

<b>NHS Cumbria CCG Governing Body</b>	<b>Agenda Item</b>
<b>4 February 2015</b>	<b>5</b>

**Chair & Chief Officers Report**
**Purpose of Report:**

To provide members of the Governing Body with a brief update of key issues and plans that NHS Cumbria Clinical Commissioning Group is engaged in.

**Considerations:**
**Better Care Together (South Cumbria)**

The Strategic Case for better care together (BCT) was submitted to NHS England and Monitor at the end of June 2014. Following this submission NHS England and Monitor asked Better Care Together to carry out some additional work to provide more detail about how our proposals would work in practice with a particular focus on issues such as workforce, information technology and estates and buildings. The Strategic Case was resubmitted at the end of October 2014 with this information, in addition to a detailed plan mapping out what changes Better Care Together believe could be implemented over the next two years.

BCT has received initial feedback in relation to the October submission. As we are asking NHS England and Monitor for significant financial and developmental support to underpin our proposals, their agreement is essential for us to deliver our Strategy. We still await a decision about what support will be made available. We hope to be able to provide an update to our staff and stakeholders about this in the near future.

We are already seeing some early benefits of BCT. For example, having received feedback from patients and clinicians, we are extending a pilot from north Lancashire into South Cumbria which offers GPs the opportunity to contact hospital consultants for specific advice about the care of individual patients, without the patient always having to be referred to a hospital clinic. This is known as "Advice and guidance" and was short-listed for a Health Service Journal award.

**Together for a Healthier Future update**

The *Together for a Healthier Future (TfHF)* programme board has agreed new governance arrangements which include the establishment of the planning, finance and delivery group and the clinical leadership group and a number of steering and task and finish groups covering



various workstreams such as women and children, in-hospital services, out of hospital services, finance and communications and engagement. In addition, a range of enabling functions such as IM&T, workforce change and organisational development and transport are being put into place to support the work of the steering groups.

A report has been received from the Northern Clinical Senate following its review of a small number of high risk patient pathways which outline potential arrangements to transfer a small number of seriously ill patients from West Cumberland Hospital to Cumberland Infirmary to ensure the best chance of a good outcome. Discussions continue about these pathways with the Senate and arrangements are now being made to have discussions with Cumbria County Council health scrutiny committee who will advise on what consultation requirements may be necessary.

The issue of transport is well recognised by the programme board. This ranges from ambulances responding to life threatening emergencies, to patient transfers between West Cumberland Hospital and Cumberland Infirmary, to the difficulties experienced by members of the public who have to rely on public transport to attend hospital appointments. As such the programme board is convening a meeting of interested parties to scope the transport issues that need to be addressed going forward.

During autumn the board recognised the need to strengthen communications and engagement. At its January meeting it received an update on a range of meetings that had taken place since late summer with local councils, patient groups, the community and voluntary sector and the public. These included a new West Cumbria community forum, facilitated by Healthwatch, which met for the first time in December.

Discussions are currently taking place with CLIC (Cumbria Learning and Improvement Collaborative) to explore how organisational development activity across organisational boundaries can support the implementation of change resulting from *TfHF* in the north and Better Care Together (BCT) in the south. The aim would be to coordinate a single process through CLIC.

### **Pharmacies roll out scheme to help patients in South Lakes and Copeland**

The CCG is working in partnership with pharmacies across South Lakeland and Copeland to roll out the Community Pharmacy Minor Ailment Scheme (MAS), which aims to improve patient access to medication to treat minor ailments.

The scheme will start in South Lakes at the beginning of February and in Copeland at the beginning of March. The MAS allows patients that are exempt from paying for their prescriptions to access a range of basic medicines to help them self-manage minor ailments such as coughs, colds, athlete's foot, head lice, indigestion and sickness.

Pharmacies can provide health advice to anyone without the need for an appointment and local data has shown that up to 70% of same day urgent appointment requests could be managed by a pharmacy, reducing a large part of the workload in the GP practices and freeing up appointments for patients that need them.

The CCG successfully launched a pilot project of the MAS during May 2014 at Barrow-in-Furness and Millom. The three pharmacies that took part in the pilot project reported positive results on a weekly basis and feedback from patients showed high satisfaction rates with many of them saying how helpful they found the service. Due to the success of the project, the service was then rolled out to 19 pharmacies across the Furness peninsula and has been well received by the local community.

### **Workington Primary Care Access Centre**

A new survey has shown a positive reaction to the new Workington Primary Care Access Centre, which is open 8am to 8pm seven days a week.

The survey's results showed that 97% were extremely likely or likely to recommend the service to their friends and family. The centre, at Workington Community Hospital, was open for a trial period from Monday to Friday during the autumn but its hours were extended to seven days a week in December.

The new extended hours service follows the Workington practices coming together to develop the service following a successful bid for over £500,000 from the Prime Minister's Challenge programme. Called Workington Better Together, the project is one of just 20 pilot projects across England to successfully win the funding to improve access to GP services. The centre is closed on Bank Holidays.

### **Better Together in Barrow**

Following the success of the Working Better Together pilot project, a bid has been submitted for a similar scheme to be started in Furness. Called Better Together in Barrow. The bid is asking for £468,000 to support practices in Barrow in operating extended and up to seven day a week appointments.

The bid is part of the service developments associated with the new Primary Care Centre being built in Barrow town centre which brings together centrally five GP practices in the town. The new centre will also offer other services such as a minor injuries unit, integrated children's services, pharmacy, etc. and is due to open in 2016.

### **First phase of Carlisle Care Home pilot launch**

To meet the changing health needs of an older population, family doctors in Carlisle are piloting a new way of caring for patients in residential nursing homes.

All 12 GP Practices in the Carlisle Locality, working with the CGG, have created a system to better manage their nursing and care home residents, improving services and reducing the number of unnecessary hospital admissions. The pilot has been launched with the first phase of residents benefiting from the scheme and will eventually cover all 24 nursing and residential homes caring for 927 older people in Carlisle. A multi-disciplinary team of nurses, including two senior nurses, a pharmacist, medicines management specialist and staff will be supported by GPs dedicated to the care home residents.

The aim of the Carlisle Care Home Team is to improve the quality and safety of health care for residents in nursing and residential homes and the pilot is led by Brunswick House Medical Group on behalf of all the Carlisle GP practices.

### **Winter Pressures**

Cumbria's Health System faced considerable pressure over the Christmas and New Year Period particularly in A&E departments. The CCG, along with its partners, had already planned for such an occurrence and worked together to minimise as much as possible the impact of people attending A&E.

A campaign, called Keep Calm, was run across the county which directed people and patients to use other services such as GPs, Pharmacies and the Cumbria out of Hours service (CHoC). Whilst delays in A&E occurred, the campaign did have the effect of minimising attendances from people not needing A&E.

### **Full Council of Members – 18 December 2014**

The Membership took the decision to apply for Co-Commissioning of primary care at level one (close collaboration with the Area Team) as was proposed at the last Governing Body. The decision will be reviewed later in 2015 once the CCG has developed a clear primary care strategy.

### **Recommendations: *The Governing Body is asked to:***

The Governing Body is asked to note the report.

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<b>Date Report Written</b>	26 January 2015