

Somerset Clinical Commissioning Group

Working Together to Improve Health & Wellbeing

July 2016 - Newsletter Issue 51

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Editorial - Changing Times

At the time of writing it has been quite a remarkable week or so of change; the country has chosen to leave the European Union and has a new Prime Minister, England's football team has been knocked out of the European Championship by Iceland (who saw that coming?) and even the seemingly invincible Novak Djokovic has been unceremoniously beaten at Wimbledon – and all that is without taking a wider look at changes in the wider world about us.

Individual responses to change can vary considerably, most people find change difficult which can often feel disconcerting and disruptive but some people find change stimulating and exciting. One's own make up and personality is often behind these differing responses. But change is inevitable in modern society as issues such as technology, evolving social norms and different cultures coming into closer contact all having an impact.

What is extraordinary amongst all the turmoil of change has been the enduring stability of the NHS and its popularity as a British institution. But of course the NHS cannot really be described as an organisation as in reality it is a collection of multiple individual organisations. The surprise really is that it continues to operate along the same basic lines of service delivery that were drawn up at its inception over 60 years ago. Hence we still have separate providers of primary care, secondary care (and tertiary care), community care, etc and all remain more or less separate from the key care providers of social care.

Attempts to change this traditional order over the years have never made any wholesale impact, but as we enter deepening financial austerity, the realisation that major change is needed is now becoming more widely recognised as not just desirable but as a necessity. Reflecting on those who take the view that what comes around will come around again and keeping your head down and hoping it will all go away, is not a viable position anymore - not least because the NHS cannot afford to do so.

Somerset CCG anticipated the impact of the known drivers for change in the NHS (population growth, increasing numbers of elderly with multiple long term conditions, higher costs of medical care) some time ago and developed the Somerset Together programme in response, aiming to drive collaboration between our local providers of health and to integrate with adult social care as well.

So it was a bit of a surprise when the NHS was instructed earlier this year to develop 'Sustainability and Transformation Plans' (STP) covering the whole of England to deliver local health and social care systems to provide both financial and service sustainable stability with plans for how this would be delivered for the next five years. It was as if it suddenly became apparent that what Somerset (and some other areas in the country) had

already embarked upon was indeed the necessary change to provide improved service quality and affordable health and social care.

Somerset is continuing with the Somerset Together programme as it is the blueprint for implementing our county based STP. The two programmes are interdependent and as they converge their delivery will drive change with our provider organisations operating in a collaborative way as never achieved before. This sort of change will be unsettling for many but system change is now needed and, as long as the NHS does not run out of money before the changes can be delivered, it will require strong and inspiring leadership to ensure the positives of system change are clearly articulated and ultimately realised.

Dr Geoff Sharp - Editor

Clinical Services Update - Diabetes

Diabetes is a national priority in 2016. In Somerset there are 30,402 people diagnosed with diabetes and the incidence is rising annually, largely due to lifestyle issues like obesity, with around 2000 people diagnosed with diabetes each year.

The Somerset Diabetes Local Pathway Group is working on several initiatives to prevent onset and complications of the disease and improve outcomes for those with the condition:

Pre Diabetes

Preventing diabetes is essential and we plan to develop a county wide proposal for the second wave of the National Diabetes Prevention Programme.

National Diabetes Audit (NDA)

Having a strong dataset in Somerset is vital to understand how best to commission services and close the gap in inequitable care. Data from primary care is crucial. The National Diabetes Audit is collecting data during July and GP practices are encouraged to participate. Practices should register to take part via www.hscic.gov.uk/nda.

Hypoglycaemia project

Clinicians at Yeovil District Hospital and Somerset Partnership NHS Foundation Trust are working together to improve the care of people experiencing hypoglycaemia. This includes reviews of diabetic patients in care homes and is anticipated to help avoid ambulance callouts and over prescribing. The project will be rolling out across Somerset this summer.

