

CCG Quarterly Update

Welcome

Welcome to the first CCG Quarterly Update for member practices of Somerset Clinical Commissioning Group (CCG). The purpose of these newsletters is to provide members with information on the most current issues and projects that involve Somerset CCG.

The reason for having these quarterly updates is in direct response to feedback from GPs criticising lack of communication on important issues which was received following the issue of a special edition newsletter last December in addition to comments following the January 8th joint meeting with the Somerset Local Medical Committee (LMC).

This culminated in a letter from David Slack outlining measures to improve communications with members which included both quarterly updates as well as setting up quarterly meetings around the county (with backfill funding to facilitate attendance) to enable face to face discussion. The CCG recognises the importance of communicating with member GPs but experience has shown that there is no one medium (letters, emails, bulletins, meetings etc) that suits everybody and

Let's improve the way we communicate



that a range of methods is required. Likewise there always has to be a balance between providing the right 'amount' of information; too little and people feel disengaged but too much and this turns people off and important issues can be missed.

The first of the quarterly meetings is planned for **25th March** and it is hoped there will be a good turnout as the two topics to be discussed are the two most frequently raised as concerns for GPs identified in the online survey

conducted earlier in the year; new models of care - through a discussion on the development of provider functions of federations and the workforce challenges in general practice.

Details and dates for all of the 2015 meetings can be found at the end of this newsletter.

Dr Geoff Sharp
Editor

Local solutions

are best for the Somerset health care system



For those of you who came to the special meeting in Taunton on 8th January 2015, I would like to say thank you again, for giving your time at the end of a long day to share your views about the current “hot topics” in general practice. Matched to the feedback from the online survey, the CCG has a good sense of the priorities it needs to address and has chosen to focus on the current workforce situation and on the potential support for primary care provider networks at the meeting on 25th March.

How to make sense of an increasingly tense health system is the challenge for all of us to confront. Behaviours will change. Positions will become more entrenched, views polarised and actions need to be more decisive. Superimpose the pressure of clinical decision making and the financial challenge and it has the potential for a toxic cocktail. We recognise the negativity this could create and we need to make the time to talk and listen to diffuse the pressure.

General practice cannot sustain the intensity of work it is currently providing. Hospitals cannot manage the volume of patients they are receiving. Community services are

stretched to breaking and social services are functioning at the limit.

We have to create our own Somerset solution. There is no national master plan, certainly no CCG agenda to destabilise primary care, but things have to change. The CCG believes general practice and the registered list of patients we hold should be the focal point of any new “model of care”.

We want to support practices to explore whatever option works for them. The pace and structure determined by our membership and the objective of maintaining the high quality of care we deliver. The decision to move to joint co-commissioning arrangements will bring an opportunity to support this.

In the future, Somerset CCG, Somerset County Council and NHS England’s Area Team want to use the budget we have, nearly a billion pounds, in a different way. We want to distribute the money to support “outcomes”, not the historic way of paying for activity by “bean counting”.

This is a complex technical process that will need to be phased over a number of years but has the potential to deliver better value from the “Somerset pound” and create a sustainable future for all the providers of service across the system.

The strategic thinking to move to an outcome based commissioning approach for a significant cohort of patients with long-term conditions is the first stage. It will allow primary care to think at scale and shift finance into the community. Capitated Outcome Based Incentivised Commissioning (COBIC) has primary care as an integral component in the Somerset thinking. It could be the catalyst for primary care to have a bigger influence. How big? - that will be for practices to decide.

Alone or working with other providers is for discussion. We have to create the space and the CCG has committed to support this provider development if requested.

The recently announced Vanguard status should bring support and money in the near future and we are committed to a two-stage approach to Somerset. South Somerset will be the first community to benefit, closely followed by other Test and Learn pilot areas.

The recurring message I want to stress is that this evolution of primary care is in your control and can be as bold and innovative as you want it to be. What is your practice’s two year plan? How will you be working in five years? Two key questions I think we need to be asking each other over the next six months.

I look forward to seeing as many of you as possible on Wednesday 25th March in Bridgwater.

Dr Matthew Dolman
Chairman
Somerset Clinical Commissioning Group

SPQS

Somerset Practice Quality Scheme 2015/16

NHS England, with the support of the CCG and LMC, has approved the extension of SPQS for 2015/16, following an interim evaluation process. A few minor amendments have been made to the specification to improve and update it, but it remains essentially unchanged. This is in response to feedback from practices that stability and continuity were important, particularly since the pilot only started in June last year.

