

**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/13/09/16 WWYKD Group SLA – Q1 Report
Author:	Andy Jennings – Commissioning Manager
Lead Director/GP from CCG:	Dr Helen Osborn, GP Chair WWYKD Group Mike Relph – Group Director WWYKD
Executive summary:	<p>The purpose of this paper is to report first quarter progress against the actions set out in the 2013-14 WWYKD Group Service Level Agreement (SLA). The report gives an update on progress and actions against each of the four headings in the SLA for Quarter 1 (Q1), i.e. the period April to June 2013:</p> <ul style="list-style-type: none"> A. Engagement with Projects B. Continuation of existing Secondary Care LES actions C. Engagement with CCG commissioning D. Data validation and challenges <p>The WWYKD SLA was formally approved at the governing body meeting in June and has therefore only been available to practices from the beginning of July / Q2.</p> <p>It was agreed at the Clinical Executive meeting in May 2013 that the previous PbC LES £3.20 and Secondary Care LES £4.01 would be combined. An additional contribution was also made by the CCG of £123,441. This results in an SLA value for WWYKD of £7.78 per capita inclusive of the additional care homes funding. The CCG agreed to make payments quarterly in advance; clearly this was not possible for Q1. Therefore the first payment is expected to be for 50% of the annual value, to be made at the start of Q2.</p>
Evidence in support of arguments:	N/A

Who has been involved/contributed:	WWYKD Executive Practices
Cross Reference to Strategic Objectives:	This SLA supports the work to deliver the CCG's seven key strategic priorities, described in the Clear and Credible Plan; and the WWYKD and Wiltshire CCG Quality, Innovation, Productivity and Prevention (QIPP) programme specifically for the Royal United Hospital (RUH) contract. There will also be QIPP benefit to Great Western Hospital Foundation Trust (GWHFT) and Salisbury Foundation Trust (SFT) since WWYKD practices also send patients to both these providers.
Engagement and Involvement:	Discussion and agreement of work priorities with all practices via GP Executive representatives. All WWYKD practices have signed up to the SLA.
Communications Issues:	None
Financial Implications:	No unfunded financial implications. Payments under SLA will not exceed total funds allocated
Review arrangements:	Quarterly and annual reports will be presented to the Governing Body. Project plans and reports will be monitored by the WWYKD Executive and by the Programme Governance Group via the Programme Management Office as appropriate.
Risk Management:	If the SLA is not delivered it will impact on the ability of the CCG to deliver its strategic plan for 2013 – 15. These risks will be mitigated through monitoring and review of progress using standardised audit and reporting templates. A significant increase in the number of care home patients for whom SLA funding is claimed could result in a cost pressure.
National Policy/ Legislation:	N/A
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 discuss and note the contents of the report.

West Wiltshire Yatton Keynell & Devizes (WWYKD) Group
Primary Care Service Level Agreement (SLA) 2013-14
1st Quarter Report April – Jun 2013

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 CCG in its *Clear and Credible Plan 2013 – 2015* identified seven key strategic priorities:

- Staying healthy and preventing ill health
- Planned Care
- Unplanned Care and frail elderly
- Mental Health
- Long term conditions (including Dementia)
- End of life care
- Community services and integrated care

The purpose of this Quarter 1 (Q1) report is to outline what the practices have delivered in Q1, against the requirements detailed in the SLA, in order to:

- Support the achievement of the CCGs strategic priorities.
- Support the delivery of the WWYKD and Wiltshire CCG Quality, Innovation, Productivity and Prevention (QIPP) programme.
- Help practices to be involved more closely in the commissioning process.
- Help practices to work together to alter clinical pathways for the benefit of the patient.
- Help practices get involved in the development of community care.
- Benefit patient care and support effective use of resources.
- Build on previous years’ PbC outcomes.

2. Context

This 2013-14 Service Level Agreement (SLA) replaces the Practice-based Commissioning (PbC) Local Enhanced Service (LES) and the Secondary Care LES. The intention within WWYKD for 2013-14 was to create and put in place an SLA which represented only minor change compared to the 2012-13 PbC LES and Secondary Care LES, and could be quickly constructed and agreed.

