



**Dorset
Clinical Commissioning Group**

NHS Dorset CCG Business Intelligence

Two Year Delivery Plan Monitoring Report – July 2015

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31 July 2015



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

TWO YEAR DELIVERY PLAN 2014/16 – MONITORING REPORT

Maternity, Reproduction and Family Health CCP

Ref	Priority	Progress Update as at: 31 July 2015
1.1	Implement pan Dorset Strategy and develop solutions for sustainability of pan Dorset maternity services, this will include a review of perinatal mental health pathway (PNMH)	<p>Pan Dorset Maternity Strategy completed and published:</p> <ul style="list-style-type: none"> • Delivery of identified priorities for 15/16 within the strategy implementation plan have been reviewed and progressing • Workforce sustainability is part of the Clinical Services Review (CSR) • Perinatal mental health service review undertaken in partnership with Mental Health programme and relevant stakeholders, draft design and models proposed and shared with Design and Transformation directorate • Additional funding has been agreed by the CCG for investment in DHUFT (15/16) to enhance the specialist perinatal community team pan Dorset, an implementation plan is in place.
1.2	Review of community paediatric services pan Dorset	<p>Community Paediatric Service re-design, inclusive of Children’s Community Nursing (CCN)</p> <ul style="list-style-type: none"> • Task and finish group has completed • Audit of CCNs work stream completed and has fed-back to Family Health Clinical Delivery Group • Re modelling will be picked up as part of joint working with the providers and the Design and Transformation directorate by developing service specifications
1.3	Implement the review of looked after children (LAC) health pathways including appointing a designated nurse, is been taken forward by Quality Directorate	Completed
1.4	In line with NHS England pathway produce a local Botulinum policy for children with spasticity	Completed

<p>1.5</p>	<p>Joint commissioning programmes to include:</p> <p>(a) Review of Emotional Wellbeing and Mental Health Strategy for children and young people inclusive of CAMHS</p> <p>(b) Develop and implement Behaviour and Development (ADHD/ASD) pathway</p> <p>(c) Implementation of the Special Educational Needs and Disability (SEND) reforms 2014 to meet statutory requirements</p>	<p>A) The Joint Commissioning Partnership CYP agreed the refresh of the Pan Dorset Emotional Wellbeing and Mental Health Strategy for CYP in March 15. Task and Finish Group has been set up and meet in July 15. CAMHS review completed this has led to the development of a service improvement plan with DHUFT. Initial business case proposal agreed by all partners for CCG investment in 15/16 in CAMHS. Reporting is to the Joint Commissioning Partnership Children and Young People (CYP).</p> <p>B) New pathway has been developed with all stakeholders. Pathways agreed by the Joint Commissioning Partnership for CYP. Business case developed presented to CCC awaiting outcome. Implementation plan to be taken forward on the redesign needed on areas that can be taken forward without financial investment.</p> <p>C) Pan Dorset approach agreed with all local authorities, leading to joint agreement on Education, Health and Care (EHC) Plan processes, IT systems for publication of Local Offer and joint outcomes framework. The Local Offer is being worked on and the health component will to be published by September 2015. Designated Medical Officer for SEND is in post. The health sub group is chaired by NHS Dorset CCG which will support health providers to deliver on statutory obligations. This group reports to the Joint Commissioning Partnership for CYP.</p>
<p>1.6</p>	<p>Updated local assisted conception policy (April 15) in line with national policy and guidance</p>	<p>Revised Pan Dorset Assisted conception policy April 2015 in line with best practice principles. Policy amendments made in line with Equality Act</p> <ul style="list-style-type: none"> • The NHS Dorset CCG Policy for Assisted Conception Service has been amended; • NHS Dorset CCG Governing Body approved 1 cycle of treatment for women up to age 42 years and same sex couples to have the same access to treatment at heterosexual couples; • Communications plan in place. • Service is being closely monitored to ensure sustainability and efficacy • Review to be completed after 6 months of implementation.