The payment structure is based on the same formula as for 14/15. That is, 12/13 QOF achievement, corrected for the number of QOF points available in 15/16 and further adjusted for list size and prevalence. Again, as last year, the aim is to provide equal funding whether practices opt for SPQS or QOF. Practices have been asked to confirm whether they would like to participate in SPQS for 2015/2016 by 31 March 2015.

The results from SPQS so far have been encouraging, although it is still in its early stages of delivery. The final evaluation, being undertaken by the Academic Health Science Network, will be undertaken in July 2015 and will be overseen by the Co-commissioning Joint Committee.

As SPQS is part of a philosophical move towards person-centredness, in accordance with the core values of general practice, NHS England has asked us to ensure that we have plans in place to measure the person-centeredness of primary care and other services. These will include the routine use of tried and tested measures such as; the Patient Activation Measure (PAM), patient outcome/experience measures and Clinician / staff experience measures. The CCG will lead on the development of these measures.

Vanguard success for South Somerset

In the 'Five Year Forward View', Simon Stevens (NHS Chief Executive) stressed the role of innovation in meeting the sustainability challenge of the NHS. He advocated four 'new models of care' which would increase integration and thereby improve patient outcomes and potentially meet some of the financial challenges inherent in the current system. The four models were: Primary and Acute Care Services ('PACS'); Multispecialty Community Providers ('MCPs'); enhancing the viability of smaller hospitals; and enhanced health in care homes. Collectively these models were referred to as the 'Vanguard' programme and organisations were invited to bid to receive 'Vanguard' status which came with organisational and strategic support (and possibly financial support) from NHS England.

The CCG encouraged a county-wide model based on the Test and Learn pilots but led by the Symphony Project in Yeovil. Symphony is the most mature programme in the county and is already recognised by NHS England through its 'Accelerator' programme. Of the 269 applications to be Vanguard sites across England, only 29 were appointed to the programme and the submission by the CCG and Yeovil District Hospital was selected – and in fact became the only successful application in the South West region. The CCG is now working with the Vanguard programme to access support for integrated health and care across the county, whilst recognising that Symphony remains a nationally-recognised flagship project.

Update on Co-Commissioning

At its Governing Body meeting on 30th January 2015, Somerset Clinical Commissioning Group approved a decision to submit an application to NHS England for joint commissioning (Option Two). This followed a formal consultation with member practices on co-commissioning options. 56 practices (75% of the membership) supported the second option, a joint commissioning arrangement between NHS England and the CCG. Nine practices (12% of the membership) did not support this option with the remainder abstaining (two) or not responding (eight).



Joint commissioning will enable the CCG to ensure joined up planning and decision making between CCGs and NHS England through a joint committee arrangement. This will provide an opportunity to more effectively plan and improve the provision of out-of-hospital services for the benefit of patients in your local population.

The membership of the Joint Committee has been designed to take into account national guidance, ensure clinical leadership, and address potential conflicts of interest and is as follows:

- Somerset CCG
- Non-Executive Member of the Governing Body (Chair)
- Lay Member (Vice Chair)
- Chief Finance Officer or nominated deputy
- Director of Quality, Safety and Governance or nominated deputy

- Director of Clinical and Collaborative Commissioning
- Governing Body GP representative (non-voting)
- Clinical Operations Group GP representative (non-voting)
- Two patient representatives
- Registered nurse member of the Governing Body
- Specialist doctor member of the Governing Body
- A GP from a neighbouring CCG / NHS England
- Director of Commissioning or nominated representative Somerset County Council
- Director of Public Health or nominated representative

The non-voting attendees of the Joint Committee include a standing invitation to representatives from the Local Medical Committee, Somerset HealthWatch and the Somerset Health and Wellbeing Board. Each member of the Joint Committee shall have one vote, with decisions being reached by a simple majority of members present.

The CCG will have a casting vote on any of the CCG's statutory functions that are included within the scope of the Joint Committee's responsibilities. NHS England will have a casting vote for any functions within NHS England's statutory obligations.

NHS 111

and the Primary Care Out-of-Hours Service in Somerset



Somerset CCG has recently concluded a procurement process for the NHS 111 service and the Primary Care Out Of Hours service for Somerset. The outcome of which was that Northern Doctors Urgent Care (NDUC) has been appointed the provider of both these services for Somerset.

