# Somerset Clinical Commissioning Group

*Working Together to Improve Health & Wellbeing*

**October 2016 - Newsletter Issue 53**

## In This Issue



## Editorial – Difficult decisions

You would have had to have been a castaway on an island cut off from the world not to be aware of the dire state of the NHS's current financial state of affairs. Up and down the country NHS organisations (both Clinical Commissioning Groups and Foundation Trust providers) are reporting end of year deficits despite trying to find innovative ways to make up their deficits.

One positive aspect to come from this situation is the increasing recognition that the current arrangement of the NHS 'system' of multiple discrete organisations does not adequately or efficiently deliver the care needed to meet the needs of today's population. There are currently 257 NHS Trusts providing services in the UK comprising 154 acute Trust providers, 37 community Trust providers and 10 ambulance Trust providers This is in addition to 853 independent sector providers - all operating from 7,331 different sites and in addition to 7,875 GP practices. Each of these organisations operates autonomously and their historic behaviours tend to focus on organisational survival, especially when finances are tight. This recognition is driving organisations to change how services are delivered. Collaborative working can and does deliver efficiencies but cannot happen overnight. Time is required to build up trust and an understanding of different cultures between organisations. Whether changes will happen fast enough to prevent financial meltdown in the NHS remains to be seen.

The current move towards 'placed based' service delivery being worked on by the Sustainability and Transformation Plans (STPs) based on 44 geographical areas covering the country, is recognition of the need to drive the much needed changes to reorganise how services are delivered by health and social care and, for the first time, ensuring the prevention agenda is given a priority. But reorganisation, whilst needed, by itself will not necessarily deliver the financial savings needed. There are tough decisions to be made not least about the balance of hospital based and community based services and how these will be supported.

There is however another uncomfortable issue which needs to be considered sooner rather than later concerning what services the NHS should stop providing. The financial pressures in the NHS are driving commissioners to consider changes that would never have been contemplated before. It is not a comfortable situation but cutting services may be the only way

Whilst change in the health and social care system is needed, it is equally important to consider what services should continue to be provided and funded by tax payers. Social care has been through a period of dramatic funding cuts and continues to do so. They have had to make uncomfortable decisions to cut or reduce services in order balance their shrinking books. The NHS has never been in the situation it finds itself in now and similarly should be taking stock and considering what it can afford and what it should

stop funding if it has exhausted all the short term innovations it can make. Cutting expenditure is already happening in many areas of the country where, for example, restrictions are being placed on procedures of limited clinical value and also stopping NHS prescribing of some items, such as gluten-free products.

In Somerset we are, like all other CCGs, financially challenged with a current in year deficit estimate of £3 million. As commissioners of Somerset's health services we are also having to make difficult decisions and with clinicians' support have, for example, recently agreed a proposal that gluten-free products and medicines for minor ailments available for purchase over the counter from pharmacies should no longer be prescribed, and have recommended to the CCG Governing Body these products are removed from Somerset's prescribing formulary. An engagement process is currently underway to ensure the implications of these proposed decisions are fully understood before a final decision is made by the Governing Body in November (see item below). It is likely these are the first of other difficult decisions Somerset CCG will have to make over coming months to ensure patients continue to get the services they need within the finite resources available.

*Dr Geoff Sharp - Editor*

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## 2016/17 QIPP schemes

QIPP stands for 'Quality Innovation Prevention and Productivity' and represents projects that are aimed at improving quality of services for patients whilst saving money for commissioners. These schemes are key to bridging the financial gap between the budget available to the CCG for funding health services for Somerset and the expected expenditure needed to provide the services for our growing and ageing population. For Somerset we have QIPP schemes in place to bridge this gap to the value of £32 million for the current year.

Delivery of these schemes is important to the CCG in its aim to deliver a balanced budget. We thought it would be helpful to give an outline of some of these schemes, giving an example from each of the programme boards, in this and subsequent Newsletter editions. We have started in this edition with the following item on 'Improving Access to Local Specialist Consultant Advice: Consultant and Urgent Connect.'

