

CCG Quarterly Update

Welcome

Welcome to the December edition of Somerset CCG's Quarterly Update. As ever there has been a lot of work going on in Somerset over the last months, not just to meet the here and now demands on local health services, but also to plan ahead to change the way commissioning works. The joint programme with the local authority, now called 'Somerset Together', plans to use outcomes based commissioning together with a novel way of contracting with local service providers, to deliver more effective and efficient services as from 1st April 2017. More on this can be read in Dr Matthew Dolman's lead item.

For GPs to consider how the Somerset Together programme may affect how they work and to explore the opportunities for primary care it presents, may I remind readers of the two forthcoming Seminars arranged for December 2nd in the morning at Frogmary Green Farm, South Petherton and on December 9th in the afternoon at Wynford House, Yeovil, which will take up the majority of the Agenda of the CCG's next Quarterly meeting.

The Update also contains items on:

- Workforce Development
- Primary Care Strategy
- Preparations for Winter
- Practice Collaborations
- and also updates on exciting work underway in Mendip through its 'Health Connections Mendip' service and in Taunton through its Test and Learn pilot.

Dr Geoff Sharp
Editor

Somerset Together

Outcome Based Commissioning, part of something bigger?



Over the last few months, the CCG and Local Authority have been working together, talking and listening to a wide number of people across Somerset. The conclusion was that focusing on the technical language of outcome based commissioning (OBC) was not helpful. A consensus was reached that a better title to embrace the breadth of change needed was 'Somerset Together'. OBC is only part of a massive 'change programme' that health and social care has to do together. The current infrastructure that surrounds us is not fit for a 21st century purpose. We need to give the people of Somerset a clear message about the role they have to play in their own health and using a new health and care system. This is all about 'Somerset Together'.

An important element of the OBC work is designing different financial incentives through a new way of setting a contract for all, or for geographical parts of Somerset, the value of which is determined by the number of people it covers and the range of services to be provided. This contract will be used to deliver a set of outcomes and not used to primarily reward activity and will allow money to move around the system in a completely different way and that allows better value for the 'Somerset pound'. It recognises that primary care has to be central to the different models of care. It will deliver joined up person centred care and focus on prevention.

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Somerset Together

Outcome Based Commissioning, part of something bigger?

The budget does not include GP's GMS / PMS monies unless practices choose to opt in. The degree of engagement with Somerset Together will be up to practices.

The health and care system in Somerset is creaking due to the triple impact of workforce shortages, money being squeezed, and the demographic impact of complex patients. Primary care is fundamental to creating any solution and we have to find a way to allow the expertise and leadership in our practices to come to the fore.

One of the recurrent challenges to me and CCG colleagues is: "Enough of the theory, what will it mean for us, and for my patients?".

My answer to that is the future of primary care needs to be designed by primary care alongside our other provider colleagues. No one element can survive or deliver care on its own. In this new way of commissioning, there is no imposition of a model of care. It is for a practice, or preferably a collaboration of practices, to work through what will be effective for their own community. There are people who don't feel the need to change and it is true, we largely already deliver high quality care, but it is a fragile veneer I would argue, and over the next year, practices may well fail, due to workforce pressures and financial challenge. Even one practice's collapse is unacceptable. Let's work together to make a difference for patients and general practice.

The concerns and tension around conversations about OBC and primary care are also reflected in our dialogue with Foundation Trusts, primarily around the evidence base.

What we are designing is new and we are creating the evidence, just like we did with SPQS (Somerset Practice Quality Scheme). We have national support but it is complicated and bold in its ambition, and we have to do something radically different to maintain the high quality care we want to be able to provide. We asked Foundation Trusts, Local Authority and the LMC to present their views on OBC to their collective Boards and all were broadly supportive.

