# QUARTERLY REPORT: STRATEGY AND REDESIGN

**September 2009 to November 2009**

## 1.0 Purpose

To update Board Members on the work programme of the Directorate of Strategy and Redesign for the Quarter September to November 2009.

## 2.0 Introduction

This is the fifteenth directorate report from the Director of Strategy and Redesign to the PCT Board.

This report includes updates and progress on all major activity of the directorate for the quarter including;

- Pan Birmingham Adult Mental Health Services
- Pan Birmingham Sexual Health, HIV Services & Teenage Pregnancy
- Birmingham Drug and Alcohol Team (BDAAT)
- End of Life Care
- Chronic Disease Systems
- Complex Care
- Learning Disabilities
- Services for Older People
- Diabetic Digital Retinopathy Service
- Practice Based Commissioning
- Unplanned Care /Urgent Care
- Planned Care Services
- Children and Maternity Services
- Healthy Incentives

## 3.0 Pan Birmingham Mental Health Services

### 3.1 Joint Commissioning

The work to progress moving towards joint commissioning with Birmingham City Council is now well developed in Mental Health. An establishment agreement to formalise the governance arrangements between the three Birmingham PCTs has been agreed by the PCT. Once formally agreed this agreement will form the basis (from the NHS perspective) of moving to a pooled budget arrangement under section 75 with the Local Authority.

### 3.2 Payment by Results (PbR) in Mental Health

Previously the board was advised that NHS West Midlands is leading on the implementation of the Yorkshire Cluster model and PBR in Mental Health was to be implemented by April 2010.

A recent letter from the Department of Health advises that although the cluster work continues as the process for defining the currencies which are excepted to be in place and in use by all local health economies by 2011/12 (possible with some local prices), the earliest possible date (if at all) for national tariff for Mental health will be 2013/14.

### 3.3 New Mental Health Contract

The final version of the new Mental Health Contract is due out December 2009 - this is still subject to consultant at present.

### 3.4 Performance Management

This is a summary of the MH position as at M6 (FOT and YTD)

In terms of narrative the headlines are:

Overall FOT underspend of £1.132m on a total budget of £49.982m (2.3% underspend). Comprises of:

- NHS Contracts: FOT underspend of £1.556m on a total budget of £43.434m (3.58% underspend)

- This mostly consists of an underspend on the contract with BSMHFT which forms 98% of the NHS portfolio by value.

The performance at the Trust shows underperformance of c£600k in Adult inpatient and rehab beds; c£260k in specialist services (ED, Deaf, M&B, Neuropsychiatry and Psychotherapy), c£360k in Older Adults assessment units and IP beds, and c£150k in Personality Disorder. These variations are true underperformance compared to the baseline level of contracted activity. These are slightly offset by over performance in Adult Community and Youth support services. There is also unplanned non-recurrent slippage on funding for new developments of c£300k.

Other NHS contracts show small amounts of under or over performance that offset each other.

- Non NHS Contracts: FOT Overspend of £253k on a total budget of £1.849m (13.71% overspend)

This overspend is due to uplifts in voluntary sector budgets over and above uplifts to the corresponding budgets

- Mental Health complex Care Packages: FOT overspend of £170k on a total budget of £4.699m (3.61% overspend)

This is an area of low volume high cost packages of care for individual patients, demand in this area is traditionally volatile and has generally been increasing since the introduction of new eligibility criteria in 2007. Demand continues to increase and this is built into the forecast out-turn.

## 3.5 Citywide Service Developments 2009/10

### 3.5.1 Community Development Worker Service

Following agreement by the Mental Health Joint Commissioning Board a consultation paper has been collated and will be disseminated to current CDW providers. This will gather views and explore ways forward to deliver a city wide CDW service by one provider across the city. Outcomes of the consultation will be completed by February 2010.

All existing provider contract will be reviewed it is anticipated that these will be extended until August 2010.

Following a robust procurement process it is anticipated that the new provider/s will be selected and to deliver the service from August 2010 onwards.

In addition, Commissioners are looking to establish more meaningful monitoring and evaluation processes for informing effective ongoing commissioning.

### 3.5.2 Place of Safety (POS)

Regular steering group meetings have now been established and are now taking place with partners BSMHFT and West Midlands Police.

Clear defined work streams have been agreed and progress will be monitored against these

- Joint working Protocols
- Capital including Building Development
- Interface and partnership working with Acute A&E departments
- Training

Commissioner expectations are that this service provision will be delivered this financial year.

### 3.5.3 Birmingham Service User Reference Group (BSURG)

Following a city wide service user consultation event that took place in March 2009 the Pan Birmingham MH commissioning team now have a group of individuals who are working with commissioners to assist and challenge them with their

commissioning and redesign plans. The consultation event highlighted many key points some of which were that the group:

- Should consist of up to 20 regular members
- They should be supported by a 3rd sector organisation, be independent of the PCT's and should stand alone after 3 years
- Have well established clear lines of communication
- Have admin support and be paid for their input

Hosted by Mind in Birmingham the group have recently commenced meet on a regular monthly basis and are currently establishing their work plan which will include:

- Selection of individuals to sit on all established MH groups across the city
- Complete their skills analysis
- Scope their training requirements
- Involvement in personalisation workshop
- Establish a payment policy

Continued funding will need to be identified to ensure that the group continues to be supported.

3.6 **Personalised Health Budgets**

Good progress is being made in developing Personalised health budgets for the pilot sit in HOB Early Interventions Service.

Working closely with the Health & Wellbeing Partnership & BSMHFT, the team have linked with the consultant project worker in developing the PID which is required by the DH by 30th November for full acceptance as a pilot site.

This will see provision of PHB for a minimum 10 individuals receiving input as part of the Early Intervention Service, with a maximum figure of 3k per individual. The resource is targeted at individuals with a Global Assessment functioning (GAF D) score of between 40 – 60. This is a group who are struggling generally, but with the scope to improve this into the 60+ range which will demonstrate better functioning in terms of coping and managing their mental illness.

Notional budgets will be offered to any service user who scores within this range in order that they can choose (with assistance if necessary) interventions that they feel will help achieve the outcomes selected by them as being desired.

It is hoped that this vehicle will begin the transformational shift towards putting users truly in control of care planning & increase access and take up to a range of interventions. A BEN Governance Board is to be convened to manage risk by exception and monitor overall performance and outcomes of the pilot.

3.7 **Improving Access to Psychological Therapies**

The total of number of High and low intensity workers for the City has been reduced by the commissioning team due to the uncertainty of recurrent funding from 2010-11.

### 3.8 Mental Health Services for Older People (MHSOP)

#### 3.8.1 Dementia Commissioning

A paper outlining the options for Dementia Commissioning for the city has been submitted jointly by the Older Peoples' Joint Commissioning Group and the Mental Health Joint Commissioning Team. The Health & Wellbeing Partnership agreed to fund a 6 month scoping post for Dementia to sit within the Joint Commissioning unit under Jon Tomlinson (Director of Joint Commissioning)

#### 3.8.2 Memory Assessment Service

The specification for the citywide service has been agreed, the service will be reduced from the original proposal due to the LDP funding available in 2009/10, and the service will be operation in January 2010. The service will be delivered via a partnership arrangement between the Alzheimer's Society and Birmingham and Solihull Mental Health Foundation Trust.

### 3.9 NHS Birmingham East and North- Specific Service developments

#### 3.9.1 Health Care at Home

The programme is developing further with the project team working in partnership with BSMHT to profile the patients currently managed in Shard End and Sheldon Community Health Team. The Regional Development Centre will support this work and it is envisaged this work will be completed by the middle of November 2009, ready for the pre pilot phase.

Stakeholder engagement is good.

The recruitment of a project manager was signed off at gateway 2. The project manager is now in post.

