

# CCG Quarterly Update

## Welcome

Welcome to the September edition of Somerset CCG's Quarterly Update for member practices.

The focus of this edition is on the local response to the pressures faced by primary care as promoted by NHS England's 'GP Forward View' and the movement towards greater collaboration between GP practices.

Also included is a reminder of the unprecedented financial challenge currently faced by Somerset CCG, and an update on Somerset's Sustainability and Transformation Plan (STP) – the blueprint for health and care service delivery for the next five years.

May I remind you the next quarterly meeting for member practices is on Wednesday 21 September at Woodlands Castle, Ruishton, Taunton, TA3 5LU, from 2pm to 5pm. The focus will be Practice Management – keeping going in demanding times and managing urgent same day demand. Dr Matthew Dolman, Somerset STP Senior Responsible Officer (SRO), will also provide an overview of the Somerset Sustainability and Transformation Plan.

**Dr Geoff Sharp**  
Editor

# General Practice Forward View

## Local implementation



Four months on from the publication of the General Practice Forward View (GPFV), we are now starting to see some of the priorities being addressed. NHS England leads on the GPFV, with Somerset CCG working in close partnership. Some of the issues identified in the GPFV are being dealt with at a national level, such as additional reimbursement of indemnity costs and support for GPs suffering stress and burnout. However much of the action will be at a local level. In the last few days we have received nearly £100,000 to support practice manager development and skilling up practice receptionists.

We'll be working closely with leading practice managers to develop the programme. We all recognise the vital role receptionists play, which goes well beyond simple admin and is often the first contact point for patients. It is recognised nationally that there is a real role for 'patient advisers' or 'health signposters' to take a greater role in helping patients without them needing to see a doctor. We will also be benefiting from a local 'practice resilience' programme which will provide funds for practices to work together with external expert advisors to improve their sustainability.

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## STP and health service

# Transformation



Work is continuing on Somerset's Sustainability and Transformation Plan (STP), which sets out shared strategic and operational priorities for the county's health and social care services for this year and the next five years.

The second iteration of the draft plan, focusing on improving the efficiency and performance of the local system, is being prepared, with the final plan due for completion and submission to NHS England in October 2016.

Somerset's STP – that will adopt the name of Somerset Together – contains four key priorities, all of which will impact upon primary care and/or change its relationship with patients and other providers, as we strive to improve the health of our population and the sustainability of the local care system.

The plan will also try to enable the delivery of the aspirations contained within the GP Five Year Forward View.

The four priorities are:

1. Prevention
2. Primary care and community care
3. Acute services
4. The challenge of in-year service redesign to address the increasingly challenging financial situation for the Somerset healthcare system

Primary care will remain central to the Somerset STP submission. This means providing care more tailored to individual needs to help people avoid being admitted to hospital or recover more quickly.

The STP Primary Care work stream has the remit to keep primary care central to the whole strategic redesign that has to happen. Working with key members of the Somerset health and care system, including the Local Medical Committee (LMC), the work is embedded into the Somerset CCG Primary Care strategy. It is making recommendations about primary care options in the future that will allow local interpretation but has core themes identified.

Changes to the local commissioning structures across health and social care will continue to develop an outcome based approach and “flip “ the system to focus on prevention . There will be the opportunity for primary care to come together with other providers to plan and manage the delivery of service, with shared outcome and incentives.

The ambition described in the draft STP is for there to be one Accountable Care System for Somerset by 2019. There will potentially be one single Accountable Provider Organisation with smaller units of care working across localities. This can be supported by the Vanguard work in South Somerset and the pace and scale of change that is needed can use the South Somerset work as a springboard.

We will ensure you are provided with ongoing updates so that you are kept fully up to date with the progress of the plan and the opportunity to engage on and influence its development. The STP and the primary care work stream will also be discussed at the next CCG GP Quarterly Meeting on 21 September, where we will provide examples of new care models already in action, and give opportunities for GPs to be directly involved.

**Dr Matthew Dolman**  
**Senior Responsible Officer**  
**Somerset STP**

# New 2016/17 contracts create their own Financial challenges



Somerset CCG has formerly had contracts with the main providers of hospital care based on a 'financial envelope' agreement. This meant that hospital providers managed the cost of any extra patient activity that exceeded the agreed plan.

In 2016/17, Somerset CCG moved to 'variable contracts'. These are based on the system known as 'Payment by Results'. Hospitals charge the CCG based on the actual volume of patient activity carried out, with the effect that the cost of the contract to the CCG will vary in-year according to the activity. This change to contracting was strongly encouraged by the national regulators (NHS England and [NHS Improvement](#)) after a combined deficit of £30million had accrued in the Somerset health community in 2015/16. Somerset CCG is now being charged on the basis of the national tariff for each elective procedure, outpatient appointment and emergency admission to hospital.

