

CCG Quarterly Update

Welcome

Welcome to the first of this year's Somerset CCG Quarterly Updates for member practices. As to be expected this edition has an update on progress with the Somerset Together programme but also provides information on a range of current issues and challenges the CCG faces.

Included is some good news about significant improvements in antibiotic prescribing in Somerset, the CCG's IT priorities and some insights provided by patient stories that are now regularly described at the CCG's Governing Body meetings which not only provides salutary lessons to learn from but gives focus and impetus to the CCG's drive to improve the services for our population.

May I remind you the next Quarterly meeting for member practices is being held on Wednesday 16 March at Canalside, Bridgwater from 2pm to 5pm. The focus will be on primary care contracting issues and the quality of care delivered by our local provider organisations. It will also be a chance to meet the new Chief Executive of Somerset Partnership NHS Foundation Trust, Dr Nick Broughton.

Dr Geoff Sharp
Editor

Collaboration

Is the way forward for primary care services



Another three months have passed and the chance that you have the time to read this newsletter has potentially reduced since the last edition as the volume and intensity of the work in Primary Care rises and time becomes even more limited. I hope you do read it. Why? Because trying to navigate a way through the complex situation we are in as a group of member practices is only going to be possible if we have information on which to form an opinion.

The CCG is committed to supporting primary care and is doing all it can to offer a flexible framework in which to design something that works for now and evolves in the future.

We are determined to bring "new" money in the form of the New Local Enhanced service to primary care. It has been agreed with NHS England that SPQS will be allowed to continue and we are writing a new primary care strategy to give a clarity about the opportunities in Somerset in the future.

It is imperative that we move onto the front foot in the workforce crisis to try and retain and attract GPs to the county. It is a difficult task as national policy "lays the tracks" as we go. Primary care is the key to the future and we will keep driving to keep it central despite the complexity.

Continued on page 2

Learning from The winter debrief

Primary Care

Continued from front page

The questions from the LMC meeting on 9th February about Outcome Based Commissioning (Somerset Together) will have been circulated before you read this. It is a start in an ongoing “big conversation” about how money moves around the system in the future and how primary care can respond to best fit into the structure around it. It is all there to be shaped.

Some practices have logged onto the Skype for Business video conferences and we want to continue to use the sessions with a more structured agenda as we get more familiar with the technology. We also want to get out to talk to groups of practices because, of course, that is the best way to engage.

The overriding message is that we are facing massive pressures: professional, financial and, by the very nature of General Practice, personal, and that only by actively working together can we hope to safely find our way through to an acceptable solution. It won't be easy. I hope you do read the following pages and I hope it helps to stimulate conversations that are useful and positive.

Dr Matthew Dolman
Chairman
Somerset Clinical



Despite it being one of the mildest winters on record and seasonal flu levels being low, we still experienced high demand upon the county's hospital A&E, out-of-hours urgent care service and NHS 111. An Urgent Care Debrief meeting held on the 20 January 2016, to review local activity data from 1 December to 13 January 2016. It showed a rise in A&E local attendances of 5.3% whilst emergency admissions rose by 6.1% compared with the same period last year.

Both Yeovil District Hospital NHS Foundation Trust and Taunton and Somerset NHS Foundation Trust experienced some delayed discharges of patients this winter, but on the whole the system managed well.

The NHS 111 helpline experienced highest pressure on the 27 and 28 December and again on the 1 and 2 of January 2016 when the number of calls answered in 60 seconds fell. Four key areas were recommended for improving future winter planning. They were:

- 1 Undertake a system wide audit into the number of beds and care provided by the county's three Foundation Trusts
- 2 Analyse the long-term care packages prepared for hospital patients
- 3 Review how in-hours and urgent care primary care services are managing
- 4 Review the information given to patients on discharge from hospital to ensure consistency

Reducing the wait

High patient demand means many district hospitals are finding it a challenge to manage waiting times in some specialties and this includes hospitals in Somerset.

Throughout 2015/16, Somerset Clinical Commissioning Group has experienced a number of performance challenges, in particular in length of time patients wait for routine Referral to Treatment (RTT), access to diagnostic tests, waits to be seen for cancer treatment and treatment within district hospital Accident and Emergency Departments.

The NHS Constitution says patients have the right to be treated with 18 weeks. This is the 92% 'Incomplete Pathway' operational standard.

