March 2017

NHS Somerset Clinical Commissioning Group

CCG Quarterly Update

Welcome

Welcome to the spring edition of the Quarterly Update for member practices of Somerset CCG. This edition has its main focus on the 'big ticket' issues that the CCG is facing as it grapples with the challenges of making progress towards a future of more effective health and social care service provision whilst maintaining the delivery of day to day performance within a budget under huge pressure.

In the future all healthcare professionals will become increasingly aware of talk about working as a 'system' to improve population health. This edition expands on what that means and describes plans to develop an 'Accountable Care System' in Somerset which will change how Primary Care, our Foundation Trusts, Somerset County Council and the CCG work together and the changes needed to reach a more strategically focussed CCG and a new collaboration of health and care providers.

Items include an introduction to the STP's Leadership Team and the workstreams already working hard to translate the STP ambitions to real changes to improve services. The important work of delivering the short term changes of the Turnaround plan to get the system's finances on a better footing is also covered.

Of interest to all practices will be the update on the Improved Access to primary care services scheme on the front page.

Dr Geoff Sharp
Editor

Improved access to Primary Care

Colleagues in practice will know that following the publication of the NHS Operational and Planning Guidance for 2017-19, Somerset CCG was informed that it has been identified as a transformation area for the commissioning of Improved Access to GP Services.

Since October, the CCG has been engaging with stakeholders across Somerset to develop the commissioning approach. In January 2017 the CCG Governing Body approved a proposed improved access commissioning, financial and service framework.

During February, a series of workshops have taken place within each federation to explain the framework and ask practices to consider their position and, we hope, develop service delivery plans. In early March, the CCG will distribute a summary of the workshops which will include a further question and answer document via the CCG GP bulletin.

The next steps are to understand the position of each federation and the grouping(s) of providers for improved access.

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Somerset's Sustainability and Transformation Plan

STP update

Somerset's Sustainability and Transformation Plan (STP) has undergone a refresh with a clearer focus upon addressing those areas of service which will both improve care to patients and deliver improved use of resources.

Sustainability and Transformation Plans are five year plans for the future of health and care services and Somerset's STP is one of 44 STPs being developed across England.

Somerset's STP is being developed by a Leadership Team committed to creating a single, county-wide plan for better integrating health and social care. The team consists of:

- **Independent Chair** – Niall Dickson. Working with the Somerset STP for one day a week, Niall is the current Chief Executive of the NHS Confederation, and formerly the CEO with the General Medical Council and King's Fund

- **STP Lead Senior Responsible Officer (SRO)** – Pat Flaherty, CEO Somerset County Council

- **Clinical Lead** – Dr Matthew Dolman

- **Workstream SROs**
  - Dr Nick Broughton, CEO of Somerset Partnership NHS Foundation Trust
  - Dr Sam Barrell, CEO of Taunton and Somerset NHS Foundation Trust
  - Paul Mears, CEO of Yeovil District Hospital NHS Foundation Trust
  - David Slack, Managing Director with Somerset Clinical Commissioning Group

- **GP Advisor and Liaison Lead** – Dr Rosie Benneyworth

STP WORK STREAMS

A number of work streams have been created to take forward the work of the Somerset STP. Each STP work stream has a member of the Leadership Team who is also a nominated Senior Responsible Officer (SRO). They are:

- **Productivity and Efficiency Work Stream**
  SRO - David Slack
  The system 'Turn around' team is linked with this work stream

- **Provider Form Work Stream**
  SRO – Paul Mears. Paul will be looking at the development of a new Accountable Care System and building on the work of the former 'Somerset Together' ('Outcome Based Commissioning') programme

- **Prevention Work Stream**
  SRO – Pat Flaherty

- **Out of Hospital Care Work Stream**
  SRO – Dr Sam Barrell. This group will have oversight of the changes being proposed to service models and ensure they are properly joined up with other work stream groups

- **Acute Services Work Stream**
  SRO – Dr Nick Broughton

- **GP Provider representative**
  - Dr Rosie Benneyworth. Dr Benneyworth will bring the GP perspective to the Somerset STP. This post was developed with the support of the Somerset Local Medical Committee and primary health care

PRIORITY AREAS

Somerset STP needs to focus upon four service priority areas. They are:

- Tackling delayed transfers of care
- Improving efficiency and effectiveness of current patient flows
- Developing a Psychiatric Liaison Service
- Reviewing procedures of limited clinical value

Somerset STP work streams will also have 'Design Groups' and 'Task and Finish Groups'. These are planned to have patient representatives on them so their views can influence local plans.

