

Somerset Clinical Commissioning Group

Working Together to Improve Health & Wellbeing

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Editorial - An Uncertain Future

With the froth of the holiday season settled and the guilt of failed New Year's resolutions fading, January is a month for looking at the year ahead at what it may bring and what personal goals you want to set. What is troubling for the NHS is that it is in uncharted waters. Financial debt abounds and performance targets are not being met. Up and down the country, patients are not getting the care they deserve. Many highly regarded institutions such as The King's Fund agree that the NHS and social care need more money, but that alone will not solve the underlying faults in the system.

What is also troubling is that the most promising solution to the inefficiencies in health and social care and the holy grail of better patient care at lower cost is almost universally agreed, but the process of getting to that point remains unclear. Accountable care systems, with health and social care providers working to achieve meaningful outcomes that matter to patients under a single contract arrangement with a single strategic commissioner for a defined population, seems to be the destination. The Sustainability and Transformation Plans (STP) required of all 44 areas covering the country, outline the plan of changes that are needed but the detail is not there to either show how the financial gap will be met or how provider organisations will need to change to deliver the changes. Similarly, the important prevention agenda articulated in all STPs is recognised as essential, but cannot deliver health or financial improvement in the short term.

What is needed this year, and preferably sooner rather than later, is for the STP to describe the detailed changes needed to deliver the safe, effective and affordable care needed for a sustainable future and to share the plans openly with citizens. To achieve this will need contributions and support from a range of stakeholders. People in all localities not only need to understand the challenges in health and social care but to recognise they need to be part of the solution. They must be encouraged to see a bigger picture and understand historical protectionism of local services may jeopardise the case for wider system improvements. These are most uncertain times but strong leadership, free from political interference, is needed to lead the changes to deliver a sustainable NHS for the future.

Dr Geoff Sharp - Editor

From the new Chairman

Hello and a belated Happy New Year! 2016 was a very challenging year and I am sure 2017 will continue along a similar vein. As of the 1st of January, my role as Chairman of the CCG became substantive as Dr Matthew Dolman stepped down to focus on the Sustainability and Transformation Plan (STP).

It has been an interesting six months filling in for Matthew and being in a role with a public profile. As such, I have received many concerned emails and letters from the public about the direction of travel of the NHS and this highlights just how much the public care about their health service. With ever tightening budgets and financial deficits being frequently talked about, this tends to generate a feeling of insecurity about where it will all end up and what that will mean for us individually. Things are changing rapidly and the interface between the CCG and the STP has yet to be formally established but will need to develop very quickly.

Regardless of this, the health and care system does need strong leadership at every level. I am delighted that we have had a number of new GPs stepping forward as COG delegates during 2016 but we still need substantive GP delegates from Taunton and South Somerset. Strong clinical and managerial leadership is vital in these times of change to ensure that whilst we are trimming cost from the system, we remain focused on what the NHS is for.

One of the founding principles of the NHS is that it should be 'based on clinical need, not ability to pay'. We need to keep returning to this as politicians and the public often confuse 'wants' with 'needs'. I firmly believe we can have a strong NHS provided we all commit to working together more effectively to improve patient care. I know morale is low and it is easy in these trying times to focus inwardly and protect ones own position. However, out of difficulty comes opportunity and in these challenging times we have a great opportunity to change the things that don't work. Provided we all keep a focus on 'NHS' as our service for patients and not on 'organisation' as individual entities we should be able to weather the storm and come out the other side with systems that work better for patients and staff alike. Let's start this change in 2017!

Dr Ed Ford – Chairman Somerset CCG

Quality Premium Success

Somerset Clinical Commissioning Group has just been informed that it has been ranked one of the top four CCGs in the country for achieving its target Quality Premium for 2015/16.

The Quality Premium (QP) is an incentive scheme that all CCGs sign up to in order to deliver improvements in the quality of services they deliver to the populations they serve. The QP comprises a number of national targets (eg antibiotic indicators) and also local targets (eg reducing smoking in pregnancy). In achieving this level of performance Somerset CCG will receive an extra £700k.

Commenting on this announcement, David Slack, Somerset CCG Managing Director, said: "This is a tremendous achievement for the CCG against a backdrop of a very challenging financial and operational environment. Well done to everybody involved".

For more information contact [Alison Henly](#), Chief Finance Officer and Director of Performance, NHS Somerset CCG.

Turnaround Plan for Somerset Health System

In Autumn 2016 Somerset CCG, alongside our local Somerset NHS provider organisations, appointed Attain (an independent consultancy agency specialising in care transformation) to deliver a Turnaround Plan for the health system. Given the financial pressures seen within both the CCG and local providers during 2016/17, the team was tasked with providing support in two phases.

The scope of phase one focussed on assurance of the current year financial and performance positions, evaluating the Somerset system against available best practice benchmarks, and providing a high level options report to reduce demand and costs of service delivery across Somerset. This report has been completed and identifies significant opportunities for the health community to focus efforts over the next year. These include:

- RightCare initiatives
- Out of Hospital benefits realisation, building on the test and learn pilots
- System wide productivity gains, such as reducing hospital length of stay, routine follow up outpatients

Phase two of this programme moves from identification of opportunities to mobilising and incentivising delivery of transformational change by embedding the workstreams within the STP governance structure.

