Locality Development Plan
Ivel Valley

Draft 21 March 2013

Contents

Introduction

Welcome to Ivel Valley's Locality Delivery Plan for 2013/2014.

We are committed to improving the quality of medical services delivered to patients in our part of the Bedfordshire health system. This comprises of care which we provide as general practitioners, as well as care which we commission from our secondary and community care partner organisations. We want patients to receive effective treatments delivered in a safe manner with a good patient experience.

Our challenge is to fulfil these ambitions whilst keeping within our resource limits. In order to get the best value from every penny spent on medical care for our patients, we must eliminate waste and improve the efficiency of our health system. Examples of the former would be to stop unnecessary prescription medications being ordered, and the latter ensuring that only the most appropriate patients attend hospital clinics and, when they do, to make sure that all the necessary tests required by the consultant have been done beforehand.

We feel it vital that patients are fully involved in discussions about how medical services can be improved, and to this end are working with our Patient Participation Network made up of patient representatives from the majority of our general practices. We have plans to broaden the remit of this forum by responsible use of social media technology.

All this can only be achieved by effective collaboration between our practices, Locality Office Team and local providers. I am very fortunate in having outstanding clinician and practice manager colleagues as well as a fantastic Locality Office Team to work with, and it is my great privilege to lead Ivel Valley locality through its first year as part of Bedfordshire Clinical Commissioning Group.

Ivel Valley is predominantly a rural area of East Mid Bedfordshire, comprised of small towns and villages. The area follows the length of the River Ivel from Sandy in the north to Stotfold in the south. There are 9 General Practices in the area, with a registered population of 85,800 as at June 2012

Compared to England and the East of England, the population is relatively healthy. Life expectancy is higher than average.

Population growth over the next 20 years is expected to be much higher than average, particularly around Stotfold, Shefford and Biggleswade.

1. Key Progress 2012/13

Our work to date has fallen into 2 broad areas;

1.1 Organisational Development

- Over the summer 2012 we recruited a new management team in comprising of a Business Manager, a Project Manager, a Practice Development Manager and an Office Manager.

- The Locality Commissioning Board terms of reference were agreed at the October 2013 Board meeting.

- The Chair and Vice Chair were elected in December 2012. Dr Alvin Low was re-elected as Chair, and Dr William Hollington as Vice Chair.

- The Locality has a new prescribing lead, Dr Sarah Griffiths, elected by the prescribing subcommittee.

- We have run two organisational development away days for the GP Leads; the second also involved the Practice Managers. The aim was to develop roles and responsibilities as members of the Locality Commissioning Board, to develop commissioning skills, knowledge and locality commissioning plans.

- There has been significant progress in transferring liabilities from IVCG Ltd to the PCT with a view to close the company as soon as the lease is handed over to the BCCG

- We have improved working relationships through away day participation and joint team meetings with BCCG directorates – Quality and Safety, Finance and Contracting. We will continue to develop relationships and work across the BCCG Localities and with Central Bedfordshire Council.

- We have developed a Locality risk register and issues log to enable us to manage risks and flag issues systematically with providers.

- We have established a Locality wide Patient Network which includes representation from the majority of practices, LINKs and the BCCG Patient Experience Group.

- Clinicians and practice staff across all nine practices have been trained in the use of the new Mede analytics system and invoice validation element. We have run two workshops on PBR, coding and data, and have set up a data network for administrators across the locality involved in this work.

1.2 Service Developments

- The Locality Board has approved a business case for a community outreach gynaecology clinic which will shift care closer to home at reduced tariff. This is in partnership with Bedford Hospital NHS Trust. The clinics started in January 2013and will run until July as a pilot.

- We lead the MacMillan early cancer diagnosis project for the BCCG. The project involves 26 Bedfordshire practices and over 100 GP's, the initial findings will be published shortly.

- We have GP's providing clinical leadership for major service redesign programmes; Musculo-skeletal, Diabetes and COPD and Integrated Care. The BCCG Clinical Director responsible for Mental Health is an Ivel Valley GP and represents the locality in this regard.

- We have improved information and data support to practices and identified specific issues relating to data quality which will be addressed though the contract and performance routes.

