

Somerset Clinical Commissioning Group

Working Together to Improve Health & Wellbeing

April 2017 - Newsletter Issue 56

In This Issue

- [Editorial](#)
- [Somerset CCG's Operational Plan](#)
- [Diabetes Foot Pathway](#)
- [Single Point of Access for CAMHS](#)
- [Somerset Dermatology Service](#)
- [Designated Nurse for Safeguarding Children](#)
- [Somerset Safeguarding Adults Board](#)
- [Electronic Decision Aid and Support Tool](#)
- [EMIS Viewer](#)
- [Dying Matters](#)
- [Spring Budget Summary](#)
- [Brexit and the NHS](#)

Editorial - Welcome from the New Editor

Welcome to the April edition of the CCG monthly newsletter. It is only right that my first comment having taken over the editorial role from Dr Geoff Sharp acknowledges his input as editor over the last six years and thanks him for his contribution. Happily, Geoff has not relinquished his CCG work completely and has agreed to continue to edit the weekly GP bulletin among other roles. On behalf of your colleagues and readership: 'thank you Geoff'.

With so much change in the health and care system, so much information about that change, and so little time for us all to read and take in this information, the editorial team at the CCG has worked hard to pull out important topics and to deliver them in pithy bite-sized articles in this month's edition. Against the backdrop of relentless strain on services, there are some genuine good news stories reflecting improvements and progress in areas such as the county-wide integrated diabetes foot pathway, the roll out of the CAMHS single point of access, the commissioning of a sustainable dermatology service across Somerset, and the development of eDAS and the further development of EMIS viewer.

The communications team at the CCG is constantly striving to refine and improve the way that we deliver and receive information, and we are always keen to hear from you if you have suggestions about how we might communicate differently – feedback is always valued and welcome.

I hope you enjoy this month's edition.

Dr Will Harris - Editor

Somerset CCG's Operational Plan 2017/18 to 2018/19

The [Somerset CCG Operational Plan 2017/18 to 2018/19](#) looks different this year in that it is framed around the Sustainability and Transformation Plan (STP) and the nine 'must do' priorities with a useful [two year plan on a page](#) which summarises the plan.

The planning guidance was issued in October 2016, earlier than in previous years, and indicated that the NHS operational planning and contracting processes would now change to support STPs and the 'financial reset'. It reaffirmed national priorities and it set out the financial and business rules for both 2017/18 and 2018/19. Our shared tasks are clear: implement the Five Year Forward View to drive improvements in health and care; restore and maintain financial balance; and deliver core access and quality standards. Each STP would become the route map for how the local NHS and its partners make a reality of the Five Year Forward View, within the Spending Review envelope. It provides the basis for operational planning

and contracting. To support the STP process and embed the 'financial reset', the annual NHS planning and contracting round would now be streamlined significantly. The 2017-19 operational planning and contracting round would need to be built out from STPs.

In 2016/17 the Regulators described nine 'must do' priorities. These remain the priorities for 2017/18 and 2018/19. These national priorities and other local priorities will need to be delivered within the financial resources available in each year. The nine 'must do' priorities centre around:

1. STPs
2. Finance
3. Primary Care
4. Urgent and Emergency Care
5. Referral to Treatment and Elective Care
6. Cancer
7. Mental Health
8. People with Learning Disabilities
9. Improving Quality in Organisations

For more information please contact [Tracey Tilsley](#), Head of Business and Strategy.

Impact of a county-wide integrated diabetes foot pathway

Somerset has just featured in a [national report on the cost effectiveness of diabetes foot care](#). It is perhaps worth reflecting that in an environment of rapid change and cost efficiency requirements, the outcomes of this particular pathway were seen after five years and with a succession of teams working on the project.

In 2011 Taunton and Somerset NHS Foundation Trust, Yeovil District Hospital NHS Foundation Trust, Somerset CCG, Somerset Partnership NHS Foundation Trust, and local GPs established a county-wide integrated diabetes foot pathway. Emergency clinics were established in eight locations, offering appointments within 24 hours for people with active foot disease, and direct referral to the hospital multidisciplinary 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. The aim was to ensure rapid access to specialist care, robust follow-up and the elimination of inefficiencies arising from poor communication.

