

Somerset Clinical Commissioning Group

Clinical Leadership to Improve Health

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Editorial - Planning Guidance with a Difference

The NHS is a cherished national institution that has become inextricably linked to the fabric of our society and its values. It employs more than 1.3 million people, provides care free at the point of delivery with an average of 1.5 million patient contacts a day (the majority in general practice), runs 154 acute hospital trusts and has a total budget of £116 billion (2015/16). Not surprisingly, it is a challenge to manage effectively and efficiently as well as deliver good health outcomes at an individual level.

Throughout the history of the NHS, now in its 68th year, organisational forms and planning requirements have repeatedly changed. In recent decades, hardly a year has gone by without a centrally mandated demand for plans to be provided by commissioning bodies, whether they were Health Authorities, Primary Care Trusts or our current Clinical Commissioning Groups (CCGs). Generating planning documents has become an NHS industry with hours and hours of time (and money) spent on compiling documents detailing both organisational strategic and operational plans to help manage the numerous institutions within the NHS.

So it was not entirely surprising when NHS England issued Planning Guidance 2016 to 2021 last December (see Newsletter item below). I am sure that CCG managers up and down the country had the feeling of 'here we go again' as they prepared for some late nights to meet the challenging deadlines for submission. But this set of planning guidance is actually different. For the first time, the main focus of planning is not about individual organisations separately, without any reference to each other, but is 'place based'. This means that for agreed geographical areas ('footprints'), all organisations within that area have to produce plans that are collectively agreed - and this includes commissioners of both health and care services. The aim will be to describe 'Sustainability and Transformation Plans' for the next five years for organisations operating as a system as opposed to in isolation.

So, in an age where 'joined up' service delivery is somewhat of a holy grail, the penny has dropped at last that joined up planning is needed. In Somerset, although the tight deadlines and detail required remain a challenge, the new guidance does not pose as great a difficulty as it will do in many areas as the CCG has been working with the Local Authority on shared commissioning and planning for well over a year which is culminating in the Somerset Together programme. Integrated planning, now there's an idea!

Dr Geoff Sharp - Editor

Clinical Services Update - Respiratory

The Somerset CCG Respiratory Programme Board has had a busy and

productive year despite the challenges within the NHS and continues to promote improving the quality of care for our patients with respiratory disease.

The group has a mix of senior clinicians across the healthcare community from both our local hospital Trusts, community and primary care – and across nursing, as well as support from managers and pharmaceutical advisors.

The group has undertaken considerable work linked to the major national review of asthma deaths

<https://www.rcplondon.ac.uk/projects/outputs/why-asthma-still-kills>

We have been involved in work on reducing frequent short acting beta agonist prescriptions, checking on the safe doses of inhaled corticosteroid and reviewing patients who have a long acting beta agonist prescribed for asthma without an inhaled steroid. We have also been working with hospital colleagues to explore ways to address other concerns highlighted in the review of asthma deaths (which includes referring for a specialist asthma review patients who have had three or more courses of corticosteroid in the last year or have been admitted with severe asthma). It was reassuring to find that we were far below the level of deaths expected indicating good clinical practice in Somerset.

We have also managed to work at a national level to get the Asthma UK personalised asthma action plans available on EMIS computer systems as a personalised printable document. We also have a group that looks at every asthma death to see if we can learn from recurring themes which often show systems problems in the delivery of really good asthma care.

Chronic Obstructive Pulmonary Disease (COPD) poses major challenges both to our patients and to the workload in primary and secondary care. We have started work updating the COPD guidelines contained in the Somerset CCG formulary as well as working with the pharmaceutical support team to advise on respiratory prescribing in line with the Somerset Prescribing Formulary. There is a new programme of Pulmonary Rehabilitation that is being developed to be more flexible for our patients to complete – a really important part of COPD treatment – details are available from the BOC Regional Clinical Lead South, brett.mees@boc.com 07884735736.

We have a comprehensive dashboard available that identifies admissions and prescribing habits by CCG, locality group and individual practice. This should be available on the Somerset system in the near future.

It is worth noting that there are a number of projects underway in Somerset linked to respiratory areas that are progressing well. These include: a project to deliver quality assured spirometry in primary care and work on the development of a nebulizer and post discharge support service. We also have an innovative lung cancer project aiming to fast track more people with suspected lung cancer.

Around half GP practices in Somerset now have a named respiratory clinical lead which we would like to see in place universally. If you have not yet let us know your practice lead please contact [Rachael Rowe](#) with the details.

