NHS
Slough
Clinical Commissioning Group

Title of meeting			
Date of Meeting	3 March 2015	**Paper Number**	
Title		Chief Officer's Report	
Sponsoring Director (name and job title)		Matthew Tait, Interim Chief Officer	
Sponsoring Clinical / Lay Lead (name and job title)		N/A	
Author(s)		Matthew Tait, Interim Chief Officer	
Purpose		For information	
The xxx Committee is required to (please tick)			

Approve		**Receive**	✓	**Discuss**	✓	**Note**	✓

Risk and Assurance (*outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)*	N/A
Legal implications/regulatory requirements	N/A
Public Sector Equality Duty	N/A
Links to the NHS Constitution (relevant patient/staff rights)	N/A
Strategic Fit	N/A
Commercial and Financial Implications *(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?* *Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)*	N/A Date Deputy CFO sign off ……

Quality Focus *(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets* *Include date the Director of Nursing has signed off the quality implications)*	N/A Date Director of Nursing sign off…….
Clinical Engagement *Outline the clinical engagement that has been undertaken*	N/A
Consultation, public engagement & partnership working implications/impact	N/A
NHS Outcomes *Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below:* *Please note there may be more than one Domain.*	Domain 1 Preventing people from dying prematurely; Domain 2 Enhancing quality of life for people with long-term conditions; Domain 3 Helping people to recover from episodes of ill health or following injury; Domain 4 Ensuring that people have a positive experience of care; and Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.

Executive Summary
(summary of the paper and sign-posting the reader to the key sections within the report / paper)

A report is submitted to each of the CCG's Governing Body providing an overview and summary of the key meetings, events and work of the management team that support the three east Berkshire CCGs.

This report also captures the highlights from each CCG about education and training events, commissioning plans and project work as well as key meetings and organisational development plans.

Recommendation(s)

N/A

Introduction:

Welcome to the Chief Officer's report, covering November 2014 to February 2015, which provides a summary of key events, meetings, strategy and operational updates, as well as up and coming news about key projects and the Clinical Commissioning Groups' monthly updates.

Slough CCG update:

Award winning Slough

The CCG was awarded 'Governing Body of the Year' by NHS Thames Valley and Wessex Leadership Academy. This is fantastic achievement and we wish to thank our staff and our patients without whom this would not have happened.

We now go on to the National Leadership Awards ceremony which will be held in London on 31st March 2015.

Furthermore Mrs Poonam Kumar was awarded the 'General Practice of the Year' award for the practice's innovative diabetes prevention programme. Congratulations go to the Kumar Medical Centre staff and very well deserved award. The programme has huge significance to Slough communities and should be adopted widely.

Finally, the CCG was shortlisted for the 'General Practice Commissioner of the Year' award and Dr J O'Donnell as Health Service Journal Clinical Leader of the Year. All in all, this has been a very successful year for Slough CCG.

Five year forward view update

We have been working hard to respond to the NHS five year forward view guidance published in December 2014. We have refreshed our operational plan priorities and fully adopted the NHS Right Care methodology locally. The subsequent updates reflect the work we have been undertaking to fast track and refocus on areas where we desire better outcomes than we are currently delivering.

Dementia

The CCG will be doing some extensive work on dementia in Slough over the coming period, which includes working with our GP practices to ensure that they are fully supported and to raise awareness amongst our population. We will be working with care homes and community groups as well as holding a STEPS educational session in April 2015 focussing on mental health and dementia. The CCG will also be carrying out GP practice visits to support them with diagnosis and case finding.

In addition, we will be working with the Alzheimer's Society to launch a dementia awareness campaign in Slough. We plan to run this campaign in several different languages to ensure that we reach all areas of the ethnically diverse Slough community.