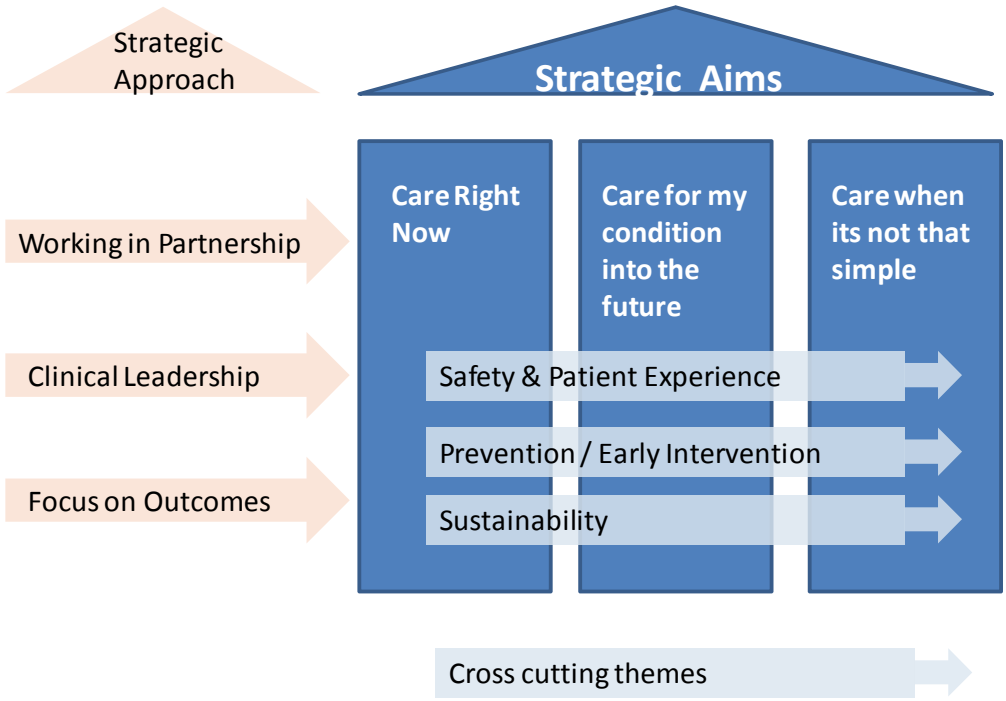
- We have seen reductions in planned care activity over the year within the Locality.

- Practices will have uploaded the Summary Care Record (for people who have not opted out) by 31 March 2013 with one exception (due to a technical issue).

2. Locality Objectives for 2013/14

2.1 Commissioning

The Locality commissioning objectives aim to support and deliver the aims of the CCG as set out in the CCGs Strategic Plan and in the Bedfordshire Plan for Patients.



Ivel Valley's objectives for 13/14 will support the BCCG Change Programme;

A Integration and Community Services

- Ivel Valley will work with other Localities and the BCCG Service Redesign team to develop service integration around management of long term conditions, the frail elderly and urgent care.
  An important aspect is the community beds review, particularly relevant in Ivel Valley as this impacts on Biggleswade Hospital. We want to see this local facility providing high quality services, supported by a Community Care of the Elderly Consultant, working to reduce emergency admissions into acute care.

- We will support the Central Bedfordshire Councils Targeted Prevention Project which aims to keep older people in their own homes for as long as possible, delaying their need for care home placements and reducing emergency admissions to secondary care.

- We will support the implementation of the jointly commissioned falls service. The purpose of the service is to provide timely, effective support, to adult residents of Central

Bedfordshire (particularly older people), following a fall, with the aim of enabling people to remain living independently at home.

- We will support the BCCG redesign team in the development of the stroke pathway providers to meet the standard performance indicators for good stroke care, ensuring 90% of people who have had a stroke are cared for on a stroke unit. We will also ensure improved clinical input into commissioning and contract management of the acute services, commissioning stroke services that meet the needs of our local population.

- Community health services – to ensure we commission best value effective community health services to support the Care Closer to home strategy and integrating with primary care services.

- To commission a full range of services for improved management of long term conditions.

- We will also explore Federating General Practices within Ivel Valley as discussed at the Locality January away day, developing plans for inter-practice support and work

The objectives are:
- To reduce unwarranted hospital emergency admissions (define baseline)
- To improve patient experience of primary care services as measured by the friends and family test and the national patient survey.

B Managing Variation

Ivel Valley will work continue to reduce unwarranted variation in referrals by:

- On-going promotion of the use of GP ref, the Choose and Book advice facility and new community services amongst clinicians and practice staff

- Empowering practices to make business related and clinical decisions based on accurate data analysis.

