

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 23 September 2014

For: PUBLIC session PRIVATE Session

For: Decision Discussion Noting

Agenda Item and title:	GOV/14/09/15 North and East Wiltshire (NEW) SLA Q1 Report
Author:	Sue Rest – Commissioning Manager, NEW
Lead Director/GP from CCG:	Ted Wilson – Group Director NEW Dr Simon Burrell, GP Chair, NEW Group Dr Anna Collings, GP Vice Chair, NEW Group
Executive summary:	<p>The purpose of this paper is to report first quarter progress against the actions set out in the 2014-15 NEW Group Service Level Agreement (SLA). This year, the requirements of the SLA have been split into activities that practices are expected to carry out in relation to commissioning and those that relate to their role as providers. The report gives an update on progress and actions against each of the requirements within the following headings for the period April-June 2014:</p> <p>Commissioning</p> <ul style="list-style-type: none"> • Engagement with Projects and Care Pathways at CCG, NEW Group, Locality and Practice Level • Basic Commissioning and Community Transformation • Practice Engagement with Development of Specific Areas of Pathway Development <p>Provider</p> <ul style="list-style-type: none"> • Controlling and Reducing Admissions • Medicines Management and Prescribing • Care Home and Frail Elderly Management <p>The total funds available are £1,347,117 for a list population of 166,108 (as at 01/01/14). This figure comprises a baseline payment of £1,192,087 (of which £29,331 has been top sliced for unforeseen expenditure or innovative practice activity during the year) plus an additional £155,030 from CCG funds for additional care homes work.</p> <p>All NEW practices are working to deliver the requirements of the NEW SLA. No payments were made to practices in Q1 2014/15.</p>
Evidence in support of arguments:	N/A
Who has been involved/contributed:	<ul style="list-style-type: none"> • NEW Executive GPs • NEW Practice Managers • NEW Practices
Cross Reference to Strategic Objectives:	This SLA supports areas of priority in line with the CCG 5 Year Strategic Plan; community transformation, dementia, end of life, planned care, MSK and ophthalmology, long term conditions – diabetes and urgent care (including rapid response/early supported discharge). It also contributes to the commissioning agenda and the delivery of the QIPP targets for the Great Western Hospital Foundation Trust (GWH) and Royal United Hospital (RUH) contracts.

Engagement and Involvement:	Discussion and agreement of work priorities with all practices via GP Executive representatives.
Communications Issues:	None
Financial Implications:	No unfunded financial implications. Payments under SLA will not exceed total funds allocated.
Review arrangements:	Quarterly reports will be presented to the Governing Body. Project plans and reports will be monitored by the NEW Executive.
Risk Management:	<p>If the SLA is not delivered it will impact on the ability of the CCG to deliver its strategic plan for 2014/15. These risks will be mitigated through monitoring and review of progress using standardised audit and reporting templates. This risk has not occurred in 2013/14 and will be carefully monitored during 2014/15.</p> <p>A significant increase in the number of care home patients could result in a cost pressure. A top sliced contingency fund (£29,331) is available to assist in mitigation with this and other funding shortfalls or urgent requirements. This risk has not occurred in 2013/14 and will be carefully monitored during 2014/15.</p>
National Policy/ Legislation:	N/A
Equality & Diversity:	No adverse impact identified.
Other External Assessment:	N/A
What specific action re. the paper do you wish the Governing Body to take at the meeting?	The Governing Body is asked to receive and discuss the report.

North & East Wiltshire (NEW) Group
Primary Care Service Level Agreement (SLA) 2014-15
1st Quarter Report April – June 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 NEW SLA focuses on six work streams:

Commissioning

- Engagement with Projects and Care Pathways at CCG, NEW Group, Locality and Practice Level
- Basic Commissioning and Community Transformation
- Practice Engagement with Development of Specific Areas of Pathway Development

Provider

- Controlling and Reducing Admissions
- Medicines Management and Prescribing
- Care Home and Frail Elderly Management

The purpose of the NEW SLA is to outline how practices will utilise primary care funding from Wiltshire CCG to:

- Support the achievement of the CCGs strategic priorities.
- Support the delivery of the NEW and Wiltshire CCG Quality, Innovation, Productivity and Prevention (QIPP) programme.
- Enable practices to be involved more closely in the commissioning process.
- Enable 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’ NEW SLA outcomes.
- Develop innovation from grass roots.

