



*Somerset  
Clinical Commissioning Group*



# Somerset CCG Annual Review 2016/2017

Working Together to Improve Health and Wellbeing

# Our Vision

## Our vision for health and social care in Somerset is that:

People in Somerset will be encouraged to stay healthy and well through a focus on healthy lifestyle choices and self-care through:

- ➔ building support for people in our local communities and neighbourhoods;
- ➔ supporting healthy lifestyle choices to be the easier choices; and
- ➔ supporting people to self-care and be actively engaged in managing their condition.

When people need to access care or support, this will be through joined up health, social care and wellbeing services.

The result will be a healthier population with access to high quality care that is affordable and sustainable.



# Chairman's Introduction

This has been a year of ongoing challenges for Somerset's health and social care system but also a year of success and innovation.

This was well illustrated by the way in which the whole system pulled together this winter. Despite the county's entire urgent care and social services experiencing exceptionally high demand last winter, the system managed well. We even reduced the number of delayed patient discharges from hospital by almost 50% compared to the early autumn.

This has also been a year of learning from new models of care, like the Symphony scheme in South Somerset. This is already supporting hundreds of patients with long-term health problems live at home and fewer patients becoming ill and thereby needing to be admitted to hospital.

Somerset Clinical Commissioning Group (CCG) has invested over £1 million in the roll out of the Somerset Early Supported Stroke Discharge scheme. The scheme enables stroke patients to leave hospital more quickly and have their rehabilitation provided in their own home. The scheme is popular with patients and has been

so successful it is being tested to see if it could also support patients with brain injury.

We are investing in the county's mental health services, particularly for children and young people with mental health problems. Somerset CCG has invested £1 million in improving Child and Adolescent Mental Health Services starting a new eating disorder service and mental health crisis teams allowing recruitment of additional professionals during the year.

Demand upon family doctor services continues to rise, whilst the numbers of GPs are falling. It will be a test of collaborative working between GP Practices as we move towards improving seven day a week access for patients. However, I am confident Somerset's 71 GP Practices will deliver the necessary improved access.

It was a shortage of hospital specialists that led Musgrove Park Hospital's Dermatology Service to stop accepting new patient referrals in December. Patients with suspected skin cancer from the west of the county have had to travel to Bristol, Bath, Exeter or Yeovil for their initial diagnosis and treatment. By early 2018, a new dermatology service will be operating at

Musgrove Park Hospital again led by University Hospital Bristol NHS Foundation Trust.

Somerset CCG has an annual budget of £724 million and this year is the first occasion we have ended the year with a budget deficit (approximately £3 million). This has been largely cause by the increased number of emergency patients treated at the county's two district hospitals and a 40% increase in the cost of NHS funded nursing care fees (£4 million).

It is only by all the county's NHS organisations and Somerset County Council being committed to preventing ill health, joining up health and social care system and transforming the way we work, that we will create a sustainable future for the NHS and ensure good quality services for the people of Somerset.

I would like to extend my thanks to everyone for their hard work over this last year and thanks to our former Chairs, Dr Matthew Dolman, who is now playing a leading role in the development of Somerset Sustainability and Transformation Plan (STP) and to Lou Evans, who stood in as an interim Chair at the start of the year.

**Dr Ed Ford**  
**Chairman**  
**Somerset Clinical Commissioning Group**



# Who we are



Somerset CCG is a membership organisation consisting of all 71 GP practices across the county. The CCG is led by a Governing Body which is responsible for ensuring that the CCG works in the best interests of the local community and spends the £724 million annual budget (2016/17) in a way which delivers high quality services and best value for money.

A full copy of Somerset CCG's Annual Report and Summary Financial Accounts for 2016/17 can be downloaded from the website at: [www.somersetccg.nhs.uk](http://www.somersetccg.nhs.uk)

## GP Commissioning Localities

Somerset has nine GP Commissioning Localities. Each locality has a nominated GP

who sits on the Somerset CCG Clinical Operations Group (COG). The Clinical Operations Group is the 'engine room' for clinical commissioning in Somerset. Its members act as a clinical advisory group to Somerset CCG and focus on designing programmes and pathways to deliver better services for patients.

