

Clinical Commissioning Group Governing Body
Paper Summary Sheet

Date of Meeting: 25 November 2014

For: PUBLIC session **PRIVATE Session**

For: Decision **Discussion** **Noting**

Agenda Item and title:	GOV/14/11/16 Second Quarter Report on NEW Primary Care Service Level Agreement 2014/15 July-September 2014
Author:	Sue Rest – Commissioning Manager, NEW
Lead Director/GP from CCG:	Ted Wilson – Group Director, NEW Group 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 second 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 July-September 2014:</p> <p>Commissioning</p> <ul style="list-style-type: none"> A. Engagement with Projects and Care Pathways at CCG, NEW Group, Locality and Practice Level B. Basic Commissioning and Community Transformation C. Practice Engagement with Development of Specific Areas of Pathway Development <p>Provider</p> <ul style="list-style-type: none"> D. Controlling and Reducing Admissions E. Medicines Management and Prescribing F. 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. Quarter 1 and quarter 2 payments will be made to practices following approval of this paper by the Governing Body.</p>
Evidence in support	n/a

of arguments:	
Who has been involved/contributed:	<ul style="list-style-type: none"> • NEW Executive GPs • NEW Practice Managers • NEW Practices
Cross Reference to Strategic Objectives:	<p>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.</p>
Engagement and Involvement:	<p>Discussion and agreement of work priorities with all practices via GP Executive representatives.</p>
Communications Issues:	<p>None</p>
Financial Implications:	<p>No unfunded financial implications. Payments under SLA will not exceed total funds allocated.</p>
Review arrangements:	<p>Quarterly reports will be presented to the Governing Body. Project plans and reports will be monitored by the NEW Executive.</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. 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:	<p>n/a</p>
Equality & Diversity:	<p>No adverse impact identified.</p>
Other External Assessment:	<p>n/a</p>
What specific action re. the paper do you wish the Governing	<p>The Governing Body is asked to discuss the content of the Q2 report.</p>

Body to take at the meeting?	
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North & East Wiltshire (NEW) Group
Primary Care Service Level Agreement (SLA) 2014-15
2nd Quarter Report July - September 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

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

Provider

- D. Controlling and Reducing Admissions
- E. Medicines Management and Prescribing
- F. 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.

Quarter 1 and quarter 2 payments will be made to practices following approval of this paper by the Governing Body.

5. Areas of Activity

Activity by NEW practices against the six work streams identified above for Q2 2014/15 is detailed below:

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

Practices continue to work closely with the CCG to deliver the outcomes of the NEW SLA 2014/15. There has been significant progress made in the development of care pathways at locality level (see section C of this report) and involvement in the CCG programmes is beginning to show results. Practice visits are being followed up by more focused intervention from the CCG in relation to referral activity, elective and non-elective admissions performance, A+E attendances and QIPP engagement. A series of relationship building visits are also being planned to better understand the pressures on practices and how the CCG can better work with practices to deliver the required outcomes. Every NEW practice has submitted to Wiltshire CCG a review of their activity against the NEW SLA for Q2 2014/15 and discussions with practices are beginning about the development of the SLA in the future to make sure the required practice activity is supported.

B. Basic Commissioning and Community Transformation

Each practice continues to have a named GP Commissioning Lead who works closely with Wiltshire CCG. Their roles are developing as the Optimising Community Teams programme develops and the clusters and localities become more active, developing their strategies and starting to deliver local initiatives to address local need.

Basic Commissioning

Practices continue to support the North and East Locality Meetings with practice representation remaining high. Commissioning issues discussed and progressed by the practices have included:

- Systems Thinking methods and review of the Better Care Pathway work
- Strategic oversight of the 100 Day Challenge outcomes
- Strategy development relating to increasing dementia diagnosis in line with Government guidelines
- Finalising the Transforming Care for Older People (TCOP) projects and developing implementation strategies

Area Boards

The organisation of the Area Boards in the second quarter 2014/15 has been difficult to manage with a number of last minute changes to venues and meeting times. However, 14 practices sent GP representatives to their local Area Boards and the Health Fairs were also well attended. The CCG has received positive feedback about the presentation of the CCG 5 Year Plan by Executive Team members supported by locality GPs who participated in question and answer sessions with the public.

