Londonwide LMCs
The professional voice of London general practice

A FRAMEWORK : Health and Wellbeing For London's People
November 2016

SUMMARY

London, World Capital City: London is growing rapidly - today's 8.2m residents will rise to 10m by 2030: that is nearly twice the size of Scotland or Ireland, and three times the size of Wales or Iceland; the size of a medium sized country. London is the economic powerhouse of the UK and rated amongst the top cities in the world. To support and sustain this position all of us who live and work in this city must use our influence to match public service funding to the needs of our people and where necessary grow the funding available for the health, care and wellbeing that London's people provide, use and need.

London Needs: It is agreed that when 'wider determinants of health' are not recognised as needs, they often go unaddressed; further compounding the very health inequalities and poor well-being which we strive to defeat. Fewer than half of the problems presenting to GPs are related to specific disease processes, with more than half relating to dis-ease. London's people want and need accessible health and care services of the right type and in the right place, locally in the neighbourhoods and communities in which they live, many of which cross the formal local authority or health service boundaries to which resources are allocated.

Delivering for London: As expert generalists, specialising in whole-patient and family care, GPs and the members of practice teams are on the frontline, along with community nurses, health visitors, mental health workers voluntary and third sector services, faith groups, the police and teachers all of whom see first-hand the impact of services that are unable to meet health and well-being need, whether due to lack of funding, or poor leadership, absence of coordination, or other reasons. Over and mis-use of hospital services is often the result of a lack of funding and coordination across community based services. The challenge is to enable services to connect across boundaries to meet need, and to not allow administrative boundaries to restrict service for patients. Practices need sufficient autonomy to tailor the delivery of services to meet the particular needs of their local population. This is particularly vital in London due to the immense diversity of local populations.

A New Way: Services should be based where they are best delivered; often in the communities where people live. Multi-disciplinary community systems (MCSs) – whether physical or virtual – could meet the health and wellbeing needs of people in these communities if adequately financed.

NEXT PAGE : Getting to Good

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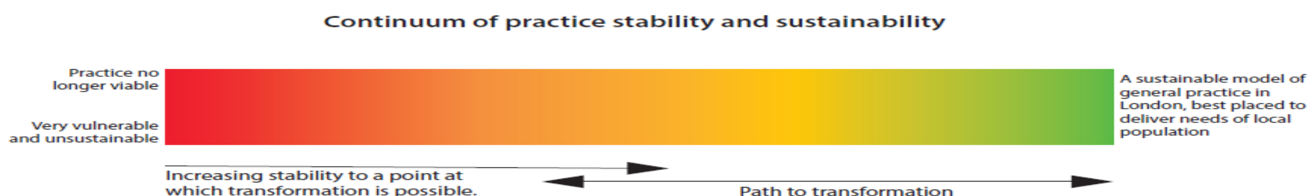
Getting to good: Stabilise, Transform to Sustain for long term General practice in London



The graphic above sets out the journey along which practices need to be supported to reach the sustainability needed to achieve this vision.

A fresh collaboration is proposed between Londonwide LMCs, Commissioners and Healthy London Partnerships to deliver a framework for London to enable that support to be delivered in good time for implementation at the start of the coming financial year.

BACKGROUND, CONTEXT AND METHODOLOGY

London's people: their diversity, their health, their care and their wellbeing.
London differs from the rest of the UK. London has an increasingly diverse population and is both a hub and a haven for young and older people seeking safety, food, shelter, or work to improve their lives. London is a city characterised not only by the number of languages spoken but also by the number of people who do not have English as their first language. The city's highly mobile population is also ageing, and levels of extreme wealth and extreme poverty define the inequities that exist across communities. Social isolation and homelessness among the vulnerable, young and old, are rising. Each of these key features, including unemployment, lack of opportunity and poverty along with the massive costs associated with housing, living and working in the city contribute to differing degrees to the well-being or otherwise of each and every one of our citizens, determining the health of our citizens. When these 'wider determinants of health' are not recognised as needs, they go unaddressed and ultimately contribute to unnecessarily poor health which in turn generates pressure on our health and care systems which, often coupled with the inverse care law, further compounds the very health inequalities and poor well-being which we strive to defeat. GPs and practice teams deal with the daily reality of the impact of ignoring these wider determinants of health and wellbeing. This is where public health and general practice align, with issues such as prevention, self-care, immunisation uptake, sexual health, childhood obesity and TB being clear illustrations of the challenges that face us.

Achieving Wellbeing

GPs as experts in generalist health, care and wellbeing, have immense expertise in addressing patients' unfiltered and interdependent problems arising from medical, psychological, and social causes, building a strong partnership of trust over time. GPs diagnose and manage short and lifelong conditions, and, in collaboration with other professionals, work with people to help them to achieve wellbeing and take preventative measures to avoid ill health. Indeed, patient trust and the expertise of the GP in seeing patient as a whole complex being, rather than a sum of their parts, enables the GP to act as a patient's advocate and a therapeutic agent that improves a patient's sense of wellbeing and safety as much as the prescription written or referral made.

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It is important to recognise that less than half the problems presenting to GPs are related to specific disease processes, with more than half relating to dis-ease. Hospitals rightly by design, operate on the disease-based biomedical model alone, rightly so as their purpose is to treat disease. Whereas GPs and practice teams operate on a bio-psycho-social model of health designed to help people deal with their dis-ease of which illness may or may not be the main feature, and which, if allowed to flourish, inherently supports the achievement of wellbeing.

