

# Somerset Clinical Commissioning Group

*Working Together to Improve Health & Wellbeing*

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## In This Issue

- [Editorial](#)
- [New short film explains STPs](#)
- [Future strategic commissioning of health and social care](#)
- [Continuing Healthcare Fast Track Assessors](#)
- [Consultant and Urgent Connect](#)
- [National Diabetes Audit](#)
- [Assistive and remote technologies](#)
- [House of Care resource library](#)
- [Children and young people with special educational needs and disabilities](#)
- [Top recruiting Somerset GP practice to research](#)
- [GP Career Plus scheme](#)
- [NHS GP Health Service](#)
- [Amendment – EMIS Viewer](#)

## Editorial - Turning around Somerset's Health Finances

Having just become familiar with the existence of Somerset's Sustainability and Transformation Plan (STP) and its ambitions for changing how health and care services will be delivered in Somerset in the future, along comes another 'STP' - the System Turnaround Plan. This document has been put together by a consultancy company called Attain who have experience in analysing healthcare economies in financial deficit and propose solutions to 'turnaround' and recover their financial positions.

Attain was tasked with looking at the finances of the whole health system in Somerset which is covered by the three main healthcare providers in the county - Taunton and Somerset NHS Foundation Trust, Yeovil District Hospital NHS Foundation Trust and Somerset Partnership NHS Foundation Trust as well as those of the Clinical Commissioning Group. Faced with an estimated collective deficit expected in 2016/17 of £25 million, they developed a plan incorporating 17 schemes in five domains of Workforce, Demand Management, Integration, Efficiency and Cost Improvement Controls. These schemes, if delivered in their entirety, could return the health system's finances to a surplus position.

What is special about the system turnaround plan is that it is dependent on all three provider organisations and the CCG working collaboratively to achieve the same aims of ensuring the health care system is effective, safe and financially as efficient as possible. All the organisations' leaders have signed up to deliver the turnaround plan as a 'must do' for the future of Somerset's healthcare system. Key to note is that the work stream domains of the turnaround plan link directly with the aims of the Somerset STP. Whether we like it or not, financial recovery is a necessity now more than ever for the Somerset system before it can progress to transforming how services are delivered in future.

None of the proposed schemes are 'easy fixes' - if they were they would of course have been done by now. Achieving the necessary efficiencies will require considerable and consistent effort and a readiness to change how we work together both in hospital, community and social care. It will also need an honest and open dialogue with the public as to what they want from their health and care system in Somerset and also what it can reasonably afford.

*Dr Geoff Sharp - Editor*

## New short film explains STPs

NHS England has created a [short animation](#) to help describe Sustainability Transformation Plans (STPs). It clearly and simply explains what these local

proposals for health and social care aim to do. Since its creation in 1948, the NHS has constantly adapted and must continue to do so as the world and our health needs change. STPs aim to make common-sense improvements in areas that matter to people, like making it easier to see a GP, speeding up cancer diagnosis and offering faster help to people with mental ill health.

To find out more about Somerset's Sustainability and Transformation Plan and to view a copy of the full plan or summary version, [visit Somerset CCG's website](#)

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## Future Strategic Commissioning of Health and Social Care

In order to meet the intention of the Somerset Sustainability and Transformation Plan (STP) to achieve a single accountable care system for the county by 2019, Somerset CCG and Somerset County Council have agreed to develop proposals for the future strategic commissioning arrangements for health and social care services. A preferred option will be chosen by the end of March 2017, gaining organisational approval by June 2017 and implementing from July 2017.

Follow this link to read the document [Future strategic commissioning of health and social care – proposed statement of intent](#). For more information contact [Paul Goodwin](#)

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## Continuing Health Care Fast Track Assessor - a Nurse's View

What does Fast Track mean to me as a nurse assessor new to Continuing Health Care (CHC)? Fast track means funding a package of care, be it at home or in a placement, ensuring the right equipment is available to allow someone in the final stage of their life often with a rapidly deteriorating condition to die in the setting of their choosing and able to access the care they need. This means ensuring that the individual and their family are properly cared for and supported, relieving some of the anguish they face during a very difficult time.

