

Somerset Clinical Commissioning Group

Working Together to Improve Health & Wellbeing

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In This Issue

- [Editorial](#)
- [Clinical Services Update – Mental Health](#)
- [New Youth Mental Health Support Service](#)
- [CCG Achievements 2015/16](#)
- [CCG Contracts and Finances](#)
- [Patient Transport Service](#)
- [National Continence Award](#)
- [Sign up to Safety Campaign](#)
- [Healthcare Professional Feedback](#)
- [Somerset Together Workshop Findings](#)
- [Somerset House of Care Training](#)
- [Counter Fraud Update](#)
- [Primary Care Framework Publication](#)

Editorial - Primary Care - Time for Action

With much of recent media news focussed on major issues such as the EU Referendum and the junior hospital doctors' strike, some may have missed a pivotal announcement from the Department of Health (DH) in the form of the [General Practice Forward View](#). This announced a much needed £2.4 billion a year investment in primary care focussing on: building the workforce, reducing unnecessary workload, improving infrastructure and transforming the system by building new models of care. Once delivered this will bring the proportion of NHS spending on primary care up to 10.7% and will represent an overall real terms increase in funding of 14% by 2012. All very much welcome and at long last gives recognition to the fact that general practice is on its knees across the country and needs support, with many practices being close to handing back their contracts to NHS England as they feel they can no longer provide safe services and meet their contractual requirements to the ever increasing demand. One could argue that much of this pressure could have been predicted, in particular the dwindling and changing workforce that fundamentally underpins the stability and effectiveness of the whole of the service.

The key issue now is to ensure this funding, and the promises that go with it, is actually delivered. Despite this not being 'new' money - it is only ring fenced from the allocation by the Treasury last year of the £8 billion for the NHS - it is vital that this is rapidly translated to make a difference on the ground. The Royal College of GPs and the BMA have committed to working with the DH to ensure this happens at a national level.

Linked to this is Somerset CCG's development of its Primary Care strategy and its position regarding primary care commissioning. All CCGs have a statutory duty to 'support the improvement in the quality of primary care' and in 2015 it was decided not to take on full responsibility for primary care commissioning and a Joint Committee with NHS England was established to co-commission these services. With the new funding coming to primary care, and in particular the need to implement changes rapidly, there is now an argument that the CCG should apply for full delegation of primary care service commissioning and this will be debated with member practices in the coming weeks.

The CCG's Primary Care strategy is in development with the most recent draft having been shared with the Clinical Operations Group (COG) and endorsed on 11 May. This will also be shared and discussed with member practices and outlines how primary medical services are planned to evolve in Somerset over the next five years utilising the additional investment to support, transform and expand primary medical services in the community. The strategy aligns with the objectives of the Somerset Sustainability and Transformation Plan (STP) and the Somerset Together programme. However, as with the GP Forward View plans, these encouraging words do need to be translated into action - and fast.

Clinical Services Update - Children and Young People's Mental Health and Wellbeing

Looking at the national picture there are compelling reasons for changing the way mental health services for children and young people are designed and delivered. The recent report of the children and young people's mental health taskforce [Future in Mind](#) (DH, 2015) clearly sets out the issues and the need for change. We know that:

- Nationally one in ten children and young people needs support or treatment for mental health problems
- Mental health problems can result in lower educational attainment and are strongly associated with risky behaviours
- The economic case for investment is strong as 75% of mental health problems in adult life (excluding dementia) start by the age of 18
- Early intervention avoids young people falling into crisis and avoids expensive and longer term interventions in childhood and adulthood

In Somerset we are seeing increasing numbers of visits by children and young people to Accident and Emergency (A & E) departments as well as hospital admissions. Our local Child and Adolescent Mental Health Services (CAMHS) have also seen significant increases in referral rates and levels of complexity when children and young people present to services. This trend would appear to point to a lack of access to local emotional wellbeing and mental health support.

New monies have been made available nationally for the development of CAMHS. Somerset has been allocated £1m recurrent funding to transform services, including the development of a specialist community eating disorders service for young people.