For more information contact [Alison Henly](#), Chief Finance Officer and Director of Performance, NHS Somerset CCG.

STP 'must do' Principles Agreed

The providers and commissioners of health and social care in Somerset have come together to work in partnership to develop and implement the Somerset Sustainability and Transformation Plan (STP).

To ensure that all organisations are focused on the themes identified within the agreed plan, the STP System Leadership Group have agreed the following fourteen 'must do' principles to provide an overarching framework for future joint working.

These principles are listed below:

1. We will apply all of our collective resources to deliver outcomes that show we are improving the health and wellbeing for patients, carers and families in Somerset and ensure that we live within the funds available across the system. This is the core principle which underpins each of these subsequent principles.
2. All organisations and individuals **must** commit to system working and act as one: with common purpose, standards and outcomes.
3. Leaders **must** test and shadow how an Accountable Care Organisation (ACO) collaboration across Somerset supports an affordable STP.
4. Boards **must** align their organisations' day to day operations, executive responsibilities and management support to deliver system wide immediate recovery and radical transformations.
5. For the first phase of delivery of the STP, there **must** be immediate and persistent focus on the three keys to system recovery: cost reduction, demand reduction and return on investment.
6. There **must** be a System Financial Framework that is Outcome Based,

supports an affordable STP and is underpinned by business processes that will deliver the change. Including Minimum Income Guarantees, incentive payments and risk share.

7. There **must** be a single system savings plan with organisational components. Ongoing and committed individual organisation Cost Improvement / Recovery Plans must be transparent across the system.
8. Long Term Financial Models **must** be updated regularly to reflect the long term vision of the STP and progress towards it.
9. There **must** be a common set of measureable quality, outcome and financial targets, commonly agreed, understood and articulated by all.
10. All proposals **must** have a system impact assessment, and actions evidence the impact being made.
11. All agreed plans **must** have identified system leader responsibility and dedicated operational support (Project Management and Project Management Office).
12. All organisational development, personal development and recruitment and retention **must** be developed and delivered within an ACO framework.
13. There **must** be agreed common messages and shared responsibility across all organisations to communicating, involving and engaging patients, carers, staff, public and other stakeholders.
14. All system leaders **must** be held and hold each other and their teams to account for delivery, based on system level evidence.

For more information contact [Alison Henly](#), Chief Finance Officer and Director of Performance, NHS Somerset CCG.

Introducing NHS RightCare

The RightCare programme aims to make sure “the right person has the right care, in the right place, at the right time, making the best use of available resources”. Using nationally validated data the programme's approach enables systems to identify unwarranted variation in performance by benchmarking against similar systems. By working in partnership, local providers and the CCG can then focus on 'what to change' and then 'how to change' to develop a programme that supports improvements in quality and outcomes, reduces costs and creates sustainable change.

RightCare has been identified as one of the main programmes that needs to be implemented to deliver the objectives of the Somerset STP. With NHS England providing project support and clinical leadership being provided by Dr Geoff Sharp and Dr Kate Staveley, work is now underway to engage with partners and stakeholders.

A work programme will be established across the local health community, taking into account projects already underway aiming to maximise the benefits which can be achieved through the RightCare methodology.

NHS RightCare makes sure local health economies:

- make the best use of resources – offering better value for patients, the population and the tax payer;
- understand how they are doing – by identifying unwarranted variation

between demographically similar populations;

- get talking about the same issues – about healthcare rather than organisations;
- focus on the areas of greatest opportunity - identifying priority programmes to improve population healthcare; and
- use tried and tested processes - to make sustainable improvement to care.

For more information on the CCG's RightCare programme please contact [Sally Banister](#), Associate Director of Programme Management and Transition.

Integrated Personal Commissioning

Dr Sam Bennett, Head of Integrated Personal Commissioning and Personal Health Budgets, NHS England, and local health and social care leaders came together on 24 November 2016 to sign a document agreeing to work collaboratively in Somerset to roll out more choice and control to more people through Integrated Personal Commissioning (IPC) and Personal Health Budgets (PHBs). This work will focus on additional cohorts to the current ones of Continuing Health Care (CHC) and Learning Disabilities (LD). Somerset CCG has set out its 'Local Offer' for Personal Health Budgets as required by the 'Five Year Forward View' and this is available on the CCG website: www.somersetccg.nhs.uk/publications/strategies-and-plans/

The following extracts are from a blog by James Sanderson, Director of Personalisation and Choice at NHS England, and provide an outline of the work and national aspirations.

"Integrated Personal Commissioning, coupled with [personal health budgets](#), empowers disabled people and those with the most complex health needs to use their own expertise to generate innovative solutions for their care. It's a practical, quality model, of personalisation which enables the delivery of person centred and integrated care at scale. This not only improves outcomes for individuals, but can also significantly reduce cost to the system.

