



# **West Mid Beds Locality Development Plan**

## **2013-14**



## Contents

Introduction.....	3
1. Key Progress 2012/13.....	4
2. Locality Objectives 2013/14.....	5
2.1 Commissioning.....	5
2.2 Performance & Finance.....	9
2.3 Engagement.....	11
2.4 OD.....	12
3. Accountability & Monitoring Arrangements.....	13
4. Appendices.....	15

## Introduction

The *Bedfordshire Plan for Patients* is a high level, strategic document which will enable Bedfordshire Clinical Commissioning Group (BCCG) to deliver the highest quality health services for the residents of Bedfordshire within available resources. This *West Mid Beds Locality Development Plan* underpins the wider BCCG document and clearly articulates how the locality will deliver its part of the plan with a truly local perspective.

As a locality we have been proud of the engagement of our six member practices, all of which have contributed to various BCCG initiatives and redesign work over the last two years or so, but have also been pivotal in the success of West Mid Beds to date. Our involvement of our public and patients has not been so good. Practice participation groups are now functioning well and we have had our inaugural locality Patient Participation Group meeting which had good attendance from all of our practices. We are committed to continuing and improving our patient involvement and trying to reach the voices of those not always heard.

West Mid Beds has produced its own Health Needs Assessment, which was informed by Public Health, our six member practices and most importantly our patients, and truly reflects local needs specific to our locality.

Our Locality Development Plan (LDP) is only the start, work has been carried out to produce a work plan and we are in the process of identifying key clinicians to lead the work streams to ensure that the plan becomes a reality. Quarterly progress reports will be taken to the Locality Board to ensure delivery.

We want our LDP to be a living document and not sit on a shelf gathering dust. I suspect it will evolve throughout the year and may well change, depending on the success or otherwise of the projects. We are having a half day away session planned for 23<sup>rd</sup> April 2013 with a host of providers, voluntary sector and members of the local authority attending which will further enable us to develop the plan.

I owe the members of the West Mid Beds Locality Team a huge thank you for producing this plan in partnership with our practices. I look forward to reporting that we have achieved the elements of this ambitious plan throughout the next year.

Dr Sarah Morris  
**GP and Clinical Chair of West Mid Beds Locality**

## 1. Key Progress 2012/13

During 2012/13, the West Mid Beds locality has formally appointed the Chair and Vice Chair, and recruited a new locality management team, comprising of a Business Manager, Project Manager, Practice Development Manager and Office Manager. Solid relations and effective working arrangements have been established between the locality management team and member practices.

The locality structure and governance arrangements have been reviewed this year, and the Terms of Reference for the Board and Clinical Development Group have been reconstituted in line with the BCCG Constitution, signed up to by all West Mid Beds practices.

One of the key priorities for the locality is developing meaningful and effective engagement with local people and clinicians, and work has taken place towards achieving this. A Locality Patient Participation Group has been established, with representatives from each of the six practices, and feedback from the group to date has been built into the Locality Health Needs Assessment which has informed the development of this Locality Delivery Plan (see Appendix 3).

The practices in West Mid Beds have a long history of working well together, and local GP and practice manager involvement in locality working is good. The locality Board and Clinical Development Group (CDG) meetings are well attended by GPs and practice managers from all practices, and other GPs from within the practices (i.e. those who don't usually attend Board or the CDG) have led on particular projects on behalf of the locality this year. Approximately one-third of local GPs are currently involved in supporting or leading locality/BCCG initiatives.

All of the practices within West Mid Beds have made significant progress with reducing unwarranted variation in care, achieving the target 5% reduction in first outpatient attendances and with outpatient activity consistently below the Bedfordshire average for all six practices. Similarly, four out of the six practices have emergency admission rates below the Bedfordshire average.

All of the practices have taken part in the GP investment scheme during 2012/13, which has enabled greater learning from incidents, near misses and safeguarding alerts; and improvements in patient experience through the deployment of the friends and family test.

A number of small projects have been delivered within the locality this year, including a project around raising GP awareness of the available prevention of admission services, and reviews of both the local ENT and Ophthalmology services – both of which have resulted in cost improvements for the locality.

