



GREENWICH
HEALTH

GREENWICH HEALTH

Annual Report
2023/24

www.greenwich-health.com



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About Us



Welcome to the first ever Greenwich Health Annual Shareholder Report, your comprehensive summary of our progress, services and support for practices.



Committed to Local General Practice In Greenwich

We are committed to ensure the sustainability and resilience of general practice in our borough and to the benefit of clinicians and patients.

Since forming in 2016, Greenwich Health has grown to be a valued system partner in Greenwich, delivering in excess of 150,000 patient consultations per year. We deliver vital care to local residents, delivering contracts and services on behalf of local practices, Primary Care Networks, the NHS (through SELICB) and the Royal Borough of Greenwich.

This report has been written for our practices to give you a greater understanding of how the organisation has developed over the past 8 years, the services we are providing and how we actively reinvest into local practices to provide support for training, education and greater resilience in local general practice.

What we do

Greenwich Health was established by all practices in Greenwich, with each practice holding a share in the company. This means we are owned and operated for the benefit of our members and the community. In line with shareholder wishes, we operate as a not-for-profit organisation, ensuring that our focus is always on delivering services to the highest possible standards, with quality and safety as our top priorities.

Any surplus we generate is reinvested to support local practices and drive future organisational growth. Over the past 12 months, we have invested more than £120,000 into our Practice Support Programme (PSP) and Greenwich Training Hub, providing invaluable support and education to primary care colleagues.

Mission Statement

To provide high quality health care that both **patients** and **clinicians** would recommend to others, **commissioners** would select for their local population and **employees** are proud to work for.

Vision

To create **excellent services** with passion, energy and determination. To be a **champion** of integrated, effective, and **innovative healthcare solutions**. To support a **sustainable model** of primary care.

Our shareholders' agreement commits us to eight key objectives that deliver our Mission and Vision:

- Observing a practice-first approach, where appropriate, to provide at-scale services to the local population.
- To deliver such other services as may be ancillary or supportive of the above or related services which benefit local practices and/or patients.
- To diversify income to ensure that Greenwich Health remains sustainable for the future.
- To help drive and maximise income for local practices.
- To provide or support back-office processes and optimisation such as workflow, admin locum bank, call/recall processes to aid local practices.
- To offer resilience support to local practices through our Practice Support Programme (PSP).
- To continue to support the local practice and company workforce by supporting training, retention and recruitment.
- To support the development and success of PCNs.



NIRAJ PATEL

Director & Chair



SHIKHA SINGH

Director



REBECCA MOORE

Director

WELCOME TO THE GREENWICH HEALTH 2024 ANNUAL REPORT

As local GP partners, elected by our fellow colleagues, we take great pride and responsibility in honouring the commitment of our shareholders' agreement to engage our member practices. Despite a monumental tendering process and mobilisation of a 24/7 urgent care service, we have continued our monthly GH wrap newsletter and corporate membership letters, updates at the PLT, our yearly AGM and the Practice Support Programme workshop held in April 2024. We continue to attend LMC and PCN CD meetings. We are also in regular conversations with many of our GP colleagues on a range of topics, but particularly on what we can do to support practices further.

We believe ongoing conversations are important - so we will be visiting practices this year to discuss their individual challenges and ways we can help and to provide further clarity on what GH does as an organisation.

To facilitate this, we have produced an annual report that shows all the work Greenwich Health has done, some of our achievements, showcasing some of our key staff and sharing some of our future plans.

The achievements outlined in this report are not solely those of our core team - this is your organisation as member practices. We could not do what we do without your help and support and we hope you have also experienced the benefits of our Practice Support Programme. As always, we remain at your service for any assistance we can offer you.

There are many ongoing challenges we are dealing with and more ahead, however, we are committed to our practices and the services we deliver with the ethos of constant improvement.



REINVESTING INTO OUR GENERAL PRACTICES

"I must congratulate the amazing team at Greenwich Health who stepped up to the huge challenge of mobilising a multi-million-pound service this year. A huge team effort went into taking on the UTC contract in June this year. Every aspect of our organisation has undergone significant growth and change over the past 12 months, which would not have been possible without our team showing the professionalism, determination and skill to address each and every challenge head on."



DAVID JAMES

Chief Executive Officer

Greenwich Health experienced a transformative year in 2023/24. After winning the Greenwich Urgent Treatment Centre contract in March, we had just 14 weeks to mobilise and take over from the previous provider. Despite the tight timeline, our commitment to quality patient care and delivering a high-performance service remained paramount. The demands of the new contract has required rapid growth across our organisation to meet the needs and expectations of patients and commissioners alike. We have strengthened our team to ensure we continue delivering high-quality services and are prepared for future growth.

The cost of mobilising the UTC and delivering the necessary growth has required significant financial investment, however we remain confident in the trajectory of the company and continue to ensure we maintain close financial and operational oversight. Despite this, we have ensured resources are ringfenced to continue supporting the sustainability of local practices through our Practice Support Programme.

Throughout, our teams delivering our primary and community services have maintained our focus on patient care, delivering continued service improvements and performance. We also continue to innovate and improve access for our diverse population, fostering strong partnerships with Charlton Athletic Community Trust, Queen Elizabeth Hospital, Oxleas and colleagues across SELICB.

Looking ahead, the continued growth of the Practice Support Programme and internal development are key priorities. The upcoming SEL-wide NHS111 procurement has driven our plans to form a federation vehicle with colleagues across SEL to bid for larger, at-scale contracts. Additionally, director elections will be held later this year, with those elected beginning their roles at our AGM in February 2025.

Practice Support Programme



We are dedicated to supporting local general practice with a variety of services and training opportunities. Our Practice Support Programme has continued to assist member practices by funding projects to improve daily operations.

In the 2023/2024 financial year, Greenwich Health has invested **£121,943**, highlighting our commitment to strengthening general practice in the community.

CQC Support

Following the announcement of CQC's new approach to regulation in late 2022 and the introduction of their Single Assessment Framework in early 2023, we enlisted Care Consultancy Assist to support our practices with CQC compliance.

Practices were offered a choice of three support packages: 1 or 2-day focused on-site visits, or a hybrid of on-site and virtual visits, along with a comprehensive compliance audit. We funded their chosen package.

Since the project's rollout in May 2023, Care Consultancy Assist has provided essential tailored support for 11 practices, ensuring that the required standards of service provision are being met.

Invested By
**Greenwich
Health**

£27,000

"Thanks a lot for arranging Rachael for CQC mock. Really helpful and a reality check. She did a lot in 2 days and based on the visit and summary report we are working/preparing for any likely visit. Very much appreciated for your great help."

