

Governing Body Meeting frontispiece

Summary sheet

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For: Public session (part 1)

For: Information

Agenda item: Directors update

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Executive summary

The Directors' update is a regular feature of each Governing Body meeting. It is intended to ensure that members are aware of key areas of work happening within NHS Kernow and with partners. The report focuses in particular on highlighting emerging issues and significant developments that are not otherwise covered on the agenda.

It is not intended to be an exhaustive account and further information is available should it be required from the relevant director.

Recommendations and specific action to take at the meeting

The Governing Body is asked to:

1. Note the information included in this briefing, much of which is helpful context for formal papers on the agenda.

Primary Care

Integrated care area development

We are moving forward in the journey towards an integrated care system and describing the role of integrated care areas (ICAs) in that context. During June, we held a facilitated development session for each ICA involving integration board members and additional colleagues from NHS Kernow. Board members were asked to think about what level of autonomy they would like for their ICA in the future, what the decision-making process should be, and what conditions would need to be in place to be successful. The output from those sessions is being assimilated to present at a follow-up event in July, bringing all 3 ICAs together. The aim is to start

to design a model for place-based decision-making and delivery of care, which we can start to implement in shadow form by the end of the calendar year.

Meanwhile, planning is underway to deliver a range of engagement activities and tools, to keep our public and workforce with us. A reference group has been established, chaired by Nikki Kelly, to help develop this workstream.

Population health management

The national programme is now underway, with 3 primary care networks (PCNs) and 1 ICA taking the lead in Cornwall. This is about using data to better understand population health at a local level and to reduce health inequalities. The aim is to use this approach to inform planning and on a day-to-day operational basis, using the tactical deployment of skills and resources to target support where it is most needed. This is an essential part of the development of ICAs, the 'how', in terms of how we deliver care and improve health and wellbeing outcomes. Local insights from the public and our workforce will fine-tune our understanding of health and care priorities and we anticipate that this process will help multi-agency, multi-disciplinary teams to come together around a shared purpose.

This programme is running alongside the complete care communities programme, involving 5 sites in Cornwall, who took part in a national networking event in June. All of the local projects are using a personalised care approach to tackle health inequalities in their PCN and ICA.

Special allocation scheme (SAS)

Contracts are being finalised to complete the procurement for new provision of special allocation scheme services in Cornwall. The new provider, Kernow Health CIC, commenced provision from 1 July 2021.

Kernow Health CIC will provide a more local service for patients, working in partnership with 4 practices to support good geographic cover across the county. The CIC service model will deliver a more proactive support role for patients on the scheme. They will manage first contacts, provide clinical triage, and deliver virtual consultations for patients where appropriate. The practices will hold the patient records and provide face to face provision.

Local enhanced services (LES) review

Last year's LES review exercise completed with the ratification of a framework for scheme management going forward. Attention is now turning to redesign of some of the schemes and how to prioritise and progress the most pressing LES scheme reviews.

The primary care operational group has considered the priorities and supported recommendations to move forward, with an ambitious review of the 4 schemes that support the patient pathway between primary and secondary care. This work will require significant resource to manage, but it is recognised the LES schemes are fundamental to many care pathways. They have the potential to address some

important service gaps and to improve the patient journey. The recommendation to proceed with this work will be discussed at the business performance and planning group, due to the inter-dependencies with the planned care programme and the implications of the resource required to complete the work.

Improving uptake of COVID-19 vaccinations in hard to reach groups

Working with employers and outreach workers we have been identifying groups who are struggling to access the COVID 19 vaccine for various reasons (language barriers, access, work hours, visa concerns, GP registration, lack of vaccine confidence, etc) and as a result we have held a number of Pfizer pop up vaccination clinics, such as 1 in Newlyn Harbour to provide vaccine to the migrant fishermen and one at Southern England Farms (SEF) to vaccinate the migrant farmworkers.

We have been able to share our approach with other clinical commissioning groups (CCGs) where companies who are interested in rolling this out to their other branches nationally are located. For example, Pilgrim’s UK, who have 2 branches in Cornwall, where we have held pop up vaccination clinics.

