

# CCG Quarterly Update

## Welcome

Welcome to the June edition of Somerset CCG's June Quarterly Update for member practices. Recognising there is some confusion about what is an 'STP' (Sustainability & Transformation Plan) and its relationship to Somerset Together we have made this our main item. We hope this will help provide some clarification as they represent the two most important programmes for the CCG for the coming year.

In this edition we have provided an outline of some of the CCG's achievements for 2015/16, a summary of the outstanding prescribing performance of member practices and a description of the significant financial challenge ahead for the CCG. As videoconferencing starts to pick up gradually in popularity by member practices there is a summary of how the CCG is planning to further extend its use.

The next Quarterly Members' meeting is on Wednesday 29 June at Glastonbury Town Hall, starting at 2pm. There will be further presentations on the STP and Somerset Together as well as an opportunity to discuss primary care commissioning, GP IT (there will be a demonstration of Emis viewer) and practice innovations.

**Dr Geoff Sharp**  
Editor



## Sustainability and Transformation (STP)

**As one of the country's few clinical SROs, Dr Matthew Dolman shares his view on the STP and its implications for general practice**

Every one of us working in primary care in Somerset is experiencing the impacts of increased patient demand, stretched finances and challenges in recruitment and retention. These same issues are being experienced across the rest of the health and care system by acute, community, mental health, and social care partners.

Earlier this year, following the publication of the NHS Five Year Forward View, NHS England published the General Practice Five Year Forward View. Together, these documents set out the challenges facing the NHS and its clinical workforce, and describe the solutions and associated investment required to ensure the sustainability and continued progression of general practice – including a focus upon workforce recruitment and retention, technology, the redesigning of services, and the implementation of new

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# Sustainability and Transformation Plan

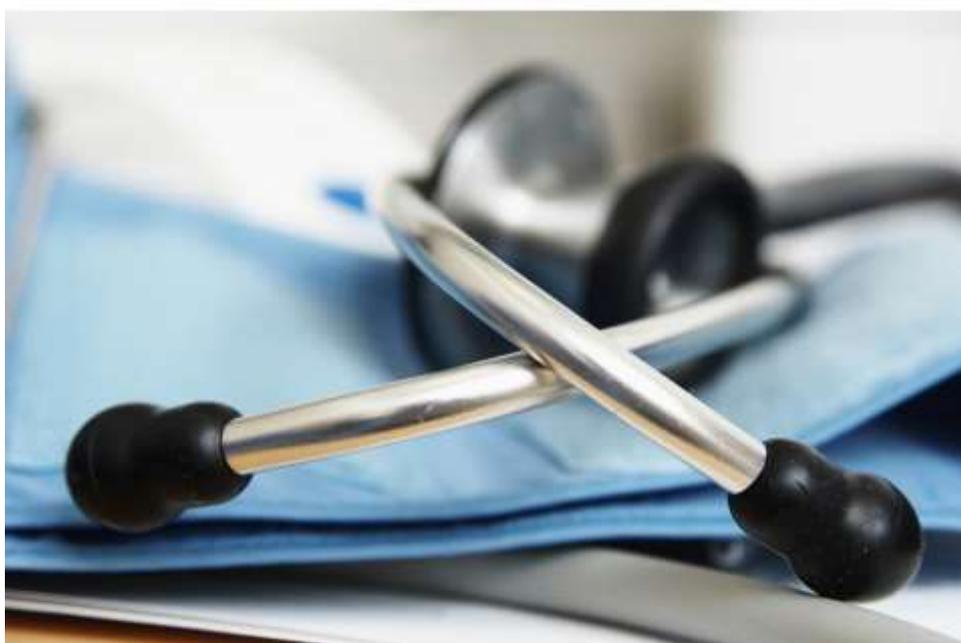
*Continued from page 1*

models of care which are more integrated and better able to meet the increased demands from our growing and ageing patient population. We already have a programme which is seeking to introduce new ways of working as part of our response to the Five Year Forward View – our ‘Somerset Together’ programme – and this is now placed within a national context with the requirement to produce a Sustainability and Transformation Plan (STP).

Somerset has been defined as a standalone STP ‘footprint’ and, over the past three 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 this month (June 2016) we will submit our outline STP to NHS England. In it, we will start to describe how, in collaboration, we intend to address the issues which have become baked-into our local health and care system which can frustrate and block us from doing the right thing for our patients.

It will include the first iteration of pledges to tackle 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 will describe 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 and other national leaders before we can complete and enact it. At that point, it will effectively become a masterplan for design, development and investment in our health economy, and every one of us working in the NHS in Somerset will assume a crucial role in its success.

