

**Clinical Commissioning Group Governing Body
 Summary Sheet
 Group Service Level Agreement (SLA) 2015/16
 Qtr. 2, July 2015 – September 2015
 Qtr. 3, October 2015 – December 2015
 Date of Meeting: 26 January 2016**

For: PUBLIC session **PRIVATE Session**
For: Decision **Discussion** **Noting**

Agenda Item and title:	Group Service Level Agreement 2015/16 <ul style="list-style-type: none"> • Quarter 2, 2015/16 - July 2015 to September 2015 • Quarter 3, 2015/16 – October 2015 to December 2015
Author:	Sue Rest – Locality Lead / Commissioning Manager
Lead Director/GP from CCG:	Mark Harris, Director of Acute Commissioning Dr Toby Davies, GP Chair, SARUM Group Dr Chet Sheth, GP Vice Chair, SARUM Group Jo Cullen, Director of Primary and Urgent Care Dr Richard Sandford-Hill – GP Chair, WWYKD Group Dr Lindsay Kinlin, GP Vice Chair, WWYKD Group Ted Wilson, Director Community and Joint Specialist Commissioning Dr Simon Burrell, GP Chair, NEW Group Dr Anna Collings, GP Vice Chair, NEW Group
Executive summary:	This paper reports on the quarter 2 and quarter 3 activity under the Group SLA 2015/16 for the NEW, WWYKD and SARUM Groups of Wiltshire CCG. The paper covers the two quarters combined, with the aim of creating a more timely report to the Governing Body, and is based on the most recent referral, attendance, admissions and prescribing data (month 7/8). The Quarter 4 Group SLA report will be tabled for the Governing Body meeting in May 2016, thus concluding the reporting for the Group SLA 2015/16 including a year-end report from all practices. All practices across Wiltshire have signed up to this SLA. Currently, in 2015/16, the Group Service Level Agreement (SLA) with practices is a key enabler to support delivery of the CCG strategy at member practice level. The SLA supports additional primary care capacity and clinical leadership to deliver at a local

	<p>level. It is structured through the Groups to reflect local aspects of the strategy and delivery solutions and recognises activity happens at Group, Locality and Practice level. 2015/16 represents the third year of the current agreed SLA three year funding. The CCG has invested £3.8m of CCG spend (circa £7.87 per head of population) through this SLA.</p> <p>This is an important investment in primary care and as with other investments, the intended impact and measurement of success need to be articulated. For 2015/16, the CCG has asked its Groups to respond to this framework and this is set out to better enable demonstration of both the intended impact and the achieved impact of the investment.</p> <p>Supporting Care Homes has been a significant and successful aspect of the SLA and it was agreed by the Clinical Executive that Care Homes is managed as a Local Enhanced Service for 15/16. Populations have been taken as at 1st January 2015 consistent with other commissioned services from general practice (note the SLA budget is a fixed amount, apportioned on population).</p>
Evidence in support of arguments:	<p>CCG performance data. Specific elements such as prescribing data and secondary care activity measured using national data sources e.g. ePACT, SLAM and SUS data.</p>
Who has been involved/contributed:	<ul style="list-style-type: none"> • Group Executive GPs • Group Practice Managers • Group Practices
Cross Reference to Strategic Objectives:	<p>This SLA supports the CCG vision outlined in line with the CCG 5 Year Strategic Plan, being delivered within the current financial crisis facing the NHS nationally. It focuses on the principles of:</p> <ol style="list-style-type: none"> 1. Encouraging and supporting Wiltshire residents to take on more responsibility for their own health and wellbeing. 2. Providing fair access to high quality and affordable system of care for the greatest number of people. 3. Providing less care in hospitals and more care at home or in the community. <p>This is achieved through the SLA by progressing community transformation, through practice planning and locality working, managing and finding local alternatives to referrals, reviewing areas of high referral spend and changing prescribing practice in line with CCG guidance, alongside reviewing clinical practice for</p>

	<p>those with long term conditions and sharing best practice across localities. It also contributes to the commissioning agenda and the delivery of the QIPP targets for the Great Western Hospital Foundation Trust (GWH), Royal United Hospital (RUH) and Salisbury Foundation Trust (SFT) contracts.</p> <p>During quarter 3, 2015/16 some elements of the Group SLA, namely prescribing activity, have been focused on supporting the Wiltshire CCG financial recovery plan.</p>
Engagement and Involvement:	Discussion and agreement of work priorities with all practices via GP Executive representatives in NEW, WWYKD and SARUM.
Communications Issues:	The performance in the report will be shared across the membership practices and used in external communication plans.
Financial Implications:	No unfunded financial implications. Payments under SLA will not exceed total funds allocated.
Review arrangements:	Quarterly reports will be presented to the Governing Body. Project plans and reports will be monitored by the Group Executives in NEW, WWYKD and SARUM as detailed in the SLA documents.
Risk Management:	If the SLA is not delivered it will impact on the ability of the CCG to deliver its strategic plan for 2015/16. These risks will be mitigated through monitoring and review of progress using standardised audit and reporting templates.
National Policy/ Legislation:	Five Year Forward View
Equality & Diversity:	No adverse impact identified.
Other External Assessment:	n/a
What specific action re. the paper do you wish the Governing Body to take at the meeting?	The Governing Body is asked to receive and discuss the content of the report.

Group Service Level Agreement (SLA) 2015-16
2nd Quarter Report – July 2015 to September 2015
3rd Quarter Report – October 2015 to December 2015

1. Purpose

The vision of NHS Wiltshire CCG is “to ensure the provision of a health service which is high quality, effective, clinically led and local.” At the heart of this vision is the focus on developing a model that delivers care to Wiltshire people in or close to their own homes. In order to deliver this, the Group SLA has been developed. It is a vehicle to enable GP practices, both individually and by supporting locality activity, to work together in partnership with the CCG, working towards an agreed set of outcomes.

2. Outcomes

This SLA will support practices in the achievement of the following outcomes:

- Support the achievement of the CCGs strategic priorities.
- Enable practices to be involved more closely in the commissioning process.
- Enable practices to work together to alter clinical pathways for the benefit of the patient.
- Reduction in urgent admissions to acute hospitals through appropriate primary care interventions.
- Increased delivery of local services i.e. patients managed by GP or outpatient services provided in the primary care environment.
- Development of innovation from grass roots.
- Support the delivery of the CCG QIPP savings target.

In addition, some elements of the Group SLA in 2015/16, such as prescribing activity audits, have been directed to support the NHS Wiltshire financial recovery plan

3. Funding

The Group SLA for 2015/16 was approved by the Clinical Executive in July 2015 as the third year of the current 3 year agreement. The total funds available for the Group SLA across Wiltshire in 2015/16 are £3,796,910. This figure comprises £3,019,535 for the SLA after funding for the Care Home LES of £777,375 was top sliced. The total amount available to practices under the SLA is therefore £6.26 per patient, the Care Homes LES being paid separately based on eligible patient numbers and chosen level of activity. The Wiltshire registered patient population is based on figures as at 01.01.15.

The total funds for the SLA of £3,019,535, at £6.26 per patient has been split to fund an outcome element of £1.50 per patient and an activity element of £4.76 per patient (from which funding has been ring fenced for Group GP Forums). The activity element of the SLA for quarters 1, 2 and 3 has been paid to practices. The practices have also been paid the outcomes element for the submission of practice plans and achievement of the medicines management activities. The quarter 4 activity payment will be made at the beginning of quarter 4 and the remaining outcomes payments will be made following approval by the Group Executive GPs at the year end.

4. Payment and Reporting

Practice performance against this SLA is measured in a variety of ways as outlined in Group responses as signed off by the Clinical Executive in July 2015. Some elements will be measured by the provision of direct evidence by practices where indicated e.g. audits, reports to GP Executives and plans and / or summary quarterly reports where required from practices. Specific elements such as prescribing data and secondary care activity will be measured using national data sources such as ePACT, SLAM and SUS data.

5. Areas of Activity

The Group SLA has been separated into two distinct elements in 2015/16 to increase consistency across the Groups where targeted focus is needed, whilst allowing practices working within their localities to develop projects specific to their own local area.

Outcome Element

Practice Plans

- Practices to develop individual Practice Plans, focusing on areas where they are 'outliers' in secondary care activity and to outline measures proposed to explore and target these areas. Practices to evaluate activity and review change achieved at year end.

Prescribing

- Practices to agree areas for 'housekeeping savings' with the CCG and work towards achieving savings in prescribing. Some practices have chosen to use a practice based pharmacist to support change. A prescribing audit is also to be completed.

Activity Element

This aspect of the SLA has been developed locally by Executive GPs working within the three CCG Groups to reflect the local pressures on NHS service provision and the local area priorities. Each of the Groups has included the following standard elements in their SLA plan:

- Holding a minimum of two full membership events per year, one of which will be the Group AGM.