2. Outcomes

This SLA will support the achievement of the following outcomes:

- Reduction in urgent admissions to acute hospitals from care homes
- Reduction in urgent admissions through appropriate primary care interventions
- Increased delivery of local services i.e. patients managed by GP or outpatient services provided in the primary care environment
- Support the delivery of the QIPP savings target

3. Funding

The NEW SLA was approved by the Clinical Executive on 14th May 2014 and ratified by the Governing Body on 20th May 2014. The total funds available are £1,347,117 for a list population of 166,108 (as at 01/01/14). This figure comprises a baseline payment of £1,192,087 (of which £29,331 has been top sliced for unforeseen expenditure or innovative practice activity during the year) plus an additional £155,030 from CCG funds for additional care homes work.

All NEW practices are working to deliver the requirements of the NEW SLA.

4. Payment and Reporting

Practice performance against this SLA will be measured by the provision of direct evidence where indicated e.g. audits, and / or summary quarterly reports where required from practices.

No payments were made to practices in Q1 2014/15.

5. Areas of Activity

Activity by NEW practices against the six work streams identified above for Q1 2014/15 is detailed below:

A. Engagement with Projects and Care Pathways at CCG, NEW Group, Locality and Practice Level

All practices have been visited by the CCG team this year, the majority of visits happening in Q1 2014/15, with a few visits happening in Q2 2014/15. These visits have focused on developing closer working relationships between Wiltshire CCG staff, GPs and practice staff and encouraging practice teams to both review their performance in relation to their NEW peer practices and to align their work to the Wiltshire CCG priorities in the 5 Year Plan. At practice visits, the NEW SLA has been a standing agenda item for discussion. The NEW SLA will be continue to be a tool for delivery of NEW Group and CCG objectives throughout the year with practices, at Locality Group Meetings and at the NEW Executive Meetings. Every NEW practice has submitted to Wiltshire CCG a review of their activity against the NEW SLA for the Q1 2014/15.

B. Basic Commissioning and Community Transformation

Basic Commissioning

Each practice has a named GP Commissioning Lead who works closely with Wiltshire CCG.

Commissioning Developments with Practices

Attendance at the North and East Locality Meetings is monitored by the NEW team and attendance this quarter both by GPs and Practice Managers has been high. Commissioning issues discussed and progressed by the practices have included:

- Referrals to the Independent Sector Treatment Centres (ISTCs) through the Referral Support Service (RSS).

- Schemes to benefit patients and provide care closer to home through the Transforming Care for Older People (TCOP) funding stream.
- Developing and agreeing a care plan template for consistency across the practices.

Area Boards

There have been no health related Area Boards this quarter but practices have all committed to GPs attending the health related Area Boards in Q2 and Q3 2014/15, where they will be participating in presentations given by Wiltshire CCG concerning the 5 Year Plan and the Integrating Community Teams programme as well as supporting the Health Fairs.

Clinical Forum

The NEW Clinical Forum held on 21st May 2014 was, again, well attended by NEW practice GPs. The focus for the forum was improving communication between primary and secondary care practitioners and consultants from both Great Western Hospital (GWH) and the Royal United Hospital (RUH) discussed ways of improving communication with primary care and community based staff via 'table top' discussions. The next Forum is on 6th November 2014 and will focus the Integrating Community Teams and MSK programmes and NEW GPs and secondary care consultants are already booking places.

Practice Audits

Q1 has seen the involvement of GP practices in designing and trialling audits in a number of areas relating to Wiltshire CCG and NEW SLA priorities. An audit to look at patients referred to secondary care under the two week wait criteria and a further audit to review dementia diagnosis rates by practices are under development with practice involvement. These audits will be completed in Q2 2014/15, results analysed and learning points developed and shared.

Grumpy/Pleased Issues

Practices in the North and East Localities continue to report issues and suggestions via the 'Grumpy and Pleased' e-mail system, from which learning to be shared across the NEW practices is collected. Thirteen practices submitted e-mails via the 'grumpy' e-mail address and six practices sent 'pleased' e-mails during Q1 2014/15. The top five topics reported were problems relating to discharges from secondary care, acute provider pushback, general communication between secondary care providers and patients, medication delays (especially on discharge), and sick note provision following discharge. All these areas have been investigated by Wiltshire CCG, provider contact followed up and learning shared across the NEW Group.

