

Annual report 2015-6





Table of Contents

1. Introduction	2
2. Cardiovascular Network	3
3. Cancer Network	8
6. Maternity & Children's Network	12
7. Mental Health, Dementia and Neurological Conditions Network	14
5. Rehabilitation Programme	18
4. Paediatric General Surgery and Urology Network	20
8. Clinical Senate	22
9. Finance	25

1. Introduction

Welcome to the third annual report of the South West Clinical Networks and Senate. As Medical Director for NHS England South – South West, I would like to thank the team and our clinical leads for all their hard work and leadership throughout the year. Following a prolonged review of the role of the Clinical Networks, we now are clear that the networks will be refocused for 2016/17 on the NHS England priority areas of mental health, dementia, cancer, diabetes and maternity.

This report gives a brief summary of work undertaken during 2015/16 and showcases some specific examples for each area such as the foot care review, cardiac and stroke mapping, reducing stillbirth and specific work on rehabilitation and dementia.

On November 27 2015 the Clinical Network held their annual conference with keynote speakers including Pat Oakley and leaders from NHS England giving examples of how the work of the Clinical Network was directly supporting the NHS Five Year Forward View.

During the year, we have welcomed a new Senate Chair, Dr Phil Yates, and his deputy, Professor David Halpin to lead the work of the Senate. For mental health we welcomed Dr Laurence Mynors-Wallis, from Dorset who is helping shape the work on mental health in the South West.

I would like to thank Dr Helen Thomas, our Cancer clinical lead, who after three years has stood down to focus on her national work with NHS 111 and we are currently recruiting new clinical leads to lead our work around implementing the Cancer Alliances for the South West.

We also have two new Dementia Clinical Leads, Dr Peter Bagshaw and Dr Colm Owens, and would like to thank Dr Nick Cartmell who led the work on dementia in the South West from 2013 who stood down in summer 2015.

I would like to thank all our partners for their enthusiastic participation in the Network and look forward to working with them and the team as we move forward with the new models of commissioning and transformation plans.

Dr Caroline Gamlin
Chair



2. Cardiovascular Network

The Cardiovascular Network continues to work with our partners to enable significant and beneficial transformation; several major pieces of work were successfully completed in 2015.

One key project was an option appraisal to reconfigure emergency heart attack and stroke services for the South West of England. The Network worked with academic colleagues in the South West Peninsula CLAHRC¹ and reported to providers and commissioners through the Cardiac and Stroke Working Groups. There was also consultation with public and patient representatives through the South West Clinical Senate Citizens' Assembly and the Health & Wellbeing Boards. You can download the full report [here](#).

Renal has featured highly on this year's programme with the Network focusing on Acute Kidney Injury (AKI) and renal replacement therapy. Supporting the national initiative the 'Think Kidneys' campaign, the Network held two regional Acute Kidney Injury educational workshops for GPs, aided by educational packs including a ['Ten Top Tips' guidance leaflet](#) for primary care. Our Acute Kidney Injury case study provides more detailed information.

A project to improve the patient experience and clinical outcomes for those receiving renal replacement therapy also launched in 2015, with the aim to increase the uptake of dialysis home therapies as an alternative to centre-based dialysis and to reduce variation across the South West. A Home Therapies conference was held in March. Both patients and professionals attended and experiences were shared. The work programme will now include reviewing current resources within the five South West renal centres and model opportunities for service redesign.

Following the Diabetic Foot Care Peer Reviews completed by the Network last year, the project entered its next phase supporting the delivery of the key recommendations. The Network hosted two learning events in July 2015 and February 2016, which were both well attended by representatives from Clinical Commissioning Groups (CCGs) and providers across the South West to share examples of best practice. Other developments included resource packages on diabetes foot care education for practice nurses and a guide to undertake Root Cause Analysis and Significant Event Audit for amputations

Bi-annual reports from commissioners regularly provide valuable information to monitor the progress and improvements in lower limb amputation rates in the South West. Since the reviews:

- Two areas have commenced practice staff education programmes;
- Six have enhanced their community podiatry teams;
- Four have appointed an in-patient podiatrist;

¹ Collaboration for Leadership in Applied Health Research and Care

- Five have started to rotate community podiatrists into the multi-disciplinary team;
- Ten have strengthened the multi-disciplinary team;
- Root cause analyses are commencing in four CCG areas.

Supporting a reduction in the number of lower limb amputations in high-risk diabetic patients will remain a priority nationally and for the Network.

As we move into 2016 and in line with the Five Year Forward View, NHS Planning Guidance and the Sustainability and Transformation Plans (STPs) the Network will support the STP process by working with organisations to implement the NHS England national priorities for 2016/17. Diabetes is one of the 10 top national priorities. The Network diabetes work programme as mandated by NHS England will focus on:

- Working with areas to support readiness to implement the NHS Diabetes Prevention Programme;
- Increasing GP participation in the National Diabetes Audit;
- Improving achievement in the three NICE-recommended treatment targets; HbA_{1c}, cholesterol and blood pressure;
- Increase by 10% newly diagnosed people with diabetes who attend a structured education course;
- prevention of complications with initial focus on foot care.