The financial risk to Somerset CCG during 2016/17 has now increased, due to an increase in both elective and non-elective activity. There are specific specialties within the provider organisations which have seen significant increases in referral levels. They are:

- General surgery (including breast surgery)
- ENT
- Trauma and orthopaedics
- Ophthalmology
- Maxillofacial
- Neurosurgery and
- Gastroenterology

The additional activity generated through extra referrals has resulted in an increase in both elective and outpatient activity. This is causing significant pressure above the contract values planned for our main provider Trusts.

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## GP Forward View

The basis for much of the work will be the 'Ten High Impact Actions' set out in the GPFV. They have been developed by working GPs and practice managers. If you aren't familiar with the ten actions it is worth taking a look: [www.england.nhs.uk/ourwork/gpfv/](http://www.england.nhs.uk/ourwork/gpfv/)

NHS England has launched a new bursary scheme for returner GPs, and Somerset has secured one of the first twelve GPs to rejoin the NHS in this way. We have worked closely with the Somerset Local Medical Committee (LMC) to apply for funding for a local 'time for care' programme. This should help practices with the practical issues of service redesign and cultural change when introducing a wider skill-mix.

Somerset CCG supported practices to bid for funds from the Estates and Technology Transformation Fund for IT and premises developments and we expect to hear the outcome of our bids in late September or early October 2016. From a document that 'said all the right things', the GPFV is now starting to feel like a significant programme that is going to deliver real change at a local level.

## Local implementation

# Practice Collaboration



In many parts of the UK, GP practices are increasingly working together to provide services or share resources. This seems to be both a pragmatic response to workforce and demand pressure, i.e. to 'share the load' and in recognition that joint working could well be a benefit to improve the delivery of consistent high quality services to patients.

The national view seems clear in wanting the delivery of primary medical services at much greater scale and an acceptance that there will be fewer traditionally sized partnership-run practices in the future.

Locally there is a view that although some collaboration is sensible and necessary, one size definitely does not fit all and bigger is not necessarily better. Collaboration is not an easy option and our local and national examples demonstrate a lot of time, effort and commitment are required to make collaboration a success.

Practices require a genuine willingness to change in the first place, with high trust relationships between parties, new cross-organisation leadership skills, and well thought through commercial, strategic and change management plans.....and all the while keeping the day to day business going!

Across the country there are examples of large scale practice mergers, with practices taking up new organisational forms and practices being incorporated into local NHS Trusts. These have taken place despite current contracting arrangements lacking the flexibility to support such changes. For example, at present a GMS contract cannot be let to a Limited Liability Partnership. Or if two or more practices wanted to formally join and establish a new organisational form but continue to provide the same services, with

the same staff, from the same buildings there is a requirement for NHS England to go out to tender and subject the process to competition.

Practice mergers are costly, both in time and money and there is significant change and project management required in realising the benefits of collaboration and actually bringing about shared record systems, shared telephony and booking, shared staff or shared services.

For many people working extremely hard in primary care in these very demanding times these ideas may seem exhausting to even think about, but there are many really positive and inspiring developments happening locally in Somerset which give some cause for optimism:

# Practice Collaboration - Local implementation

- Collaboration is becoming a commonly discussed theme whereas one or two years ago it was talked about much less. Practices in some areas are not only talking about collaborating but actively planning to move toward shared IT, telephony, back office and other functions over the next few years. Collaboration is also being discussed in terms of shared provision of same day urgent demand.
- Many local practices have established good relationships and trust with colleagues in neighbouring practices – an essential precursor to collaborative working.
- Practices are adopting new, broader skill mixes and starting to think differently about how the skills, knowledge and experience of GPs should best be used in future. This is true for most areas of Somerset and we have seen an increase in the employment of paramedics, pharmacists and health coaches.
- Some practices are testing out new arrangements whereby staff are employed by one practice on behalf of a group of practices.
- Local practices have established Somerset Primary Healthcare Limited, a countywide legal body which has the ability to host staff and provide services on behalf of groups of practices.
- A number of practices are to be incorporated with Yeovil District Hospital NHS Foundation Trust as part of the South Somerset Symphony programme. Feedback from some GPs suggest this is being managed in a way which continues to provide them with clinical autonomy and responsibility for their patients, but removes some of the pressures around the commercial and bureaucratic aspects of their work.
- Lister House surgery in Wiveliscombe has recently been successfully incorporated into Somerset Partnership NHS Foundation Trust and there are other practices considering collaboration with local NHS Trusts over the next two years.
- A large number of practices are actively collaborating with other partners as part of test and learn schemes. These include: South Somerset Symphony, Taunton Test and Learn, Mendip Test and Learn, Health Connections Mendip, Village Agents and the Living Better Project in West Somerset.



Across Somerset, collaboration is taking many new and exciting forms at small and large scale. It is clear that the greatest progress with these has been made by practices and partners focusing on areas that they can control and influence.

At a strategic level Somerset CCG is seeking to fundamentally change the overarching contractual framework and move to an outcome-based arrangement which supports collaboration and removes some of the current barriers and frustrations to current ways of working. Although GMS contracting rules would continue to apply, the provision of the contract through new collaborative approaches is entirely possible.

