November 2016

NHS
Somerset
Clinical Commissioning Group

CCG Quarterly Update

Welcome

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

With Sustainability & Transformation Plans being currently topical in the news I am sure there will be great interest in articles from Dr Matthew Dolman (Senior Responsible Officer) on page 2 and from Dr Emma Keane on page 3. No doubt there will be more to come on this in the future.

Also included are updates on the CCG's position on delegated commissioning of primary medical services, future service commissioning intentions for providers and a summary of the CCG's financial position.

With the recent release of national data on Stroke Service performance it is good to see Somerset is performing well compared to national averages (page 8) and also the plans for record sharing in hospitals using Emis viewer (page 7).

Dr Geoff Sharp
Editor

Commissioning of Primary Care Medical Services

Somerset Clinical Commissioning Group (CCG) has agreed in principle to take on full delegated commissioning responsibilities for primary care medical services and will shortly submit an application to NHS England who currently hold responsibility for commissioning of primary medical care services in Somerset.

This does not commit the CCG to take on delegated commissioning. There are still risks in relation to workforce and finance that need further assurance from NHS England. However, at the November CCG Governing Body meeting, the CCG expressed its thanks to those practices who shared their views on the issue of moving to full delegation. NHS England will review the CCG's application as part of a national approval process and should know the outcome by 6 January 2017. Successful CCGs are issued with a 'delegation agreement', before taking on fully delegated primary care medical services from April 2017. Should Somerset CCG's application be unsuccessful the current joint commissioning arrangements for primary care medical services will continue.

STP - Somerset's five-year

Health and Care Plan

Somerset's Sustainability and Transformation Plan (STP) was published this month.

Amid national press and politicians accusing NHS England of developing a 'secret plan to axe hospitals', the publication of Somerset's STP Plan has not met with the same level of suspicion or hostility and was shared with staff from partner agencies, local authority members and MPs, community stakeholders and GP practices in advance of the news media.

The STP plan describes a vision for the future of healthcare in Somerset which has been developed by the leaders of the county's hospital, community and mental health NHS organisations, Somerset County Council and Somerset Clinical Commissioning Group (which is made up of the county's general practices).

The key priorities outlined in the plan are:

- to encourage and support everyone in Somerset to lead healthier lives and avoid getting preventable illnesses
- to move care out of hospital beds in Yeovil, Taunton and our 13 community hospitals, and into people's homes wherever possible, providing care designed specifically for each patient's needs, supporting faster recovery and, in many instances, avoiding the need to go into hospital in the first place.
- to invest in GP teams to develop a mixture of skills and resource to support the increasing complex work that needs to be done
- to respond to the way we live now – make it easier for people to get services, closer to home, when they need it, using modern technology that is already transforming our lives
- to invest more money in frontline care by being more efficient with how we use our buildings, our equipment and our management and administration

Quality is a fundamental principle of Somerset's health and care services. The system's collective objectives in relation to quality are:

- to ensure that the essential standards of quality and safety are maintained
- to drive continuous improvement in quality and outcomes for patients.

Service developments within the plan are focused on closing the gaps in quality, health and wellbeing. The Somerset health and social care system needs to move away from the traditional way of doing things and instead ensure that people are able to look after themselves better and then see the best person to meet their needs at the right time.

At the November 17 public meeting of the Somerset CCG Governing Body members discussed the plan. It was explained that doing nothing was not an option and unless all the STP partner organisations collaborated to manage patient demand the deficit this financial year would be some £33 million.

Every year the gap between our allocated budget and what the CCG spends gets bigger.

If we did nothing to change the way we manage and provide care, by 2021 we expect an accumulated financial gap of around £600 million.

CCG Governing Body members were asked to approve the case for change and the strategic priorities set out in the STP which they unanimously agreed to do. Members also agreed that the plan will be used as a basis for forthcoming engagement with NHS staff, patients, carers and community stakeholders to shape future health and care services in Somerset.

The publication of Somerset's STP marks the start of wide-ranging discussions with local people before firm proposals are drawn up.

