

CCG Quarterly Update

Welcome

Welcome to the 3rd of this year's Somerset CCG updates for member practices. Despite the holiday season there has been a lot of work going on locally and nationally involving our CCG and we hope this edition will provide you with a helpful update.

At a national level, through the Vanguard project which was described in the last Update, Somerset is well on the map as an area where new models of work are being encouraged and evolved to provide better joined up care to patients with complex needs. Equally the pioneering work of using Outcomes Based Commissioning to make effective joined up care a reality is also getting a lot of attention. You can read more about this inside.

However there is the here and now reality of significant workforce pressure that member practices are facing. The CCG has a legal duty to support the improvement in the quality of primary care and is looking to see how it can respond and contribute to making the primary care workforce more sustainable. This will be one of the topics up for discussion at the next Quarterly members meeting on Wednesday 23rd September which it is hoped you will be able to come along to (*for details please see the end of this update*).

Dr Geoff Sharp
Editor

Investment in Primary Care



NHS England has decided to undertake a review of all Personal Medical Service (PMS) contracts. As part of our Primary Care Joint Commissioning arrangements, Somerset CCG has worked hard with NHS England to create a local approach which suits our specific context, while meeting the national requirements. We have discussed and agreed a number of local principles. These are set out below:

- The extent to which a health system has a primary care orientation is closely related to

its overall success in reducing population level mortality, as evidenced in international literature

- As a health and care community, we wish to invest in comprehensive proactive primary healthcare and in preventative health and wellbeing services in order to provide patient, population and whole system benefits

- In order to deliver comprehensive, proactive primary healthcare widely, there is

Continued overleaf

Investment in Primary Care

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a need to level up funding over a number of years. This would bring General Medical Service (GMS) practices and lower-funded PMS practices up to a level of funding that can deliver local commissioning intentions. In accordance with these principles, Somerset CCG intends to move to a system whereby funding per practice is largely levelled up rather than removing and redistributing the current PMS 'premium' across PMS and GMS practices.

This fits with our strategic aim of sustaining and enhancing general practice as the foundation of high quality joined-up care for the people of Somerset. In financial terms, this will mean a significant new investment in general practice in Somerset, funded by the CCG, through the national commitment to make £8 billion available to support the NHS over the next five years.

A more detailed paper recommending the approach to the PMS review will be presented to the Primary Care Joint Committee for approval in September 2015 and will include the following key elements:

1. Each practice is provided with income (in addition to the NHS England commissioned core contract) on delivery of specified outcomes
2. The CCG expects to invest up to £5m in General Practice between 2016/17 and 2020/2021, through the national commitment to support the NHS over the next five years

3. All GMS practices and the majority of PMS practices will receive an increase in funding over this period

4. No PMS practices will see a reduction in income during 2016/17, over and above those that have already been agreed on an individual basis as a result of the 2011 PMS review

The announcement of the proposed investment into primary care services in Somerset is particularly welcomed and further information and details will be circulated to practices over the next few weeks.

The Local Medical Committee and Clinical Commissioning Group agree that this is an approach which should serve the patients of Somerset well by supporting high quality sustainable general practice.

Although there will be no change in income to PMS practices from April 2015, the source of funding will change with NHS England funding only the core elements of the PMS contract and Somerset CCG funding the PMS premium. NHS England will write to practices following the Primary Care Joint Committee meeting outlining the changes to the PMS contract.



Federation re-focus

We would like to say thank you to the 57 practices who undertook the survey about proposed changes to Federations and the use of Federation budgets. Overall there was strong support from member practices to bring about some changes. The survey results were discussed by members of the Clinical Operations Group on 2 September 2015 and a number of changes will now be recommended to the CCG's Governing Body because these changes will affect the CCG's Constitution. The changes, subject to approval by the Governing Body, are that:

- £200,000 per annum of Federation funding will be made available to support practices on a fixed term basis of two years to develop new joint working arrangements with other practices. The ability of practices to provide some elements of primary care together in future is an essential system quality and sustainability issue and is being taken forward across the whole of England
- £50,000 of the funds will be made available to employ an individual to work directly with practices and partner organisations to take forward important aspects of the local Primary Care Strategy. These include for example, marketing Somerset as a great place to work, putting in place schemes which encourage trainee GPs to stay, testing out new approaches to the deployment of GPs, nurses, pharmacists and others



- £150,000 of the funds will continue to support practices' commissioning roles. However these core duties will now focus on: voting of COG Delegates, meeting with the Governing Body to discuss issues of local concern, sharing information and engaging with local patient and public groups

- £50,000 of Federation funds is secured to support Primary Care leadership and clinical involvement in service development work, for example Clinical Programme and Local Implementation Groups

- Management support for Federations will continue and managers will be permitted to support Federations to develop practice joint working arrangements where requested

Given the feedback from Federations, none will be asked to combine in respect of their commissioning functions, for the time being,

but the Mendip Federations have agreed to meet and work together more closely. Lastly, in light of the fact that outside of Somerset the term 'Federation' is used to denote GP practice provider groups, the COG will recommend that the following terms are adopted in Somerset:

'Provider Federation':

this term will be used by groups of practices themselves who formally work together to provide services

'Commissioning Localities':

this term will be used locally to describe the groups of practices who collectively vote their COG Delegates and undertake other commissioning roles as part of the CCG

Update on Vanguard

Our Vanguard project continues to receive high profile support from NHS England and is making great progress. It has a focal point in South Somerset but offers huge potential for the rest of the county.

The Symphony programme in South Somerset received Vanguard status earlier this year as part of the New Models of Care programme set out in the 'Five Year Forward View'.

For the GPs in South Somerset Federation and Yeovil District Hospital, this means they can work together with other service providers to develop the complex care hubs and design the new "enhanced primary care" model with new investment.

It will also allow further work to be done on the proposed venture for joint provision of care in the area. We want to work with our other Test and Learn areas to accelerate our plans and support them with national Vanguard funding to help this.

Vanguard status has provided support for the potential move to Outcomes Based Commissioning. It also brings financial and technical support from national bodies eager to see how we can create sustainable health and care in the future for the people of Somerset.

Vanguard status brings a spotlight upon Somerset and one which could be used as a springboard to make the most of the work underway. If you have questions or would like to find out more contact Andrew Hill with the CCG team. andrew.hill@somersetccg.nhs.uk

Test and Learn

Learning from the Symphony Project

Throughout 2015/16, Somerset Clinical Commissioning Group has been supporting the Symphony Project's approach to deliver an integrated and person centered approach to care and has authorised three 'Test and Learn' pilot projects.

The projects cover the same areas as the Local Implementation Groups for South Somerset, Taunton and Mendip. Initially the schemes will focus upon people living with three or more long-term conditions; as many as 1% to 2% of the local population is estimated to fall into this category.

The aim of the Test and Learn pilots is to develop new ways of delivering care for people with long term conditions so that more patient centered and more joined up care can be delivered in the future.

In order to get the most from these three Test and Learn pilots, Somerset CCG has engaged the South West Academic Health Science Network ('AHSN') to undertake a formal evaluation of their work.

This will take place over one year using a combination of open ended interviews with staff and patients, observations of care and practice from all three sites. Questionnaires and patient pathway data will be used to ascertain cost and service use. A similar approach to evaluation is being used by other integrated care projects across the South West region, thereby giving Somerset some really useful comparative benchmarking information as well as securing information exclusive to Somerset.

At this stage, many patients have already been recruited at each of the three Test and Learn sites and formal evaluation is expected to start from 1st October 2015. One of the key challenges of the pilots is to ensure that patient records are coded in such a way that they will not only provide accurate data capture but also enable the patient to be tracked and supported throughout their health and care journey.

Through the Test and Learn pilots and the Somerset Vanguard Programme we expect to see improved outcomes for patients. This should be demonstrated in patient experience reports which are already showing patients saying they feel more in control of their health and condition and as a consequence reduce their dependency upon mainstream health and social care services.

