

Clinical Commissioning Group Governing Body

Date of Meeting: 20 October 2015

For: PUBLIC session **PRIVATE Session**

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

Agenda Item and title:	GOV/15/10/15 Group Service Level Agreement 2015/16 Quarter 1, 2015/16 - April 2015 to June 2015
Author:	Sue Rest – Locality Lead / Commissioning Manager
Lead Director/GP from CCG:	<p>Mark Harris, Director of Acute Commissioning Dr Toby Davies, GP Chair, SARUM Group Dr Chet Sheth, GP Vice Chair, SARUM Group</p> <p>Jo Cullen, Director of Primary and Urgent Care Dr Richard Sandford-Hill – GP Chair, WWYKD Group Dr Lindsay Kinlin, GP Vice Chair, WWYKD Group</p> <p>Ted Wilson, Director Community and Joint Specialist Commissioning Dr Simon Burrell, GP Chair, NEW Group Dr Anna Collings, GP Vice Chair, NEW Group</p>
Executive summary:	<p>This is the Quarter 1 report on the activity under the Group SLA 2015/16 for the NEW, WWYKD and SARUM Groups of Wiltshire CCG. All practices across Wiltshire have signed up to this SLA.</p> <p>The Service Level Agreement (SLA) with practices is a key enabler to support delivery of the CCG strategy at grass roots. The SLA supports additional primary care capacity and clinical leadership to deliver at a local level. It is structured through the Groups to reflect local aspects of the strategy and delivery solutions and recognises activity happens at Group, Locality and Practice level. How this happens is best determined locally. 2015/16 represents the third year of the current agreed SLA three year funding. The CCG has invested £3.8m of CCG spend (circa £7.87 per head of population) through this SLA. This sits alongside £2.35m investment in Transforming Care of Older People and £1.03m spend in clinical leadership through the</p>

	<p>Group Executives.</p> <p>This is an important investment in primary care and as with other investments, the intended impact and measurement of success need to be articulated. For 2015/16, the CCG has asked its Groups to respond to this framework and they have set out their use of the SLA resources to better enable demonstration of both the intended impact and the achieved impact of the investment.</p> <p>Supporting Care Homes has been a significant and successful aspect of the SLA, but there is an unequal spread of care homes and plans for new care homes across the CCG. It has therefore been agreed by the Clinical Executive that Care Homes is top sliced from the SLA total pot and managed as Local Enhanced Service for 15/16. £777,375 has been top sliced for the Care Home LES with £6.26ph remaining available for the Group SLA. Populations have been taken as at 1st January 2015 consistent with other commissioned services from general practice (note the SLA budget is a fixed amount, apportioned on population).</p>
<p>Evidence in support of arguments:</p>	<p>CCG performance data</p> <p>Specific elements such as prescribing data and secondary care activity will be measured using national data sources such as ePACT, SLAM and SUS data.</p>
<p>Who has been involved/contributed:</p>	<ul style="list-style-type: none"> • Group Executive GPs • Group Practice Managers • Group Practices
<p>Cross Reference to Strategic Objectives:</p>	<p>This SLA supports the CCG vision outlined in line with the CCG 5 Year Strategic Plan, being delivered within the current financial crisis facing the NHS nationally. It focuses on the principles of:</p> <ol style="list-style-type: none"> 1. Encouraging and supporting Wiltshire residents to take on more responsibility for their own health and wellbeing. 2. Providing fair access to high quality and affordable system of care for the greatest number of people. 3. Providing less care in hospitals and more care at home or in the community. <p>This is achieved through the SLA by progressing community transformation, through practice planning and locality working, managing and finding local alternatives to referrals, reviewing</p>

	areas of high referral spend and changing prescribing practice in line with CCG guidance, alongside reviewing clinical practice for those with long term conditions and sharing best practice across localities. It also contributes to the commissioning agenda and the delivery of the QIPP targets for the Great Western Hospital Foundation Trust (GWH), Royal United Hospital (RUH) and Salisbury Foundation Trust (SFT) contracts.
Engagement and Involvement:	Discussion and agreement of work priorities with all practices via GP Executive representatives in NEW, WWYKD and SARUM.
Communications Issues:	The performance in the report will be shared across the membership practices and used in external communication plans.
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 Group Executives in NEW, WWYKD and SARUM as detailed in the SLA documents.
Risk Management:	If the SLA is not delivered it will impact on the ability of the CCG to deliver its strategic plan for 2015/16. These risks will be mitigated through monitoring and review of progress using standardised audit and reporting templates.
National Policy/ Legislation:	Five Year Forward View
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 report.