Another major priority for the Network will be to support the implementation of the Urgent & Emergency review and the seven-day service four priority clinical standards:

- Time to first consultant review (standard 2);
- Access to diagnostics (standard 5);
- Access to consultant-directed interventions (standard 6);
- Ongoing review (standard 8).

The emphasis will be on transforming care for stroke, vascular surgery and cardiac care, particularly working with the Urgent and Emergency Care Networks and STP footprints to develop networks of care to support improvement in these services. This will build on the work of the options appraisal for the reconfiguration of emergency heart attack and stroke services completed in 2015.

To support these projects the Network will continue to bring together valuable expertise and resources. Our commitment to improve the outcomes for cardiovascular patients across the region remains as strong as ever.

IMPROVING DIABETES FOOT CARE

6% of the population in the South West live with diabetes. This is nearly 170,000 people and the numbers are increasing due to obesity and an ageing population. About 20% will have increased risk of foot ulceration because of neuropathy, peripheral arterial disease or both.

- Up to 7% have current or previous foot ulceration;
- In an average hospital population of 300,000 in the South West Region there will be 18,000 diabetic patients, of whom 3,600 are at high risk of ulceration.

In 2014/15, the South West Cardiovascular Clinical Network, supported by NHS England, commissioned a formal peer review programme of diabetic foot care services across all 14 Acute Trusts and 11 CCGs within the South West. The review aimed to understand the variation in practice, establish compliance with NICE guidance, find and share good practice and make recommendations for improvement. Reduction in the number of lower limb amputations in diabetic patients has remained a national and network priority. The following were two areas of focus:

Root Cause Analysis:

Evidence from the foot care reviews demonstrated that to improve outcomes for patients and prevent amputations, we should examine current processes across the whole pathway to:

- Understand reasons leading to amputations;
- Act upon lessons learnt;
- Identify opportunities to develop services.

As a result, the Network developed a Diabetes Foot Care Resource Pack, which includes information on performing a Root Cause Analysis (RCA) and Significant Event Audit. The resource includes reference tools to help healthcare professionals in implementing these tools. Introducing a South West approach will ensure that all care providers review and assess pathways of care consistently, enabling benchmarking and the sharing of best practice.

- The resource pack is now available to [download](#);
- Diabetes UK are now producing a RCA guide based on this resource pack.

Professional Education

Evidence from the foot care reviews also highlighted that delivery and access to educational programmes varies greatly across the Acute Trusts and CCGs in the South West.

To support this, the Network has developed a Diabetes Foot Care Education Resource Pack, which includes information on current programmes available to clinical staff members who care for a diabetic patient. The resource pack is principally for nursing staff in Primary Care, although it includes other training resources which may be beneficial to Trusts.

Developing a South West resource will ensure that all care providers will be able to access training that is relevant, works and enables consistent best practice.

In the longer term, this change in practice will result in the prevention of diabetic foot care issues, reduction in amputations and timely referrals into Secondary Care for both minor and major amputations when required.



ACUTE KIDNEY INJURY – RESOURCES FOR PRIMARY CARE

Acute Kidney Injury (AKI) causes harm and suffering for people and can be prevented in many instances. Around two-thirds of AKI occurs in the community and so GPs and practice nurses, especially those caring for people most at risk (the elderly and those living with long-term conditions), have a major role in prevention and early detection, and treatment.

Acute Kidney Injury Warning Stage Test Results are generated when a significant change in creatinine concentration is measured. From April 2016 these will start to arrive into general practice on existing IT systems. GPs and practice nurses requesting serum creatinine blood tests will be alerted if there are significant changes for the individual patient.

This change is the result of NHS England's Safety Alert 2014 and detection algorithm, which was implemented in most pathology laboratories in the country. Think Kidneys (the NHS national programme to improve the care of people at risk of, or with, AKI) has produced a set of resources for Primary Care to help inform about AKI, the new test result and what to do.

The South West Cardiovascular Clinical Network has supported the national initiative by running education workshops, these workshops were held in both the North and South of the region. National experts provided invaluable AKI information for GP's and primary care leads and were on hand to answer questions. Guidance has also been circulated through GP bulletins.

The Network is also supporting the development of a national suite of training tools for use in care homes and community hospitals. A Ten Top Tips leaflet guide to help primary care with the prevention, identification and management of patients at greatest risk of AKI is now available to [download](#).

You can get further information and national guidance on the [Think Kidneys website](#).

3. Cancer Network

This has been a busy year for the South West Cancer Network. In June 2015 NICE published revised guidance for GPs for the recognition and referral of suspected cancer. This was followed shortly by a new [national strategy for cancer](#), with 96 recommendations for the next five years.

Early Diagnosis

Following the publication of the new NICE Guidance on cancer referral, the Network consulted widely with Primary and Secondary Care clinicians. We produced advice for CCGs on how to implement the Guidance and revised referral proformas were created.

