

Stafford & Surrounds

Locality Commissioning Group

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Practice Based Commissioning
Consortia

Annual Report 2009-10

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Stafford & Surrounds Practice Based Commissioning Consortia

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Chairman's Foreword

It is my pleasure to introduce you to the Stafford and Surrounds Practice Based Commissioning Consortium's third Annual Report. The Consortium has reached a degree of maturity which has enabled us to deliver larger scale service change leading to significant improvements for patients.

One of the early issues that the Consortium had to address was the future of the A&E pilot. While the GPs in A&E were seeing over 500 patients a month, the feedback from both patients and staff was positive and the service contributed to the delivery of the A&E target, the model agreed with the Trust was not financially viable. However, we have gained considerable knowledge of both the emergency care system and experience of working alongside another organisation that will, I'm sure, be utilised in future projects.

Despite this early set back the year has been a very positive one and the Consortium has been able to celebrate the introduction of a number of new services and service improvements. One of the key changes has been the opening of the Greyfriars Therapy Centre (GTC). Although this took far longer than was originally anticipated the benefits will justify the effort it has taken to get the GTC open. GTC provides both a base for the co-location of a number of community teams and a treatment floor for the delivery of a range of many new services, which you will read about in this report.

Another significant development has been the establishment of a Consortium-wide Patient Participation Group. We are finding the opportunity to share ideas and receive feedback invaluable.

Finally, I am pleased to finish by reporting that while delivering new services, with further developments to come in 2010-11 and opening of the GTC, the Consortium exceeded the savings target we were set by the PCT. The Consortium delivered savings of £2.3m against a target of £2.1m.

The only thing more exciting than the successes of 2009-10 is the anticipation of what we will achieve in 2010-11.

Steve Powell

Chair, Stafford & Surrounds PbC Consortium

Stafford & Surrounds Practice Based Commissioning Consortia Annual Report 2009-10

Introduction

All of these projects have made significant progress or will be ready for implementation early in the new financial year.

Each year the Practices are funded to carry out five projects. However, GPs from a number of Practices have supported the wide-ranging work programme which is far broader than the five projects they are required to deliver.

The Annual Report reflects the wider programme of activity lead by PbC.

The following is a detailed report setting out the achievements for the year.

1. Project 1 – End of Life Pathway

Background to the Project – In 2008/09 the PCT agreed a Strategy for End of Life Care. To implement the Strategy requires each District to work with the Clinical Champion for End of Life Care to review the current service, complete a detailed gap analysis and develop and commission a local implementation plan to deliver the strategic objectives. Funding was identified through the Local Delivery Plan (LDP) to implement local solutions.

Aim of the Project – to identify a local model with key stakeholder and commission it from an appropriate provider. It is anticipated that by improving care at the end of a person's life patients with terminal illness will have more choice of where to die and reduce stress for the patient's family and carers. The outcomes from national surveys have shown that many patients would choose to die at home if they were given sufficient appropriate support. It was therefore also anticipated that the percentage of patients dying at home would increase.

What was delivered – The Consortium worked with key stake holders from primary care, the local community, secondary care and the local hospice to finalise the model for care. During discussions the Consortium received a very generous offer from Katherine House Hospice to add £400k over two years to the funds available to PbC to commission the service.

A business case has been developed to show how the funding would be used to develop a two year pilot and the service evaluated. If the additional service is able to reduce the use of both hospital and hospice beds sufficiently to pay for itself then PbC would put the specification out to tender.

However, the PCT has delayed release of the LDP funding until the Executives have been assured that the remaining two districts in the West have affordable solutions for their patches.

Has the project been fully delivered – PbC has delivered the model and a plan for commissioning the service, including the service specification and Job Descriptions for the support workers. However, there has been some delay owing to a hold of all investment of LDP funding while the financial position was reviewed and further delay to ensure the

Cannock and Seisdon solutions are also achieved. These delays were not anticipated at the beginning of the project.

The SaS Consortium is leading a workshop with the other two consortia from the West and other hospices in which it is hoped a way forward will be agreed but it is expected to be outside the timescale of the project.

Next steps – once a suitable solution for the West is agreed by Executives PbC will commission the enhanced End of Life Service. Although the delay is regrettable it will not prevent the project from fully delivering its objectives.

2. Project 2 - Community Surgery Project

Background to the Project - Around the country there are many examples of community based surgical pathways which offer patients care closer to home, maximise the use of secondary care for complex cases and deliver value for money. At present Carpal Tunnel releases, some ENT procedures and Vasectomies are available in Stafford.

Aim of the Project – The Project was to review the potential for delivering a range of procedures in the community and develop a three year programme for the introduction of new services. In addition to developing pathways the project will link to the Estates Strategy to provide a community based theatre with appropriate support which can be used by clinicians delivering services.