As the nominated Senior Responsible Officer for Somerset’s STP and a GP, it is abundantly clear to me that our plan and the changes we need to deliver it cannot succeed without

primary care. Including myself, the STP Programme Team has two other GP members who will together ensure primary care remains at the heart of this process.

There will be important opportunities for everyone involved in primary care in Somerset to engage and participate in the development of the STP, whether this is at LMC, SPH, CCG, Federation or practice level. I would urge you to accept these opportunities and ensure you can have meaningful input into this important strategic and operational work programme for health services in Somerset.

**Dr Matthew Dolman**  
**Senior Responsible Officer (SRO)**  
**Somerset Sustainability and**  
**Transformation Plan.**

# Somerset STP and the 10 'must do's'

**On 30 June 2016 we have been asked to make an STP 'checkpoint submission' to national leaders. The 30 page document needs to:**

- Demonstrate our shared understanding of where we are in relation to the three gaps (health, quality, finance) and where we need to be by 2020/21, taking into account indicative allocations, the Sustainability and Transformation Fund in 2020/21 and the requirement to achieve financial balance
- Present an overall coherent strategy for our footprint that reflects the Five Year Forward View ambition to keep people well, with strong primary care, community based services and support at home, considering our current starting point and the optimal use of the acute sector across our system
- Identify the 3-5 critical decisions required to realise our vision and really shift the dial in our patch to close the three gaps
- Set out the anticipated benefits in terms of health, quality and financial impact, making clear the timescale for anticipated benefits working back from 2020/21 to 2016/17
- Identify which actions lie within individual organisations and those which require system wide change/action across our footprint and/or are dependent upon actions of other partners/neighbouring footprints



- Where possible set out how this will enable us to deliver the 10 key priorities
- Assess the degree of consensus/support for any proposed changes, and our plans for meaningful engagement with workforce, the public and key partners

During July 2016 there will then be a series of regional conversations with Simon Stevens, the Chief Executive of NHS England and national leaders to agree the STP 'checkpoint' submission.

# Update on Somerset Together

The Somerset Together programme aims to transform and improve health and social care services in Somerset and ensure the system is financially sustainable for the future.

People may already be wondering how the Somerset Together programme fits with the Sustainability and Transformation Plan (STP).

This can be best described if you think of the 2014 Five Year Forward View as being the strategic direction for all England's health and social care services.

Somerset's Sustainability and Transformation Plan (STP) is the blueprint for delivering the Five Year Forward View locally. The Somerset Together programme is the vehicle to deliver the local STP plan.

The Somerset Together programme proposes to introduce an outcomes-based approach to service contracting, involving long-term incentives for providers of services, with a capitated budget and an integrated approach to service provision.

Earlier in the year the CCG agreed to work with two groups of local providers (one for the east and one for the west) to assess their capability to work together to:

- Deliver the outcomes local people agreed that they want, effectively "flipping" the system



- Have shared financial accountability
- Manage a whole population budget (capitation)

During May the two groups of providers submitted their responses to a series of questions the CCG had posed to initially test their capability.

The outcome of this assessment will be fed back to providers at the end of June. Work has continued on the Memorandum of Information which will be provided to the two groups as we begin the next stage of Somerset Together.

This stage will see the provider groups develop their detailed plans for:

- The person centred model of care,
- Infrastructure to support the model of care (governance, assurance, strategic support services such as IT and workforce)
- Finance and contracting

2015-16

# A year of achievement

2015-16 was a year of significant achievements for Somerset Clinical Commissioning Group (CCG) and our partners and service providers.

Amongst the CCG's key highlights were:

- High levels of patient satisfaction were maintained throughout the healthcare system. Friends and Family Test results are now helping drive up quality standards and helping to show those areas where improvement is necessary
- Out-of-Hours Urgent Care services and the free telephone helpline, NHS 111, were re-commissioned with Somerset Doctors Urgent Care taking over the contract in July 2015. The integrated service has improved performance and increased patient satisfaction
- Extensive patient and public engagement was undertaken to prepare the vision and business case for a new Health and Wellbeing Campus for Shepton Mallet. The scheme is intended to bring together the services of the community hospital, Shepton Mallet Treatment Centre and a relocated Grove House Medical Centre onto the community hospital site. The planned scheme is developing well with the expectation that the business case and funding will be progressed in 2016



