

Somerset Clinical Commissioning Group

Clinical Leadership to Improve Health

February 2014 - Newsletter Issue 29

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Editorial - There's something special happening in Somerset

Somerset has been in the news recently for some very unusual reasons. The most obvious and sadly continuing is the disastrous effects of the floods on the Somerset levels. The exceptional weather has wreaked havoc on homes, communities and farmers and tested the resilience of local services. No doubt long after the cameras and media have disappeared there will be months if not years of hard work to undertake helping to restore normality. Unfortunately some of the most damaging and long lasting effects will be to the mental health of the individuals affected. It is of some reassurance that Somerset Partnership Trust is already providing support proactively to those affected and no doubt GPs locally will be bracing themselves for the subsequent increase in patients attending with mental health problems.

The other special happening in Somerset is the unique opportunity Somerset GP practices have been given to develop a plan to deliver an alternative Quality and Outcomes Framework (QOF) for 2014/15. After intensive discussions between the CCG, Local Medical Committee and the Local Area Team an agreement was reached to allow Somerset practices to stop the box ticking exercise much of the QOF has become. In return, practices are working together to look at more effective ways to deliver sustainable quality care to their patients, in particular around frail elderly care, care of patients with multiple comorbidities, urgent care access, in addition to looking at new models of GP practice joint working and targeting specific areas of clinical work where there is evidence of need.

If successful this could have a major impact on sustainable quality primary care in Somerset and provide a boost to both flagging professional morale and also to future GP recruitment. But being the only CCG in the country to be given this degree of freedom has attracted national interest. Not all of the reactions have been positive as some GP leaders regard this move as weakening their future negotiating position with the Government. However, the vast majority see this as a much needed move to refocus work onto improving the quality of patient care and to reinvigorate GP professionalism and have wished Somerset every success. So no pressure there!

Dr Geoff Sharp - Editor

New CCG Chair and Governing Body GPs

At the Somerset CCG Governing Body meeting on 19 February, the interview panel's recommendation to appoint Dr Matthew Dolman as the new chair of the CCG was unanimously approved.

Dr Dolman has been the chair of the Clinical Operations Group (COG) and on 1 April 2014 he will take over from Dr David Rooke who retires on 31 March 2014.

Dr Dolman has successfully been through a national process of assessment for suitability as a senior leader and was interviewed by a panel (including the chair of the county Health and Wellbeing Board, Cllr Christine Lawrence and chair of the Local Medical Committee, Dr Sue Roberts). Congratulations and good luck Matthew!

After a process of nominations from the COG, the following will become the four GP members of the CCG Governing Body as from 1 April:

Dr Matthew Dolman (North Sedgemoor Federation, CCG Chair designate)
Dr Rosie Benneyworth (Taunton and Area Federation)
Dr Ian Phillips (South Somerset Healthcare Federation)
Dr Geoff Sharp (Central Mendip Federation)

The new chair of the COG will be selected at the forthcoming COG meeting on 5 March.

Making the Most of Community Services

This month, an interim report called 'Making the Most of Community Services' was presented at Somerset CCG's Governing body meeting.

The report was produced following the completion of the first part of the Making the Most of Community Services Review. This included an audit of community hospital beds across Somerset, a review of best practice in community health service provision across the UK and beyond, and an analysis of inpatient and outpatient activity in each of the 13 community hospitals in Somerset over a 12 month period.

Highlights from the bed audit, which was carried out by a small group of professionals including a GP, nurse, therapist and social worker, showed that in December last year when the audit took place only 74% (232) of the beds were in use, 23% of inpatients could have been more appropriately cared for at home, and 22% of patients could have been better supported in an alternative residential facility, as they did not require the level of nursing support available in a hospital setting.

In addition, a vision and modelling workshop took place in January, with participants from commissioner, acute and community providers, primary care, adult social care and patient group representatives.

The CCG Governing Body supported the report which concluded Stage one of the review and approved the next two stages moving towards development of an improved community health service model for Somerset:

- Stage two will be to undertake further detailed work to understand what services will need to be commissioned in the future to provide patients with the best possible care and support in the community. This would be done in collaboration with patients, carers, NHS staff and partner organisations and the public.
- Stage three will be for Somerset CCG to commission providers to start delivering the agreed service model and its component home and community health services.

