



South East Strategic Clinical Networks

Annual Report

2015-2016

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Foreword

It gives me very great pleasure to introduce the outstanding work of our clinical networks for another year. This has been a year of constant change and uncertainty and I must pay sincere tribute to the professionalism and commitment of all of our staff, together with our associates and clinical leaders from outside of NHS England, who have worked so hard and achieved so much in the circumstances. The output recorded in this document is nothing short of truly remarkable in this context, and I personally have valued the warmth and quality of the new working relationships I have formed since joining the teams.

Whilst we remain in uncertain and challenging times, we can also look to the future with confidence in the quality of our achievements thus far, and in the sure and certain knowledge of our value to the local NHS.

Dr James Thallon,

Medical Director, NHS England South (South East)

Introduction

Despite a further difficult year in 2015/16 for the clinical networks team with the continued national review and consultation, the remaining small team, bolstered by a strong core of interims and some excellent clinical leads, have achieved and delivered to a high level across a restricted programme focus. This report provides high level detail on some of the significant achievements during the year, focusing on the challenges, impact and benefits of the clinical networks' interventions.

In March 2016, 21 months after its instigation, the NHS England's Organisation and Capacity review was completed. This resulted in the loss of a number of senior staff during the year leading to a high vacancy factor within the team compounded by ongoing recruitment restrictions.

Difficult decisions had to be made during 2015/16 in relation to a range of networks and programmes which could not continue to be supported. This resulted in the closure or transfer of some programmes to alternative organisations such as the Kent Surrey and Sussex Academic Health Science Network (AHSN). The process also resulted in the loss of some associated clinical leads as we could no longer provide the related programme/network support.

From 1 April this year, we have been called the 'Clinical Networks' with the omission of the word 'Strategic.' This is new national terminology that will take all of us a while to get used to but which will soon be reinforced to all by the delivery of our new logos.

However, in spite of some complex times, the team has continued to strive to achieve and I feel honoured to be part of such an enthusiastic and skilled group of individuals.

I would personally like to take this opportunity to thank them all, including the permanent staff, interims and clinical leads, for their commitment, leadership and dogged determination to deliver to a high standard.

Jackie Huddleston,

Associate Director, South East Clinical Networks

How We Worked in 2015/16

- Collaboratively with other directorates and teams, specifically Assurance and Delivery in supporting the assurance process, and specialised commissioning in supporting the transformation programmes.
- Began to bring people together on a need-only basis, centred on core priority programmes rather than regularly based on networks as per the previous model.
- Focused more on a programme approach to delivery, rather than specific clinical networks, working in partnership with relevant multiple stakeholders.
- Moved away from a Network Clinical Director role to clinical leadership orientated around priority programmes instead of networks, for example Children & Young People mental health.
- Began to move to a model of local delivery of key programmes as devised by NHS England central team and led through the regional teams, for example cancer, diabetes, Children & Young People mental health.
- Supported South Region priority programme boards and associated programme plans.
- Ensured PPE is embedded and integrally woven through all programmes.

Patient and Public Engagement

“From the early days of the Strategic Clinical Networks formation to the present, the value of patient/carer experience in informing and improving healthcare has been evident. This philosophy was undimmed, even as staff numbers became so few over the past year throughout the uncertainties of the Organisational Alignment and Capability Programme. Despite these challenges, we were kept up to date, so that we knew what was happening, what priorities were being focused on, and opportunities for patients to continue to be engaged.

From my experience as a member of the Cancer Steering Group and specific groups, such as Living With and Beyond Cancer, as well as the End of Life advisory group, the views and insights of patients are seen as integral to informing best practice and transforming ways of working.

More generally, making connections with other members of the PPE Reference Group has been valuable for sharing areas of interest, experiences across the disease areas, and ideas, which can then be taken back to patient groups at a local level.

To conclude, it has been a privilege to be part of programmes led by the SCN, which clearly has PPE at the heart of its activities”.

