

Clinical Commissioning Group Governing Body

Paper Summary Sheet

Date of Meeting: 22 July 2014

For: PUBLIC session PRIVATE Session

For: Decision Discussion Noting

Agenda Item and title:	GOV/14/07/15 Fourth Quarter Report on West Wiltshire, Yatton Keynell and Devizes (WWYKD) Primary Care Service Level Agreement 2013/14 (previously PBC/Secondary Care LES)
Author:	Jenny Benns WWYKD Team Support
Lead Director/GP from CCG:	Dr Helen Osborn, GP Chair WWYKD Group Jo Cullen – Group Director WWYKD
Executive summary:	<p>The purpose of this paper is to report fourth 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 4 (Q4), i.e. the period January to March 2014:</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 • WWYKD GP Practices
Cross Reference to Strategic Objectives:	This SLA supports the work to deliver the CCG's seven key strategic priorities, described in the Clear and Credible Plan; and the WWYKD and Wiltshire CCG Quality, Innovation, Productivity and Prevention (QIPP) programme specifically for the Royal United Hospital (RUH) contract. There will also be QIPP benefit to Great Western Hospital Foundation Trust

	(GWHFT) and Salisbury Foundation Trust (SFT) since WWYKD practices also send patients to both these providers.
Engagement and Involvement:	Discussion and agreement of work priorities with all practices via GP Executive representatives. All WWYKD practices have signed up to the SLA.
Communications Issues:	None
Financial Implications:	No unfunded financial implications. Payments under SLA will not exceed total funds allocated
Review arrangements:	Quarterly and annual reports will be presented to the Governing Body. Project plans and reports will be monitored by the WWYKD Executive and by the Programme Governance Group via the Programme Management Office as appropriate.
Risk Management:	If the SLA is not delivered it will impact on the ability of the CCG to deliver its strategic plan for 2013 – 15. These risks will be mitigated through monitoring and review of progress using standardised audit and reporting templates. A significant increase in the number of care home patients for whom SLA funding is claimed could result in a cost pressure; but it is not anticipated.
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?	Governing Body to receive and discuss this Q4 report. WWYKD practices are now signing up to the Group SLA for 2014/15, and will provide subsequent reports summarising the position as part of the quarterly reporting via the Integrated Performance Reports to Governing Body.

West Wiltshire Yatton Keynell & Devizes (WWYKD) Group**Primary Care Service Level Agreement (SLA) 2013-14****4th Quarter Report January – March 2014****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 4 (Q4) report is to outline what the practices have delivered in Q4, 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 during 13-14 for the SLA have included the full apportionment available for the care homes element.

