



Wiltshire

Clinical Commissioning Group

Clinical Commissioning Group

Governing Body

Paper Summary Sheet

For: PUBLIC session PRIVATE session

Date of Meeting: 25 November 2014

For: Decision Discussion Noting

Agenda Item and title:	GOV/14/11/15 Second Quarter Report on WWYKD Primary Care Service Level Agreement 2014/15 (previously PBC/Secondary Care LES)
Author:	Jenny Benns – Team Support, WWYKD Pete Tilley - WWYKD Group Finance Manager
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 second quarter progress against the actions set out in the WWYKD Group Service Level Agreement (SLA) 2014/15. The report gives an update on progress and actions against each of the five headings in the SLA for Quarter 1 (Q1), i.e. the period July to September 2014:</p> <p>A. As Commissioners</p> <ul style="list-style-type: none"> • 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 <p>B. As Providers</p> <ul style="list-style-type: none"> • Care Homes project to maintain the reduction in unplanned attendances and admissions of patients from Care Homes • Effective referrals • Effective prescribing <p>The WWYKD SLA was formally approved at the Governing Body meeting on 20 May 2014. The aim of the SLA is to achieve:-</p> <ul style="list-style-type: none"> • Reduction in urgent admissions from Care Homes into RUH, GWH, 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.
Evidence in support	Five Year Plan and Operational Plan

of arguments:	
Who has been involved/contributed:	<ul style="list-style-type: none"> • WWYKD Executive • Practices • CCG team
Cross Reference to Strategic Objectives:	This SLA supports the work to deliver the CCG's key strategic priorities, described in the Five Year Plan; and the Wiltshire CCG Quality, Innovation, Productivity and Prevention (QIPP) programme.
Engagement and Involvement:	<p>Discussion and agreement of work priorities with all practices via GP Executive representatives.</p> <p>All WWYKD practices have signed up to the SLA.</p>
Communications Issues:	None
Financial Implications:	No unfunded financial implications. Payments under SLA will not exceed total funds allocated.
Review arrangements:	<p>Quarterly reports will be presented to the Governing Body.</p> <p>Project plans and reports will be monitored by the WWYKD Executive and by the Programme Governance Group via the Programme Management Office as appropriate.</p>
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.</p> <p>A significant increase in the number of care home patients for whom SLA funding is claimed could result in a cost pressure.</p>
National Policy/ Legislation:	N/A
Equality & Diversity:	No adverse impact identified
Other External Assessment:	N/A
Next steps:	<p>Governing Body to approve this Q2 report.</p> <p>WWYKD to continue to develop and deliver against the requirements of the SLA, and provide subsequent reports summarising the position for Q3 and Q4 in due course.</p>

West Wiltshire Yatton Keynell & Devizes (WWYKD) Group
Primary Care Service Level Agreement (SLA) 2014-15
2nd Quarter Report July - September 2014

1. Purpose

The purpose of this Quarter 2 (Q2) report is to outline what the practices have delivered in Q2, against the requirements detailed in the SLA, in order to:

- Support the achievement of the CCGs strategic priorities.
- Support the delivery of the 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' outcomes.

2. Context

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

All WWYKD practices have signed up to the SLA.

3. Outcomes

The desired outcomes from this SLA are:

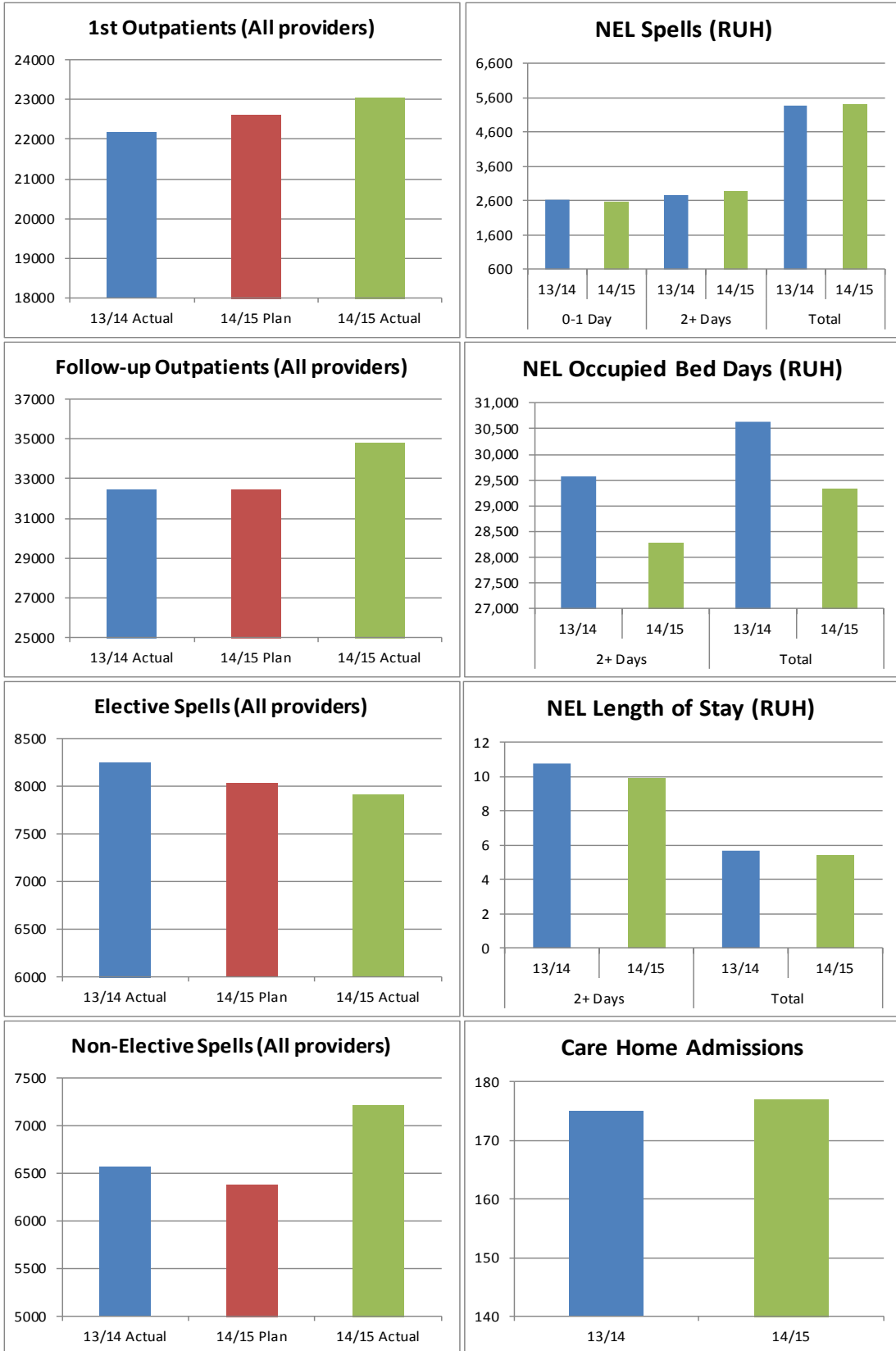
- Reduction in urgent admissions from Care Homes into RUH, GWH and SFT
- Referral growth beyond population growth levels is managed
- Membership engagement with the CCG's 5 Year Strategic Plan
- Demonstrable progress in specific areas of prescribing as selected by each practice.

A "Practice Pack" has been developed to describe the operating detail of the aspects of the Service Level Agreement. This has been taken to the Locality meetings and discussed with the GPs. Please see below Group SLA Activity Monitoring M5 (M6 is unavailable at this time) and Group Activity Report for WWYKD provided by the Head of Information, Wiltshire Clinical Commissioning Group.

WWYKD Group

2014/15 Month 5

Year-to-date



WWYKD Group Activity Report

Data issues: Tetbury have not submitted any data for 14/15 and there is a high level of uncoded activity for SFT (at M4 14/15) and Circle Bath (at M1-6 13/14); uncoded activity will still be included in the overall volumes, h