- Somerset's two district hospitals, Musgrove Park Hospital and Yeovil District Hospital, performed well against the maximum four hour Accident and Emergency waiting time standard. This was despite high demand last winter and a general rise in the numbers of patients attending Accident and Emergency
- South Somerset's Symphony scheme was one of only 29 schemes to achieve first wave 'Vanguard' status and is testing new models of care to support patients with multiple long-term conditions
- Test and Learn pilot schemes also testing new models of care are taking place for the people of Taunton and Mendip
- We have started a significant programme of engagement around the Somerset Together programme, with the views of patients and the public being gathered to understand what

positive 'outcomes' would be and what sort of change would need to take place to existing service configuration to make this possible. This work will continue to gather pace in 2016/17

- Once again Somerset CCG achieved financial surplus by the end of the 2015/16 financial year. This amounted to £6,484,000 and was in line with CCG plans

More comprehensive details of these and other important Somerset CCG achievements can be found in the 2015/16 annual report. This is available to view or download from: <http://www.somersetccg.nhs.uk/publications/annual-report/>

# Somerset CCG may have achieved a budget surplus last year but we still face a Financial challenge

Somerset CCG receives of £700 million from the government to plan and fund local health services for a population of about 540,000 people.

The CCG's annual funding allocation takes into consideration the relative needs of the county's residents compared to the national average and we received an extra 3% in our budget allocation (about £20.5 million).

However, over the next two years we can expect this annual allocation to drop to just 2%. We face the prospect of the next four years with very limited extra budget growth although in the fifth year we should see an increase in budget allocation to 3.9%.

Somerset CCG will be working to achieve again its required financial surplus in 2016/17 of £6.5 million. Despite achieving a planned budget surplus the CCG will still face a significant financial challenge in the coming years.

The county's two district hospitals ended the 2015/16 year with deficits amounting to £30 million and Somerset CCG predicts it could have a budget gap of £3 million this year. Reducing these deficits is therefore a top priority for all organisations.

This year will be the first time the CCG has had to manage 'variable contracts'.

These are based on the national 'Payment by Results' system which means that the cost of the contract to the CCG will vary in-year according to service provider activity.

The impact of this is that the CCG will now be charged on the basis of the national tariff for each emergency admission, outpatient attendance and operation carried out. Whilst increasing the financial risk to both the CCG and Trusts, it will encourage a greater focus on us all to understand better what the drivers of activity are, and for the Trusts, how the activity relates to cost.

## Restoring financial balance

Somerset CCG believes that changing contract incentives for service providers is part of the solution to restoring financial balance.

From April 2017 the Somerset Together programme (outcome based commissioning) will be focusing on rewarding NHS Trusts on the outcomes they deliver for patients and the prevention of unnecessary hospital admissions, rather than paying for the numbers of patients treated (activity').

However, Somerset CCG identified four areas that we would need to focus on in order to restore financial balance from April 2017:

- 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 hospital outpatient services to manage demand, whilst being 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

A CCG Finance Group, including two Clinical Operation Group GPs (Dr Ed Ford and Dr Rob Allen) will oversee the programme.

As part of the QIPP (Quality, Innovation, Productivity and Prevention) director programme leads have been assigned to each scheme and QIPP delivery is now a standing item at the CCG's Leadership meeting.

- Reducing delayed transfers of care in hospital (acute and community)

# Prescribing achievements



Effective prescribing and reviewing of prescribed medicines is not only good professional practice but it also ensures patients receive the medicines they need and costly waste is reduced.

In 2015/16 there were 20 Somerset CCG Medicines Management scorecard targets per GP practice, a total of 1500 in total across the county. The year started with 655 'green indicators' in April 2015 and with monthly improvements the year ended with a total of 917 'greens' by March 2016.

Somerset practices continue to prescribe very cost effectively with the annual CCG prescribing expenditure comparison to the England average delivering a saving of £16 million. Somerset CCG was the 24th most cost effective prescribing CCG of the 210 CCGs in the country in the last three months (Feb to April 2016).

It is estimated that the scorecard work by Somerset GP practices, alongside the non-scorecard prescribing optimisation and de-prescribing work, has saved approximately £1 million this year. As many of the changes were for repeat prescriptions this is a largely recurring saving on prescribing costs for Somerset GP practices.

Somerset practices also made very significant improvements in antibiotic prescribing, with a 6% reduction in total antibiotic items prescribed and a reduction in inappropriate broad spectrum antibiotic use.

