NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

CLINICAL COMMISSIONING LOCAL IMPROVEMENT PLAN 2014/15 END OF YEAR REPORT

Date of the meeting	15/07/2015
Author	R Pizarro - Head of Primary Care Development
Sponsoring Clinician	Dr A Rutland – Locality Chair for Poole Bay
Purpose of Report	To inform the Governing Body of the outcomes of the 2014/15 CCLIP
Recommendation	The Governing Body is asked to **note** the report.
Stakeholder Engagement	Locality team involvement throughout 2014/15 with members and practice staff.
Previous GB / Committee/s, Dates	Audit and Quality Committee 08/07/2015

Monitoring and Assurance Summary

This report links to the following Strategic Principles	• Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home

	Yes [e.g. ✓]	**Any action required?**	
		Yes Detail in report	**No**
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management &Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials : RP

1. Introduction

1.1 The 2014/15 Clinical Commissioning Improvement Plan was developed to build on the achievements of practices in previous years to support the strategic aims of shifting the delivery of care closer to home; building strong local integration of care; focusing on supporting improvement in the management of frail elderly and complex patients and developing requirements to support people >75 contained in the core primary contracts and the Admissions Avoidance Directed Enhanced Service.

1.2 The Plan provided resources for active participation of all Member practices in commissioning, pathway redesign, proactive referral and urgent care management and peer review.

1.3 All practices have been expected to demonstrate evidence of achievement through self-declaration confirming:

- to support a practice GP lead for clinical commissioning:
    - attendance at locality meetings – expressing practice views and feeding back;
    - attendance at CCG Cluster/Membership events;
    - participation in locality commissioning and development activities;
- develop the use of available communication methods to ensure individualised care planning, working in a multi-disciplinary way, is delivered for frail, complex patients and that these patients have improved local management. This will include the increased use and delivery of anticipatory care planning and “special” messages to support continuity of care;
- continue internal processes for effective management of elective referrals, making best use of internal expertise in individual specialties to reduce variation within practices, localities and the CCG;
- develop locality peer review by partaking in an inter-practice peer review during the year done on a locality basis or by practice pairing to enable reflection and learning;
- maintain current Choose and Book usage rates and ensure patients are offered primary care choices;
- engage with locality review of prescribing and medicines optimisation through meetings and engagement with the locality prescribing led and locality pharmacists.

2. Governance

2.1 Practices have completed a self-declaration template – an example of which is shown in Appendix 1.

2.2 Practices have also been expected to engage in peer review discussions through Locality meetings which have provided an oversight for this work. In this way practices have been encouraged to work together to improve the quality of primary care and reduce variation in practice.

2.3 Chairs have reviewed evidence of achievement in order to provide assurance for contract payment purposes.

2.4 Practices have been asked to keep a record of all work undertaken in order to enable the commissioner to undertake post-payment verification checks as required.

3. Evidence to support the Improvement Plan Requirements

3.1 Practices have worked across the Locality to achieve the objectives set out in the CCLIP.

3.2 98 of 100 Practices in Dorset have participated in the Improvement Plan.

3.3 Evidence of achievement can be summarised as:

- Good engagement of practice GP leads for clinical commissioning evidenced by:
    - 56% of Practices achieving full attendance at all locality meetings. All other Practices have attended the majority of meetings. There are variations across the CCG on numbers of meetings held in localities;
    - 55% of Practices have attended all Membership events. All other practices have attended 0-2 events. Of note in 2014 only 3 Membership Events were held. Clusters have held additional meetings to engage primary care in the Clinical Services Review.
- Improvement in individualised care planning for patients, working in a multi-disciplinary way, with improved local management delivered for frail, complex patients. Practices have reporting systems to record anticipatory care plans and special messages, as part of an integrated care team. The work undertaken through the Everyone Counts (over 75s) projects support the achievement of these processes and outcomes. Regular MDT meetings are taking place in practices with attendance from social workers, district nurses, community matrons, palliative care workers and voluntary sector input;

