

Somerset Clinical Commissioning Group

Clinical Leadership to Improve Health

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Editorial - Primary Care remains the Foundation for the NHS

Last month's newsletter included a short article on the [Five Year Forward View](#) written by NHS England's Chief Executive, Simon Stevens, which was published just a few days before the newsletter was circulated. In the speed to communicate up to date and relevant information, sometimes the importance of the message can be understated. So apologies for covering this again, but this easily read, jargon free, document is an important read for those who want to know what the future shape of the NHS is expected to look like.

It reaffirms that list-based primary care will remain the foundation of NHS care but it also recognises the severe strain that primary care is currently under and the need to both invest more in primary care, quickly increase the number of GPs in training and, over time, give CCGs more control over the wider NHS budget to enable a shift in investment from acute to primary and community services.

It has always been a popular call in many previous NHS plans to give more attention upstream on ill health prevention and the paper boldly talks about a 'radical upgrade in prevention and Public Health' – Sir Derek Wanless would of course approve, but also be disappointed his reported warnings of 12 years ago for more action on prevention still have not been heeded. So much of the current ill health burden of today is a direct consequence of this ongoing neglect.

The paper contains well rehearsed lines on the future challenges faced by the NHS and the expected funding deficit of £30 billion in 2020. This figure crops up a handful of times in the paper, but apart from that, there are hardly any other references to specific monetary figures. But nevertheless the paper has helped trigger the welcome announcement of an additional £2bn for the NHS next year.

What does catch the eye is not just the recognition of the need to break down the traditional divide between primary care, community services and hospitals (which for anybody who has worked in the health or care services will agree has become so much of a barrier to effective coordinated care for patients) but also the description of some of the model solutions. Two of these model solutions strongly reflect the approach of local test and learn pilot proposals.

Top of the list is a description of a new model proposed of collaborating GP practices ('Multispecialist Community Providers') employing specialists and other skilled staff with more outpatient care provided in the community, possibly running community hospitals and even taking on budgets for local health care.

A second option describes a variant of integrated care by allowing single organisations to provide list-based GP, hospital, mental health and community services ('Primary and Acute Care Systems'). Challenging, but stimulating stuff.

However, what is also striking is the document talks a lot about prevention,

patient empowerment, engaging communities, increased collaboration, new coordinated care models for people with multiple long term conditions and you can't help feeling you have read this somewhere before. Well, in fact you have, in [Somerset CCG's five year strategy](#).

Dr Geoff Sharp - Editor

New Management Structure for CCG

Earlier this year, the CCG undertook a review of its management structure and organisational effectiveness. The review included a 360 degree stakeholder survey, staff briefings, workshops, focus groups and suggestion boxes, and a survey of Clinical Operation Group members.

The purpose of the review and restructuring was: to ensure that we are able to deliver the priorities in our five year strategy and two year operating plan; to help us plan to make the 10% saving in running costs from 1 April 2015 that all CCGs (and for NHS England 15%) are required to deliver; and to learn from our experience in the first year of the CCG.

Following the review, the CCG's four directorate model was changed, and all functions realigned to three directorates. A new organisational structure was published and all changes became effective on 1 December 2014. A substantial reduction has been negotiated in the contract with South West Commissioning Support.

The [new organisational structure](#) is available on the CCG website, along with GP and directorate workstream leads and contract leads for local NHS provider trusts.

Making the Most of Community Services

Somerset CCG considered [the next phase of planning](#) for the future development of local community health services at its Governing Body Meeting on Wednesday 19 November 2014.

Members of the CCG's Governing Body were asked to support a model of service which aims to place the emphasis upon preventing unnecessary admission to hospital, particularly for the county's frail elderly and people with long-term conditions, through providing more care and support in their own homes.

Over the next five years the strategy also advocates developing a new service model for the county's 13 community hospitals. The review recommends that this includes:

- 'Step up' community hospital beds - providing care to people admitted from home and who require 24 hour nursing care with medical review or medical treatment.
- 'Step down' community hospital beds - providing care for people who have been discharged from a district hospital but who still need hospital based rehabilitation and nursing care.
- 'Health and wellbeing' centres* where a community hospital offers a wider range of clinics and services but would not have inpatient beds.

