NHS
Harrow
Clinical Commissioning Group

Appendices for the Primary Care Strategy

Appendix A: Where we are now: Local Strategic Context

It is essential that in delivering this Primary Care Strategy, we consider the wider strategic context in which it will be implemented.

Sustainability and Transformation Plan

We recognise that the system is challenged and that we have much to improve, and we are committed to delivering short-term recovery whilst laying the foundations for longer term models of care and sustainable high quality health services for the future. Harrow CCG is part of the North West London Sustainability and Transformation Plan (STP) footprint, which is home to over 2 million people. Within this footprint, care is provided by 30 separate organisations.

Our aspirations for longer-term transformation and delivery of national strategies will be delivered through the North West London STP footprint, to respond appropriately to local needs. The North West London STP footprint is comprised of the 8 CCGs. Together, we have a collective vision to develop a system of healthcare that is less reactive and less hospital bed-based; one that is led by primary care.

Strategic Commissioning Framework & NW London GP Forward View Implementation Plan

Locally, our transformational changes will be delivered through the Harrow Primary Care transformation programme (underpinned by the Strategic Commissioning Framework for Primary Care in London and the NW London GPFV implementation plan). This places primary care at the heart of the healthcare landscape in the borough.

Within this model, the system will become more sustainable and resilient, and it is anticipated that

there will be a reduction in health inequalities and premature deaths as a result.

The GPFV for NW London, comprises of four key elements; (1) workforce development, (2) practice infrastructure, (3) GP practice development and, (4) extended/improved access. In addition, the Strategic Commissioning Framework for Primary Care in London, advocates the need for **accessible**, **proactive** and **coordinated care**.

The GPFV agenda for delivery is significant. To ensure that the available support and resources available through the GPFV best meet the needs of NW London practices, CCG Heads of Primary Care, in collaboration with the NW London Local Services Team, are collaborating across four key areas of focus to tailor support to local requirements.

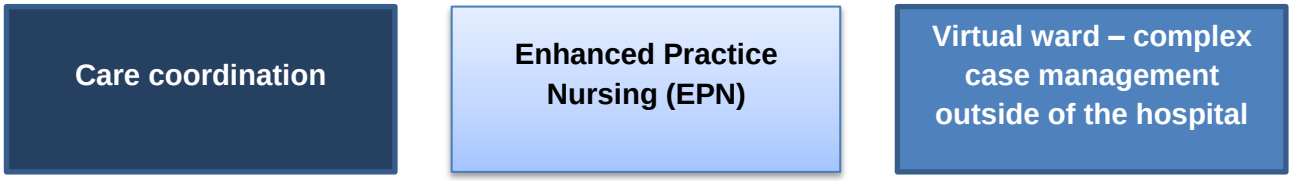
- **Workforce Development**: to increase the number of primary care clinical staff in general practice, extend skill mix and ensure effective utilisation
- **Practice Infrastructure**: to develop the primary care technology, including online consultations and improve estates
- **GP Practice Development**: to work with practices to improve their sustainability, operating processes and at scale working – ultimately to improve quality of care
- **Extended & Improved Access**: to improve access to general practice and extend its availability to improve patient choice

An emerging Integrated Care System and Integrated Care Partnership in Harrow

The development of integrated, community based care is viewed nationally, and locally in Harrow as the model of care that will allow us to respond to challenges currently faced by NHS and social care services. It is clear that simply working our current models of care with GP's, community teams and hospitals overwhelmed with demand, is not the answer. In the NHS Five Year Forward View 2014 NHS England stated, "Our aim is to use the next several years to make the biggest national move to integrated care of any major western country".

Harrow has a strong foundation to build from, as an organisation already part of the collective Pioneer initiative across North West London to deliver Whole Systems Integrated Care (WSIC). In 2012 with funding from the Better Care Fund, the objective was, "to create better coordinated care and support, empowering people to maintain independence and lead full lives as active participants in their community."

In Harrow this led to the development of three service components for people aged over 65 years:



Harrow CCG recognises the importance of continual review of these complex programmes of work, and has therefore commissioned an independent review of the full Whole Systems Integrated Care Programme to ensure that the aims and outcomes for the Programme continue to be achieved. This review will commence in July 2018.

Our approach towards integrated care delivered also needs to evolve in relation to wider system transformation. To improve prevention and care for patients, as well as to place the NHS on a more sustainable footing, the NHS Five Year Forward View called for new care models to achieve better integration care across GP, community health, mental health and hospital services, as well as more joined up working with home care, care homes and the voluntary sector. The vision is for new models of care where providers work collaboratively across organizational boundaries under a single contract, a shared and single set of outcomes to be delivered and single funding stream for the services delivered.

Early results from parts of the country that have started doing this – 'vanguard' areas – are seeing slower growth in emergency hospitalisations and less time spent in hospital compared to the rest of the country. The difference has been particularly noticeable for people over 75, who often face a revolving door of emergency admission, delayed discharge and then hospital re-admission.

Harrow has set out the vision, the objectives, process, resources and programme plan for the development of Integrated Care, working within the footprint of the NW London STP and their commitment to support and progress the development of integrated care across NW London. Key principles for the emerging Harrow Integrated Care Programme are:

- A focus on the delivery of outcomes, across a care pathway
- Longer term contracts (for example, 10 year contracts)
- Capitated budgets that support providers in working together to meet the needs of a population
- Risk share and gain arrangements

The priority groups for the Integrated Care approach in Harrow have been agreed as:

We are well on the journey towards integrated care in Harrow and as at July 2018, work to develop the models of care is emerging.

Harrow CCG Operating Plan 2017-2019

The Harrow CCG Operating Plan forms the basis of delivery for years one and two of our strategy. We have used the RightCare Approach to identify the areas with greatest opportunity for improvement and these form the basis of our pathway redesign projects. In addition the plan focusses on the themes of addressing the performance and quality issues that we face currently and laying the foundations for the delivery of the new models of care.

The Operating Plan is structured around the 'Must Do's' as set out in the Planning Guidance. Each section outlines the STP and place-based objectives and quantifies the Harrow contribution to their delivery through system wide change and the delivery of local improvement. In addition, each section sets out how we will restore performance to the expected levels and the timescales for doing so.

Appendix B: Where we are now - Primary care in Harrow

Our primary care landscape

Harrow has 33 practices providing services to over 265,000 citizens across numerous surgery sites. Of our member practices that have been rated using the most recent system; 2 were rated outstanding, 27 were rated as good by CQC, while 2 require improvement and 2 are inadequate.

Out of the 33 Practices, 19 hold PMS contracts, 13 hold GMS contracts and 1 holds an APMS contract. In the last 2 years, we have had one practice closure and 2 practices have merged. We continue to collaborate with the NHS England regional team to support affected patients.

Primary care access

All patients in Harrow have access to pre-bookable General Practices services 12 hours a day, 7 days a week. Patients can access primary care services through:

- Their registered Practice through core hours: which contractually are required to be open from 8am to 6.30pm. Currently, 21 practices provide services between 8am – 6.30pm, the others fall into the categories of closing half day, closing in excess of 4 hours or providing essential services over 45 hours or less over the course of a week.

- Their registered Practice through the extended hours scheme, where Practices open until 8pm on later to see their patients. Currently, 28 Practices in Harrow are signed up to this service.

