

**Clinical Commissioning Group Governing Body  
Paper Summary Sheet**

**Date of Meeting: 25 March 2014**

**For: PUBLIC session**  **PRIVATE Session**

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

<b>Agenda Item and title:</b>	<b>GOV/14/03/18 Third Quarter Report on WWYKD Primary Care Service Level Agreement 2013/14 (previously PBC/Secondary Care LES)</b>
<b>Author:</b>	Jenny Benns WWYKD Team Support
<b>Lead Director/GP from CCG:</b>	Dr Helen Osborn, GP Chair WWYKD Group Jo Cullen, Group Director WWYKD
<b>Executive summary:</b>	<p>The purpose of this paper is to report third quarter progress against the actions set out in the 2013-14 WWYKD Group Service Level Agreement (SLA). This report gives an update on progress and actions against each of the four headings in the SLA for Quarter 3 (Q3), i.e. the period October to December, 2013:</p> <ul style="list-style-type: none"> <li>A. Engagement with Projects</li> <li>B. Continuation of existing Secondary Care LES actions</li> <li>C. Engagement with CCG commissioning</li> <li>D. Data validation and challenges</li> </ul> <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>
<b>Evidence in support of arguments:</b>	N/A
<b>Who has been involved/contributed:</b>	<ul style="list-style-type: none"> <li>• WWYKD Executive</li> <li>• GP Practices</li> </ul>
<b>Cross Reference to Strategic Objectives:</b>	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.
<b>Engagement and Involvement:</b>	Discussion and agreement of work priorities with all practices via GP Executive representatives. All WWYKD practices have signed up to the SLA.
<b>Communications Issues:</b>	None
<b>Financial Implications:</b>	No unfunded financial implications. Payments under SLA will not exceed total funds allocated
<b>Review arrangements:</b>	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.
<b>Risk Management:</b>	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; but it is not anticipated.
<b>National Policy/ Legislation:</b>	N/A
<b>Equality &amp; Diversity:</b>	No adverse impact identified
<b>Other External Assessment:</b>	N/A
<b>What specific action re. the paper do you wish the Governing Body to take at the meeting?</b>	Governing Body to note this Q3 report.  WWYKD to continue to develop and deliver against the requirements of the SLA, and provide subsequent reports summarising the position for Q4 in due course.

**West Wiltshire Yatton Keynell & Devizes (WWYKD) Group**

**Primary Care Service Level Agreement (SLA) 2013-14**

**3rd Quarter Report October - December 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 3 (Q3) report is to outline what the practices have delivered in Q3, 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 whilst Q4 payment was made at the end of January 14. 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** – 2 WWYKD practices provided data sets of patients referred to physiotherapy. An audit has been carried out in order to establish how long the patients had waited for treatment. The findings indicated that physiotherapy waiting times had not improved. This was not the expected result following additional CCG funding in the service in November 2012. Discussions with the provider have prompted a recovery plan to improve waiting times by March 2014. This is being monitored at the monthly GWH Adult Services meeting (led by NEW). Analysis regarding Hip & Knee class effectiveness is in progress (see chart below. Early indications are that the majority of patients attending the class are receiving no further treatment in the 6-12 months following the classes.

Locality	Audit sample (No of patients)	Surgery	No further action	Other
Devizes	27	1 (3%)	20 (74%)	6 (22%)
Westbury/Warminster	35	11 (31%)	15 (43%)	9 (26%)
Trowbridge	37	12 (32%)	20 (54%)	5 (14%)
Melksham	15	3 (20%)	7 (47%)	5 (33%)

For all localities the majority of patients have had no further action following attendance at the Hip & Knee classes. Almost a third of patients at Westbury/Warminster and Trowbridge practices have gone on to have surgery following the classes. The 'Other' category includes physio injections and on-going management.

- **Implement care co-ordinators and associated processes (MDTs etc.)** WWYKD has now recruited a full complement of Care Co-ordinators at 8.2 wte. All Care Coordinators are now in post, with the last post commencing in Devizes in March. Backfill for this post has been provided by a Practice Nurse. By the end of December 25% of patients receiving

Care Coordination had care plans in place and 96.6% of referrals to Care Coordinators were being processed within 2 working days.