The CCG's community service review does not state which community hospitals

might eventually adopt these models of services, but suggests that only a few of the existing community hospitals would have step-up beds with the majority of hospitals continuing to have step-down beds. Health and wellbeing services should be available at all community hospital sites, but a small number of sites may in the future focus on the delivery of health and wellbeing services but without having inpatient beds. The CCG will be discussing the implementation of this review with local stakeholders over the next six months.

Informing this model was an [audit of community hospital beds](#) conducted by Somerset CCG in December 2013 which found just under a quarter (23%) of the county's 312 community hospital beds were being occupied at that time by patients who could have been cared for at home; only 74% (232) of the beds were in use at that time 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 from a community hospital.

The CCG is developing community services which aim support and care for patients in their own homes which will reduce demand upon inpatient beds. For example, in Mendip a pilot scheme is already operating which supports patients who have been in a district hospital following a stroke and have their ongoing rehabilitation at home.

Next steps

Members of the CCG's Governing Body approved the second phase of the "Making the Most of Community Services" review.

It was also recommended to use the recently established Local Implementation Groups (LIGs) to consider how the proposed service model could be implemented most effectively within their areas. This work will be carried out between December 2014 and July 2015.

A Business Case and Implementation Plan will be prepared and presented to CCG's Governing Body following the outcome of the next stage.

Patients, carers and the public will be formerly consulted on the proposals from July 2015 to October 2015, with a final recommendation taken to CCG's Governing Body by November 2015.

* Not to be confused with the Shepton Mallet Health Campus which has provision for inpatient beds

Primary Care Collaboration Fund

The CCG's Clinical Operations Group recently reviewed proposals received from Federations about the use of the Primary Care Collaboration Fund. All the schemes were considered to meet the key criteria in that they supported primary care and were designed to reduce avoidable admissions to hospital for frail elderly patients or those with complex long term conditions. The schemes were supported in principle and CCG managers will work with Federations around their implementation.

South Somerset Healthcare Federation

This scheme will involve Yeovil District Hospital and South Somerset practices establishing a multidisciplinary hub (Symphony hub) supporting patients with three or more long term conditions and involving GPs and doctors from the hospital working side by side.

Taunton Deane Federation of General Practices

This scheme will help initiate parts of the Taunton Federation's vision to have four Symphony-like hubs across Taunton providing multidisciplinary support for patients with complex long term conditions. Specifically the scheme will fund practice nurses who are skilled in the management of long term conditions to work within the hubs and support patients from a number of practices. It will also involve the use of staff who will work in new Care Coordination roles and support patients in developing aspects of the personalised care plan.

Mendip Federations (West, Central and East)

Following a successful pilot, this scheme will extend the Patient Peer Support Coordinator role currently available in East Mendip to the rest of Mendip. The main aim of the scheme is to provide support for patients to gain the knowledge, skills and confidence to self-manage their long term conditions and connect with other local patient and support groups. All staff will be hosted by Frome Medical Practice on behalf of all three Mendip Federations.

North Sedgemoor Federation

Similar to the Mendip Scheme, this scheme will fund staff to support patients in having confidence to manage their long term conditions. The intention is for these staff to be employed by a third sector organisation working in partnership with local practices. The scheme also allocates a small transport budget to provide some support for patients who have no other means to attend local support groups and connect with others.

West Somerset Federation

This scheme seeks to have elderly care consultants or specialist registrars working directly within local practices and working collaboratively with local GPs in planning and providing care for frail elderly patients with complex needs.

Bridgwater Bay Health Federation

This scheme seeks to test out integrated working between practice and community nurses involving some community nurses working within local practices and some practice nurses providing care for some patients at home.

Crewkerne, Chard and Ilminster Federation

This scheme involves proposals to fund dedicated time from pharmacists to work with patients who have complex needs on discharge from hospital, checking their medications and ensuring that they fully understand how the medications need to be taken, how to avoid adverse reactions and related issues. The scheme also seeks to test the use of Emergency Care Practitioners to attend urgent home visits.

For further information contact [Andy Hill](#)

Foundation Trust Status for the RUH Bath

The CCG would like to congratulate the RUH Bath which was formally authorised as a Foundation Trust from 1st November 2014. To reflect this, the hospital's title has changed to the **Royal United Hospitals Bath NHS Foundation Trust**.

