

**Gloucestershire Health and Care Overview  
and Scrutiny Committee (HCOSC)**

**12 July 2016**

**NHS Gloucestershire Clinical Commissioning Group (GCCG)  
Clinical Chair and Accountable Officer's Report**

**1. Section 1: National Update**

*These are items are for information and noting.*

**1.1 Department of Health Consultations**

Information regarding Department of Health consultations is available via the GOV.UK website

[https://www.gov.uk/government/publications?publication\\_filter\\_option=consultations](https://www.gov.uk/government/publications?publication_filter_option=consultations)

This website also includes Government responses to closed consultations.

**1.2 Relevant open Department of Health consultations:**

**Carers strategy: call for evidence**

Seeks views on a new strategy for carers that will set out how more can be done to support them

<https://www.gov.uk/government/consultations/carers-strategy-call-for-evidence>

This consultation closes on 31 July 2016 11:45pm

**1.3 Department of Health Policies**

The following weblink provides access to Department of Health Policies:

<https://www.gov.uk/government/policies?keywords=&organisations%5B%5D=department-of-health>

**2. Section 2a: Local NHS Commissioner Update,  
Gloucestershire Clinical Commissioning Group  
(GCCG)excluding Primary Care Commissioning (GP  
services)**

*These are items for information and noting.*

**2.1 Sustainability and Transformation Plan (STP)**

- 2.1.1 Sustainability and Transformation Plans (STPs) are described by NHS England as providing an opportunity to develop a local route map to an improved, more sustainable, health and care system.

2.1.2 The Five Year Forward View, published by the Chief Executive of the NHS, Simon Stevens, is a compelling vision and strategy for the NHS. The vision describes the opportunities and challenges facing the NHS for the future, expressed as three key 'gaps': The Health and Wellbeing Gap, the Care and Quality Gap and the Finance and Efficiency Gap.

2.1.3 In line with this, we have been developing our local five year Sustainability and Transformation Plan (STP) for Gloucestershire. It describes our overall approach to achieving an improved and more sustainable health and care system. Our STP, submitted to NHS England on 30 June 2016, is currently an outline plan. Following review by NHS England, we anticipate receiving clarity on dates for the full plan in July and currently expect to submit it in the autumn.

2.1.4 We expect to develop proposals based on STP priorities for discussion with the public over the course of the year and we will be working on a public guide to the STP this Summer to start to aid conversations.

2.1.5 The size of the challenge is great and we cannot do it alone. We will need to work in collaboration with community partners, patients, carers and the public to develop the detailed proposals for change. Our plan needs to help us meet a number of major challenges:

- a growing population with more complex needs
- increasing demand for services and rising public expectations
- the escalating cost of drugs and new medical technology
- retaining and recruiting enough staff with the right skills and expertise
- considerable pressure on NHS and social care finances – the health and care community is facing a financial gap of £288m over the next five years unless we make radical changes to the way we deliver services and

The long-term ambition is to have a Gloucestershire population which is:

- less dependent on health and social care services
- living in healthy, active communities and benefitting from strong networks of community services and support
- able to access consistently high quality, safe care when needed, in the right place, at the right time support for local people

#### 2.1.6 **Place based model**

The Gloucestershire Strategic Forum (chairs and chief executives from the Local Authority, Clinical Commissioning Group and the NHS provider organisations) has been meeting to consider the ongoing challenges faced by the Health and Social Care system. One element of our STP is the development of a place based model and all partners have agreed to develop this in the Stroud and Berkeley Vale locality. Components of the model include:

- a local community model with GP practice populations at its core;
- self-defining systems of populations. In Stroud and Berkeley Vale, GP Practices have grouped into four clusters with a lead GP identified for each cluster. Staff from partner organisations will wrap around these clusters;
- the locality is thought to be big enough to give scale e.g. input from all providers and the clusters small enough to support the feeling of a coherent community system; and
- each 'place model' will need to keep everyday work going, but also inform and 'sense check' from a local perspective planned improvements in countywide clinical pathways and improve and implement local pathways for the benefit of local people.

## **2.2 Gloucestershire Out of Hours Contract: South Western Ambulance Service NHS Foundation Trust**

- 2.2.1 In June 2016, GCCG received notice from South Western Ambulance Service NHS Foundation Trust (SWASNHSFT) of their intention to terminate the contract for the provision of the Gloucestershire Out of Hours Medical Service. SWASNHSFT will continue to run the Out of Hours service for the next twelve months and are committed to providing a quality service for patients as well as working in partnership to ensure a smooth transition to a new provider.
- 2.2.2 GCCG and the Ambulance Trust have reassured the public that they will still be able to access the out of hours care they need as they do now, by calling NHS 111. The CCG will shortly begin a procurement process to find a new provider. The provision of high quality care and access to services will always be our top priority.

## **2.3 End of Life Care**

- 2.3.1 GCCG and partner organisations are working together to improve services for people who require palliative and end of life care. The development of an End of Life Strategy is an important step in making improvements happens. This is being drawn up with input from a wide range of people, across health and social care providers, the voluntary sector, families and carers. The strategy outlines how we would like to take forward the development of palliative and end of life care services in Gloucestershire over the period 2016-2019.
- 2.3.2 Each year in Gloucestershire approximately 5,900 people die from a wide range of causes. In common with the rest of England, the largest single underlying causes of death are Cardiovascular disease, Respiratory disease and Cancer. Across Gloucestershire, people die in a range of places, 44.6% occur in a hospital setting; 25.2% of people die at home; 24.2% in a care home; and 3.1% in a hospice.
- 2.3.3 The strategy and associated implementation plans will be overseen by the Gloucestershire End of Life Care Board, which has director level representation from all providers within Gloucestershire, Healthwatch Gloucestershire, service users, carers and the voluntary and community sector. It builds upon the good work previously undertaken by all parties across Gloucestershire.

