NHS
Wiltshire
Clinical Commissioning Group

Clinical Commissioning Group Governing Body

Paper Summary Sheet

Date of Meeting: 24 March 2015

For: PUBLIC session ☒ **PRIVATE Session** ☐

For: Decision ☐ **Discussion** ☒ **Noting** ☐

Agenda Item and title:	**GOV/15/03/16 WWYKD SLA Q3 Report**
Author:	Jenny Benns, Team Support, WWYKD
Lead Director/GP from CCG:	Dr Helen Osborn, GP Chair WWYKD Group Jo Cullen – Group Director WWYKD
Executive summary:	The purpose of this paper is to report on third quarter progress against the actions set out in the 2014-15 WWYKD Group Service Level Agreement (SLA).
Evidence in support of arguments:	CCG performance reports
Who has been involved/contributed:	• WWYKD Executive • Member GP Practices in WWYKD
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:	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 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 2014 – 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.
National Policy/ Legislation:	N/A
Equality & Diversity:	No adverse impact identified
Other External Assessment:	N/A
Next steps:	Governing Body to receive and discuss this Q3 report. WWYKD to continue to develop and deliver against the requirements of the SLA, and provide subsequent reports summarising the position for Q4 in due course.

NHS
Wiltshire
Clinical Commissioning Group

West Wiltshire Yatton Keynell & Devizes (WWYKD) Group
Primary Care Service Level Agreement (SLA) 2014-15
3rd Quarter Report October – December 2014

1. Purpose

The purpose of this Quarter 3 (Q3) report is to outline what the practices have delivered in Q3, 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

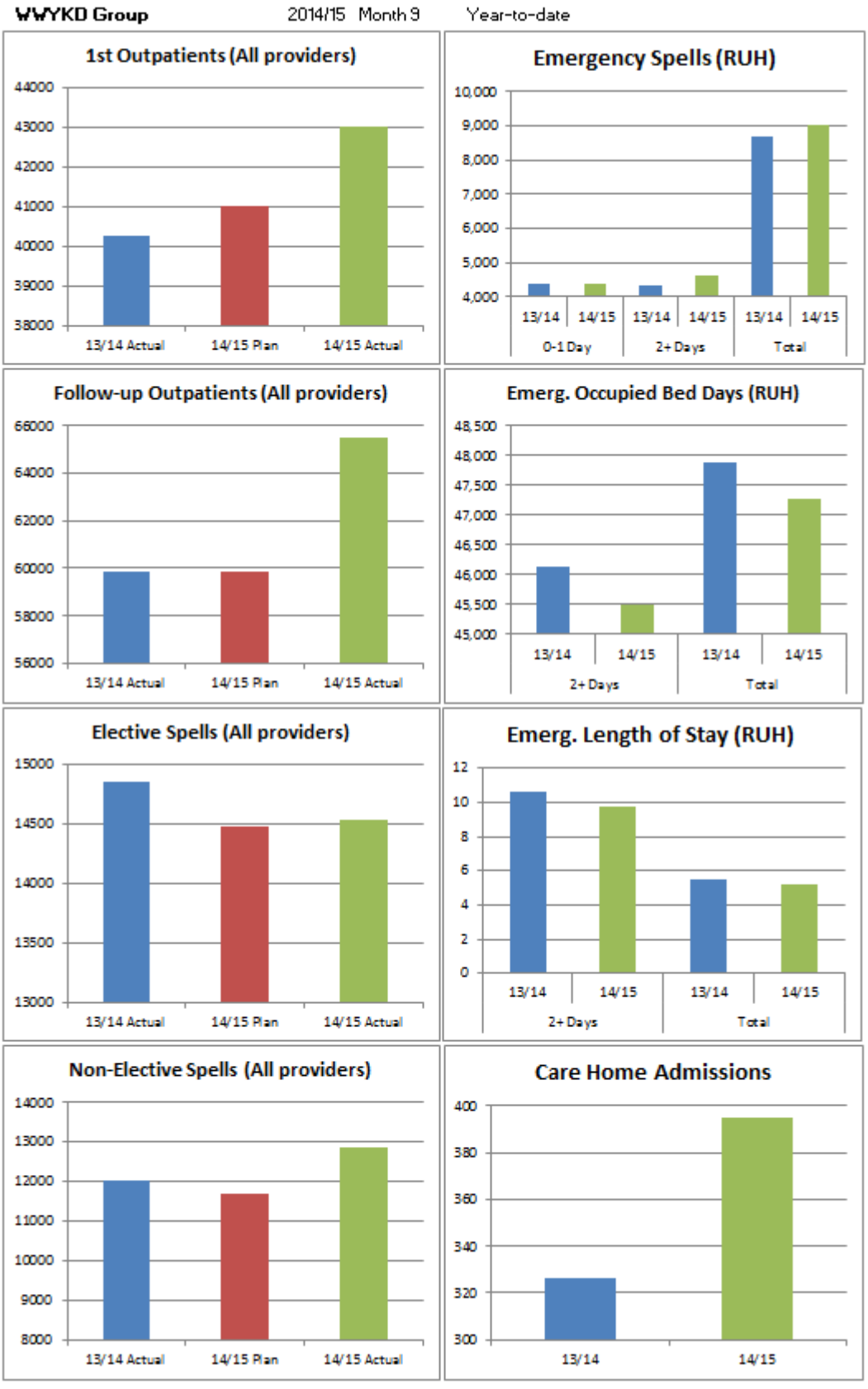
The SLA focuses on 3 work streams for GP Practices as providers:

- 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. Update

WWYKD Group Activity Report



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

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. The Q4 payment (including the care home element) was made in mid-February.

Total WWYKD SLA Value for 14/15 equates to £1,311,400. Q3 Payment was made to practices at the start of Q3 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. Q3 Payment for the Care Homes Element equated to £52,350.00.

5. Update on specific areas of activity for Q3

CLINICAL ENGAGEMENT WITH RUH

There has been clinical engagement with RUH clinicians on certain challenged specialties such as dermatology and gastroenterology. We have GP attendance at the Clinical Commissioning Reference Board, and work developing triggers and pre-agreed actions at trigger points and guidance on appropriate referring.

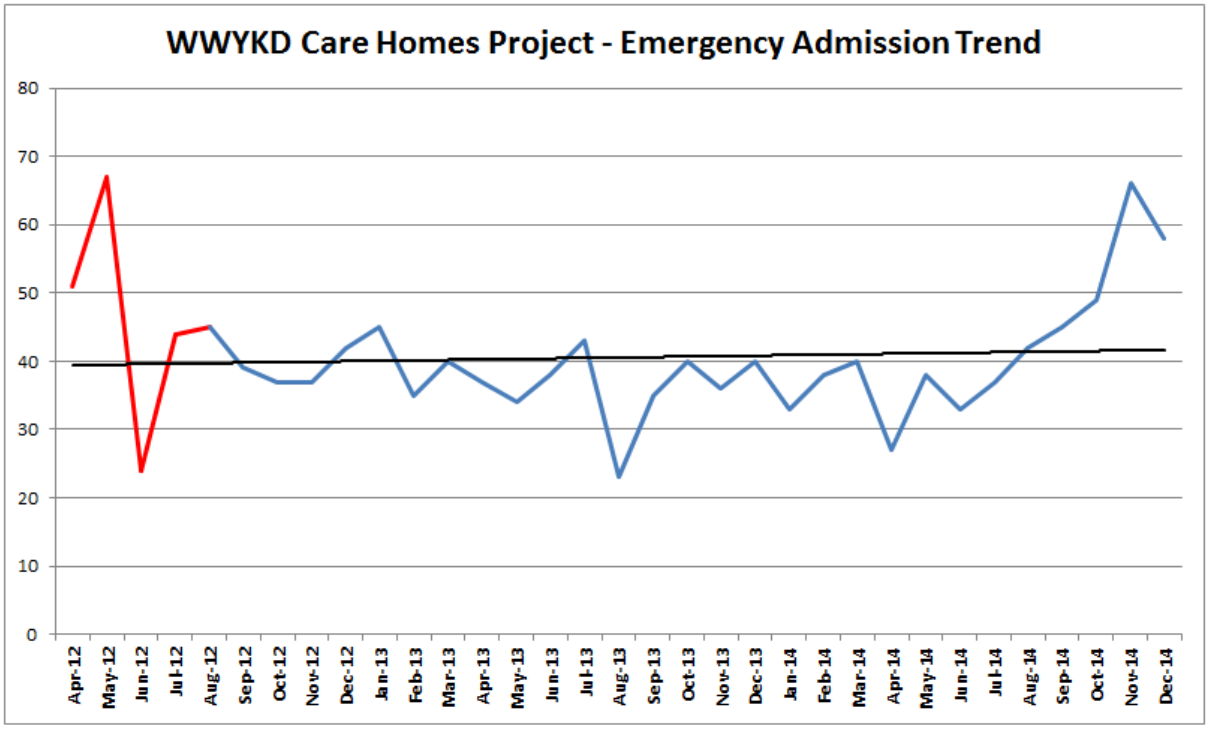
Specific work has been led by Dr Catrinel Wright from Trowbridge on dermatology reviewing existing referrals for 8 presenting conditions and reviewing outstanding referrals. All referrals to go via RSS, with additional activity going to a local WWYKD based GPwSI and additional provider opportunities are being investigated.