The service model has developed further. The pilot will transfer 60 patients with stable serious mental illness to the new health care at home ran access and enablement team. The team will have an emphasis on holistically managing patients with a focus on other health issues, employment, social and housing issues. There will still be input from a consultant psychiatrist and the pathway will ensure that patients are fast tracked to medical support if necessary.

## 4.0 Pan Birmingham Sexual Health, HIV Services & Teenage Pregnancy

### 4.1 Pan Birmingham Sexual Health & HIV Services

The Sexual Health Policy Team in collaboration with the Alcohol Policy Team at the DH is interested in strengthening the links between sexual health and alcohol at a national and local level. The Lead Commissioner for Pan Birmingham was invited to a workshop on behalf of fellow sexual commissioners across the WMSHA. The workshop provided the opportunity to explore current joint working and future opportunities for collaboration and development.

4.1.1 **Summary of research presented at the meeting**

(Bellis et al. In prep; Wight et al, 2000; Traeen and Kvalem, 1996).

- 40% of sexually active 13-14 year olds 'drink or stoned' at first sex
- Young people > 2 times as likely to have sex unprotected if drunk.

(Bellis et al, 2009)

- Alcohol use contributes to 'regrettable' sex and increasing consumption linked to greater possibility of 'regretted' sex
- Alcohol use at first sex linked to lower condom use at first sex.
- Early alcohol initiation, drinking more and at higher frequencies associated with having higher numbers of sexual partners
- Especially binge drinking and drinking greater quantities, associated with an increased risk of becoming pregnant and getting someone pregnant
- Early regular alcohol use associated with early sex
- Good evidence-link drinking in young people, especially bingeing and increased risk of forced sex

(Carpenter, 2005)

- Policies which reduced drink driving in young men were associated with reductions in gonorrhoea in teenage males

(CDC, 2000)

- Changes in the price of alcohol are associated with increased rates of gonorrhoea

(Gunby et al. In Prep)

- 30.7% of study sample (just over 1000 university students aged 18-24 years) experienced alcohol related non-consensual oral, vaginal or anal sex single aged 14. Victims drinking more extreme prior to act and drinks consumed over shorter time periods.

(Moyer et al 2002; Bertholet et al 2005, Kaner et al, 2007)

- Alcohol screening and brief Interventions delivered by trained practitioner uses valid tools -AUDIT, FAT, PAT to reduce alcohol consumption; reduction can be equivalent to 5-10 units of alcohol a week

(PHLS, 2002)

- Increased alcohol misuse in the UK accompanied by large increases in rates of STIs

(Redgrave, K and Limmer, M. 2005)

- In study sample of over 2,000 year 10 pupils, drinking alcohol among white young people (80% of study sample) was almost universal; 12-15% reported problematic patterns of drinking, . The impact of alcohol on sexual health decision making included feeling more confident to have sex, providing an excuse for having sex, peer pressure to have sex when drunk and an impact on the ability to say no.

(Stanerwick et al. 2007)

- 86% of adults attending sexual health clinics report regular 'binge drinking'.
- Those who have a bacterial STI diagnosed, drink 40% more alcohol than those who test negative.

(Van Wersch & Walker 2009)

- People binge drink to increase social confidence, 'fit in' and reduce inhibitions

#### 4.1.2 **Areas identified for future Commissioning Developments**

- Staff in both alcohol and sexual health services (statutory and voluntary) to be trained in screening and brief interventions. This will require resources in relation to commitment, training and time.
- PCTs and Local Authorities to have a collaborative commissioning approach for alcohol and sexual health linked to consequences of risk taking behaviour
- Commissioners should ensure service specifications for sexual health services include alcohol brief interventions and alcohol services undertake sexual health screening.
- Deliver integrated training and integrated clinics across sexual health and alcohol services. Co-location of public health/health-improvement services should be explored as an opportunity to facilitate cross working and referrals.
- Collection (and extraction) of data on alcohol consumption within sexual health services will give a greater understanding of the link as well as improve prevalence data. However IT systems may be required to be adapted in order to have a standardised approach to recording.
- Explore joint budgets for sexual health and alcohol aimed at specific age groups both at a national and local level
- Evaluate the impact of Alcohol Brief Interventions and Advice in sexual health services as a setting, particularly amongst under 18s, under 25s and older adults

### 4.2 **Citywide Sexual Health Services**

In line with the citywide sexual health strategy and revised service specifications, discussion with providers across Pan Birmingham with regards to redesign in GUM and Reproductive Sexual Health services is ongoing; essentially a move to integrated provision to meet the needs of patients and improve public health in affordable and sustainable way. Tariffs are under development in both services in line with agreed care pathways; these will be shadowed in 4th Qtr of 2009/10 for their impact and learning from this will advise their use in 2010-11.

#### 4.2.1 **Chlamydia**

There has been an improvement in the 2nd Qtr; BEN is now 9.9% towards the 25% vital signs target 2009/10. The Pan Birmingham JCG is continuing to review delivery of the target through monthly contract and performance monitoring meetings with HoB provider arm. These meetings are well established and work to further scrutinise and develop quality performance indicators and outcome going forward.

### 4.3 **Teenage Pregnancy**

Provisional third quarter 2008 conception data for England show:

The rate of under-18 conceptions was 38.5 per 1000 girls aged 15-17 – **3.0% lower** than the rate of 39.7 for third quarter 2007. The rate of under-16 conceptions was 7.6 per 1000 girls aged 13-15 – 5.8% lower than the rate of 8.1 for third quarter 2007.

For under-18 conceptions, the rolling quarterly average has now fallen over the last four quarters, reversing the previous upward quarterly trend from Q4 2006 to Q3 2007. The under-16 quarterly average has fallen over the last three quarters. Compared with third quarter 2007, conception rates fell slightly for all age groups

The number of conceptions fell for both under-18s and under-16s. There were 9,264 under-18 conceptions, compared with 9,670 in third quarter 2007. For under-16 conceptions, there were 1,740 conceptions compared with 1,891 in the same quarter 2007

The proportion of conceptions leading to abortion for both under-16 conceptions (62%) and under-18 conceptions (49%) was higher than same quarter 2007.

Locally across pan Birmingham there is an overall downward trend, in conceptions with a percentage change of 9.5% since the 1998 baseline. In 2007 the rate was 52.8 per 1000 young women 15 to 17 which is a slight reduction on the 2006 rate of 53.2 per 1000.

NHS Birmingham East & North has a lower teenage conception rate, which is 44.87 per 1000 in 2007/08.

## 5.0 Birmingham Drug and Alcohol Team (BDAAT)

### 5.1 Substance Misuse

Total Place is a new initiative that looks at how a 'whole area' approach to public services can lead to better services at less cost, seeking to identify and avoid overlap and duplication between organisations . In the context of substance misuse services and 'Total Place' BDAAT is working on Recovery Oriented Systems of Care; essentially this places the person with the problem at the centre of the system and seeks to build forms of support throughout the community.

### 5.2 Alcohol

Birmingham DAAT has commissioned the organisation 'Alcohol Concern' to undertake an alcohol needs assessment for Birmingham. A key aim of this piece of work is to identify the areas where alcohol makes a significant impact, and to then hopefully inform the development of the appropriate response. The needs assessment will also assist the compilation of the next Birmingham Alcohol Strategy.

## 6.0 End of Life Care Strategy

6.1 The Procurement of the managed care pathway Principal provider continues, meeting agreed timescales. The organisation is in the competitive dialogue phase of the process at the present time.

Key elements of the investment plan for End of Life are showing performance of 85 - 100% home death rate for patients seen. The Hospice at Home collaborative, a unique collaboration between Marie Curie Nursing, St Giles Hospice at Home team and John Taylor Hospice at home team have enabled three times the number of home or hospice deaths in the most complex patients against the same numbers last year. The collaborative is also linked in to PCDU at Good Hope Hospital. The service improvement team for end of life are now working with the remaining 10 GP Practices to ensure pathway compliance with the Gold Standards Framework. Heart of England NHS Trust

are working with the systems pathway lead for NHS BEN with data provided by NHS BEN to review their response to patients at the end of life – over 70% of people who die in hospital are frail elderly, dementia and broncho pneumonia patients.

