

<b>Date</b>	18 September 2018
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<b>Title of paper</b>	<b>Commissioning Learning Sets report</b>
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<b>Confidential</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (items are only confidential if it is in the public interest for them to be so)

## The Governing body is asked to:

Note the report, and the progress made with:

### July 2018

- Electronic Referral System (e-RS)
- Diabetes Dashboard and Update
- NEL & RSS 2017/18 year-end data
- CLS Plan 2018/19
- Patient Experience

### August 2018

- Electronic Referral System (e-RS)
- Patient Activation Measure (PAM)
- Harmonised Constitutions
- Diabetes with Mental Health
- GP Federation Update

## Summary of purpose and scope of report

The Commissioning Learning Sets (CLS) are responsible for leading delivery of the CCG's QIPP programme and Operating Plan targets, supporting member practices to have a sound understanding of their commissioning and prescribing budgets and how they perform in comparison to other primary medical care service providers and peers in the CCG.

Members also have a crucial role in giving feedback about the services commissioned by the CCG and used by our patients. Key feedback is escalated to the Clinical Quality Group (CQG) for each provider and discussed at Quality and Performance (QP) Committee.

This report provides an overview of the key points of discussion at the CLS meetings in July 2018 and August 2018.

**July and August 2018:** the following topics were covered during both July's and August's CLS meetings:

### **Soft Intelligence**

This standing item is formed by member practices providing feedback from services commissioned by the CCG for local patients. This item allows commissioning issues to be raised quickly and providers are contacted by the CCG to ensure all issues are highlighted and improvements made. Any trends are raised with the QP Committee, within a newly established quarterly report and at CQG. Some issues as raised in July and August CLS are as follows:

- Challenges raised by practices regarding e-RS;
- NHS 111 out of hours service for care homes, when further advice and guidance may have supported an alternative route of action. Clarification regarding protocols to be followed was requested.
- Community Cardiology service and onwards referral to acute.

### **Electronic Referral System (e-RS)**

Practice level data showing how GP practices are doing in using e-RS for all acute referrals was presented. Data presented compared how many referrals were done through the e-RS process compared to the previous month. Practices were encouraged to make use of the wide-range of supporting information that had been made available to support this change which included; contact emails, how-to guides, youtube tutorials and websites. Local providers attended CLS meetings in July to answer practice questions ahead of a 'soft launch' from August 1<sup>st</sup> 2018, whereby 2ww referrals would continue to be processed until 1<sup>st</sup> September. In August, GP practices were provided with an update which informed them that West London GP Practices were using e-RS at much higher levels than NHS Digital data had indicated.

### **July 2018**

The following topics were covered during July's CLS meeting:

#### **Diabetes Dashboard and Update**

WLCCG Diabetes Transformation Team attended the CLS meetings and highlighted the positive impact that the Out of Hospital Services (OOHS) had in demonstrating year on year improvement across a range of Diabetes targets. The update included changes that had been made to service specifications for 2018-19 and highlighted training and resources that are available to support practices, as well as their patients which included the Know Diabetes information hub. Those presenting requested practices express an interest if they would like a practice visit to help support the management of diabetic patients. Diabetes leads also discussed the diabetes dashboard and steps to improve practice performance.

#### **NEL & RSS 2017/18 year end data**

Practices were presented with Non Elective admissions (NEL) and Referral Standardisation Scheme (RSS) year end data for CLS Plan 2017/18. There were 20 practices who achieved the NEL target and 17 practices who achieved the RSS target. Practices that had met their target were invited to share learning and best practice with their colleagues.

## **CLS Plan 2018/19**

The CLS Plan 2018/19 was launched and presented to practices; this provided an overview of the plan's pre-requisites which set-out minimum expectations for participation. There are a number of areas of Locality-based working which include an audit cycle which will cover; Correspondence Management, MyCareMyWay and NWL Referral Guidelines. Practices will be encouraged to undertake a Mental Health - focused MDT supported by Community Living Well, expand the uptake of Patient Activation Measures (PAM) to patients under 65 and to improve practice performance around Learning Disabilities Health Checks. In addition to these elements, there will continue to be a focus on NEL and RSS as well as a scheme relating to both Prescribing quality and expenditure. Practices were asked to give feedback and thoughts on the plan.

## **Patient Experience**

Results of the patient experience survey which had been administered by individual practices were discussed at each CLS meeting. This survey asked patients to provide feedback to General Practice regarding their experience with other local providers in order to triangulate this information. This process has proved administratively challenging for practices, therefore the decision has been taken to remove this element from CLS Plan 2018/19. Suggestions were invited from practices as to alternative methods for capturing patient feedback from other providers.

## **August 2018**

The following topics were covered during August's CLS meeting:

### **Patient Activation Measure (PAM)**

PAM was presented to practices to encourage its utilisation to a wider cohort of patients as part of CLS plan 2018/19. Practices were given an overview of the tool, as well as support in identifying eligible cohorts and there were discussions around the mechanics of administering the tool. Targets and funding were also discussed, along with the benefits of using PAM for the practice.

### **Harmonised Constitutions**

Practices were presented with information on increased collaboration with eight CCGs working together in NW London and the benefits of establishing a Joint Committee. It was set-out that this would cut out any inconsistencies in current constitutions and CCGs would want to ensure safe and robust decision-making where decisions are being made at the Joint Committee by all eight CCGs at once.

### **Diabetes with Mental Health**

Dr Amrit Sachar, Diabetes Consultant Psychiatrist and Mental Health Lead for Diabetes Transformation Programme presented to highlight the link between Diabetes and Mental Health. She highlighted that mental health must be a golden thread that runs all the way through the transformation programme and highlighted a likely under-detection of depression and anxiety in patients with diabetes. She encouraged practices to undertake a PHQ4 for patients with Diabetes and provided advice on signposting and support available from her and her team.

### **GP Federation Update**

GP Federation colleagues attended the CLS meeting to give a quarterly update. They provided an update on their programme to recruit Clinical Pharmacists to work across the CCG with pharmacists to begin working across practices in September and October. Primary Care Networks were discussed and the GP Federation's willingness to support their development. There was also an update on the annual audit programme in relation to OOHS which the GP Federation has helped co-ordinate and GP practices were made aware of opportunities to participate as part of a partnership which they have entered into with the National Institute of Health Research.

### Quality & Safety/ Patient Engagement/ Impact on patient services:

- CLS Soft Intelligence is taken to the relevant management leads for the services within the CCG and CCG for both Imperial and Chelsea and Westminster Hospitals.
- Patient Engagement is received through Provider Patient Experience Report which is a quarterly standing item at CLS.

The above two points may have an impact on the services commissioned by the CCG which in return will impact on locally delivered patient services.

### Financial and resource implications

- CLSs contribute to ensuring the CCG can achieve the QIPP target.
- Resource allocations are realised at CLSs and this is fed back to the CCG to ensure appropriate resources are dedicated to member practices.

### Equality / Human Rights / Privacy impact analysis

n/a

### Risk

The Commissioning Learning Sets' functions support the CCG's objectives:

- Financial risk as CLSs has a large part to play in delivery of CCG QIPP target and Operating Plan target;
- Soft Intelligence issues need to be addressed quickly so that locally commissioned services are responsive to local concern.

### Governance and reporting (list committees, groups, or other bodies that have discussed the paper)

Committee name	Date discussed	Outcome
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