**Suresh Aravamuthan - Practice Manager
All Saints Medical Centre**

"Rachael was great! We haven't had her report yet, but she gave us a lot of verbal feedback and since leaving she has emailed some templates which we can use to record/track things. The staff got on well with her. Overall, a thumbs up from us."

**Dorothea Sanger - Practice Manager
Manor Brook Medical Centre**

EMIS Training

Following your feedback on the importance of EMIS training for practices and the prohibitive costs of hiring an external instructor, we commissioned Shai Mistry in August 2023 to provide two tailored on-site training days for all Greenwich practices. Shai, with his extensive experience as a Senior Training Optimisation Consultant for EMIS and his role as Greenwich's Digital First Change Manager, has built trusted relationships with many of our practice teams.

The training was a resounding success with 100% of practices having received or booked their training sessions. In addition, all practices have requested more sessions. Consequently, we are continuing to invest in EMIS training for the remainder of this year and into 2025. Our plans include expanding this initiative to feature larger format protected learning time events, bespoke staff workgroups, and webinars.



Praise for EMIS Training

"Excellent knowledge and with a good way of imparting information."

Heather Mustafa - Practice Manager
Bannockburn Surgery

"Excellent training day from an excellent trainer. All staff trained today found this very valuable and very informative."

Jo Gilby - Practice Manager
Eltham Palace Surgery

"Very insightful, engaging and accommodating, and given plenty of time to complete the training."

Beth - Receptionist
Thamesmead Health Centre

"Good supportive training class to get good idea about EMIS systems."

Jai - Receptionist
Elmstead Medical Clinic

**Invested By
Greenwich
Health**

£45,000

Flexible Staff Pool

In February 2022, Greenwich Health partnered with workforce management platform Lantum to create a flexible staff pool, supporting practices with reliable GP locum cover and offering significant savings on agency fees. This pool also serves as a resource for sharing local practice vacancies amongst trusted colleagues. With steady membership growth and increased usage by practices, we have recently expanded the pool to include nurses.

An exclusive 'Resources' section on our website provides members with key information, ensuring locums have access to the latest local guidelines and relevant updates. Members also benefit from access to all training webinars and workshops offered through our Training Hub.

We have recently invested further funds to continue the pool's provision for another year, demonstrating our commitment to supporting our practices with flexible staffing solutions.

**Invested By
Greenwich
Health**

£50,000



£217,410

Monies saved by our practices on bank fees (1% for GH pool staff vs 15% for Lantum Marketplace GPs) from 22/02/22 to 30/09/24

£24,978

Monies saved by our practices on bank fees (10% reduced rate for Lantum Marketplace GPs vs 15% regular rate for Lantum Marketplace GPs) from 22/02/22 to 30/09/24

GP Practice Signposting Toolkit

Enhanced GP Practice Support with ARRS and Innovative Signposting Toolkit

In the past year, primary care has advanced with the Additional Roles Reimbursement Scheme (ARRS), aimed at improving patient access by utilising a range of practitioners beyond GPs, including social prescribers, physician associates, physiotherapists, and paramedics. The Community Pharmacy First referral program also requires reception staff to be trained in directing patients to the right services.

The online GP Practice Signposting Toolkit, developed by a Management Partner from Polegate, East Sussex, supports reception and admin teams with efficient call triage and safe processing, including cases that should be directed to emergency services or self-referral pathways. Initially part of our Training Hub, this toolkit is now integrated into our Practice Support Programme. Following successful pilots at two Greenwich practices, Greenwich Health will fund the toolkit and its first year of unlimited updates for participating practices.

Increasing Prescribing Drugs Income

Prescribing drugs (PAI) income is vital for practice revenue. In March 2023, Greenwich Health enlisted Ash Lane Consulting Ltd to help practices optimise their Personally Administered Items (PAIs) and NHS Prescription Services/FP34 claims. This support not only maximised PAI profits but also streamlined processes, freeing up staff time.



The programme consisted of the following:



Part 1: Compass PPA Revenue Assurance

Access to Ash Lane's online Compass platform for 12 months, providing guidance/support to help improve the FP34 claims process to ensure that all relevant payments are received by practices. This also included monthly revenue assurance reports and support to the FP34 team to answer queries, provide training and assist with claims.



Part 2: Back-claim of historic missed income

It is possible to back-claim for PA items that have been missed, going back up to 6 years. This process involved Ash Lane accessing each individual practice's clinical system via a secure VPN and running a suite of reports to identify potential items. A series of checks were then carried out on the results to confirm that they were eligible to be claimed, the back-claim was then prepared and correctly submitted.

In addition, some practices also undertook the following:



Part 3: PAI Review and implementation of the Ash Lane PPA Process

The objectives of this in-depth review were to:

- Increase profits for the Prescribing Drugs income received for PA items.
- Ensure future PA Item income is maximised.
- Identify cost savings by switching suppliers for PA items (if applicable).
- Deliver efficiency savings from an improved approach to managing, and claiming for, PA Items.
- Provide the management team with the information and tools to ensure PAI income remains in control going forward.

No. of participating practices	12
No. of practices who regularly used Compass online platform	8
Total monies found through back-claim work incl. VAT (to date)	£35,101
No. of practices who opted for optional PAI Review	6

Feedback on the Practice Support Programme

"It has been very useful and interesting work, Tracy was very helpful."

Debbie Bodycombe - Practice General Manager
Eltham Medical Practice

"It was very helpful. Apart from one Flu claim, we didn't get much money in back payments. But that was reassuring in that it meant our existing processes caught most potential claims. However what they did do was streamline our processes, making it much more efficient. What used to take half a day now takes about an hour. A really valuable saving in time. We have continued to use them for business continuity. The time saving just about justifies the cost now, but it will be really useful in the future to help succession planning."

Helen Oakley - Business Manager
Everest Health Partnership

**Invested By
Greenwich
Health**

£53,000

Recruitment

General practice faces significant recruitment challenges, not only for GPs and nurses but also for reception and administrative roles. Leveraging our digital marketing expertise, we support practices by creating ads and promoting vacancies on our website and all social media platforms.

For practices needing more support, we provide detailed job descriptions, person specifications, NHS Jobs listings, and application collation. In some cases, we've also assisted with short-listing candidates and participated in interview panels.

"You guys really know your stuff - really appreciate your amazing support!"

Nicole Mostafa - Practice Manager
Dr. Mostafa PMS

In 2023/2024

13

**Practices received digital
recruitment support**

30

**Ad campaigns run on
4 social media platforms**

14

**Partner practice job
roles promoted**

Workflow Optimisation

In most GP practices, the majority of clinical correspondence is reviewed by a GP, though up to 80% of it could be managed by trained staff, saving GPs up to 40 minutes daily. Our support package offers methodology, tips, and guidance for improving document workflow efficiency.