## 2. Locality Objectives for 2013/14

### 2.1 Commissioning

#### 2.1.1 Commissioning Priorities

The commissioning priorities for the West Mid Beds locality during 2013/14 are to:

- Continue to improve the quality of care delivered by the six local GP practices, and to deliver safe and effective alternatives to hospital care
- Develop stronger working relationships with local health and social care partners
- Ensure that all locally commissioned services continue to offer good quality care and deliver value for money
- Support the implementation of BCCG-wide redesign projects and ensure that the needs of local patients are addressed
- Develop a longer-term vision for how primary and community care services will work together more effectively, and how this will affect how the GP practices in the locality will need to work in future.

To support delivery of these priorities, West Mid Beds locality will take forward three key workstreams during 2013/14:

- 1) Partnership Working – moving towards the BCCG Integrated Care model
- 2) Striving for Excellence in Primary Care
- 3) Productivity and Capacity Planning within Primary Care

#### 2.1.2 Partnership Working – moving towards the BCCG Integrated Care model

The *Bedfordshire Plan for Patients* sets out our organisation's strategic aims around developing primary health care teams based around general practice with multi-agency input, and alignment of community nursing teams. Achieving more integrated working is a key priority for local people served by the West Mid Beds locality and for local clinicians (see appendix 3 – West Mid Beds Health Needs Assessment), particularly in relation to general practices, community nursing services and social care.

The West Mid Beds locality will take forward a number of key actions over the next eighteen months to support a local, incremental, bottom-up movement towards the BCCG Integrated Care model, whilst continuing to support the strategic developments.

Our **objectives** for this workstream are to:

- 1) Develop stronger working relationships with our health and social care partners
- 2) Reduce avoidable emergency admissions
- 3) Enable a greater proportion of palliative care patients to die in their preferred location
- 4) Help people to return home from hospital more smoothly, and reduce the amount of money spent on excess bed day charges within hospital
- 5) Improve primary care support for people with mental health problems

The specific **actions** which will be taken to achieve these aims will include:

- Partnership Workshop scheduled for April 2013, with high attendance expected from all practices in the locality, community nursing services, social services, and third sector
- Establishment of regular, effective communication channels between locality management team and local team managers for community nursing and social services
- Conduct a locality-level review of community nursing team services, to develop a clear vision of how local nursing teams and the six GP practices can work together in future to provide even more effective community support to local people. The review will have particular focus on preventing avoidable admissions to hospital and supporting more palliative care patients to die in their place of preference. This work may lead to the development of a business case around increasing the capacity of local nursing services, and will be complete by August 2013. This work will be taken forward in partnership with South Essex Partnership Trust (SEPT), our community services provider, and within the framework of the Integrated Care Program.
- Linked to the community nursing review, agree a model for taking forward risk stratification and proactive case management of vulnerable patients, (particularly those at risk of hospitalisation and patients with ambulatory care sensitive conditions), which may involve community nurses and/or practice nurses. Work with the BCCG Urgent Care System Redesign Team to implement this accordingly. This work is likely to focus on patients with diabetes and COPD primarily.
- Support implementation of the new Urgent Response and Falls Service jointly funded by BCCG and Central Beds Council, and the social worker post being recruited by the Council to provide additional support to prevent avoidable admissions to hospital
- Develop a robust plan for reducing excess bed day charges and costs associated with out of county supported discharge care. Approximately £500-600k of the locality's acute commissioning budget is spent each year on excess bed day charges, and it is felt that this is in part due to challenges around effective discharge planning because of the nature of patient flows.  
It is possible this work may result in a business case around funding a dedicated locality Discharge Coordinator role – the locality hope to have firm plans around this in place by the end of May 2013. Opportunities to combine this role with a Care Coordinator role, proven to be effective elsewhere, will be explored. This work will also support the locality with managing the cost pressures associated with supported discharge care provided by the Windsor Unit in Milton Keynes for practices needing community in-patient care following an admission to Milton Keynes Hospital (cost pressure of circa £30k in 2012/13).
- Implement a Primary Care Mental Health Link Worker model (or equivalent) across the whole locality, as part of a broader project to improve primary care support for people with mental health problems. The wider project will include reviewing the care provided within the six practices within the locality (e.g. through benchmarking CMHT referrals, clinical audits, and education sessions). Funding for this project has been approved in principle through the BCCG prioritisation process (subject to full business case approval), though opportunities to take this forward without additional investment are currently being explored.

