



Cannock Chase Commissioning Consortium

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Annual Report 2009/10

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Welcome

Now in its fourth year, the Consortium has, with the support of member Practices and Locality colleagues at the PCT, been able to commission a number of local services and introduce a number of developments that have benefited a large number of its patients and provided Practices with additional funding to enable them to plan and provide additional and improved services and facilities for their patients.

Many of these are identified in this Annual Report. We hope you will agree with us that, in addition, the Consortium now has a financial infrastructure in place that will help us to introduce further health care improvements in the Cannock Chase area, not just in the short term but for the foreseeable future.



Dr Tim Berriman
Consortium Chair on behalf of Cannock Chase Commissioning Consortium
2 June 2010

Introduction

Since its inception on 1 April 2006, the Consortium Management Board has been actively involved in introducing a number of developments in order to improve services and facilities in the locality. These developments are summarised in Appendix 1.

This annual report has been produced by the Consortium's Management Board on behalf of the 28 Cannock Chase Practices that make up the Cannock Chase Commissioning Consortium. The Board members serving during 2009/10 are identified in Appendix 2. The Practices making up the Consortium are identified in Appendix 3.

The Board has agreed a separation of duties each of which are led by a GP and Practice Manager. Progress reports in each of these areas are recorded at the Board's formal Monthly meetings.

From 1st October 2009 these areas, Lead Board members and their support are:

Area	Lead GP	Lead PM	Support
Clinical Governance/Risk Management	Dr Selvam	Jacqui Harrison	Ad-Hoc
Commissioning/Service Planning	Dr Berriman	Patsi Hemmingsley	Dr Hulme Nicky Brooks (SSPCT)
Finance/Performance Management/FURs	Dr Ballinger	Patsi Hemmingsley	Dr Hulme Kim Cyster
IMT/Data Validation	Dr Ballinger	Patsi Hemmingsley	Ad-Hoc
Education and Development/	Dr V K Singh	Jacqui Harrison	Ad-Hoc

Prescribing	Dr B K Singh	Patsi Hemmingsley	Dr Ballinger
Public Health	Dr A Onabolu	Jacqui Harrison	Jonathan Bletcher (SSPCT)
Mental Health	Dr Huda	Patsi Hemmingsley	Nicky Brooks (SSPCT)
Patient & Public Engagement	Dr B K Singh	Clive Cropper	Jaquci Harrison Nicky Brooks (SSPCT)
Intermediate Care/Littleton Ward/Stroke Service	Dr Onabolu	Kim Cyster	Dr Hulme Nicky Brooks (SSPCT)
Management/Administrative Services/PR	Dr Berriman	Clive Cropper	Ad-Hoc
Out of Hours	Dr V K Singh		

Working closely with South Staffordshire PCT and in partnership with Social Care and Health, other South Staffs Practice Based Commissioning Consortia and the three local authority districts of Stafford, Cannock Chase and South Staffordshire, a strategy has been developed, informed by the seven outcomes set out in Our Health, Our Care, Our Say and the nine corporate priorities of South Staffordshire Primary Care Trust.

Amongst these outcomes and priorities there are four measurable improved outcomes for the people of the locality:

- Improved well being
- Improved quality of life
- Improved child health
- Increased life expectancy

These four outcomes are central to the strategy and will be complemented by emphasis on other outcomes and priorities including the following from Our Health, Our Care, Our Say:

- Making a positive contribution
- Choice and Control
- Freedom from Discrimination
- Economic Well being
- Personal Dignity

and the following from the corporate priorities:

- Quicker, high-quality health care
- Improving care for patients with long-term conditions
- Mental health and learning disabilities
- End of life care
- Care closer to home
- Patients in control of their health
- Working with partners

In line with the priority of working with partners, this strategy recognises that none of the outcomes can be delivered by a single agency. This strategy therefore links to the strategic approaches of the South Staffordshire Primary Care Trust, Staffordshire County Council, District Councils, Staffordshire Police, Staffordshire Fire and Rescue and other key partners and is underpinned by the Local Area Agreement

During 2009/10 the locality has been working on developing and implementing the following key elements of the strategy:

- Crisis response Services
- Community Beds
- Intermediate Care
- Predictive Care (this also includes Health and Well being)

The purpose of this annual report is to present the progress that has been made in these areas and others during 2009/10.