NDUC is a GP led Social Enterprise who currently run out-of-hours, NHS 111 and other urgent care services in Teesside, Staffordshire, Yorkshire, Leicestershire and Rutland and more locally in Bath.

There had been a slight delay to the award of the contract to NDUC and the start of the mobilisation period. This was due to a challenge regarding the procurement process by one of the tendering organisations. This has now been concluded and Northern Doctors Urgent Care is able to go forward with the mobilisation.

The new services will start from 1 July 2015. During this mobilisation period Northern Doctors Urgent Care (who will be re-named with Somerset in their title to ensure easy recognition across the county) will be engaging with as many GP colleagues as possible in support of the development and integration of these vital services for Somerset.

Somerset CCG is grateful to the outgoing provider of both services. South Western Ambulance NHS Foundation Trust, have held the out-of-hours service contract with Somerset for some ten years, and took over the NHS 111 contract at short notice in November 2013 when NHS Direct withdrew from its NHS 111 contract in Somerset and nationally.

Update on Test & Learn pilots



The three 'Test and Learn' pilots were fully authorised in February 2015 and are now beginning to design services to meet the needs of patients and service users with multiple long-term conditions. Like South Somerset's Symphony Project the three models are based on principles of a coordinated care model and involve various health and care providers. The three pilots aim to have nearly 1000 patients benefitting from the services within the year and each Test and Learn has the involvement of local GPs and a strong participation from the nearest acute trust as well as community and social care services.

The Symphony project (its 'Test and Learn' project) opened its first care 'Hub' in Yeovil District Hospital in February 2015 and forms part of a wider ambition for the hospital. This was recently recognised with the awarding of Vanguard status. Both Taunton and Mendip pilots are identifying patients in the target cohort. As in South Somerset, the coordinated care model uses the Patient Activation Measure as a way of assessing the engagement and self-confidence of patients in the programme.

Better outcomes

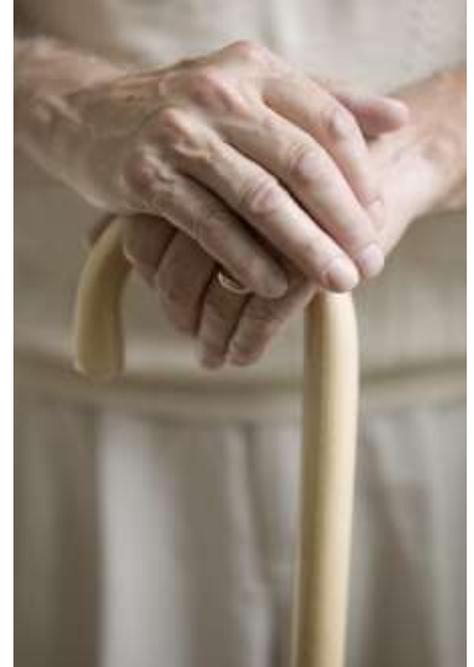
through joined up care

A key theme for Somerset CCG's two and five year strategies are 'joined up' person-centred care. Our focus is on people with long-term conditions, facilitating self-management and prevention of complications. In November 2014 the CCG engaged an organisation called 'COBIC' to support the development of an outcomes based commissioning approach which we believe will improve the way in which we commission services for people with long-term conditions and ensure future sustainability of health and social care services. An outcomes based approach will support current providers to:-

- refocus and incentivise health and social care services to promote health and wellbeing and the maintenance of independence
- facilitate and encourage people to take responsibility for their own health and wellbeing
- achieve greater integration of services, centered around the needs of people
- shift to a greater emphasis on commissioning for outcomes
- focus upon rapidly improving the health of those in greatest need, thereby narrowing health inequalities

COBIC reviewed the work we had already been doing in Somerset and talked to key people in Somerset involved in both commissioning and delivering of services for people with long-term conditions, and a summary report and recommendations were considered by the CCG's Governing Body in January 2015. The report highlighted a great energy and appetite for change from stakeholders in Somerset together with strong data and evidence base through the Symphony work. The report also indicated that further work would need to be undertaken to ensure everyone in the system can describe a consistent vision for person-centred integrated care, together with a work programme to review options for the service model, contractual form and procurement route.