The [Somerset Transformation Plan for Children and Young People's Mental Health and Wellbeing](#) (2015-2020) sets out the strategic direction, vision and principles for the changes to CAMHS. The plan focuses on: early identification and prevention of mental health issues; accessible and high quality support for children, young people and their families; better continuity in pathways; and more effective use of existing resources in supporting children and young people.

Work is currently underway to implement the plan. This includes:

- A Single Point of Access to CAMHS which will help manage the referral rates and promote streamlined services for children and young people
- The development of the Enhanced Outreach Service which will provide intensive support for the most complex young people, resulting in reduced need for hospital admission and reducing the length of inpatient stays
- A new community eating disorder service which will enable children and young people to access specialist support and will reduce the number of eating disorder related cases that the Enhanced Outreach Service hold on their caseload
- The procurement of a new Education Mental Health Link Practitioner

Service which will enable school-based support to promote early identification and prevention of mental health problems and support positive educational outcomes for children and young people

The clinical outcomes, for example the reduction of young people hospital admissions for self-harm will be monitored throughout the implementation of the plan.

For more information about the Transformation Plan or any other CCG work regarding children and young people's mental health, please contact [Deborah Howard](#) or [Fiona Abbey](#)

New Youth Mental Health Support Service

NHS Choices is improving how young people search for and find support in their local area. New service data from the Youth Wellbeing Directory (developed by the Anna Freud Centre) means that young people can search locally for a wide range of mental health support services.

Using the [new mental health hub on NHS Choices](#), young people can insert their postcode to search for advice on mental health problems including depression, anxiety, self-harm, stress, bullying and eating disorders.

CCG Achievements 2015/16

Over the last year, there have been some significant achievements by the CCG and our partners and providers to celebrate. Details of these and other important work programmes will be found in the CCG's annual report due to be published on the CCG website at the end of the month. Achievements include:

- Maintaining high levels of patient satisfaction with local services as demonstrated through the Friends and Family Test and patient feedback
- The launch of a new and improved NHS 111 and the Out of Hours GP service in July 2015
- Undertaking an extensive consultation and procurement to launch a new health campus in Shepton Mallet in 2017
- Our local NHS Foundation Trusts performed well against the four hour Accident and Emergency access standard for decision making for patients on almost all occasions despite increasing demands and numbers of people requiring their services
- Our local Vanguard programme to develop new models of care in South Somerset has made good progress in finding new ways to meet the complex needs of people with several long term conditions. There are test and learn pilots in Taunton and Mendip also taking forward ambitious plans for their populations
- We have started a significant programme of engagement around Somerset Together with patients and the public to understand the outcomes they would like to achieve and how services may change to meet these needs and we will be doing more in 2016/17
- Achieving the financial surplus for 2015/16 of £6,484,000 in line with CCG plans.

For more information please contact [David Slack](#)

CCG Contracts and Finances

The Somerset healthcare community is facing a very challenging financial position and we are currently working to reduce a gap of over £40 million between income and expenditure in 2016/17. Furthermore we expect similar savings to be required in each of the next three years.

CCG Allocation

The CCG allocation is calculated in accordance with a national formula that takes account of the characteristics of the population (eg age, deprivation, rurality) and gives each CCG a fair share of the money available based on the relative need of the local population to the national average.

For Somerset we received a growth uplift to our allocation of 3% (£20.5 million) for this new year. We have also been notified that for the next three years we will only receive a 2% uplift per annum in Somerset. We therefore face the prospect of four years of very limited growth before the fifth and final year uplift of 3.9%.

CCG Budget

The budget for 2016/17 was approved by the Governing Body at the end of March. For the first time it is based on a set of assumptions that do not deliver the surplus required by NHS England business rules for CCGs.

Each year CCGs are required to deliver a 1% surplus (£7.1 million for Somerset in 2016/17) which is returned to them at the beginning of the following year. Our budget for 2016/17 is based on an assumption that we spend our surplus brought forward of £6.5 million during this year. Effectively we will be living off our savings/reserve in 2016/17 and have no surplus carried forward to 2017/18.

