

# CCG Updates

Issue 85 - October 2016



**Stockport  
Clinical Commissioning Group**



**Dear Colleagues,**

***This will be my last entry for the time being as editor for the CCG newsletter. From October 2016 I am stepping down my role as CCG Clinical Director and moving across to support Viaduct Health and take up the position as Interim Medical Director for the emerging MCP. I would like to take this opportunity to thank all you for your support whilst I've been at the CCG, and it's been a pleasure to have the opportunity to get to know so many of you.***

Many of us are fully aware that General Practice is at a precipice. I know most of us feel overwhelmed with workload and workforce pressures, with ever increasing demands on our ever dwindling resources. As the system crumbles around us, we see more and more work arriving at our doorstep without the resources that we so desperately need. Nationally, there is relentless bashing from the media, from politicians, and from regulators like the CQC and GMC when I know all of us do our very best for our patients day in, day out. In this landscape, it is unsurprising that the future feels so bleak for many of us.

However, I really do think we in Stockport have a landmark opportunity to try and turn the tables. We have a powerful GP voice that values its independence and sovereignty. We have General Practice, that despite all the pressures and historical underfunding, is outperforming our peers across Greater Manchester in almost every area that matters. Don't take my word for it – see the section later in this newsletter that outlines some newly published data by NHS England. All the leaders within Stockport's Health and Social Care economy are committed to creating an MCP (Multi-speciality Community Provider) in Stockport. The main pre-requisite for this model is that General

Practice is in the driving seat, and that everything – funding, clinical pathways, decision making, power – starts from the GP registered list. We have the national backing of the Vanguard programme, and financial backing from the Greater Manchester Transformation Fund.

Those of you who have been in Stockport longer than me will inevitably be thinking 'I've heard all this before' when it comes to transforming our healthcare system, and I can't blame anyone for being sceptical. All I can say to the sceptics is that I am convinced that this time, something feels different. Our local hospital, our community services and our social care services have all accepted that the way they have historically worked with Primary Care needs to fundamentally change, and they all accept that we want to see a smaller hospital with funding transferred to frontline Primary Care. They also accept that we need to work with the public to reset expectations of what it is reasonable for us to provide and what responsibility they should be taking for their own health, and that the ethos of passing the buck back to General Practice needs to change. There is a recognition that we need to urgently support practices with workload pressures and we are already working on a series of measures to relieve the pressure on our frontline.

Clearly, nothing in life comes for free! So what is expected from General Practice in return? Let me be clear – we are NOT asking for GPs to relinquish their independent contractor status. We are NOT proposing to replace or remove the GMS or PMS contract. We are NOT expecting any GP to work any longer hours than they currently work – indeed we recognise that far too many of us are working excessive hours already. What the system is asking for is GP Leadership and General Practice 'at scale'. That's all of us

having the opportunity to contribute wider than just the immediate sphere of our own practices. That's all of us being allowed to take ownership of the total budget for our neighbourhoods and make decisions at neighbourhood level that directly affects the services and care provided to our patients. That's all of us supporting some, through Viaduct Health, to take on senior decision making roles and allow General Practice to take the seat of power that others are ready to give us.

'And when do you expect me to do this?' I hear you ask. Well, we need the system to give us TIME. We also need to develop our practice workforce to take on these leadership roles. As well as our GPs, we already have some of the most capable nursing staff, the most visionary and effective practice managers, and the most dedicated admin staff I have ever come across. We need to develop our workforce at every level and make Stockport the most attractive place to work in the North-West. We need to expand the workforce so that physiotherapists, pharmacists, podiatrists, mental health workers, community nurses, social workers and many others become a core part of the neighbourhood team and whose work is directed by the neighbourhood itself, led by Primary Care.

I am not naïve enough to think that this strategy is not without risk. But I ask myself, what is the alternative? This feels like a final throw of the dice for the NHS. A last opportunity to mend our broken system and develop a new model for the entire country. All I ask is that each of you get involved in your neighbourhoods. Please share your ideas, collaborate and support each other. We need to share good practice, innovation and resilience. We need to shout with a single voice and ensure we are heard loud and clear. single voice and ensure we

are heard loud and clear. Over the next few weeks and months, the CCG, LMC and Viaduct Health will be developing our priorities for the future Stockport General Practice and its role within the MCP. If General Practice is to lead the MCP, we need to be supported and funded to do it

Maybe, just maybe, we can do this...

