

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 26 November 2013
For: PUBLIC session **PRIVATE Session**
For: Decision **Discussion** **Noting**

Agenda Item and title:	GOV/13/11/20 Second Quarter Report on WWYKD Primary Care Service Level Agreement 2013/14 (previously PBC/Secondary Care LES)
Author:	Jenny Bennis WWYKD Team Support
Lead Director/GP from CCG:	Dr Helen Osborn, GP Chair WWYKD Group Jo Cullen – Interim Group Director WWYKD
Executive summary:	<p>The purpose of this paper is to report second quarter progress against the actions set out in the 2013-14 WWYKD Group Service Level Agreement (SLA), (See Report for Q2. This report gives an update on progress and actions against each of the four headings in the SLA for Quarter 2 (Q2), i.e. the period July to September 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 to support care homes. This results in an SLA value for WWYKD of £7.78 per capita inclusive of the additional care homes funding.</p>
Evidence in support of arguments:	N/A
Who has been involved/contributed:	<ul style="list-style-type: none"> • WWYKD Executive • Practices
Cross Reference to Strategic Objectives:	<p>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.</p>

Engagement and Involvement:	<p>Discussion and agreement of work priorities with all practices via GP Executive representatives.</p> <p>All WWYKD practices have signed up to the SLA.</p>
Communications Issues:	None
Financial Implications:	No unfunded financial implications. Payments under SLA will not exceed total funds allocated
Review arrangements:	<p>Quarterly and annual reports will be presented to the Governing Body.</p> <p>Project plans and reports will be monitored by the WWYKD Executive and by the Programme Governance Group via the Programme Management Office as appropriate.</p>
Risk Management:	<p>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.</p> <p>A significant increase in the number of care home patients for whom SLA funding is claimed could result in a cost pressure; but it is not anticipated.</p>
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?	<p>Governing Body to note this Q2 report.</p> <p>WWYKD to continue to develop and deliver against the requirements of the SLA, and provide subsequent reports summarising the position for Q3 and Q4 in due course.</p>

West Wiltshire Yatton Keynell & Devizes (WWYKD) Group**Primary Care Service Level Agreement (SLA) 2013-14****2nd Quarter Report July - September 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 2 (Q2) report is to outline what the practices have delivered in Q2, 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.

- Total WWYKD SLA Value for 13/14 equates to £1,311,400. Q1 + Q2 Payment was made to practices at the start of Q2 and equated to £656,827. Payment for Q3 was made at the start of Q3 in line with the quarterly payment in advance agreement. Payments made to practices to date for the SLA have included the full apportionment available for the care homes element. This will need to be reconciled to actual number of beds supported at a practice level before the end of the financial year.

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** – GPs are referring patients to the Hip and Knee classes. The classes are having a positive effect with most patients showing signs of improvement at the end of the course. GPs continue to lack confidence in the Physiotherapy service and are not seeing any improvement in terms of reduced waiting times. An update report on outcomes is being developed and will report in Q3.
- **Implement care co-ordinators and associated processes (MDTs etc.)** – WWYKD has recruited a full complement of Care Co-ordinators at 8.2 wte. Three are in post, one at Westbury, one at Adcroft and one at Bradford on Avon. The remainder are due to be in post within November.
- **Contribute to further development of Neighbourhood Teams** – The Care Co-ordinators are wrapped round by the Neighbourhood teams and GPs now need to contribute to the process of defining how Neighbourhood teams will work in the future. Neighbourhood team development will become part of the Community Transformation programme.
- **Community Beds Review** – The Community Transformation Programme has started work in preparation for phase 2. This involves agreeing the scope for an appropriate place of care (Beds) project and having done so compiling a business case to provide justification. The scoping meeting is scheduled for 12th November.
- **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 Q2 of 2012-13 and Q2 of 2013-14 should still represent a pre- and post- implementation comparison. There has been a reduction in emergency admissions of WWYKD-registered patients, from care homes, for Q2 2013-14 compared to Q2 2012-13, of 99, from 298 to 199. This is a reduction of 33.2%.
- **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 in conjunction with the RUH and has not involved the CCG. It has been proposed to Attain to await the results of this pilot and in 2014/15 identify a new strategy based on those outcomes.
- **Improved utilisation of community geriatrician** – The Community Geriatrician advice line and email is used by WWYKD GPs. Consultants provide direct support to patients through ward visits, home visits and Clinics at Chippenham hospital. The development of this service is a priority for the CCG and the work lies with Attain. However, Community Transformation will be developing the specification for the proposed procurement process but will need to work closely with the three locality groups as there is a difference in how each of them perceive the basis of the requirement for this service.
- **Review of and potential changes to community diagnostics** – a scoping meeting with RUH clinical lead for radiology is scheduled for 19th November.
- **MIU review** – A project workbook is being completed for this piece of work to identify the scope and direction of the review.
- **Developments in improving End of Life Care** - work has started to refresh the EoLC strategy which will identify commissioning intentions – led by Director of Quality and Patient Safety with input from all 3 Groups. The forecast is that the EoLC strategy will go through the relevant governance boards with final sign off by the Joint Commissioning Board by February 2014. WWYKD specific activity for 2013/14 includes the roll out of Advanced Care Planning training to all 4 localities. This will be delivered by Dorothy House and is funded by BaNES.

- **Elective care** – continued use and development of the RSS – the referrals received by the RSS from WWYKD practices is now at 91%. Jayne Watt and her clinical leads are visiting each practice throughout WWYKD to share necessary changes that they hope will improve consistency of referrals and to discuss the possibility of the RSS receiving referrals from other specialities. WWYKD is now engaging with and contributing to the Wiltshire Falls network and will contribute to work being proposed by the Public Health team at Wiltshire Council, to investigate the opportunities to remodel falls services across the county so that they are more appropriate and more standardised, offering the best possible care regardless of postcode. The Public Health team has also been offered support by Better Value Healthcare to take this forward.
 - **Medicines Management: prescribing initiatives** – all practices have had their prescribing visit. For WWYKD, SPA Medical Centre had an indicative projected overspend (from July data) and requested an additional visit which focussed specifically on identifying areas for cost reduction. Details of significant savings opportunities were discussed and reviewed in detail with GPs and practice managers. These areas included
- **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 minutes

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

B. Engagement with CCG commissioning

This activity is 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 have continued to take place monthly, and GP Forum quarterly, 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, has taken

place in all practices in Q1. This went live in July to all practices in WWYKD to support the work of the Care Co-ordinators in identifying patients at high risk of admission. 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 actively supporting the community transformation programme. A Simple Point of Access Workshop (SPA) was held on 13th September and attended by the WWYKD Chair, Dr Helen Osborn.
- **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. 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. A more coherent and robust process by which this is incorporated into the RUH challenge process, managed by CSCSU on behalf all Commissioners, and coordinated with other data challenges raised by the CCG, is now being put in place.