

**Clinical Commissioning Group Governing Body
Summary Sheet**

Date of Meeting: 26 July 2016

For: PUBLIC session **PRIVATE Session**

For: Decision **Discussion** **Noting**

Agenda Item and title:	GOV/16/07/16 Group Service Level Agreement (SLA) 2015/16 - Quarter 4, 2015/16 (Jan to March 2016)
Author:	Sue Rest – Locality Lead / Commissioning Manager
Lead Director/GP from CCG:	<p>Mark Harris, Director of Acute Commissioning Dr Toby Davies, GP Chair, SARUM Group Dr Chet Sheth, GP Vice Chair, SARUM Group</p> <p>Jo Cullen, Director of Primary and Urgent Care Dr Richard Sandford-Hill – GP Chair, WWYKD Group Dr Lindsay Kinlin, GP Vice Chair, WWYKD Group</p> <p>Ted Wilson, Director Community and Joint Specialist Commissioning Dr Andrew Girdher, GP Chair (Joint), NEW Group Dr Anna Collings, GP Chair (Joint), NEW Group</p>
Executive summary:	<p>This paper reports on the quarter 4, year-end activity under the Group SLA 2015/16 for the NEW, WWYKD and SARUM Groups of Wiltshire CCG. It concludes the reporting for the Group SLA 2015/16. From 1st April 2016, the Group SLA became part of the Primary Care Offer (PCO) and from that date, reporting will be done via a new governance structure covering all aspects of the PCO. All practices across Wiltshire have signed up to the Group SLA element of the PCO for 2016/17.</p> <p>During 2015/16, the Group Service Level Agreement (SLA) with practices has been 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 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 (LES) for 15/16. The Care Homes LES will also become part of the PCO from April 2016 and will be managed alongside the other enhanced services through the PCO governance structure.</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 systems 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 those with long term conditions and sharing best practice across localities. During quarter 4, 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:	<p>Discussion and agreement of work priorities with all practices via GP Executive representatives in NEW, WWYKD and SARUM.</p>
Communications Issues:	<p>The performance in the report will be shared across the membership practices and used in external communication plans.</p>
Financial Implications:	<p>No unfunded financial implications. Payments under SLA will not exceed total funds allocated.</p>
Review arrangements:	<p>Quarterly reports will be presented to the Governing Body during 2015/16. Project plans and reports will be monitored by the Group Executives in NEW, WWYKD and SARUM as detailed in the SLA documents.</p>

Risk Management:	<p>Delivery of the Group SLA during 2015/16 has supported the CCG in the delivery of its strategic plan. In 2016/17, as a part of the PCO, this work retains its importance in supporting CCG strategic plan delivery. If the SLA is not delivered it will impact on the ability of the CCG to meet its overarching objectives. These risks will be mitigated through monitoring and review of progress, both through the Group Executive meetings and the newly introduced PCO governance structure.</p>
National Policy/ Legislation:	<p>Five Year Forward View – NHSE, October 2014 General Practice Forward View – NHSE, April 2016</p>
Equality & Diversity:	<p>No adverse impact identified.</p>
Other External Assessment:	<p>n/a</p>
What specific action re. the paper do you wish the Governing Body to take at the meeting?	<p>The Governing Body is asked to discuss the content of the report.</p>

Group Service Level Agreement (SLA) 2015-16 4th Quarter Report – January 2016 to March 2016

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 remaining money, accrued by the CCG in 2016/17 but relating to the 2015/16 Group SLA, will be paid to practices

following the CCG Governing Body noting the content of the report. The outstanding payments for each Group are SARUM £139,289.18, WWYKD £42,983.00 and NEW £42,851.80.

4. Payment and Reporting

A variety of methods have been used throughout the year to monitor practice performance against the Group SLA, as agreed by the Clinical Executive in July 2015. Practices have submitted a variety of reports, audits, plans and templates and the Group Executive GPs have reviewed performance. Specific elements such as prescribing data and secondary care activity have been measured using national data sources such as ePACT, SLAM and SUS data, made available to practices through tools such as the medicines management website.