Grumpy and Pleased E-mails by Practice Apr14 – Jun14					
	GRUMPY				PLEASED
	Apr-14	May-14	Jun-14	Grumpy Total	Pleased Total
Beversbrook Medical Centre	1	2	2	5	0
Box Surgery	1	0	3	4	1
Burbage, Sprays Surgery	0	0	0	0	0
Cricklade Surgery	0	0	0	0	0
Great Bedwyn, Old School House Surgery	0	0	0	0	0
Hathaway Medical Centre	0	0	1	1	0

Lodge Surgery	6	2	7	15	0
Malmesbury PCC	0	1	0	1	0
Marlborough Surgery	0	0	0	0	0
New Court Surgery	0	0	2	2	0
Northlands Surgery	0	1	2	3	1
Patford House Surgery	1	1	0	2	0
Pewsey Surgery	0	0	0	0	0
Porch Surgery	1	0	5	6	0
Purton Surgery	1	2	1	4	1
Ramsbury Surgery	0	0	0	0	0
Rowden Surgery	7	5	7	19	2
Tinkers Lane	0	1	0	1	0
Tolsey Surgery	6	1	1	8	1
Grand Total	24	16	31	71	6

Optimising Community Teams (Community Transformation)

Q1 has seen a great deal of activity in relation to the Optimising Community Teams (OCT) programme for all NEW practices. Practices have been involved in work in connection with developing their own local Integrated Teams, working closely with the project team, community team representatives and CCG staff. Practices have formed themselves into local groups, thought about what services are needed in their areas and based on their knowledge of patients living locally, are now working as Integrated Teams and with the CCG to build integrated service models. As the development of the teams progress they will be further enhanced by the inclusion of representation from social care, Mental Health and other voluntary or third sector partners. This work will continue throughout 2014/15 as the programme develops and practices will be monitored to ensure they are fully involved in the Optimising Community Teams programme.

C. Practice Engagement with Development of Specific Areas of Pathway Development

This activity is frequently carried out in conjunction with other practices in federated groups and has been organised as part of CCG membership. The input required from practices has been in the form of a general review or consideration of ways of improving effectiveness. In some cases this has been linked to a part of a wider CCG initiative and therefore not specific to one or all practices.

During Q1 practices have been involved in the MSK, Ophthalmology and Diabetes programmes and the Rheumatology Project, attending programme boards and project teams and carrying out supporting pieces of work as needed. Practices have been involved in the ongoing design of the Transforming Care for Older People (TCOP) projects, linking desired outcomes into plans for NEW QIPP savings and improving services for older people in line with CCG objectives. This work will continue into Q2 and Q3 and involvement and resources will be reviewed in line with the ongoing CCG work reprioritisation plans.

D. Controlling and Reducing Admissions

Practices continue to work with the CCG in a number of ways to support the delivery of the Quality, Innovations, Productivity and Prevention (QIPP) agenda. Spreadsheets and data sets have been designed and trialled by practices for an audit to review unplanned admissions for patients who are

80+ years of age and those who have had more than three unplanned admissions in the previous 12 months. It is anticipated that this data will enable practices to find ways to reduce admissions for these patient groups by better understanding reasons sitting behind the formal admissions data, such as existing long term conditions, exacerbations, carer issues, psychiatric illness etc. In coming months Wiltshire CCG will be working with practices to address these issues as they arise.

All practices continue to provide direct practice telephone numbers for secondary care clinicians to use to contact the patient’s own GP practice in order to reduce admissions or enable early discharge from secondary care. Practices continually express a desire to use this method of contact more frequently and the CCG is building on work carried out by practices and secondary care clinicians at the NEW Clinical Forum on 21st May 2014.

Appendix 1 below reports the position with respect to length of stay in secondary care for the two main acute providers linked referred to by NEW practices, GWH and RUH. Both trusts are showing similar trends during Q1 with length of stay slightly increasing for <1 day stays (0.40 to 0.45 for GWH, 0.41 to 0.43 for RUH) and slightly reducing for 2+ day stays (10.37 to 10.12 for GWH and 11.33 to 10.30 for RUH). As the acute trusts increase their focus on ambulatory care during the year, it is expected that stays, 1 day will reduce but stays of 2+ days will increase. These patterns are being monitored by the CCG and their operational and financial impact linked to the NEW non-elective QIPP plan now in place.