CARE HOMES PROJECT

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. The admission spike evident towards the later months of Q2, and referenced in the Q2 SLA report, has continued into Q3, with emergency

admissions now tracking at a similar level to pre-project implementation. Analysis has commenced to understand whether there are homes which are significant outliers (and who would potentially benefit from additional training) or whether the significant increase in admissions is the net result of the growth in bed stock (100+ in WWYKD alone) / acuity of patients within those beds.

The admission trend for the period April 2012 to December 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 Q3 YTD versus 12/13 Q3 YTD Baseline	12/13 Q3 YTD Baseline Activity (386)	+9 (2.3% Increase)	
	Q3 YTD Funding for Project within SLA (£150,000)	+£172,500	SLA YTD minus savings from reduced admissions (Av Cost of £2500 per admission)

The WWYKD practices are aware of this information and the upward trend, and this area has been included in many of the Transforming Care of Older People and Locality Plans to ensure this has been identified as an area for re focus and enhancement in 2015-16. There has been a growth in the number of beds, by over 100, in care homes in WWYKD in 2014-15, and many of these patients have a higher acuity and complex conditions and co-morbidities. There has also been discussion with ED Consultant from the RUH around the attendances and admissions from Care Homes, analysed by practice so we can do some further in depth review of individual patient stories.

New Treatment Escalation Plan (TEP) to replace DNAR forms.

The TEP, developed with multiagency input based on the Devon TEP form, complements the work practices are carrying out in setting up care plans for their vulnerable at risk patients. It is hoped the plan will increase the number of patients in Wiltshire dying in their preferred place. The TEP will be held by the patient. It is envisaged that GPs/Doctors will sign these forms. If another health professional (e.g. a nurse) feels they had the necessary skills and competencies to complete the form, it would be at their discretion to sign it and if necessary seek a medical countersignature. Forms were sent to practices 2nd December 2014. A TPP SystmOne version (the GP clinical system) of the form is in development.
This is now forming part of the discussion in enhancing the care home work, and in discussion with hospital clinicians.

INTEGRATED TEAMS

We have some good evidence of closer working between Primary Care and Community Teams, and social care and mental health staff starting to work with the Integrated Teams. Voluntary Agencies are also starting to show an interest to work with the teams, and innovative ideas for improving Integration are starting to be identified. Feedback from patients is positive and they welcome the outcomes that the Integrated Teams will deliver for them.

The Bradford on Avon Demonstrator site Integrated Team is operational, although still with issues with IT systems inter-operability.

TRANSFORMING CARE OF OLDER PEOPLE

All practices in WWYKD have been involved in developing and now delivering TCOP schemes. These are being monitored through a Panel, but have formed basis for locality working and locality plans. As an overview:

Devizes	Release Primary Care Capacity to deliver proactive care - through the use of ECP
	Enable earlier home / care home visits to reduce need for admission / attendance
Bradford On Avon	Leg Club
	Community Nurse Support
Westbury	Older Peoples nurse to proactively manage the over 75s within the practice
	Day care support service initially focussing on leg club initiative
Warminster	Release Primary Care Capacity to deliver proactive care - through the use of Nurse Practitioner and GP support
Trowbridge	Proactive management of frail elderly patients in a clinic based setting
	Increased capacity through use of ECPs
Melksham	Proactively manage frail elderly in a clinic based setting

	Increased capacity through employment of ECP
Smallbrook	Increase capacity in primary care to provide proactive care to frail elderly

PRIME MINISTERS CHALLENGE FUND – WAVE 2

The objectives and criteria set for the PMCF:

• Provide access to general practice services from 8am-8pm on weekdays (or equivalent) and improved access at weekends
• Respond to local patient insight, preferences and priorities, with a clear goal of improving patient experience of access, as measured through the GP Patient Survey
• Support the local health and wellbeing strategy
• Be sustainable beyond the life of the pilot scheme
• Cover a minimum a population of 30,000
• Demonstrate strong leadership and commitment/buy-in from all practices involved
• Be able to implement rapidly.

The Devizes Urgent Primary Care Centre is the only application that meets all of the criteria, which the Clinical Executive agreed to support this as the Wiltshire bid. We are still waiting to hear any national announcement of the outcome.

MEDICINES MANAGMENT: Effective Prescribing initiatives –

- There is a possibility that practices have mis-claimed for influenza during 2014-15. Further information will follow regarding this but it relates to the article in our January newsletter https://prescribing.wiltshireccg.nhs.uk/?wpdmdl=1190 which states that ***"An FP34P/D appendix should only be submitted for payment where the vaccine has been purchased by the practice specifically for personal administration"***. It has become apparent that a significant number of practices have submitted claims for vaccines that were supplied centrally by NHS England. This is being picked up by the NHSBSA nationally and will have had an effect on our forecast outturns for all practices in Wiltshire.