- Establishing some form of falls prevention service has been identified as a local priority through practice-level audits of emergency admissions. The *Bedfordshire Plan for Patients* sets out the intention to commission integrated falls services across the county, and the locality will continue to support and champion this development.

### 2.1.3 Striving for Excellence in Primary Care

Achieving the *Bedfordshire Plan for Patients* will require the delivery of consistently high quality primary care services, and localities have a crucial role in supporting improvements in the quality and productivity of general practices.

Patient safety and experience remains the number one priority for the locality, and actions to reduce unnecessary over-reliance on secondary care need to be balanced with improved systems for monitoring risks and outcomes for patients. In partnership with the other four localities and the BCCG Quality Team, the locality will focus on how systems can be improved for measuring the quality of care received by patients, incident reporting, and monitoring clinical outcomes.

As set out in Section 1 of this document, all of the practices within West Mid Beds have made significant progress with reducing unwarranted variation in care and it has become increasingly challenging to identify further opportunities for improvement in order to offer safe and effective alternatives to hospital care. However, all practices within the locality are fully committed to continually improving the quality of care they provide, and recognise that achieving further improvements may require a more ambitious approach.

In addition to the reporting mechanisms already in place to benchmark practice-level demand for hospital care against the Bedfordshire average, West Mid Beds locality will benchmark outpatient attendance and emergency admission activity against a wider field, and in particular will attempt to benchmark against recognised centres of excellence where they can be identified.

Our **objectives** for this workstream are to:

- 1) Continue to improve the quality of, and minimise variation in care between, local GP practices
- 2) Provide safe and effective alternatives to hospital care, to enable a further reduction in outpatient attendances and avoidable emergency admissions
- 3) Continue to improve performance against key indicators, including 100% achievement of Learning Disability Health Checks in 2013/14

The specific **actions** to be taken forward within this workstream are as follows:

- Implement the *Quality Framework for General Practices in Bedfordshire*. All practices in the locality will complete the self-assessment template by May 2013 and will agree a Quality Improvement Action Plan with the locality management team by July 2013.
- In partnership with the other four localities, continue to develop the *Quality Framework*, to include greater focus on patient safety and clinical outcomes.

- In partnership with the other four localities, develop a business case for an “*Investing in Quality*” scheme for general practices for 2013/14, offering a structured improvement methodology, with areas of focus likely to include:
  - Incident reporting, in line with a new streamlined process
  - End of life care
  - Patient experience as measured through the friends and family test
  - Prevention and reducing health inequalities
  - Hospital activity
- Continue with the locality management team programme of practice visits to discuss issues around quality and productivity and delivery of each practice’s Quality Improvement Action Plan.
- Provide targeted support from the Practice Development Manager, in particular for practices at risk of not achieving key performance or quality indicators, including performance against budgets, delivery of 100% learning disability health checks and delivery of flu vaccinations (at least 146 people from the West Mid Beds locality were admitted to hospital because of flu/pneumonia between April-December 2012/13, with resulting costs in excess of £600k).
- Conduct a 360° review process for assessing the level of support provided to practices by the locality management team, and use the results to ensure the team continues to deliver effective support.
- Establish a mechanism for benchmarking practice-level hospital activity against national or other appropriate averages, and centres of excellence where possible.
- Conduct a clinical skills audit within the locality, and use the outcomes to plan a programme of local, informal education sessions – utilising the existing West Mid Beds Medical Society and through the provision of additional “lunch and learn” sessions. Local GPs have reported that they generally find discussions between local consultants and a small group of GPs using case studies, most useful for enhancing their skills and knowledge. This has the added benefit of improving relationships with secondary care clinicians.
- Continue to discuss performance and quality at the monthly Locality Board meeting, and maintain the training matrix detailing training status for both children and adults safeguarding of all practice staff within the locality.
- Continue to work with the BCCG Medicines Management Team to achieve targets around improving the quality of local prescribing.

