

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/15/03/18 NEW Q3 SLA Report
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 third 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 October-December 2014:</p> <p>Commissioning Element</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 Element</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 SLA payments were made to practices following the</p>

	Governing Body approval of the second quarter SLA report in November 2014. Payments made totalled £633,794 (including £52,416 care homes payment).
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:	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.
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 content of the Q3 report.

North & East Wiltshire (NEW) Group
Primary Care Service Level Agreement (SLA) 2014-15
3rd Quarter Report October-December 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 Element

- 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 Element

- 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 have been made to practices and the quarter 3 payment 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 Q3 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. Every NEW practice has submitted a review of their activity against the NEW SLA for quarter 3 2014/15 to Wiltshire CCG and discussions with practices are beginning about the development of the SLA in the future to make sure the required practice activity is supported.

This quarter, the development of the integrated teams, especially the Calne demonstrator site is apparent and is beginning to show a change in the way practices address local issues.

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

Attendance at the North and East Locality Meetings from GPs and supporting practice staff remains high. Commissioning issues discussed and progressed by the practices have included:

- Review of planned audits to improve dementia diagnosis rates and roll out of NHS England dementia diagnosis toolkit
- Development of monitoring and reporting systems for the Transforming Care for Older People (TCOP) projects in the localities
- Development of self-management tools for diabetes patients, including the diabetes 'Blue Book' to ensure better support from primary care services
- Sharing of ideas for community pharmacy / polypharmacy projects to help address the projected prescribing overspend.

Practices have worked together in their localities to oversee implementation of the two TCOP business cases in the North and in the East. The five cluster teams in the North Locality have developed various initiatives aimed at supporting older, frail people in their homes, including case finding, multi-disciplinary team reviews, GP extended appointments and enhanced nurse input into local support. In the East, multi morbidity clinics are being rolled out across 5 practices to enable GPs to spend additional time with complex patients with multi morbidities. The first comprehensive review of output against KPIs will be put to the Transforming Care for Older People panel in March 2015.

Area Boards

There have been a few Area Board meetings with a health related focus this quarter, following on from the previous quarter. However, GPs continue to attend local meetings, especially in the North of the area. Practices in Calne continue to demonstrate good practice by liaising with the Calne Area Board in their plans for the 'Beat the Street' walking scheme and becoming a 'dementia friendly' town.

Clinical Forum

A NEW GP Forum, focusing on MSK was held on 6th November 2014. There was a presentation by members of the MSK Programme Board outlining progress to date, including a draft revised MSK pathway for GPs to consider. Table top discussions were led by NEW Executive GPs and focused on specific parts of the pathway, including pain management, muscular skeletal services, therapy services, rheumatology and spinal services. Over 60 GPs from across NEW attended and many of their ideas were captured. Feedback from the forum will be used to further inform the MSK pathway development work. The next NEW GP Forum is planned for April 2015.

Practice Audits

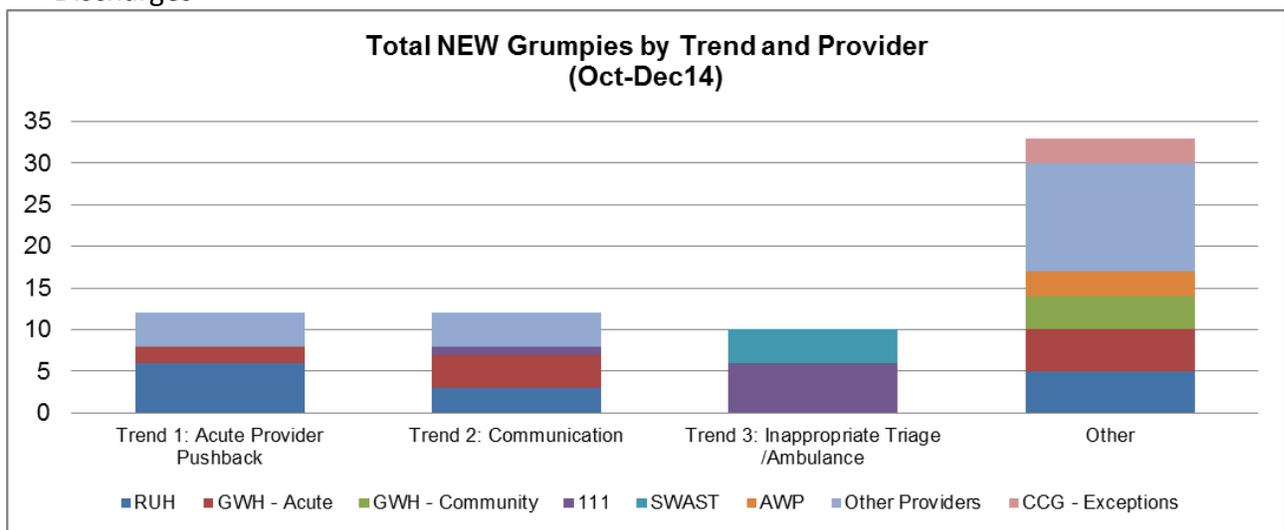
The audit of recurrent admissions and admissions of older people has been a comprehensive piece of work. One of the immediate results of this audit has been an increased awareness in practices of who is being admitted and a chance to consider what alternatives might be available or could be developed locally. A full report is in the process of being written with analysis of several aspects. Of these, the most important will be the relative views on causation of the admission from a primary and secondary care viewpoint. The initial findings of the audit suggest results may have a significant effect on how we plan services. The full report will be available by the year end and should be eagerly anticipated.

