

Somerset Clinical Commissioning Group

Clinical Leadership to Improve Health

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Editorial - SPQS - A national first for Somerset Clinical Commissioning Group

Whilst the nation was expending a lot of nervous energy supporting England's World Cup progress in Brazil (now ignominiously having come to an end) local GPs have been similarly on tenterhooks waiting for the Somerset Practice Quality Scheme (SPQS) to be approved by NHS England. After a lot of work and effort put in by the CCG, Local Medical Committee (LMC) and NHS England's Area Team it was therefore with relief that we heard the news that after review by a series of committees NHS England had finally approved the scheme.

So why is this of any significance? The answer is in both what it will allow GP practices to work on this year and also in what it allows them not to have to do. SPQS is an enhanced service contract option for GP practices and over 80% of Somerset practices have signed up to the scheme. These practices will work on areas that potentially could transform how primary care services are delivered in Somerset and if successful could become a model for the rest of the country. In taking on this scheme it will mean GP practices can stop aspects of measurement that are not of any benefit to patients and without being financially penalised.

The first area is for practices to explore collaborative working with other agencies (eg hospitals, social care, voluntary sector etc) to deliver services in the community to those in greatest need and provide a better model of care than the current 'silos' of operation. The second area involves practices looking how they might work together in groups or federated units to make their services to patients more accessible, universal and consistent. This could be at an administrative level sharing back office functions or at a clinical level through extended hours of opening or sharing specific GP or nurse skills.

The area which potentially could have the most significant impact on patients is for practices to adopt 'personalised care' using the [House of Care model promoted by the Kings Fund](#). Through this model patients with single or multiple long term conditions would have a different experience of consultation, with their GP being given more time to discuss their goals (what is important to them) and agreeing defined care plans which would be overseen by a care coordinator. This model has been shown to reduce the need for contacts with primary care and hospital services and improve patient satisfaction.

The outcomes from this new scheme are expected to be better integration of local primary care services, better outcomes and satisfaction for patients and improved job satisfaction and moral for GPs.

The wider consequences of NHS England's decision to approve the scheme should not be underestimated. It signals a break from part of the nationally negotiated Quality and Outcomes Framework contract option for GP practices and which had become increasingly burdensome and de-professionalising for GPs. Somerset CCG is the only CCG in the country to be given this opportunity and NHS England has

stated it is the one and only local arrangement it will support for this year. Credit should be given to our Local Area Team (which covers Bristol, North Somerset, Somerset and South Gloucestershire) who have stuck by the CCG and LMC in developing this scheme despite some significant opposition.

So this is truly a national first for Somerset CCG. A lot of expectations and all to play for - but at least SPQS will last longer than the England football team's campaign in the World Cup!

Dr Geoff Sharp - Editor

CCG's five-year strategy launched

NHS Somerset Clinical Commissioning Group has launched its five-year strategy. The strategy provides a clear plan for delivering high-quality healthcare locally in a challenging financial environment.

The future of the NHS is reaching a defining moment. The financial constraints across the public sector are driving a need to rethink the way health and social care is provided. These financial challenges come within an environment of increasing expectations about the quality of clinical outcomes and patient experiences. As a result, these changes also need to be robust and sustainable to meet future needs.

In developing its strategy, Somerset CCG has placed the patients, public and carers of the county at the heart of its plans for the next five years. The strategy shows a deep understanding of local demographic trends. In recognising that Somerset already has a population above the national average age and that the older population is predicted to increase, the CCG is placing its focus on encouraging healthy lifestyle choices, supporting self-care and helping people to manage their conditions.

The full strategy and a summary version can be found on the [Somerset CCG website](#). For further information contact [Tim Archer](#)

CCG's Annual Report

Somerset CCG has published its Annual Report and Financial Accounts for 2013/14. The report can be viewed and downloaded on the [Somerset CCG website](#)

Here are some of the performance highlights:

- Patients spending no more than **four hours in A&E: 97.20%** against a standard of 95%
- Ambulance **999** (Category A) **calls** responded with 8 minutes for Somerset **77.96%** against a standard of 75%
- Ambulance **999** (Category A) **calls** responded with 19 minutes for Somerset **95.88%** against a standard of 95%
- All **cancer** access standards for Somerset patients were **achieved**. These include 93% of patients to be seen within two weeks of referral, 96% of patients' first treatments to be within 31 days of decision to treat and 85% of patients' first definitive treatment within 62 days of referral
- **96.30%** of non-admitted patients seen within 18 weeks of referral against a standard of 95%

- **18 week** referral to treatment times median wait was **7.08** weeks against a standard of 11.1 weeks for admitted patients
 - **18 week** referral to treatment times median wait was **5.51** weeks against a standard of 6.6 weeks for admitted patients
 - Patients waiting less than **six weeks** for a key **diagnostic** test or procedure were **99.10%** against a standard of 99%
 - Reported Clostridium Difficile cases 108 against a standard of 129 cases
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Atrial fibrillation

Every 15 seconds someone experiences a stroke as a consequence of having an irregular heart rhythm, known as atrial fibrillation (AF). The risk of this type of stroke can be significantly reduced by anti-coagulation treatment. The first step is to check for an irregular pulse and then confirm whether or not AF is present by performing an electrocardiogram. NICE have recently published updated guidelines on the diagnosis and treatment of [Atrial Fibrillation](#).