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## Improving access to local specialist consultant advice: 'Consultant and Urgent Connect'

**Introduction**

Somerset CCG, together with Musgrove Park and Yeovil District Hospitals, are putting in place a pilot to trial a new and innovative telecoms system called 'Consultant and Urgent Connect' which will enable local GPs to connect directly by phone with consultants signed up to the scheme to obtain immediate clinical advice and guidance for elective care and urgent care.

**How does the service work?**

GP practices will each have a single telephone number through which they can directly access specialty teams in both elective care and urgent care in Taunton and Yeovil. Calls will connect to consultant mobile phones (at local

rate cost) and avoid having to go through hospital switchboards. The system 'loops' the incoming call from one consultant's phone to another automatically until the call is taken.

**Benefits**
The immediacy of the system has been proven in many areas of the country, with 26 CCGs already using it. The short average wait for a call to be answered (less than one minute) means GPs can access advice whilst the patient is with them in their consulting room if they wish. Conversations are digitally recorded for medico-legal purposes, although only clinicians involved in the patient's care have access to the recordings. This improved access to advice not only benefits patients in terms of speedy access to specialist opinion, it aims to create a more efficient system by reducing subsequent GP appointments, reducing hospital outpatient referrals and hopefully admissions.

**Which specialties will be provided and when will the service start?**
We are currently working with the Consultant Connect team and will shortly be contacting GP Practices to provide access to the service. Musgrove Park Hospital will confirm which specialties ahead of service commencement in October. Yeovil District Hospital will begin shortly afterwards. It is anticipated the service will operate from 8.30am-6.00pm, Monday-Friday.

More information can be found at www.consultantconnect.org.uk or contact Julia Arthur, Elective Care Project Manager.

## Medicines Management team awards

Somerset CCG's Medicines Management Safety Team picked up the Quality and Patient Safety Award at the recent Member and Staff Awards event.

Over the last few years the Medicines Management team has collaborated with GP practices to engage in the Eclipse Live software system. After a slow start they managed to get all 74 practices to sign up to this patient safety programme, which not only highlights patients who are at risk from their medications (eg drug interactions, significant side effects), but also identifies patients who would benefit from taking an appropriate medicine. Running thousands of algorithms each week they can alert GP practices and practice pharmacists of individual patients for urgent review, resulting in fewer hospital admissions and patient harm.

This recent award comes on the back of two national awards won by the team last year for being the best of 55 CCGs for cost effective respiratory prescribing and monitoring of Methotrexate.

The team regularly review, refine and add to the alerts on the Eclipse Live system and continue to encourage GPs to respond to alerts as they arise. Just about every practice has commented favourably on the benefits of the system, with time shortage being the main obstacle to success.

For more information contact Shaun Green, Associate Director of Medicines Management and Clinical Effectiveness.

## Somerset review of asthma deaths and critical care admissions 2016

In line with the National Review of Asthma Deaths (NRAD) Somerset CCG reviews each death and critical care admission from asthma in the county to establish key learning. This is shared amongst health professionals in Somerset to prevent further emergency presentations, critical care admissions, and deaths. Lessons learned in 2016 are shared below.

1. People with asthma should have their ability to use an inhaler device checked in both primary care and specialist care. The recording of this was found to be inconsistent in specialist care / emergency settings

2. People with asthma and their families should not smoke. Smoking is a recognised risk factor for increased exacerbations and for relative corticosteroid resistance.

3. People with asthma should have a flu vaccination each year.

4. There should be a confirmed diagnosis of asthma.

5. People with asthma should have a personalised action plan. This plan should include information on how to manage an acute asthma attack.

6. Nebulisers should not be prescribed in primary care to people with asthma. Nebulisers can cause infections and can instil a false sense of security; they also result in dangerously high levels of drug in the body.