This was in recognition that there was a separate CCG-level intent to carry out a major strategic review of all LES’/SLA’s during 2013-14. The output of this review was anticipated to be an opportunity to agree a longer term (two or three year) SLA settlement for 2014-15 and beyond. In turn this longer term approach would provide practices with greater certainty, and the opportunity to develop and deliver more comprehensive, bigger scale, and more cost-effective

improvements. Pending the result of this work, it was decided to make minimal change to the SLA in 2013-14 compared to the preceding PbC and Secondary care LES'.

All WWYKD practices have signed up to the SLA.

3. Outcomes

A number of inter-related outcomes are expected to be achieved, in full or in part, as a result of successfully progressing the projects and other areas of SLA work outlined. These include:

- Reduction in acute attendances
- An increase in the average age for hip/knee replacements
- Maximising the use of the most appropriate provider for patients, first time, in line with patient choice and provider availability
- Improved management of dementia patients within the community setting
- More patients cared for in the community, kept out of crisis and out of hospital
- Reduction in urgent admissions through implementing risk stratification, care coordinators, and care co-ordination for those patients at greater risk of non-elective admissions
- Improved management of patients in care homes, resulting in continuing reduction in emergency admissions to acute trusts from Care Homes
- More effective and efficient use of the full range of community beds
- Increased delivery of appropriate services locally i.e. patients managed by GP or outpatient / community services provided outside the acute setting – initially diabetes patients
- Agreed way forward for MIU services
- Improved uptake for health checks; and improved opportunities for GPs to positively influence patient behaviours
- Improved access to diagnostics in community setting e.g. community radiology
- Increased proportion of people able to die in their place of choice
- Improved accountability of acute provider coding and costing
- Continued improvement in effectiveness and value for money of prescribing activity

4. Funding

It was agreed at the Clinical Executive meeting in May 2013 that the previous PbC LES £3.20 and Secondary Care LES £4.01 would be combined. An additional contribution was also made by the CCG of £123,441. This results in an SLA value for WWYKD of £7.78 per capita inclusive of the additional care homes funding for a population of 168,523 at 31 March 2013.

5. Payment and Reporting

Practice performance against this SLA will be measured by the provision of direct evidence and / or summary reports where required from practices.

Due to the lateness of the approval, publication and distribution to practices of the SLA, this first report will outline the continuing actions by practices to support the objectives and any early actions and initiatives as a result of the work done in the first quarter. Therefore Q2, Q3 and Q4

reports will be more robust in terms of content and validation and evidence of practice actions and evidence.

No payments have been made to practices in the first quarter against these funds. The CCG agreed to make payments quarterly in advance; clearly this was not possible for Q1. Therefore the first payment is expected to be 50% of the annual value, to be made at the start of Q2.

Progress in Q1 against the areas of activity is shown in [blue](#).

6. Areas of Activity

Four specific types of activity are funded through the SLA:

- Engagement with Projects
- Continuation of existing Secondary Care LES actions
- Engagement with CCG commissioning
- Data validation and challenges

A. Engagement with Projects

- Continuation of Hip and Knee Pathway – [practices have continued to refer patients to the pathway. An update report on outcomes is being developed and will report in Q3](#)
- Implement care co-ordinators and associated processes (MDTs etc) – [agreement has been reached on the banding and skillsets required, and deployment across WWYKD, of care coordinators, and practices have begun to identify where and how they will be accommodated, and incorporated into practice activity to coordinate care for the at-risk groups of patients](#)
- Contribute to further development of Neighbourhood Teams – [pending implementation of care coordinators \(the first of whom are due to begin employment from Sep 2013\)](#)
- Community beds review – [this has been deferred pending initial work and direction to be provided by Community Transformation](#)
- Care homes pilot (year 2) – [practices have continued to provide an additional level of support to care home residents at one of the three option levels of engagement. This pilot began in mid-2012-13, and therefore a comparison between Q1 of 2012-13 and Q1 of 2013-14 represents a pre- and post- implementation comparison. There has been a reduction in emergency admissions of WWYKD-registered patients, from care homes, for Q1 2012-13 compared to Q1 2013-14, of 51, from 155 to 104. This is a reduction of 32.9%.](#)
- Develop options for diabetes – [a proposed pilot of revised delivery of elements of diabetes secondary care support in the community, is being developed in Westbury/Warminster Locality. Once the scope, scale and mechanics of delivery are confirmed, in Q2, delivery is intended to begin from Q2/Q3. This will need to be synchronised with the Wiltshire CCG-wide diabetes strategy, to which WWYKD has also provided input.](#)
- Improved utilisation of community geriatrician – [options for improved use of the community geriatrician are being developed between GPs and the RUH lead consultant for implementation from late Q2 onwards](#)
- Review of and potential changes to community diagnostics – [this has been deferred pending initial work and direction to be provided by Community Transformation](#)