- Domiciliary Medication Review Service: Report on Pilot Extension across WWYKD Supporting TCOP

Offered by Wiltshire CCG across four GP practices in the WWYKD locality, the *domiciliary medication review service* (DMRS) pilot extension began in October 2014. Over the six week period the service has been reviewed across, it is estimated to have saved £2,884.11 and played a part in preventing a number of potential unplanned admissions.

Engagement

The service had a clear, decisive referral pathway inviting input initially from both GPs and practice nurses. This was later expanded to encompass referrals from clinical care co-ordinators and other healthcare professionals within the local network. Subsequently, the service was also presented to and discussed with members of the *Local Pharmaceutical Committee* for potential future engagement and involvement within the wider community. During the course of home visits and, in returning unwanted medication to pharmacies for disposal, the service was also opportunistically publicised and shared with other, multidisciplinary healthcare professionals including community pharmacists, occupational

therapists and district nurses. Going forward, this may offer another pathway into the service, embracing joined up working across the sector.

The majority of referrals, 42.9% involved clinical care co-ordinators (CCCs). Integrating the service in this way offered an additional layer of specialised support to patients at a high risk of unplanned admission. A number of referrals from CCCs could have positively contributed to unplanned admission avoidance, although as detailed later in this report, justification of admission avoidance at this early stage of implementing the service is challenging to quantify and further data collection is required.

Referral Source	Clinical Care Co-ordinator	GP-Generated List	Practice Pharmacist	Practice Nurse
%	42.9	37.1	14.3	5.7

Table 1: Referral statistics into DMRS

Delivery

The WWYKD model of the service involved a community pharmacist spending up to sixty minutes visiting each referred patient in their own home. Of the visits undertaken, 100% were conducted within 48 hours of referral following documented verbal consent from the patient to be visited. In the course of the visit, a review of the patient's current medication regime was undertaken, including how medication was reordered, utilised, stored and disposed of. An assessment of compliance was noted, and where necessary, interventions were made, documented and fed back to the GP for further action.

Following discussion with the patient, a joint decision was then made regarding the necessity for a follow-up session by either phone or return home visit. 54.3% of visits required a follow up and in 93.3% of cases this was in person rather than over the phone. Follow up times ranged from one to twelve weeks, as arranged.

Results

Following visits, interventions were made in 65.7% of cases. Key interventions included contacting a GP to add, amend or stop a repeat medication (80%); removing excessive supplies of repeat medications from patients' homes (42.9%) and introducing a compliance aid to support a patient's treatment regime (20%). Patients were also educated on the use of medication in controlling conditions and observed in the technique of administering both eye drop and inhaler formulations.

Intervention	Medication **Stopped** (Number)	Medication **Stopped** (Cost £ p.a.)	Medication **Started** (Number)	Medication **Started** (Cost £ p.a.)	**Net Saving** [Stopped vs Started] (£ p.a.)	Excess Medication Removed (Cost £)
Totals	35	2,884.11	14	425.66	**2,210.18**	2,458.45

Averages per patient	1	82.40	0.4	12.16	**63.15**	70.24

Table 2: Cost analysis of interventions over the six week period

Over-prescribing: Of the patients visited prescribed clopidogrel, *three* were found to have exceeded the one year post-MI indication and had treatment stopped as a result of the service. Continued, concurrent treatment with aspirin could potentially have resulted in admission due to increased bleeding.

Over-ordering: Two black bin bags full of excess medication were removed from one patient's home. The contents of the bags included over *forty* boxes of warfarin, which if ingested accidentally could have led to potentially lethal unplanned admission. A subsequent patient was found to have three years' and seven months' worth respectively of *Lantus* and *NovoRapid* insulins in her fridge, equating to £1,222.87 of unnecessary expense.

Non-Compliance: Over the course of the pilot, one patient presented a total of six months' worth of *weekly* dosetted medication, *all unused* and still in the chemist's bag, equating to £591.47 of waste. Conversely, in a number of observed instances, the combination of confusion coupled with vast quantities of redundant medication, could undoubtedly lead to unplanned admissions on grounds of unintentional hypoglycaemia or hypotension-inducing overdoses.

Limitations

A key limitation from the pilot to date has been in verifying a number of prevented hospital admissions the service may have avoided. It is hoped that as the service continues, additional comment will be made available via retrospective review of patients' admission statuses at three and six month intervals pre and post intervention.