All NEW practices are aware of their involvement in reducing referrals and supporting the CCG in meeting its QIPP targets for 2014/15. They receive quarterly practice data packs giving individual practice referral data which is reviewed both by practice GPs, the NEW Executive GPs and at practice visits. The CCG is currently identifying additional informatics and finance support for practices to enable them to dig deeper into the data and further analyse practice and individual GP referral patterns.

Discussions have been held with all practices at practice visits this quarter about the benefits of sending secondary care referrals through the Referral Support Service (RSS). In line with the SLA, 16 practices used the RSS for in excess of 70% of referrals made during Q1 and the 3 practices that did not meet the target are working towards improvement. This compares favourably with the position in June 2013 at the end of the Q1 2013/14 when only 9 NEW practices achieved the 70% level of qualifying referrals through the RSS.

Use of the RSS for Referrals by Practices Apr– Jun14 (Qtr1)				
	Apr-14	May-14	Jun-14	Qtr 1
Beverbrook Medical Centre	97.8	97.8	100.0	98.6
Box Surgery	96.3	94.1	93.9	94.7
Burbage, Sprays Surgery	50.0	33.3	70.0	53.4
Cricklade Surgery	94.1	97.1	100.0	96.9
Great Bedwyn, Old School House Surgery	64.7	46.2	57.7	55.1

Hathaway Medical Centre	99.2	98.0	100.0	99.1
Lodge Surgery	71.4	80.9	73.0	75.6
Malmesbury PCC	77.6	77.6	85.4	80.1
Marlborough Surgery	71.7	79.0	92.5	80.9
New Court Surgery	89.7	94.3	92.8	92.2
Northlands Surgery	84.3	83.2	91.7	86.5
Patford House Surgery	68.1	65.4	76.9	70.2
Pewsey Surgery	77.8	97.4	86.0	85.9
Porch Surgery	85.7	86.0	94.6	89.1
Purton Surgery	65.9	68.8	69.5	68.1
Ramsbury Surgery	84.1	88.0	96.3	89.8
Rowden Surgery	80.0	88.4	91.0	87.2
Tinkers Lane	93.7	90.6	97.0	93.9
Tolsey Surgery	84.6	90.0	86.7	86.8

E. Medicines Management and Prescribing

Medicines Management: prescribing initiatives – The Scorecard for Q1 is attached (Appendix 2).

Period Name	Total Items	Total Act Cost
1 st Quarter 2013/14	683,492	£5,283,832.92
1 st Quarter 2014/15	712,746	£5,365,723.65
Change	29,254	£81,890.72
	4.28%	1.55%

The Medicines Management Scorecard for NEW practices shows the breakdown per practice of achievement against the four groups of prescribing targets, namely; QIPP, local, safety and TPP housekeeping. The Scorecards are agreed at the beginning of each financial year and all practices in NEW have been visited by a member of the Medicines Management Team to discuss the Scorecards with all prescribers. All practices will continue to work with the Medicines Management Team in order to achieve activity within individual practice prescribing budgets as there is likely to be significant financial challenge for 2014-15.

Care Home and Frail Elderly Management

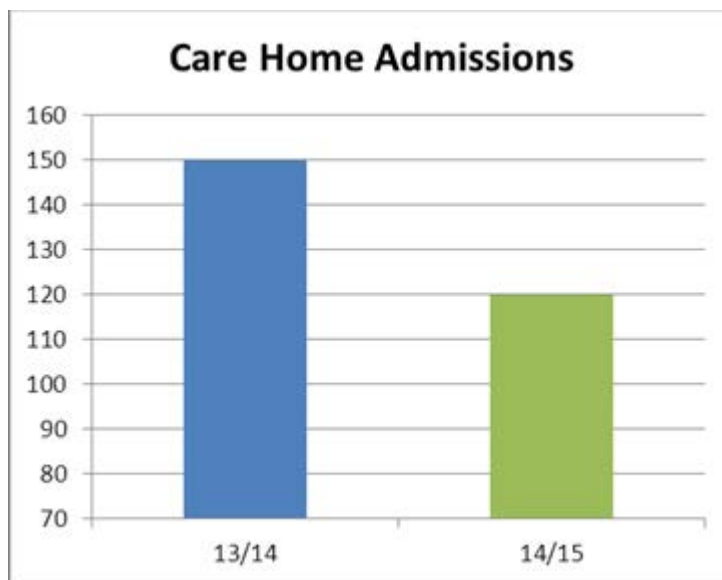
NEW GP practices report continued enthusiasm in the work they are doing to support patients in local care homes. Initiatives in place include:

- Each care home having a named GP carrying out regular scheduled visits
- Annual patients reviews, regular medication reviews, multi-disciplinary meetings
- Visits to patients as soon as they are discharged from secondary care
- Meetings with local care home managers and care staff
- Nurse Practitioner visits from some practices

- Regular reviews of secondary care admissions from nursing homes

The result of these and other local initiatives has been a 20% decrease in secondary care admissions in Q1 2014/15 compared to Q1 2013/14.

Care Homes Admissions to Secondary Care – New Group Q1 2014/15



	Apr	May	Jun	YTD
13/14	39	59	52	150
14/15	39	40	41	120

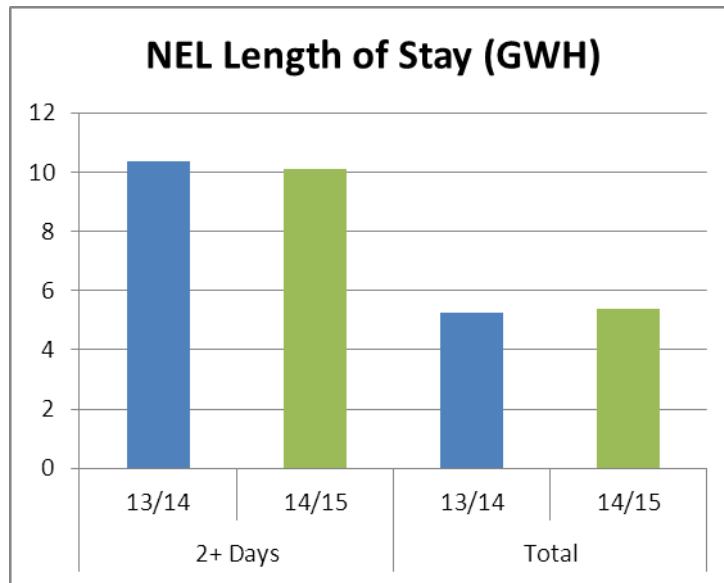
6. Conclusion

The Governing Body is asked to note the content of this report.

Appendix 1

Non Elective Admissions Length of Stay Q1 2014/15 – under 1 day, 1 day and 2+ days

NEW Group - Great Western Hospital (GWH), Royal United Hospital (RUH) and Salisbury Foundation Trust (SFT)



Total - Non Elective		Apr	May	Jun	YTD
Average LoS					
<1 Day	13/14	0.41	0.39	0.39	0.40
	14/15	0.49	0.45	0.43	0.45
2+ Days	13/14	10.94	9.82	10.31	10.37
	14/15	11.74	9.39	8.98	10.12
Total	13/14	5.96	5.04	4.82	5.27
	14/15	6.81	4.77	4.64	5.40

GWH - Non Elective		Apr	May	Jun	YTD
<1 Day	13/14	0.41	0.39	0.39	0.40
	14/15	0.49	0.45	0.43	0.45
2+ Days	13/14	10.94	9.82	10.31	10.37
	14/15	11.74	9.39	8.98	10.12
Total	13/14	5.96	5.04	4.82	5.27
	14/15	6.81	4.77	4.64	5.40

RUH - Non Elective		Apr	May	Jun	YTD
<1 Day	13/14	0.41	0.39	0.41	0.41
	14/15	0.43	0.38	0.47	0.43
2+ Days	13/14	12.08	11.98	9.84	11.33
	14/15	10.81	10.46	9.75	10.30
Total	13/14	6.66	6.20	4.85	5.88
	14/15	5.64	5.60	5.19	5.46

