

Somerset Clinical Commissioning Group

Working Together to Improve Health & Wellbeing

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Editorial - GP Workforce in Somerset

The rising demand upon the NHS is well recorded, so it should come as no surprise to see the [latest workforce statistics from NHS Digital](#) showing more than 86,000 NHS posts were vacant between January 2017 and March 2017.

Such statistics also bring into sharp focus the GP workforce issues in Somerset highlighted in a recent [Somerset Local Medical Committee position paper](#). It warns of the shrinking GP workforce in Somerset quoting the loss of 48 full time Somerset GPs over the 12 months to June 2016 - a drop of 17%.

If you haven't read this paper yet I recommend you do.

Whilst the LMC paper echoes the statistical concerns flagged in the [Somerset CCG GP workforce report of March 2015](#) and acknowledges the positive increase in recruitment to GP training schemes and improvements to GP retention and returner programmes, it warns that raising public expectations through the national 'Improved Access' agenda can only increase demand risks the loss of colleagues from the Somerset GP workforce.

The CCG and STP remain committed to balancing these tensions and supporting practices to find new ways of working that will make general practice sustainable and provide good quality care for patients. Plans to roll out enhanced primary care teams have been supported in principle and the focus is on finding sources of funding to facilitate.

Dr Will Harris - Editor

Somerset CCG Assurance Ratings for 2016/17

NHS England has published its [2016/17 Clinical Commissioning Group \(CCG\) Assessment Ratings](#) and Somerset CCG has had its overall performance rated as 'inadequate'.

Dr Ed Ford has written to practices and staff expressing our disappointment and setting out plans to improve. This rating reflects the very significant demand and financial pressure upon the Somerset health community. Our priority is to use the opportunity offered through the county's Sustainability and Transformation Plan (STP) to work more effectively with our partners as a whole health care system.

We have jointly addressed the need to reduce our financial deficit through the recent [Capped Expenditure Process](#). We are developing plans through the STP that will continue to improve service quality and better manage

demand by focusing upon preventing ill health whilst delivering more health care in the community and in patients' own homes.

See also the [public facing briefing](#) on the CCG website.

First Ratings for STPs

For the first time, the 44 sustainability and transformation partnerships (STPs) have been publicly rated by NHS England and NHS Improvement. Five STPs are rated as 'outstanding', five as 'needs most improvement', twenty as 'advanced' and the remainder (including Somerset's STP), as 'making progress'.

The STP progress dashboard measures performance across a range of key areas:

- Hospital performance (emergency care, elective care, patient safety)
- Patient-focused change (general practice, mental health, cancer)
- Transformation (demand management, leadership, finance)

The dashboard provides a useful benchmark to inform the health service about progress being made and can be found at:

<https://www.england.nhs.uk/wp-content/uploads/2017/07/11-pb-21-07-2017-stp-progress-dashboard.pdf>

Somerset STP Cancer Patient Experience is the Best

Each year patients are invited to participate in the [National Cancer Patient Experience Survey](#). This tests a variety of metrics from GP involvement to participation in research. The 'overall patient experience of care' category is used in performance management of hospitals, clinical commissioning groups (CCGs), and sustainability and transformation partnerships (STPs), and reflects quality of clinical care.

The [2016 patient experience survey](#) has just been published and Somerset STP has received the highest score in England of 8.9. Musgrove Park Hospital is the 4th highest scoring hospital in this category, and Somerset CCG is in the top 15. In addition, Somerset has also scored higher than the national average in one year survival rates from cancer and in diagnosing cancer earlier. 53.5% of patients are diagnosed at stage 1 or 2 with cancer compared to a national average of 52.4%. The one year survival in Somerset is 72% compared to a national average of 70.4% and is down to the work of the clinical teams in primary and secondary care.

For further information on the survey or how the cancer multidisciplinary teams use patient experience to improve care contact Rachael Rowe, Clinical Networks Programme Manager: rachael.rowe@nhs.net

Improving Information Sharing Across the Health and Social Care Systems

Somerset CCG and Somerset County Council's Child Protection Information Sharing project (CP-IS) plans to go live from August 2017.