7. Treat an asthma attack seriously and call early for help as time matters.

8. Excessive use of short acting beta agonist 'reliever' inhalers is a warning sign of poor control and inappropriate treatment.

9. Two or more courses of oral steroids or an A&E attendance should result in specialist review.

10. Good communication between secondary and primary care.

11. Use of PEFR meters should, if accurately calibrated, be used to aid when to initiate different levels of treatment.

Steve Holmes - GP Respiratory Lead, Somerset CCG
Rachael Rowe - Clinical Networks Programme Manager, Somerset CCG
Dr Rob Stone - Consultant Physician, Musgrove Park Hospital, Taunton

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## Gluten-free products and minor ailment medications - engagement

Somerset CCG is proposing to make the groups of products listed below 'non-formulary' from 1 December 2016. This means that these products would no longer be recommended on prescription from that date. A brief explanation for this proposal is as follows:

**Gluten-free foods**: These products are sometimes prescribed to patients who have been diagnosed with coeliac disease. However, people with coeliac disease can safely manage their condition by following a gluten-free diet without the need for specially formulated gluten-free foods; gluten-free foods are now widely available in supermarkets and no longer need to be prescribed. The CCG spends £350,000 per annum on these products –

money that the CCG believes can be better spent treating people with conditions such as cancer, cardiovascular and mental health.

**Medicines for minor ailments**: A significant proportion of GP appointments, GP practice and community pharmacy time is taken up in processing prescriptions for minor ailments that are more suitable for health advice and self-care. Many products are available to purchase cheaply in pharmacies or supermarkets at the same strength that a GP would prescribe. Pharmacists are qualified to advise on a wide range of treatments for minor ailments and advise on appropriate medication without the need for an appointment. Examples of products the CCG is proposing to make non-formulary for the treatment of minor ailments include: hay fever preparations, travel medicines, simple pain killers for minor aches and pains, vitamin supplements, warts and verruca treatments, and moisturisers for minor dry skin conditions.

In taking these difficult actions, the CCG hopes to free up financial resources in order to continue investing in improving services and outcomes for patients with more serious conditions.

The CCG is currently undertaking a four week period of engagement to ensure that affected patient groups and organisations have an opportunity to consider the impact of this proposal and suggest any additional actions to mitigate the potential impact.

For further information please visit the CCG website and feed back any comments to Susan.lilley@somersetccg.nhs.uk by the closing date of Monday 7 November 2016.

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## Somerset CCG Development Day – An opportunity to get involved

Somerset CCG is keen to encourage and enable a wide range of people to get involved in our work.

We already benefit from the participation of lay users, Healthwatch volunteers, voluntary and community sector colleagues, and patient participation groups. We would now like to extend an invitation to people in the wider community to come and find out more about the NHS and consider whether they, too, would like to engage with us to inform and influence the commissioning of health services.

We will be holding a development day for interested members of the public on 25 October, from 10.00am to 4.00pm, at Wynford House, Lufton Way, Yeovil BA22 8HR. This will be an opportunity to hear an explanation of how the NHS works, what the big issues are, and how patients and the public can make a difference. There will also be workshops exploring the different ways in which people can get involved, for example, as local representatives of their communities, as part of a team monitoring the quality of services, by giving an individual patient perspective.

Anyone interested in attending on Tuesday 25 October should email Sue Lilley or phone her on 01935 385020.

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## Somerset Pathology results now accessible by

## RUH and RHHRD

In light of feedback through Health Professional Feedback, Somerset CCG has managed to negotiate access for 27 clinical colleagues from the Royal United Hospitals Bath and the Royal National Hospital for Rheumatic Diseases to the electronic pathology result system that covers Somerset outside of the Mendip area. This will assist with the clinical care for patients attending / referred to these hospitals and eliminate the need to request paper copies of these results from Somerset GP Practices, which may have led to delays to treatment in the past.

For more information contact Richard Greaves, SIDeR Manager.