Priorities Identified for 2009/10 and Outcomes

Work Area Summary	Outcome
<p>Unique Care / case management Pilot to continue with three practices in order to effectively assess the impact of this service before any further roll out.</p>	<p>A formal evaluation report was completed in January 2009 and the decision was made to discontinue the pilot service. There was a positive impact in reducing planned hospital admissions however this was outweighed by numerous organisational and procedural issues</p>
<p>COPD Met Office Piloted with one practice during winter 08/09 indicated early positive findings. Pilot extended to three practices for winter 09/10.</p>	<p>Aelfgar and Sandy Lane Practices in Rugeley and Dr Myint in Cannock took part in the extended pilot. Two hundred and seven patients were recruited to the service and there were four alerts over the winter period.</p> <p>An evaluation report highlighting the key messages and future recommendations will be available for June 2010 Board.</p>
<p>Primary Care Mental Health Service The consortia successfully procured this service and this was awarded to Starfish a Social Enterprise. During this financial year the service will be implemented and a transformation plan developed in conjunction with the JCU in order to reduce activity accordingly within the Mental Health Foundation Trust.</p>	<p>The service is targeted at clients experiencing problems at steps 1-3 of the NICE approved stepped care model.</p> <p>It is estimated that the following activity reductions will be realised within the Acute Mental Health contract:</p> <p>10% reduction in Outpatient activity both new patient and follow up attendances 5% reduction in employment services 5% reduction in Psychology services 5% reduction in CPN activity 5% reduction in domiciliary services 5% reduction in 'other' services</p>
<p>Adult Intermediate Care The consortia implemented as 27-bedded intermediate</p>	<p>Following a 1st year successful annual report the consortia prepared a joint business case with Cannock Social</p>

<p>care facility during 2008-09. A full evaluation of the success of this facility will be completed this year. A business case will also be prepared for the future of this long term facility with a view to this opening for 2010/11. This facility is anticipated to provide up to 40 beds and community facilities including accommodation for the intermediate care staff in health and Social.</p>	<p>Care and Health to develop a stand alone intermediate care facility including 40 beds, outpatient facilities, staff accommodation etc. The business case was not supported, however the existing community beds continue to function within Cannock Chase Hospital.</p> <p>The total number of admissions were 343 of which 240 were step up (70%) and 103 (30%) were step down.</p> <p>The net health costs savings were £413,819 (an increase of £131,371 from the previous year).</p> <p>The Functional Independence Measure demonstrated an 81% improvement of which 41% were statistically significant.</p> <p>There were less patients admitted directly to A/E from the unit 4.6% (11% in previous year), but more patients re-admitted to hospital within 28 days of discharge 11% (6% in previous year). Of those readmitted within 28 days the case note review identified 1 readmission that was related to the discharge and therefore potentially avoidable.</p> <p>In terms of discharge to nursing and residential homes this has reduced by 17% compared to the previous year (48 admissions 2008-09, 40 admissions 2009-10).</p> <p>The Domiciliary Medicine Review Scheme commenced and despite struggling to attract a large number of pharmacists to undertake this work 65 reviews have been undertaken.</p>
<p>Paediatric Intermediate Care The consortia in partnership with Stafford and Surrounds PBC have extended the Children's Community Nursing Service in order to focus upon hospital avoidance. Work this year will evaluate the impact of this additional investment. Additional work this year will focus upon the model of care at MSFT from A/E to PAU through to discharge and the implementation of a community constipation service.</p>	<p>The additional investment into the Children's Community Nursing resulted in an increased team being in situ over the winter period. The investment has resulted in a 48% increase in referrals, which has meant that an additional 159 children have been managed by the community service. (October – March 2008 referrals 170, October – March referral 2009 – 329).</p>