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 and development.
 - 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. DID THEY DO THIS?
 - Developing plans to access referral data for planning and local demand management activities e.g. through use of the RSS or otherwise.
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Outcome Element – Wiltshire Wide

Practice Plans

Practices have reported back to the CCG on the implementation of their Practice Plan initiatives which were designed by practices at the beginning of the year and noted at the Clinical Executive meeting in July 2015, to address areas of outlying secondary care activity.

In NEW, a number of practices have audited their elective admissions activity, focusing on specialities such as gastroenterology, general surgery and urology. Conclusions reached include changeover of GPs in one practice causing problems for patients accessing services, specific patients who are high users of services, patients accessing services through the out of hours system and consultant to consultant referrals that the practices were not aware of. Learning from these audits has resulted in a range of related activities including regular review of data, addressing continuity for staff changes, reviewing 'frequent fliers' and sharing of best practice at practice and locality meetings. One practice reviewed paediatric emergency admissions to support the targeting of this area at the CCG and one practice addressed its usage of the Referral Support Service at the CCG, ensuring all GPs were aware of the service and using it for referrals wherever possible.

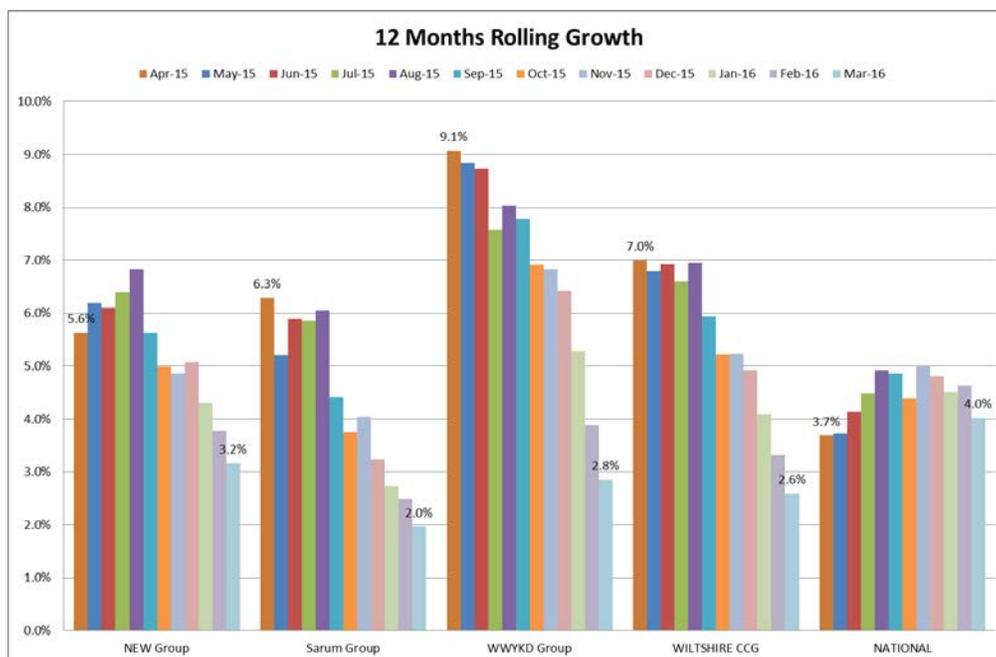
One practice in Warminster has focused on reducing admissions for older people and developed effective MDT meetings with the community geriatrician resulting from audits carried out through its Practice Plan. Locum referrals are now authorised by the patient's own GP to ensure patients remain at home wherever possible and the practice has worked hard to support the CCG diabetes and MSK programmes. Working across the locality, Warminster and Westbury practices have introduced a Locality Education Group, expanded their leg ulcer services and worked hard to improve communication and coordination of services with other health and social care professionals to improve the effectiveness of local services.

In SARUM, practices audited their referrals and carried out peer reviews across practices with the aim of sharing experience and learning. This was a useful process and practices have developed a peer review system which they have implemented going forward. All practices looked at their referral trends using information from the CCG Practice Packs and have carried out a series of audits and reviews. Practices in Salisbury reviewed their A+E attendances and there has been a focus on other areas across SARUM including the reduction of outpatient follow up appointments, use of email advice from consultants by general practice and audits of the use of radiological investigations.