Update on

Outcomes Based Commissioning

As outlined in the July newsletter, the CCG with commissioners from Somerset County Council and NHS England are in the process of adopting an outcomes-based commissioning (OBC) approach for most health and care services in Somerset. A business case was presented to the CCG Governing Body in July and a decision to proceed in principle was agreed. This means that we are now entering the second phase of testing OBC as an approach to commissioning.

OBC focusses on the long term: seeking to secure the best outcomes for people and weighing the long term quality of life against short term interventions. Our plans for OBC also incorporate other transformational objectives: helping organisations to work more effectively together; improving the sustainability of our health and care economy; initiatives to attract and retain a high quality health and care workforce; and more joined up IT and data sharing.

The next phase of the OBC programme will include further work on making the outcomes measurable so progress can be tracked. We will work with our providers, including primary care, to create the structures to deliver OBC. For example, to deliver joint ventures and further refine and test the outcomes framework developed in the business case.

We are building a dedicated website for OBC which will contain relevant documentation, explanatory leaflets and an interactive forum for discussion. The full OBC business case is available on the CCG website. Go to: www.somersetccg.nhs.uk.

Look for the July 2015 Governing Body papers. There is also updated question and answer sheets (Frequently Asked Questions sheets on OBC) available from the CCG.



Mendip Federations

Supporting Primary Care in more effective management of non-medical need

A recent report from the Citizens Advice Bureau (CAB) called "A very general practice - How much time do GPs spend on issues other than health?" May 2015, identifies that GPs in England report spending almost a fifth (19%) of their time on social issues that are not principally about health. Whilst this time is not wasted; half the GPs surveyed said the time they spend on non-health issues helps them understand their local community, the implied cost to the health service of this time is almost £400 million a year.

There is evidence that there are better, more effective ways to absorb some of the time GPs spend on non-health issues, helping to achieve spending commitments while also providing a service that is more responsive to patients.

More detailed findings in the report include:

- Non-health demand has knock-on effects for patient care. 80% of GPs report that dealing with non-health issues meant they had less time for other patients' health needs.
- Many issues raised with GPs require specialist knowledge to solve. The top three non-health issues GPs report their patients raising were personal relationship problems (92%), problems with housing (77%) and problems with work/unemployment (76 %).

Only one third of GPs said they could advise patients adequately themselves when patients raised non-health issues,

- Most GPs could not respond to non-health issues in an integrated way. 84% said they signposted their patients to external advice agencies when such issues arose. Only 15% say they refer patients to an advice expert based in their surgery, providing integrated care.

- Non-health demand is not only high, it is also rising. 72% of GPs said non-health demand had risen in the last year.

Whilst there is further research required to better understand, for example, the role non-health issues play in the GP-patient relationship, the CAB report suggests several opportunities for supporting primary care:

- 1) There could be value in co-locating more non-health services in GP surgeries.
- 2) Finding ways to spread best practice between GPs, for example ensuring that GPs know how best to signpost patients.
- 3) Commissioning approaches help GPs to meet non-health demand in an efficient way.

The local picture

In Mendip there is already significant commitment to move towards a more effective way of supporting patients' non-medical needs, through the use of person centred care planning, the commissioning of the primary care integrated Health Connections Mendip service and provision of local CAB sessions within 6 of the 12 practices.

The future

Mendip CAB and Mendip Federations are working closely together to redesign the current provision to enable an expanded service across the locality. In other areas practices should approach their local CAB to explore similar opportunities.

Somerset Partnership NHS Foundation Trust

Integration Phase Two

Integration Phase 2 (IP2) is Somerset Partnership's transformational change project for community services. A period of engagement with staff, patients and carers took place last year and led to proposals for a significant re-structure of services. The aims of IP2 were to maximise the benefits of integration, modernise working practices and provide more patient centred care, particularly for those with multiple and long term conditions.

After consultation the following service changes have been agreed and will begin implementation over the autumn/winter:

Integrated Teams

Older People's Mental Health, District Nursing and the Independent Living Teams will combine under a single manager. They will be co-located and will be organised around new complex care hubs to manage the most vulnerable and complex patients.