Clinical Forum

Following the last GP Clinical Forum in May 2014, GPs have reported improved relationships with secondary care consultants with increased contact, especially from the ED team. The next NEW GP Clinical Forum will be held on 6th November 2014. The focus is MSK, concentrating on how GPs, consultants and community clinicians can work more closely together to develop effective and simplified pathways for patients. There will be a presentation from the MSK programme leads, moving into table discussions about topics such as physiotherapy, pain management and patient self-management strategies. It is expected that in excess of 60 clinicians will be attending, including consultants from GWH and RUH and community team representatives. The focus of the meeting has been developed by the NEW Executive team and locality groups.

Practice Audits

Practices have all submitted their audits of patients over 80 years old / those with more than three admissions. Data collected includes a detailed breakdown of reasons given for the admission by the

secondary care provider with supplementary local information about the health and social background of those patients from a primary care perspective. This audit has generated a lot of complex data which is currently being analysed. Results will be presented to the CCG Governing Body in the third quarter NEW SLA 2014/15 report.

The audit of patients to ensure dementia diagnosis has been made where appropriate is beginning to show some results. It is anticipated that the percentage of patients in Wiltshire with a dementia diagnosis will increase as a result of the audit but it is unknown at present how close to the 66% Wiltshire target this will achieve. Numbers of patients diagnosed has already increased from 45.0% as at 1st March 2014 to 48.1% by 31st September 2014. The majority of the audit outcomes are expected in the third quarter 2014/15.

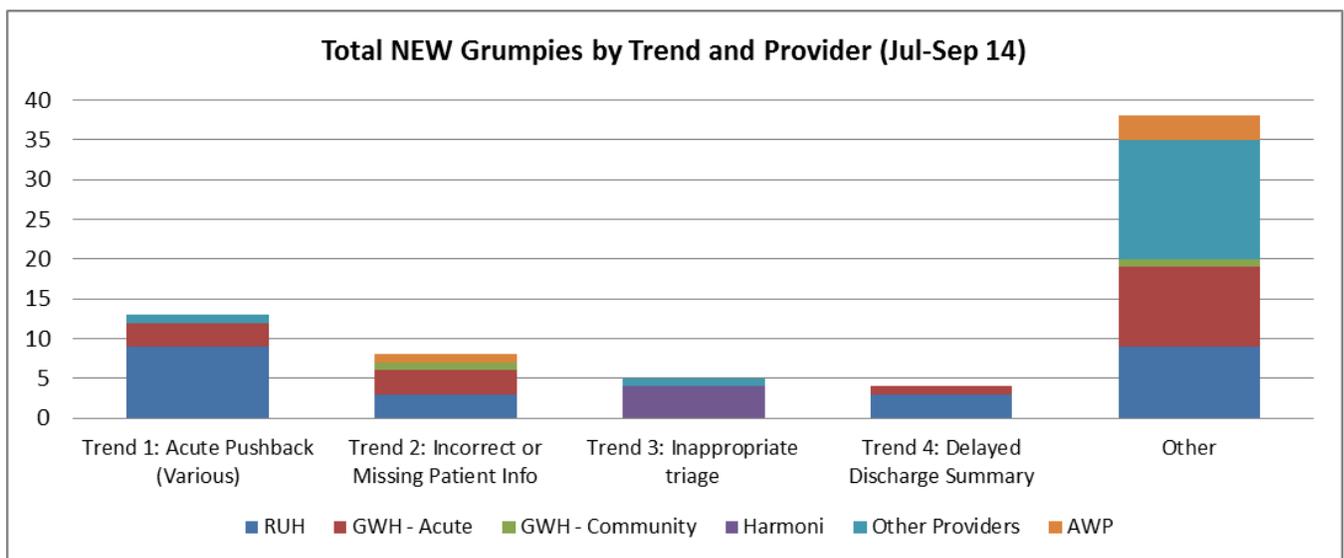
Grumpy/Pleased Issues

Practices have become familiar with the Grumpy/Please reporting mechanisms and they are now widely used by practices.

For the 3 month period ending in September 2014, a total of 69 Grumpy and 5 pleased emails had been received by the NEW team. The themes of the grumpies have varied quite significantly over the period, but there are some overarching trends for grumpy which are consistently re-occurring,

- Acute Provider Pushback
- Incorrect or Missing Patient Information
- Inappropriate Triage
- Delayed Discharge Summaries

Quarterly grumpy/pleased reports are considered by the NEW Executive and learning shared with practices.



During the quarter, 5 pleased emails were received highlighting patients and practices experience of good team working in communication. In particular, there were 2 about the GWH Community team, where staff have gone the extra mile to resolve an issue in a quick and swift manner, and also an example of End of Life care experience for a patient and family.

Two of the corporate teams (RSS and Medicines Management) were also commended on their assistance with practices to help and resolve issues.