GP Commissioning Localities have been at the forefront of designing and testing out new models of care in the South Somerset, Taunton Deane and Mendip areas.

These services (known locally as the "Test and Learns")

- ➔ supported more than 4,000 people with long term conditions (such as diabetes) to better access health and social

support in their community, for example exercise and fitness programmes, that deliver long term health benefits- and make life more enjoyable

- ➔ provided joined up medical, nursing care and therapy support for more than 1,000 people with multiple and complex long-term conditions.

Part of this work involves providing more coordinated care to people with long term ill health. By providing support to people living with more than one long term health condition, such as heart and lung disease, diabetes and cancer, they not only improve the quality of life for such patients but also reduce the number of costly and preventable admissions to hospital.

# Health in Somerset

Overall life expectancy for Somerset's 540,000 residents is higher than the national average and deaths from heart disease and cancer are lower than the national average.

Somerset has a higher proportion of elderly people than the rest of the South West region. 10.4% of the population is over 75 years of age compared to 7.8% in England. One in five people being over the age of 65. This rises to nearly one in three people in West Somerset.

If we do nothing differently, as people live longer so we can expect them to need more support from health and social care services.

If the NHS is to manage the demand for its services people need to take responsibility for their health and do more to treat themselves when they have minor illness or ailments. We also need to close the gap that exists between the health of the wealthiest and the poorest people in the county.



# Our Achievements 2016/2017

2016/17 was a year of significant achievement for Somerset Clinical Commissioning Group (CCG), our partners and service providers.

- We worked collaboratively in order to deliver joined-up health and social care services.
- We developed community and mental health services so they delivered more local care.
- We developed more integrated urgent and emergency care.
- We improved access to district hospital services.
- We reduced the length of time patients wait for routine hospital treatment.
- We improved patients' experience of services and reduced the risk of preventable harm.
- We have collaborated with health and social care partners to produce a Sustainability and Transformation Plan (STP) for Somerset.

**Here are some examples of our achievements during 2016/17.**



## Cancer

Early diagnosis and treatment of cancer is important and there are a number of national treatment standards relating to treatment for cancer patients. Patients with a suspected cancer have the right to be seen by a hospital specialist within two weeks of being referred by their GP; the right to be treated within 62 days from the date of their GP referral; and the right to be treated within 31 days from the day of decision to treat to the day of treatment.

In 2016/17 five of the nine standards were delivered for Somerset patients, and despite an increase in demand, the two-week suspected cancer standard was recovered but there continued to be challenges in respect of delivery of the 62-day standard.

## Children and Young People's Mental Health

Since April 2016, work has focused on setting up new services and recruiting staff to these services. The Single Point of Access for Child and Adolescent Mental Health Services (CAMHS) was launched in January 2017.

A Community Eating Disorder Service for children and young people has also been launched for those with a primary eating



disorder diagnosis. The Enhanced Outreach Team, jointly funded with NHS England, is now operating 8am-8pm Monday to Friday. A new service to support young people in schools has also been procured and will start in April 2017.

NHS England released funds to Somerset CCG to reduce the waiting list for CAMHS. The waiting list significantly reduced throughout January and February 2017.

## Long-term conditions

Somerset's health and social care services are working to help prevent unnecessary admissions to hospital by patients living with multiple long-term health conditions.

People living with three or more long-term conditions, like diabetes, cancer, heart disease, lung disease and mental ill health, can find their health quickly becomes worse resulting in an urgent and costly admissions to hospital.





By developing new models of care and support to patients so they better understand their health, we are enabling more people to live well in their own homes and the community.

Somerset CCG has been delivering its person-centred care programme since 2014, and has trained almost 300 people from 75% of GP Practices in personalised care and support planning for patients.