Maudie Vanden Berghe,
Patient Representative

Overview of Programmes

Programmes and networks were reviewed at the beginning of 2015/16, and continually throughout the year, in light of the increasing vacancy factor to greater than 70 per cent by September 2015. This resulted in the closure and discontinuation of some programmes, with transfer to alternative bodies such as KSS AHSN, where possible.

The key priority programmes were maintained with deliverables achieved as described within the 2015/16 business plan. These included:

- Cancer
- Cardiovascular – diabetes and stroke
- Maternity – dashboard and perinatal mental health
- Mental health – CYP and adult
- Dementia

The transferred or discontinued programmes within 2015/16 included:

- Atrial Fibrillation – transferred to AHSN
- Neurology – closed with production of commissioning guidance
- CYP Pacesetter Award – transferred to Coastal West Sussex CCG
- Renal – transferred to Patient Safety Collaborative
- Rehabilitation – part of all core programmes
- Transition best practice pathways – for CCGs and providers to implement
- Dementia Friendly Practices – transferred to AHSN Living Well for Longer Programme
- End of Life - transferred to AHSN Living Well for Longer Programme

Impact and outcomes from 2015/16

The following pages provide detail on the local challenges, SE SCN interventions and outcomes from all programmes within 2015/16.

The focus, interventions and outcomes are based on the programmes and related deliverables as detailed in the 2015/16 business plan.



Cardiovascular Diabetes

Cardiovascular: Diabetes

“It has been an extremely busy year for the Diabetes Clinical Network, particularly with diabetes being highlighted strongly in the NHS Mandate, NHS England Business Plan and the CCG Improvement and Assessment Framework (IAF). This has brought greater focus and emphasis to the work we are doing.

We were delighted that our submission to become the largest wave one site for the new NHS Diabetes Prevention Programme was accepted in January this year. A significant amount of work has been completed by the 21 CCGs and six local authorities across the South East as constituent partners, to ensure that we are ready to start referring to the new provider in the autumn.

The Diabetes Foot Care Network actively participated in the first national foot care audit with 11 Multidisciplinary Footcare Teams registered across the South East, who submitted over 300 records. The foot care network have just completed their third annual gap analysis and are in the process of participating in a Network Root Cause Analysis project to further build understanding of the issues.

Despite slow progress, a further two diabetes education programmes in the South East have been externally certified as meeting the NICE criteria and we published commissioning guidance in partnership with Diabetes UK in November 2015. We are also in the process of leading on a national minimum dataset for patient education to support the CCG IAF diabetes indicators.

In addition, we continue to support CCGs to increase participation in the National Diabetes Audit (NDA) and have provided regular briefings and supported telephone conferences between commissioners, GPs and the NDA team. We are also supporting the ongoing roll out of the South East Coast Ambulance Service (SECamb) hypoglycaemia pathway in partnership with the AHSN across all CCGs.

We would like to thank all of those who continue to contribute to our meetings, webinars and telephone conferences. The Diabetes Clinical Network will continue to offer and provide support for all programmes throughout 2016/17.”

Dr David Lipscomb,
Diabetes Clinical Lead

National Diabetes Audit (NDA)

- **Local System Challenge:** Low participation in NDA by primary care across Kent, Surrey and Sussex of below England average.
- **Importance:** The NDA is the most comprehensive diabetes audit in the world and has been running for 11 years. The data supports a myriad of data publications including Right Care, Atlas of Variations and Cardiovascular Disease (CVD) Value packs.
- The data links to the National Inpatient Audit to provide outcomes across the patient pathway. It is also expected to be the source of data that will be used to support the two diabetes indicators in the CCG Improvement and Assessment Framework.
- **SCN interventions during 2015/16:**
 - » raising awareness across all CCGs.
 - » publishing NDA briefings based on the importance of completion with local and national participation comparisons .
 - » coordinating conference calls with NDA team and local CCGs to discuss issues.
- **Outcome:** No deterioration in participation rate with slight increase from 52.3 per cent in 2013/14 to 55.4 per cent in 2014/15, and anticipated further improvement in 2015/16 to near 70 per cent. It is impossible to forecast the rates of participation if the SCN had not provided bespoke support.

