NHS
Wiltshire
Clinical Commissioning Group

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 20 May 2014

For: PUBLIC session ☒ **PRIVATE Session** ☐

For: Decision ☒ **Discussion** ☐ **Noting** ☐

Agenda Item and title:	**GOV/14/05/12 Primary Care Service Level Agreement 2014/15 (previously PBC/Secondary Care LES) - WWYKD**
Author:	Jo Cullen – Group Director, WWYKD, Louise Sturgess – Commissioning Manager, Sarum and Sue Rest – Commissioning Manager, NEW
Lead Director/GP from CCG:	Jo Cullen – Group Director, WWYKD Dr Helen Osborn – GP Chair, WWYKD Group Dr Debbie Beale– GP Vice Chair, WWYKD Group Ted Wilson – Group Director NEW Dr Simon Burrell – GP Chair, NEW Group Dr Anna Collings – GP Vice Chair, NEW Group Mark Harris – Group Director, Sarum Dr. Liz Stanger – GP Executive, Sarum Group
Executive summary:	The purpose of this report is to set out the proposals for the 2014/15 Primary Care Service Level Agreement (SLA). The SLA's focus on supporting and encouraging GP engagement with the CCG through six specific activity streams that support the delivery of the operational plan and the priorities identified within the work programmes: • Engagement with Projects and Care Pathways at CCG, Group, Locality and Practice Level • Basic Commissioning and Community Transformation • Practice Engagement with Development of Specific Areas of Pathway Development • Controlling and Reducing Admissions • Medicines Management and Prescribing • Care Home and Frail Elderly Management Total funds are set out in each individual Group SLA.

Evidence in support of arguments:	n/a
Who has been involved/contributed:	• Group Executives • Discussion at Monthly Group Executive Committee • Discussion at Group Locality Meetings • Practice Manager representatives
Cross Reference to Strategic Objectives:	This SLA supports the strategic objectives outlined in the CCG five year plan with a specific focus on the areas of Planned Care, Unplanned Care and Frail Elderly. It also contributes to the delivery of the QIPP target.
Engagement and Involvement:	The Group work priorities have been discussed with all Group practices via GP Executive representatives. Executive GPs have also been involved with the Executive Directors in development of the CCG five year plan. The Group SLA has been developed through discussion and debate with practice managers and at the monthly Group Executive meetings.
Communications Issues:	The Group has held a number of GP Forums and stakeholder meetings during 2013/14 to ensure its stated priorities reflect the views of agencies, groups, forums and the practice population as a whole. It will continue to do so to inform this year's and future priorities and plans.
Financial Implications:	No unfunded financial implications. Payments under SLA will not exceed total funds allocated.
Review arrangements:	Quarterly Reports and an Annual Report will be presented to the Governing Body. The CCG SLA requires primary care to be engaged in the commissioning agenda of the CCG and to respond to the pressures that the health system is currently experiencing. It is expected that through this engagement practice staff whether doctors, nurses or therapists will understand the options available to them when dealing with patients who may need a higher level of intervention which may not be available in a practice. Care provided outside of practices can be provided by a range of alternatives that may include acute hospitals but increasingly more will be aligned to care in the community and at home. The CCG SLA is an enabler for practices to engage in this agenda; it is not a means to the ultimate delivery of the CCG objectives as much reliance has to be placed on other providers of care. However, in order to assess the impact of this SLA it is imperative that the activity trends that the CCG currently experiences are impacted on. Therefore it is envisaged that the CCG SLAs will report on a number of activity domains to demonstrate that their contribution is making an impact on the health system. The following activity and finance trends will be required to be presented within the quarterly and annual SLA reports that go to the governing body: Monthly and cumulative activity and finance trends compared to previous years for all patient types • Breakdown of non-elective admissions length of stay - under 1 day, 1 day

	and 2 plus days • Average Length of Stay comparison between years for different providers • Number of admissions from care homes • Prescribing spend compared to previous years and plan. • First outpatient appointments The finance and information managers will be responsible for coordinating the production of this analysis and presenting to the Group Executives. The CCG SLA reports will need to assess and describe the impact that has been made across the system.
Risk Management:	If the SLA is not delivered it will impact on the ability of the CCG to deliver its five year Strategic Plan. 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 could result in a cost pressure. A top sliced contingency fund is available to assist in mitigation.
National Policy/ Legislation:	n/a
Equality & Diversity:	No adverse impact identified. Equality Impact Assessment completed (attached to Governing Body Papers).
Other External Assessment:	n/a
What specific action re. the paper do you wish the Governing Body to take at the meeting?	The CCG Board is asked to: • Consider and note the proposed programme of work under the Group SLA to be progressed by Group Practices during 2014/15 • Approve the Group SLA 2014/15 as detailed (subject to sign off by Wessex LMC) • Seek progress updates and review quarterly and annual reports as required