CCG Contracts

For many years Somerset PCT (Primary Care Trust) and then CCG has had contracts with the two main acute hospital providers based on a financial envelope agreed at the start of the year and the providers manage the risk of activity varying from the plan. In 2016/17 for the first time we have variable contracts based on the national Payment by Results system which mean that the cost of the contract to the CCG will vary in-year with activity.

This change in contract approach has been strongly encouraged by the regulators and providers following the combined provider deficit of £30 million in Somerset in 2015/16. Although the CCG did not seek this change and could have taken the issue to arbitration it is likely that we would have lost as the national guidance would have been used.

The impact is that the CCG will now be charged on the basis of the national tariff for each emergency admission, outpatient attendance and operation carried out. Whilst increasing the risk to the CCG, and probably the trusts as well, it will force a greater focus on us all understanding better what are the drivers of activity, and for the Trusts how does activity relate to cost.

Restoring Financial Balance

The Governing Body continue to believe that changing the contract incentives is part of the solution to restoring financial balance. Somerset Together will do this from April 2017 by focusing on rewarding achievement of outcomes and prevention rather than activity.

However, in the transitional year the Governing Body identified four areas that we would need to focus on in order to restore financial balance from April 2017:

- Reducing delayed transfers of care in hospitals (acute and community)
- Reducing the level of activity in secondary care by encouraging further use of Advice and Guidance and introducing further commissioning policies for procedures of limited clinical value
- Working with out of hospital services to manage demand although mindful of the pressure that primary care faces itself around workforce shortages
- Revisiting the ambition to strengthen community services and manage with less hospital beds in the future

The Clinical Operations Group (COG) will be discussing the position at their next meeting to consider how this programme will be developed and a Finance Group including two COG GPs (Dr Ed Ford and Dr Rob Allen) will oversee the programme. We will provide quarterly updates on the CCG financial position as part of this newsletter and discuss at the Quarterly Members meetings with GP practices.

For more information please contact [Alison Henly](#)

Patient Transport Service

Non-urgent patient transport services in Somerset are to be provided by a new organisation from 1 October 2016.

E-Zec Medical Transport Services Ltd, who currently provide patient transport services in Dorset, Hereford, Birmingham, and London, has been awarded a five year contract after competitively bidding to provide the service.

Somerset CCG has jointly commissioned the new service with the county's district hospitals and community health service Trust. They will have an active role in monitoring the quality of the service.

The E-Zec Medical Transport Service will provide transport to patients between 06:00-24:00hrs, seven days week (including Bank Holidays)

The annual contract value for the non-urgent patient transport service is £2.2 million.

For more information contact [Simon Edwards](#)

National Continence Care Award

A joint initiative by Somerset CCG and Somerset Partnership NHS Foundation Trust's continence and ambulatory care teams recently gained national recognition by picking up an award for commissioning high quality continence care at the National Continence Care Awards.

The award was given for working to provide a safe, effective and responsive continence service for patients with catheters in the ambulatory care units. Catherine Weller, Operational Manager for Continence, Leg Ulcer and Telehealth, and Liz Berry, Senior Nurse for Clinical Practice attended the

award ceremony at the House of Commons on 13 April.

In a recent [blog](#) Sarah Elliott, Chief Nurse NHS England South, said of the initiative: "They have introduced ambulatory care clinics which provide local care in what is a rural area and where travel time is a significant factor for both patients and community nurses. The clinics include ongoing support for catheterised patients, through regular appointments for routine catheter changes and emergency catheter care within clinic hours. The service is continuing to develop and grow but has already shown significant benefits for patients and their care."

National Continence Care Awards are organised by the Expert Group on Lower Urinary Tract Symptoms, a group of primary and secondary healthcare professionals and patient representatives. [World Continence Week](#) takes place 20 – 26 June 2016.

For more information contact [Catherine Weller](#)

Sign up to Safety Campaign

Next month Somerset CCG will be promoting the Sign up to Safety message (6 – 10 June). GP practices will be sent resources (leaflets and slides for practice screens) aimed at patients to help make them part of the solution for safer care, and a news release will be issued to local press and media.

