



**Dorset
Clinical Commissioning Group**

NHS Dorset CCG Business Intelligence

Annual Delivery Plan Monitoring Report – July 2013

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Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP
ANNUAL DELIVERY PLAN 2013/14 – MONITORING REPORT

Clinical Commissioning Programmes – Top Priorities

Ref	3 Local Priorities for 2013/14 Lead Director: Jane Pike	Progress Against Commissioning Cycle	Position As At: July 2013
1.1	Improving Dementia Diagnosis		<p>There is not a formal update on the dementia diagnosis rates, which are recorded on GP systems, as the data is currently being migrated across national systems and the CCG do not own the data.</p> <ul style="list-style-type: none"> Figures are expected to be reported by end August and these will assist the team in targeting further activity. The last reported percentage was 45% against a target of 50% for this financial year. To meet the target, an additional 658 diagnoses need to be made. New diagnosis figures reported by the Memory Assessment Service for Q1 are 276. This indicates that there should be an increase in diagnosis rates to 47.2% by the end Q1 if they have been coded appropriately in GP systems. Please note this does not take the impact of any deaths into consideration and is based on the national prevalence figures from 2012/13. <p>The following work streams are being undertaken with the specific aim of continuing to improve diagnosis rates.</p>

			<p>Improving awareness in general practice and data validation</p> <ul style="list-style-type: none">• Four GP Fellowes were commissioned to educate practices on dementia. They have been in post since September 2012 and finish end August 2013. They had visited 34 practices by end June 2013. Of the practices they have seen, only 70% of GPs believe that it is beneficial to make an early diagnosis of dementia. Through participant feedback the programme has highlighted areas that need to be focussed on to further develop primary care's ability to meet the expectations of this national challenge. Results to date also demonstrate significant increase in knowledge on the subject area and services available. A final report is due by end September 2013.• Two primary care dementia facilitators have been commissioned to visit practices to raise awareness of services available to clients and undertake data validation of GP registers against the assessment service data to ensure accurate coding. To date the service has updated GP registers with 71 diagnoses of dementia. They have visited 52 practices this calendar year and another 24 have booked sessions or are arranging dates. Further work will be undertaken to try to access practices that have declined a visit. The facilitators will be taking on the Fellowes role of delivering education.• There has been a data migration in the West of the county to the RIO patient records system. The facilitators will be further validating the memory assessment data with the GP registers in the West to ensure accurate transfer of diagnoses.
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		<p>Electronic Screening Pilot A three month pilot for electronic screening has been launched at Bridport Medical Centre which is working with Age UK, the current memory advisory service provider in the West, to test a dementia gateway model. The aim of this is to facilitate the early screening of clients who are referred to the service (open referral) with memory loss as only 48% of clients referred from January 2012-Mid March had a definitive diagnosis. If the pilot is a success it is hoped that it will be rolled out to the Christchurch locality.</p> <p>Deep Dive into Care Homes A programme is being developed to identify if current clients in care homes have a diagnosis, following benchmarking with other areas on how best to increase diagnosis rates. This activity will initially be focussed in Dorset and it will also enable appropriate training for care home staff to be developed which will improve how residents with dementia are cared for. There are two strands:</p> <ul style="list-style-type: none">• Identify residents who have a diagnosis of dementia which is not currently logged on their GP register.• Assess undiagnosed residents in a care home setting (nursing or residential) where consent is received. <p>The activity, subject to successful recruitment to roles and meeting information governance regulations, is scheduled to start in October 2013.</p> <p>Campaign A campaign to promote benefits of early diagnosis and services will be scoped with communications team to actively support the gaps in knowledge and understanding in our population. Work to develop options is being undertaken and will be</p>
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			considered at the end of Q2.
1.1	Improving Dementia Services		See Narrative as per 6.1
1.2	Reducing avoidable emergency admissions		See Narrative as per 3.1 and 3.2
1.3	Reducing Preventable deaths of COPD for people under 75 years of Age.		<p>A new integrated service model has been developed, with patients and clinicians which is now at the stage of agreeing a detailed service specification. The task and finish group are on target to complete this in consultation with procurement. It is anticipated that this will be complete by November for implementation from thereon. Full implementation will be through the contract round for 2014/15.</p> <p>Workshops are being developed to continue to engage with patients during the implementation and delivery phase.</p>
1.4	Encourage the universal adoption of PROM scoring in patients referred for elective hip and knee		Oxford Score care template disseminated to primary care clinicians, for use when referring to secondary for consideration of elective knee/hip replacement. Considering reissuing guidance later in the year. Patient Reported Outcome Measures Survey is a national survey of patients