NHS Wiltshire Clinical Commissioning Group

WWYKD Group SLA 2014/15 and 2015/16 (funding agreed further 2 years)

Allocation of SLA Funding 2014/15
Population: 170,070 (WWYKD population, 1 Jan 2014 from pop of 168,523 in Jan 2013 so increase of 1547)
Total SLA funding available: £1,311,400
[£123,441 ring-fenced for care homes; £1,215,050 (£7.21 per pt) from previous PbC and Sec Care LES; and £27,091 balanced to other Groups]
£7.71 per capita (NB: the Care Home element is paid on actual activity so this may not be definitive amount)
Use of any funding not committed by end of 14/15 will be agreed by WWYKD Exec/LMC.

This SLA is a continuation of the 2013/14 SLA that replaced the previous Practice Based Commissioning/Secondary Care Local Enhanced Services.

It is intended that the work in the SLA should:

- **support but not duplicate other initiatives including Directed/National Enhanced Services and Quality Outcome Framework (QOF)**
- **be useful to those undertaking it and affect changes in the practice where appropriate**
- **benefit patient care and support effective use of resources**
- **support and develop locality plans**

The SLA supports funding for 2 aspects of practice engagement as membership of the CCG as commissioners:

- **Membership engagement in localities and development of Locality Plans supporting the CCG Strategy**
- **Engagement with the implementation and delivery of CCG key priorities and programmes**

The SLA focuses on 3 work streams for GP Practices as providers:

- **Care Homes project to maintain the reduction in unplanned attendances and admissions of patients from Care Homes**
- **Effective referrals**
- **Effective prescribing**

The desired outcomes from this SLA are:

- **Reduction in urgent admissions from Care Homes into SFT**
- **Referral growth beyond population growth levels is managed**
- **Membership engagement with the CCG's 5 Year Strategic Plan**
- **Demonstrable progress in specific areas of prescribing as selected by each practice.**

A "Practice Pack" has been developed to describe the operating detail of the aspects of the Service Level Agreement.

Measuring the impact of the Service Level Agreement:
The CCG Service Level Agreement (SLA) requires primary care to be engaged in the commissioning agenda of the CCG and to respond to the pressures that the health system is currently experiencing. It is expected that through this engagement practice staff whether doctors, nurses and therapists will understand the options available to them when dealing with patients who may need a higher level of intervention which may not be available in a practice but can be provided by a range of alternatives that may include acute hospitals but increasingly more aligned to care in the community and at home.

The CCG SLA is an enabler for practices to engage in this agenda; it is not a means to the ultimate delivery of the CCG objectives as much reliance has to be placed on other providers of care. In order to assess the impact of this SLA it is imperative that the activity trends that the CCG currently experiences are impacted on. Therefore it is envisaged that the CCG SLAs will report on a number of activity domains to demonstrate that their contribution is making an impact on the health system.

Outcome measures have been described for each aspect of this SLA and will be reported to the CCG Governing Body through the Integrated Performance Report. These measures represent a marker for demonstrating the value of the investment in the aspect of the SLA versus the impact of the cost of services utilised by the population and do not describe any form of cap of access to services for patients. Some measures are therefore at Group rather than Practice level to inform the approach to 2015/16.