So far, we've supported nine practices, many of which have found that a streamlined process reduces the pressures of correspondence management, freeing up GPs to focus on other challenges.

Invested By Greenwich Health

£16,000

"The GH team gave us the guidance and confidence we needed to launch Docman optimisation, brilliant support."

Dr Hubert Onyekwelu - GP Partner
Abbey Wood Surgery

Questions? Contact our PSP Lead Jo Boswell at: joanne.boswell@nhs.net

Greenwich Health Training Hub

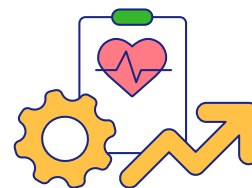


The Training hub supports the full workforce of Greenwich and delivers training and development for GPs, Nurses, ARRS staff and Admin and Clerical teams and also manages Quality approvals.

Training & Education

The Training Hub listens to staff feedback and offers tailored solutions. We've provided webinars on safeguarding, domestic abuse, conflict resolution, Docman, SNOMED, asthma refreshers, and enhanced communication.

Improved frontline staff knowledge leads to immediate benefits in patient satisfaction, care, and safety. By addressing specific needs with targeted training, we ensure our staff are well-equipped to handle various situations effectively.



500

Staff Trained Online

Health Ambassador Programme

Aspirational careers fair connecting clinicians with students to inspire them toward healthcare careers.

Key benefits include:

- Inspiring and mentoring the future healthcare workforce.
- Strengthening ties with educational institutions.
- Increasing practice involvement in community outreach.





Protected Learning Time Events (PLT)

In the 2023/24 period, Greenwich Health held two highly successful PLT events, with over 700 staff participating in continuous professional development sessions.

September 2023 Event

320 attendees featuring workshops on: Mental Health Awareness, Domestic Abuse, Respiratory care, and the CQC Framework.

February 2024 Event

340 attendees engaging in sessions on: ADHD, Adult Mental Health, Learning Disabilities, Autism, and Effective Communication with Difficult Patients.

PLT Praise & Testimonials

"Thank you for arranging the training. The content was extremely useful and practical."

ADHD & Adult Mental Health Session - Feb 2024

"Every session seems to have professionals and great content. Happy to see other healthcare workers explain their role and put faces to names."

Learning Disabilities & Autism Session - Feb 2024

Practice & Patient Benefits

Practice Benefits

- ✓ Enhanced staff wellbeing and productivity.
- ✓ Reduced staff burnout and absenteeism.

Patient Benefits

- ✓ Indirectly benefits patients through improved mental health and wellbeing of healthcare providers.
- ✓ Staff being linked in and feeling welcomed and included in the borough.
- ✓ Retention is enhanced.

All PCNs were approved for 2023/2024. We are conducting annual reviews and working to approve new GP trainers. We're also establishing multi-professional faculties - groups that discuss clinical cases and learn together.



Nurse Forum

Throughout the year, we regularly host Nurse and Allied Health Professional (AHP) forums that serve as key opportunities for professional development, networking, and collaboration among colleagues across Greenwich.

These forums consistently receive positive feedback and are well attended, with around 30 healthcare professionals joining each session. Each forum provides clinically relevant educational content, delivered by leading experts, ensuring that our staff are equipped with the latest knowledge and skills.



We encourage all nurses and AHPs to attend these sessions, which also count towards Continuing Professional Development (CPD) hours for revalidation. Our upcoming forum will focus on wound care, providing an essential update that ranges from foundational practices to managing complex and chronic wounds.

These forums continue to play an important role in fostering a knowledgeable and connected healthcare community, benefiting both individual practitioners and the wider system.



Innovation Through Professional Development

In the 2023/24 period, Greenwich Health held two highly successful PLT events, with over 700 staff participating in continuous professional development sessions.



The new training was delivered at the Nurse Forum (35 attendees, as well as the February PLT (70 attendees) and is currently being enhanced and developed further to reach more staff across multiple boroughs.

Well Being



Well-utilised Counselling service provided for all staff in all roles.



Practitioners group events - bi monthly to support and retain GPs in the borough.



Training Hub wellness comms and signposting to local and national offers.



ARRS group was formed over 12 months ago. We have now had 4 successful events which usually take place after the PLT, welcoming all ARRS members across Greenwich.



Urgent Treatment Centre (UTC)



In 2023, Greenwich Health won the bid for the Queen Elizabeth Hospital (QEH) Urgent Treatment Centre (UTC), launching the service on June 29, 2023. Previously, the UTC faced poor KPI performance and lacked connections with local practices and Lewisham and Greenwich NHS Trust (LGT).

While striving to achieve KPIs like 4-hour breaches and 15-minute streaming targets, we are focused on easing Emergency Department (ED) pressure and bridging primary and secondary care through innovative approaches.



Our Digital Front Door was installed in Dec 2023

Practice & Patient Benefits



Striving to meet the 95% target for 4-hour performance

Since Greenwich Health took over the service, QEH UTC has seen improvements in performance with average wait times reduced significantly. By implementing surge management appointments, escalation planning, shift lead training, and enhanced referral pathways, Greenwich Health is working towards regularly meeting the 95% target for 4-hour performance.



Holistic Care

With strong community links, Greenwich Health ensures patients receive holistic care, including access to Live Well services. We make it easier for patients to connect with GP services and other resources within the borough.



Patient Voice

To further enhance patient experience, we send daily Friends and Family Test (FFT) surveys, ensuring patients have a voice in their care and experience at the UTC. This feedback allows Greenwich Health to continually develop and improve the service.

Data & Outcomes

Initial Assessments

115,000

To date, the UTC has performed initial assessments on roughly 115,000 patients who have attended the Queen Elizabeth Hospital and has also provided treatment to approximately 69,000 of those attendances.

Provided Treatment

69,000

The UTC continues to provide high quality care for all primary care and minor injury presentations to the Queen Elizabeth Hospital. We are also exploring new ways to provide treatment to a wider group of patients.

UTC

Innovation

Since going live in the UTC, the department has initiated the following innovations and pathways to support the Urgent and Emergency Care service in the borough:



- Digital Front Door triage tool
- Implemented various surge management responses
- Partnership with CACT providing direct access to social prescribing
- Hep A vaccination service
- Same Day Emergency Care pathway development
- Paediatric partnership
- GP Letter management
- Joint escalations with ED
- Following your feedback, we have improved Post Event Messages (PEMs)

The above innovations and designs have all been in response to learning from the patient and service needs, and we continue to monitor and explore new ways to provide high level of care through innovation.