## 7.0 Chronic Disease Systems

### 7.1 Birmingham OwnHealth (BOH)

Another good quarter for recruitment means that the number of active members currently stands at 4,307 (as at 20th November 2009). In addition, 106 members now have assistive technology installed in their homes.

The Three 'S's Locality has agreed an incentive scheme for GPs to sign up to BOH and to sign data sharing agreements.

Visits hosted in the last quarter include the Royal College of Nursing, the NIHR CLAHRC for Greater Manchester, Miles Ayling, Director of Service Design and Stephen Johnson, Assistant Director, Head of Long Term Conditions from Department of Health, the International Learning Exchange, and 'Nurse Maude' from New Zealand. A visit from the World Health Organisation resulted in an article in their Journal.

Twenty-six practices across the BEN area are currently signed up to data sharing, which means that regular data extraction is carried out on behalf of NHS BEN by the company Health Intelligence. The same company is also carrying out other data extractions to support risk stratification, diabetic retinopathy screening and CVD screening (aka 'NHS Healthchecks') for NHS BEN.

A new data sharing agreement between the practices and NHS BEN has been drafted and consultation with the LMC is underway. The aim in the next quarter will be to encourage most of the practices within BEN to sign this agreement.

### 7.2 Epilepsy

A stakeholder workshop was held on 22nd September 2009. The three top priorities that emerged from that workshop were:

1. Understand and promote self care and management (post diagnosis) for patients or carer.

2. Specialist Nurses required across care boundaries.

3. Provide more structured education and support for professionals.

Other priorities that received considerable support were:

4. Family member education of the disease.

5. Reduce stigma and prejudice around Epilepsy.

6. Ensure adherence to NICE guidance.

According to GP disease registers, there are 2,764 people with Epilepsy in the NHS BEN area. See table 1 for a breakdown by locality.

Table 1: GP Epilepsy registers in Birmingham East and North Localities

| LOCALITY | Number on epilepsy register | Patients aged 18+ | Prevalence (% of 18+) |
|---|---|---|---|
| 3Ss | 475 | 49373 | 0.96% |
| ASP | 634 | 89207 | 0.71% |
| BNE | 447 | 44906 | 1.00% |
| BSA | 499 | 57214 | 0.87% |
| Kingstanding | 445 | 48169 | 0.92% |
| Washwood Heath | 264 | 42770 | 0.62% |
| **TOTAL** | **2,764** | **331,639** | **0.83%** |

This population generates about 850 admissions per year.

A draft strategy and action plan to address these priorities will be issued for consultation shortly.

7.3 **Personal Health Budgets**

The Department of Health (DH) is committed to a high profile pilot of personal health budgets (PHBs) in England. 70 pilot sites across the country have been agreed and 20 of those have been chosen as 'core' sites which will enjoy 'in depth evaluation'. A proposal by the Birmingham Health and Wellbeing Partnership (BHWP) was accepted as a preliminary pilot in August 2009 and was subsequently selected in October 2009 as a 'Core' site to be evaluated by the DH.

In the BHWP proposal, NHS BEN will involve 50 patients in a COPD pilot and South Birmingham PCT will run a pilot for 100 patients with diabetes. In BEN we aim to find a pool of 50 volunteers from which 25 will be randomly selected to receive PHBs whilst a further 25 patients will be invited to join the 'Control' group

Patients in the pilot group will receive a personal budget and a menu from which they can choose to purchase services The COPD PHB pilot aims to empower patients to become more involved in their own health by designing and delivering a personalised approach to the management of their condition.

The project will be delivered from two GP surgeries in the Kingstanding locality. These surgeries have both been participating in COPD screening and skills development work.

7.4 **'Risk Stratification' or 'Predictive Modelling'**

PCTs need to be able to predict the future healthcare needs of their local populations in order to commission services more effectively.

NHS BEN has joined NHS West Midlands, and the other 16 PCTs, in an initiative to develop specific tools to analyse current and predict future healthcare needs within a variety of localities (Risk Stratification). This should enable the organisation to identify those patients most likely to require future healthcare resources. The tool will highlight the predicted cost of a patient's care for the next year, for in-patient and out-patients episodes.

NHS West Midlands appointed BUPA/HealthDialog to work on the development of the Risk Stratification Toolset alongside PCTs. BUPA/Health Dialog has a proven track record in risk stratification and the use of models to predict and identify future healthcare needs of populations.

Many PCTs already use the "PARR++" tool which uses Inpatient Data to populate the predictive model. As such it only captures about 5% of the population, and only those already accessing acute care. The new, so-called "4 Dimensions" (4D) model incorporates Inpatient, Outpatient, A&E and GP data and thus captures most of the registered population.

The first run of the new model took place in November and only three PCTs were able to extract data from general practice in time to participate; Stoke PCT, Dudley PCT and NHS BEN. However BEN was only able to submit data from one pilot practice, the Kingsdale Surgery and the ability to involve more depends upon the willingness of practices to sign data sharing agreements with NHS BEN.

At all times data will be under the ownership of the PCT and NHS West Midlands. It will be held and managed centrally by the West Midlands Commissioning Business Support Agency (CBSA) acting on behalf of the SHA. The CBSA is an NHS organisation. BUPA Health Dialog will have no access to patient identifiable data during the development of the NHS West Midlands Risk Stratification Toolset and has worked closely with NHS West Midlands and the CBSA to ensure that data protection regulations are followed and adhered to. All data will remain in the UK.

The NHS West Midlands model will be run monthly until March and weekly thereafter. NHS BEN hopes to continue to participate and hope to be able to include most of the areas population by the next financial year. The learning from the initial trial of the process will be used to roll out the inclusion of additional practices on an on-going basis.

## 7.5 Improving Health Increasing Employment

### 7.5.1 Board Update

The IHIE Board met on the 10th November to review progress against the programme milestones and to receive proposals on strategies for communications and evaluation in relation to the IHIE portfolio of projects. The Board also received an update on the IAPT (improving access to psychological therapies in primary care) implementation and particularly the relationship to health and work.

The IHIE group has successfully applied for funding for a staff team and good progress in being made with regards to a WNF (working neighbourhoods' fund) application for a Back to Work scheme for those currently on Incapacity Benefit who are not eligible for the Pathways to Work Programme.

### 7.5.2 Fit for Work Service Pilot (FFWS)

Following an open and competitive selection process the Birmingham, Sandwell, Solihull and Coventry FFWS Commissioning Partnership have been successful in being awarded pilot status along with 9 other areas across England and Scotland.

We intend to provide personalised and timely back-to-work support primarily for people off sick from work, to enable them to make an earlier return to work than they otherwise would, and to remain there. Support comprises health, employability and wider social support service elements, and is focused on

addressing health inequalities. All of the FFWS Pilots include case managers who will ensure that clients are helped to access the most appropriate forms of support in a timely fashion.

As a pilot site we are committed to engendering a culture that recognises and supports the fact that for most people work is good for health and returning to work at the appropriate time is part of the recovery process.

Central Government funding is being used to 'pump prime' pilot activity - to assist with the costs of re-configuring existing services and developing any new service elements not already in place. Although central government funds are only currently available until March 2011, like all of the FFWS Pilots we are committed to ensuring their FFWS is sustainable over the longer-term.

Through our chosen provider we intend to launch the service early in the New Year and the case managers will work with primary care across the sub-region.