GP COMMISSIONING ELEMENTS:						
Type of Activity	**Actions:**	**Key Performance and Outcome Measures**	**Reporting**	**CCG support:**	**Funding elements**	**Payment mechanism from the CCG**
Participation and active engagement with the delivery of the CGG commissioning priorities and Locality development. **The WWYKD vision is to develop fully informed and engaged Localities who have ownership of, and are leading the implementation of their Locality Plans based on the future care model.**	Development of Locality Plans – based on the future care model – with objectives, leads and timescales – to be completed in Locality meetings by June 2014. Representation of Practice/Locality/WWYKD/CCG with: • Attendance and engagement at Locality meetings & WWYKD GP Forums • Attendance at Locality Leads meetings • Attendance at Area Board or town meetings as appropriate (e.g. JSA) • Attendance at CCG steering group meetings / workshops / other events	Actively engaging and informed GPs and other practice staff. Clinical engagement and leadership on agreed locality projects. Delivery of local plans and projects against agreed time lines. Representation of WWYKD at CCG and town meetings and discussions.	Update reporting by locality at GP Forum meetings; and a more detailed progress report at a planned WWYKD Review in September 2014.	WWYKD Exec Admin support for meetings Commissioning and Contract Managers Programme of meetings with RUH clinicians Information Finance Corporate functions / communications/ Public Engagement	£2.20 **£374,154**	To practices quarterly in advance
Engagement with the implementation and delivery of the CCG key priorities and	**The CCG Key Priority areas** as set out in 2014/15 Delivery Plan are: • Optimising the existing	Development of locally focussed and clinically led pathways and delivery of key programme areas.	Regular updates at Locality meetings feeding into to WWYKD Exec	CCG Steering Groups and Working Groups Service Redesign	£1.33 **£226,193**	To practices quarterly in advance

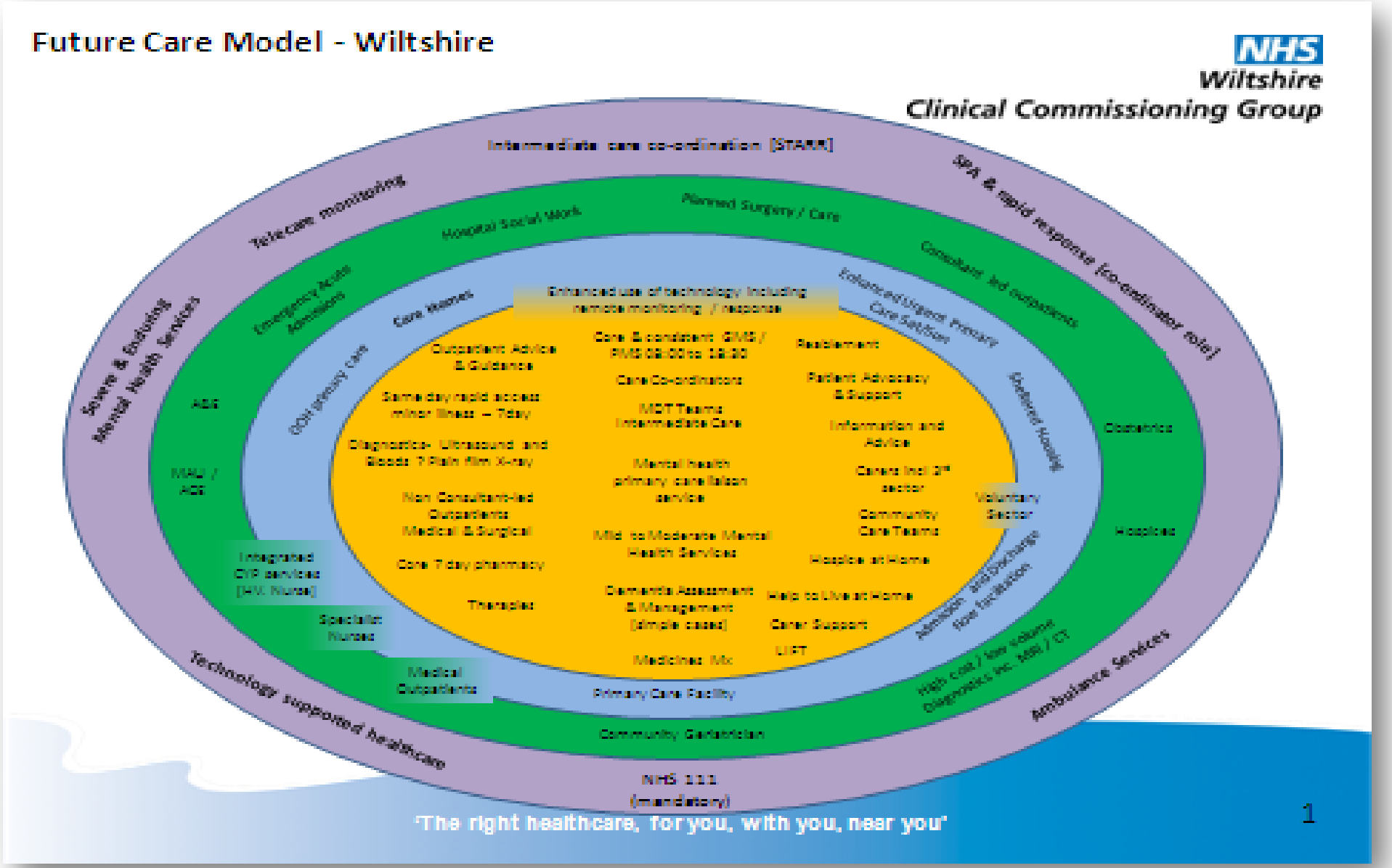
programmes at CCG, WWYKD Group, Locality and Practice level.	community teams • Urgent Care – review, pathway design and alignment of system wide provision including Rapid Response and Early Supported Discharge • Primary Care – enhanced primary care, primary care at scale, 7 day working and transforming care of patients aged 75 and over. • Planned Care Pathways – Musculoskeletal and Ophthalmology • Long Term Conditions – Diabetes • End of Life • Develop and implementation of future care model (appendix 1) **Public health led projects** – e.g. falls pathway **Stroke** **Mental Health - dementia** RUH specific pathway development – community radiology, pain, ambulatory care, urgent care centre, EASC, telephone consultations, and others to be agreed			leads Information Analysts		