**Dr Viren Mehta**



**STOCKPORT  
TOGETHER**



### ***Stockport Together – Multi-speciality Community Provider (MCP) Update***

The Health and Social Care providers within the Stockport Together Programme are continuing to mobilise for the implementation of the new models of care from the end of October 2016 and to develop plans for a new type of organisation - a Multi-Speciality Community Provider (MCP). The MCP (currently subject to a formal procurement process led by Joint Commissioners) will join together services such as Community Health, Mental Health, Adult Social Care, Primary Care and some Acute Services for the first time in the Stockport area. This is part of the changes to health and care envisaged by the Greater Manchester devolution programme. £19 million additional Greater Manchester Transformation funding will be provided over the next three years to help deliver more joined-up care, closer to home.

The service model which is still being co-designed with clinicians and other front line staff, will focus around delivering a case management approach in eight Neighbourhoods to those most at risk of admission to hospital, with GP's in that area providing clinical leadership. The model will feature active case finding, triage and where there is a clinical need, accessing specialist services from an Intermediate Tier, which will also feature 24/7 crisis response.

The service model has a proven track record of reducing hospital admissions and to provide admission deflection owing to the wrap around care available from the neighbourhood teams, the intermediate tier and

redesigned front of hospital services.

As part of the ongoing engagement and co-design with clinicians, we had some really useful discussions with front line staff at the Neighbourhood Leadership events on 21st September 2016 at Bredbury Hall Hotel. We have further discussions with Neighbourhood leads on 2nd November, and are planning wider engagement events in the near future.

### **MCP Organisational Form**

In July 2016, national guidance was produced by NHS England regarding the options for form and contractual framework for MCP's. This stated that an MCP will need to be a formal legal entity, or group of entities acting together to form the MCP, that is capable of bearing and managing financial risk, and which has clear governance and accountability arrangements in place for both clinical quality and finance. To this end, the Provider Board (consisting of all the Stockport Together Provider Organisations) is overseeing the development of the MCP subject to the outcome of the current procurement process and will be reviewing options on its organisational form, as well as overseeing development of the services it will provide.



### **Focus on ... Dr Jaweeda Ido**

As a GP in Woodley for over 17 years and former Clinical Director for Service Transformation for the CCG, Jaweeda Ido is a familiar face within

primary care and commissioning in Stockport. Jaweeda has held a number of leadership roles within commissioning and service transformation, leading on long terms conditions and prescribing for the CCG and as a clinical champion for Healthier Together across Greater Manchester. Now, following a two year focus back in practice, Jaweeda has taken up a new leadership role in health and care in Stockport.

Jaweeda is Clinical Advisor for the FT's Community Business Group and Clinical Director for Borough wide services for the MCP (Multispecialty Community Provider) which encompasses supporting staff in the community services across Stockport. However, an important aspect of her role involves working with hospital ward staff and her GP colleagues to develop better pathways between acute and community health and social care services for patients.

"There is a recognition by the SFT that having a GP within community services is valuable and it's something they have never had before. Previously I was influencing provider organisations as a commissioner. Now I can make a difference

working within the provider by advising from a primary care perspective and also from a community services perspective, so it's a dual platform."

Jaweeda has been working closely with Community Business Group colleagues including Sue Plummer, Head of Patient Flow within the hospital's Discharge Team. They have been working with staff to develop a new 'Transfer to Assess' model where patients will be discharged once they have completed their acute hospital treatment and assessed by a social care or community health professional in their home.

Jaweeda explains: "This will reduce the time patients need to stay unnecessarily in hospital and we know assessing people at home with their relatives and carers is more effective and better for them.

"I've been asking front line staff about the barriers that prevent them from discharging patients back to their own home when they no longer require any further hospital treatment. When they are delays it can result in people losing confidence, losing muscle mass, increase risk of depression and hospital acquired infection."

These changes are part of a programme of work to re-model and improve 'Intermediate Tier' services, which transfer and support patients between the hospital, community rehabilitation and long-term care facilities, and the home. This is also referred to as 'step up and step down' services.

The transformation work is part of the wider Stockport Together programme.

In her new role, Jaweeda would like to hear from primary care and commissioning colleagues with suggestions for system improvements, which she can raise with the Leadership Board for the new MCP (Multispecialty Community Provider).

“What we are trying to create is a system that is seamless so people don't feel they're being passed between different organisations and are telling their story many times. I hope the work we are doing will result in a more responsive and person centred service for patient and carers.”