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Ref	Maternity, Reproduction and Family Health Lead GP: Dr Karen Kirkham Lead Director: Jane Pike Lead Deputy Director: Frances Stevens Lead Manager: Deborah Hiron	Progress Against Commissioning Cycle	Position As At: July 2013
2.1	Enhance access to palliative and end of life care for children and young people		The service specification has been agreed with current providers. A tender waiver is being agreed.
2.2	Review and implement pan Dorset pathways of care for maternity services		Stakeholder engagement event planned for 6 th September for Maternity Strategy A process is being developed, with the Quality Team, to carry out audit of existing pathways
2.3	Review community paediatric services and pathways of care for chronic diseases in children (asthma, epilepsy and diabetes) including: <ul style="list-style-type: none"> • Insulin pumps (phased increase in provision, subject to funding) • Short stay assessment tariff for paediatric emergency admissions and advice and guidance service • Increase therapy services for children (subject to funding) • Looked After Children designated doctor in West Dorset and paediatric cover for the SARC (all subject to funding) • Implement Ophthalmic Service in West Dorset. 		Insulin pumps: It has been agreed with Poole Hospital that they will hold the budget for equipment and consumables. Pathway developed and out for consultation. Short stay assessment tariff for paediatrics: a pilot of Advice & Guidance pathway within the Bridport area commencing on 1 st October. Steering group established to implement, review and evaluate the pilot. Therapy services: services specifications agreed with existing providers. Tender waiver to be agreed and in progress

			<p>Looked after Children: Service specification agreed with providers for role of Designated Doctor and Sexual Assault Referral Centre and tender waivers agreed. Service to be commenced in September 2013.</p> <p>Ophthalmology: interim service provider identified for the West of the county.</p>
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Ref	General Medical and Surgical Lead GP: Dr Chris McCall Lead Director: Jane Pike Lead Deputy Director: Frances Stevens Lead Manager: Hazel Thorp	Progress Against Commissioning Cycle	Position As At: July 2013
3.1	Review and redesign of urgent and emergency care services progressing the work commenced in 2012/13 and the action agreed at the pan-Dorset event on 28.2.13		New Urgent Care Board in place, in line with requirements of NHS England. A&E improvement plan submitted to Area Team as per national requirement and approved. Pan-Dorset Kings Fund review and support commissioned jointly between CCG and RBH:- Phase 1 -Diagnostic (June-September) Phase 2 - Action Planning (September-January) 2013/2014 In-Year only funding of £4m made available for projects to support seasonal pressures; also to provide proof of concept for initiatives to be taken forward to commissioning of future models of service. Currently in discussion with the three acute Trusts, as local 'hubs' working with partners, to agree the initiatives to be taken forward. Appropriate engagement to take place when proposals are known.

3.2	Embedding of new NHS 111 service into the Dorset health and social care community to ensure effective integration into urgent care pathways		<p>Implementation phase complete. Service being monitored through contract review; remedial action (where necessary) being taken on issues arising. Current performance meets or exceeds the majority of national standards. National communications being handled by NHS England but schedule not yet provided. Local engagement took place prior to launch.</p>
3.3	Fully implement the primary care COPD pathway		<p>The COPD pathway has been implemented across Dorset and linked to the Map of Medicine. The Map of Medicine roll out was not identified in the funding priorities for 2013/14. Project superseded by the development and implementation of the New Respiratory Integrated Model. Patient representatives consulted on COPD pathway development during 2012/13</p>