If you haven't been seriously thinking about collaboration, maybe now is the time? If you are interested in taking external advice regarding practice collaboration, please contact the Somerset LMC or Robert Connor ([robert.connor@nhs.net](mailto:robert.connor@nhs.net)) who has been commissioned by the CCG to provide (free) consultancy and facilitation to Somerset practices on this issue.

# The Government Childhood Obesity Strategy



**The Government's childhood obesity strategy was published on 18 August, and outlines a series of actions to respond to the childhood obesity "crisis".**

The measures in the strategy are:

- A soft drink industry levy, the proceeds of which will be used for school sports. This is the sugar tax on soft drinks. Details are still to be announced
- A voluntary approach to reformulation. The food industry will be encouraged to remove sugar, and calories, from processed foods
- A new front of pack food labelling scheme and revised nutrient profiling to inform advertising
- Implementation of the Government's standards for foods bought and sold across the public sector
- Continuation of the healthy start voucher scheme for the poorest families
- New menu guidelines for early years settings
- An emphasis on healthier schools, including a new healthy schools rating for Primaries. More physical activity in schools, with all schools expected to deliver at least 30 minutes of activity every day, and a renewed emphasis on healthy eating, including breakfast clubs
- Promoting development and use of apps (such as the Public Health England sugar smart app)
- Promoting "[Making Every Contact Count](#)" across the health and social care workforce to encourage people to make healthy lifestyle choices to improve their health and wellbeing

The strategy has been criticised by Public Health groups, including the Faculty of Public Health, for not going far enough to curb advertising to children (especially online) and promotional offers, shown to influence family shopping habits.

The voluntary nature of the reformulation approach has also been challenged as lacking an evidence base. Some large supermarkets have also called for tougher mandatory regulation on price promotions to ensure a level playing field with discount retailers.

Despite these shortcomings, Somerset's Public Health team welcomes the strategy as a step in the right direction. There are a number of local initiatives already taking place along these lines, such as the [Field to Fork](#) project enabling schoolchildren to visit a farm and understand local food production and the development of new cycle paths to support active travel to and from school.

## Some thoughts from Trudi Mann

# Practice Manager



### If I had time today...

- I would go down to our local Community Centre at least once a month as most of our hard-to-reach patients are there every day
- I would get rid of the spelling mistakes on the surgery website and update it more regularly
- I would look at lots of GP Surgery CQC Reports to make sure I was fully prepared for my next CQC Inspection
- I would drink more water during the day
- I would make sure every single reception/administrative procedure was written into a Procedure Manual so that training new staff was easier and everyone was doing the same thing
- I would spend a day sitting in reception so I can really understand what's going on with patient demand
- I would work out how to empower our reception team so they felt able to handle unreasonable demands from our patients
- I would move away from my computer more often
- I would make sure we had an up-to-date Asset Register
- I would explore EMIS Web Workflow Manager
- I would make a healthy salad for lunch instead of grabbing a bowl of sugar-laden breakfast cereal
- I would walk more slowly down the spiral staircase from my office to reduce the risk of a broken neck
- I would leave work earlier to claw back some of my "time off in lieu"
- I would phone other practice managers more often
- I would cut my "To Do" list in half as I will never manage to get to the end and it is making me miserable
- I would read more "Winnie the Pooh" and less Pulse Magazine

## The Care Home Support Team

Somerset CCG's Care Home Support Team provides support to Somerset's 61 nursing homes and hundreds of residential care homes, and also to individuals working in these organisations. Members of the team include:

Michelle Bell (Care Home Support Nurse) who provides clinical support to the nursing home sector and works collaboratively with hospital and other providers to identify training opportunities for them.

Holly Stockdale (Care Home Support Social Worker) supports nursing homes with safeguarding issues (not in an investigative role), the [Mental Capacity Act](#), and [Deprivation of Liberty Safeguards](#). This has evolved to include multi-disciplinary support (social work and nursing) with person-centred care planning, in response to feedback from the nursing homes.

Jacqui Cross (Infection Prevention and Control Specialist Nurse Advisor) gives support and guidance to the care home sector to ensure safe and appropriate management of patients. The pro-active management of infections in the care home sector has considerable benefits for acute and community hospitals, preventing avoidable admissions, reducing the length of stay and reducing complication rates.

# Delegation of Primary Care Medical Services

NHS England has opened the opportunity for CCGs to apply for fully delegated commissioning responsibilities of Primary Medical Services.

CCGs have until December to apply before going live in April 2017. Since the announcement, Somerset CCG has been in conversation with the NHS England local team as part of the co-commissioning review to better understand what full delegation will mean for member practices and the CCG in Somerset. NHS England South West has produced a handbook which sets out a proposed approach for the working arrangements and responsibilities, should a CCG wish to take on fully delegated commissioning responsibilities.

It is the intention of Somerset CCG to circulate the handbook and associated information to member practices over the next few weeks. Member practices will be given the opportunity to share their views on the information in advance of the CCG's Governing Body decision making process.

# Quarterly Meetings with Practices for 2016

## 2016 Quarterly CCG Members meetings:

### 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](http://www.cobic.co.uk) .



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