SFT - Non Elective		Apr	May	Jun	YTD
<1 Day	13/14	0.44	0.41	0.45	0.43
	14/15	0.44	0.38	0.39	0.40
2+ Days	13/14	13.45	11.05	11.01	11.83
	14/15	12.57	11.83	10.93	11.76
Total	13/14	7.17	5.86	5.92	6.31
	14/15	6.10	5.89	5.62	5.87

[Appendix 2](#)

[Medicines Management Scorecard](#)

[NEW Group – Q1 2014/15](#)

Medicines Management Score Card - 2014/15

NEW Locality	Baseline Quarter	Current Quarter	Change	1st Quarter 2014/2015		
	4th Quarter 2013/2014	1st Quarter 2014/2015		CCG	National	
O.P.P.	3 days Trimethoprim ADQ/item	6.08	6.13 ▲	0.05	5.73	5.89
	ACE inhibitor % of all RA drugs (items)	70.3%	69.9% ▼	-0.4%	69.2%	70.2%
	Antibacterial items/STAR PU	0.29	0.28 ▼	-0.03	0.29	0.29
	Antidepressants: ADQ/STAR PU	1.93	1.98 ▲	0.03	2.01	2.08
	Cephalosporins & Quinolones % of all Antibiotics (items)	6.7%	7.4% ▲	0.7%	7.9%	5.4%
	Hypnotics ADQ/Cost based STAR PU	1.84	1.82 ▼	-0.02	1.60	1.73
	Hypoglycaemic Agents: Metformin and SU's % of all Diabetic Drugs (items)	82.6%	82.5% ▼	-0.00	83.1%	83.1%
	Laxatives ADQ/STAR PU	1.42	1.44 ▲	0.03	1.46	1.81
	Lipid Modifying Drugs: Ezetimibe % of all Lipid Drugs (items)	2.9%	3.0% ▲	0.1%	2.7%	2.7%
	Long/Intermediate Insulin Analogues as a % of all Insulins (items)	79.6%	77.8% ▼	-1.8%	75.3%	80.6%
	Low cost Lipid Modifying Drugs as % of all Lipid Drugs (items)	91.5%	91.4% ▼	-0.1%	92.9%	93.4%
	Minocycline ADQ/1000 patients	16.59	16.85 ▲	1.26	14.80	13.65
	NSAIDs: ADQ/STAR PU	1.82	1.87 ▲	0.05	1.76	1.51
	NSAIDs: Ibuprofen & Naproxen % of all NSAIDs (items)	68.6%	68.9% ▲	0.2%	72.5%	74.8%
	Omega-3 Fatty Acid Compounds	0.32	0.33 ▲	0.00	0.25	0.29
	Antidepressants First Choice	64.0%	63.9% ▼	-0.2%	64.2%	63.8%
	Wound Care Products NIC/Item	16.24	15.82 ▼	-0.42	18.98	24.93
LOCAL	Fentanyl and high dose buprenorphine patches as a % of all opioid analgesic items	6.5%	6.5% ▲	0.1%	5.3%	5.2%
	Low dose buprenorphine patches as a % of all opioid analgesic items	9.9%	9.6% ▼	-0.3%	9.0%	6.7%
	Inhaled Corticosteroids ADQ/STAR PU - new indicator	0.55	0.57 ▲	0.03	0.59	0.71
	Temazepam % of Benzodiazepine and 'Z' Drugs (items) - new indicator	22.8%	22.5% ▼	-0.3%	22.3%	19.2%
SAFETY		To March 2014	To June 2014			
	Unopposed oestrogen, no progestogen or mirena, intact uterus *	15	32 ▲	17		
	Citalopram more than 20mg in over 65 (MHRA)*	37	39 ▲	2		
	Simvastatin ≥ 40mg + Calcium Channel Blockers etc (MHRA)*	241	208 ▼	-33		
	PD5 (e.g. sildenafil) plus nitrates or nicorandil (contraindicated)*	2	1 ▼	-1		
NSAID on repeat and over 65 *	724	832 ▲	108			
T.P.P.		Mar-14	Jun-14		% of Budget	
	TPP "Housekeeping" Savings	£ 545,273	£ 559,339	▲ £ 14,066	2.7%	

* Non TPP sites will require Medicines Management support to identify these figures
Amber is within 5% of the target (the National rate) for the current quarter.