All practices have now completed the audit of patients to ensure dementia diagnosis, where appropriate, has been made and coded on the practice clinical system to ensure patients and their carers can be offered all relevant care and support services. As a direct result of this audit, the dementia diagnosis rate has increased from 45.0% at 1st March 2014 to 53.13% at 31st December 2014. In NEW, nearly all practices have been able to identify patients with dementia who had not previously had a formal diagnosis.

Grumpy/Pleased Issues

For the 3 month period ending in December 2014, a total of 67 Grumpy and 6 pleased emails had been received by the NEW team, consistent with numbers in the previous quarter. 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
- Inappropriate Triage
- Communication
- Discharges



During the quarter, 6 pleased emails were received highlighting good communication, support to avoid admissions and prompt service delivery. In particular, Access to Care was highlighted in the prompt same day response for one patient and providing additional care (on top of qdos package already in place) including night care, to support a frail elderly patient with an illness that could have resulted in her being admitted. The new geriatrician hotline service at GWH was also praised highly by a practice as it “absolutely fantastic and has saved two admissions recently.”

The RUH’s photo advice service for dermatology was also identified as a good use of technology to provide patient advice and reduce face to face appointments. There were another 2 pleased emails about a superb discharge summary from the RUH as well as the secretarial support to expedite an appointment for a patient in extreme pain. The final pleased email was in recognition of the CSU’s IT service which supported the fast turnaround of a replacement NHS Smart Card before Christmas.

This quarter, the CCG has followed up all grumpy and please e-mails received. Quarterly grumpy/pleased reports continue to be considered by the NEW Executive and learning is shared with practices.

Optimising Community Teams (Community Transformation)

Localities have been working on their Team Development Plans this quarter, looking at ways in which the basic teams (GP and community team staff) can work together more productively. They all include consideration of staffing structures, premises availability, IT and resources that can be drawn upon to make locality working more effective to deliver better outcomes for patients. Some localities now include a much wider range of stakeholders in their locality meetings, including third sector providers and patient representatives. Most localities are planning workshops in the new year aimed at building stronger relationships and collecting and evaluating ideas to take forward. Localities have started to work on their Locality Plans this quarter and are considering patients needs, activity data and a broad range of local indicators upon which to base projects for change. CCG facilitators continue to support locality teams and their development.

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, CCG programmes and at a local level with practices working in locality groups this quarter. Ideas which have come from GP forums or practices themselves have been worked up with involvement from practices. Presentations from the community geriatricians, LIFT psychology and childrens health commissioning/CAMHS teams at NEW Executive and FIQ meetings have supplemented work on services for older people and children and adults with mental health problems, linking into pathway redesign.

Ongoing QIPP schemes, monitored at monthly finance meetings include:

1. Reduced ambulance conveyance to GWH - monthly monitoring in place at practice level.
2. Revised pathway for DVT, Cellulitis and Male Urinary Retention - weekly KPIs in place.
3. Anticipatory Care Management pilot - New Court Practice, GWH, Medvivo and SWASFT. Pilot commenced.
4. Revised non-elective cardiology pathway - draft business case written for pilot.
5. Readmissions and repeat ED attendances – monthly reporting template in place.

Areas identified for further scheme development this quarter include review of cancer pathways and working with Wiltshire Council on a new falls pathway.

The North and East Locality Groups bids for TCOP funding to support vulnerable older people have been approved 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.

Locally, practices have been working with their integrated teams to develop solutions on the ground. Calne practices are working towards achieving ‘dementia friend’ status linked in with the Calne-wide community programme. In Chippenham, one practice has developed clinics to see patients with memory problems to identify early signs of dementia and also rolled out NHS health checks locally to patients aged over 75 years old. Another practice is looking at catheter care pathways with members of the community team. In the East Locality, work on ophthalmology outreach and pathways is ongoing and practices have been involved with the initial stages of the diabetes pathway redesign, focusing on patient self-management and disease prevention.

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 have started across NEW with all in place by Feb 15. Monthly financial KPIs measured. Local KPIs to be collected March 15.
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 have been involved in 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. Localities have worked towards producing Team Development Plans and Locality Plans this quarter including the development of schemes to address priorities and local need in their locality area.

