

**NHS DORSET CLINICAL COMMISSIONING GROUP  
GOVERNING BODY MEETING  
QUALITY REPORT**

<b>Date of the meeting</b>	16/07/2014
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<b>Sponsoring Board Member</b>	T Goodson, Chief Officer
<b>Purpose of Report</b>	The report gives an overview of the current issues within the quality directorate including: <ul style="list-style-type: none"> <li>• Quality Monitoring of Providers of NHS-funded Services</li> <li>• Safeguarding Adults</li> <li>• Safeguarding Children</li> <li>• Care Home Monitoring</li> <li>• Information Governance</li> </ul>
<b>Recommendation</b>	The Governing Body is asked to <b>Note</b> the report.
<b>Stakeholder Engagement</b>	Stakeholder involvement undertaken by the Trust is included in this report. Lay members sit on the Quality Group to represent the CCG population.
<b>Previous GB / Committee/s, Dates</b>	N/A

**Monitoring and Assurance Summary**

<b>This report links to the following Assurance Domains</b>	<ul style="list-style-type: none"> <li>• Quality</li> <li>• Engagement</li> <li>• Outcomes</li> <li>• Governance</li> <li>• Partnership-Working</li> <li>• Leadership</li> </ul>		
<b>I confirm that I have considered the implications of this report on each of the matters below, as indicated:</b>	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
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	✓		✓

Initials : SS

## 1. Introduction

- 1.1 This report provides information and assurance on the quality of services provided within Acute, Community, Mental Health Services and Care Homes that are commissioned by NHS Dorset Clinical Commissioning Group.
- 1.2 Specific quality matters relating to detail arising from, or comprised in this report, are considered in more detail at the Quality Group which reports to the CCG's Audit and Quality Committee.
- 1.3 Each provider submits a scorecard which includes their performance against the main indicators for quality, which have been included within the main provider contracts, and are based on National Guidance and Best Practice.
- 1.4 In addition to analysis of the scorecard quality indicators, a range of activities are undertaken on a day to day basis to gain intelligence on the quality of service provision, to identify any 'early warning' signs of service failures and to work with partner agencies towards quality improvements.
- 1.5 As part of this process, unannounced visits are undertaken to provider organisations on a planned programme basis throughout the year, as well as in response to any alert of a concern in a specific area. In addition, regular one to one meetings are held between the Director of Quality and the provider Directors of Nursing. Medical Directors are also invited to these meetings.
- 1.6 All information relating to quality concerns, which is received through the Customer Care, Safeguarding Adults and Children, Risk Management, Medicines Management or Care Home Teams is collated and stored in the Ulysses Safeguard system. This allows for triangulation of the information, which the Quality Sharing Information Group (QSIG) examines regularly.
- 1.7 An important part of the team's function is to ensure that lessons are learnt and that professional practice and processes are improved after identifying concerns or that the care provided falls below the high standard expected.

## 2. Provider Contractual Performance

### Dorset County Hospital NHS Foundation Trust (DCHFT)

- 2.1 The total number of formal complaints received by the Trust for 2013/14 was 428, an increase of 24% on 2012/13. There were also 452 recorded contacts for informal and easily resolved issues (PALS), a decrease of 6% on 2012/13. There were 438 quick contacts for 2012/13. The increase around access/admission can be attributed to the problems the Trust had with patients accessing DEXA scans and Ophthalmology which are detailed in the performance report and are improving. There is no clear reason that the Trust can identify for the increase in communication and discharge complaints, apart from awareness being raised in the general public through the Mid-

Staffs Enquiry and the Friends & Family Test. Further analysis will be carried out.