"We have seen excellent examples of local systems working together, health and social care boundaries being made obsolete, multidisciplinary teams working together around the needs of an individual, and powerful examples of people taking control of their lives through personalised support.

"IPC isn't a standalone model, it fits coherently into the landscape of the [Five Year Forward View](#), for example, it will be a crucial component of the [multispecialty community provider](#) (MCP) and [integrated primary and acute care systems](#) (PACS) new care models, enabling precision commissioning and ensuring that as health systems develop we will still retain real choice and control for patients.

"We're supporting CCGs to focus on specific areas where PHBs could work well, including for people with multiple long term conditions, mental health needs, for people with a learning disability and in the provision of wheelchairs. We are also trialling PHBs for end of life care in five areas, looking at mechanisms to change the conversation around death and enable

more effective person centred care.

“Overall, what I have seen over the past year is a real commitment from commissioners and clinicians to improve choice and control for patients within the healthcare system. The Personalisation and Choice programmes are at the heart of chapter two of the the Five year Forward View, which calls for a shift in patient power and provide the system with clear delivery models that turn this philosophy into a reality. We have more work to do, but the signs are there of a real shift beginning to happen!”

For more information about integrated personal commissioning and personal health budgets email [Lydia Woodward](#) or phone her on 01935 385026.

A 2016 Success Story: EMIS Viewer

EMIS Viewer is a tool that provides clinicians working outside EMIS GP Practices to have secure read-only access to patients' primary care records. The system went live in October 2016.

From that date, subject to patient consent at the point of care, A&E and other emergency and immediate care units in Musgrove, Yeovil and RUH Bath; Minor Injury Units and Crisis Teams in Somerset Partnership Community Hospitals; and Out of Hours and 111 services run by Somerset Doctors Urgent Care, have been able to view Somerset EMIS primary care records to check, for example, patient medical histories, regular medications and allergies. Access to patient records in this way is monitored and is fully auditable.

Over 2000 patient records have been accessed since October, resulting in improved care for patients, quicker treatment times and in some cases a fundamental change in the management of clinical care provided.

Somerset Local Medical Committee recently gave approval to extend access to EMIS Viewer to other units and services within the Trusts mentioned above, as well as extending access to other Trusts and care providers in the Somerset area. The timescales for go live have yet to be confirmed, as we need to work up the detail and also seek approval from all Somerset EMIS GP Practices, but it is hoped that extended access could start as soon as April 2017.

For more information email [Richard Greaves](#), SIDeR Programme Manager, or phone him on 07971 831394.

Proactive Palliative Care in General Practice

A new Palliative Care project is being rolled out across Somerset. The project seeks to improve the quality and proactive nature of care offered to patients in their last year of life by general practices in Somerset, by ensuring that patients are systematically reviewed in regular Palliative Care meetings.

The project is to be offered to all practices in Somerset and will be delivered by a Palliative Care Nurse Specialist. Each practice will be supported to review and undertake an audit of their last 10 patient deaths. The audit will look at the use of Advance Care Planning; use of Electronic Palliative Care Co-ordination System (EPaCCS); appropriate use of Do Not Attempt

Resuscitation (DNAR) documentation; ensuring the use of Just in Case medication is available when required; and the offer of bereavement care.

A follow up audit will be undertaken with the same dataset collected, allowing comparison with the first data collection and discussion within the practice team.

For further information or to enrol into the project please contact:

chris.absolon@somersetccg.nhs.uk

jenny.coles@somersetccg.nhs.uk

Professional Choices

Professional Choices is a web portal that makes it easier for professionals across different agencies to work together by sharing documents and information securely online about children and young people. It hosts the new Early Help Assessment (EHA) documentation and supporting guidance and also has an online "Who's Who" directory to help you find key contacts across partner agencies. It will shortly host the Team Around the School handbook and toolkit too.

Professional Choices went live in September 2016 and is one of the tools developed to support engagement with the Children and Young People's Plan 2016-19 (CYPP) improvement agenda.

For more information contact [Ruth Cooksey](#), Change Officer – Children's Improvement Programme, Somerset County Council.

New Children, Young People and Families Microsite

Somerset Partnership NHS Foundation Trust has launched a [new site for children, young people, parents and carers, and health professionals](#). The new look, young person friendly site includes information about accessing services such as CAMHS, health visiting, integrated therapies, school nursing, and the Somerset-Wide Integrated Sexual Health Service (SWISH).

'Our Chance' Campaign

The Department of Health, in partnership with [Best Beginnings](#) and [Sands](#) has launched a campaign to raise awareness of safer pregnancies. 'Our Chance' aims to give parents the knowledge and confidence to maximise their chances of healthy outcomes for themselves and their babies. [The website](#) includes the most up-to-date advice and information, the opportunity to chat to other mothers and 25 short films featuring real-life stories from parents and healthcare professionals.

NHS England Review of 2016

NHS England has produced a review of highlights over the last twelve months. The review is available on the [NHS England website](#).

Editor

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Contact Us

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