What are the key tips at the current time? As a clinician we should never forget smoking and its contribution to lung and other diseases. It is also always worth checking your patients' concordance with prescribing advice

as well as their ability to use an inhaler device and don't forget our pharmacy colleagues have had considerable training in this area.

Finally, we hope that as many clinicians as possible will be able to attend our next Respiratory Update study day at Dillington House on Wednesday 21 September 2016.

If you would like any further details relating to any of the information above – please contact [Rachael Rowe](#) or [Dr Steve Holmes](#) (current chair of the CCG Respiratory Programme Board group).

'Be There Tomorrow' Smoking Campaign

On Monday 8 February, a candid and heart wrenching advert about how smoking causes early death was broadcast to Somerset homes. We all know smoking kills but somehow smokers think it will kill 'other people', not themselves. The stark truth is that smoking will kill one in two smokers, often after years of disability and much earlier than expected.

Smoking still remains the biggest cause of premature death in England, accounting for 80,000 deaths a year with half of all long-term smokers dying early from a smoking related disease. The Smokefree South West campaign urges smokers to be there tomorrow for their family and loved ones and runs until 31 March 2016.

For more information visit the website www.betheretomorrow.co.uk or contact [Stewart Brock](#), Public Health Specialist.

Be Clear on Cancer - Blood in Pee Campaign

Each year, around 17,450 people in England are diagnosed with bladder or kidney cancers and approximately 7,600 die from these cancers. If bladder and kidney cancers are diagnosed at the earliest stage, one-year survival is as high as 92–96%. At a late stage, it drops to just 27–37%.

Public Health England's [Be Clear on Cancer: Blood in Pee](#) campaign runs from 16 February to 31 March 2016 with the simple message: 'If you notice blood in your pee, even if it's 'just the once', tell your doctor'. Results from the 2013 and 2014 campaigns indicate that 'Be Clear on Cancer' is successfully changing levels of public awareness, and there are early indications that clinical outcomes are improving too. Details can be found on the [Public Health England website](#).

For more information contact [Rachael Rowe](#) or [Dr Amelia Randle](#) (CCG Clinical Lead for Cancer).

Somerset Diagnosing Dementia Event

In January, Professor Alistair Burns, NHS England's National Clinical Director for Dementia, was invited to speak at an education event held in Bridgwater for Somerset's GPs and health professionals, about the importance of early diagnosis of dementia.

Professor Burns gave an international perspective on the diagnosis and support of people with dementia. He emphasised the importance of awareness and ownership: "Five years ago it was difficult to get people interested in dementia, but the awareness of dementia has raised

significantly ... I think the issue of dementia, memory problems and mild cognitive impairment being something that everyone is now interested in has been the real change". He also talked about the stigma of dementia: people with dementia not wanting to be a burden to others, feeling disconnected with their environment and with other people: "One third of people with dementia go out of the house once a week or less and 10% go out less than once a month. We need to change this as part of diagnosis and treatment".

Professor Burns went on to talk about the five themes we could do more for people with dementia:

- Preventing well
- Diagnosing well
- Supporting well
- Living well
- Dying well

He suggested we should be thinking of dementia as a long term physical condition which happens to impact on the brain. Dementia can be managed, diagnosed, assessed and treated in primary care: "When I was a boy we used to admit people for three days to start them on insulin, now most of diabetes is done in primary care. We need to break down the barriers between what used to be called primary and secondary care, getting memory clinics and memory services to do much more in primary care based in general practice".

Over 9,100 people in Somerset are estimated to have dementia and that figure is predicted to rise to over 15,000 over the next 20 years as more and more people are living to a very old age and retiring to the county. An essential part of meeting this demand is to have the education and training available to health and social care professionals. Publicity campaigns, like the 'Dementia Friends' campaign developed by the Alzheimer's Society, have also been remarkably effective in improving public understanding of the condition and encouraging more people to come forward for diagnosis.

For more information from the event contact [Lydia Woodward](#) or [Dr Iain Phillips](#) (CCG Clinical Lead for Dementia)

NHS England Planning Guidance 2016/17 to 2021

The NHS England planning guidance came out just before Christmas. This year it is different in that we have been asked to produce two separate but interconnected plans:

- A local health and care system 'Sustainability and Transformation Plan' (STP), which will cover the period October 2016 to March 2021
- A plan by organisation for 2016/17. This will need to reflect the emerging STP

NHS England is asking health and care systems to come together to create their own ambitious blueprint for accelerating the implementation of the [Five Year Forward View](#) and that planning by individual organisations will be supplemented with planning by place for local populations, including better integration with local authority services. The STP will become the single

application and approval process for being accepted onto programmes with transformation funding from 2017/18 onwards. We are required to consider our transformation footprint, ie the geographic scope of our STP. The Somerset health and social care community has made a request to NHS England that this should be based on a Somerset county footprint.