The Network was successful in a bid to Cancer Research UK (CRUK) to appoint a team of Health Professional Engagement facilitators to support work in partnership with Commissioners, GP Cancer Leads, Public Health and other local bodies to support Primary Care in the prevention, and early diagnosis of cancer. The team of six started work in September 2015 and have provided a wide range of support. This includes GP education events in Bristol, Torbay and Plymouth as well as practice visits and tailored support. Macmillan also supported a GP education event in Exeter.

As well as locality education events the Network put on two training days for GPs, provided by leading GP trainers from *Red Whale*. Two hundred people attended a revised course that included comprehensive coverage of the impact for primary care of the new NICE Guidelines.

The Colorectal Diagnosis project concluded. This demonstrated that supporting patients going straight from GP to colonoscopy is not only possible but safe and more cost-effective. Providers demonstrated a variety of ways to make sure that both bowel preparation and the colonoscopy were delivered safely without the need for a prior outpatient appointment.

In May, the Network ran a Dermatology event. This looked at the challenges for dermatology services, including the rise in skin cancer and the new guidance of its treatment. There were examples of innovative collaborations between Primary and Secondary Care to better manage demand by making better use of the range of skills available.

Cancer Treatment Services

2016/17 was a challenging year for cancer waiting times, especially the headline standard of treatment within 62 days of an urgent referral from a GP. At the start of the year the performance in the South West was 82.8% against a standard of 85%, by March 2016 this had improved to 85.6%. This was whilst seeing 6% more cases, and treating 8% more within the standard.

The Network agreed a revised Cancer Access Policy to clarify responsibilities and ensure consistency of approach across the South West. The Network also agreed the management of patients referred to another provider for treatment. This included pathways for each type of cancer, specifying the diagnostic tests needed, and when, to enable patients to be treated within 62 days. This will be invaluable as the Network now implements new national guidelines on the allocation of breaches of this standard. The Network has also shared good practice on improving pathways to make them faster, such as introducing MRI first in prostate diagnosis.

The cancer site-specific groups have continued to meet, providing invaluable support to clinicians to share good practice and agree shared standards. Minutes and annual reports can be found on our [website](#). The South West Chemotherapy, Radiotherapy and Children & Young People's Groups also met covering the agreement of chemotherapy protocols, the development of advanced radiotherapy techniques and supporting young people living with or beyond cancer.

Living With and Beyond Cancer

The members of the Network have continued to roll out the elements of the recovery package for patients Living with and Beyond Cancer, which includes holistic needs assessment, care plans and health & wellbeing support. This has also allowed the revision of follow-up care after treatment, with more patients now being supported to manage their own care rather than receiving routine consultant follow-up appointments. The Network held two events in November to agree how to commission for Living with and Beyond Cancer to make sure that these services are available to all patients and are sustainable. This was captured in advice given to commissioners.

Commissioning Advice

In addition to advice on Living with and Beyond Cancer, the Network provided advice on commissioning sufficient capacity for cancer services; the implementation of the new NICE Guidance, direct access diagnostics and provided information ahead of the publication of the CCG Improvement and Assessment framework.

Cancer Alliances

One of the priority recommendations of the National Cancer Strategy is the development of Cancer Alliances. These will be developed in 2016/17 and will take forward the work of the Cancer Clinical Network.

LIVING WITH AND BEYOND CANCER

The *Living with and Beyond Cancer* Programme grew out of the National Cancer Survivorship Initiative led by Macmillan Cancer Support. This initiative described a Recovery Package including four elements

- Holistic needs assessment and care plans;
- End of treatment summaries;
- Health & well-being clinics;
- GP Cancer care review.

This approach provides better tailored support to people living with or beyond cancer and allows teams to introduce risk-stratified pathways of care. This supports many people, where appropriate, to self-manage. More specific follow-up can be agreed for those who need ongoing clinical support for their disease, treatments or side effects. This is supported by systematic approaches to diagnostic monitoring that does not rely upon the routine scheduling of outpatient appointments.

Macmillan Cancer Support is the key partner for the South West Cancer Network in implementing the elements of the Living With and Beyond Cancer programme. Below are some highlights of their work this year.

- A number of providers are now using an electronic holistic needs assessment system;
- Both University Hospitals Bristol and North Bristol Trusts are now incentivised by their commissioner to have treatment summaries for 40% of all patients in 2016/17;
- Health & Wellbeing clinics continue to develop, with more clinics available, in more places, covering more cancer types. North Bristol & University Hospital Bristol Trusts run these every 6 weeks whilst at the Royal Devon & Exeter Trust health & Wellbeing clinics are being run by FORCE² and are available to patients from diagnosis;
- The Macmillan HOPE³ programme is now offered by the Macmillan Cancer Rehab & Support Team regularly in Bristol;
- The Macmillan Cancer Rehab & Support Team has evolved to offer an Occupational Therapy-led approach to supporting people affected by cancer in the community in Bristol and referrals have increased significantly. The service evaluations

² FORCE is the cancer charity based at the Royal Devon & Exeter Hospital

³ HOPE - Helping Overcome Problems Effectively

show very positive results. Work continues with Bristol and South Gloucester CCGs to secure a long-term commissioned service;