Group Service Level Agreement (SLA) 2015-16

1st Quarter Report – April 2015 to June 2015

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 Group SLA has been developed. It is a vehicle to enable GP practices, both individually and by supporting locality activity, to work together in partnership with the CCG, working towards an agreed set of outcomes.

2. Outcomes

This SLA will support practices in the achievement of the following outcomes:

- Support the achievement of the CCGs strategic priorities.
- 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.
- Reduction in urgent admissions to acute hospitals 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.
- Development of innovation from grass roots.
- Support the delivery of the CCG QIPP savings target.

3. Funding

The Group SLA for 2015/16 was approved by the Clinical Executive in July 2015 as the third year of the current 3 year agreement. The total funds available for the Group SLA across Wiltshire in 2015/16 are £3,796,910. This figure comprises £3,019,535 for the SLA after funding for the Care Home LES of £777,375 was top sliced. The total amount available to practices under the SLA is therefore £6.26 per patient, the Care Homes LES being paid separately based on eligible patient numbers and chosen level of activity. The Wiltshire registered patient population is based on figures as at 01.01.15.

The total funds for the SLA of £3,019,535, at £6.26 per patient has been split to fund an outcome element of £1.50 per patient and an activity element of £4.76 per patient (from which funding has been top sliced for Group GP Forums). There have been no payments to practices under the Group SLA in quarter 1. Payments for quarter 1 and quarter 2 were made at the end of quarter 2 and payments will be made in advance of the quarter for the remainder of the year.

4. Payment and Reporting

Practice performance against this SLA is measured in a variety of ways as outlined in the three individual Group SLA documents. Some elements will be measured by the provision of direct evidence by practices where indicated e.g. audits, reports to GP Executives and plans and / or summary quarterly reports where required from practices. Specific elements such as prescribing data and secondary care activity will be measured using national data sources such as ePACT, SLAM and SUS data.

5. Areas of Activity

The Group SLA has been separated into two distinct elements in 2015/16 to increase consistency across the Groups where targeted focus is needed, whilst allowing practices working within their localities to develop projects specific to their own local area.

Outcome Element

Practice Plans

- Practices to develop individual Practice Plans, focusing on areas where they are 'outliers' in secondary care activity and to outline measures proposed to explore and target these areas. Practices to evaluate activity and review change achieved at year end.

Prescribing

- Practices to agree areas for 'housekeeping savings' with the CCG and work towards achieving savings in prescribing. Some practices have chosen to use a practice based pharmacist to support change. A prescribing audit is also to be completed.

Activity Element

This aspect of the SLA has been developed locally by Executive GPs working within the three CCG Groups to reflect the local pressures on NHS service provision and the local area priorities. Each of the Groups has included the following standard elements in their SLA plan:

- Holding a minimum of two full membership events per year, one of which will be the Group AGM.
- GP and practice engagement in local aspects of their Locality Plans and integrated team implementation.
- Agreeing medicines management action plans with the CCG based on housekeeping savings and action areas.
- Supplying monthly referral information on priority areas for the CCG – dermatology, gastroenterology, ophthalmology and orthopaedics.

- Developing plans to access referral data for planning and local demand management activities e.g. through use of the RSS or otherwise.

Outcome Element – Wiltshire Wide

Practice Plans

All practices across the CCG developed a Practice Plan this quarter, focusing on a number of areas for them to target over the year. CCG Locality Leads supported practices in developing their plans by supplying and analysing practice data from sources such as monthly practice packs, the RSS, hospital data and locally gathered intelligence. Plans focus on areas where the practices appear to be ‘outliers’ compared to their peer practices in relation to themes such as referral levels, ranking of HRG codes, secondary care activity etc. These Practice Plans were considered by the Group Executive GPs and were noted at the Clinical Executive meeting in July 2015. Initiatives proposed to improve services to patients in the community have included developing the role of Community Matrons including involvement in home visits, reviews of non-elective admissions and reviewing outcomes of patients admitted to secondary care with a view to developing alternative local pathways. Proposed projects addressing secondary care activity include increased use of the RSS for referrals in NEW and WWYKD, reviews of patient A+E attendances, identifying and reviewing frequent attenders to secondary care and devising individual, targeted solutions for patients.

