

Bath and North East Somerset Clinical Commissioning Group Update, May 2013

CCG Authorisation

Bath and North East Somerset Clinical Commissioning Group (CCG) assumed responsibility for commissioning health care in BaNES on April 1. We were delighted to receive our authorisation from NHS England with no conditions. Out of 211 CCGs across England, we were one of only 106 who received unconditional authorisation.

Emergency pressures

Emergency pressures have lessened since the last briefing, both throughout the NHS and at the RUH, with waiting times at the RUH Emergency Department improving. However, NHS England have recently written to CCGs setting out an A&E improvement plan requesting that CCGs work with their Area Team to develop local improvement plans to address the urgent care pressures. In response BaNES CCG has produced a draft plan with partners which will be finalised by the end of May. B&NES CCG continues to lead the Bath Health Community Urgent Care Network where the plan will be reviewed and monitored to ensure that services cope better next winter with the seasonal increase in demand.

Urgent care centre

The tender advert for the new Urgent Care Centre, which will be based at the front door of the RUH's emergency department, plus associated services, was placed on Supply 2 Health on 8th May. The UCC will be staffed by experienced emergency nurse practitioners and GPs as well as other healthcare and administrative staff. It will be the first point of contact for all patients who 'self-present' (ie not those who arrive by ambulance etc) at the ED and will be open 24 hours a day, 365 days a year.

The UCC will assess patients when they arrive and either treat them, send them to ED or refer them to their own GP, community pharmacist or dentist. It will help ensure that more patients receive the treatment they need, when they need it, and relieve pressures on ED by providing urgent, non-emergency care on the spot.

Bristol CCG's decision to recommission mental health services

Some people will have seen the recent press article reporting on the decision by Bristol CCG to recommission its mental health services, which are currently provided by Avon and Wiltshire Partnership NHS Mental Health Trust (AWP). We would like to reassure everyone that patients and services in BaNES will not be affected by this decision, whatever the outcome when the new contract is awarded in 2014.

BaNES CCG is not planning to recommission mental health services, and neither are our neighbours in Wiltshire and North Somerset. However, as part of our commitment

to ensuring high-quality mental health services for everyone who needs them, we are working very closely with AWP on a range of improved services including:

- Enhanced Talking Therapies through primary care
- Developing the Early Intervention in Psychosis service and
- Carrying out improvement work on inpatient facilities.

Measles

We are working with colleagues in public health, locally and nationally, to develop a plan of action to protect our population against measles. This is a precautionary measure, as to date there have been NO confirmed cases in BaNES.

However, with small numbers of cases in surrounding areas (Wiltshire, Gloucestershire and Bristol), there is clearly a need here as elsewhere in the country to take all the necessary steps to protect the local population.

At the heart of our plan is a national MMR catch-up campaign which will be led by local GP practices and will involve practices contacting the families of unvaccinated or partially vaccinated children between 10 and 16 years of age, inviting them to come in and be vaccinated. This is the age group which, nationally, is less likely to have taken up the MMR vaccination. Vaccinations will be given in two stages one month apart.

We are confident that local GP practices will be happy to do this. In addition, we are asking them to respond positively to requests for vaccination from unvaccinated or partially vaccinated people outside the 10-16 age group.

(Those born before 1970 are likely to be immune to measles).

The GP letters will be backed up with local and national communications in the local newspapers, radio and TV. They will be sent out over the next three months, with the aim of having secured 95% immunisation in the target group of 10-16-year-olds by the end of the school holidays. This is the level considered to represent 'herd immunity', which lessens the risk to those in our population (unvaccinated pregnant women, some people with cancer) who cannot now be vaccinated and for whom catching measles would pose a serious health risk.

MMR vaccination is very successful in preventing measles, and patients are completely immune after they have received the second ('booster') vaccination, which can be given a month after the first.

We are working very closely with our public health colleagues to monitor this situation. If a case is confirmed in our area, we will be informed immediately by the Health Protection Agency (now 'Public Health England'). We will then consider what further steps may be necessary.

Commissioning for quality

BaNES CCG is committed to putting quality and patient safety at the heart of everything it does. From the very outset, we aim to ensure that patients' wellbeing is strongly represented in our decision-making, and have appointed Dawn Clarke (Director of Nursing) and Dr Ruth Grabham (Clinical Director), to ensure a clear clinical voice on our CCG Board.

One of our aims as an organisation is to improve the experience of local residents, patients and their carers by making sure that health services are provided promptly, safely and effectively. We will continue to ensure the quality of healthcare services is maintained by monitoring the quality of that care and by building quality measures into our contracts with healthcare providers. We have identified a range of measures that address safety of services, effectiveness and patients' experience that are written into these contracts. These range from reducing hospital acquired infections, improving communication between primary and secondary care, improving adult and children's safeguarding arrangements and improving learning from the experience of patients.

Additionally, the CQUIN payment framework enables commissioners to reward excellence by linking a proportion of our healthcare providers' income to the achievement of local quality improvement goals. The CQUINS for 2013-2014 were developed through a collaborative partnership between the CCG and the providers and include, amongst others, 'Transforming Patient Services', improving end of life care, improving continence care and implementing the 'Fifteen Steps Challenge' which encourages patients and staff to identify potential improvements with a view to enhancing the patient experience and increasing patient confidence.

Alcohol Liaison Nurses

The CCG is investing £153,000 in an enhanced Alcohol Liaison Service based at the RUH. Alcohol-related hospital admissions cost £5 million a year, ranging from bones broken in falls to serious, long-term illnesses such as liver cirrhosis. One in every five people admitted due to alcohol is readmitted.

The Alcohol Liaison Service employs 2.5 staff (two nurses and an alcohol support worker) to talk to people about their drinking (if alcohol is known to have played a part in their admission) while they are in hospital. It can also start services such as detox while patients are on the ward, to be continued at home afterwards. This approach is shown to pay dividends as people are much more likely to cut down on their drinking after an 'intervention'.

At the same time, we continue to support efforts through the BaNES Health and Wellbeing Board to encourage people in the area to keep their drinking to levels that will not cause harm. One of the ways this is done is through 'Developing Health and Independence', a single, confidential phone number for advice, referrals and support aimed at those who are worried about their drinking, and their families.