- **Risk Tool information on TPP Front Screen alert** - all practices have added the monthly Risk Tool information to the front screen alert on TPP. This ensures that admin and clinical staff are alerted of high risk patients when they contact the practice. Until this can happen automatically, practices are manually undertaking this. Bradford Road practice was the first practice in Wiltshire to undertake a trial of the Risk Tool information in 12/13, and this was one of the simple interventions which the practice considered to be of benefit, and has been adapted by all WWYKD practices.

### Community Transformation Programme

- **Contribute to further development of Community Care Teams (CCT)** Analysis of the requirements for CCTs has taken place establishing the roles & numbers of staff required based on a standard 20,000 residents. This work will continue taking into account, future demographics, prevalence of condition, optimal location etc. A CCT specification has been drafted that will be reviewed, agreed and issued over the coming month.
- **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.
- **Simple Point of Access (SPA)** A pilot of the SPA & Rapid Response service commenced operations in the beginning of November SPA Activity up to week ending 7<sup>th</sup> February 2014 (These figures do incorporate some of Q4):-

Day of the Week		Gender		Group	
Monday	34	Male	68	NEW	62
Tuesday	21	Female	102	WWYKD	53
Wednesday	24		170	SARUM	55
Thursday	28				170
Friday	29				
Saturday	17				
Sunday	17			Number of cases admitted	28
	170				

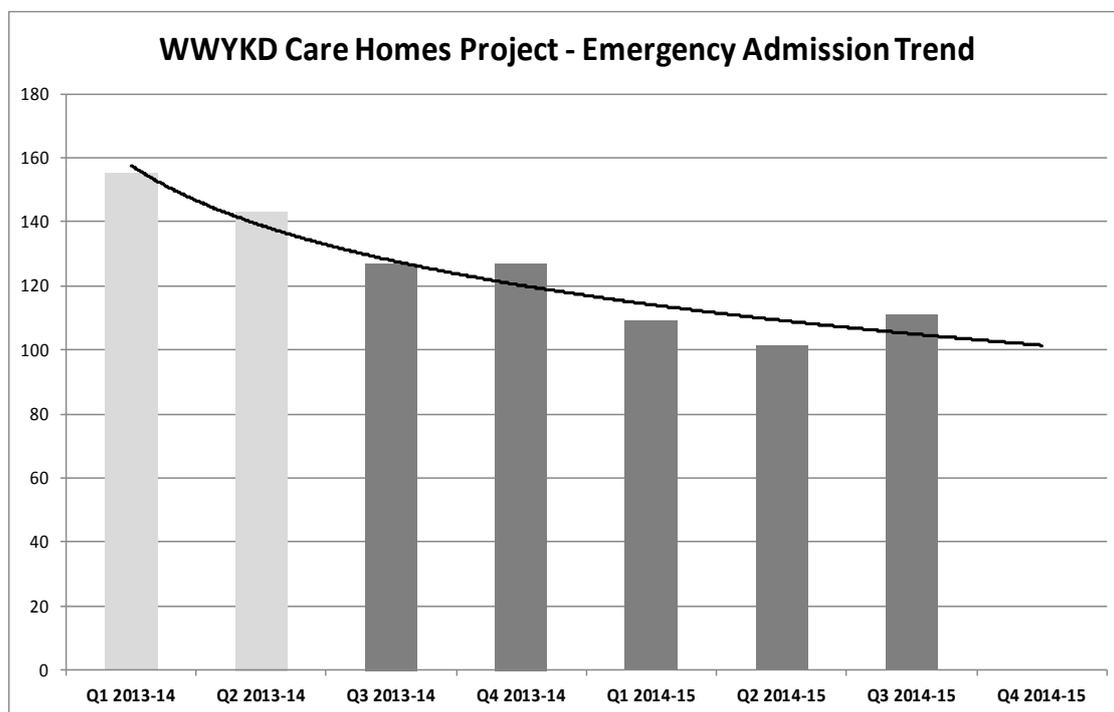
- **Rapid Response** - GWH have been providing rapid response (one hour) nursing cover 24/7 as an additional service for the SPA. The overnight nursing stats week ending 14th Feb (this does of course go outside of Q3 into Q4) are as follows:-