Following discussions, Somerset CCG's Governing Body endorsed the recommendation to support a more detailed programme of work which will inform a decision about how to proceed in June 2015. The importance of involving all service providers through the development and planning phase was also emphasised. GPs are central to the delivery of person-centred care for people with long term conditions and the CCG will work actively with Somerset Local Medical Committee, GP Federations and practices to ensure they are fully involved in the ongoing programme of work.



Federations on the move

All around us there are increasing numbers of practices across the country working together to provide services in new ways. These include a wide range of approaches, from informal arrangements to share expertise, all the way to mergers and the formation of large groups practices under a single business model.

Within Somerset there is growing interest in discussing practice collaborations. We have seen the establishment of Somerset Primary Health with its countywide membership and also seen practices discussing more local options to formally work together and provide some services together in future.

In Somerset, our GP Federations have a long and interesting history; in some cases going back all the way to out-of-hours GP co-ops. However their current remit and resources have been directed towards member practices' commissioning roles as part of the CCG.

There is no doubt that this arrangement has led to a lot of positive developments, most notably improved relationships between some practices. At the same time Federations, as currently defined in Somerset, are a challenge in terms of people's capacity and time and there is a growing question about whether the use of this precious time should be directed more towards practice provider development.

Some CCGs across the country have recognised the need to provide some support to practices, at least on an initial basis, to consider ways in which they could collaborate and to provide support for them to establish the appropriate organisational forms. Support for practice provider development, opportunities for collaboration and a potential change of focus for Federations and the use of their

resources are key issues that the CCG wants to discuss with member practices, the LMC and other partners over the coming months starting with the practice meeting in Bridgwater on the 25th March. Following this meeting, we will engage with all practices to gauge their views.

Some of the new ways to deliver primary care

The Vitality Partnership is a single GP organisation operating across 13 different locations - <https://www.vitalitypartnership.nhs.uk/about-us>

The Hurley Group, a GP-led organisation that runs a number of practices and walk in centres across London <http://hurleygroup.co.uk/>

There are groups of practices that have 'Federated', and outside Somerset this is more commonly defined as coming together to provide services. Some are coterminous with their CCG area, like the large GP Federation in Suffolk, <http://www.suffolkfed.org.uk/pages/home.php> of which 61 out of the 63 practices are members. There are Federations like those in Tower Hamlets representing smaller groups of practices across a number of localities within their CCG area. <http://www.towerhamletsccg.nhs.uk/about/>

There are Federations whose boundaries are not linked to CCG areas like the 26 practice Haverstock Healthcare in Camden <http://www.haverstockhealth.com/who-we-are/> or the 21 practice HeartBeat Alliance in Hambleton, Richmondshire and Whitby, <http://www.heartbeatalliance.co.uk/about-us/>

These merged practices and Federations are actively providing a range of services and have adopted organisational forms ranging from Community Interest Companies, Companies Limited by Guarantee to Social Enterprises.

Quarterly Meetings

with Practices for 2015/16

Wednesday 25 March 2015 (2.00pm to 5.00pm)

Venue: The Canalside, Marsh Lane, Bridgwater, Somerset. TA6 6LQ

Wednesday 1 July 2015 (2.00pm to 5.00pm)

Venue: Glastonbury Town Hall, Magdalene Street, Glastonbury, Somerset. BA6 9EL

Wednesday 23 September 2015 (2.00pm to 5.00pm)

Venue: Westlands Yeovil, Westbourne Close, Yeovil, Somerset. BA20 2DD

To be followed by:

Somerset CCG's Annual General Meeting (6.00pm to 7.30pm)

Wednesday 23 September 2015

Venue: Westlands Yeovil, Westbourne Close, Yeovil, Somerset. BA20 2DD

Wednesday 9 December 2015 (2.00pm to 5.00pm)

Venue: Woodlands Castle, Ruishton, Taunton, Somerset. TA3 5LU

Links to key documents

Five Year Forward View

<http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

Primary Care Co-commissioning Guidance

<http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-cocomms.pdf>

Prime Minister's Challenge Fund

<http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pm-ext-access/>

CCG 2 Year Plan and 5 Year Strategy

<http://www.somersetccg.nhs.uk/publications/strategies-and-plans/>

Making the Most of Community Services

<http://www.somersetccg.nhs.uk/about-us/governing-body/meetings-and-papers/governing-body-agenda-and-papers-19-november-2014/>

Details regarding Outcomes Based Commissioning

www.cobic.co.uk



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