- 2.2 Although the Trust completed the year above trajectory for the C difficile target, Quarter 4 saw a reduction in cases reported. A previous independent review from Public Health England could find no identifiable cause for the increases in cases observed during the previous quarters. An action plan was developed which included the review of the antibiotic prescribing policy and a deep cleaning programme which commenced in June 2014. As of the end of month two (14/15) the Trust had reported no cases of C-difficile.
- 2.3 Following the CCG issuing a performance notice in October 2013 there has been an increase in compliance with safeguarding children's training. 100% of staff have undertaken level 1 safeguarding children training with 44% having undertaken level 2 and 66% have completed level 3.
- 2.4 A fundamental change in the application process for a Deprivation of Liberty (DoLs) order has resulted in an increase in patients requiring assessment. This has been recognised nationally as a cause for concern and DCC as the supervisory body cannot fulfil their obligations with this increase in demand. DCHFT will be in breach of authorisation and will have patients detained 'unlawfully'. This has been escalated formally to the CCG (as recognised by the CQC as sufficient evidence of a providers obligations) and has also been discussed with the Trust's solicitors. All patients are currently reviewed appropriately to ensure that the support in place is a proportionate response to the harm that the patient is likely to suffer if they are not so deprived of their liberty and this is documented in the medical records.

## **Dorset HealthCare University NHS Foundation Trust (DHUFT)**

- 2.5 The Trust continues to meet regularly with Monitor to provide assurance that they are completing Monitor's required actions. They submitted their 'blueprint' for the next five years to Monitor at the beginning of June and expect a response by the end of June. PWC carried out a review of the actions taken following the Deloitte report and found that appropriate actions had been taken by the Trust.
- 2.6 There are still concerns about the capacity within the District Nursing Service. The Service Delivery Improvement Plan for District Nursing has been completed and the mobilisation and performance/quality indicators will now be monitored through the monthly contract review meetings to ensure there are positive outcomes from the investment. Recruitment has commenced. A further survey of the GPs into their views of the service will be undertaken in October 2014.
- 2.7 The Trust has received positive feedback from the Friends and Family Test and response rates continue to improve.

- 2.8 The Trust continues to be monitored closely on its actions required as a result of the Ms A Homicide review. A special Audit and Quality Committee meeting was held on 12 May which Dorset HealthCare attended to provide an update on their actions taken. As a result of this, further actions have been taken and additional assurance is being sought in relation to the Crisis Service.

## **Poole Hospital NHS Foundation Trust (PHFT)**

- 2.9 The Trust has reported an MRSA Bacteraemia; this is currently with NHS England to arbitrate on the allocation of the incident. This will be either attributed to Poole or to the CCG.
- 2.10 The Trust were issued with an outlier report in relation to a higher than expected rate of caesarean sections. The Trust has now responded to the CQC alert. In summary, Poole responded that women booked for a caesarean section from the Royal Bournemouth Hospital are included in the total number of elective caesarean sections. For the purpose of Trust HES data, Poole only deliveries are included in the denominator figure. This means that Poole data will be skewed towards a higher percentage. There is also a discrepancy between the maternity information system and the CaMIS (software system) which has caused confusion to staff responsible for coding and presenting the data. Policies with regard to the process for coding of data will be updated to incorporate the implementation of the maternity information system. The majority of women, who are suitable for a vaginal birth after caesarean section, are receiving consistent written information with which to make an informed decision. The Trust is establishing a structured pathway incorporating early referral to counselling services, to meet the needs of women who have no obstetric reason for a caesarean section. Current NICE guideline evidence supports such requests. Incorporating early referral to counselling services in a structured pathway may reduce subsequent elective caesarean section numbers.
- 2.11 The New Directors attended contract meetings in April and May 2014 and have given a commitment to ensure regular attendance at future meetings. The Director of Nursing has also given her commitment to meet with the CCG Head of Quality Improvement on a monthly basis to discuss quality issues in more detail ahead of the contract meetings.

## **Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust (RBCH)**

- 2.12 Trust representatives have met with the new CQC hospital inspection team. A follow up inspection is expected, although the timescales for this are not clear. The Head of Quality Improvement will meet with the Director of Nursing in July to discuss in detail the actions that have been taken and the plans for sustainability of the changes that have been made in response to the CQC initial inspection.