Urgent Treatment Centre (UTC)

Integrating with Local Services



Enhancing Social Prescribing & Language Support

Before Greenwich Health took over the Urgent Care Centre (UCC), social prescribing was not a well-established role. We have since strengthened this aspect of care, integrating social prescribing to better support patients' overall well-being. Additionally, we identified a gap in the use of language services for patients whose first language is not English. To address this, we have rolled out the use of Language Line, ensuring that all patients receive the communication support they need for effective care.

Holistic Support at UTC: Tackling Inequalities with the Live Well Team

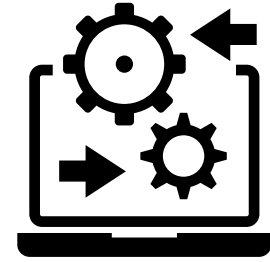
At our Urgent Treatment Centre (UTC), we have seamlessly integrated our Live Well team to address health inequalities in Greenwich. The Live Well team is available on-site to provide comprehensive support, including assistance with GP appointments, housing needs, financial advice, and access to social activities. By offering immediate help with signposting, referrals, and well-being coaching directly at the UTC, we ensure that our patients receive the holistic care they need, breaking down barriers to health and well-being in our community.



The streaming space at QEH is less than ideal - we are working with commissioners to secure funding to improve this for staff and patients.

Pathways & Integration

As part of the UTC development plan, we are committed to linking in with other local services to ensure improved communications and efficient patient referrals and treatment plans.



In the last year we have performed the following:

- ED/UTC/Orthopaedic Joint Injury Management Pathway.
- Paediatric pathways (monitored in joint monthly meetings).
- Attending QEH bed meetings each morning.
- Daily departmental updates to ED for joint working day-to-day.
- List reviews on occasion for patients in ED suitable to be transferred to UCC.
- WhatsApp communication group with ED/SDEC/UCC for urgent communications.
- SDEC pathways for referrals from UTC and ED avoidance.

At this time, we continue to explore IT interoperability possibilities between the UTC and the rest of Queen Elizabeth Hospital allowing effective patient transfers and referrals.

Patient Feedback

"The service was friendly and explained well. Was taken good care of. Only long wait times which is inevitable."

"Lovely staff."

"It was very busy but I felt like I was still seen in good time. Each nurse/doctor I see were very nice and helpful."

"The woman that attended to me was very nice, calm and more professional."

Primary Care Services



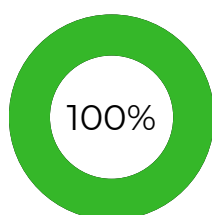
PCN Clinical Services: Greenwich Health provides EA clinics and ARRS staff to three PCNs at cost. This allows practices to reinvest those savings and enables them to focus on core services. Using EMIS Community for cross-organisational appointments and integrated IT ensures equity of access for patients across their PCN.

Dressings Service: The borough-wide dressing service offers enhanced, 7-day-a-week repeat dressing care, including compression. This supports patients needing frequent changes and relieves pressure on practices and the UTC by allowing them to prioritise urgent cases.

Winter Pressures: Greenwich Health successfully bid for winter funds to run the borough wide ARI Hub (as NHSE stipulated a hub model), delivering over 10,000 additional appointments for acute respiratory symptoms, accessible by practices, NHS111, and the community COPD team. This reduces system pressure, improves patient experience and supports practices at this difficult time of year.

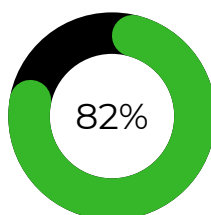
Data & Outcomes

PCN Support



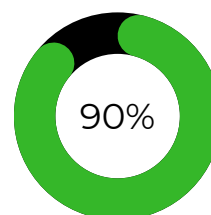
We delivered our 100% contractual hours of GP and Nurse appointments.

Dressing Service



Consistent utilisation within the dressing clinics, with an average of 82%.

ARI Hub



Delivered 4,545 appointments from Dec 2023 - Mar 2024 with > 90% appointment utilisation.

Quality & Training

All staff employed within our primary care services team benefit from access to local training and resources provided via Greenwich Training Hub.

We use local clinicians, many of whom work in Greenwich practices to deliver our services. Their knowledge of local services and pathways ensures patients receive the highest quality of care.

Our robust clinical governance processes ensure all cross-organisational PCN services are delivered to the same standards you would expect in practice. CQC rated Greenwich Health good when last inspected.



Primary Care Network Support

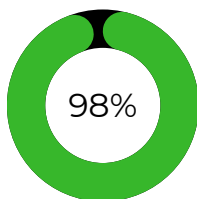
"Riverview PCN has worked closely with Greenwich Health throughout our journey as a PCN. They have been instrumental in our development and progress. Together we have built a robust ARRS workforce with an extremely low turnover rate and high levels of job satisfaction. We have been able to deploy these staff to ease the burden on practices in terms of access and workload but also to work in a more innovative way when it comes to conditions such as diabetes, producing excellent patient outcomes. Greenwich Health have also been fantastic to work with on modelling and delivering our enhanced access clinics."

**Dr. Ranil Perera - GP Partner, St Marks PMS
Clinical Director Riverview Primary Care Network**

Case Study - Greenwich Dressing Service

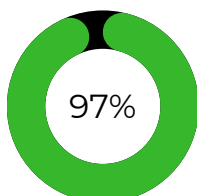
Greenwich Health successfully supported patient PB, who had faced multiple list removals due to unacceptable behavior and poor treatment of staff. The patient was at significant risk of sepsis from poor self-care, frequent unscheduled care visits, and a lack of engagement with care plans.

To address this, Greenwich Health deployed specialist care and support, coordinated with an MDT team including adult social care, and involved a named caregiver. With the patient's agreement, we managed the wound effectively, reduced visits to Urgent Care, and prevented further deterioration.



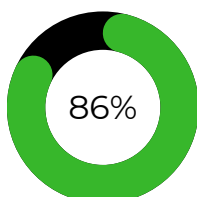
PCN Support - The FFT data for the PCN support demonstrates a very high level of satisfaction of 98% (YTD-2024).

"The doctors and staff members are helpful and show support."



Dressing Service- The FFT data suggests a high level of satisfaction with the service which is at 97% (YTD- 2024).

"I got my appointment on a same day and my doctor is very nice and friendly."



ARI Hub - We only managed to capture 1 month of FFT data. The overall satisfaction was above 86%.

"I was seen quickly. The GP listened, was attentive and very helpful."

