

**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/15/03/17 2014/15 Sarum Q3 SLA Report
Author:	Louise Sturgess, Commissioning Support, Sarum
Lead Director/GP from CCG:	Mark Harris, Group Director (Sarum)
Executive summary:	<p>The purpose of this report is to provide a quarter 3 report on the 2014-15 Sarum Group Primary Care SLA.</p> <p>The SLA focuses on supporting CCG engagement and 5 specific work streams:</p> <ul style="list-style-type: none"> • Primary Care at Scale • Effective Urgent Care • Effective Referral Management • Effective Prescribing • Locally Developed Innovation and Improvement <p>The SLA received universal approval and all 23 practices in Sarum have signed up to the SLA. The total funds available are £1,139,293. A total of £221,990.64 was paid out in Q3</p> <p>The SLA supports membership engagement in localities. This element of the SLA has been reduced to £1.30ph compared to £2.20ph in previous years. Practice representatives attended locality lead meetings in quarter 3 and all practices were engaged in the development of integrated teams. In addition, the Sarum group held an all member event on 2 December at Salisbury Racecourse. The event was attended by over 100 GP's and practice managers with representatives from all the Practices within the Sarum Group.</p> <p>Members are also engaged as commissioners through a new workstream called 'Developing primary care at scale. This workstream supports the CCG strategy and national policy and provides time and pump priming for practices to explore and set up federations develop locality plans based on</p>

	<p>the future care model.</p> <p>The Effective Urgent care workstream of the SLA builds on the work established in last year's SLA and aims to provide enhanced care for nursing home/residential care residents to reduce avoidable acute admissions. The scheme has been refined this year by removing Level 1 care to focus effort on providing level 2 care which is more likely to have an impact on avoiding admissions. Care home admissions in the year to date up to the end of Feb 15 were up 39 (10%) compared to the same period last year.</p> <p>Within the Effective Prescribing section Practices are being asked to focus on 3 areas or work following their annual review with the Medicine Management team in Quarter 1. Potential housekeeping savings compared to the baseline in Mar 14 were up £8,553 at the end of Q3, however these are down £45,251 compared to the housekeeping savings identified at the end of Q2. Forecast outturn is currently expected to be up 5.2% against budget at year end.</p> <p>The Effective Referrals element of the SLA has been reduced compared to previous years to focus on peer review of referrals and inclusion of the core data set on secondary care referrals. A review of the data shows GP initiated referrals up 9.4% April – Dec (to SFT) compared to the same period last year. Total Sarum first outpatient and first outpatient procedure activity is up 7% April – Dec compared to the same period last year. However follow up activity is down 2%.</p> <p>Within the Locally Developed Innovation and Improvement section practices were asked to identify areas within their current activity where they are an outlier in activity or cost and develop improvement project(s) to address these concerns. Measurable return on investment will be measured in Q4.</p>
Evidence in support of arguments:	N/A
Who has been involved/contributed:	Sarum Executive led by Liz Stanger (GP Director) Full membership discussion at bi-annual group event Practice Manager representatives
Cross Reference to Strategic Objectives:	This SLA supports the following priority areas; Unplanned Care and Frail Elderly
Engagement and Involvement:	Discussion and agreement of work priorities with all practices via GP event.
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 Sarum Executive for sign off.
Risk Management:	If the SLA is not delivered this will impact on the ability of the CCG to deliver its strategic plan for 2014 – 15 and will have been an ineffective use of resources. These risks will be mitigated through monitoring and review of progress using standardised audit and reporting templates.
National Policy/ Legislation:	N/A
Equality & Diversity:	No adverse impact identified
Other External Assessment:	N/A
What specific action do you wish the Governing Body to take?	The Governing Body is asked to note the contents of the report.

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2014-15 Sarum Group Primary Care SLA

Introduction

The purpose of the 2014/15 Sarum Primary Care SLA is to enable practices to explore and address areas of care where improvements and alterations in systems can improve effectiveness and efficiency of the care delivered. It will also support the delivery of the Sarum and Wiltshire Quality Innovation Productivity and Prevention (QIPP) programme and the Commissioning for Quality and Innovation (CQUIN) work.

The SLA focuses on 5 work streams:

- Primary care at scale
- Effective urgent care
- Effective referral management
- Effective prescribing
- Locally developed innovation and improvement

The desired outcomes from this SLA are:

- Reduction in urgent admissions from Care Homes into SFT
- Referral growth beyond population growth levels is managed
- Membership engagement with the CCG's 5 Year Strategic Plan and A Call to Action to deliver primary care at scale.
- Demonstrable progress in specific areas of prescribing as selected by each practice.
- Measurable benefit resulting from practice improvement projects

Funding

Total funds available under this SLA are £1,139,293 based on a population of 141,918 as of January 2014.

