

Somerset Clinical Commissioning Group

Clinical Leadership to Improve Health

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Editorial - Good End of Life Care is a Priority

Almost overshadowed by the aftermath of the UK General Election was a hard hitting report from the Parliamentary & Health Service Ombudsman entitled 'Dying Without Dignity'. The report provided examples of patient care as they approached the end of their life which could only be described as appalling by anybody's standards. It highlighted the need for improvements in communication with families, coordination of care, out-of-hours services and also symptom control.

This report should serve as a reminder for both commissioners and providers of healthcare to critically examine the quality of local services. In Somerset, palliative care and end of life care has been a priority issue for a number of years and we should be proud of the quality of many of the services we have. But inevitably mistakes are made and the experiences of patients and their carers could have been better. It is the one area in healthcare where there is only one opportunity to get it right for the patient and it should be the responsibility of everybody involved in end of life care to ensure they deliver the best care possible.

One issue that makes service improvement challenging is the difficulty in measuring the quality of the care provided. Clearly it is inappropriate to ask the patient to complete questionnaires and the focus is put on asking carers and relatives about their views. This is similarly difficult as in the emotional turmoil of the occasion - which can last for a long time - collection of information is not easy and not always reliable with opinion changing with time. For most clinicians it is clear what good and bad care looks like and every death should be a learning opportunity to look that all was done to meet and exceed the basics as outlined in the Ombudsman report.

One area where measurement is easier is that of the patient's preferred place of death. It is known historically patients' wishes as to where they choose to die have often not been met with many more people dying in hospital than wished to do so. Attention on this important issue, both nationally and locally, has led to a progressive and welcome reduction in deaths in hospital in recent years. Somerset is now one of the few CCGs where more than 50% of people die in their usual place of residence. Behind this has been a drive to encourage clinicians to have the important, and often difficult, conversations with patients before they reach their final days. This is against a background where society still regards the topic of death as taboo and discussion often avoided.

In Somerset we have been engaged with palliative care service improvement through a variety of initiatives, for example, the MacMillan Gold Standards programme and development of the electronic Palliative Care Coordination system (ePaCCS). We also have many highly committed clinicians working in palliative care and the first class leadership of Dr.Chris Absolon, Somerset CCG's Palliative Care Lead. The latest update of the

'Planning Ahead' document for patients and their carers is another example of local commitment to improve care for patients at the end of their lives and to ensure the messages of the Ombudsman's report are embedded in everyday care.

Dr Geoff Sharp - Editor

New JSNA for Somerset

The new [Joint Strategic Needs Assessment \(JSNA\) 'Somerset: our County 2014/15'](#) has been published. The summary gives an overview of the strategic health, wellbeing and social needs of Somerset people and has a particular focus on our rural communities. It's an important issue for Somerset as 48% of our population live in areas classed as rural.

We asked: what is it like to live in the countryside, what are the things that make it a good place to be and what are the concerns and difficulties people living rurally have? Whilst most people really liked the countryside, rural dwellers have specific issues around social isolation, access to services (such as health and education) because of distance and access to accommodation because of high house prices. We learned much from listening to young people in rural focus groups who highlighted the difficulties they face with access to digital technology, employment and housing.

For more information contact Pip Tucker, Public Health Specialist, pztucker@somerset.gov.uk or Jo Purvis, JSNA Project Manager, JPurvis@somerset.gov.uk

National Review of Asthma Deaths (NRAD)

The National Review of Asthma Deaths (NRAD) was published in 2014 and was the first national investigation into deaths from asthma in UK. The study analysed 195 deaths from asthma from February 2012 – January 2013. Key findings included:

- 43% not reviewed by GP practice in last year
- 23% had Personal Asthma Action Plans
- 46% had factors that could have avoided death

The Respiratory Programme Group has developed an action plan to deliver the NRAD recommendations in Somerset. Recommendations for primary care include:

1. Every practice should have a named lead clinician for asthma services (responsible for acute and routine care) – and review all asthma deaths in area
2. Patients must be referred to specialist service if more than two courses of systemic corticosteroids in last 12 months or require BTS Step 4 or 5 therapy (or if attend A&E or if admitted)
3. All patients should have a personal asthma action plan (PAAP)
4. Structured reviews should be undertaken by people with specialist training in asthma (at least annually)
5. Education is important for parents and children and those who teach them