## 7.6 Birmingham, Sandwell and Solihull Cardiac and Stroke Network (BSSCN)

### 7.6.1 Board Update

The second meeting of the new BSSCN Board was held on the 8th September 2009. The Heart of Birmingham tPCT Director of Strategy and Design has agreed to act as deputy chair and will pick up the chairing of meetings in the short term until a substantive appointment is made to the post of CEO for Solihull Care Trust. The Board requested that the BSSCN work programme be reviewed to explore the return on investment for each programme item.

The Board also received a gap analysis of the BSSCN against the WM network specification which has shown that gaps exist in relation to peer review, PPI, education and development and information. Recent appointments to the network will close the gap on PPI and education and development (for example TIA – awareness training for primary care professionals). There is a planned appointment for an information manager.

In relation to stroke and TIA (transient ischemic attack) the network is currently completing a gap analysis against the hyperacute specification. Work is underway to ensure collection of TIA data to demonstrate performance against the TIA vital signs.

Following the recommendation of commissioners the Board supported the addition of two items to the Cardiac work programme, namely the accreditation of GPs with a special interest and a commissioning specification for the cost effective diagnostics in the referral pathway for patients with suspected Left Ventricular Dysfunction LVD.

### 7.6.2 Stroke Prevention and Empowerment Exemplar Project Group

BSSCN has set up three exemplar initiatives one of which is the stroke prevention and empowerment project. Its remit is to support local commissioners and providers within the network to deliver against the relevant quality markers contained within the stroke strategy.

The Group sponsored a seminar in early September entitled "Case Finding for Atrial Fibrillation (AF) – Developing a Local Approach". The seminar included commissioners, healthcare professionals and the voluntary sector. The audience was addressed by Sue Hall who is the National Improvement Lead, Stroke Improvement Programme. We then considered the needs assessment findings and worked through the evidence for case finding with Dr Clare Taylor, Clinical Fellow, University of Birmingham. This included case identification, ECG reading, decision making regarding aspirin vs warfarin and the initiation of warfarin. At each point we took soundings from the floor on audience preferences for delivery options. The results are being used to plan further work in relation to AF case-finding across the BSSCN.

## 7.7 Clinical Health Psychology

### 7.7.1 Multidisciplinary Pain Clinic (MDPC)

The MDPC continues to provide three weekly multidisciplinary assessment clinics (clinical psychology, medical and physiotherapy) in four locations across the PCT:

- The Dove Primary Care Centre (Kingstanding)
- The Sutton Cottage Hospital ( Sutton Coldfield)
- Alternate weeks at Partners in Health Centre (Bordesley Green)
- Ann Marie Howe Centre (Sheldon Heath).

Three multidisciplinary Pain Management Programmes (PMPs) are being run in parallel at the Dove Primary Care Centre, Partners in Health Centre and Sutton Cottage Hospital.

A fortnightly joint Clinical Psychology and Physiotherapy clinic also continues to provide one to one sessions addressing the needs of people with chronic pain who are not able to access the group based programmes.

The first PMP for men whose first language is not English is underway at Saltley Health Centre, run by 3 male staff (Physiotherapy and Health Psychology)

A Consultant Physiotherapist was appointed to the MDPC in October 2009.

### 7.7.2 Access projects

- The relaxation training audio CDs, translated into the four major languages using male and female narrators have been delivered and are being given to patients.
- The PMP education DVD, to present information about the management of long term pain in animated visual form, is being finalised at the end of November 2009.
- The Self Care Team from the Department of Health, (lead Angela Hawley) have agreed to work with us to develop the DVD project, particularly with a view to making it available on the internet.

- The NHS BEN MDPC team are formalising agreements to work in partnership with a team including Professor Lewin from University of York and the MDPC from Kirklees PCT and Bradford Hospitals NHS Trust to produce the 'Painwise' Self management manual, (based on the highly successful 'Heart Manual') to link with the DVD we have produced. Part of this programme will involve working with Birmingham Own Health in 2010.

- The project to pilot and evaluate community based Health Trainers acting as service 'Navigators' for a cohort of people with long term pain is underway; in partnership with a research team from Coventry University.

- The service is now implementing an evaluation framework to assess the clinical effectiveness of the MDPC screening and intervention service. This includes a qualitative strategy to collect patient experience data, for further service development.

- The MDPC has received a significant increase in referrals following the poster and local radio publicity campaign in early 2009. Extra Administration staff have been appointed to support the expanding service. A business case for the development of the service with extra psychology, physiotherapy, medical and administration support is underway.

- The MDPC was the winner of the Life to Years and Years to Life award at the NHS Birmingham East and North AGM in July 2009.

- The MDPC has been chosen as a finalist for the 2009 NAPP awards and members of the team have been invited to the awards dinner in Cambridge on 16th December 2009.

- The MDPC presented an outline of the NHS BEN Primary Care Pain service to the Pan London Pain Group on 25th November 2009.

### 7.7.3 **Planned Training 2010**

A programme of training and development is being planned for 2010 by the Consultant Clinical Health Psychologist and the Consultant Physiotherapist from the NHS BEN MDPC

- A new Action Learning Set programme for 2010 is being planned for the Physiotherapy and Health Psychology Staff

- Group facilitation training has been commissioned by HOB. The NHS BEN Consultant Physiotherapist will deliver this in partnership with a consultant from Talking Health, building on successful training undertaken with NHS BEN physiotherapist team in 2008. This will enable the NHS BEN Consultant Physiotherapist to develop her skills as a trainer in Group facilitation skills for the further development of self management support services in Birmingham.

- Feb 2010 Presentation on Pain management to MSc Advanced Manipulative Physiotherapy programme Birmingham University

## 7.8 Commissioning

### 7.8.1 Long Term Conditions Strategy Group (Darzi)

A discussion paper has been produced for the LTC group suggesting a framework for the LTC strategy that can serve as a basis for behaviour change at a population level. This is being developed in partnership with health psychologists from Public Health and University of Birmingham.

This work is linked to an emerging international strategy to systematise the approach taken worldwide with regard to self management support for all long term health conditions.

The Professional Lead for Clinical Health Psychology for NHS BEN is part of the international design group for this work along with the Department of Health Medical lead for Self Care in England and academic colleagues from University of York and Deakin University Melbourne Australia.

### 7.8.2 End of Life Care (EOLC)

The recruitment of a multidisciplinary EOLC team, including a Consultant Clinical Health Psychologist continues.

### 7.8.3 Stroke

Clinical health psychology will contribute to the development of a local Stroke Care Pathway to develop rehabilitation in the community. Meetings with the current Psychology provider have taken place as part of an ongoing review of the service.

### 7.8.4 Assertive Case Managers

The support needs of the ACM team will be discussed in January 2010.

### 7.8.5 Improving Health – Increasing Employment Partnership Programme

Clinical Health Psychology has input to the multi-agency team looking at the Fit for Work service pilot proposals.

### 7.8.6 Birmingham Own Health

Clinical Health Psychology input to BOH has included a review of the enrolment script used by the Care Managers.

People with chronic back pain who have other long term conditions targeted by the BOH service, such as Diabetes, COPD, and Heart Failure will be referred to the BOH service by the MDPS as part of the package of support they receive to encourage self management.

As cited above in relation to the MDPC, the BOH Monitor service is being considered with a view to providing extended generic support to people who have already completed one or more self management programmes such as a Pain Management Programme and would benefit from further low level support.

### 7.9 Chronic Obstructive Pulmonary Disease COPD

The Procurement Project Board has met and discussed the proposal for the procurement. It has been agreed that the invitation to tender advert will go out in the New Year (approximately end of January).

Further to the meeting of the Expert Reference Group, it was agreed that further work would be undertaken to ensure clarity in relation to the necessary investment and the expected shift from secondary care for the management of exacerbations.

