

Somerset Clinical Commissioning Group

Clinical Leadership to Improve Health

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Editorial - Changing Behaviour

Having experienced the traditional excesses of Christmas and New Year, many people turn to New Year resolutions to change their behaviours. Often this is driven by a variety of motives varying from a desire for self challenge, to impress others, being part of a group, guilt, financial incentives and sometimes a genuine desire for self improvement. I am sure our Public Health colleagues would support the aims of many of these resolutions as they frequently involve lifestyle improvements – losing weight, stopping smoking and abstinence from alcohol. Most people setting these resolutions aim for a target of a month, usually January (which makes a bleak month even tougher to cope with!) although evidence shows that the vast majority of resolutions fail to even make it beyond a couple of weeks. However, at least these people have achieved something – a recognition that they need to make a change in their behaviours (even if temporarily) – and good luck to them in their efforts.

When it comes to changing behaviours of groups and organisations, there is a lot of help available both in terms of research evidence as well as practical help with a whole industry dedicated to helping organisations plan and implement change. Most businesses nowadays set 5 and 10 year strategies based on their current organisational model and their view of the world and expected projections, but recognise that changes in society and politics, business environment, IT etc, mean that at some point they will need to make further organisational changes in order to continue to compete effectively in the market and to maintain economic efficiency.

Of course the NHS is no exception here. The institution has been subjected to numerous changes over the years since its inception – with an unsurprising correlation with changes in political central government. This has led to a degree of ‘change fatigue’ amongst many of its current 1.3million staff which adds to demoralisation of the workforce and often does little, ultimately, to improve productivity. Much of this response is recognised in business where effective organisational change needs strong local leadership, clear communication about the planned changes and, of key importance, the workforce needs to be committed to the aims of the changes.

In Somerset, the new ‘Somerset Together’ programme plans to produce significant improvement for both patients and the workforce. The focus is on delivering meaningful person centred care within the county, with common outcomes set for service providers that will form the basis of a new contracting model to be in place for April 2017. All three service commissioners; Somerset CCG, Somerset County Council and NHS England’s Sub Regional Team are committed to the aims behind the changes. It should be emphasised this is not just about driving organisational change within providers, but crucially also change between provider organisations. These changes are being driven by strong local leadership and a shared desire to improve care to the Somerset population

– this is a local initiative and not one being enforced by a ‘top down’ directive.

The New Year’s resolution for commissioners, therefore, should be to ensure the NHS and Social Care workforce understands and supports the aims of the Somerset Together programme – and this must be a resolution that leads to real and lasting change.

Dr Geoff Sharp - Editor

Somerset Together Programme

Somerset CCG is working with Somerset County Council to look at commissioning health and social care services differently. Service providers are currently paid to deliver services based on the number of people seen and the number of treatments or interventions delivered. By moving to an outcomes-based commissioning approach, service providers will be rewarded for delivering outcomes which will be measured by the results for patients and carers. For example, the outcomes of a hip replacement would include improved mobility and independence for the patient and a better quality of life after the operation.

Service providers will be expected to work together to deliver shared outcomes, meaning patients will experience more joined-up and person-centred healthcare.

A series of co-design workshops have been arranged across Somerset to engage the public and find out their views and experiences of health services. The intention is to work with members of the public to identify the outcomes that are of greatest importance to them, based on their individual experiences of health and social care services. These workshops will inform the development of the outcomes framework that we will use to measure future outcomes for patients. A separate programme of meetings is planned for general practitioners.

4 February 2016	10.00 am to 1.00 pm	Durleigh Room, Canalside, Bridgwater
10 February 2016	2.00 pm to 5.00 pm	Taunton Vale Sports Club, Taunton
24 February 2016	6.00 pm to 8.30 pm	Wynford House, Yeovil
9 March 2016	10.00 am to 1.00 pm	Seminar Rooms, Minehead Hospital
10 March 2016	2.00 pm to 5.00 pm	Training Room, Frome Medical Centre
16 March 2016	10.00 pm to 1.00 pm	Meeting Room, Burnham Hospital

If you would like to attend a workshop please contact Christine Lincoln via email Christine.lincoln@somersetccg.nhs.uk.