Whilst current referrals have yielded notably valuable learning, interaction and results, further endeavour amongst the four practices to encourage additional engagement is now required to ensure the continued success and potential extrapolation of the service. Data collated to form this report was limited due to a small number of referrals into the service, thirty-five patients. It has been decided that going forward in practices where no referrals are apparent, patients >75 years of age taking five or more medications will be systematically offered the service.

Conclusion

In summary, the results from the extended pilot demonstrate clear benefit in reducing unnecessary prescribing costs and increasing patient safety. Whilst work on quantifying the number of unplanned admissions prevented by the service, requires further monitoring, both referrals into the service and rapport between healthcare teams caring for the elderly across WWYKD continue to develop and flourish. It is hoped that extension of this service across other areas of Wiltshire will encourage the safe, efficient and effective use of medicines in this age group.

December 14 ePACT data

Code	Name	2014/15 Base Budget	HCD	ASTRO List Size	Anti-coag Monitoring	Final Budget	PPD Outturn	PPD Error Adjustments	Final Outturn	Cost Variance (red under)	Percentage Variance
J83016	ADCROFT SURGERY	£ 1,522,899	£ 28,585	£ 8,058	-£ 4,836	£ 1,554,707	£ 1,727,400	£ -	£ 1,727,400	£ 172,693	11.11%
J83018	AVENUE SURGERY	£ 2,300,677	£ 22,635	£ 1,299	-£ 14,853	£ 2,309,758	£ 2,514,984	£ -	£ 2,514,984	£ 205,226	8.89%
J83028	BRADFORD ROAD MEDICAL CTR	£ 1,259,973	£ 8,738	£ 1,895	-£ 4,726	£ 1,265,880	£ 1,309,824	£ -	£ 1,309,824	£ 43,944	3.47%
J83030	BRADFORD-ON-AVON AND MELKSHAM HEALTH	£ 2,869,778	£ 23,431	£ 16,810	-£ 23,711	£ 2,886,308	£ 3,086,959	£ -	£ 3,086,959	£ 200,651	6.95%
J83619	COURTYARD SURGERY	£ 386,700	£ 2,852	£ 1,115	-£ 1,727	£ 388,940	£ 237,580	£ -	£ 237,580	-£ 151,360	-38.92%
J83011	GIFFORDS PRIMARY CARE CTR	£ 1,926,810	£ 10,449	£ 10,701	-£ 11,975	£ 1,935,986	£ 2,050,205	£ -	£ 2,050,205	£ 114,219	5.90%
J83603	JUBILEE FIELD SURGERY	£ 594,935	£ 9,835	£ 1,604	-£ 2,763	£ 603,611	£ 631,474	£ -	£ 631,474	£ 27,863	4.62%
J83034	LANSDOWNE SURGERY	£ 1,102,252	£ 5,299	£ 2,531	-£ 7,599	£ 1,102,482	£ 1,160,311	£ -	£ 1,160,311	£ 57,829	5.25%
J83008	LOVEMEAD GROUP PRACTICE	£ 2,078,828	£ 41,352	£ 5,983	-£ 12,665	£ 2,113,498	£ 2,472,514	£ -	£ 2,472,514	£ 359,016	16.99%
J83056	MARKET LAVINGTON SURGERY	£ 768,884	£ 4,030	£ 675	-£ 2,763	£ 770,826	£ 678,832	£ -	£ 678,832	-£ 91,994	-11.93%
J83642	SMALLBROOK SURGERY	£ 536,375	£ 3,770	£ 1,290	-£ 691	£ 540,744	£ 561,196	£ 264	£ 561,460	£ 20,716	3.83%
J83049	SOUTHBROOM SURGERY	£ 1,368,606	£ 16,915	£ 8,875	-£ 6,102	£ 1,388,293	£ 1,637,963	£ -	£ 1,637,963	£ 249,670	17.98%
J83046	SPA MEDICAL CENTRE	£ 1,355,672	£ 15,294	-£ 4,496	-£ 10,132	£ 1,356,338	£ 1,509,425	£ -	£ 1,509,425	£ 153,087	11.29%
J83053	ST JAMES SURGERY	£ 875,310	£ 1,591	£ 2,105	-£ 4,490	£ 874,515	£ 953,168	£ -	£ 953,168	£ 78,653	8.99%
J83040	WHITE HORSE HEALTH CENTRE	£ 2,404,184	£ 24,844	£ 11,199	-£ 21,186	£ 2,419,041	£ 2,806,459	£ 22,548	£ 2,829,007	£ 409,966	16.95%
J83044	WIDBROOK MEDICAL PRACTICE	£ 706,352	£ 13,488	£ 457	-£ 3,708	£ 716,590	£ 727,706	£ -	£ 727,706	£ 11,116	1.55%
	West Wiltshire, Yatton Keynell and Devizes Locality	£ 22,058,235	£ 233,108	£ 70,100	-£ 133,928	£ 22,227,515	£ 24,066,000	£ 22,812	£ 24,088,812	£ 1,861,297	8.37%