Integrated clinics and new models of care

All local acute hospitals are working with GP's to see how outpatient appointments and follow ups can be provided differently. This includes virtual clinics and educational style reviews in primary care. This work is ongoing through 2016 with teams looking at how they can work in a different way together.

Structured diabetes education programmes

Each newly diagnosed diabetic patient should undertake a structured education course to help them manage their own condition. In 2015 just 40% of patients were recorded as having attended a course. Attendance by practice ranged from 15%-100%. The local pathway group is reviewing how

best to provide diabetes education in Somerset.

Foot care

The community podiatry service is the place to refer all diabetic foot emergencies and new ulcers using the new pathway. Patients are usually seen within a day. Major amputations have reduced in Somerset over the past year but there is still much work to do.

For more information please contact:

[Dr Henk Bruggers](#), CCG Interim Diabetes Clinical Lead
[Rachael Rowe](#), Clinical Networks Programme Manager

Shepton Mallet Health and Wellbeing Campus Contract Awarded

Following an extensive procurement process, Somerset Clinical Commissioning Group (CCG) is delighted to announce that Care UK, as the lead provider organisation of the Shepton Mallet Health Partnership in a joint venture with Somerset Partnership NHS Foundation Trust, has been awarded the contract to run the new Shepton Mallet Health and Wellbeing Campus.

Somerset Partnership NHS Foundation Trust, which currently runs the community hospital and the minor injuries unit (MIU) on the site will, from January 2017, work with Care UK, which runs the Shepton Mallet NHS Treatment Centre, to deliver a range of NHS services for people living in the Shepton Mallet area. This will include:

- The Treatment Centre
- Shepton Mallet Community Hospital
- Services that go beyond a traditional community hospital; providing a base for the community, including voluntary and third sector organisations
- A range of Diagnostics
- Minor Injury Unit

Somerset CCG is looking forward to working with all involved to deliver the vision for a Health and Wellbeing Campus aiming to incorporate integrated primary, secondary, community healthcare and hospital services, alongside health and wellbeing services that will encourage people to self-care and prevent ill health.

The new service, which will go live in January 2017, will see services on the Shepton Mallet site evolve from two separate services to a much more integrated health and wellbeing campus providing a range of NHS services.

For more information contact [Helena Fuller](#) or [Sarah Lomax](#)

Financial Position 2016-17

The Somerset healthcare community is facing a very challenging financial position and we are currently working to reduce a gap of over £33 million (CCG and Foundation Trusts) between income and expenditure in 2016/17.

CCG Allocation

For Somerset, a growth uplift to our allocation of 3% (£20.5 million) was received for this year. We have also been notified that for the next three years we will only receive 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

Our budget for 2016/17 (£713 million as at 30 April) is based on an assumption that we deliver a mandated year end surplus for 2016/17 at the same level of the brought forward surplus from 2015/16 of £6.5 million.

Restoring Financial Balance

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

However, in the current transitional year the Governing Body has identified four areas that we 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

QIPP

Standardised Quality, Innovation, Prevention and Productivity (QIPP) monitoring templates have been developed to capture scheme status and deliverables on a monthly basis. Director programme leads have been assigned to each scheme and QIPP delivery is now a standing item on the CCG's Leadership meetings' agenda.

The CCG has currently identified savings of £21.3 million which leaves a gap of £11.7 million which needs to be identified during 2016/17. The areas being considered to mitigate this financial challenge are:

- Further prescribing opportunities
- Community services opportunities
- Urgent and elective care demand management

Proposals are being developed against each of these areas on how to maximise the financial benefit in 2016/17.

For more information contact [Alison Henly](#)

Update on Sustainability and Transformation Plan (STP) and Somerset Together

The Five Year Forward View was published in October 2014 and national bodies highlighted a number of challenges to the NHS, these were: the quality of care that people receive can often be variable; preventable illness is common across systems; because of growing demand on the NHS health and care organisations are facing huge financial pressures; and the needs and expectation of the public are changing.