- Supporting practices to achieve and share best practice

- Supporting the implementation of the Musculo-skeletal Service. The Prime vendor model aims to improve the experience and outcomes of people; lower cost per capita and enhanced management of an integrated system of care. This is currently at the procurement phase, with an Ivel Valley GP acting as the clinical lead for the project.

- Focussed support to outlying practices including referral audits and external clinical peer support.

- On-going discussion around the redesign of in-house patient pathways e.g. in-house triage and the use of diagnostics prior to referral.

- Supporting the implementation of new models of care for COPD and Diabetes following clinical input to the business cases and procurement processes.

- Supporting the implementation of the Cardiology service redesign, currently at the managed dialogue phase.

- Supporting the Ophthalmology redesign. Ivel Valley has been involved in the refined glaucoma pathway development for Bedfordshire Clinical Commissioning Group.

- Implementation of the approved business case for a local Gynaecology outreach service, an outreach clinic at reduced tariff, in partnership with Bedford Hospital NHS Trust.

- Working with Hertfordshire CCG to improve Ambulatory Care pathways at E&N Herts. NHS Trust

Objectives:

- To reduce unwarranted variation in planned care (cost and activity) in the Locality to the QIPP target level.
- To reduce mortality respiratory disease in people age under 75 years (NOF)
- To reduce mortality from cardiovascular disease in people aged under 75 years (NOF)

C Mental Health and Learning Disabilities

- We will work with BCCG commissioners to help improve the transition for young people from children's mental health and LD services to adult services.

- We will support the development of a liaison psychiatry service, to improve outcomes for various conditions including people with dementia. The clinical lead for this programme of work is an Ivel Valley GP.

Objectives:

- To improve young people's access to mental health services (local measure needed)
- To reduce the problems that people experience during transition from Children's Mental Health and LD services to Adult Services
- To enhance the quality of life for people with dementia (NOF)

D Prevention

- We will work to reduce childhood obesity in partnership with community health services and Central Bedfordshire colleagues. (baseline needed)

2.2 Quality and Safety

We will develop an 'Investing in Quality Scheme' to:

- Implement the friend and family test in primary care, to measure patient experience alongside the national patient survey, aiming to improve patient experience in year, (baseline needed).

- Improve incident/near miss reporting and management (in Primary Care) under the leadership of the BCCG Quality Directorate. Incorporating ideas and elements from the Staffordshire CSS Insight database, where appropriate. The purpose is to learn from events and provide even safer services.

- Implement the primary care quality framework with phase 1 completed by July 2014 (questionnaire) by 100% of practices in Ivel Valley

- Develop a local system to track training status for children and adults safeguarding for General Practice staff.

- Establish local co-operation to deliver 100% of the learning disability checks for all people who have not actively declined to participate (declines defined as active decline or three failed requests to attend).

- Aim to support end of life patients to remain in their own home as long as possible and to die in their usual place of residence if that is their choice. Usual place of residence can be their own home or care home. We will achieve 47% of people dying in their usual place of residence by 2014 – current baseline is 41.3% we will also reduce the number of deaths in hospital – currently 48.6%.

- Develop a local plan to implement the Francis report.

2.3 Local Priorities

- Ensure effective management of the E&N Herts. contract in partnership with HICS.(commissioning support service)

- Ensure services commissioned for the Surgicentre are safe and are integrated with the local health economy.

- Ensure effective management of the Addenbrokes (Cambridge Universities Hospital) contract in partnership with HICS.

2.4 Business Cases

- Investment in Quality scheme May 2013

- Enhanced Services –review of Locality priorities with business case July 2013

3. Performance and Finance

3.1 Performance and Quality

Improvements in the supply of data against key performance indicators have enabled the Locality to use a range of indicators to benchmark member practices performance. This data is useful in developing practice specific actions to improve the quality of primary care.

This includes planned care (outpatient activity and booked procedures) and urgent care data (emergency or urgent care), available monthly showing secondary care activity by practice, budget information is available monthly as is monthly prescribing data and performance data for enhanced services e.g. NHS health checks and learning disability checks. Data is available biannually from the national patients' survey.

