

Joint commissioning arrangements

Delegated commissioning arrangements

6.8 Model 1 – Greater Involvement in Primary Care Decision-Making

Under this model CCGs would be enabled to collaborate more closely with their area teams to ensure the strategic alignment across of decisions across the local health economy. Both parties will also need to engage with local authorities, local HWB and communities in primary care decision making.

6.9 Model 2 – Joint Commissioning Arrangements

This model enables one or more CCGs to assume responsibility for jointly commissioning primary medical services with their area team via a joint committee arrangement. This model is designed to give CCGs and area teams an opportunity to more effectively plan and improve the provision of out-of-hospital services and would enable pooling of funding for investment in primary care.

6.10 The functions covered in this option include;

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices and removing a contract);
- Newly designed enhanced services;
- Design of local incentives schemes as an alternative to QOF;

- The ability to establish new GP practices in an area;
 - Approving practice mergers; and
 - Making decisions on 'discretionary' payments (e.g. returner/retainer schemes).
- 6.11 In joint commissioning arrangements individual CCGs and NHS England always remain accountable for meeting their own statutory duties with regard to Primary Care Commissioning.
- 6.12 It is for both parties to agree the full membership of their joint committees, however the guidance states that in the interests of transparency and the mitigation of conflicts of interest a local Healthwatch representative and a local authority representative of the HWB will have the right to join the joint committee as non-voting attendees.
- 6.13 *Model 3 – Delegated Commissioning Functions*
This model offers CCGs the opportunity to assume full responsibility for commissioning general practice services, whilst NHSE will legally retain liability for the performance of primary medical care commissioning. To that end NHSE will require robust assurance that their functions will be effectively carried out. Similar to model 2 above the functions to be included are;
- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices and removing a contract);
 - Newly designed enhanced services;
 - Design of local incentives schemes as an alternative to QOF;
 - The ability to establish new GP practices in an area;
 - Approving practice mergers; and
 - Making decision on 'discretionary' payments (e.g. returner/retainer schemes).
- 6.14 With regard to the governance of this model it is recommended that CCGs establish a primary care commissioning committee. CCGs will be required to ensure that the committee is chaired by a lay member and have a lay and executive majority.
- 6.15 The Board is asked to note that following extensive engagement with the CCG membership (GP practices) Lewisham CCG will be recommending to its Governing Body on 8th January 2015 that an EoI is submitted to NHS England for '*joint commissioning arrangements*' of general practice services for 2015/16 with a trajectory for '*delegated arrangements*' in 2016/17.

7. Strategic Commissioning Framework for Primary Care Transformation in London

- 7.1 The Strategic Commissioning Framework for Primary Care Transformation in London was published at the end of November 2014. The framework builds on work already undertaken and aims to support further development of local plans and to complement and enhance other service requirements and standards such as those published by the Care Quality Commission (CQC). At the core of the Framework is a specification for general practice that sets out the new patient offer. The specification is arranged around the three aspects of care that matter most to patients;
1. **Proactive care:** Better access primary care professionals, at a time and through a method that's convenient and with a professional of choice.
 2. **Accessible care:** Greater continuity of care between NHS and other health services, named clinicians, and more time with patients who need it.
 3. **Co-ordinated care:** More health prevention by working in partnerships to reduce morbidity, premature mortality, health inequalities, and the future burden of disease in the capital. Treating the causes, not just the symptoms.

- 6.2 These three care areas are supported in LCCGs Primary Care Development Strategy (Section 3.8) and Better Care Fund as well demonstrating synergies with the South East London Strategy.
- 6.3 In line with the CCGs statutory responsibilities an engagement programme on the Framework was launched for CCGs members on 10th December 2014. On the 12th December 2014 full details and a summary of the Framework was distributed to all members. In addition, a questionnaire requesting members views on the framework.
- 6.4 A Roadshow on the Framework for all four neighbourhoods will commence in January 2015. It is the CCGs intention to collate member's responses and submit to the London Board prior to the re-refresh of the Framework, which is due for re-release in April 2015.
- 6.5 Wider engagement with key local stakeholders includes Healthier Communities Select Committee and Health & Well Being Board as a part of discussions on Primary Care Developments. In addition, the CCG will be submitting a briefing paper to the Lewisham Medical Committee Liaison Meeting on 21st January 2015.
- 6.6 A summary of the Framework can be found at Appendix 2.
- 6.7 Therefore, the Board is asked to consider the following questions in relation to the Framework; (i) Confirm that the *Framework* covers the correct areas; (ii) Are there other areas that should be considered in the *Framework* that currently aren't?; and (iii) How could the *Framework* be strengthened?