The project is an NHS England sponsored work programme dedicated to developing an information sharing solution that will deliver a higher level of protection to children who visit NHS unscheduled care settings. It does so by:

- **Connecting local authorities' child protection social care IT systems with those used by staff in NHS unscheduled care settings** (emergency departments, out of hours GP services, walk-in centres, paediatric wards, maternity wards, minor injury units, ambulance services).
- **Sharing information nationally between health and social care across geographical local authority boundaries.** Healthcare staff will be able to see whether a child requiring treatment has a child protection plan in place, or has looked after status, or whether a pregnant woman's unborn child has a prebirth child protection plan. Social care teams will be able to see when and where children under their care are receiving unscheduled medical treatment.

To learn more about the project, watch the NHS Digital Video: <https://www.youtube.com/watch?v=Q-APrs4MhZM> or read more at www.digital.nha.uk/cpis

For Somerset, this forms one key part of the [Somerset Digital Roadmap](#) for improving information sharing across the health and social care systems, utilising digital tools and systems by 2020. A CP-IS Project Team have co-ordinated the work, involving Safeguarding and Digital Leads from local authority and NHS organisations in Somerset, with support from NHS Digital.

For more information contact Mel Munday, Safeguarding Lead: mel.munday@nhs.net or Allison Nation, Head of IM&T: allison.nation@nhs.net. And follow progress on Twitter@somersetccg @ANationNHS

Somerset: Our County - JSNA 2017 published

Somerset's Health and Wellbeing Board is pleased to announce that the Joint Strategic Needs Assessment (JSNA) summary has been published at www.somersetintelligence.org.uk/jsna.

The summary gives an overview of the strategic health, wellbeing and social care needs of Somerset people and this year has a particular focus on ageing well. It is complemented by a qualitative report of local people's views on ageing well, which expresses a wealth of experience and opinion on what helps us age well and what doesn't.

Most of the information assembled and analysed in the JSNA sits on the Somerset Intelligence website. More detailed data is held there than can be included in the summary and both reports contain links to pages holding more information and the group discussions, to make it easier for the reader to access.

Paper copies are available as required and feedback is always welcome.

For more information contact Pip Tucker, Public Health Specialist pztucker@somerset.gov.uk or Jo McDonagh, JSNA Project Manager

Training Pilot for Nursing Homes on End of Life Care

Somerset CCG's Care Home Support Team, in partnership with St Margaret's Hospice, have been piloting a successful training programme for nursing homes on end of life care.

In 2015 the Care Home Support Team started working with St Margaret's Hospice; both aware of issues with end of life care in nursing homes, resulting in delayed hospital discharges, for example. In-house training on end of life care was not available to all nursing homes, and external training was for one member of staff, who would then disseminate their learning to others. However, this was not always possible due to the high rate of staff turnover in nursing homes. Further, the training was only available to clinical staff, when nursing homes had to be creative and develop roles such as 'advanced practitioner' to manage the shortage of nurses and subsequent issues with recruitment.

We therefore developed an end of life training programme for staff teams, including non-clinical staff, to ensure that learning was sustainable long-term. The opportunity to attend the training was offered to all 58 nursing homes in Somerset. Although we only had space for three nursing homes to attend, we had twelve apply, which evidenced the demand.

The agenda included: palliative and end of life care, nausea, vomiting and constipation, just in case medication and documentation, breathlessness, communication and advanced care planning, palliative care emergencies, mental capacity and Deprivation of Liberty Safeguards (DoLS), mouth and wound care, managing pain, and a tour of the hospice. The sessions were delivered by staff from the hospice and the Care Home Support Team, using methods such as role play, group work, and PowerPoint presentations. The training was delivered on two days which were three months apart. This was to enable attendees to reflect and change their practice in between.

We completed an evaluation after the training. 2/3 of the nursing homes that attended provided case examples of how they had prevented hospital admissions due to having attended the training. Practice had changed, with delegates asking GPs if patches can be used for 48hrs instead of 72hrs, developing end of life care plans, compiling resource folders accessible to all staff, and requesting additional medication training. One attendee rated their knowledge of end of life care as 6/10 prior to the training, and 9/10 thereafter. Several attendees advised that attending the course made them feel more confident.

The training was so successful that we are running it twice this year. The opportunity to attend the training was offered to 55 nursing homes. Although we only had space for six nursing homes to attend, we had 18 apply, which once again evidences the demand.