The last was an example of the good communication provided by the RUH by liaising directly with the patients GP to discuss their admission. This is something the CCG are trying to encourage both Practices and Providers to embrace so we can improve patient experience and care.

Optimising Community Teams (Community Transformation)

Meetings between integrated teams and practices are continuing and some positive outcomes are emerging for the NEW Group. Teams now include named social care staff and representation from AWP is under development. Integrated teams will continue to meet throughout October/November 2014 to address local ways of working and the NEW Group is providing representation to these meetings for support and facilitation. The Calne demonstrator site has already secured laptops for community team staff and a room in the Broken Cross Health Centre for the delivery of additional local clinics. A facilitated workshop has been offered to the Calne demonstrator site to support the continuation of this work and support the work that all clusters are doing to develop Locality Plans. These plans will ensure that the work that is happening in the locality supports overarching local aims and objectives and that the outcomes are measurable using a series of locally defined KPIs. Learning can then be shared across all the integrated teams.

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

There has been significant work on pathway redesign in relation to the NEW QIPP plan with input from practices this quarter. Many of the ideas have come from GP forums or practices themselves and have been worked up with involvement from practices. Ongoing QIPP schemes include:

1. Reduced ambulance conveyance to GWH. Idea came from GP Forum in May 2014 where better communication between primary and secondary care with a view to reducing admissions and facilitating early discharge was discussed. Practices asked to provide data monitoring, which is being received.
2. Revised pathway for DVT, Cellulitis and Male Urinary Retention to be managed via SEQOL Urgent Care Centre. Practices implementing new pathway with reduced cost per case.
3. Anticipatory Care Management pilot to commence with New Court Practice, GWH, Medvivo and SWASFT. 124 care plans now developed for information sharing and provision of more

‘joined up’ service for patients identified as high risk of attendance or admission. Aim to reduce preventable hospital admissions.

4. Clinical discussions have been held to develop a revised non-elective cardiology pathway following concerns from GPs regarding over investigation of low risk patients. GWH will be providing education to ED staff and meetings will be arranged with practices to review chest pain triage processes at GP practices.
5. Readmissions and repeat ED attendances. CCG working with practices are developing a monthly reporting template to share information about high intensity users across primary and secondary care providers. ED discharge letters have been amended to include number of ED attendances for practices to review.

The North and East locality groups continue to work on their bids and implementation plans for TCOP funding to support vulnerable older people and both schemes are expected to deliver services in Early 2015. All practices have been actively involved in the planning process and will deliver services in line with local identified need. Practices also continue to be involved in ongoing CCG work programmes including representation on the MSK, rheumatology and diabetes programme boards. Locality groups have been presented with the ‘Diabetes Blue Book’ encouraging GPs to change approaches to diabetic patients encouraging self-management and prevention of the onset of complications.

The dermatology review has had significant practice involvement with GPs getting involved in feeding back issues they have to the CCG and making suggestions for pathway improvements and service improvements. Chippenham practices bid for PM Challenge Fund for development of the MIU was unsuccessful but will be reviewed as a part of the MIU review under the Community Service Specification development.

Indicative Group Level Measurement		
Target	Performance	Notes
TCOP annual investment for NEW Schemes: North Locality: £660,110 East Locality: £170,590	Expected annual reduction in admissions (@ £2,500 per admission): North Locality: 266 / £665,000 East Locality: 74 / £172,500	Schemes expected to start Jan15 onwards on a phased basis. Implementation plans and KPI baseline measurements in development.
QIPP plans have no specific investment from which to develop ROI data. Target savings from individual schemes detailed in NEW QIPP Plan.	Group performance against QIPP plan monitored via monthly internal QIPP meeting and monthly performance meetings with our acute providers.	

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. All NEW practices are aware of their involvement in reducing referrals and supporting the CCG in meeting its QIPP targets for 2014/15 and localities are working towards the development of the 2015/16 QIPP and commissioning intentions. Practices 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 integrated teams are now receiving locality packs with data referring to locality areas and this is supplemented by targeted 'deep dive' data for practices where referral and admissions rates are high.

GWH continues to over perform in A+E attendances, elective and non-elective admissions and outpatient follow ups (see table below). However, the data provided for outpatient follow ups and the reduction in 1st outpatient attendances has been challenged at GWH as the rates show large variance from the 2013/14 data. Although GWH continued to over perform, particularly in non-electives, the gap in over performance is slowing.