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



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 4.0%, in the same period, Wiltshire has decreased from 7% to 2.6% demonstrating significant progress to reduce growth across the county. It also demonstrates that our growth in spend is now below national average which is a significant improvement.

The following table shows the scale of prescribing overspend across the Groups. Individual practices with a significant overspend had individual practice visits from the medicines management team during February and March 2016 to identify potential areas for change ready for the new financial year.

	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

The final end of financial year data showed that 54/56 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 77.4%. Practices with pharmacists achieved an average of 76.1% reduction and practices without achieved an average of 62.8% reduction.

	Change
NEW	-82.0%
WWYKD	-75.5%
SARUM	-74.2%
Total Wiltshire CCG	-77.4%

Average savings across Wiltshire equate to 77.4% against proposed housekeeping savings, a reduction in potential prescribing costs of £1,845,134. 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.

Future Plans

The Housekeeping project will not be continued in its current format due to the development of the Primary Care Offer. This will incorporate a prescribing incentive scheme designed to encourage a reduction in prescribing costs for each practice towards a budget set demographically.

Activity Element – Wiltshire Wide

Membership Events

During 2015/16, the Group membership events have continued to develop and give GPs and practice staff the opportunity to network and share good practice. In the 4th quarter, NEW Executive GPs were planning their bi annual forum for April 2016, including their Annual General Meeting with presentations from Deborah Fielding and Simon Truelove detailing the highlights of the year and the CCGs financial position. Dr Alistair Burns was invited to talk to the group about dementia care and the breakout session was tabled to allow GPs to discuss best use of community hospitals to support primary care.

WWYKD Executive GPs held their Group forums on 27 January 2016 and 16 March 2016. At the January meeting, GPs heard from the LMC about national movement towards new models of working and learning from the Vanguard sites, considering what could be relevant to Wiltshire. The concept of the Primary Care Offer and the Prescribing Incentives Scheme were put to the meeting for discussion with a view to implementation in April 2016. Comments were fed into the design of the scheme, aiding its smooth implementation and the development of effective outcomes.

Virgin Care managers were present at the March meeting, talking about the mobilisation of the Children’s Services Contract and there was also a presentation from a GWH respiratory nurse talking about the safe use of oxygen at home for patients. Douglas Blair introduced details of the Adult Community Services contract mobilisation and the lead up to the implementation date of 1 July 2016 to enable a smooth transition from GWH to Wiltshire Health and Care.

In March 2016, the SARUM GP forum had a presentation by a consultant and lead nurse from Salisbury launching the Hospice at Home service. They also heard from the consultant ENT specialist at Salisbury District Hospital. The practice managers had a specialist session with Capita discussing their mobilisation of the SBS support services contract and they also had an opportunity to talk to our partners at NHS England about primary care commissioning support in the light of co-commissioning.

Care Home and Frail Elderly Management

The Care Homes SLA continues to deliver reduced admissions to secondary care from care homes. Across the CCG, admissions to hospital for this group of patients have reduced from 1,948 patients in 2013/14 to 1,739 in 2015/16, a reduction of 209 patients. The largest reduction in admissions has been in the WWYKD group of practices where admissions have reduced from 705 in 2013/14 to 522 in 2015/16, a reduction of 183 patients but all three Groups show a reduction over time.

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. Patients in these homes are covered by other practices?
In month 12 YTD, 2015/16 admissions from care homes were as follows, compared to 2014/15: NEW = 732 (698 2014/15) WWYKD = 522 (704 2014/15) SARUM = 485 (558 2014/15) Overall reduction of 221 admissions.	Allocation for Care Homes LES full year 2015/16 is £777,375. A reduction of 221 admissions from care homes = £552,500.	Financial variance is calculated as period spend minus savings from reduced admissions (average cost of £2,500 per admission)