There was a consensus that the CCG and Local Authority were right to explore a radical change in the commissioning structure because all organisations were struggling to understand how they can manage the volume of care they have to provide with the resources available. Taunton & Somerset Hospital have forecast an £8 million deficit, Yeovil District Hospital have support to cover an £18 million deficit, Somerset Partnership are signalling a likely deficit, and the CCG have a shortfall of circa £1 million in year. GP accountants are highlighting further falling profits. The financial pressure is unprecedented, we have to work together to develop the details of the Somerset Together programme, and that includes NHS England and Monitor, and we have national funding to support this.

Of course, the unique element for GPs is our personal financial interest that is in our independent contractor status business partnerships. We want to create an environment that allows primary care to flourish and be attractive to doctors, nurses and managers to work in. OBC is not intended to break the partnership model. In South Somerset, GPs are working at a national level to understand how a "joint venture" could be constructed and the Somerset Provider Unit, being developed by the LMC and working with SPH, could allow other business models to be

tested. We need to develop the primary care leadership of doctors, nurses and managers across Somerset to ensure the optimal result. That needs time and resource, both financial and staffing to drive things forward. It needs energy and a common purpose.

To help develop that common purpose, two workshops have been scheduled on the 2nd and 9th December. These sessions link to the ongoing work through the Test and Learn projects and the Somerset Together programme. With themes around "What would be a good day?" and "How might the business model evolve?" we will be looking to explore what primary care might look like in 18 months and five years. They will be facilitated by an external GP and we have already worked with COG GPs and LIG Chairs to test their ideas. The LMC collaborative roadshows have planted the seeds of how things might begin to be different, the CCG wants to support the primary care strategy for Somerset, and capture aspirations and build opportunities for a primary care of the future.

It may not feel like it, but we are in this together and how we develop a common purpose is the professional leadership challenge I would like to place in front of you. Primary care and the entire health and care system is at a critical point. We have a window of opportunity to influence the future and I want to urge you to embrace it.

Dr Matthew Dolman
Chairman
Somerset Clinical
Commissioning Group

An action plan for Workforce development



One of the most significant threats to high quality primary care in Somerset is the growing workforce crisis.

Traditionally the NHS has provided rapid access to primary care compared with many other health systems, where it is usual to wait much longer for an appointment. However there is no doubt that three factors are leading to increased waits for appointments. These are: increased demand per patient - the average number of consultations per patient per year is rising; increased numbers of patients - due to the rising population; and reducing numbers of primary care clinicians.

One of the first actions of the Clinical Commissioning Group upon entering into a joint commissioning arrangement with NHS England in April 2015 was to commission a piece of work to provide clear information on the scale of the workforce challenge and set out both early priorities and long-term actions required to stabilise and improve the situation.

Key findings include:

- The current GP workforce of 413 (318 whole time equivalent) is likely to reduce by 120 (29%) by 2020
- This represents 44% of the GP workforce in some areas of the county
- Between 2012-14 we lost 178 GPs and gained 127, a net deficit of 51
- This trend is accelerating and between January and August 2015 we lost 50 GPs and gained 26
- Similar trends are apparent in the primary care nursing workforce

The CCG is, in conjunction with partners including NHS England and Health Education England, leading work to deal with the challenges above. Key actions include:

- New investment of £5m in primary care in Somerset over a five year period, linked to increased clinical workforce and better access for patients
- Funding to support practices to develop collaborative services, including shared clinical staff
- The employment of a Practice Nurse lead, with the support of Somerset LMC, to specifically drive forward the development of the practice nursing workforce
- Developing a shared approach to attracting clinical staff to Somerset
- Exploring options to keep retiring GPs in the workforce for longer
- Exploring new models of primary care delivery including the use of pharmacists in clinical roles and IT innovations such as web-based care.

Primary Care Strategy



The CCG has recognised primary care as a key priority in delivering its Five Year Strategy. Primary care services, those services which patients first come into contact with when seeking help, are by definition the most local element of the NHS. Simon Stevens, the Chief Executive of NHS England, has encouraged CCGs to take on a greater role in planning primary care services, especially GP services.