Practices will work on areas identified for activity in their Practice Plans over the next quarter, completing their case finding where appropriate, devising targeted interventions and implementing change with support from their CCG Locality Lead. Practices will evaluate their schemes at the end of the year and provide a written evaluation report to the CCG outlining activity, achievement and learning points.

Prescribing

All practices across the three Groups have engaged with the Medicines Management Team this quarter in relation to management of prescribing costs in their practices. However, prescribing costs continue to rise.

NEW Locality		
Current Quarter		
Period Name	Items	Cost
1st Quarter 2014/2015	712,746	£5,365,724
1st Quarter 2015/2016	725,861	£5,790,753
Change	13,115	£425,029
	1.84%	7.92%

WWYKD Locality		
Current Quarter		
Period Name	Items	Cost
1st Quarter 2014/2015	732,632	£5,722,927
1st Quarter 2015/2016	760,310	£6,238,901
Change	27,678	£515,974
	3.78%	9.02%

Sarum Locality		
Current Quarter		
Period Name	Items	Cost
1st Quarter 2014/2015	687,466	£4,839,978
1st Quarter 2015/2016	704,769	£5,088,449
Change	17,303	£248,471
	2.52%	5.13%

CCG Total		
Current Quarter		
Period Name	Items	Cost
1st Quarter 2014/2015	2,151,667	£16,069,702
1st Quarter 2015/2016	2,209,269	£17,263,088
Change	57,602	£1,193,385
	2.68%	7.43%

The housekeeping project has worked well and there have been high levels of practice engagement. The results for the quarter end review in July 2015 have shown that 42/56 practices achieved the target of a 50% reduction in potential savings, in both practices with and without practice pharmacists. Average savings across Wiltshire equate to 52% against proposed housekeeping savings this quarter, a reduction in potential prescribing costs of £1,247,343 across the CCG. At an investment level of £1.00 per registered, a total investment of £481,529, gives a return on investment of 1:2.6.

	Housekeeping Savings		Change	
	Baseline Dec 14	Current Jul14	Amount	Change
NEW	£857,686	£349,394	-£508,292	-59%
WWYKD	£798,986	£431,362	-£367,624	-46%
SARUM	£739,107	£367,680	-£371,427	-50%
Total Wiltshire CCG	£2,395,779	£1,148,436	-1,247,343	-52%

However, the housekeeping savings are only target a small proportion of prescribing overspend (approx. 7%). At the end of the 2014/15 financial year it became apparent that prescribing costs were escalating for a number of possible reasons, including changes to the cost of certain drugs, the repeat prescription system introduced and administered within community pharmacies, changes in the local demographics and local trends in prescribing. Financial information for prescribing during the first quarter to June 2015, and the forecast financial spend is not yet reflecting the increased engagement from primary care with prescribing. The CCG is predicted to be approximately £3m overspent at the end of the financial year 2015/16 on primary care prescribing alone and further work is urgently needed to curtail this trend. To this end, the audit planned through the SLA for later in the year has been put on hold pending a redesign of the requirements with the aim of better targeting work to achieve higher levels of savings.

Top 10 Practices Overspent in Qtr. 1 Against Prescribing Budget 2015/16	Forecast outturn variance to budget		Housekeeping progress to date – Jun15
	£	%	

Practice 1 – WWYKD	£ 400,068	15.47%	-83.6%
Practice 2 – WWYKD	£ 371,178	17.24%	-34.4%
Practice 3 – SARUM	£ 256,724	19.89%	-40.7%
Practice 4 – WWYKD	£ 255,095	10.49%	-10.4%
Practice 5 – WWYKD	£ 231,022	7.53%	-45.6%
Practice 6 – NEW	£ 225,473	15.56%	-70.7%
Practice 7 – WWYKD	£ 218,567	13.04%	-34.9%
Practice 8 – SARUM	£ 190,433	8.56%	-59.6%
Practice 9 – SARUM	£ 190,286	14.65%	-75.1%
Practice 10 – WWYKD	£ 144,868	10.98%	17.6%

In addition to the housekeeping savings, the top 10 overspending practices, accounting for a £2.4m overspend against the 2015/16 prescribing budget to date, are being contacted by the Medicines Management Team to review their prescribing activity. Further work outside the SLA prescribing projects is likely to be required this financial year to address increasing prescribing costs in general practice.