- Through a **General Practice access hub**. Access to these hubs from 6.30pm to 8pm on weekdays and 8am to 8pm on weekends are open to all patients who are registered with a Harrow GP practices. These services are provided at **Alexandra Avenue** and the **Belmont Health Centre**. Practices can book their patients directly into these pre-bookable slots, as can the 111 service. These services will provide an additional 22,600 primary care appointments per year in Harrow. In addition, Walk-in Centres services are provided at The Pinn Medical Centre, 8am to 8pm, 7 days a week. Harrow has developed a “Health Help Now” app, which also supports patients in accessing these services.

- Through out of hours GP services. In Harrow, 2**4 Practices are opted in to provide their own out of hours** care and **9 are opted out**, where the CCG commissions the out of hours care on their behalf. Out of hours care in Harrow is delivered through Care UK (for both opted in and opted out Practices).

According to the 2017 National GP Survey, the CCG is rated:

- ‘Good’, although below the national average (of 68%) regarding the ‘ease of getting through to a GP surgery on the phone.’ The CCG is however reported as above the national average (of 36%) for the online booking of appointments.

- ‘Good’, at 67%, but below the national average (of 73%) for the overall experience of obtaining an appointment.

- ‘Good’ and in line with the national average of 76% satisfaction with Practice opening hours.

- ‘Good’ in the patient experience satisfaction rating for out of hours care and below the national average (of 66%), currently standing at 59%. In contrast, the patient experience satisfaction rating for GP Practices (in hours care) is rated ‘good’ at 81%.

This patient feedback confirms our need to continually keep a focus on access to primary care arrangements.

In addition to opening hours, we recognise the opportunities that **new technology** presents to support our population in accessing primary care services in new ways that are more convenient for them. Online consultation capabilities will enable practitioners and clinicians to hold consultations and assessments remotely with patients.

Harrow CCG is working with GP Practices to improve access and the quality of services for local Residents to ensure we make best use of our general practice capability, capacity and resources. This includes the development of new methods for consultation including online consultations as outlined in the General Practice Forward View (GPFV).

The NHS England Five Year Forward View and Five Year Forward (5YFV) View Next Steps strategic documents make clear the aim to be paperless by 2020, enabling 100% of appointments to be bookable online. The Five Year Forward View Next Steps also states work will be done to design online triage services that enable patients to enter their symptoms and receive tailored advice or a call back from a healthcare professional, according to their needs.

For General Practice in Harrow the adoption of this technology will support self-care and self-management for patients and their carers; help to reduce workload in Practices; help Practices who want to work together to operate at scale; and support greater efficiency across the whole system. All Practices in Harrow will have their websites refreshed, with comprehensive sections on self-care and patient signposting on the homepage. The capability for online consultations will also be included.

A number of Practices have will be running **online consultation schemes** in order to test the system prior to wider roll-out across the Borough. It is anticipated that in line with our Local Digital Roadmap and Harrow CCG Digital Delivery Plan, the capability for online consultations will have been rolled out across the Borough by quarter 4 2018/19. Throughout this process, we will share learning with other organisations within the STP footprint.

Enhanced service provision within primary care

We commission a range of Local Improvement Services within primary care in conjunction with health partners, through Contracts with individual Practices. The table below details the services commissioned through Local Incentive Schemes in 2018/19.

	Details of service commissioned
HEROS (Referral Optimisation Service)	As a result of accelerating referral growth trends in primary and secondary care, a Referral Optimisation Service (ROS) was commissioned which will handle the booking and clinical triage of all non-urgent referrals. Since implementation of the enhanced service, there are now approximately 6k referrals a month
Primary Care	This LIS is intended to support a standard level of engagement and

Standards	affirms minimum level standards the CCG would expect a Practice to operate at in order to be eligible to participate in Local Incentive Schemes
LTC Prevention and Management	This LIS is designed to provide additional resources to primary care in order to prevent, and encourage, self-management of long term conditions. Four elements have been included Type 2 Diabetes Prevention, Stroke Prevention (AF), Asthma and COPD.
Care Co-ordination	This (part year) LIS is part of the WSIC programme and provides support for people with LTC or at risk of hospital admission. Using a risk stratification tool practices will identify those patients that will benefit from a long term and coordinated approach to improving health and wellbeing using care plan templates. This LIS looks at patients 65 & over recently discharged from hospital with 2 or more unscheduled admissions, 65 & over living in residential or nursing home, on palliative care or CMC register, diagnosed with dementia; Q admissions score over 50. Through the LIS, approximately 2,000 care plans completed (Oct – March 2018)
Prescribing Quality & Savings 18/19	This LIS reward improvements in patient care and efficient use of resources. The scheme is designed to support financial stability without compromising patient care should encourage practices to consider how patients can be supported to get the best from their medicines, and how they can benefit from clinically and cost-effective prescribing.
Phlebotomy	To provide phlebotomy services for practices own registered patients or provide a CCG wide service for all Harrow registered patients.
Rheumatology DMARDS	The aim of this service is to enable key Disease Modifying drugs to be prescribed and monitored safely in primary care through shared care arrangements with secondary care for stable rheumatology patients. Currently 272 patients are on the shared care pathway.
Enhanced Practice Nursing Scheme	The Whole Systems Programme is supported by Enhanced Practice Nurses (EPNs), currently employed by GP practices. EPNs are fully integrated within the WSIC programme focussing primarily on providing case management and care coordination as part of the care planning process.

Due to some Practices not opting in to provide these enhanced services, these services are not offered to all registered patients in Harrow. The numbers are small, but are indicative of an important inequity of access to enhanced primary care services.

	Number of Practices (out of 33) not providing
HEROS (Referral Optimisation Service)	0
Primary Care Standards	0
LTC Prevention and Management	3
Care Co-ordination	3
Prescribing Quality & Savings 18/19	0
Phlebotomy	7
Rheumatology DMARDS	6
Enhanced Practice Nursing	6

Provision of enhanced services in primary care

Workforce

General Practice in Harrow is under considerable pressure. Recent years have seen high volume and complexity of workload, and rising running costs, while the workforce and investment have not kept pace with other parts of the NHS.

Locally issues include:

- Traditional working methods, systems and approaches are buckling under the pressures of patient demand (especially due to an aging population)
- Senior & Principal GP's are reaching retirement age
- Younger & salaried GP's not willing to take on partnerships
- A cohort of transient clinicians that move to other Boroughs

The 'Making Time' study points to the fact that there is much GP Practices can do to help address their workload pressures. Practices have said that it is often difficult to learn about promising innovations that could benefit them and their patients, or that implementing change is difficult or risky. Harrow Community Education Provider Network (CEPN) helps to spread knowledge of successful innovations as well as supporting Practices to adopt them.

Practices in Harrow have supported the Health Education England North West London (HEENWL) GP Workforce Tool, to inform our knowledge regarding workforce capacity and skills gaps. The 2016 autumn data identified;

- 20% of GP's in Harrow are over the age of 60 years
- 28% of Practice Nurses in Harrow are over the age of 60 years

Our approach to support this has been:

a) A focus on retention of the existing workforce
b) A focus on recruitment of the workforce that we need into Harrow

c) Developing a new skill mix within the General Practice team

a) A focus on retention of the existing workforce

Harrow CCG is working on providing peer support which aims to value and support GPs in the pre-retirement years. There is evidence that helping GPs avoid burnout and providing opportunities for new challenges helps prevent premature departure from general practice. The group's objectives are:

- To establish peer support for older GPs including scoping what this might look like
- To gather examples of opportunities for older GPs through peer networking which may provide new challenges/opportunities
- To consider how to best link in with resources for older GPs which are being developed centrally

The wisdom and skills of older GPs is precious and much needed by the system, hence supporting the needs of the older workforce is the hallmark of a caring system which the CCG aspires to.

b) A focus on recruitment of the workforce that we need into Harrow

Harrow CEPN has promoted a number of opportunities to encourage practices to consider ways to contribute to the growth of the workforce, either by supporting an apprenticeship, hosting a student or investing in existing staff. This can be broken down into the following four initiatives;

- Creating opportunities to attract people to the healthcare profession e.g. Work Experience Placements, Business and Administrative/Health Care Apprenticeships
- Creating opportunities to attract existing health professionals who may never have considered a career in Primary Care e.g. Pre-Registration Nursing Students, Medical Students, FY2's, Pharmacy students, Paramedic Students
- Attracting people back to the profession e.g. Return to Nursing Campaign, placements for return to practice nurses (one has already been employed), Return to Medicine/General Practice/Retainer Scheme, Physician Assistants
- Providing opportunities to up-skill present staff, so they can extend their sphere of practice and take on more responsibility e.g. Advanced Nurse Practitioner BSc, Health Care Assistant Foundation Degree.