	<p>The Community Constipation Service provides clinics in Rugeley and Stafford. Each month there are 2 clinics in Stafford and 2 clinics in Rugeley. 110 children have been seen by the service during the year.</p>
<p>Screening in Primary Care Supporting with the piloting of the Cardiovascular Disease Local Enhanced Service (CVD LES) software and advising on practical implementation. Offering clinical support to practices within the locality for roll out. Exploring the possibilities of warfarin monitoring and offering to practices within the locality for roll out.</p>	<p>26 practices across the locality have signed up to the Local Enhanced Service during Q3. Implementation of the LES has been slow. As at Q4 with there has only been 1 practice who submitted a payment claim. A local project manager has been identified in order to support practices with the implementation and significantly increase the numbers of patients screened during 2010.</p>
<p>Adult Weight Management Service Review current willing provider arrangements including provider's performance against set performance criteria and local need. Introduce a formal contractual arrangements to improve service delivery.</p>	<p>All willing providers have been reviewed, following consultation with Slimming World, a decision was taken to decommission this service. Delivery of the Weight Watchers Service has been amended with Patients only receiving 2 referral packs, if they successfully lose 5% or greater of their initial weight. If required, patients are able to be discharged into the Health Trainer Services.</p> <p>A total of 874 patients accessed the Slimming World provision, of these, 590 completed the course with 38% losing 5% or greater of their initial weight.</p> <p>A total of 1074 patients accessed the Weight Watchers provision, of these 655 completed the course with 45% losing 5% or greater of their initial weight.</p>
<p>Childhood Obesity Service Introduce the Tier 3 service and work to develop a primary prevention programme.</p>	<p>The Staff of the new Tier 3 service have been recruited; the service will be fully operational by May 2010. The role of the Tier 2 Childhood Obesity Services have been amended to become far more structured and to ensure it complements the Tier 3 service.</p>
<p>Review Health Trainers (Tier 2 AWM) A 3 year contract was implemented with a one year review to refine the model of provision.</p>	<p>690 individuals have been referred to the service, of which 568 are receiving support. An audit into the outcomes of those who have been with the service</p>

	for 12 months is underway and will be produced by June 2010.
<p>Stroke Service</p> <p>The consortium successfully procured a community Trans ischaemic Attack (TIA) / Stroke service and will be supporting the implementation and evaluation of this service during its first year of operation.</p>	<p>The service has been operational since July 2009. During that time the team have established themselves as an integral part of the community and acute services. The service has successfully supported patients who have been medically fit for early discharge following a stroke within their own homes or in a community bed based environment. They have collaborated successfully with Medical Consultants at Mid Staffordshire Trust and New Cross Hospital on the development of a joint TIA/Minor Stroke Pathway. The team have now obtained a dedicated area for intense post stroke rehabilitation to enable more intense rehabilitation.</p> <p>At the end of Q3 73 patients had been referred to the service.</p>
<p>Exercise on Referral Scheme</p> <p>Introduce a commissioned exercise on referral scheme This will be part of patient treatment pathways. A physical activity room in partnership with the district council has been secured to support this and childhood obesity work</p>	<p>The local Exercise on referral Scheme has been reviewed, a revised scheme has been proposed. Further work is required to as the service will be based on patients self referring into a scheme with specific access criteria.</p> <p>The Physical Activity room has been completed and is now being used for a range of PBC Commissioned Services including, COPD, Childhood Obesity, Health FIT.</p>
<p>Primary Care Dermatology Service</p> <p>An implementation plan is underway to training a local GP and Health Visitor in conjunction with MSFT. A business case will be developed during the course of the year with the intention of implementing a health economy wide dermatology service during 2010/11.</p>	<p>The GPSI training programme for the adult dermatology service will be completed in June 2010. The Health Visitor training programme for Paediatric Dermatology service will also be completed in June 2010.</p>
<p>End of Life</p> <p>To identify current gaps with end of life care in particular providing patients with a real choice to die at home if this is the preferred place of death. Service redesign and investment will then ensure that these gaps are 'plugged'.</p>	<p>A business case has been prepared through a consultative process between Cannock, Stafford and Seisdon Localities with two local Hospices – Katharine House and Compton Hall. Staff A 2 year pilot service has been agreed which proposes the establishment of a 'at home' service to adults moving into the terminal phase of a life limiting condition across the West Locality of</p>

	<p>South Staffordshire PCT.</p> <p>The service objectives are to increase the number of adults who die at home by 30 people per month across the entire West Locality (Stafford, Cannock and Seisdon). This will enable the West Locality to meet its targets for home deaths arising from the Department of Health's End of Life care strategy. This will raise the average West Locality 2009 performance from 20.4% to 32.6%.</p> <p>The service will become operational September 2010.</p>
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Appendix 1

Cannock Chase Commissioning Consortium

Cannock Chase Commissioning Consortium – Patient Care Service Development and Improvements