Somerset CCG recognises the importance of GP services as part of community life in Somerset and as part of the wider health and social care system. For that reason, we have sought as an organisation to have more influence over GP services.

The development of a Primary Care Strategy is being overseen by the Primary Care Joint Committee. Engagement with patients, the public and other stakeholders will take place over the winter, with the final strategy being

approved by the Joint Committee in the spring of 2016.

From April 2015 NHS England and Somerset CCG have been jointly commissioning GP services for the people of Somerset, through a new Primary Care Joint Committee.

Somerset County Council as commissioner of public health services is also represented on the Joint Committee. The strategy will guide our work from now until 2020. This will cover areas including workforce, access and quality. It is a commissioning strategy, not a provider strategy. Although the CCG benefits enormously from the clinical expertise of its member practices, it is a commissioning organisation first and foremost, responsible to the people of Somerset for the quality of primary care services they receive.

It is for the providers of services to determine how they can organise themselves to deliver the high quality services we all want to see.

Vanguard funding to support Somerset Together

Members will be aware that the CCG has been supported by the Vanguard programme to develop the approach to outcomes based commissioning which we have now called the 'Somerset Together' programme. We have been awarded funds to assist with external financial and legal advice and the development of an outcome framework (and some of you will be aware this is provided by PWC [Price Waterhouse Coopers] and Cobic consultants).

We are now excited to announce that a further allocation of the Vanguard funding is able to be used to support the Test and Learn projects in the Taunton and Mendip LIG areas, and also to support wider general practice involvement in the Somerset Together programme. This proposal was discussed at COG in November and more details of how the funds can be accessed will be issued in December.

Securing support from Vanguard for the Somerset Together programme is a reflection both of the ambition of the programme but also the interest in the programme nationally as a new way of aligning health and care providers and designing patient-centred models of care. The Vanguard is seen as vitally important for the delivery of the Five Year Forward View and, building on the South Somerset Symphony programme, we are delighted that our area has been selected for this support.

Somerset's health and social care services are Ready for winter

Preparations for the winter period include funding that has been made available to providers across Somerset from the resilience funding and Better Care Fund.

Operational Resilience and Capacity Plan (ORCP) schemes were approved by the CCG Governing Body on 16 July 2015. The main prioritised schemes for this winter which will provide additional capacity within the acute hospitals are:

- Yeovil District Hospital – additional 24 bedded unit, fully operational from mid-January
- Musgrove Park Hospital – reconfiguration of Acute Medical Unit and moving neuro-rehab service to Dene Barton which has taken place; the development of the Older Peoples' Assessment and Liaison service will be fully operational from the beginning of January (equivalent of an additional 29 beds)

Funding has been made available to Adult Social Care from the Better Care Fund to commission additional services for the winter period. The schemes focus on:

- Additional social workers supporting the Health Interface Service, linking to community and acute trusts to increase responsiveness
- Working with home care providers (including Somerset Partnership NHS



Foundation Trust) to develop solutions to increase capacity and flexibility

- Use of step down beds to support earlier discharge

Somerset Partnership NHS Foundation Trust has now re-opened all of the community hospital beds at Chard Community Hospital. The CCG has also requested the trust to re-open a further 17 beds across the county from the beginning of December to the end of March 2016 with the inclusion of the 8 South Petherton Community Hospital beds which have opened during November 2015.

Somerset will have a business continuity plan in place for the Christmas and New Year period. The purpose of the business continuity plan is to provide clarity and assurance to all organisations that arrangements are in place to manage the peaks in demand anticipated.

The Winter Communications Plan includes how the national campaign of 'Stay Well this Winter' and localised messages will be taken forward across Somerset.



Feeling the Pressure

Throughout 2015/16, Somerset Clinical Commissioning Group has experienced a number of performance challenges, in particular in RTT, diagnostics, cancer waits and Accident and Emergency.