Activity Element – Wiltshire Wide

Membership Events

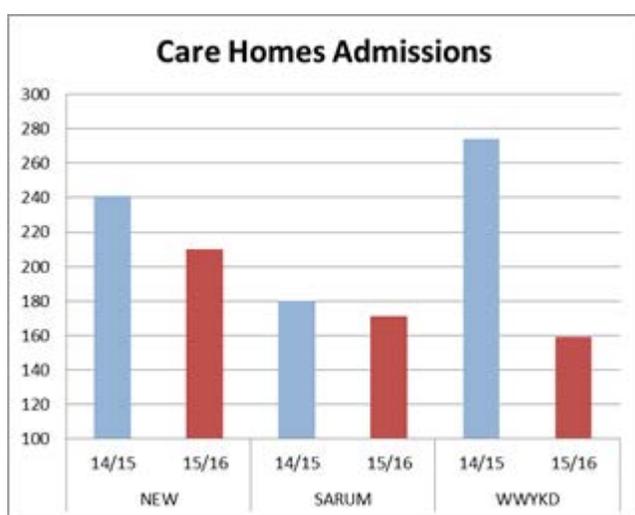
The NEW Group held the first of its two annual GP membership events on 29th April 2015. The meeting included the NEW Group AGM. The event was well attended and focused on how to make the best use of community hospitals to support primary care. Dr Alistair Burns FRCP, FRCPsych, MD, CBE presented on dementia care to support GPs in the diagnosis of dementia in their practice populations. This generated useful discussion about improving services to patients in primary care. There was also discussion around the provision of diabetes services in Wiltshire which has been fed into the diabetes programme board to inform the Wiltshire wide diabetes strategy which is currently under development. The second of the two NEW GP membership events is planned for 12th November 2015. The draft agenda includes a speaker addressing over diagnosis and over treatment of patients and also table sessions discussing cardiology and endoscopy.

The WWYKD Group held a GP membership event on 15th July 2015, which focussed on locality plans and an update on progress to date and included representatives from community services, mental health and social care. Public Health talked about falls prevention. The WWYKD AGM will be combined with the next GP membership event on 11th November 2015, presenting the CCG financial position and WWYKD achievements to date. A key speaker will be Dr Treadwell on rational prescribing.

In SARUM, the first GP membership event was held on 16th June 2015. Over 80 GPs and practice managers attended with representation from all SARUM practices. The meeting included the Group AGM with the CCG Accountable Officer and Finance

Director presenting the CCG year end position and the financial outlook for 2015/16 to set the scene for the work that needs to be done in the year. There was also a presentation on the IT solutions available to general practice which are available to enable better use of clinical records for the benefit of patients. Localities set up stands to share their successes and learnings from innovation projects, TCOP and Integrated Team development. The next GP membership event in SARUM, is planned for 1st December 2015.

Care Home and Frail Elderly Management



Admissions to hospital from care homes continue to drop during this quarter. There has been a 25% reduction in admissions, down 129 admissions compared with the same quarter in 2014/15. A number of care homes have had no emergency admissions at all this quarter which is an achievement given the growing needs of an aging population. The primary cause of admission was urinary tract infections but the number of referrals for this group of patients has reduced by 22% to 29 cases against the same quarter 2014/15. The greatest impact has been in the WWYKD

Group where admissions have dropped by 42%. SARUM has reduced admissions by 17%, and NEW by 8%, building on significant reductions in 2014/15.

Practices continue to develop processes for advanced care planning and have implemented the use of treatment escalation plans outlining patients choices re end of life and emergency treatment avoiding admissions where inappropriate. There are plans to implement TPP viewer for Medvivo so the out of hours service can make more informed decisions about hospital transfer. Practices are now building on the good practice they have already embedded including dedicated GPs and nurses to support individual homes, locality care home meetings and staff training. In 2015/16, the care homes element of the Group SLAs has been replaced by a Care Homes LES.

Indicative Group Level Measurement – Care Homes		
Target	Performance	Notes
46 of the 56 practices in Wiltshire have signed up to the Care Homes LES for 2015/16.	82%	Of the remaining 10, 8 have no registered patients in care homes and 2 have chosen to opt out.
In quarter 1, 2015/16 admissions from care	Allocation for Care Homes LES qtr. 1 2015/16 is	Financial variance is calculated as period spend

<p>homes were as follows, compared to 2014/15: NEW = 148 (179 2014/15) WWYKD = 120 (207 2014/15) SARUM = 124 (135 2014/15) Overall reduction of 129 admissions.</p>	<p>£195,344. Reduction in admissions of 129, saving £322,500. The net saving in qtr. 1 is therefore £127,156.</p>	<p>minus savings from reduced admissions (average cost of £2,500 per admission)</p>
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Engagement and Group Events

All three Groups resource GPs and Practice Managers under the SLA to attend at least 12 meetings each year to facilitate ongoing engagement and to continue to build relationships with each other and the CCG as a membership organisation. All practices across Wiltshire are engaging in this way via locality group meetings, GP forums and shared learning events. Many GPs are also attending local Area Boards and community events embedding the locality groups in the wider community.