GWH continues to over perform in A+E attendances and elective admissions this quarter. However, a reduction in non-elective admissions has been seen. First outpatient attendances at GWH have reduced but there has been a significant increase in outpatient follow up appointments. Data quality issues following the GWH IT upgrade in May 15 have not yet been resolved in relation to the accuracy of this data. The RUH has over performed in A+E attendances, elective admissions, 1st outpatient appointment and follow up appointments. Non-elective admissions figures continue to reflect the move in activity following the transfer of maternity services from GWH earlier in the year.

Indicative Group Level Measurement		
Target	Performance	Notes
No analysis of referral data is available for this quarter for NEW GP practices.		GWH Have started to provide GP referral data to the CCG. The first analysis is due March 2015 and will be available for 4 th qtr NEW SLA report. 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 692 cases (3%) RUH up by 116 cases (3%)	Reduction in A+E attendances contributes to NEW QIPP Target.
Non-elective admissions 14/15 year to date compared to 13/14.	GWH down by 202 cases (3%) RUH up by 726* cases (24%) *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 97 cases (2%) RUH up by 97 cases (3%)	
1 st outpatient attendances 14/15	GWH down by 881 (5%)	Following the IT upgrade at GWH

year to date compared to 13/14.	RUH up by 114 (1%)	in May 15, there are still data quality issues in relation to outpatient reporting data which are currently being addressed.
Outpatient follow up 14/15 year to date compared to 13/14.	GWH up by 2,571 (9%) RUH up by 1137 (8%)	Following the IT upgrade at GWH in May 15, there are still data quality issues in relation to outpatient reporting data which are currently being addressed.

GPs continue to liaise with 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 use the RSS as a referral pathway and referrals to the RSS is increasing across the majority of practices. The three practices that have not met the 70% referral target in the third quarter have increased their use of the RSS and are continuing to be encouraged to do so.

E. Medicines Management and Prescribing

The predicted out turn for 2014-15, based on the data to December 2014, is likely to see a significant overspend, in the region of £4m on prescribing in primary care across the three Groups. Most practices in NEW are actively engaging with the Medicines Management Team through direct contact and by viewing their data by downloading information from the medicines management website. However, some are less proactive. Prescribing has been an agenda item for discussion at NEW Group locality meetings where the importance of controlling prescribing spend and methods of doing so have been discussed. Practices have been encouraged to use their prescribing data to inform discussions regarding prescribing at their practice meetings. Practice pharmacists continue to work in some of the most overspent practices and are so far realising 8:1 return on investment. Further discussions will be held at Group level with regards to plans for 2015-16.

Indicative Group Level Measurement		
Target	Performance	Notes
100% of practices have been visited and agreed target areas with Medicines Management Team in NEW.	100%	Contacts between practices and the Medicines Management Team continue to be monitored to measure active engagement.
Keep within prescribing budget for NEW practices.	Prescribing spend is currently up by £315,660 (4.86%) Quarter 3 14/15 compared to the same period in 13/14.	Prescribing spend for April-December 14/15 shows the same trend being up by £679,460 (4.16%) compared to the same period in 2013/14.

There is a possibility that practices have misclaimed for influenza during 2014-15. The issue relates to payments for vaccines being claimed by practices. It has become apparent that a significant number of practices across Wiltshire have inadvertently submitted claims for vaccines that were supplied centrally by NHS England. Further information to practices will follow regarding this.

Period Name	Total Items	Total Act Cost	Period Name	Total Items	Total Act Cost
3 rd Qtr 2013/14	737,860	£5,686,409	April to December 2013/14	2,114,888	£16,334,936
3 rd Qtr 2014/15	773,732	£6,002,069	April to December 2014/15	2,222,549	£17,014,396
Change	35,872	£315,660	Change	107,661	£679,460
	4.86%	5.55%		5.09%	4.16%

F. Care Home and Frail Elderly Management

Admissions from care homes continue to reduce in NEW. Named GPs, regular visits, medication reviews and advanced care planning are now embedded in everyday practice ensuring care is flexible and tailored to patients individual needs. Practices analyse information about patient admissions to see whether they could have been avoided and are quick to work with hospitals to facilitate early and supported discharge. There has been some excellent work from practices actively engaging with care homes staff, developing relationships and providing training sessions for care home nurses and healthcare assistants. One practice has a dedicated residential care homes nurse who provides a link between care homes and practices. Advanced care planning continues to develop, often with direct input from care homes staff and one cluster of practices has worked on developing alternative pathways to reduce ambulance calls and secondary care admission.

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 3 14/15 compared to qtr 3 13/14 equivalent to at least the cost of the SLA element. Total cost in Q2 £38,757	Care homes admissions reduced in qtr 3 2014/15 compared to the same period in 2013/14 from 159 to 128 - a reduction in admissions of 31 patients representing a saving	Financial variance is calculated as period spend minus savings from reduced admissions (average cost of £2,500 per admission)

(annual total £151,030).	of £77,500. +£38,743 (variance)	
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6. Conclusion

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

Appendix A:

NEW Group

2014/15 Month 9

Year-to-date