We have also worked with Port Health to communicate with shipping agents and offer crews coming through the Falmouth and Fowey ports access to vaccination clinics regardless of age, nationality, length of stay or immigration status. As crews often have no UK fixed address, NHS number or GP registration, we worked with the mass vaccination centre to book directly in via their own system, ensuring we are not limited by these factors which the national booking system requires. We have shared this approach with Devon who have now adopted it too.

Below is a summary of the figures vaccinated to date at the Pfizer pop up clinics:

Pop up	Group	Date	Numbers vaccinated
Newlyn	Fishermen	26 May 2021	93
SEF	Migrant workers	14 June 2021	93
Seafarers	Various seafarers	Ongoing	Over 100
Riviera 1st	Migrant workers	17 June 2021	76
Tulip, Bodmin	Migrant workers	18 June 2021	41
Tulip, Redruth	Migrant workers	24 June 2021	48
Riviera 2nd	Migrant workers	25 June 2021	72

Medicines optimisation team

Dietitians

The care home dietitians have delivered face to face malnutrition training in a care home and at a Microsoft Teams event on 15 June 2021 to support care homes during nutrition and hydration week.

The dietitians have 2 University of Plymouth dietetic students with them during the fortnight commencing 5 July, and are providing tutorials, shadowing, and presenting opportunities.

Respiratory

There is a potential for NHS Kernow to save £190,000 over a 12-month period if respiratory drugs are prescribed in line with neighbouring CCGs prescribing per 1,000 patients.

Resources have been produced and are currently available on the Cornwall joint formulary for PCNs to access and to support structured medication reviews (SMRs).

Eclipse live

Dr Julian Brown (founder of Eclipse Live and GP at Litcham Health Centre) presented around the new Eclipse vista platform. The vista platform links to personalised structured medication use review and follow up (SMURF) pages for each patient.

NHS Kernow is in the process of implementing Education and Cost-analysis Leading to Improved Prescribing Safety and Efficiency (ECLIPSE) vista which provides improved functionality, more helpful and useful data, alongside incorporating hospital data.

Finance – prescription pricing

The July drug tariff included a significant adjustment to category M prices (the adjustment mechanism to control retained margins of dispensing contractors). This will reduce the prices of many high-volume medicines and save NHS Kernow around £250,000 per month. This counteracts category M increases imposed throughout 2019 and 2020.

Antimicrobial resistance update

A paper written by Marco Motta, senior pharmacist, and Mike Wilcock, head of prescribing support unit, in partnership with Resconsortium, will be published on the journal 'Prescriber'. A project run during the pandemic looking at antibiotic prescribing in primary care using novel data from Resconsortium (modifiable and non-modifiable factors) and defined daily doses (DDDs).

Information was shared with the Cornwall antimicrobial resistance group (CARG) to give an understanding around the impact regarding the use of antibiotics during the COVID-19 pandemic within primary care.

The data indicated an overall reduction in antibiotic prescribing from the beginning of the pandemic however, a peak in broad spectrum antibiotics in the over 65 cohort was registered from March 2020 and a slight increase of overall antibiotic prescribing was recorded during August 2020 when lockdown restrictions were eased.

Discharge medicine service

The discharge medicines service (DMS) allows hospital pharmacy teams to communicate with the patient's regular community pharmacy at discharge (and with the patient's consent) the details of the discharge medication. This messaging occurs via a secure electronic platform PharmOutcomes. The community pharmacist then contacts the patient to provide support or discussion about any concerns the patient may have over their medicines and can also check that ongoing repeat prescribing by the GP appropriately reflects what was provided at discharge. Since the DMS was introduced in mid-February to replace the more informal transfers of care around medicine (TCAM) service on the same PharmOutcomes system that had been operating in Cornwall for many years. There have been about 1,800 referrals at discharge with a completion rate of about 80%. Which is an improvement on what was previously a completion rate of about 50% for the TCAM service.

Cardiovascular risk factor (CVD) oversight group meeting

The cardiovascular disease risk factor oversight group met in June. The group will be revisiting objectives, updating driver diagrams and continues to progress projects around AF, stroke, hypertension, NHS health checks and blood pressure monitors.