CCG Locality	NOV	JAN	FEB	Total	%

<b>NEW</b>		44	13	57	38.0%
<b>SARUM</b>	5	27	12	44	29.3%
<b>WWYKD</b>	1	30	18	49	32.7%
<b>Total</b>	6	101	43	150	100.0%

The pilot has proved successful with the target for referrals (12 per week) being met. The team believe that there is likely to be latent demand as until recently the number of referrals from the hospitals appeared low. Over the last few weeks meetings have been held with RUH, GWH and SFT to increase knowledge of the SPA and its function. If demand does increase then staffing levels & the cost benefit will need to be reviewed. A proposal for phase 2 of the SPA is being compiled detailing the options available and possible consolidation of contracts and arrangements with Access to Care.

- **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. As a result of this project, emergency admissions continue to track at a significantly lower level than was previously the case – the trend for the last 7 quarters is outlined below:



**KEY:**

- Period pre-project implementation
- Period post-project implementation

- **Workforce strategy** - The People and Change Management work-stream has finalised a workforce strategy and are moving into the delivery phase. A new workforce lead is being recruited with future focus on instigating the strategy including implementation of recruitment and career path progression across and between organisations.
- **Specialist Community Services** -Work has taken place analysing and categorising the services based on total rewrite, review or leave as is. The next phase is to focus on each service defining/reviewing the care pathway, with relevant stakeholders including providers and once agreed, compiling and grouping specifications into associated units e.g. Diabetes with Dietetics & Podiatry.
- **Better Care Plan** - Members of the community transformation team (CCG & Council) have been busy compiling the Better Care Plan which is to be presented to Clinical Exec on 11<sup>th</sup> February agreed and then submitted. It is anticipated that the work resulting from this plan, combined with some of the work already underway, is likely to influence & shape the programme going forward.
- **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.
- **Develop options for diabetes** –A pilot has been running in Westbury in collaboration with RUH to provide the delivery of elements of diabetes secondary care support in the community, the outcomes of which are awaited. The CCG has also proposed as one of the key 7 priorities in 201/15 to concentrate on an improved care pathway for diabetes Wiltshire wide.
- **MIU review** – A WWYKD representative has met with the Trowbridge locality to review initial activity data within the MIU. Since then a few queries have been raised and the issue will be discussed again at the next locality meeting in February.
- **Developments in improving End of Life Care** - Dorothy House Advanced Care Planning training for WWYKD practices, (primary and community staff), started in January and is expected to be completed in March 2014. Quality and Patient Safety are leading the End of Life programme and responsible for developing the strategy. There is Group representation at the End of Life steering group.
- **Elective care** –The RSS continue to work closely with the Prior Approval/Exceptions office. The policy and pathways are being discussed and improved by Gail Warnes (Manager of Prior Approval/Exceptions office) with the help of the RSS. This will hopefully benefit all departments/practices connected with Prior Approvals.
- The RSS analyse the procedures on a monthly basis that require funding. So far, they have queried several procedures that may contribute to a QIPP saving.
- There are still several specialities that the RSS are eager to adopt once they have clearance from Wiltshire CCG.
- Continued use and development of the RSS – the referrals received by the RSS from WWYKD practices for the Q3 period was 87.3%. This is lower because of the Christmas holiday period.

- **Medicines Management: prescribing initiatives** – Medicines Management have confirmed that they carried out some work with Spa and identified specific areas to work on. They met with all of the GP partners and the prescribing lead GP took this forward and managed to complete some of the work.

Medicines management continue to monitor prescribing and the financial budgets for prescribing from quarter 3 are attached. It should be noted that we are still awaiting a final figure for a 'recharge' from Somerset with regards to Smallbrook in the region of £20k so this will affect their practice figures. There was a large national rise in forecasts and this has increased the forecast outturn by £2m across Wiltshire. The DH has sent an apology for this late fluctuation citing 'forecasting errors'. This is the reason for the big change from Q2 to Q3. A representative from the Medicines Management team attended the GP forum in January, and intends to visit localities before the end of the financial year, then each GP practice individually during Q1 2014-15 to go through specific practice information.

#### **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.
- **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.