## **2.4 Development of integrated primary and community led/ based urgent care**

- 2.4.1 A large scale project to design and agree a service model to deliver integrated primary and community based urgent care services seven days a week across Gloucestershire has commenced, drawing on patient, clinician and management expertise from across the local health and care system. The scope of the works includes all current urgent care services provided from primary or community care settings, including community hospitals and, where applicable, activity provided in acute hospitals that could be provided in different settings or by different practitioners, where predominantly services are accessed directly by patients (including same day demand for GP appointments, Choice + activity, Gloucester Health Access Centre (GHAC) non registered services, out of hours care, and minor injuries and minor illnesses) .
- 2.4.2 An essential element of developing the proposal has been a series of three workshops held in April, May and June 2016. These have involved a range of Providers, locality GPs, patients, voluntary sector representation, Healthwatch and key subject matter commissioning leads from the CCG. The aim has been to propose collectively an integrated operating model.
- 2.4.3 Workshop 1 focussed on the key issues facing urgent care as well as development of what people see as fundamental to any proposals producing initial, high level models. The second workshop focussed on assessing the emerging models against core criteria and third workshop confirmed a preferred model, for adaptation across the County.
- 2.4.5 A commissioning-led business case will be developed between now and the Autumn of 2016. Subject to approval, it is anticipated that new arrangements can be implemented from the Spring of 2017 onwards.

## **2.5 Social Prescribing**

- 2.5.1 Social Prescribing is now fully operational across Gloucestershire, with referrals accepted from staff working in all 81 GP Practices, 21 Integrated Community Teams and staff working in community hospitals. As at the end of March 2016, there had been in excess of 1,700 referrals to the programme.
- 2.5.2 Our social prescribing programme is currently being externally evaluated by the University of the West of England (UWE). This is both a qualitative and quantitative evaluation with a final report due in September 2016. It is anticipated that the lead researcher will present the findings to Governing Body members on 29 September 2016 to inform the 2017/18 commissioning round.

## **2.6 Early Intervention Programme**

- 2.6.1 The CCG and GCC have jointly sponsored the use of Positive Behavioural Support workers as part of the Gloucestershire Challenging Behaviour Strategy. The net impact is to reduce downstream costs by intervening with children and young people earlier and put in place interventions which de-escalate issues and lead to better outcomes. The Challenging Behaviour Strategy is now closely linked with

the Transforming Care Programme. The Strategy has allowed Gloucestershire to be well-positioned in terms of the low amount of patients outside of the county in long stay in-patient units.

## **2.7 England/Wales Cross Border Healthcare**

2.7.1 There are currently 8,811 patients living in Gloucestershire who are registered with a Welsh practice. Over the last 18 months, GCCG has worked with NHSE, Aneurin Bevan University Health Board and other partners from along the border to design a process to enable patients to receive their NHS Constitutional entitlements. The CCG has also liaised with Healthwatch Gloucestershire and Action4OurCare, a local campaign group, to support individual patients.

2.7.2 An information leaflet and personalised letter has been sent to each patient affected by the changes to the current protocol arrangements. Three public “Drop In” sessions were held during May 2016 (St Briavels, Sedbury, Tidenham) for patients to come along and talk to GCCG staff. Approximately 30 visitors attended.

### **2.7.3 Secondary Care (consultant-led referrals) Referral Access Service (RAS) Pilot**

Referral process - All new consultant referrals for treatment, either in a hospital or clinic, will be sent by the patients’ doctor to an NHS Referral Assessment Service (RAS). The RAS is a “tried and tested” service, hosted by NHS Shropshire CCG, based in Shrewsbury. The RAS will contact the patient directly on behalf of the GP practice, to offer the patient a choice of available hospitals or clinics and appointment times. Five out of seven Welsh practices with Gloucestershire patients registered have signed up for the pilot stage, this represents 90+% coverage. The RAS pilot is due to start mid-July 2016.

2.7.4 All patients who live in Gloucestershire, but are registered with a Welsh GP practice, will be offered choice of where they receive their care. Patients of practices that are not part of the RAS pilot will not see any change of referral procedure until the pilot has been evaluated: i.e. they will still be able to access services provided by Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Care Services, Wye Valley, United Bristol and North Bristol NHS Trusts, without prior approval. Referrals to other English trusts will require prior approval from Aneurin Bevan Health Board.

2.7.5 If patients choose to receive their care in England they should start their planned, consultant-led NHS treatment within a maximum of 18 weeks from GP referral to treatment, unless they choose to wait longer, or it is clinically appropriate that you wait longer. If the patient prefers, they can still choose to receive their treatment and care in a hospital or clinic in Wales. If they are cared for in Wales they will receive high quality NHS care, but to the same standards and policies as Welsh patients.

2.7.6 Work is underway to agree the financial impact of the new arrangements. This is yet to be agreed.

## **2.8 Forest of Dean Community Services Review**

2.8.1 Over 40 engagement meetings have taken place as part of the review of community services in the Forest of Dean. A final engagement report is being prepared which will inform the development of options for the future of community services, which will be presented for consultation later this year.

## **2.9 Mother and Baby – Mental Health Matters**

2.9.1 Infant Mental Health Awareness Week, a national campaign aimed at raising awareness of the importance of social and emotional wellbeing for babies, launched in June 2016. The aspiration to give every baby the best possible start in life is shared by NHS healthcare organisations in Gloucestershire, and this campaign locally was promoted locally. The local NHS campaign, Mother and Baby – Mental Health Matters, highlighted the common difficulties women and their partners can experience during pregnancy and after the birth of their child and to give advice about where to seek help, and encourage early support.