In addition a small team from the Respiratory Programme Group will be reviewing all deaths from asthma and critical care admissions to establish what can be learned and avoided in future. This is being done within a structured, supportive and no blame context. To ensure your practice and federation is kept up to date with respiratory developments, please forward the name and contact details of your lead clinician for asthma to [Rachael Rowe](#)

Atrial Fibrillation (APODI) Project

In 2014 Somerset CCG worked in partnership with an independent company (APODI), sponsored by Bayer, to improve optimisation of anticoagulation in people with atrial fibrillation. (AF). People with AF who are not anti-coagulated are at increased risk of having a stroke. NICE recently published guidelines on AF and anti-platelet therapy is no longer recommended in the management of these patients.

Patients currently diagnosed with AF were selected for review of their anti-coagulation. A total of 4999 patients were invited across 31 practices to specialist clinics held in the GP practice. 2190 patients (43%) attended the 53 AF integrated clinics. The patients were seen by a consultant cardiologist or consultant nurse and also received an educational update on AF. A recommendation was made to the patient and the GP on the medication to be prescribed or stopped.

Outcomes	% patients on anti-coagulant before Clinic intervention	% patients recommended anti-coagulant after Clinic intervention
53 clinics	73%	88%
Patient therapy	Before Clinic	After Clinic (recommended)
Number of patients on no anticoagulation therapy	169	125
Number of patients on antiplatelet therapy only	402	121
Number of patients on warfarin (+antiplatelet)	1099	1127
Number of patients on non-warfarin anticoagulation	520	817

The clinics were evaluated and were appreciated by both clinicians and patients. Patients fed back they valued the time to talk about their condition with a specialist in an unhurried way. Some were aware they had an irregular pulse but were unaware it could cause a stroke.

For further information and the full presentation on the APODI project contact [Rachael Rowe](#)

Books on Prescription Scheme for People with Dementia and Somerset Dementia Collection

GPs and health professionals can now prescribe books for those with dementia and their families thanks to a new 'Books on Prescription for Dementia' scheme launched in Somerset.

The 25 titles in the scheme, which is a national initiative, have all been recommended by experts and tested by people with experience of dementia and include books providing information and advice, living well with dementia, support for relatives and carers, personal stories and books for children. These books join the existing 'Somerset Dementia Collection' set up by Public Health in 2013, bringing the total of both collections to over 40 books. The collections are on display at libraries in Bridgwater, Frome, Minehead, Taunton and Yeovil.

'Prescription' forms for either scheme are available on Navigator in the Dementia section under Forms, and the patient then takes the completed form to their local library. Hard copies of the 'prescription' forms are available if required. As well as GPs, other support organisations can prescribe titles and the public can also take books out without being prescribed one. Books can be ordered free of charge at any Somerset library or via www.librarieswest.org.uk and the book loan is an extended period of six weeks. All libraries hold the [Books on Prescription for Dementia booklist](#) and the [Somerset Dementia Collection booklist](#).

For further information contact Carolyn Arscott from Public Health, Somerset County Council on 01823 357251 or email carscott@somerset.gov.uk

Care.data - Update

NHS England and Somerset CCG are working together as a Pathfinder area, and preparing information on care.data for our GP practices in Somerset. We are together developing a Practice Toolkit that will ensure practice staff, and patient representatives, will understand the purpose of care.data and are ready for any enquiries or questions that might arise. A national Patient Information Line is already available to answer queries on 0300 456 3531.

Somerset CCG expects the care.data patient letters (explaining the purpose of the pilot), information leaflet and 'opt out' letters to be sent out in early Autumn 2015. The content and format of these materials have been co-produced by a Somerset Reference Group consisting of patient representatives, GPs, practice staff and CCG project team, working with the NHS England programme team.

Two to three weeks before the patient letters will be sent out, Somerset CCG will be working with the local press and media to alert the general public and remind them to look out for a letter through the post, read it and do nothing if they are happy to have their GP coded data gathered by the NHS Health and Social Care Information Centre (HSCIC).

One of the benefits of the Somerset involvement in the pilot scheme will be the ability to work with the national team to review the three months of coded data that will be extracted from each medical record by the HSCIC. This will help us to understand how the data will support our understanding of the local needs of our population and in commissioning local services.