Subtotal for commissioning elements					£3.53 per patient	
GP PROVIDER ELEMENTS:						
Type of Activity	**Actions:**	**Outcome Measures**	**Reporting**	**CCG support:**	**Funding elements**	**Payment mechanism from the CCG**
Care Homes Project – ongoing	Continuation of WWYKD Care home beds project (started in 12/13 covering 900-1,000 residents) Practices paid according to level of engagement with project (scale of £50, £200 or £225 per resident). Participation in any development e.g. EOL training	Maintenance of the reduction in unplanned attendances and admissions of patients from Care Homes from the baseline figures from 2012/13. Improved quality outcomes for residents of care homes.	Year-end report summarising practice input and learning throughout the year	Information Analysts Finance Quality team End of Life Strategy Group	£1.18 / £200,000 comprising: £0.73 / £123,414 additional CCG funding plus £0.45 / £76,600 SLA funding	To practices paid quarterly based on returns of actual activity
Planned Care: review of commissioning budgets by finance activity review , data validation and audit	Elective care: To increase the referral specialities which are sent from practices via the RSS. To specifically focus on Neurology/Endocrinology/Pain management referrals. A referral administrative function	Robust process of appropriate referrals managed and processed via the RSS to support practices in complying with agreed pathways ensures financial as well as quality benefits. Practices to demonstrate evidence of increased use	Monthly reports of referrals by practice / specialty from RSS reported to WWYKD Exec, and reports of patients referred without minimum data set completed.	Referral Support Services Exceptions/Prior Approval Panel led by Medical Director Information Analyst	£2.00 **£340,140**	To practices quarterly in advance

	is deemed essential in managing secondary care elective activity in the future, and therefore essential for QIPP. Continuing audit work and validation of high cost spells and specific other audits, as in 12/13. Elements previously in the *Basket of Goods LES:* All elective referrals of patients (adults) to secondary care to follow the ready willing and able" protocol and the agreed core patient data set (BP, BMI, current medication Hb1Ac as appropriate and relevant medical history) is submitted with the referral in order that all referrals made are high quality, efficient, and negate the need for patients referred for day case surgery to attend a hospital appointment for pre-operative assessment. Awareness and use of Clinical Priorities Policy (link to intranet)	of RSS as more specialties come on line.		Finance Commissioning and Service Redesign		
Effective Prescribing	To recognise the requirement for dedicated GP time in practices working with Medicines Management team to review the areas identified for QIPP savings comparators (as per score card	To reduce the variation in prescribing as monitored through MM score card.	Discussion at practice level, reporting to the locality leads meeting to monitor	Medicines Management team	£1.00 **£170,070**	To practices 50% in advance and 50% on achievement

	attached as Appendix 2). Area and targets to be practice specific and as agreed with Meds Management on practice visits (with Alex Goddard) in Q1. Scriptswitch will be offered for a further year. Any practices declining this should have mechanisms in place to ensure equivalent savings are implemented and attained to ensure prescribing remains within budget.		progress to targets on a quarterly basis. Baseline audit in Q1 and follow up Audit in Q4 detailing audit results and demonstrating any change in practice. To be reviewed through GP Prescribing Leads meeting and GP Forum 2 x year.			in Q4
Sub total for provider elements					**£4.18 per pt**	
Totals	Per capita Total				**£7.71** **£1,310,557**	
AMENDED FROM 2013/14						
Continuation of 12/13 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				£2.00 Funding element maintained but re badged against other work streams	

