

Somerset Clinical Commissioning Group

Working Together to Improve Health & Wellbeing

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Editorial - 'Primary Care at Scale'

Welcome to the October edition of the CCG's monthly newsletter – we hope that you find the topics useful and relevant to your work.

I would like to reflect briefly on our 'extraordinary meeting' last week at Taunton Racecourse which gave many of you the opportunity to meet and to hear from our new Chief Officer, Nick Robinson. It was good to see so many GPs and practice managers there – and among the familiar faces many new ones who are not often able to make it to our quarterly members' meetings – thank you all for coming.

One of Nick's strengths since arriving has been to 'see the wood for the trees' and to 'tell it how it is'. Conversations that evening and feedback since has suggested that he managed to do both and what he described has certainly given us all lots to think about.

Not least, the idea that we need to consider how we might develop 'primary care at scale' – a concept that has been around for a while, but which is likely to be understood to mean very different things by different people.

Primary Care at Scale- what does it mean for Somerset?

Let's start with the people of Somerset. They need an effective healthcare system with a primary care orientation – which means reducing steps in the care journey and delivering as much as possible first-time round. From this point of view we should be thinking of 'primary care' as the widest possible range of local services, delivered by a multi-disciplinary team. GP services will be an important element of this. But there will also be a crucial role for redesigned community services, social care and the voluntary sector along with other providers including community pharmacy.

General practice offers four main benefits to the people of Somerset and its healthcare system:

1. A common point of access for all needs above self-care, which provides effective stewardship of NHS resources
2. Lifetime, person-focused not episodic care
3. A comprehensive range of services delivered in convenient locations
4. Care co-ordination for people whose needs go beyond what can be provided in primary care

If we're honest, all four of these are delivered sub-optimally because of fragmented commissioning, lack of funding, lack of workforce or lack of infrastructure that would allow greater efficiency. We will be tackling the commissioning and funding issues head on through our new clinical commissioning strategy. But we need to think about our approach as

primary care providers as well. For example, we see practices on their knees through GP shortages when the practice up the road is fully staffed. Sometimes there are reciprocal arrangements to help out, often not. Or we see one practice investing time and money in training its nursing workforce, only to see them lured away by another practice offering higher pay.

Primary care at scale means lots of different things to different people. So before making any decisions, we'll be getting out and engaging colleagues in practice to think it through. There are lots of different examples from elsewhere, varying enormously in form, size, provision, ownership and so on. However there seem to be three broad areas in which efforts are focused:

- More resilient primary care providers - through shared staffing, training, business efficiency, IT development and so on.
- A wider range of services offered in primary care, including using GPs with special interests to deliver services currently based in hospitals. As well as bringing funding into primary care, this offers career options for younger GPs who are increasingly seeking a portfolio career.
- Better population health management- a larger cohort of patients, say 30,000 to 50,000, makes it easier to deploy more specialist resources efficiently.

Let's be very clear that this is all about benefits to patients, not about provider form. We are definitely not saying that GPs must be salaried, that practices must merge, or that we believe bigger practices are better.

The outcome of any such change is invariably better when it is done 'with' not 'to' those involved in delivering services and we really do need GPs, practice managers and other front line staff to be engaged with shaping these plans. We look forward to the conversations that lie ahead, so please do start thinking and talking about what this could help with and what we need to consider.

Dr Will Harris - Editor

Women's and Children's Services Review

Somerset CCG is undertaking a review of Women's and Children's services. This is being led by Dr Rosie Benneyworth and supported by a team from Attain. The review started in September and a workshop was held to look at the services that are in the scope of the review and what issues need to be looked at specifically. The review will be looking at clinical quality to consider how we meet national quality standards and implement national recommendations such as those outlined in the [Better Births report](#). It will also look at workforce sustainability with all health professionals involved in delivering care in these services, and financial sustainability.

We will be engaging with stakeholders including the public, patients/carers groups and clinicians throughout the course of the review. Detailed plans will be finalised in March 2018 and we will be keen to formally consult with the public on these plans at that stage. We are aware that the CCGs on our borders are also looking at their Women's and Children's services, and we are working closely with them to ensure that plans align.

For more information regarding the review, please contact rosie.benneyworth@nhs.net

Patient Transport Survey

CCGs across the South West are working collaboratively to develop a consistent approach to eligibility for NHS-funded patient transport.

Patient transport is a non-emergency service offered to people who cannot get to their hospital appointments because their health condition impacts on their ability to use routine transport (cars/trains/buses/taxis/wheelchair taxis).

National eligibility criteria were set in 2007 however these have been subject to variation in local interpretation, agreed exclusions, and the way that eligibility is applied. The aim of the CCGs is to ensure that NHS-funded non-emergency patient transport is provided in a fair way for all those who need help getting to hospital appointments. Equity of entitlement to NHS-funded non-emergency patient transport hinges on all patients being considered against a common eligibility assessment, which in turn necessitates the removal of any existing automatic entitlements.