The Department of Health introduced the 'incomplete pathways operational standard' from April 2012 onwards. Incomplete pathways are the waiting times for patients waiting to start treatment at the end of the month.

These are also often referred to as waiting list waiting times and the volume of incomplete RTT pathways as the size of the RTT waiting list.

Following is a summary of the performance pressures at Somerset's two acute hospital Trusts in the areas of RTT, Diagnostics, Cancer, and Accident and Emergency.

RTT

Taunton and Somerset NHS Foundation Trust's Improvement Plan has been in place since November 2014 but the backlog has increased resulting in failure of the standard since November 2015. The Trust is revising their Improvement Plan and does not anticipate recovery until Quarter 4 2016-2017. Yeovil District Hospital NHS Foundation Trust has not met this standard since February 2015 and due to the increase in cancellations over the winter period revised their recovery ambition to April 2016.

Diagnostics

Taunton and Somerset NHS Foundation Trust has not met the 99% diagnostic waiting times standard (since October 2013). This includes Audiology and Neurophysiology Service patients who should not wait longer than six weeks for this diagnostic test or procedure. The Trust will not meet achieve its previously planned diagnostic recover waiting time target for March 2016 they are therefore revising their Improvement Plan.

Yeovil District Hospital NHS Foundation Trust has not met the diagnostic waiting times standard since August 2015 due to waiting list pressures within the Endoscopy Service. The Trust has developed an improvement plan and expects to recover the operational standard by April 2016.

Cancer

Taunton and Somerset NHS Foundation Trust has not achieved the two week and 62 day cancer pathways during 2015/16. The Trust has a 62 day Improvement Plan in place with compliance expected by March 2016 and has committed to deliver the two week cancer waiting standard by February 2016. Yeovil District Hospital NHS Foundation Trust has implemented changes to the booking practices resulting in consistent delivery of the two week suspected cancer pathway since October 2015.

Accident and Emergency

Taunton and Somerset NHS Foundation Trust has not met the four hour A&E waiting times standard since July 2015. However, it has experienced a 4.3% increase in the number of patients' attending. The Trust has developed an Improvement Plan setting out how it will achieve this standard from April 2016.

Yeovil District Hospital NHS Foundation Trust has not met the four hour A&E waiting times standard since September 2015. The Trust has experiencing a 2.1% reduction in attendance during 2015/16, but this rose over the winter period. The Trust has developed an A&E Improvement Plan which sets out how it will meet the four hour waiting standard from May 2016.

Update on Outcomes Based Commissioning

Somerset Together

The Somerset Together programme aims to transform and improve health and social care services in Somerset and ensure the system is financially sustainable for the future. The programme proposes to introduce an outcomes-based approach to service contracting, involving long-term incentives for providers of services, with a capitated budget and an integrated approach to service provision.

The pressures affecting General Practice in Somerset (caused by increased demand for services, and workforce challenges) have created some uncertainty regarding how the Somerset Together programme would help the sustainability of General Practice. These issues were highlighted in a document published by Somerset CCG in January 2016 and called "Somerset Together - What will it mean for general Practice".

A key feature of the proposed actions was clarity on four different levels of participation which would be on offer to General Practices. Somerset Local Medical Committee also arranged for a number of meetings with General Practice to provide opportunities to explore and understand the programme. The CCG is responding to the questions raised at the LMC meeting on the 9th February.

The position of General Practice in Somerset Together remains varied with a number of practices taking an active role in the potential new models of care (such as those participating in the Symphony Programme in South Somerset), and others who are less active and are considering their future participation options.

Somerset CCG is using a 'Most Capable Provider' process to identify groups of providers which might be capable of operating a new 'Accountable Joint Venture' to integrate health and care services. At a meeting of GPs in November 2015, Somerset CCG made an offer to support GP involvement in the Somerset Together programme. The key offer was:

- to invite (2 or 3) representatives from practices in each Local Implementation Group (LIG) area to participate in the MCP Capability Assessment tests, acknowledging that participation by GPs did not mean that the practice in question had opted (by admission or participation) to join the process
- to reimburse GPs the backfill costs of locums through this particular phase ('Phase 3') of the process. Funds for these costs have been provided by the NHS Vanguard programme.

Nominations have been received and those primary care participants are now involved in discussions with other service providers.