Service 'Design Groups'

Design groups will be set up to support the different work streams. They will be looking at:

- Improving the management of urgent and same day demand
- Developing enhanced primary / community services and stronger communities
- Implementing the 'Right Care' programme
- Improving the management of elective care

What is 'Right Care'?

The NHS 'Right Care' Programme is an approach to improving people's health and outcomes. It makes sure that the right person has the right care, in the right place, at the right time (see page 10). 'Right Care' areas being looked at in Somerset include:

- Musculo skeletal services / trauma services
- Neurology Services
- Chronic Obstructive Pulmonary Disease
- Hypertension

Somerset's financial deficit is

Turning Around

This financial year (2016-17) Somerset Clinical Commissioning Group will be facing a budget deficit of £10m and the latest plan for 2017-18 shows this rising to £18m.

Such deficits may appear manageable when considered against the CCG's £750 million annual budget but demand for healthcare just keeps rising and the need to manage the deficits throughout the Somerset health care system is essential.

The healthcare consultancy Attain was appointed to investigate and examine the factors causing the deficit for the Somerset health system as a whole. This involved working with Taunton & Somerset NHS Foundation Trust, Yeovil District Hospital NHS Foundation Trust, Somerset Partnership NHS Foundation Trust, Somerset County Council and Somerset CCG.

In the last few weeks, the leaders of these organisations have been discussing Attain's assessment and recommendations and have agreed they must work together on a single Somerset 'turn around recovery plan'.

There will be a need to shift resources between organisations and in particular to allow care to be moved from hospitals to the community without the barrier of negatively impacting financially on individual organisations.

The plan details opportunities for change and improvement in five key domains:

1) Workforce
2) Demand Management
3) Integration
4) Efficiency
5) Cost Improvement Control

Within these domains there are 17 individual work streams that collectively have been calculated potentially to save £93m over the next two years.

Although the majority of the work streams have little or no involvement of primary care, for example the efficiencies in the workforce do not involve any changes to primary care personnel, but due to the central role of primary care in shaping the future system, it is important to have some understanding of the proposals.

There are two work streams in the Demand Management area where primary care involvement is important:

- **The Right Care Programme**. This national programme benchmarks Somerset's performance against other similar CCGs across a range of clinical areas to identify opportunities to improve care and outcomes for patients and reduce unwarranted variation.

- **Procedures of Limited Clinical Value**. This requires a greater focus by clinicians on applying existing policies to reduce procedures which have been agreed as being of limited value.

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Somerset's financial deficit

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There are also two work streams in the Integration domain where primary care is centrally involved:

- **Enhanced Primary Care and Community Services Design Group**. This is about developing and implementing the Test and Learn initiatives that are focusing on improving the care of complex and frail patients. It is also about strengthening community services which is crucial to the successful implementation of the new models of care.

- **Same Day Primary Care Design Group**. Looking at new models to improve the management of urgent / same day demand for primary care services.

Already teams involving GPs are coming together to work on these areas which are coordinated by the System Programme Executive Group. In many cases GPs are leading the clinical input which is crucial if these work streams are to be effective.

What is an Accountable Care System?

An ACS, or 'Accountable Care System', is not just another acronym in the alphabet soup of the world of NHS Commissioning.

So what does it mean, and will it make any difference to me or my patients? We think it will. As a first step, our three Somerset-based Foundation Trusts have agreed to work much closer together. In 2017-18 they will share collectively with the CCG the financial risk on a system wide basis. This also means that investment in alternatives to begin to reduce inappropriate hospital admissions, or schemes to support more timely discharges should begin to be implemented, as provider organisations have a greater role and freedoms to move money around the system to where it best meets the needs of patients.

This won't happen as a "Big Bang" approach but as the system builds confidence and real changes can be made, so the pace of change should accelerate. Social care and primary care also have a pivotal role to play. The three foundation trusts, CCG and social care are beginning to work much closer together.

Tangibly this greater collaboration has already reduced delayed transfers of care by 18%.