Work on the second stage is expected to take place over the next year.

Copies of the Somerset CCG interim report 'Making the Most of Community Services' can [viewed or downloaded from the CCG website](#) together with supporting reports and analysis.

For further information please contact: [Ann Anderson](#)

Bridgwater Hospital Update

Since the Somerset CCG Governing Body approved the release of the invitation to negotiate (ITN) documents last October, the moderator group and members of the CCG for elective orthopaedic services have individually evaluated all of the submitted bids, participated in the bidder presentation days and agreed the moderated scores. The submissions and moderated scores were then discussed at the project board.

On 19 February 2014 the CCG Governing Body endorsed the project board's recommendation to proceed with three providers to the final stage of procurement for orthopaedic services.

The moderator group has met to develop the final ITN stage documents, ITN questions, selection criteria and weighting. This will then be debated and a recommendation will be made by the project board to the Governing Body in March.

Hospital

The main building was handed to Somerset Partnership during February 2014. The construction works continue to run to schedule and within budget.

Plans for the public information campaign are underway, ensuring patient and local community awareness. Somerset Partnership has developed two new designs that will be used for leaflets and signs to advertise the closing of the old site, opening of the new site and when services will be changing.

Outline timeline for opening

February - April 2014

Equipment deliveries and installation, staff training

5 April 2014

Public Open Day – date for the diary

28 April 2014

Staff and services (outpatients, therapies, MIU, x-ray and inpatients) transfer to new site during this week. More details will follow.

It is anticipated that the new endoscopy unit building will be handed to Somerset Partnership in April 2014.

If you require any further information, or would like to get involved, then please contact [Helena Fuller](#), Project Director.



Changes to Community Based COPD Services

The contractual arrangements that are in place with BUPA Home Healthcare for the delivery of chronic obstructive pulmonary disease (COPD) related community services end on 30 September 2014. The Somerset CCG has therefore been reviewing current service provision and in the process has taken into consideration recent changes to best practice and guidance, local needs as well as feedback from a range of stakeholders.

This new model, supported by Somerset's Clinical Operations Group, will be broadly based on the following national service specifications:

- spirometry and assessment
- post exacerbation / post-discharge support
- pulmonary rehabilitation*
- oxygen assessment and review*

*Somerset CCG's Governing Body has agreed to go out to procurement for pulmonary rehabilitation and oxygen assessment / review services. This notice has been posted on the Supply2Health website. There has been positive interest from potential bidders in response and the deadline for expressions of interest has passed.

It is anticipated that as a result of these service changes, Somerset patients will see a significant expansion in the delivery and range of pulmonary rehabilitation and also experience an increase in delivery of care in community settings across both oxygen assessment and pulmonary rehabilitation services.

Further discussions are on-going within the COPD project board and with local providers for developing services for spirometry and assessment and post exacerbation / post-discharge support, neither of which will be going through a procurement exercise. It is intended that all four service areas will be in place by 1 October 2014.

For more information, please contact the Chair of the COPD Project Board, [Dr Steve Holmes](#) or the Project Director, [Ann Anderson](#).

Somerset Information Governance Summit

On 25 November 2013 Somerset CCG hosted a Somerset Information Governance Summit in Taunton for the Somerset health community and local authority. The purpose of the event was to provide a forum for Caldicott Guardians, Senior Information Risk Owners (SIRO), Information Governance and Information Technology leads in Somerset, to discuss how we move forward with supporting patient centric care and addressing governance issues. The aim was to

allow the multiple streams of discussions, particularly around long term conditions, information sharing and interoperability to be addressed as a community, and enable us to move forward with a shared vision.

The event included presentations from the Health and Social Care Information Centre, NHS England and South West Commissioning Support. The presenters outlined the national governance in place, a review currently underway of the Somerset Information Sharing Protocol, and the need to consider and identify when and where patient information can be shared for the benefit of direct patient care. Following this, organisations were asked to explore the current challenges and limitations in the flow of information for patient care in relation to a number of specific case studies.