- MIU review – this has been deferred pending initial work and direction to be provided by Community Transformation
- Developments in improving End of life care – a WWYKD End of Life care project has been scoped with a view to implementing; once the relationship with the Wilts CCG-wide End of Life strategy has been confirmed
- Elective care: Continued use and development of the RSS – the RSS continues to be used for over 90% of referrals from WWYKD GPs
- Public health: staying healthy: falls pathway/passport proposals – engagement has begun between the WWYKD lead GP for Falls, with Public Health and Wiltshire Falls network. A falls passport pathway revision at the RUH proposed by B&NES CCG has been reviewed and feedback provided. Further work on falls is planned for Q2-3-4.
- Medicines Management: prescribing initiatives – routine engagement between practices and the Medicines Management team continues, to include: discussing practice prescribing scorecard; to meet with the prescribing team on an annual basis to discuss prescribing costs and draw up plans for the year and to agree targets; continuing to keep medication use under review; in order to identify and implement improvements in clinical prescribing and cost effectiveness.

B. Continuation of Secondary Care LES actions

- Minimising risk of growth in secondary care activity budgets
- In-practice referral reviews, budget and activity
- Referral quality review
- Practice to sign off locum referrals
- Telephone access for paramedics and consultants
- Requests for visits reviewed within 60 mins

Practices have continued to deliver these actions, which were already embedded under the previous years' Secondary Care LES.

C. Engagement with CCG commissioning

This activity is to be carried out in conjunction with other practices and is expected to be achieved as part of CCG membership. All practices are expected to engage with CCG commissioning and take part in the development of pathways and adhere to agreed outcomes.

The CCG is undertaking a major review of community services in line with the Clear and Credible Plan. The agreed approach is to make all health related local services become based on practices with specialist services clearly supporting the practices.

Practices may need to alter their management arrangements and ways of working to align with these changes.

The SLA requires engagement as follows:

- Attendance at Locality meetings & WWYKD GP Forums – [Locality meetings and GP Forum meetings have continued to take place bi-monthly, with representation from all practices.](#)

Issues covered are detailed in the Minutes of respective meetings. Practices' attendees contribute to the sharing of information, improving understanding across practices, as providers, and the development of new ideas and delivery of existing projects

- Work to improve whole-system outcomes and processes, where not already listed above – The formal launch of Perception+ and the risk stratification tool within practices, in support of the implementation of care coordination and community transformation, was due to take place in all practices in Q1. The launch was delayed for reasons outside of CCG control, meaning it was not available to practices in the first quarter. However WWYKD already has an existing risk stratification process in place; and the components of Perception+ have been explained to all Practice managers.
- Attendance at Community Transformation steering group meetings / workshops / other events. – All practices are engaged in supporting the community transformation programme. For example, and detailed further above, the Introduction of Care Coordinators. Much work has been done on this in conjunction with GWH and recruitment of care coordinators will commence in August 2013.

With the SLA having been approved in the second half of June, Q1 was early in terms of practices engaging more fully with care pathway development. Additional evidence requirements will be put in place for Q2 onwards.

D. Data validation and challenges

The SLA requirement is for continuation of audit work and validation of high cost spells and specific other audits, as in 12/13 (which identified c.£5M in potential data challenges). WWYKD GP practices continue to invest time in identifying and reviewing episodes of care carried out by the acute trusts that may for example appear to be inconsistent with the GPs' knowledge of the patient. The main effort in Q1 has been to start work to better understand how, in the new organisational landscape of the NHS, this work can best be coordinated between practices, the CCG, the lead commissioner CCG(s) for the acute trust(s), and the acute trust provider(s) themselves. This development work is expected to be completed in Q2.