<p>1.7</p>	<p>Redesign of non-complex Termination Of Pregnancy Services (TOPS)</p>	<ul style="list-style-type: none"> • Re-Procurement of approved model commenced nearing completion in line with best practice and NHS Dorset CCG procurement guidelines. • New service providers agreed by CCG governing body in May 2015 • New service will be in place by September 2015 including early medical across the county and surgical in the East and the West. The new service includes a Dorset Central Booking service. • Further work to establish and redefine pathways into acute providers for women who have complex medical needs and cannot have a TOP in the community
<p>1.8</p>	<p>Review and redesign of Paediatric Audiology services Tier 2 and Tier 3</p>	<p>Paediatric Tier 2 and Tier 3 Audiology Pan Dorset service re-design</p> <ul style="list-style-type: none"> • Review of Tier 2 and Tier 3 Audiology services pan Dorset • Funding envelope confirmed, by NHS Dorset CCG Governing Body • Service design of Pan Dorset service by March 16 timetable in place • Procurement process in line with best practice and procurement NHS Dorset CCG guidelines for Tier 2 services in east of Dorset.

NHS DORSET CLINICAL COMMISSIONING GROUP

TWO YEAR DELIVERY PLAN 2014/16 – MONITORING REPORT

General Medical and Surgical CCP

Ref	Priority	Progress Update as at: 31 July 2015
2.1	Respiratory - fully implement the primary care Chronic Obstructive Pulmonary Disease pathway	Implementation of the Dorset Adult Integrated Respiratory Service has progressed well and is fully mobilised. Bournemouth University have reported on the early implementation and identified a number of learning points and issues related to service boundaries. The impact on COPD related admissions has yet to be fully evaluated but ACS admissions for COPD and pneumonia have had significant growth and a number of the acute contract business intelligence reports indicate substantial growth in COPD admissions. Evaluation criteria are still being developed to assess impact. Service boundaries continue to be an issue.
2.2	Neurology service specification implementation 2014/15 (Wessex mental health dementia and neurological conditions strategic clinical network project areas)	Following extensive negotiations with providers and between providers over the appropriate levels of financial transfers required it has been agreed that neurology services at DCH will be commissioned and provided by PHT from April 2015/16. Transfer has been agreed through the Contracting process.
2.3	Review dermatology services	New Primary Care referral guidelines have been agreed and will go out to GPs by September 2015. A pilot to include photographs with advice and guidance requests to consultant Dermatologists will run from September to December 2015. A new model of care will be developed as part of CSR.

<p>2.4</p>	<p>Develop a model of community ophthalmology services</p>	<p>The service specification for Community Ophthalmology, Triage, Treatment and Referral Service was agreed at the General Medical and Surgical CCP meeting in June 2014. This service specification will be used in 2015/16 for those community ophthalmology services already in place. Model for community services included in the Service Specification, needs to be implemented as part of the wider CSR as it will require a reduction of activity within acute providers. Work on this area has been paused but the model has been shared with the Planned and Specialist Care Clinical Working Group to feed into the CSR process.</p>
<p>2.5</p>	<p>Develop effective out of hours ophthalmology services</p>	<p>It was agreed at the June 2014 General Medical and Surgical CCP that it is not feasible to develop a separate specification for out of hours and emergency provision at this time. Acute ophthalmology service and its links with community provision should be reviewed as a whole (see above). Providers (RBCHFT/DCHFT) have agreed to explore how they might provide joint out of hours cover as it may yield cost savings for the Trusts involved by addressing medical cover issues. CCG work on this area has been paused but the model has been shared with the Planned and Specialist Care Clinical Working Group to feed into the CSR process.</p>

NHS DORSET CLINICAL COMMISSIONING GROUP

TWO YEAR DELIVERY PLAN 2014/16 – MONITORING REPORT

Cardiovascular Disease, Stroke, Renal and Diabetes CCP

Ref	Priority	Progress Update as at: 31 July 2015
3.1.1	Work collaboratively with locality management teams to improve and enhance identification and management of people with atrial fibrillation	New service specification for AF screening during flu vaccinations signed up to by 70% of practices. Submission of AF Grasp as the performance metric with aim of 75% of people on anticoagulation. Aim to identify 180-200 new patients as well as increase anticoagulation rates in known patients. Uptake least in East cluster. Outcomes will be presented to the CCC in June. 433 people have been identified through this initiative. During the last quarter 65% of people admitted to trusts with known AF were not having anticoagulation treatment. The emphasis continues to be to support primary care identify and optimally manage (either directly or with acute providers) peoples care.
3.1.2	To improve the identification of high risk families and reduce their risk factors Familial Hypocholesterolaemia	Referrals from east of County substantially below the West still. Bournemouth Lipid clinic choose and book details changed. Lack of any referrals from a cardiologist or endocrinologists in RBCH discussed at internal Trust meeting. Cardiology looking to see if cardiac rehabilitation nurses can take a role. This service will transfer to NHS England Specialised Commissioners in 2015/16 and our family based model is not the same as the rest of Wessex. The potential risk to changing local services is unknown. The service did not transfer on 1 st April. Referrals from the east of the County are still substantially below expected levels. Meeting has taken place with RBCH who will now support redirecting referrals to the service.