- Development of internal processes for effective management of elective referrals, making best use of internal expertise in individual specialties to reduce variation within practices, localities and the CCG. Working with the Business Intelligence team, Practices have identified where they are outliers for referrals and have carried out investigations and audits to look at effective management of elective referrals;

- Inter-practice peer review during the year on either a locality basis or by practice pairing to enable reflection and learning. Some areas where peer reviews have focussed include dermatology, ophthalmology, orthopaedic and trauma. GPs across all localities have attended the 'Hot Topics' session and shared learning from this event with one locality having this as a Protected Learning Time session;

- Maintained Choose and Book usage rates and patients continue to be offered primary care choices;

- Practice engagement with locality reviews of prescribing and medicines optimisation.

4. Payment

4.1 The payment structure was aimed to incentivise practice and locality engagement in commissioning as well as rewarding achievement.

- Each practice had an initial allocation of £2000 for its lead GP and attendance at quarterly CCG membership meetings;

- In addition each practice was allocated £1.75 (based on the practice population at 31 March 2014) for the activities set out in the improvement plan;

- Payments have only been made where practices self-report achievement and Locality Chairs have ratified this evidence.

5. Conclusion

5.1 There has been good engagement from Practices with achievement of the requirements of the 2014/15 contract and this is reflected in practice self-declarations. The 2015/16 Clinical Commissioning Improvement Plan has been refreshed to implement the outcomes and priorities of the Clinical Services Review and Better Together Programme. This will be consistent with the vision set out in the NHSE 5 year Forward view.

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Date : 17/06/2015

APPENDICES	
Appendix 1	**Example of Locality summary report – Practice level achievement against contract**

Appendix 1: Example of Locality summary report – Practice level achievement against contract

1	PRACTICE	GP lead identified	GP or practice lead attendance at locality meetings The Locality has also engaged in additional Mid Cluster CSR reviews held in December, January and February *(Where attendance has not been possible, views on agenda content have been sought from attendees)*											GP attendance at CCG membership events				Peer Review work proportionate to practice size	Individualised anticipatory care plans and special messages- practices will use reporting system for high risk patients for unexpected events: care plans to include how they will provide improved access to practice services for this group of patients	Completion of three audits as set out by the Medicines Optimisation Group, with sample size to be 5 per 1000 registered patients			Implement prescribing QIPP plan issued by Medicines team and demonstrate activity to achieve the measures	Integrated health and social care team working to manage the anticipatory care plans around an agreed practice specific at risk group to better support them	Special messages in place, of good quality, for 1% of practicepopulation (i.e. those patients that have the highest level of risk)
2																							Outcomes		
3			£1000 per year											£250 per meeting				50p per patient	£1 per patient	25p per patient			15p per patient	40p per patient	45p per patient
4			A	M	J	J	A	S	O	N	D	J	F	M	Q1	Q2	Q3			Audit 1	Audit 2	Audit 3			
5	Bere Regis	Angela Salter	Y	NO MEETING	Y	Y	PLT SESSION	Y	Y	PLT SESSION - CSR	VIRTUAL & CLUSTER	Y	NO MEETING	NO MEETING	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y
6	Corfe Castle	Steve Horsnell	Y		Y	Y		Y	Y			Y			Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y
7	Sandford Surgery	Mark Spring	Y		N	Y		Y	Y			N			Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y
8	Swanage	David Haines	Y		Y	Y		Y	N			Y			Y	Y	Y		Y	Y - Dr Haines			Y	Y	Y	Y
9	Wareham	Alastair Ward	Y		Y	Y		Y	Y			Y			Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y
10	Wool	Christian Verrinder	Y		Y	Y		Y	Y			Y			Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y
																		Locality Peer review of ophthamology	Process in place for ACPs and for issuing, recording on TPP and faxing to OOH team/SWAST					MDT meetings held with input from Social Care, DN, CMs and other staff as appropriate	1% target met