There are significant challenges facing general practice over the next few years, including changes to the GMS contract and the anticipated growth in demand for primary care as more services are appropriately transferred from hospitals into the community. In order to ensure that our practices are able to respond to these challenges and continue to deliver the quality of care that local people deserve and expect, the locality will work with the other four localities to support the development of a BCCG Primary Care Strategy during 2013/14.

#### 2.1.4 Productivity and Capacity Planning within Primary Care

It is essential that we continue to review whether the primary care services offered best meet the needs of local patients within the available resources, and offer the most effective and efficient models of care. The workstream will focus on three key areas: improving patient access to the six GP practices in the locality; reducing over-reliance on A&E, particularly in the late afternoon/early evening; and reviewing arrangements for

conducting home visits. The locality has previously recognised a peak in weekday A&E attendances between 5pm and 9pm. Some work has been done within each practice to try and tackle this, with limited impact to date.

Our **objectives** for this workstream are to:

- 1) reduce A&E attendances;
- 2) reduce in-hours emergency admissions.

The key **actions** within this workstream will be to:

- Trial use of the A&E letter developed in partnership with the Communications Team, as a means of educating local patients about the alternative services available (e.g. pilot with one/two practices initially). This may require access to more timely patient level A&E activity data from our local hospitals / commissioning support function.
- Review the availability of urgent primary care services during the afternoon and early evening (general practices and local out of hours services) and develop an action plan for reducing demand for A&E services at this time of day, e.g. piloting urgent appointment slot availability during the early evening, and/or raising awareness about local out of hours provision.
- Support all practices in the locality to continue to improve patient access.
- Review the impact of current home visit arrangements on emergency admissions to hospital, and consider evidence of best practice from elsewhere. If any improvement opportunities are identified, either at practice or locality level, develop an action plan to trial alternative models.

### 3. Performance and Finance

The locality, in partnership with the other four localities in Bedfordshire, has identified the key performance indicators which will be monitored at practice level during 2013/14. These indicators are directly linked to the National Outcomes Framework and reflect the key performance indicators which BCCG is measured against and which general practices can significantly influence.

Performance against these indicators has been combined into a dashboard of information for each practice, called the Support Information Pack for Practices, and is embedded within the *Quality Framework for General Practices in Bedfordshire*. (Draft dashboard attached in appendix 4 – to be expanded to include relevant Quality Premium targets and “Investing in Quality” indicators.)

The table below demonstrates performance against a number of key indicators measured in 2012/13, and highlights areas for improvement in 2013/14.

West Mid Beds Locality Monthly Performance Report Mar 2013

Practice	Month 9				Annual LD Checks % complete Jan 2013	NHS health checks % complete Jan 13	Smoking cessation to Q2 2012/2013 period target %	Average of four elements of access to primary care Q4 2011/12 % and ranking out of 56	Antibiotic prescribing	Summary Care Record uploaded by March 2013	PPG
	Planned care activity Dec 11-Nov 12	Urgent care activity Dec 11 to Nov 12	A&E Attendances Dec 11–Nov 12	Overall budget M9 (Gross total)							
Greensands								94%			
								6			
Flitwick								76%			
								51			
Barton								90%			
								19			
Asplands								91%			
								14			
Houghton Close								89%			
								25			
Oliver Street								91%			
								15			

As stated above, all practices in the locality will complete the self-assessment template within the *Quality Framework* by May 2013 and will agree stretching Quality Improvement Action Plans with the locality management team by July 2013. Practices will receive an updated performance dashboard quarterly, and progress against delivery of each practice’s improvement plan will be monitored via bi-annual visits to each practice from members of the locality management team. A performance report is also discussed at each of the monthly Locality Board meetings.

The budgets delegated to West Mid Beds locality are shown below (based on 2012/13 budgets):

	Budget 2012/13	YTD Performance	Period
Acute	£31,200,926	£639,871	M8
Prescribing	£7,831,039	£388,381	M8
Locality Reinvestment Budget	£312,162	£1,448	M9
Milton Keynes Community Health Services	£56,556	£9,323	M9
Management Allowance	£127,073	£5,632	M9

The locality also has an accrued management allowance surplus of circa £140k, recently transferred from the locality bank account to BCCG.