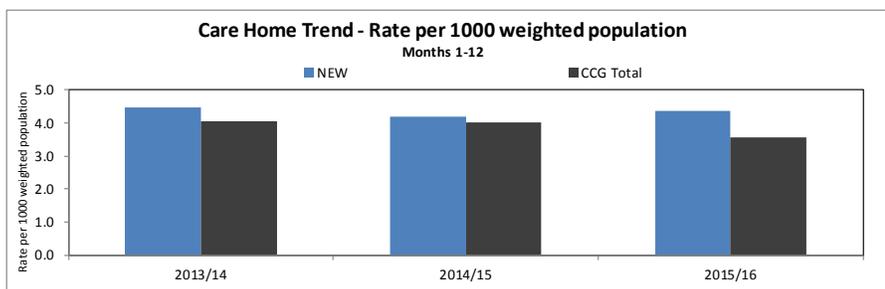
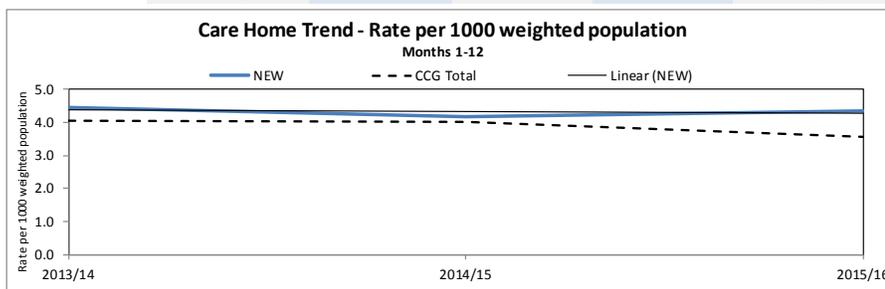
Throughout 2015/16, a number of localities have been delivering schemes under the Transforming Care for Older People programme (TCOP), focusing on healthcare provision in primary care for patients aged over 75 years of age. This work supplements the Care Homes LES by broadening out support to older people living in the community. At a good practice forum on 24 February 2016, supported by Healthwatch and the LMC, five practices / localities shared their schemes and expressed the benefits that they have shown for their patients.

Many schemes include new models of care and innovative use of staff skills and include multi morbidity clinics for people with co-morbidities in North Wiltshire, Elderly Care Facilitators in Salisbury and Older Persons Nurses in Westbury and Warminster to support the wider needs of older people and Emergency Response Practitioners in Devizes and Trowbridge to do urgent home visits to prevent secondary care admissions.

Care Homes Admissions Trends 2013/14 to 2015/16

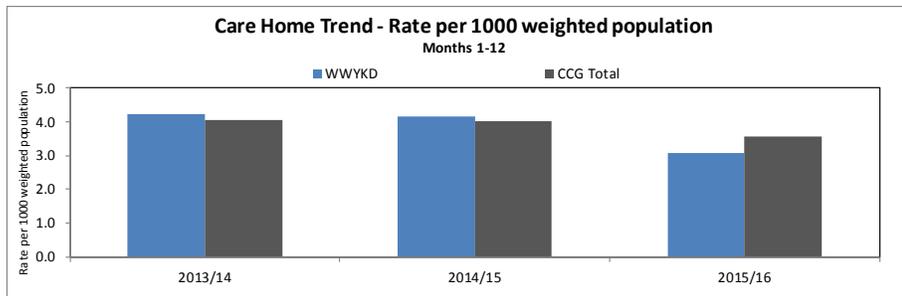
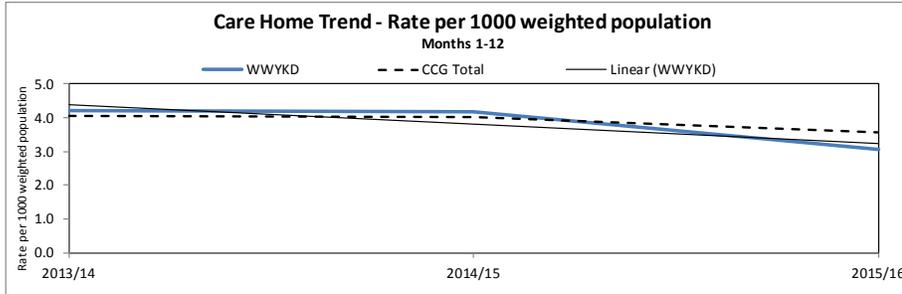
NEW Group