8. Financial Implications

There are no specific financial implications arising from this report.

9. Legal Implications

There are no specific legal implications arising from this report.

10. Crime and Disorder Implications

There are no specific crime and disorder implications arising from this report.

11. Equalities Implications

There are no specific equalities implications arising from this report, however addressing health inequalities is a key element of the Lewisham Clinical Commissioning Group and Lewisham Borough Council's 'joint' Commissioning Intentions for Integrated Care in Lewisham 2015 to 2017.

12. Environmental Implications

There are no specific environmental implications arising from this report.

13. Background Documents

Lewisham CCG Primary Care Development Strategy

Link: <http://www.lewishamccg.nhs.uk/about-us/Who-we-are/Pages/governing-body-papers.aspx>

Care Quality Commission (CQC)

GP Intelligent Monitoring Reports

Link: <http://www.cqc.org.uk/download/a-to-z/gp-imonitoring-november-2014>

Everyone Counts: Planning for Patients 2013/14

Outlines the incentives and levers that will be used to improve services from April 2013, the first year of the new NHS, where improvement is driven by clinical commissioners.

Link: <http://www.england.nhs.uk/everyonecounts/>

NHS Five Year Forward View

The purpose of the Five Year Forward View is to articulate why change is needed, what that change might look like and how we can achieve it. It describes various models of

care which could be provided in the future, defining the actions required at local and national level to support delivery.

Link: <http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

14. Contact/s

Diana Braithwaite, Commissioning Director, Lewisham CCG; Email:

diana.braithwaite@nhs.net

Kenny Gregory, Joint Commissioning Lead – Adult Mental Health, London Borough
Lewisham Council and Lewisham CCG; Email: kennethgregory@nhs.net

Ruth Hutt, Public Health, London Borough of Lewisham; Email: ruth.hutt@nhs.net

Mike Salter, Medicines Management, Lewisham CCG; Email: msalter@nhs.net

Appendix 1: GP Practices in Lewisham - Neighbourhoods

GP Practices In Lewisham

● North Lewisham Practices

- 1 Morningson
- 2 Queens Road
- 3 Kingfisher MC
- 4 Clifton Rise
- 5 New Cross Health Centre
- 6 Grove Medical Centre
- 7 Vesta Road
- 8 Amersham Vale Training Practice
- 9 Deptford Surgery
- 10 Dr Batra Surgery
- 11 Deptford Medical Centre

● Central Lewisham Practices

- 12 Belmont Hill
- 13 Lewisham Medical Centre
- 14 Burnt Ash Surgery
- 15 Morden Hill
- 16 St Johns Medical Centre
- 17 Lee Road
- 18 Brockley Road
- 19 Hilly Fields Medical Centre
- 20 Honor Oak
- 21 Triangle
- 22 Rushey Green
- 23 Woodlands Health Centre
- 24 Nightingale
- 25 Hurley Group Practice

● South East Lewisham Practices

- 26 South Lewisham
- 27 Tonidon Road
- 28 Baring Road
- 29 K/O Moorside Clinic
- 30 Downham Family Practice
- 31 Winton
- 32 K/O Chinbrook
- 33 Parkview
- 34 K/O Marvels Lane Health Centre
- 35 Muirkirk Road
- 36 K/O Boundfield Road Medical Centre
- 37 Oakview

● South West Lewisham Practices

- 38 Jenner
- 39 Sydenham Green
- 40 Woolstone Medical Centre
- 41 Sydenham Surgery
- 42 Wells Park
- 43 Bellingham Green
- 44 Vale Medical Centre



Appendix 2: Summary – Strategic Commissioning Framework for Primary Care Transformation (MS PowerPoint)

Glossary of Terms

APMS: Alternative Provider Medical Services

C&B: Choose & Book

COPD: Chronic Obstructive Pulmonary Disease

CQC: Care Quality Commission

GMS: General Medical Services

IAPT: Improving Access to Psychological

PMS: Personal Medical Services

RSS: Referral Support Service

QOF: Quality Outcomes Framework