The RUH is the first Trust to be authorised since the publication of the Francis Report and since the implementation of the new CQC inspection regime. The RUH Chief Executive James Scott said:

"This is a momentous day for our hospital, our patients and the community we serve. Achieving NHS Foundation Trust status is recognition of the high quality

services and safe care that the hospital provides and the dedication its staff give 24 hours a day, 365 days a year. It is also a demonstration of our commitment to the future of the hospital and to providing services that reflect the needs of the local community.”

As a Foundation Trust, the RUH will have more freedom and greater flexibility to plan and develop services around the needs of local people, through its Council of Governors and also through engagement with GP and community colleagues. Teams at the RUH are already working closely with Mendip Federations to develop new models of care for patients that enable greater self-management, improve coordination of care and enhance care provision across the whole patient journey – supporting delivery of a shared ambition to transform services for patients across Somerset.

Further information on what this means for patients and the communities served by the RUH is available [on the RUH website](#)

Monitor investigations

Monitor (the regulator of Foundation Trusts) has announced investigations into Taunton and Somerset NHS Foundation Trust in respect of the 18 week Referral to Treatment Standard and Yeovil District Hospital NHS Foundation Trust in respect of their financial position. Both investigations are expected to last about three months and the Somerset CCG is fully co-operating with Monitor and both Foundation Trusts to ensure that the reviews consider the wider challenges within the Somerset health community.

Nursing Times Patient Safety Award

Congratulations to Yeovil District Hospital NHS Foundation Trust’s nursing teams who were successful in winning the Nursing Times Patient Safety award this month for their approach to implementing the Safety Thermometer as a peer review and improvement project for nursing teams.

Each month all NHS providers are required to undertake an audit of all patients in hospital and community settings to review each patient and identify whether they have sustained harm as a result of healthcare in the form of a pressure ulcer, fall, VTE incident or catheter associated infection. This audit is undertaken on the same day each month by all Trusts in order to measure improvements in providing harm free care. Yeovil Hospital’s nursing teams decided that when they undertook the Safety Thermometer as an audit each month, they would collate all the results in real time by using iPads for inputting on each ward so that the ward sisters could come together at lunchtime and share their results. In this way each ward sister can share what has been happening on their ward each month in terms of the complexity of the patients and staffing, for example, and share their successes in harm free care and support each other to improve by sharing examples of what has worked in each area.

This is a great example of how to use peer support and benchmarking for improvement in care and treatment for patients. Well done to Yeovil Hospital’s nursing teams for their commitment and team approach to improving safe care for patients.

Learning from Clinical Incidents - a snapshot view

Somerset CCG has an important role in ensuring patients receive apologies, explanations and answers when things go wrong with their care and treatment.

A key role for the CCG patient safety team is to make sure that NHS providers investigate serious incidents where harm has occurred to patients and that lessons learned are shared, and improvements made to care, treatment and service delivery across the health and care community. The CCG patient safety team attend serious incident review meetings with providers and also produce the Somerset CCG SafetyNet newsletter, which provides case studies for sharing learning across Somerset. The next edition will be published in December.

The CCG holds a unique perspective in being able to identify issues which emerge as a result of reviewing incidents and complaints which involve a range of services and providers. We are also able to facilitate collaboration for issues shared by all health organisations.

Issues to highlight which are currently 'hot topics':

1. Primary Care: GP practices administrative processing errors

We have had a recent spate of incidents which relate to 'processing errors' where the wrong patient information has mistakenly been attached to letters, orders and prescriptions, presenting both clinical risks and inappropriate disclosure of confidential information for patients. In some cases the error had been discovered before the mistake reached the patient, but not all. For example a patient was prescribed a medicine intended for another member of their family registered at the same GP practice, and in another case for a patient with a similar name living at the same care home address.

2. Hospital and community nursing care: Learning from pressure ulcer root cause investigations

Findings from several recent pressure ulcer investigation alerts to the need to remember the prolonged mechanical loading pressure created by equipment such as facemasks and nasal cannulae on the bridge of the nose and behind the ears. In the community, and in hospital to some extent, we continue to see challenges to encourage and remind patients with reduced mobility to move their position frequently to relieve pressure.