Care Home Admissions	2013/2014		2014/2015		2015/2016	
	Actual Activity	Rate	Actual Activity	Rate	Actual Activity	Rate
NEW	733	4.5	698	4.2	732	4.4
CCG Total	1948	4.0	1960	4.0	1739	3.6



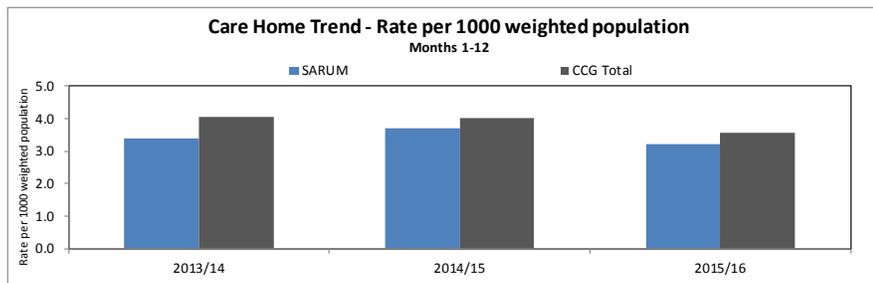
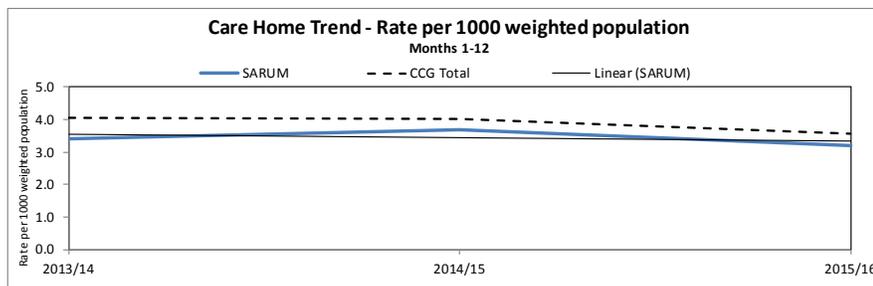
WWYKD Group

Care Home Admissions	2013/2014		2014/2015		2015/2016	
	Actual Activity	Rate	Actual Activity	Rate	Actual Activity	Rate
WWYKD	705	4.2	704	4.2	522	3.1
CCG Total	1948	4.0	1960	4.0	1739	3.6



SARUM Group

Care Home Admissions	2013/2014		2014/2015		2015/2016	
	Actual Activity	Rate	Actual Activity	Rate	Actual Activity	Rate
SARUM	510	3.4	558	3.7	485	3.2
CCG Total	1948	4.0	1960	4.0	1739	3.6



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

Reviewing data about practice performance is now embedded into the regular reviews that practices carry out. The CCG provides standard data to all practices and is increasingly providing further targeted analysis where needed, so practices can more easily identify where they are outliers on activity. Practice packs are currently being reviewed by the CCG to make sure they contain data that is useful to the practices and working group is being set up to ensure the revised format is accurate, accessible and can be used to review practice performance.

Activity Element – NEW Group

Effective Referrals

The RSS continues to manage the majority of referrals to secondary care from the NEW and WWYKD groups. This year, the number of referrals sent through the RSS has increased by approx. 10,000 to a total of approx. 39,000 per year. This is in part due to the addition of rheumatology referrals to the RSS remit. During 2015/16, 13 NEW practices sent >90% referrals through the RSS, 2 achieving >80% and the remaining 4 achieving >70%. Overall, the number of referrals made by NEW GPs to secondary care increased by 3.5% (167 referrals) at month 2 YTD 2015/16 compared to the same period the previous year.