The COPD network continues to meet monthly and is undertaking a number of exploratory projects which include:

- Alerting services for CHS COPD team for early intervention and admission avoidance in A&E
- Audit of the use of Short Burst Oxygen Therapy
- Full audit of data for one month on patients admitted to hospital to ascertain and understand key issues relating to the admission and identify any clinical coding differences.

Patients continue to be engaged through the COPD patient survey which is in place and will continue to shape the vision for the service in the longer term.

## 8.0 Complex Care

### 8.1 Partnership Working

The work with the Local Authority to develop a Joint Operational Policy, Dispute Resolution Policy and Memorandum of Understanding for NHS Continuing Health Care is progressing well.

### 8.2 Service Specifications and Contracts

Monthly contract and performance monitoring meetings with key providers are well established and work to further develop quality performance indicators and outcome measures continues.

### 8.3 Funded Nursing Care

Work continues to further develop virtual team model to support nursing home. Nursing home quality reports are submitted to the Nursing Home Group and Integrated Governance Board on a regular basis.

### 8.4 Proposed Tender for New Providers

A total of 32 potential providers submitted a Pre Qualification Questionnaire (PQQ) to provide a range of nursing homes across the city. The PQQ are currently being evaluated and Invitations to Tender will be issued week commencing 14th December with anticipated start date of 1st April 2010.

## 9.0 Learning Disabilities

### 9.1 Social Care Transfer and Partnership Working

Following the decision by The Executive Group of The Birmingham Health and Wellbeing Partnership for all Learning Disabilities services to be commissioned via a pooled budget arrangement under Section 75 of the National Health Services Act 2006 with Birmingham City Council acting as lead commissioner, independent project leads have been appointed.

Work continues to develop the various schedules to be included in the Section 75 agreement.

The work to finalise the Social Care Transfer continues with an agreed transfer date of 1st December for the Local Authority to formally pick up a first batch of payments to approximately 50% of the social care providers.

### 9.2 NHS Campus Project

Work to resettle the remaining fourteen individuals currently living in provision that has been designated as an NHS Campus is well advanced. All clients have a person centred plan in place and are in receipt of nurse, social work and independent advocacy support. A future care provider has been appointed and work to plan their transition to their new home has commenced.

### 9.3 Service Specifications and Contracts

Bi-monthly contract and performance monitoring meetings are well established and work to further develop quality performance indicators and outcome measures continues.

## 10.0 Services for Older People

### 10. 1 Re-design of Intermediate Care

In the period May to October 2009/10, the directorate supported NHS BEN CHS Intermediate Care team, Heart of England Foundation Trust and the local authority to plan and develop a 51 bedded Enhanced Assessment Service integrated with local authority Interim Care services based in former wards at Good Hope and Heartlands hospitals. The premises were refurbished and the new Service opened on 28th September.

The impact of the new Service will be monitored using a joint Balanced Scorecard that reports to a senior level multi agency Programme Board on at least 12 measures.

### 10.2 Equipment Loans and Wheelchairs

Both services show a recurring annual shortfall in ability to meet demand in a timely way despite increased investment. Commissioners from the Birmingham PCTs continued to work closely to address this issue in sustainable ways within existing resources as far as possible.

The Wheelchair Service provider was required to conduct a formal LEAN process analysis that was held over 4 externally facilitated workshops in September and October involving a cross section of their staff and attended by commissioners. Further

investment has been made contingent on seeing improved efficiency and streamlining of the pathways. Third sector providers were investigated for the supply of basic wheelchairs for people who only need them for occasional use outdoors.

The Minor Works Service, for the installation of grab rails, ramps and other low value items to improve disability access and prevent falls, similarly conducted a radical review of its working practices. As a result it will be able to signpost some activities to other services and thereby immediately improve its cost effectiveness. Projections show that it will bring itself back within existing resources for the financial year 2010-11.

A revised model for Handyperson services was devised for piloting in the period September 2009 to March 2010 using City Council approved traders. Adults with disabilities and older adults will be able to access the service at affordable rates for low value household repairs and free of charge for services to improve safety and prevent falls.

10.3 **Joint Commissioning Strategy for Older People**

On 1st October the Birmingham Health and Wellbeing Partnership published a consultation document, Ageing with Opportunity, to seek views on the joint commissioning priorities for health, housing and social care for older people to 2026. The document was developed by representatives of the City Council, the 3 Birmingham PCTs and older people's advisory groups. It reflects feedback from earlier consultations with older people and outlines actions the Birmingham Health and Well being Partnership suggest should be taken to meet the expectations of older people over the coming years.

The consultation runs from now until Jan 22nd 2010 and anyone with a personal or professional interest in the way that older people's services are developed is asked to give their views. A series of questions, grouped into six themes, is available to guide people's comments and a number of specific events are being held across the City to outline the proposals and gather people's opinions.

10.4 **Carers**

The NHS BEN Carers Support Service is being redesigned to re-focus the Service on the health needs of carers and away from meeting social care needs.

Plans were drawn up to better support the health needs of NHS BEN carers in line with the NHS Operating Framework and the national Carers' Strategy and this has been submitted to the Investment / Disinvestment Panel for consideration.

10.5 **Delayed Transfers of Care**

During 2009 our main provider continues to see bed pressures. In quarter 2, organisational consultants engaged the partner agencies in devising 8 parallel work streams for improving joint working and patient flow through the hospitals. The NHS BEN Whole Systems Planning Group will oversee progress with the work streams that affect the timeliness of discharges.

Delays in leaving hospital started to fall in quarter 2 with the introduction of named patient action plans that are tracked internally on a weekly basis. Considerable impact on delays was immediately noted with the opening of the Community Units at the end of September, with delays below the weekly target for the first time in 2009.

## 11.0 Birmingham and Black Country Digital Diabetic Retinopathy Screening Service (DDRS)

11.0 Following feedback identified at the National Screening Committee's preliminary visit, a Recovery Board (chaired by the Chief Operating Officer) has been established across the Birmingham, Solihull and Black Country area to work through the hazards identified and put programme wide actions in place to address these. Significant progress has been made over the quarter against each of the hazards which includes Establishment Agreements in place to formally recognise NHS Birmingham East & North as the host commissioner for the screening programme.

Procurement is currently underway via a restricted tender process. Invitation to Tender documents will be issued on 7 December 2009.

## 12.0 Practice Based Commissioning

### 12.1 Practice Based Commissioning

Following the findings of the PCT commissioned King's Fund report on Practice based Commissioning (PbC) the PCT has been working with localities to reinvigorate PBC and devolve more commissioning responsibilities to practices. The intention of the reinvigoration process was to rebuild PbC as a scheme which works for both the Practices and the PCT and specifically focuses on the improvement of health outcomes, develops care closer to home and delivers a paradigm shift in care from treatment to prevention and thereby avoids unnecessary hospital interventions.

With effect from the 1st October 2009, management allowances have been devolved to localities to support the redesign of their PbC infrastructure and to ensure there is on-going commitment and support for PbC from clinicians. The PCT is developing both a partnering agreement and a performance agreement, with PbCs input, to ensure there is adequate monitoring and progression within the PbC scheme of work. The PCT is also developing a business unit to support PbC with a team of dedicated managers, data analysts and administration support, this will include a mixture of staff previously working in localities and some newly recruited staff.

Each of the localities with organisational development input from the PCT, has spent the last few months establishing their infrastructure and an update on each of the localities follows.

#### 12.1.1 Alliance of Sutton Practices (ASP)

The practices within Sutton have continued to remain as one locality with it now consisting of 11 practices (plus one additional branch practices joining the locality) and the departure of one practice. The locality has signed up to an inter-practice agreement which sets out how the practices will interact with each other. The locality now has an Executive Board which will be represented by all practices within the locality and will meet twice yearly. An Operational Group has been established and is tasked with driving PbC forward within the locality. The Operational Group has elected members and meets on a monthly basis.