National Diabetes Foot Care Audit

- **Local System Challenge:** High amputation rates of above the England average in many CCGs in the South East.
- **SCN interventions in 2015/16:**
 - » The SCN maintained a consistently well attended Foot Care network across Kent, Surrey and Sussex to support the reduction in amputations.
 - » All 12 Multi-Disciplinary Foot Care teams across the SCN have been supported to register and participate in the first audit in 2015, and will continue to be supported.
- **The Foot Care Network has:**
 - » produced foot care commissioning guidance in line with NICE guidance.
 - » conducted a gap analysis against the NICE guidance for the last two years.
 - » provided bespoke South East data briefings
 - » provided an individualised commissioning pack for each CCG.
 - » ensured that foot care is built into planning for vascular reconfiguration.
 - » provided a forum for sharing best practice and promoting shared learning.
- **Outcome:** No improvement in major amputation rate seen as yet, but increased awareness of the issue and improvements anticipated over coming years.

Structured Patient Education

Challenge: CCGs were largely unaware of any structured patient education programmes they were commissioning for diabetes and whether they complied with NICE guidance.

SCN interventions in 2015/16:

- Production of a baseline of all diabetes education programmes being delivered across the south east, including who provides the service, who commissions the service and the quality of the programme against the NICE guidance.
- Provision of a detailed gap analysis against the NICE criteria for three of the diabetes education programmes, and provision of tailored support to enable them to achieve QISMET (Quality Institute for Self Management and Education Training) certification.
- Working with a national group to establish a national diabetes education minimum data set.

Outcome: By the end of July 2016, nine structured education programmes will have been supported to achieve QISMET certification to certify the programme meets the NICE standard.

NHS Diabetes Prevention Programme (NDPP)

Challenge: Estimates of non-diabetic hyperglycaemia (NDH) by local authority for 2015 show highest prevalence quintiles in southern coastal areas of the South East and on the London borders.

SCN interventions in 2015/16:

- Coordination of a successful joint expression of interest to the NDPP for inclusion in Wave One on behalf of all 21 CCGs and six local authorities across the South East.
- The SCN approved as the lead organisation and coordinating the implementation of the wave one process across all 27 organisations.
- Development of a Steering Group with representation from all 21 participating CCGs and six local authorities, Public Health England (PHE) and the national NDPP team.
- Coordination of profile projections, TUPE issues, signing of MoU and development of prospectus.
- Provision of series of clinical webinars with GPs and biochemists to ensure understanding, answer clinical queries and gain clinical consensus and support.

Outcome: Participation in Wave One of the NHS Diabetes Prevention Programme (NDPP), supported by both national team and participating stakeholders with implementation commenced across the South East.

Diabetes Programme Funding

Approved applications for programme funding delivered the following projects in 2015/16:

- South East Diabetes and Renal Education Event with over 100 nurses in attendance and positive feedback received.
- Kent and Medway paediatric diabetic programme – 70 children educated during 2015 with a further 70 planned for 2016.
- Paula Carr Trust Health Care Assistant Training Programme – four pilots being delivered with evaluation due in April/May 2016.
- South East Coast Ambulance Service hypoglycaemia pathway to prevent ambulance call out for repeated hypoglycaemic episodes for patients with diabetes. Delivered in partnership with pharma and the SCN.



Cardiovascular Stroke

Cardiovascular - Stroke

“The Stroke SCN completed a series of workstreams in the last year, complementing previous projects and now completing the entire pathway; from prevention guidance through to commissioning guidance regarding the needs of patients coping with ‘life after stroke.’

These documents have been shared with other SCNs through the stroke national team and have acted as a template and/or reference for other regions.

The guidance and support for the reconfiguration of hyper-acute stroke services across the three counties is reaching its conclusion and will remain a focus for our team.

Updating of the South East stroke quality and service standards will be completed in the autumn of 2016, following the draft publication of Royal College of Physicians stroke guidance in September.”