You can [print pressure ulcer leaflets](#) from the CCG website, or view a [summary of the updated NICE guidelines](#) (CG179) published on April 2014 on the CCG NICE Bites page. If you have five minutes to spare you may like to watch this video: <http://vimeo.com/110944990>

If you have ideas or learning you wish to share about improving Patient Safety do get in touch: Karen.taylor@somersetccg.nhs.uk

Sign up to Safety - Listen, Learn, Act

Sign up to Safety is designed to help realise the ambition of making the NHS the safest healthcare system in the world by creating a system devoted to continuous learning and improvement. This ambition is bigger than any individual or organisation and achieving it requires us all to unite behind this common purpose. We need to give patients confidence that we are doing all we can to ensure that the care they receive will be safe and effective at all times.

Organisations operating in Somerset who have submitted pledges, so far:

- Care UK
- Somerset CCG
- Somerset Partnership NHS Foundation NHS Foundation Trust
- Taunton and Somerset NHS Foundation Trust

- Yeovil District Hospital NHS Trust

Everyone involved in caring for patients can make a difference. By harnessing the talent and enthusiasm across the health and care system, together we can make enduring changes to improve safety, halve avoidable harm and most importantly make a positive difference to the people we care for.



- ✓ Visit the [website](#) to find out more
- ✓ Spread the Somerset Sign Up to Safety community
- ✓ Sign Up to Safety by committing to the five pledges

Pilot Tele-Dermatology Service

At the beginning of November, Care UK began offering a tele-dermatology service working with a sub-contractor, KYSOS Telemedical Centre. The service will run initially for a pilot period of six months, to April 2015.

The service utilises a web-based portal and enables GPs to send a patient referral electronically along with a digital picture of the patient's skin condition. The referral information will be picked up by a consultant dermatologist who will provide the GP with advice and guidance within three working days.

One objective of the service is to manage the flow of referrals into secondary care providers and reduce waiting times. The pilot, if successful, will enable a large number of patients to have their skin conditions treated without having to travel further afield than their GP practice.

Initial feedback has been positive. When one patient was contacted with a treatment plan a few days after their initial GP consultation they commented, "Fantastic, a great service, so speedy!".

For further information contact [Claire Higdon](#)

New Palliative Care Team for Somerset

A new consultant-led palliative medicine service has been introduced in Somerset. A team of four Consultants and an Associate Specialist are now employed by Somerset Partnership NHS Foundation Trust to provide enhanced support to primary care alongside clinical roles at St Margaret's Hospice, Yeovil District Hospital and Musgrove Park Hospital, Taunton.

The new service is focused on the St Margaret's Hospice footprint. Specialist palliative care will continue to be provided from Dorothy House and Weston Hospice Care in parts of Mendip and North Sedgemoor. The aim of the service is to empower patients earlier in their journey and care for them in the place of their choice. This will require an earlier recognition of patients with life shortening illnesses, earlier access to palliative services and a much greater community based emphasis on delivering palliative care services. Educating and supporting other health professionals in areas such as symptom control and end of life care, will be a central part of the team's role.

All referrals should be made to the Central Referral Centre (CRC) number: 0845 070 8910 which will also be the contact for advice on patients with specialist palliative needs and is available 24 hours every day.

If you would like to contact a member of the consultant team to arrange educational or operational meetings with your practice please contact the team secretary [Rachael Cook](#) via email or telephone 01278 410 046.

Practice Nurse Workforce Development Project

Following a successful bid for funding, Somerset CCG is working in partnership with Health Education England and the Somerset Local Medical Committee on the Practice Nurse Workforce Development Project. This project will support the development of a practice nurse workforce that delivers high quality care for patients with increasingly complex needs.

A [workforce and training survey](#) is currently open to all practice nurses to complete to contribute to the scoping of future education and training requirements. This will inform the development of a Workforce Plan, including establishing Advanced Practitioner roles and a Practice Nurse Career Development Framework. The information collected will also help in developing the project and establish what training needs there are and how they could be delivered.

If you would like to be involved in this project, please contact [Pauline MacCormick](#), Project Manager.

Somerset Contraceptive and Sexual Health Services Consultation

During this summer, Somerset County Council asked the public and practitioners in the county about their views on the future design of sexual health and contraceptive services. The next stage is to look at remodelling services based on that feedback along with current evidence of best practice. These services will be in addition to those currently provided in GP surgeries and many pharmacies.

We would very much like your views on some specific questions relating to how the future service might look. Please feel free to share the links for both the [public](#) and [professional](#) questionnaires amongst your networks. The closing date for this consultation is Thursday 8 January 2015.

For further information please contact [Michelle Hawkes](#) or telephone 01823 357236.

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Contact Us

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