Fast Track CHC funding should be for approximately 12 weeks at the very end stages of life and after this point the patient's needs should be re-assessed, and that is where we as CHC nurse assessors come in. We are a small team of eight specially trained nurses and we are currently trying to clear a backlog of assessments for patients who have been receiving fast track funding for up to, in some cases, almost two years. We are visiting the placements and individual homes talking to patients and families to reassess their care needs. As part of this work we are looking at each individual's records and completing a person centred and holistic assessment of care needs with the support of care home staff, district nurses and families. Through this assessment process we identify one of three things:

- A patient continues to require end of life care and fast track funding
- A patient's care needs have stabilised and they no longer require urgent access to care and are no longer eligible for Fast Track funding
- A patient has ongoing complex needs which may be unpredictable and

intense and as such they may be eligible for continuing healthcare funding as distinct from Fast Track

These assessments can be challenging and can cause upset and distress so an open and honest approach is required. Once we have completed the overdue assessments our role will be to ensure that all future 12 week reviews are carried out in a timely manner, as well as focusing on reviewing patients who are in receipt of high cost packages such as 1-1 care. This is a demanding role however we recognise that this is around ensuring patients have the access and safe care that they need as well as ensuring that funds are available and directed to those who need them most.

For more information contact [Phoebe Sherry-Watt](#), Service Lead for Continuing Health Care, Funded Nursing Care and Personal Health Budgets.

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## Consultant and Urgent Connect - Update

The pilots for these services run until the end of May 2017. We are now half way through and opportunistic feedback from colleagues has been generally positive in terms of allowing improved contact between GPs and hospital specialists and can lead to better outcomes for our patients.

Based on feedback, we have included some new developments over the past couple of weeks including:

- Allowing RUH Bath facing practices to link with the BaNES system
- The app version is due to be rolled out which makes choosing your specialty and recording an outcome much quicker

More information on these and other developments will be disseminated by Consultant Connect Ltd or you can contact the CCG office.

Please can those using the service try to remember to stay on the line to choose the outcome option from the call as rates in Somerset are lower than that elsewhere and this will help decide if the pilot is worth continuing.

If you haven't yet used the service please do try. Also, we would value any comments and case studies you may have, please send them to [Georgina Clayton](#)

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## National Diabetes Audit

[The National Diabetes Audit](#) (NDA) is the largest of its kind and reported in January 2017. This audit is important as it gives a view of how people with diabetes are being treated against NICE standards in the county. In Somerset there are between 2000 and 2500 new cases of diabetes each year so it is vital to understand how the disease is being managed to prevent complications later. 80% of the diabetes budget is spent on treating complications of the disease.

In Somerset participation in the NDA increased from 36% in 2015 to 86.7% in 2016. This is a huge improvement and is due to a collective effort from local GPs, the Diabetes Local Pathway group, consultants, PPG chairs, medicines management and practice managers.

The eight care processes are also recorded as part of the NDA. In Somerset most elements are met. However almost all practices score low on urine

albumin recording, and this is reflected nationally. Other areas where improvements could be made include recording BMI and foot checks.

The national standard for patients meeting the three NICE treatment targets (HbA1c, cholesterol and blood pressure) is 40%. Somerset scored 34% in 2016- a reduction from the 36% scored in 2015. However this is likely to be due to a larger number of participating practices. Completion of a structured education programme scored 12% this year compared with 16% the previous year. However, our Miquet data indicates the true figure is 40%.

This year NDA registration and audit completion will take place in May and June. Please remember to take part so that we can build on the data we have on people with diabetes in Somerset which will enable improvements in care.

Further information on the diabetes programme contact [Rachael Rowe](#)

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## Assistive and Remote Technologies - Update

As part of Somerset CCG's digital health strategy, we are looking at developing a shared strategy for Assistive and Remote Technologies (encompassing Telehealth, Telecare, Mobile Health and Wearables). There is significant scope to improve much of the patient pathway, from prevention to maintenance of conditions.

On Friday 13 January, the CCG held a workshop for respondents to a PPG bulletin invitation to be involved in the development of this strategy. This provided an open floor for discussion regarding our current stocktake, what is possible and what is desirable. Following this, a task and finish group was finalised and we are now beginning the first stages of strategy development. The aspiration is for greater use of innovative and effective Assistive and Remote Technologies both in Health and Social Care as enablers for quality care.

For more information contact [Kane Sullivan](#)

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## New Resources added to Somerset House of Care Resource Library

There is a growing understanding that the best way to improve outcomes in the NHS is to tap into the most underused resources - people themselves. By effectively providing more meaningful and accessible health information, people can make better decisions about their care and take on a more active role in self-management.

The resources added to the Somerset House of Care resource library this month support this approach. Whether it is a blog about the importance of language and empathy, a toolkit to support greater patient and public involvement, or a conference aimed at supporting the social movement of health, one thing is clear: empowering people to be at the heart of healthcare is a strong ambition for the future of the NHS.