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 per cent, averting an estimated 20 amputations a year. Inpatient days for diabetic foot disease fell by 23 per cent. The estimated annual saving was £926,000, almost six times the cost of the service improvement.

There is still much more work to do to prevent major amputations in diabetics. In Somerset all major amputations are now audited using a root cause analysis. The first audit report has revealed that half the major diabetic amputations in Somerset in the past 12 months did not have a foot risk assessment recorded in the clinical record. Foot checks are part of the

care process requirements for diabetics. There is now a [free online training resource for primary care – FRAME](#) - (use English version) which comes with a certificate of learning.

As part of the learning process from this audit Rachael Rowe and Dr Julia Thomas will be developing a county wide foot risk assessment form that is EMIS friendly and helps improve the standard of foot checks in primary care. We would welcome input from interested clinicians in either this or the audit work and particularly from practices who wish to focus on this area for quality improvement projects.

For more information contact [Rachael Rowe](#), Clinical Networks Programme Manager.

Child and Adolescent Mental Health Services (CAMHS) Single Point of Access

Somerset Partnership NHS Foundation Trust and Somerset Clinical Commissioning Group are now providing a Single Point of Access (SPA) for Child and Adolescent Mental Health Services (CAMHS) across the whole county. The service and team have been under development for some time whilst the operational model was being drafted, staff recruited and the care pathways worked on and agreed.

The SPA team has been operational for two months and continues to evolve and streamline processes to ensure that referrals are managed in a safe and considered way. From the beginning of April 2017 the team has been at full capacity and accepting referrals over the telephone. This means that referrers can now seek advice, guidance and make referrals using one number - **0300 1245 012**. (Letters and CAMHS referral forms will still be accepted at this time.)

When contacting the team, referrers will be asked to provide some demographic information about the young person and their family. Once this has been completed the team will need to have a briefing on what the concerns are. The call will then be transferred to one of the SPA clinicians who will ask further questions to understand what actions may be required. (Call backs will be necessary if the team is working to capacity.)

This is a very positive development for the service but most importantly for those young people and their families who require a timely assessment and onward interventions. It means that referrers will be aware of what action will be taken and be part of a discussion and decision making to determine that the child / young person's mental health needs are being met by the relevant service.

The service is still in its developmental stage and the team will be working hard to ensure all goes as smoothly as possible. Feedback about the system will be beneficial but there are three things that referrers can do to help the SPA administrators and clinicians move referrals forward.

1. Ensure that consent has been given by the family / young person for the referral to be made and that the SPA have permission to contact the family / young person and other agencies involved to gather up further information.
2. Ensure that the correct contact details are being passed to the

administrators.

3. The telephone referral may take a little time so referrers will need to ensure that they allow time to make a thorough referral.

The SPA phone number is **0300 1245 012** and flyers are being cascaded across the partner agencies with further details. For more information please contact [Fiona Abbey](#), Commissioning/ Programme Manager for Children and Young People's Mental Health and Wellbeing Services.

Somerset Dermatology Service

In recent years there have been significant challenges, both nationally and locally, with the recruitment of consultant dermatologists. Due to significant pressures locally, this had led to the closure of the dermatology service at Taunton and Somerset NHS Foundation Trust. There has been considerable support for Somerset patients from all neighbouring providers and this has resulted in patients still having access to the services they require, although outside of the county.

At the Somerset CCG Clinical Operations Group meeting on 1 March 2017 it was confirmed that Somerset would proceed with the development of a sustainable service. This would be working collaboratively with University Hospital Bristol NHS Foundation Trust (UHB) as lead provider as well as other providers to secure the future of dermatology services in Somerset. UHB will need to recruit additional consultants and take steps to implement a countywide demand management service (such as tele dermatology).

Whilst this is incredibly encouraging news, in the short-term Somerset will be looking for continued support from neighbouring providers. It is anticipated that there will be a transition period through 2017/18 to achieve the delivery of a sustainable service by April 2018. From April 2017 the steps required for the lead provider to start providing all the capacity will be underway and phased in by 2018.