Patient and public workshop feedback

Somerset CCG is holding a series of six Somerset Together co-design workshops. These events are an opportunity for patients, carers and the public to share their experiences of local services and identify the outcomes that matter to them. Common themes are already emerging from the first three workshops and include:

- * Better communications - "we want to be listened to and not interpreted."
- * Carers should be listened to and given recognition of their role.
- * We want health professionals to "have us more time for us."
- * The NHS should stop being a political football.
- * Early intervention and prevention could help the demand upon the NHs and health professionals.
- * We would like a single named person to co-ordinate an individual's care.

Somerset's GP commissioners approve change to IVF eligibility criteria



Somerset Clinical Commissioning Group (CCG) will continue to fund invitro fertilisation treatment (IVF) for infertile couples and reduce treatment waiting times, but the number of cycles of treatment funded will be reduced from two to one.

At their monthly meeting on 25th February, members of Somerset Clinical Commissioning Group's (CCG) Governing Body approved a change to their local IVF eligibility criteria which means couples meeting the new criteria will be able to seek IVF treatment after two years of attempting to conceive a child naturally and not the current three years. However, the number of cycles available to couples would reduce from two cycles to one.

Somerset CCG currently pays for a range of medical and surgical treatments for infertile

couples, including IVF and insemination of donor sperm. The CCG spent £667,536 providing assisted fertility treatments, such as IVF, to 130 infertile couples last year.

The decision by the CCG's Governing Body took into consideration the views of patients and the public following a consultation last year. As part of this consultation the public were advised that Somerset CCG had no extra money to invest in IVF treatment and any changes to the existing eligibility criteria had to be contained within current spending limits.

Approving the new IVF eligibility criteria Somerset CCG Governing Body members said they would review the policy again within the next two years. Somerset CCG's new IVF eligibility criteria will come into effect from 1 April 2016.

Current Somerset CCG policy	NICE recommends (CG 156)	New Somerset CCG IVF policy
IVF available to women between 23 – 39 years	IVF available to women aged under 42	IVF available to women between 23 – 39 years
No male age limit	No male age limit	Men should be under 54 years
Fund donor sperm for same sex couples	Fund donor sperm for same sex couples	Fund donor sperm for same sex couples
Fund 2 cycles of IVF	Fund 3 cycles of IVF	Fund 1 cycle of IVF
Infertile couple seeking IVF should be in a stable relationship for 3 years	Infertile couple seeking IVF should be in a stable relationship for 2 years	Infertile couple seeking IVF should be in a stable relationship for 2 years
No restriction on IVF if one partner has children by a former partners	No mention of living children	Neither partner should have any living children in order to access fertility assessment and treatment

Somerset CCG's 2016/17 budget

In November 2015 the Chancellor of the Exchequer, George Osborne, announced an extra £8.4 billion for the National Health Service by 2020/21. This investment would be 'front loaded' with £3.8 billion extra being given to the NHS in 2016/17.

As part of this settlement for the NHS £2.1 billion was invested in a [Sustainability and Transformation Fund](#), of which £1.8 billion is targeted at helping NHS Foundation Trusts return to financial balance.

To help provide stable financial planning over the next five years, NHS England has given Clinical Commissioning Groups (CCGs) firm budget allocation for the next three years. This will be followed by indicative funding for the following two years. In 2016/17 CCGs will have an average rise of 3.4% rise in their funding allocations.

Primary care services will be allocated an average of 4% to 5% each year. Specialised services funding nationally will rise by 7% in 2016/17 with growth of at least 4.5% in each subsequent year to reflect the forecast pressure from new NICE drugs and treatments. The 2016/17 financial year represents a period of unprecedented financial pressure for Somerset CCG and local service providers.

Given prior year commitments, national mandates and changes to the business rules, the CCG will need to maintain a system wide focus if it is going to deliver its share of QIPP cost efficiency savings, provider Cost Improvement Programme schemes and make substantial progress with service transformation.

The Sustainability and Transformation Plan (STP)

This year Somerset has been asked to produce two separate but interconnected plans.

- * A local health and care system STP, covering the period from October 2016 to March 2021
- * Each organisation to produce an operational plan for 2016/17, reflecting the emerging STP

NHS England wants the ambitions set out in the Five Year Forward View to be rolled out more quickly by CCGs and in collaboration with local authorities. The STP will become a single application and approval process for being accepted onto programmes with transformation funding from 2017/18. Somerset CCG has asked NHS England if it can develop its service transformation around the county's existing county boundary.

