

Somerset Clinical Commissioning Group

Clinical Leadership to Improve Health

January 2014 - Newsletter Issue 28

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Editorial - Welcome to the challenges of 2014

On behalf of the CCG, may I wish you a happy and fulfilling 2014. What the new year holds for the NHS in terms of change is probably more uncertain than at any time since its inception. However, what is certain is that it will be different as the effects of the unprecedented financial constraints on the service drive change and the opportunities arising from the NHS reforms start to be realised.

The CCG is working overtime at the moment, driven by a phenomenally tight timetable set for all CCGs by NHS England, to produce its 5 year strategy and 2 year operating plan. The CCG has developed its proposed vision for the 5 year strategy on which it is consulting as widely as it can and is summarised in an [article elsewhere in this newsletter](#). What is exciting is the emphasis that we are seeing, both nationally and locally, encouraging professionals and organisations to work together better than ever before, to improve services: the national Better Care Fund (£38.5 million in Somerset) driving CCGs and Local Authorities to jointly commission health, social care and housing support; the Somerset Collaboration Fund encouraging acute and community services to work together to provide services more efficiently; a local fund of £1 million to support investment in community (particularly district nursing) and primary care services.

Assuming this all comes together in time, as the CCG is confident it will, there needs to be a major communications exercise, both locally and nationally, to explain the why these changes are needed and their implications. One amusing clip which may help with this, but with a serious underlying message, can be seen on: [YouTube](#).

At the same time it will also be essential to get the message across to the public about taking more responsibility for looking after themselves, using services appropriately and to come to terms with the reality that the NHS cannot afford to do all the things the public may want it to do if it is to remain free at the point of delivery and funded from taxation.

On a light hearted note, if just a bit late seasonally, at the last Clinical Operations Group meeting a couple of weeks ago, I had been taking some notes in my little black book and, having filled a page, I couldn't help noticing I had written down (not in this order) the following: (nb best sung to the tune of 12 days of Christmas).

In the local NHS for 2014 there will be:

- 9 - Protected characteristics (in revised Equality & Diversity System)
- 8 - Candidate Projects (for use of Better Care Fund)
- 7 - Outcome Measurements (in 'Call to Action' paper)
- 6 - Characteristics of Future Systems (ditto)
- 5 - Year Strategy
- 4 - Leadership Qualities (in Leadership in Somerset paper)
- 3 - Enabling Projects (use of Better Care Fund)
- 2 - Year Operating Plan

1 - Any suggestions that don't involve a bird and a fruit tree?

Dr Geoff Sharp - Editor

Vision and Strategy for Somerset 2014-18

Over the autumn and winter periods a lot of work has gone on engaging with health forums, the CCG Governing Body, the Transformation Board, federations and staff within the Somerset CCG, to discuss and seek views on how Somerset meets the challenges and develops services for the county over the next five years. That work has led to the development of a short vision statement to guide and inspire [the development of a five year strategy](#). That vision statement is: People in Somerset will be encouraged to stay healthy and well through a focus on:

- building support for people in our local communities and neighborhoods
- supporting healthy lifestyle choices to be the easier choices
- supporting people to self-care and be actively engaged in managing their condition

When people need to access care or support this will be through joined up health, social care and wellbeing services. The result will be a healthier population with access to high quality care that is affordable and sustainable. The emerging strategy to support the delivery of the vision has four key themes:

- 1 Encouraging communities and Individuals to take more control of their own health and wellbeing**
- 2 Developing joined up person centred care**
- 3 Transforming the effectiveness and efficiency of urgent and acute care across all services**
- 4 Sustaining and continuously improving the quality of all our services**

Somerset CCG recognises the importance of patients and the public being engaged in the design of all services for Somerset, and feedback from patients, the public and health professionals must be used to inform quality improvements in health and social care.

Services will be consistently designed around the needs of the communities that they serve, focussing on need rather than buildings and traditional structures. Clearly there is much work to be done to take forward our vision and deliver our five year strategy, and as the Governing Body has approved our direction of travel, [it is important that we hear feedback from you](#).

