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TRAFFORD COUNCIL

Report to: **Health and Wellbeing Board**
Date: **1 October 2013**
Report for: **Information**
Report of: **Dr Nigel Guest, Chief Clinical Officer, NHS Trafford Clinical Commissioning Group**

Report Title

NHS Trafford Clinical Commissioning Group Update

Summary

The report provides an update on the work of the NHS Trafford Clinical Commissioning Group and provides information and progress on key commissioning activities. It considers locality specific issues and references links to Greater Manchester and national issues where relevant.

Recommendation(s)

The Health and Wellbeing Board is asked to note the update report.

Contact person for access to background papers and further information:

Name: Gina Lawrence, Chief Operating Officer and Director of Commissioning & Operations, NHS Trafford Clinical Commissioning Group

Extension: 0161 873 9692

NHS TRAFFORD CLINICAL COMMISSIONING GROUP (CCG) UPDATE

1.0 Purpose of the Paper

This report provides an update to the Health and Wellbeing Board on the work of NHS Trafford CCG and key commissioning activities, with details of locality-specific issues and referencing links to Greater Manchester and national issues where relevant. The report includes a specific update of Children and Young People commissioning issues provided by CYPS.

2.0 GP Council of Members

The Council of Members took place on the 18th September 2013. The Council received updates on: the CCG's work, including integrated care; the 2013/14 business planning process; and the Patient Care Coordination Centre.

3.0 Acute Sector Redesign (New Health Deal)

No changes have been made as yet at Trafford Hospitals, but all organisations involved in new health deal, including Trafford Clinical Commissioning Group, Central Manchester University Hospitals NHS Foundation Trust and University Hospital of South Manchester NHS Foundation Trust, will be working closely together to ensure that these approved service changes can be made in a safe and effective way.

The proposals include:

- Increasing the range of outpatient appointments and day case surgery available at Trafford General;
- Setting up a dedicated centre for planned orthopaedic surgery will be developed on the site;
- Changing the A&E department to a consultant-led urgent care service open seven days a week from 8am to midnight; and
- No longer providing level 3 intensive care treatment or emergency surgery on the site.

A Senior Project Manager, Service Transformation, Healthier Together has been seconded to Trafford CCG to assist with the next phase of delivery of the New Health Deal for Trafford.

4.0 Healthier Together

Work is continuing on the Healthier Together programme.

Dr Guest represents Trafford CCG at the Steering Group and the Clinical Reference Group, actively participating in helping to develop a credible Healthier Together strategy, fit for public consultation early in 2014.

Primary care development is key to the success of Healthier Together. Trafford are developing a local offer in answer to the Healthier Together primary care strategy which complements our integrated care strategy.

5.0 Procurement

5.1 Patient Care Coordination Centre

Following the initial Market sounding day and two internal workshops, a further additional information session was held on 25th July. The purpose of this event was to support the further development of the Trafford CCG proposals, but also to allow the continued engagement of providers who have expressed an interest in the Trafford Patient Care Coordination Centre (PCCC). Subsequent to the first market sounding day, a range of additional providers expressed an interest in the CCG proposals, therefore the additional session was made available to all providers, whether already engaged with the process or not.

The CCG used a panel of experts from across the CCG, Local Authority, and Greater Manchester Commissioning Support Unit (GMCSU), who responded to a series of questions which had been pre-submitted by the attending organisations. There was also the opportunity for an open floor question & answer session.

The CCG outlined the timetable for this competitive dialogue and there was some concern specifically around the timescales to publish a contract notice by the 2nd August. Providers requested additional time to enable them to further develop partnership arrangements with other organisations. Following consideration by the CCG, it was agreed and the revised timescales have been communicated with all providers. The contract notice will be published at the end of September; the CCG will issue the "Visioning Document", and other tender documentation at this time.