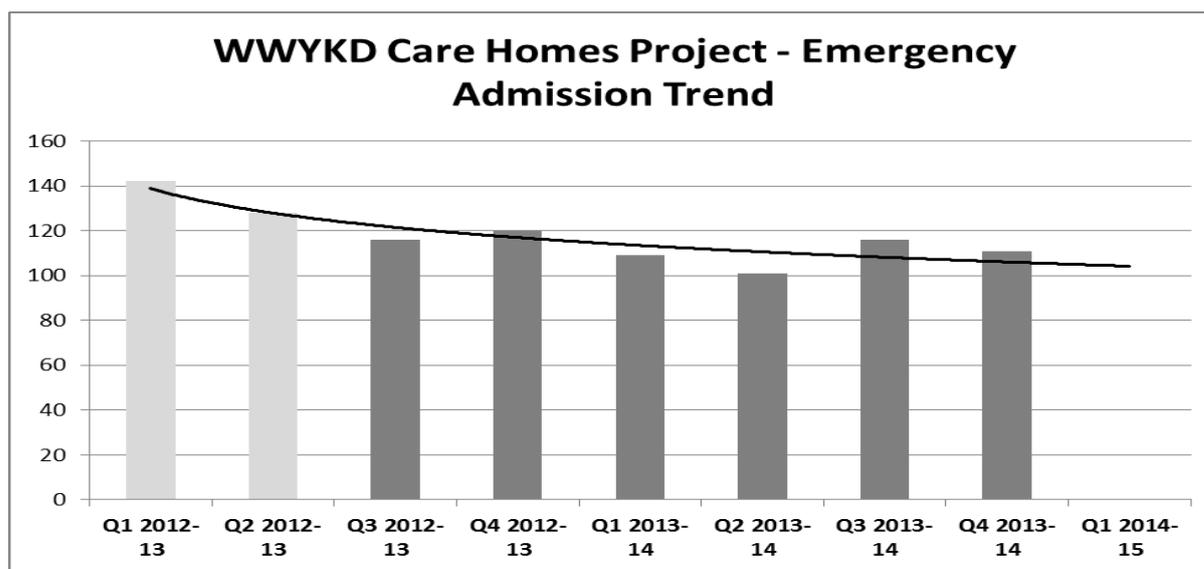
6. Areas of Activity

Four specific types of activity are funded through the SLA:

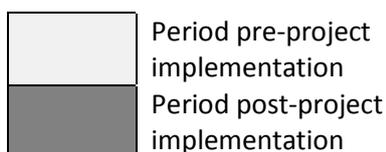
- Engagement with Projects
- Continuation of existing Secondary Care LES actions
- Engagement with CCG commissioning
- Data validation and challenges

A. Engagement with Projects

- **Continuation of Hip and Knee Pathway** – There has been no further analysis regarding hip and knee classes since the practice audit (early 2014) which indicates that the majority of patients receive no further treatment 6-12 months following the class.
- Physiotherapy waiting times have not improved and the issue is being addressed through performance monitoring at the GWH Adult Services contract meeting.
- **Implement Care Co-ordinators and Associated Processes (MDTs etc.)** - The Care Coordinator project has now been in the implementation phase since October 2013. An evaluation of the service is being carried out and the findings will be reported through Governing Body in September 2014. In April 2014 293 patients were being supported by Care Coordinators in WWYKD and 85% of referrals to the service are processed within 2 working days.
- **Risk Tool information on TPP Front Screen Alert** – A risk stratification workshop will take place on 10th June 2014 to review the existing risk stratification tool. Presentations will be given from the CSU showing how practices may wish to use the tool to support Primary 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 lower level than was previously the case – the trend for the last 8 quarters is outlined below.



KEY:



- **MIU review** – No further developments have taken place since the Q3 Group SLA Report. This will fall under Urgent Care in the new programme for matrix working in 2014/15.
- **Developments in improving End of Life Care** - Dorothy House Advanced Care Planning training for WWYKD practices, (primary and community staff), took place between January and March in each of the four localities making twelve sessions in all.
- **Elective Care** – It was agreed in Quarter 4 that in June the RSS would commence accepting all referrals (except 2WW and paed) from two WWYKD practices. Practices will then gradually be notified as we expand.
- Continued use and development of the RSS - the referrals received by the RSS from WWYKD practices for the Q4 period was 90%. This is an excellent result when we consider that all these referrals are electronic and we are able to audit our patients' pathway.
- **Medicines Management: prescribing initiatives** – The score card for Q3 is shown below (due to the time delay from the PPD in receiving data Q4 is not available at this time).
- The scorecard shows the breakdown per practice of achievement against the four groups of targets. Namely:- QiPP, local, safety and TPP housekeeping. The scorecards are agreed at the beginning of each financial year and all practices are visited to discuss them with all prescribers. Once Q4 data is available all practices will receive a report showing movement to targets within the financial year.