The STP plan is available on the websites of all the organisations involved, including Somerset CCG at www.somersetccg.nhs.uk

Paper copies of the plan can also be requested from the CCG by emailing: STPfeedback@somersetccg.nhs.uk or by telephoning: 01935 385240

Dr Matthew Dolman
Senior Responsible Officer
Somerset Sustainability and Transformation Plan

Dr Emma Keane on

STP and General Practice

We all know that the current state of primary care is not sustainable - working lives are pressured and no longer as fulfilling as they could be - reflecting increasing patient demand, complexity and a shrinking workforce

However in Somerset we do have some real advantages over other areas. We have some creative initiatives already established (such as SPQS and Vanguards) and are being given support from the CCG to develop others.

The STP - and specifically its primary care work stream - gives us a real opportunity to strengthen the community in which we work with our patients, and align resources with clinical need where evidence tells us the impact can be made the most.

These changes should also help make a career in primary care more rewarding as we move to doing the role that only we as General Practitioners can do.

As we move into the next phase for the STP, there will be opportunities for colleagues to engage in its further development and in prioritising how changes are implemented locally.

Some of the ideas being developed and worked up include:

- Adding other professions to the primary care team such as; health coaches, pharmacists, mental health workers and MSK practitioners
- Encouraging sharing of resources to better meet demand
- Practices collaborating at differing levels
- Promotion of self-care
- Changing the perception of patients about primary care - not all patients need to be seen by a GP

This is a real opportunity for primary care to rediscover a sense of collegiacy and put its passion and creativity to work with system colleagues to move the resources to the right place.

This cannot happen unless GPs engage with the process and support this transformation. The wider system has committed to helping make these changes happen as the benefits to primary care will positively impact in all areas of the local health and care system .

Update on the Consultant and Urgent Connect Pilot

Advice when you need it

Somerset Clinical Commissioning Group (CCG), together with Taunton's Musgrove Park Hospital and Yeovil District Hospital, are piloting a new telecoms system called 'Consultant and Urgent Connect'. The system enables local GPs to connect directly by phone with hospital consultants participating in the scheme.

It offers GPs immediate clinical verbal advice and guidance for both elective and urgent care. The call system avoids going through hospital switchboards. The average wait for a call to be answered is less than a minute.

Here's an update so far:

STEP ONE - GP Practice Details

71 practices have signed the Data Processing Agreement (DPA) and provided the email addresses of colleagues at their practice who will use the service.

STEP TWO - Service Provision

Consultant colleagues at Yeovil District Hospital and Musgrove Park Hospital have confirmed the service available for the pilot as set out below.

Yeovil District Hospital

Consultant Connect

- Gynaecology – Mon to Fri 9-5
- Diabetes & Endocrinology – Mon to Fri 9-5
- Respiratory – Mon to Fri 9-5
- Neurology (MPH service) Mon to Fri 9-5

Urgent Connect

- Acute Surgery – Mon to Fri 9-5
- Acute Gynaecology – Mon to Fri 9-5
- Acute Medicine – Mon to Fri 8-8

Musgrove Park Hospital

Consultant Connect

- Neurology – Mon to Fri 9-5
- Urology – Mon to Fri 10-5
- ENT – tbc
- Paediatrics – tbc

Urgent Connect

- Acute Surgery – Mon to Fri 9-5
- Acute Medicine – Mon to Fri 9-5
- Spinal – Mon to Fri 9-5
- Vascular Surgery – Mon to Fri 8-6

STEP THREE: Service Set Up – Next Steps

GP Practices who signed up to the DPA :

- Received an email on Monday evening, 31 October, from Consultant Connect Limited. This provided details on how to use the service and included Frequency Asked Questions.
- Received an email on Wednesday evening, 2 November, from Consultant Connect Limited. This contained the unique dial-in number for each GP practice to use the service from the morning of Thursday, 3 November.

Bath RUH Facing Practices:

These practices did not receive the second email with a unique dial-in number as access to the equivalent service at RUH is dependent upon the evaluation of the Somerset pilot. There are a number of factors influencing the evaluation including number of users but it is anticipated an initial evaluation will be completed in early January 2017 or earlier if there is sufficient usage.

If you have any questions or you did not receive the emails referred to, please contact: Julia Arthur on 07758 211 455.

The financial recovery plan

CCG deficit

On Thursday 20 October the Somerset CCG's Governing Body received a report on the finance position for 2016/17. It forecast a deficit of £3 million. In line with all CCGs nationally, 1% of our original allocation (£7 million) was held back by the Treasury to cover the risk of the NHS provider position nationally overspending.

As with other CCGs, we had included this £7 million in our plans to reduce the deficit in order to achieve this £3 million position. Therefore, if not received by the CCG, this will worsen the CCG's financial position.