	2015/16 Month 2 YTD	2016/17 Month 2 YTD	Change	% Change
NEW				
Total	4,744	4,911	167	3.5%
RUH	1,554	1,642	88	6%
GWH	3,119	3,203	84	3%
SFT	71	66	-5	-7%

Indicative group level measurement – Effective Referrals NEW		
Target	Performance	Notes
Practice level GP initiated referrals Month 2 16/17 versus Month 2 15/16 levels. Target-reduction in referral levels.	Total GP referrals in NEW increased by 3.5% (167 referrals) Month 2 YTD 16/17 compared to Month 2 YTD 15/16.	There was an increase in GP referrals to RUH of 88 and GWH of 84. However, there has been a decrease of 5 GP referrals to SFT during this period.

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 12 2015/16 compared to Month 12 2014/15

	Trend	Number	Percentage
A+E Attendances		+1,048	+2%
Non-Electives		+554	+4%
Electives		-1,681	-8%
1 st Out Patient Appointments		-58	-0%
Out Patients Follow Up Appointments		+3,054	+4%

Note: There is a problem with the data quality in relation to outpatients coding at SFT. Nursing Episodes (950) and Allied Health Professional Episode (960) are being coded as non PbR and therefore there is heavy under reporting of activity for 2015/16 in relation to SFT outpatients. This problem will have the greatest impact on SARUM figures as the majority of outpatients in that area will go to SFT. However, it also impacts of WWYKD and NEW Group practices.

Integrated Teams and Locality Planning

The CCG continues to work towards supporting GP practices to improve their estates buildings to facilitate working across the wider community. Towards the end of 2015/16, practices were asked to express an interest in the Estates and Technology Transformation Fund and to put forward outline bids for innovative schemes meeting the national criteria.

The CCG Governing Body devised a set of evaluation scoring criteria and since then, 16 schemes have been submitted to NHS England for consideration. The stage 2 initial review process is expected to be completed by 31 August 2016 and due diligence for approved schemes can then take place. The schemes put forward support a range of ways of addressing pressing local issues such as increasing the capacity of primary care outside hospital settings, supporting new models of primary care and upgrading and modernising existing estate or developing new and replacement schemes to accommodate locality staff and deliver integrated services. They all support the Wiltshire vision of care closer to home.

Wiltshire has been successful in gaining approx. £84,000 from NHS England to support the development of a Community Education Provider Network (CEPN). This will be a clinically led group set up to enable the development of workforce initiatives across primary care such as GP and practice nurse development, piloting the physician associate role and sharing existing innovative schemes across multiple providers. The CEPN will also be able to coordinate training opportunities, working with HEE and UWE and across the STP footprint. Work has already started through the TCOP schemes with a number of staffing models being implemented across localities. These schemes and the CEPN will work towards resilience in general practice and facilitate closer integrated working.

In the Royal Wootton Bassett locality, practices have been working closely with their patient groups. The Purton Patient Participation Group recently held a coffee morning for the local community with representatives from support agencies including Carer Support Wiltshire, Wiltshire Council Health Trainers and the Alheimers Society to promote the work that they can do to help and support vulnerable patients in the locality. This work supports the CCG in developing closer relationships with patients and patient groups in Wiltshire with a view to providing improved information flow about the NHS and as a vehicle to support the statutory obligations of the CCG to consult with and involve patients in commissioning decisions.

Calne GP practices have refreshed their Locality Plan. Staff are planning to visit the leg club in Bradford on Avon to see whether this initiative could be extended to Calne patients. GPs are trialling the use of a frailty index on the recommendation of the community geriatrician to better assess the needs of older frail patients and they are also exploring the use of electronic referrals to the mental health team to speed up the process for patients needing assessments.

In East Kennet, the Burbage Practice has further developed a visiting support scheme to supplement the work done by the care coordinator. It is aimed at providing information and support to older people to help them to remain in the community, especially following discharge from hospital.

Implementation of New Pathways – clinical

NEW GP practices carried out an audit of two week wait cancer referrals. They reviewed their referral rate, detection rate and conversion rates and developed conclusions and an action plan to address outlying activity. Practices also reviewed individual cases to establish referral patterns and to look for trends. Three key conclusions were reached across the NEW Group practices.

