

**Clinical Commissioning Group
Governing Body
Paper Summary Sheet
Date of Meeting: 28 May 2013**

For: Decision Discussion X Noting

Agenda Item and title:	GOV/13/05/10 Sarum Service Level Agreement 2013/14 (previously PBC/Secondary Care LES)
Author:	Louise Sturgess, Commissioning Support (Sarum)
Lead Director/GP from CCG:	Mark Harris, Group Director (Sarum)
Executive summary:	<p>The purpose of this report is to set out the 2013-14 Sarum Group Service Level Agreement (SLA). The SLA focuses on supporting CCG engagement and 4 specific work streams:</p> <ul style="list-style-type: none"> • Effective Urgent Care • Effective Referral Management • Effective Prescribing • Locally Developed Innovation and Improvement <p>The total funds available are £1,139,293 based on a payment of £7.21 for a list population of 141,160 plus an additional £121,529 allocated to Sarum from additional resources available for the SLA.</p> <p>The requirements for each work stream along with the reporting and payment mechanisms are detailed in the report.</p> <p>The Sarum SLA was agreed by the Clinical Executive on the 14 May 2013. The Governing Body is asked to ratify that decision.</p>
Evidence in support of arguments:	N/A
Who has been involved/contributed:	<p>Sarum Executive led by Liz Stanger (GP Director)</p> <p>Full membership discussion at bi-annual group event</p> <p>Practice Manager representatives</p>
Cross Reference to Strategic Objectives:	This SLA supports the following priority areas; Planned Care and Unplanned Care and frail elderly

Engagement and Involvement:	Discussion and agreement of work priorities with all practices via GP event.
Communications Issues:	None
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 Sarum Executive for sign off.
Risk Management:	<p>If the number of patients in care home beds increases significantly this could result in a cost pressure. However, a contingency has been built in to the costings to mitigate against this risk.</p> <p>If the SLA is not delivered this will impact on the ability of the CCG to deliver its strategic plan for 2013 – 15 and will have been an ineffective use of resources. These risks will be mitigated through monitoring and review of progress using standardised audit and reporting templates.</p>
National Policy/ Legislation:	N/A
Equality & Diversity:	No adverse impact identified
Other External Assessment:	N/A
Next steps:	<p>Paper sent to LMC for sign off.</p> <p>Details of the SLA with supporting documentation disseminated to Sarum GP Practices.</p>

2013-14 Sarum Group Service Level Agreement (SLA) **(Previously PBC and Secondary Care LES)**

Introduction

Wiltshire CCG aims to commission the highest quality of care for our patients as close to their home as possible. It has identified 7 priority areas in the strategic plan 2013 – 2015. This SLA supports the following priority areas: Planned Care, Unplanned care and frail elderly.

The purpose of this SLA is to enable practices to explore and address areas of care where improvements and alterations in systems can improve effectiveness and efficiency of the care delivered. It will also support the delivery of the Sarum and Wiltshire Quality Innovation Productivity and Prevention (QIPP) programme and the Commissioning for Quality and Innovation (CQUIN) work.

It is intended that the work in the SLA should:

- Support but not duplicate other initiatives including National Enhances Services and QOF
- be useful to those undertaking it
- benefit patient care and support effective use of resources
- build on previous years' PBC outcomes
- develop innovation from grass roots

The SLA focuses on 4 work streams:

- Effective urgent care
- Effective referral management
- Effective prescribing
- Locally developed innovation and improvement

The desired outcomes from this SLA are:

- Reduction in urgent admissions to SFT from Care Homes
- Reduction in urgent admissions through appropriate use of rapid access clinics
- Increased use of best practice pathways as identified on Map of Medicine
- Increased delivery of local services i.e. patients managed by GP or outpatient services provided outside District General Hospital
- Improved pre-admission management through inclusion of minimum data set in referral letters
- Availability of timely data for all Sarum Practices through increased usage of the Sarum Data Centre

Funding

It was agreed at the Clinical Executive meeting in May 2013 that the previous PBC LES at £3.20 and Secondary Care LES £4.01 would be combined into a single Service Level Agreement (SLA) payment of £7.21. Within this there will be levels of involvement / work which practices can sign up to in order to earn the money.

The SLA funds related to practice engagement will be held centrally at Sarum Group level, with the remainder of the funding being paid to each practice against an agreed payment schedules as described under each work stream. Total funds available under this SLA are £1,139,293 based on a population of 141,160 as of January 2013 plus an additional £121,529 allocated to Sarum from additional resources available for the SLA. This is a recurring resource with the intention that in 14/15 this will be formalised into a 3 year SLA with annual review of the work stream requirements for effective referrals, prescribing and local projects/initiatives.

Reporting

Practices should provide reports and audit data as required under each work stream. Standard templates will be sent to each practice for all work streams for the required audits, action plans and reports. Practices can add extra internal supporting documentation if they wish.