<p>3.1.3</p>	<p>Podiatry Access</p> <p>Replacement of Local Enhanced Services with service specification to manage growth in diabetes and deliver new model with support of DNS</p> <p>More cost effective medicines management</p>	<p>Service has recruited to specialist podiatry post so investment from ADP fully delivered. Service specification agreed for the diabetic foot clinics and activity identifiable separate from standard podiatry. Service is not compliant with NICE due to capacity constraints, high risk patients who have yet to ulcer are managed in primary care. Practices reports shared. Specification revisions for 2015/16 to expand role into cardiovascular management and address more recent NICE guidance. DNS roles changing for practices around DCH and Poole. RBCH have reinstated their DNS within the community.</p> <p>New glucose metre formulary completed and introduction is anticipated to generate savings on the current £2.2m spend.</p>
<p>3.1.4</p>	<p>Anticoagulation and Venous Thromboembolism pathway redesign</p>	<p>New DVT pathway training completed for the West practices, SWAST and DHUFT with support from Salisbury consultant haematologist. Meetings with Poole and RBCH have taken place to discuss extraction of marginal costs. Recognition of clinical need to change but organisational challenges.</p> <p>Anticoagulation review close to completion with aim to address safety concerns and requirement for new contract specification in 2015/16. A paper was presented to the April Clinical Commissioning Committee.</p> <p>Risk register reflects ongoing issues with pathways in the East which will need to change to better support out of hospital care.</p>
<p>3.2.1</p>	<p>Evaluate the outcome and implications of the King's Fund Cardiology Review</p>	<p>Public health analysis completed, RBCH audit completed and shared. BCIS trust review on 3/12/14 with outcome report complete. Workshop at the end April to agree action plan. Action plan agreed but not implemented at this point.</p>

3.2.2	Evaluate East Dorset cardiology GP Pilot	Role of nurses linked more closely with heart failure services. Work ongoing with Trust to maximise capacity available. Programme has not recommended recurrently funding GP role.
3.2.3	Locality direct access to diagnostics	Initial reviews have informed localities on future model developments. Impact on activity not evidenced. Localities planning to extend for a further year.
3.2.4	Commission to achieve that 90% of stroke patients receive best practice care	Contracts have been put in place to support delivery of 90% of the best practice tariff for stroke patients.
3.3.1	Nursing care to support frail elderly with heart failure at End of Life and avoid hospital admission	Re-engineering cardiology investment in DHUFT to allow recruitment of one additional heart failure nurse. Post in West of County filled but vacancy in North and currently into third advert. Bournemouth and Christchurch Collaborative funding non-recurrently additional post. DCH service non-compliant with specification. Telehealth use expanding across the County apart from staff in DCH. Evidence now that emergency admissions are less following introduction of Telehealth. Paper presented to CCC in April.

NHS DORSET CLINICAL COMMISSIONING GROUP

TWO YEAR DELIVERY PLAN 2014/16 – MONITORING REPORT

Musculoskeletal & Trauma CCP

Ref	Priority	Progress Update as at: 31 July 2015
4.1	Deliver Spinal Pain Pathway	The three acute trusts and clinicians involved in developing the pathway and specification have re-confirmed their commitment to wanting to deliver the new service and pathway, in partnership. A delivery group will be established to deliver this, with the aim of achieving this in partnership to move resources around the system. If this is not possible, some services will need to be de-commissioned and procured. November/December.
4.2	Review of Physiotherapy services	The review has made recommendations and these have been approved by the MSK and Trauma CCP. The next steps due are being scoped.
4.3	Development of MSK 5 year vision with full patient, public and clinician engagement including education and health promotion	The high level strategy on a page version of MSK and Trauma in Dorset has been developed with Clinicians and from a very successful patients and public engagement event held on 4 February 2014. On 3 September 2014 an engagement event with Professionals and the third sector will work on how to take this forward. Completed and fed into CSR.
4.4	Review of fracture neck of femur pathway and time to surgery	The fractured Neck of Femur pathway has been reviewed and recommendations approved by the MSK and Trauma CCP. Recommendations are now being taken forward contractually, clinically and education events planned. Completed.
4.5	Rheumatology services in the west	DCH are recruiting to a consultant Rheumatologists post to ensure the service is not single handed.