In support of this aim, the CCGs have agreed a short patient/public questionnaire to help inform the process. A link to the questionnaire can be found here https://surveymonkey.co.uk/r/NHS_NEPTHHaveYourSay

The questionnaire is open to receive responses from 16 October to 10 November.

For more information contact michael.carrington@nhs.net

Somerset Diagnosing Dementia Education Event

A joint Somerset CCG and Somerset GP Education Trust event was held at Wynford House in Yeovil, to discuss dementia.

The event provided the large multi-professional audience with the latest understanding of both clinical and community aspects to effect optimal outcomes and encourage compassionate care. The day was particularly helpful in educating GPs, practice nurses, acute and community teams and anyone with an interest in dementia or working with people who are living with dementia.

The morning session included a clinical focus with presentations concerning the latest research findings and treatments available and the afternoon focused on dementia in the community and work place. Attendees found the day interesting and inspiring and we also had some very moving testimony from people living with dementia, who continue to actively volunteer to help commissioners, providers and communities gain a better understanding of life with dementia.

There was a great deal of information shared on the day and the speakers have made their presentation slides available in pdf format on the CCG website ([click here for link to dementia event presentations](#)). These may be read, downloaded and shared with friends and colleagues.

For more information contact lydia.woodward2@nhs.net

New Chief Executive for Joint Executive Team

Following a robust recruitment process and a strong field of candidates, Peter Lewis has been selected as the new Chief Executive of the Joint Executive Team for Somerset Partnership NHS Foundation Trust and Taunton and Somerset NHS Foundation Trust. The decision has been ratified by governors of both Trusts.

Peter has a wealth of experience of the NHS in Somerset. Since 2005 he has held a variety of key positions at Musgrove Park Hospital, including director of finance, chief operating officer, deputy chief executive and – more recently – chief executive. He is very keen to expand his knowledge of our community and mental health services and as a priority, will be starting a series of staff events after he takes up his post from 1 November.

For more information visit the Taunton and Somerset website:

<http://www.tsft.nhs.uk/peterl>

Improvements in Diabetic Amputation Rates

In 2013 Somerset CCG received numerous complaints about the rates of major amputations in diabetic patients which were above the average in England. An integrated diabetes foot pathway was implemented across Somerset to address the problem. Community podiatry clinics were established in eight locations across the county. Additional training was given to practice and podiatry staff. A “hot clinic” was set up with the vascular surgeons to see high risk cases.

The project has been highly effective. The [2017 Public health profile](#) shows that major amputations in Somerset have significantly reduced from 122 annually to 66 (virtually halving the activity). Each major amputation costs a minimum of £20,000 and a diabetic amputee is twice as likely to die within five years compared to a non-amputee. Although minor amputations have increased this is likely to be due to earlier intervention, however the Somerset Foot Group is looking at ways to reduce them further.

All diabetic major amputations have a root cause analysis audit in Somerset so that continuous learning can take place and be integrated into the pathway. As a result of this review a new foot risk assessment tool for primary care will be produced this autumn.

For further information on this project contact rachael.rowe@nhs.net or julia.thomas@tst.nhs.uk

Digital Diabetes Prevention

Preventing Type 2 Diabetes through Implementing Digital Behaviour Change Interventions

Somerset’s Sustainability and Transformation Programme has been selected as one of seven pilot sites to implement the Digital Diabetes Prevention Programme in partnership with NHS England, Public Health England and the National Diabetes Team.

This pilot will establish whether digital interventions are effective in supporting behaviour change in those with non-diabetic hyperglycaemia (NDH) and overweight and or obese individuals who have not been diagnosed with NDH. Six practices will be trailblazing the project in

Somerset from November 2017.

A small amount of funding is available to support practices with implementation and recruitment.

We are currently looking for more practices to participate in the digital project. If you are interested, or would like to be part of the forthcoming face to face diabetes prevention programme in 2018 contact rachael.rowe@nhs.net or phone 01935 385074.

My Diabetes My Way Website Launched in Somerset

Practices and patients in South Somerset have been working with Somerset CCG, Dundee University and Yeovil Hospital to develop a self-management system for people with diabetes based on the successful Scottish programme.

[My Diabetes My Way](#) in Somerset was launched on Thursday 12 October 2017. This is the first time the award-winning website for diabetes self-management has been made available to people within any region of NHS England, and it represents a big step forward for diabetes care.

Initially the website focusses on 200+ information resources, all peer-reviewed, and with much of the site tailored for the local area. Longer term we hope to roll-out site enhancements such as secure access to patient data, subject to additional funding.

The project has been made possible with the input of local stakeholders as well as a 6-month Phase 1 research grant from [SBRI](#).

For further information please contact rachael.rowe@nhs.net or alex.bickerton@ydh.nhs.uk

STOP PRESS: On 30 October clinical and managerial staff will begin designing the new **Somerset wide diabetes integrated service** which will see care remodelled across the county to improve outcomes. If you are interested in getting involved contact rachael.rowe@nhs.net or phone 01935 385074.