During that time, we have seen a significant shift in the approach and skills of clinicians so that they can help patients with long-term conditions manage their own health more effectively. GPs recognise the value of this type of education which will continue into 2017/18.

## Diabetes

Some 31,000 people in Somerset are living with diabetes, with 2,000 to 2,500 people being diagnosed with diabetes each year. This is set to rise to 53,000 by 2030 if more steps are not taken to reduce the incidence of the disease, much of which could be prevented by changes to diet and lifestyle.

Patients who don't manage their diabetes risk health complications which can lead to infections, amputation of toes or feet or even blindness. By helping patients to self-manage

their diabetes more effectively we reduced the number of emergency ambulance call outs by 300 last year.

A new foot care services for diabetic patients has resulted in a fall in the number of amputations to toes and feet. A national report published by Diabetes UK showed 19 patients had avoided amputations this year in Somerset.

Somerset is a pilot for the new national Digital Diabetes Prevention Programme. Working in collaboration with Dundee University, Somerset was awarded a prestigious Small Business Research award for the development of a computer application which enables people with diabetes to better manage their condition.

## Stroke Prevention

Somerset CCG has been working in partnership with industry to review people with a risk of blood clots which could cause stroke or heart attack. 500 patients have benefited from a medicine review which resulted in them being prescribed blood thinning drugs. This is estimated to have saved 30 Somerset patients from getting a stroke last year.

## Dermatology

Patients with routine skin problems are referred to GPs with specialist training, but



patients with suspected skin cancers need to be diagnosed and treated by a hospital dermatologist. There is a serious shortage of hospital dermatologists and this year patients with suspected skin cancer from the west of the county had to be referred to hospital clinics in Bristol, Bath, Exeter and Yeovil after the dermatology service at Taunton's Musgrove Park Hospital could no longer accept new patients.

The use of tele-dermatology (diagnosis of a patient's skin condition by a dermatologist via a video or photograph) is helping with the management of urgent and routine dermatology patient referrals. This service started in Mendip last year and is being rolled out county-wide in 2017/18.

## Patient Initiated Follow Ups

Hospitals in Somerset are developing new and more efficient way of working, including reducing the number of routine hospital follow-up appointments. In June 2016 Patient Initiated Follow Ups (PIFUs) were introduced. The system lets patients decide if they require a follow up outpatient appointment, advice over the telephone or do not need a follow-up appointment. Since that time over 8,000 patients have been offered PIFU with 1,365 taking up the offer.



## Somerset Integrated Digital Electronic Record (SIDEr)

Computer technology is essential to the delivery of safe and effective health care. Sharing patient medical records between health professionals (unless patients have opted out) is being made easier through the Somerset Integrated Digital Electronic Record. The systems permits patient's test results to be accessible by a neighbouring hospital. Information for disabled patients can be shared in advance of their next appointment and sharing of key patient information helps members of the county's complex care teams work more effectively together.

In October 2016, we launched 'EMIS1 Viewer' in all emergency, urgent and immediate care facilities throughout Somerset. Now urgent and emergency care staff are able to see the patient's essential GP records. To date, the system has been used more than 3,500 times in Somerset. The plan for 2017/18 is to build on and extend this scheme to further improve direct care.

More comprehensive details of these and other important Somerset CCG achievements can be found in the 2016/17 annual report. This is available to view or download from: [www.somersetccg.nhs.uk/publications/annual-report/](http://www.somersetccg.nhs.uk/publications/annual-report/)



## The GP 999 service

The two GP 999 cars enable a GP and a paramedic to work together when making urgent out-of-hours home visits to sick patients over the weekend period. The service offers better management of patients with complex health problems and has reduced the numbers of patients needing to be taken to hospital. Early evaluation of the scheme has shown very positive results with around 88% of patients being treated in the community. Due to the success and financial savings, it has been agreed that the scheme will continue to run until at least April 2018.

