**CLICK Projects Summary (Current)**

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| 1. **CLICK Into Activity**   **Project Leads: Emeline Dean**  **Funding: Sport England/South Somerset District Council (3 Years)**  **Blockages: Practice Take Up of Appointments**  CLICK into Activity encourages self-care for patients by motivating and empowering them to keep fit and well. The programme targets hypertensive, diabetic and pre-diabetic patients with physical activity and sport interventions in order to improve their health and wellbeing by:  • Delivering physical activity and sport opportunities to inactive patients with a range of abilities  • Increasing the number of patients taking part in 30 minutes of sport at least once a week  • Motivating and changing the behaviour of patients who have long term health conditions  • Collecting and maintaining an accurate evidence base to support programme evaluation.  To achieve this, 2 CLICK exercise specialists have developed partnerships with CLICK GP practices, communities, community groups, sports clubs, and parish councils, in order to drive forward patient participation in sport and physical activity. They work closely with individual communities and GP practices to facilitate and co-ordinate the delivery of physical activity and sports sessions that meet the personalised needs of patients targeted through the programme. This is bespoke, person-centred care, designed around physical activity needs and aspirations of patients with long term conditions.   1. **Urgent Home Visit Service**   **Project Leads: Martin Daly, Katie Packham, Jill Wilson**  **Funding: PCCF (1 Year)**  **Blockages: Clinical Indemnity Cover, Mobile Working (Both Resolved)**  Two Emergency Care Practitioners (ECPs) work across all CLICK practices providing same day, urgent/acute home visits. Multiple benefits to patients and practices have been reported, including more patients seen earlier in the day (possibly reducing the need for an overnight admission) and earlier interventions/treatment/investigation, more thorough and pro-active assessments of patients, and freed up GP time. This project is proving to be a successful, joined up organisational process using collaborative working. It also supports the CCG’s Long Term Conditions (LTC) framework by:  • enhancing the quality of life for patients with long term conditions  • helping patients to recover from episodes of ill-health or following injury  • ensuring patients with long term conditions have a positive experience of care  • treating and caring for vulnerable patients in a safe environment and protecting them.   1. **Medication Review Service**   **Project Leads: Paul Cornish, April Jefferson, Ben Osborne, Mike Osborne**  **Funding: PCCF (1 Year)**  **Blockages: Practices Under-Utilising Home Visiting Pharmacist**  CLICK has collaboratively employed a pharmacist to visit patients post-discharge to review complex medication changes. Often patients with long term conditions can need multiple medications and support is often required to ensure clarity and compliance. Further medication changes following an admission can lead to confusion and poor compliance. This service assists in educating and empowering patients in taking responsibility for their medication. It is a pro-active service which seeks to engage and inform patients so that they can manage their long term conditions with greater effectiveness. It has also reduced significant patient safety risks by removing old medications that are no longer required.   1. **Pharmacists in Practice**   **Project Leads: Matthew Burne, Sue Harris, Di Kibblewhite**  **Funding: NHS England/Practices (3 Years)**  **Blockages: Risk Sharing, Employment, Indemnity Insurance, Professional Development**  7 of the CLICK practices have been working across Commissioning Localities in a joint project with Taunton practices to jointly employ 2 Pharmacists in practices. The role of the Pharmacists is to support patients with minor ailments, undertake medication reviews for complex patients with multiple LTCs, and to provide expert pharmacist advice and interventions for all patients. This patient centred service will encourage and empower patients to manage their medications and therefore supports the CCG’s LTC framework. Both pharmacists have been recruited and will start work mid-July and mid-August 2016 respectively.   1. **Complex Care GP Service**   **Project Leads: Martin Daly, Will Harris**  **Funding: CCG (Annual Rolling Programme)**  **Blockages: Creating Sufficient GP Capacity**  CLICK practices have supported the CCG’s proactive case management of vulnerable people by implementing a Complex Care GP service across the whole Federation. This service offers in depth reviews and personalised care plans for patients with complex health needs, often for patients with multiple LTCs. CLICK has targeted high admission homes first with the aim of reducing admissions to hospital. The service supports the CCG’s LTC framework by enhancing the quality of life of patients reviewed, by developing a comprehensive, scheduled, pro-active, person centred care plan, and by empowering the people caring for these patients. It also helps to develop the knowledge, skills and confidence of care home staff and carers. In 2016/17 the service will be extended to extra homes targeted using CCG data and local GPs’ knowledge.   1. **One Domain**   **Project Lead: Ben Osborne**  **Funding: CCG**  **Blockages: Project Put on Hold by CCG/CCG Funding Lost**  We were set to become one of the first Federations to have rollout. It would have enabled us to have: secure sharing of protocols and training information; file sharing across practices; and logged users into any PC in any practice. Data would have been backed up to the CSU’s data centres, with no need for practices to do local backups. Furthermore, staff could have worked from any site and centrally hosted emails could be accessed via Web Browser from anywhere.   1. **Primary Care Development Fund**   **Project Lead: Ben Osborne**  **Funding: PCDF**  **Blockages: Practice Manager Capacity**  The CLICK Federation’s bid was successful and we were awarded a match funded grant of £15,000. Agreement has been reached about using some of the funding to employ a project developer to help pool together what each surgery wants from working together more closely. This will help enable CLICKs vision to be implemented, by creating some dedicated time to this task, which currently is not available, given the current pressures on CLICK practice managers.   1. **House of Care**   **Project Leads: Martin Daly, Katie Packham, Sarah Poyntz-Wright**  **Funding: CCG**  **Blockages: Practices Fully Implementing the Model After the Training**    Clinicians attending the House of Care training said it could enable LTC patients’ priorities and their concerns to shape the nature of LTCs consultations, as opposed to them be driven purely by clinicians’ considerations. Where CLICK practices have implemented the model, there has been a notable shift in roles and responsibilities towards the patient. Indeed, 2 of the practices who had the training have been jointly using a LTC nurse to carry out personalised reviews of vulnerable, at risk patients at home, to ensure their care plans are up to date, accurate, and being implemented. This LTC service is shaped by the personal needs of patients, especially patients who are older, high risk and those needing extra care to avoid unplanned admissions.   1. **ACE Lung Cancer Pilot**   **Project Leads; Sue Harris, Jill Wilson, Amelia Randle**  **Funding: CCG**  **Blockages: Clinical Templates (Resolved)**  This pilotseeks to improve the early diagnosis pathway and patient experiences of those suspected of having lung cancer. CLICK focused on lung cancer by reviewing referral rates for chest x-rays, and encouraging all clinicians to use the online resource for the delivery of brief interventions in primary care. A CLICK workshop to present and discuss the results was held. |