- 2.13 The Trust reported two Never Events in 2013/14. A further Never Event has been reported in May 2014 in relation to a retained product following a cardiology procedure. The Trust's Medical Director is leading the root cause analysis investigation.
- 2.14 The Trust reported 95% compliance with the VTE risk assessment target in March and April 2014 and therefore met the expected standard.
- 2.15 The number of pressure ulcers reported via the Safety Thermometer had been showing a month on month increase, the most recent data from April 2014 indicates that the Trust remains a significant outlier within Wessex. The safety thermometer provides point prevalence information only. As previously reported, the Trust has provided a written response to this concern which includes a summary of the actions that are being taken to reduce pressure ulcers and associated issues in relation to workforce, nursing assessment and nursing leadership. The incidence data is also reported to the CCG and this is showing a slight reduction in hospital acquired Grade 3 or 4 ulcers during March and April. However Grade 2 pressure ulcers acquired in care have increased in April 2014. The Trust is expecting to see improvements in these areas by June 2014 once key actions have been completed. This matter remains under close scrutiny.
- 2.16 The CCG reviewed a serious investigation report from the Trust in relation to a 16 year old patient. It was apparent from the report that the Trust admitted the young person to the hospital for observation. Information obtained from CCG data indicates that a significant number of children and young people were admitted to the Trust during 2013/14. As the Trust is not commissioned to provide Paediatric services they have been asked to provide more detailed information in relation to this issue.

## **Salisbury Hospital NHS Foundation Trust (SFT)**

- 2.17 During March 2014 there were three non-clinically justified breaches relating to Dorset patients. These were all related to Radnor Ward. Radnor Ward (HDU/ICU) is measured against EMSA guidance stating "HDU/ICU non-compliance begins 12 hours after a patient becomes wardable". These breaches occurred as there was no space to transfer the patients to a lower dependency ward.
- 2.18 During Quarter four the Trust reported one grade three or four pressure ulcer which represents sustained performance on the previous quarter. There has been a decrease in the number of grade two pressure ulcers reported during the quarter. The Trust's pressure ulcer working group is continuing to deliver against their action plan which is having a positive impact on their performance. All grade 3 and four ulcers are declared as serious incidents and receive a full root cause analysis.

- 2.19 In March the crude mortality was down on the previous quarter. The latest available HSMR demonstrates a reduction in standardised mortality to 107. The Trust is continuing their work to review all deaths on a weekly basis. The table below demonstrates an eighteen month rolling period. The latest available SHMI data does not demonstrate the recent reduction in mortality as it is reported six months in arrears.
- 2.20 During Quarter Four the Trust had eight cases of C-diff taking the year-end total to 21 against an annual trajectory of 21. There have been no cases of MRSA bacteraemia reported during the quarter. MRSA screening remains consistently above 90% for both elective and non-elective procedures.

### **Yeovil District Hospital NHS Foundation Trust (YDH)**

- 2.21 The current Hospital Standardised Mortality Ratio (HSMR) data is showing that the Trust remains below the threshold at a relative risk score of 88.11 year to date. The HSMR has reduced dramatically over the last three years and is amongst the lowest in the region. The Trusts SHMI remains consistent at 95.90.
- 2.22 In relation to Stroke care, the Trusts performance improved in quarter four with the 80% target of patients spending 90% of their time on dedicated stroke wards achieved on average. The chart overleaf represents a four year rolling period.
- 2.23 In relation to safeguarding training , 1154 staff received safeguarding adult training. This represents 60.66% of the total applicable workforce. There was a significant increase in Q3 and Q4 on the numbers being trained, however commissioners are continuing to monitor this closely. The figures for children's safeguarding training were 81.26% trained to level one, 66.33% trained to level two and 75.13% to level three. As with adult safeguarding there was an increase in training in the latter half of the year.