	within 60 mins ***NOW IN CORE GP CONTRACT / new DES*** (awaiting national guidance through Area Team)					
Projects funded elsewhere	Projects where practice engagement is funded via other streams, but which are part of the overall work programme: • Mental Health – funded by Dementia LES • Staying Healthy – Public Health screening / health checks; motivational interviewing – funded by Public Health • Ongoing Enhanced Services (LES) commissioned separately				Not applicable	


Future Care Model - Wiltshire
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Intermediate care co-ordination [START]
Telecare monitoring
Hospital Social Work
Planned Surgery / Care
SPA & rapid response [co-ordinator role]
Severe & Enduring Mental Health Services
Consultant led outpatients
Enhanced Urgent Primary Care Service
Emergency Acute Admission
Care Homes
Enhanced use of technology including remote monitoring / response
Community Geriatrician
Outpatient Advice & Guidance
Care Co-ordinators
Same day rapid access minor illness – 7day
MDT Teams Intermediate Care
Diagnostics- Ultrasound and Bloods ? Plain film X-ray
Mental health primary care liaison service
Non Consultant-led Outpatients
Medical & Surgical
Mild to Moderate Mental Health Services
Core 7 day pharmacy
Therapies
Dementia Assessment & Management [simple cases]
Medicines Mx
Primary Care Facility
Community Geriatrician
NHS 111 (mandatory)
Assessment
Rehabilitation
Patient Advocacy & Support
Information and Advice
Carers [not 3rd sector]
Community Care Teams
Hospice at Home
Help to Live at Home
Carer Support
LIST
Admission and Discharge flow facilitation
Intermediate Housing
Voluntary Sector
Obstetrics
Hospices
Ambulance Services
High cost / low volume diagnostics inc. MRI / CT
Technology supported healthcare
ADS
MHU / ADS
Integrated CYP services [HV, Nurse]
Specialist Nurses
Medical Outpatients
'The right healthcare, for you, with you, near you'
1