Medicines Management Score Card - 2014/15

WWYKD Locality

		Baseline Quarter 2nd Quarter 2014/2015	Current Quarter 3rd Quarter 2014/2015	Change	3rd Quarter 2014/2015 CCG	3rd Quarter 2014/2015 National
QIPP	3 days Trimethoprim ADQ/item	5.32	5.43	▲ 0.11	5.65	5.77
	ACE inhibitor % of all RA drugs (items)	69.9%	70.0%	▲ 0.1%	69.1%	70.0%
	Antibacterial items/STAR PU	0.26	0.30	▲ 0.04	0.31	0.32
	Antidepressants: ADQ/STAR PU	2.12	2.13	▲ 0.01	2.15	2.19
	Cephalosporins & Quinolones % of all Antibiotics (items)	8.4%	7.0%	▼ -1.4%	7.1%	4.8%
	Hypnotics ADQ/Cost based STAR PU	1.44	1.42	▼ -0.03	1.61	1.71
	Hypoglycaemic Agents: Metformin and SU's % of all Diabetic Drugs (items)	80.3%	79.9%	▼ -0.00	82.2%	82.4%
	Laxatives ADQ/STAR PU	1.47	1.49	▲ 0.02	1.50	1.86
	Lipid Modifying Drugs: Ezetimibe % of all Lipid Drugs (items)	2.7%	2.6%	▼ -0.1%	2.6%	2.6%
	Long/Intermediate Insulin Analogues as a % of all Insulins (items)	77.4%	75.9%	▼ -1.5%	75.7%	79.8%
	Low cost Lipid Modifying Drugs as % of all Lipid Drugs (items)	91.6%	91.8%	▲ 0.2%	92.9%	93.6%
	Minocycline ADQ/1000 patients	6.22	5.87	▼ -0.35	9.22	12.55
	NSAIDs: ADQ/STAR PU	1.91	1.76	▼ -0.15	1.71	1.47
	NSAIDs: Ibuprofen & Naproxen % of all NSAIDs (items)	73.3%	74.5%	▲ 1.2%	73.3%	77.2%
	Omega-3 Fatty Acid Compounds	0.29	0.25	▼ -0.04	0.21	0.26
	Antidepressants First Choice	62.6%	62.3%	▼ -0.3%	64.5%	63.9%
	Wound Care Products NIC/Item	24.01	24.37	▲ 0.36	17.63	25.71
LOCAL	Fentanyl and high dose buprenorphine patches as a % of all opioid analgesic items	5.0%	5.0%	▲ 0.0%	4.9%	5.2%
	Low dose buprenorphine patches as a % of all opioid analgesic items	9.6%	8.9%	▼ -0.6%	8.8%	7.1%
	Inhaled Corticosteroids ADQ/STAR PU - new indicator	1.00	0.64	▼ -0.36	0.62	0.74
	Temazepam % of Benzodiazepine and 'Z' Drugs (items) - new indicator	16.4%	15.8%	▼ -0.5%	19.6%	17.8%

		To Sept 2014	To Dec 2014	
SAFETY	Unopposed oestrogen, no progestogen or mirena, intact uterus *	26	22	▼ -4
	Citalopram more than 20mg in over 65 (MHRA)*	29	22	▼ -7
	Simvastatin ≥ 40mg + Calcium Channel Blockers etc (MHRA)*	458	470	▲ 12
	PD5 (e.g. sildenafil) plus nitrates or nicorandil (contraindicated)*	5	4	▼ -1
	NSAID on repeat and over 65 *	818	813	▼ -5

		Sep-14	Dec-14		% of Budget
TPP	TPP "Housekeeping" Savings	£ 619,251	£ 518,607	▼ -£ 100,643	2.3%

* 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.

