Information Items

These items are not intended for discussion at the Committee meeting. Further information may be obtained by contacting the named officer for each item. If there are any matters arising from this information that warrant specific aspects being added to the forward work programme or future information items, Members are invited to make the relevant suggestion at the time that the forward work programme is discussed.

(a) King Street and South Quay surgery relocation (Great Yarmouth)

Great Yarmouth and Waveney CCG has provided the following briefing:-

East Norfolk Medical Practice is the largest GP practice in Great Yarmouth, following the merger in 2013 of Newtown and Caister Medical Practice with King Street Surgery and South Quay Surgery.

Two of these surgeries (King Street and South Quay) are currently in buildings which are no longer satisfactory places to provide patient care. They are old and worn out. They fail to comply with the latest healthcare, disability access, Health and Safety and infection control regulations with very small rooms and little space for patients and their families. They also do not provide a safe working environment for practice staff and GPs.

The CCG has been working alongside the practice to find an alternative site in which it can be located. A key requirement was to find a site that would be as close to the current surgeries as possible. This is very important to make sure that all patients and their families can access the services at the new site as easily as possible.

A new site has now been selected at 'The Lighthouse' which is part of the Greyfriars health campus. The new site is just a five minute walk from King Street and from South Quay, meaning that it is very accessible to current patients.

The relocation of King Street and South Quay surgeries to the Greyfriars campus has, in fact, been planned for many years. The Great Yarmouth and Waveney PCT had been developing this relocation, as part of their redevelopment of the Greyfriars site, well before the practices merged in 2013. As commitment to the move was confirmed the existing properties were put up for sale. The King Street Surgery has now been sold and must be vacated by the end of August.

The practice Patient Participation Group and East Norfolk Medical Practice partners are all supportive of the move.

The benefits of the move to patients include:

- The new surgery offers modern purpose built facilities

- The new site is very close to their existing GP practice
- The move to the new site has helped the practice to recruit three new GPs
- Having additional space will enable the practice to enhance the services available to patients
- The new site will comply fully with disability access
- The new site will provide a safe working environment for staff
- Three new GPs

Rebecca Driver
Director of Engagement
10 July 2015

(b) Oulton GP Practice, Lowestoft – action in response to the CQC report

NHS England Midlands and East (East) has provided the following briefing:-

Background

The Oulton Medical Centre is a two partner husband and wife practice operating from two sites (Oulton and Marine Parade) in Lowestoft. The current registered list is approximately 5,300 patients.

CQC Findings

In March 2015, the Oulton Medical Centre was placed in special measures by the Care Quality Commission after being given an overall rating of 'inadequate'. The CQC also applied compliance actions requiring the provider to take action in relation to the provision of adequate clinical and management cover at the practice.

The CQC had previously undertaken an inspection in August 2014, which was followed by the announced comprehensive inspection in March 2015. The practice was rated as inadequate for safe, effective, responsive, and well-led services following the later visit.

The report highlighted areas where improvements were needed, which included:

- implementation of arrangements relating to the management of significant events
- safety alerts, health and safety and fire safety.
- recruitment and management of staff, including effective training, and induction systems.
- record keeping and governance arrangements.

There have been some long standing issues relating to this practice and NHS England had required that the practice address a range of issues identified in November 2014 which were also reflected in the CQC findings.

It should be noted that at the CQC visit, patients reported that they were satisfied with the care and treatment that they had received from the practice.

The practice has now submitted an action plan to the CQC to address the findings of the CQC. The practice has shared this plan with both NHS England and the CCG, who are working jointly to monitor progress and support the practice in delivery of this plan.

The practice has engaged with the Royal College of General Practitioners (RCGP) Pilot which is a programme designed to offer support to practices placed in Special Measures.

NHS England's role

NHS England requires that the practice submits a weekly clinical rota, which is monitored by our medical team, to ensure compliance with both the CQC and GMC conditions.