In addition, a key commitment in the General Practice Forward View (GPFV) is to strengthen the workforce which includes recruiting suitably qualified overseas doctors into General Practice. The programme will initially focus on doctors from the European Economic Area (EEA) whose training is recognised in the UK under European law and who get automatic recognition to join the General Medical Council's (GMC) GP Register. Harrow CCG is participating in the International GP Programme with 5 Practices initially expressing an interest in the programme.

c) Developing a new skill mix within the General Practice team

The transformation of primary care services in Harrow focuses very much on transforming the workforce that we have, to ensure that the people with the right skills, working at the right level are operating within General Practice.

The use of pharmacists within a General Practice setting provides an excellent opportunity to introduce a new skill set into General Practice and alleviate some of the pressure GPs are experiencing. In Harrow, we have 5 Clinical Pharmacists working in our surgeries, who are part of phase one of the NHS England Pharmacists in GP surgeries pilot. We are exploring the potential

of practices to apply for more pharmacists in further phases. In addition we have a team of 5 staff (4 pharmacists plus 1 technician) to support our practices in managing long term conditions, conducting medication reviews, delivering QIPP and reducing waste.

The up-skilling of other roles and outcomes being competency based, not based on role titles. Continuing to introduce and develop newer roles into Primary Care such as Clinical Pharmacists, Physiotherapists, Physician Associates and Paramedics. Exploring current workforce issues in Harrow and how these roles could potentially help address them

"New" and additional clinical roles are essential to both the delivery of new models of care within NW London and the wider sustainability of the primary care system moving forwards. They are seen as essential to combating current recruitment and retention issues alongside helping to free up clinical time for GPs and general practice nurses. Within NW London uptake of new roles has been highly varied, with the greatest consistency experienced amongst clinical pharmacists as this is a nationally run scheme. There has also been considerable focus on the recruitment, training and development of HCAs with elements of best practice sharing occurring across the patch.

General Practice education and training

Harrow CCG established the Education Forum in accordance with the CCG Constitution and have worked with Health Education England (North West London) (HEENWL) to form the Harrow Community Education Provider Network (CEPN). The role of Harrow CEPN is to identify workforce and training needs and to respond and deliver on these. This is recognised by HEENWL as being an important step in sustaining and transforming primary and community care.

Managing workload: implementing the "ten high impact" areas

In collaboration with the local Community Interest Company (CIC), the CCG submitted an application for the Time to Care programme and supported practices to enrol in the programmes (Productive General Practice Quickstart Programme, Fundamentals of Change – local leadership sessions etc.) with the help of an assigned NHS England Facilitator. This work involved changing working environments and the way in which routine tasks are carried out through implementation of appropriate High Impact Actions, building on the workflow re-direction work that is already underway locally.

Training in Active Signposting and Correspondence Management commenced last year, and it is envisaged that all frontline staff within Harrow will have completed this by quarter 4 of 2018. On completion of this work, practices and staff will be in position to signpost for services alongside the Releasing Time for Care programme and the wider workflow re-direction.

Care Integration and pathway redesign

As part of our alignment to the General Practice Five Year Forward Plan, we will be re-designing services to improve outcomes and ensure sustainability going forward.

A key enabler of care integration will be **scaled-up working** between primary, community, mental health and social care services to bridge workforce and capacity gaps in our General Practice community which is a major obstacle to care model transformation. Going forward, at-scale primary care networks will be supported to evolve into a new model or models of care (as per the Care Model and Contractual Framework published in July 2016). As an enabler to this, we are reviewing community sector contracts and re-scoping services to align with this vision. With an eye to the

evolution of the system in this way, the 8 CCGs have agreed on shared methodology and primary care objectives and principles. To ensure consistency of approach and quality, these 8 CCGs will jointly commission the legal and contracting support necessary for these new organisational models across the STP footprint.

Integral to this plan for care re-design is the underpinning intention to continue **empowering and supporting** our citizens to self-care and the commissioning of **preventative care services**. This includes the roll-out of the High Impact Action signposting, the Social Prescribing project and supporting self-care through local initiatives such as the Health Help Now smartphone app in order to alleviate general practice capacity issues. Additionally, through our Care Co-ordination Programme, patients will be offered the opportunity to create a personalised self-management plan with the relevant health professionals, which could include access to medicines management support and use of telecare/telehealth.

Healthwise Harrow initiated the provision of a **social prescribing** team in Harrow in June 2017, funded by the Department for Communities and Local Government & Harrow Council, as a Social Prescribing pilot and has been providing a service over the last year.

At first this service offered solutions to six surgeries in Harrow for health issues such as dementia, hypertension, diabetes, healthy eating and falls prevention, in addition to signposting to advocacy and advice and wellbeing activity. This was later extended to all GPs in Harrow. Since its launch, the social prescribing service has engaged 1,962 patients, achieving outcomes for 1,777 people (mainly from referrals from health professionals), saving £680,101.80 of extra spend had the service not been in place (Source: Healthy London: North west London Social Prescribing Dashboard for Harrow). The long term commissioning intentions for this social prescribing service now need to be established.

The Long Term Conditions Prevention and Management Local Improvement Scheme (LIS), March 2018 – March 2019, was designed to provide additional resource to primary care in order to prevent, and encourage self-management of, long term conditions. There are four elements:

- Element 1 – Type 2 Diabetes Prevention
- Element 2 - Stroke Prevention (AF)
- Element 3 - Asthma
- Element 4 - COPD

Recent developments in North West London Whole Systems Integrated Care (WSIC) Dashboards, have made it possible for practices to facilitate prevention and self-management in ways that have not previously been possible. Practice sign-up to these dashboards, including active data flow and user registration, was a pre-requisite of signing up for this LIS. Practices had the opportunity to sign up to this LIS via two different options; either as an individual Practice or as a collective Peer Group (through the current 6 Peer Groups structure within NHS Harrow CCG). None of the practices chose to sign up as a collective Peer Group.

A key focus in Harrow in relation to care pathway redesign has been the transformation of the diabetes care pathway. NHS Harrow CCG published its strategy for diabetes transformation in May 2017, and is implementing this through the vehicle of the multi-disciplinary Harrow Diabetes Strategy Implementation Group (HDSIG).

The diabetes transformation programme, which is part of the overall NWL diabetes transformation programme, comprises four main outcomes-based project groups:

1. Increasing patient attendance at structured education / supported self-management
2. Improving the achievement of the three treatment targets (HbA1c, Blood Pressure, Cholesterol)
3. Reducing foot complications
4. Type 2 Diabetes Prevention

Projects 2 and 3 are particularly focussed on integrated care and pathway redesign, and examples of this in Harrow include the introduction of a streamlined referral system for primary care to access community support for its patients, and a focus on access to the three hubs in order for patients to receive more timely care to that provided through practice-based clinics. These hubs will also provide multidisciplinary care, including talking therapy support to address the high incidence of depression and anxiety amongst people with diabetes.