Medicines Management Score Card - 2014/15

WYKYD Locality	Baseline Quarter 2nd Quarter 2013/2014		Current Quarter 3rd Quarter 2013/2014		Change	3rd Quarter 2013/2014		
	CCG	National	CCG	National		CCG	National	
QPP	3 days Trimethoprim ADQ/item	6.00	6.28	6.28	▲	6.16	5.90	
	ACE inhibitor % of all RA drugs (items)	70.6%	70.7%	70.7%	▲	69.7%	70.6%	
	Antibacterial items/STAR PU	0.26	0.30	0.30	▲	0.31	0.32	
	Antidepressants: ADQ/STAR PU	1.86	1.92	1.92	▲	1.99	2.04	
	Cephalosporins & Quinolones % of all Antibiotics (items)	8.8%	8.1%	8.1%	▼	7.5%	5.3%	
	Hypnotics ADQ/Cost based STAR PU	1.44	1.45	1.45	▲	1.70	1.85	
	Hypoglycaemic Agents: Metformin and SU's % of all Diabetic Drugs (items)	82.0%	81.9%	81.9%	▼	83.9%	83.7%	
	Laxatives ADQ/STAR PU	1.38	1.42	1.42	▲	1.44	1.84	
	Lipid Modifying Drugs: Ezetimibe % of all Lipid Drugs (items)	2.7%	2.8%	2.8%	▲	2.7%	2.8%	
	Long/Intermediate Insulin Analogues as a % of all Insulins (items)	78.4%	77.7%	77.7%	▼	76.1%	81.5%	
	Low cost Lipid Modifying Drugs as % of all Lipid Drugs (items)	91.5%	91.2%	91.2%	▼	92.8%	93.2%	
	Minocycline ADQ/1000 patients	12.17	13.12	13.12	▲	14.10	15.54	
	NSAIDs: ADQ/STAR PU	1.76	1.77	1.77	▼	1.76	1.55	
	NSAIDs: Ibuprofen & Naproxen % of all NSAIDs (items)	70.5%	71.7%	71.7%	▲	70.3%	73.2%	
	Omega-3 Fatty Acid Compounds	0.35	0.34	0.34	▼	0.29	0.36	
	Antidepressants First Choice	63.0%	62.8%	62.8%	▼	64.6%	63.6%	
	Wound Care Products NIC/Item	20.50	23.31	23.31	▲	17.60	25.30	
	LOCAL	Fentanyl and high dose buprenorphine patches as a % of all opioid analgesic items	6.1%	6.4%	6.4%	▲	5.8%	5.4%
		Low dose buprenorphine patches as a % of all opioid analgesic items	11.8%	11.1%	11.1%	▼	9.7%	6.5%
		Inhaled Corticosteroids ADQ/STAR PU - <i>new indicator</i>	0.59	0.62	0.62	▲	0.60	0.73
Temazepam % of Benzodiazepine and 'Z' Drugs (items) - <i>new indicator</i>		19.2%	19.3%	19.3%	▲	24.2%	20.5%	
SAFETY	To Dec 2013	To March 2014						
	-	81	81	▲	81			
	-	53	53	▲	53			
	-	301	301	▲	301			
	-	26	26	▲	26			
NSAID on repeat and over 65 *	-	1,179	1,179	▲	1,179			
TPP "Housekeeping" Savings	Jan-14	Feb-14				% of Budget		
£	782,112	£	628,025	▼ -£ 154,087		2.8%		

* 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.
 Amber is within 5% of the target (the National rate) for the current quarter.