Development	Date Commenced/introduced	Summary of service development/aims
Consultant led Primary Care Diabetes Service	April 2007	To reduce unnecessary Out patient appointments/save resources and provide more local care.
Practiced based minor surgery service	2007	To reduce unnecessary Out patient appointments/save resources and provide more local care.
Practice based Spirometry services	2007	To reduce unnecessary Outpatient appointments/save resources and provide more local care
Orthopaedic Triage	2008	To reduce unnecessary Out patient appointments/save resources and provide more local care.
Rheumatology Triage	May 2008	To reduce unnecessary Outpatient appointments/save resources and provide more local care.
Community based Physiotherapy Service		Transfer of funding from secondary care for delivery of the service in the community, in order to provide more local care and shorter waiting times,.
Chase Emotional Wellbeing Service	September 2009	To provide a locally managed and responsive service for minor mental health related problems e.g. anxiety / depression.
Secondary Care Mental Health Service	Ongoing from 2008/09	Redesign of secondary care Contract and service
Development	Date Commenced/introduced	Summary of service development/aims

Community Dermatology service	Ongoing from 2009/10	Support secondary care service. Development of GPwSI.
End of Life service	Ongoing from 2008/09	To improve end of life care for terminally ill patients
Acute and Community Stroke Service	June 2009	Redesign of acute and community stroke services
Intermediate Care Services	Ongoing from 2007/08	COPD Team- Admission avoidance/length of stay reduction local service
		Pulmonary Rehabilitation Admission avoidance/length of stay reduction local services
		Community Paediatric Nursing Service Admission avoidance/length of stay reduction local service
Intermediate Care Services (continued)	Ongoing from 2007/08	Single Point of Access Admission avoidance/length of stay reduction local service
	Ongoing from 2007/08	Development of intermediate care beds on Littleton Unit, CCH Admission avoidance/length of stay reduction local services. Currently developing plans for additional beds in 2010/11.
	Commenced 2008/09 Discontinued during 2009/10	Unique Care pilot
A&E GP Led Triage, SGH	Discontinued in late 2009/10	
Development	Date Commenced/introduced	Summary of service development/aims
Patient & Public	2008 – development work	Development of District Patient

Engagement	July 2009 – first meeting	Participation Group
	April 2009	Practice LES introduced to encourage more Practices to participate.
Foot Care Service	Planning work commenced during late 2008/09	Provide Practice based foot care service for routine treatments
Practice based Carpal Tunnel surgery	April 2008	GwSI provides this service at Brewood GP Surgery. Service currently under review.
Public Health	During 2008/09	Adult Weight Management Service
	During 2009/10	Children's Weight Management Service
	During 2009/10	Exercise on Recommendation
	Sept 2008 April 2009	Chlamydia LES
	April 2008	Smoking Cessation LES
	Summer and Xmas 2008	Free swimming for children in school
		Exercise facilities at Cannock Leisure Centre
Community Alcohol Team		Support service for patients referred from local GP Practices.
Use of Freed Up Resources	From 2007-08	Local Practices utilising their 70% share of budget savings to introduce new services and provide better facilities for the benefit of local patients
Consortium Website	April 2008	To assist with communication with Practices and public

Cannock Chase Commissioning Consortium – Management Board Members 2008/09

Dr Timothy Berriman	Chair and GP Representative, Cannock Town
Dr Andi Selvam	GP Representative, Hednesford, Heath Hayes and Chadsmoor
Dr Mohammed Huda	GP Representative, Rugeley
Dr P Ballinger	GP Representative, Cannock Town
Dr A Onabolu	GP Representative, Cannock Town
Dr B K Singh	GP Representative, Norton Canes
Dr V K Singh	GP Representative, Hednesford, Chadsmoor and Heath Hayes
Clive Cropper	Secretary, Practice Manager Representative, Hednesford, Chadsmoor and Heath Hayes
Patsi Hemmingsley	Practice Manager Representative, Rugeley
Kim Cyster	Practice Manager Representative, Hednesford, Chadsmoor and Heath Hayes
Jacqui Harrison	Practice Manager Representative, Cannock Town
Dr Hirendra Choudhary	GP Representative, Heath Hayes (to 30/09/2009)
Tina Taylor	Practice Manager Representative, Great Wyrley/Cheslyn Hay (to 30/09/2009)