Improving outcomes and addressing variation

To support the delivery of new models of care and mitigate the pressures on the system and workforce the CCG has worked with Public Health colleagues to assess the needs of our local communities and map them against local community assets, including general practices and voluntary organisations.

We are aware that there are key areas where General Practice can play a central role in improving health outcomes for our local population, including:

- The delivery of preventative services to support people to stay well (immunisations, health promotion services such as stop-smoking services)
- Proactive identification of long-term conditions (addressing the prevalence gap)
- Personalised care planning for people with complex needs (with a focus on preventing non-elective hospital admissions)
- Supporting people to self-care where possible

General Practice is well recognised in Harrow as the essential part of the healthcare system that supports people to stay well and **cared for in a community setting**. It is important that we build on this strong foundation to improve health outcomes even further and address the variation that we are seeing within our borough in key indicators such as non-elective admissions, first out-patient appointment rates and A&E attendances.

We are working with Peer Groups and individual practices to enhance their understanding of the impact of referral rates on patient experience by sharing the outputs from the referral optimisation service. These bespoke reports are shared with practices and provide benchmarked activity by provider and specialty. Through structured support provided by our Clinical Directors (Peer Group Chairs) we will actively seek to improve referral behaviours and reduce variation.

Practice infrastructure

The CCG is developing a local digital roadmap (prioritising interoperability) and estates strategy to support new models of care, and will support roll-out of the nationally procured IT system.
Also, we will support the General Practice pilot of the Extraction Programme Invitation and will develop a database of all services (including building and contract needs) for use by practices.
Currently, the clinical estate is comprised of the estate portfolios held by NHS Property Services, London North West Healthcare University Trust and GP practices. Generally services are provided

within these estates although some services are commissioned to operate in other providers' estates in order to facilitate increased integration (for example Better Care work streams).

a) Estates

The NW London STP plan outlines how Estates are key enable in driving transformation across all areas:

- Deliver Local Services Hubs to enable more services to be delivered in a community setting and support the delivery of primary care at scale.
- Increase the use of advanced technology to reduce the reliance on physical estate.
- Develop clear estates strategies and borough based shared visions to maximize use of space and proactively work towards 'One public Estate'.
- Deliver improvements to the sustainability and condition of Primary Care Estate through an investment fund of up to £100m and Minor Improvement Grants.
- Improve and change our hospital estates to consolidate acute services and develop new hospital models to bridge the gap between acute and primary care.

Over the forthcoming years, integrated working will increase with **improved space utilisation and co-location of services** to deliver joint health and social care outcomes in clinical estates. As a result, there will be more joint strategic working across health and social care and all General Practice premises will be of a high quality standard, enabled by the Primary Care Transformation Fund. In addition, hub and spoke models will be used more for improved service delivery, and out of hours working will become more frequent to better utilise assets and meet the needs of the population.

Previously, organisations have been responsible for managing their own footprint and estates operational costs which led to a fragmented approach to the management of void space. There have been advances on sustainability measures, but metrics on shared space and indirect measures (such as impact on staff health and wellbeing) are at an embryonic stage. In 2017-2019, investment will need to be maximised through rationalisation of estate that is poor value for money or under-utilised and savings may be required to invest in other estate elsewhere. Flexible deployment and cultural change aligned to communities of practice will enable more intensive use of a higher quality yet reduced footprint. An audit is being undertaken to review estates performance and impact on staff wellbeing.

b) Information technology

Digital technology is a key enabler of the North West London Sustainability and Transformation Plan. The North West London Local Digital Roadmap aims to:

- Ensure there is a digital component to all appropriate transformation initiatives
- Take advantage of technology to support new care delivery models
- Take advantage of existing national and local investments in technology to maximise the benefit from those investments
- Support local strategic decisions, prioritisation and investment, and exploitation of funding opportunities
- Exploit potential for common approaches to deliver underpinning infrastructure and solution architecture
- Develop programme plans, deployment schedules and a design and procurement process that identify economies of scale opportunities within the footprint
- Facilitate national investment prioritisation and supplier product roadmap development

- Ensure robust governance of delivery

The LDR identifies key digital programmes to underpin delivery of the STP including a shared digital care record, system-wide Citizen Relationship Management, citizen portal, urgent care technology stack (as part of the 111 procurement) and shared infrastructure.

The CCG is expected to make early progress with clear momentum in 2018/19 towards delivering the ten nationally defined universal capabilities focusing on the following:

- The requirements of the GP IT Service Operating Model
- Mobile technology
- Wireless connectivity for primary care professionals and service users
- Ubiquitous network access giving primary care professionals access to the digital solutions they need, regardless of where they are providing care.

Health and Care professionals will need to **access and share information**, alert, task and notify other relevant professionals across care settings. Data sharing agreements in accordance with GDPR will be put in place for any new instances of information sharing happening under this plan, which are not a part of direct care.

Digital technology approaches will continue to be used to support new models of care and improvement in access, including the risk stratification tool to identify patients at risk of losing independence and hospital admission and the introduction of the shared care record to all practices by the end of 2018/19. In addition, the CCG will continue to develop a digital roadmap in 2018/19 and the GP dashboard will be shared with member practices.

The Standard Contract for 2018/19 requires the full use of the **NHS e-Referral Service** (e-RS) for all consultant-led first outpatient appointments. From 1st October 2018, providers will only be paid for activity resulting from referrals made through e-RS. The Paper Switch Off programme (PSO) has been launched to provide support for the health communities in readiness for the contract change. This will allow General Practice staff to book appointments directly with instant access for patients.

The NHS e-Referral Service is about Primary and Secondary care service redesign to improve the patient experience. The benefits of e-RS include:

- cost and time savings
- fewer missed appointments
- fewer inappropriate referrals
- shorter referral to treatment times
- choice of hospital or specialist
- choice of appointment date and time

The NHS e-Referral Service creates benefits throughout the referral process for patients and the NHS. It results in a better patient experience due to greater certainty of appointment, and a better experience throughout the NHS. A more efficient referral system eliminates much of the paperwork and time lag associated with non-electronic referrals.