2.9.2 More than one in ten women will suffer from a perinatal mental illness spanning from mild disorders and stress through to chronic serious mental illness. The human impact is felt not only by the women suffering from perinatal illness but also by their families. It is so important that these women seek help when they need it. Recognising the importance of the social and emotional wellbeing of both parents and infants, GCCG has committed funds to developing maternity and mental health services to ensure women and their families get the right support when they need it most.

2.9.3 The partner NHS and social care organisations are working across the county, with support from voluntary agencies, to develop robust services for women who experience mental health problems before, during and after pregnancy. Part of this includes a focus on the theme of reducing stigma.

## **2.10 Clinical Programmes Update**

There is good progress across Clinical Programmes, with several programmes launching new service models that offer patients streamlined, accessible and high quality care. Other programmes are now bringing together partners to collaborate on new work to improve the health of our population and ensure sustainable services.

### **2.10.1 Respiratory**

The Respiratory Clinical Programme Group (CPG) is undergoing a refresh, under the umbrella of the Sustainability and Transformation Plan, to test a pathway approach to new models of care. This programme provides an exciting opportunity to build on respiratory service development to date and test out multi-disciplinary integrated working across a patient pathway. The priority pathways will be agreed by the clinical programme board and be rapidly taken forward into multi-organisational planning workshops this summer to develop models of care to test within Gloucestershire in 2016/17.

## 2.10.2 Circulatory:

### i **Cardiology**

A stock-take review of cardiology is complete and plans are now established that include:

- addressing increased non–elective activity for chest pain through the development of a pathway for those with suspected cardiac chest pain, which delivers a consistent approach for low, moderate, and high risk conditions, and negates unnecessary admissions and improves outcomes;
- managed shared care between community services and secondary care for individuals with Heart Failure, which will further join up services offer and prevent hospital admissions and at times the need for outpatient appointments;
- utilisation of remote monitoring (telehealth) for individuals with Heart Failure, to detect exacerbations for management by the community heart failure service; remote monitoring for individuals with a cardiac defibrillator or cardiac resynchronisation therapy to reduce follow up activity; and
- improved access to Intra Venous (IV) therapies in a community setting closer to/at home for palliative heart failure patients and review of alternative ambulatory ECG (electrocardiogram) services using an annual Key Performance Indicator (KPI) approach with a view to review service provision across the county.

### ii **Stroke**

During 2015/16 additional managerial support was provided to the acute stroke team in making a number of service improvements and business case proposals in order to ensure the service meets key quality indicators going forward, including:

- re-siting of stroke wards
- reorganising how care is delivered
- redesigning pathways
- development of documentation and protocols
- development of business cases (consultant, specialist nurse, therapies and data administrative support
- development of a nurse education framework
- recruitment (therapies)

The latest data reports indicate overall performance for hospital based stroke care is showing improvements locally when compared to national and regional indicators, for example: access to stroke consultants, stroke wards and nursing; fewer outliers with more people spending time on the specialist stroke wards; faster access to CT (computerised tomography) scanning; reduced length of stay and improvements in access to therapies.

The Stroke work plan for 2016/17 is aimed at ensuring the early improvements within acute care continue and are made sustainable and the development of the community care pathway to include in-reach community beds.

### **2.10.3 Eye Health**

The new community eye care service went live on 31 May 2016. In the first phase, this will allow patients to have more checks undertaken by their local community optometrist rather than having to travel to Gloucestershire Royal or Cheltenham General Hospitals, which will particularly benefit those living in more rural parts of the county. Community optometrists will be able to make direct referrals for patients with suspected Cataract or Glaucoma into the GHNHSFT rather than being delayed by going via their GP. GPs will be informed of referrals made to ensure they have a complete patient record. Further services will go live throughout the year.

There has been very positive feedback from the targeted project aimed at increasing awareness of the increased risk of Glaucoma within the Black and Minority Ethnic (BaME) community. A session was run with the Black Elders in Gloucester City with information giving, Glaucoma screening and a powerful patient story.

### **2.10.4 Muskulo-Skeletal (MSK)**

The MSK programme has carried out an extensive redesign project to understand how Gloucestershire can be the first CCG to deliver an integrated model of MSK services. This has been a truly collaborative approach, which will see over 20 project managers across a range of organisations feeding into the programme to deliver the vision. Work is underway to deliver a large range of projects, which cover every component of the MSK pathway. It ensures that every service delivers key service elements, which contribute to delivering the vision of 'right person, right time, right place and at the right cost'. The programme had sign-off with over 80 major stakeholders and is moving into implementation. Most recently, a successful Voluntary and Community Sector workshop was undertaken to identify all supporting services, which will be embedded as part of the MSK model and facilitate step-down services to relieve follow-up pressure on MSK services. Below is an overview of some of the work currently completed or underway:

#### **All MSK Services**

1. All will be expected to adhere to triage process and redirect as defined by criteria
2. There will be a standardisation of service names across e-referral for clarity of understanding
3. All services will be expected to participate in relevant clinical network groups which provide a forum for operational, cross-organisation discussion.
4. All services will be expected to participate in any Multi-Disciplinary Team's the CPG defines as necessary to ensure an effective forum for complex case management.

5. Clinical guidance with regards to pathway will flow.
  6. Referral guidance has been produced, which simplifies referral process, redirects activity but removes blocks/added steps where referral meets criteria.
  7. All Services now have detailed specifications in the contract.
  8. All services will begin to use consistent outcome measure throughout the pathway.
  9. All services have a collective group of individuals assigned to various tasks.
  10. Pathway guidance to continue to be developed and housed on G-Care, the local Clinical Information Website for health professionals in Gloucestershire.
- There is also a range of individual service level projects, which differ dependent on requirements. As an example these include, referral templates, new discharge summary process, a new falls service and an Early Inflammatory Arthritis (EIA) Pathway.