- GP and practice engagement in local aspects of their Locality Plans and integrated team implementation.
- Agreeing medicines management action plans with the CCG based on housekeeping savings and action areas.
- Supplying monthly referral information on priority areas for the CCG – dermatology, gastroenterology, ophthalmology and orthopaedics.
- Developing plans to access referral data for planning and local demand management activities e.g. through use of the RSS or otherwise.

Outcome Element – Wiltshire Wide

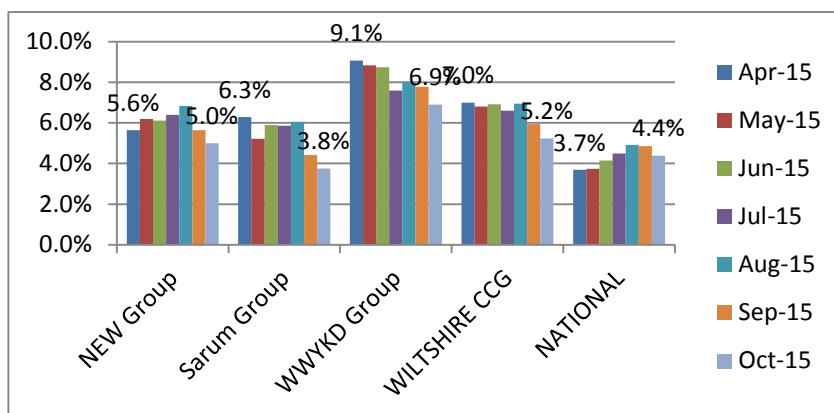
Practice Plans

Practices are continuing to implement their individual Practice Plans covering activities highlighted locally as areas to review. These Practice Plans were considered by the Group Executive GPs and were noted at the Clinical Executive meeting in July 2015. Each Practice Plan identifies individual reporting timescales which are being monitored by the locality lead officers at the CCG. All practices will evaluate their schemes at the end of the year and provide a written evaluation report to the CCG outlining activity, achievement and learning points.

Prescribing

All practices across the three Groups have engaged with the Medicines Management Team this quarter in relation to management of prescribing costs in their practices and have worked hard on the FRP targets.

Prescribing Activity – 12 Month Rolling Growth Data



Whilst the actual prescribing spend continues to grow with some variation across the groups, the 12 month rolling growth data shows that whilst national growth has increased from 3.7% to 4.4%, in the same period, Wiltshire has decreased from 7% to 5.2% demonstrating significant progress. Continued work on the housekeeping project and the FRPs is expected to close this gap further.

The following table shows the scale of prescribing overspend in the top 10 practices and across the Groups.

Top 10 Practices Overspent in Month 7 Against Prescribing Budget 2015/16	Estimated Final Budget	Final Outturn	Cost Variance	Percentage Variance
		£	£	
Practice 1 – WWYKD	£ 2,167,091	£ 2,588,808	£ 421,717	19.46%
Practice 2 – WWYKD	£ 2,579,522	£ 2,913,227	£ 333,705	12.94%
Practice 3 – SARUM	£ 1,288,006	£ 1,568,462	£ 280,456	21.77%
Practice 4 – SARUM	£ 2,228,327	£ 2,480,621	£ 252,294	11.32%
Practice 5 – WWYKD	£ 1,670,578	£ 1,895,364	£ 224,786	13.46%
Practice 6 – NEW	£ 1,452,900	£ 1,667,950	£ 215,050	14.80%
Practice 7 – WWYKD	£ 3,065,779	£ 3,272,538	£ 206,759	6.74%
Practice 8 – WWYKD	£ 2,423,673	£ 2,627,251	£ 203,578	8.40%
Practice 9 – WWYKD	£ 1,354,987	£ 1,516,622	£ 161,635	11.93%
Practice 10 – SARUM	£ 1,298,606	£ 1,459,215	£ 160,609	12.37%

	Estimated Final Budget	Final Outturn	Cost Variance	Percentage Variance
NEW	£ 22,474,681	£ 23,314,528	£ 839,847	3.74%
SARUM	£ 20,042,867	£ 20,432,033	£ 389,166	1.94%
WWYKD	£ 23,164,226	£ 25,092,515	£ 1,928,289	8.32%
Wiltshire CCG - Practices Only	£ 66,119,218	£ 69,373,092	£ 3,253,874	4.92%

(Total figures include data from other prescribing services e.g. Medvivo, lymphedema services, Turning Point etc.)

Housekeeping Progress

By October, 49/56 practices had achieved the target of 50% reduction in their potential savings or the Housekeeping project (the target for the Medicines Management aspect of the SLA). The average reduction was 70.4%. Practices with pharmacists achieved an average of 76.1% reduction and practices without achieved an average of 62.8% reduction.

	Change
NEW	-76.7%
WWYKD	-68.7%
SARUM	-64.7%

Total Wiltshire CCG	-70.4%
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Average savings across Wiltshire equate to 70.4% against proposed housekeeping savings, a reduction in potential prescribing costs of £1,685,534. At an investment level of £1.00 per registered patient, a total investment of £481,529, gives a return on investment of 1:3.5.

Activity Element – Wiltshire Wide

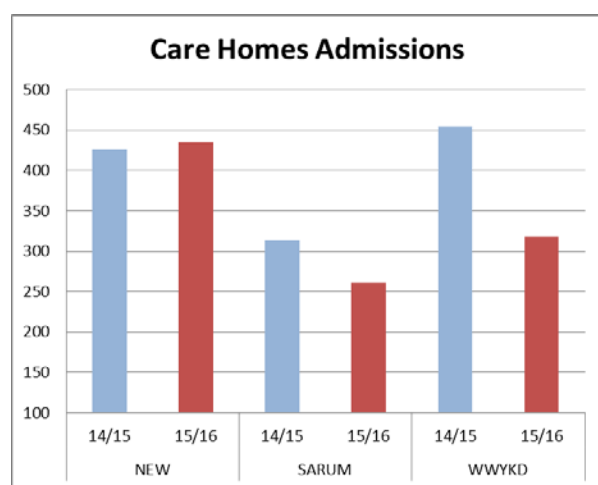
Membership Events

The second of the two NEW GP membership events was held on 12th November 2015. Dr Julian Treadwell spoke on over diagnosis and over treatment with a view to supporting GPs in reflecting on their clinical practice. This was supported by a CCG led session on prescribing. Table discussions focused on cardiology and endoscopy where GPs and consultants had the opportunity to discuss ways of supporting patients in community settings and reducing unnecessary diagnostic procedures.

The WWYKD Group held their second GP membership event and AGM on 11th November 2015. As at the NEW Group event, Dr Julian Treadwell spoke on overprescribing supported by the CCG Medicines Management Team. The WWYKD localities presented their locality achievements and used the opportunity to share learning and best practice across practices.

In SARUM, the second GP membership event was due to be held on 1st December 2015. However, it was postponed due to the threatened junior doctors' strike. The SARUM Executive will reconvene their GP membership event during the 4th quarter 2015/16.

Care Home and Frail Elderly Management



Care Homes Admissions Month 7 YTD

The development of the care homes SLA has been a success. Both Clinicians, patients and care home staff have welcomed the increased focus on care for residents in care homes and the impact on admissions to secondary care continues to be marked. A variety of innovative staffing arrangements have been put in place, including additional work carried out focusing on elderly persons care through Transforming Care for Older People (TCOP) schemes which provide learning opportunities for practices. Some of

these schemes will be shared in the spring at a TCOP learning event.

Admissions to hospital from care homes continue to drop in month 7 YTD 2015/16 compared to 2014/15. There has been a 15% reduction in admissions across Wiltshire, down 180 admissions compared with the same period 2014/15. Having made a big reduction in care homes admissions in previous months, the NEW Group practices continue to hold care homes admissions stable. In WWYKD there has been a marked reduction in admissions of 136 (30%) month 7 YTD 2015/16 compared to month 7 YTD 2014/15. SARUM practices have reduced care homes admissions over the same period by 53 (16.9%).

Indicative Group Level Measurement – Care Homes		
Target	Performance	Notes
46 of the 56 practices in Wiltshire have signed up to the Care Homes LES for 2015/16.	82%	Of the remaining 10, 8 have no registered patients in care homes and 2 have chosen to opt out.
In month 7 YTD, 2015/16 admissions from care homes were as follows, compared to 2014/15: NEW = 435 (426 2014/15) WWYKD = 318 (454 2014/15) SARUM = 261 (314 2014/15) Overall reduction of 180 admissions.	Allocation for Care Homes LES month 7 YTD 2015/16 is £453,468.	Financial variance is calculated as period spend minus savings from reduced admissions (average cost of £2,500 per admission)

Engagement and Group Events

GPs and practice managers continue to attend meetings throughout the year and continue to build relationships as a membership organisation. Locality group meetings, GP forums and shared learning events continue to develop and GPs also attend local Area Boards and community events building relationships across the wider community. In most localities, there is now regular engagement from social care and third sector providers with the core locality team, enabling more effective ways of working to be developed and implemented. Looking forward, localities are looking to improve engagement with AWP staff.