## Urgent and Emergency Care

Somerset's urgent and emergency care services are continuing to see a steady rise in demand across every part of the health and social care system. Collaborative winter planning ensured the health and social care system worked in an efficient way.

From October 2016, all the health and social care organisations across Somerset worked in close collaboration to reduce the number of patients in hospital who were medically fit to be discharged but still in hospital. By using the Reablement Home Support Service they were able to support more patients at home; NHS and local authority social workers worked on the hospital wards

to ensure faster discharge of patients and extra nurses were employed throughout the winter months.

This year, two schemes were particularly effective at reducing demand on urgent care services.

## Urgent Connect

Urgent Connect is a pilot scheme providing GPs with a telephone advice line to get rapid expert advice from a hospital specialist. The service has reduced the number of admissions to hospital and consequently freed up resources for the NHS. The scheme will be extended in 2017/18 to evaluate the longer-term future of the scheme.

## Treatment Waiting Times

Most patients in Somerset waiting for routine hospital treatment were seen within 18 weeks of being placed on a hospital consultant's waiting list.

However, in 2016/17 Somerset did not reach the 92% standard with only 89% of patients being treated within 18 weeks of referral. Somerset CCG continues to monitor progress against agreed improvement plans and is working with all hospital Trusts to continue to focus on waiting time performance. By the end of 2016/17 Yeovil District Hospital had returned to the 92% standard.

Somerset's two district hospitals, Musgrove Park Hospital and Yeovil District Hospital, performed well against the maximum four-hour Accident and Emergency waiting time standard. This was despite high demand last winter and a general rise in the number of patients attending Accident and Emergency Departments.

Hospitals achieved five of the nine cancer standards in 2016/17. National standards require patients with suspected cancer to be referred by their GP to a hospital specialist within two weeks. This year local hospital Trusts recovered their two-week suspected cancer waiting time standard but under achieved the breast symptoms and 62 day waiting time cancer standards, requiring the patient to be treated within 62 days from the date of their GP referral. Plans have been agreed with service providers to achieve these standards in 2017/2018.

## Friends and Family Test

Patients in Somerset express high levels of satisfaction in their local GP, hospital and community health services.

The Somerset CCG average percentage of GP patients Likely or Very Likely to recommend the service to friends or family is 92% for Somerset, 92% in the

South West region and 89% for England. The Friends and Family Test (FFT) is an important measure of patient satisfaction with the service they have received from the NHS. The test simply asks patients if they are satisfied with the service they have had and if they would recommend it to a friend or family member.

Somerset CCG reviews the FFT feedback, particularly in relation to patients attending hospital A&E, outpatient and maternity services. The findings are used in collaboration with other sources of patient information like patient surveys, Healthwatch Somerset, Patient Participation Groups, complaints, the Patient Advice and Liaison Service (PALS), GPs and the voluntary sector. In this way Somerset CCG gets a clearer picture of service quality.

The key themes that come out from FFT data analysis and patient experiences are discussed with local hospital and community health service providers. Learning points are identified and acted upon.

## Complaints

During 2016/17 Somerset CCG closed a total of 58 complaints. Somerset CCG values complaints and other forms of feedback, which are vital to continually improve the quality and safety of local health services.



## The most frequent issues raised this year were:

- difficulties getting to hospital appointments
- waiting times for outpatient appointments and surgery
- queries about medicines
- queries about continuing health care funding
- access to services

Somerset CCG's Patient Advice and Liaison (PALS) Service operates a Freephone telephone number for members of the public to call with their questions, queries or complaints about local health services. This year the service received 901 enquires in 2016/2017, an increase of 23% from the previous year total of 732.

## Harm free care

Somerset Clinical Commissioning Group (CCG) is committed to ensuring patients only receive safe and effective health care.