**CLICK PROJECTS SUMMARY (New Ideas)**

1. **Key Referral Pathways**

**Project Lead: Ben Osborne**

**Funding: CLICK Practices**

**Blockages: Practice Manager Capacity, Abacus Functionality**

CLICK would like to work with Somerset CCG and South West Commissioning Support (CSU) to review 8 key referral pathways, to find out why surgeries are referring above (or below) the Somerset average.

The aim is to first find any causes that may account for variations in referral patterns, and to establish where a surgery may be referring differently, per discipline internally, CLICK would share best practice to decrease the number of referrals into hospital.

This work may help provide evidence for bringing specialities out of secondary care into primary care, and taking new approaches to referrals.

One meeting has been held with the CCG meeting to discuss this topic: there was some discussion around varying referral thresholds, and it was agreed that one surgery would do a clinical review of referrals for gynaecology and ENT, with

* The CSU to provide support from the Referral Management Centre to assist with the clinical referral review sessions and capture the output of the reviews.
* This data will then be acted upon to make changes where possible to improve referral rates and this learning will be shared with CLICK, with their learning shared if/when they have similar meetings.

1. **Paediatricians in Practice**

**Project Lead: Emeline Dean**

**Funding: TST and CLICK Practices**

**Blockages: CCG**

CLICK practices would like to host consultant paediatrician clinics; the concept was initially discussed between all CLICK practices, Sarah Bridges, and Chris Knight, (Consultant Paediatricians) as a concept to support patients locally, and cut down travel to see a paediatrician. CLICK even got as far as developing a draft proposal with TST:

* All referrals to be sent by email direct to named consultant
* Advice will be given or specialist review arranged or suggestion that place in primary care clinic
* Named consultant ( Chris Knight) running clinic every 2 months ( 8 x 30 min slots)
* GP trainee in clinic to complete EPR and receive training
* Practice CPD at end of clinic going over all patients seen.

1. **Schools Training Team**

**Project Leads: Ben Osborne, Paul Cornish**

**Funding: CLICK Practices**

**Blockages: Practice Manager Capacity, School Timetables**

Initial discussions about setting up a training team to include Practice Managers, nurses and other healthcare workers (eg pharmacists). The training team would go into schools and deliver educational packages, about GP surgeries, pharmacists, hospitals and care homes, giving school pupils early understanding and knowledge before they leave school. We initially planned to target school years 7 to 10. The sort of training we propose is as follows:

* Quarterly one hour sessions
* A combination of whole year assembly and individual form workshops
* To deliver an overview of the NHS and how it works (whole year assembly)
* Pathways for individual healthcare
* Deliver knowledge that is easy to disseminate through family units
* To highlight differences in the NHS locally such as, Primary Care, Secondary Care, Community Care, Public Health, etc.
* To deliver the teaching through interactive case studies
* How to navigate the internet correctly to prevent self mis-diagnosis
* Basic cost analysis of the NHS and likely future NHS changes.

1. **Staff Training and Development**

**Project Leads: TBC**

**Funding: CLICK Practices/CCG**

**Blockages: Practice Manager Capacity**

Following 2015 training needs analysis amongst CLICK practices, it was agreed to use Federation prescribing incentive scheme funds for common training priorities, such as fire safety and awareness, dealing with difficult and aggressive customers, and developing leadership skills. Some of this training has been completed, but further work needs to be done to develop a much broader training programme. This could be co-ordinated across all CLICK practices to cover: training and development to support personalised care planning for LTCs; the GPs providing or considering providing the Complex Care GP service; access to free local training for nurses who want to study for chronic disease diplomas; and changing the focus to far greater levels of patient self-management, by skills development for practice staff, and the information supplied to patients. However, there is a feeling that more support from the CCG is needed to fully enable and embed this approach across the Federation.

1. **URGENT CARE SERVICE INITIATIVES**

**Project Leads: TBC**

**Funding: TBC**

Same day service for patients with urgent care needs: patients able to access clinical assessments and interventions, either in person or by telephone, potentially run by emergency care practitioners/paramedics, with GP advice/support if/when required.

1. **NEWLY QUALIFIED GP ROTATION**

**Project Leads: Emeline Dean, Jill Wilson**

**Funding: TBC**

Rotation of newly qualified GPs between practices, with new enhancements added, such as Complex Care, local community hospital placements, and time at the CCG. Not necessarily a CLICK Federation project as could potentially be Somerset-wide.