The CCG recognises the challenges ahead for the NHS in Somerset, the changes in demographics that will put pressure on the system, and the need to work with difficult financial restraints. The future may be challenging but also presents an opportunity to deliver and sustain services in a different way. Together, health and social services, providers and commissioners, federations and the communities and people they serve, we can deliver this vision.

For further information please contact: [Dr Matthew Dolman](#)

Transforming health and social care services

Somerset faces significant pressure which threatens the sustainability of our health and care system. This challenge is not unique to Somerset. NHS England has recently published a document setting the national context – “The NHS belongs to the people: A call to action”. This recognises the need to do more than just improve the current system. It is estimated that nationally the NHS could face a funding gap of £30 billion by 2020/21. For 2014/15 our funding increases by 2.14%, and 1.7% in 2015/16.

In Somerset we face:

- an increasing demand for health and social care from a growing, less healthy, ageing population many with co-morbidities
- unprecedented budgetary constraints in the public sector which mean doing the same thing in a more efficient way will not be sufficient to make budgets balance. Locally for Somerset the £30 billion challenge represents a gap of £200 million over the next five years or £40 million per annum
- increasing expectations about the quality of clinical outcomes and people’s experience of using services

The health and social care workforce is key to the delivery of cost effective, quality responsive care. We are all instrumental in making the changes to transform services for the future and for conveying the messages to the public about the necessity of change and how the public can participate in it.

In Somerset we have established a transformation programme owned by organisations which can start to make changes this year as well as quickly developing a major change programme over the next five years. Front line clinicians, professional staff and local community leaders will have a key role in designing and leading the changes, with the public and communities. As this work develops we will regularly update you and set out details of how you can help.

For further information please contact: [Tim Archer](#)

Better Care Fund

You may have heard or read articles in the national news referring to a new ‘£4bn’ fund to promote integrated health and social care services across England. This fund was announced in 2013 as the Integrated Transformation Fund, but is now renamed as the Better Care Fund.

The objective of the Fund is to encourage the CCG to work closely with other commissioners – notably the County Council but also the District Councils – to rethink how patients and other service users interact with the health, social care and housing services in Somerset. We are all aware of the increasing demand on our health and care services and the Better Care Fund provides a mechanism for pooling commissioning budgets and to rethink what services are provided (how and when).

Our joint approach needs to be finalised with our partners by April 2014, and so we will provide updates through this newsletter as we develop our plans. The size of the fund in Somerset is just under £40m and, although this is not new money, the Better Care Fund is a catalyst for change in the county and will undoubtedly lead to closer working across the system, better patient and user experiences.

For further information please contact: [Steven Foster](#)

Somerset Primary Care Innovation 2014

The CCG has been listening to its member practices and is clearly aware of the pressures that practices are under, the morale within practices and the difficulties with recruitment. The CCG has a legal responsibility to support practices to improve the quality of primary care and takes this responsibility very seriously. We have had open and honest discussions with NHS England at national and local level, supported by the LMC.

The NHS England Area Team has been very helpful in offering Somerset the chance to redesign primary care services to be fit for the future. To facilitate this they have offered practices the headroom for this redesign by switching off the QOF reporting requirements for January – March 2014. Somerset is currently the only CCG area in the country to have this opportunity.

This is a unique opening for primary care in Somerset to remodel services that maintain high quality primary care, focus on long term conditions, improved access and a real contribution to urgent care across the health and social community.

The potential changes are far wider than the funding freed up from QOF as we move forward. This is a huge challenge and opportunity for GP practices that can deliver high quality integrated care whilst making Somerset a great place to work in, thus improving retention and recruitment of all practice staff.