The CCG is working with local health service providers which are supporting The Sign Up to Safety campaign. This is helping to reduce the risk of patients from getting bed sores, falling, being infected by sepsis, MRSA or clostridium difficile, or having harmful reactions to medications. Somerset's campaign won a national award in July 2016.

A copy of this information titled 'How to make sure your healthcare is safe' can be found on the Somerset CCG website at <http://www.somersetccg.nhs.uk/publications/patient-information/>

## Providers of health care in Somerset have made improvements in a wide range of areas associated with risk to patients, such as:

- adoption of the National Early Warning Score (NEWS) framework to assess patients at risk from sepsis
- reducing the time taken to administer antibiotics to patients at risk of sepsis
- review of medication risks through individual patient medication review systems
- ensuring people have a copy of their discharge information when leaving hospital
- review and share learning from people at risk of pressure sores.
- identifying and supporting people who are at increased risk of injuring themselves from falling
- providing advice to patients who are taking medicines which increase the risk of kidney injury

## Safeguarding adults and children

NHS organisations in Somerset collaborate closely with the Somerset Safeguarding Boards for both children and adults. The boards are made up of many statutory agencies. The aim is to ensure that system wide lessons can be learned following cases

of abuse, harm or neglect to children or vulnerable adults. Somerset CCG has taken a leading role in supporting a number of quality improvement and whole service concerns. It has also continued to support improvements in Safeguarding Children in General Practices by providing training and advice, and ensuring that primary care staff are involved in serious case reviews and learning events.

## Healthcare acquired infections

Somerset CCG has worked closely with local hospital and health care providers to reduce the incidence of acquired infections.

## C Difficile

Clostridium difficile, also known as C. difficile is a bacterium which infects humans. Symptoms can range from diarrhoea to serious and potentially fatal inflammation of the colon. The overall C diff rate for Somerset CCG per 100,000 population from April 2016 to February 2017 was 16.5, which was the lowest rate for CCGs in the South West region (out of 12 CCGs).

## MRSA

MRSA is a type of bacteria that's resistant to several widely used antibiotics. The overall MRSA rate for Somerset CCG per 100,000 population from April 2016 to February 2017 was the 6th lowest rate for CCGs in the South west region (out of 12 CCGs).





# Promoting Equality and Engaging with Patients

The views of patients, carers and the public are important when planning local health services. Somerset CCG gathers their views in a number of different ways.

This includes Healthwatch, the Somerset Engagement Advisory Group (SEAG), the Patient Participation Group (PPG) Chairs' Network, voluntary and community sector stakeholders, lay users and volunteers, and local health forums.

SEAG and the PPG Chairs' Network, in particular, have scrutinised, challenged and supported Somerset CCG on a range of issues, including outcomes-based commissioning, patient online access, 111 and out-of-hours services, carers' services, access to mental health services, and the Somerset Sustainability and Transformation Plan.

Lay users and Healthwatch volunteers have regularly added value to the quality assurance

visits to commissioned services. The CCG Governing Body has continued to consider and learn from individual patient stories.

We continue to monitor our progress on equality issues via our annual collection of evidence and self-grading exercise as part of the NHS Equality Delivery System.

In 2016-17, we paid particular attention to widening participation and capturing feedback from 'seldom heard groups', including children and families with special needs or long-term conditions, patients receiving end of life services and their carers, Lesbian, Gay, Bisexual and Transgendered (LGBT) patients, patients with mental health issues and learning disabilities.

A SEAG development day was held in October 2016 to encourage a wider range of people to participate as lay users, volunteers, PPG members, and Healthwatch members. Work to widen participation will continue into the future.