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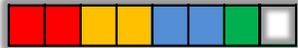
Ref	Cardiovascular Disease, Stroke, Renal and Diabetes Lead GP: Dr Craig Wakeham Lead Director: Jane Pike Lead Deputy Director: Sally Sandcraft Lead Manager: Fiona Richardson	Progress Against Commissioning Cycle	Position As At: July 2013
4.1	Develop cardiovascular disease services to enhance co-ordination and integration: <ul style="list-style-type: none"> • Agree and progress implementation of a heart failure pathway to support identification, early management, rehabilitation, prevent admissions, step down and end of life care • To work collaboratively with locality management of people with atrial fibrillation • To improve the identification of high risk families and reduce their risk factors 		<ul style="list-style-type: none"> • BNP services established following procurement in DCH, SFT and Poole • Community heart failure specialist nurses procurement commenced • Community rehabilitation procurement commenced • Weymouth and Portland pilot linked to flu clinic for opportunistic identification of AF • SALT mobilisation plan close to agreement • 6 month post stroke service contract awarded • Familial hypercholesterolaemia services mobilising following procurement Patients are part of the CCP, whether directly involved in the Service Delivery Groups, one-off meetings to develop specifications or the CVD Patient

			Engagement Forum
4.2	Enhance primary and community diabetes services and implement improvements in foot care		<ul style="list-style-type: none"> • Dietetics service within intermediate care procurement close to completion • Foot care clinics in place for West Dorset, early indications of reduction in amputation rates <p>Patients are part of the Service Delivery Group and have informed development of the model of care</p>
4.3	<p>Develop effective relationships with Wessex LAT to ensure that specialist commissioning decisions meet the needs of our population</p> <ul style="list-style-type: none"> • Implement the strategy national service specification for vascular services to improve clinical outcomes • Evaluate the outcome and implications of the King's Fund cardiology review 		<ul style="list-style-type: none"> • Slow progress on vascular service commissioning intentions with Wessex LAT. <p>A patient engagement event was held pre-April by the Cardiac Network Kings Fund review not commenced. Remit redefined and CCG awaiting outcome as to whether Kings Fund will be able to deliver.</p>

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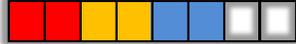
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Ref	Musculoskeletal and Trauma Lead GP: TBC Lead Director: Jane Pike Lead Deputy Director: Margaret Allen Lead Manager: Cindy Shaw-Fletcher	Progress Against Commissioning Cycle	Position As At: July 2013
5.1	Implementation of community persistent pain management service		The tender for the Dorset Community Persistent Pain Service has been awarded to Dorset HealthCare University NHS Foundation Trust. Phase 1 of the service went live on 3 June 2013 with referrals being received via Choose and Book from GPs in West Dorset, Mid Dorset, Weymouth and Portland, North Dorset and two practices in the Purbeck locality. Patients who were previously known to the DCH pain clinic are being integrated in to the new service on return and review of their pain diary. Phase 2 will begin in October 2013 and will pick up patients who currently access the Pain service in Poole, Royal Bournemouth and Christchurch and GP referrals from the remaining localities within NHS Dorset Clinical Commissioning Group. Engagement activity: -Tuesday 14 May 2013 - Patient and Public Pain Patient Information event held at

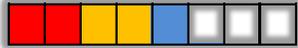
			<p>Weymouth and Portland Sailing Club to advise of new service start up and communicate with patients and public</p> <p>-Friday 24 May 2013 - Patient and Public Pain Patient Information event held at Dorchester Football Club to advise of new service start up communicate with patients and public</p> <p>-Thursday 11 July 2013 - Weymouth and Portland Locality Protected Learning Event held at Weymouth and Portland Sailing Club to educate, inform and communicate GPs and health professionals.</p>
5.2	Specify primary care adult (16+) MSK physiotherapy provision in all primary care and out patient services contracts including physiotherapy self referral model		The new Primary Care Direct Access service specification has been agreed with all providers of these services and now forms part of all of their contracts and will be closely monitored with regular contract review meetings. Engagement as the specification was being developed (now in acute contracts). We will have engagement event in the Autumn.
5.3	Encourage the universal adoption of PROM scoring in patients referred for elective hip and knee		Oxford Score care template disseminated to primary care clinicians, for use when referring to secondary for consideration of elective knee/hip replacement. Considering reissuing guidance later in the year. Patient Reported Outcome Measures Survey is a national survey of patients