For more information contact Holly Stockdale, Care Home Support Social Worker: holly.stockdale@nhs.net

Digital Health have published an [article on Somerset's successful implementation of EMIS Viewer](#) in emergency, urgent and immediate secondary care, featuring a Musgrove Park Hospital clinician.

This initiative is being led by Somerset CCG, as part of the SIDeR (Somerset Integrated Digital electronic Record) programme, and is now in its second phase of development.

EMIS Viewer is now being rolled out to all secondary care clinical care settings as well as to other care provider organisations in and over the borders of Somerset.

Somerset CCG have licenced EMIS Viewer until October 2018, based on feedback from all care providers, GP Practices and Somerset Local Medical Committee.

It goes to show that with clinical consent and support, it's digitally feasible to provide tools that can go a long way to improving patient care.

If you want to know more about this or the other SIDeR Programme initiatives, please contact Rich Greaves on 07971 831394, or email richard.greaves1@nhs.net

Electronic Decision Aid and Support (eDAS)

The electronic Decision Aid and Support (eDAS) Tool is replacing the functions of the Pathway Navigator Application (Navigator) which is no longer fit for purpose. The main shortcoming of the Pathway Navigator Application is that it is a separate system that requires GPs to frequently visit to see if new pathways and referral forms have been loaded. With over 200 forms, it is impossible for clinicians in a consultation scenario to know whether there was a document relevant to the condition they are dealing with.

EMIS has the capability to program macros in the form of 'protocols' which will automatically be triggered when clinicians enter certain Read codes. This allows functionality to be built that will notify the clinician that information may be available in relation to a clinical condition they are dealing with in a proactive and contemporaneous manner. This has been purchased from EMIS with the original timeframe from EMIS being that it would be available from June 2017. **However, due to extensive coding issues, it has since been withdrawn from rollout with review not anticipated until the end of 2017.**

The most frequently used referral forms have already been converted to 'EMIS Smart Forms' under an initiative from the Digital team starting in 2015. These forms automatically, and electronically, import demographic and appropriate coded data from the patient record. Approximately 60 forms have been converted and are available via <http://etemplates.somersetccg.nhs.uk>. As an interim solution while we await Resource Publisher, pathway content from the Navigator has been reviewed by Elective Care and converted to 'Clinical Guidance' for upload to the website, with an RSS feed to practices notifying them of new content or changes. The Go Live of this new website functionality will be mid-July 2017.

The following feedback has been received from a Somerset GP:

'First time ever an easy wheelchair referral form completed in a minute while the patient was there'

All clinical content is signed off and will be regularly reviewed by the Elective Care Team and requests for upload or amendments should go via somccg.edas@nhs.net

For more information contact Jess Brown, IM&T Project Support Officer: jess.brown@nhs.net

New Mobile App for the Digital Age

Musgrove Park Hospital has agreed plans for a new patient-focussed mobile app, as part of its work to break new ground in the NHS's use of digital technology.

The hospital will be working with the British DeepMind Health to implement and develop the Streams clinical app that will further improve patient safety. This will be available at the bedside to alert doctors and nurses to any patients needing immediate assessment, and help them rapidly determine whether the patient has other serious conditions such as acute kidney injury.

The Streams app will also allow clinical staff to see all relevant information, such as results of x-rays, scans or blood tests, in one place at the touch of a button.

Musgrove Park was named last year as a global digital exemplar for the NHS, and won £10 million in Government funding to enable it to make rapid progress in transforming its use of digital technology.

With its long-term partner in the digital exemplar programme, IMS MAXIMS, the hospital is pressing ahead with similar work to bring technology to the bedside. Digitising information means it is available to all healthcare professionals wherever and whenever they need to access it, making patient care safer and more effective.

For more information read the [news release from Musgrove Park Hospital](#) and the [DeepMind Health Independent Review Panel Annual Report](#)

New Leader for Musgrove Park Hospital

Taunton and Somerset NHS Foundation Trust has announced that [Peter Lewis will take over from Dr Sam Barrell as Chief Executive in September 2017](#). Mr Lewis has been at Musgrove since 2005 and has held a number of key positions, including Director of Finance, Chief Operating Officer and his current role of Deputy Chief Executive. He has led on the hospital's use of cutting edge digital technology and has developed very strong links between Musgrove and other healthcare organisations in the area, such as the mental health and community services trust and GP practices.

