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/14/05/13 Primary Care Service Level Agreement 2014/15** **(previously PBC/Secondary Care LES) - NEW**
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 Osborne – 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

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North and East Wiltshire (NEW) Group
Primary Care Service Level Agreement (SLA)
2014/15

Allocation of SLA Funding 14/15

Population: 166,108 (NEW patient population, 01 Jan 2014)
Total SLA available: £1,347,117
Allocation of Funds: £1,192,087 (baseline payment)
(NB. baseline money top slice for innovative practice activity during the year = £29,331)
PLUS £155,030 Care Homes project funding.

CCG Reporting Mechanisms:

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.**

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.

Type of Activity **COMMISSIONING**	Actions	Outcome Measures	Funding/Payment Mechanisms and Reporting Requirements
Engagement with Projects and Care Pathways at CCG, NEW Group, Locality and Practice Level	An overarching principle of the NEW SLA is to focus work streams towards meeting organisational objectives and for practices to actively engage with the CCG in ensuring their delivery. NHS Wiltshire CCG 5 Year Strategic Plan Priorities 2014-2019: • Community Transformation • Dementia • End of Life • Planned Care, MSK and Ophthalmology • Long Term Conditions – Diabetes • Urgent Care (incl. rapid response/early supported discharge) Practices will work towards NEW objectives as detailed below.	Work to support all elements of the SLA will be assessed in line with the strategic CCG and NEW objectives.	Payment for each element of the SLA is detailed in the boxes below. Templates for completion by practices to show joint working with the CCG in all aspects will be provided by the CCG.
Basic Commissioning and Community Transformation	**Basic Commissioning** • Each practice to have a named Commissioning Lead GP • GP attendance at 70% of regular locality meetings. Provide clinical input as requested and appropriate for the NEW Group work programme • Carrying out 100% of audits as agreed at locality meetings, and where appropriate using Perception+ – measured by annual return • GPs and / or practice managers from each practice to attend two or more Area Board meetings per year in their area. Practices to work together locally to ensure GP	List of named GPs. Attendance list produced. All audits completed. GP representatives attended meetings. Meetings scheduled and	**Basic Commissioning Element** £249,162 at a rate of £1.50 per patient is available for this activity Reporting via quarterly / annual reports as required

	representation where the Area Board agenda has a health related focus. • Continue to use 'Grumpy/Pleased Docs' initiative • Attend regular GP clinical forums **Involvement in Community Transformation – Practice Engagement** The CCG is undertaking a major review of community services. The agreed approach is to wrap all community health services around the GP practice Practices will need to adapt their management arrangements and ways of working to work with this change and make it fully effective. The CCG will assist with this and practices will need to use a portion of the funding to enable suitable change to occur. • Practices to comply with and implement plans as they are agreed by the CCG and localities • Practices to provide representation and support at appropriate community transformation meetings and workshops • Practices to work with Community Care Teams to improve integration • Practices to be involved in the planning and sign off for reorganisation of the community teams in their area.	recorded. Integration of Care Coordinators into the practice team. Support and engagement in the development of Community Care Teams as part of the Community Transformation delivery model. Improved integration with Community Care Teams. Regular Multi-Disciplinary Team meetings. Increased referrals to social and voluntary sector organisations. Practices to sign off community team structure for their area.	**Community Transformation Element** £249,162 at a rate of £1.50 per patient is available for this activity. Reporting via quarterly / annual reports as required.
Practice Engagement with Development of Specific Areas of Pathway Development	This activity is to be carried out in conjunction with other practices and will in the main be organised as part of CCG membership. The input required from practices may be in the form of a general review or consideration of ways of improving effectiveness. In some cases this may be part of a wider CCG initiative and therefore not specific	Involvement in work streams as appropriate	£249,162 at a rate of £1.50 per patient is available for this activity Reporting and

	to one or all practices. Where this is the case and to qualify for the payment, each practice will be required to provide evidence that they have met, discussed and considered options as required. The evidence will be in the form of a separate stand-alone report or as part of the annual practice summary report. All practices are expected to take part in the development of pathways and adhere to agreed outcomes. Current thinking is focused on the following areas: **Orthopaedics** • Consider use of a local scoring system for orthopaedic referrals • Consider local plan to offer weight reduction to patients with BMI >30 before referral • Be involved with and use primary care orthopaedic service as it develops • Monitor, audit and help development of therapy services • Conduct a practice based audit of back pain services to inform a NEW Group pathway review **Ophthalmology** • Put in place, and refer to a primary care based ophthalmology service for all 'not sure' referrals and those referred from opticians - Measured by reduced referrals to secondary care Ophthalmology service • Consider development of specialist opticians working with ophthalmologists • Consider links of this service to diabetic retinopathy service and glaucoma follow up service • Closer working with Referral Centre to improve management of primary care based services – Measured by audit **Therapy Services** • Consider the introduction of in-house physiotherapy in		demonstrating involvement in audits and project plans, project involvement and engagement in quarterly / annual reports as required

	practices for simple advice • Use of exercise sheets and recommendations for all patients before referral to physiotherapy where appropriate • Audit and review back pain management • Work with community reform plans to develop more appropriate falls service and back pain service. **Rheumatology** • Investigate provision of a locally based musculo-skeletal service incorporating: rheumatology, physiotherapy and orthopaedic input. **Long term Neurological Problems** • Audit of patients on practice list with long term neurological patients. • Consider and advise on ways of integrated help between medical, social and third sector support. **Dermatology** • Investigate and introduce where appropriate ways of managing dermatology cases closer to home		
Type of Activity **PROVIDER**	**Actions**	**Outcome Measures**	**Funding/Payment Mechanisms and Reporting Requirements**
Controlling and Reducing Admissions	To implement initiatives introduced with the aim of reducing admissions. To work with the CCG to deliver the QIPP agenda as outlined in the schedule of priority QIPP areas for NEW (to follow). Practices will work with the Care Coordinators and the CCG to actively engage with all providers to ensure an optimum integrated service is provided to patients. All patients aged 80 years old and over, and those patients of any	Actively engage in Group led schemes designed to support the achievement of QIPP. Complete a template for	£99,665 at a rate of £0.60 per patient is available for this activity. Provide a report of activity via annual report.