Cancer

Slough Macmillan GP

Macmillan has awarded the CCG £61,800 across 3 years, to fund a Macmillan GP Facilitator specifically for Slough (2 sessions [4 hours] per week). The aim of the post is to develop continuity and quality of cancer services including End of Life across Primary Care. The role provides protective time for an experienced GP to work with the primary care staff, community staff and others involved in cancer care in an educational capacity and as an agent of change by mobilising, enhancing and extending existing professional skills. The Slough Macmillan GP facilitator should produce a recognisable improvement in the quality of urgent cancer referrals and palliative care provided by GPs and Community Teams. In line with this, they will provide a GP perspective on commissioning cancer services. The role is expected to receive peer supervision along with the existing GP Facilitators employed through Thames Valley Strategic Cancer Network. Slough CCG is currently planning the recruitment drive.

Macmillan Screening Improvement project

Macmillan have also awarded the CCG £281,622 across 2 years to fund a full time Project Lead and a full time Macmillan Screening Logistics Co-coordinator (administrator role) to manage the delivery of a Health Screening promotional strategy. The programme has decided to target bowel screening first as public health data suggests this screening area requires the most attention across Slough, particularly targeting black and minority ethnic groups (BME) and men where uptake rates are lower. Hence, the programme will address key issues starting in areas of lowest deprivation first, in the following way:

- Develop local heath promotion tools with the support of patients and carers e.g. promotional film to show in GP practices and community centre; patient stories information leaflets, the Health Bus, and case studies to accompany standard screening letters in a range of languages to account for Slough multi-linguistic population.

- Targeting men e.g. mosques after prayers led by local GP representation working closely with Slough Council for Voluntary Services (CVS) to identify venues and arrange health promotion events.

- Planned opportunistic health promotion events within community pharmacies e.g. Tesco pharmacy and the local independent pharmacies.

- Schools and children centres – to educate young people and their parents (grandparents) to improve earlier diagnosis rates.

Slough CCG is currently planning the recruitment drive for the project manager and administrator roles.

Accelerated, Coordinated, Enhanced (ACE) Project

The CCG has been successful in achieving £30k from NHS England in partnership with Macmillan and Cancer Research UK to fund a research project aimed at improving earlier diagnosis for patients with vague symptoms or non- alarm cancers. This builds on the previous National Cancer Intelligence Network analysis performed by the Clinical Leads where they highlighted to their Primary Care colleagues that approximately 40% of cancers in Slough were diagnosed along the 2 week wait pathway whilst approximately 60% are diagnosed through alternative routes including screening and routine referrals. This requires further investigation and irrespective of the referral route to diagnosis there needs to be earlier access to treatment for better prognosis across Slough.

Slough CCG and Frimley Health Foundation Trust (FHFT) have agreed to work together, particularly in those clinical areas that were associated with the highest 2 week wait referrals, poor cancer conversion rates and where demand exceeded hospital capacity. The pathways include gynaecology, urology, unknown origins suspected tumours and general surgery (upper and lower gastrointestinal tract).

The project involves a clinically led team (consultant and GP) for each pathway to perform a retrospective study comparing patients who present with similar symptoms, and who have the same diagnosis comparing patient journeys along the routine and two week wait routes. The anticipated outcome is the development of vague symptom referral / risk assessment criteria for each specialism. The CCG and FHFT are currently in the planning phase and identifying clinical leads in order to commence the project.

Children

The CCG will implement a Community Paediatric Respiratory service with a focus on asthma aimed at reducing unnecessary hospital attendances for the newly diagnosed, admission avoidance, supported discharge and to prevent readmission. Hence, there is the intention to recruit 1.5 whole time equivalent (WTE) paediatric respiratory nurses who will be based within the Paediatric Team at Wexham Hospital. The service will provide chronic disease management of

asthma through early identification on admission, then co-ordinate care and services for these patients providing appropriate information, education, and advice to patients and Primary Care.

On discharge, the same nurse will perform follow-up domiciliary visits. The team will establish community clinics taking referrals from GPs for new and difficult asthma from a variety of venues including GP practices and children centres. The service would also provide patient/carer/family education sessions delivered locally and within schools. In addition, they will provide health professional education and 1:1 sessions to GPs and practice nurses. Contractual agreements have been reached with FHFT and the Paediatric Department is currently in the process of preparing for recruitment.