5.2 CCG Internet / Intranet mini-competition

The tender process has been completed for the website/intranet /extra net and the provider is Reading Room which is a Manchester company. This is now in the implementation phase
Phase one: The website is expected to go live from 1st November
Phase two: The extranet and intranet and upgrade version of phase one of the website will follow shortly after this.

6.0 Scheduled care

6.1 Scheduled Care Working Group

The first meeting of the Scheduled Care working group took place on 7th August.

Representation from CMFT, USHM, Pennine Care and TMBC has been agreed

All scheduled Care project plans have been completed and were presented to the group. This group looks at areas where either there are high demand, additional services required or redesign of pathways to move people back to the community services. This covers a range of areas but the of the main focus at the moment is muscular skeletal services where there is very high demand

on the hospital and also the associated support services such as physiotherapy. Work is underway to increase capacity to physiotherapy and also to ensure people are educated to manage their own conditions when they can

6.2 Clinical Referral Management Programme

The current Peer Review scheme has now been extended until 31st March 2014 and this programme now receives clinical project support from Dr Marik Sangha, the new Clinical Director for Member Relations and Primary Care Interface

Work had now been completed on reviewing the GP Peer Review proforma to provide more information on quality of the referral as well as helping identify non map of medicine referrals to enable to design of local maps where required. The new pro forma will commence on 1st October 2013.

Recruitment for forthcoming vacant GP reviewer posts has been completed for all specialties with the exception of dermatology although discussion has commenced with a GP who may be willing to take on this task.

Performance for the first quarter in terms of impact on secondary care referrals is disappointing, although a detailed breakdown of the data has yet to be received to identify the source of the referrals. It may be that GP referrals have continued the downward trend seen last year with consultant to consultant and A&E referrals increasing.

A date for the meeting with Central Manchester Foundation Trust clinicians to agree a revised consultant to consultant protocol - the aim being to have a consistent protocol with both CMFT and UHSM – has still yet to be agreed.

6.3 Diabetes – South Trafford Community Pilot

The six-month community pilot for diabetes care for south Trafford practices will run until the end of November 2013

Referrals into the new service remain low and a further reminder to GPs has been issued and a questionnaire designed requesting feedback on why the service is not being fully utilised.

6.4 Community Dietetic service

The CCG are currently working with the LA to support the review of the community dietetic service. This will include a review of the X-PERT patient programme for newly diagnosed Type-2 diabetics. It is now a Quality Outcomes Framework (QOF) target for all such patients to be referred into a structured education programme and there are now c. 500 patients waiting to be allocated a place on the programme. The X-PERT patient programme is currently coordinated by the Diabetes Centre at Trafford General Hospital.

6.5 Stroke Action Plan

A key priority within the Scheduled Care work steam is the stroke action plan.

An update is to be provided as a separate agenda item with a presentation setting out the current position.

6.6 MSK Community Physiotherapy – Business Case

A business case to increase the community MSK physiotherapy resource for both adults and children has been prepared by the service and been considered internally by Pennine Care.

This will be presented at the next Service Development Group meeting on 25th September before being considered further by the Contract Development Board.

6.7 Community Podiatry Service (non AQP)

The Scheduled Care team are currently finalising the service specification for the non AQP podiatry service which is currently provided by Pennine Care in a pre-agreed holding position. The service was excluded from the community services procurement because of the AQP procurement and the need to identify AQP and (more complex) non AQP activity.

A two year contract will be procured to end at the same time the AQP podiatry contract – procured across Greater Manchester as part of the AQP initiative – terminates – so a full podiatry service can be procured at that point.

7.0 Unscheduled Care

7.1 CHC Retrospective Close down

A continuing healthcare retrospective review officer has been employed on 3 month fixed term contract and will provide comprehensive reviews and reports on the 150 continuing healthcare cases. These cases have applied for a retrospective review of eligibility for NHS Continuing Healthcare for previously un-assessed periods of care which occurred during the period 1st April 2004 – 31st March 2012 as determined by the Department of Health.