Medicines Management Score Card - 2014/15

3rd Quarter 2013/2014

	ADULT SURGERY	ADULT SURGERY	BRAFFORD ROAD MEDICAL CTR	BRAFFORD ROAD MEDICAL CTR	AVON AND MEUKSHAM HEALTH	COURTYARD SURGERY	GIRFORDS PRIMARY CARE CTR	JUBILEE FIELD SURGERY	LANDSOWNE SURGERY	LOVEHEAD GROUP PRACTICE	MARKET LAVINGTON SURGERY	SMALL BROOK SURGERY	SOUTHERN SURGERY	S PA MEDICAL CENTRE	ST JAMES SURGERY	WHITE HORSE HEALTH CENTRE	WDBROOK MEDICAL PRACTICE	Locality	CCG	NATIONAL
3 days Tramadol ADJ/Item	5.15	6.18	4.45	5.77	7.34	4.85	7.34	4.85	7.34	7.02	4.15	7.02	5.16	5.90	6.72	6.54	4.89	6.34	6.15	5.96
ACE Inhibitor % of all RA drugs (Items)	72.9%	70.5%	67.9%	69.4%	73.6%	71.5%	73.6%	71.5%	68.3%	72.4%	66.8%	74.6%	75.7%	72.1%	71.4%	74.8%	74.3%	70.7%	69.7%	70.6%
Antibiotics Items/STAR PU	0.26	0.30	0.30	0.32	0.21	0.29	0.21	0.25	0.31	0.33	0.22	0.31	0.25	0.34	0.23	0.33	0.24	0.30	0.31	0.32
Antipsychotics: ADOSTAR PU	2.34	1.89	1.75	1.81	1.22	1.94	1.38	1.59	2.32	1.49	1.64	1.64	1.59	2.34	1.70	2.12	1.74	1.92	1.99	2.04
Cephalosporins & Quinolones % of all Antibiotics (Items)	3.9%	3.6%	3.9%	3.9%	3.6%	3.9%	3.9%	3.9%	3.9%	3.6%	3.4%	3.9%	3.9%	3.9%	3.8%	3.6%	3.2%	3.9%	3.9%	3.2%
Hypnotics ADO/Coat based STAR PU	1.43	1.36	1.52	1.56	0.01	1.16	1.46	1.52	1.37	1.37	1.07	1.07	1.52	1.25	1.07	1.85	1.24	1.45	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%	83.0%	80.5%	82.4%	79.2%	87.4%	79.4%	86.5%	75.9%	89.2%	79.2%	81.9%	83.9%	83.7%
Laxatives ADO/STAR PU	1.38	1.23	1.30	1.57	1.32	1.12	1.46	1.33	1.70	1.62	1.41	1.41	1.31	1.57	1.65	1.39	1.67	1.42	1.44	1.84
Lipid Modifying Drug: Ezetimibe % of all Lipid Drugs (Items)	3.2%	1.3%	2.9%	4.4%	0.0%	3.3%	3.3%	2.1%	1.5%	3.3%	1.5%	1.5%	1.4%	3.1%	3.3%	2.3%	1.7%	2.8%	2.7%	2.8%
Long/Intermediate Insulin Analogues as a % of all Insulins (Items)	68.1%	81.3%	84.5%	75.5%	82.1%	77.4%	75.0%	82.7%	77.8%	73.2%	73.5%	73.5%	81.3%	83.6%	69.1%	73.3%	78.4%	77.7%	76.1%	81.5%
Low cost Lipid Modifying Drugs as % of all Lipid Drugs (Items)	90.0%	96.3%	90.9%	88.7%	99.7%	93.0%	93.2%	95.6%	96.4%	94.9%	94.9%	91.7%	95.4%	91.1%	91.7%	92.9%	97.7%	91.2%	92.8%	93.2%
Minocycline ADO/1000 patients	6.41	10.63	13.30	43.04	-	4.12	-	10.80	4.99	20.99	-	-	-	19.69	-	11.73	-	13.12	14.10	15.54
NSAID: ADO/STAR PU	2.67	1.90	1.38	1.33	0.91	1.26	2.24	1.50	2.34	1.56	2.34	1.23	1.80	1.63	1.13	3.01	2.39	1.77	1.95	1.55
NSAIDs: Ibuprofen & Naproxen % of all NSAIDs (Items)	63.4%	70.8%	73.8%	73.8%	71.7%	74.6%	81.5%	69.8%	75.7%	70.4%	76.7%	76.7%	74.3%	81.0%	79.4%	65.1%	70.5%	71.7%	70.3%	73.2%
Omega-3 Fatty Acid Compounds	0.29	0.23	0.42	0.30	-	0.25	0.68	0.21	0.59	0.08	0.08	0.08	0.44	0.34	0.34	0.46	0.30	0.34	0.29	0.36
Antipsychotics First Choice	64.6%	66.2%	57.2%	63.8%	76.1%	66.1%	56.3%	66.7%	60.9%	60.2%	60.2%	65.9%	68.4%	69.2%	60.1%	70.9%	66.4%	62.8%	64.6%	63.6%