- **18 week Referral to Treatment (RTT)**

The sole measure of a patients' constitution right to be treated within 18 weeks is the 92% Incomplete Pathway operational standard. Taunton and Somerset NHS Foundation Trust has had an improvement plan in place although continues to experience a challenge in specific specialties (namely general surgery, trauma and orthopaedics, ENT, ophthalmology, thoracic medicine and neurology).

Yeovil District Hospital NHS Foundation Trust has not met this standard since February 2015. The Trust has produced a recovery plan to deliver the operational standard by February 2016.

- **Diagnostics**

Taunton and Somerset NHS Foundation Trust has not met the 99% diagnostic waiting times standard (since October 2013), whereby patients should not wait longer than 6 weeks for this diagnostic test or procedure. This is due to issues within the audiology service, radiology and endoscopy. The Trust has developed an improvement plan to achieve the 6 week standard by March 2016.

Yeovil District Hospital NHS Foundation Trust has not met the 99% diagnostic waiting times standard during August and September. There is an emerging issue within the Endoscopy Service and the Trust is developing an improvement plan.

- **Cancer**

Taunton and Somerset NHS Foundation Trust has experienced under-achievement against the 2 week and 62 day cancer pathways during 2015/16. The Trust has developed a plan to address this by March 2016.

Yeovil District Hospital NHS Foundation Trust has consistently under-achieved 2 week (suspected cancer and breast symptoms) cancer pathways during 2015/16. The Trust has developed a plan and progress is being monitored.



- **Accident and Emergency**

Taunton and Somerset NHS Foundation Trust has not met the 4-hour A&E waiting times standard for 3 consecutive months. The Trust has experienced a 5% increase in attendances, particularly relating to the number of attendances presenting later in the day.

Yeovil District Hospital NHS Foundation Trust also did not meet the 4-hour A&E waiting times standard in October 2015. The Trust is looking at the process to implement improvements.



Update on Mendip

Your health and wellbeing



Building on our aim to create an environment that enables person-centred, person-led integrated care, Your Health and Wellbeing has been forging relationships with outside agencies such as SASP (Somerset Activity and Sports Partnership) who are involved with Zing Somerset, and who have been awarded the contract for healthy eating, weight management and physical activity by Somerset County Council Public Health. Conversations have also been held with the Counsellors Collective (affordable counselling) about increasing the number of trainee counsellors placed in GP practices.

After our last meeting an exercise was undertaken with the help of the Mendip Health Connectors to ascertain patients' health and wellbeing needs.

A5 cards were given to patients highlighting the Five Areas of Health and Wellbeing and asking for patients' thoughts on what would make a difference to them. The results of this exercise are being collated and will help guide improvements in health care services in Mendip.

In addition to the above, we are continuing to develop various workstreams within the group:

- Pharmacy Pilot
- National Diabetes Programme
- HCA Training
- Primary Care Development Fund bid

Because Your Health and Wellbeing is not just about the patients, but about the health and wellbeing of its member practices, we have a

Chimp Management session planned in the New Year which we believe will help develop and strengthen our group ethos and enable us to move through the stages required to build a strong working relationship with aligned goals.

This in turn will enable us to develop synergistic relationships with organisations that share a similar value set.

We are all delighted that Your Health and Wellbeing is attracting interest not only from other areas of the NHS, but from other health organisations. We plan to build on this interest to develop a person-centred, sustainable model of care.

Taunton's Test and Learn Pilot



The Taunton Symphony project commenced with an Integrated Care Board (representing the Taunton Local Implementation Group - LIG) being set-up approximately one year ago. This board consisted of representation from the Taunton Commissioning Locality of GP practices (14 in total), Somerset Partnership NHS Foundation Trust, Taunton and Somerset NHS Foundation Trust, Taunton Deane Borough Council, Somerset County Council, as well as patient and voluntary care representation.