Mental Health

There will be a new 24 hour countywide crisis team with a unified management structure and improved bed management system. The assessment and recovery functions in mental health will combine to become Community Mental Health Teams (CMHTs) allowing increased flexibility as staff can work across all team functions. We will also be bringing mental health support workers into the teams so that they can be more responsive and targeted to those with the greatest need.



0-25 Pathway

We are committed to improving the pathway and transitions experience for young people with mental health difficulties.

We will create dedicated transitions workers and staff from the adult mental health service will be asked to become part of a new service designed to better meet the needs of young people.

All of the clinical models have been underpinned by the Estates and Time to Care Task and Finish Groups. Their work has been to support the changes to services by looking at smarter use of our buildings, more agile working and a strong commitment to reduce duplication and streamline our recording and reporting practices, freeing up the time of frontline staff.

Teams will also be looking closely at the skill mix of operational staff to ensure that they will be able to deliver the current and future demands. This means new roles for non-registered staff and focusing the activities of professionals where they are most needed.

The feedback from the recent consultation process has been positive and many staff have submitted suggestions and ideas about how to make the new clinical service models as effective as possible in delivering care and treatment.

Changes in Adult Social Care

The way people access Adult Social Care services in Somerset is changing. From September 2015 all referrals to Adult Social Care services, including safeguarding concerns, should be made to **Somerset Direct on 0300 123 2224**.

Somerset Direct will talk with the client about their needs and suggest actions and signpost them to community resources. If this doesn't meet their needs they will be offered an appointment with a member of Adult Social Care.

Somerset County Council is setting up local hubs where people can access Adult Social Care services and support. The hubs will allow the Adult Social Care team to see more people, give quick advice and all provided closer to where people live. The local hubs are being set up in community centres, town halls and in venues where community activities are already thriving.

The first five hubs will be set up in September at the following locations and more will open in the coming months.

- Priorswood Community Centre in Taunton
- Victoria Park Community Centre in Bridgwater
- Wells Town Hall in Wells
- Henhayes Community Centre in Crewkerne
- West Somerset Hub (tbc)

Somerset Direct and the local hubs will be developed over the coming months to make sure the service is supporting people appropriately.



Tele and audio visual Project Update

Somerset CCG has commissioned NHS South, Central and West CSU to develop a video conferencing solution for use by GPs, Consultants and staff.

A project group has been formed and has now met twice to date. The group will evaluate the solutions available.

These will include clinical sessions between GP and consultants and/or patients.

A survey has been created and sent out to General Practices to ascertain their current views and aspirations and in what circumstances they would feel comfortable using a video conferencing solution. Its findings will be published at a later date.

The most recent Project Group meeting was held 'virtually' using the Skype for Business tool, where its functionality and suitability was assessed. The group will also be looking at another solution – Webex, for comparison.

We will be organising a lunchtime webinar session for late September, where GPs will be involved as well as attendees invited from Member Trusts and Social Care.

If you would like to find out more about the project please contact Rachael Harding, IT Project Manager for NHS South, Central and West Commissioning Support Unit at: rachael.harding@swcsu.nhs.uk

New arrangements from September

Independent Living Teams

Somerset County Council and Somerset Partnership NHS Foundation Trust are replacing Independent Living Teams (ILT) with new arrangements from 1st September 2015.

The new arrangements will still maintain strong joint working between health and social care professionals already developed through Independent Living Teams, but will also allow a quicker response and better prioritisation for people with social care needs in accordance with the Care Act.

The new arrangements will include a 'Health Interface Service' being established by the County Council to improve assessment and support planning for people in hospital so they can be discharged at the right time and with the right services.

As it develops, the Health Interface Service will also help to avoid unnecessary admissions to hospitals. Independent Living Teams will continue to accept referrals up to and including 31st August 2015.

Everyone who is already receiving a service or has been referred to an Independent Living Team and is waiting for a service will be carried forward into the new arrangements on 1st September 2015.