NHS DORSET CLINICAL COMMISSIONING GROUP

TWO YEAR DELIVERY PLAN 2014/16 – MONITORING REPORT

Mental Health and Learning Disabilities CCP

Ref	Priority	Progress Update as at: 31 July 2015
5.1	Meet the national dementia diagnosis targets	<p>A lot of progress has been made in the area of improving services for people with memory concerns and their carers</p> <ul style="list-style-type: none"> • The diagnosis rate had risen to over 60% by the end January 2015 which is believed to be the fastest growth rate in England. The CCG is currently 3rd in Wessex, 4th in the South of England and 94th in England. The rural areas of Dorset continue to have, generally, lower rates than the more urban areas. • The Memory Support and Advisory Service (MSAS) was commissioned from the Alzheimer’s Society jointly with all three local authorities and the CCG. This was launched in September 2014, to the agreed deadline and it has received over 1500 referrals in its first four months of operation. • The Memory Assessment Service is working in partnership with the MSAS to deliver an integrated pathway for people, triaging and assessing referrals for clinical diagnosis. Service improvements have been put in place such as a refined referral form, functional screening to improve the pathway and reduce waiting times • The CCG has been working with Professor Alistair Burns’ (national Medical Director for Dementia) national team and the Wessex Strategic Clinical Network to develop and launch local guidance to GPs to enable them to diagnose dementia effectively, where appropriate, across Dorset. • A conference was held in July with Professor Alistair Burn’s as key note speaker to encourage good practice and to launch the Memory Gateway Services • The intermediate care service for people with Dementia is achieving 93% admission avoidance, enabling people to remain as independent as possible in their own places of residence wherever possible.

		<p>Although the CCG has seen a tremendous growth rate in its diagnoses, it is at risk of not meeting the nationally set target, which is also the target for next financial year. A large proportion of people who could be diagnosed with dementia reside in care homes, and primary care will be key in effectively diagnosing these patients.</p>
5.2	Map the mental health system and development of an up to date programme budget	Mapping is in progress. Completely mapped the acute care pathway but as yet to cover the whole system.
5.3	Review and redesign the functional mental health acute care pathway	<p>The CCG is leading a review of the mental health Acute Care pathway, which includes Psychiatric Intensive Care, in-patient services, crisis response and home treatment psychiatric liaison services and Community Mental Health services. Each scrutiny committee has received a written briefing on the project and there will be engagement throughout the review. Should there be a significant change in any of the proposed models of care, there will be a formal consultation. The review is taking place throughout 2015/16, and the local authorities are on the project team and Board. Benchmarking has taken place and other sites are scheduled to be visited: key themes are 7 day working, single point of access and effective triage. There is also a stronger move towards patient developed outcome measures as core contractual KPIs, and prime provider models. Activity that is feeding into the review includes:</p> <ul style="list-style-type: none"> • Partners have worked together to fund and commission a Street Triage pilot (we were not a national pilot site) to ensure S136 detentions are necessary and to reduce detentions in police cells. This is showing promise: while the service is operating the numbers of detentions in those hours have seen a decrease. The pilot is now going to run 7 days a weeks over shortened hours in line with demand to assess how much additional benefit this could deliver. A formal report on the pilot will be completed in August 2015. • The CCG has funded an improvement to the Psychiatric Liaison service to ensure that there is parity across the county and to deliver better out of hours support to EDs, as currently the crisis team were providing support to the EDs and other clients in crisis, which had caused significant breaches to the assessment waiting times in EDs