Firstly, there is variation between practice referral rates, secondly there is variation between individual GP referral rates and but notably, it was found that all but 2 cases were appropriately referred, although urgent scans may have been an alternative to referral in a small number of cases. The audit resulted in recommended in-house work and procedural changes in GP practices and the results of the audit and the recommendations have been shared at the North and East locality meetings.

Engagement with CCG 5 Year Strategy

NEW Executive GPs continue to build stronger links with the community team and secondary care consultants at the three hospitals serving the county. A trauma and orthopaedic consultant from GWH and a GWH community paediatrician have discussed service provision at the NEW executive meetings with a view to GPs better understanding and influencing patient pathways. Representatives from Wiltshire Health and Care have talked to the NEW Executive GPs to ensure a smooth transition to the new Adult and Community Services contract and Virgin Healthcare have done the same with respect to mobilisation of the Children's Community Services contract. NEW GPs have also supported the MacMillan GPs scheme.

The NEW North and East locality meetings continue to be a place where all practices can meet to discuss commissioning and provider issues. GPs and practice managers regularly attend and take the opportunity to look at services in North and East Wiltshire from a broader perspective. During this quarter topics for discussion have been the implementation of community TPP and associated systems to ensure usability and data protection for patients, development of schemes for the Primary Care Offer innovation funding, safe home oxygen provision and the effective use of hip and knee scores in assessing the best course of treatment for patients.

Activity Element – WWYKD Group

Effective Referrals

Practices in the WWYKD Group continue to make good use of the CCG RSS service in managing their secondary care referrals. Of the 17 WWYKD practices, 14 practices referred >90% of their patients via the RSS, with 7 of these 14 practices referring >95% in this way. The remaining 3 practices achieved a referral total through the RSS of >80%. The RSS strives to keep patients in primary care and to reduce the number of patients who have secondary care referrals who could be treated locally. Increasing use is being made of GPwSI services including those provided at Spa and Tetbury. The Adcroft cardiology service does ECGs, 24 hour tapes and exercise tests and during 2015/16 only 2% of patients seen by these services have then been referred on for a secondary care appointment.

	2015/16 Month 2 YTD	2016/17 Month 2 YTD	Change	% Change
WWYKD				
Total	4,786	5,125	339	7%
RUH	3,065	3,418	353	12%
GWH	642	670	28	4%
SFT	1,079	1,037	-42	-4%

Indicative group level measurement – Effective Referrals WWYKD		
Target	Performance	Notes
Practice level GP initiated referrals Month 2 16/17 versus Month 2 15/16 levels. Target – reduction in referral levels.	Total GP referrals in WWYKD increased by 7% (339 referrals) Month 2 YTD 16/17 compared to Month 2 YTD 15/16.	There was an increase in GP referrals to RUH of 353 and GWH of 28. However, there has been a decrease of 42 GP referrals to SFT during the period.

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 – Month 12 2015/16 compared to Month 12 2014/15

	Trend	Number	Percentage
A+E Attendances		+1,045	+2%
Non-Electives		+376	+3%
Electives		-1,945	-8%
1 st Out Patient Appointments		+152	+0%
Out Patients Follow Up Appointments		+962	+1%

Note: There is a problem with the data quality in relation to outpatients coding at SFT. Nursing Episodes (950) and Allied Health Professional Episode (960) are being coded as non PbR and therefore there is heavy under reporting of activity for 2015/16 in relation to SFT outpatients. This problem will have the greatest impact on SARUM figures as the majority of outpatients in that area will go to SFT. However, it also impacts of WWYKD and to a lesser extent NEW Group practices.

Integrated Teams and Locality Planning

Localities in WWYKD continue to develop and build on successful schemes, as well as introducing new initiatives under the Primary Care Offer in 2016/17. The Memory Café in Bradford on Avon goes from strength to strength, supporting local people to lead more independent and fulfilling lives, supported by local people and primary care services. The Single View of the Customer information technology sharing project with Wiltshire Council is being trialled in this locality, and will give health and social care services fuller and more timely information to maximise the benefit of patient care.