Medicines Management Score Card - 2013/14

3rd Quarter 2013/2014

QIPP Prescribing Comparators	ADCROFT SURGERY	AVENUE SURGERY	BRADFORD ROAD MEDICAL CTR	BRADFORD-ON-AVON AND MELKSHAM HEALTH	COURTYARD SURGERY	GIFFORDS PRIMARY CARE CTR	JUBILEE FIELD SURGERY	LANSDOWNE SURGERY	LOVEMEAD GROUP PRACTICE	MARKET LAVINGTON SURGERY	SMALLBROOK SURGERY	SOUTHBROOM SURGERY	SPA MEDICAL CENTRE	ST.JAMES SURGERY	WHITE HORSE HEALTH CENTRE	WIDBROOK MEDICAL PRACTICE	CCG	NATIONAL
3 days Trimethoprim ADQ/item	6.15	6.18	6.85	5.77	7.34	4.95	7.55	7.06	7.25	4.15	7.13	5.16	5.90	6.72	6.54	9.89	6.16	5.90
ACE inhibitor % of all RA drugs (items)	72.9%	70.5%	67.0%	69.4%	73.6%	71.5%	52.0%	68.3%	72.4%	64.0%	74.6%	75.7%	72.1%	71.4%	74.8%	74.3%	69.7%	70.6%
Antibacterial items/STAR PU	0.26	0.32	0.30	0.32	0.21	0.29	0.25	0.31	0.33	0.22	0.31	0.25	0.34	0.23	0.33	0.34	0.31	0.32
Antidepressants: ADQ/STAR PU - note this has been amended	2.19	1.89	1.75	1.81	1.22	1.94	1.38	1.98	2.32	1.49	1.64	1.59	2.34	1.70	2.15	1.74	1.99	2.04
Cephalosporins & Quinolones % of all Antibiotics (items)	7.9%	8.6%	7.3%	7.1%	3.6%	8.1%	9.9%	11.9%	7.6%	5.4%	6.7%	6.0%	8.4%	3.8%	11.6%	6.3%	7.5%	5.3%
Hypnotics ADQ/STAR PU	1.43	1.36	1.52	1.56	0.01	1.16	1.48	1.92	1.37	1.34	0.99	1.52	1.25	1.07	1.86	2.20	1.70	1.85
Hypoglycaemic Agents: Metformin and SU's % of all Diabetic Drugs (items)	88.4%	84.1%	82.3%	83.1%	88.4%	83.3%	83.0%	80.5%	72.4%	78.2%	87.4%	79.6%	86.5%	75.9%	78.7%	79.2%	83.9%	83.7%
Laxatives ADQ/STAR PU	1.38	1.23	1.30	1.57	1.32	1.12	1.46	1.33	1.70	1.62	1.41	1.21	1.57	1.55	1.39	1.67	1.44	1.84
Lipid Modifying Drugs: Ezetimibe % of all Lipid Drugs (items)	3.2%	1.3%	3.6%	4.4%	0.0%	3.1%	3.0%	2.1%	1.5%	3.3%	1.5%	1.4%	3.1%	3.8%	2.3%	1.7%	2.7%	2.8%
Long/Intermediate Insulin Analogues as a % of all Insulins (items)	68.1%	81.3%	84.9%	75.5%	82.1%	77.4%	75.0%	82.7%	77.8%	73.2%	73.5%	81.3%	89.6%	69.1%	72.3%	78.4%	76.1%	81.5%
Low cost Lipid Modifying Drugs as % of all Lipid Drugs (items) - including generic Atorvastatin	90.0%	96.3%	90.8%	88.7%	99.7%	93.0%	63.2%	95.8%	96.4%	94.9%	62.6%	95.4%	91.1%	91.7%	92.9%	97.7%	92.8%	93.2%
Minocycline ADQ/1000 patients	6.41	17.03	13.30	43.46	-	4.12	-	10.80	4.99	29.99	-	-	18.69	-	11.73	-	14.10	15.54
NSAIDs: ADQ/STAR PU	2.37	1.90	1.78	1.33	0.91	1.28	2.74	1.50	2.14	1.58	1.23	1.82	1.83	1.13	2.01	2.28	1.76	1.55
NSAIDs: Ibuprofen & Naproxen % of all NSAIDs (items)	63.4%	70.8%	73.8%	73.8%	71.7%	74.6%	61.9%	69.8%	75.7%	70.4%	76.7%	74.3%	81.0%	79.4%	65.1%	70.5%	70.3%	73.2%
Omega-3 Fatty Acid Compounds	0.29	0.23	0.42	0.30	-	0.29	0.54	0.21	0.59	0.08	0.08	0.41	0.34	0.34	0.42	0.30	0.29	0.36
Antidepressants First Choice - new indicator	31.1%	31.8%	23.1%	26.1%	35.3%	28.1%	20.5%	39.3%	27.7%	20.4%	30.3%	32.6%	36.4%	32.5%	34.1%	24.5%	31.1%	30.9%
Wound Care Products: NIC/Item - new indicator	17.60	25.64	17.72	19.97	21.69	18.13	18.04	22.88	16.77	39.87	14.94	35.09	17.99	13.72	52.16	25.59	17.60	25.30

* ADQ - Average Daily Quantities is the assumed average adult maintenance dose per day for a drug used for its main indication.
** STAR PU - figures are weighted in a similar fashion to ASTRO PUs, but taking into account costs within therapeutic areas.