Diabetes

Description:



3 Treatment Targets Service: This supported Greenwich practices in meeting three key treatment targets: HbA1c >75mmols/l, blood pressure ≤ 140/80, and statin prescriptions for primary (ages 40-80) or secondary (established cardiovascular disease) prevention. By focusing on these targets, the service enhanced patient outcomes and reduced complications from diabetes and cardiovascular disease, providing optimal care and support for managing complex cases.

Practice In-Reach Work (PIT Stop): PIT Stop is a diabetes education service that upskills GPs, practice nurses, HCAs, and other primary care professionals through study days and practical application. As a mentor, I used my experience in diabetes care across primary, secondary, and community settings to support colleagues and improve diabetes care quality, creating a more informed primary care workforce in Greenwich.

Practice & Patient Benefits



Patients seen in primary care setting. 1hr of face-to-face time with patient, to collaboratively create unique care plans. Sign posting & forward referrals to other services.



Joint educational programmes with practices supported by RBG.



Practice in-reach work (Healthy eating for T2 Diabetics).



A patient focus group identified gaps and inconsistency with dietary advice for diabetics within the primary care setting.

As a result, a colleague (nutritionist) and I developed a teaching session aimed at highlighting national and local guidelines, as well as evidence-based practices, for healthy eating in Type 2 diabetics.

This has been praised and found useful to primary care professionals that had attended.

Feedback on the Diabetes Service

"The 3TT service has been invaluable at St Marks - Emma had booked clinics on a set day to see patients to help optimise their current treatment or to change/start medications. The patients really found Emma's advice and help educational as did the clinicians in practice! I still have patients now asking if they can see Nurse Emma so she definitely made an impact. We wouldn't hesitate to have her back in practice. Thanks Emma!"

Claire O'Connor - Advanced Nurse Practitioner
St Mark's Medical Centre

"Many thanks for your help and guidance. You are a star!"

Bill. M

"Thank you very much Emma for your advice, support and kindness through these past few months."

Susan. P

"Thanks Emma. You have gone above and beyond for me!"

Anthony L.



Meet Emma

Hello, I'm Emma. I've been a nurse for 15yrs, training and specialising at GSTT in renal transplant and hemodialysis, then later as a Diabetes specialist nurse.

I love my job, and working for a supportive forward thinking employer like Greenwich Health is the cherry on top. At Greenwich Health, I get to support patients at face-to-face clinics, as well as mentor practice clinicians post PitStop course.

Riverview Health PCN Pilot Project

We are working to support Riverview Health PCN by implementing face-to-face pre-diabetes education within a supportive community setting. This initiative aims to provide accessible and engaging education to those at risk, fostering better health outcomes.



Additionally, we are organising group consultations for individuals with an HbA1c over 70 to improve diabetes management and overall well-being. These consultations will also serve as a gateway to other essential services across Greenwich, with a particular focus on reaching the most socially deprived communities.

This project has the potential to be a valuable model for wider adoption across our PCNs, acting as a springboard for broader implementation in the future.

Case Studies

Patient A: 67-year-old Retired Scientist

- **Initial Condition:** HbA1c 117mmol/mol; Type 2 diabetic for 3 years, previously well-controlled. Recently medically retired due to rheumatoid arthritis. Poor diet, confused about what to eat.
- **Intervention:** Engaged in long, in-depth discussions on diet and activity levels. Started on Metformin.
- **Outcome:** After 4 months, HbA1c improved to 59mmol/mol. Rheumatoid arthritis also showed improvement. The patient is now positive and motivated to maintain these changes.

Patient B: 48-year-old with Learning Disabilities (LD)

- **Initial Condition:** HbA1c 92mmol/mol; Type 2 diabetic since 2010, poorly controlled for over 10 years (HbA1c never under 60). Not working, but has good family support.
- **Intervention:** Provided detailed dietary guidance and regular phone support. Corrected timing of medications. Transitioned from oral meds to GLP-1 therapy, discontinuing Gliclazide.
- **Outcome:** After 6 months, HbA1c improved to 48mmol/mol - the best since diagnosis. The patient also achieved a 2kg weight loss.

Patient C: 52-year-old Primary School Teacher

- **Initial Condition:** HbA1c 89mmol/mol; Type 2 diabetic for 8 years with a history of bowel cancer. On Metformin, fixed-dose insulin, and Dapagliflozin, experiencing hypo and hyperglycemic episodes. Poor injection technique and lipohypertrophy.
- **Intervention:** Revised injection technique and switched to a basal-bolus insulin regime for better flexibility with diet and exercise.
- **Outcome:** After 5 months, HbA1c improved to 59mmol/mol, with significant stabilisation of glucose levels and enhanced overall health.

Learning Disability Annual Health Check Coordinator

Description:



Greenwich Health was commissioned to run a Learning Disability Health Check pilot to support uptake of LD annual reviews. The aim of this was to strengthen shareholder GP practices and address health inequalities in Greenwich.

Focusing on improving PCN IFF performance, the programme targeted practices facing demographic challenges. Numerous practices have greatly benefitted from this initiative, which promotes equitable access to care and improved health outcomes across the borough.

To deliver this, we recruited a Learning Disability Annual Health Check Coordinator who assisted with booking appointments, carrying out care plans, providing clinician support, and collating service feedback. The pilot delivered reduced morbidity, preventable deaths, avoidable admissions, and enhanced care quality.

Practice & Patient Benefits

The flexibility of the Learning Disability (LD) Coordinator role allowed for tailored support based on individual practice needs, significantly aiding partner GP practices:



Reduced Workload
for Practice Staff



Achievement of
Health Goals



Increased PCN IIF
Performance



Customisable
Support



Enhanced Quality
of Patient Care



Streamlined
Processes



Improved Patient
Awareness & Access



Time-Saving
Measures

"The newly formed LD Health Check Coordinator programme has been fantastic for Vanbrugh. It has helped to get patients booked in with some of the details pre filled which are not doctor related. This has saved time to focus on the medical issues of the Learning Disability patient. Anna has been helping us with this programme, and her help has been invaluable."

**Dr Jaisun Vivekanandaraja - GP Partner
Vanbrugh Group Practice**

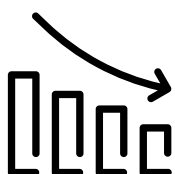
Data & Outcomes

Target	Activity
LD AHC Coordinator to support patient/carer completion of post check feedback form - minimum of 25% for appointments each week should be supported to complete the form.	Fully executed. Approx 80% of patients booked were supported in completing the form.
Ensure a minimum of 75% of patients contacted during the pilot to have their record (EMIS) updated with reasonable adjustments information.	100%. All patients booked in had reasonable adjustments updated as part of my pre-health check.
Ensure a minimum of 50% of patients contacted during the pilot to be offered the influenza and COVID-19 booster (if appropriate).	100%. All patients started with health checks were either invited or redirected to a local vaccination site if a vaccination was due.

