

Somerset Clinical Commissioning Group

Working Together to Improve Health & Wellbeing

May 2017 - Newsletter Issue 57

In This Issue

- [Editorial](#)
- [Musgrove Park Hospital Chief Executive Steps Down](#)
- [Shepton Mallet Treatment Centre CQC Rating](#)
- [Outcome Based Commissioning](#)
- [Improving Access to Primary Care](#)
- [CCG Public Engagement and Equality Team's Annual Report](#)
- [Maternity Services Workshop](#)
- [My Diabetes My Way](#)
- [Palliative Care Website](#)
- [Health Professional Feedback](#)
- [Child Sexual Exploitation Health Project](#)

Editorial - Challenges and Next Steps

Welcome to this edition of the newsletter. The challenges we all face as we work to manage patient demand and search for new and effective ways to deliver a local health and care system that is safe, high quality and financially sustainable, are huge. This month, Governing Body members with Somerset Clinical Commissioning Group (CCG) were given a draft report regarding the next steps that need to be considered as we move towards Outcomes Based Commissioning.

The meeting prompted some interesting discussion, particularly on the issue of how we might sustain good quality outcomes for patients against a backdrop of shortages of consultants in many hospital specialties. These are live issues for GP colleagues and primary care teams.

You will be familiar with the measures that the CCG and partner NHS Trusts had to take last year to manage the dermatology service in the west of the county, and the referral of patients with suspected skin cancer for assessment and treatment to more distant hospitals shows how disruptive such issues can be for patients without careful forward planning.

I recommend you read the short introduction in this newsletter on Outcome Based Commissioning, but also take time to read the draft report itself which can be found on the CCG website by clicking [here](http://www.somersetccg.nhs.uk/about-us/governing-body/meetings-and-papers/gb-25-may-2017/) and choosing enclosure k: www.somersetccg.nhs.uk/about-us/governing-body/meetings-and-papers/gb-25-may-2017/

Dr Will Harris - Editor

Musgrove Park Hospital Chief Executive Steps Down

Dr Sam Barrell, chief executive of Musgrove Park Hospital in Taunton, has announced she will be stepping down in the autumn to take up a new post as chief operating officer of the Francis Crick Institute, a new biomedical research centre focused on translating research into healthcare prevention, diagnosis and treatment.

A former GP, Dr Barrell was previously the chief clinical officer of Torbay and South Devon Clinical Commissioning Group, and joined Taunton and Somerset NHS Foundation Trust in February 2015. No decision has yet been made about a replacement chief executive.

Shepton Mallet Treatment Centre Achieves CQC Highest Inspection Rating

Shepton Mallet NHS Treatment Centre has been rated 'Outstanding' by the Care Quality Commission (CQC) in a newly published inspection report - putting the Centre at the very top of the regulator's quality ratings across England.

The Treatment Centre is the first acute or surgical hospital in the country to have a report published giving an overall 'Outstanding' with 'Outstanding' ratings in all five elements of the inspection grading: 'safe', 'effective', 'caring', 'responsive', and 'well-led' care. No other NHS, Independent or Private Hospital CQC report published so far has the five outstanding stars on its overall rating.

The report follows news only a few weeks ago that, in the national PROMS (Patient Reported Outcome Measures) survey of how independent healthcare providers of NHS treatments are performing, Shepton Mallet NHS Treatment Centre was found to be the best in the country for knee replacements and 8th in the country for hip operations.

To complement these achievements, during 2016/17 the Treatment Centre had no episodes of MRSA or C Diff, no Serious Untoward Incidents and no never events occurred. There were only 12 formal complaints in the year and over 99% of patients stating they would recommend the provider to friends and family.

For more information contact [Paula Beale](#), Commissioning Manager.

Outcomes Based Commissioning

Somerset CCG is progressing with its work on 'Outcomes Based Commissioning' with more detail on the outcomes being delivered to the CCG's May Governing Body meeting.

Outcomes Based Commissioning represents a different way of funding healthcare services, where outcomes that matter to patients and clinicians are the focus for delivery and payment within the system. Outcomes focus on the more meaningful outputs of contacts (for example a patient saying they are able to return to their normal activities following surgery) rather than the more traditional activity metrics (for example an outpatient appointment or an operation).