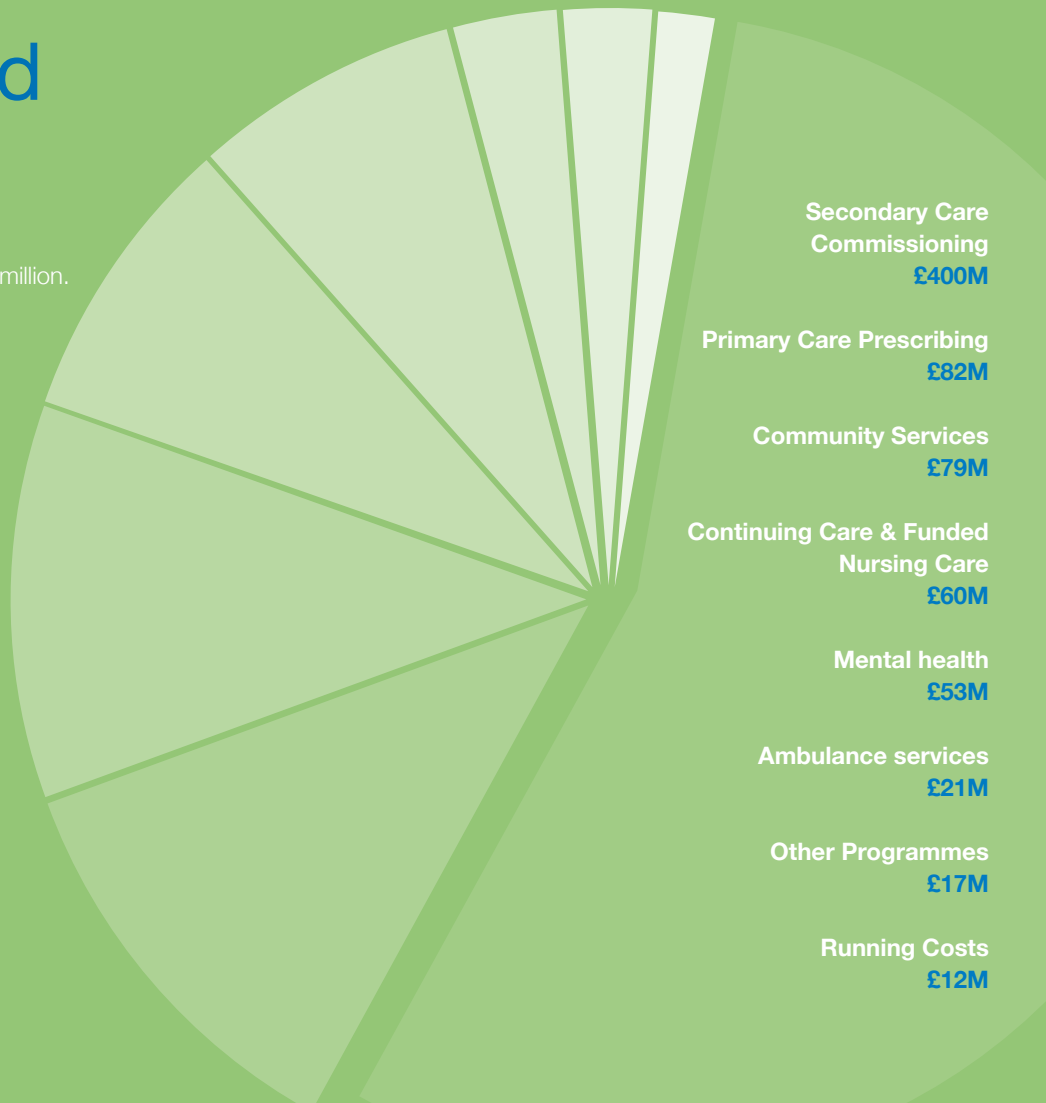
# How we Spend Your Money

Somerset CCG's budget for 2016/17 was £724 million.