Medicines Management Score Card - 2014/15

3rd Quarter 2014/2015

		ADCROFT SURGERY	AVENUE SURGERY	BRADFORD ROAD MEDICAL CTR	BRADFORD-ON-AVON AND MELKSHAM HEALTH	COURTYARD SURGERY	GIFFORDS PRIMARY CARE CTR	JUBILEE FIELD SURGERY	LANSDOWNE SURGERY	LOVEMEAD GROUP PRACTICE	MARKET LAVINGTON SURGERY	SMALLBROOK SURGERY	SOUTHBROOM SURGERY	SPA MEDICAL CENTRE	ST JAMES SURGERY	WHITE HORSE HEALTH CENTRE	WOODBROOK MEDICAL PRACTICE	Locality	CCG	NATIONAL
QOF	3 days Trimethoprim ADQ/Item	5.95	5.20	5.84	4.71	6.81	5.79	6.12	5.62	6.16	4.16	5.95	4.71	5.47	6.12	5.83	6.28	5.43	5.65	5.77
	ACE Inhibitor % of all RA drugs (Items)	73.1%	69.7%	67.3%	68.5%	70.5%	71.2%	51.5%	68.7%	70.8%	63.1%	70.1%	74.5%	72.1%	68.7%	74.4%	72.3%	70.0%	69.1%	70.0%
	Antibacterial Items/STAR PU	0.30	0.30	0.30	0.27	0.17	0.28	0.22	0.33	0.34	0.21	0.35	0.29	0.32	0.26	0.36	0.36	0.30	0.31	0.32
	Antidepressants: ADQ/STAR PU	2.47	2.15	1.91	1.97	1.18	2.22	1.48	2.28	2.49	1.57	2.18	2.10	2.48	1.80	2.28	1.79	2.13	2.15	2.19
	Cephalosporins & Quinolones % of all Antibiotics (Items)	7.1%	8.3%	6.3%	5.8%	4.2%	9.9%	5.0%	8.3%	6.3%	6.1%	6.9%	4.4%	6.5%	3.5%	9.5%	3.6%	7.0%	7.1%	4.8%
	Hypnotics ADQ/Cost based STAR PU	1.46	1.11	1.51	1.61	0.14	1.22	1.29	1.95	1.33	1.16	1.05	1.56	1.23	1.07	1.82	1.81	1.42	1.61	1.71
	Hypoglycaemic Agents: Metformin and SU's % of all Diabetic Drugs (Items)	84.3%	80.9%	80.4%	81.8%	88.6%	83.1%	79.7%	78.0%	67.8%	76.2%	82.7%	75.8%	85.9%	76.8%	78.6%	77.5%	79.9%	82.2%	82.4%
	Laxatives ADQ/STAR PU	1.42	1.59	1.19	1.58	0.94	1.28	1.32	1.45	1.83	1.51	1.29	1.39	1.48	1.46	1.56	1.81	1.49	1.50	1.86
	Lipid Modifying Drugs: Ezetimibe % of all Lipid Drugs (Items)	2.2%	1.2%	3.5%	4.3%	0.0%	2.5%	3.5%	1.6%	1.7%	2.6%	1.4%	1.6%	3.5%	2.9%	1.7%	2.0%	2.6%	2.6%	2.6%
	Long/Intermediate Insulin Analogues as a % of all Insulins (Items)	71.7%	80.1%	83.2%	72.0%	89.7%	74.1%	88.2%	80.8%	78.3%	64.4%	86.0%	87.3%	81.7%	73.1%	63.1%	74.5%	75.9%	75.7%	79.8%
	Low cost Lipid Modifying Drugs as % of all Lipid Drugs (Items)	91.9%	96.0%	90.7%	88.8%	99.3%	93.1%	78.2%	95.3%	95.8%	95.4%	68.4%	95.3%	91.1%	92.7%	93.6%	96.5%	91.8%	92.9%	93.6%
	Minocycline ADQ/1000 patients	-	10.29	-	-	-	7.96	12.30	-	3.25	40.44	-	-	20.52	-	2.88	19.55	5.87	9.22	12.55
	NSAIDs: ADQ/STAR PU	2.27	1.87	1.76	1.28	0.61	1.40	2.37	1.63	1.76	1.38	1.71	2.33	1.74	1.07	2.15	2.29	1.76	1.71	1.47
	NSAIDs: Ibuprofen & Naproxen % of all NSAIDs (Items)	68.4%	72.0%	74.7%	77.6%	74.0%	76.8%	61.9%	76.1%	75.6%	73.1%	78.2%	77.6%	86.2%	75.5%	69.8%	74.3%	74.5%	73.3%	77.2%
	Omega-3 Fatty Acid Compounds	0.21	0.20	0.45	0.27	-	0.35	0.45	0.25	0.26	-	0.16	0.08	0.22	0.26	0.26	0.14	0.25	0.21	0.26
	Antidepressants First Choice	64.5%	65.7%	61.8%	55.5%	75.3%	66.1%	59.7%	61.0%	58.8%	63.3%	61.7%	66.0%	68.3%	59.2%	67.4%	51.7%	62.3%	64.5%	63.9%
	Wound Care Products NIC/Item	17.63	19.23	20.91	22.26	21.48	23.72	16.36	28.72	19.49	34.10	23.93	21.95	24.91	19.09	55.40	22.55	24.37	17.63	25.71
LOCAL	Fentanyl and high dose buprenorphine patches as a % of all opioid analgesic items	4.9%	2.4%	5.7%	5.5%	3.2%	2.2%	2.1%	4.9%	2.2%	12.2%	4.9%	7.2%	2.4%	7.7%	7.8%	13.4%	5.0%	4.9%	5.2%
	Low dose buprenorphine patches as a % of all opioid analgesic items	8.8%	12.5%	8.0%	10.7%	2.6%	8.2%	3.7%	9.1%	8.5%	12.2%	9.5%	4.9%	6.7%	1.8%	7.5%	15.6%	8.9%	8.8%	7.1%
	Inhaled Corticosteroids ADQ/STAR PU - new indicator	0.62	0.55	0.66	0.56	0.42	0.81	0.52	0.64	0.65	0.43	0.63	0.61	0.74	0.64	0.66	0.70	0.64	0.62	0.74
	Temazepam % of Benzodiazepine and 'Z' Drugs (Items)- new indicator	19.6%	11.4%	11.5%	15.2%	15.4%	22.7%	14.2%	16.7%	18.2%	12.3%	16.5%	14.1%	22.0%	9.0%	15.7%	9.7%	15.8%	19.6%	17.8%
SAFETY	Unopposed oestrogen, no progestogen or mirena, intact uterus *	3	2	1	4	1	1	-	-	3	1	-	-	2	3	1	-	22		
	Citalopram more than 20mg in over 65 (MHRA)*	3	2	1	4	1	1	-	-	3	1	-	-	2	3	1	-	22		
	Simvastatin≥ 40mg + Calcium Channel Blockers etc (MHRA)*	190	35	-	10	-	18	-	29	35	25	-	12	82	11	13	10	470		
	PDS (e.g. sildenafil) plus nitrates or nicorandil (contraindicated)*	-	1	1	-	-	1	-	-	1	-	-	-	-	-	-	-	4		
	NSAID on repeat and over 65 *	89	126	54	93	4	24	-	34	70	34	-	97	58	16	85	29	813		
TPP	TPP "Housekeeping" Savings	£ 42,262	£ 61,149	£ 28,153	£ 96,400	£ 5,800	£ 36,123	£ 10,557	£ 18,601	£ 32,958	£ 17,169	£ 5,616	£ 32,680	£ 29,388	£ 25,784	£ 58,915	£ 17,052	£ 518,607		