A summary of the work streams, expected outcomes and financial implications can be found in Appendix 1.

SLA Work streams

A. EFFECTIVE URGENT CARE - Care of Nursing Home and residential home residents

Wiltshire CCG's vision for urgent and emergency care is of universal, continuous access to high quality urgent and emergency care services. Many of the patients admitted to hospital could have been more appropriately managed at home or in their care home. During 2012/13 there were 651 admissions from Care homes in the Sarum locality. If an average cost of £2,500 is assumed for each admission this would have resulted in a cost of £1,627,500. By the end of 2015 it is hoped that care homes will be confidently caring for their residents in partnership with GP's, community nursing, therapies and social care and accessing specialist services as required, so that all non-elective admissions to hospital are appropriate and discharges from hospital are supported.

SLA Requirement

Practices can choose level 1 @ £50 per patient per annum, or level 2 @ £225 per patient per annum. All care home residents are covered except those in STARR beds, neuro-rehabilitation patients, learning disability patients and mental health residents with

conditions other than dementia. The exception to this will be where a care home resident in one of the excluded categories is elderly with long term condition management requirements.

LEVEL 1 @ £50 per patient per annum (paid as £25 in Qtr 2 13/14 and thereafter £12.50 per quarter)

- a) Annual GP review
- b) Additional review at 3 or 6 months for less stable residents where necessary
- c) Update care co-ordination and advanced care planning documentation
- d) Ensuring information is updated on ADASTRA
- e) Co-ordinate review alongside pharmacist review, where pharmacist reviews are already in place
- f) Key care home staff to participate in review
- g) Practice to report on each item quarterly to locality meeting

Interim visits as needed under GMS to be carried out as usual.

LEVEL 2 @ £225 per patient per annum (paid as £112.50 in Qtr 2 13/14 and thereafter £56.25 per quarter)

- a) All services from Level 1 plus:
- b) Minimum weekly visit / ward round by GP, at the same time where possible – planned and agreed with the care home. To review residents as requested by staff.
- c) Named GP lead per home and cover arrangements in place
- d) New residents seen and reviewed within 7 working days of admission
- e) Residents returning from hospital seen within 7 days
- f) Clear contact protocol for homes to contact practice
- g) Practice process in place to triage non routine requests from the home
- h) Repeat prescriptions processed within 24 hours

Reporting and payment

The £50 or £225 payments cover the provision of services at either Level 1 or Level 2 for one year. One patient leaving a care home and another joining does not trigger a second payment.

The number of care home residents will be determined quarterly. Practices will need to confirm the number of patients in each care home on 1st July 2013, 1 Oct 2013 and 2 January 2014. For all quarterly payments, should the number of patients in care homes reduce during the quarter, the CCG will not expect to recover funds. However, should the number of residents increase during the quarter the practice will be expected to see all patients without receiving additional funding.

An initial pump primed payment will be made on receipt of a practice plan for this work, a list of care home residents as of the 1st July 2013 [excluding STARR beds, homes for Neuro-Rehabilitation, Learning Disabled patients or for mental health residents with conditions other than Dementia] and confirmation that weekly visits and care planning have commenced. This payment will be 50% of the total annual fee for the number of residents in care homes on the 1st July 2013.

A further 25% payment per resident will be paid following receipt of a list of care home residents on the 1 Oct 2013 and 2 January 2014.

Practices are asked to submit a quarter 4 summary report detailing the practice's input over the year, and the provision of care plans as randomly requested by Sarum.

It is recognised that a small number of practices have no care homes in their patch or very low numbers of patients in care homes. £12,000 will be top sliced from the funding available for this work stream to fund other urgent care agreed initiatives with these practices.

A contingency fund is also available to ensure any increase in nursing care placements does not result in a cost pressure.

For a list of care homes in the Sarum Locality with their associated number of beds see appendix 2

B. EFFECTIVE REFERRALS

Planned care is one of the CCG's key priority areas with a vision that by end of 2015 all key national targets will be achieved, access to some services will be both faster and more convenient by shifting some services into the community and patients will receive more support to manage their own care at home. These ambitions will be achieved by reviewing care pathways to ensure we implement best practice and maximise care in the community, expand the use of the referral management systems and implement referral guidelines and increase the skills, expertise and knowledge available to GP's and practice nurses to manage patients in the practice.

