



**Dorset  
Clinical Commissioning Group**

NHS Dorset CCG Business Intelligence

## Two Year Delivery Plan Monitoring Report – March 2015

Produced by: Phil Dove  
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**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**

| <b>Ref</b> | <b>Priority</b>   | <b>Progress Update as at: March 2015</b>   |
|------------|---|--|
| <b>1.1</b> | Implement pan Dorset Strategy and develop solutions for sustainability of pan Dorset maternity services, this will include a review of maternal mental health pathway | <p>Pan Dorset Maternity Strategy completed and published:</p> <ul style="list-style-type: none"> <li>• Delivery of identified priorities within the strategy implementation plan progressing.</li> <li>• Workforce sustainability will form part of the Clinical services review</li> <li>• Peri-natal mental health service review undertaken in partnership with Mental Health programme and relevant stakeholders, draft design proposed models to be presented to the Clinical service review in April 2015.</li> <li>• Additional funding has been requested from DHUFT to enhance the specialist peri-natal community team.</li> </ul> |
| <b>1.2</b> | Implement the review of community paediatric services pan Dorset  | <p>Community Paediatric Service re-design, inclusive off Children’s Community Nursing (CCN)</p> <ul style="list-style-type: none"> <li>• Task and finish group established with sign up from all provider partners and parent care focus group membership.</li> <li>• Business subgroup established to advise on re-design.</li> <li>• Audit of CCNs work stream completed results included in the report.</li> <li>• Model/design to be developed following audit.</li> <li>• Model/design presented to the Clinical service review in April 2015.</li> </ul>   |
| <b>1.3</b> | Implement the review of looked after children (LAC) health pathways including appointing a designated nurse, who will be appointed by the Quality Directorate         | Completed  |
| <b>1.4</b> | In line with NHS England pathway produce a local Botulinum policy for children with spasticity  | Completed  |

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| <p><b>1.5</b></p> | <p>Joint commissioning programmes to include:</p> <p>(a) Develop and implement attention deficit hyperactivity disorder/autistic spectrum disorder pathway</p> <p>b) Implementation of the Special Educational Needs (SEN) Bill 2014 statutory requirements</p> <p>c) Continuation of the Review programme for children and adolescent mental health services</p> | <p><b>A)</b> Stakeholder meetings have been held to include parental views in relation to the development of new pathways for both ASD/ADHD. Detailed work is being undertaken with Local Authority Educational Psychology Services to ensure their effective contribution to multi-agency assessments for ASD. Data is being reviewed to inform tariff development. Pathways and strategy presented to the Children Joint Commissioning Board. Implementation plan developed following this.</p> <p><b>B)</b> Pan Dorset approach leading to joint agreement around Education, Health and Care (EHC) Plan processes, IT systems for publication of local offer and Joint Outcomes Framework. Procurement process in relation to recruitment of Designated Medical/Clinical Officer for SEND completed. The Local Offer is being developed and the health component is planned to be published by September 2015.</p> <p>The health commissioning sub group is chaired by NHS Dorset CCG which will ensure health meet required statutory obligations. This group will report to the Children's Joint Commissioning Partnership via the Joint Commissioning Operational Group.</p> <p><b>C)</b> Children and adolescent mental health services (CAMHS) review completed. Reporting to the Children's Joint Commissioning Partnership and proposals will be shared with the Clinical service review. The Children's Joint Commissioning Partnership will discuss how recommendations will be taken forward in March 2015. The Children's Joint Commissioning Partnership will discuss the refresh of the Pan Dorset and Young People Emotional Wellbeing and Mental Health strategy in March 2015.</p> |
| <p><b>1.6</b></p> | <p>Update the local assisted conception policy and guidance in line with national policy and guidance</p>   | <p>Pan Dorset consultation on the future commissioning plans for Assisted conception commenced April 2014 completed 15 August 2014 in line with best practice principles.</p> <ul style="list-style-type: none"> <li>• Evaluation of qualitative and quantitative data being undertaken by a third party organisation (Bournemouth University);</li> <li>• Following consultation evaluation a report will be taken to the Clinical Commissioning Committee 15 October 2014 for any recommendations to Clinical Commissioning Group 29 October 2014;</li> <li>• Following this process and depending on outcome the NHS Dorset CCG Policy for Assisted Conception Service will be amended;</li> <li>• 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</li> </ul>   |