The Project aims to work closely with Mid Staffs Foundation Trust and has already gained support to work jointly to explore options for the development of community based surgical procedures from the Clinical Director and Divisional Manager for Surgery.

There is an expectation that the knowledge gained from the introduction of the first new community based pathway will be built upon for subsequent pathways.

What was delivered – The project lead has made good links with Probus a similar service in the West Country which delivers over 3,000 procedures in the community per annum. This has helped the project team to gain an understanding of the potential services that could be delivered in a community setting.

The Consortium has also begun to develop a template for the introduction of new services which could be used to support the introduction of future pathways.

Finally, the project has one community based pathway for introduction in April 2010. This is for the introduction of dermatology surgery.

Has the project been fully delivered – it was anticipated that the first pathway would be up and running by the end of the financial year, however, this have slipped by about 4 weeks. The pathway will commence in April.

Next steps – Following the introduction of the dermatology surgical service the outcomes will be evaluated for both clinical and satisfaction outcomes. The Consortium will use the knowledge gained for the introduction of further community pathways.

3. Project 3 - Primary Care input into A&E

Background to the Project - In 2008/09 Stafford PbC Group led a project to scope the requirements of a Primary Care presence in A&E to reduce breeches of the 4 hour target and prevent admissions. While, in the first year, a reduction in 4 hour breeches was demonstrated it proved more difficult to demonstrate a reduction in admissions.

It was believed that there were two main reasons for this which were:

- ❖ Gaps in community based services which were identified during the project and resulted in patient admission.
- ❖ The relatively small number of admissions being avoided has proved difficult to demonstrate the change on a simple run chart or SPC chart which was the chosen method of analysis.

Aim of the Project – To continue the project in 2009/10 during which additional community services and discharge liaison posts were introduced across Stafford and Cannock. During this period PbC worked with Public Health Dept to evaluate the contribution of the Primary Care Clinicians.

At the end of the period the Project was to be either commissioned recurrently with its management out to tender or discontinued.

What was delivered:

- ❖ Continued presence of Primary Care Consultants (PCC) in A&E, which saw 500-550 patients per month.
- ❖ Developed a Governance Plan that would have enabled the range of conditions treated by the PCC to be expanded.
- ❖ Development of pathways for patients presenting to A&E with Ambulatory Care Conditions.
- ❖ Fully populated rota produced at least one month in advance of shifts.

Following evaluation and discussion with PCT & MSHT discontinued the project September 2010.

Having completed further evaluation using Statistical Process Control charts (SPC) the project could not be demonstrated to deliver sufficient admission avoidance to be cost neutral although there was evidence that it contributed to the achievement of the 4 hour target and delivered excellent care to patients.

Following an unsuccessful discussion with Mid Staffs Hospital Trust to share the cost of the service a decision was taken to discontinue the project in September 2009.

Next steps – PbC has now been approached by the Trust and asked to re-introduce the project to support delivery of high quality care and the 4 hour target. Negotiations are underway to identify whether a suitable model can be delivered that is financially viable.

4. Project 4 – Intermediate Care Team (ICT)

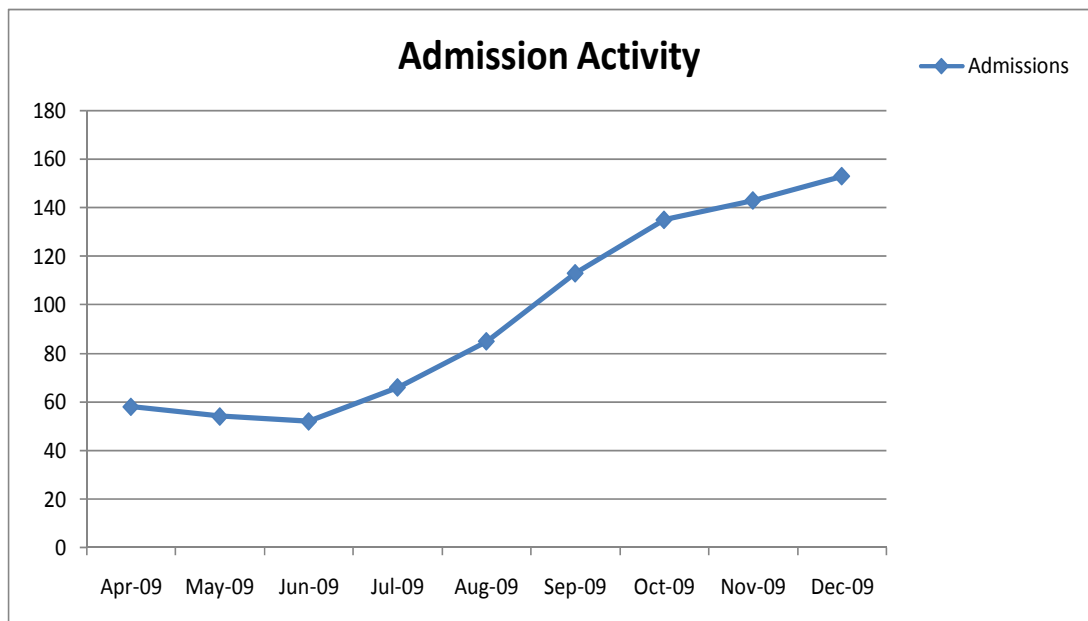
Background to the Project - In April 2009 the ICT was expanded by 22 WTE staff and the Consortium led a tender process to consolidate all the beds into one Nursing Home. In addition the team were relocated to a new building co-located with other specialist nurses and the Re-ablement Team from Social Care. These changes provide an opportunity for the ICT to expand both the capacity and case load they manage.