Individuals, families, communities, neighbourhoods and services

As with education, London's people want and need accessible health and care services of the right type and in the right place, locally in the neighbourhoods and communities in which they live, many of which cross the formal local authority or health service boundaries to which resources are allocated. The challenge is to enable services to connect to meet the need; crossing boundaries rather than being dissected by them. GP practices are firmly embedded in the communities they serve and perfectly placed to provide continuity and coordinate the journeys of people needing or using these services.
Practices need sufficient autonomy to tailor the delivery of services to meet the needs of their local population. This is vital in London due to the immense diversity of needs, beliefs and values. Such autonomy has historically enabled GPs and their teams to develop strong relationships with local communities and, deliver high quality care to vulnerable populations. GPs view people holistically and are trained to explore and recognise the contributions of all the components of wellbeing including their physical, mental, emotional, social, environment and spiritual health. GPs clearly cannot meet all of the needs for our people's wellbeing in isolation and Practices are well placed to sign post to other services; a strong collaborative working arrangement with other wellbeing service partners including the third sector is vital if wellbeing of local communities is to be maximised.

London's General Practice, Community, Social, Mental Health and Voluntary services

As expert generalists, specialising in whole-patient and family care, GPs and the members of practice teams are on the frontline, along with community nurses, health visitors, mental health workers voluntary and third sector services, faith groups, the police and teachers all of whom see first-hand the impact of services that are unable to meet health and well-being need, whether due to lack of funding, or poor leadership, absence of coordination, or other reasons. GPs are trained to sift through the complex problems associated with people's lives, and refer to hospital those who need the medical treatments that only hospitals can provide. They are also trained to work within and across wider primary, community, mental health, social and voluntary services to oversee the coordination of peoples' care and wellbeing that does not need a hospital referral; and yet these services which hold the key to the co-ordinated care needed to ensure only people who need to go to hospital end up there are no longer designed around the practices in the communities where people live. This lack of coordination across community based services, along with a lack of funding, is unsustainable, and over and mis-use of hospital services is often the result. The National Audit Office (2015) reports that a 1% investment in community services results in a 3% reduction in A&E attendances.

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London is different; London needs better

Hospitals should be supported to do what hospitals do best. Services for people who have health and wellbeing needs that do not require hospital care or for which the advice of expert specialists is not needed should be based where such services are best delivered; in the communities where people live, co-ordinated by the GPs and practices with whom they are registered, working in multi-disciplinary community Health and Wellbeing systems (MCHWSs) which are sufficiently financed to meet the health and wellbeing needs of people in those communities . Such MCHWSs, which could be virtual systems, would be London's way of delivering the objectives within the NHSE Five Year Forward View, (which allows for variants of the main MCP models proposed), shaped in a way which meets the very specific health and wellbeing needs of the people of this Capital.

Good looks like this;

Person-centred; Based on the GP registered list; Empowerment by shared record approach (not dissimilar to maternity care now); Services co-ordinated by the registered GP practices working collaboratively with other community-based services in local Virtual Multi-disciplinary Community Health and Wellbeing ***Systems*** (MCHWS) to allow health, care and wellbeing to be delivered/ achieved within and across organisational and local government boundaries; Has the potential, once sufficiently developed, for one contract or compact across the multi-disciplinary community system under which all component services work to deliver care outside hospitals; Hospital contracts redrawn to enable appropriate funding for the services for which they are best designed to provide.

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NEXT STEPS: Getting to good; Stabilise, Transform to Sustain

Continuum of practice stability and sustainability

The evidence that general practices are unstable is compelling and has, resulted in the rolling out of NHSE's GP Forward View with its initiatives on vulnerable practices, building all practices' resilience, releasing capacity, underpinning the workforce and improving morale. However, these must not be taken as isolated initiatives. Rather, alongside the London Health Commission report, and along with the GP PMS and GMS contractual reviews, the GPFV initiatives need to support to practices to move from instability to the sustainability needed to deliver the vision for the health and wellbeing of London's people.

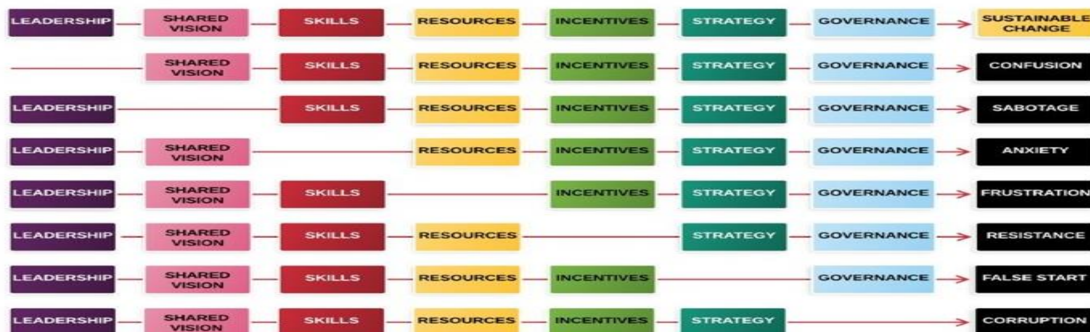
The graphic above sets out a staged journey along which practices need to be supported to reach the sustainability needed to achieve this vision.

Commissioners have not as yet identified where every practices sits in the continuum of practice stability and sustainability. Practices must be supported to determine their own degree of stability; external measures only will miss key factors such as imminent retirements that are only known to members of the practice.

- An appropriate needs assessment for individual practices must be stage 1.
- The needs assessment can then inform stage 2 - developing local stabilisation plans and a shared vision for transformation to sustainable general practice within multi-disciplinary community systems.
- Stage 3 will be the delivery of the stabilisation and transformation plans.

For success, there must be a fully informed strategic approach that encompasses best practice and key enablers of complex change management.

Complex Change Management Matrix



SURGICAL DIAGNOSTIC TOOL FOR COMPLEX CHANGE MANAGEMENT - THILINA RAJAPAKSE @ThilinaRa

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