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|            |  | <p>couples;</p> <ul style="list-style-type: none"> <li>• Policy amendments made in line with Equality act formally signed off by NHS Dorset CCG; communications plan in place and release of policy prepared for 1<sup>st</sup> April 2015. Service to be closely monitored to ensure sustainability and efficacy.</li> </ul>  |
| <b>1.7</b> | Redesign of termination of pregnancy services                          | <ul style="list-style-type: none"> <li>• Service user engagement exercise in progress;</li> <li>• Service model and specification drafted and approved at Clinical Commissioning Programme;</li> <li>• Re-Procurement of approved model commenced in line with best practice and NHS Dorset CCG procurement guidelines.</li> <li>• New service will be in place by September 2015.</li> </ul>  |
| <b>1.8</b> | Review and redesign of Paediatric Tier 2 and Tier 3 Audiology services | <p>Paediatric Tier 2 and Tier 3 Audiology Pan Dorset service re-design</p> <ul style="list-style-type: none"> <li>• Review of Tier 2 and Tier 3 Audiology services pan Dorset</li> <li>• Funding envelope to be confirmed, following EPLAN approval by NHS Dorset CCG Governing Body</li> <li>• Service design of Pan Dorset service timetable to be confirmed following confirmation of funding</li> <li>• Procurement process will continue in line with best practice and procurement NHS Dorset CCG guidelines.</li> </ul> |

**NHS DORSET CLINICAL COMMISSIONING GROUP**

**TWO YEAR DELIVERY PLAN 2014/16 – MONITORING REPORT**

**General Medical and Surgical CCP**

| <b>Ref</b> | <b>Priority</b>   | <b>Progress Update as at: March 2015</b>   |
|------------|---|--|
| <b>2.1</b> | 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. A clinical review will be conducted from January –March 2015.  |
| <b>2.2</b> | 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 will be agreed through the Contracting process.  |
| <b>2.3</b> | Review dermatology services   | The overall Project plan was agreed at the August 2014 General Medical and Surgical CCP meeting. Analysis stage is complete and includes a Health needs assessment, activity and cost analysis, summary of view seeking meetings with GP's, clinicians and managers, locality Patient engagement – Focus groups and a monkey survey complete . Reference Groups – TOR have been drafted for Core Working Group, Clinical Ref Group and Patient/Carer Reference Group.. Project has been paused with the case for change being shared with the Planned and Specialist Care Clinical Working Group.  |
| <b>2.4</b> | Develop a model of community ophthalmology services   | 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. |

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| <b>2.5</b> | Develop effective out of hours ophthalmology services | 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. |
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**NHS DORSET CLINICAL COMMISSIONING GROUP**

**TWO YEAR DELIVERY PLAN 2014/16 – MONITORING REPORT**

**Cardiovascular Disease, Stroke, Renal and Diabetes CCP**

| <b>Ref</b>   | <b>Priority</b>   | <b>Progress Update as at: March 2015</b>  |
|--------------|---|---|
| <b>3.1.1</b> | 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.   |
| <b>3.1.2</b> | To improve the identification of high risk families and reduce their risk factors<br>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.   |
| <b>3.1.3</b> | Podiatry Access<br><br>Replacement of Local Enhanced Services with service specification to manage growth in diabetes and deliver new model with support of DNS<br><br>More cost effective medicines management | 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.<br><br>New glucose metre formulary completed and introduction is anticipated to generate savings on the current £2.2m spend. |

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| <b>3.1.4</b> | Anticoagulation and Venous Thromboembolism pathway redesign  | <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.</p>                                     |
| <b>3.2.1</b> | Evaluate the outcome and implications of the King's Fund Cardiology Review                           | Public health analysis completed, RBCH audit completed and shared. BCIS trust review on 3/12/14 with outcome report complete. Workshop end April to agree action plan.  |
| <b>3.2.2</b> | 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.  |
| <b>3.2.3</b> | 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.  |
| <b>3.2.4</b> | 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. Trusts performance variable at month 4. Poole has improved considerably to 81%, DCH static at 68%, RBCH deteriorating at 44%.  |
| <b>3.3.1</b> | 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. |