Monthly Referral Data Submission

Practices continue to be supplied with data by the CCG concerning their referral, attendance and admission activity through practice packs, RSS data, hospital discharge data and via the Group Executive GPs. Practice clinical systems and supporting information technology programmes

enable practices to interrogate data about their patients and focus their activity where it is likely to have the most impact with respect to patient care and support, reduction in secondary care activity and reduction in cost. CCG locality leads continue to develop relationships with their locality practices and provide practical and data support to inform locality activity in this respect.

Activity Element – NEW Group

Effective Referrals

The RSS continues to manage the majority of referrals to secondary care from the NEW and WWYKD groups. There is still difficulty reporting on individual usage by practices of the RSS service due to technical reporting issues. A more comprehensive report on RSS usage by practice will be available in quarter 4. It should be noted that the increase in GP referrals to GWH is partially due to a shift from RUH to GWH for certain specialities.






	2014/15 Month 8 YTD	2015/16 Month 8 YTD	Change	% Change
NEW				
Total	17877	17600	-277	-1.54%
RUH	7050	6682	-368	-5.22
GWH	10505	10640	135	1.29
SFT	322	278	-44	-13.66

Indicative group level measurement – Effective Referrals NEW		
Target	Performance	Notes
Practice level GP initiated referrals Month 8 15/16 versus Month 8 14/15 levels. Target-reduction in referral levels.	Total GP referrals in NEW decreased by 1.54% (277 referrals) Month 8 YTD 15/16 compared to Month 8 YTD 14/15.	There was a reduction in GP referrals to RUH of 368 and SFT of 44. However, there has been an increase of 135 in GP referrals to GWH.

NB/ The GP referrals data comes from a different source to the 1st outpatient appointment activity data. Where GP referrals appear to be increasing but 1st outpatient appointment numbers are decreasing, there may be a waiting list developing for some specialities.

Controlling and Reducing Admissions

Group Activity Data – NEW Group – Month 7 YTD 2015/16 compared to Month 7 YTD 2014/15

	Trend	Number	Percentage
A+E Attendances		+471	+2%
Non-Electives		+85	+1%
Electives		+250	+2%
1 st Out Patient Appointments		-362	-1%
Out Patients Follow Up Appointments		+2,690	+6%

Integrated Teams and Locality Planning

Across Wiltshire, practices continue to work with the CCG on the development of a Primary Care Strategy for Wiltshire. The focus for coming months will be consideration of primary care estates to facilitate the effective and efficient delivery of more integrated care at a locality level with improved access for patients and improved facilities. A number of practices have submitted expressions of interest for funding under the 2016 Transformation Fund to facilitate facilities improvement, some including shared space for wider integrated team staff, additional clinical space for secondary care outreach clinics, rooms to support development of urgent care services and additional space for other community staff such as LIFT psychology services and maternity services. Within the Primary Care Strategy there is also a focus on the development of workforce initiatives to support more innovative ways of working. Additional space in practices will also give increased opportunity to create GP training places.

The community module for TPP has now been rolled out across all the community team staff working with GP practices and it is proving to be very successful now that initial teething problems with implementation have been resolved. The system is now being rolled out to other community services starting with the continence service. GPs and practice staff have worked closely with the community team to make the best use of shared access to patient records thus reducing administration requirements and more effectively focusing time and resources on direct patient care.

Localities in NEW continue to progress and a number of initiatives are being implemented. In Chippenham, the three GP practices have bid for Transformation Scheme funding to deliver

shared services across the town which is being considered by the CCG and NHSE. Practices are also looking to develop a directory of local services to enable better signposting for patients. The Mens Shed project in the Corsham and Box locality has been really successful. This has been supplemented by voluntary agencies working more closely together to promote services available in the locality and to integrate with other locality providers. Good relationships have been developed with Corsham Town Council and the team ethos continues to grow. . In Calne, practices are reviewing the way leg ulcers are managed and are looking at the merits of a leg club model already in place in a number of other localities. GPs are also considering ways of developing social prescribing schemes.

Despite its rural profile, practice staff in the East Kennet locality continue to meet regularly through practice nurse, practice manager and administrators groups to share best practice and discuss common issues and MDT meetings to discuss patients with a wide range of clinicians are productive. Relationships with the community team have improved and the locality now feels it would benefit from closer working relationships with other community team staff such as occupational therapists and physiotherapists, who are being approached.

In Malmesbury and Tolsley, the locality has received funding from the Health and Wellbeing Board to work in partnership with Wiltshire Council to develop a voluntary portal and to employ an Older Persons Champion. A meeting of key stakeholders will take place in January 2016 to scope the project. Both practices have also undertaken training to become 'dementia friendly' practices, as have a number of other localities across Wiltshire. Tinkers Lane and Cricklade practices have been focusing on non-elective admissions, outpatient referrals and ophthalmology referrals audits and have developed action plans including increased case reviews, more GP input in potential cataract referrals and changes to MIU read coding to facilitate easier review. Falls clinics now take place in the locality once a month and there are weekly community physio clinics. A major achievement has been strong engagement with the Alzheimer's Society in the last 6 months, including attending flu clinics and carers events to support patients and attending clinical meetings.

Implementation of New Pathways – clinical

The NEW Group has highlighted changes to the cancer care pathway and the potential impact on GP referral trends. GPs are also interested in conversion rates for GP cancer referrals and any anomalies which occur between practices and individual GPs. To this end, the Group is has designed an audit to look at two week wait cancer referrals across all NEW practices. The audit will be implemented in quarter 4, 2015/16 and results reported after the year end. At the GP Forum in November 2015, GPs worked with consultants from gastroenterology and cardiac services to look at pathway improvements that can be woven into future services commissioning briefs.

Engagement with CCG 5 Year Strategy

NEW GPs continue to work closely with secondary care providers, hearing from consultants in neurology, orthopaedics, ophthalmology and mental health in accident and emergency departments in GP Executive meetings this quarter, developing closer working relationships between primary and secondary care. NEW GPs have also increased their involvement with the public health team at Wiltshire Council in relation to the falls strategy and the obesity strategy. GPs have reviewed the CAMHS transformation plan and heard from the sleep studies programme.

GPs have made good use of the 'grumpy and pleased' e-mail reporting system during quarter 2. The quarter 3 data is expected shortly and will be reported at year end. Provider pushback (25% of grumpies) and discharge (36% of grumpies) continue to be the biggest areas of reporting. However, during this period it should be noted that only 5% of grumpies refer to communication issues, an improvement on previous periods. Actions resulting from the reporting process include junior doctors receiving discharge summary training, one trust has established a Patients Correspondence Working Group to review issues as they arise and the supply by trusts of 14 days medication on discharge has been reinforced.

The NEW North meeting of localities is always well attended by GPs, supported by their practice managers. They have heard presentations from the Community Geriatrician and looked at ways of further improving healthcare services to care homes patients as well as hearing from AWP and the drug and alcohol services, particularly in relation to A+E attendances.

The East Kennet Locality Group continues to build relationships with community team staff and have developed their multi-disciplinary team meetings to include a wider range of clinicians. During this period they have reviewed their TCOP schemes and engaged with the community team concerning staffing, looking at the relationship between home care staff, community team staff and the discharge process.

Activity Element – WWYKD Group

Effective Referrals

The RSS continues to manage the majority of referrals to secondary care from the NEW and WWYKD groups. There is still difficulty reporting on individual usage by practices of the RSS service due to technical reporting issues. A more comprehensive report on RSS usage by practice will be available in quarter 4.






	2014/15 Month 8 YTD	2015/16 Month 8 YTD	Change	% Change
WWYKD				
Total	21,046	20,488	-558	-2.65
RUH	14,249	13,950	-299	-2.10
GWH	2,537	2,144	-393	-15.49
SFT	4,260	4,394	134	3.15

Indicative group level measurement – Effective Referrals WWYKD		
Target	Performance	Notes
Practice level GP initiated referrals Month 8 15/16 versus Month 8 14/15 levels. Target – reduction in referral levels.	Total GP referrals in WWYKD reduced by 2.65% (558 referrals) Month 8 YTD 15/16 compared to Month 8 YTD 14/15.	There was a reduction in GP referrals to RUH of 299 and GWH of 393. However, there has been an increase of 134 in GP referrals to SFT.

NB/ The GP referrals data comes from a different source to the 1st outpatient appointment activity data. Where GP referrals appear to be increasing but 1st outpatient appointment numbers are decreasing, there may be a waiting list developing for some specialities.