This officer will assess each case in line with the national framework and present each case to the continuing healthcare panel to make a decision on eligibility

7.2 Unscheduled Care Business Case

The urgent care business case has been operational for almost 3 months and recruitment for the community based services has been the highest priority. The acute based services, implemented in March 2013 are starting to have a positive impact in UHSM with the average length of stay reducing from 7.2 days to 5.8 days.

Assurance has been provided that the community based services will be fully functioning by 1 November 2013. Only when all of the schemes are in place will the CCG have the evidence of the full impact on the deflection rates from Accident and Emergency (A&E). An Initial review of the measures has highlighted a reduction as A&E activity by 2.5% over the last year.

The CCG, have a commitment to deflect activity from A&E and reducing length of stay as appropriate for all patients. The schemes summarised the table below are those which will achieve the identified 15% reduction in A&E attendance, however, the CCG are now reviewing options to support the system by commissioning additional intermediate care beds for the more complex patient.

Urgent Care business case – evidence of the progress of implementation.

Initiative	Completed	Next steps
Community geriatricians	South geriatrician employed GPSI employed in the south	• Alignment of North geriatrician's role - all Trafford residents receive a consistent, fair and equitable service. • Develop close working relationships with the community matrons.
Community matrons	7 Community Matron's employed	• Once all in post development of seven day a week service • Link to Risk stratification project
Discharge co-ordinator	The discharge co-ordinator employed	
Rapid response team	72 hour service implemented	• Recruit to remaining positions • Once fully in post, the team will have the capacity to support 15 people at one time, providing 72 hours of intensive assessment, observation and support • Integration with the matrons and social care teams
Intermediate care services	10 beds implemented at Ascot House 5 'virtual beds' in the community	• Scope potential providers for additional intermediate care beds • An update will be provided at the Governing Body Meeting in October 2013
Vulnerable patients	GP health checks in nursing and residential homes	
Primary care schemes	An additional £30k was given to the One Stop Resource Centre All GPs have been	• Explore telehealth options

	allocated diagnostic equipment to help support long term condition management. (24 BP machines and ECGs)	
Long term conditions	IV therapy team (specialist nurses) implemented	• Develop links with established community teams • Establish a 7 day service to prevent admissions. • Link into the education strategy for primary care

7.3 NHS 111

A paper on NHS 111 was presented to the GM Association of CCGs Association Governing Group (AGG) on 8th August. The paper set out the potential options for the new NHS 111 clinical model with comparative costs. The CCG attended the OSC and gave a full briefing to the members on the position of 111.

NHS Direct has now given notice to withdraw from the contract and the stability partner during the transition has been agreed as North West Ambulance Service (NWAS). There is the possibility that the stability partner may request additional resources particularly if there is additional clinical input.

The AGG felt there were benefits of joining up 111 with Out-of Hours (OOH) which would also benefit from joint procurement arrangements.

The North West model, proposed by the clinical group is as follows:

- NHS 111 calls would be received by the new service and through initial triage, calls requiring a 999 disposition would be identified and an ambulance dispatched; calls requiring health information would be completed and information supplied; and those needing sign-posting to other services would be so directed. This mirrors the existing service.

- However, the recommended model provided the option for those calls with a primary care disposition to be sent on for definitive clinical assessment and management within Out of Hours providers (an alteration to the original model where all dispositions were part of the NHS 111 service). It would remain possible for a mix of handling the final primary care disposition at CCG level if CCGs required a mix of the 2 options for final definitive clinical assessment.

- In hours, the definitive clinical assessment would be performed by a senior clinician (this being defined as nurse practitioner, senior paramedic or doctor) A variation of this is for the assessment to be performed by a doctor only although this option was considered by the North West Clinical Group but discounted as likely to be both unaffordable and unachievable with the need for large scale doctor appointment.

8.0 Customer Care and Experience

The team are working with the CCG's quality lead for the implementation of the Francis Report action plan. Also responsible for any patient experience and complaint actions which are identified within the recently published Keogh report.