The practice scorecard for 2016/17 still has 20 indicators per practice with five new indicators replacing five that have been retired. Practice participation working alongside the pharmacist care home team has resulted in 25% of care home patients having a full clinical and medication review. This resulted in over £100,000 cost savings in medicines, mostly as a result of de-prescribing and with an associated clinical benefit for patients.

Finally, significant progress is being made in the roll out of EMIS WEB prescribing safety protocols, eclipse live safety alerts and installation of PRIMIS audit systems by GP practices in Somerset

## GP Forward View

The General Practice Forward View, published by NHS England in April, contains specific, practical and funded steps to grow and develop workforce, drive efficiencies in workload and relieve demand, modernise infrastructure and technology, and support local practices to redesign the way modern primary care is offered to patients. The motto of the document: "If general practice fails, the whole NHS fails".

It describes the NHS England vision for primary care: General practice in 2020 will not look the same. It will be able to work at scale making best use of new technologies. There will be development and expansion of the workforce and better premises. There will be improved signposting of patients to the most appropriate service for them or where appropriate supporting them to self-care. And GPs working as part of a more joined up primary care workforce will be able to devote the greatest amount of time to quality and health improvement for patients and local communities.

Action is promised in the areas of investment, workforce, workload, practice infrastructure and care redesign.

We are working with NHS England colleagues to understand how the GP Forward View will be translated into reality.

## Update on

# Teleconferencing



From early December 2015 regular lunchtime sessions with GP practices were set up to trial and test the Skype for Business videoconferencing solution. This aim was to provide a real time 'two way' communication link between the CCG and member practices and provide an easy way to access senior CCG GPs.

Early indication showed that take up has been slow, but it is hoped that this will increase as we move forward. Part of the reasons for this has been unfamiliarity with the system and its functionality and difficulty finding a set day/time in the week that suits a sufficient number of practices.

It is now about encouraging the wider use, and continuing to actively promote the use of Skype for Business wherever possible. It has been agreed that each directorate would identify two meetings where Skype could be trialed, and early suggestions have included:

- Somerset GP IT Leads
- Commissioning Locality meetings, and

- Multi-disciplinary patient review meetings with colleagues from Taunton and Somerset NHS Foundation Trust and St Margaret's Hospice

The outcomes of these meetings will form the basis of case studies that are currently being produced detailing time saved, achievements / interactions, reasons for joining, obstacles and benefits.

The benefits will focus on improved/alternative communication methods between clinicians and enhance utilisation of technology in service planning and patient care; with ultimately a reduction in travelling.

The findings of these case studies together with a report will be shared with the Leadership Team at a later date.

Accounts and software are currently being rolled out to those staff that have expressed an interest and are likely to be responsible for scheduling meetings for their directorate. If you have any questions about the project please email [rachael.harding@swcsu.nhs.uk](mailto:rachael.harding@swcsu.nhs.uk)

## Counter Fraud

Somerset CCG has recently appointed Aimee Newton as the organisation's new Local Counter Fraud Specialist. Aimee's role will be to ensure that valuable NHS resources are safeguarded for their proper use.

We all know that the majority of people who work in and use the NHS are honest, but a small minority will seek to defraud it. It is therefore important that we are all aware of the types of fraud that are committed and are not afraid to report it.

To make a report, please do one of these three things:

- Contact Aimee Newton  
Tel: **07867 526312**
- Call the NHS Fraud and Corruption Line (**Freephone 0800 028 40 60**)
- Use the online fraud reporting form – visit [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk)

If you require any advice, need promotional material to display in waiting areas or would like Aimee to attend your practice to give further information then please feel free to contact her.

# Central Booking Centre for Somerset's Abortion Services



The British Pregnancy Advisory Service (BPAS) have been awarded a two year contract to manage the assessment and referrals for abortions through a new Somerset Central Booking Centre.

The new NHS funded service will provide a 24/7 service for all 365 days of the year, allowing women to book an appointment for a clinical assessment and referral for an abortion through a single point of access. Women can expect an appointment within five working days.

The new contact number for booking an appointment with the Somerset Central Booking Centre is: **0345 013 0124**.

The numbers of early abortions (performed within nine weeks) of pregnancy in Somerset has increased significantly in the past few years from 67.5% of abortions in 2009 compared to 84.3% in 2014, now higher than the South West (80.3%) and England (80.5%).

Once women have chosen to have an abortion and have been clinically assessed, they can expect rapid access to a service. Early abortion reduces the risk of clinical complications for the woman. The Somerset Central Booking Centre is expected to receive approximately 1,600 referrals a year.