End of Life

FHFT have reviewed the patients who arrive at A&E suffering from a terminal illness and are towards the end of their life. This has highlighted that a significant number die in hospital within 3 days admission (88.3% (n = 1129)). There is plenty of evidence that shows most people would prefer to die at home rather than in hospital and so the review has prompted discussions between Primary and Secondary Care on how to improve the following:

- Maximise patient choice by providing as much treatment and support in the home/community setting as possible.
- Reduce acute hospital interventions and inpatient hospice stays during a patient's end of Life stage.
- Ensure integrated working between the NHS, voluntary, charitable and private sectors in order to deliver high quality patient care, in line with national recommendations where specialist palliative care is provided as early as possible.

Based on the above discussions, involving the full range of Slough Palliative Care providers, Slough CCG proposes to integrate Community Specialist Palliative Care Services. This will be facilitated with the involvement of the Clinical Senate (NHS England). It has been agreed that the next step is to establish an End of Life (EoL) Steering group to take this service transformation work forward. The steering group terms of reference intends to have membership from all Slough CCG current palliative care providers.

Stroke

Slough is an outlier for stroke in term of incidence and poor outcomes. The CCG has used the Right Care Methodology which highlights the key areas of

improvement and ways to improve them. Slough is working in partnership with the Strategic Clinical Leads and Public Health England to build a Stroke Strategy to improve the outcomes for patients who suffer a stroke and put in place prevention initiatives targeting the population at high risk in Slough.

The objectives of the programme include:

- Identification of risk factors, prevention and the management of the diagnosis;
- More consistent use of Atrial Fibrillation with the intention of reducing variation in practices as well hospital management;
- Effective discharge processes with support for stroke patients in the community including neuro-rehabilitation services.

The identification phase of the project involves local clinical audit of the risk factors, using the GRASP audit tool for Atrial Fibrillation to identify at risk patients and prescribing anti-coagulation to better manage their condition. In addition to the Atrial Fibrillation management, Slough also keen to incorporate Cascade genetic testing for the Familial Hypercholesterolemia (FH), to tackle abnormally high cholesterol level which is a risk factor for stroke as well as cardiovascular conditions.

The programme would undertake performance scrutiny across stroke services including re-designing of the pathway to include Primary Care Preventions and Secondary Care Pathways.

Diabetes

Diabetes is a prioritised Quality, Innovation, Productivity and Prevention (QIPP) programme for Slough and is working with Public Health England and the Cardiovascular Disease (CVD) Network to deliver the integrated diabetic care services in primary and community care. The scope of the programme includes service re-design to identify and meet the changing requirements of prevention and care management of diabetic patients. The aim is to reduce non elective admissions to hospital and long periods of stay bringing patient activity and flow back into the primary and community care.

The phases of the programme include identification, prevention and management of diabetic patients in primary and community care including efficient development of the complex case management approach, virtual and/or tele-health clinic, secondary review and impact assessment outcome driven model and monitoring performance.

Cardiovascular Disease (CVD)

Slough CCG recognised that the existing CVD QIPP project had an area of improvement to deliver better outcome for Slough patients. The work stream is divided into Heart Failure, Arrhythmia, chest pain and community rehabilitation.

The programme is divided into prevention, identification and care management of the complex patients in primary and community care. However, the main focus is on the prevention phase to identify risk groups in the population to better manage their condition before the onset of the disease by controlling their signs and symptoms and risks factors including cholesterol, hypertension, and obesity.

Slough CCG is actively working in partnership with the CVD Network and Public Health England to tackle issues and the better management of long term conditions to reduce non-elective admissions and making sure that patients have equitable access to cardiology clinical and diagnostic services in primary and community care.

The focus will be on the bringing together clinical, community, referral and management pathways to deliver effective services in primary care. Further on, Slough will be reviewing activity undertaken to offer patient care near to home as well as reviewing the Trust plan to offer a Primary Percutaneous Coronary Intervention (pPCI - often referred to as Primary Angioplasty) service at FHFT to align the clinical pathway.