In addition to the appointment of Mr Lewis, Musgrove Park Hospital and Somerset Partnership NHS Foundation Trust have announced Dr Nick Broughton as Interim Chief Executive of their new joint management team. Dr Broughton, currently chief executive at Somerset Partnership NHS Foundation Trust, will be seconded into the role to lead the [two](#)

organisations' drive to join forces to improve care for patients. Peter Lewis will become Deputy Chief Executive of the joint team.

St Margaret's Hospice 24 Hour Advice Line

You only need ONE number to access St Margaret's services, 24 hours a day. The [palliative care 24 hour advice and response line](#), for any patient, carer or professional in Somerset, is 0845 070 8910. The line is supported by staff who all have experience of caring for patients with specialist palliative care needs and are therefore able to give symptom control advice and offer support at any time of the day or night. They can also link with other services in the community if needed. There are no restrictions on who can access the 24 hour advice line and they are happy to support any person caring for someone at the end of life.

As with all hospice services, patients do not have to have a cancer diagnosis to access our support. Please note: Central and East Mendip GP practices fall within the Dorothy House catchment, which has its own advice line on 01225 722 999.

For more information contact Laura Wilson on 0845 070 8910 or email info@st-margarets-hospice.org.uk

SINePost Newsletter

The [SINePost e-newsletter](#) is produced each month by the Somerset Intelligence team at Somerset County Council as part of its role in collating, analysing and disseminating data and research. It draws attention to the latest facts, figures, reports and analysis on Somerset. Links are provided to source material should you wish to find out more.

This month:-

- **Social Care:** A new Care Quality Commission (CQC) interactive map for Somerset is now available, to support oversight and monitoring of the health and social care market.
- **Health:** A new Food Hygiene ratings interactive map has been developed providing information about over 5,000 locations across Somerset.
- **Internet Usage:** Latest estimates indicate that 9 out of 10 adults in Somerset have used the internet in the last three months (compared to 8 out of 10 five years ago). Nevertheless there are still 45,000 'non-users' in the county.
- **Welfare:** The number of Somerset households affected by the Benefit Cap has increased from 86 to 309 following the introduction of lower cap levels.
- Plus, an updated 'wider determinants of health' tool, Gross Domestic Household Income (GDHI) estimates, housing benefit caseload statistics, mortgage and landlord possession statistics, and the traveller caravan count.

For more information contact Toby Atkins, Information Analyst, Somerset County Council on 01823 259228 or email T.Atkins@somerset.gov.uk

Exercise Referral with 1610

1610 (formerly Somerset Leisure) is a not-for-profit leisure trust offering a range of sports and leisure facilities across Somerset, Dorset and North

Devon, and aims to transform lives by inspiring active living.

Their Wellness Works programme and instructors meet the rigorous standards of Exercise Referral scheme accreditation set by the NHS and would suit any patient whose mental and physical health would benefit from a more active lifestyle. Wellness Works includes:

- Exercise prescription to relevant exercise classes and gym program by Exercise Referral specialist instructor
- Monitoring, and reviews by Exercise Referral specialist instructor
- Monthly membership access to facilities gym and classes (£23.00 / £25.00)
- Buddy membership / friend or family also gets Wellness Works membership

Referral form can be found here <http://etemplates.somersetccg.nhs.uk/>, or contact Amanda Godsell for more information: mgodsell@1610.org.uk

Award for Services to Stroke Care in Somerset

Congratulations to Dr Khalid Rashed, Consultant in Stroke Services at Yeovil Hospital, who has been recognised with an MBE in the Queen's Birthday Honours list for services to stroke care in Somerset. Dr Rashed's colleagues nominated him for the Honour, which came as a big surprise to the consultant, who has worked at the hospital for over twenty years.

For more information read the [news release from Yeovil District Hospital](#)

Editor

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Contact Us

Please send feedback on this newsletter to:
enquiries@somersetccg.nhs.uk

Public Health Profiles 2017

The [Health Profiles for 2017](#) have been published this month, providing a snapshot of health and wellbeing for each local authority in England using a range of charts and text. They pull together existing information in one place and contain data on a range of indicators for local populations.

Support for those affected by a Major Incident

Help and support is available to anyone who has been affected by a major incident, in the form of an NHS leaflet entitled [Coping with stress following a major incident](#). The leaflet provides information on how both adults and children may expect to feel in the days and months ahead, and to help them understand and have more control over their experience.