### 2.10.5 Diabetes

The Diabetes Clinical Programme is currently undergoing a refresh following the Clinical Programme approach. A project team has been established initially to undertake preparations for the first workshop on 1 September 2016. The team is currently working on the needs analysis, data and finance packs, patient and clinician questionnaires and project documentation.

#### i **Digital technology**

We are currently working the West of England Academic Health Science Network on the Diabetes mHealth Challenge (self-management in a digital world), which will involve piloting two projects within the county:

- Ki-Performance<sup>1</sup>
- Map My Diabetes<sup>2</sup>

Both utilise technology (monitoring device and software in the case of Ki-Performance and website in the case of mapmydiabetes) to help patients self-manage and also offer structured education. A project team has been established to support the implementation of mapmydiabetes with a proposed start date of late summer.

#### ii **Diabetes and Care Homes**

The care of patients with diabetes in care homes was identified as a key priority in 2014/15. A working group has recently been established, with multi agency representation, to look at clinical education for care home staff within Gloucestershire.

All CPGs have been asked to identify key learning points specifically for care home staff, associated with their clinical programme and diabetes and diabetes foot care have been identified as key priorities for inclusion.

<sup>1</sup> <http://www.kiperformance.co.uk/>

<sup>2</sup> <http://www.mapmyhealth.co.uk/products/mapmydiabetes/features>

### iii **Diabetes Foot care**

A multi-organisational workshop was held in November 2015 bringing key stakeholders involved across the Diabetic Foot pathway together to review current services. National reviews had indicated that amputation rates in the region benchmarked high and the workshop's aim was to consider how to redesign services to increase early access to the right services at the right time, improve quality and enhance the patient experience.

Progress to date includes extensive engagement from multiple clinicians and other stakeholders regarding redesigning the pathway to ensure that patients are receiving exceptional care and assessments earlier. We are aiming to facilitate and support earlier adoption of self-management techniques to avoid, where possible, the need to rely on health services. It is hoped that the new pathway will be finalised and begin to be implemented later this year.

### iv **Community Enhanced Service**

A Community Enhanced Service (CES) was implemented last financial year to encourage GPs to keep more complex patients within primary care and to undertake insulin and GLP4 initiations (specialist anti-diabetic drug) as part of the CPG plans for a more integrated service.

### v **Diabetes and Frailty**

Clinicians from the Diabetes CPG have collaborated with a GHNHSFT care of the elderly physician to develop local guidance to support primary and community healthcare teams in managing diabetes in frailty.

These guidelines take into account the fact that frail people with diabetes are at increased risk of adverse effects of treatments, such as having a hypoglycaemic episode, which can result in significant physical injury, loss of confidence and reduced likelihood to benefit from the long-term benefits of good glycaemic control. The guidelines are hosted on G-Care. This is complemented by a podcast, which has been produced specifically to address this issue. Ongoing promotion of these guidelines will occur during 2016/17.

### vi **Living with diabetes: uncovering the realities, Diabetes Awareness Week June 2016**

Over 3.5 million people in the UK are diagnosed with Diabetes. There are over 300,000 patients in Gloucestershire with diabetes and this looks likely to increase, due to growing obesity levels.

Nevertheless, it is a hugely misunderstood condition, and there are many myths and misconceptions about what it is really like living with diabetes.

Busting these misconceptions was the theme of this year's Diabetes Awareness Week in June 2016 with a focus on "setting the record straight". To support the campaign the CCG's Information Bus travelled around the county, with health professionals on-board to answer queries and share helpful information.

Diabetes is caused when the pancreas doesn't produce any, or enough, insulin to help glucose enter the body's cells, or when the insulin that is produced does not work properly. This means that the amount of glucose in the blood is too high because the body cannot use it properly. There are two main types of diabetes: type one usually affects children or young adults whereas type two is associated with being overweight and often affects people over the age of 40.

Further information: [www.diabetes.org.uk](http://www.diabetes.org.uk)

## 2.10.6 **Cancer**

The programme's ambitious local development strategy is fully aligned to Achieving World-Class Cancer Outcomes: a cancer strategy for England 2015/16.

### i **Early Diagnosis of Cancer**

This area of work has now completed its second year. The extensive Macmillan GP Master Class series has achieved over 900 GP attendances at interactive educational events, with the latest in April 2016 focussing on the Brain and Central Nervous System. In addition, all GP practices are completing their returns into a large-scale quality improvement project that is taking learning from 500 Significant Event Audits. This project has been developed in collaboration with the Royal College of General Practitioners (RCGP). We are now completing joint development work on our pathways to diagnosis in line with the latest NICE guidelines to streamline high quality referrals to ensure as many cancers as possible are detected at an early stage.

### ii **Gloucestershire Living With & Beyond Cancer Programme**

This wide-reaching programme encompasses seven lead projects transforming patient care with a range of partners across the care pathway, focussing in the current phase on Breast, Prostate and Colorectal Cancer. GHNHSFT have started to implement the Cancer Recovery Package of Holistic Needs Assessments and Care Plans. The service design work is now well progressed for shifting to needs based follow-up approach and the production of Treatment Summaries to improve communications with patients and between health partners. We are especially pleased to announce the launch of our innovative community-based service 'Macmillan Next Steps' that aims to improve the health outcomes for people following a cancer diagnosis. The service will be providing patient education programmes, 1:1 specialist recovery care including physiotherapy, occupational therapy, dietetics and emotional support. The ethos is to encourage healthy lifestyles and enabling patients to self-manage successfully.

