

Meeting date	4 December 2012		
Report title	Commissioning Learning Sets sub-committee Month 7 (October) summary		
Confidentiality	None		
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Responsible director			
Date responsible director approved report for circulation			
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Presented by	Dr Rachael Garner	Organisation	NHS West London CCG

The Governing Board is asked to:

- **Note** the report

CLS PROGRESS REPORT (April-July 2011 compared with April-July 2012)

Key points

- Referral Incentive Scheme (RIS): Respiratory outpatient referrals had risen. Gynaecology referrals were static. General surgery and Paediatric referrals had dropped.
- Quality & Outcomes Framework (QOF) QP Outpatient referrals: referrals to Community Dermatology and Community Diabetes had risen and referrals to secondary care Dermatology and Diabetes had reduced.
- QOF QP A&E: attendances across the CCG had dropped by 1%.

CLS DOCTOR ATTENDANCE

CLS	Apr-12	May-12	Jun-12	July-12	Aug-12	Sept-12	Oct-12	Mean
NW	91	82	64	100	90	91	91	87
NC	100	91	100	100		100	100	99

					100			
NE	64	NK	91	91	100	90	100	89
SE	83	92	92	83	100	100	100	93
SW	90	100	80	90	100	90	100	93
Mean to date	85.6	91.3	85.4	92.8	98	94.2	98.2	92.2

POINTS FROM CLS MEMBERSHIP

Secondary care outpatient scripts- some patients have reported that they wait up to two hours for their outpatient scripts. Some patients have requested prescriptions from primary care to avoid waiting. (North Central CLS) Action: CLS members will be asked to identify specific cases so that they can be reported to the Medicines Management team anonymously.

A&E letters – in some cases A&E letters have been slow to arrive. (North Central CLS) Action: CLS members will be asked to identify specific examples for further evaluation.

111 letters – letters received have sometimes been difficult to make sense of as they contain all the details of the questions asked by the call handler and the answers given by the patient. (North East CLS) Action: this issue has been reported to the CCG Board lead for Clinical Governance at 111.

Infection control training – it was questioned whether the CCG will be providing infection control training. (North East CLS) Action: To communicate to our CLS members that it is not clear yet which organisation will be providing Infection control training for provider organisations.

Pathology – there are on-going issues relating to pathology data being received by practices. (North West CLS) Action: Members of the Pathology department at Imperial were present at the Plenary on 20th November and answered points raised by CCG members. Members were encouraged to use Datix for reporting and to alert the head of pathology and the Chair of the Quality, Patient Safety & Risk (QPSR) sub-committee.

Practices being asked to arrange investigations by A&E and outpatient departments (North West CLS) Action: CLS members will be asked to identify specific cases so that they can be handed onto the CLS facilitators.

Email address for raising confidential concerns It was questioned whether there will be an email address for practices to use to send clinical governance concerns. (North West CLS) Action: To hand onto the QPSR sub-committee for further evaluation.

COMMISSIONING PRIORITIES

Members ranked priorities from six areas: Respiratory, Mental Health, Care of the Elderly, Children, Integrated Care & Referral Management. Primary Care Access.

The results across all CLSs were collated, standardised and analysed into quartiles. Quartile 1 being the most important (high priority for at least 2 CLSs) and Quartile 4 least important (low priority for at least 2 CLSs).

High Priority for GPs across West London CCG (Quartile 1).

Respiratory

1. Continue Chronic Obstructive Pulmonary Disease (COPD) Enhanced Service
2. Commission a new COPD service

Mental Health

3. Improve interface between Mental health primary and secondary care to reduce admissions
4. Implement gold standard Psychiatric Liaison services in acute hospitals
5. Support early inpatient psychiatric discharge

Care of the Elderly

6. Community Care Of The Elderly consultant
7. Review current contracts with community provider for District Nurse, Rapid Response, Case Management

Children

8. Pilot allergy and respiratory services in community

Integrated Care & referral Management

9. Continue Referral Incentive Scheme – carry out retrospective audits
10. Organise community service (RR, DNs) around hubs, better integration of primary and community care

Primary Care Access

11. Single point of referral from primary care, to ensure referral to community provider or onward referral to acute provider

Low Priority for GPs across WLCCG (Q4).

Respiratory

1. COPD public health campaign

Mental Health

2. Rollout Primary care mental health to (Queens Park & Paddington) QPP
3. Improve arrangements for Out of area placements for people with mental health problems

Care of the Elderly

4. Inclusion of End Of Life standards in all contracts

Children

5. Develop a community service for haemoglobinopathies/sickle cell

Integrated care and referral management priorities

6. Continue the Putting Patient First Local Enhanced Service – using the combined predictive tool

CLS MEMBER FEEDBACK

Commissioning Learning Set	Rating out of 5	Feedback	Areas for development
North West	3	As always very good	The first talk on finance could have had more impact if it had focused on practical application of the portal.
North Central	4	Excellent -felt he was on your side	It would have been helpful to have more time to consider commissioning priorities.
North East	4	Well run meeting	Future meetings could use questionnaires (about Commissioning Priorities) to gauge the opinions of members.
South East	4	Excellent as usual	The BI Presentation could have focused more on the Portal only so we could have had more time on the Commissioning Priorities.
South West	4	Excellent as ever, kept to time, helpful, positive	Good to get our ideas regarding commissioning and would want on-going feedback on how these are being taken forward.

Links to CCG strategy and objectives

The work of the Commissioning Learning Sets supports the objective of ensuring that the CCG's commissioning plans are clinically led, by ensuring that the CCG's membership is directly involved in

Links to CCG strategy and objectives

discussing work commissioned by the CCG.

Supporting documents

None

Financial and resource implications

There are no resource implications linked directly to this report.

Stakeholder involvement

Stakeholder feedback is included in the report. Attendance rates demonstrate that engagement across the CCG is strong.

Equality impact analysis

Not applicable

Risk

- There are no risks linked directly to this report.
- The Commissioning Learning Sets have a direct link to the Quality, Patient Safety & Risk sub-committee, where areas the CLSs have are highlighted and discussed.

Governance and reporting

This report has not been presented to any other meeting.

Next steps

- The Commissioning Learning Sets will continue to meet on a monthly basis and maintain their workplan

Next steps

- Feedback from the CLSs will continue to inform the CCG's commissioning plans