STEPS Education Events

The CCG's recent STEPS events focussed on winter illnesses, the Prime Minister's Challenge Fund (PMCF) and End of Life Care. These events were very well received by clinicians, as they outlined the interventions that can be made in primary care to prevent winter illnesses and also gave an outline of the various work streams that are taking place under the PMCF.

The forthcoming STEPS event in April 2015 will focus on paediatrics and will include training on asthma and child safeguarding. This session will feature a consultant speaker from the acute hospital giving tips on diagnosis in primary care, with particular focus on childhood illnesses. The child safeguarding item will be delivered by one of our Slough GP leads with a special interest in safeguarding.

Falls Prevention

A falls prevention pathway has been developed for patients in Slough outlining risk factors that will enable GPs to identify patients most at risk of falling. This is currently at the approval stage and once in place, will enable the appropriate interventions to be made in primary care to prevent at-risk patients from suffering falls and thereby reducing emergency admissions for injuries related to falls. At-risk patients will also

be referred into specialist falls services in the community to ensure that they receive the most appropriate care and support.

Care Homes

The CCG is working jointly with Slough Borough Council (SBC) on a project to improve the standard of care provided in care homes to reduce the number of emergency admissions. This includes monitoring safeguarding and medications. The Slough CCG clinical lead for care homes is working closely with our 8 local care homes in Slough to ensure that staff training needs are identified and met. Current data shows a 4.9% reduction in emergency admissions to hospital compared to the same period from the previous year.

Prime Ministers Challenge Fund (PMCF)

All 4 Clusters continue to provide appointments for patients across Slough to see a GP in the evening up to 8pm Monday to Friday and from 9am – 5pm on Saturdays and Sundays. Some nurse appointments are also available. Of the almost 1000 extra appointments made available each week 88% are being used by patients. There is a variable element of 'did not attend' within this figure that we are working to address this as part of a patient led campaign.

A second patient survey was conducted in December taking the overall response rate from the 2 surveys to over 600 patients. Appointments exceeded the expectations of more than a third of respondents (36% compared to 26% in the October survey). Again 97% of patients felt satisfied or very satisfied with their overall experience, with 95% of respondents either likely or extremely likely to recommend the service to family and friends.

Earl Howe, the Parliamentary under Secretary of State for Quality recently visited the Farnham Road Surgery in Slough. Feedback from him was very positive about our patient engagement and schools initiative and vision in particular.

The Slough wide patient reference group continues to meet each month and takes an active role in many of the other PMCF projects. Slough patients and their GPs have worked closely together on 2 projects so far:

- Over 40 people (patients and GPs) attended the Making Action Plans (MAP) event, held on 25th September and 15th October 2014 at The Centre, Slough. A selection of the actions and agreements were jointly made for their individual practices in the coming weeks. One member commented*…'these last two meetings have made the difference… we're doing it'.*

- The second event was the Simple words project which is focussed on

understanding what people are really saying and co-designing the top 10 conversations in primary care.

There was a vibrant meeting on 8th January 2015 which was the culmination of a previous meeting with patients and a separate meeting with GPs. Almost 40 people attended, including seven of our Slough GPs.

There was openness, honesty, compassion and humour as the group watched role plays of those conversations that they had identified as most commonly difficult or misunderstood during consultations.

The group looked at what makes a 'good' conversation and the outcome will be a 'Simple Words' training programme for primary care clinicians to reduce the use of jargon and 'NHS speak' during patient consultations and improve the experience for both the doctor and patient.

Urgent and Emergency Care

The aspirations for urgent and emergency care services are set out in the CCGs' 5 year plan. A number of different services are in place that together delivers a range of services including:

- Full A&E Services at Frimley Health & RBFT
- Emergency ambulance services
- Bracknell Urgent Care Centre
- Slough Walk-in-Centre
- GP Out of Hours
- St Mark's Minor Injury Unit
- NHS 111

Recognising the complexity of services and potential for improvements, an Urgent and emergency Care Strategy is being developed. This will clearly set out the CCGs' vision and describe how these different services will be coordinated to ensure seamless care for patients and the public

This work is needed to help establish the way forward for re-procuring NHS 111 and GP Out of Hours services. Both of these contracts come to an end in March next year. The CCGs across Thames Valley have been considering the benefits of re-procuring NHS 111 services collectively. This would mean a single contract signed by all CCGs that would include a service specification with a core element, common for all and locally specific elements for each CCG to ensure the service is sensitive

to each CCG's local needs.