Indicative Group Level Measurement		
Target	Performance	Notes
GWH are not currently providing GP referral data to the CCG so no analysis of referral data is available for this quarter for NEW GP practices.		Although some practices refer to RUH, a full picture of GP referrals is not possible from this data alone so it is not included in this report.
A+E attendances figures 14/15 year to date compared to 13/14.	GWH up by 221 cases (1%) RUH up by 132 cases (4%)	A reduction in A+E attendances contributes to the NEW QIPP Target.
Non-elective admissions 14/15 year to date compared to 13/14.	GWH up by 112 cases (2%) RUH up by 504* cases (20%) *RUH figures affected by transfer of maternity contract and associated activity.	A reduction in non-elective admissions contributes to the NEW QIPP Target.
Elective admissions 14/15 year to date compared to 13/14.	GWH up by 74 cases (2%) RUH up by 52 cases (3%)	
1 st outpatient attendances 14/15 year to date compared to 13/14.	GWH down by 1,058 (9%) RUH up by 156 (2%)	Data quality concerns around GWH data currently being followed up.
Outpatient follow up 14/15 year to date compared to 13/14.	GWH up by 1746 (10%) RUH up by 521 (6%)	Data quality concerns around GWH data currently being followed up.

GPs are reporting increasing numbers of telephone calls from ED consultants and secondary care to discuss individual patients, leading to better and more appropriate care and, in some cases, reduced admissions.

Appendix 1 below reports the position with respect to spells, bed days and length of stay at GWH.

Practices continue to be encouraged to use the RSS as a referral pathway and usage is increasing across the majority of practices. Three practices have not met the 70% referral target in the second quarter which has been discussed with them at recent practice visits.

E. Medicines Management and Prescribing

There is still significant financial pressure on the prescribing budget and an overspend at year end is predicted. It is essential that practices and prescribing leads continue to review their prescribing with a view to reducing prescribing costs. This involves reviewing practice scorecards and housekeeping lists. The medicines management team at the CCG have visited all practices this year and continue to support changes in practice prescribing trends, including responding to contact made via the prescribing e-mail address: prescribingwiltshire@nhs.net. It is planned to roll out learning from analysis of prescribing trends in WWYKD across the other Groups which has been identified as being widely applicable to all practices.

Indicative Group Level Measurement		
Target	Performance	Notes
100% of practices have been visited and agreed target areas with Medicines Management Team in NEW.	100%	
Keep within prescribing budget for NEW practices.	Prescribing spend is currently up by £52,360 (1.44%) July/August 14/15 compared to the same period in 13/14.	Prescribing spend for April/August 14/15 shows the same trend being up by £134,251 (1.50%) compared to the same period in 2013/14.

Prescribing data for September 2014 is not available at the time of writing this second quarter SLA report so figures are based on July/August 2014 data and month 5 year to date data only.

NEW practices are being encouraged to take up the offer of prescription clerk training which has been delivered to various locations over the last few months. However, there are still a few practices that have not sent any representatives and would benefit from doing so.

Period Name	Total Items	Total Act Cost	Period Name	Total Items	Total Act Cost
July/August 2013/14	469,903	£3,640,000	April to August 2013/14	1,153,395	£8,923,833
July/August 2014/15	482,787	£3,692,360	April to August 2014/15	1,195,533	£9,058,084
Change	12,884	£52,360	Change	42,138	£134,251
	2.74%	1.44%		3.65%	1.50%

F. Care Home and Frail Elderly Management

Admissions from care homes continue to reduce in NEW. Regular dialogue between GPs and care homes staff has developed good working relationships between clinicians and managers, supplemented by plans for educational training events for care homes staff in many areas. Consultant geriatrician input into care homes has been invaluable facilitating enhanced assessment and care planning for patients resulting in GPs being better equipped to challenge inappropriate admissions and facilitate early discharge for patients.

Indicative Group Level Measurement		
Target	Performance	Notes
All NEW practices who have care homes in their area are participating in the care homes element of the SLA.	100%	
Decrease in number of admissions from care homes qtr 2 14/15 compared to qtr 2 13/14 equivalents to at least the cost of the SLA element. Total cost in Q2 £38,757 (annual total £151,030).	Care homes admissions reduced in qtr 2 2014/15 compared to the same period in 2013/14 from 156 to 114 - a reduction in admissions of 42 patients representing a saving of £105,000. +£66,243 (variance)	Financial variance is calculated as period spend minus savings from reduced admissions (average cost of £2,500 per admission)

6. Conclusion

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

Appendix A:

NEW Group

2014/15 Month 6

Year-to-date

