

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 24 September 2013
For: PUBLIC session **PRIVATE Session**
For: Decision **Discussion** **Noting**

Agenda Item and title:	GOV/13/09/15 2013/14 Sarum SLA (previously Pbc and 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 provide a quarter 1 report on the 2013-14 Sarum Group Service Level Agreement (SLA).</p> <p>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 SLA received universal approval and all 23 practices in Sarum have signed up to the SLA.</p> <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. No payments were made to Practices in quarter 1.</p> <p>The Effective Urgent care section of the SLA was to provide enhanced care for nursing home/residential care residents to reduce avoidable acute admissions. Practice were requested to submit an 'Intention to participate' by 15th July 2013 stating the number of their patients in a care home on the 1st July 2013 and at what level they would be providing care.</p> <p>The majority of the Effective Referrals element of the SLA was a continuation from the previous year. These processes are now largely in place in all practices and working well.</p> <p>The Effective Prescribing section focuses on 3 areas; coeliac disease, baby milk prescriptions and the new pain pathway. Of the 23 practices in Sarum, 20 attended a training session in June as required.</p>

	<p>Within the Locally Developed Innovation and Improvement section practices were asked to identify areas within their current activity where they are an outlier in activity or cost and develop improvement project(s) to address these concerns. Practices were required to develop their bids during quarter 1 and submit by 15th July 2013.</p> <p>A proportion of the SLA fund is held centrally fund to cover the cost of practice engagement as well as key infrastructure and development work. Practice representatives attended locality lead meetings in quarter 1 and all practices were engaged in the development and implementation of Care Co-ordination and the formation of the 20,000 population clusters. In addition, the Sarum group held an all member event on 30 April 2013 in Salisbury Guildhall. The event was attended by 90 GP's and practice managers with representatives from all the Practices within the Sarum Group.</p>
Evidence in support of arguments:	N/A
Who has been involved/contributed:	Sarum Executive led by Liz Stanger (GP Director) Full membership discussion at bi-annual group event Practice Manager representatives
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:	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.
National Policy/ Legislation:	N/A
Equality & Diversity:	No adverse impact identified
Other External Assessment:	N/A
What specific action do you wish the Governing Body to take?	The Governing Body is asked to discuss and note the contents of the report.

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

Introduction

The purpose of the 2013/14 Sarum 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.

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.

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. Initial payments were made to Practices in August 2013 and will be reported in the quarter 2 report.

SLA approval and sign up

The 2013/14 Sarum SLA was approved by the Clinical Executive on 14th May 2013 and ratified by the Governing Body on 28th May 2013. All 23 practices in Sarum have signed up to the SLA. 2 Practices without care homes in their patch did not sign up to the

'Effective Urgent Care' element and one practice, did not submit a locally developed innovation and improvement bid.

SLA Work streams

A. Effective Urgent Care

The aim of this section of the Sarum SLA was to provide enhanced care for nursing home/residential care residents to reduce avoidable acute admissions. Practices can chose Level 1 @ £50 per patient per annum or Level 2 @ £225 per patient per annum. Practices have been encouraged to participate at level 2 which includes; a weekly visit/ward round by a GP, new residents and residents returning from hospital to be seen and reviewed within 7 working days and repeat prescriptions processed within 24 hours.

Practice were requested to submit an 'Intention to participate' by 15th July 2013 stating the number of their patients in a care home on the 1st July 2013 and whether they would be providing care for these patients at level 1 or level 2. It was agreed we would pay 50% of the annual charge on receipt of 1st July 2013 bed numbers to pump prime the initiative and fund activity in quarter 1 and quarter 2. 25% of the annual charge will be paid on receipt of 1 Oct 2013 bed numbers and 25% on 2 January 2014 bed numbers.

The quarter 2 report will provide details of sign up to level 1 and level 2 as well as the initial impact on care home admissions.

B. Effective Referrals

The SLA supports the CCG's vision that by the end of 2015 all key national targets will be achieved, more services will be delivered in 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.

The SLA requires practices to use the pathways published on Map of Medicine, refer appropriately to GPSI's and make appropriate use of Rapid Access Clinics, regularly discuss in partnership all consultant referrals, include the minimum data set with those referrals where operative intervention is likely to improve pre-assessment management and use a referral/data management centre.

The majority of the Effective Referrals element of the SLA was a continuation from the previous year. These processes are now largely in place in all practices and working well.

19 care pathways were reviewed and redesigned during 2012/13 and uploaded onto Map of Medicine in May 2013. Practice staff attended training sessions during quarter 1 and undertook preparation work, ready for launch in quarter 2.

C. Effective Prescribing

The SLA focused on 3 areas of prescribing:

1. Coeliac disease: To audit compliance with guidelines issued by the coeliac society.
2. Baby milk prescriptions: To ensure expensive elemental milk is prescribed only where indicated.
3. New Pain Pathway - Clinician from each practice to attend prescribing training session for new pain pathway and share training outcomes with other members of the practice.

The WCCG medicine management team hosted two training sessions on the new pain pathway in June 2013. Of the 23 practices in Sarum, 20 attended a session as required.

D. Locally Developed Innovation and Improvement

This year's SLA allowed practices to identify areas within their current work where they are an outlier in activity or cost and develop improvement project(s) to address these concerns. Practices were required to develop their bids during quarter 1 and submit by 15th July 2013. Detail of approved projects will be included in the quarter 2 report.

E. Practice Engagement

£2.20 of the SLA fund is held in a centralised fund to cover the cost of practice engagement as well as key infrastructure and development work. Practice representatives attended locality lead meetings in quarter 1 and all practices were engaged in the development and implementation of Care Co-ordination and the formation of the 20,000 population clusters.

The Sarum group also held an all member event on 30 April 2013 in Salisbury Guildhall. The event was attended by 90 GP's and practice managers with representatives from all Practices within the Sarum Group. The event was an opportunity to introduce the new management team, to discuss the Sarum current position and plan for 2013/14, to receive presentations on the Map of Medicine and a vision for Elderly Care by one of Salisbury Hospital Health Care of the Elderly Consultants as well as run breakout sessions on care co-ordination, the Sarum SLA and a back pain pilot.

Conclusion

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