Aim of the Project - The Project reviewed the working of the team with a view to maximising the capacity for step up activity. The ICT were also to take step down patients from the acute hospitals, and this work was to be increased once an unbundling agreement was in place and this additional workload will need to be balanced with the teams current activity.

What has been delivered – The co-location and expansion of the ICT with Social Care has significantly increased capacity. As part of the co-location a Single Point of Access (SPA) for health and social care referrals has been developed.

The Project has delivered a monthly report to Practices showing activity and a capacity tool to identify any future need for expansion or capacity which is not being used.

All Practices have been visited by the ICT to set out the details of the service available. The visits have helped in the increase in activity which the ICT has delivered.



Next steps – the PbC Lead will continue to chair a stakeholder group to oversee the development of this service. In 2010/11 the ICT will develop links to University Hospital of North Staffs to mirror those at Mid Staffs to support admission avoidance.

5. Project 5 – Mental Health

Aims of the Project – In 2008/09 SaS PbC Consortium reviewed the services available to patients in primary care with mental health needs. This work identified a significant gap for patients with mild to moderate mental health needs (Levels 2 & 3 in the Stepped Care Model). The Consortium developed a specification for a primary care service which to meet the needs of patients and is Improving Access to Psychological Therapy (IAPT) compliant. In 2009/10 the project aimed to commission the model and implement the service.

What was delivered – having reaffirmed the Service Specification was correct the Consortium led a tendering process and awarded the contract to a provider in February 2010. The Providers have recruited staff and there have been a series of implementation meetings. The service will commence in May.

As part of the service Practices will be provided with regular reports indicating activity levels and outcomes for patients.

Following the introduction of a primary care mental health service PbC anticipates:

- ❖ a reduction in demand for secondary care mental health services
- ❖ a reduction in demand for secondary care physical health services, esp. A&E
- ❖ high levels of patient satisfaction with the new services

Has the project fully delivered – it was initially anticipated that the primary care mental health service would have been implemented in 2009. However, owing to a review of LDP funding by the PCT several months delay have been introduced to the project. This has led to a great deal of frustration from the GPs who have identified the need for this service.

Next steps – PbC will continue to oversee the implementation of this service.

6. Commissioning

Stroke Services – Following on from a bid through the LDP Stafford has developed a service specification for a Community Stroke Service which has been tendered and the contract awarded to Walsall PCT. Leads from the Consortium have been meeting with the Providers to oversee the implementation and the service will go live on the 26th April. The team will be based at Greyfriars Therapy Centre. While most of the care they deliver will be in the patient's home however, a small number of patients may be brought into the centre for therapy sessions.

Community Alcohol Team - The Community Alcohol Team have been commissioned to deliver home detox services. The team are based in Greyfriars Therapy Centre. While they will see patients in their homes they will use either the patients home or Greyfriars when there are safety concerns. The team saw 54 patients between August and when the service commenced in March.

DVT Pathway – SaS Consortium have led a group which included hospital and community colleagues to develop a pathway for patients suspected of having a DVT. Patients which be given a same day appointment and scan to avoid having to wait in A&E. Once introduced in April the alternative pathway will deliver a significant improvement for patients and also reduce the pressure on the A&E department to enable those with emergency care needs to be seen more quickly.

7. Cost Improvement Programme

The Consortium has worked with the Finance and PbC Leads to deliver their Cost Improvement Programme (savings target). The group meet on a monthly basis to develop and monitor plans. The PbC Finance Lead ran a monthly workshop for all the Practices so that they could improve their knowledge around the secondary care data and how to interrogate their information. This was very well received.