The national Programme Team have advised that no data will be extracted until national evaluation is undertaken and reviewed by Dame Fiona Caldicott, the National Data Guardian.

The national survey company Ipsos MORI will be doing a survey of a sample of patients in Somerset to see if they have heard of the care.data pilot, received the patient information and understood about their right to 'opt out' if they wish.

The patient literature, posters and leaflets will also be evaluated by NHS England's marketing team to see what design and text was most effective and clearly understood by the public. NHS England expects to learn from the care.data pilot areas and incorporate this learning into a national roll out of the care.data programme at a date in the future.

We are aware that there is ongoing national interest in how this Pathfinder phase is progressing, and questions for the national team on process, security and confidentiality continue to be raised through national media. The Somerset Project Team continue to work with practices, patient representatives, LMC, HealthWatch and other local stakeholders, to ensure progress is shared, and further updates are planned for the coming weeks.

For more information on local progress, contact [Allison Nation](#)

Somerset Choices Website - Update

Somerset Choices Website, led by Somerset County Council, will provide a central point of access to information, advice and a wide range of services and support groups from the private, public, community and voluntary sectors within Somerset. Work is progressing well and the site will go live shortly. Somerset County Council is encouraging a wide range of providers of different services to register on the site to make it a really useful tool for customers and professionals.

If you run a local group or a care or support service and would like to register, find out more by visiting www.somerset.gov.uk/adult-social-care/somerset-choices/

The website will also have a calendar detailing local events that are taking place. If you have an event that you would like to display on the website then please email the details to infoandadvicewebsite@somerset.gov.uk

Members of the project team have had a stand in libraries across the county from 10.00am – 3.00pm on the dates below to give providers the opportunity to learn more and receive any necessary support to help them register. There is no need to register your attendance, just turn up.

- **Cheddar Library** – Friday 5 June 2015
Union Street Cheddar, BS27 3NB
Stand available between 10.00am – 1.00pm
- **Bridgwater Library** – Monday 8 June 2015
Binford Place, Bridgwater TA6 3LF
- **Yeovil Library** – Wednesday 10 June 2015
King George Street, Yeovil BA20 1PZ
- **Taunton Library** – Friday 12 June 2015
Paul Street, Taunton, Somerset TA1 3XZ

- **Glastonbury Library** – Tuesday 16 June
1 Orchard Court, The Archers Way, Glastonbury, BA6 9JB
- **Minehead Library** – Thursday 18 June 2015
Library/Bancks St, Minehead TA24 5DJ

Once the website is live it will be promoted to the public at events in town centres, in newspapers, by radio advertising, on posters and leaflet displays and through targeted advertising to specific groups.

For more information contact [Emma Dunford](#)

NHS e-Referral Service

On 15 June 2015 a [new NHS e-Referral service](#) was launched to replace the current [Choose and Book](#) service. It is being developed using feedback from patients and NHS professionals and will use enhanced technology to deliver even greater benefits. The new electronic referral service will improve the quality of the referral experience for patients, create a more patient-centred service, supporting the drive towards a paperless NHS by 2018.

Heatwave Plan 2015

The [2015 Heatwave Plan for England](#) was published on 20 May 2015, and the Met Office will issue Heatwave Alerts from 1 June to 15 September 2015. The Heatwave plan remains a central part of the Department of Health's support to the NHS, social care and local authorities, providing guidance on how to prepare for and respond to a heatwave which can affect everybody's health, but particularly the most vulnerable people in society.

Simon Stevens calls for bold action to make NHS fit for the future

In his first speech since the general election, NHS England Chief Executive Simon Stevens [shared his vision](#) for a new partnership between the public, the government and the health service on three broad fronts – prevention, care redesign, and efficiency linked to new investment.

Jeremy Hunt: my priorities as the new Health Secretary

Jeremy Hunt gave his first speech as the newly reinstated Health Secretary at The King's Fund's [fifth annual leadership and management summit](#) on 20th May. In it, he reflects on his performance to date, the election campaign and the NHS five year forward view, and lays out his priorities: obesity and diabetes, general practice and the culture of the NHS.

Editor

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Contact Us

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