Controlling and Reducing Admissions

Group Activity Data – WWYKD Group – Month7 YTD 2015/16 compared to Month 7 YTD 2014/15

	Trend	Number	Percentage
A+E Attendances		-150	-0%
Non-Electives		+57	+1%
Electives		+169	+1%
1 st Out Patient Appointments		+504	+2%
Out Patients Follow Up Appointments		+5,287	+8%

Integrated Teams and Locality Planning

Locality activity continues to grow in WWYKD. The Devizes locality has made the decision to directly employ an Emergency Care Practitioner to support older people in the locality and the recruitment process is underway. The practices are working more closely with the community team on the delivery of International Normalised Ratio (INR) blood testing and the flu vaccination campaign and are developing the idea of an older persons nurse to support older people living in the community. The locality is continuing to work on a town estates plan to support the CCG primary care strategy and estates planning projects. In Trowbridge, localities have also developed an estates plan to look at the joint provision of services across the town which it is discussing with the CCG. Their Emergency Care Practitioner is in post and the practices have been successful in securing funding for additional pharmacist services through the NHSE Clinical Pharmacy Pilot to help manage prescribing and medications reviews.

The locality education group in Westbury and Warminster has developed an action plan to improve services to diabetic patients and will meet for the second time to discuss mental health provision for patients in the locality. The experienced older persons nurse is having an impact on supporting people in their homes and has started to free up surgery time as older people have access to more personalised care and support. The leg club now has more than 80 members and the locality is looking to involve other agencies in the scheme to broaden its scope. The Melksham and Bradford on Avon locality is planning its first multi-disciplinary workshop, focusing on the implementation of effective multi-disciplinary team meetings to review patient care. A community falls clinical has been set up in Melksham hospital and a leg club is planned in Melksham.

Activity Element – SARUM Group

Effective Referrals

In SARUM, practices continue to focus on peer review of referrals and analysis of the core data set on secondary care referrals. Practices are required to review their monthly practice packs to monitor their referral trends in all three Groups across Wiltshire and practices work with their locality lead offices and peer practices to review performance.

	2014/15 Month 8 YTD	2015/16 Month 8 YTD	Change	% Change
SARUM				
Total	19,230	19,320	90	0.47
RUH	103	102	-1	-0.97
GWH	64	33	-31	-48.44






SFT	19,063	19,185	122	0.64
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Indicative group level measurement – Effective Referrals SARUM		
Target	Performance	Notes
Practice level GP initiated referrals Month 8 YTD 15/16 versus Month 8 YTD 14/15 levels. Target – reduction in referral levels.	Total GP referrals in SARUM increased by 0.47% (90 referrals) Month 8 YTD 15/16 compared to Month 8 YTD 14/15.	There was a reduction in GP referrals to RUH of 1 and GWH of 31. However, there has been an increase of 122 in GP referrals to SFT.

NB/ The GP referrals data comes from a different source to the 1st outpatient appointment activity data. Where GP referrals appear to be increasing but 1st outpatient appointment numbers are decreasing, there may be a waiting list developing for some specialities.

Controlling and Reducing Admissions

Group Activity Data – SARUM Group – Month 7 YTD 2015/16 compared to Month 7 YTD 2014/15

	Trend	Number	Percentage
A+E Attendances		+262	1%
Non-Electives		+233	+3%
Electives		+489	+4%
1 st Out Patient Appointments		-182	-1%
Out Patients Follow Up Appointments		-1,044	-2%

Integrated Teams and Locality Planning

In the SARUM West locality, there is a wide geographic spread of patients mirroring other Wiltshire localities. Practices are looking to explore the use of the Tisbury campus to free up surgery space and for community clinics and SFT outreach clinics in the locality. This would improve access to services for patients and increase the variety of services provided in the locality with less need for patients to travel. Practices have undertaken a 6 month peer review of their practice innovation schemes and practice plans and they have also shared best practice in relation to antibiotic prescribing. In SARUM North practices held a successful ‘speed dating’ event for the wider integrated team, resulting in active participation in the elderly care initiative.

The 'Healthy Care Network Hub' is now operational, supported by a website and acts as a resource to coordinate and optimise third sector, community team and community engagement in the locality. The locality practices continue to regularly review their practice pack and secondary care activity data contributing to variance management and peer review for outliers.

The Cathedral and Clarendon localities have both worked to establish their own locality identity since their split at the beginning of the financial year. The Cathedral locality is the first in SARUM to have a leg club up and running, based on the national leg club model. The Clarendon locality practices have secured part funding from Wiltshire Council to set up a heart failure pilot scheme which is currently in design.

Locally Developed Innovation and Improvement – Practice Innovation Projects

SARUM has been supporting practices to run innovative local projects at practice level for the last 2 years of the SLA and this continues into year 3. Schemes include a variety of activities tailored to meet the needs of the practice populations and localities and this year, include the following:

- Development and delivery of a CHAT service
- Workforce pilot to look at a wider multi-professional service delivery
- Involving pharmacists in practice duty day teams to enhance clinical capacity
- Setting up a 'carers café' to support local carers who look after patients

These schemes will be fully reviewed and evaluated at the end of the 4th quarter 2015/16.

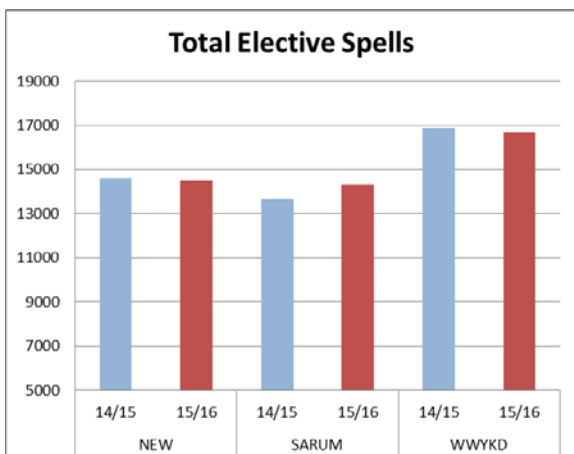
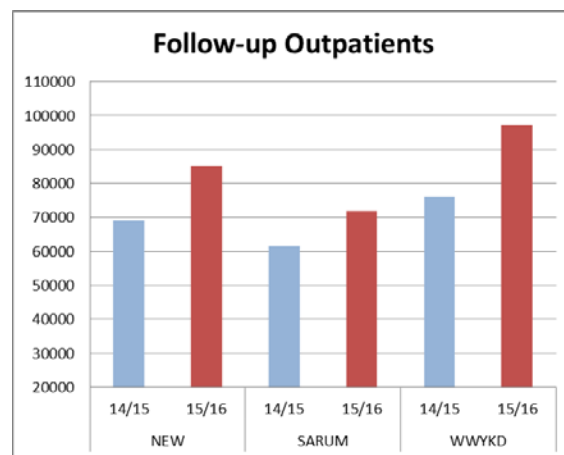
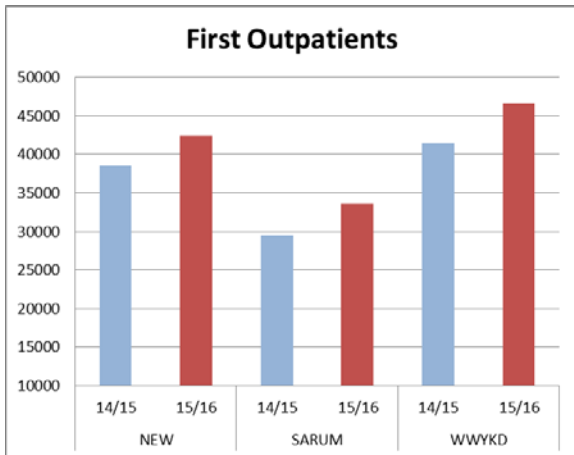
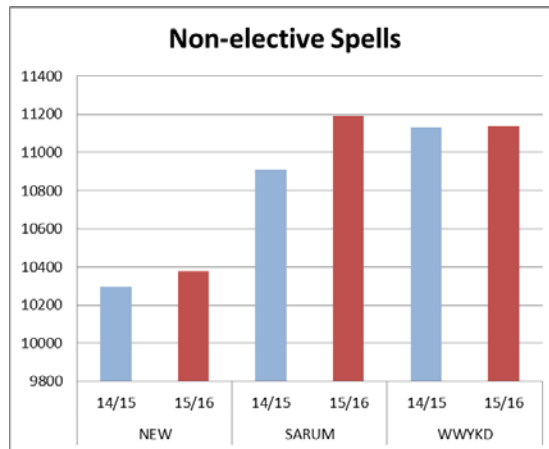
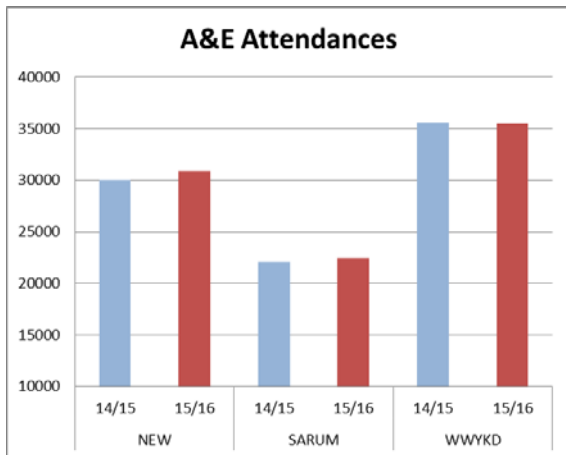
Indicative group level measurement – Practice innovation Projects		
Target	Performance	Notes
Measurable ROI of combined schemes for SARUM on activity utilisation / system costs of 50% (£142,000)		Measured at Qtr. 4.