For further information please contact: [Mike Bainbridge](#)

COG delegates - April 2014

In accordance with the CCG's Constitution five of the Somerset Federations have nominated GP delegates to sit on the Clinical Operations Group (COG). From 1 April 2014 the newly nominated delegates joining those delegates whose term of office is still in progress will be as follows:

Recently nominated or re-nominated Delegates

1. Dr Matthew Dolman, Axbridge and Wedmore Surgery, North Sedgemoor Federation
2. Dr Stephen Gardiner, East Quay Medical Centre, Bridgwater Bay Health Federation
3. Dr Emma Keane, Mendip Country Practice, East Mendip Federation
4. Dr Mike Pearce, Wells City Practice, West Mendip Federation
5. Dr Geoff Sharp, The Park Medical Practice, the Central Mendip Federation

Delegates whose term of office is in progress

1. Dr Rosie Benneyworth, St James Medical Centre, Taunton Deane Federation of General Practices
2. Dr Ed Ford, Irnham Lodge Surgery, West Somerset Federation
3. Alison Foulkes, West Somerset Healthcare, Practice Manager Delegate
4. Dr Sarah Pearce, Springmead Surgery, Crewkerne, Chard and Ilminster Federation
5. Dr Iain Phillips, Wincanton Surgery, South Somerset Healthcare Federation

COG Delegates will continue to take up their positions based on a mix of two and three year appointments. This is to ensure we achieve a good balance between maintaining continuity, knowledge and relationships within the group and broadening the number of individuals who take up these key clinical leadership roles.

In accordance with the CCG's Constitution, the April 2014 full COG members will vote, from within the new group, on three GP delegates to take up positions on the CCG's Governing Body. This will take place at a special meeting scheduled for 5 February 2014. COG Delegates will vote for the new COG Chair and Vice Chair in March once the new Chair of the CCG has been appointed in February. Announcements on the outcomes of these appointments will follow as soon as they are confirmed.

Prime Minister's Challenge Fund

In October 2013, the Prime Minister announced that there would be a new £50 million Challenge Fund to help extend access to general practice and stimulate innovative ways of providing primary care services. NHS England is leading the process, and is now inviting GP practices to make 'expressions of interest' to be one of the pilot sites, and for a share of the Challenge Fund. Practices can find details about the Fund and how to apply on [NHS England's website](#). The deadline for expressions of interest is 5pm on 14 February 2014.

Somerset Drug and Alcohol Service (SDAS)

Following a re-commissioning process the contracts for the new Somerset Drug and Alcohol Service (SDAS) were agreed by Somerset County Council Cabinet on 23 October 2013. The new service will start on 1 February 2014. To support the implementation of the new service two SDAS News Updates have been produced so far – you can read and download the updates on the [SDAP website](#). In summary: News Update 1 outlines the service model and who the new providers are and News Update 2 summarises key developments and what the new service will be offering.

The key message is that SDAS is one service, working together to deliver the best for Somerset and with this in mind we have agreed a single identity for the service:



For further information please visit the [SDAP website](#) or email Amanda Payne: apayne@somerset.gov.uk

Dementia Friends awareness session

Last month, Somerset CCG staff at Wynford House were invited to find out more about becoming a dementia friend. Julie Carey-Downes from the Alzheimer's Society attended the session so that staff could gain a better understanding of dementia and the small things that individuals can do that can make a difference to people with dementia, from helping someone find the right bus to spreading the word about dementia. This initiative is part of Somerset CCG aiming to become a dementia friendly employer as part of the Somerset wide Dementia Friendly Community project. Other dementia friendly initiatives include:

- encouraging and supporting employees to become Dementia Champions and Dementia Friends within the organisation
- considering the HR policies, allowing specifically for the impact of dementia on employees and their families

- supporting other health and social care organisations in Somerset and other employers in the area to become Dementia Friendly organisations
- signing the National Dementia Declaration which is part of the Dementia Action Alliance

If anyone would like further information on the Dementia Friendly Community project, please contact [Alison Rowswell](#). Information on becoming a Dementia Friend can be found at www.dementiafriends.org.uk

New D-dimer test pilot to improve DVT pathway

Deep Vein Thrombosis (DVT) is a Venous Thrombotic Event that involves the formation of a blood clot in the deep veins of the legs. This can lead to significant morbidity and mortality in patients. When investigating for a suspected DVT, health professionals can use blood testing to determine the concentration of a marker called "D-dimer". This is an indicator of whether a clot has formed and is breaking down (although it can be raised for reasons other than a DVT). The traditional pathway for this test is for a venous sample of blood to be taken and sent to the local laboratory. Due to blood collection times and test result availability, often patients are being put on medication while awaiting the results of the test.