There is broad agreement that in order to create a better future for the NHS, we must make changes to how we live, how we access care, and how care is delivered. This means increasing the focus on preventative care, enabling people to take more control over their own health and wellbeing, and working collaboratively to make services more accessible, more effective and more efficient. For the NHS to meet the needs of future patients in a sustainable way, we need to close the gaps in health, finance and quality of care between where we are now and where we need to be in 2020/21. We need a much more collaborative approach with partners across the system to enable services to be redesigned to meet our population needs particularly those with complex co-morbidities.

The shared planning guidance which was published before Christmas 2015 asked every health and care system to come together to create its own blue print for accelerating the implementation of the Five Year Forward View, these are known as Sustainability and Transformation Plans (STPs). STPs are place based (as opposed to organisational), multiyear plans, covering the period from 2016/17 to 2020/21.

Somerset has been defined as a standalone STP 'footprint' and, over the past four months, through this programme the providers of health and care in the county have been working together to create a compelling, challenging, and achievable plan for the redesign of local services, making them more effective, more efficient and more sustainable.

At the end of June 2016 we submitted our draft STP to NHS England. In it, we started to describe how, in collaboration, we intend to address the issues we face. It includes a number of priorities which include tackling the increasing prevalence of delayed transfers of care, duplications within acute clinical pathways, the burden of complex care, and inefficiencies within urgent and community care. It describes a recalibration of services to make them more preventative, empowering local people to take greater control over their health and wellbeing.

As with all STPs, ours will have to pass through a stringent national gateway process and be personally signed off by Simon Stevens, Chief Executive of the NHS, and other national leaders before we can complete and enact it. Over the summer we will have to carry out further work on our STP to ensure it develops into our masterplan for design, development and investment in our health economy.

The STP sets out the plan. Somerset Together is our way to deliver the changes which will make the plan real and deliver the system improvements required in order to meet the demands of the Five Year Forward View. We have made a lot of progress on setting out how Somerset Together will work – the use of outcomes to focus on what people need from our services; support for new models of care; and support for practices as they meet the challenges they face.

The CCG received and approved the responses to the first set of 'Capability Assessments' for the Somerset Together programme which marked the first

step to creating a new health and care system. All general practices in Somerset were represented in the responses and GPs are now invited to consider how they and their practices will continue to engage in the Somerset Together programme.

To help understand how practices can be involved in Somerset Together, we have organised two workshops for GP practice managers. They are free to attend and take place on 17 August (Bridgwater) and 23 August (Yeovil). More details of these workshops have been sent to practice managers.

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

Report on Members Quarterly Meeting

Nearly 70 attendees, including representatives from the Local Medical Committee and around 30 member practices, took time out of their busy schedules to contribute to the quarterly Members Meeting that took place at Glastonbury Town Hall last month. This provided an opportunity to share and discuss strategic issues, primary care commissioning, IT developments and practice innovation.

Strategic Issues

Dr Matthew Dolman and Dr Emma Keane outlined the national requirement for every local health and care system in England to create a local plan called the Sustainability and Transformation Plan (STP). These plans require CCGs and local providers to work together to address three main gaps: finance, health and wellbeing, and care quality (see separate item on STP and Somerset Together).

Steven Foster then presented on how the Somerset Together programme will support the delivery of the STP through new outcome based commissioning arrangements with groups of providers who will come together as Accountable Joint Ventures.

Primary Care Commissioning – Full Delegation

Currently, some primary care services are commissioned by NHS England and others by the CCG. There is now an opportunity to take full responsibility for the commissioning of all primary medical care services, known as 'full delegation'. Michael Bainbridge led a discussion around the potential benefits and risks.

IT Developments

Alison Nation and Richard Greaves set out how the CCG is supporting the sharing of clinical information and patient records. The priorities for the next two years include Summary Care Records and GP System Viewer, Patient Online Access for booking appointments, ordering repeat prescriptions and viewing GP records. The key objective of this work is to make data sharing a reality in order to improve patient care.

Dave Thomson from the Academic Health Science Network also presented on the roll out of EMIS viewer. This innovation will allow clinicians in Accident and Emergency departments to view the primary care records of patients. Access to these records will be granted on patients' consent at the point of care.