Outcomes Based Commissioning seeks to increase input into the prevention agenda, helping people to stay healthier for longer, reducing the burden on healthcare resources. It also ensures a more joined up approach to delivering care as several organisations can come together to deliver services for patients with joint outcomes.

Work to-date has included consulting on the outcomes with key CCG groups and the team are now beginning work to baseline performance against the outcomes to look at where improvement is most needed. Further clinician and patient engagement is planned.

For more information on Outcomes Based Commissioning please contact [Carmen Chadwick-Cox](#), Deputy Director of Programme Management and Transition.

Improving Access to Primary Care

Local GP practices in Somerset have formed 11 groups to collectively deliver the national and local requirements of improving access to primary care. The service will provide Somerset patients with access to same day and pre-bookable appointments from 6.30pm to 8.00pm on weekdays, and at weekends as determined by the local group of practices.

The model of service delivery that the majority of provider groups are designing consists of a rotation between all practices which are part of the group, offering improved access appointments at different practices throughout the week. Patients will be able to access these appointments being offered by the local group of practices, not just at their registered practice. Where an improved access appointment is not at a patient's registered practice, the health care professional will temporarily have access to the GP record following the receipt of patient consent to share their record at the time of booking the appointment.

Provider groups are currently working through the final stages of mobilisation and patients will be informed by their registered practice when and how the service can be accessed. Patients can speak with their registered practice to find out how improved access is being delivered in their local area.

For more information contact [Adam Hann](#), Primary Care Implementation Manager.

How Has Public Feedback Shaped Our Work?

Find out by reading the [CCG Public Engagement and Equality Team's Annual Report](#), which summarises our public engagement work during 2016-17. Please take a look at it if you'd like to see:

- a geographical breakdown of who has engaged with us in the different parts of the county;
- how patients, carers and the wider public have influenced our commissioning over the last 12 months;
- how the CCG has responded to public feedback; and
- our public engagement priorities for the year ahead.

The report is largely pictorial and very brief (only eight pages), so it's easy on the eye and we promise it won't send you to sleep! Find out more at: <http://www.somersetccg.nhs.uk/about-us/how-we-do-things/equality-and-diversity/>

For more information contact [Jill Downey](#), Patient, Public and Carer Involvement Manager.

Maternity Services Workshop

Last month over 50 clinicians, commissioners and members of the public came together at Taunton Racecourse for an interactive workshop aimed at improving user experience with maternity services in Somerset.

The focus was on treating women and families with dignity, compassion and respect and identifying what needs to change, why it matters and how we can do this. Ideas generated will be analysed, combined with experiences gained from other engagement activities, and will influence a county-wide action plan of improvements to maternity services.

A [summary of the day](#) has been put together by Gill Phillips, developer of [Whose Shoes](#)

For more information contact [Lee Reed](#), Quality, Equality and Engagement Lead.

My Diabetes My Way - Pioneering Self-Management Resource

Yeovil Hospital and Somerset Clinical Commissioning Group are to develop a £100k contract for an innovative online resource to help patients with diabetes self-manage their condition, reducing pressure on GP surgeries.

Local people living with diabetes are to be given a digital helping hand in managing their condition, thanks to a new project by Yeovil Hospital and Somerset CCG, working with Dundee University. [My Diabetes My Way](#) is an online one-stop portal for patients and their carers, enabling them to access useful information about their condition and their treatment. The website contains multimedia resources aimed at improving self-management, including information leaflets, interactive educational tools, and videos. It also offers patients access to their care records and plans, via a secure new electronic system, giving a complete overview of their condition. The website is provided in addition to current diabetes healthcare services.

The [online service has been launched in Scotland](#), with 90 per cent of current My Diabetes My Way users saying the website helped them make better use of consultation times and a similar number finding the website helped them manage their condition.

The Somerset and Dundee team have secured £100k to deliver the same benefits to local patients. Following the introduction of the website in Somerset, expected over the coming six months, local healthcare professionals predict a dramatic rise in patient ability to self-manage their illness.