- Macmillan support has helped to develop physical activity services across the Somerset, Wiltshire, Avon & Gloucestershire region. In Bristol the Energise Cancer Exercise Programme won the *Bristol Post* Together We Achieve Award in April 2016;
- The Macmillan Buddies service now covers Bristol, Bath, North Somerset and South Gloucestershire;
- The Macmillan Prevention & Re-enablement project in partnership with Bristol LinkAge has developed its services for preventing loneliness and isolation in older adults to include people affected by cancer;
- Prehabilitation services are offered in Bristol for kidney, upper GI, lung and gynaecological cancers. This supports patients to be fitter for treatment and have better recovery and outcomes;
- Macmillan has a Teenage & Young Adult Wellbeing Co-ordinator that covers the South West;
- Macmillan in partnership with the University of the West of England have established a practice nurse course to support the spread of knowledge and skills to support people affected by cancer into the community;
- Royal Devon & Exeter Trust have introduced remote monitoring for prostate patients. 93% said they prefer this follow-up model, which also frees consultants to see other patients more quickly;
- The Royal Devon & Exeter Trust has introduced generic and site-specific (urology & haematology) Health & Wellbeing Clinics on a regular basis. These are now available to patients throughout their diagnosis and treatment – not just afterwards. Up to 55% of all newly diagnosed cancer patients are now referred to these clinics;
- Royal Devon & Exeter Trust introduced a new electronic patient record system starting in Breast Care Services to replace handwritten notes. Other cancer sites will follow. This has improved communication within the team and with patients, whilst also releasing valuable administration support for use elsewhere;
- Finally, in 2015, Macmillan have awarded grants to 1,773 patients in the South West totalling £626,179.

4. Maternity & Children's Network

Saving Babies' Lives in the South West

The stillbirth rate in England has been falling since 2004, but at 4.6 stillbirths per 1000 births in 2014⁴ there is still much work to be done, with other high-income countries such as Iceland, Poland, Croatia and Estonia all having lower rates than the UK .

172 babies were stillborn in 2015 across the South West. This equates to roughly 14 stillbirths per month. Although the stillbirth rate in the South West is lower than that of the national average, there is significant variation in rates of stillbirth across the region. This is clearly demonstrated on the [South West Maternity Dashboard](#), which was developed by the Network and has data on a wide range of indicators from all fourteen maternity providers in the South West dating back to August 2014.

At the end of 2015, the Department of Health announced a new ambition to reduce the rate of stillbirths, neonatal and maternal deaths in England by 50% by 2030, with a 20% reduction by 2020. The need to reduce this rate also was prominent in the *MBRRACE-UK Perinatal Confidential Enquiry Report 2015* and the February 2016 *Better Births: A Five Year Forward View for Maternity Care* report.

NHS England developed *Saving Babies' Lives: A Care Bundle for Reducing Stillbirth*, which contains four elements that are recognised as best practice to prevent stillbirth. At the South West Maternity and Children's Clinical Network's Annual Event in 2015, we agreed to hold a regional event to focus on the care bundle. Two workshops have been held in 2016, in partnership with the West of England and South West Academic Health Science Networks, to engage maternity stakeholders with the care bundle and support its implementation. Speakers included those from the national NHS England Maternity Team, the Perinatal Institute and the Stillbirth and Neonatal Death charity (Sands), as well as colleagues from across the South West and people who have lost a child through stillbirth. These workshops have allowed delegates to gain a better understanding of the care bundle, network with colleagues across the region, discuss how to overcome barriers and, most importantly, work in their local areas to develop an action plan to implement the care bundle.

Implementation of the Saving Babies' Lives care bundle is being followed through regular surveys of maternity providers and the Network and stakeholders are able to see changes in outcomes through the South West Maternity Dashboard, which is updated by the Network each month. 2016 will see the Network focussing on how to help providers and commissioners to implement of the bundle through exploring the use of local CQUINs.

⁴ The Lancet, Stillbirth Series, Stillbirths: recall to action in high-income countries, 2016

⁵ Office for National Statistics, Birth Summary Tables, England and Wales: 2014

Improving Perinatal and Infant Mental Health in the South West

Improving Perinatal and Infant Mental Health has been a priority for the South West Maternity and Children's Clinical Network since it began in 2013. A key development within the perinatal and infant mental health work stream in 2015 was the publication of the [Perinatal and Infant Mental Health Care in the South West: Improving Care Pathways Report](#) in June 2015. This project was a joint venture between the South West Maternity and Children's Clinical Network and the South West Mental Health Clinical Network. Its objectives were to gain a greater understanding of the provision of services for perinatal and infant mental health in the South West, and to develop a set of recommendations for improving service provision along the care pathways within the region.

Extensive mapping of existing services was undertaken, as well as a series of stakeholder meetings. Bluebell Care, a charity dedicated to providing support for women and their families suffering from perinatal depression, facilitated feedback from women regarding recent experiences of care throughout their journey to recovery. All of the above, in line with national guidance, formed the backbone of the Improving Care Pathways report and helped to develop the recommendations within it.

