



**Dorset
Clinical Commissioning Group**

NHS Dorset CCG Business Intelligence

Two Year Delivery Plan Monitoring Report – November 2014

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

Ref	Priority	Progress Update as at: November 2014
1.1	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"> • Delivery of identified priorities within the strategy progressing as plan. • Workforce sustainability will form part of the Clinical services review • Peri-natal mental health service review undertaken in partnership with Mental Health programme and relevant stakeholders, draft design proposed models to be presented to CCP In October 2014
1.2	Implement the review of community paediatric services pan Dorset	<p>Community Paediatric Service re-design (Community Children’s Nursing (CCN) and Medical Community Paediatrician’s)</p> <ul style="list-style-type: none"> • Task and finish group established with sign up from all provider partners and parent care focus group membership. • Business subgroup established to advise on re-design. • Contract notification issued for audit of CCNs work stream to commence September for 3 months • Model/design to be developed following audit • Expectation is that this will form part of the Clinical service review
1.3	Implement the review of looked after children (LAC) health pathways including appointing a designated nurse, who will be appointed by the Quality Directorate	Completed
1.4	In line with NHS England pathway produce a local Botulinum policy for children with spasticity	Completed

Ref	Priority	Progress Update as at: November 2014
1.5	<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>A) 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 for managing demand and capacity building will be presented to the CCP in November with an anticipated implementation date of April 2015. Pathways designed to be implemented April 2015.</p> <p>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 commenced. On target for publishing elements of the Local Offer by 1 September 2014. Business case for further development of joint commissioning arrangements being progressed. NHS Dorset CCG lead on Health commissioning sub group that will ensure health meet required statutory obligations. This group will report to the Joint Commissioning Operational Group and Joint Commissioning Partnership.</p> <p>C) CAMHS review completed.</p>
1.7	Redesign of termination of pregnancy services	<ul style="list-style-type: none"> • Service user engagement exercise in progress; • Service model and specification drafted and approved at Clinical Commissioning Programme; • Re-Procurement of approved model commenced in line with best practice and NHSDCCG procurement guidelines.
1.8	Review and redesign of children's audiology service	<p>Paediatric Tier 2 Audiology Pan Dorset service re-design</p> <ul style="list-style-type: none"> • Service specification written and agreed • Service to be decommissioned from current provide in East Dorset, funding envelope to be removed from contract identified • Statement of interest from 2 local providers received • Procurement process continues in line with best practice and NHSDCCG procurement guidelines

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General Medical and Surgical CCP

Ref	Priority	Progress Update as at: November 2014
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. A clinical review will be conducted from January –March 2015.
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 will be agreed through the Contracting process.
2.3	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 survey monkey 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.
2.4	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.

Ref	Priority	Progress Update as at: November 2014
2.5	Develop effective out of hours ophthalmology services	<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>

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Cardiovascular Disease, Stroke, Renal and Diabetes CCP

Ref	Priority	Progress Update as at: November 2014
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.
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.
3.1.3	Podiatry Access Replacement of Local Enhanced Services with service specification to manage growth in diabetes and deliver new model with support of DNS 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 close to completion to help practices target. 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 withdrawn some of their DNS from the community and this is affecting support to practices. New glucose metre formulary completed and introduction is anticipated to generate savings on the current £2.2m spend.

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3.1.4	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 to commence with aim to address safety concerns and requirement for new contract specification in 2015/16.</p>
3.2.1	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 awaited.
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.
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. Trusts performance variable at month 4. Poole has improved considerably to 81%, DCH static at 68%, RBCH deteriorating at 44%.
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. Re-advertising this post in West of County. 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.

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Musculoskeletal & Trauma CCP

Ref	Priority	Progress Update as at: November 2014
4.1	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.
4.2	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.
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.
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.
4.5	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.

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Mental Health and Learning Disabilities CCP

Ref	Priority	Progress Update as at: November 2014
5.1	Meet the national dementia diagnosis targets	The target has been set at 67% for 2014/15. National figures have been received on the number of people on GP dementia registers but there are significant errors in the reporting and the CCG information team are taking this up nationally. Using the figures we have from the memory assessment service and the agreed prevalence rate of 13049 the current diagnosis rate is 59.1%. Work has been undertaken to free up more slots in the memory assessment team to improve the efficiency of the service and there is a project on dementia in care homes being undertaken in the north of Dorset led by the Quality directorate.
5.2	Map the mental health system and development of an up to date programme budget	Ongoing work with public health. Some risk regarding access to public health resources to push forward the development of the programme budgeting.
5.3	Review and redesign the functional mental health acute care pathway	The PID has been approved and the first project team start-up meeting has been held with stakeholders, including key providers and their clinicians, and user representative organisation. The first Project Board will be held in September. Work is progressing on benchmarking and analysis of current information on best practice. Visits will be undertaken to high performing Trusts to identify opportunities for commissioning in Dorset
5.4	Review and redesign the organic older peoples mental health pathway (dementia)	The PID has been developed and discussed at the CCP. The next stage of planning is now in progress.
5.5	Review and redesign of rehabilitation and recovery pathway	This is not due to start until February 2015
5.6	Implement the pan Dorset memory support and advisory service (memory loss and dementia)	Communications to GPs and staff were sent out w/c 11 August. Media launch is happening w/c 26 August and the go-live dates remains as forecast as 1 September 2014.

Ref	Priority	Progress Update as at: November 2014
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 inpatient 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>
5.8	Implement local recommendations of the confidential inquiry into premature deaths of people with learning disabilities	<p>The health checks associated with the Learning Disability LES are now covered within the scope of the 2014/15 NHS England Direct Enhanced Service (DES). There is still a need to promote and support people with a LD to access health checks to help them to improve their health outcomes and quality of life.</p> <p>The CCP is progressing 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.

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Cancer and End of Life CCP

Ref	Priority	Progress Update as at: November 2014
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) 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.
6.3	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.
6.4	Redesign of referral management following completion of 2013/14 review	Referral management review report will be completed and agreed by September 2014.
6.5	Ongoing Implementation of the non-emergency patient transport service	Contract monitoring ongoing.

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Co-Ordinating Care CCP

Ref	Priority	Progress Update as at: November 2014
7.1	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