The main outcome of the event was the general agreement and recognition by all the organisations in attendance of the need for sharing information for patient care. In support of this, a number of streams of focus were identified for further work and the Health and Social Care Information Centre and NHS England representatives have agreed to continue to support this work in Somerset.

Since the event, members of the IM&T Strategy Group agreed for the establishment of a Summit Network, with the first meeting held in February 2014, facilitated by the CCG, with involvement by all organisations in the Somerset community. The task of this group is to consider the summit outcomes and how we develop a coordinated IM&T programme across the community.

For further information please contact: [Allison Nation](#)

Equality Delivery System Conference



The NHS in Somerset is committed to building and delivering services that are more equal, where every individual has the opportunity to achieve their potential and where people treat each other with dignity and respect. It's for these reasons that, in collaboration with its partners (Somerset County Council and the Somerset Equality Officers Group) NHS organisations across the county came together to hold a conference on 15 January 2014, at Lyngford House, Taunton to explore a range of issues that matter most to our service users across all communities.

The aim of the event was to tap into the valuable experience of the delegates taking part, helping strengthen working relationships and explore a range of themes around equality and diversity – particularly on the subjects of quality, dignity, respect, transparency, accountability and fairness across the range of services we provide.

The focus of this year's conference was 'Information and Communication' and a [copy of the conference report](#) is now available on the CCG website. See also the [latest newsletter](#) from the Somerset Equality Delivery System cluster group.

For further information please contact: [Helen Weldon](#)

Care.data - data collection postponed

Following widespread concerns from patients, GPs and others, NHS England has decided to extend the care.data public awareness campaign. They plan to start collecting data from GP surgeries in the autumn instead of the spring to allow more time to build understanding of the benefits of using the information, what safeguards are in place, and how people can object if they choose to. They plan to work with patients and professional groups to develop additional practical steps to promote awareness, and will be looking into further measures that could be taken to build public confidence, in particular steps relating to scrutiny of ways in which the information will be used to benefit NHS patients. [Further information on care.data](#) can be found on the CCG website.

£10m Boost to South West Health Research

The National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care, South West Peninsula (NIHR CLAHRC SWP) is to begin its next five year phase this month. This will see the partnership between the two universities (Exeter and Plymouth) and the NHS, now including the NHS in Somerset as well as Devon and Cornwall, continue work for another five years.

The £10m partnership supports projects which have a significant impact on patient care and the way in which services are delivered. The next phase of research will focus on five main themes: mental health and dementia; diagnostics and stratified medicine (where treatments are 'individualised' to the needs of patients); healthy people, healthy environments; person-centred care; and evidence for policy and practice. For more information [visit the PenCLAHRC website](#).

Learning Disabilities - Dementia Toolkit

The number of adults with a learning disability who have a type of dementia is growing and the challenge for carers and professionals is providing continuous assessment and support. A [one-day conference on Thursday 20 March](#) in Highbridge will provide an opportunity to access current information and best practice from a range of professionals working in this field, ensuring effective ongoing support is provided. Guest speaker Julie Vance from the Alzheimer's Society will be joined by a multi-disciplinary team from Somerset Partnership NHS Foundation Trust. For further information or to book a place please email learningcurve@sompar.nhs.uk or phone 01278 720201.

NICE's Vision for Enhanced BNF

NICE wants to hear the views of health and social care practitioners involved in prescribing or medicine handling on proposals to enhance the information and support currently offered by the British National Formulary (BNF) publications. The consultation document sets out plans for a service that integrates the best available evidence and gives easy access to healthcare professionals working with medicines to meet the needs of their patients. The aim of the consultation is to ensure that NICE's vision for an enhanced BNF reflects the requirements and needs of users. Further information is on the [NICE website](#) and the consultation runs until 31 March 2014.

Editor

Dr Geoff Sharp
E-mail:
geoff.sharp@somersetccg.nhs.uk

Contact Us

Please send feedback on this newsletter to:
enquiries@somersetccg.nhs.uk