Practice Innovation – skill mix

There was a lot of interesting discussion regarding two innovative

approaches to help with the current workforce challenges:

- Katie Packham, Martin Daly and Julia Barrett from the Chard, Langport, Ilminster and Crewkerne (CLIC) Commissioning Locality shared their experience and learning of employing Emergency Care Practitioners (ECP) to carry out urgent home visits on behalf of a group of local practices
- Dr Ed Ford from Irnham Lodge surgery shared the experience of directly employing three part-time Paramedics, to carry out urgent home visits and provide clinical care for patients

Initial local feedback on both schemes suggests that these services have been well received by patients and is having a positive impact on GPs' time.

Next Quarterly Members Meeting

The next CCG Members Meeting is taking place on Wednesday 21 September, 2.00pm – 5.00pm at Woodlands Castle, Ruishton, Taunton, followed by the CCG's Annual General meeting.

For more information contact [Andy Hill](#)

Somerset CCG Member and Staff Awards

Following the successful Somerset CCG Member and Staff Award scheme introduced in 2015, the CCG would like to celebrate the contributions made by members over the last year (1 April 2015 to 31 March 2016) and are now inviting nominations.

Awards will be presented as part of the Annual General Meeting on Wednesday 21 September at Woodlands Castle, Ruishton, Taunton, TA3 5LU at 6.00 - 8.00pm.

Nominations for awards are sought between now and Friday 12 August 2016 in the following seven categories:

- 1 Quality and Patient Safety Award
- 2 Commissioning Locality of the Year
- 3 Leadership Award
- 4 Practice of the Year
- 5 Clinical Commissioning Group Team Award
- 6 Commissioning for Improvement
- 7 Patient Participation Group Award

If you would like further information about the nomination process please contact [Marianne King](#)

Update on Atrial Fibrillation

Somerset CCG is working in partnership with Interface Medical Services and sponsors Bayer and Pfizer to improve the management of people with atrial fibrillation (AF). The preliminary results from eight practices are promising. 1843 patients were identified for review. This includes 200 patients who were identified as not being on the practices' AF registers. The results are summarised below and it is estimated these interventions have prevented up to 10 strokes in Somerset.

Summary of stroke prevention therapy in patients with a CHA2DS2-VASc > 0	Total Identified (CHA2DS2-VASc > 0)	Patients taking an anti-coagulant	Patients on dual therapy	Patients taking an anti-platelet only	Patients taking nothing
Pre audit	1748	1230	93	228	197
Post audit	1748	1458	93	92	105

Key Findings upon Audit Completion		
	Pre Review	Post review
Percentage of patients with CHA2DS2-VASc > 0 taking an anticoagulant	75.69%	88.73%
Number of patients not taking an anticoagulant in line with NICE CG180	425	197
Projected 12 month stroke incidence (including audit interventions)	42.67	28.56
Projected cost benefit (stroke cost minus cost of treatment)	£243,242	

There are still opportunities to participate in this project and improve the management of people with AF in practices.

For further information email [Rachael Rowe](#), Clinical Networks Programme Manager.

Care.data

NHS England has [closed the care.data programme](#).

Care.data is a programme of work led by NHS England and the Health and Social Care Information Centre which aimed to bring together securely, health and social care information from different settings in order to improve patient care.

Somerset CCG was one of four pathfinders helping to develop the care.data programme alongside Blackburn with Darwen, West Hampshire and Leeds (North, West and South and East). The programme was to be rolled out in participating GP practices following feedback from the pathfinder areas.

On 6 July 2016, two independent reviews were published which made recommendations about data security in the health and care system in England and a new consent / opt-out model for data sharing. These had implications for the care.data programme and it was agreed nationally that the care.data programme should be closed.

The pathfinder GP practices' work has been invaluable in developing a deeper understanding of how best to explain the NHS's intentions around information sharing to the public and what information and support is required for GP practices and their staff. This knowledge will play a role in supporting and informing the implementation of a new model of consent

and opt out.