### **South Western Ambulance Services NHS Foundation Trust (SWASFT)**

- 2.24 In relation to the Dorset Out of Hours service, Dorset had 8589 cases in April. GP shift cover improved to 93%. Clinical assessment (triage/telephone) for urgent calls in 20 minutes was partially compliant at 94.13% for April. Urgent Clinical assessment (triage/telephone) for calls in 60 minutes was compliant at 95.52% for the month. Urgent consultations started within 2 hours (home visits) was partially compliant at 92.77% for April.
- 2.25 In relation to the Dorset 111 service the percentage of calls answered in 60 seconds in April was non-compliant at 88.66%. The service received 21,329 calls in April and the percentage of calls abandoned was compliant at 1.47%. The percentage of emergency calls passed to 999 ambulance control in 3 minutes was 91.47%, which is partially compliant. The service concentrates on providing clinician input when a 999 disposition is reached by a call advisor, which is why some calls extend beyond the 3 minute time frame.

However, this results in reduced unnecessary 999 callouts. For the month the per cent of patient call backs within 10 minutes improved to 36.99% but remains non-compliant. SWASFT are currently re-modelling the service and changing shift patterns to meet the peaks in demand.

- 2.26 In relation to the performance issues with the 111 service reported to the last Governing Body meeting a deep dive report has been submitted to the Audit and Quality Committee. In summary there has been significant progress against the SWASFT action plan although there remains some outstanding areas of concern. The CCG is continuing close monitoring of the action plan and has participated in regular update calls.

### **3. Care Homes**

- 3.1 Joint monitoring of Learning Disability Homes continues to raise concerns about the case management of CHC funded service users Further discussions are taking place between the CCG's Learning Disability Commissioners, CHC and the Local Authorities to ensure that case management arrangements are in place appropriately.
- 3.2 Multi- agency meetings are taking place with in relation to a provider as concerns have increased about quality of care as well as the financial stability of the Home.
- 3.3 Concerns in relation to safeguarding and quality of care are also increasing regarding a Supported Living Provider and discussions are in progress with the Local Authority to agree an improvement plan with the provider.
- 3.4 Challenges remain with regard to three Care Homes which are now in financial administration. All homes had also been subject to large scale safeguarding investigations but continue to operate as a going concern. A fourth care home which is non-compliant with CQC standards has indicated to commissioners that they are facing financial challenges and may go into administration within the next three months. The Care Home Quality Improvement Team are working closely with the Local Authorities to ensure residents are safe and that quality of care is maintained.
- 3.5 Work has commenced on developing a CCG quality assurance model for Domiciliary Care services. Initial scoping has begun and two of the three Local Authorities have requested to undertake this work jointly with the CCG. Contact is awaited from the third LA. It is recognised that the experience of those receiving care must form part of the assurance framework and Healthwatch are actively involved in the development of the model.
- 3.6 Following initial delays due to upgrading of I.T. services, it is hoped that the pilot Care Home Quality Assurance Tool will commence in July.
- 3.7 Although Local Authorities are the supervisory body for Deprivation of Liberty Safeguards (DoLS) for both care home and hospital settings, the NHS

(Commissioners and Providers) have a vital role to play in correctly implementing DoLs and the wider Mental Capacity Act. In response to the significant numbers of residents within Dorset now identified as deprived of their liberty, Dorset County Council has provided funding for three members of the Care Home Team to undertake Best Interest Assessor training to be a resource to the Local Authority in meeting requirements.

## **4. Safeguarding Adults**

4.1 During Quarter Four there was one 'Pathway Four' large scale investigation in the Borough of Bournemouth, which resulted in de-registration of nursing care beds to residential care beds. The home is waiting for a further review by CQC of these residential care beds. The home has subsequently gone into administration and a new management company is engaged to manage the business.

4.2 The Borough of Poole currently conducts their pathway four investigations in collaboration with service improvement teams. There are currently three nursing care homes under this review and one residential care home. All these homes are subjected to action and service improvement plans which continue to be monitored through the Local Authority contracts teams.