Please share this information with your groups and colleagues as we would like as many people as possible to attend. More information is available on the [Somerset CCG website](#)

Clinical Services Update - End of Life Care

As we start 2016 it is a good time to look back and also to look forward. At a time when primary care is under significant pressure, the continued importance given to end of life care in Somerset is really impressive – thank you for all you do to support palliative care patients and their families.

Place of death is not as important a marker of quality end of life care as perhaps we have previously thought – most people place being symptom free and with their family and friends as being more important than dying at home, but having said that Somerset has one of the highest percentages of people dying in their usual place of residence in the country, (defined as either in their own home or in a care home), with 51.1%, compared to the national average of 45.6%. The percentage of people dying in an acute hospital in Somerset has fallen from 44% in 2010 to 36% now, and is testament to the hard work done by so many in care homes, acute trusts, the community and hospice teams.

Here are a few points that may be helpful for 2016:

- NICE has issued new guidance on the care of the dying adult: www.nice.org.uk/guidance/ng31
There is plenty in this guidance that we do already in Somerset, as well as some new ideas. There is a strong emphasis on shared decision making. The guidance concludes with 3 challenges:
 - [Recognising dying and communicating effectively](#)
 - [The importance of maintaining hydration](#)
 - [Anticipatory prescribing](#)
- Drug shortages: there is a shortage of injectable cyclizine and haloperidol. Levomepromazine is a good anti-emetic, and can also be used instead of haloperidol where there are hallucinations or frank delirium, and it would be useful to prescribe in Just in Case boxes in place of cyclizine.
- Good planning and organisation is key to good End of Life care: have regular monthly palliative care meetings, following the basic Gold Standards Framework of identify, assess, plan. Please continue to issue Just in Case medication, offer advance care planning discussions, (including the difficult question of DNAR), and use the Somerset EPaCCS template.

Even with the best planning, things don't always turn out as expected, but common themes in complaints about End of Life care are a lack of communication and planning, including EPaCCS not being used; practices meeting only every three months for palliative care meetings; patients not being offered advance care planning; late referrals to community nursing; DNAR forms not being completed, and patients and families not being clear what is likely to happen and what to do when it does.

Thank you for all you do in this difficult but rewarding area of work.

For more information on End of Life care contact [Dr Chris Absolon](#)

Pain Management: Recognition of Somerset's Decision Aids

There is growing concern about inappropriate long term use of painkillers especially strong opiate analgesics such as morphine, fentanyl and oxycodone for non-cancer pain. It is now well recognised that whilst opioids are good for managing acute pain and pain at the end of life, there is little evidence that they are helpful for long term pain and their use can lead to addiction and other harm.

In 2015, the Somerset CCG Medicines Management Team worked together with the Somerset Community Pain Service to develop two brief, easy to use, decision aid tools to help patients and prescribers compare alternative treatment options covering:

1. [Management in long term and flare up pain](#)
2. [Management of nerve pain](#)

The decision aids are helpful for prescribers to use in consultation with patients to aid patient choice and engagement. They use plain language to describe the different analgesic options for the different types pain and cover frequently asked questions such as, the effectiveness of each option, doses, side effects and which drug should normally be used as first, second and third line.

These tools have been available for use in Somerset for a while but now have international recognition and use following a long process to get them approved and published by the Option Grid Collaborative in the USA. As a result, the grids are now also available as decision aid on the [Patient.info](#) website in the UK.

In 2016 the Somerset CCG Medicines Management Team will continue to encourage safe and appropriate prescribing of analgesics and the adoption of the recommendations of the new national [Opioids Aware](#) website, which is hosted by the Faculty of Pain Medicine, Royal College of Anaesthetists, to support safe and rational use of opioid medicines in Somerset.

For more information contact [Helen Spry](#), Somerset CCG Medicines Manager.

Care Home Support Team

Established in June 2015, the aim of the Care Home Support team is to improve quality, avoid admissions and support providers with complex issues. The team consists of Charlotte Brown (Safeguarding Lead), Jacqui Cross (Infection Control Advisor) and Michelle Bell (Care Home Support Nurse). Interviews for a social worker are currently taking place.