One of the recommendations was to set up a perinatal and infant mental health workforce development plan. In 2015, the South West Maternity and Children's Clinical Network joined forces with Health Education South West to form an Educational Reference Group with the aim of identifying priorities on the education and training of those involved in the treatment and care of those with perinatal and infant mental health issues. The Network has now received a financial contribution from Health Education England South West to support this workforce development. The South West Maternity and Children's Clinical Network is identifying a lead education provider who will work with the Educational Reference Group to shape this training, which will in turn link into Health Education England's national perinatal and infant mental health training programme.

Capturing the experience of women and their families to inform service development was another recommendation of the report. In 2015, the Network developed a digital Perinatal Mental Health Experience Survey so that women and their partners' could give a reflection of their experiences. A facilitation day involving healthcare professionals with a specific interest in perinatal and infant mental health and secondary research was held, building on primary research at a local children's centre. The digital survey was piloted in Kernow CCG during January 2016. The Network is now looking to spread adoption of the survey throughout the South West to benchmark service provision for perinatal mental health services in the region from the perspective of the service user.

The Network will continue to implement more recommendations from the Improving Care Pathways Report in 2016. The Network focus on perinatal and infant mental health is in line with national guidance such as the Five Year Forward View for Mental Health and the NHS England Business Plan, emphasising the importance of equity of access to specialist services.

5. Mental Health, Dementia and Neurological Conditions Network

With the publication of the Five Year Forward View for Mental Health, there is renewed national and local focus on mental health and dementia. The Network appointed Dr Laurence Mynors-Wallis, an adult psychiatrist as its Clinical Director and we appointed new leads for Dementia – Dr Peter Bagshaw (GP) and Dr Colm Owens (adult psychiatrist).

Over the past year the Mental Health and Dementia Network has built upon the work it has done in the South West, as well as enabling local implementation of the recommendations outlined in the Five Year Forward View for Mental Health, published in February 2016.

Children and Young Peoples Mental Health and Wellbeing

The Children and Young Peoples Mental Health (CYP MH) and Wellbeing programme of work is closely intertwined with the recommendations laid out in 'Future in Mind' and Five Year Forward View for Mental Health.

As part of its support offer, the Network in the South West took a key role in the assurance process recommending the sign off for the Local Transformation Plans for Children and Young Peoples Mental Health and Wellbeing, which the Clinical Commissioning Groups (CCGs) co-produced with the support of the Health and Wellbeing Boards and local authorities in October 2015. The Local Transformation Plans detailed the local joint commissioning arrangements between local authorities and CCGs to deliver against the recommendations set out in the 'Future in Mind' paper as well as the Five Year Forward View for Mental Health, with key targets relating to eating disorders, self-harm as well as improving access to Child and Adolescent Mental Health Services (CAMHS).

To support implementing these recommendations in 2016/17 the Network will:

- Establish four working groups to support the redesign of the models of care for the whole CYP/CAMHS pathway, eating disorders and self-harm;
- Establish CYP MH Improvement Team within the South West Clinical Network through a local 'spoke';
- Continue to support improvements in local commissioning arrangement with the refreshment and implementation of the transformation plans across the South West;
- Support the development of an effective, skilled local CYP MH workforce across the South West Clinical Network;

- Support the data collection and outcomes monitoring to shape and identify service improvement.

Crisis and Liaison Services

Improved access for patients in crisis is a key commitment of national mental health strategy. In December 2014, the Network ran a process mapping event to describe the complex pathways patients and their carers have to negotiate to get access to mental health support in the South West. Attended by over 100 members of health, social care, police and voluntary sector organisations, the event is helping shape the improvement programme for the network. The Network is working with partners to support the delivery of 7-day all age liaison services and strengthening the capability amongst crisis teams to provide support 24/7. Large variations in practice exist. The gap analysis conducted by the Network has helped identify varying models of care, staffing levels and skill mix. These issues are now being addressed by local communities through the Crisis Concordat plans.

In 2016/17, the Network is working towards agreeing a common dataset and standards in line with the national strategy. The work will be checked with service users who are also involved in producing the model of care.

Dementia

The Network has dedicated clinical leadership from Primary and Secondary Care. This will enable delivery of improved care to patients in the South West. There is continued emphasis on Dementia service in 2016. The Network meets quarterly and is represented on the CCG Improvement and Assessment Framework.

The SCN will continue to:

- Review the dementia diagnosis model and develop a primary care-led consensus;
- Produce a framework for post-diagnostic support and support its adoption by at least two commissioners in the South West.

We will work with CCGs and offer targeted support where required. The Network will work with the NHS England assurance process to ensure that they offer support to CCGs to help with delivery of the standards, but also address system wide issues as they arise.

Early Intervention for Psychosis

The Network is working closely with the Oxford Academic Health Science Network to support to the Early Intervention for Psychosis (EIP) Network with dedicated clinical leadership. This will help to improve care to patients in the South West. The emphasis on Mental Health services in 2016 has means two new EIP performance standards from 1 April 2016. The standard requires that:

- more than 50% of people experiencing first episode psychosis start a NICE recommended package of care within two weeks of referral.

The Network has brought together the analysts from the South West providing support to make sure that the EIP target is recorded consistently and to promote the NICE compliant pathway.