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Ref	Mental Health and Learning Disabilities Lead GP: Dr Ros Maycock Lead Director: Jane Pike Lead Deputy Director: Sally Sandcraft Lead Manager: Kath Florey-Saunders	Progress Against Commissioning Cycle	Position As At: July 2013
6.1	Implement and evaluate the older peoples mental health service reform programme (East of Dorset).		<p>The transfer of patients from Kings Park to the renovated site at Alderney is scheduled to start in September 2013. An evaluation plan will be developed to provide feedback on the service.</p> <p>Patient and public engagement was undertaken on this by the previous PCT in conjunction with DHC and this was taken through the relevant health scrutiny committees.</p>
	Review and re-commission dementia advisory services across Dorset.		<p>The specification is in the final stages of development. The advert will be placed on Supply to Health and the CCG's website in mid-December with the objective of awarding preferred provider by end of this financial year.</p>

			<p>Engagement:</p> <p>The Dorset Dementia Partnership, which is made up of key stakeholders in the dementia agenda, is the CCG's main engagement mechanism and this has user/ carer representatives on it in addition to voluntary sector organisations. It is chaired by a carer.</p> <ul style="list-style-type: none">• The CCG has undertaken survey of the 59 members in addition to face to face interviews. The survey achieved 100% response rate and has helped shape the specification.• Bournemouth University was commissioned to evaluate of the current services which included them undertaking research with service users/ carers. The evaluation has played a part in informing the development of the specification.• The project meetings include representatives of the Alzheimers Society and Age UK acting as representative of service users and carers.• Patients/ carers will be invited to be to be involved in the tendering process for the service and outcomes will also be linked to patient and carer experience
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			of the service.
6.2	Ensure the recommendations from the Winterborne 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 was also submitted to the last 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. Further actions will be implemented by April 2014, these are required to be delivered jointly with our partners. 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>
6.3	Implement a pilot programme to improve Primary Care Mental Health Services		<ul style="list-style-type: none"> • The pilot specification has been agreed and Local Delivery Groups are in the process of being set up. • The mental health roles have been banded by DHC and the recruitment process is anticipated to start in the next month. • The support workers are going to be subcontracted to the voluntary sector through DHC and this will be trialled

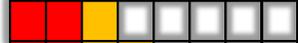
			<p>with three organisations: Richmond Fellowship in Bournemouth, Dorset Mental Health Forum in Purbeck and Rethink in Weymouth and Portland. This is to capitalise on their significant signposting capability and lived experience.</p> <ul style="list-style-type: none">• Subject to successful recruitment to the mental health workers posts, the pilot is scheduled to launch in October.• Not being able to recruit to the positions is the most significant risk in the project due to the current lack of qualified staff in the local and national workforce.• Securing a clinical lead in Purbeck is a key project issue at present. <p>Engagement:</p> <ul style="list-style-type: none">• Initial engagement events were undertaken to inform the development of the original concept and proposal.• The project team includes a service user representative as a key member who provides advice and guidance to the project.• An engagement plan is being developed to ensure that patient and carer (and other stakeholders) feedback is captured during the pilot and to
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			<p>identify next steps should there be a significant change to services – monitoring experience is also a key outcome within the pilot specification.</p> <ul style="list-style-type: none"> • As part of the original project agreement DHC will be using their existing links with Bournemouth University to ensure that the pilot is evaluated appropriately including service user and carer experience. This feedback will feed into any development of a future model of care. • A briefing is being developed to update the Dorset Health Scrutiny Committee in September 2013.
6.4	<p>Autism & Autistic Spectrum Disorder Service. Joint Commissioning with the Local Authorities of an expanded and extended diagnostic and assessment service based on existing CAAS model.</p>		<ul style="list-style-type: none"> • Additional funding was agreed and the CCP approved the development of a mobilisation plan to roll out the best practice service currently in the east of the county across the west of the county. • The specification is being worked on with the provider and will require a variation to contract • Mobilisation is expected to start in October/ November 2013 with the service fully operational by the end of the financial year, subject to successful recruitment.