Starting from a blank canvas, but utilising the work already done in the previous two years by South Somerset we have in this year developed a model of care that is now actively recruiting and managing patient care. It has been a steep learning curve for us all, and has led to a coherent working relationship between all the joint venture partners. The practices have developed a memorandum of understanding and a risk sharing agreement to allow the recruitment of 280 hours per week of Wellbeing Advisors to work within the service. We have also have secured long-term condition nursing time, care co-ordinators, service managers, consultant geriatrician time and are now actively recruiting a full-time complex care GP to work within the service.

A cohort of 1100 patients with three or more long-term conditions has been identified within our commissioning locality area and active recruitment of patients into the service commenced in September.

The Taunton LIG is working with IT partners to develop a single care-plan model and IT solution. We are also embedding the Frailty Pathway within the service which will also help our practices with their Avoiding Unplanned Admissions DES.

We believe that the setting up of this service will also provide the platform for future project developments within the Taunton Commissioning Locality.

Shepton Mallet Health Campus

Somerset CCG's ambitions for an integrated, accessible and flexible health and wellbeing campus at the Shepton Mallet site is progressing. The CCG supports a vision for a Health and Wellbeing Campus which incorporates integrated primary, secondary, community health care and hospital services on the same site alongside health and wellbeing services that will encourage people to self-care and support the illness prevention agenda. To achieve this two things are running in parallel:-

1. Procurement of a lead service provider to enhance and deliver integrated health care on the Shepton Mallet site for the local community and more widely across Somerset. The competitive process is progressing and is delivering to the milestones set with the ambition to award the contract in June 2016.
2. An options appraisal has also been carried out to establish the best use of the existing estate, to support an integrated service model. Following the new service contract award the CCG will work collaboratively with the future provider and key stakeholders to fully develop the plan of vision.

As the CCG works through both these processes, we will continue to actively work together with clinical, patient, public representation and other stakeholder organisations to ensure that the local needs are being listened to and, where required, incorporated into the vision that will deliver sustainable services.



Commissioning Localities and Practice collaboration

Following local agreement and endorsement by the CCG's Governing Body, member practices have started to organise their joint working arrangements into two specific areas from 1 October 2015.

Commissioning Localities

The term 'Commissioning Localities' is now used to describe groups of practices who come together as members of the CCG to discuss local health care issues and ensure these are shared with the Governing Body or via their local Delegate to the Clinical Operations Group. We currently have 9 Commissioning Localities in Somerset (previously known as Federations). The three Mendip Localities have agreed to work more closely together and number of other areas are now meeting on a quarterly basis and have streamlined their structures and meeting arrangements. These changes are intended to retain the avenues of clinical influence by member practices and local engagement between practices and the public whilst making better use of members limited time.

Practice Collaboration

The term 'Federation', as in other parts of England, is now used in Somerset to describe practices who formally, or informally, work together to provide services or share resources. It is generally acknowledged that closer joint working by

practices will become more commonplace and is considered essential to support the sustainability of General Practice.

In accordance with agreement by the CCG's Governing Body some fixed term funding has been directed to help initiate joint working by practices and there are a number of very positive developments taking place around this.

Over the next few years collaboration by practices is likely to take a number of forms covering countywide and Federation level initiatives. Some will be drawn up between small numbers of local practices and those relating to groups of practices and other organisations, for example as part of the Somerset Together programme.

Other resources available to support joint working by practices either directly or indirectly include:

- NHS England has recently made available a Primary Care Transformation fund which can be used to support collaboration. Bids need to be submitted by 30th November.
- The Local Medical Committee's plans to establish a Provider Support Unit in conjunction with Somerset Primary Healthcare
- NHS England's Project Manager for the Primary Care Transformation Programme, Robert Connor

- Some CCG management is support available on request
- Also the National Association for Primary Care (NAPC) has recently announced an offer to fund collaborating practices to develop a model 'Primary Care Home'. details can be found on their website www.napc.co.uk

There is increasing agreement that practice collaboration makes sense on many levels, financial, demographic and addressing primary care workforce pressures. It also presents opportunities through joint working that could create a better future for GPs, practice staff and for patients.