Expertise was commissioned from West Midlands where a collaborative approach has been delivered across 22 CCGs. This has delivered a service at scale with efficiencies expected but with local elements clearly reflected in their service specification. The new contract will need to be in place from April 2015 and the timescale would mean work starting imminently.

It may be possible to incorporate the GP Out of Hours service into this procurement and seek potential providers who could integrate these important services for patients.

Planning

The NHS Planning Timetable requires all CCGs to submit their full draft operational plans on 27 February 2015 for review and assurance by NHS England. Final plans are required by 10 April 2015 following approval by CCG Governing Bodies. Key requirements for 2015/16 are:-

- Continuation of the delivery of the NHS constitutional standards.
- Progress against the 7 outcomes measures from Everyone Counts.
- Implementation of recommendations from Berwick, Francis and Winterbourne reviews.
- Progress with the delivery of a 7 day service.
- Parity for mental health services.
- Financial balance and alignment of Better Care Fund plans.

Assurance of the plans will focus on the alignment of plans between commissioners and providers.

National Tariff

Following the rejection of official tariff proposals by providers accounting for 75% of all tariff funded services, NHS England and Monitor have provided an alternative voluntary tariff called the Enhanced Tariff Option (ETO). In addition to the benefit of increased certainty of funding principles at an earlier point, NHS England expects that a majority of providers would be in a better financial position by opting into the ETO.

Features of the Enhanced Tariff Option (ETO) include:

- Reduction of headline efficiency savings in the 2015-16 tariff from 3.8% to 3.5%.
- A new marginal rate for Specialised Services for activity above 2014-15 levels.
- MRET raised to 70% on all activity above the agreed baseline to support ongoing winter resilience schemes.
- Additional funding for Clinical Negligence Scheme for Trusts (CNST).
- Continue to access to up to 2.5% of CQUIN

Organisational Development and Collaborative Working

All three CCGs are taking part in a process to review the collaborative working model and how the federation operates. This process has involved individual discussions with each Governing Body and a workshop across all three. The work has reviewed both the successes and challenges of the present arrangements, looked at potential alternative options for working together and considered future aspirations and potential service delivery changes. This work will help to inform the development of revised organisational development plans for all CCGs and support the substantive arrangements for the accountable officer role.

Re-procurement of Non-Emergency Patient Transport

The contract for non-emergency patient transport also comes to an end in March next year. A collaborative approach to re-procuring this service is being taken with the other CCGs across Thames Valley. The work is starting with a workshop on 6 March to review the specification. Clinical and non-clinical staff, patient representatives and lay members have been invited to attend. This workshop is taking place in Slough and so a good attendance from local representatives is expected. It is important that we ensure information about patient experience is included in the review and patient engagement will be integrated in the re-procurement exercise.

Joint Transformation Board and Collaborative Care for Older Citizens (CCOC)

Our Health and Social Care System Leaders Group has identified transforming care for frail or older people as its top priority. The Transformation Programme Board we have in place jointly with Frimley Health NHS FT is in agreement and as a result the Collaborative Care for Older Citizens (CCOC) project has been established. Led by Dr Adrian Hayter, project governance is established with a steering group made up from all partners in the system, and a number of workstreams with key enablers including collaborative leadership, shared care records (interoperability), workforce and alignment of incentives and benefits.

Through this project we will work in partnership to develop a new and transformed model of care for older people. Our vision is that older people will require less acute hospital care and there will be a reduction in the capacity and spend on care for older people in Frimley Health. The aim is for this to enable an increase in the capacity and effectiveness of out of hospital care and deliver financial sustainability for the health and social care economy.