The deficit is being incurred because of two main reasons – the 40% rise in funded nursing care fees and the additional acute activity, particularly emergency admissions.

In order to achieve the forecast position the CCG aims to deliver £18.7million of Quality Innovation Prevention and Productivity (QIPP) savings. Two new schemes contributing to these savings are Consultant and Urgent Connect service, which went live on 3 November (see page 4).

Trudi Mann, Practice Manager on

Sharing excellent practice

I have been reviewing just how much I share about my operational processes with other Practice Managers. As part of this exercise, I have reflected on what stops me sharing more. Partly it is down to time pressure, although I am starting to admit that excuse is wearing thin. I also wonder if my offerings will be considered best practice or whether I am way behind others.

What is the best way to share? I don't want to receive any more emails than I am currently getting. Maybe I could write something up on a one-page template to be placed on a database that we all had access to?

I recently arranged for our Medical Secretary to spend the morning with the Medical Secretary from another local practice to see if there were differences in the way we did things.

She came back enthused with plans to make changes that would make our processes significantly more efficient and more profitable. She now has an informal Medical Secretary network of two people and I will be encouraging her to increase the members with the obvious benefits including the opportunity for easier cross-cover.

When I came into this role just over two years ago, I was a novice Practice Manager but I was a systems expert. I was not bold enough in the early months to make any significant changes as my assessment was that the team did not have any headspace to engage in process mapping and the subsequent implementation of any identified improvements. In any case, I was paddling like mad to keep my own head above water and the exciting world of "development" beyond the day job seemed light years away. I was initially surprised how many of our systems were operating in the same way they had done for years with the standard reason of "that's the way we've always done it".

Most people find change uncomfortable but the constant flow of patients, in person or via the telephone, means everything needs to stay as it always has been, so that the reception team aren't wrong-footed as they juggle almost impossible demands.

When they reach for that piece of paper they need, it should be where it's always been. I've often thought that if we could send all our patients somewhere else for a whole month, we could fix every system that is inefficient, uneconomic or ineffective then we could open the doors again and be truly excellent.

I am now taking a more incremental approach to improvement and have started with producing a Reception Manual documenting all the processes currently in place.

To avoid the terror of starting with a blank piece of paper, my admission to other local managers that we didn't have a proper manual resulted in the offer of a comprehensive (years in the making) version being sent to me so we could work through it and customise it for our surgery. It would be great to see us using the same basic manual across surgeries so that staff would feel more confident in covering reception team absence in other surgeries.

While the Reception Manual is being produced, I have made a start on Stock Control for clinical and non-clinical consumables. I would really like to explore the possibility of using a bar-coding system across a number of networked surgeries as the variety of stock items we hold and the lack of storage space in our small surgery means I need a more "just in time" system so the supplier can deal with storage not me.

We have also made improvements to our PPA claims, prevalence recording (which impacts on our SPQS income) and financial management. All I need to do now is write up a quick one-page summary and put it on the "Practice Managers Resource Centre". I've got ten minutes to spare, now where's that template?

EMIS

The web viewer that is already helping clinical decision-making and improving patient care

Since October, emergency and acute care clinicians in Taunton's Musgrove Park Hospital have had quick access to a read-only view of a patient's GP records through the EMIS Web primary care viewer.

EMIS supports safer, more effective care by aiding and speeding up clinical decision making, and providing an improved patient experience. The viewer enables clinicians to see 'coded fields' that show current and past records of medication, consultations, tests and investigations. The key criteria for accessing this information is that it must relate to an emergency patient, and be considered an aid to clinical decision making for the patient's treatment at the hospital.

Phase one of the roll-out, active from October, gave viewer access to clinicians in the hospital's Emergency Department, acute medical unit, ambulatory emergency care, surgical assessment unit and paediatric department. Clinicians in the hospital's coronary, intensive care and high dependency units, stroke practitioners and the joint emergency therapy team also have access for their emergency patients.

In the forthcoming months a second phase will roll out covering the Trust's pharmacy and pre-operative assessment.

EMIS Web is the clinical system used by 70 of the 72 Somerset GP practices. It covers over half a million patient records, all of which require consenting at the point of care. If a patient is unconscious or unable to give consent or communicate due to a medical or physical condition, health professionals will make decisions in the patient's best interests. The Trust conducts audits of the use of EMIS. This is reviewed by the hospital Trust's governance team and Somerset Local Medical Committee to ensure the system is being used appropriately at all times.