- **GP Forum** held bi-monthly; 12th November with thirty seven attendees with representation from all practices, Attain, Dr Paul Brown, Consultant Psychiatrist Older Adults, Dr Hamid, Consultant Psychiatrist AWP, Alison Westmacott, Associate Director of Commissioning Support. Items on the Agenda included:-

    - ***Dementia including feedback on Memory Nurses and Dementia Friends training***
    - ***Dementia in GP practices***
    - ***100 Day Challenge Update***
    - ***WWYKD Locality Planning***

- **Area Board Meetings** – Attendances have been undertaken by the local GPs and members of the WWYKD team. Particular dates to note are the recent Area Board and Health Fairs with Wiltshire Council:-
    - ***Westbury 9 October 2014 Dr Debbie Beale and Jo Cullen***
    - ***Melksham Area Board 15 October 2014 Dr Rob Matthews***
    - ***Trowbridge Area Board 16 October 2014 Dr Catrinel Wright, Andy Jennings***
    - ***Warminster Area Board 6 November Dr Lindsay Kinlin and Shelley Watson***
    - ***Devizes Area Board 24 November Dr Richard Sandford-Hill, Dr Martin Foley and Shelley Watson***

- ***WWYKD* Executive Meetings** take place regularly twice monthly. These are strongly attended by the Executive members and the WWYKD team. Items on the Agenda included:
    - ***Dermatology***
    - ***Gastro***
    - ***Cardiology and ENT***
    - ***MSK Podiatry***
    - ***RUH Update***
    - ***RTT additional activity***
    - ***NEL and ED analysis and investigation***
    - ***September RUH clinical reference board items***
    - ***Service Development and QIPP***
    - ***Commissioning College; RUH performance meeting***
    - ***TCOP updates***
    - ***P.C. Information (JSNA/Workforce)***
    - ***RCGP Annual Conference***
    - ***100 Days and Better Care Fund updates***
    - ***Dementia coding & Staff changes in MH Commissioning***
    - ***Primary Care Programme Board***
    - ***Primary Information/Practice Packs***
    - ***Medicine Management***
    - ***Medvivo – Access to Care***
    - ***Commissioning Intentions 15/16***
    - ***Quality***
    - ***Finance***
    - ***Risk Register***
    - ***Community Services***
    - ***15/16 Planning Round***
    - ***Update on Tendering of Children's Services***