Payments totalling £221,990.64 were made during Q3:

- £103,600 on Primary Care at Scale (50% of annual total)
- £59,675 on innovation payments (approx 25% of the annual total)
- £44,090 on effective urgent care payments (approx. 25% of the annual total).
- £22,464 on practice engagement (approx. 21% of annual total)
 - Clinical cabinet £7,839
 - GP engagement £14,625

SLA approval and sign up

The 2014/15 Sarum SLA was approved by the Clinical Executive and ratified by the Governing Body on 20th May 2014. All 23 practices in Sarum have signed up to the SLA. One practice, did not submit a locally developed innovation and improvement bid.

SLA Work streams

A. Primary Care at Scale

The Primary care at scale section is new this year and supports the aspirations of A Call to Action and the CCG 5 year strategic plan around primary care at scale and integration with social care.

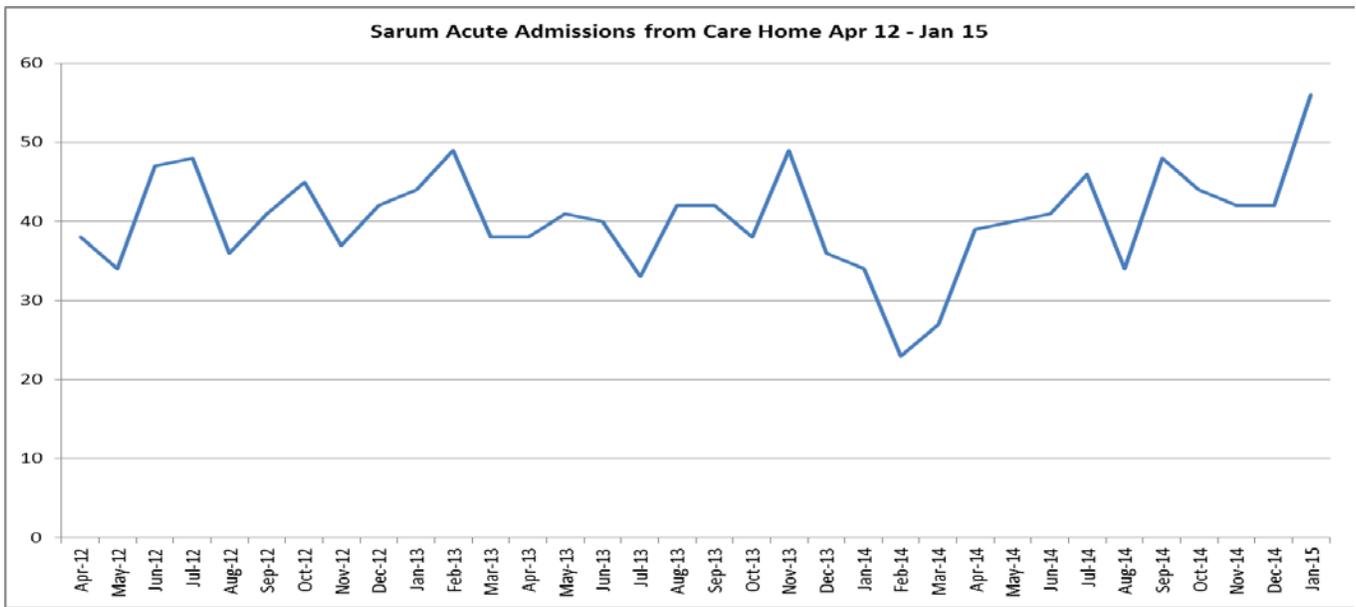
Practices should use this funding to develop locality plans based on the future care model and to pump prime delivery of these plans if necessary. Each of the three localities within Sarum have explored the options regarding federating and delivering Primary care at Scale. The West locality will have a federation set up by the end of March 2015, The City locality held two Federating workshops on 27th February and 6th March to further develop their ideas and plans and the North locality are working up their ideas for delivering primary care at scale in order that they set up an appropriate federation that can be used to take their ideas forward.

B. Effective Urgent Care

Indicative group level measurement		
Target	Performance	Notes
80% of care home places in Sarum covered at Level 2	61%	
Decrease in number of admissions from care homes 14/15 year to date versus 13/14 year to date equivalent to at least the cost of the SLA element. Total cost to end of Q3 £135,562.	+39 (adverse variance) +£233,062 (adverse variance)	Financial variance is calculated as year to date spend minus savings from reduced admissions (average cost of £2,500 per admission)