Conclusion

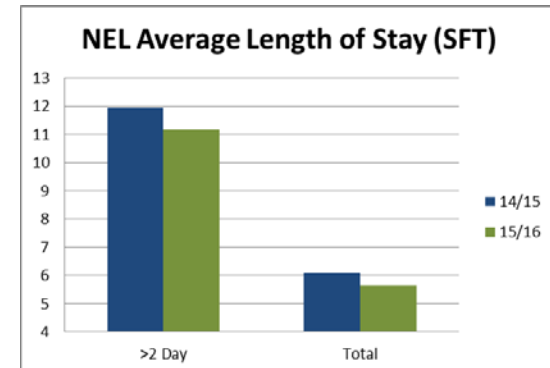
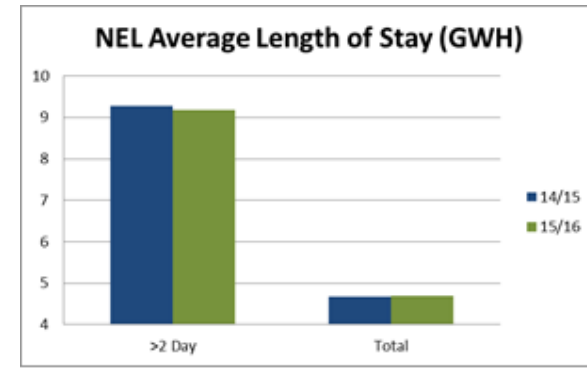
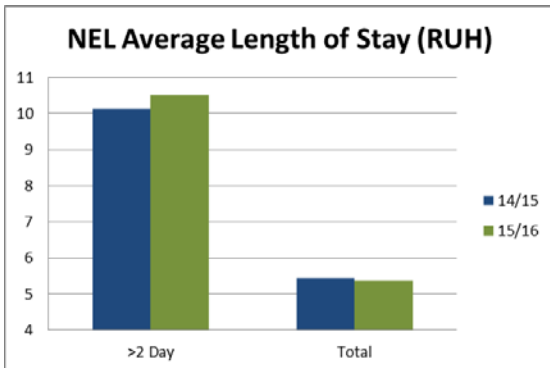
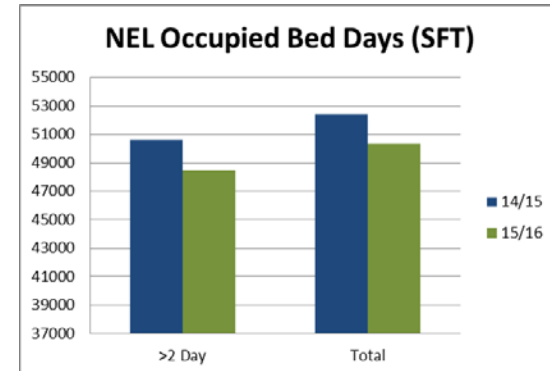
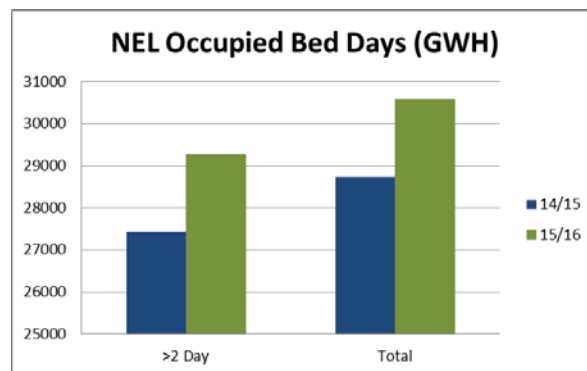
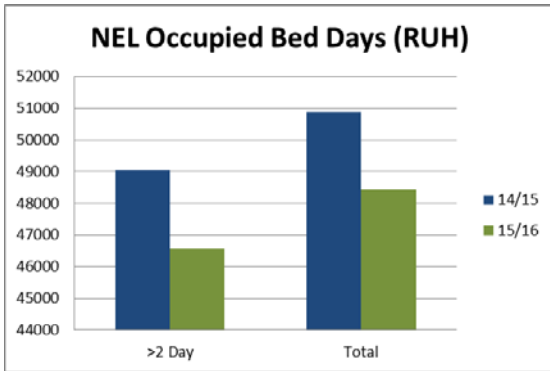
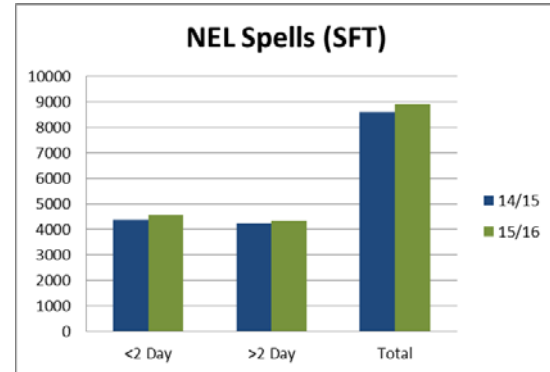
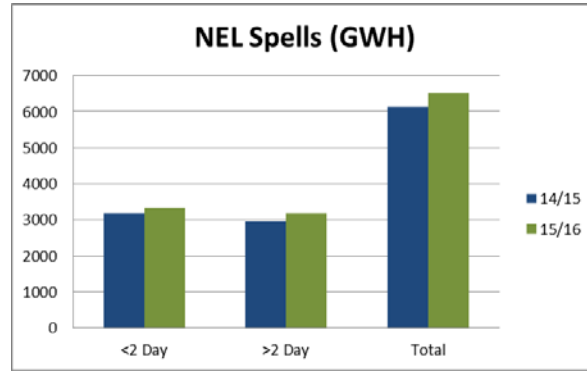
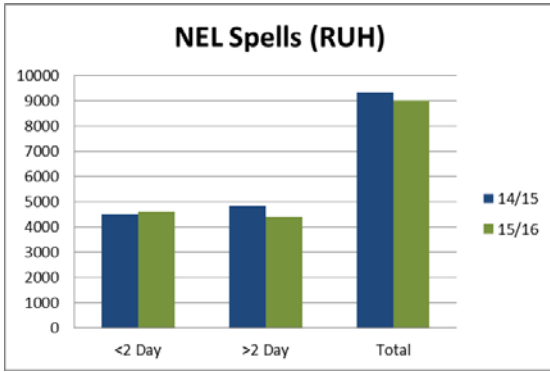
The Governing Body is asked to note the content of this report.

Appendix A

Group Activity Data – Month 8 YTD 2014/15 compared to Month 8 YTD 2015/16

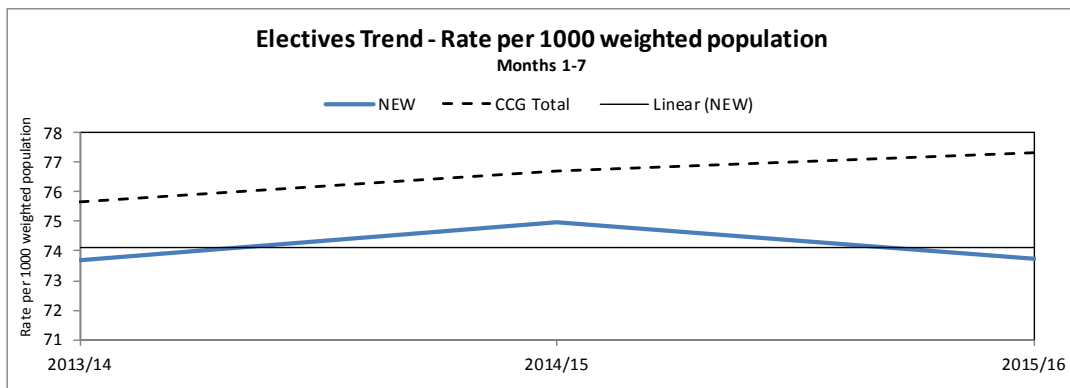


NB. Quarterly reporting against the same quarter in the previous year does not take account of the current year's financial plan for costs of service delivery. The current years plan will assume a degree of growth over the previous year's actual activity.