Wound Care Products N/C/Item	17.60	26.68	17.72	19.97	21.69	18.13	18.04	22.88	16.77	16.77	16.87	14.54	16.85	17.99	13.72	16.16	16.65	23.31	17.60	25.30
Fentanyl and high dose buprenorphine patches as a % of all opioid analgesic items	5.1%	4.2%	6.3%	6.7%	0.7%	2.7%	2.0%	5.9%	3.5%	3.5%	3.1%	3.4%	3.3%	2.6%	3.4%	3.5%	3.0%	5.4%	5.8%	5.4%
Low dose buprenorphine patches as a % of all opioid analgesic items	9.7%	11.1%	10.1%	14.2%	5.9%	11.1%	9.3%	12.8%	10.7%	13.1%	10.3%	10.3%	4.7%	8.3%	6.7%	6.3%	10.6%	11.1%	9.7%	6.9%
Inhaled Corticosteroids ADO/STAR PU - new indicator	0.60	0.54	0.61	0.57	0.46	0.73	0.62	0.62	0.65	0.47	0.55	0.55	0.53	0.76	0.64	0.62	0.73	0.62	0.60	0.73
Teniposamide % of Benzodiazepine and Z' Drugs (Items) - new indicator	34.2%	13.1%	15.3%	20.9%	0.0%	27.7%	33.5%	13.5%	18.6%	17.4%	17.4%	17.4%	17.6%	35.7%	8.7%	19.5%	6.2%	19.3%	33.2%	20.5%
Unopposed oestrogen, no progestogen or mifepristone, misoprostol	4	15	3	13	1	2	-	-	6	6	6	-	-	5	7	15	3	81	5.8%	5.4%
Clonidine more than 20mg in over 65 (MHRPA)	2	8	2	6	-	3	-	1	11	3	3	-	1	4	1	9	2	53	6.7%	6.9%
Sildenafil 40mg + Calcium Channel Blockers etc (MHRPA)	17	22	12	44	3	24	-	26	36	11	-	-	27	35	7	22	15	301	0.62	0.60
PDES (e.g. sildenafil) plus nitrates or nicorandil (contraindicated)	2	1	1	2	-	6	-	2	7	2	7	-	1	1	1	1	2	26	0.62	0.60
NSAID on repeat and over 65*	107	151	61	147	5	63	-	61	109	43	-	-	104	94	29	162	43	1,179	33.2%	20.5%
TTPS 'Housekeeping' Savings	£ 42,143	£ 64,502	£ 45,041	£ 157,355	£ 4,015	£ 30,834	£ -	£ 42,795	£ 58,759	£ 18,232	£ -	£ 30,303	£ 30,882	£ 16,328	£ 16,328	£ 75,763	£ 17,963	£ 628,025	£ 17,600	£ 25,300

Community Transformation Programme

- WWYKD CCG have been advised that no further reporting on this subject matter will be required as the Community Transformation Programme team no longer deal with the majority of the items listed in previous Reports. It was agreed at the Executive meeting on 2 June that James Roach will be reporting to the BCF on a fortnightly basis.

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

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 and the emerging 5 year plan. The agreed approach is to make all health related local services become based around practices in clusters of 20,000 patients, 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 commissioners, and the development of new ideas and delivery of existing projects
- **Work to improve whole-system outcomes and processes, where not already listed above** – Perception+ and the risk stratification tool within practices, in support of the implementation of care coordination and community transformation, has been in use since July 2013 Q1. WWYKD already had an existing risk stratification process in place.
- **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 in place.