SSNAP data

Stroke Services

The Sentinel Stroke National Audit Programme (SSNAP) measures stroke care nationally in order to enable services to improve the care they deliver. SSNAP collects information from the point that a patient arrives in hospital, and to six months after their stroke.

Somerset has seen consistent levels of performance against the SSNAP standards over the last year and the latest report (opposite) confirms that Somerset continues to perform well against the national average.

The latest data covers the period January 2016 – March 2016. SSNAP reporting has moved to three times per year and so the next report will cover April 2016 – July 2016, and is expected to be available in November.

CCG Outcomes Indicator Set (OIS) and SSNAP Key Indicators			CCG Apr-June 2015	CCG July-Sep 2015	CCG Oct-Dec 2015	CCG Jan-Mar 2016	National Jan – Mar 16
Scanning key indicators	Percentage of patients scanned within 1 hour of clock start	%	55.6	52.7	52.7	58.7	48.7
Stroke unit key indicators	Percentage of patients directly admitted to a stroke unit within 4 hours of clock start	%	66.1	60.6	61.5	67.3	54.8
	Percentage of patients who spent at least 90% of their stay on stroke unit	%	82.8	85.7	82.1	85.8	82.9
Thrombolysis key indicators	Percentage of all stroke patients given thrombolysis (all stroke types)	%	12.4	10.8	10.5	11.0	11.3
	Percentage of eligible patients (according to the RCP guideline minimum threshold) given thrombolysis	%	100.0	92.0	92.9	89.3	85.9
Specialist assessments key indicators	Percentage of patients assessed by a stroke specialist consultant physician within 24h of clock start	%	67.7	71.4	70.9	76.5	79.5
Discharge processes key indicators	Percentage of applicable patients receiving a joint health and social care plan on discharge	%	93.5	88.8	91.2	94.1	89.7
	Percentage of patients treated by a stroke skilled Early Supported Discharge team	%	36.2	32.9	39.2	40.5	43.6
	Percentage of applicable patients in atrial fibrillation on discharge who are discharged on anticoagulants or with a plan to start anticoagulation (ref. J32.16)	%	88.2	100.0	93.3	95.1	97

Moving on from annual contracts

Commissioning intentions

Somerset CCG issued its commissioning intentions to its secondary care providers on 30 September 2016. The purpose of commissioning intentions is to formally signal to providers the CCG's priorities that it wishes to build into its contract for the forthcoming year.

This year's commissioning intentions marked a move away from one year contracts which have been the norm with NHS providers, to a new two year contract, spanning 2017-19, reducing the time the NHS spends negotiating annual contracts. As a Vanguard area Somerset will be permitted to deviate away from the requirement to agree a two year contract, instead being permitted to agree a one year contract if it is though that a two year contract would stifle the development and implementation of new models of care or progression to an outcomes based approach. Somerset CCG with its providers are currently discussing the best approach to take.

There remain nine 'must do' national priorities which have been carried forward from 2016 which all systems must deliver:

- Implementing the Sustainability and Transformation Plan
- Achieving agreed financial targets
- Implementing the General Practice Forward View
- Managing Urgent & Emergency Care

- Delivering the NHS Constitution standards
- Delivering against key cancer priorities
- Delivering in full the mental health Five Year Forward View
- Delivering improvements in services for people with learning disabilities
- Improving quality

At the same time, system leaders through the Sustainability and Transformation Plan (STP) have agreed to move to a single 'accountable care system' by 2019, but recognise that progress needs to be maintained on introducing new care models which are sustainable and person centric.

The Test and Learn sites for people with long term conditions are demonstrating new models of care in South Somerset, Taunton and the Mendip commissioning localities. Recognising the relative maturity of the South Somerset Symphony programme, and the expectations of NHS England's New Models of Care Team, the CCG's commissioning intentions set out the CCG's intention to run a procurement process in late 2016 to authorise a delivery unit based on the South Somerset Commissioning Locality geographical area, which operates within the county-wide STP ambitions. Further procurements of delivery units are intended to follow. The STP plan was published on 10 November, with contracts building on from this starting point. Financial and clinical sustainability issues will be central to the contracts agreed. Much work needs to be done to meet the national deadline of 23 December 2016 for contract signature and the commissioning intentions set out this timetable.