Due to the serious nature of the report and the nature of the concerns within it, NHS England is carrying out a formal review to determine whether the practice is meeting the terms of the GMS contract. This will inform NHS England of any further actions to be taken. This process is already underway.

Karen Hindle
Senior Associate (Communications) Interim Hub Manager
NHS England Midlands and East

June 2015

(c) Diabetes care within primary care services in Great Yarmouth and Waveney

On 26 February 2015 Norfolk Health Overview and Scrutiny Committee (NHOSC) received a report about diabetes care delivered by primary care services in Norfolk, which information presented by Diabetes UK from the National Diabetes Audit 2012-13 (eastern region). The audit showed that Great Yarmouth and Waveney appeared to be the worst performing area in the region in terms of the numbers of people with diabetes receiving the recommended care processes and treatment targets for diabetes.

NHOSC was also informed that only 6 practices in the Great Yarmouth and Waveney area had taken part in the 2012-13 National Diabetes Audit and that the overall delivery of care processes and treatment targets might therefore be quite different from the results it had seen. NHOSC suggested that Great Yarmouth and Waveney Joint Health Scrutiny Committee (GY&W JHSC) may wish to look at the subject in more detail.

Great Yarmouth and Waveney CCG has been asked to provide information about diabetes care in primary care in the area so that the Joint Committee can decide whether it wishes to look at this subject in more detail at a future meeting.

Dr J Wyllie, Director of Clinical Transformation, Great Yarmouth & Waveney CCG and a GP at the Falkland Surgery, Bradwell has provided the following briefing:-

Developing a diabetes strategy for Great Yarmouth and Waveney

As one of the UKs' most common chronic conditions, diabetes is high on the national agenda. The prevalence of diabetes increases by approximately 10% per annum and treatment of the conditions encompasses 10% of the overall NHS budget.

Diabetes is associated with high levels of mortality and morbidity, in particular:

- The life expectancy of a patient with diabetes is reduced by approximately 10 years
- 50% of newly diagnosed diabetics already have complications at the time of diagnosis
- 80% of diabetes patients will die of cardiovascular disease
- The risk of stroke for a patient with diabetes is tripled
- Diabetes is the UK's leading cause of blindness and one of the leading causes of limb amputation

The management and treatment of diabetes has received significant strategic attention across the country, beginning with the National Service Framework for Diabetes (2004) which sets clear guidance for the prevention, diagnosis and clinical management of diabetes.