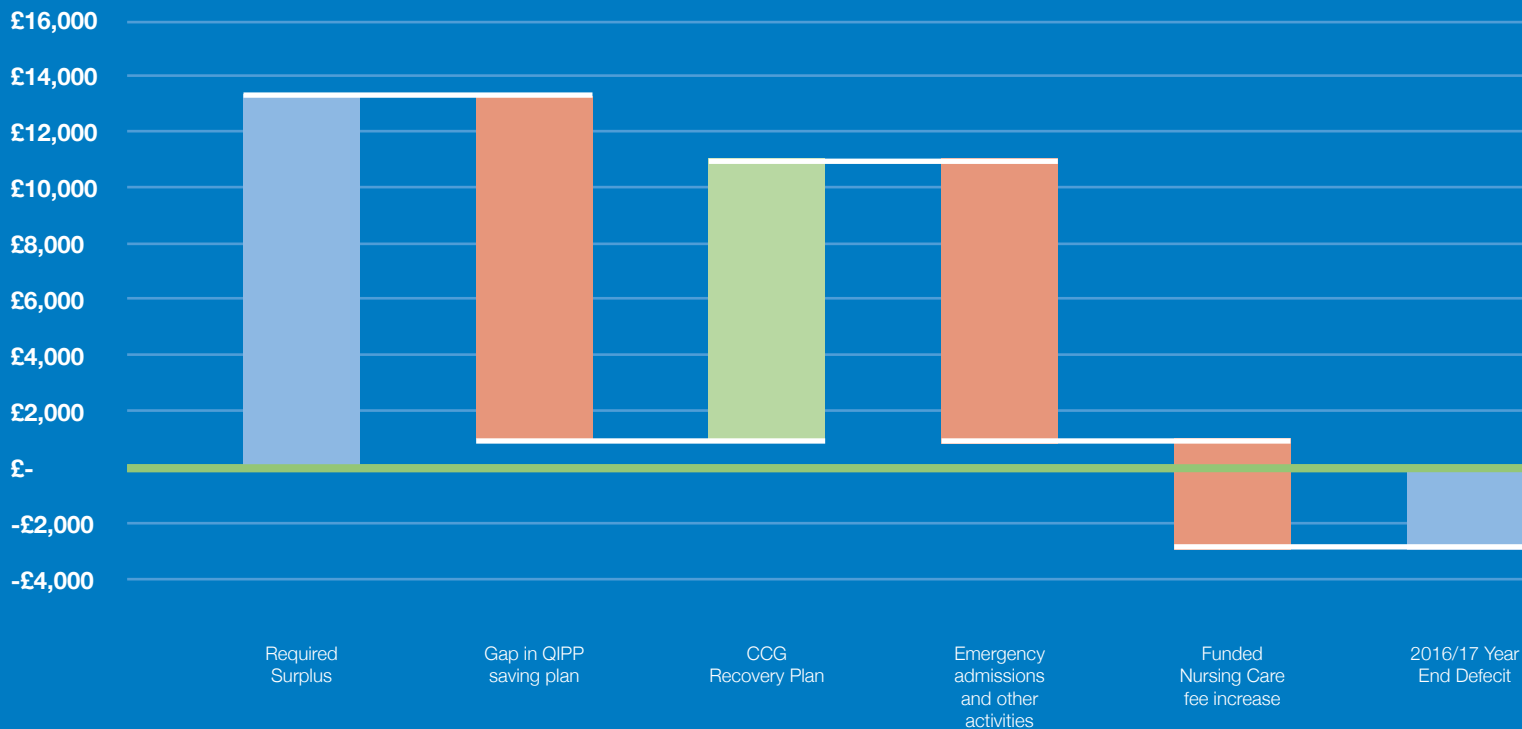
**This chart sets out how Somerset CCG Spent its budget during 2016/17.**

Somerset CCG has an annual budget of £724 million. This was the first year the CCG has experienced a budget deficit (approximately £3 million). This has been largely caused by more patients being seen and treated at the county's two district hospitals and more people being eligible for NHS contributions to be made to their nursing costs. Nursing fees rose by 40% this year.