The current emphasis is on visiting care homes and building relationships with care home managers. Referrals to the team are made by the local multidisciplinary team or through self-referral by the homes themselves.

Initially the team contacts nursing homes to see where assistance and support is required and then identifies local NHS training support. Emails are sent on a regular basis signposting homes to training available, and highlighting relevant issues such as preparations for nurse revalidation. The team also offers one to one support regarding, for example, residents' care planning, and can also request support from other members of the multidisciplinary team if required.

Relationships are currently being established with acute Trusts to identify how the NHS can better support care homes. Learning Engagement meetings are being planned to take place with acute Trusts and the Care Home Support team. The meetings will be an opportunity for the care homes to receive free update training from the NHS identifying best practice, to discuss issues for preventing admissions and improve timely discharges to and from the Trusts.

On 1 October 2015 the Quest for Care (Q4C) online self-assessment questionnaire went live. The questionnaire asks for information about safeguarding issues, policies, staff numbers and vacancies. The information gathered will assist in providing the CCG and care homes with evidence of the standard of care provided. The intention is that the Care Home Support team will be able to identify key issues from the data and focus their attention and support.

For more information on the Care Home Support team contact [Michelle Bell](#)

GP Videoconferencing using Skype for Business

As part of the CCG's objective to improve communications with member GP practices, the CCG is planning to set up regular half hour lunchtime videoconferencing sessions to facilitate the exchange of information and views.

In order to trial run the system, two test sessions were held in December which were well taken up by practices. This allowed GP practices to familiarise themselves with the system and their equipment ahead of a regular programme of videoconferencing sessions which will start in January. Further details will follow in due course, including the weblinks needed to join the calls.

If you have any questions about the project please contact [Rachael Harding](#)

Somerset Choices - a short film to help you get started

An animated guide showing how the Somerset Choices website can help you access a world of local care and support is now available.

Somerset Choices is a website that provides easy access to information and a directory of services, products, groups and events. These include care homes, help at home, mobility equipment, personal assistants, lunch clubs, exercise groups, breaks for carers and lots more.

Somerset Choices allows people to make informed decisions about who supplies their care and aims to help people to help themselves stay independent, healthy and well.

The animated film, found at www.somersetchoices.org.uk/about-this-site/help, demonstrates how the self-help section on the website lets people tap into a wealth of information and advice and also search for local services and events to find the support that meets individual needs. The animation is really helpful if people are not quite sure what they are looking for on the website or if they need a bit of help finding their way around.

Four months on from the launch of the website and there have been over 120,000 page views and 1,000 services are registered on the site.

Local care and support providers are being encouraged to upload their details so that the site contains a fully comprehensive directory of all local services. Providers can register by going to:

www.somersetchoices.org.uk/marketplace/register/index

The Somerset Choices website has been developed by Somerset County Council, in partnership with the local Clinical Commissioning Group and District Councils. The link for the site can be found through:

www.somersetchoices.org.uk

For more information email infoandadvice@somerset.gov.uk

Early Help - Improving Outcomes for Vulnerable Children in Somerset

Nearly 300 professionals who work with children and young people came together during the autumn term with a joint ambition of improving outcomes for vulnerable children in Somerset.

The events brought together partner agencies and schools from across Somerset to share good practice with the aim of narrowing the gap between vulnerable pupils and their peers by encouraging schools and agencies to work together and to step in early when a child or young person is struggling.

There are already a number of examples in Somerset where schools and agencies are taking the initiative and setting up multi-agency teams to support vulnerable children. Presentations were given by representatives from The King Alfred School in Highbridge, The Blue School in Wells, West Somerset College in Minehead and the Halcon One Team in Taunton to showcase how partnership working has benefited the children in those areas.

Presentations and case studies from the events are available to download at <http://extranet.somerset.gov.uk/cscimprovement/nine-priorities/embedding-early-help/improving-outcomes-for-vulnerable-children/>

More schools are now discussing how they can better work together with local agencies in the future and supporting guidance is currently being developed by the County Council.

For more information contact [Lucy Watson](#)

Editor

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Contact Us

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