The CCG believe this will be an acceptable option and is now awaiting official approval by NHS England.

National planning guidance for CCGs sets out a number of key priorities and 'must dos' in 2016/17. They include:

- Develop and agree a STP
- Return the health system to financial balance
- Develop and implement a local plan to ensure general practice is sustainable
- Deliver hospital A&E and ambulance waiting time standards
- Improve the 18 week Referral to Treatment standard
- Deliver the 62 day cancer waiting standard and improving one-year survival rates
- Achieve and maintain two new mental health access standards and continue to meet dementia diagnosis rates
- Transform care for people with learning disabilities
- Make improvements in service quality and preventable deaths

All the above must do's feature in Somerset CCG's 2016/17 Operational Plan. The final submission is due on 11 April 2016. We are working together with NHS Foundation Trusts to ensure that our plans for 2016/17 are aligned. We are also working on our Somerset STP, aiming to have a first draft by the end of April 2016.

Somerset's antibiotic

Prescribing success



Quarter performance (2015-16 vs 2014-15)	Total Antibiotics	Target	Co-amoxiclav Cephalosporins & Quinolones as a proportion of all Antibiotics	Target
Q1 % change (Apr-June)	-4%	-1%	8.7%	11.3%
Q2 % change (July-Sept)	-3%		7.8%	
Q3 % change (Oct-Dec)	-7%		6.3%	

Preventing antimicrobial resistance and 'extending the life' of our existing antibiotics are currently very high priorities both nationally and internationally, and each individual action counts.

The global threat of resistance is considered serious enough to have been placed on the Government's National Risk Register of Civil Emergencies.

"Antimicrobial resistance poses a catastrophic threat. If we don't act now, any one of us could go into hospital in 20 years for minor surgery and die because of an ordinary infection that can't be treated by antibiotics. And routine operations like hip replacements or organ transplants could be deadly because of the risk of infection."

Professor Dame Sally Davies, England's Chief Medical Officer.

In Somerset we have been working with GP practices, pharmacies and hospitals to promote:

- a) Self-care messages to patients:
 - antibiotics are not effective against common viral colds and coughs
 - antibiotics should be taken exactly as prescribed and the course completed
 - keeping a local antimicrobial guidance in line with resistance rates and conditions commonly treated in the community
- b) The appropriate use and choice of antibiotics:
 - encouraging audit, monitoring and feedback on prescribing of antibiotics

As result, the prescribing patterns continue to improve and, when compared to peers, NHS Somerset CCG is placed amongst the lowest prescribers of antibiotics in the region and nationally.

Everyone can help in the battle against antimicrobial resistance – members of the public, healthcare professionals, leaders, students and educators. Start by signing up to the Public Health England Antimicrobial Guardian Campaign <http://antibioticguardian.com/>.

Somerset Partnership NHS Foundation

The inspector calls

In December 2015 the Care Quality Commission (CQC) published the results of an inspection it undertook into services provided by the Somerset Partnership NHS Foundation Trust in September 2015. The CQC rated the Trust overall as 'Requiring Improvement, although it recognised services were 'caring'.

Learning disability services

Amongst the 17 individual inspection reports published by the CQC for each of the Trust's service areas, 8 services were rated 'good', 8 services were rated 'requires improvement' and learning disability services were judged to be 'inadequate'. The concerns raised about adult learning disability services were:

- risk assessments for patients had not been undertaken
- care plans were not person-centred
- a failure to mitigate risks to patients and staff
- poor incident reporting
- poor joint working with other organisations where responsibility for care was shared or transferred

The CQC's The Deputy Chief Inspector of Hospitals (and lead for mental health), Dr Paul Lelliott, said: "We did also find areas of good practice. The Trust has a caring, enthusiastic and committed workforce that in the main treat patients with dignity and respect. Staff in all services took time to interact with patients and it was clear that there were good relationships between staff and their patients. The trust is taking action to address our immediate concerns. It has recognised that it needs to change in order to deliver, high quality care consistently to the people it serves. It has also recognised that it needs to engage much more effectively with its staff and the organisations that it works with as it goes through this period of change."

The CQC returned to review the Somerset Partnership Trust's progress in November 2015 and found that improvements had already been made, although there was more to do. Somerset Clinical Commissioning Group (CCG) established weekly service improvement meetings with the Trust, who had provided a detailed action plan and already completed a review of the assessments of approximately 700 patient records. Patients and their carers received letters from the Trust to inform them of their care reviews. Somerset Partnership Trust secured external advice and expertise from Cornwall Partnership NHS Foundation Trust, who helped with the review and improvement programme.