Taunton Deane Federation of GPs is working with the CCG's pathway team to deliver two changes in the pathway and management of patients with a suspected DVT. These involve replacing laboratory based D-dimer testing with a 10 minute near patient test (similar to that of a commercially bought pregnancy test) and, where appropriate for the patient, offering the choice of the oral medication Rivaroxaban instead of Low Molecular Weight Heparin injections. The pilot, which starts at the end of January and includes all practices in the Taunton Deane area, will aim to provide evidence that a Somerset-wide introduction of this simplified method of D-dimer testing and prescribing in primary care would improve patient outcomes, patient satisfaction and lead to potential system-wide cost savings.

For further information please contact: [Dr Rosie Benneyworth](#)

Somerset Children and Young People's Plan

Somerset Children's Trust is a local area partnership, led by Somerset County Council. The Trust Board is currently chaired by Lucy Watson, Director of Quality and Patient Safety, Somerset Clinical Commissioning Group, and it is part of the Health and Wellbeing Board system. All the members have a shared commitment to improving the lives of children, young people and families.

Somerset's Children and Young People's Plan is the mechanism through which the strategic direction and ambition of Somerset Children's Trust is set out and communicated. It allows partners to concentrate their joint efforts on a range of shared priorities and targets, and outlines how progress will be monitored.

In previous years, the Children and Young People's Plan has been a more lengthy document, but recent consultation with Board Members recommended the creation of a 'Plan on a Page'. The vision sets out the overarching aspiration, the targets highlight the Trust's key objectives for the coming year, and the aims summarise longer-term ambitions, as workstreams and programmes develop and embed.

The Somerset Children and Young People's Plan 2013-16 has been formally

approved and is published on the new Children's Trust website:
<http://extranet.somerset.gov.uk/somerset-childrens-trust/cypp/>

Surgeons' Outcome data

In summer and autumn 2013, national data were published by NHS England on surgeons' outcomes across ten surgical areas. The Public Health Team at Somerset County Council was asked to review the data for any local concerns. A report was presented to the CCG's Clinical Operations Group in November 2013. Reassuringly there were no concerns in any outcomes data published at individual or local provider level, which included those in Somerset, with all having mortality rates regarded as not significantly different from average.

There were a number of caveats regarding the quality of data relating to the report which included:

- inconsistent analysis and reporting practices across surgical areas
- the case mix and effect of unit level care would impact on outcomes
- low mortality rates and low activity numbers in some areas reduce statistical power to detect effects other than the largest
- mortality alone is a crude indicator of quality of care and is not always suitable especially for procedures with very low expected mortality rates

The release of this data marks an important first step in transparency of surgical outcomes. As many of the caveats have been noted and discussed nationally, it is hoped that reporting standards may improve to facilitate a more rigorous quality assessment in future years. The links to the surgical data can be found on the [NHS Choices website](#).

For further information please contact: [Orla Dunn](#)

Counter Fraud

Incidents of fraud, bribery and corruption affecting the NHS take away valuable resources that should be used to provide high quality patient care. Fraud can originate from a number of sources, including patient prescription fraud, internal fraud, contractor fraud and fraud perpetrated by organised criminals against the NHS. Andy Knight is the Counter Fraud Specialist for Somerset CCG and is responsible for managing the organisation's response to fraud and for investigating fraud that results in a loss (or risk of a loss) to the CCG. Andy can be contacted on **01305 361129** or by email: andyknight@nhs.net. Genuine concerns about fraud, bribery or corruption can also be raised free and confidentially on the NHS Protect Fraud Reporting Line **0800 028 40 60** or online: www.reportnhsfraud.nhs.uk

NHS England's vision for tackling diabetes in 2014

NHS England has set out how it wants the growing problem of diabetes to be tackled in 2014. [Action for Diabetes](#) outlines how it will support prevention of Type 2 diabetes, earlier diagnosis and better management of all diabetes and support for people to manage their diabetes better and improve their quality of life.

Editor

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Contact Us

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