Appendix C: Additional funding made available to primary care 2016/17 to 2018/19

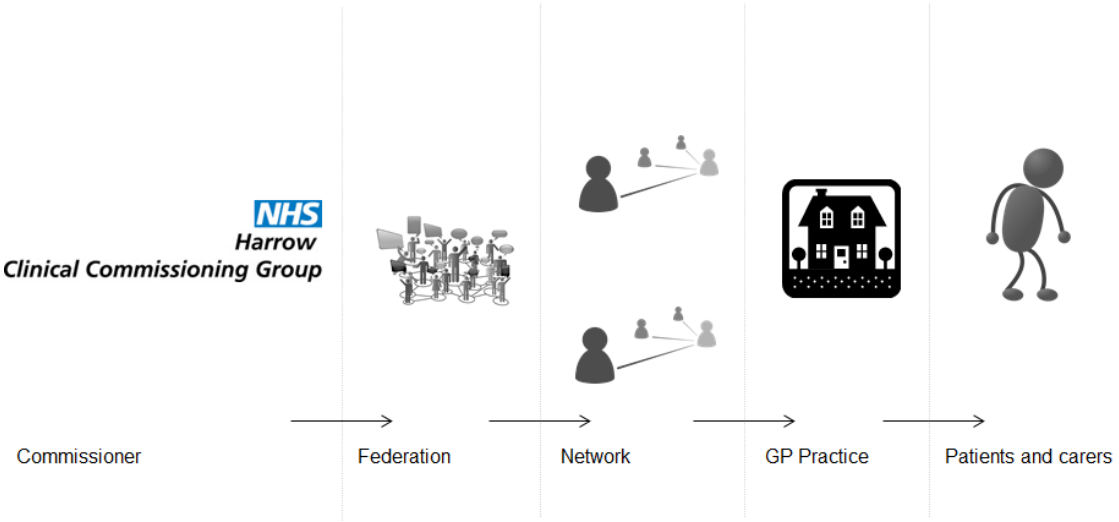
Area of Spend	Availability of funding	Source of funding	16/17- £'000	17/18 - £'000	18/19 - £'000
£3/head of population Transformational Support	Non-Recurrent. Can be spent in 17/18 or spread across 17/18 and 18/19. To come from CCG allocations	CCG Allocation, as per Operational Planning and Contracting Guidance 2017-2019	N/A	0	798
On line consultation software systems	Available in 17/18 and 18/19	NHSE to devolve, as per Operational Planning and Contracting Guidance 2017-2019, amount calculated from ONS spreadsheet per NHSE instructions	N/A	45	68
Care Navigators/Medical Assistants	Available in 16/17, 17/18 and 18/19	NHSE to devolve, as per Operational Planning and Contracting Guidance 2017-2019, amount calculated from ONS spreadsheet per NHSE instructions	NHSE Hold	45	45
GP Resilience Programme	Available in 16/17, 17/18 and 18/19	Held Centrally/ Local Area team, as per Operational Planning and Contracting Guidance 2017-2019	0	54	60
Prime Ministers' Challenge Fund/GP Access Fund	Recurrent. £6/weighted patient as of 17/18		611		
Improved Access funding (for CCGs not receiving PMCF/GPAF	Recurrent. £3.34/weighted pt as of 18/19 and £6/weighted pt as of 19/20		STP allocation- may not come directly to CCG	460	460
ETTF – successful bids	Dependent on individual bids				
Winter Access	Non-recurrent			N/A	N/A
Any other local funding for General Practice (e.g. for Federations, workforce)				0	0
Any other local or national funding that will support General Practice (Pharmacists in General Practice, practice-based mental health therapists etc)	Non-recurrent	GP wi-fi early adopters GP Development programme Reception and clerical training	105 23	0	0

Area of Spend	Availability of funding	Source of funding	16/17- £'000	17/18 - £'000	18/19 - £'000
GPFV Implementation Funding	Recurrent and non-recurrent in 16/17, recurrent in 17/18 and 18/19				
Total			**739**	**604**	**1,431**

Appendix D: Potential commissioning arrangements for primary care at scale structures

New primaray care at scale structures will mean that we commission services in different ways and at different levels. These are shown in the diagrams below:

Example one: commissioniong across the whole spectrum of primary care



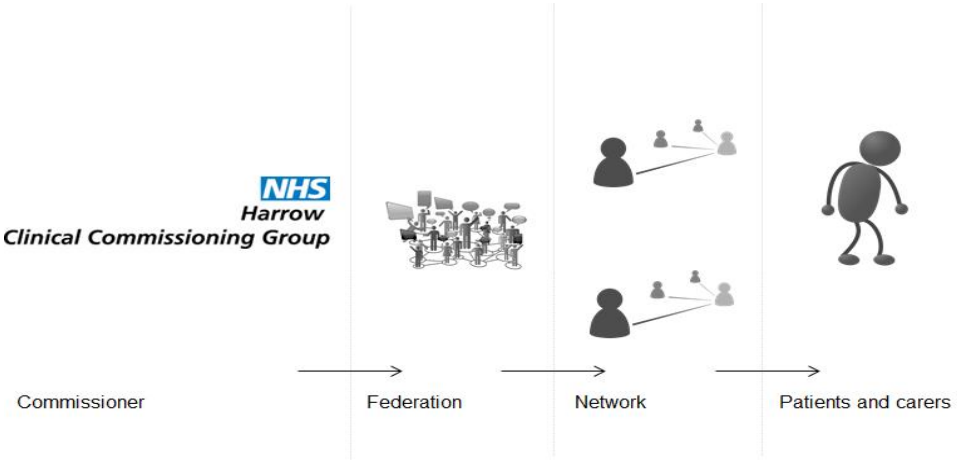
Example one: commissioniong across the whole spectrum of primary care

In this example, the CCG will commission services through a federation. They will hold agreements with local networks to deliver services, who will then hold agreements with their local practices to deliver these services for patients. These would be types of services that all patients should be able to access through their local General Practice services.

An example of this might be identification of patients at risk of diabetes.

- The commissioner would Contract with the federation focusing on the outcomes for diabetes care that it wishes to see; for example, the percentage of patients identified as at risk of diabetes;
- The Federation would then put agreements in place with local networks for how this will be delivered, and how the outcome will be achieved;
- Networks of General Practice will collaborate, support, share best practice and hold each other to account through agreements they have in place to deliver the outcome.

Example two: commissioning through a federation to deliver services at a network level for patients

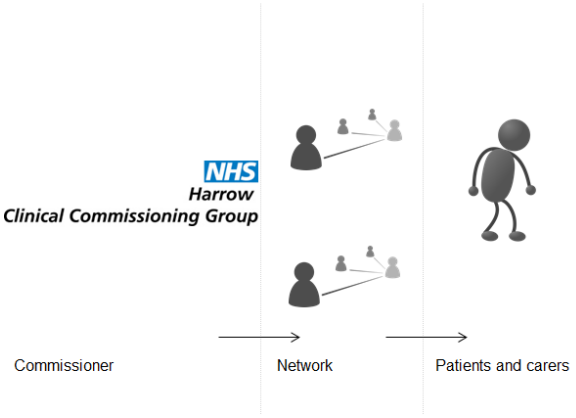


In this example, the CCG may wish to commission services through a federation to be delivered at a network level, rather than through individual GP Practices. This is when it is not viable for every GP Practice to provide a service due to smaller numbers of patients who would be accessing it, when these services would be best delivered to population of 30,00 – 50,000. Examples of these types of services are:

- Phlbotomy services (taking blood)
- Anti-coagulation initiation and monitoring
- Extended access to General Practice (weekend and evening GP appointments)

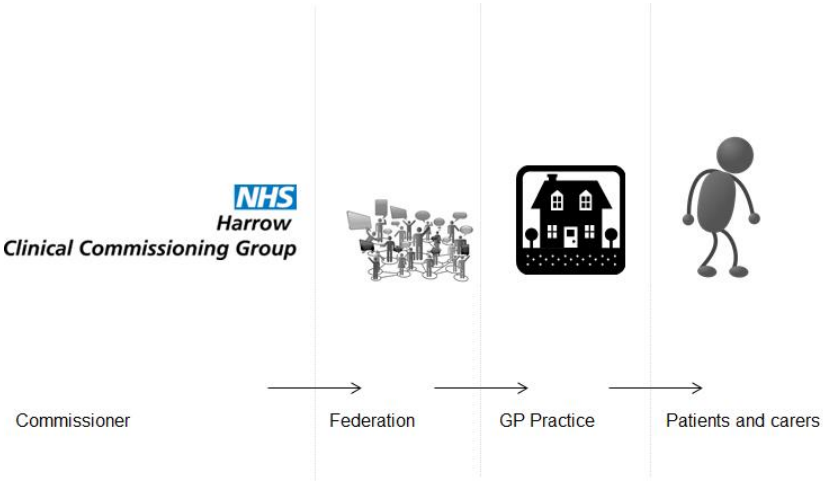
In this example, the CCG would hold an overarching Contract with the federation to deliver services. The federation would then Contract with local networks to deliver these services for their patient groups.