Detect protect, perfect in medicines optimisation

The protect protocol has been reviewed and simplified to include consideration of the ORBIT (bleeding risk score for AF predicts bleeding risk in patients on anticoagulation for AF) bleed score in place of HAS-BLED (a therapeutic bleeding risk stratification score for those on oral anticoagulants in AF).

The AF perfect protocol is being reviewed with colleagues from RCHT, CFT and a pharmacist from Helston medical centre to support practices around correct dosage of direct oral anticoagulant (DOACs) and data calculations for creatinine clearance (CrCl), which is used to stage levels of chronic kidney disease and guide to the correct strength of anticoagulant. Since there are several clinical tools available and they do not all use the same methodology for weight in the equation, we wanted to align organisations with the same answer for the CrCl estimate.

Training opportunities around CVD

Training opportunities are being promoted via Kernow Health Community Interest Company (CIC) training hub to develop webinars to support colleagues and share information with prescribers and the wider health care community around ongoing support for AF and CVD.

GP IT

A warm welcome to Gary McGuinness, head of primary care digital, who started on with us 14 June 2021.

Primary care digital strategy event

A digital strategy event will be held in July, bringing together digital leads from each of the PCNs to discuss current and future digital tools in use in general practice. This exercise will be used to identify areas of potential duplication and efficiencies to reduce the pressure on the GP IT futures budget outlined above, and set a strategic direction for PCNs in the context of the emerging ICS digital strategy.

Primary care digital first

NHS England and NHS Improvement has confirmed that funding for 2021 to 2022 will be held at the same level as 2020 to 2021, with funding reaching CCGs in 3 tranches, the first of which is hoped to be in July (£228,000). The primary care digital team is identifying priorities for use of this funding in line with the national areas of development. Priorities will include:

- Accurx video and messaging licenses.
- Change management and technical support to practices and PCNs to implement and embed digital tools, including additional resource (for example, transformation programme manager), patient and stakeholder communications and engagement, etc.
- Cost of implementation of N365, Docman 10, additional N365 licences following annual license usage assessment (covering additional roles reimbursement scheme roles), GP IT futures overspend.
- Pilots of additional tools to support digital access routes to general practice and pathway redesign, website standardisation, etc (following output of digital strategy event).

Nursing and quality

Staff members celebrated the NHS Big Tea day together via Teams on 5 July 2021, sharing photos of staff as students and a pet show.

There is a plan to link with the University of Bristol for student placements within NHS Kernow. Third year student nurses will rotate between the quality, infection prevention and control, and safeguarding teams.

The directorate has joined with Nick Jacobsen to energise research participation in clinical primary care practice and identify patient for studies in Cornwall Partnership NHS Foundation Trust (CFT), Royal Cornwall Hospitals NHS Trust (RCHT), and nationally.

In addition joined pilot bespoke literature searching scheme, Knowledge Share, is planned to enable every member of the clinical commissioning group to have a bespoke weekly literature search sent to their email account.

Clinical Librarian is to become part of procurement meetings and general clinical commissioning business to ensure decisions are made using the best evidence.

Children, young people and maternity

Kernow Maternity Voices Partnership (KMVP) has launched a Facebook live question and answer sessions, Maternity Natters. This offers support, signposting and themed sessions to enable parents to ask about how the COVID-19 crisis would affect them, maternity issues, and queries to non-clinical advice.

60% of the people who interact with the KMVP Facebook page are aged 18 to 30, with the highest reach often centring on the areas of high deprivation in St Austell, Redruth, Camborne and Penzance.

KMVP proactively captured themes from women, partners and families' experiences during COVID-19 to help influence and advise the Local Maternity and Neonatal System (LMNS) on innovative ways to ease pressures and support compassionate care. This was particularly important with the pandemic restrictions related to sonography services, visiting and partnering during inpatient care.

KMVP's links with WILD young parents and traveller space have really supported the visibility of our page and posts with those groups who often use social media as their first form of communication. The MVP have also become members of the anti-racism forum in Cornwall, Black Voices Cornwall, who support us to share engagement and feedback opportunities with their communities.

Infection prevention and control (IPAC)

The clostridioides difficile (C.diff) rate remains the key healthcare associated infection (HCAI) of concern. The regional collaborative is scheduled to begin in July.