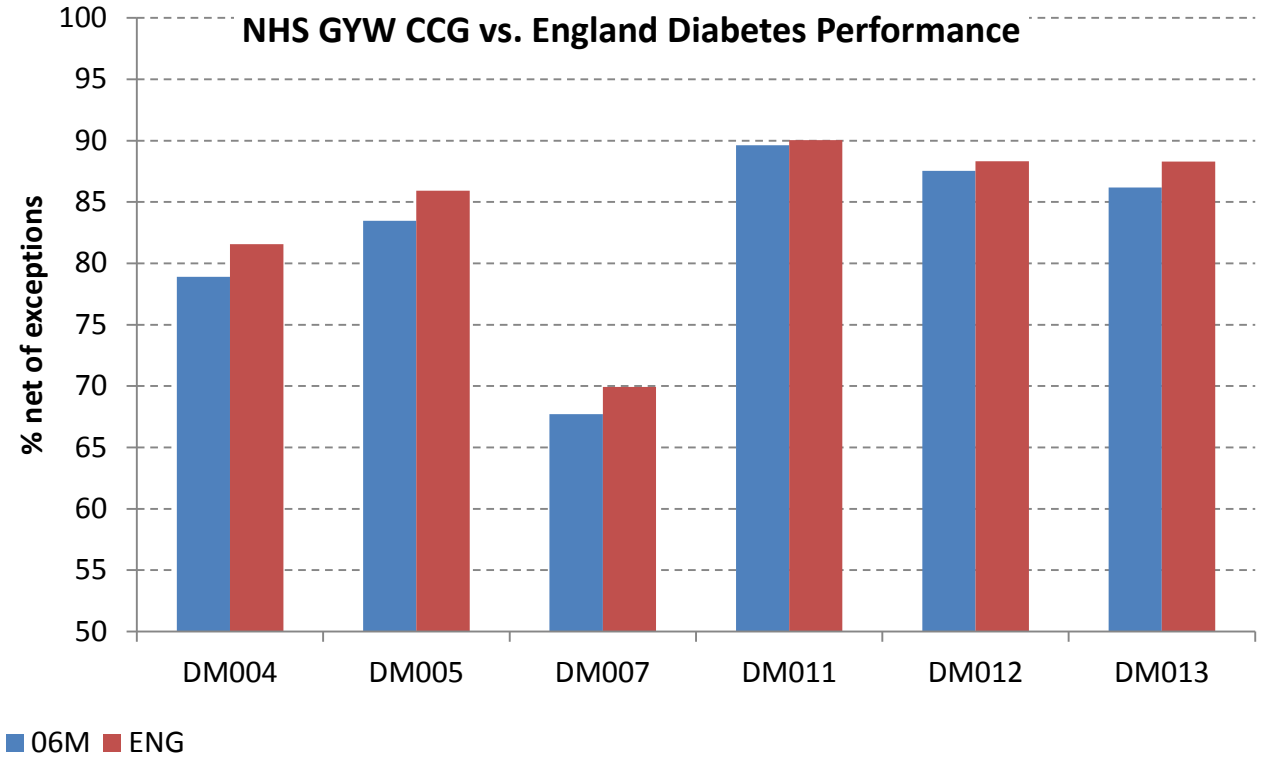
The CCG has over 14,000 patients on Diabetes registers. NHS Great Yarmouth and Waveney CCG currently do not perform well against Diabetes national targets (e.g. achieving target readings in blood pressure, cholesterol and HbA1C).

One of the 10 'top tips' for commissioners from the paper 'Best Practice for Commissioning Diabetes Services – March 2013' includes 'Enhancing capacity and competency in primary and community care'. It states that 'For integrated care to provide maximum clinical efficiency and avoid duplication in care of complex cases, there will be a need to strengthen community and primary care services so the focus of care can be on co-ordination, prevention, structured chronic disease management and care planning with the aim of reducing wastage, unnecessary medication errors and, most of all, inappropriate hospital admissions'. An additional recommendation is that a key principle should be that all commissioned diabetes services should be as close to where people with diabetes live as possible.

Robust analysis of diabetes outcomes data and secondary care activity patterns within Great Yarmouth and Waveney CCG suggests that there is considerable variability in the standard of diabetes management at both a locality and an individual practice level.

Similar variation can be seen across all of the Diabetes Mellitus QOF indicators relating to the nine key care processes that every diabetic patient should have access to on a yearly basis:

- Blood glucose level measurement
- Blood pressure measurement
- Cholesterol level measurement
- Retinal screening
- Foot and leg check
- Micro-albuminuria Testing
- eGFR or Serum Creatinine Testing
- BMI Monitoring
- Smoking status check.