Further discussions are needed with the other four localities and the BCCG Executive Team about whether or not responsibility for some the BCCG Enhanced Services budget will sit with localities during 2013/14.

During 2012/13, performance against the majority of key performance indicators has been good for the practices within West Mid Beds, including financial performance on the

whole. However, measurement of performance against practice budgets has tended to focus on the bottom-line, i.e. the combined acute and prescribing budget, and excellent prescribing performance has offset some overspends in secondary care. Acute expenditure has significantly increased in Month 8 for the locality, and the locality is now predicting an overall overspend compared to a predicted underspend for all previous months. This increase will be reviewed by the locality, in particular to try and mitigate against similar risks next year. During 2013/14, there will also be more emphasis on measuring performance against individual areas of spend and activity, in particular performance against the acute budget.

Two practices have struggled to achieve financial balance against their delegated budgets during 2012/13 – Flitwick Surgery and Greensands Surgery, Ampthill. Additional support will be made available to these practices from the locality management team, to ensure that their Quality Improvement Action Plans enable them to ensure financial balance in 2013/14.

The overspend against the Milton Keynes Community Services contract is largely due to activity above plan at the Windsor Unit, a community-based intermediate care facility. This will be addressed within the Partnership Working workstream, as stated above, in addition to some short-term work around reviewing admission criteria and current discharge planning arrangements.

The locality will continue its rolling programme to review locally commissioned services, and to improve systems for monitoring the quality of services delivered. The work completed within 2012/13 to review the locality-based ENT and Ophthalmology services has resulted in cost savings for the locality, which will be reflected in performance against the Locality Reinvestment Budget in 2013/14.

#### **4. Engagement**

One of the primary functions of the BCCG localities is to ensure engagement – with local people and local clinicians – and accountability to local communities.

Achieving robust and meaningful public engagement is a key priority for West Mid Beds. Whilst some progress has been achieved during 2012/13, with the establishment of the locality Patient Participation Group (PPG), a survey distributed by Age UK around falls services, and closer working with our community services teams, this remains a key development area for the locality for 2013/14.

Practice engagement within locality work is already working well, with good representation from all practices at both the monthly Board and Clinical Development Group meetings, and with over a third of local GPs currently involved in commissioning activities within the locality or within BCCG as a whole. However, engagement with local non GP clinicians could be stronger and will also be a priority development area going forward.

The key actions to be taken forward include to:

- Continue to hold quarterly Locality PPG meetings, to identify local quality issues and to consult on locality-level and BCCG-wide developments, and crucially to ensure that this

feedback informs our commissioning and quality improvement work. The feedback from the Locality PPG has informed the development of this Locality Delivery Plan.

- In partnership with the BCCG Strategic Engagement Coordinator, explore the use of tools like the Patient Opinion website to harness real time feedback from local patients
- Locality attendance at a minimum of two public events during 2013/14, e.g. Ampthill Festival in July, to meet members of the public to tell them about BCCG and the locality, and to gather ideas and issues for improvement
- Meet with local Town and Parish Councils, and deliver presentations to them about BCCG and the locality
- Build an effective working arrangement with Healthwatch. A LINKs member already sits on the West Mid Beds Clinical Development Group, and we would hope to continue a similar arrangement with Healthwatch.
- Continue to engage local practice teams through the existing channels (i.e. Board, Clinical Development Group, practice visits from locality management team, fortnightly e-newsletter from locality office, identifying short-term leads for locality projects within the practice teams – not just Board members).
- Partnership Workshop scheduled for April 2013, with high attendance expected from all practices in the locality, community nursing services, social services, and third sector. One action from the workshop will be agreement about how best to communicate effectively together in the future.
- The local community services team manager is already a valuable member of the West Mid Beds Clinical Development Group. In addition, regular, effective communication channels between the locality management team and local team managers for community nursing and social services will be established.
- Develop closer relationships with local secondary care clinicians through the “lunch and learn” sessions and West Mid Beds Medical Society, as described in the *Striving for Excellence* workstream above.