Primary care will be invited and encouraged to work with secondary care, neighbouring practices and social care to collectively design and implement changes to address the workforce challenges, the challenges of an ageing population and growing financial pressures across all sections of the health and care system. Participation will be on a voluntary basis to design the future.

We also envisage in an ACS that changes will be made to the CCG. Our staff have much experience in designing and working with providers to join up pathways and services. We anticipate in the future transferring these staff to work with the three FT's, social care and primary care to help deliver these changes. The CCG of the future is expected to be a smaller organisation operating as a strategic commissioner working very closely with colleagues in social care.

This is our vision for an Accountable Care System.

Improving Somerset's

Performance

Somerset CCG issued its commissioning intentions to its secondary care providers on the 30 September 2016. The purpose of the Commissioning Intentions is to formally signal to providers the priorities that Somerset CCG wishes to build into its contracts 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.

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 2017 to authorise a single Accountable Provider Organisation which will establish a series of delivery units starting in South Somerset.

The STP plan was published on 10 November, with contracts built out from this starting point. Financial and clinical sustainability issues will be central to the contracts agreed. Much work needs to be done and the Commissioning Intentions document sets out this timetable.

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

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

Trudi Mann, Practice Manager

Small is beautiful … but challenging

Managing a small practice of less than 6,000 patients requires a certain resilience that is tested often. The staffing structure in a small practice is flat which means Practice Managers have their hands into everything – strategy has to sit alongside day-to-day firefighting and you need to be able to switch quickly between the two.

At least 70% of my workload is driven by our being a GP practice and not by our list size, so all the policies and procedures I have to make sure are in place requires the same level of input from me as from a manager in a much bigger practice. Some of this burden is already being reduced as practices share more of their knowledge and information base.

When I talk to my colleagues in bigger practices, I realise that there are some significant benefits to the smaller model:

- I know each of my four GPs well and I can tell when they are happy in their work (and the opposite). They know me and how to get the best out of me. These strong relationships underpin a Healthy work culture that benefits our workforce and the patients.
- We are more “fleet of foot” in our responses and can take decisions quickly.
- As I see all the staff regularly, I can look for those softer signals that someone is struggling and I can help straightaway.
- I know in detail about every administrative system and process in the practice and how they all fit together into the bigger picture – this puts me in a very strong position to make those quality improvements we are all looking for.

I would not want to lose any of these advantages as we all strive to find the “right size” for primary medical care organisations.

Improved access to primary care

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This is important because although the CCG believes that practices are best placed to provide improved access, it will need to make alternative commissioning arrangements should practices decide not to do so.

Member practices who decide to deliver improved access will be asked to submit an improved access service delivery proposal to the CCG for each grouping.

The CCG team will be circulating a service delivery template and will consider requests for non-recurrent financial support to assist with the development of plans. The improved access proposal should articulate the timescale to achieve a fully operational service.

For further information please contact Adam Hann, Primary Care Development Manager on 01935 381950 or adam.hann@somersetccg.nhs.uk

Somerset's service providers work to reduce

Waiting times

Throughout 2016-17, Somerset Clinical Commissioning Group has experienced a number of performance challenges, in particular in RTT, Diagnostics, Cancer and Accident and Emergency waiting times.

• 18-Week Referral to Treatment (RTT)
The sole measure of a patient's constitution right to be treated within 18 weeks is the 92% Incomplete Pathway operational standard, (this is the time interval from referral to when a patient either starts their treatment or it is agreed that they do not require treatment).

Taunton and Somerset NHS Foundation Trust (T&S) has not met the operational standard since November 2015, as a result of the withdrawal of Independent Sector and Waiting List Initiative works in the latter part of 2015-16 resulting in an increase in backlog and more recently impacted by the change in recording process for orthopaedic referrals from the Interface Service. The Trust has been receiving support from NHS Improvement's Very Intensive Support Team (VIST) over the past 6 months with the work programme focusing upon 4 key areas (Access Policy, Breach Analysis & Pathway Design, Data Quality & Reporting and Demand & Capacity) and the latest self-assessed score (using the NHS Improvement Tool) has improved as a result of the implemented actions. The Trust continues to progress all actions contained within the RTT Improvement Plan and is reporting the lowest level of overall and admitted patients on the waiting list since January 2016, however the provider does not anticipate recovery of the standard until March 2018.