Treatment is deemed to have commenced when the person:

- has had an initial assessment, AND
- has been accepted on to the caseload of an EIP service capable of providing a full package of NICE-recommended care, AND
- has been allocated to and engaged with an EIP care coordinator.

In 2016/17, the Network will:

- Work with providers and commissioners to conduct a peer review of EIP service provision to promote compliance with waiting times standards and NICE compliance;
- Support providers to use their systems to accurately report the waiting time and develop a system for real time use of the EIP matrix developed by Oxford AHSN to drive improvements;
- Work with Health Education England so they can support training for EIP across the South West.

The Network will work with NHS England Assurance teams to ensure that they offer support to CCGs to help with delivery of the standards, but also address system wide issues as they arise.

Improving Access to Psychological Therapies

The Network has a strong Expert Reference Group (ERG), which meets regularly to promote good practice in Psychological Therapies. The Network appointed a clinical lead for Psychological Therapies, Dr Ursula James from B&NES CCG, who leads the work in the Network on reliable recovery. Dr James has produced a 'Reliable Recovery Toolkit' that has been shared via the Regional Mental Health Board across the South. The ERG regularly reviews the Psychological Therapies performance information. The Network has provided clinical support to CCGs and providers with performance challenges. All parties have welcomed this approach and the attendant reports have been shared with colleagues from the Operations and Delivery Team in South West and South Central.

The Network has also established strong links with the NHS Intensive Support Team (IST). Over 80 people attended the latest data focussed event run by the IST. These workshops, with those for developing the financial framework, help support health communities in improving Psychological Therapies.

In 2016/17, the Improving Access to Psychological Therapies ERG is

planning a broader improvement focus through benchmarking, using a wider dataset to include reliable recovery, sessional attendance and reduction in the numbers held by services to unlock capacity issues. Work is also proceeding on the skill mix.

Neurological Conditions

The South West Neurological Network has been involved in the development and pilot programme for the National Neurology Improvement Programme. A dataset has been developed in collaboration with the National Clinical Director for Neurology, the Association of British Neurologists and the Neurological Alliance to improve access and responsiveness for patients with neurological problems 60% of whom present to emergency departments. Many of the presentations are for urinary tract infections or chest infections and can be resolved with better access to a neurological opinion during the emergency department attendance. This reduces the need for admissions, which remain high. The Network also commissioned a report on neurological services across the South West, outlining the key opportunities for change, which has been shared with CCGs.

Neurological Conditions has been removed from the list of national priorities for the Clinical Networks and the Network will no longer be able to provide support from 2016 onwards.



6. Rehabilitation Programme

A collaborative approach to rehabilitation, reablement, recovery, survivorship and prehab in the South West.

Within the South West, we have been working on implementing the collaborative pathway for rehabilitation, reablement, recovery, survivorship and prehab that was agreed and circulated as commissioning advice.

We have established a South West Peninsula Complex Rehabilitation Commissioning Forum to deliver improvements in complex rehabilitation to its population. Therefore, this group has four main functions:

- To bring commissioners and providers together to create a shared vision and to undertake a Peninsula-wide demand and capacity analysis of rehabilitation services;
- The South West Peninsula Complex Rehabilitation Commissioning Forum will report to the NHS England South West Specialised Commissioning Oversight Group, which in turn reports to the South Specialised Commissioning Oversight Group. The Forum will act as the delivery group for the collaborative commissioning of complex rehabilitation. The purpose of collaborative commissioning is to reduce inequalities and improve outcomes for populations;
- To support and advise on implementing the principles and pathway described in the work 'A collaborative approach to rehabilitation, reablement, recovery and survivorship and prehab in the South West';
- To lead the implementation of the Plymouth Hospital NHS Trust and Livewell South West neurological rehabilitation investment schemes to increase specialised rehabilitation capacity to relieve pressure on acute provision. This will include the Peninsula Community.

We are working with commissioners, providers, patients and their carers to agree a pathway of delivery, which focuses on making care truly person focused so that it provides what they want and not what is available. We hope such a pathway will increase the throughput of patients, reduce waste and free up capacity in the system. But it will also support the delivery of the key new duties of the Care Act for the local authority commissioners.

Patient and the public have told us that they would like the following

- Patient focused care plans;
- Care Coordinators to help guide patients and their families through the rehabilitation process;

- Length of stay in hospital to be as short as is safe;
- Good community support, including support for carers, that is always accessible;
- A focus on prevention and self-management.

All of which this programme aims to deliver.

"Sometimes you have a meeting that completely changes things. We had one of these recently with our colleagues who commission services on behalf of patients. They were absolutely brilliant and it feels as though we have a rare and precious opportunity to finally make a step change in the way complex rehabilitation services are provided."

Adam Morris, GP and Medical Director for Livewell South West and Chair of the Commissioning Forum

Where are we now?