## 2.10.7 **Healthy Individuals**

In light of current discussions around the Sustainable Transformation Plan (STP), the Healthy Individuals Programme Group has now formally disbanded with a new strategic group being proposed to lead on prevention and self-care. The new group will be made up of senior representatives from across the system and will look to develop a substantial cross-partners prevention plan for the next 5-years.

The first meetings of the Child and Adult Healthy Weight partnerships have taken place and these forums are launching the work to improve our pathways using the clinical programme approach.

### **2.10.8 Patient Activation Measurement**

GCCG has submitted an application to NHS England for use of a free license for the Patient Activation Measure (PAM). The PAM is a valid, highly reliable tool that assesses an individual's knowledge, skill, and confidence. Research has shown that it is highly predictive of most health behaviours, self-management and use of health services. The aim would be to implement the tool across a range of pathways to promote person-led care and promote self-management.

### **2.10.9 Cultural Commissioning**

A national report on cultural commissioning has recently been published by the New Economics Foundation. The report brings together the learning and experiences from two national pilots sites (one being Gloucestershire) around integrating arts, culture and health. Local work is continuing across the county to pilot a range of programmes across our clinical programme groups. Some of the projects are summarised below:

- A mixed media arts project for men of working age living with chronic- pain, to learn arts based strategies of managing pain. Co-delivered with an expert pain patient.
- A drama based project with teenagers living with Type 1 diabetes to increase confidence and diabetes self- management. Co-delivered with a teenage creative arts intern who has Type 1 diabetes
- Bespoke choirs for people with chronic obstructive pulmonary disease (COPD) and asthma
- Shared art project (wall mural) and connection to nature, to reduce psychological barriers such as stigma and shame for people with significant weight issues; and
- Comedy and animation project for Black and Minority Ethnic (BME) community to raise awareness of early signs of dementia and increase uptake of early support.

## **2.11 Workplace Wellbeing Charter**

2.11.1 As part of our overarching plan, funding has been provided for 40 organisations across Gloucestershire to sign up to the National Workplace Wellbeing Charter, which is endorsed by Public Health England (PHE). A project group has been convened to oversee implementation and involves engagement with Active Gloucestershire, Local Enterprise Partnerships (LEP), County Council and District Councils.

## 2.11.2 **GCCG Charity of the Year: Healthy Workplace Week, raising funds for Great Western Air Ambulance Charity (GWAAC)**

GCCG staff took part in a Marathon Relay in May 2016 to mark Active Gloucestershire's Healthy Workplace week and raise money for GWAAC. More than seventy-five members of staff, including GPs and Governing Body members, took to the pavement over their lunch time to walk, jog or run a mile as part of a workplace challenge to encourage physical activity and improve wellbeing.

Three teams of 25 people competed, doing a mile each before joining together to walk the 26th mile 'communally', raising £350 for GWAAC.

## **2b Section 2b: Local NHS Commissioner Update, Gloucestershire Clinical Commissioning Group (GCCG) -Primary Care (GP services)**

### **2b.1 Primary Care Strategy**

In recognition of the potential of Primary Care to be at the centre of our ambitious plans, which will be set out within the Sustainability and Transformation Plan, GCCG has aimed to leverage the responsibilities delegated commission has provided to achieve a strategic vision for Primary Care. We have therefore been developing a Primary Care Strategy for Gloucestershire, which identifies the current national and local challenges and brings together the feedback from our primary care workforce, as well as community partner representation such as Patient Participation Groups (PPG), with the latest national policy and evidence.

We have developed the following key six strategic components to support New Ways of Working, which align to those contained within the 'General Practice Forward View'<sup>3</sup> (April 2016):

- **Access:** Evenings and weekends; flexible to patient needs
- **Primary Care at Scale:** Working closer together to deliver a greater range of services for 30,000+ patients
- **Developing the workforce:** Attracting and retaining talent; an expanded workforce
- **Greater use of technology:** Online patient records, appointment booking, apps, self-care, Skype consultations
- **Estates:** Improve the Primary Care estate to be fit for the future
- **Integration:** Across pathways especially urgent care, maximising partnerships in place-based care

The Primary Care Strategy will be presented to the July 2016 meeting of the GCCG Governing Body.

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<sup>3</sup> <https://www.england.nhs.uk/ourwork/gpfv/>

## 2b.2 Primary care infrastructure development

Following the approval of the Primary Care Infrastructure Plan at the March 2016 GCCG Governing Body meeting, individual proposals are now beginning to be taken forward for business case development. Currently, CCG staff are working with identified priorities to complete applications for the NHS England Estates and Technology Fund to obtain some financial support to help complete necessary business case work, as well setting out capital contributions towards overall capital costs of new surgery developments. Additionally, a number of practices have submitted requests for smaller proposals to improve their existing buildings. These applications were submitted to NHS England at the end of June 2016. The CGG has not yet been informed by NHSE of the timeline for decision making for approval of any applications

## 2b.3 GDoc<sup>4</sup> Reducing Chronic Obstructive Pulmonary Disease (COPD) admissions Pilot

GDoc launched a new pilot in May 2016 designed to reduce admissions for patients with a primary diagnosis of COPD at risk of emergency admission at weekends. These patients will have to meet the following criteria:

- have a history of admissions in the past three months;
- be high users of the GP practice; and
- have been reviewed by the GP in the last 72 hours.

The key objective of this pilot is to reduce admissions for these patients. This will improve the patient experience and reduce costs, as once these patients are admitted they can also have a long stay in hospital.