From that date, separate referrals for health or social care services will be required according to the primary need of the person concerned. People who require both types of service should be referred to both.

Referrals for adult social care services, including all safeguarding alerts, can be made via telephone call to Somerset Direct on **0300 123 2224**.

Referrals for health based community rehabilitation services can be made via telephone call **0300 323 0028 (East)** or **0300 323 0029 (West)**.

Somerset Doctors Urgent Care (SDUC)

Eight weeks since the launch of Somerset's new Out-of-Hours Urgent Care and NHS 111 services, Somerset Doctor Urgent Care (SDUC) are performing well against contractual performance indicators and on target to deliver the national performance standards for the first time since 2014. As with the transition of any service, there will be an ongoing requirement for the service to develop in order to meet the demands of the local population.

In awarding both contracts to SDUC Somerset CCG expects the new service to deliver a more integrated approach to urgent care services across the county. Close collaborative working between all parts of the county's urgent care services is also expected to relieve the sort of demand experienced by district hospitals last winter when Accident and Emergency Departments saw unprecedented numbers of frail elderly patients and those with long-term conditions being admitted to hospital.

The current focus for development by Somerset Doctor Urgent Care (SDUC) is:

- 1. Improving access to information recorded for end-of-life patients (including 'Do not attempt resuscitate' orders)**

A new Adastra template will be available by the end of August 2015. This will enable all mandatory end-of-life domains to be monitored and available to clinicians to record within their patient's information.

This should improve the current format of information being shared in the 'basic information' section in Adastra.

2. Vocare to provide Group Indemnity for General Practitioners

Somerset Doctor Urgent Care is offering to pay for GP Indemnity cover at no cost to the GP. For more information contact: GPContract@vocare.nhs.uk

3. GP Rota Cover

SDUC are continuing to recruit GPs into the out-of-hours service which is behind

schedule as a consequence of some delay experienced by SDUC during the procurement process. If you or any GP colleagues would like to work some shifts in the out-of-hours urgent care service please contact: GPContract@vocare.nhs.uk

Vocare would also like to hear from any GPs who could recommend colleagues who might be interested in working shifts with the new service.

NHS 111 Service	
(July 2015)	Total
Telephony system: Total number of calls offered to the NHS111 provider ACD (OOH & 111) over the 24 hour period	12111
MDS Abandoned calls as a percentage of total calls offered (target <5%)	2.92%
Percentage answered calls within 60 seconds	94.30%
Callers referred to A&E as percentage total	6.16%
OUT OF HOURS	
Total calls dealt with in Out of Hours	10141
Home visit	472
Base visit	1305
GP consultation	2155



Quarterly Meetings

with Practices for 2015/16

Autumn/Winter Quarterly CCG Members meetings:

Wednesday 23 Sept 2015

Woodlands Castle, Ruishton, Taunton TA3 5LU (2.00pm – 5.00pm) Tea/coffee on arrival

<http://www.woodlandscastle.co.uk/contact-us/>

Fork buffet supper 5.00 – 6.00pm, followed by Somerset CCG Annual General Meeting 6.00pm - 8.00pm

Somerset CCG's Annual General Meeting

Wednesday 23 September 2015 (6.00pm to 8.00pm)

Woodlands Castle, Ruishton, Taunton TA3 5LU

Quarterly CCG Members meeting

Wednesday 9 December 2015

Wynford House, Yeovil 2.00pm – 5.00pm (light buffet lunch 1.15 – 2.00pm)

Links to key documents

Five Year Forward View

<http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

Primary Care Co-commissioning Guidance

<http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-cocomms.pdf>

Prime Minister's Challenge Fund

<http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pm-ext-access/>

CCG 2 Year Plan and 5 Year Strategy

<http://www.somersetccg.nhs.uk/publications/strategies-and-plans/>

Making the Most of Community Services

<http://www.somersetccg.nhs.uk/about-us/governing-body/meetings-and-papers/governing-body-agenda-and-papers-19-november-2014/>

Details regarding Outcomes Based Commissioning

www.cobic.co.uk .



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Tel: 01935 384000

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