For more information contact [Allison Nation](#)

EMIS Web GP System Viewer

Somerset CCG is working towards launching an EMIS Web GP System Viewer, to allow emergency and urgent care clinicians outside of primary care to access a read only view of a patient's GP record. Providing these clinicians with instant access to this information will allow safer and more effective care to be provided. Not only will this save time, but it will also avoid unnecessary treatment delay currently incurred by clinicians contacting GP practices to request copies of patient medical information and waiting for this information to be provided.

The CCG is in the process of seeking signed data sharing agreements from each GP practice, with a minimum target of 80% of GP practices to be signed up before training and implementation of the EMIS Web GP System Viewer can begin. Once live, all patients will still need to be consented at the point of care by the treating clinician before they can access the patient's GP record. The EMIS Web GP System Viewer has a built in audit trail that will record when and which clinician looked at which patient record, and record the clinical reason for doing so. Initial use and outcomes will be reviewed with the LMC and Trust leads before considering any extension to access.

Subject to hitting the 80% signup target, EMIS Web GP System Viewer can go live early this summer, in Musgrove Park Hospital Emergency and Urgent Care services, Somerset Partnership Minor Injury Units, Yeovil District Hospital Emergency and Urgent Care services and hopefully also the GP Out of Hours service.

For more information contact [Richard Greaves](#)

Somerset: Our County - JSNA Published

Somerset's Health and Wellbeing Board is pleased to announce that the Joint Strategic Needs Assessment (JSNA) summary has been published at www.somersetintelligence.org.uk/jsna.

The summary gives an overview of the strategic health, wellbeing and social needs of Somerset people and this year has a particular focus on vulnerable children and young people. The JSNA evidence supports and has been used to inform the new Children and Young People's Plan.

Most of the information assembled and analysed in the JSNA sits on the Somerset Intelligence website. Far more detailed data is held there than can be included in the summary and the report contains links to pages holding more information and discussion of the themes covered, to make it easier for the reader to access more detail if required.

A public summary is being produced which will be distributed to parish councils, GP surgeries, libraries, the third sector and other groups.

For more information contact:

Pip Tucker, Public Health Specialist pztucker@somerset.gov.uk

Jo McDonagh, JSNA Project Manager jmcdonagh@somerset.gov.uk

‘Think Kidneys’ Campaign

Somerset CCG’s Medicines Management Team is supporting the ‘Think Kidneys’ campaign which starts on 18 July. Resources have been sent to GP practices and pharmacies to help raise awareness.

The main messages for the campaign appear in the posters www.thinkkidneys.nhs.uk/campaign/ and a useful infographic www.thinkkidneys.nhs.uk/aki/information-for-the-public/think-kidneys-almost-everything-you-need-to-know-about-your-kidneys

For more information contact [Gaynor Woodland](#)

Somerset Patient Carer Forum Statement

Somerset Parent Carer Forum became a Community Interest Company Ltd on Saturday 11 June 2016.

The Forum is a voluntary organisation whose activities are carried out for the benefit of parent carers and their families of children and young people with special educational needs and disabilities (SEND) in Somerset. The Forum’s volunteers run support groups throughout Somerset which provide opportunities for parent carers to get together, support one another and find information to help them in their role. The forum also works together in partnership with various agencies to contribute to the development of services. They aim to improve and enhance the experiences and opportunities of children and young people with additional needs or disability by putting parent carers and families at the heart of the decision making process.

For more information email help@somersetparentcarerforum.org.uk or telephone: 07543 680365 or 01458 259384.

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Contact Us

Please send feedback on this newsletter to:
enquiries@somersetccg.nhs.uk

Heatwave Plan

NHS England and Public Health England have issued the Heatwave Plan for England. No changes have been made to the plan this year which will remain in place until further notice. New ‘Beat the Heat’ resources have been developed and can be found alongside the Heatwave Plan and other supporting material at www.gov.uk/government/publications/heatwave-plan-for-england