4.3 The general themes across the majority of the Pathway Four investigations remain around poor clinical leadership, staffing levels, management of pressure area care, nutrition, documentation/record keeping, medicines management, best interest decision making and Mental Capacity Act. Intelligence in relation to these homes is shared with the CCG Care Home Quality Improvement Team.

4.4 Interagency work continues to be strengthened across all local authorities and the links with safeguarding leads in the main providers is undertaken on a monthly basis, both on a group and individual basis. The meeting with the safeguarding leads for health offers peer supervision, guidance and an opportunity to look at national policy and how it would relate to practice.

4.5 The safeguarding team (Adult Safeguarding Nurse Specialist, Consultant designated nurse for children safeguarding, deputy designated nurse for children safeguarding and the three GP safeguarding leads for the CCG are meeting regularly and have developed a work plan for the forthcoming year.

## **5. Safeguarding Children**

5.1 On 30 April Ofsted announced that they would be conducting their unannounced 4 week Inspection of Bournemouth Borough Council's Children's services. This concluded on 3 June. Bournemouth was the first of the local Local Authorities to be inspected under the current interim single agency framework. Health staff were asked to take part in the multiagency audit of the 30 selected cases which took place over the first May Bank Holiday weekend. Health staff within the Looked after Children team also

spoke with inspectors as part of their consideration of the services provided to children in care. The draft inspection report will be shared the council and is expected for publication at the end of June.

- 5.2 The Multi Agency Safeguarding Hub (MASH) development is progressing, with Bournemouth Borough Council ready to implement, Poole and Dorset still considering structures. The CCG safeguarding team are currently in discussions with Dorset Healthcare University Foundation Trust over the health component of the MASH and how this will operate. The recent Ofsted Inspection highlighted the need for better information sharing processes where thresholds were being considered and this will be feed into the process.
- 5.3 The Serious Case Review relating to the death of a young person from an overdose on un-prescribed medication was signed off by the LSCB and published in March 2014. The action plan for health is completed and training surrounding this case has been carried out to all General Practices in the form of "lunch and learn sessions". There has been good attendance and evaluation of the session provided to date, over 160 GP's received the training.
- 5.4 The two Local Safeguarding Children Boards (LSCB) agreed earlier in the year to commissioning an external company Tri X, to host the Pan Dorset Safeguarding Procedures. Work has been undertaken over the last 2 months, by the policies subgroup to format the new procedures ensuring that they will be fit for practice. A launch event is expected for the end of July beginning of August this will ensure pan Dorset approach.
- 5.5 Dorset County Council agreed for the BBC to film a four-part documentary in relation to fostering. Filming is underway and all key health professionals are being informed which families will be involved, this is being closely monitored.
- 5.6 Work continues to determine training needs for GPs and CCG staff. This is nearing completion and will be supported by the publication of the inter-collegiate document which details levels of training required for different staff groups. An additional date for Governing Body members training at Level 2 has been set for later in the year.
- 5.7 An offer of appointment has been made to fill the Designated Nurse for Looked after Children role. The successful candidate is due to start work in CCG on 10 September 2014.
- 5.8 Bournemouth and Poole LSCB Serious Case Review Group has requested a Multi-agency audit for a case where there were transfer issues and the local Ombudsman became involved. This will be facilitated by the Designated Nurse for Safeguarding Children.
- 5.9 Child Safety Week commences on 23rd June. The safeguarding children team, with the help of the CCG communications team will be sending out daily

messages via Twitter on keeping children safe. People are asked to re tweet the messages, public health has also supported the drinking head advert to be re-run during that week which also coincides with the football world cup, as excessive drinking and the risk of domestic violence in the past has been shown to increase during such tournaments.

## 6. Information Governance

### Information Governance Toolkit

- 6.1 Version 12 of the IGT has been released. There are no major changes. Minor updates have been made in line with the Department of Health's response to "Information: To Share or not to Share?" (Caldicott2 report).