Monthly Referral Data Submission

Practices are asked to supply monthly referral data to the CCG under the SLA this year. During the first quarter of 2015/16, as the SLA document was not finally agreed, processes for collecting this data in practices were not in place. Therefore, no referrals data was formally collected from practices this quarter. Templates were under development for data collection by practices using the Ardens system in practices that have commissioned it, or using templates for all other practices. This system will continue to be developed and is likely to be available for reporting in quarter 2/3, 2015/16. Despite this collection process not being in place in quarter 1, practices were able to look at their referral data using other data sources such as their clinical systems, Ardens, RSS referral data, practice packs and hospital discharge data. It is expected that practices are aware of referral trends in their practice and use the data this quarter to develop their Practice Plans.

Activity Element – NEW Group

Effective Referrals

Practices in NEW continue to use the Referral Support Service (RSS) for GP referrals. In June 2015, NEW practices made 1,480 referrals to secondary care through the RSS, 520 to GWH, 305 RUH, and 655 spread across a variety of other providers. The top four reasons for referral this quarter were orthopaedics 360 referrals, ophthalmology 249

referrals, dermatology 168 referrals and ENT 122 referrals. During this quarter, NEW practices have considered RSS data for their practices, along with other referral data and will choose a few areas for focused activity with a view to reducing referrals and/or admissions in these areas. This will take the form of Practice Plans to be submitted to the CCG by 30th June 2015. Due to the newly introduced IT system, it is not possible to report on individual usage by practices of the RSS service. It is expected that this data will again be available to report on in quarter 3, 2015/16.

It should be noted that the increase in GP referrals to GWH is partially due to a shift from RUH to GWH for certain specialities.

GWH	Total GP Referrals		Variance	
	Qtr. 1 2014/15	Qtr. 1 2015/16	Number	%
NEW	4,349	4,838	489	11%
SARUM	33	33	0	0%
WWYKD	931	979	48	5%

Indicative group level measurement – Effective Referrals NEW		
Target	Performance	Notes
Practice level GP initiated outpatient referrals 15/16 versus 14/15 levels	GP referrals to GWH up 11% (489 referrals) compared to Q1 14/15	GWH referrals only by NEW GPs

NB/ The GP referral data comes from a different source to 1st outpatient appointment activity data. GWH did not report any GP referral data for 2014/15 so the data they have now provided is retrospective. Where GP referrals appear to be increasing but 1st outpatient appointment numbers are decreasing, there may be a waiting list developing for some specialities.

Controlling and Reducing Admissions

Group Activity Data – NEW Group - Quarter 1 2015/16 compared to Quarter 1 2014/15

	Trend	Number	Percentage
A+E Attendances		+147	+1%
Non-Electives		-16	0%
Electives		+275	+5%
1 st Out Patient Appointments		-544	-4%

Out Patients Follow Up Appointments		+1,329	+7%
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Integrated Teams and Locality Planning

The six localities in NEW continue to develop, bringing together agencies working in health and social care, as well as third sector organisations for the benefit of patients. In Calne, regular locality/MDT meetings have herd from the Home First Scheme to be introduced later in the year to support early discharge. They have fed into an evaluation of the early demonstrator site being carried out by RIPFA and developed their Practice Plan, linked to the outcomes they identified in their Locality Plan. The East Kennet locality continues to meet regularly and have engaged with the Wiltshire Learning Disabilities Team and Healthwatch to develop links and to better understand their roles in the local community.

Practices in the Royal Wootton Bassett integrated team have developed a ‘Choose Well’ leaflet which has been widely distributed locally to help patients access appropriate services and this is backed up by work the integrated team is doing to develop a Local Directory of Services. In Malmesbury/Sherston, work is ongoing to develop services for frail elderly patients. TCOP clinics are being increased to 3 per week, linking in with community team and practice support for patients aged over 75.

The Chippenham locality and the Box/Corsham locality held multi-disciplinary workshops on 15/4/15 in the Weald Hall, Chippenham and 24/6/15 Locality Workshop Springfield Community Campus, Corsham respectively. These were opportunities to build links between service providers and to begin to identify where working together can improve local patient services. These workshops also helped shape the Locality Plans and Practice Plans that the localities have developed under the SLA.