		<ul style="list-style-type: none"> • An independent review into the new model of care for mental health urgent care services has been completed by the University of the West of England. The report should be available in by Mid-March. • Dorset partners launched their Crisis Care Concordat Declaration in December 2014. A crisis care concordat workshop was held on 30 January with our partners with to develop a baseline plan. The agreed plan will be launched by end March in line with national requirements. The CCG received a letter from Rt. Hon Norman Lamb MP, to congratulate the Dorset on achieving this.
5.4	Review and redesign the organic older peoples mental health pathway (dementia)	<p>The review and redesign is planned to commence shortly with Dorset Healthcare as part of operational improvements in particular ensuring equity of provision to West Dorset.</p> <p>Work has begun on a new dementia strategy with the Dementia Partnership involving all local authority partners and other stakeholders</p>
5.5	Review and redesign of rehabilitation and recovery pathway	On hold
5.6	Implement the pan Dorset memory support and advisory service (memory loss and dementia)	Launched to planned date: September 2014. Currently working to develop a stronger reporting structure with the provider and refining the service to better meet the needs of patients and carers. The innovation fund has been used to recruit additional dementia navigators to manage the significant demands on the service.
5.7	Ensure the recommendation from the Winterbourne View report are implemented within all local health providers and our organisation.	<p>The Winterbourne View action plan has been developed Pan Dorset between the three Local Authorities and the CCG. The two Adult Safeguarding Boards are overseeing the implementation of the plan, and it is reviewed at each quarterly meeting. A report on progress of the CCG actions is received regularly by the Audit and Quality Committee meeting. The key milestones which were required to be completed by June 2013 have been achieved, including a register of people in learning disability inpatients beds being maintained within the Clinical Commissioning Group.</p> <p>The register of inpatients continues to be monitored closely. Care Treatment Reviews (CTRs)</p>

		<p>have been implemented in line with national requirements to ensure that the individual is central to any decisions about their care and that they get the right care, in the right place, ideally in the community and close to home. The CTR brings together the commissioner, an independent clinician and 'expert by experience' (either an individual or family member with experience of learning disability), and the individual receiving the care, to ensure care plans meet the individuals' needs and appropriate discharge planning is in place. The people involved in providing the individual's current care and treatment are also involved.</p> <p>Further actions are being delivered jointly with our partners. Joint contracts with the LAs for patients in care homes and receiving domiciliary care, with a new nursing specification, are now in place. Patients and the public are represented at both the Adult Safeguarding Boards and the Audit and Quality Committee and the joint Learning Disability Commissioning Partnerships include patients and the public.</p>
5.8	Implement local recommendations of the confidential inquiry into premature deaths of people with learning disabilities	<p>The CCG continues to progress the commissioning of experts by experience to support to ensure insight from service users perspective is used to improve the quality of services and commissioners to meet obligations and recommendations associated with:</p> <ul style="list-style-type: none"> • Confidential Inquiry into Premature Deaths of people with learning disabilities • Transforming care: A national response to Winterbourne View Hospital • Improve the quality of services provided to people with a learning disability. • Improve the uptake of annual health checks amongst the learning disability population. <p>Through the LD Joint Commissioning Board, the CCG is continuing to work with the local authorities to scope the options available to commission intensive residential nursing services for people with challenging behaviour in-county. This supports the four stage crisis model and national policy to minimise the numbers of people out of area in in-patient settings.</p>

NHS DORSET CLINICAL COMMISSIONING GROUP

TWO YEAR DELIVERY PLAN 2014/16 – MONITORING REPORT

Cancer and End of Life CCP

Ref	Priority	Progress Update as at: 31 July 2015
6.1	Following the recommendations of the Dorset End of Life Care Review, undertake redesign work on model of care, specification and commence any procurement work	Review report presented to Cancer/EoL board on 23 July 2014 The recommended way forward includes: <ul style="list-style-type: none"> • Integrating the recommendation of the review into the Better Together Programme and integrated locality teams in particular. • Further explore the opportunities to develop 1 or 2 local pilot sites to test the preferred end of life care model in conjunction with locality integrated health and social care teams, including improved data sharing • Implementation of the Electronic Palliative Care Co-ordinating system EPaCCs across Dorset • Service Specification and Business Case to be developed alongside Better Together and linking with the Dorset Clinical Services Review following further consultations
6.2	Increase public awareness and facilitate early diagnosis of cancer	Be Clear on Cancer (BCOC) has launched a Breast Cancer awareness programme in 2015. Dorset CCG has taken steps to inform and support providers and clinicians and promote the campaign among the public.
6.3	Treatment and Survivorship - redesign follow up for breast, prostate and colorectal cancer patients	The cancer alliance has undertaken work to forward risk stratification for colorectal patients. The new NICE guidelines on suspected Cancer are currently being assessed and a preliminary paper will go to the CCC in August 2015 with recommendations in September 2015.
6.4	Redesign of referral management following completion of 2013/14 review	Referral management service is now part of a national provided service. Advice help desk has now been established. The Patient contact centre has now closed.
6.5	Ongoing Implementation of the non-emergency patient transport service	Performance management improved.