SLA Requirement

B1. Use of pathways published on Map of Medicine and appropriate referral to GPSI's to ensure interventions with best evidence and cost effectiveness are first-line

B2. Appropriate use of Rapid Access Clinics to avoid unnecessary admissions

B3. Regular discussions in partnership about all consultant referrals, including all referrals for non-commissioned activity. Except for 2 week wait cases, most referrals by locums, juniors and very part-time attached medical staff should be discussed prospectively

B4. Inclusion of minimum data set with those referrals where operative intervention is likely to improve pre-assessment management. Minimum data set is:

- NHS number
- Blood Pressure
- BMI
- Heart Rate
- Pulse – irregular/regular
- Most recent HbA1c (if diabetic)
- Carer Status
- Home Circumstances
- If not for a surgical procedure: Full Blood Count (FBC), Urea and Electrolytes (U&E), Liver function test (LFT)

B5. Use of referral/data management centre

- ✓ captures accurate data regarding referral and outcome
- ✓ highlight referrals for non-commissioned work
- ✓ audits use of Oxford scores and other validated tools, and minimum data set

Reporting and Payment

Practices will be paid £0.95 per patient on list. 50% of the payment will be made on receipt of a Quarter 1 plan, 50% will be paid on receipt of a Quarter 4 report.

Practices are asked to submit a plan during Quarter 1 to include details of practice strategies for this work and a further report during Quarter 4 including:

- A review of outcomes
- Examples of practice discussions on referrals
- Trends in monthly practice activity data
- Q3 report of practice referrals for non-commissioned activity for the year to date
- Q3 audit of minimum data set for the year to date
- Q3 report on use of rapid access clinics for the year to date
- Engagement in the development of pathways, and provision of practice feedback about use of pathways using the Map of Medicine feedback tool

C. Effective Prescribing

Medicine is an important aspect of healthcare delivery and therefore needs to be carefully managed. Wiltshire CCG is building on the excellent work that has already delivered savings on prescribing across Wiltshire and aims to continue to make the use of medicines as effective, safe and efficient as possible.

SLA requirement

C1. Coeliac disease: To audit compliance with guidelines issued by the coeliac society including appropriate numbers of units of gluten-free foods and the prescribing of staple

foods and not biscuits and cake mixes. See <http://www.coeliac.org.uk/> (health professional tab contains the guidelines and comment).

C2. Baby milk prescriptions: To include a report on any changes in practice that are planned, to ensure expensive elemental milk is prescribed only where indicated.

C3. New Pain Pathway - Clinician from practice to attend prescribing training session for new pain pathway and share training outcomes with other members of the practice. Audits to be undertaken in Q3 and A4 to monitor compliance against guidelines.

Payment and Reporting

50p per patient on list paid on submission of reports in Q4.

A baseline audit of coeliac disease prescribing to be completed in Q1 and a follow up audit in Q4. Summary report to be submitted reporting audit results and demonstrating any change in practice.

A baseline audit of baby milk prescribing to be completed by end of Q1 and a follow up audit in Q4. Summary report to be submitted reporting audit results and demonstrating any change in practice.

Proof of attendance at new pain pathway prescribing training session.

Audit of pain pathway prescribing to be undertaken in Q3 and Q4 to review compliance with new guidelines. Summary report to be submitted in Q4 reporting audit results and demonstrating any change in practice.

D. Practice-identified Projects

This year we have introduced a pilot allowing practices to identify areas within their current modus operandi where they are an outlier in activity or cost and develop improvement project(s) to address these concerns. Projects can be locality –based or practice based with proposed projects being discussed in the locality and brought to Sarum Locality Lead Meeting in Q2 for sign off to ensure validity and probity.

Payment and Reporting

£2.00p per patient on the list paid by agreement dependent on nature of the initiative to ensure that cash flow matches the infrastructure deployed.

A business case and project plan will be required to apply for project funding (template to be provided). A summary report with Q4 activity to be submitted highlighting the area addressed, improvement activity undertaken and the outcome of the project.

For audits, an audit proposal will be required followed by a baseline audit once agreed. A further audit is required in Q4 followed by a summary report detailing audit reports and any change in practice as a result of the initiative.

E. Practice Engagement

A centralised fund is available to cover the cost of practice engagement. The fund will cover:

- Locality Lead attendance
- 2 x Group events
- WMS cover for group events
- Referral Management Centre
- Practice Manager administration of budget, payments and reporting co-ordination
- Development and Implementation of Care Co-ordination
- Peer review of care home management delivery
- Locality Lead role (Western)

Payment

£2.20 will be paid per patient. Paid quarterly in advance to the Sarum GP Alliance by agreement of the member practices.