Implementation of New Pathways – clinical

GPs in all three Groups are supporting a number of CCG wide programmes via the 2015/16 SLA. These are dermatology, gastroenterology, ophthalmology and orthopaedics. During this quarter, practices in the NEW Group have started to use the Harris Hip and Knee Score for all hip and knee replacement referrals made through the RSS to ensure every attempt to manage patients in the community was being made prior to referral to secondary care. It has been suggested that GOS18 forms from opticians could undergo a greater level of investigation at practice level before referral. A GWH ophthalmology consultant is to be invited to a NEW Executive Meeting to discuss possible interventions. Using the gastroenterology guidelines for referral also forms part of the NEW Group SLA. This is to be discussed at a GP Executive Meeting to develop a way forward for practices. There will also be a focus on dermatology delivery in the community in quarters 2 and 3, 2015/16.

Engagement with CCG 5 Year Strategy

NEW GPs continue to work closely with secondary care providers, hearing from consultants in general surgery, dermatology and over diagnosis/over treatment in GP Executive meetings this quarter with a view to developing an integrated strategy for service delivery. The Grumpy and Pleased e-mail system continues to pay dividends with learning being taken from the 58 Grumpy e-mails (provider pushback, lack of or delayed communication, discharge, waiting times, other) and 7 pleased e-mails (staff efficiency, 2+ weeks admissions report, prompt discharge summary) received this quarter. The North Locality group continues to thrive as a contact point for all NEW North GPs with discussions on exceptions guidance, TCOP reporting, locality planning, Glasscubes information and community procurement this quarter. The East Locality group has developed to include the community team, and their meetings this quarter have considered the outcomes of the repeat admissions audit, TCOP, locality plans and dermatology, with talks from Healthwatch and the community learning disabilities team.

Activity Element – WWYKD Group

Effective Referrals

In June 2015, WWYKD practices referred 1,753 patients to secondary care through the RSS. Of these referrals, 567 were referred to the RUH, 278 to SFT, 160 to Care UK (treatment centre), 147 to GWH and 601 to other local providers. The top four reasons for referral this quarter were orthopaedics 430 referrals, ophthalmology 268 referrals, dermatology 180 referrals and ENT 149 referrals, similar to the referrals processed through the RSS by NEW practices. WWYKD practices continue to review their practice referral data and are developing Practice Plans this quarter to address areas of 'outlying' activity compared to other Wiltshire practices. As in NEW, the newly introduced IT system makes it impossible to report on usage of the RSS service for individual practices. Work is ongoing to facilitate this reporting in quarter 3, 2015/16.

RUH	Total GP Referrals		Variance	
	Qtr 1 2014/15	Qtr 1 2015/16	Number	%
NEW	4,759	4,769	10	0.2%
SARUM	51	59	8	16%
WWYKD	9,763	9,797	34	0.3%

Indicative group level measurement – Effective Referrals WWYKD		
Target	Performance	Notes
Practice level GP initiated outpatient referrals 15/16	GP referrals to RUH up 0.3% (34 referrals)	RUH referrals only by WWYKD GPs

versus 14/15 levels	compared to Q1 14/15	
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NB/ The GP referrals data comes from a different source to the 1st outpatient appointment activity data. Where GP referrals appear to be increasing but 1st outpatient appointment numbers are decreasing, there may be a waiting list developing for some specialities.

Controlling and Reducing Admissions

Group Activity Data – WWYKD Group - Quarter 1 2015/16 compared to Quarter 1 2014/15

	Trend	Number	Percentage
A+E Attendances		-169	-1%
Non-Electives		-238	-6%
Electives		-87	-1%
1 st Out Patient Appointments		-661	-5%
Out Patients Follow Up Appointments		+830	+4%

Integrated Teams and Locality Planning

There have been some significant developments emerging from work done in WWYKD localities this quarter. In Melksham the focus has been on developing the team providing care for older people and supporting TCOP and Care Home work. The Westbury and Warminster localities are setting up a shared locality education group for clinicians to share experiences and further develop links with consultants caring for local patients. The aim is to review areas of pressure in patient services and to look at new and innovative ways of delivering services. The ‘leg club’ in Bradford on Avon has been recognised nationally for its work and continues to flourish. It is a place for patients with issues below the knee to meet up and receive appropriate treatment. It is very popular with patients and clinicians and is beginning to outgrow its premises. Through is being given to how its successes might be rolled out to other areas across Wiltshire.