Example three: commissioning of services directly to networks



The reasons for commissioning at this level and the types of services that would be commissioned are the same as the ones given in example two. In this example though, the CCG would commission through a Contract directly with networks, not through a federation, to deliver services for a 30,000 – 50,000 population. This arrangement would be most likely at a time a federation was emerging and be an interim solution until they were able to take on oversight of services at a borough level.

Example four: Commissioning with a federation only



There will be instances where a federation is best to deliver services once for all services within Harrow on behalf of local Practices. These are less likely to be clinical services and more likely to be infrastructure functions for Practices; for example Contracts for Practice websites and on-line consulting capabilities.

We will secure the strategic voice of primary care for these developments through a General Practice federation for Harrow, ensuring that the system we design and the new models of care that emerge support the central role of General Practice in their delivery.

Appendix E – Impact of the Strategy for primary care in Harrow on other Operating Plan areas

The potential impact of this Strategy on the main areas of the operating plan has similarly been assessed and is contained in the following table:

	Impact area assessed					
Objective	**Community services**	**Urgent Care**	**Planned Care**	**Children's Services**	**Mental Health Services**	**Medicines Management**
Objective 1: Primary Care at Scale	Scaled up services					
	A broader range of services will be available in the community	Provider networks may choose to enhance their urgent care offer	A GP federation may increasingly become a provider of planned care services			Prescribing budgets may move to a network level allocation
	Contribution to the proactive care QIPP through risk stratification	Enhanced access arrangements should lead to a reduction in urgent care activity	Primary care networks may increasingly become providers of planned care services			
Objective 2: Care redesign and service integration	Greater integration of primary and community services in geographically based teamas	Should see a reduction in urgent activity through increased integrated support in the community				
Objective 3 Workforce development and reduction of workload	Deployment of funding for training of reception and clerical staff in sign-posting may impact the workload of other services.					Network pharmacists will continue to support practices to manage long term conditions, conduct medication reviews etc, which will contribute to the Medicines Management QIPP.
						There may be a reduction in medicines prescribing due to the

						social prescribing High Impact Action
Objective 4: Improving Access to General Practice		Improved access to General Practice should result in a reduction of urgent care activity				
		Universal coverage of enhanced primary care services should result in a reduction of acute activity				
Objective 5: Robust delivery of Harrow CCG's delegated commissioning role			Implementation of the PMS review may impact utilisation of some planned care services where these were previously delivered in General Practice			
Objective 6: Improving outcomes and reducing variation	The Prevention LIS will increase referrals to the community service.	The Ambulatory Care Pathway will reduce emergency admissions related to hypertension.	Due to improved management of hypertension patients, the Ambulatory care Pathway may reduce the RTT backlog.		The Management of SMI patients in Primary Care will increase referrals to Mental Health services due to screening of people with long term conditions for depression.	The Ambulatory Care Pathway will avoid unnecessary anti-hypertensive medication prescriptions, contributing to the Medicines Management QIPP.
	A Wound Care LIS may reduce community appointments	The Prevention LIS will reduce emergency re-admissions within 30 days of discharge.				The Management of LTC patients in the Prevention LIS will increase medicine reviews and therefore may contribute to Medicines Management QIPP
	Participation in local/national awareness and					

	screening campaigns may lead to increased referrals, in addition to early detection efforts.					

Appendix F – Primary Care Strategy High Level Implementation Plan (years 1-3)

	2018/19				2019/20				2020/21			
Actions	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Objective 1: Primary Care at Scale												
General Practice to develop their plans for Primary Care Networks	EOIs received											
Implementation of Primary Care Networks through £3 per head funding		Primary Care Networks to form										
Establish GP federation for Harrow		Confirm federation for Harrow	Maturity assessment completed and action plan in place									
New commissioning arrangements for at scale primary care		Confirm intentions	New commission-ing of services at scale to commence	Align 19/20 LIS's with at scale offer								
Development of Out of Hospital Contracts for delivery in primary care												

	2018/19				2019/20				2020/21			
Actions	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Objective 2: Care redesign and service integration												
Implement practice resilience programme	Identify Practices		Monitoring and on-going evaluation									
Development of new models of care (TBC)												
Develop digital roadmap to support the new models of care (TBC)												
Whole Systems Integrated Care approach		Complete review of current WSIC programme	Agree new model of care		Implementation of new service model							
Objective 3: Workforce development and reduction of workload												
Reception and clerical staff training			Care navigators and medical assistants									
Link funds for Time to Care, workforce and technology investment	Implement first wave programme											
Care navigation / receptionist training and active signposting												

	2018/19				2019/20				2020/21			
Actions	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Public health role in primary care												
Social prescribing												
Self-care												
Workflow optimisation												
Productive General Practice quick-start programme												
Leadership programme												
Objective 4: Improving access to General Practice												
Implement online general practice consultation software	Planning		Implementation									

	2018/19				2019/20				2020/21			
Actions	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Year round access planning	Learning from 17/18 to be captured	Planning to meet enhanced access standards										
Winter planning												
Review usage of extended primary care access at practice level												

Objective 5: Robust delivery of Harrow CCG's delegated commissioning role

Implement a rolling 3-year programme of Contractual monitoring	Develop programme	Implement three year rolling programme for Contractual monitoring										
Complete review of PMS Contracts	Engagement		Offers to Practice, negotiation and new Contracts implemented									

Objective 6: Improving outcomes and reducing variation

Primary care network level, outcome based Contracts for General Practice		Development of new approach	Engagement with Practice	New Contracts issued	New Contracts issued, increasing the shift from activity to outcomes over the three year period							
Primary care networks increasing their role in monitoring outcomes and addressing variation		Agree approach with Networks	Ensure IT systems are in place to support									

Appendix G: Engagement report

Shaping the future of General Practice in Harrow: Findings and next steps from Harrow CCG's Engagement Event – 29 October and 1 November 2018

Introduction

Our Primary Care Strategy

Harrow Clinical Commissioning Group (CCG) is developing a strategy and implementation plan to address the demographic, quality and financial challenges facing Primary Care.

Harrow CCG's vision is to have strong and sustainable General Practice, driving the development and delivery of integrated care services to improve the health and wellbeing of all people in Harrow. This vision will be delivered through:

- Primary care at scale
- Care redesign and service integration
- Workforce development and reduction of workload
- Improving access to General Practice
- Robust delivery of Harrow CCG's delegated commissioning role
- Improving outcomes and reducing variation

All underpinned by strong practice estate and IT infrastructure to deliver:

- Excellent patient experience, equitable access and high quality outcomes for everyone using primary care services in Harrow
- A happy and motivated primary care workforce equipped with the skills they need to deliver high quality primary care services
- A financially balanced health care system, where increased investment made in primary care results in a demonstrable reduction in hospital activity and spend

Engagement Events

On 29 October 2018 and 1 November 2018, Harrow CCG held public engagement events at Belmont Community Hall and Harrow Baptist Church. 60 people attended the two events from a variety of perspectives, including patients, GPs, Healthwatch, commissioners and workers from different parts of the healthcare system. **Appendix 1** contains detailed notes from the event, while **Appendix 2** contains a list of all attendees. Evaluation forms showed that overall, attendees were satisfied with the organisation of the day, found the discussions useful, were happy with the speakers at the tables and are very likely to attend a similar event in future, although were less satisfied by the set-up at the Belmont Community Hall.