The practices participating in the pilot were chosen for their recorded high levels of admissions of patients with COPD. They are:

- Cheltenham Road Surgery (Gloucester)
- Sixways Clinic (Cheltenham)
- Pavilion Family Doctors (Gloucester)
- Overton Park Surgery (Cheltenham)

### 2b.3.1 Process

- Practices identify those patients they are concerned may be at risk of admission over the weekend.
- The practices supply a list of the patients, and relevant information about their conditions, to the GDoc service on Friday using a template provided.

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<sup>4</sup> GDoc Ltd (formerly GGPPG) was set up in 2013 to enable Gloucestershire General Practices to tender for NHS services <http://gdoc.org.uk/>

Patients/carers are given a one page leaflet explaining the service and the number they should call over the weekend for advice when necessary. These documents have been kept very simple to avoid any confusion and not to add to the practice workload. It is made clear to patients/carers that this service is only to support them over that weekend. They are asked for their consent to access this support. A report on any activity will go back to the relevant practice on Monday morning, or Tuesday after a Bank Holiday.

- When the GDoc GP receives a call, they will assess the patient and give advice and guidance.
- The GDoc GP may only need to give reassurance, but if they believe a home visit is needed, they will request a Rapid Response Team visit. If the team do not have the capacity and are not available, they will refer the patient to the Out Of Hours service. The final option would be to call an ambulance, but this would be no different to what might happen currently without the service in place. The GDoc GP would also have the option to call an ambulance at the outset of the call if they believed it was clinically appropriate.
- The service will run around the clock from when the practice closes on Friday night through to it opening again on a Monday morning or Tuesday morning after a Bank Holiday.

### 2b.3.2 Evaluation

The three month pilot will be closely monitored and adjustments made, as necessary. GDoc are working closely with the CCG Information Team to ensure data is captured and the impact on admissions appropriately captured. The numbers involved are quite small, so case reviews will be conducted, and patient experience surveyed, to ensure both quantitative and qualitative information are recorded.

### 2b.4 Application for a change to GP practice boundary – Sixways Clinic - approved

Dr Mennie and Partners at Sixways Clinic, Cheltenham requested approval last year from NHS England to move their boundary and decrease their practice area.

The reason cited for the boundary change was due to increasing housing developments in Andoversford (57 planned, 108 total proposed) and on the GCHQ Oakley site (311 planned/under development).

The areas of Cheltenham from which Sixways Clinic wished to withdraw from are: Wymans Brook; Marle Hill; St. Paul's; Alstone and The Vineyards. This distance from Sixways to the middle of the area affected is approx. 2.5 miles.

Sixways Clinic intends to retain existing patients from all the removed areas, but not register any new patients (except children of existing patients) from those areas. Sixways have confirmed there are no nursing or residential homes that will be affected by their proposal to change their boundary area. Sixways will not

remove any patients who currently reside in the areas affected and will continue to register children of existing patients.

NHS England consulted with the local practices which have practice boundaries that overlap the area proposed for removal and therefore may be affected by the change and also with the Local Medical Committee (LMC). There were no objections from practices or LMC.

GCCG Primary Care Commissioning Committee approved the request at their meeting in June 2016.

### **3. Section 3: Local Providers' updates**

This Section includes updates from Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT), 2gether NHS Foundation Trust (<sup>2</sup>GNHSFT) and Gloucestershire Care Services NHS Trust (GCSNHST).

*These items are for information and noting.*

#### **3.1 Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)**

##### **3.1.1 Deborah Lee joins GHNHSFT**

The new CEO of GHNHSFT, Deborah Lee took up her post on 13 June 2016. Deborah joins GHNHSFT from University Hospitals Bristol Foundation Trust where she was the Chief Operating Officer and Deputy CEO. She is currently in the process of meeting key partners and is looking forward to working with members of the HCOSC.

##### **3.1.2 Staff recognition at awards ceremony**

Our annual Staff Awards celebration took place at Hatherley Manor Hotel in June 2016. On the evening, 19 awards were presented to a wide range of staff across both clinical and non-clinical colleagues. Cheltenham MP Alex Chalk addressed the event. Pictures from the evening are available on our social media feeds, which can be found on Twitter or Facebook at @gloshospitals

##### **3.1.3 Eye care facilities expand at Cheltenham General Hospital**

A new ophthalmology department at Fairview Outpatient Department, Cheltenham General Hospital (CGH) has been opened to patients. The expansion marks the start of an exciting new chapter for eye care services at CGH where a ward has been transformed into a modern out-patient clinic facility. The new state-of-the-art facilities have been funded through a two year joint working agreement between the Trust and Novartis Pharmaceuticals UK Ltd.

The renovation has also been supported through charitable funding from the Gloucestershire Eye Therapy Trust (GETT). GETT have purchased cutting-edge imaging equipment which is used in the diagnosis and management of many retinal conditions and glaucoma, along with an enhanced comfortable and contemporary waiting-room facility. Novartis have supported us in raising the standard of the outpatient facilities to support a high quality service that includes a significant research component. Careful thought and planning went into the

specific design requirements of this facility to create a light, spacious and comfortable environment for patients and staff, with particular emphasis on accessibility, patient flow throughout the clinic and improving patient experience, particularly for those who are visually impaired.

#### **3.1.4 Carers' Passport Launched**

Extra measures to support carers who are looking after a loved one in our hospitals have been introduced. A new Carers' Passport has been launched which provides official primary carers with a range of benefits. These include help with car parking and provision of tea and coffee on the ward whilst they are providing care. Information packs are available throughout GHNHSFT hospitals for carers to access and staff have been briefed on the development.