The benefits anticipated from successful development of this model are better care for individuals, better health for the population and better value and financial sustainability.

BETTER care for individuals	**BETTER** health for the over 65s population	**BETTER** value and financial sustainability

The first phase of this project is Design, which will entail the formation of a multidisciplinary Design Group, bringing together people from across the system who have the experience and vision to jointly design the new model of care. This will be underpinned by a number of design principles based on keeping the patient at the centre, and on simplification of services and access. It will set a vision and an ambition for the whole system.

The process will take around 3 months, commencing in March, and will be made up of a series of workshops interspersed with consultative conversations with and feedback from a patient reference group. By June the output is expected to be

- A description of the future system in sufficient detail that providers could develop implementation plans to turn the vision into reality, and sufficient detail for commissioners to develop commissioning plans. The model of care that is designed will need to be adapted to fit specific local circumstances.
- A description of the role of each sector in the new model – so that it is clear

what it is that primary care, community and mental health services, social and acute providers and commissioners will be doing differently in the new model.

A launch event is planned to take place in June to share the outcome with all partners, staff and residents. The new model will then become the blueprint for future service developments as we move from Design to Implementation.

Bracknell and Ascot CCG update:

Winter months have been a busy time for Bracknell and Ascot CCG and it's member practices in line with the rest of the NHS, and energies have been split between responding to winter pressures and meeting current needs, and preparing our plans for the coming year and taking forward our long term initiatives

Winter pressures and system resilience

The winter months have seen all local health services under pressure to respond to demands. For Bracknell and Ascot this has included GP practices and the Bracknell Urgent Care Centre which have all experienced increased demand. When in need of emergency hospital care, Bracknell and Ascot people tend to choose Frimley Park Hospital. For that reason Bracknell and Ascot CCG has invested its Operational Resilience and Capacity monies in priorities agreed with the Frimley System Resilience Group. These include additional social care support, care home placements to enable people to be discharged from hospital as soon as they are ready, and increased capacity in the intermediate care services.

Primary care developments

Member practices have been working hard in response to two national initiatives. Firstly the opportunity to 'co-commission' primary care services with the NHS England Area Team, who took full responsibility for this under the reforms. A bid has been submitted to jointly commission with the Area Team, which would bring accountability closer to home and involve CCG Governing Body members in the future governance. A second initiative has been the Prime Minister's Challenge Fund, for which a bid has been submitted to realise some of the member practices ambitions to transform primary care. The outcome is awaited.

Bracknell Urgent Care Centre (UCC)

The UCC has been open for almost a year, and enjoyed royal patronage from Sophie, Countess of Wessex at an official ceremony on 11 February. A plaque

was unveiled and a tour of the facility was made.

HealthMakers

This project is well under way and the first volunteers received their first training sessions in facilitating self-management training in January. Further leadership training is due to take place over the coming weeks and we look forward to welcoming HealthMakers to local practices soon.

Self-Care week

The report on our activities in self-care week, run jointly with our colleagues in social care, has been presented to GP council who were delighted in the increase in contacts and activities on last year:

- 60 volunteers trained
- 105 Health MOTs
- 30 organisations providing activities and support
- Almost 2,000 questionnaires completed
- 47 referrals to smoking cessation.

Rapid Access Community Clinic

A Rapid Access Community Clinic opened at the Bracknell Healthspace in December. Older people who need an urgent medical review no longer need to travel to Maidenhead. The clinic offers a multi-disciplinary review to avert a crisis and keep people out of hospital when this is not needed.

Windsor, Ascot and Maidenhead CCG update:

New appointments

The CCG is pleased to welcome Karen Stevens, Practice Nurse at Symons Medical Centre as the new Local Nurse to the Governing Body.

Interviews for the remaining Governing Body GP have taken place and the election process with member practices will soon take place.

We are also pleased to welcome Dr Rishi Mannan to the team as salaried GP, providing clinical support to CCG projects and covering some clinical sessions within practices.