			<p>Engagement:</p> <ul style="list-style-type: none">• There has been on-going engagement in the development of the CAAS specification through the Pan-Dorset Autistic Spectrum Conditions Partnership Board which includes service users.
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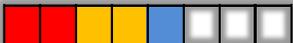
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Ref	Cancer and End of Life Lead GP: Dr Lionel Cartwright Lead Director: Jane Pike Lead Deputy Director: Margaret Allen Lead Manager: Denise Adcock	Progress Against Commissioning Cycle	Position As At: July 2013
7.1	Implement the National Awareness and Early Diagnosis Initiative		Delivery group dates set. Planning for work on 2 week wait referrals and scoping for Direct Access MRI for suspected brain cancer commenced. NAEDI programmes of work continue with additional support provided locally to practices piloting the Cancer Decision Support Tool.
7.2	Implement the findings of the East Dorset Specialist Palliative Care Review		Data required for the review being identified and project team established. Stakeholder involvement planned throughout with key event to consider agreed future model. About to go out to advert for 2 Macmillan GPs to support improvement .
7.3	Reduce follow up attendances for patients with specific cancers (for example colorectal, prostate and breast)		Meetings being set between GP and specialist consultants to discuss the changes in follow up to the three key specialist areas. Patient consultation was undertaken when PSA LES originally set but additional discussions will take place once process reviewed.

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Ref	Pan Programme Priorities	Progress Against Commissioning Cycle	Position As At: July 2013
8.1	Community IV Therapy Services		<p>IV therapy engagement activities: As part of the engagement for transforming community services through workshops with patient groups a key supported theme is care closer to home and this service is a key part of this through delivering IV therapies to ambulatory patients in local settings rather than always in secondary care hospitals.</p>
8.2	Implementation of integrated teams, expansion of district nursing, intensive case managers		<p>Integrated teams/expansion of district nursing engagement activities: As part of the engagement for transforming community services through workshops with patient groups a key supported theme is care closer to home and this service is a key part of this.</p>
8.3	Technologies – implementation of telehealth and roll out to diabetes, oncology, mental health, intermediate care and end of life care		<p>Implementation of Telehealth is on course for COPD and CHF. Almost 300 of the 500 pods have been distributed. Outcomes are good with significant examples of reduced acute admissions and reduced health professionals contacts. Oncology and mental health developments are ongoing with first pods being given to oncology patients. Diabetes and end of life developments are in progress</p>
8.4	Improving the provision of leg ulcer services (subject to investment)		<p>Leg ulcer services engagement activities: Stakeholders have been engaged and participated on the Task and</p>

			<p>Finish group to develop the business case for a Leg Ulcer service Pan Dorset. This work stream links/engages with a service development for Foot Care services and the patient representative of that work stream is aware of this service review</p> <p>In formalising commissioning arrangements with General Practice for the GP providers will now be required undertake patient experience surveys and report this to the CCG to inform future service improvements.</p>
8.5	Carers – with social care partners we will continue to develop and implement support programmes for carers	Not Yet commenced – September 2013	<p>A major review of all services currently provided to carers is planned to start in September. NHS Dorset CCG works with both DCC and Bournemouth and Poole, each local Authority has its own carer strategy and has allocated funding to carers in different ways. Integration provides an opportunity to bring all services together and to ensure that following the review, a single strategy will be developed and all the funding will be managed through the CCG.</p>
8.6	<p>Personal Health Budgets – continued roll out of Personal Health Budgets</p> <ul style="list-style-type: none"> • Continuing Health Care – all domiciliary CHC • Mental Health – acute and community and Section 117 • Carers • Reablement 		<p>PHBs are being delivered for domiciliary CHC in Dorset and about to commence for B&P now that a resource has been identified to assist process.</p> <p>Carers PHBs are being granted.</p> <p>Re-ablement funding has been withdrawn from 1/4/13 with existing PHBs being maintained with recurring funding.</p> <p>2 Section 117 PHBs have been granted with a proposal to develop further and work with providers on PHBs in Mental health and LTC is in progress.</p>