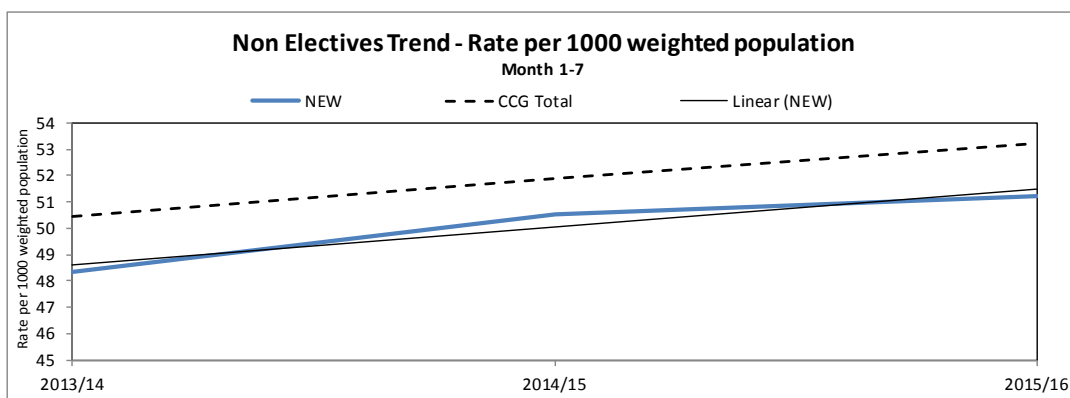


NEW Activity Data – 2013/14 to 2015/16

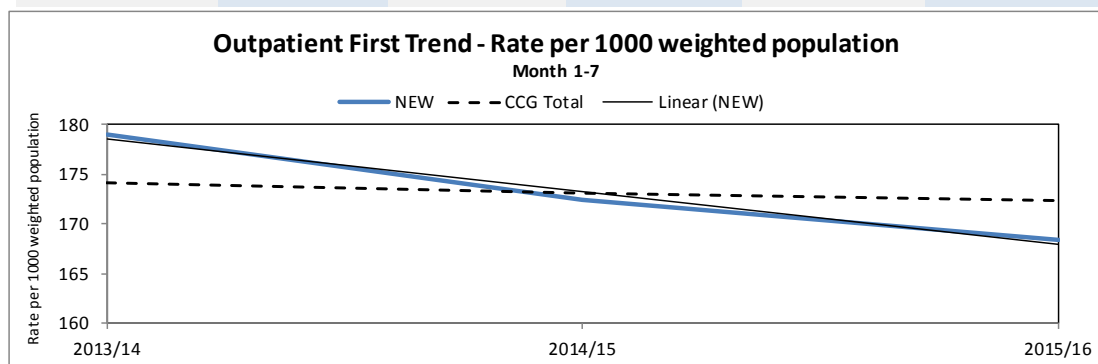
	2013/2014		2014/2015		2015/2016	
	Actual Activity	Rate	Actual Activity	Rate	Actual Activity	Rate
ELECTIVES						
NEW	12129	74	12503	75	12382	74
CCG Total	36410	76	37357	77	37838	77



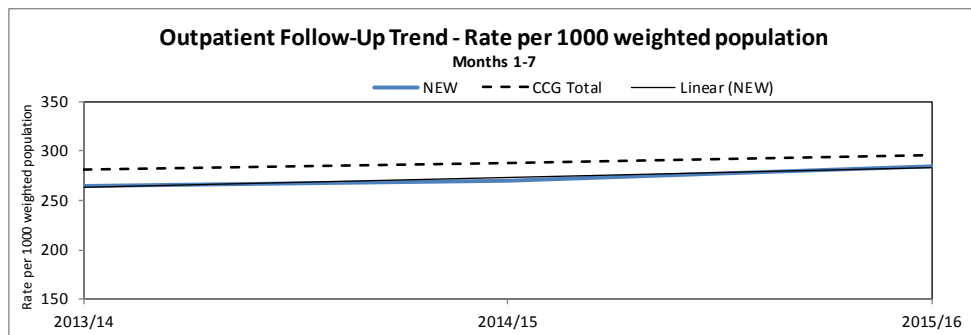
	2013/2014		2014/2015		2015/2016	
	Actual Activity	Rate	Actual Activity	Rate	Actual Activity	Rate
NON-ELECTIVE						
NEW	7958	48	8429	51	8606	51
CCG Total	24274	50	25264	52	26056	53



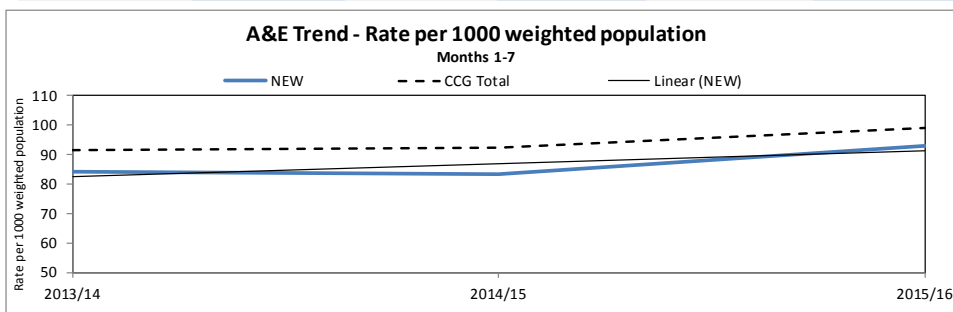
	2013/2014		2014/2015		2015/2016	
	Actual Activity	Rate	Actual Activity	Rate	Actual Activity	Rate
OUTPATIENT FIRST						
NEW	29441	179	28754	172	28290	168
CCG Total	83841	174	84253	173	84326	172



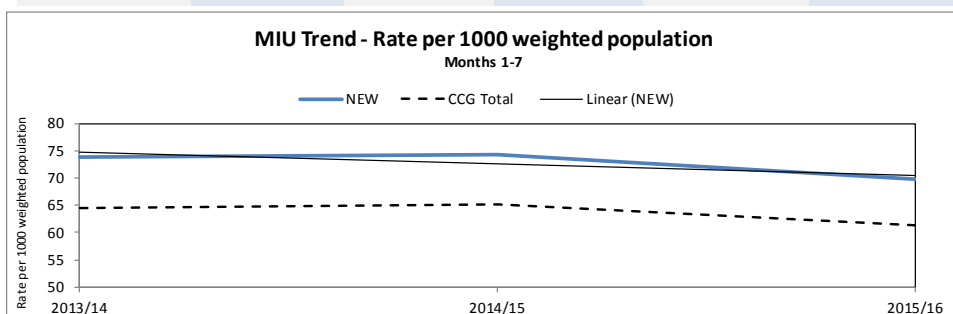
OUTPATIENT FOLLOW-UP	2013/2014		2014/2015		2015/2016	
	Actual Activity	Rate	Actual Activity	Rate	Actual Activity	Rate
NEW	43542	265	45035	270	47835	285
CCG Total	135282	281	139931	287	144677	296



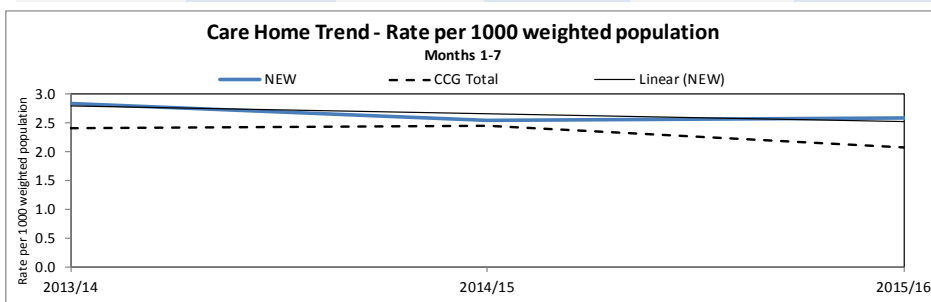
A&E	2013/2014		2014/2015		2015/2016	
	Actual Activity	Rate	Actual Activity	Rate	Actual Activity	Rate
NEW	13830	84	13912	83	15638	93
CCG Total	44008	91	45035	92	48556	99



MIU	2013/2014		2014/2015		2015/2016	
	Actual Activity	Rate	Actual Activity	Rate	Actual Activity	Rate
NEW	12143	74	12391	74	11699	70
CCG Total	31062	65	31685	65	29989	61

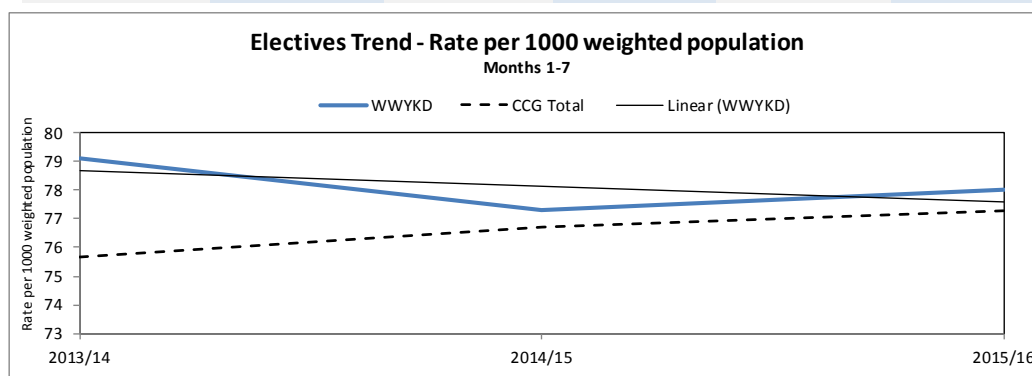


Care Home Admissions	2013/2014		2014/2015		2015/2016	
	Actual Activity	Rate	Actual Activity	Rate	Actual Activity	Rate
NEW	468	2.8	426	2.6	435	2.6
CCG Total	1159	2.4	1194	2.5	1014	2.1