Good practice acknowledged

The CQC also found many areas of good practice across Somerset Partnership NHS Foundation Trust and notably:

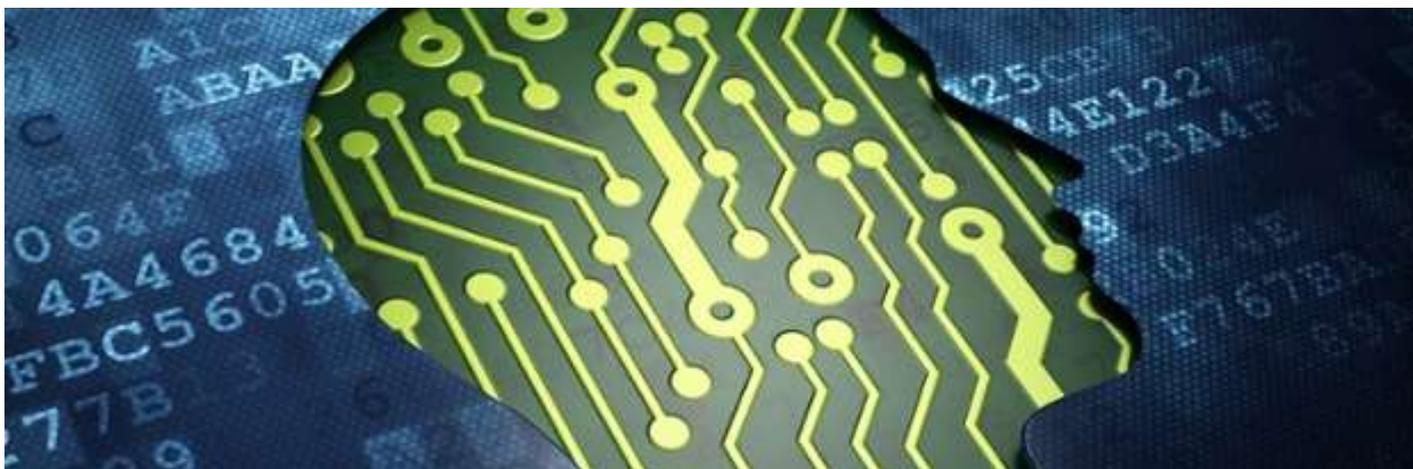
- staff across the Trust were kind, caring, compassionate and enthusiastic and they treated people with dignity and respect and wanted to deliver good care
- there was good multi-disciplinary team working in many areas
- Community Dental Services were found to be outstanding in how they cared for people and were thoughtful and considerate of people's individual needs
- The Trust had a carer's charter, and the triangle of care steering group had worked hard to implement this as best practice across community health services and mental health services
- Voicebox meetings where staff can raise concerns
- Local leadership was seen as good by most staff with effective support by immediate managers and a good level of openness and honesty at local level
- The Trust had led a governance review and revised framework and quality dashboards were at early stage of implementation

The full CQC inspection report for Somerset Partnership NHS Foundation Trust can be downloaded from:

www.cqc.org.uk/provider/RH5

Update on the Somerset Integrated Digital e-Record

Somerset SiDeR



The Somerset Integrated Digital e-Record (SiDeR) Programme is an umbrella for projects that focus on making the most of digital technology to improve patient care and enable the system to work together. This programme includes projects that aim to share clinical information across agencies, as well as work towards having fully interoperable and paperless IT systems.

A bid has been submitted to NHS England to fund additional programme management focused on developing the scope and specification for an Integrated Digital e-Portal, the ability to have all systems connected so clinicians and patients 'see' one health care record. This will lead to a procurement process, and will need to continue to support clinical and citizen communication and engagement.

Somerset CCG has successfully gained funding from the Better Care Fund to introduce EMIS Viewer across Somerset,

initially to urgent and immediate care settings, by March 2016.

This will enable, for example, A&E clinicians to have view only access to the GP record with consent from the patient at the point of care. The ambition is to continue this roll out to new models of care, such as the test and learn pilots.