Work stream	Name	Status	Information available
1	Project management, communication and engagement	Ongoing until Nov 2016	SWCN website
2	Map the rehabilitation services available to produce the current state document	Complete	SWCN website
3	Audit the demand for rehabilitation services	Complete	
4	Design a new model of care for rehabilitation for the Peninsula	Planned	
5	Support and oversee the Plymouth Hospital NHS Trust and Livewell South West neurological rehabilitation investment schemes	Ongoing until Nov 2016	Reports available
6	South Clinical Networks project close	Nov 2016	

We will take Work stream 4 to the relevant commissioning and STP board meetings when it is complete to make sure it is included in their plans.

7. Paediatric General Surgery and Urology Network

The aim of the Network is to give children who need general paediatric surgery and urology a safe, high quality surgery with the best possible patient and family experience. Care should be delivered as close to the patient's home as clinically possible, but when necessary children should be treated at the tertiary centre, which is University Hospitals Bristol Trust.

The Network will:

Strengthen collaboration between District General Hospital's (DGH's) and specialist paediatric centres;

- Encourage high quality care as close to home as possible;
- Ensure timely succession planning for surgeons;
- Audit the work in both the tertiary centre and DGH's to ensure high standards of care;
- Invest in appropriate training of future surgeons/anaesthetists/nurses;
- Support CPD and revalidation.

Yet the aim of the Network is to “set a standard not to create a monopoly” - Dennis Browne, a founding member of British Association of Paediatric Surgeons.

Achievements

Service Standards

The Network set out to develop a set of service standards based on a number of national documents. All members agreed the South West Standards.

Annual meeting

The annual meetings have an agreed educational content on a particular topic. At the 2016 meeting, all the Trusts will share their individual activity data and complex case reviews. These will be discussed and the learning shared throughout the South West.

Audits

The Network aims to run two to three audits a year covering surgery and anaesthetics. The results and learning are shared at the annual meetings. Where appropriate, topics will be re-audited.

Workforce planning

The clinical lead has worked with individual NHS Trusts supporting their succession planning by identifying the appropriately skilled surgeons to work in the South West. She has enabled Trusts to recruit the surgeons to meet their Trusts' individual needs, but also the needs of the Network.

This has been achieved by attending internal trust directorate meetings, writing papers, increasing the understanding of the benefits of delivering paediatric surgery in the local hospitals and raising the awareness of the support the Network offers. This has resulted in recruiting a number of paediatric surgeons, which has in turn reduced the transfers of children to the tertiary centre and so more children are safely treated closer to home.

Continued education

Cases that can be seen locally are continually identified by the clinical lead that refers them back to an appropriate local surgeon. She will also discuss any surgical complications with the relevant clinical teams in the Network. The Network continues to increase the number of children that are safely treated close to home.

This Network continues to meet but is no longer within the priority work streams for the South West Clinical Networks.



8. Clinical Senate

2015/16 has been a very busy year for the Clinical Senate seeing changes to its role, membership and management. In September 2015, Dr Phil Yates became the Chair of the Clinical Senate supported by Professor David Halpin as Vice Chair. During this year the Senate Council membership has been both reduced and renewed to enable full participation with more rounded and comprehensive deliberation of each topic.

The Clinical Senate has continued to reinforce its role in providing clinical advice to commissioners. Drawing on the expertise of the Council members and wider Senate Assembly as well as seeking the Citizen's Voice, the Clinical Senate has deliberated a range of topics and provided clinical recommendations to commissioners on the following issues:

- Assuring and commending to the South West CCGs the approach taken by the South East Coast Senate in their report on Clinical Co-Dependencies of Acute Hospital Services;
- Considering the local implications of the emerging consensus and guidance for provision of Urgent and Emergency Care following a national review, its recommendations and service specifications;
- Deliberation about the current provision of mental health services and whether their configuration in the South West is appropriate;
- Consideration of the guidance and information that MDTs should consider when making decisions to undertake complex surgical procedures to ensure that surgical interventions are in a patient's best interests.

In March 2016, the Clinical Senate held a '*Digital Healthcare Conference*' for its Senate Assembly members, clinicians, commissioners and patient and public representatives to support the development of digital innovation across the South West. The event received excellent feedback and highlights included:

- A social media masterclass;
- A series of four fast paced TED talks;
- Four innovative breakout sessions in the afternoon including: '*The Big White Wall*';
- Demonstration of the pioneering new Emergency Care System;
- Development of digital roadmaps and aligning to CCG STPs;
- The use of Healthcare Videos.

Fascinating insights from keynote speaker Dr Phil Hammond rounded off the day. He spoke about 'turning healthcare on its head' and 'achieving happiness through pleasure and purpose' - ensuring the event ended on a high and inspiring note.

From September 2014 the 12 Clinical Senates across England took on the role formerly delivered by the National Clinical Assurance Team. Clinical Senates around the country are now leading independent clinical reviews of the clinical evidence base for large-scale service change as part of the wider NHS England gateway assurance process. In the latter part of this year, the South West Clinical Senate began to receive requests to undertake independent clinical reviews for commissioners both within and outside of the NHSE assurance framework. To date, the following reviews have been undertaken:

- Clinical review of community rehabilitation, reablement and recovery services for South Gloucestershire CCG;
- South West Emergency Surgery Review – as an outcome of the recommendations from a previous Senate Council deliberation about 'how emergency surgery services should be configured in the South West';
- Complex Spinal Surgery Referral Pathways Review at North Bristol NHS Trust and Plymouth Hospitals NHS Trust.