In November 2014, NHS hospitals in Somerset joined [Sign up to Safety](#), a national initiative to help make health services safer. During 2015, 47 GP practices joined the campaign in Somerset.

We are working in Somerset to get as many people and services involved as possible, working together to do what we can to reduce patient safety risks. The main area of activity of Somerset CCG has been to increase involvement in the campaign by patients and the public and getting local health services to make progress on our local priorities, which are:

- Reducing the incidence of pressure ulcers
- Reducing harm from falls
- Earlier diagnosis and treatment of Sepsis
- Improving clinical communication
- Improving Medication Safety
- Reducing Acute Kidney Injury
- Safe use of restraint for challenging behaviour (in mental health services)

For more information on Sign up to Safety in Somerset visit the [Somerset CCG website](#) or contact [Karen Taylor](#)

Healthcare Professional Feedback

Sharing of patient safety concerns and observations about service provision by GPs and practice staff across Somerset through the 'CCG Feedback Icon' on GP clinical systems continues to grow. Over 500 messages have been received since 1 April 2015.

Over 85% of the concerns raised are in relation to clinical communication and documentation, many with potentially serious patient safety consequences. A recent example relates to delays in X-ray reporting. Often

Healthcare Professional Feedback is the only way, as commissioners, Somerset CCG gets to know of these concerns, so the feedback is a vital resource to identifying and resolving problems. Each incident is reported directly to the provider and themes arising from feedback are monitored and reported to the Somerset Clinical Documentation and Communication group (CDCG). The CDCG's membership includes primary, secondary and community care leads, IT specialists and project leads.

Service providers are asked to investigate all e-discharges that are not received by practices. A recent investigation found that although a number of e-discharges had been sent, they had not been received by the practice. This picked up an interoperability problem with 'Docman' software, whereby the e-discharges were held, but not visible in the practice system. The issue was rectified and the practices affected began receiving their e-discharges again.

Feedback has also been used this year to influence amendments to the Transfer of and Discharge from Care Protocol which is included in provider contracts.

At the beginning of July 2015 when Somerset Doctors Urgent Care (SDUC) began providing services in Somerset, a number of IT issues were identified very quickly through increased levels of feedback reports from primary care. The CCG has been working closely with SDUC to sort out the problems identified. Extra training has been provided for call handlers and most of the IT issues have been resolved, but there are still some outstanding system software issues.

A fair number of feedback messages are about requests from hospital services to refer a patient back to a different specialty within the same hospital. Sometimes this is appropriate and sometimes not and followed up accordingly. NHS providers must apply national rules about whether they are permitted to re-refer internally. The rules are linked to payment for services. From 1 April 2016 there has been a clarification in the national contract. This states the provider may make an internal referral "... for a non-urgent condition related to the original referral, onward referral to another professional within the same provider is permitted; there is no requirement to refer back to the GP. Re-referral (or GP approval) is only required for onward referral of a non-urgent, unrelated condition". So any practice outside this guidance is worth reporting to the CCG as feedback.

For more information please contact [Jo Bird](#), Quality Improvement Manager with the Patient Safety Team.

Somerset Together - workshop findings

In February and March, Somerset CCG held six public co-design workshops. Our purpose was to ensure that patient experiences informed the development of the Somerset Together outcomes framework.

The six workshops were attended by 140 people from different parts of the county - Bridgwater, Taunton, Yeovil, Minehead, Frome and Burnham. They included members of the public, people involved in voluntary and community organisations, patient groups, and service providers. Over a third identified themselves as carers, just under a fifth told us they had a disability, 7% categorised their ethnicity as 'white other', and 5% were from the LGBT community.