Cannock Chase Commissioning Consortium

List of member GP practices

Practice

Cannock (and surrounding areas)

Bideford Way Surgery, Cannock
 The Red Lion House Surgery, Cannock
 Hednesford Street Surgery, Cannock
 GP Suite, Cannock Chase Hospital, Cannock
 The Nile Practice, Old Penkridge Road Surgery,
 Cannock (branch surgery)
 Church Street Surgery, Cannock
 Stafford Road Surgery, Cannock
 Newhall Street Surgery, Cannock
 Moss Street Surgery, Chadsmoor
 Chadsmoor Medical Practice, Chadsmoor
 Aung Min Gar Lar Surgery, Hednesford
 Dr Murugan, Hednesford
 Dr Chandra, Hednesford
 Dr V K Singh, Hednesford
 Dr T R K Murty, Hednesford
 The Surgery, Rawnsley Road, Rawnsley
 Dr Jalota, Norton Canes
 Norton Canes Health Centre, Norton Canes
 Dr B K Singh, Heath Hayes and Norton Canes
 Dr Gupta and Partners, Heath Hayes & Chase
 Practices

Great Wyrley and Cheslyn Hay

Dr Wilson, Great Wyrley
 Dr Desai, Great Wyrley
 Dr Patel, Great Wyrley
 The Medical Centre, Southfield Way, Great Wyrley
 The High Street Surgery, Cheslyn Hay
 The Nile Practice, Cheslyn Hay

Rugeley and Armitage

Aelfgar Surgery, Rugeley
 Horsefair Practice, Rugeley and Armitage
 Sandy Lane, Rugeley
 Brereton Surgery, Rugeley

**Total Practice
Population**

130,147

Financial Out Turn 2009/10 *

	Annual Budget £	Outturn £	Variance £
Acute Services			
Mid Staffs - Main contract	56,520,617	54,689,808	-1,830,809
Mid Staffs - Non contracted	165,700	107,919	-57,781
Burton Hospitals - Main contract	1,664,764	2,376,835	712,071
Burton Hospitals - A & E	70,399	65,325	-5,074
Burton Hospitals - Non contracted	136,119	112,993	-23,126
Heart of England FT	868,474	901,657	33,183
Wolverhampton - Main contract	3,571,655	5,994,926	2,423,271
Wolverhampton - Non contracted	4,089		-4,089
Walsall - Main contract	6,479,930	7,365,779	885,849
Walsall - Non contracted	209,045	59,036	-150,009
Derby Foundation Trust	324,501	261,440	-63,061
Dudley Group of Hospitals	91,014	131,778	40,764
Univ Hosp N Staffs - Main contract	2,487,640	2,784,090	296,450
Univ Hosp N Staffs - Non contracted	148,455	142,063	-6,392
Univ Hosp B'Ham - Main contract	1,658,809	1,682,127	23,318
Nottingham City Hosp - Main contract	167,459	191,752	24,293
Royal Orthopaedic	195,724	261,572	65,848
Sandwell and West Birmingham	450,158	505,494	55,336
Burton Treatment Centre		30,678	30,678
Birmingham Children's Hospital	523,763	563,871	40,108
Others	4,989,080	2,442,091	-2,546,989
Acute	80,727,395	80,671,234	-56,161
Mental Health and Learning Difficulties			
South Staffs and Shropshire Foundation Trust	11,927,506	11,686,833	-240,673
Others	1,413,176	1,267,624	-145,552
MH and LD	13,340,682	12,954,457	-386,225
Other Hospital and Community Services			
Continuing Care (inc Free Nursing Care)	7,867,714	8,748,902	881,188
Joint Commissioned Services	1,991,707	1,978,480	-13,227
Hospices	558,775	584,240	25,465
Voluntary Sector	163,380	157,147	-6,233
Primary Care	448,290	433,426	-14,864
Other Provider/Community Services	200,665	238,567	37,902
Non Contract Activity	443,415	837,604	394,189
Choosing Health	329,483	201,782	-127,701
Other Hospital and Community Services	12,003,429	13,180,148	1,176,719
Prescribing	19,530,586	19,365,283	-165,303
Other Drugs	894,599	1,036,781	142,182
Reserves	4399962		-4,399,962
Hchs - Provider Recharge	14,406,853	14406853	0
Grand Total	145,303,506	141,614,756	-3,688,750

* Subject to audit agreement