Even if you only have just five minutes to spare, check out the [Somerset House of Care resource library on the CCG website](#).

For more information contact [Nicola Thorne](#)

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## Supporting Children and Young People with Special Educational Needs and Disabilities

Somerset has just over 12,000 children and young people with identified Special Educational Needs and Disabilities (SEND). The Children and Families Act 2014 introduced new statutory duties for education, health and social care in order to improve outcomes for children and young people with SEND. In particular, as a CCG we must:

- Commission services jointly for children and young people (up to age 25) with SEND, including those with Education, Health and Care (EHC) plans
- Work with the Local Authority to contribute to the Local Offer of services available
- Have mechanisms in place to ensure practitioners and clinicians will support the integrated EHC needs assessment process
- Agree Personal Budgets where they are provided for those with EHC plans

We are currently reviewing our compliance with these duties and our wider statutory responsibilities using the CCG SEND Audit Tool from the Council for Disabled Children. This has enabled us to identify where we are working well to support children and young people with SEND and areas for further development.

We have been working in partnership with our providers, the Local Authority and other stakeholders such as the Somerset Parent Carer Forum to better meet the needs of children and young people with SEND and improve health and wellbeing outcomes for this group.

We also welcome Dr Leighton Phillips, Consultant Paediatrician at Musgrove Park Hospital, as our Designated Medical Officer for SEND. Dr Phillips will be taking a strategic role to ensure the health needs of children and young people with SEND are met. This will include pathway review work and the development of joint commissioning arrangements.

For more information please email [Fiona Abbey](#) or call her on 01935 381931.

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## Somerset GP surgery a top recruiting practice to research

Axbridge and Wedmore Medical Practice is one the top recruiters of patients onto clinical research studies in the South West of England.

The achievement of Axbridge and Wedmore Medical Practice has been commended as the National Institute for Health Research (NIHR) celebrates the enrolment of the one millionth person through primary care onto a clinical study in England.

Their Practice team has recruited 114 people to participate in clinical research studies already this financial year (as at January 2017). This was the highest number of people recruited to research trials through a GP practice within the Clinical Research Network for the South West Peninsula

which extends from Somerset down to Cornwall and the Isles of Scilly.

Axbridge and Wedmore Medical Practice is currently contributing to 13 studies approved by the NIHR, the research arm of the NHS. The studies involve research into new drugs and non-drug treatments such as computer-aided therapy for depression.

For more information visit the [National Institute for Health Research website](#)

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## Somerset chosen to pilot new GP Career Plus Scheme

NHS England has announced 11 areas across the country that will pilot a new scheme to keep hold of the vital skills and experience of GPs on the verge of leaving. The Somerset pilot will be led by Somerset Primary Healthcare Ltd.

The GP Career Plus scheme has been developed with the Royal College of General Practitioners, British Medical Association and Health Education England. The 12-month pilot will look to recruit around 80 GPs at risk of leaving the profession. The GPs will be recruited into a general practice pool in each area that works across that health system and could provide clinical cover for sickness and holidays, carry out home visits as well a range of other support roles. The pools are expected to go live this summer and if the model proves to be successful, may lead to wider use to help support GP retention.

More information on the GP Career Plus and pilot areas is available at [www.england.nhs.uk/gp/gpfpv/workforce/gp-career-plus/](http://www.england.nhs.uk/gp/gpfpv/workforce/gp-career-plus/)

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## NHS GP Health Service

A world-first nationally funded service for GPs and GP trainees suffering mental ill-health and addiction is now available. The [NHS GP Health Service](#) provides free, confidential specialist mental health support for a range of conditions including:

- Common and complex mental health conditions
- Mental health conditions relating to physical ill-health
- Substance misuse including support for community detoxification
- Rehabilitation and support to return to work after a period of mental ill-health.

GPs and GP trainees can self-refer through a regional network of experienced clinicians and therapists across 13 areas in England.

This service was a commitment from NHS England Chief Executive Simon Stevens and in the General Practice Forward View.

More information including how to access the service is available at: <http://gphealth.nhs.uk>

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### Editor

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### Contact Us

Please send feedback

## Amendment - EMIS Viewer

on this newsletter  
to:  
[enquiries@somerset  
ccg.nhs.uk](mailto:enquiries@somerset<br/>ccg.nhs.uk)

In [last month's Newsletter](#) we incorrectly reported the number of patient records that have been accessed through EMIS Viewer (the tool that provides clinicians working outside EMIS GP Practices to have secure read-only access to patients' primary care records). Since October 2016 the number of patient records accessed is now in excess of 2500 (not 500 as stated).

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