With the exception of one month, Yeovil District Hospital NHS Foundation Trust had not met the operational standard since February 2015 due to an increased level of cancellations over winter 2015-16, challenges within a number of visiting specialties and the change in the recording process for orthopaedic referrals from the Interface Service. However, the Trust has progressed actions within their improvement plan resulting in recovery of the operational standard from January 2017.

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Waiting times

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• Diagnostics

Taunton and Somerset NHS Foundation Trust has not met the 99% diagnostic waiting time standard since October 2013. Patients should not wait longer than 6 weeks for this diagnostic test or procedure, however this is currently not achieved due to ongoing pressures within the Audiology, Radiology (mainly MRI) and Endoscopy Services. There is a continual cycle of review of the Diagnostic Improvement Plan in order to identify if there are any opportunities to accelerate recovery prior to the January 2018 ambition.

• Cancer

Taunton and Somerset NHS Foundation Trust has under-achieved the 62 day cancer pathways during 2016-17 with performance further compounded by the closure of the Dermatology Cancer Service from November 2016. The CCG continues to work closely with the Trust in order that further actions can be implemented to mitigate against this with recovery of the operational standard anticipated by January 2018.

Yeovil District Hospital NHS Foundation Trust has experienced challenges in both the 2 week and 62 day pathways during 2016-17; in respect of the 2-week pathway a high volume of patient choice cancellations impacted upon performance and in respect of the 62 day standard performance was affected due to shared breaches with other Providers and the complex nature of the patient pathway.

Actions contained within the 62 Day Improvement Plan continue to be progressed and as a result the standard has been achieved since November 2016.