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## EMIS Viewer due to go live throughout Somerset in October 2016

Clinicians in the emergency, urgent and immediate care services in Musgrove Park Hospital, Yeovil District Hospital, Somerset Partnership, Royal United Hospital and Somerset Doctors (111 and Out of Hours services) will have read-only access to primary care records of patients that are held in 70 Somerset EMIS Practices from October 2016.

This will enable clinicians in these organisations who are looking after acutely ill patients to get rapid access to crucial medical information held on GP systems and speed up the provision of appropriate treatment and improve care to patients.

Please note that patient consent will be obtained at the point of care prior to their primary care record being viewed.

For more information contact Richard Greaves, SIDeR Manager.

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## 'Sharing Best Practice' Conference – call for abstracts

The South West Academic Health Science Network (SW AHSN) is holding a 'Sharing Best Practice' Conference at Exeter Racecourse on 30 November 2016. The conference is fully booked, but organisers are offering the opportunity of submitting a poster for the event detailing best practice case studies. These will be presented on baffle boards alongside the refreshment area on the day and delegates will be asked to vote on the poster they found must useful.

The abstracts can be sent as a photo of your poster, a PDF, or - if already written - the abstract itself. The SW AHSN will only use this to check that the topic is suitable. The extended deadline for entries is Friday 28 October 2016.

For more information visit the SW AHSN website, email Chloe Brind, Events Manager with SW AHSN or phone her on 01392 247903.

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## Stay Well This Winter Flu Campaign

Public Health England's annual flu awareness campaign, part of the Stay Well This Winter campaign, started earlier this month on 12 October.

Public Health England and NHS England are again strongly advising people to get vaccinated against flu. This year they are really keen to encourage school children to get the flu jab during the autumn term before the flu season really kicks in. And they also want to make health care workers and over 65s aware of the flu risk and how the flu jab can offer protection.

The Public Health England campaign resource centre (registration required) has lots of helpful materials to support the Stay Well This Winter campaign and help get the message out. Resources include everything from leaflets advising on who should have a flu jab and how to prevent flu, through to steps parents can take to protect their children and immunising primary school children.

## Home Education: Are they invisible children?

Once a child reaches compulsory school age it is the duty of every parent to ensure they receive a suitable education for their age and ability including special educational needs (Section 7, Education Act 1996), either by regular attendance at school or otherwise. This can be fulfilled by home education and parents may make this choice for a variety of reasons.

There is currently a lack of clarity among professionals about the rights and responsibilities of those who choose not to send their child to school, with a small number of carers being able to use home education as a means to isolate a child. Professionals need to be aware of the risks around safeguarding and the action to take to protect those few children, who may be at risk of abuse or neglect in these circumstances. However parents of home educated children are **not** more likely to abuse their children. (NSPCC)[1]

There have been a number of serious case reviews in recent years which have been in the headlines following a child's death; a few of these children have been 'missing from education' or removed from school shortly before they died.

Somerset Local Authority has a clear process for children who become electively home educated including a visit offered by the Educational Welfare Officer to advise on resources and support. For children who are not on the electoral role where families may have moved into the area, children can sometimes not be on any agency's radar. Health professionals may be the first to become aware of the child and by asking which school they attend can flag up children unknown who may be home educated.

Notification to the home education team at EHETeam@somerset.gov.uk may protect a child or save their life.

For more information contact Melanie Munday, Somerset CCG Associate Nurse Safeguarding Children.

[1] Home Education: learning from case reviews, NSPCC 2014

## Simon Stevens lecture – Creating a 21st century NHS

Simon Stevens, Chief Executive of NHS England, will deliver a public lecture

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## Contact Us

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as part of the Exeter Lectures series on Wednesday 2 November 2016, at 7.00-8.00pm at the Alumni Auditorium, The Forum, Stocker Road, Exeter EX4 4SZ. The lecture will be hosted by the Provost, Professor Janice Kay, and is open to staff, students and the general public. Please note that the lecture will not be recorded, therefore booking is essential if you would like to attend.

To register to attend, please book via the Eventbrite website