**NHS DORSET CLINICAL COMMISSIONING GROUP**

**TWO YEAR DELIVERY PLAN 2014/16 – MONITORING REPORT**

**Musculoskeletal & Trauma CCP**

| <b>Ref</b> | <b>Priority</b>  | <b>Progress Update as at: March 2015</b>   |
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| <b>4.1</b> | Develop Spinal Pain Pathway  | The spinal pain pathway and service specification has been developed with clinician involvement and approved at the MSK and Trauma CCP. A patient and public engagement event will be held in October 2014 to finalise the pathway and specification. All Clinicians involved want to work collaboratively to provide the new service, rather than de-commissioning and procuring the new service. However the resource to provide the new service, both financially and staffing, is spread over several providers and is not equitable in the East West split. We are working with procurement to identify the options to secure this service to make recommendations to the CCP in November/December. |
| <b>4.2</b> | Review of Physiotherapy services   | The review has made recommendations and these have been approved by the MSK and Trauma CCP. Recommendations will now either be progressed contractually or where further work is required, this will be undertaken to the 31/03/15.  |
| <b>4.3</b> | 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.   |
| <b>4.4</b> | 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.  |
| <b>4.5</b> | Rheumatology services in the west  | Access to services and clinical governance issues around single handed Consultant provision in DCH has resulted in DCH being asked to rectify the position. Commissioning resources are focussed to the East of the county and a proposal to pump prime a small amount of resource non recurrently to DCH (£200k) to support the shift of activity to the West, was not supported by the CCC. DCH have prepared a proposal for their Board and the resource issues are being further investigated to support this shift of activity from the East to the West of the County.   |

**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: March 2015   |
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| 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"> <li>• 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 3<sup>rd</sup> in Wessex, 4<sup>th</sup> in the South of England and 94<sup>th</sup> in England. The rural areas of Dorset continue to have, generally, lower rates than the more urban areas.</li> <li>• 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.</li> <li>• The Memory Assessment Service is working in partnership with the MSAS to delivery an integrated pathway for people, triaging and assessing referrals for clinical diagnosis.</li> <li>• The CCG has been working with Dr 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.</li> <li>• 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.</li> </ul> <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> |

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| 5.2 | Map the mental health system and development of an up to date programme budget | On hold   |
| 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"> <li>• 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.</li> <li>• 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</li> <li>• 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.</li> <li>• 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.</li> </ul> |

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| 5.4 | Review and redesign the organic older peoples mental health pathway (dementia)  | On hold   |
| 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. 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>There are still 5 patients in inpatient beds, which are clinically appropriate placements, and plans are in place for discharge to community settings. 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> |

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| <b>5.8</b> | 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"><li>• Confidential Inquiry into Premature Deaths of people with learning disabilities</li><li>• Transforming care: A national response to Winterbourne View Hospital</li><li>• Improve the quality of services provided to people with a learning disability.</li><li>• Improve the uptake of annual health checks amongst the learning disability population.</li></ul> <p>Through the LD Joint Commissioning Board, the CCG is working with the local authorities to scope the options available to commission intensive residential nursing and inpatient 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> |
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**NHS DORSET CLINICAL COMMISSIONING GROUP**

**TWO YEAR DELIVERY PLAN 2014/16 – MONITORING REPORT**

**Cancer and End of Life CCP**

| <b>Ref</b> | <b>Priority</b>  | <b>Progress Update as at: March 2015</b>  |
|------------|--|---|
| <b>6.1</b> | 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<br>The recommended way forward includes: <ul style="list-style-type: none"> <li>• Integrating the recommendation of the review into the Better Together Programme and integrated locality teams in particular.</li> <li>• 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</li> <li>• Implementation of the Electronic Palliative Care Co-ordinating system EPaCCs across Dorset</li> <li>• Service Specification and Business Case to be developed alongside Better Together and linking with the Dorset Clinical Services Review following further consultations</li> </ul> |
| <b>6.2</b> | Increase public awareness and facilitate early diagnosis of cancer   | Be Clear on Cancer (BCOC) symptom awareness programme has launched a new 'Blood in the pee' national campaign in October 2014. Dorset CCG has taken steps to inform and support providers and clinicians and promote the campaign among the public.   |
| <b>6.3</b> | Treatment and Survivorship - redesign follow up for breast, prostate and colorectal cancer patients  | Preparatory work is underway for a cycle of three workshops in November 2014. These aim at obtaining clinical consensus on risk stratification and follow up pathways. In the meantime work on design and financial model is being undertaken.  |
| <b>6.4</b> | Redesign of referral management following completion of 2013/14 review   | Referral management review report will be completed and agreed by September 2014.   |
| <b>6.5</b> | Ongoing Implementation of the non-emergency patient transport service  | Contract monitoring ongoing.  |

**NHS DORSET CLINICAL COMMISSIONING GROUP**

**TWO YEAR DELIVERY PLAN 2014/16 – MONITORING REPORT**

**Co-Ordinating Care CCP**

| <b>Ref</b> | <b>Priority</b>           | <b>Progress Update as at: October 2014</b>   |
|------------|---------------------------|--|
| <b>7.1</b> | Review of Frailty Pathway | Draft pathway presented to Urgent Care Board for comment 14 August 2014; further work to be undertaken with plan for final pathway to be agreed October 2014 |