The locality has agreed a local incentive scheme which focuses on accident & emergency, referral management, continued use of Choose & Book, sign up to Birmingham Own Health, review of outpatient activity and monitoring of regular budget/activity reports. Future priorities have been agreed by the Operational

Group and these include continuation of community anticoagulation service, demand management, effective prescribing and emergency/urgent care. The locality has agreed to invest some of its management allowance in the employment of an ASP Business Manager and the recruitment process is now in underway.

12.1.2 **Birmingham North East (BNE)**

The locality has two clusters; Midland Medical Partnership (MMP) and BNE Cluster. The MMP cluster is represented by five practices who have signed off an inter-practice agreement setting out how they will interact. The cluster is looking to invest in its own data analyst using its management allowance and recruitment for this will commence shortly.

The BNE clusters which consists of six remaining practices within BNE locality (note two practices have joined other localities) are in the process of finalizing their inter-practice agreement. The cluster has a Locality Group which is represented by all six practices and will meet on a quarterly basis. An executive has been established compromising of 3 General Practitioners and 3 Practice Managers to drive forward PbC within this cluster. This Executive will meet on a regular basis and will look to collaborate with MMP on future developments. The clusters are currently in the process of developing a local incentive scheme and will be assigning roles/responsibilities to members.

12.1.3 **Kingstanding & Oscott Locality**

All 11 practices initially engaged in PBC have continued to remain and work as one locality, with one practice which was previously not engaged in PbC, joining another locality. The locality has signed up to an inter-practice agreement which sets out how the practices will interact with each other. The locality now has a Strategic Board, which meets bi-monthly and has tasked a Working Group, with elected members to drive forward PbC. This working group meets on a monthly basis and is currently working on the following priorities: urgent care, effective prescribing, outpatient follow-ups and continuation of existing priorities such as COPD, community anticoagulation, identifying patients at risk of admission and NHS health checks. The working group has produced a local incentive scheme which focuses on the continuation of choose & book, A&E Insight and Referral Management.

12.1.4 **3Ss Locality**

The locality of 3S now comprises 19 practices the newly formed 3S consortium have accepted 2 new practices and now has a registered population of 70,000.

The consortium have developed a comprehensive inter practice agreement and developed clear management structures and relationships with all practices to develop PbC locally. An operations board is setting the direction for the consortium and is ensuring that all practices are focused on the PbC agenda. An incentive scheme has been developed to incorporate all the important areas for PbC including referral management, appropriate review of patients attending A&E, choose and book, enrolment to Birmingham Own Health and review of outpatients.

The consortium have agreed 2 new key areas for work including reviewing GP access in hours to reduce emergency admissions and reducing outpatient follow

up. They will also continue their work in anticoagulant services and improving sexual health services.

The 3Ss consortium is also considering the option of having a shared resource with the BSA locality for the business manager position. The locality operations group will feed into both the 3Ss locality as a whole and the PCT which will support it in its executive function by providing information on Commissioning, Finance, Public Health and clinical governance.

12.1.5 **BSA Locality – Bordesley Green, South Yardley & Acocks Green**

For the purposes of PbC the locality has decided to remain as a single entity consisting of 15 practices commissioning for a population of 80,000. The locality has decided to have an executive board which will be a decision making and monitoring group that will plan agree and review when necessary commissioning decisions made within the locality. It will establish the needs of the local population which will help to develop the BSA Locality Commissioning Delivery Plan (LCDP). This will determine the overall direction of commissioning within the locality. The locality executive board will consist of 5 GP's And 3 Practice managers. All members lead in a specific area on behalf of the locality.

The locality is considering a shared resource of a business manager with the 3Ss locality. The locality executive board (LEB) will meet on a monthly basis whereas the wider BSA locality will meet quarterly. The LEB will feed into both the BSA locality as a whole and the PCT which will support it in its executive function by providing information on Commissioning, Finance, Public Health and clinical governance. Further resource will be agreed by the executive representative of the BSA locality and the Business Unit (BU).

The BSA locality have continued with the incentive scheme of the previous six months i.e. Insight A&E, & GP Referrals (demand management), they are also continuing with choose & book which was previously a LES but now part of the PBC incentive scheme, two new aspects of the incentive scheme Birmingham Own Health & the reviewing of outpatient follow up attendances are also being considered at this stage.

12.1.6 **WWH Locality – Washwood Heath & Hodge Hill**

In line with PBC Reinvigoration and how localities would operate post 1st October 2009, the WWH locality which commissions services for a 60,000 population has decided to form 4 separate clusters one of which consists of four practices the largest cluster and the remaining three consist of two practices each. Each of the clusters has a lead GP which acts as the link between the PCT/Business Unit and the cluster.

All clusters are meeting on a monthly basis and locality wide meetings are to be held twice yearly. The clusters have agreed in principle to the incentive scheme currently being proposed and have continued to use the insight tool to monitor and review A&E attendance and GP referrals. The clusters are continuing with choose and book and are keen to sign up to the Birmingham Own Health element. The locality as a whole is waiting on further information regarding the Outpatient follow up element.

The PCT will support the cluster in its operations, by providing information on commissioning, finance, public health and clinical governance through the

business unit which will involve the lead GP from each cluster liaising with the business unit to agree a service level agreement.

## 13.0 Unplanned Care/Urgent Care

### 13.1 Urgent Care Strategy

The urgent care strategy was developed with stakeholder inclusion and clinical involvement to ensure the outcomes were relevant, meaningful and achievable. The strategy takes account of both the national strategic drivers for urgent care and the wider core purpose of NHS BEN of working in partnership to tackle health inequalities and to improve the health and wellbeing of local people.

The Urgent Care Strategy was approved by the Professional Executive Committee (PEC) on 1st July 2009 and the PCT Board on 30th September 2009.

As a result, key workstreams are now underway including the Primary Care Discharge Unit and the commissioning of a second Urgent Care Centre in Washwood Heath due to open in December 2009.

### 13.2 The Urgent Care Project

Birmingham East & North PCT, together with Solihull NHS Care Trust and the Heart of England Foundation NHS Trust, were successfully chosen as one of three national PbR pilots in the West Midlands. The key deliverables for the UCP have now been achieved resulting in both the Primary Care Discharge Unit (PCDU) and the Care Homes option in Solihull becoming local pilots.

During the piloting period, regular monitoring will take place to ensure that future commissioning intentions can be agreed. Should both projects be successful in relation to their outcomes including organisational, satisfaction, clinical, activity and resources, both BEN PCT and Solihull Care Trust will need to make a decision to roll the services out across the local health economy.

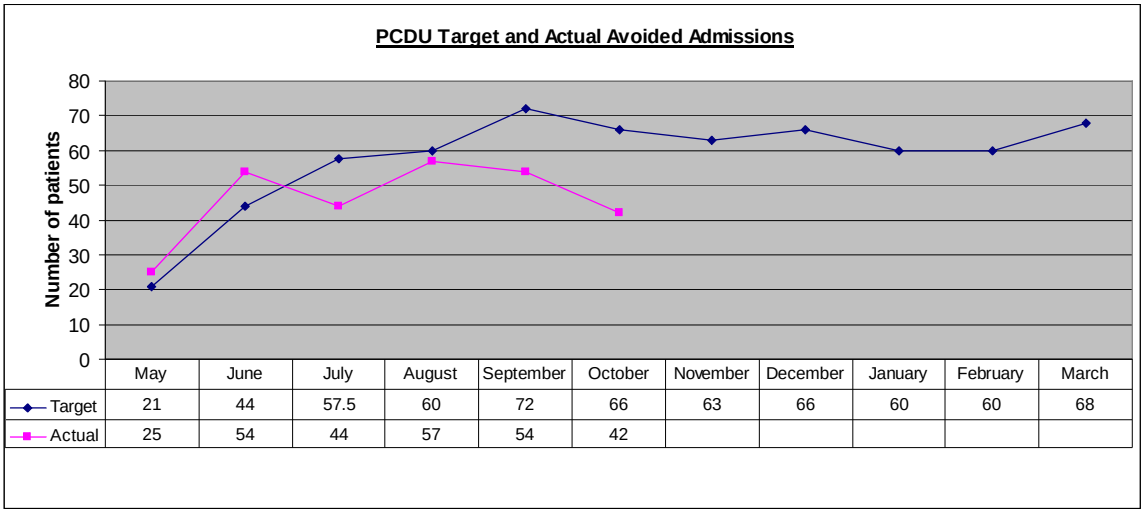
The DoH Project evaluation report was shared with the project team in November 2009 and the project was described positively throughout the report. The evaluation was not a critical analysis of each development sites but more of a positive description of the projects. The Urgent Care Project was highly regarded throughout the report including the following statements:

*"In particular the innovative use of incentive payments and a risk sharing mechanism (where savings are shared between the acute trust and the PCT) are good approaches to aiding service redesign and transition."* And *"For example, the project undertaken by Birmingham East and North PCT and Solihull PCT was around urgent care. The aim of the project was to develop a reimbursement system which would incentivise providers in the best interests of patients. The Project Board had involved patient representatives, so the model could be developed with the involvement of patients at the start."*

As the project is a DoH PbR project, the evaluation from the testing phase has fed into the PbR team at the DoH and has helped provide the Department of Health with evidence for any national tariff changes. The Urgent Care Project has been invited to take part in Phase 2 of the DoH project although funding will not be provided.

## 13.3 Primary Care Discharge Unit

The Primary Care Discharge Unit at Good hope Hospital opened in May 2009, originally for a 6 month period. The unit provides a coordinated and rapid primary care integrated health and social care team that focuses on admission avoidance and comprehensive primary care discharge. Activity in the PCDU is currently lower than planned and an action plan has been created to increase activity.




| | May | June | July | August | September | October | November | December | January | February | March |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Target | 21 | 44 | 57.5 | 60 | 72 | 66 | 63 | 66 | 60 | 60 | 68 |
| Actual | 25 | 54 | 44 | 57 | 54 | 42 | | | | | |

Work is underway to improve patient flows, add additional pathways and improve pathways out into the community. Additional services include support for patients who frequently attend A&E and a primary care stream during agreed hours.

The project team have recently undertaken a full evaluation of the pilot at month 5 and as a result of the findings, agreement has been made by the Urgent Care Project Programme Board for the pilot to continue further to include a winter period, until 31st March 2010.

## 13.4 Urgent Care Centres

Urgent Care Centres in primary care provide an opportunity to improve the provision of appropriately managed urgent primary care needs outside of an A&E department. NHS Birmingham East and North have operated a successful model of Urgent Care Centre provision at Warren Farm Centre, Kingstanding and this investment has provided evidence to support expansion through a satellite Urgent Care Centre.

NHS Birmingham East and North have recently commissioned the second Urgent Care Centre to be located at Washwood Heath which is scheduled to open in December 2009. It is predicted the 2nd UCC will shift 40% of minor activity from A&E at Heartlands hospital from the Washwood Heath and Bordesley Green wards and will provide much needed additional urgent primary care access in a deprived area.

## 13.5 West Midlands Ambulance Service

Ambulance performance is beginning to improve throughout the region, in NHSBEN performance is moving gradually in an upwards direction nearer to target.

The task and finish groups developed following the independent review of WMAS continue to work with ambulance service management teams in the key areas identified for improvement. Since the review and provision of additional investment from PCTs

WMAS have made a number of improvements including developing two additional Clinical Triage desks for Cat C calls, developing an intermediate tier of service to deal with urgent health care provider generated calls and recruitment of additional workforce. Work has begun on revisions to the contract for 2010/11 that will take account of the developments in year and will strengthen the requirement for ambulance personnel to make more use of alternatives to emergency departments such as urgent care centres.

It is vital we continue to work with WMAS to deliver much needed improvements in performance and that the future model of care is supportive of the urgent care strategy of NHS Birmingham East and North particularly around reducing the need for hospital admission through increased use of primary care alternatives and promoting good self care management where appropriate.

### 13.6 Ambulance Turnaround

There is a requirement to improve ambulance turnaround following the Strategic Health Authority's Turnaround Review. Commissioners have developed an action Plan for improvement with Heart of England Foundation Trust and West Midlands Ambulance Service following a service improvement event led by the PCT Commissioners with good engagement from both providers.

At Heart of England Foundation Trust sites progress is very slow and commissioners have requested that WMAS and HEFT undertake further process mapping to address performance issues. The investment in hospital ambulance liaison officers as part of the new WMAS contract for 2009/10 has not had the positive effect we had hoped for.

## 14.0 Planned Care Services

### 14.1 18 Weeks

HoEFT has made significant improvement over the second quarter in the delivery and achievement of 18 weeks which has resulted in the September position showing:

- A significant reduction in the backlog (patients waiting over 18 weeks);
- All but one admitted specialties achieved the required 90% referral to treatment times (RTT)
- All but one non admitted specialties achieved 18 weeks, including trauma and orthopaedics

This improvement is a direct result of the ongoing validation of the patient tracking lists and once the new Episode Management System is in place this will result in improved weekly validation and more active tracking of patients through their pathways.

BEN Community Health Services (CHS) continue to submit RTT for the consultant led and referral management services. Substantial work has been undertaken within the Pain Service to validate 18 week submissions and clock stopping events since April 2009.

As part of the wider piece of work to bring all CHS services online in terms of 18 week reporting, all services have now been assessed and a plan is in place to ensure reporting across all 18 week applicable CHS services by the end of March 2010. This includes ensuing that the functionality of PAS has been mapped to 18 week terms for improved and consistent recording of 18 weeks referral to treatment times.

Work is also underway with Birmingham and Solihull Mental Health Foundation NHS Trust to ensure all mental health services are 18 week compliant by the end of 2009/10.

14.2 **Choose & Book**

Choose and Book performance has dipped recently, with current performance at below 40% of patients' appointments being booked using the system. Choose and Book is now part of the performance agreement with practice-based commissioners.

The Planned Care team continue to work with Heart of England Foundation Trust to ensure that issues identified with their current Indirect Booking System (i.e. telephone based appointment system) are being resolved and that slot availability issues are addressed in readiness for the implementation of Direct Booking Systems (DBS). Over the last quarter, a high level of patient and GP complaints were received regarding booking systems at HoEFT about difficulties in making appointments. Many of the issues have now been resolved.

UltraGenda is now in place across the services at HOEFT, although a further delay in the deployment of DBS resulted in NHS BEN, in collaboration with Solihull Care Trust issuing HoEFT with a Warning Notice under the Co-ordinating Commissioner contractual responsibilities. An action plan has since been received which indicates that DBS will be implemented in early 2010 and a series of weekly meetings and conference calls have been arranged to ensure that implementation goes forward.

14.3 **Diagnostics**

Diagnostic monitoring is continuing with the majority of patients receiving their diagnostic testing within targets. Problems with reporting times have been resolved and so that delays in reports for diagnostic tests in the CHS is no longer impacting on the 18 week delivery of services.

14.4 **Prior Approval**

A multi-disciplinary local health economy-wide prior approval group has been established to review procedures to be included on prior approval lists and clinical pairings are currently being developed to take forward this piece of work.

A preliminary list of procedures which could be further explored has been developed and a work plan is underway to further develop the range of procedures and pathways for which prior approval is required.

As part of this piece of work, a Consultant to Consultant Policy has now been developed for implementation across the local health economy.

14.5 **Community Dermatology Services**

A group has been established to work with various providers including GPs with special interests (GPwSI) in dermatology and consultant colleagues from across both Heart of England FT (HoEFT) and Sandwell and West Birmingham Hospitals (SWBH) to develop local models of care based on the PRIME typologies.