Following on from these meetings the Consortium decided to reduce the threshold for validation of secondary care activity from £5k to £2k. The reduced threshold has lead to an increase in the number of challenges to secondary care.

8. CIP Workshop

In October the Consortium ran a workshop to support the Practices to deliver financial balance. The workshop was attended by a GP and Practice Manager from each Practice. Prior to the event each Practice was supplied with analysis of their spend and a tailored list of options that might support them to achieve balance. The workshop showcased the community alternatives to secondary care referrals, pharmaceutical switches that could be made and a tool developed at Weeping Cross Practice to enable the GPs to identify variation in referral behaviour which could be discussed in a clinical setting.

The feedback following the workshop was very positive and there has been a marked increase in the use of community services. A number of Practices have also reported that they are using the referral analysis tool.

9. Practice CIP Visits

Following the workshop each of the Practices in deficit was asked to develop a Recovery Plan which was discussed at a visit from the PbC Chair and Clinical Lead, the Finance and PbC Lead. Outcomes from these meetings have been recorded and a summary discussed with Wendy Kerr, Acting Director of Finance. As a result of the various work streams the Consortium were able to deliver savings of £2.3m against a target of £2m.

10. Patient Participation Group

During 2009/10 the Stafford Practices attended a training event to explore the benefits of developing a District-wide Patient Participation Group and how they could most quickly stimulate its development given that some Practices didn't have an in-house group. The strategy has worked well and we now have an active District group that is represented on the PCT wide group and are starting to stimulate Practice groups including a virtual group that operates on-line.

Projects and commissioning decisions have been discussed with the group who have fed in comments for 2010/11 and it is anticipated they will play a fuller role next year.

11. Estates

During the course of the year the Consortium agreed services plans and estate requirements for delivery of the West Side Story. Unfortunately, owing to a review of the PCT Estates Strategy, these plans have been delayed.

12. Greyfriars Therapy Centre

Following the development of a detailed business case the Consortium has successfully made the case to lease and adapt a new building in Stafford for the provision of new services. The additional space has allowed the Consortium to commission a number of new services that deliver both better services to patients and support the CIP. In addition to the services mentioned above the following services are also delivered from Greyfriars.

- ❖ Pain Management
- ❖ Rheumatology Triage
- ❖ Pulmonary Rehabilitation
- ❖ Early in 2010/11 Orthopaedic Triage and Dermatology Surgery will also be offered from the building.

13. Maintenance

In addition to the new pieces of work undertaken in year the Consortium has continued to monitor and make changes to projects completed in previous years.

Paediatric Constipation Service – The service represents a cost effective alternate to secondary care and provides Health Visitors with an opportunity to develop skills in the community so that the service can be discontinued in time. However, the current demands are such that mean that the service will need to be continued into 2010/11. There are fortnightly clinics which alternate between Stafford and Rugeley with space for 4 new patients to be seen at each clinic.

Diabetes – This service was moved into the community in 2008/09 although because of the lack of community facilities the consultant element is delivered at the acute trust. In addition to the Clinical Nurse Specialist being available in each Practice all patients with Diabetes have the option to attend a MDT Diabetes Education Programme. Appointments are offered within weeks of the patients being diagnosed and the evaluation sheets demonstrate that patient's needs are being met. In 2010/11 we will look to the possibility of offering a further course for patients who have been living with diabetes for some time and may benefit from an update.

ENT Triage - The ENT service continues at Wolverhampton road and continues to deliver a recurrent saving. The annual patient evaluation is due in a few weeks and is anticipated to show continued high levels of patient satisfaction.

In 2009/10 the service saw 1,626 new patients (at 70% on a tariff of £121 therefore saving £58k) and 461 (at 70% of a tariff of £63 therefore saving £9k) which is a follow-up ratio of 1:0.3 which is significantly below the level for secondary care which is 1:1.2. (1,493 less follow/ups saving £94k)

The total savings in 2009/10 was therefore £161k.

14. Plans for 2010/11

We are expecting 2010-11 to be another exciting year as the Community Stroke Service and the Primary Care Mental Health Service will go-live in the Spring.

The Consortium will be taking on a wider range of projects covering areas such as:

- ❖ Community Surgery
- ❖ Ophthalmology
- ❖ Gynaecology
- ❖ Urology
- ❖ Dermatology
- ❖ Dementia Care
- ❖ Services for people at the end of life
- ❖ Improving the care of people in Nursing Homes
- ❖ Diabetes
- ❖ Osteoporosis Care

Many of the projects will involve collaboration with our local trust and neighbouring PbC Consortium.

The Consortium is working to continue its record of strong financial management although the challenge in 2010-11 is expected to be significantly greater than anything we have experienced to date.