Additional Indicators	ADCROFT SURGERY	AVENUE SURGERY	BRADFORD ROAD MEDICAL CTR	BRADFORD-ON-AVON AND MELKSHAM HEALTH	COURTYARD SURGERY	GIFFORDS PRIMARY CARE CTR	JUBILEE FIELD SURGERY	LANSDOWNE SURGERY	LOVEMEAD GROUP PRACTICE	MARKET LAVINGTON SURGERY	SMALLBROOK SURGERY	SOUTHBROOM SURGERY	SPA MEDICAL CENTRE	ST.JAMES SURGERY	WHITE HORSE HEALTH CENTRE	WIDBROOK MEDICAL PRACTICE	CCG	NATIONAL
Apixaban, Dabigatran & Rivaroxaban as % of Warfarin & new Anticoags (items)	15.8%	4.7%	13.8%	8.5%	5.4%	2.7%	5.1%	4.7%	10.2%	2.9%	3.0%	5.0%	4.8%	7.3%	4.0%	5.8%	7.9%	4.7%
Sip feeds excluding PEG, paeds & specialist (Cost per ASTRO PU)	£136.24	£66.37	#####	#####	£11.43	#####	£85.96	#####	#####	£53.66	£ 29.16	#####	#####	#####	#####	#####	#####	#####
Fentanyl patches as a % of all Opioid Analgesic (items)	4.5%	4.2%	10.5%	6.7%	0.7%	2.7%	2.0%	9.6%	3.5%	13.1%	3.4%	9.1%	2.6%	14.4%	9.5%	9.6%	5.8%	5.4%
Buprenorphine patches as a % of all Opioid Analgesic (items)	17.0%	14.1%	10.1%	14.2%	5.5%	11.1%	13.2%	12.6%	10.7%	13.1%	10.3%	4.7%	8.3%	6.7%	6.3%	15.6%	9.7%	6.5%
Special Order Products (Cost per ASTRO PU)	£ 23.65	£ 8.78	£ 1.93	£25.62	£ -	£47.70	#####	£ 4.35	£ 6.06	£13.84	£168.99	£ -	£84.71	#####	£26.14	#####	£34.55	£68.02
Temazepam - Cost per ASTRO PU or benzodiazepine STAR PU																		
Inhaled Corticosteroids ADQ/Star PU																		

NHS Wiltshire Clinical Commissioning Group

Equality Impact Analysis – the EIA form

Title of the paper or Scheme: **Group SLA**

For the record	
Name of person leading this EIA: **Jo Cullen**	Date completed: **12th May 2014**
Names of people involved in consideration of impact	
Name of director signing EIA: **Jo Cullen**	Date signed: **12th May 2014**

What is the proposal? What outcomes/benefits are you hoping to achieve?
The purpose of the proposal is to set out the agreed actions in Primary Care for 2014/15 to justify the payment of the Service Level Agreement funding. The SLA focuses on supporting Primary Care engagement in agreed CCG operational priority areas. This includes:

- Engagement with Projects and Care Pathways at CCG, Group, Locality and Practice Level
- Controlling and Reducing Admissions
- Basic Commissioning and Community Transformation
- Practice Engagement with Development of Specific Areas of Pathway Development
- Medicines Management and Prescribing
- Care Home and Frail Elderly Management

Who's it for?
For all GP Practices within the locality area.

How will this proposal meet the equality duties?
This proposal will benefit all patients registered at GP Practices within the Wiltshire area. The work carried out as part of the SLA (in the areas outlined in the purpose above), are aimed at improving the life expectancy, health & wellbeing and the general standard of living and education in terms of self-management of health conditions, of the patients of Wiltshire.

What are the barriers to meeting this potential?
There are no identified barriers at this stage.

2 Who's using it?

Refer to equality groups

What data/evidence do you have about who is or could be affected? (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)
The service will be commissioned following: GP clinical input, reports from practices identifying what the people of Wiltshire are telling us, secondary care data, and the information in the current JSNA. It is also recognised that some patients referred to the service may not have English as their first language.

How can you involve your customers in developing the proposal?
The Wiltshire Core Practice Managers were instrumental in the development of this proposal, who represent the GP practices and patients in Wiltshire.

Who is missing? Do you need to fill any gaps in your data? (pause EIA if necessary)
There are no gaps identified at this stage.

3 Impact Refer to dimensions of equality and equality groups

Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

Using the information in parts 1 & 2 does the proposal:

a) Create an adverse impact which may affect some groups or individuals. Is it clear what this is? How can this be mitigated or justified?

There are no adverse impacts of this proposal for any of the equality groups.

What can be done to change this impact?

Not applicable

b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?

The service is aimed at all patients in Wiltshire but by dint of the fact that the highest prevalence of service users tend to be the frail elderly with multiple long term conditions, this particular group are likely to benefit more from the outcomes from the impact of this SLA.

Does further consultation need to be done? How will assumptions made in this Analysis be tested?

No further work is required at this stage.

4 So what? Link to business planning process

What changes have you made in the course of this EIA?

No changes have been made as no adverse impacts have been identified.

What will you do now and what will be included in future planning?

The EIA will be reviewed quarterly as part of the creation of the quarterly SLA report to governing body.

When will this be reviewed?

It will be reviewed quarterly in 2014/15.

How will success be measured?

The success of the SLA will be measure by using internal agreed KPIs, supplied by the Practices and reported quarterly to the governing body.