### Information Governance Workplan

- 6.2 The current information governance work plan will now be amended to reflect the changes highlighted in v12. Decisions can now be made as to what actions are required to ensure compliance with the v12 submission of March 2015.

### Information Governance Toolkit Audit

- 6.3 The dates for the audit of the IGT submission, v12, have been agreed. This will take place in February 2015. The Director of Quality has agreed the requirements to be audited.

### Information Governance Confidentiality Audits

- 6.4 There have been four confidentiality audits conducted within the CCG with reports provided to the relevant Directors. Whilst many areas of good practice were evident the following issues were noted:

- PC screens not locked;
- items of equipment such as laptops unattended and not secured away;
- desk drawers unlocked when unattended;
- sensitive information left on and under desks;
- smart cards left unattended and easy to access;
- cupboards containing sensitive information left unlocked;
- boxes containing sensitive information not secured.

- 6.5 Members of the Information Governance Group agreed that all files and documents containing confidential information must be locked away overnight and the message has been included in the staff bulletin.

- 6.6 There is a planned programme of confidentiality audits in place for all directorates.

- 6.7 Results from these audits highlight areas of weakness which require addressing particularly as the Information Commissioner can compulsorily audit NHS organisations from autumn 2014, and has stated his intentions to

make CCGs and GP Practices a priority. The area of concentration for the ICO audits are:

- Training and awareness – The provision and monitoring of staff data protection training and the awareness of data protection requirements relating to their roles and responsibilities. This includes issues identified in the CCG audits as above;
- An effective Information Asset Register which is a working document updated regularly by the relevant Information Asset Owners (IAOs);
- Privacy Impact Assessments - data protection risks need to be considered consistently when commencing new projects;
- Clear subject access procedures and requests handled, and recorded, centrally.

### **Information Governance Training**

6.8 In order to comply with requirement 11-134 of the IG Toolkit it is mandatory that all staff attend IG training annually. To allow for long term sickness, maternity leave etc., 95% of staff attending is acceptable. In 2013/14 Dorset CCG achieved the following:

- 20 face to face training sessions were taken by the Corporate Governance Team;
- 338 staff attended the sessions;
- 21 staff did not attend with 7 having a valid reason for non-attendance.

6.9 The above figures equate to 96% of staff attending. Although this complies with the requirement it must be noted that it is only by 1%. The relevant Directors have been notified of staff non-attendance.

6.10 A further IG Training session was arranged for 18 June to complete the mandatory training for 2013/14.

6.11 Dates for mandatory IG Training for 2014/15 are currently being determined. Training material is to be revised to ensure currency.

### **Changes to the CCG Information Asset Register (IAR)**

6.12 During 2012/2013, a key requirement of the IG work programme was the production of a joint IAR for the Cluster. This IAR was transferred over to the CCG and work took place last year to update the register, taking into account the organisational changes. However, it was felt that the IAR had grown considerably and the quality of information within the register was inconsistent across directorates.

6.13 Following the submission of version 11 of the IG toolkit, it was agreed that one of the focus areas in the IG work programme for 2014/2015 would be to redesign the IAR and simplify, or reduce, the amount of information collected. This was discussed at a recent Corporate Governance team meeting and the

information mapping and corporate records register were also reviewed alongside the IAR to ensure consistency across the CCG.

- 6.14 It was felt that the IAR would be more relevant if it held only key information assets (IAs) for the CCG rather than directorate specific assets. Currently, the IAR includes many spreadsheets and databases that are pertinent to individual directorates rather than the CCG as a whole.
- 6.15 The new IAR will hold details of all Systems used by the CCG, along with any associated documentation such as access control policies, training procedures and system security documentation etc. The IAR will also record central registers and documentation such as:
- master contract listing;
  - privacy impact assessment register;
  - IT asset register;
  - policy register;
  - corporate records register.
- 6.16 This list is not exhaustive and contains only examples of the type of IAs that will now be recorded on the updated IAR.
- 6.17 The IG Group approved the plan at the February meeting.