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## Top Performing CCG

NHS England has released some data as part of its new Improvement and Assessment Framework for CCGs. Stockport is rated as 'top performing' in the areas of Cancer and Dementia services. Regarding cancer care, only seven CCGs nationally have been rated as top performing. One of the main areas of assessment is around cancers being diagnosed at an early stage and one year survival. A key factor of our high achievement is early recognition and prompt referral by GP practices. With dementia care, our high diagnosis rate for dementia is a reflection again of early recognition and referral by our practices. We are also top performers for developing care plans for our dementia patients. We are also the highest rated in Greater Manchester for patient experience of GP Services. All this is testament to the hard work of our practices and colleagues across the system.



One area highlighted where we could improve is the proportion of patients with learning disability who receive an annual health check, as we have been the lowest in Greater Manchester for this indicator. As you will know, this is a national DES so there is funding available for these checks. There is a tool in EMIS that can help you to highlight patients who are suitable for an LD health check. Please note that there is now no requirement to have your LD register validated by the local authority so please feel free to send for these patients over the coming months. There are some helpful RCGP resources available at <http://www.rcgp.org.uk/learningdisabilities>



## Child and Family Mental Health

The [Anna Freud Centre](#) has launched a series of podcasts to help parents understand and manage child and family mental health problems.

The first podcast focusing on anxiety is available via iTunes  
<https://itunes.apple.com/gb/podcast/child-in-mind/id1122056877?mt=2>  
or Via SoundCloud  
<https://soundcloud.com/anna-freud-centre>

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## Patient Online

The chair of the Stockport Together Citizen's Panel, Christine Morgan, has recently written a blog about online access to health records.

This may be useful for practices to link to and encourage more patients to sign up.

The blog can be found by [clicking here](#).

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## NICE Update for Primary Care

[Click here](#) to view guidance on:

- Heavy menstrual bleeding
- Identification and management of AF
- Annual review microsite

## ***SOC CER Success!***

Did you know we have our very own local structured education course for those with Type 1 Diabetes? SOCCER (Stockport Optimising Carbohydrate Counting Education and Results) aims to develop self-management skills in carbohydrate counting, insulin dose adjustment, managing hypoglycaemia and illness as well as lifestyle challenges, such as eating out and alcohol.



Here are some of the great comments we have received to date...

“Every Tuesday for the last month has been invaluable”.

“I feel a lot more confident about my diabetes now...it was great meeting others going through the same”

Each course is held on one day a week over 4 weeks and is free to attend. There are still a few places left on our November course, starting 22nd November.

To refer a patient, please use the usual Referral Form for the Diabetes Specialist Nursing Service. For more information, please phone 0161 426 5408

## ***Events & Training***

### ***Learning Disabilities Core Skills Education & Training Framework***

This new framework sets out the essential skills and knowledge necessary for all staff involved in learning disability care.

To view the framework and details of e-learning available [click here](#).

### ***Dementia Awareness Resources***

Health Education England have developed some new resources to raise awareness of dementia

- A film called '[Finding Patience](#)' which looks at the experience of dementia amongst African Caribbean families
- A free ebook and app full of practical information for anyone caring for a person with dementia. Called 'The Dementia Guide for Carers and Care Providers' it is available from iBooks, the Kindle Store and Smashwords or as an app via the Apple App Store

### ***GP Support Sessions***

The Psychological Medicine in Primary Care (PMPC) service works with people who often struggle to access existing services and have complex health needs, for example, medically unexplained symptoms (MUS), pain or multiple co morbidities together with a mental health problem.

Part of their remit is to provide training and support to primary care clinicians in their own surgery in a way which feels most appropriate to them. For examples, you may wish to have a case discussion session or, alternatively, spend an hour on a specific topic such as managing MUS in primary care, fibromyalgia or trauma.

If you are interested in finding out more about the training and support available to you or your practice, please get in touch with Dr Julia Hose, Liaison Psychiatrist at [j.hose@nhs.net](mailto:j.hose@nhs.net)

### ***Hot Topics in Gastroenterology***

Wednesday 12th October 2016 in the Education and Research Centre at UHSM

6.30 buffet - 7pm event

2 hours educational allowance

For more information or to book a place contact [Teresa.Gough@manchester.ac.uk](mailto:Teresa.Gough@manchester.ac.uk)