Tackling Inequalities

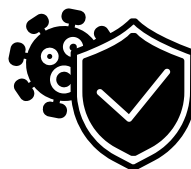
Our Learning Disability Annual Health Check Coordinator addresses significant challenges in engaging the learning disability population, which has high Did Not Attend (DNA) rates and is difficult to contact for bookings.

Increased Capacity



Before Greenwich Health's intervention, many practices couldn't contact every patient on their learning disability register. The LD Coordinator ensures all patients are contacted and invited for their health checks.

Preventable Illness Reduction



By actively engaging with this demographic, the LD Coordinator helps reduce the risk of preventable health issues, ensuring timely and comprehensive care.

Case Study

Patient X at Practice B had not received a learning disability health check in the six years they were eligible since turning 14. The patient faced several obstacles, including a language barrier within their family and the absence of English-speaking family members to assist with scheduling. By coordinating with their social worker, we successfully booked the appointment.

Despite a history of missed appointments, multiple phone calls to both the patient's household and the social worker ensured attendance and completion of the health check with the clinician. This case highlights our commitment to overcoming barriers and ensuring access to essential health services for all patients.



Live Well Services

With a focus on living well in Greenwich, our Greenwich Health Live Well team is working every day to improve the lives of residents in Greenwich.

Our team of Live Well advisors can be found talking to patients in our busy call centre, supporting patients to [quit smoking](#), delivering [NHS Health Checks](#) in local surgeries and assisting our clinicians in our [female contraception](#) clinics.

Benefits to Practices

- ✓ Behaviour change interventions involve lengthy consultations. Greenwich Health delivers these services borough-wide, allowing nursing/HCA teams to focus on practice priorities.
- ✓ Services use EMIS, automatically updating patient records and reducing practice workload.
- ✓ Clinical governance, including audits, complaints, and quality control, is managed in-house.
- ✓ Delivering at scale provides a cost-effective service, allowing us to provide more capacity and enhanced follow-up.
- ✓ GH has the flexibility and experience to adapt and implement services quickly as needed.



History:

In 2017, the Royal Borough of Greenwich sought a new model for delivering primary care Long-Acting Reversible Contraception (LARC), Smoking Cessation, and NHS Health Checks to tackle inadvertent health inequalities. With the agreement of GP practices via a LLP vote, Greenwich Health established four Live Well hubs.

Continuous Training & Development

Our Live Well Team advisors receive a comprehensive programme of training to become expert advisors for the local population, focusing on Stop Smoking, Long-Acting Reversible Contraception (LARC), and NHS Health Checks. The training programme includes:

- **Specialist Training:** NCSCT Stop Smoking Practitioner Training, Annual SCTR Updates, and Motivational Interviewing courses.
- **Continuing Professional Development:** Prioritised through regular clinics, Fitters Forum sessions co-delivered with Oxleas, and peer-supported WhatsApp groups.
- **Collaborative Learning:** Monthly meetings with stakeholders and partner services (e.g., Via, Time to Talk, CACT Live Well, RBG specialist smoking support, GCDA) for upskilling and strengthening collaboration.

Our multi-skilled advisors provide personalised support, including health checks, smoking advice, and LARC triage, ensuring every opportunity counts. Their rigorous training and collaboration enable exceptional care for the local community.

Tackling Inequalities In Greenwich

Tackling inequalities is crucial for Greenwich Health because it ensures that all residents, regardless of their background, have equitable access to high-quality primary care services. By addressing disparities, we improve overall health outcomes, enhance patient satisfaction, and create a more equitable healthcare environment in the borough of Greenwich. This commitment helps us build a healthier, more inclusive community where every individual can thrive.



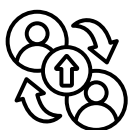
Increased Accessibility to Services:

Previously, as a result of not all practices being signed up to provide these services, there was inequitable service provision in Greenwich. Now, all patients across the borough can access our full range of Live Well services. We have also established self-referral pathways for both LARC and smoking cessation, which has further improved accessibility.



Convenient and Flexible Service Locations:

Our services are now available at local, easily accessible venues, operating seven days a week from 8:00 AM to 6:30 PM. This ensures that patients can receive the care they need at times and places that suit them best.



Enhanced Support for Vulnerable Patients:

To better serve patients with English as a second language, learning disabilities, or mental health conditions, we offer extended double appointments across all services. Additionally, our website is available in multiple languages, further improving accessibility for non-English speakers.

These efforts demonstrate our commitment to providing equitable, accessible, and comprehensive care across Greenwich, making it easier for all patients to access the support they need.

Live Well Stop Smoking Service

Current Provision:



- 12 weeks of personalised phone support from a specialist advisor, including NRT and vapes.
- Referrals accepted from practices and directly from patients, involved in the Targeted Lung Health Check programme with Guys and St Thomas, supporting patients who wish to quit.
- Collaborate with RBG to support patients discharged from Queen Elizabeth Hospital.

Patient Benefits



The Advisor team are specialists in health promotion. The holistic/preventative mindset from a trained team ensures the whole patient is supported.



Team have expansive knowledge base of both internal and external services – able to Make Every Opportunity Count.



Freephone telephone line open 5 days a week - booking appointments, smoking consultations, LARC triage and queries.



Appointments available for all services within 1-2 weeks.



Multi-skilled team deliver across all 3 services and are well-practised and current.

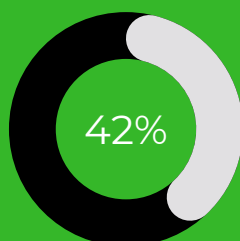


Patients referred by practices are contacted within 72 hours.