Locality monthly quality report March 13

Practice	Planned care activity Jan 12 – Dec 12	Urgent care activity Jan 12 – Dec 12	A&E Attendance Jan 12 – Dec 12	Total Acute PBR Budget M9	Annual LD Checks % complete Jan 2013	NHS health checks % complete Feb 2013	Smoking cessation to Q2 2012/2013 period target %	Average of four elements of access to primary care Jan- Sept 2012 % and ranking out of 56 practices in BCCG	Antibiotic prescribing	SCR uploaded by March 2013	PPG	Total QOF point achievement 2011/12	Flu Vaccine Uptake (% of those at risk) (Sep 12 -Jan 13
Arlesey Medical Centre					30%	116%	300	90% 16				946.9	60%
Shefford Health Centre					31%	98%	142	86% 37				982.2	63%
Lower Stondon Surgery					Not signed up	29%	192	89% 29		Upload booked but there is an IT problem		997.0	68%
Greensands Medical Practice					100%	55%	88	87% 34				992.7	62%
Kings Road Surgery					Signing 2013/14	44%	75	93% 10				895.6	63%
Ivel Medical Centre					56%	104%	77	84% 40				978.5	69%
Sandy Health Centre					21%	52%	89	72% 54				953.0	52%
Biggleswade Health Centre					58%	116%	174	84% 41				990.7	64%
Larksfield Surgery					0%	54%	67	86% 36				992.8	61%

Practices have been asked to develop action plans to tackle areas of outlying performance, with the support of the locality team.

The primary care quality framework has been developed across the BCCG Localities and is based on the domains in the commissioning outcomes framework. This framework will use available data plus a self-assessment framework to baseline and go on to define and develop excellence in primary care services.

- Performance targets

The locality has to deliver a number of performance targets which will be agreed with the BCCG as detailed in the Locality Delegation Agreement At present the key indicators are achieving financial balance and addressing unwarranted variations in clinical care, developing the locality, demonstrating clinical member and patient engagement and achieving quality/safety indicators such as ensuring the locality monitors safeguarding issues and practices complete safeguarding training.

3.2 Achieving financial balance.

The total delegated commissioning budget for 2012/13 to Ivel Valley was £58,823,000. Budget information is made available to Localities when the contracts are signed so the budget for 2013/14 is currently not yet available.

- Practice budgets

Each practice has a delegated budget laid out in the same way as the locality budget. Budget statements are received monthly and are discussed a standing item on the Board agenda.

Objectives:

- To deliver financial balance across the Locality. Each practice has a responsibility to manage within their allocated budget. It is acknowledged that there needs to be an element of risk sharing across the locality to mitigate any practice faced with a particularly high cost event.

3.3 Locality Specific issues

The Locality holds a portfolio of contracts which are managed by the Locality Business manager. It includes local services such as physiotherapy (work allocated via a hospital based triage), GPwSI vasectomy services, bereavement support and Hospice at Home provision.

The Locality commissions services from East and North Herts. Trust (a District General Hospital). Historically NHS Bedfordshire were an associate commissioner, the locality have been dissatisfied with the arrangement as it resulted in a lack of influence regarding the contract. Commissioning support will be commissioned from

GECS who cover Bedfordshire, Hertfordshire and Essex. This should have a positive benefit on our ability to influence the E&N Herts contract.

The Surgicentre occupies a site at the Lister Hospital in Stevenage (run by Clinicenta) and this poses unique challenges. A recent review by Alan Fletcher, Medical examiner, (SHA. 2013) concluded patients were given an acceptable level of care. There are concerns about the administration and assurances are still required for waiting times for out patients and routine surgical procedures. Ophthalmology referrals and referrals for joint replacements remain suspended. A number of measures have been put in place to intensively monitor management of services.

The Locality also commissions from Addenbrookes (Cambridge Universities NHS Trust) and has faced similar influence issues.

4. Engagement

The locality is committed to ensuring effective engagement at all levels of its operation.

4.1 Patient and Public Engagement.

- The Locality has established a Patient Participation network made up of representatives from the constituent practice groups, the BCCG Patient Experience Group and LINK (soon to be Healthwatch). The inaugural meeting was held on the 18th October and outline terms of reference agreed. The Network agreed to meet quarterly to act as the patient voice in locality commissioning and service redesign projects. The GP locality chair will initially chair the meetings at the request of those present. The group have already contributed to the development of the primary care quality framework by expressing their views on what a high quality primary care service would look like.