Whilst developing a whole system five year Sustainability and Transformation Plan the planning guidance sets out a number of key priorities (or 'must dos') for every local system for 2016/17, these are:

- Develop a high quality and agreed STP
- Return the system to aggregate financial balance
- Develop and implement a local plan to address the sustainability and quality of general practice
- Get back on track with access standards for A&E and ambulance waits
- Improve performance against the 18 week referral to treatment standard
- Deliver the 62 day cancer waiting standard and make progress to improving one-year survival rates
- Achieve and maintain two new mental health access standards and continue to meet dementia diagnosis rates
- Transform care for people with learning disabilities
- Make improvements in quality and avoidable mortality

All the above 'must do's' will need to feature in our 2016/17 Operational Plan. The first draft submission of our 2016/17 Operational Plan was on Monday 8 February 2016, with the final submission due on 11 April 2016. We are aiming to have developed the first draft of the Somerset Sustainability and Transformation Plan by the end of April 2016.

For more information contact [Tracey Tilsley](#)

CCG Staff changes

Alison Henly has been appointed as Chief Finance Officer and Director of Performance on a substantive basis following interviews in January. She has been Interim Chief Finance Officer since September 2014. In addition to leading the Finance and Performance functions Alison will continue as the director lead for urgent and emergency care, elective care and the Taunton and Somerset NHS Foundation Trust contract.

Steven Foster has been appointed as Joint Director of Systems Transformation. This is a joint post with Somerset County Council. Steven will be leading the outcomes based commissioning programme of work that will see 'Somerset Together' progress, as well as projects and programmes that are closely aligned.

Transformation Plan for Children and Young People's Mental Health and Wellbeing 2015-2020

NHS England has approved the above plan submitted by the CCG. In the current year, Somerset has received £752K to transform children and young people's mental health and wellbeing services, plus £301K to develop a

specialist Eating Disorders Service for this group. The CCG is planning to use 2016/17 growth monies to provide recurrent funding.

Informed by the Future in Mind report (DH, 2015), the overall aims of the plan are to:

- Promote good mental health, build resilience and identify and address emerging mental health difficulties early on
- Provide children, young people and families with straightforward and prompt access to high quality treatment and support
- Build skills, capacity and knowledge for all professionals who have a role in supporting children and young people
- Improve care and support for the most vulnerable and disadvantaged children and young people by closing gaps in services and by tailoring and improving support, including attention to key transition points

A copy of the plan, including a breakdown of how the monies will be invested, is available on the [Somerset CCG website](#) (see page 3 under Strategies and Plans).

For more information contact [Deborah Howard](#)

Somerset Safeguarding Children Board - Train the Trainer Events

The Somerset Safeguarding Children Board (SSCB) is looking for people to come forward from all organisations to undertake a training session about the [Effective Support for children and Families in Somerset](#) threshold document.

The thresholds are important for all professionals who work with children and families in Somerset, so it is important for all agencies to have nominated "trainers" who can cascade their knowledge of the thresholds to their colleagues.

SSCB will be providing three hour "Train the Trainer" sessions throughout the county giving trainers the knowledge, tools, techniques and skills to deliver training on thresholds in their own organisation, creating greater understanding of how Early Help intervention applies specifically to them.

The sessions start mid February, running into March. For more information and to register your interest, contact LSCBtraining@somerset.gov.uk

NHS England Engagement on Mental Health Services for Veterans

NHS England provides 12 mental health services across England specifically for veterans. Most of the contracts for these services are due to end in September 2016.

NHS England has launched a national survey asking armed forces veterans to share their experience of mental health services and help improve future care across the country. In addition to seeking views from veterans, family

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members and carers, as well as staff and organisations that are providing treatment and support in this area are all able to take part. NHS England welcomes views from anyone who has an interest in veterans' mental health and people can choose which section of the survey they wish to complete.

The survey closes on 31 March 2016. For more information please visit: www.engage.england.nhs.uk/survey/veterans-mental-health-services