During this period neighbouring providers have been asked to maintain access for cancer two week wait patients from Somerset until adequate provision is in place to safely treat these patients with the lead provider, within Somerset.

For more information contact [Helena Fuller](#), Deputy Director Acute Programme Transformation and Commissioning.

Role of the Designated Nurse for Safeguarding Children

Under [Working Together to Safeguard Children](#), Clinical Commissioning Groups (CCGs), as major commissioners of local health services, should employ or have in place a contractual agreement to secure the expertise of designated professionals, including designated professionals for looked after children.

The Designated Nurse for Safeguarding Children provides safeguarding and child protection expertise and leadership throughout health and multi-agency partnerships, through a multitude of roles and responsibilities which include:

- Being a clinical advisor to the Somerset Safeguarding Children Board, as an active member of a number of the sub groups and the Board, as well as through chairing the Health Sub Group.
- Working with clinical commissioners to ensure that effective quality assurance arrangements are in place to meet Health Service duties under the Children's Acts 1989 and 2004.
- Providing advice to the Managing Director, Clinical Chair and Director of Quality and Safety at the CCG about their responsibilities, to ensure that performance indicators in relation to safeguarding children are met.
- Holding providers to account up to and including board level, to ensure that all staff know and understand their responsibilities for safeguarding children; including attending contract review meetings to provide expert clinical advice on safeguarding children's services.
- Co-ordinating the health component of serious case reviews (SCRs) and working with partner agencies to compile the multi-agency overview of SCRs.

The Designated Nurse for Safeguarding Children is responsible for strategic planning, quality assurance, performance monitoring, and advising on the provision of services for vulnerable Children Looked After (CLA) and Care Leavers. This is through a multitude of roles and responsibilities which include:

- Developing health services for Children Looked After in line with Department of Health Guidance on the health of Children Looked After 2010.
- Working with the Designated Doctor for CLA and the CLA nursing team to deliver an integrated model of service delivery.
- Being a member of the Somerset County Council Corporate Parenting Board (CPB).
- Leading on the improvement of health outcomes for children and young people looked after, or leaving care, through chairing of the CPB Health and Wellbeing sub group.

Within Somerset CCG the Designated Nurse for Safeguarding Children and Children Looked After is a combined role. Maria Davis has been in post since 1 January 2017 and is based at Wynford House. Maria works with safeguarding leads and named professionals in each Trust to establish clear lines of communication within and between different Trusts, in particular for escalating concerns, and the sharing of good practice. She can be contacted on:

Tel: 01935 385266

Mobile: 07387258287

Email: maria.davis@somersetccg.nhs.uk

Secure email: maria.davis@nhs.net

Somerset Safeguarding Adults Board (SSAB)

Somerset Safeguarding Adults Board (SSAB) have released the fourth edition of the [safeguarding adults newsletter](#). The main objective of the SSAB is to protect all adults in its area who have needs for care and support and who are experiencing, or at risk of abuse of neglect against which they are unable to protect themselves because of their needs. In this edition of

the newsletter there is an interesting commentary on the balance between risk and wellbeing and how professionals can address this in a proportionate way. There is also data on the Deprivation of Liberty Safeguarding, information about a local Mental Capacity Act forum and a review of latest developments with the Mental Health Crisis Concordat Plan. The newsletter also contains a proposal to make use of district based social exclusion panels to support the management of complex self-neglect cases, particularly when hoarding exists.

For more information contact [Charlotte Brown](#), Safeguarding Lead Nurse for Adults.

Electronic Decision Aid and Support Tool (eDAS)

In line with the Somerset Digital Roadmap (SDR) requirements to implement clinical decision support tools and increased use of technology to aid clinicians, the Elective Care and IM&T Teams in the CCG have been working together to create eDAS (the electronic Decision Aid and Support Tool). This will support the elective care work to review clinical pathways, manage demand appropriately and monitor the efficiency rate of referrals. The recent award of Estates and Technology Transformation Fund (ETTF) has enabled the CCG to purchase EMIS Resource Publisher, and eDAS will utilise this new functionality.