#### **3.1.5 Breast cancer treatment receives boost thanks to League of Friends**

Stroud Hospital can offer the latest treatment to women with breast cancer after the donation of a portable x-ray machine by the League of Friends. The £60,000 Biovision machine is used in theatre to provide instant confirmation that the surgeon has successfully removed the cancer, making operations quicker and more accurate where cancers are difficult to feel.

The presentation by Stroud Hospitals League of Friends follows the donation in January of another state of the art X-ray machine, meaning the League has provided £200,000 worth of equipment to the hospital in the last three months. Cases of cancer picked up by the national breast screening programme account for about a third of all cancers in the UK. Screening technology is now so precise that very small areas of cancerous cells can be found, with the result that increasingly sophisticated technology is required to operate.

The current procedure for impalpable cancers, involves inserting a tiny section of wire into the breast to mark the tissue which needs removal. However, the availability of the portable x-ray machine means that the accuracy of the surgery can be double checked while it is still underway. Tissue removed during surgery is put straight into the machine. If the x-ray shows cancer cells with a thin border of healthy cells then the surgeon knows that they have removed all the necessary tissue and the procedure has been successful.

#### **3.1.6 Lymphoedema service benefits from generous donation**

Our Lymphoedema Service is benefitting from a donation of a Pneumatic Compression Pump thanks to the FOCUS Fund charity. The pump can be used on swollen arms and legs and provides 'LymphAssist' therapy, designed according to principles of manual lymphatic drainage and helps to soften the limb and improve range of movement. It pumps proximally to distally promoting efficient fluid transfer throughout the lymphatic system.

Costing £2,537, the pump will be based with the Lymphoedema Service at Wheatstone in Gloucester. The new equipment can be very helpful for patients who have developed lymphoedema following cancer treatment or in patients for symptom control at end of life. It will be loaned out to patients for two weeks at a time, hence immediately reducing waiting lists.

### **3.1.7 Emergency Department donation**

The Emergency Department at Cheltenham General Hospital (CGH) has recently been given funding to refurbish the relatives room. The room is situated next door to Resus in the Majors area of the department and will cost £3,000 to improve. The pledge has been made by the Organ Donation Committee.

### **3.1.8 FOCUS Iodine Room Donation**

Hospital Charity FOCUS has donated funds to enable the Nuclear Medicine team to develop a modern Iodine Room at CGH. There is currently one room on Rendcombe Ward at Cheltenham General. The new room will benefit from Sky TV and an iPad. Two rooms will provide greater flexibility and improve patient experience.

The Trust treats thyroid patients, giving them a dose of radioactive iodine to kill cells. As a result of the treatment, they need to stay in the room in isolation for two to three nights.

### **3.1.9 Pioneering Health and Social Care Apprenticeship Partnership**

GHNHSFT's Lifelong Learning team is working with a local company to develop a pilot apprenticeship scheme that provides a blended rotational Level 2 health and social care apprenticeship and career pathway for young people across our county.

aVida Care Ltd is a home care organisation in central Gloucester and approached the Lifelong Learning team to discuss a possible collaboration. This is the first partnership the Trust has established with a domiciliary care organisation and it enables expansion of the established award-winning apprenticeship programme and provides increased opportunities for young people as well as assist in breaking down barriers and duplication between the two sectors. It is also anticipated that it could ultimately improve the seamless transfer for clients between services, leading to improved quality of care.

Initially four apprentices will be employed by the Trust and these apprentices will rotate between the General & Old Age Medicine (GOAM) wards hospital wards and to the homes of aVida clients.

### **3.1.10 Research team – clinical trials day**

The Trust celebrated International Clinical Trials day in May by taking part in an event at the University of Gloucestershire's Park Campus in Cheltenham. GHNHSFT's Research Team shared a wide range of information about Trust hospitals' work and our involvement in more than 100 NIHR clinical trials and other studies. The aim behind the event in May 2016 was to inspire people to consider research as an option for their clinical care or to ask their doctor if there is a study for them to take part in.

## **3.2 2gether NHS Foundation Trust (2GNHSFT)**

### **3.2.1 Mental Health Acute Response Service**

The first mental health professionals to be based in the Tri Service control centre at Waterwells, as part of the enhanced service being developed to support people in a mental health crisis in Gloucestershire, began working from their new base in April 2016. The Mental Health Acute Response Service (MHARS) involves mental health professionals working alongside colleagues in the emergency services to provide advice, quicker assessments and support to people in crisis or who are experiencing acute psychological distress. This will mean that the most appropriate care and treatment is more quickly and readily available.

When the project develops further, there will be a direct dial telephone number, enabling anyone over 16 to self-refer in a crisis, or to refer someone they care for. The project is part of the national Crisis Care Concordat, and the service is being funded by GCCG and provided by 2gether NHS Foundation Trust.

### **3.2.2 Mental Health Awareness Week**

Activities were held across Gloucestershire to mark the annual Mental Health Awareness Week in May 2016.

The occasion, which is organised by the Mental Health Foundation nationally, was focussed on promoting relationships as being important in safeguarding mental health. Events the Trust was involved in, with partners, included public awareness stands in Cheltenham and Cirencester, a tackling stigma workshop and mental health awareness session with Sahara-Saheli women's group in Cheltenham, presentations and talks in Coleford and Gloucester, and an interactive workshop as part of the International Day Against Homophobia, Biphobia and Transphobia events held by Cheltenham Borough Council.

### **3.2.3 Big Health Check Day**

The annual Big Health Check and Social Care Open Day took place at Oxstalls Sports Park in late May 2016. The event this year also served as the launch of the Gloucestershire Special Olympics.