06M = NHS Great Yarmouth and Waveney CCG

DM004 = Cholesterol control

DM005 = Kidney function

DM007 = Blood sugar control

DM011 = Diabetic eye disease screening

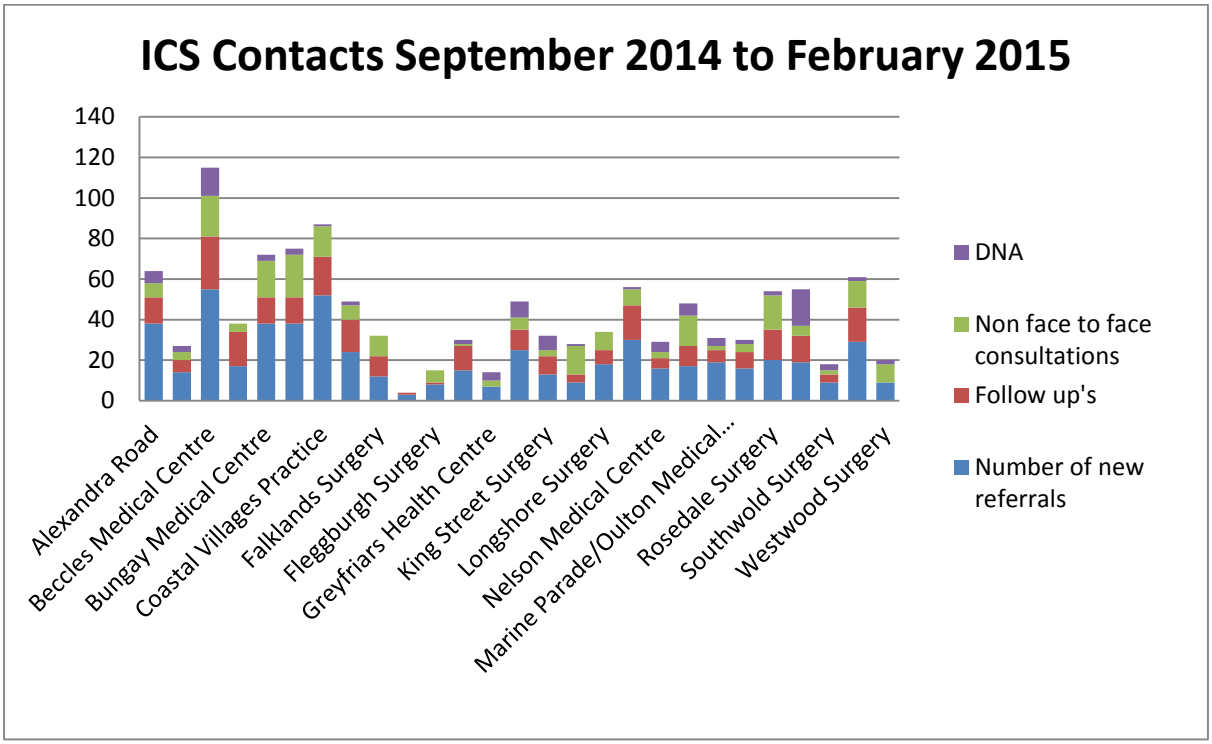
DM012 = Foot health assessment

DM013 = Diet advice and monitoring

Substantial variation is seen between GP practices with regards to efficiency and financial factors as well as in those indicators relating to the quality of diabetes management. There are, for example significant variances in the number of patients regularly managed in secondary care.

Following discussions with Clinical Leads and the James Paget University Hospitals NHS Foundation Trust there was universal support for the implementation of a primary care based service managed by Diabetic Specialists Nurses (DSNs). This service has now been running for a year and the nurse is running clinics in every practice; there is 100% sign up in primary care. The service is called the Diabetes Intermediate Care Service (ICS).

The aim is that this service will improve local clinical knowledge and confidence and subsequently provide a better service to patients. The more that Primary Care is supported to manage complicated diabetes cases then over time this will up-skill the workforce. This new service covers prevention of the onset of type 2 diabetes, management of diabetes and prevention of complications.



Developing the service further – An integrated approach.

A common theme in successful models of diabetes care across the country is the presence of distinct tiers of care, which enable patients to be managed as close to home as possible.

This tiered structure involves three levels of care across three settings; primary care, the community and acute hospitals. The model is designed to enable patients to access the right level of care according to their clinical need.

This integrated care initiative working with community and primary care is to enhance capacity and competency in primary and community care. Commissioning a community diabetes service will provide a more efficient service to patients and avoid duplication of complex cases. There is an opportunity to strengthen community and primary care services so the focus of care can be on co-ordination, prevention, structured chronic disease management and care planning with the aim of improving care outcomes for patients, while reducing wastage, medication errors and inappropriate hospital admissions.