The existing Pathway Navigator has been reviewed by Dr Stephen Gardiner (Elective Care Clinical Lead) and Dr Justin Harrington (IT Clinical Lead) to see what is useful, and what requires updating. From 30 April 2017 the Navigator App will not be actively updated with new items.

The plan is to eventually decommission the Pathway Navigator Application and to replace it with eDAS which will provide an enhanced support service for primary care. At a time of reducing GP numbers it will become more important that other members of the Primary Healthcare team who are consulting patients are supported with decision making. To work well eDAS will be responsive and up to date, and one central resource to co-ordinate information will facilitate this.

For more information contact [Allison Nation](#), Head of IM&T.

EMIS Viewer

EMIS is the practice system of choice currently used in 69 of the 71 Somerset GP Practices, holding all the primary care information for over 540,000 patients. As part of the SDeR information exchange (interoperability) programme, Somerset CCG purchased licences for countywide use of EMIS Viewer. EMIS Viewer gives clinicians in other care settings (hospitals, etc) read-only access to EMIS Practice patient records in Somerset, subject to the clinicians concerned first gaining and recording consent from the patient at the point of care.

EMIS Viewer Phase 1 went live in October 2016, with clinicians in Emergency, Urgent and Immediate Care services in Musgrove, Yeovil Hospital, Royal United Hospitals Bath, Somerset Partnership, and Somerset Doctors 111 / Out of Hours being given access. Since October 2016, EMIS Viewer has been used over 4900 times to view patient primary care records, delivering significant patient care benefits as well as clinical service efficiencies.

Building on the success of Phase 1, from June 2017, EMIS Viewer Phase 2 will extend access to clinicians in ALL clinically led / regulated services (Outpatients, Inpatients, Surgery, Maternity, etc) in Musgrove, Yeovil Hospital, Royal United Hospitals Bath and Somerset Partnership. EMIS Viewer Phase 2 will also allow clinicians in Weston Hospital, St Margaret's Hospice, Weston Hospice Care, Dorothy House Hospice, Shepton Mallet Treatment Centre (Care UK), Circle Bath Hospital (NHS patients only), Devon Doctors and Yeovil Health Centre walk-in service to have access to EMIS Viewer.

Watch this space for updates on EMIS Viewer Phase 2 in future editions of this newsletter. If you have any questions, please email [Richard Greaves](#), SIDeR Programme Manager.

Dying Matters - Let's talk about it

As part of the national [Dying Matters Awareness Week](#), Somerset is promoting a one day conference, dedicated to the preparation, planning and decisions that go hand-in-hand with end-of-life care. It takes place on Tuesday 9 May at Canalside in Bridgwater. The event presents a great opportunity for health care professionals, those providing support and care, and volunteers to come together to share best practice.

You will also learn how to start those difficult conversations or brush up your skills with leading specialists in the field, and meet other people involved with end-of-life care in the region. If you or your group or organisation could benefit from learning more about this, then come along.

For more information [view the conference leaflet](#) or contact [Jenny Coles](#), End of Life Care in General Practice Facilitator.

Spring Budget Summary

[Philip Hammond](#) has delivered his first Budget as chancellor. Here are the key points about the NHS and social care:

- Social care: £2 billion additional funding to social care in England over the next three years, with £1 billion available in 2017/18.
 - Sustainability and Transformation Plans: The chancellor allocated an additional £325 million of capital to allow the first selected plans to proceed ahead of the next financial statement in the autumn.
 - A&E waiting times: £100 million of capital will be available immediately for up to 100 new GP triage projects in A&E departments at English hospitals in time for winter 2017.
-

Editors

Dr Will Harris

Email:

will.harris@wellshc.nhs.uk

Dr Joey McHugh

Email:

joey.mchugh@somersetccg.nhs.uk

Contact Us

Please send feedback on this newsletter to:

enquiries@somersetccg.nhs.uk

Brexit and the NHS

NHS Employers has produced a [short animation](#) which explains the key issues for health and care over the next two years, now that Article 50 has been triggered. And the NHS Confederation European Office has produced a [handy infographic](#) looking at the key decisions needed for the NHS during the Brexit negotiations.