It is likely that the Clinical Senate's role in conducting clinical reviews will increase in the coming year, particularly in line with STPs. The terms of reference for the following reviews are being formalised:

- South Devon and Torbay Community Hospitals Transformation;
- NEW Devon Success Regime.

Citizens' Assembly

The Clinical Senate continues to work closely with the Citizens' Assembly and the strengthening of this relationship and the role of the Citizens' Assembly is ongoing. We welcomed Kevin Dixon, the Chair of Healthwatch Torbay and a Citizens' Assembly member as the new Chair of the Citizens' Assembly in February 2016, taking over from Christine Teller, our first Chair, who was instrumental in setting up this successful forum. Simon Mathias supports Kevin as Vice Chair. Kevin has diligently built relationships with the South West Healthwatch managers and engagement with the Citizens' Assembly is increasing. Four new members joined the Citizens' Assembly this year.

The Citizens' Assembly uses a variety of techniques to feed the Citizen perspective into the Senate Council deliberations. Of particular note the Citizens' Assembly gathered the views of almost 200 mental health service users, using their networks into community and patient groups across the South West. The Senate Council used these in their deliberation and recommendations about mental health services in the South West.

The Citizens' Assembly has also supported the Senate Council deliberation of the following areas:

- The South East Coast Clinical Senate report on Clinical Co-Dependencies of Acute Hospital Services;
- What is important to a patient, their family and carers and what would they want to know when confronting a complex or major surgical intervention, particularly at the end of life?

The Citizens' Assembly members took part in a development day in July 2016. This was an opportunity to develop their role as a Citizen Representative and to gain skills for enhancing their ability to influence the work of the Clinical Senate.

EMERGENCY GENERAL SURGERY

As a service, Emergency General Surgery represents the largest group of surgical admissions in UK hospitals and accounts for a high number of complications, resulting in long periods of care and a high number of fatalities. It is nationally recognised that there is much variability in outcomes between Trusts. Whilst services between Trusts will differ, there is clearly an opportunity for outcomes to improve through sharing ways of working throughout the region. Processes can be improved by learning from neighbouring Trusts, leading to an increase in quality and patient safety.

In October 2014, the Clinical Senate debated the following question:

'Based on available evidence and guidance, how should emergency surgical services be configured in the South West, so as to provide comprehensive, high quality emergency care based on national standards that is sustainable for the future?'

The recommendations advised that a review be conducted of all current providers of emergency surgery to assess compliance with existing standards on the provision of emergency surgery.

The Clinical Senate then commissioned a project manager to work with a lead clinician and general surgeon from the Senate Council to work with clinicians across the South West to deliver the review.

Following a pilot review in April 2016 the full review of all fourteen South West Acute Trusts is now underway. The review seeks to assess compliance with 22 specific standards. A clinical expert panel selected the standards, which were

based upon three existing sources⁶. The review has a self-assessment of compliance with the standards by each provider and an external review by an independent clinical review team. In the self-assessment, hospitals will provide evidence of the standards they meet and detail any plans for standards that were not being met. Six weeks later, trusts have an external clinical review to determine which standards are being met during the week and at weekends. During the visit information is collected from a number of sources including a walk-around of relevant departments. The team also conduct focus groups, interviews with clinical staff and examine a number of patient notes from typical Emergency General Surgery procedures.

The review is due to close in November 2016. As well as providing valuable information to Acute Trusts on their Emergency General Surgery services, the final report will enable commissioners and Trusts to understand their performance relative to neighbouring Trusts in the South West. This should improve an uptake in the standards; improve performance in the South West and provide the knowledge to better plan future services.



⁶ RCS (2011) Standards for Unscheduled Surgical Care, London Health Audit (2012) Quality and Safety Programme, NHS England (2016) 7 day standards.

9. Finance

SOUTH WEST STRATEGIC CLINICAL NETWORK BUDGET 2015-16

£556,000 Running costs - to fund managerial and admin costs			
Pay		Total Pay	£491,000
Non-Pay		Total Non-Pay	£65,000
Grand Total Running Cost			£556,000
£2,374,050	SWCN Share of NHS programme budget (allocated on unweighted population)		
Pay	Clinical Leadership	Total CD Pay	£316,600
		Total Other Pay	£865,650
		Total All Programme Pay	£1,182,250
Non Pay	Priority programmes		800000
	Senate Allocations		127500
	Non-pay costs		218000
		Total Programme Non Pay	£1,145,500
£2,374,050	Grand Total programme costs		£2,327,750
£2,930,050	Grand Total Running and Prog Costs		£2,883,750



**South West
Clinical Network**

Bristol Office
South Plaza
Bristol
BS1 3NX



**South West
Clinical Senate**

Taunton Office
South West House
Taunton
TA1 2PX

Saltash Office
Peninsula House
Saltash
PL12 6LE

For more information about our work and to find out how you can be involved please visit our websites and follow us on Twitter

www.swscn.nhs.uk

@SWSCN

www.swsenate.nhs.uk

@southwestsenate