Somerset CCG is working in collaboration with APODI, GP Federations and local hospital clinicians to set up clinics in general practice to identify patients with AF and review their treatment. This has been effective in identifying people not adequately protected with anti coagulation treatment and will contribute to stroke prevention. Hospital clinicians have valued the insight and time spent working alongside colleagues in general practice at these clinics. A further project working with the AF Association, public health and industry to find undiagnosed atrial fibrillation is planned for Autumn 2014.

There are still a few opportunities to have a APODI AF clinic in GP surgeries at no cost to the practice. For further details please contact [Rachael Rowe](#)

Summary Care Record update

During May 2014, a landmark was achieved of 80% of the local population having a Summary Care Record (SCR). The SCR provides a summary of medications, allergies and adverse reactions from the patient's GP-held record, and can be accessed nationally by clinicians in other care settings, in particular, in urgent care (A&E and minor injury units). In Somerset, there are growing levels of engagement from healthcare teams in all of our local provider trusts in terms of requesting access to use the SCR, with successfully embedded use by hospital pharmacy teams for medication reconciliation, preoperative assessment clinics and medical assessment units. The SCR provides key data to improve the clinical safety of care, and improved outcomes and experience for patients.

The small number of general practices who have not yet created an SCR for their patients are engaged in discussion for this to be achieved during 2014/15. Where there are technical difficulties, we are working with GP clinical system suppliers and the national SCR team in the Health and Social Care Information Centre. The Somerset SCR Project Group, working through the CCG IM&T (Information Management and Technology) Strategy Group, is considering the future potential of the SCR to include additional information as planned in national developments, and to encourage the use of the current SCR for clinicians in the Out of Hours and 111 services. Work to inform Somerset residents about the creation of SCR is also underway, with engagement via patient participation groups, PPG chair network meetings and initial discussions with public health to link with school health initiatives.

For further information contact [Allison Nation](#)

Somerset GP support for 999 service

In June, the Somerset Clinical Operations Group (COG) received an evaluation report from South West Ambulance NHS Foundation Trust (SWASFT) for the above scheme, which was in place between January and March 2014. The aim of the pilot was to reduce the number of patients admitted to emergency departments and conveyance rates to hospitals, to maximise the possibility of care closer to home and to provide primary care support to paramedics, emergency care practitioners (ECPs) and other ambulance service staff. Two GPs and drivers were in place for nine hour shifts on Saturdays and Sundays, one car based at Yeovil and one at Taunton. The cars were equipped with GP equipment, an emergency response bag, airwave radio and Urgent Care Service drugs and prescriptions and were dispatched by the ambulance clinical hub to clinically appropriate incidents.

During the pilot, 207 hours of GP cover was provided, resulting in 71 face to face patient contacts. 73% of contacts received an impact over and above standard paramedic and ECP responses and 61% were not conveyed to hospital as a direct result of the GP input. The feedback from crews, patients and the GPs involved was overwhelmingly positive. The main benefits realised from the scheme can be summarised as follows:

- Reduced conveyance rates and reduced pressure on emergency departments
- Freed up ambulance resources
- Improved working relationships between primary care and the ambulance service
- Enhanced management support for palliative care patients
- Increased amount of care provided closer to home

The issues identified from the pilot included GP availability, consistent shift cover and effective utilisation of the GP by the clinical hub.

Following the discussion at COG, it has been agreed that the CCG will work with SWASFT to review the pilot data and consider how the scheme can be taken forward in a sustainable way, implementing lessons learnt from the pilot. For further information contact [Tanya Whittle](#)

Care home medicines waste

The medicines management team have been undertaking work to examine the amount of wasted medications returned to pharmacies, either requested in error, stopped by a clinician or any other reason. The volume of drugs returned was considerable, running into thousands of pounds per month. Guidance has been issued to care homes on:

- How to stop medicines being requested when the prescriber has stopped/changed them
- How long medicines last in a care home environment (with poster)

We would ask prescribers to ensure that medicines requests from care homes are scrutinised carefully before issue to avoid waste. It is also important that the care home initiates these requests on behalf of the patients and not the pharmacies.