Participants very clearly articulated the sorts of outcomes that would make the greatest difference to patients and carers and described what they would like from their services. Most frequently, these outcomes related to:

- Wanting to be kept informed or to find information about services and conditions: people said, *"I want to know what my options are"* and *"I want to have a conversation with my clinician"*
- Improved access to services: they told us, *"I want support, not just tablets"* and *"I don't want to have to battle to get what I need"*
- Wanting to take greater control over our own healthcare and our own conditions: participants said, *"I want a system that deals with me as a person, not a set of individual problems"* and *"I want to be able to make my own decisions"*
- Access to the right care with the right professional who has enough time: they said, *"I want support from someone who understands about my condition"* and *"I want more flexible options - one size does not fit all"*
- Wanting services to share information, coordinate their responses and join up their IT systems: they told us, *"I want hospital discharges to be joined-up and person-centred, involving those important to me"* and *"I want services to be able to communicate with each other"*
- Being treated with kindness, care, dignity and respect: they said, *"I want non-judgemental support"* and *"I want someone to listen to my whole story"*

The evidence gathered at the six workshops has shaped the outcomes framework which will be used to measure the success of future services. It will inform the development of the future joint contract between commissioners and providers of services by shaping the shared outcomes towards which all providers will work. In addition, the findings of the workshops will help us to plan our next steps in communicating information to and engaging with the public on the Somerset Together programme.

The [Somerset Together Workshop Summary Report](#) is on the Somerset CCG website. For more information, please contact [Jill Downey](#)

Somerset House of Care Training

A new and improved version of the Somerset House of Care training gets underway this month. Following the success of the Year of Care Personalised Care Planning training over the past 18 months, Somerset CCG has commissioned NHS South, Central and West Commissioning Support Unit to deliver another 12 courses across Somerset.

Following a full evaluation of the previous training, including feedback from over 200 participants, the course content has been modified to ensure it is even more relevant for staff across Somerset.

The training, which takes place over 1½ days, aims to help GP practice teams develop a person centred approach to long term condition management and to enhance the support for people living with long term conditions. It addresses a range of challenges and potential solutions, including: staff skills (eg motivational interviewing), increasing patient engagement (eg activation), the systems and processes (eg booking

procedures) and commissioning (eg workforce).

The training can help to:

- Improve outcomes for people with long-term conditions
- Create a better experience for people using health services locally
- Increase people's confidence in their ability to effectively manage their own health and wellbeing
- Increase staff morale and job satisfaction
- Reduce the demand in general practice

Day 1: 9am – 3.30pm	Day 2: 9am – 1pm	Venue
Wednesday 25 May	Wednesday 6 July	Frome Medical Practice
Thursday 9 June	Thursday 21 July	Wincanton Hospital
Tuesday 5 July	Tuesday 16 August	Wellington Medical Centre
Thursday 4 August	Thursday 15 September	TBC
Wednesday 7 September	Wednesday 19 October	TBC
Tuesday 4 October	Tuesday 15 November	Wellington Medical Centre

To find out more or to book a place on the training, please contact [Leandra Downes](#) or phone 0117 9841631.

Counter Fraud Update

Somerset CCG has a new Counter Fraud Manager. Aimee Newton replaces Andy Knight as the contact for any issues relating to NHS fraud in Somerset.

Fraud against the NHS means that the money intended for patient care ends up in the pockets of those who did not legitimately earn it. It is a criminal offence. It means fewer resources are available to be spent on frontline health services such as patient care, health care facilities, doctors, nurses and other staff.

If you want to report a concern about fraud within the NHS, use the online facility [NHS Protect](#) or report your concerns by phoning 0800 028 4060. All information you provide will be treated in complete confidence.

For more information contact [Aimee Newton](#)

Primary Care Framework Publication

NHS England has published the framework for patient and public participation in primary care commissioning on the [NHS England website](#) and is in the process of promoting it to commissioners.

The framework is a guide for primary care commissioners, in NHS England and clinical commissioning groups, on how to involve patients and the public in the commissioning of primary care services. In addition, [information for patients and the public](#) has been published on the website, to help them understand how to get involved in primary care

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commissioning. This information is also available as an easy read version.

The documents were developed together with NHS England staff, members of the working group for patient and public participation in primary care, and other key partners.

The framework is now being implemented and over the next year NHS England will review how it is working in practice and the impact it is having. They will gather feedback in a number of ways including through a [survey on their website](#) and they would welcome your further comments on how well the documents are being used.

If you have any questions, or would like further information, please contact NHS England's Public Participation Team on 0113 825 0861.