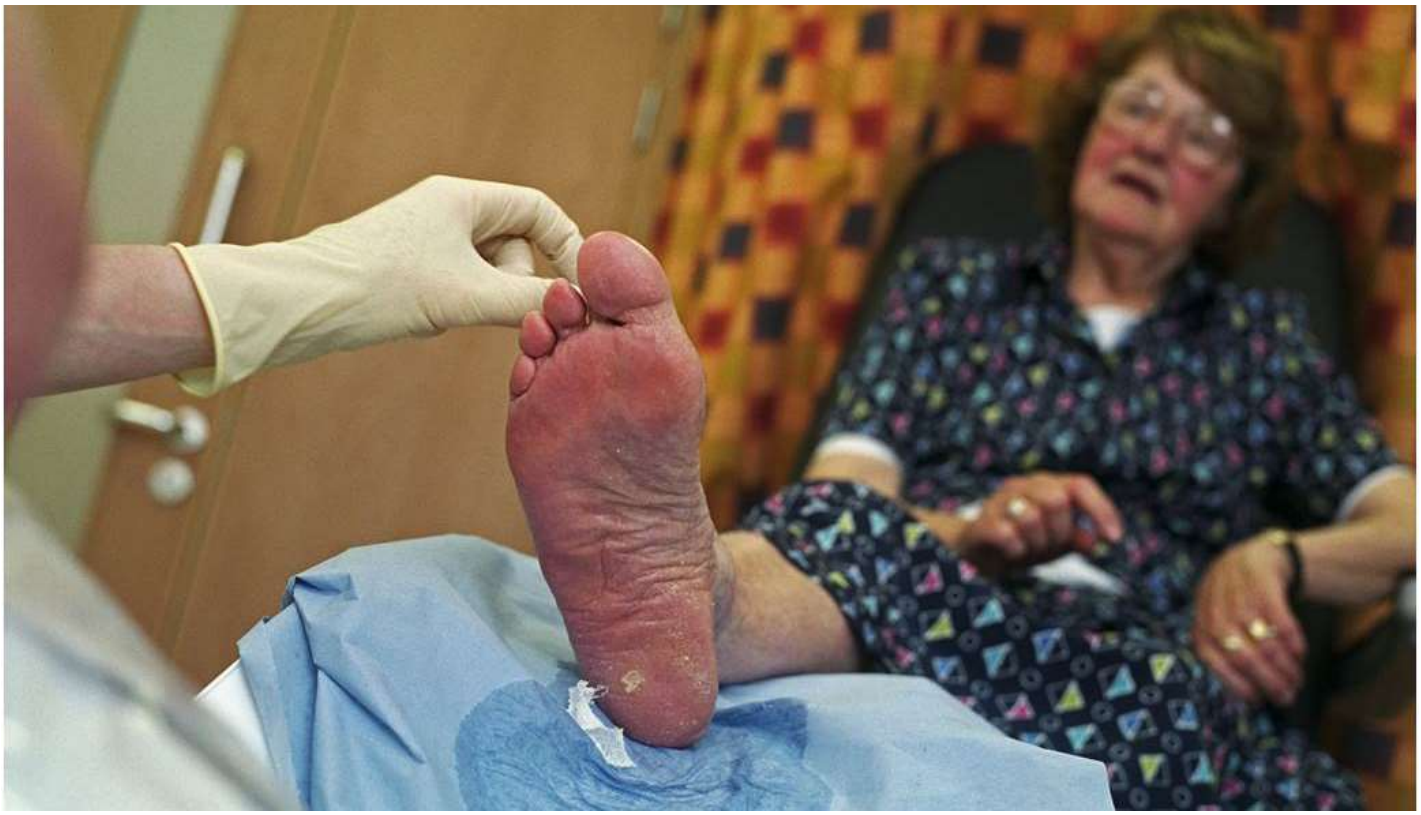
- **Accident and Emergency**

Taunton and Somerset NHS Foundation Trust has not met the 4-hour A&E waiting times standard since July 2015 as a result of increased demand upon the Trust (including an increase in A&E attendances, emergency admissions and delayed transfers of care impacting upon patient flow). The Trust has developed an Action Plan including the 3 Acute Trust mandated improvement actions and anticipates recovery of the operational standard from April 2017.

With the exception of December 2016, Yeovil District Hospital NHS Foundation Trust has recovered the 4-hour A&E waiting times standard since October 2016; the Trust is regularly performing in the top quartile nationally and to sustain performance continues to progress the local and mandated actions contained within the A&E Action Plan.

Report shows Somerset is reducing

Diabetic amputations



Diabetic foot disease (foot ulcers and amputations) reduces the quality of life of tens of thousands of people in England every year. It also costs the NHS hundreds of millions of pounds annually.

Total expenditure on healthcare related to foot ulceration and amputation in people with diabetes in 2014-15 in England is estimated at £1billion (£972m - £1.130bn); equivalent to around 0.7- 0.8 per cent of the entire NHS budget. Around two thirds of this was expenditure on treating foot ulcers in primary, community and outpatient settings.

Emergency clinics were established in Somerset at eight locations, offering appointments within 24 hours for people with active foot disease, and direct referral to the hospital Multi-Disciplinary Team (MDT) where necessary. Community podiatrists received specialist training and became members of the foot MDT, with regular rotation into the hospital-based diabetic foot services. Patient notes were shared electronically.

Training was provided for practice nurses and GPs. In 2013 Musgrove Park Hospital introduced the Ipswich Touch Test for all inpatients with diabetes, with a clear referral pathway and a monthly compliance audit. The major amputation rate in Somerset fell by 43%, averting an estimated 19 amputations a year. Inpatient days for diabetic foot disease fell by 23%. The estimated annual saving was £926,000, almost six times the cost of the service improvement.

Performance data: The key to understanding 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 organisations to identify unwarranted variation in performance by benchmarking against similar organisations. By working in partnership, local providers and commissioners 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 identify areas of opportunity and engage with stakeholders.

Together 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
- use tried and tested processes - to make sustainable improvement to care.

If you would like further information on the CCG's RightCare programme please contact sally.banister@somersetccg.nhs.uk

Quarterly Meetings

with Practices for 2016-17

Quarterly Members Meeting

Wednesday 22nd March 2017
Ivel Barbarian Rigby Club, Dorchester Road, Yeovil. BA22 9TR
(2.00 pm to 5.00 pm)

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 28th June 2017 plus AGM – 2.00 pm to 5.00 pm
Annual General Meeting (AGM) 6.00 pm to 8.00 pm.
Canalside Conference Centre, Marsh Lane, Bridgwater TA6 6LQ

Wednesday 20th September 2017 – 2.00 pm to 5.00 pm.	Mendip	(Venue tbc)
Wednesday 29th November 2017 – 2.00 pm to 5.00 pm.	Taunton	(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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Clinical Commissioning Group

Published by:
Somerset Clinical Commissioning Group
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