Nadia Barakat, CCG Manager, will be moving onto a new role in the CCG shared

team in April and we would like to extend our thanks for her contribution to the CCG since its inception. Recruitment plans are in place.

Quality premium

The CCG is in receipt of £90k from the Quality Premium for successfully delivering the care homes target amongst others.

Better Care Fund

Progress is being made on integrated working through the Better Care Fund including:

- Continuing good progress on Care Homes/sheltered accommodation non-elective admission reduction programme:
    - Launch of Harm Free Care programme following very successful pilot at Herewards House care home. There is a direct link between dementia awareness training module for staff and focus on increased dementia diagnosis programme across all GP practices.
    - There are early signs of the Falls pathway becoming more effective (reported non-elective admission due to falls back to 2011/12 level). A new Falls Implementation Group has been set up. The integrated dashboard is under development to capture referral routes between prevention and admission avoidance services in order to build community capacity and prevention messaging.
- There has been a follow up to the multiple stakeholder events in December on loneliness, sponsored by Big Society Panel at Royal Borough of Windsor and Maidenhead (RBWM). There is now a mandate to implement the draft action plan, including:
- development of community “navigators”/befriending volunteers to support targeted individuals e.g. on discharge from hospital, specific locality with limited transport, recently bereaved, isolated carers or individuals living alone.
- Support for Proud to be Grey campaign.
- Men In Sheds programme – joint venture with Friends in Need, Sheltered accommodation providers, Berkshire Health Foundation Trust (BHFT), Windsor, Ascot and Maidenhead (WAM) Get Involved.
- Targeted public health campaigns around specific locality/Joint Strategic

Needs Assessment (JSNA) priorities (areas where there are low levels of Health Check take up)

- The Health and Wellbeing Board/ Better Care Fund/ Rapid Assessment Community Clinic have been invited to attend House of Commons event on 24 March to celebrate success of integrated community based services meeting needs of frail elderly population

- Thames Valley Strategic Clinical Network have provided some funding for an end of life care review – One chance to get it right. It will entail a facilitated event for all key services, service users and GPs in March/April as platform for service improvement strategy for 2015/16

- A new carers website for WAM CCG (via Royal College of General Practitioners and Carers UK) has been developed with a launch planned as part of joint RBWM/CCG Care Act implementation programme for practices, patients/residents and all RBWM staff

- Tailored Dementia awareness training for practice staff will be delivered by Alzheimers Dementia Support in March which will support the appointment of a new Dementia Adviser, refresh of Dementia Directory of services, local website information for carers of those with dementia and CCG-wide programme of GP-led dementia assessment /diagnosis.

Public Health Update

- **Health checks -** A total of 2400 health checks have been completed. Continued performance at the current trajectory will see the Borough exceed its annual target of 3000. A further three GP surgeries have been recruited to deliver health checks. This leaves only two that are currently not providing them (and one of these has opened up discussions on setting up a contract).

- The Council has placed an added emphasis on delivering community clinics. Sessions have been run at the Big Society events and after each Council meeting. The next quarter will see an expansion of these clinics including the first at Desborough College.

  - **Smoking quitters -** To end of December 2015, there have been a total of 657 quitters against an annual target of 800. The anticipated final outturn for 15/16 is 880.

  - **Falls prevention -** A falls pack has been disseminated to 300 practitioners. Evaluation of effectiveness is currently being reviewed and will be reported back to the Falls Steering group. Public Health is working closely with

CCG to map prevention activity across the Borough. This includes mapping falls prevention work.

- **Alcohol and Sheltered accommodation -** Four sessions now held on alcohol awareness within sheltered housing complexes. Further sessions planned in March.

- **Dementia -** New books on prescription collection launched in February. Dementia singing sessions are ongoing with a further session on 13 February at Maidenhead Library.

- **Mental health - Suicide prevention Steering group, Emotional resilience campaign -** A suicide audit is ongoing due for completion at the end of February. Provisional analysis shows particular challenges amongst Men aged 35-59. Discussions are ongoing with Oxfordshire County Council and Buckinghamshire County Council about commissioning the CALM project to support and raise awareness of suicide issues amongst men.