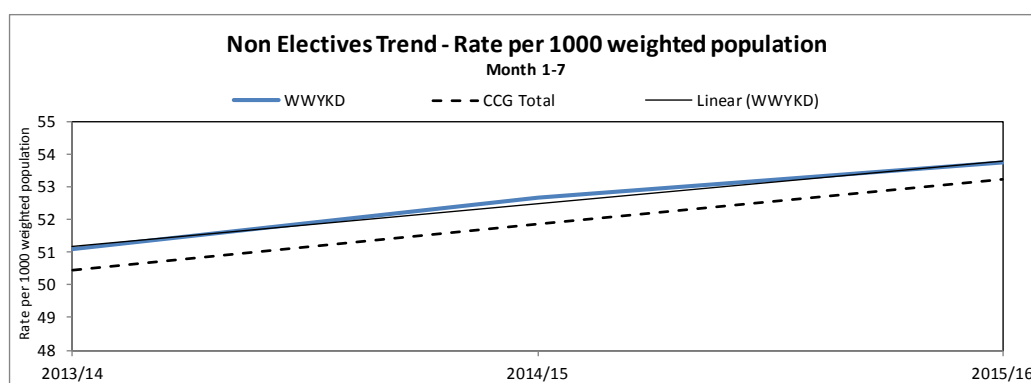


WWYKD Activity Data – 2013/14 to 2015/16

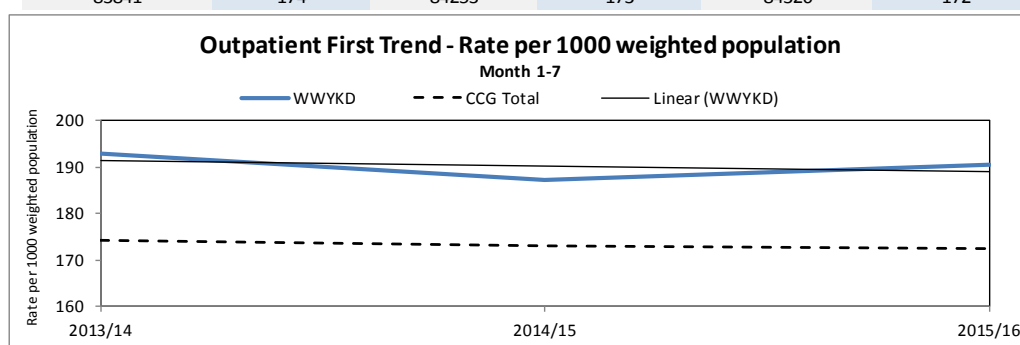
ELECTIVES	2013/2014		2014/2015		2015/2016	
	Actual Activity	Rate	Actual Activity	Rate	Actual Activity	Rate
WWYKD	13206	79	13085	77	13256	78
CCG Total	36410	76	37357	77	37838	77



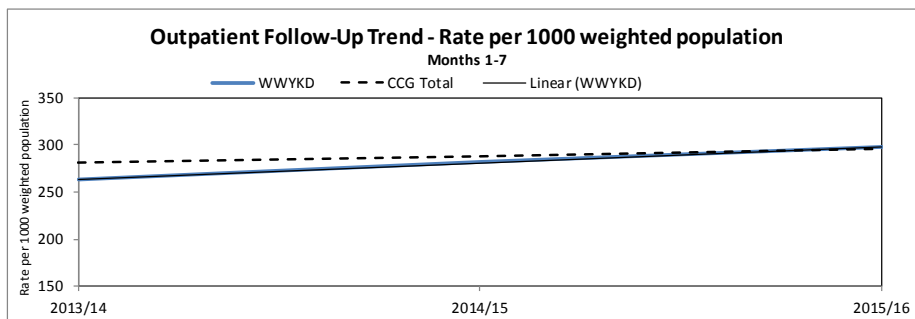
NON-ELECTIVE	2013/2014		2014/2015		2015/2016	
	Actual Activity	Rate	Actual Activity	Rate	Actual Activity	Rate
WWYKD	8534	51	8912	53	9129	54
CCG Total	24274	50	25264	52	26056	53



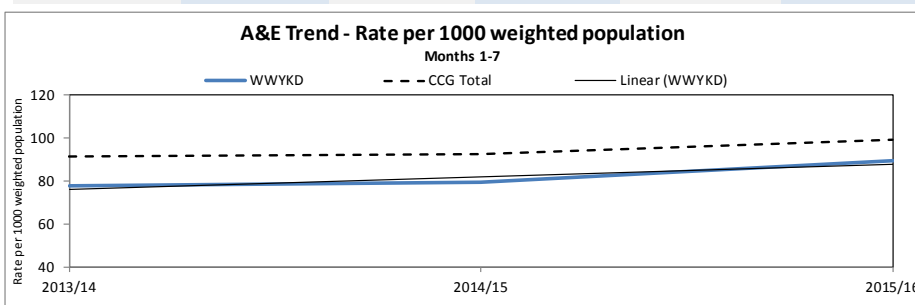
OUTPATIENT FIRST	2013/2014		2014/2015		2015/2016	
	Actual Activity	Rate	Actual Activity	Rate	Actual Activity	Rate
WWYKD	32222	193	31677	187	32379	191
CCG Total	83841	174	84253	173	84326	172



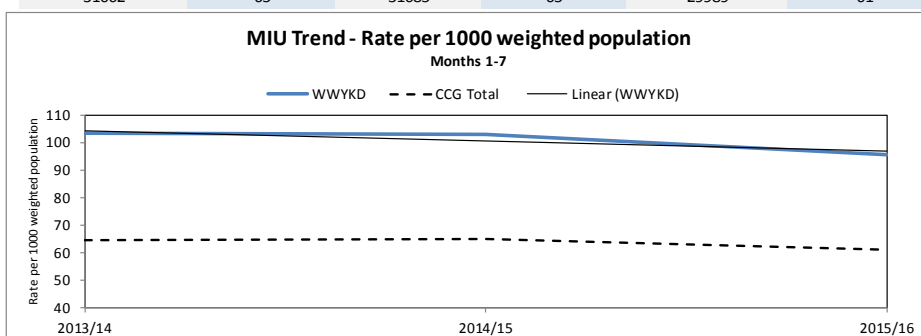
OUTPATIENT FOLLOW-UP	2013/2014		2014/2015		2015/2016	
	Actual Activity	Rate	Actual Activity	Rate	Actual Activity	Rate
WWYKD	43948	263	47667	282	50633	298
CCG Total	135282	281	139931	287	144677	296



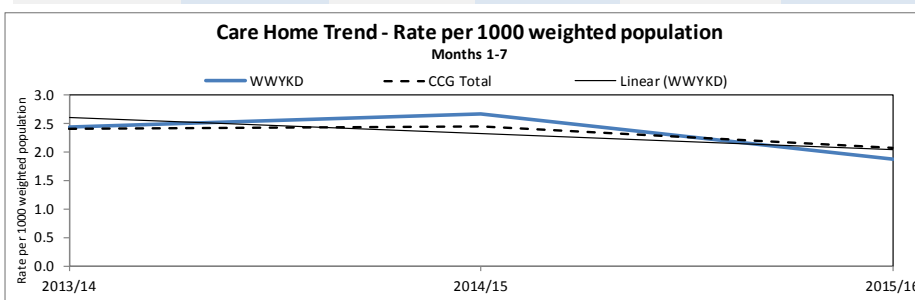
A&E	2013/2014		2014/2015		2015/2016	
	Actual Activity	Rate	Actual Activity	Rate	Actual Activity	Rate
WWYKD	12935	77	13471	80	15157	89
CCG Total	44008	91	45035	92	48556	99



MIU	2013/2014		2014/2015		2015/2016	
	Actual Activity	Rate	Actual Activity	Rate	Actual Activity	Rate
WWYKD	17234	103	17452	103	16261	96
CCG Total	31062	65	31685	65	29989	61