The team is working with Health watch to develop their work programme and ensure process are established with the CCG is follow up on queries and progress on specific issues.

8.1 Patient Experience within Integrated Care

As part of integration, it is essential for patient experience to be used as part of the redesign of services. The team will be working across all the work streams to provide this expertise ensuring patients experience and voice is at the centre of the new models of care.

The team are working on the new respiratory work stream to understand how this experience can be collated, understood and used in a meaningful way to improve the commissioning of services.

The team will continue to report activity data (quantitative and qualitative) including identification of themes and trends, service user satisfaction, equality and diversity monitoring data into the Quality, Finance and Performance Committee on quarterly basis.

9.0 Communications and Engagement

9.1 Patient and public involvement framework

Work is progressing to have a patient and public involvement framework for the CCG; this will include engagement toolkits to support GP practices, and the establishment of four neighbourhood-level Patient Participation Groups.

While the CCG's Public Reference Group continues to oversee some of the new health deal implementation work, an interim Public Advisory Group is being established to cover other areas of CCG work, such as advising on communications and engagement activity or overseeing some general work in relation to the integrated care work streams.

9.2 Internal and external engagement

Two events are being planned to support internal and external engagement activity for the CCG.

Building on the success of the internal event which was held in May where the CCG corporate staff held a "CCG exhibition" to share with GP Practices, the next events will focus on providing opportunities for members of staff to learn about each other's functions, roles and responsibilities.

A public and stakeholder event is planned to provide information that will improve understanding of the CCG and its role and priorities. The event will also include some question and answer sessions, and discussions to gather feedback from residents, patients and partners about their local health services.

10.0 Integrated Programme Update

10.1 Integrated Care Governance

In order to ensure the delivery of the integrated care programme a new governance structure with CCG and Local Authority membership has been established. The Trafford Commissioning & Operations Steering Group who is responsible for monitoring and reporting progress, risk and benefits realisation. This group has senior representation from both the CCG and Trafford Borough Council.

10.2 Reporting and monitoring

The Programme Office is currently completing a mini-project to implement a set of integrated care measures within the locality. The measures being developed are required to link the Integrated Care Programme Metrics/KPIs to the CCGs EveryOne Counts Strategic requirements.

The Programme Office will explore how Social Care measures can link into this work. Initial high level thoughts on these measures consist of, but are not limited to:

- % Reduction in emergency admissions;
- % Deflections form MAU;
- % Reduction in Length of Stay; and
- % Increase in community contacts.

Potential social care measures may include:

- % reduction in nursing home admissions; and
- % reduction in residential admissions.

10.3 Risk Stratification

Trafford has made a firm commitment to data driven decision making as a founding principle for a sustainable and effective health economy
Some of the benefits of having data at the heart of decision making are as follows. Some of the benefits are about improved responsiveness, some about better prevention and others about more informed planning. Others are enablers for one of those three.

The ability to risk stratify its population is a key enabler to the development of the integrated care model within Trafford. The following benefits are anticipated from the introduction of an established risk stratification tool into the locality:

- Improved clinical decision making in real time;
- Improved identification of patients at high risk of admission based on risk;
- Improved identification of patients who would benefit from other interventions;

- Improved patient registers;
- Better data quality;
- Improved ability to develop robust service improvement measures; and
- Linking of different data 'intelligence'.

Following a review by the Clinical Directors, Trafford CCG has made the decision to utilise the GMCSU Risk Stratification and Business Intelligence Tool. This tool will be available to GP practices and neighbourhood MDT's from October 2013. Trafford CCG are working closely with the GMCSU to understand the technical aspects of the roll-out of this tool within the locality.

10.4 Wider Integration

In order to ensure that NHS Trafford is working collaboratively with other CCGs the Associate Director of Commissioning and the ICS Project Lead now attend the South Manchester Integrated Care Delivery Board. Key links have already been identified around MSK projects which are being undertaken in each locality and leads will work closely to ensure that the agendas align to ensure the best care for patients across the south sector.