### **Information Governance for GPs**

- 6.18 NHS England has stated that CCGs and CSUs will continue to provide information governance services for GP Practices.
- 6.19 NHS England's strategic information governance team intends to produce guidance to Area Teams to help describe the types of services that CCGs and CSUs should be providing on behalf of GPs.

## **7. Customer Care**

- 7.1 During Quarter 1 to date, the Customer Care Team received 52 complaints, of which 18 relate to Continuing Health Care claims. This is an increase on the 15 received in the last quarter. The complaints relate to various topics including length of time to find a suitable care home for a terminally ill patient and lack of suitable homes provided following a brokerage search. Three complaints relate to lack of response from CHC to letters. Other complaints relate to several different topics with no identifiable trends.
- 7.2 During Quarter 1, 10 complaints were received relating to the new patient transport service provided by E-zec Medical Services particularly relating to transport not arriving to return patients home following their appointment, or unacceptably long waiting times for transport, resulting in patients arriving home in the early evening. E-zec have increased the availability of vehicles on the road which had initially resulted in fewer complaints, however the

complaints appear to be on the increase. The CCG is working closely with the provider on an improvement plan.

- 7.3 Other complaints received relate to services commissioned by Dorset CCG and have been passed to the provider organisations to provide a response; a copy of which has been requested in each case.
- 7.4 During Quarter 1, the Customer Care Team have also received and handled 112 emails containing queries or information that were sent to the CCG Feedback mail box.
- 7.5 'Deep Dive' reports have been undertaken by the CCG Professional Practice Lead into some of the providers. Learning from these is shared with the providers and improvements requested as a result of the findings.

## 8. Medicines Management

### **Budget outturn 2013/14**

- 8.1 The final outturn for 2013/14 realised a higher underspend that had been earlier forecast by the NHS BSA, at over £900k. This will be due to work undertaken by practices to reduce spend and increase generic prescribing as well as changes in the prescribing responsibilities locally. The first forecasts of the 2014/15 financial year will become available in August/September.
- 8.2 Practice visits for 2014/15 have begun, with most visits booked through to September and October. Practices are choosing Audits and being set QiPP savings to achieve most of which are around maximising the generic savings available.
- 8.3 NHS England has launched a Medicines Optimisation Prototype Dashboard. The dashboard lists a range of quality measures in medicines optimisation to allow local NHS organisations to develop improvements. It is not intended as a performance measurement tool and there are no targets. The intention is that CCGs and Trusts review this information together and agree how to use it locally. There will also be a role for Local Professional Networks, Strategic Clinical Networks and Academic Health Science Networks using the indicators in collaboration with patients, Clinical Commissioning Groups, Trusts and the Pharmaceutical Industry to support local improvement. The authors say:
 

*"We believe that CCGs are more likely to deliver against the priorities identified in their strategic plans if they make the most of the medicines prescribed by the CCG."*
- 8.4 The dashboard includes QoF measures delivered by practices, uptake for drugs such as the new anticoagulants and quality measures already used by the CCG medicines team such as for antibiotic and non-steroidal anti-inflammatory drugs (NSAIDs).

- 8.5 The medicines team will be looking at how the dashboard can be used at practice and CCG level to improve outcomes.
- 8.6 The medicines optimisation group on 10 June 2014, agreed a proposed formula for setting the prescribing budget at practice level, the proposal is as follows:
- carry out the following calculations to set indicative practice budgets;
  - Take the adjusted outturn for 2013/14 at locality level;
  - Apply an equivalent increase of 2.5% on outturn to every locality\*;
  - Apply updated practice list sizes for 31 March 2014;
  - Apply the national toolkit\*\* model to every locality to set indicative practice level budgets;
  - Apply the topslice for forecast spend on flu, public health re-charges (methadone, buprenorphine, smoking etc);
  - Additional topslice for high cost drugs destined for specialised commissioning\*\*\*;
  - Cap the possible increase or decrease in budget for an individual practice at 5% as a pace of change measure.
- 8.7 It is proposed that this method will be applied each year for the next 3 years, unless any significant changes occur, as the governing body request that a long term approach be applied.