There is more detailed information about how Somerset CCG spent its budget in the 2016/17 annual report. See: [www.somersetccg.nhs.uk](http://www.somersetccg.nhs.uk)



# More About Money - Why the Clinical Commissioning Group had a year end deficit



# Our Five Year Plan

Somerset CCG's Five Year Plan aimed to deliver the national policy objectives set out in the NHS "Five Year Forward View". However, the CCG's plan has now been superseded by the county's Sustainability and Transformation Plan (STP).

Somerset's STP is a system-wide plan, supported by all parts of the NHS in Somerset and the local authority. They are working to improve the health of the population and making health and social care services more joined up. Somerset CCG's four key strategic themes have been amalgamated within the new Somerset STP. This means:

**1** Encouraging communities and individuals to take more control of and responsibility for their own health and wellbeing. Plans are being developed to proactively encourage patients to quit smoking and improve their diet and lifestyle.



“Five Year Forward View”





**2** Incorporating person centred care into the Somerset STP Out-Of-Hospital Care work stream. Plans are being developed to enhance primary care teams with other health professionals, such as health coaches, physiotherapists and pharmacists to support the continued focus upon person centred care.

**3** Transforming the effectiveness and efficiency of urgent and acute care. Somerset CCG is supporting the NHS RightCare programme. This aims to ensure

“the right person has the right care, in the right place, at the right time, making the best use of available resources. The programme aims to make sure “the right person has the right care, in the right place, at the right time, making the best use of available resources”. In the coming months, the programme will be working to improve support to the frail elderly with osteoporosis and at risk of falling; supporting people living with chronic pain, chronic lung disease and patients with high blood pressure.

We will also be reviewing a number of vulnerable acute services across Somerset to ensure that models of service provide good quality care and are sustainable.

**4** Sustaining and continuously improving the quality of all our services. This remains a cross cutting theme throughout the STP and within specific service improvements.

# The Future Shape of Health and Social Care

## **Somerset Sustainability and Transformation Plan**

In Somerset the CCG, local authority, NHS Trusts, primary care and patient representatives are developing a local, system wide, five-year health and social care plan, called the Sustainability and Transformation Plan (STP).

It is not yet a detailed plan but a local blueprint to deliver the national policy objectives set out in the national Five Year Forward View.

For the NHS to meet the future needs of patients in a sustainable way, we need to make health and social care services more joined up. We also need to close the gaps in health, finance and quality of care from where we are



now to where we need to be in 2020/21. The Somerset STP had three key objectives:

**To prevent ill health:** By encouraging people and communities to take more responsibility for their health and wellbeing and self-treat themselves when they have minor illness or ailments. In this way, the NHS hopes to eventually see a reduction in demand upon local health care and services.

**To improve service quality:** The population of Somerset is ageing and demand for health care is growing at a rate which is outstripping the available staff and NHS funding. Action is needed to improve the quality of care and services, reduce waiting times and improve the outcome of treatment and care for patients. This needs to be achieved against a backdrop of a serious shortage of doctors, nurses and

hospital specialists across the county and the wider NHS.

**To restore financial balance:** The local health and social care system must reduce its current deficit and balance its budget. If nothing was done to reduce demand and improve service delivery, Somerset's health system could incur a £175m budget deficit by 2020/2021.



A number of STP work streams have been developed this year to carry out the detailed planning work for the Somerset STP. The work will include seeking the views of patients, carers and patient representatives like Healthwatch Somerset.

Work is also progressing with the county's three NHS Foundation Trusts, Primary and Social Care and the voluntary, community and social enterprise sector to progress a business case for them working in a more unified way, known as an Accountable Provider Organisation (APO).

An APO brings together a number of service providers to take responsibility for the health outcomes of a defined population working within an agreed budget.

A copy of the Somerset Sustainability and Transformation Plan is available on the Somerset CCG web site.

# Get Involved

If you would like to know more about the work of Somerset Clinical Commissioning Group and how you can shape your local health services contact:

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**[www.somersetccg.nhs.uk](http://www.somersetccg.nhs.uk)**

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