New Carers' Support Service

Following a competitive tendering process Somerset County Council has awarded a new contract to the Community Council for Somerset (CCS) to provide a Carers' Support Service in Somerset. The service launched on 2nd October.

Building on these successful models of providing community solutions (such as Village and Community Agents) the new Carers' Support Service will consist of a team of highly trained Carers' Agents based in specific geographical areas across the county. They will be supported by trained staff on a dedicated Freephone advice line and the service will work closely with other partners. One of these partners is The Somerset Partnership NHS Trust (Sompar) who will also provide support for the advice line through seconding staff and this will provide a complete holistic service for carers. This will be complemented by a fresh, new look website which will provide a

one stop shop for information for carers (over 18) here www.somersetcarers.org including a carers' digital resource with a range of online self-management modules to help carers in their caring role. Other partners include Spark (voluntary sector support in South Somerset, Mendip and Sedgemoor) and Engage (voluntary sector support in West Somerset and Taunton Deane) who will help provide the vital volunteers for carers' groups and befriending services.

The new service is a signatory to the Somerset Carers' Voice Commitment to Carers' charter and will work closely with health and care professionals to ensure that carers across the county are well-supported and valued. CCS will also work with primary care to ensure the best support available for carers registered within GP practices and to encourage the practices to become an advocate and supporter of carers through establishing a Carers' Champion acting as a voice for carers within the practice and be a key point of contact for carers' information.

Contact details for the service as follows:

Carers Support Service provided by Community Council for Somerset (CCS)

Advice Line number 0800 31 68 600

Text 'Carer' to 78070

Website: <http://www.somersetcarers.org>

GP Surgeries Join Carers' Voice Somerset

Twelve GP surgeries in Somerset have recently joined Carers' Voice Somerset to develop new, improved ways to support unpaid carers.

Guided by the underlying principles and priority outcomes of Somerset's Commitment to Carers, these practices are working with Carers' Voice Somerset to look at the needs of carers on their registration lists, to think about how they can use their Carers' Champions, and to improve the way in which they interact with carers.

Is your surgery committed to supporting carers? If so please contact Carers' Voice Somerset to find out the benefits of endorsing Somerset's Commitment to Carers and joining Carers' Voice Somerset.

For more information, please contact: Debbie de Mornay Penny
dpenny@somerset.gov.uk or call her on 07866 785438.

Somerset CCG Safeguarding Children Policy 2017

The Somerset CCG Safeguarding Children Policy 2017 was approved by the CCG's Governance Committee in the summer. It is an amalgamation of three previous policies:

- CCG Child Protection Policy 2016
- CCG Safeguarding Children and Young People in general practice 2016
- CCG policy and procedure around the recording, flagging and sharing of information in general practice about patients who are known to be at risk of domestic abuse 2016

The policy is available on the CCG website:

<http://www.somersetccg.nhs.uk/about-us/how-we-do-things/safeguarding-children/>

If you require a Word version of this policy to be amended and used as your own safeguarding children policy, please contact the Safeguarding Children team by emailing somccg.safeguarding-children@nhs.net

Family Support Service and Children's Centres Consultation

Somerset County Council is consulting on plans to change the way that children and families get help and support in Somerset by creating a new Family Support Service. The aim is to make support more accessible by delivering more through community venues, in people's homes and online.

If they go ahead, the changes would affect getset services, children's centres, health visitors and school nurses.

For more information, including details of drop in sessions, and to complete the questionnaire please visit

www.somersetconsults.org.uk/consult.ti/FamilySupportChildrensCentres/consultationHome. The consultation closes on 1 December 2017.

For more information contact Adrian Hedges AGHedges@somerset.gov.uk or call him on 01823 359136.

New Provider for Healthwatch Somerset

Somerset County Council has appointed Evolving Communities to provide the local Healthwatch service from 1 October 2017. The company wants to improve opportunities for volunteers, introduce new ways for people to find out about care digitally, and involve people in how health and care services are run.

Healthwatch Somerset is the county's independent health and care champion. Visit the [Healthwatch Somerset website](#) or [read their first e-bulletin](#)

Disability Confident

Somerset CCG has been recognised as a Disability Confident employer, ensuring that disabled people and those with long term health conditions have the opportunities to fulfil their potential and realise their aspirations.

For more information contact Lydia.carmichael-brown@nhs.net

National Stay Well This Winter Campaign

The first phase of Public Health England's national Stay Well This Winter campaign launched on 12 October, urging people to take up the offer of the free flu vaccine. This is available to children aged 2-8, people aged 65 and over, pregnant women and people with long term health conditions.

The Stay Well This Winter campaign aims to ensure that people who are most at risk of preventable emergency admission to hospital are aware of

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Contact Us

Please send feedback on this newsletter to:

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and, where possible, are motivated to take, actions that may avoid admission this winter. The second phase of the campaign contains more general winter messages and runs from 6 November 2017.

For more information visit www.nhs.uk/staywell