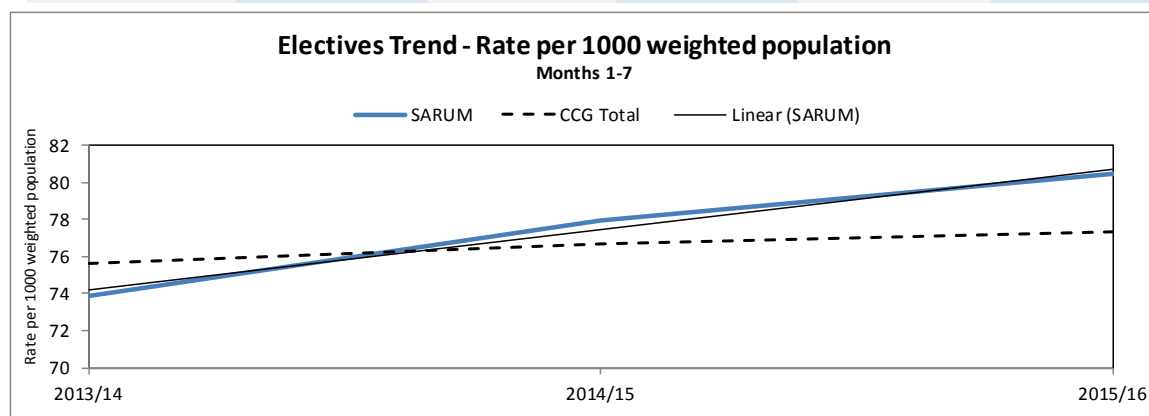


Care Home Admissions	2013/2014		2014/2015		2015/2016	
	Actual Activity	Rate	Actual Activity	Rate	Actual Activity	Rate
WWYKD	407	2.4	454	2.7	318	1.9
CCG Total	1159	2.4	1194	2.5	1014	2.1

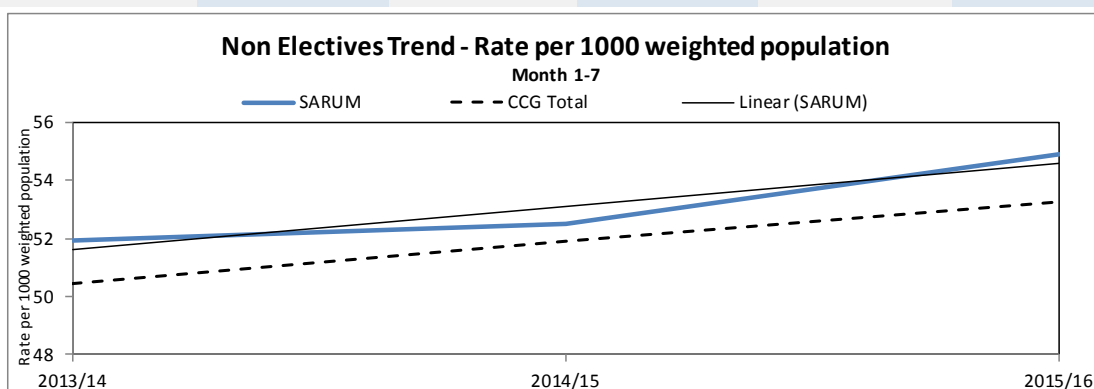


SARUM Activity Data – 2013/14 to 2015/16

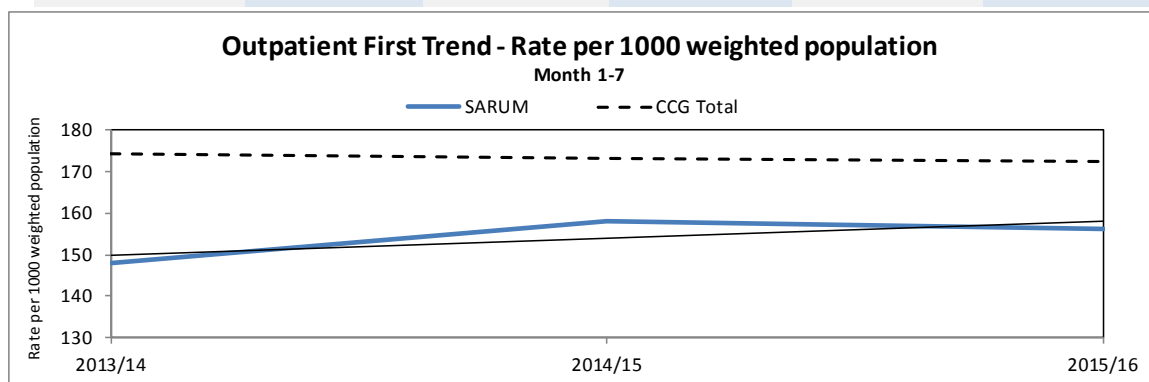
ELECTIVES	2013/2014		2014/2015		2015/2016	
	Actual Activity	Rate	Actual Activity	Rate	Actual Activity	Rate
SARUM	11075	74	11769	78	12200	80
CCG Total	36410	76	37357	77	37838	77



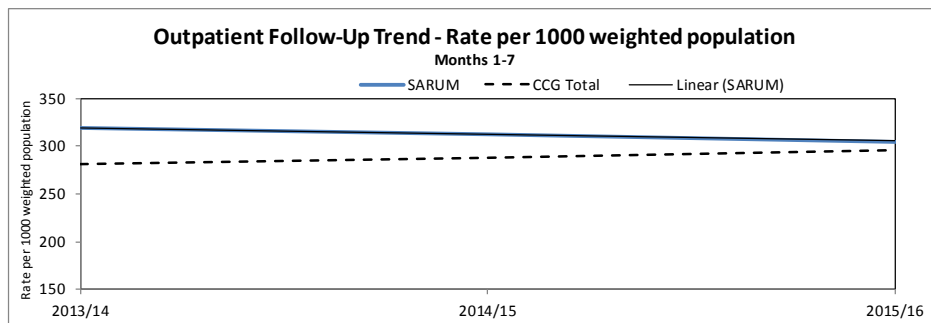
NON-ELECTIVE	2013/2014		2014/2015		2015/2016	
	Actual Activity	Rate	Actual Activity	Rate	Actual Activity	Rate
SARUM	7782	52	7923	53	8321	55
CCG Total	24274	50	25264	52	26056	53



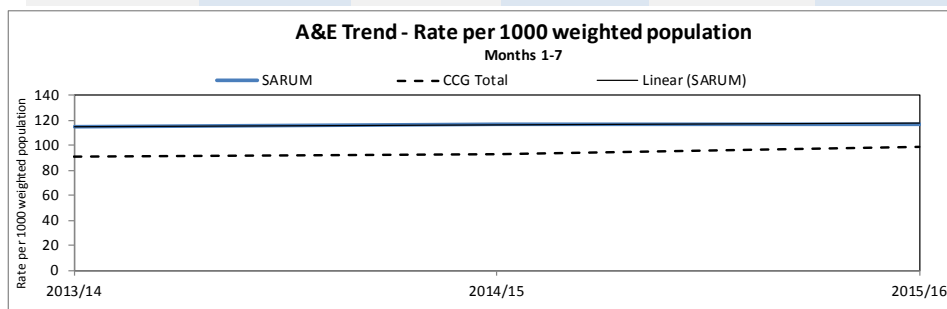
OUTPATIENT FIRST	2013/2014		2014/2015		2015/2016	
	Actual Activity	Rate	Actual Activity	Rate	Actual Activity	Rate
SARUM	22178	148	23822	158	23657	156
CCG Total	83841	174	84253	173	84326	172



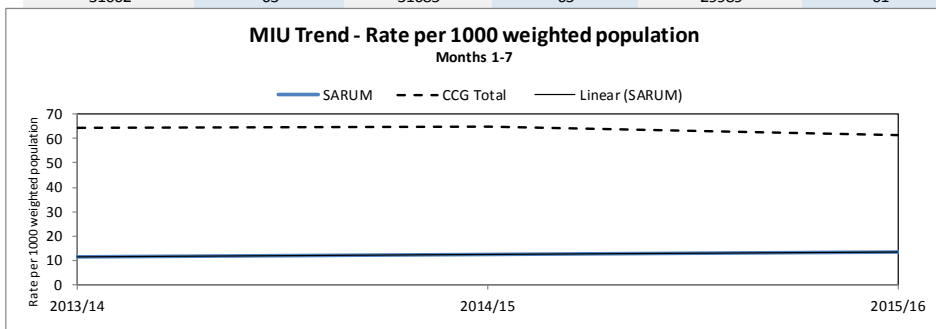
OUTPATIENT FOLLOW-UP	2013/2014		2014/2015		2015/2016	
	Actual Activity	Rate	Actual Activity	Rate	Actual Activity	Rate
SARUM	47792	319	47229	313	46209	305
CCG Total	135282	281	139931	287	144677	296



A&E	2013/2014		2014/2015		2015/2016	
	Actual Activity	Rate	Actual Activity	Rate	Actual Activity	Rate
SARUM	17243	115	17652	117	17761	117
CCG Total	44008	91	45035	92	48556	99



MIU	2013/2014		2014/2015		2015/2016	
	Actual Activity	Rate	Actual Activity	Rate	Actual Activity	Rate
SARUM	1685	11	1842	12	2029	13
CCG Total	31062	65	31685	65	29989	61



Care Home Admissions	2013/2014		2014/2015		2015/2016	
	Actual Activity	Rate	Actual Activity	Rate	Actual Activity	Rate
SARUM	284	1.9	314	2.1	261	1.7
CCG Total	1159	2.4	1194	2.5	1014	2.1