Data & Outcomes

Average Quit Rate

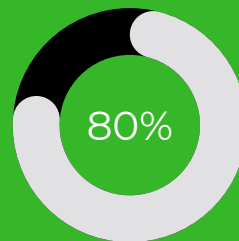


2016/2017



2023/24

Population Coverage



2016/2017



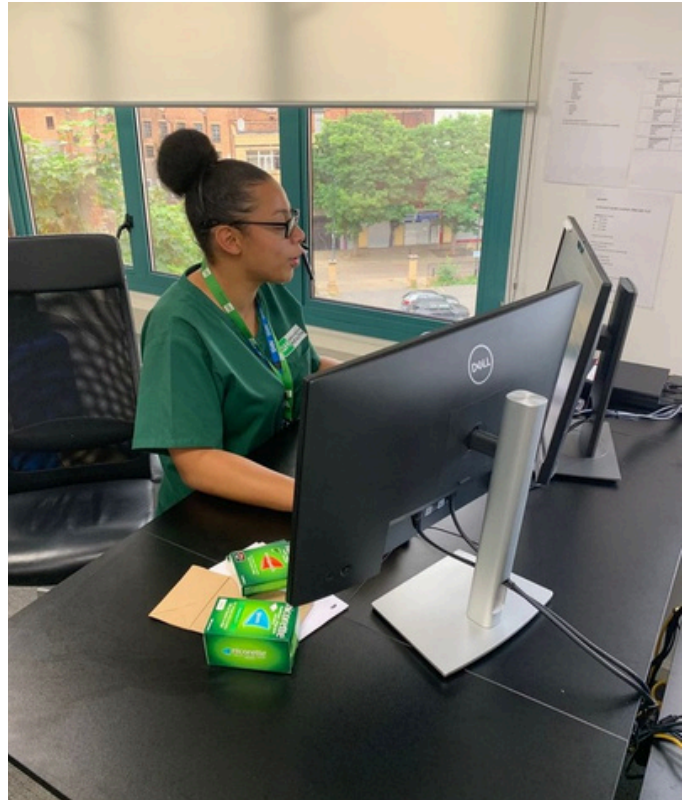
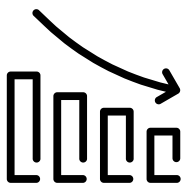
2023/24

Innovation

DNA rates across all services have been reduced.

We have secured verbal agreements from patients to call or text to rearrange or cancel appointments if they are unable to attend. We also inform them about the costs associated with missed appointments.

Furthermore, by providing quick access to appointments within a few weeks, we help patients remember their visits, which further reduces the rate of missed appointments.



Case Study

Success Story: Lisa – 12 Weeks Smoke-Free

Lisa, aged 54, decided to quit smoking after losing a family member to lung cancer, aiming to improve her health and spare her children similar grief. Despite past struggles and unsuccessful attempts with NRT, Lisa achieved success with the support of a Stop Smoking adviser.

The regular encouragement and use of an inhalator provided the confidence she needed, even when she didn't use it. Lisa highly recommends the service and advises others to "basically never stop trying to give up."



Patient Feedback

"Excellent service. Had lots of encouragement and help. And I did it! Smoking since a teenager and now an Ex-Smoker! Thank you all so very much!"

"I have just reached 12 weeks of not smoking and would not have made it if I had not had the support of Sade. She had been kind, considerate and open-minded. She has also been a great listener and very reliable with the phone calls. Giving up smoking is not easy and to have the encouragement, understanding and compassion of someone like Sade has been invaluable. I hope her boss gets to read this as she deserves a raise! Thank you so much Sade."

"I've smoked for over 40 years, I couldn't have stopped on my own. I've had excellent support. Thank you."

Live Well LARC



Current Provision:

- Our LARC service offers the fitting of coils and implants for effective contraception.

Patient Benefits



Greenwich Health have worked with Oxleas Specialist Contraception service to simplify pathways to specialist support to ensure patients are referred to the correct services quickly.



Appointments are available throughout the week, including weekends.



Patients are able to access appointments in local accessible venues across the borough.



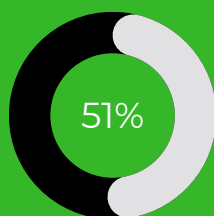
Patients referred by practices are contacted within 72 hours.



Appointments available for all services within 1-2 weeks.

Data & Outcomes

Population Coverage



2016/17



2023/24

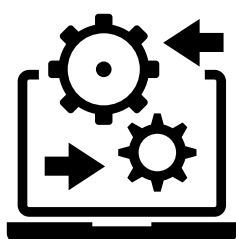
Innovation

Reducing DNA Rates

We've reduced DNA rates by securing verbal agreements from patients to notify us if they need to cancel or reschedule. We also inform them of the cost of missed appointments. Offering appointments within a few weeks further helps patients remember and attend.



Pathways & Integration



- Developed a pathway infographic with Market Street for primary care circulation.
- Facilitated internal referrals across UTC, Smoking, LARC, and GSH services.

Patient Feedback

"The nurse and support worker were both excellent. I was a bit anxious about having a coil fitted but it was not nearly as uncomfortable as I had feared and they were both very kind which did much to allay my anxiety. You are both very good at what you do - thank you."

"Answered the phone very quickly and had an appointment booked for later that week (a cancellation). I was in and out in 20 minutes but in no way did I feel rushed. Really great doctor and nurse team."

"Kind, reassuring, professional doctor and nurse. Excellent team... clear explanations, empathetic responsive conversation, and respected privacy."

"Lovely care I had at my appointment, two ladies who did my treatment were fantastic."

Live Well NHS Health Checks



Current Provision:

- The National Health Check Programme targets adults aged 40 to 74 to identify risk factors for cardiovascular disease.
- 180 appointments available every week.
- Appointments available 7 days a week from 8am - 6pm.

NHS Health Checks Drive Positive Lifestyle Changes and Improved Patient Outcomes in Greenwich

Greenwich Health conducted a survey to assess the impact of NHS Health Checks on patients in the borough. The questionnaire was sent to 865 patients, with 82 responding (9.5%).



- CVD Risk Awareness: 88% of respondents strongly agreed or agreed that they understood their cardiovascular disease (CVD) risk following the health check.



- Lifestyle Changes: 70% of respondents reported making lifestyle changes after their health check:
 - 50% improved their diet.
 - 35% increased physical activity.
 - 45% made two or more lifestyle changes.



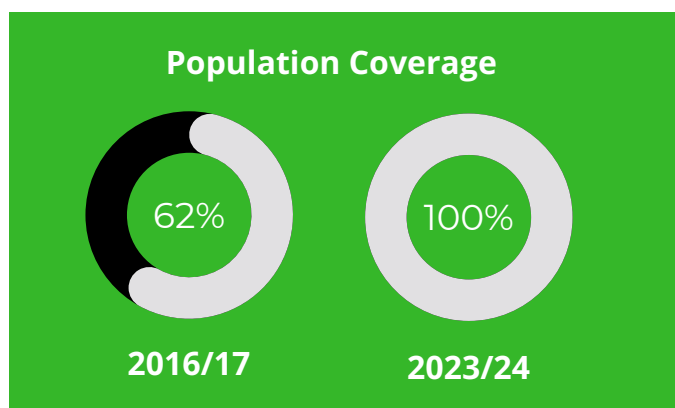
- GP Referrals: 46% of respondents were referred to their GP, with 81% following up for additional care.



- Positive Health Outcomes: The health checks prompted improved health awareness and lifestyle adjustments, supporting better long-term health in the Greenwich community.