Workstream		Action	Outcome measure	Reporting	Payment
A.	Effective Urgent Care	Care of Nursing Home and residential home residents Level 1 (£50 per care home resident per year) or Level 2 (£225 per care home resident per year)	Reduction in urgent care admissions to SFT from Care Homes	Year end report summarising practice input throughout the year Provision of care plans as requested by Sarum	50% paid in Q2 to recognise pump priming at outset, thereafter 25% per quarter based on number of pts in care homes. Top slice to fund other urgent care initiatives £12,000 £29,264 contingency Total Cost £341,739
B.	Effective Planned Care	<ul style="list-style-type: none"> • B1 Use of pathways for referrals on Map of Medicine (MoM) • B2 Appropriate use of Rapid Access clinics • B3 Discussions in partnership about all consultant referrals • B4 Inclusion of minimum data set in referral letter where operative intervention is likely • B5 Use of referral/data management centre 	<ul style="list-style-type: none"> • Increased use of best practice pathways • Reduced A&E attendances and emergency admissions • More effective outpatient referral • Improved pre-assessment management • Increased activity through referral/data management centre 	A plan during Q1 to provide details of practice strategies for this work & an end of year report in Q4	£0.95 per patient on the list. 50% paid on receipt of Q1 plan. 50% payable on receipt of Q4 report Total cost £134,102

C.	Effective Prescribing	<ul style="list-style-type: none"> • C1 Audit prescribing for coeliac disease • C2 Audit of baby milk prescriptions • C3 New Pain Pathway - Clinician from practice to attend prescribing training session for new pain pathway. Audit in Q3 and Q4. 	<ul style="list-style-type: none"> • Coeliac disease prescribing meets guidelines set by the Coeliac Society • Elemental baby milk prescribed only where indicated • Pain prescribing in line with new pain pathway 	Baseline audit completed in Q1 (Q3 for pain) and a follow up audit in Q4. Report submitted in Q4 detailing audit results & demonstrating any change in practice.	50p per patient on the list paid on submission of reports in Q4 Total Cost £70,580
D	Practice Identified Projects	Projects to be identified by Practices and verified at Locality Leads meeting in Q2	To be identified as part of project plan	Baseline audit and Q4 audit for any project undertaken with a report highlighting the area addressed, improvement activity undertaken and the outcome of the project.	£2.00 per patient on the list paid by agreement depending on nature of initiative. Total Cost £282,320
E	Practice Engagement	Involvement in CCG activities including attendance at Locality Leads meetings, Practice involvement in Sarum Group events twice per year and development of Care Co-ordinator roles.			£2.20 per patient paid quarterly to Sarum GP Alliance Total Cost £310,552
				Total Cost	£1,139,293



**Wiltshire
Clinical
Commissioning
Group**

APPENDIX 2

Care Home	Number of beds	Post code
Ability Associates Limited - 77 The Street	2	BA12 6RW
Albany House - Tisbury	21	SP3 6JP
Alderbury	5	SP5 3BG
Amesbury Abbey Care Home	50	SP4 7EX
Ashley Grange Nursing Home	55	SP5 3PP
Bradbury House	10	SP4 6BT
Braemar Lodge	55	SP1 3JH
Camelot Care Homes Limited	57	SP4 7DW
Castle View Nursing Home	25	SP1 3SF
Cleveland Lodge	29	SP4 8JL
Clouds House	38	SP3 6BE
Dalwood FarmHouse	3	SP3 5EY
Douglas Arter Centre	9	SP5 4JL
Dunraven House	15	SP1 1LP
Dunraven Lodge	20	SP1 1LP
Fairfax House	20	SP1 3RW
Harnham Croft Nursing Home	44	SP2 8JN
Hays House Nursing Home	43	SP7 9JR
Herbert House	15	SP2 7EN
Holmwood Care Home	21	SP1 2QU
Hulse Road	6	SP1 3LU
Inwood House	20	SP1 2SP
Kimberly House Nursing Home	21	SP1 2JF
Little Manor Nursing Home	26	SP1 2RS
Luma Care Limited	3	SP1 1ED
Maristow Nursing Home	17	SP1 1LT
Milford House	80	SP1 1NJ
Milford Manor Care Home	29	SP1 2RN
OSJCT Bartlett House	49	SP11 9SA
OSJCT Bemerton Lodge	56	SP2 7EN
OSJCT Buckland Court	50	SP4 7HR
OSJCT Fives Court	31	BA12 6DH
OSJCT Stratford Court	48	SP1 3JH
OSJCT Willowcroft	42	SP2 8BG
Pennings View	7	SP4 7LL
Sarum House	15	SP4 6BT
Shapland Close	8	SP2 7EJ
Sharon and Glen Arnott - 32 Beamont Way	4	SP4 7UA
St Patrick's House	8	SP4 7LL
Stratford Lodge	10	SP1 3NP
Sursum Limited Bramley House	37	BA12 6JN
The Cedars Nursing Home	62	SP5 2EJ

Tower House Residential Home	24	SP1 1JT
Tower View Residential Home	3	SP1 1JS
Turning Point - Avondale	8	SP1 3JN
Turning Point - Hollygrove	9	SP2 9BJ
Willow House	9	SP4 7AT
Wilton Road	8	SP2 7EG
Winterbourne Care Centre	80	SP1 3YU
Woodfalls Care Home	24	SP5 2LT
Wylde House	4	SP1 3AB