The events focused on how people want to experience General Practice services in Harrow, drawing on the experiences of participants as patients, GPs, members of practice teams, or in other parts of the healthcare system working with General Practice. The aim of the sessions were for Harrow CCG to understand what people wanted to experience, and what needed to change to enable this to happen.

Group discussion 1: Setting the vision

The first group discussion focused on setting the vision for the future. Participants were given the following question:

It is October 2023 (5 years' time). The implementation of our primary care strategy in Harrow has been a resounding success. Tell us what primary care is like:

- **As a patient:** what is it like to make an appointment with your practice, what is the building like, how do you experience a consultation with your GP now, how does your GP support other services that you need to support your care, how are you referred to hospital?
- **As a clinician working in General Practice:** what is it like to work as a GP in Harrow in 2023? How do you feel travelling to work in the morning? How have your consultations with patients changed? How has the support the wider health and care system provides to you changed?
- **As a commissioner or someone working elsewhere in the system:** what is it like to work with General Practice? How are primary care services planned and delivered in collaboration?

The feedback from participants was as follows:

Accessibility and appointments

- **Appointments should be easy to book**. It should be possible to book online, but also by telephone for patients who do not have access to technology. It should also be possible to access a walk-in centre, or to communicate with a doctor in other ways (e.g. via an app or an email), if an appointment was not necessary.
- **Appointments should be accessible**. It should also be possible to access appointments in the evenings, at weekends, and out-of-hours. Appointments should be accessible for all patients, including those who have a disability or for whom English is not their first language.
- **Appointments should be flexible**. Practices should offer different appointment lengths, from 10 minutes to 30 minutes. Practices should offer different ways of accessing appointments, such as telephone or Skype appointments, as well as face-to-face.
- **There should be continuity of care**. It should be possible to book an appointment with a GP of your choice, and to see someone who knows your medical history.
- **Borders should be invisible**. Patients should be able to book an appointment with any GP within a given area, rather than just those at a specific practice.

Services provided in General Practice

- **GPs should take a proactive, preventative approach.** GPs should proactively manage the care of their patients and encourage and enable patients to self-care, rather than responding and reacting when patients present with a problem.
- **The role of GP practices should be extended.** More services should be accessible at GP practices, such as pharmacy, occupational therapy, physiotherapy, social workers, mental health, practice nurses, blood tests, radiography and X-rays. GP practices should have a Multidisciplinary Team, and it should be possible to book appointments with practice nurses or other professionals.
- **Services should be integrated.** General Practice should be a gateway to all other services, including social care, should act as "healthcare hubs" and should provide more holistic care – not just healthcare.

Estates and facilities

- **Premises should be fit for purpose.** Health centres should be large, modern, purpose built and accessible, with plenty of parking and good transport links. Harrow should look ensure more purpose built GP surgeries are built as part of the regeneration work.
- **Practices should make better use of technology**. There should be a single care record which can be accessed by all healthcare professionals across different organisations, and practices should be paperless organisations. Practices should make better use of technology to manage health, e.g. apps and telemedicine.
- **Practices should be at the heart of the community**. GP surgeries should physically be at the centre of the population they serve, but should also act as a holistic community 'hub', linking to other services which are wider than healthcare. Smaller practices should amalgamate and come together.

Working as a GP

- **Working as a GP in Harrow should be an attractive position.** Demand should be managed to ensure GPs are not working excessive hours, there should be increased investment in General Practice, and there should be more networking between practices in Harrow.

Group discussion 2: Setting out the actions

The second group discussion focused on setting out the actions needed to achieve this vision of the future. Participants were given the following question:

You have discussed where you want to be. What is needed to move us from where we are to where we are to where we want to be?

Think about the themes that you have picked up in your discussions when developing this as a way of framing the actions, for example they may have been:

- How people access appointments
- Appointment length
- Range of health and care professionals working in General Practice
- General Practice buildings and facilities

Improve accessibility

- Provide further training and induction for receptionists to enable them to be a positive first point of contact for patients, and potentially perform a triage function.
- Provide more information to patients about different services and what is available.
- Offer more flexibility when booking an appointment, such as providing appointments up to 30 minutes and offering telephone or Skype appointments.

Integrate services

- Up-skill nurses and other healthcare professionals, who may be able to act as a 'health coach' or see patients with specific needs
- Combine the organisation and management of services (and budgets), particularly for elderly patients, where there is a lot of overlap.
- Develop data sharing agreements so that care records can be accessed by anyone.
- Encourage practices to work together and network to learn from each other and expand the range of services available

Use Technology

- Ensure all practices have online booking systems in place, and have the technology to offer telephone or Skype appointments
- Create portable patient records that any GP will be able to access. Also enable patients to access their own records.

- Introduce a document management system that is shared with other practices to share information and reduce repetition,
- Use technology to triage patients (e.g. ask patients to fill in an online questionnaire).

Manage demand

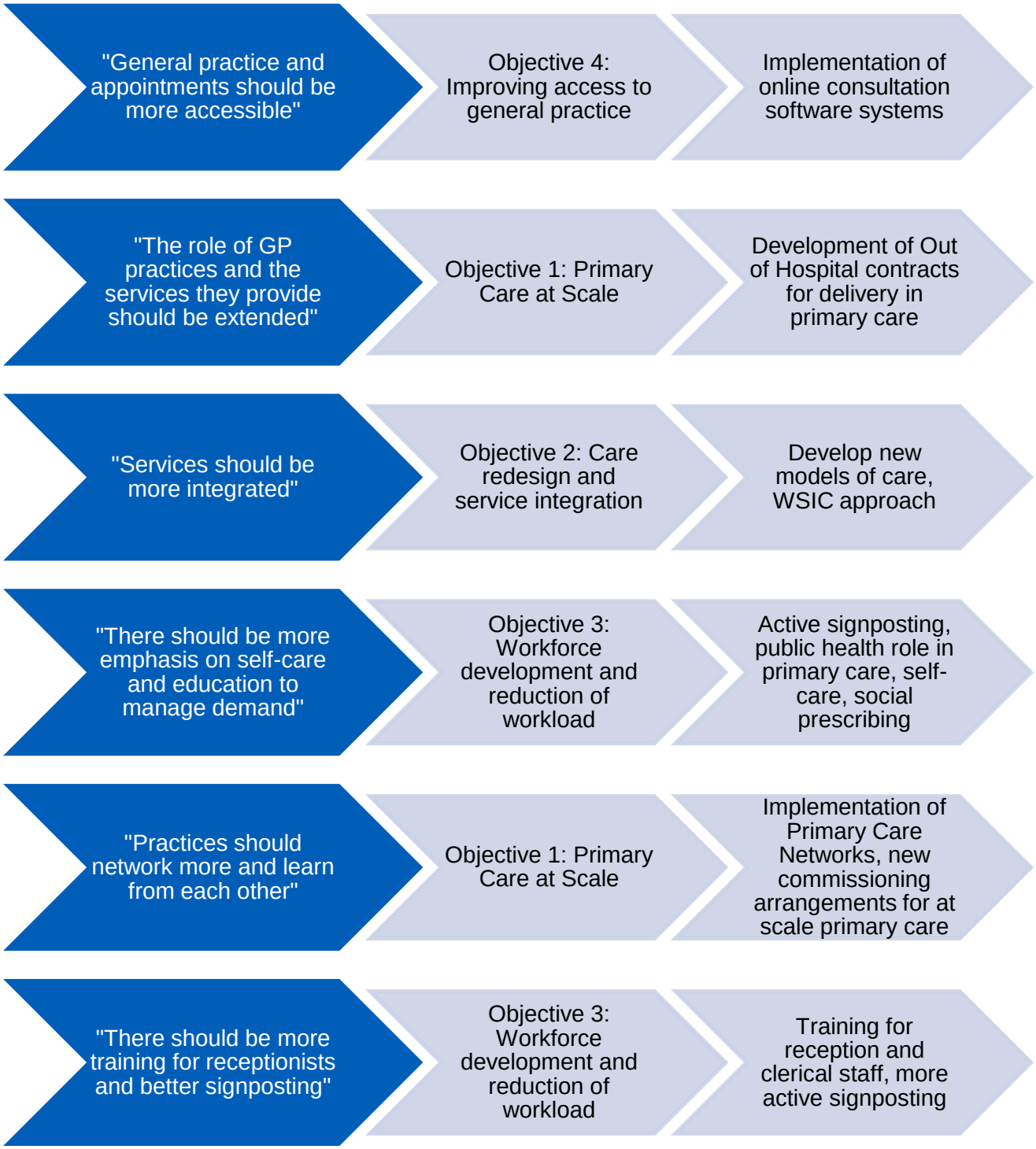
- Provide education to patients on self-care and self-management of conditions, as well as on the impact of waste in the NHS. Include structured education for managing long term conditions. Introduce education for young people in schools.
- Signpost people to the right services and healthcare information through the internet and at GP practices.
- Introduce social prescribing, so that patients are referred for exercise, physical activity and complementary therapies, rather than just medicine
- Fine patients who do not attend appointments.