## 5. Organisational Development

There are a few key priorities for developing the organisational development of the locality. These include: succession planning for the Clinical Chair (in post until December 2013); appointing leads for the locality workstreams for 2013/14; and preparing practices for the changing commissioning and primary care landscape.

The locality has not appointed many permanent named leads for particular areas – although the Chair and Vice Chair have specific responsibilities. Instead the locality prefers to take the approach of appointing leads for particular time-limited workstreams, and this will continue for 2013/14.

The actions to be taken forward to develop the locality will include:

- Four local GPs to attend the LMC-run *Medical Management* course between April and September 2013, as a means of supporting the development of talented local GPs to become more involved in the commissioning agenda.
- Identify potential candidate/s for the Chair role, and support their development prior to December 2013 (e.g. deputising for Chair at Executive meetings, representing the locality at other formal meetings, enhancing commissioning knowledge, etc.)

- Continue to improve working relationships and communication with other teams and localities within BCCG, working in partnership to achieve our locality objectives where possible
- Replace the Mental Health lead.
- Appoint leads for key workstreams during 2013/14, including:
  - Lead for designing clinical skills audit and developing a local, informal clinical training programme
  - Lead to support the local Productivity worksteam set out above
  - Lead to support the design of the locality community nursing review and implementing the recommendations, and supporting the development of a local model for case management for people with ambulatory care sensitive conditions
  - Lead for the *Enhancing Primary Care for People with Mental Health Problems* project (NB the locality will explore joint working with the Mental Health team around this, but may use some of the accrued management allowance to buy in some additional support for this workstream)

Dr John Logan and Dr Ingrid Wallace from Asplands Surgery have recently been appointed as the leads for representing the locality at the BCCG-wide Quality and Productivity in Primary Care Board, and as the MSK (Musculo-Skeletal) redesign lead respectively.

- Organise a workshop for practices around the future of primary care late summer/early autumn, to support discussions around developing the BCCG Primary Care Strategy.
- Ensure all staff undertake mandatory training.

Key issues relating to premises for the locality which will need to be considered include:

- Car parking arrangements within Ampthill – this is a key concern for patients registered with the three general practices and who attend the Health Centre on that site
- The Wixams residential development, and the opportunities and challenges this presents for practices in the Ampthill area, and their branch surgeries in Wilstead. NB, this also impacts on Bedford Locality.
- The residential development within Silsoe.
- Long-term possible opportunities around co-location with social care services within Ampthill.

## 6. Accountability and Monitoring Arrangements

### 6.1 Accountability Framework

The Locality Board is accountable for the delivery of this Locality Development Plan (LDP), including the delivery of key performance and quality indicators, and for ensuring that the locality effectively manages its delegated budgets.

Performance and Quality will continue to be standing items on the monthly Locality Board agenda, and progress against delivery of each of the key workstreams within this LDP will be discussed at the Board quarterly. The larger projects in this Plan will also be monitored by

the BCCG Programme Management Office, to ensure robust, objective scrutiny and challenge.

A quarterly Accountability Review framework has been put in place for each of the BCCG localities and the first review meetings took place in October 2012. Quarterly meetings take place 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 hospital care and prescribing delegated budgets and others e.g. local community schemes, Local Enhanced Services etc.
- Review of progress with quality improvements.

## **6.2 Risk Management**

The Locality has a risk register which includes a range of risks – including achieving financial balance, and some corporate risks relating to locally commissioned services. The risk register enables the Locality to manage risks and discuss them at Locality Board level.

The Locality risk register has been updated to include the key risks to delivery of this Locality Development Plan, and is included in Appendix 2.

## **Appendix 1 – Table of Objectives, Outcomes, leads, timescales**



Appendix 1 - LDP  
Implementation Plan 2

## **Appendix 2 – Assurance Framework – risks to the strategic priorities**



West Mid Beds Risk  
Register 22-03-13.xls

## **Appendix 3 – West Mid Beds Health Needs Assessment**



WMB HNA 13\_14  
version 0.2.doc

## **Appendix 4 - Quality Framework for General Practices in Bedfordshire - Support Information Pack for Practices**



Quality Framework  
Appendix 2 - Draft\_B