In Devizes, the locality reviewed the evaluation report following on from the ECP secondment from SWAST. The scheme has been effective in better managing and controlling admissions and there will be an emerging business case to enable the scheme to continue. The Trowbridge locality is in the process of developing its MDT this quarter. The locality held a workshop, inviting local health and social care partners and

has used the feedback to review the Locality Plan and to feed into the individual surgeries Practice Plans.

Activity Element – SARUM Group

Effective Referrals

This initiative was introduced in the 2012/13 PBC LES to encourage practices to closely monitor referrals and influence referral behaviour. This work stream has been refined this year in SARUM practices 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.

SFT	Total GP Referrals	Total GP Referrals	Variance	
	Qtr 1 2014/15	Qtr 1 2015/16	Number	%
NEW	106	88	-18	-17%
SARUM	5,769	6,530	761	13.2%
WWYKD	1,375	1,501	126	9.2%

Indicative group level measurement – Effective Referrals SARUM		
Target	Performance	Notes
Practice level GP initiated outpatient referrals 15/16 versus 14/15 levels	GP referrals to SFT up 13.2% (761 referrals) compared to Q1 14/15	SFT referrals only by SARUM GPs

NB/ The GP referrals data comes from a different source to the 1st outpatient appointment activity data. Where GP referrals appear to be increasing but 1st outpatient appointment numbers are decreasing, there may be a waiting list developing for some specialities.

Controlling and Reducing Admissions

Group Activity Data – SARUM Group - Quarter 1 2015/16 compared to Quarter 1 2014/15

	Trend	Number	Percentage
A+E Attendances		-10	0%
Non-Electives		+179	+6%
Electives		+481	+10%

1 st Out Patient Appointments		-147	-2%
Out Patients Follow Up Appointments		-576	-3%

Integrated Teams and Locality Planning

In South Wiltshire, SARUM localities continue to develop. The North Locality continues to share ideas and focus on areas of pressure on services and budgets. GP practices worked hard to achieve their prescribing housekeeping savings this quarter and there was also a focus on reducing follow up appointments at SFT. As an ongoing process, the locality continues to regularly review its practice pack referrals and admissions data with a view to developing out of hospital care. At the 6-8 weekly wider Integrated Team meetings held in the North, a Hub infrastructure is under development including website, premises, comms etc. It is expected that this way of working will be put in place in July 2015 with an agreed delivery plan to focus activity. The Healthy-Care network links and co-ordination is in place in the locality e.g. 3rd sector, CHAT worker etc. working towards disease prevention for patients. The elderly care element of hub is also in place, part of which includes the delivery of the monthly memory cafes which have been great success and will be extended.

In SARUM West, the locality has reviewed the practice packs and further referrals and admissions data to develop the Locality Plan and to develop Practice Plans for each GP practice. Leads for elements of the locality plan have been chosen, including a lead for looking at the triage of outpatient referrals prior to referral, a lead to consider the possibility of a cardiology GPSI in the area and a lead to start to research a virtual care home model. Work is ongoing this quarter, in liaison with Wiltshire Council, regarding the use of the Tisbury Campus to house the locality community team and to accommodate community or outreach clinics for conditions such as diabetes.

Following a review of the effectiveness of the Salisbury City locality, the member practices voted in June 2015 to split in to two smaller localities, changing the Sarum constitution which was supported by all the Sarum practices. For the rest of the quarter leading into the summer, both of the newly forming localities (Cathedral = 38,268 registered patients and Clarendon = 39,050 registered patients) started to put in place their new locality structure including running elections for new locality executive lead GPs and reviewing and refining their Locality Plans.

Locally Developed Innovation and Improvement – Practice Innovation Projects

SARUM has been supporting practices to run innovative local projects at practice level for the last 2 years of the SLA and this continues into year 3. However, there is an ongoing review of existing schemes alongside the localities to ensure there is more robust outcome information, that the schemes sit within the intent of the locality plan and