As part of this work, we are keen to get some background information from current patients and a questionnaire is currently circulating in some GP practices. If you are diabetic and would like to participate in the study, a short online questionnaire can be found here <http://bit.ly/2por3aH>. The survey will be open until 27 June 2017.

For more information contact [Rachael Rowe](#), Clinical Networks Programme Manager.

Somerset's Palliative Care Web Page

Earlier this month saw [Dying Matters Awareness Week](#) and the CCG took the opportunity to update the significant content of our palliative care web page – [take a look](#). Content includes useful resources, such as the [Somerset Planning Ahead Guide](#), as well as information about the Gold Standards Framework, Advance Care Planning, the Electronic palliative Care Coordination System (EPaCCS), and Just in Case prescribing. As part the awareness week there was a [death café](#) for staff to meet and talk about this important, but often neglected, subject, and a display offering staff the opportunity to post the one thing they'd like to do before they die.

For more information contact [Dr Chris Absolon](#), Palliative Care Lead.

Health Professional Feedback

The Somerset CCG Health Professional Feedback (HPF) and Medication Incident reporting systems were launched in 2013. Year on year the number of reports being logged has grown; 1845 messages have been received since launching the system, with 700 messages received in 2016/17.

The CCG really appreciate all feedback, which covers a whole range of different issues which impact on the safety, quality and experiences of both patients and staff in navigating and using local services. Often the first clue to emerging problems is picked up through the HPF system, for example, waiting times for access to leg ulcer clinics and talking therapies. A new leg ulcer clinic has been commissioned for the CLICK area (Chard, Langport, Ilminster, Crewkerne) and we are currently reviewing access to talking therapies.

The management of all this information is supported through use of a software system (Datix). This supports the CCG to manage the information and extract reports. This means we can monitor themes and services and use the information extracted to carry out routine review and monitoring with contracted service providers and other local agencies. Communication to investigate and, where possible, remedy issues is conducted through usual channels such as emails and phone calls and then captured back into Datix. This generates a lot of information, which has to be manually saved - a time consuming activity.

To overcome this administrative burden, since December 2016 the Patient Safety teams at the CCG and in our local NHS service providers have been implementing a system where NHS Trusts can view incidents raised involving their service directly. This means NHS trusts can provide a response and update the records directly - a more efficient use of resources for all involved and in many cases this helps secure a quicker response.

The CCG tries hard to resolve individual concerns where possible. In all instances we try to feed back directly to the person who raised the issue in a timely manner to let you know your report is being acted upon, either individually, or used to inform our broader commissioning activities as outlined above, or often both. Where issues raised are a commentary on wider 'system co-ordination' efficiency and effectiveness, individual remedy may not be achieved in quick time. But even if there isn't an immediate remedy the intelligence collected does feed into providing a broad picture of challenges faced in working across service boundaries effectively.

Please note: Jo Bird, who developed and has managed the Health Professional Feedback and Medication Incident system since 2013, retired from the CCG on 26 May. Recruitment to a replacement post is underway.

For more information contact [Karen Taylor](#), Head of Patient Safety and Risk Management.

Child Sexual Exploitation Health Project

Somerset CCG, along with North Somerset CCG, has been involved in a six

Editor

Dr Will Harris

Email:

[will.harris@
wellshc.nhs.uk](mailto:will.harris@wellshc.nhs.uk)

Contact Us

Please send feedback
on this newsletter
to:

[enquiries@somerset
ccg.nhs.uk](mailto:enquiries@somerset
ccg.nhs.uk)

month project, funded by NHS England, to raise awareness and improve the response to child sexual exploitation (CSE) in Somerset.

The aims of the project were to link all health agencies with regards to CSE/SE knowledge and provision, and to increase practitioner confidence in assessing and managing risk. Key to achieving this was the development of a clear health pathway with universal and specialist health service provision across health provider boundaries. The [Quick Guide for practitioners](#) was produced as part of this project and rolled out the health practitioners. The use of CSE Champions across health is being established and should be instrumental in maintaining the awareness and developing processes as policy and strategies progress.

For more information contact [Melanie Munday](#), Associate Safeguarding Children Nurse.