Outbreaks of COVID-19 have increased rapidly this month with community hotspots identified and cases concentrated in younger people. Care homes have been affected with both staff and resident cases occurring despite high levels of vaccination. Information about variants is not generally being received. The usual regional flu support groups have yet to convene. Unknowns remain around:

- use of national booking system
- use of mass vaccination
- repeat of centrally supplied vaccine models
- alignment with COVID-19 programme
- secondary school eligibility.

COVID-19 vaccination programme leads joined with flu leads to discuss possible co-administration options if this is the directed route. A survey designed to capture local planning is aimed to go out in July.

Acute and primary care leaders have been engaged in preparing for increased levels of respiratory syncytial virus (RSV) with admissions already being seen across the region.

Care home resilience visits have continued as well as outbreak support visits to care homes being taken over by the outbreak prevention and control (OPAC) team as planned. Assurance processes for safe opening of care home beds have been agreed.

Quality

The quality team has supported the deep dive into increased access to psychological therapies (IAPT) services supported by NHS England and Improvement (NHSEI). The outcome is awaited and then we can plan the next steps for NHS Kernow and CFT.

Local maternity and neonatal system (LMNS) board has re-started with a greater national focus required on maternity quality alongside transformation. NHS Kernow oversight of maternity services has been reviewed resulting in greater involvement and dedicated resource from the quality team allocated to local and regional networks and meetings to ensure more robust quality assurance and support for quality improvement.

The national patient safety specialist (PSS) network has been set up by NHSEI with national priorities and expectations being set. A local meeting of the patient safety specialists in Cornwall has been arranged to form a local network, and NHS Kernow's interim PSS has attended the initial meeting with Devon PSS to look at the possibility of a shared Cornwall and Devon forum.

There has been an issue in receiving feedback on vaccination safety issues from regional and national teams. NHSEI has set up a regional vaccination quality assurance group which the quality team are now members of so we should be in a better position to share the learning from incidents back to our vaccination centres. The fortnightly GP vaccination quality huddle is paused until we know the expectations for phase 3.

Lydia Harris, quality officer and business manager, has successfully passed the Mary Seacole programme, achieving the NHS Leadership Academy Award in Healthcare Leadership.

Safeguarding

The posts of deputy director for nursing and head of nursing have both been filled and the post holders have commenced work. This will enable NHS Kernow to fulfil its statutory duties in relation to safeguarding.

The safeguarding team have been undertaking a biennial safeguarding survey with GP practices (previously known as the section 11 audit). The results have now been received and are currently being analysed.

Practices have been supporting the safeguarding team with a review of children with FP69 flags on their notes, where no other adult lives at the same address. This is part of a pilot on behalf of NHS England regarding safeguarding these children.

There are still some responses awaited, but currently no new safeguarding issues have been identified.

The named GP for child safeguarding has been supporting practices involved in a themed review of child deaths by suicide. It is anticipated that the report will be published in September.

The start date for the implementation of the Liberty Protection Safeguards (LPS) remains April 2022. The draft statutory guidance, anticipated to be published spring 2021, has still not been published, resulting in a lack of clarity for hospitals and the clinical commissioning group (CCG) when planning for the implementation. The legislation will make the CCG and NHS trust hospitals responsible for authorising any deprivation of liberty for those people who are in hospital trusts or who are continuing healthcare (CHC) funded. The CCG, trusts and the local authority have formed a Local Responsible Body Implementation Group to support effective implementation and develop a common framework.

The Domestic Abuse Bill creates a statutory role of a domestic abuse commissioner who has the power to seek assurance from and make recommendations to commissioners about their commissioning arrangements in relation to domestic abuse and violence. The Act also requires the CCG to work in partnership with other agencies in a domestic abuse board.

Lifting of COVID-19 restrictions

As the number of COVID cases remain high in Cornwall we have chosen to act on the advice of local public health experts and opted not to automatically reopen our offices. Instead, we will continue to monitor the data from the public health team and, working with our Cornwall Council colleagues, we will continue to review the situation on an ongoing basis. As such, we are asking NHS Kernow staff to continue working from home, wherever possible, until September. Access continues to be available in exceptional circumstances.