Continue to learn

- Learn from other areas, such as different models in Europe and the UK, and ensure there is collaboration between GPs and networking between practices.
- Train staff in empathy, communication and customer service

Next Steps

Many of the ideas that were discussed at the events reflect Harrow CCG's current direction of travel and align with the Primary Care Strategy, as shown below:



Additional ideas that came through strongly at the engagement event but are not specifically addressed by the current strategy or implementation plan include:

Ensuring all practices offer an online booking system, which allows patients some choice in which doctor they see	• Aligns to Objective 4 (Improving Access to General Practice) • Enable joint working to share learning between practices (as part of locality and network development) to encourage the use of online booking systems across primary care
Ensuring practices make better use of technology: there should be a shared care record, and better access to telephone appointments, skype and telemedicine.	• Aligns to Objective 2 (Care redesign and service integration) • Consider introducing telephone and skype appointments when implementing online general practice consultation software • Development of shared care record and consider other ways technology can be used to improve services
Develop a directory for patients, provide more information on what services are available and how the system works	• Aligns to Objective 4 (Improving Access to General Practice) • Develop social prescribing options and ensure these are communicated effectively • Encourage GP practices to market existing services and existing directories (e.g. Health, Help, Now)
Upskill nurses and other staff who may be able to act as 'health coaches' or see patients with specific needs, and consider the role of pharmacists working in general practices	• Aligns to Objective 3 (Workforce development and reduction of workload) / Objective 1 (Primary Care at Scale) • Ensure the role, skills and potential of nurses, pharmacists and other staff are considered in the development of integrated care services and primary care 'hubs'
Make the most of opportunities and develop new premises as part of Harrow regeneration work	• Aligns to objective 1 (Primary Care at Scale) and Objective 2 (Care redesign and service integration) • Work with Harrow Council and North West London Estates team to make best use of resources and opportunities, establishing new, suitable premises for primary care services where possible

Appendix H – List of stakeholders engaged

Harrow Practices	
Harrow Health CIC	
CLCH	
CNWL	
Social Services – Harrow	
NHS England Primary Care	
Harrow CEPN	
NWL Primary Care Team	
London Borough of Harrow	
Age UK	
Mind in Harrow	
Harrow Comms & Engagement Team	
Practice PPGs	
Harrow Carers	
Public Health	
Harrow CCG	

Acorn Youth Club ADHD & Autism Support Afghan Association of London (Harrow) Afghan Association Paiwand Age UK Harrow Angolan Civic Communities Alliance ARDO (Afghan community)	Gurkha Community Harrow African-Caribbean Association (HACAS) Harrow and Wealdstone Scouts Harrow Association for the Blind Harrow Association of Disabled People (HAD) Harrow Association of Somali Voluntary Organisations (HASVO) Harrow Association of Somali Voluntary

Asian Elderly Group (Harrow) Asian Women Cancer Group Aspire (Association For Spinal Injury Research Rehabilitation And Reintegration) Association of Senior Muslim Citizens Bipolar UK Support Group, Harrow Breathe Easy Group (COPD) Brookside Close Tenants and Residents Association Cancer Black Care Brent and Harrow Cancer Support Group Carramea Community Resource Centre Cedars Youth & Community Centre Citizens Advice Bureau Crossroads Care Harrow Diabetes UK Diabetes UK (Harrow and District Group) Eastcote Lane Tenants and Residents Association Glebe Tenants and Residents Assoc Harrow Offering Parents Encouragement (HOPE) Harrow Petanque Club Harrow Refugee Forum Harrow Rethink Support Group Harrow Sheltered Residents Association Harrow Special Educational Needs and Disability Information Advice and Support Service (Harrow SENDIAS) Harrow Stroke Club Harrow Tamil School Association	Organisations (HASVO) Harrow Bengali Association Harrow Bereavement Care Harrow Book Club Harrow Carers Centre Harrow Central Mosque Harrow Civic Residents' Association Harrow Churches Homeless Association Harrow Community Action Harrow Federation of Tenants and Residents Associations Harrow Gateway Harrow Heart Support Group Harrow Humanist Society Harrow Inter-faith Council Harrow Kingfisher Swimming Club for Disabled People Harrow Mencap Harrow Patinet Participation Network (HPPN) Harrow NCT Loud and Clear Mind In Harrow National Gurkha's Veterans Association North Harrow Stroke Group Pakistan Society Of Harrow Pakistan Women's Association Pinnerhill Community Tenants and Residents Association Roxeth And Harrow Y Team

Harrow United Deaf Club Harrow User Group (HUG) Harrow Voluntary and Community Sector (VCS) Forum Harrow Weald Tenants and Residents Association Harrow Wheelchair User Group Harrow Womens Centre Headstone Residents' Association Healthwatch Harrow Honeybun Tenants and Residents Association Husseini Islamic Centre (Stanmore) Leaseholders Support Group Light Seekers Chapel Little Stanmore Tenants and Residents Association Livability	Sevacare Shiva Community Volunteers Shree Swaminarayan Temple (Stanmore) Siddhashram Centre (Wealdstone) Somali Educational & Cultural Association South Harrow and Roxeth Residents Association Sri Lankan Muslim Cultural Centre (Wealdstone Mosque) Stanmore Bowls Club St Luke's Hospice Stonegrove Gardens The Pinner Association The Salaam Centre The Salaam Centre The Stanmore & Canons Park Synagogue Eruv The Wish Centre Third Sector Potential Voluntary Action Harrow Wealdstone Youth Centre Weald Village Tenants and Residents Association Welldon Activity Group Why Me The Jemma Kate Foundation - Dreams Can Come True Wiseworks Woodcraft Folk Woodlands Tenants and Residents Association Woodlands Tenants and Residents Association Workers Togther With Him

	Yad B'Yad (Pinner) Yitzchak Rabin Lodge (Stanmore) Youth Parliament