Two work-streams have been identified and are focusing on:

- Demand management to reduce the number of referrals into dermatology through GP education and support to manage 96 per cent of dermatological conditions in primary care
- The removal of up to 80 per cent of dermatology follow up patients from acute settings using a nurse led community chronic disease model with fast track referral back to consultant for patients experiencing acute flare ups.

Once the model has been developed and agreed, the aim will be to test the approach in the New Year.

14.6 **Musculoskeletal Services**

To date 2237 patients with knee problems have been seen via the Consultant led integrated knee service (CLIKS) with 62% having their first consultation in primary care by a physiotherapist or extended scope practitioner. The majority of patients have been successfully treated without the need for a secondary care attendance.

An audit has been performed to establish whether the proportion of knee referrals into secondary care has reduced as a consequence of implementing the CLIKS project. Knee referrals into secondary care accounted for 33% of all orthopaedic referrals prior to the implementation of CLIKS. The subsequent audit has shown a significant drop in the referral patterns for patients with knee problems accounting for only 18% of all orthopaedic referrals.

Quality outcome measures have shown that patients are happy with the primary care located service. The plan is now to roll out the CLIKS service to include all orthopaedic consultants (only 4 held CLIKS clinics in the pilot) and to divert all knee referrals via CLIKS.

A proposal for the roll out of the integrated MSK service across all pathways has been put forward to the Investment/disinvestment group for consideration.

14.7 **Rheumatology**

The redesign of the Rheumatology service is underway. An expert working group has been established and current activity/ costs have been assessed. Currently there is an inequitable service across the PCT. The newly redesigned model will incorporate the latest evidenced based practice including NICE Guidance (2009). It is envisaged that much of the follow-up care for Rheumatology patients could be delivered in primary care by a nurse- led service. This would reduce out-patient secondary care follow-up costs and offer patients care closer to home.

A PPI exercise will be carried out by NHS BEN to establish patients' perceptions of the service and what they would like included in the future service.

The proposal for the redesign of rheumatology services has been put forward to the Investment/disinvestment group for consideration. The aim is to establish the model by March 2010, with further developments being implemented once training needs, recruitments and education have been met.

14.8 **ENT**

ENT is an area identified as over performing in terms of outpatient activity. A review of secondary care outpatient data has identified that many patients have been attending

secondary care for ear wax removal. This is, for the most part, a simple procedure which can be undertaken in primary care by practice nurses.

Similarly, excessive costs are incurred by patients with simple hearing loss being referred to Consultant led ENT clinics, rather than by direct referral for audiology testing.

Prior approval criteria have been drawn up for both ear wax removal and audiology diagnostics, to prevent patients needlessly being referred to secondary care, thus avoiding associated costs. Further work will be undertaken around the ENT pathway to ensure that patients are seen in the right place, right time, first time in collaboration with our providers.

14.9 **Individual Funding Request**

The stream of funding requests is steady, as is the number of requests being submitted to the Individual Funding Requests panel for consideration (July – September 2009).

| Requests received | Requests approved | Requests declined | Requests pending |
|---|---|---|---|
| 183 | 125 | 28 | 30 |

| Exceptional requests received | Exceptional Requests approved | Exceptional Requests declined | Exceptional Requests pending |
|---|---|---|---|
| 15 | 7 | 6 | 2 |

14.10 **Cancer Services**

14.10.1 **National Survivorship Initiative – Cancer Awareness and Recovery Enhancement (CARE)**

The project group has agreed that the project will use the brand CARE as it was felt that this described what the project is hoping to achieve.

The pilot went live in November with the first patient self-management programme commencing. The programme for health care professionals starts in January.

Two care managers have been recruited for the OwnHealth service who will be badged as Macmillan Cancer Care Managers. The service is due to go live in February.

The community specialist nurse service commenced the testing phase in November and Bridges is to be provided for breast cancer patients from December.

A comprehensive evaluation framework is in place to measure the impact of the model. This will include patients' views obtained via questionnaires, focus groups and discovery interviews. The project is due to complete in March 2011.

14.10.2 **Breast Screening Service**

Options are being developed for digital screening by Sandwell and West Birmingham Hospitals which provides the breast screening service for BEN patients.

The new sites for BEN patients have been agreed with the Mere Green site operational from February 2010, Queslett site from November 2010 and new sites at Castle Vale and Castle Bromwich following later. This will provide the capacity needed for the round plan and the age expansion which so that all women aged between 47 and 73 will be offered screening by 2012.

14.10.3 **Cervical Screening Service**

An SLA is being developed with the laboratories which will include the 14 day turnaround for results.

14.10.4 **Bowel Screening Service**

The PCT has been notified that funding for the screening service will be included in allocations for 2010/11. This follows the successful roll out of the screening programme across England. The service is to be provided for the 60-69 age group with age extension to 74. The PCT is working on establishing a service level agreement with Heart of England FT which is the screening centre for BEN patients. The funding is also to be used for raising awareness and encouraging patients to take part in the screening.

14.10.5 **Going Further on Cancer Waits**

Two week wait for cancer referrals has improved although still just below the 93% target. An audit Heart of England FT has undertaken has shown this is largely due to patient choice. The Trust has sent out information to GPs in their newsletters about the importance of informing patients of the need to book appointments within 2 weeks.

The performance for the 2 week wait for patients referred with breast symptoms has improved and the HoEFT is confident that it will meet the December target. The Trust has brought together the booking system for 2 week cancer and breast symptoms referrals within a single booking team. Capacity is also being developed in clinics to ensure demand can be met within the 2 week timeframe.

## 15.0 Children and Maternity Services

### 15.1 Children's Commissioning

The Joint Commissioning Board has agreed a number of project proposals to develop joint commissioning areas including disabled children services, voluntary sector contracts, transition services, children in care and joint commissioning structures.

The Children's and Maternity Action Plan is being finalised and will form the basis of developing commissioning of children's services in Birmingham.

The re-design of CAMHS is continuing with proposals for a tier 3.5 service being developed to reduce admissions in tier 4.

15.2 **Maternity**

The Pregnancy Outreach Service, Fast track pregnancy service and call centre are all being reviewed through the Health and Well Being Partnership.

A community based approach to tackling Post Natal Depression is currently being developed, targeted towards the Pakistani and Pashtu women in Washwood Heath, with support from the Regional Development Centre. Aston University is currently undertaking an analysis of the questionnaire and the intervention and training packages are being developed with support from leading expertise including BSMHT, Birmingham University and an independent child psychologists.

## 16.0 Healthy Incentives

16.1 **Stop Smoking Pilot**

This pilot was launched in Shard End and Erdington on 1st September 2009 and aims to enrol smoking pregnant women (and their partners) in these areas. Over the past 3 months 110 people were referred, 64 enrolled and 11 members quit smoking at 4 weeks. The scheme tracks member's smoking status up to 2 months after the birth of the baby. A formal evaluation of the pilot will be conducted early next year by CSI via face to face interviews with women in the control and pilot groups.

16.2 **Weight management pilot**

Currently, BEN is commissioning a weight reduction programme for 600 members per annum through a variety of service providers. Members of these programmes are expected to reduce their weight by an average of 5%. There is a strong evidence base that indicates that there is a significant 'rebound' effect in terms of weight control after people have lost weight as part of a course of obesity management. A weight maintenance incentive pilot will be launched in January 2010 to enable these members to enrol into Birmingham Own Health in order to maintain their weight. The pilot will use incentives in the form of high street vouchers. This pilot is currently being designed.

## 17.0 Recommendation

NHS Birmingham East and North Trust Board are asked to receive and note the report.

**NOTE:**
All KLOEs are now updated and can be found via this link:

W:\BENFileSharing\Redesign and Commisioning\Commissioning Priorities\KLOE