These results underscore the effectiveness of the NHS Health Check Programme in encouraging positive health behavior and improving patient outcomes in Greenwich.

Data & Outcomes



Innovation

Enhancing Referral and Health Check Uptake

After an audit of practice referrals, new processes were implemented to ensure follow-up for patients after NHS Health Checks, preventing missed referrals and increasing practice action.

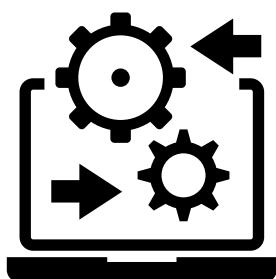
In collaboration with RBG Public Health, a new outreach programme was developed to boost Health Check uptake in targeted areas by:

- Analysing data and patient feedback to guide strategies.
- Creating targeted promotional materials.
- Refining the invitation process with reworded letters, phone calls, and surveys.
- Delivering services in community centres.

Our Greenwich Health Data Analyst has developed a bespoke app which has streamlined the call/recall process for health checks. This ensures patients receive a letter, followed by a text and two phone calls over 3 weeks.

This 'nudge' approach aims to improve patient engagement and ensure comprehensive health coverage in priority areas.

Pathways & Integration



- Direct referrals to Live Well Line (CACT) for lifestyle support.
- Direct referrals to Better Weight Management.
- Signposting to Via, GCDA Community Cookery clubs, Time to Talk.
- Use Greenwich Community Directory as a resource.
- Internal referrals across all services: UTC/Smoking/LARC/GSH.

Case Study

Patient Case: Essential Hypertension and Type 2 Diabetes

A 56-year-old female, non-smoker, and white British, attended an NHS Health Check where very high blood pressure, a raised TC/HDL ratio, and elevated HbA1c levels were detected. She was advised to attend UTC immediately due to the severity of her blood pressure but did not do so. She was also referred to her GP for follow-up.

Subsequent investigations by the practice led to a diagnosis of essential hypertension and type 2 diabetes. The patient was referred to the Book and Learn Type 2 Diabetes programme and has been prescribed medication for diabetes, hypertension, and hyperlipidaemia.

Patient Feedback

"On-line booking worked well. The test went well. Follow up appointment was booked automatically."

"Friendly person who was very informative and non-judgemental. I was pleased there were actual tests carried out too."

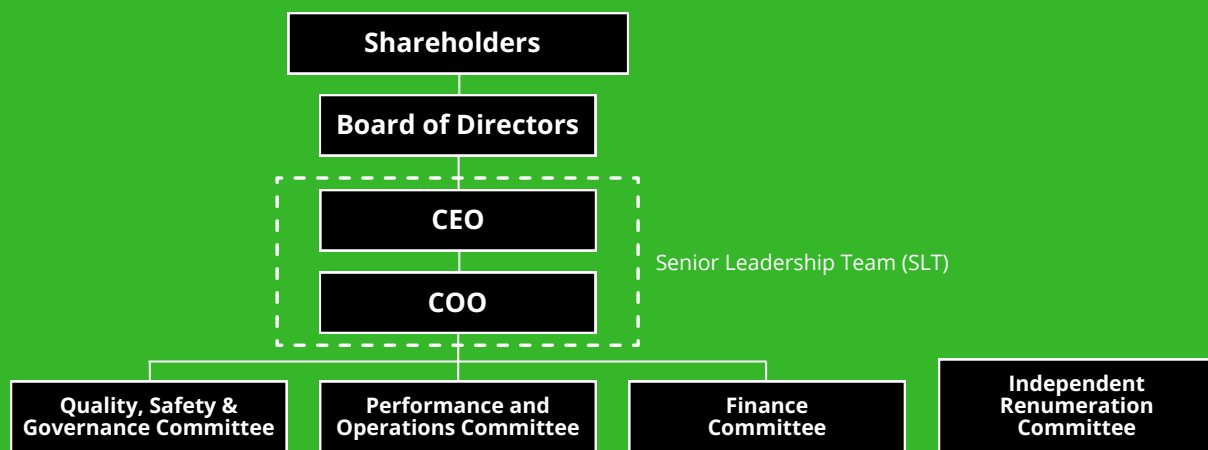
"As I've hit 60 and never had a health check I was nervous. Even though I keep my weight within the NHS BMI health weight range, have a healthy diet and exercise with weights and swimming 5 times a week. The process and the person carrying out the health check were brilliant and very reassuring and patient when I had stupid questions."

"I was seen in time. The assistant was friendly, efficient and helpful. The check was unhurried and reassuring."

Governance Update

Corporate Governance

It has been quite a transformational year for the organisation, as we manage the increase in activity that the Urgent Treatment Centre brings and the additional governance challenges that follow it. The board took a decision to restructure from a governance perspective covering three key areas: Quality, Safety & Governance, Performance & Operations and Finance. Committees were created to cover each of these areas which have a direct line to the board for any key decisions, for escalations and for general oversight. The new structure can be seen below:



We have now adopted a multi-disciplinary approach to our governance team. Each director now holds a specific medical portfolio supported by a lead nurse, lead pharmacist and quality lead. As a result, we no longer have an overarching CMO. This has enabled better scrutiny of each service with more specific and relevant information, feeding in directly to each committee.

Clinical Governance

Along with the changes to the corporate governance structures, there have also been some minor changes in terms of clinical governance to better align with workload and service lines. We now have a dedicated clinical governance team covering UTC, as well as a clinical governance team covering our primary care and prevention services. These teams meet monthly and feed into the Quality, Safety and Governance Committee.

With the growth of activity, came a huge increase in clinical governance actions. We have a dedicated Quality Assurance Lead who coordinates everything related to compliance, and we have had to think innovatively to manage the additional requirements.

A good example of this is the development of a clinical audit tool which uses extracted consultation data from clinical systems. Alongside an easy-to-use data entry template, we can quickly evaluate the quality and effectiveness of clinical record entries and prescribing trends and allows for the quick identification of notification of concerning practice. This is currently in a testing phase, but is one of a number of things we are building to help us deal with demand in the future.

A recent mock CQC inspection from CQC Assist provided an excellent overview of the CQC readiness of the UTC specifically but also the organisation as a whole. The feedback from these visits was very encouraging and we feel we are in a strong position should we have a real inspection in the near future.

The addition of the UTC has also meant we have started to take a partnership approach to certain elements of our clinical governance processes. We now hold a monthly joint clinical governance meeting with the Emergency Department (LGT) at Queen Elizabeth Hospital. With the interdependencies between the services supported by this additional oversight, we are striving to develop these relationships moving forward.