11.0 Medicines Management

11.1 Patient Group Directions (PGDs)

The two new PGDs that have been developed by NHS England (NHSE) for two of the new vaccination schedules; Rotavirus for Infants aged 6 to 24 weeks and Meningitis C, have been signed by the identified CCG lead doctor; lead pharmacist and governance lead and communicated to practices to allow the vaccination schedules to commence on the appropriate dates.

11.2 Homecare

The GMCSU have performed a scoping exercise to assess the Trusts' adherence to the Hackett report. A meeting has been scheduled for 22nd August 2013 with the GMCSU and will focus on the progress of work in secondary care.

11.3 Practice Prescribing Budget Letters

The practice prescribing budget is showing a projected under spend for the year of 156k as at the end of June 2013. The Medicines Management team are continuing their programme of work with practices.

12.0 Recommendations

12.1 The Health and Wellbeing Board is asked to note the update report.

Appendix A: Strategic programme Board Recommendations for the New Health Deal

	SPB recommendation	Progress	Next steps
1	**The development of additional Integrated Care services for some parts of the Borough (Partington), specifically the introduction of a community matron and a consultant community geriatrician, before changes take place to the A&E service.**	Scope out the required services Determine implementation by pt group Introduction of Community Geriatricians Introduction of Community Matrons Introduction of mental health and alcohol services Scoping of community dermatology services to commence end of this year	
2	**. Identification of appropriate pathways for those affected with Mental Health who currently access the TGH site**	Review of current 136 arrangement Analyse activity data – very few mental health patients through A&E between 12-8am Agree models of care which include: Develop MoM pathway for alcohol services, additional provision available (Turning Point) 136 arrangements agreed and ready to implement Phoenix Futures & Blue Sci services in Partington (case management) RAID	1. Develop a solution to support Model 3
3a	**Investment in a subsidy for local Link services for access to alternative hospital sites**	Assess what is currently in place in terms of LINK services. Assess the need for the subsidy and understand how to use the subsidy to improve access Work with the new provider organisation to outline the change needed Agree an implementation and start date and put in place monitoring mechanisms Determine the investment timetables	1. Determine the level of communication/engagement required both by Trafford CCG and the LINK service 2. Undertake communication activity

3b	**The health transport bureau to be substantially in place before any changes to TGH services are made**	**Stage 1: Health transport bureau** Integrated Care plan developed by Trafford CCG Develop plan for implementation of Health Transport Bureau with the new provider of RBMS (Pennine Care). Launch Health Transport Bureau (Phase 1)	
		Stage 2: Health transport bureau linked to Patient Co-ordination system Develop plan for implementation of Health Transport Bureau linked to patient co-ordination system Phase 3 Implementation of Health Transport Bureau linked to patient co-ordination system Ready for full implementation	1. Implement communications strategy 2. Requires link to CMFT for Manchester surgical centre patients
4	**The Integrated Care Redesign Board should be tasked to develop a set of clinical criteria which outline the circumstances under which a safe move from the proposed Urgent Care Centre (Model 2) to the proposed Minor Injuries Unit (Model 3) can be made**	ICRB meetings to be held (yearly timetable now in place) Data analysis of patients accessing alternative hospital sites Scoping exercise completed by clinical leads from 3 organisations	1. Trafford CCG to coordinate clinical engagement meeting to finalise clinical criteria for model 3
5	**Prior to any service changes, an assurance process should be established to further ensure alternative provider capacity is in place and services can be safely moved**	Revised terms of reference for the Trafford Steering Group and Trafford Transition Group are to be developed This is the role and function of the ICRB	1. Following the Secretary of States announcement this will be reviewed to consider the role of NHS England to ensure that the correct level of assurance is gained - this will require further direction from GMLAT
6	**The recommendations made by the Public Reference Group should be fully accepted and be made available to local and national NHS organisations planning consultation processes**	The recommendations have been shared with the Communication and engagement group and with NHS North West	