		WWYKD Group			
		13/14	14/15	Diff	%
A&E Attendances (incl MIUs)	GWH	12627	12505	(122)	(1%)
	RUH	6031	6441	410	6%
	SFT	1192	1246	54	4%
	U H Bristol	91	148	57	39%
	N.Bristol	125	100	(25)	(25%)
	Others	1947	2176	229	11%
Total		22013	22616	603	3%
Non-Electives	GWH *	1580	1327	(253)	(19%)
	RUH *	3740	4497	757	17%
	SFT	882	977	95	10%
	U H Bristol	72	82	10	12%
	N.Bristol	62	66	4	6%
	Others	238	275	37	14%
Total		6574	7224	650	9%
* Maternity transfer from GWH to RUH on 1/6/2014					
Electives (IP, DC & RDA)	GWH	669	661	(8)	(1%)
	RUH	3442	3376	(66)	(2%)
	SFT	1673	1517	(156)	(10%)
	Care UK	1143	967	(176)	(18%)
	Bath Clinic	213	267	54	20%
	N.Bristol	234	200	(34)	(17%)
	RNHRD	211	180	(31)	(17%)
	Circle Bath	130	226	96	43%
	U H Bristol	224	155	(69)	(45%)
	Others	302	346	44	13%
Total		8241	7895	(346)	(4%)
1st Outpatients	GWH	1831	1829	(2)	(0%)
	RUH	14133	13888	(245)	(2%)
	SFT	3275	2973	(302)	(9%)
	Care UK	692	737	45	7%
	RNHRD	661	706	45	7%
	N.Bristol	703	654	(49)	(7%)
	Bath Clinic	349	350	1	0%
	Circle Bath	467	923	456	98%
	U H Bristol	265	241	(24)	(9%)
	Others	899	755	(144)	(16%)
Total		23275	23056	(219)	(1%)
Outpatient Follow Up	GWH	2588	2953	365	14%
	RUH	15496	16691	1195	8%
	SFT	6606	6181	(425)	(6%)
	Care UK	831	1058	227	27%
	RNHRD	2226	2163	(63)	(3%)
	N.Bristol	1629	1589	(40)	(2%)
	Bath Clinic	518	844	326	63%
	Circle Bath	216	454	238	110%
	U H Bristol	822	845	23	3%
	Others	2117	2032	(85)	(4%)
Total		33049	34810	1761	5%

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.

4. Funding

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 patient) 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.

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. The Q1 SLA payment (excluding care homes) was made at the start of Q2 along with the Q2 payment. The Q3 payment (including the care home element) was made as planned at the start of Q3.

Total WWYKD SLA Value for 14/15 equates to £1,311,400. Q2 Payment was made to practices at the start of Q2 and equated to £277,850.00. Payments made to practices during 14-15 for the SLA now exclude the care homes element, which will now be paid to practices quarterly in advance on receipt of estimated support levels per care home for the period. Q2 Payment for the Care Homes Element equated to £51,887.50.

6. Areas of Activity

Four specific types of activity are funded through the SLA:

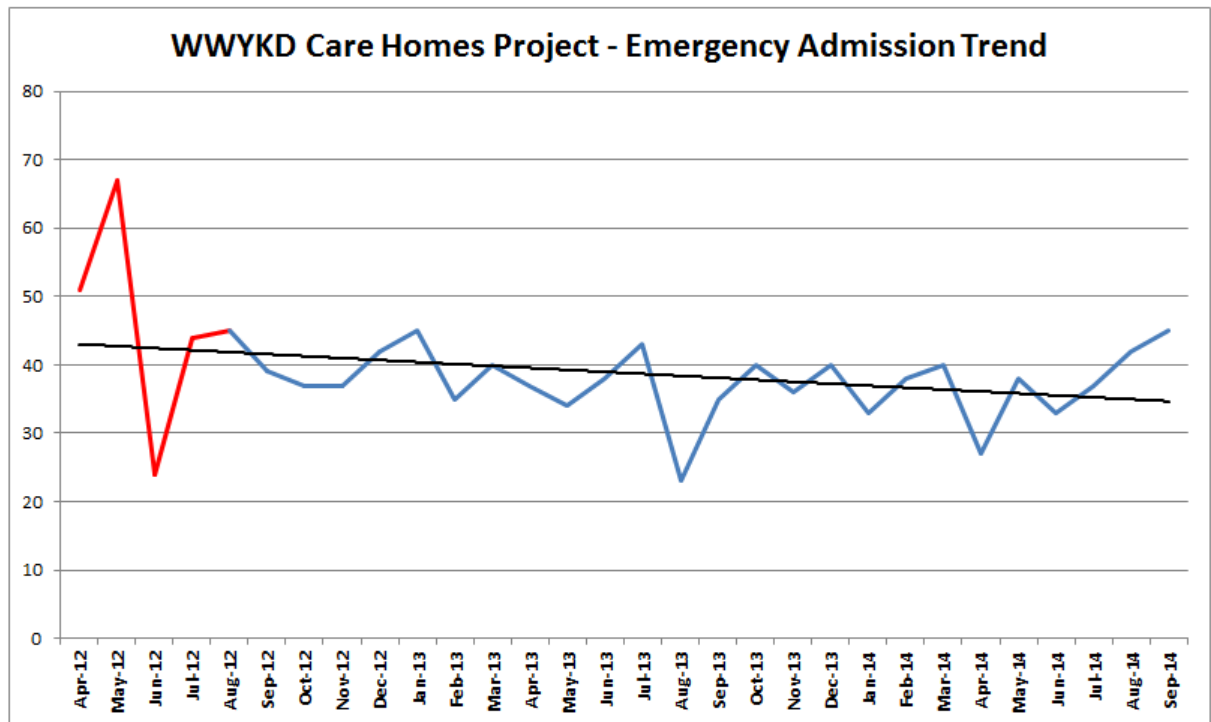
- Engagement with Projects
- Continuation of existing Secondary Care LES actions
- Participation and Active Engagement with CCG commissioning and Locality Development
- Planned Care Data validation and challenges