	age who have been admitted to secondary care more than 3 times will be reviewed by the practice on a rolling basis with a view to understanding why people really do go into hospital and therefore reducing unnecessary admissions. Collated information will also be used by the CCG for planning future services To actively engage in using the Referrals Support Service (RSS) and promote interaction between practices and the RSS with a view to reducing admissions. To achieve 70% of practice referrals for each practice being referred through the RSS. To accept urgent calls from Senior Clinicians in secondary care who feel discussion with the GP could improve patient care and decision making which may reduce need for admission or facilitate an early discharge.	each patient to be submitted with the quarterly report. RSS to confirm that practices are engaging with them and referrals sent through the RSS to increase to 70% for individual NEW practices.	£107,970 at a rate of £0.65 per patient is available for this activity – paid to practices at £0.35 for engagement with the RSS and £0.30 for achieving 70% referrals being made through the RSS by the practice.
Medicines Management and Prescribing	Savings in prescribing are a key component of the QIPP plans and essential to the CCG budget. With this in mind we would like the practices to continue working with the medicines management team to optimise clinically effective prescribing. Identify and implement improvements in clinical prescribing and cost effectiveness in conjunction with the medicines management team. • Demonstrate progress towards the CCG and/or national average for prescribing costs concentrating on areas where practices are above average. • Continue with 'ScriptSwitch' and / or suitable alternative where agreed. • Practices to meet with prescribing team on an annual basis to discuss prescribing costs, to draw up plans for the year and agree	Work with prescribing advisors to continue to optimise prescribing. Continue with Scriptswitch and/or suitable alternative where agreed.	£207,635 at a rate of £1.25 per patient is available for this activity. Reporting based on activity recorded on Meds Management Scorecard achievements

	target areas to include TPP 'housekeeping' savings and new safety indicators • Prescribing leads to be given dedicated time to ensure regular review of scorecard and other practice specific data as published on the Medicines Management Intranet site. • Medicines management to be a regular agenda item at internal practice meetings.	Demonstrate improvement via monitoring of scorecard on a quarterly basis	
Care Home and Frail Elderly Management	The aim of this part of the SLA is to enable GP practices to commit more time working with care homes to improve the care and care planning for patients in the homes and also to support the enhanced care of frail elderly patients identified as being at risk but still managing to live at home. Practices will work with care homes to ensure that all non-elective admissions to secondary care are appropriate and discharges to homes from hospital are supported. GPs will be required to visit care homes regularly, to make sure residents have a record of their future wishes for medical care and intervention, to work with local elderly care consultants, to review all residents from a medical point of view in a timely way and to help the homes develop their own care and support for medical issues. Practices are required to coordinate care in homes where patients are from more than one practice. It is expected that practices carry out the following processes for their patients living in care homes: • Annual GP review • Additional reviews at 3 or 6 months for less stable residents where necessary linking as appropriate with the consultant geriatrician • Update care co-ordination and advanced care planning documentation • Ensuring information is updated on ADASTRA • Medication review • Key care home staff to participate in review • Practice to report on each item quarterly to locality meeting	Support the reduction in inappropriate admissions to GWH/RUH from care homes	A finite fund of £155,030 is available for this activity to be allocated to practices based on the number of patients they support in local care homes. Reporting quarterly to the NEW Executive End of year report summarising practice input throughout the year Provision of care plans as requested

	• Interim visits as needed under GMS to be carried out as usual • Regular weekly/monthly (determined by the size of the home and the number of patients) visits / ward rounds by GP or specialist practice nurse, at the same time where possible – planned and agreed with the care home. To review residents as requested by staff. • Named GP lead per practice per home and cover arrangements in place • New residents seen and reviewed within 7 working days of admission • Residents returning from hospital seen within 7 days • Clear contact protocol for homes to contact practice • Practice process in place to triage non routine requests from the home • To work with the CCG to provide educational support to residential homes between key practice and residential home staff		
Totals	Per capita Total (rounded)		**£7.00** **£1,162,756 (+29,331 top sliced for contingency)**
AMENDED FROM 2013/14 – section removed as covered by newly introduced 2014/15 DES 'Avoiding Unplanned Admissions and Proactive Case			

Management of Vulnerable People'.			
Improve Links with Secondary Care and Emergency Service	• Have a dedicated phone line for use by ambulance service, A&E departments and ambulatory care. Trusts to be reminded that this service is available • Respond quickly to requests by these providers for help in acute situations where GP input may be helpful. • To accept urgent calls from A&E departments from Senior Clinicians who feel discussion with the GP could improve patient care and decision making which may reduce need for admission. • To monitor and review, at least quarterly, Emergency Department (ED) patients from individual practices and explore opportunities for alternative referral pathways. Share the learning and results with the NEW GP Executive Group.		£1.25 per patient was available for this activity Funds removed from this section and reallocated to newly introduced 'Controlling and Reducing Admissions' section above.

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.