A full copy of the commissioning intentions can be found through the following link: www.somersetccg.nhs.uk/publications/strategies-and-plans/

The STP can be viewed through the following link www.somersetccg.nhs.uk/get-involved/consultations-and-engagement/stp-plan/

Somerset CCG agree formulary change

Gluten free + minor ailments

Somerset Clinical Commissioning Group's (CCG) Governing Body has approved a recommendation to change the Somerset Prescribing formulary to indicate the county's GPs should no longer prescribe gluten-free foods to people diagnosed with coeliac disease nor some 25 products for minor ailments which are more suitable for self care.

Approximately 1,000 people in Somerset are currently prescribed gluten free foods at a cost of over £350,000 last year.

This number is under half of the known patients with Coeliac Disease in the county with the majority adopting a gluten free diet or purchasing these products from shops. CCG Governing Body members heard that 212 responses were received by the CCG expressing views both for and against the formulary change.

Thirty two of the responses were from health professionals. The issue is not without controversy with MPs debating the issue of gluten free prescribing in the House of Commons on 2 November, 2016.

In addition, £4.8million was spent last year prescribing a range of products to treat minor conditions that are suitable for self care.

This includes everything from nasal sprays, hair removing cream, cough and cold remedies, to antiperspirants, head lice shampoos and skin moisturisers.

CCG Governing Body members were reassured that advice sought from the General Medical Council (GMC) reminded GPs have a responsibility to make effective use of NHS resources and the proposal to make the formulary change was not inconsistent with this objective.

GPs still retain the ability to prescribe products on the basis on an individual patient's special needs or circumstances.

CCG Governing Body members approved the recommendation at their meeting on 17 November 2016. From 1 December 2016 patients requesting these products will be advised to obtain them from local pharmacies or from retail outlets.

The items Somerset CCG recommends GPs stop prescribing are:

1. Hay fever preparations and travel medicines
2. Pain killers for minor aches and pains
3. Soluble pain killers (because of high salt content)
4. Treatments for non-serious constipation or diarrhoea
5. Creams, gels, oils and dressings for minor sprains, sports injuries and scars
6. Moisturisers and bath additives for minor dry skin conditions; sun creams
7. Indigestion remedies for occasional use
8. Athletes' foot creams and powders
9. Tonic, vitamin, and health supplements – including Vitamin D supplements
10. Nappy rash/barrier creams; Hair removing creams; Antiperspirants
11. Lozenges, throat sprays, mouthwashes, gargles and toothpastes
12. Treatments for minor facial spots
13. Treatments for fungal skin, nail infections and dandruff
14. Cough and cold remedies
15. Nasal decongestants (and Sterimar)
16. Topical treatments for vaginal thrush
17. Slimming preparations (except within national guidelines)
18. Foods and toilet preparations except where clinically indicated, cakes; cake mixes and biscuits; ready-made thickened juices; soya milks
20. Threadworm tablets
21. Treatments for Warts and Verrucas
22. Creams for bruising, tattoos, varicose veins and scars
23. Head lice lotions and shampoos (wet combing is recommended)
24. Ear wax removers (a few drops of olive oil is just as good as anything)
25. Homeopathic remedies

Quarterly Meetings
with Practices for 2016/17

Quarterly Members Meeting

Wednesday 30 November 2016
Yeovil Town Football Club, Lufton Way, Yeovil
(2.00pm to 5.00pm)

Please note: lunch will not be provided; tea and coffee will be available

Please notify Linda Burley if you are able to attend at: linda.burley@somersetccg.nhs.uk

2017 meeting dates:

Wednesday 22 March 2017 – 2.00pm to 5.00pm	Yeovil	(Venue tbc)
Wednesday 28 June 2017 plus AGM – 2.00pm to 5.00pm Annual General Meeting (AGM) 6.00pm to 8.00pm	Taunton	(Venue tbc)
Wednesday 20 September 2017 – 2.00pm to 5.0 pm	Mendip	(Venue tbc)
Wednesday 29 November 2017 – 2.00pm to 5.00pm	Bridgwater	(Venue tbc)

Links to key documents

Five Year Forward View
http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

Somerset Sustainability and Transformation Plan (STP)
http://www.somersetccg.nhs.uk/news/somersets-five-year-health-and-care-plan-published/

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/

Details regarding Outcomes Based Commissioning
www.cobic.co.uk .

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