Practices in Devizes are considering a scheme to pool their extended hours schemes to make better use of the staff and facilities in the town to provide primary care appointments for patients in clinics outside their core working hours. GPs are also keen to develop a local federated GP training model to support GP trainees and to give them as much experience of primary care as possible with a view to attracting more newly trained doctors to become GPs.

In Westbury and Warminster, like in other localities, practices are planning to become part of the diabetes programme early adopter scheme. This will involve working more closely with diabetes consultants from the hospital, holding virtual clinics, learning events and patient notes reviews to provide a higher level of service to complex patients outside hospital and with the aim of engaging with harder to reach patients. It is expected that early intervention will reduce the number of diabetes related complications for patients later in life.

Activity Element – SARUM Group

Effective Referrals

In SARUM, practices review their monthly practice packs looking at their referral trends and addressing any areas of outlying activity. The CCG locality lead managers provide 'deep dive' data where a further breakdown of information is needed and referrals are a common area for review in practice meeting and locality meetings and also as a part of locality planning processes. As in NEW and WWYKD Groups, the number of GP referrals to secondary care has increased. However, all practices continue to look for ways to reduce the number of patients referred to secondary care and to devise ways in which those needing a lower level of treatment can be cared for in the local community by GP practice and community team staff.

	2015/16 Month 2 YTD	2016/17 Month 2 YTD	Change	% Change
SARUM				
Total	4,170	4,470	300	7.2%
RUH	3,065	3,418	353	12%
GWH	26	15	-7	-32%
SFT	1,079	1,037	-42	-4%

Indicative group level measurement – Effective Referrals SARUM		
Target	Performance	Notes
Practice level GP initiated referrals Month 2 YTD 16/17 versus Month 2 YTD 15/16 levels. Target – reduction in referral levels.	Total GP referrals in SARUM increased by 7.2% (300 referrals) Month 2 YTD 16/17 compared to Month 2 YTD 15/16.	There was an increase in GP referrals to RUH of 353. However, there has been a reduction in GP referrals to GWH of 7 and a reduction to SFT of 42.

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 12 2015/16 compared to Month 12 2014/15

	Trend	Number	Percentage
A+E Attendances		+1,367	4%
Non-Electives		+640	+5%
Electives		+1,055	+5%
1 st Out Patient Appointments		-3,989	-10%
Out Patients Follow Up Appointments		-18,533	-23%

Note: There is a problem with the data quality in relation to outpatients coding at SFT. Nursing Episodes (950) and Allied Health Professional Episode (960) are being coded as non PbR and therefore there is heavy under reporting of activity for 2015/16 in relation to SFT outpatients. This problem will have the greatest impact on SARUM figures as the majority of outpatients in that area will go to SFT. However, it also impacts of WWYKD and to a lesser extent NEW Group practices.

Integrated Teams and Locality Planning

The elderly care hub developed by the SARUM North locality has been effective and has supported patients through provision of wellbeing clinics. The scheme has since been further developed to include a review of patients attending A+ E departments, signposting for patients aged over 75 and their carers to local support services and running a monthly programme of events to promote social interaction and participation with a view to keeping patients supported in their own homes and communities for longer. GP practices also provide a comprehensive programme of health checks, medication reviews and care planning for the over 75s with some practices running leg ulcer management programmes through a series of wellbeing clinics.

Practices in SARUM have worked hard to set up comprehensive peer review of secondary care referrals with the aim of learning from the practice of others and keeping as many patients in the community as possible. It focuses on patients receiving local primary care or integrated services close to their homes and only being referred into secondary care when there is no other alternative. This scheme involves GPs across localities reviewing referrals and looking for possible alternative solutions for patients.

Much progress has been made by GP practices through a scheme designed to reduce anti-biotic prescribing in SARUM. All practices are signed up to the prescribing incentives scheme for 2016/17 and have worked hard to make housekeeping savings during 2015/16 to support the CCG financial recovery plan. This anti biotics scheme supplements this work with a view to reducing prescribing costs and aligning with the NHSE policy to reduce anti biotic prescribing nationally.

Conclusion

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