A. Engagement with Projects

- Urgent Care – review
- Care Homes Project – to maintain the reduction in unplanned attendances and admissions of patients from Care Homes

Care Homes Project (Year 3) – 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 additional support, emergency admissions continue to track at a lower level than was the case prior to commencement in September 13. An admission spike is evident in the later months of Q2 – this has been interpreted as a blip in performance but will be continued to be monitored closely in Q3, particularly with nursing bed stock (and hence supported patient numbers) having increased significantly in the past year within the group area.

The admission trend for the period April 2012 to September 2014 is outlined below:



KEY:

	Period pre-project implementation
	Period post-project implementation

Group Level Measurement			
Target	Measured Against	Performance	Comment
Reduction in number of admissions into care homes 14/15 Q2 YTD versus 12/13 Q2 YTD Baseline	12/13 Q2 YTD Baseline Activity (270)	-48 (-17.7% Reduction)	
	Q2 YTD Funding for Project within SLA (£100,000)	-£20,000	SLA YTD minus savings from reduced admissions (Av Cost of £2500 per admission)

- **Primary Care – enhanced Primary Care**
- **Planned Care Pathways – Musculoskeletal and Ophthalmology**
- **Long Term Conditions – Diabetes**
- **End of Life –Develop and implementation of future care model**
- **Public Health projects e.g., falls pathway**
- **Stroke**
- **Mental Health – Dementia**
- **Elective Care – to increase referral specialities via RSS**

- **Medicines Management: Effective Prescribing initiatives**

The data will not be available until 17 November which will then require processing and therefore likely to miss the deadline.

There is still significant financial pressure on the prescribing budget and a predicted overspend, therefore it is essential that the practices' prescribing leads continue to review their prescribing, reviewing their scorecards and housekeeping lists.

The Medicines Management team have carried out some work in one of the overspent WWYKD practices to establish the potential causes of an overspend and this information has been presented to the WWYKD Executive; those present stated that the learning points are likely to be applicable to all practices and therefore plan to continue to work on these with a view to presenting them to a wider audience in January.

The team have provided prescription clerk training to various locations over the last few months.

Further analysis will be provided in the Q3 Report.

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

Now in Core GP Contract/new DES

B. Engagement with CCG commissioning

This activity is to be carried out in conjunction with other practices and is expected to be achieved as part of CCG membership. All practices are expected to engage with CCG commissioning and take part in the development of pathways and adhere to agreed outcomes.

The CCG is undertaking a major review of community services in line with the Clear and Credible Plan. The agreed approach is to make all health related local services become based on practices with specialist services clearly supporting the practices. Practices may need to alter their management arrangements and ways of working to align with these changes.