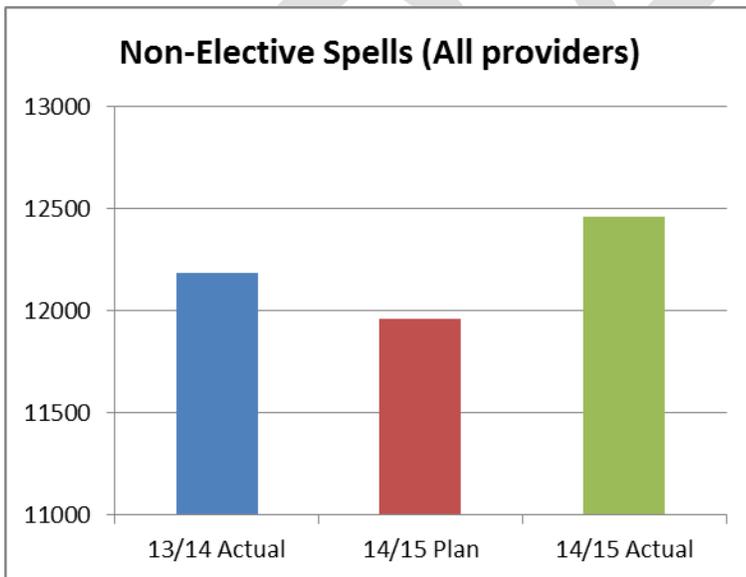
This element continues from 2013/14 providing enhanced care for nursing home/residential care residents to reduce avoidable acute admissions. Level 1 care home support has been removed this year to focus effort on level 2 care paid at £225 per patient per annum which includes a weekly visit/ward round by a GP, new residents and residents returning from hospital to be seen and reviewed within 7 working days and repeat prescriptions processed within 24 hours.

In quarter three, 860 care home patients were covered at level 2 (61% of the total care home beds in Sarum). At the end of January, year to date Sarum Care home admissions to an acute trust were up 39 (10%) compared to the same period last year (432 vs 393).



Sarum 14/15 non elective activity

Non elective admissions for Sarum were up 4% to M9 compared to the same period last year. This compares to the CCG as a whole where non-elective activity is up 7% compared to last year.



C. Effective Prescribing

Indicative group level measurement		
Target	Performance	Notes
100% of practices have	100%	

agreed target areas with Medicines Management Team by 30/6/14.		
Reduce variation in prescribing spend in 14/15, by at least the value of spend on this aspect of the SLA. (£70,959)	Forecast outturn at Dec 14 shows a predicted over spend of £980,901 (5.2% of the final budget) TPP housekeeping savings + £8,553 (adverse variance). Dec 14 housekeeping savings identified as £443,211.	Potential housekeeping savings identified by Meds Mgt team for March 2014 £434,658. This figure will be used as a baseline.

Practices are required to engage with the Medicines Management Team and maintain focussed on prescribing. They are specifically required to work on 3 areas from the medicine management scorecard which show room for improvement and demonstrate progress in those areas of work. One of these areas must be 'TPP Housekeeping Savings' which details specific potential savings each practice could make using data directly from TPP. Housekeeping savings were calculated to be up £8,553 at the end of Q3 although these are down £45,251 compared to the housekeeping savings identified by the medicine management team at the end of Q2. Forecast outturn is currently expected to be up 5.2% against budget at year end.

D. Locally Developed Innovation and Improvement

Indicative group level measurement		
Target	Performance	Notes
Measurable ROI of combined schemes for Sarum on activity utilisation / system costs of 50% (£142,000)	No data available	Measured at Qtr 4

Continuing from last year, practices were asked to identify areas within their current work where they are an outlier in activity or cost and develop improvement project(s) to address these concerns.

E. Practice Engagement

This element of the SLA has been reduced to £1.30ph compared to £2.20ph in previous years. Practice representatives attended locality lead meetings in quarter 3 and all practices continue to be engaged in the Integrated Teams development plans. In addition, the Sarum group held an all member event on 2 December at Salisbury

Racecourse. The event was attended by over 100 GP's and practice managers with representatives from all the Practices within the Sarum Group. The Sarum AGM was held at the start of the afternoon and then the GP's attended workshops on MSK and Diabetes as well as an update from the Medicine Management Team while the practice managers had presentations from the Area Team and Public Health.

This element of the SLA will also fund up to 15 half day sessions a month to provide additional clinical involvement into wider CCG initiatives and in particular, the 2 year delivery plan. Dr Tim King and Dr Rachael Taubman are supporting the planned care (MSK) programme and Long term conditions (diabetes) programmes respectfully.

F. Effective referrals

Indicative group level measurement		
Target	Performance	Notes
Practice level GP initiated outpatient referrals 14/15 versus 13/14 levels +1%	GP referrals up 9.4%	SFT referrals only
GP initiated first outpatient appointments 14/15 year to date versus 13/14 +1%	Total 1 st Outpatient attendances and 1 st outpatient procedures up 7% to M9 compared to the same period last year	Data is for all 1 st outpatient attendances and outpatient procedures not just GP initiated

This initiative was introduced in the 2012/13 Pbc/LES to encourage practices to closely monitor referrals and influence referral behaviour. This workstream has been refined this year to focus on peer review of referrals and inclusion of the core data set on secondary care referrals. Practices are required to review their monthly practice packs to monitor their referral trends.

A review of the data shows Sarum GP initiated outpatient referrals are up 9.4% compared to the same period in 13/14. First outpatient and first outpatient procedures are up 7% to M9 compared to the same period last year and up 5% against plan. This is higher than total CCG performance which has seen an increase of 4% compared to the same period last year. Elective spells are up 6% compared to the same period last year and 8% compared to plan.

Follow up activity is on plan, reduced by 2% compared to the same period last year.

Conclusion

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