We wish our Commissioning Localities and those supporting practice collaboration the courage, conviction and the energy to take these steps forward!

Somerset CCG's 2014/15

Annual General Meeting

This year's Somerset Clinical Commissioning Group (CCG) Annual General Meeting (AGM) and Award Ceremony took place in September at the Woodlands Castle Hotel, near Taunton. There was excellent representation from GP colleagues, Patient Participation Groups and other health and social care organisations.

Addressing an audience of almost 100 people, CCG Chairman, Dr Matthew Dolman and David Slack, Managing Director, set out the positive achievements of the 2014 / 15 financial year whilst acknowledging challenges faced by the CCG and health and social care community. The CCG's published Annual Report and Annual Accounts for last year showed that the CCG again achieved a balanced budget. However it was acknowledged that achieving this had been a significant challenge for all key partners given the mounting pressure in the system arising from our increasing and aging population, the number of people living with complex long term conditions, workforce shortages and recruitment and a tightening financial climate.

The meeting also celebrated some of the innovations, service and quality improvement initiatives that had also been progressed during the year and the important contribution that member practices had made to them. A sample of these included:

- The opening of Bridgwater Community Hospital
- Commissioning the new Out of Hours and NHS 111 provided by Somerset Doctors Urgent Care
- The Somerset Practice Quality Scheme – supported nationally by NHS England
- The South Somerset Symphony Programme and its Vanguard Status
- The Taunton Symphony Joint venture
- Developing out new social prescribing and peer support schemes such as Health Connections Mendip, the North Sedgemoor Village Agent Scheme and the West Somerset Living Better Project
- Improving cancer diagnosis and stroke services
- The formation of the Urgent and Emergency care Network
- Improving care pathways for frail elderly people
- The House of Care Training and its take up
- Listening and engagement with patients and the public about all major projects

The meeting looked ahead to the challenges faced by the health and social care system in 2015/16 and beyond and how change was needed to create a fully integrated health and social care system for Somerset. The CCG and Somerset County Council are continuing to develop proposals for a Capitated Outcome Based Commissioning system which would enable greater integrated working between organisations and a greater focus on the outcomes that matter most to patients.

Awards

The AGM ended with an award ceremony. The nominations were made by member practices and CCG staff and the winners were selected from these by a panel which included patients and professionals. The awards were given as follows:

- Patient Safety Award was awarded to the CCG's Patient Safety Team
- Federation of the Year was awarded to West Mendip Federation
- Practice of the Year was awarded to Dunster Surgery
- CCG Team Award was awarded to the CCG's Community Services and Primary Care Team
- Commissioning for Improvement Award was awarded to the Pharmacist Care Homes Team
- Patient Participation Group Award was awarded to Cheddar Patient Participation Group

Photos of the award winners can be found on the [Somerset CCG Flickr photo web site](#).

AGM Next Year

The AGM for 2015/16 will be held again at Woodlands Castle in Taunton on Wednesday 21st September 2016, between 6.00pm and 7.30pm.



Quarterly Meetings

with Practices for 2015/16

Next Quarterly CCG Members meeting

Wednesday 9 December 2015

Wynford House, Yeovil 2.00pm – 5.00pm (light buffet lunch 1.15 – 2.00pm)

2016 Quarterly CCG Members meetings:

Wednesday 16 March 2016

Bridgwater (venue TBC) 2.00pm – 5.00pm (light buffet lunch 1.15 – 2.00pm)

Wednesday 29 June 2016

Mendip (venue TBC) 2.00pm – 5.00pm (light buffet lunch 1.15 – 2.00pm)

Wednesday 21 September 2016

Woodlands Castle, Ruishton, Taunton 2.00pm – 5.00pm (light buffet lunch 1.15 – 2.00pm)
(AGM 6.00 – 7.00pm)

Wednesday 30 November 2016

Yeovil (venue TBC) 2.00pm – 5.00pm (light buffet lunch 1.15 – 2.00pm)

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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