Update from Clinical leads

Information Management and Technology (IM&T) – Dr Rishi Mannan has been leading on the development of the IM&T Strategy which was completed and ratified in December 2014. Our programmes have been progressing as planned, however we have identified two areas which need further work in 2015: improving practice utilisation rates for electronic prescriptions and GP2GP service.

We have had positive ongoing engagement of key stakeholders including patient participation groups and member practices, especially around our 'share your care' programme.

For 2015 we have a significant number of new programmes planned which include upgrading our core infrastructure to allow mobile working of staff, as well as implementing key national IT programmes including E-referrals and NHSmail2. We will undertake a review of how we engage with the public and examine the benefits of providing text messaging, remote consultations and medical apps for our citizens. Lastly, we plan to release our in house learning environment for clinicians, enabling them to keep up to date and share best practice.

Medicines Optimisation - As we approach year end the prescribing team look as though they will again deliver the savings predicted on the medication budget. This is a great success as drug costs escalate. The team has also been working on a project to review polypharmacy to establish whether this is a useful way to reduce costs – initial estimates are for about £100 saving per review which is very promising. Dr Mick Watts has represented the CCG at the Federated

Prescribing Committee and the Drugs and Therapeutics Committee at Wexham and now moving towards joint meetings with Frimley. A presentation to GPs was made by the team at the last EPIC event to maintain the educational input. Work is underway for budget setting for next year and QIPP targets for the team.

Urology - Dr Manjinder Uppal is leading work that is underway with the Urology Consultants on rates of cystoscopy and development of new pathways. He is also working with neighbouring Slough CCG to review an audit of the Stones pathways to identify if this is something that should be adopted in WAM CCG.

Ear, Nose and Throat (ENT) – Dr Manjinder Uppal has been leading discussions with Frimley Health on trialling a community ENT service that is integrated with consultant clinics. This will ensure all patients are seen by the most appropriate clinician depending on their needs. A model and clinical criteria have been agreed and the CCG is now in the process of identifying a site and associated costs.

Paediatrics – Dr Huw Thomas has been working with Slough CCG and the Paediatric Consultants on an audit looking at children who are admitted and discharged within 24 hours. Work is also ongoing on emergency admissions for children between 0-5yrs which include the following projects:

- Hard to reach families project
- New pathways for fever and respiratory conditions
- Promotion campaign for dealing with childhood illnesses

Dermatology – Dr Geoff Francis has been supporting the work on integrating the community and hospital dermatology services for WAM CCG patients. This is to ensure that patients are seen by the most appropriately skilled clinicians based on their needs. In January the CCG held an educational half day on Dermatology where both specialist clinicians (Consultant and GP) upskilled the GP community.

Care Homes – Dr Kisrtin Ostle is the clinical lead for this significant area of work for the CCG. She is working with the Care Home Group where the current focus includes:

1. Care at end of life – ensuring people within a care home setting are well supported through advance care plans, the right medications as well as streamlining processes when someone dies in the care home.
2. Reducing falls in care homes.
3. Skin care – ensuring the number of ulcers and sores are reduced.

Additionally in January a three day visiting service was set up using funds available on peak days to manage patients in the care homes by offering a visit more quickly than their own GP might be able to do due to being in surgery. This is currently being monitored and will be reviewed within the next month.

Clinical Leads have also been reviewing referrals and non-elective admission data, developing agendas for the EPIC half day educational sessions and developing the learning environment which is due to be launched in May.

The CCG team has been working on the development of the Commissioning Plan for 2015/16 and contractual implications incorporating all of these workstreams.

Topics discussed by the Operational Leadership Team

Agreeing projects to take forward next year through the Better Care methodology, Development of new pathways for Gastroenterology and Urology (see above), IM&T (see above), Development of a community deep vein thrombosis (DVT) service, Prescribing – budgets and approach to working in 15/16, dementia identification, review of the WORTH Orthopaedics service.