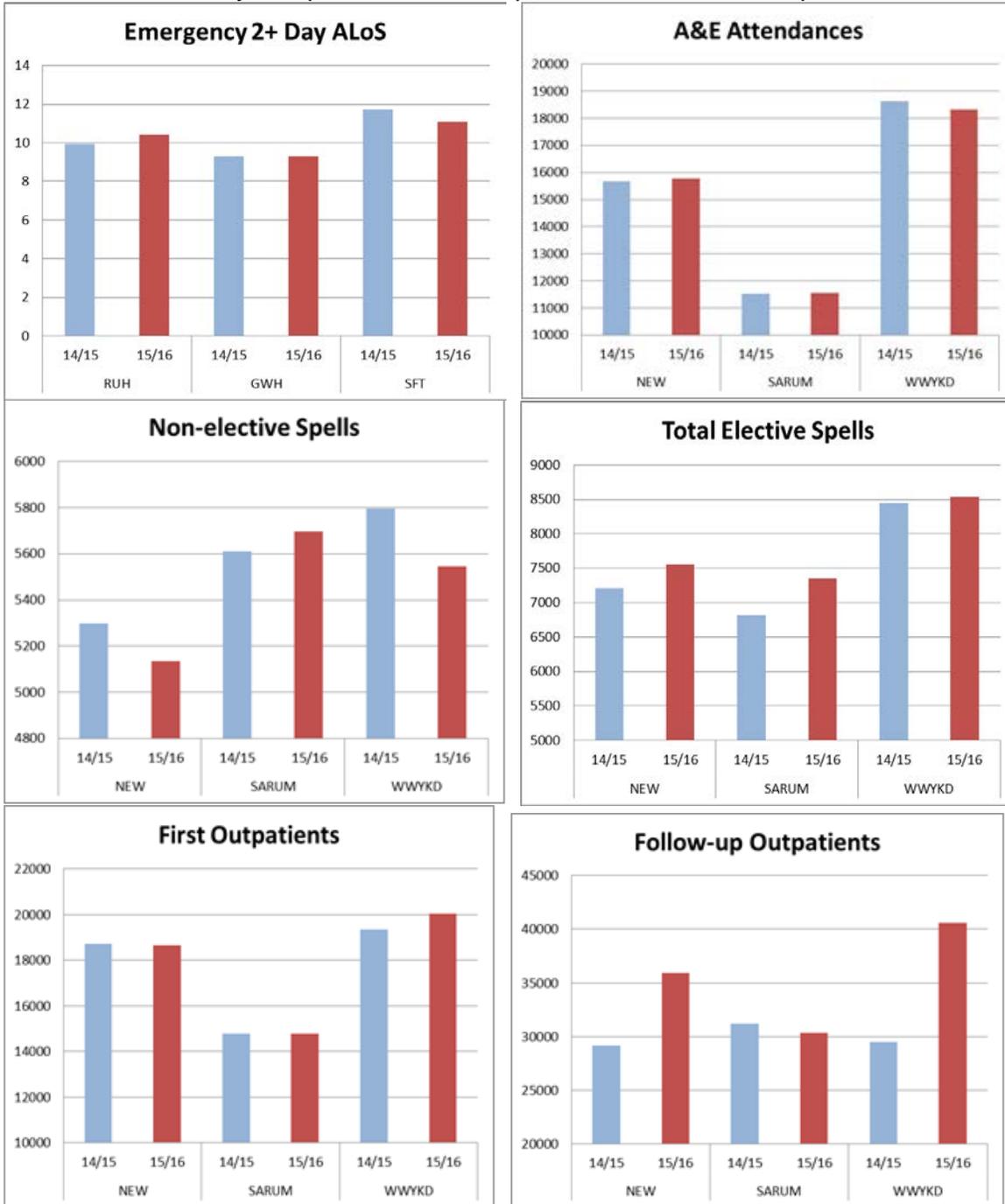
that there is an exit strategy for schemes. This work has been taking place this quarter, as the SLA agreement itself was being developed. Schemes include a variety of activities tailored to meet the needs of the practice populations and localities and this year, are likely to include the following:

- Development and delivery of a CHAT service
- Workforce pilot to look at a wider multi-professional service delivery
- Involving pharmacists in practice duty day teams to enhance clinical capacity
- Setting up a 'carers café' to support local carers who look after patients

Indicative group level measurement – Practice innovation Projects		
Target	Performance	Notes
Measurable ROI of combined schemes for SARUM on activity utilisation / system costs of 50% (£142,000)		Measured at Qtr. 4 (leading indicators being developed for draft view of progress in Q2 and Q3)

Appendix A

Admissions Data by Hospital Trust / Group – Qtr.1, 2014/15 compared to Qtr.1, 2015/16



NB. Quarterly reporting against the same quarter in the previous year does not take account of the current years financial plan for costs of service delivery. The current years plan will assume a degree of growth over the previous year's actual activity.