The SLA requires engagement as follows:

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
- **Engagement with CCG commissioning**
- **Locality meetings** have taken place on a regular basis as shown on the table below. These meetings are regularly attended by members of the practices, with the Locality lead GP.

LOCALITY MEETINGS	WARMINSTER/ WESTBURY	MELKSHAM/ BRADFORD ON AVON	DEVIZES	TROWBRIDGE
These were reduced in regularity due to the holiday season	July	10 September attended by Jo Whitford Service Redesign Lead	None	13 August attended by Victoria Stanley Service Redesign Lead

GWH have now reorganised their community teams and have moved from 11 to 20 cluster teams. All GP practices have been given the names of the staff within the new teams who will start to work in an integrated way with the practices. Regular meetings have now also started to take place in each cluster team.

Bradford on Avon and Melksham Health Partnership has been identified as the demonstrator site in WWYKD to become a fully Integrated Team consisting of Primary Care, Community services, Social Care, Mental Health and Voluntary agencies. The team has to be operational by end of December 2014. An initial workshop with many of the key agencies has taken place and agreement has been gained from all involved that they wish to work towards an Integrated model of Care. An action plan will be created supporting the changes required. Evaluation of the new Integrated Team will take place in March 2015 and learning from the demonstrator site will be used to roll out the Integrated Model across all of the other clusters in WWYKD.

- **GP Forum** held quarterly; 16th July with seventy-one attendees with representation from all practices, Wiltshire Council, Community Team, Social Services, Medvivo, AWP and SWASFT. Items on the Agenda included:-
 - *Neuro-respiratory physiotherapy service*
 - *MDT working in Warminster*
 - *Domiciliary Medication Review – feedback from pilot at Lovemead practice, Trowbridge*
 - *Update on locality plans “Transforming Care of Older People” process and Panel feedback to date*
 - *Updates on community teams, intermediate care, mental health and urgent care*
 - *Access to Care, Simple Point of Access and Acute in reach and liaison service*
 - *Locality discussions and action planning/next steps/support required – Q&A session*

- ***Presentation of webGP Service developed by GPs to transform patient access to healthcare freeing up GP time for patients with complex needs***
- **Area Board Meetings** – attendances have been undertaken by the Chair Dr Helen Osborn and Group Director Jo Cullen, members of the WWYKD team and WWYKD practices. Particular dates to note are:-
 -
 - ***Trowbridge 17 July 2014***
 - ***Trowbridge Health and Wellbeing Board 31 July 2014***
 - ***Bradford on Avon/Melksham Area Board Healthfair attended by Andy Jennings from WWYKD, Dr Catrinel Wright from Lovemeand, James Heffer and Amanda Brookes from BoA Melksham Health Partnership***
- **WWYKD Executive Meetings** take place regularly twice monthly although there was on cancellation during Q2. These are attended by the Executive members and the WWYKD team. Items on the Agenda included:
 - Transformation of Care for Older People and progress for integrated teams
 - WWYKD Group Performance
 - Integrated Performance Report
 - Primary Care Patient Level Data
 - RUH matters – X-ray update
 - RSS update and ITC Exit Strategy from Mark Harris, SARUM Group Director
 - Re-commissioning of Community Child Health Services
 - Community Services update
 - Warminster – X-ray update
 - Locality Plans update
 - Area Boards – Helen Robinson-Gordon
 - Prevention and Early Intervention Workstream – Dina McAlpine, CHC
 - Working Relationship improvement Social Workers and GPs – Carolyn Hamblett
 - RUH Performance and Activity and Working with Sarum and NEW –Simon Truelove and Pete Tilley
 - Sexual Health update – Tracy Daszkiewicz, Public Health
 - Care Co-ordinators/100 Day Challenge
 - Services Survey results
 - Quality update – Susan Burch and Emma Higgins
 - Carers Support Wiltshire – Andrew Osborn Wiltshire Council and Lindsay Poulson Chief Officer Carers Support
 - Update from Governing Body/Clinical Executive – Dr Debbie Beale
 - Social Care offer – Maggie Rae
 - RUH update from Hester McLain from RUH
 - Provider Performance Update
 - Risk Register – Susannah Long
- 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

C. Data validation and challenges

- The SLA requirement is for continuation of finance activity review, audit work and validation of high cost spells and specific other audits, as in 13/14. 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.