The CCGs Clinical Executive committee has given approval to commission an Integrated Model of Diabetes care. The preferred option offers a truly integrated service as laid out below and will also include specialist foot clinics, integrated working with pharmacists in the community, recruitment from the voluntary sector to take the pressure off primary care, together with pro-active use of 'Apps' technology to support patient self-management, confidence and education; which in turn will lead to better care and better value in order to improve quality of life and the patient experience.

Delivering the model of care

A number of robust services are required to provide adequate support to the new model of diabetes care. Over the coming year we will look at what services are available in the communities our CCG serves. We will assess what these services provide and what quality they deliver and develop plans for improvement where necessary. These services may include:

- Diabetic Podiatry
- Public Health
- Community services e.g. district nursing.
- Specialist Diabetes Dietetics
- Patient Education Programmes
- Pharmacists
- PPGs and Diabetes UK.

Next steps

As part of the development of diabetes services the following vital next steps are required:

- Further engagement with patients on the proposed model of care and the role of the Tier 2 & 3 service. A group of willing patients has been identified and meetings are being established. The CCG leads are also in discussion with Diabetes UK around developments and working together on regional events.
- Diabetes developments and implementation of the Integrated model of care to be discussed further at the local Diabetes Clinical Network in July/August.
- Development of clinical protocols and pathways for tier 2 & 3 and transfer of patients from hospital to community care as part of integrated model.
- Diabetes foot care review.
- Contractual elements to be discussed with providers.

Dr Jamie Wyllie
Director of Clinical Transformation
NHS Great Yarmouth and Waveney CCG

(d) Potential for an external pharmacy at the James Paget Hospital

On 8 April 2015 the Joint Committee asked the Democratic Support and Scrutiny Team Manager to ascertain whether any consideration is being given to the potential for establishing an external pharmacy at the James Paget University Hospital (JPUH) site.

The JPUH responded in April that hospital would be starting engagement work on its Site Strategy during summer / autumn 2015 and would be drafting specific business cases. Nothing had been ruled in or out of the strategy at that stage.

In June 2015 the JPUH Board of Directors received an update on progress with developing the Site Strategy but details of plans for the site were not included. More work will be done this year on how the hospital may look in future, including engaging with the public and patients to gain their views.

In developing its site strategy the JPUH is looking to

- ensure that land and property are used effectively to support commissioners' and the Trust's own clinical strategies to best meet patient needs;
- provide and maintain an appropriate level of affordable NHS healthcare facilities in the right locations, which are fit for purpose, safe and compliant with legislation and relevant guidance;
- achieve continuous improvement and better efficiencies from the performance of the estate;
- improve efficiencies in the cost of construction; and
- identify and release surplus land for disposal.

The JPUH is part of a working group with other similar hospitals, including the Queen Elizabeth Hospital, the West Suffolk Hospital and Frimley Park Hospital to share best practice in developing their sites. In addition, a regional based working party has been established via the Health, Estates Facilities Managers Association to ensure consistency across the East or England, using the NHS Premises Assurance Model (PAM) as a recognised process for identifying and rating all risks.

The JPUH thinks that its Site Strategy may exceed the Trust's current capital budget. To avoid restricting the benefits associated with site development the Trust is exploring partnering arrangements to increase the capital sum available. A number of options are available and as at June 2015 early discussions had taken place with an interested partner which offered options for a public-public partnership. A meeting had been scheduled with this partner and the Trust's Chief Executive, Director of

Finance and the Director of Performance & Planning to discuss the options in further detail.

The Trust has a significant advantage over many smaller acute providers in that it has a large amount of developable land within and adjacent to the hospital site. This leads it to a vision of developing a health campus around the hospital. The exact range of services on site will depend in part on the local health and social care strategic direction and patient movement and demographics.