More than 1,000 people attended and 78 Gloucestershire organisations were involved in organising the day, aimed at encouraging people with learning disabilities to stay active. It was organised in partnership with GCCG, Gloucestershire County Council, Gloucestershire Voices, Active Gloucestershire, the Barnwood Trust, and Gloucestershire Care Services NHS Trust. Volunteer support was provided by Hartpury College, the University of Gloucestershire, Gloucester College and Gloucestershire Voices.

The day provided an opportunity for people with learning disabilities, alongside their carers, support workers, advocates and professionals, to find out about the local services on offer, learn about staying healthy and well, and trying new activities, including, for example, dancing, boccia (a target ball sport), snooker, trampolining, football and tennis.

### **3.2.4 Dementia Radio Advertisement Competition**

Pupils from Newent Community School won a closely fought competition to create a radio advert raising awareness of dementia.

The year eight pupils put together an impressive collection of radio adverts to make the final of the challenge, alongside a pupil from Al-Ashraf Secondary School for Girls.

Together supported the challenge, which was set by the Gloucestershire Black Minority Ethnic (BME) Network for Dementia, a multi-agency organisation which works to improve access to memory assessment and community dementia services for people from BME communities. The winning advert was played on Gloucester FM during Dementia Awareness Week.

### **3.2.5 New Non Executive Directors**

Three new Non Executive Directors have been appointed to Together's Board. Duncan Sutherland, Marcia Gallagher and Quinton Quayle bring with them years' of experience in varied roles.

Duncan, who lives just outside Hereford, is a non-executive director for High Speed 2. Marcia, who lives in the Forest of Dean, has 40 years' NHS service and is a qualified accountant. She will be Chair of the Audit Committee. Former ambassador Quinton, who lives in the Cotswolds, brings with him vast experience of international trade and investment.

## **3.3 Gloucestershire Care Services NHS Trust (GCSNHST)**

### **3.3.1 Celebrating You awards**

Staff nominated for this year's Celebrating You awards were recognised at three events held across the county in May 2016. Chief Executive, Paul Jennings and Chair, Ingrid Barker led the plaudits for high-achieving staff, following more than 250 nominations from colleagues across the Trust.

Events were held in Coleford, Gloucester and Cirencester to ensure that as many of the Trust's staff as possible could attend one of the ceremonies.

Winners included the Windrush Ward team, Cirencester Hospital in the 'Effective' category, Matron of Stroud Hospital, Juliette Richardson, in the 'Open' Category and Head of Physiotherapy, Sarah Morton, in 'Leader of the Year' category.

Kathy Campbell, Clinical Lead for Urgent Care, was named 'Innovator of the Year' for her work on the Trust's Health and Social Care Complexity Tool.

The awards were sponsored by the West of England Academic Health Science Network.

### **3.3.2 Joint Advisory Group (JAG) accreditation: Gastrointestinal Endoscopy**

Stroud and Cirencester Hospitals have been rated amongst the best for endoscopy after receiving prestigious national accreditation.

They are two of only 12 community hospitals in the country to be accredited by the Joint Advisory Group on Gastrointestinal Endoscopy (JAG), which assessed the endoscopy units at both hospitals in May 2016.

This is a fantastic achievement for the Trust, and great recognition for the work of the teams in both Stroud and Cirencester. These units require a great deal of expertise to operate and have benefitted a great deal from partnership work with Gloucestershire Hospitals NHS Trust and fantastic support from the League of Friends.

JAG was established in 1994 to set standards for endoscopists and provide quality assurance for hospital units. It uses a series of ratings to assess how well a hospital is providing a high quality, patient-centred service.

Feedback from assessors about the units at Stroud and Cirencester included praise for leadership and teamwork, high quality equipment with great investment from the League of Friends, and excellent patient feedback.

Accreditation gives the Trust a great platform to build on for expanding the services offered to patients - for example, it is a requirement for participation in the bowel cancer screening programme.

### **3.3.3 Complex Leg Wound Service**

The Trust's Complex Leg Wound Service has continued its roll-out across the localities, opening to referrals in the Forest of Dean in June 2016. The service had previously been launched in Cheltenham, Cirencester and Stroud localities and will now also operate out of Lydney Hospital.

The service offers a 90-minute assessment for all patients, standardised and timely care and choice and flexibility. Referrals generally come through GP surgeries and uptake of the service has been very positive. Additionally, members of the team held an open day at a supermarket in Stroud in March 2016 to offer free leg checks and met a significant number of people who could benefit from using the service. They used a similar approach in Lydney, holding an open day in June 2016 and introducing the service to around 50 more potential patients.

### **3.3.4 Gadget 'n' Go**

Launched in May 2016, the new online signposting website 'Gadget 'n' Go' is a one-stop shop for small/cheap pieces of equipment to assist in daily living. The aim is to help more people stay safe and independent at home by providing them with information to assist them in purchasing small, low cost equipment to support them at home without the need for an assessment.

Items range from bathroom and kitchen aids such as tap turners and easy to use utensils through to medication reminders and aids to assist with moving.

Easy to use hyperlinks are also on the site allowing users to jump to the category of equipment they are interested in purchasing, currently supported by the Gloucestershire Community Equipment Service, Telecare and Sensory Services team.

It can be accessed through both the Community Equipment Services' website ([www.glosequip.co.uk](http://www.glosequip.co.uk)) and Telecare website ([www.gloucestershire.gov.uk/telecare](http://www.gloucestershire.gov.uk/telecare)).

#### **4. Recommendations**

This report is provided for information and HCOSC Members are invited to note the contents.

**Dr Andrew Seymour**  
Clinical Chair  
NHS Gloucestershire CCG

**Mary Hutton**  
Accountable Officer  
NHS Gloucestershire CCG

**July 2016**

Appendix 1:  
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