For further information contact [Steve Moore](#)

‘Getset’ Go!

Somerset County Council is launching an exciting new approach to helping and supporting children, young people and families.

Working on the principle that a little help at the right time can make a big difference, [getset](#) is what they are starting to call the **Early Help Services**. It represents a new way of working with other agencies and it should be a big step forward in providing the right support when and where it is needed.

The highly-valued Children’s Centre Services for under-fives will continue. But under ‘getset’ the offer will gradually expand to encompass support for anyone aged under 19 or with children aged under 19. This will mean working more closely with health, schools, district councils, charities and other partners to provide a wider range of support more consistently across the county - driven by local need – coordinated under the name ‘getset’.

By the end of the month you’ll be able to find more information at www.getsetsomerset.org.uk and you’ll be hearing more about ‘getset’ as the Council talks to partners in more detail and encourages them to get involved. If you would like to discuss ‘getset’ further, please email getsetbusiness-support@somerset.gov.uk and someone will call you back.

Somerset ambulatory care group

Somerset CCG’s Clinical Operations Group has recently approved the establishment of a new project group to oversee the expansion of ambulatory care in community hospital settings. This group will have a wide membership spanning primary, community and acute care providers together with commissioners with a key role to identify the patient groups that can be appropriately transferred into a community hospital setting for planned ambulatory care. The project group will have the remit to develop appropriate clinical pathways and align resources to deliver this service.

GP membership for the group has, in part, transferred from the Bridgwater procurement project and we are actively looking for additional GPs from the South Somerset or CLIC Federation areas. If you are interested, please contact [Claire Higdon](#)

Tele-dermatology - Mendip Area

Frome Medical Centre previously provided a GP with special interests for the Mendip area and a replacement could not be sourced. The demand for dermatology has continued to increase and a proposal was put to the Somerset Clinical Operations Group (COG) to use this as an opportunity to pilot a tele-dermatology service. The proposed service delivery model includes all equipment and software requirements as well as training and education requirements for GPs, practice staff and secondary care consultants. The proposal presented to and approved by COG had been prepared following discussions between Care UK (Shepton Mallet Treatment Centre) and Somerset CCG.

The pilot will be based on services delivered below tariff and to be fully integrated, where possible and appropriate to do so, with primary and secondary care providers within the Mendip catchment area of Somerset. Funding is already available within the Care UK contract and dermatology is defined as one of the contracted services. If ultimately proved to be successful, the proposed service could be extended to cover the whole of Somerset. This would be considered as

part of the dermatology service review which is planned to start soon. If you wish to know more about the Mendip Tele-dermatology pilot for Mendip, please contact [Claire Higdon](#)

Child death reviews

Following a child death a multi-agency meeting is held locally and chaired by the relevant designated paediatrician (of which there are two in Somerset one in the east and west of the county). The meeting will include professionals from all the agencies who may have been involved in the child's life or as emergency teams following an unexpected death. It may be agreed at this meeting that immediate changes should be made within agencies, or further enquiries made.

Information will always be sought from the GP - even if it is a baby whose death is being reviewed, as the GP will hold relevant and often important family information. The designated paediatricians represent all local providers when meetings are held in the tertiary centres in cases where the majority of care has taken place there.

The final review of each child's death takes place when the information gathered from all agencies has been anonymised and is presented to the Child Death Overview Panel. This Panel is chaired by a Consultant in Public Health and recommendations may be made locally, regionally or nationally. Outcomes are audited by a review team and data is returned annually to the Department for Education.

For further information contact [Kate Gates](#), Child Death Review Manager, Somerset Local Safeguarding Children Board.

Choice in mental health care interim guidance

NHS England has [published interim guidance](#) for commissioners, GPs and providers to help them support patients to choose their mental health care. From 1 April 2014 patients with mental health conditions have had the same rights as physical health patients to choose where they have their first outpatient appointment. They are able to choose any clinically appropriate provider in England as long as a CCG or NHS England has a contract with them.

Workshops will be held across England as well as online webinars to help better understand the feedback. If you would like to attend or meet online or in person please email england.mentalhealthchoice@nhs.net. Comments should be sent to the same email address by 5pm Friday 15 August 2014.

Heatwave plan for England

This year's [Heatwave Plan](#) for England has been jointly released by Public Health England, the Department of Health, NHS England, the Local Government Association and other stakeholders. The aim of the plan is to raise both public and professional awareness of the health impacts of severe heat. The plan recommends a series of steps, to be taken throughout the year, to reduce the risks to health from heat.

Editor

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Contact Us

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