\*Note the overall CCG uplift will not exceed 2.5% so if some localities had an overspent outturn the actual uplift will be close to 2.5%

\*\*<http://www.england.nhs.uk/2014/03/27/allocations-tech-guide/>

\*\*\*Specialised commissioning drugs eg. Cystic Fibrosis, immunosuppressants are expected to move to providers in 2015/16 or later, and will be reported in a topslice in advance of this change to minimise future impact on practices. A tag will be set up to report this monthly. The tag may be amended in-year if changes in the specialised commissioning list are made.

### **National toolkit model**

- 8.8 The national toolkit model is based on a combination of ASTRO-PU (using the 2013 weightings) and applying a range of coefficients as listed in the following table.

NHS England - CCG Allocations 2014/15		
CCG Weighted Populations (Prescribing Model)		
Prescribing Additional Need Variables		
Source: Report of the Resource Allocation for Mental Health and Prescribing (RAMP) project		
Variable name	Variable description (year of data)	Coefficient
prop85plus	Prop. >75 years who are >85 years (2013)*	0.2475362
dla_70plus_rate_att2010	Prop. >70 years claiming DLA (2010) attributed using ADS2011	0.8935441
lisi2008	Low income scheme index (LISI) - proportion of dispensed prescriptions exempt from patient charges (2008)*	0.0048831
chd_stqof	CHD (age standardised QOF prevalence) (2007)*	0.1624541
bp_stqof	Hypertension (age standardised QOF prevalence) (2007)*	0.0784679
dm_stqof	Diabetes (age standardised QOF prevalence) (2007)*	0.0472433
firrate0408	Generalised fertility rate (2004-2008)*	0.9263122
smrads	SMR (all ages) (2004-2008)*	0.1162499
	Constant	0.3374858
Variables denoted with * were available at GP practice level.		

The coefficients are then weighted in a spreadsheet for each practice. This spreadsheet can be found on the NHS England website.

<http://www.england.nhs.uk/2014/03/27/allocations-tech-guide/>

The new 2013 ASTRO-PU weightings, and their rationale as presented by the HSCIC can be found on their website:

[http://www.hscic.gov.uk/media/13723/Prescribing-Units-2013-Briefing/pdf/Prescribing\\_Units\\_2013\\_Briefing.pdf](http://www.hscic.gov.uk/media/13723/Prescribing-Units-2013-Briefing/pdf/Prescribing_Units_2013_Briefing.pdf).

- 8.9 The weightings are derived from an anonymised random sample of approximately 800,000 patients registered with about 90 General Practices. They are calculated by extracting and analysing the cost or volume of prescribing by specific age groups and gender.

#### **Rationale for setting the prescribing budget in this way**

- 8.10 The prescribing budget at practice level is an indicative budget and not an actual. Incentives and payments for prescribing are not awarded on achieving financial balance but on meeting agreed quality measures such as QUIPP savings and completion of audits.
- 8.11 As care moves into the community and new innovative drugs become available, the cost impact on the prescribing budget should not be a barrier to implementation and prescribing. Care in the community such as frail elderly projects will increase overall prescribing in the community.

- 8.12 Practices will need to deliver savings against QUIPP measures regardless of whether they are underspent or overspent, to ensure that the CCG as a whole delivers the overall QUIPP savings available such as maximising generic savings.

## **9. Conclusion**

- 9.1 Key areas of concern are around Dorset HealthCare's compliance with Monitor's requirements, District Nursing, Royal Bournemouth's CQC report and pressure ulcers, Dorset County Hospital's number of complaints and quality of care in some care homes.
- 9.2 The CCG quality team continues to work towards providing assurance to the Governing Body around the quality of care provided within Dorset and to improve quality in the future.

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<b>APPENDICES</b>	
<b>Appendix 1</b>	<b>Quality Scorecards</b>