- We are working with Primary care Commissioning to deepen our understanding of social media and the techniques we can use to effectively engage a much larger audience more cost effectively. We anticipate it will also enable dialogue with young people and other hard to reach groups, and will enable real time feedback on services.

- Locality Board membership will include a GP lead per practice, a Practice Manager representative a LINK or Patient network representative, a Local Authority representative.

- We will, as part of CCG wide initiatives, undertake local surveys of patient experience using real time data collection to inform our PPE and commissioning activities.

- The Locality will engage with local community groups on issue specific matters and will work in partnership with Central Bedfordshire, the Health and Wellbeing Board and the town/parish councils

4.2 Practice Engagement

- Each practice elected their GP lead in November 2012, to represent the practice on the Locality Commissioning Board. The locality team will support these people to deliver the clinical commissioning agenda.

- The Locality Chair and Vice Chair were elected in December 2012.

- The Board will meet monthly and will run as a session of GP time (previously run over a lunch time). It is proposed than a proportion of each meeting will be dedicated to a particular clinical issue and will be opened up to a broader audience. The Board will also be offered 4 away sessions per year to focus on particular issues.

- The locality will run Practice Managers (monthly) and Nurses forums (quarterly).

- The Locality management team will undertake at least an annual visit to each member practice to review progress and develop broader engagement and will run an annual locality all practice event (and ad hoc events as required) The Locality management team will support practices on request and pro-actively engage with practices on a weekly basis

4.3 Clinical Engagement

- The locality will run a quarterly Nurse Forum

- As noted above, a component of each Board Meeting will address a specific clinical issue, to which all practice clinicians will be invited.

5. Organisational Development

5.1 Development of the Locality Commissioning Role

During 2012/13 the Locality has been developing into the Locality Commissioning Board (LCB) with the responsibilities set out in the Locality Delegation Agreement. The organisational development work therefore supports;

- The 3 areas the locality has responsibility for, Commissioning, Performance and Finance, and Engagement

- The development of the Board and governance arrangements

- The personal and professional development of locality and practice staff in their role as commissioners

Objectives;

- To develop commissioning knowledge and skills with the GP leads at the 4 away day events.

- To continue to develop the skills of the GP Chair through engagement with leadership programmes and jointly with the Locality Business Manager commissioning development programme.

- To implement an induction programme for the new vice chair.

- To provide in-house training events for a multidisciplinary audience – PBR and data validation completed in Jan 2013

- To engage with partners – participating in other directorate and organisations away days and learning events, and running joint events ourselves

- To participate in the Protected Learning Zone training.

- To develop a practice nurse forum

5.2 Estates

BCCG has no statutory or financial responsibility for GP premises.

Concerns over Estates are both a commissioning and provider issue for General Practices in Ivel Valley.

There is a lack of clinical space to support the Care Closer to Home strategy, General practices are looking to expand and grow their own services as well as providing space for outreach and new community clinics. Ivel valley has been acknowledges as an area of priority in the Estates Strategy.

Premises are not a BCCG responsibility but the issues will have an impact on our ability to commission and deliver local services.

6. Accountability and Monitoring Arrangements

6.1 Accountability Framework

A Quarterly accountability review framework has been put in place and the first review meeting took place in October 12. The key components of the process are;

Quarterly meetings between the CCG executive and Locality Management Team (in a 'Board to Board' format). The meetings include;

- Review of progress against the objectives set out in this plan
- Review of performance against commissioning financial and activity plans including secondary care and prescribing delegated budgets and others e.g. local community schemes, LES etc.

- Review of progress with quality improvements
- Review of the Primary Care framework achievements.

6.2 Risk Management

The Locality has a risk register which includes a range of risk – including achieving financial balance, risks regarding the Surgicentre and some practice risks around estates. The risk register enables the Locality to manage risks and discuss them at Locality Board level.

The Locality has also expressed an interest in developing a Federated approach to work across Practices. This will facilitate risk sharing

Appendix 1

First draft attached.

Locality objectives 201314.docx

Appendix 2

Assurance Framework - risk register attached.

Risk Log Template_v8.0 Ivel V

Appendix 3

QOF Summary Apr 11 – Mar 12 (Organisational & Clinical Indicators and Disease prevalence)

QOF Summary Apr 11 - Mar 12.xlsx

Appendix 4

Locality profile – in development (by Public Health)