Marie Stopes (MSI) had previously provided a central booking management service for abortion services in Somerset. For information about the British Pregnancy Advisory Service (BPAS) visit: [www.bpas.org](http://www.bpas.org)

## Delayed hospital discharge

The National Audit Office (NAO) published a report into the discharge of older patients from hospital this month. The report states delays in discharging patients from hospitals in England had risen by nearly a third over two years.

Longer stays in hospital can have a negative impact on older patients' health as they quickly lose mobility and the ability to do everyday tasks. More than a million days of bed occupancy were lost to older patients last year. The main reasons were delays in getting a home care package or nursing home placement. The department has previously said the issue would be tackled as councils get £3.5bn more for adult care by 2020.

Across England, the audit office found that between March 2015 and February 2016 for every 100 beds, three days of use were taken by patients who no longer needed to be in hospital.

Analysis of figures showed 26 trusts where there were at least five days of delayed discharge for every 100 beds in 2015-16. This was out of a total of 148 acute trusts surveyed.

### Read the full NAO report:

<https://www.nao.org.uk/report/discharging-older-patients-from-hospital/>

## Women over 50 advised not to delay

# Cancer Screening

NHS England are reminding women that every day nine women in the UK are diagnosed with cervical cancer and three women will lose their lives to the disease. Cervical cancer is largely preventable thanks to cervical screening but recent research shows one in three women over 50 report delaying screening.

Research undertaken by cancer charities and an older women's networking group reveals women over 50 delayed screening by an average of 26 months, and one in 10 (10%) delayed for over five years.

Women aged 25-49 are invited for cervical screening every three years and from 50-64 every five years. The NHS screening programme aims to screen 80% of the target population, to offer the greatest protection against cervical cancer.

The research undertaken by Jo's Cervical Cancer Trust and Gransnet revealed that:

- One in three (32%) women over 50 did not think cervical screening (smear tests) were part of the healthy upkeep of a woman's body
- Almost one in four women (22%) did not think screening was important to have regularly
- One in three (33%) women have delayed or not attended for the test with an average delay of 26 months and one in 10 (10%) delaying for over five years

NHS England's Screening and Immunisation teams work with GP practices to increase awareness.

In May The National Cancer Transformation Board published a wide range of specific steps designed to increase prevention, speed up diagnosis, improve the experience of patients and help people living with and beyond the disease.

The Achieving World Class Cancer Outcomes plan focuses on six priority areas:

1. Prevention and public health
2. Early diagnosis
3. Patient experience
4. Living with and beyond cancer
5. Investment in a high-quality, modern service, and
6. Commissioning, accountability and provision

## Delegation of Commissioning of Primary Care Medical Services

The CCG is consulting on full delegation of commissioning responsibilities for GP services in 2016/17. Commissioning Localities have been asked to discuss the benefits and risks that might arise from full delegation of responsibility for GP services in 2017/18.

Views of member practices have been sought to inform discussion about future delegation, and this will be discussed at the members meeting in June.

We have also discussed the issues with the LMC. Any proposal to take on full delegation of responsibilities from NHS England will be subject to formal consultation with member practices.

# Quarterly Meetings

## with Practices for 2016/17

### Quarterly CCG Members meetings:

#### Wednesday 29 June 2016

Glastonbury Town Hall, Magdalene Street, Glastonbury BA6 9EL  
(2.00 – 5.00pm)

#### Wednesday 21 September 2016

Woodlands Castle, Ruishton, Taunton TA3 5LU  
(2.00pm – 5.00pm)

[www.woodlandscastle.co.uk/contact-us/](http://www.woodlandscastle.co.uk/contact-us/)

#### Somerset CCG's Annual General Meeting

#### Wednesday 21 September 2016

Woodlands Castle, Ruishton, Taunton TA3 5LU  
(6.00pm to 7.30pm)

#### Wednesday 30 November 2016

Yeovil Town Football Club, Huish Park Stadium, Lufton Way, Yeovil BA22 8YF  
(2.00 – 5.00pm)

## Links to key documents

#### Five Year Forward View

[www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf](http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf)

#### Primary Care Co-commissioning Guidance

[www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-cocomms.pdf](http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-cocomms.pdf)

#### Prime Minister's Challenge Fund

[www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pm-ext-access/](http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pm-ext-access/)

#### Somerset CCG Operational Plan for 2016/17

[www.somersetccg.nhs.uk/publications/strategies-and-plans/](http://www.somersetccg.nhs.uk/publications/strategies-and-plans/)

#### Details regarding Outcomes Based Commissioning

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



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