Summary Care Record (SCR) access continues to be rolled out further for use in community pharmacy and for temporary residents in general practices. The use of electronic messaging between Somerset health and social care providers will continue to expand, and a Template Development Team of IT leads and clinicians are working to convert a number of referral forms into e-templates that automatically populate demographic information from the GP record. These projects will help support improved flow of information between services.

Somerset is required to submit a 'Local Digital Roadmap' to NHS England in April 2016. This will set out Somerset's plans for becoming paperless by the year 2020, and will be the building blocks for the SiDeR programme development. Although Somerset is submitting its own Local Digital Roadmap, we are working closely with the other three South West CCGs, and in partnership with the Academic Health and Science Network (AHSN), to ensure that Somerset can also be interoperable across the region.

The first step is underway with an architecture review of Provider IT across the South West, and will also include mapping the clinical needs from interoperable systems. This will also highlight further possibilities for interoperability between organisations, gaps in communication and opportunities to progress with smaller projects supporting improved information flow for care.

CCG Governing Body members and active learning from Patient stories



Listening to patients, carers and the public has always been recognised as a valued approach to improving health services, long before it became a statutory responsibility for all clinical commissioning groups or highlighted as essential good practice by Sir Robert Francis QC in his Mid Staffordshire NHS Foundation Trust Public Inquiry report in 2013.

It is also worth remembering that the poor quality care and increased death rate exposed as part of the Mid Staffs Inquiry may never have come to light if it had not been for the efforts of Julie Bailey and her determination to find out how and why her mother died after staying at the hospital in 2007. Supported by her local Patient and Public Involvement Forum and her weekly newspaper, what started as a search for answers ended in an exposé of one of the worst scandals in the history of the NHS. For some time now members of Somerset CCG's Governing Body have included patient stories as a specific item at their monthly public meetings.

These act as a helpful reminder to members of the personal nature of health care, the importance of incorporating patient views and experience into service planning and how a poor experience of care can not only leave patients, carers and their relatives feeling let down but also tarnish the reputation of the service as a whole.

At the February 2016 meeting of Somerset CCG's Governing Body members heard Brian's story. Brian attended the meeting, although his story was presented by Dr Charlie Davies, a Palliative Care Consultant with Somerset Partnership NHS Foundation Trust. Brian's former wife, Joan, had terminal cancer and only a short time to live. His story was one of the challenges he experienced in order to be able to have his wife die at home. With only a short time left to be together Brian said he felt he had an eight to ten day battle with the Hospital Trust and health professionals organising his wife's care plans and discharge home.

Added to this was the succession of unfulfilled promises which were made about care planning arrangements, whether by administrators or health professionals.

Issues like Trust staff consistently engaging with his poorly wife Joan about home care arrangements without him being notified or present added his sense that care planning lacked co-ordination or sensitivity around his wife's personal circumstances. Once home care arrangements were arranged Brian had nothing but praise for the care and compassion shown by the carers supporting himself and his wife. Unfortunately on the day of his wife's death urgent out-of-hours support was not satisfactory with Brian reserving particular criticism for an out-of-hours staff.

Governing Body members acknowledged that regrettably Brian's story was not unique and that his experience reinforced the pressing need for transform the way health and social care is funded, organised and delivered. As the Somerset Health community moves forward to develop the Somerset Together programme (outcome based commissioning) so the benefit of highlighting patient stories, could be one of our most effective tools to engage and explain the aims and aspirations of the programme and the benefits it will bring patients themselves.

Quarterly Meetings

with Practices for 2016

2016 Quarterly CCG Members meetings:

Wednesday 16 March 2016

The Canalside, Marsh Lane, Bridgwater TA6 6LQ. 2.00pm – 5.00pm
(light buffet lunch 1.15 – 2.00pm)

Wednesday 29 June 2016

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

Update on CCG senior management appointments

* **Steven Foster** has been appointed to the post of Director of System Transformation on a fixed term contract

* **Alison Henly** has been appointed to the post of CFO and Director of Performance on a substantive contract

* **Paul Goodwin** has been appointed to the post of Director of Commissioning Reform on a substantive contract

* **Sally Banister** joined the CCG on 29 February as Band 8d Associate Director of Programme Management and Transition, on a substantive contract

The interviews for the Non-Executive Director (Registered Nurse) to replace Carolyn Moore take place on Monday 7 March.

We currently have the following pending senior vacancies:

- Designated Doctor for Safeguarding Children
- Band 8d Deputy Director of Commissioning



Somerset
Clinical Commissioning Group

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