Dr David Hargroves,
Stroke Clinical Lead

Stroke Service Reviews

Challenge: The Sentinel Stroke National Audit Programme (SSNAP) results for July to September 2013 indicated that no provider trusts in the South East were achieving overall levels A or B with over half (nine) of all stroke units in the south east achieving level E, the lowest score. Of the remainder, six achieved D and two achieved a C.

SCN interventions in 15/16:

- Continued oversight, participation, clinical leadership and support to the three counties wide stroke service reviews.
- Provision of link to National Clinical Director and access to experts to support panel reviews.
- Further development and publication of supporting documents across the whole stroke pathway. This has been well received both locally and nationally

including: stroke service specification, six month stroke review guidance, life after stroke guidance, rehabilitation pathway and principles.

- Further refinement and rolling dissemination of three stroke dashboards for both commissioners and providers: SSNAP data, stroke activity data and Atrial Fibrillation (AF) stroke. These enable both commissioners and providers to quickly and visually drill down into domain performance data.

Outcome: The most recent audit January-March 2016 indicates that although five units are at level D, there are none at level E, two units are at level C, six at level B and three units have achieved the highest level A. This shows a clear trajectory of improvement in the majority of areas, which is a reflection of the focus on stroke services.

Stroke Service Specification

Challenge: Integrated stroke service specification developed by the previous Kent, Surrey and Sussex stroke networks in 2012 required updating. No published national specification, although indication that the specification developed for the Birmingham stroke review would be adopted as best practice guidance. Formatting of original documents complex and needed to be in a more user friendly format.

SCN interventions in 2015/16:

- Providing leadership, research and structure around the core structure of the document.
- Bringing all stakeholders together to debate and agree.
- Ensuring that the patient and carer voice was heard and listened to.
- Development of the re-designed pathway.
- Re-designing and writing the document.

- Working with South East CSU communications team to design the layout of the document and pathway.
- Obtaining and achieving consensus agreement on structure and content.
- Securing effective adult social care engagement and promoting effective communication.
- Maintenance of authorship and authenticity of document.

Outcome: Comprehensive South East stroke service specification produced and published in a user friendly format.

Life after Stroke

Challenge: No standardised national or local guidance available. Commissioners and providers unsure of range of services available and what services to commission. Patient stories showed a disparate approach for stroke survivors with a lack of relevant ongoing information and guidance.

SCN interventions in 2015/16:

- Establishment of task and finish group.
- Bringing relevant stakeholders together to debate and agree.
- Ensuring that the patient and carer voice was heard and listened to.
- Researching and baselining of all information and available services both locally and nationally.
- Development of appropriate structure and approach to guidance.
- Maintenance of authorship and authenticity of document.

- Obtaining and achieving consensus agreement on structure and content.
- Signposting approach agreed with collation and provision of all related documentation.
- Securing effective adult social care engagement and promoting effective communication, which was a specific challenge with this document.
- Launch event organised across the South East with over 50 delegates including patients, commissioners, voluntary organisations, providers and clinicians.

Outcome: Comprehensive South East Stroke Clinical Advisory Group Life after Stroke commissioning guidance published which is not being utilised in commissioning intentions and supporting strategic plans.

Stroke Rehabilitation

Challenge: No standardised national or local rehabilitation guidance available or clearly identified pathway to help underpin services and support the county wide stroke service reviews. Commissioners unsure of extent of local provision and what services to commission. Patient stories showed unwarranted variation in rehabilitation pathways and services across the south east.

SCN interventions in 2015/16:

- Baseline of current service provision and identification of unwarranted variation and gaps in services.
- Establishment of task and finish group with appropriate membership.
- Bringing relevant stakeholders together to debate and agree.
- Ensuring that the patient and carer voice was heard and listened to.
- Researching all relevant information and guidance both locally and nationally.
- Maintenance of authorship and authenticity of document.
- Design of relevant pathway diagram.
- Obtaining and achieving consensus agreement on structure and content.

Outcome: Principles of stroke rehabilitation in the community developed, which will underpin stroke service reviews, commissioning intentions and strategic plans.



Maternity

Maternity Dashboard

Challenge: No single data source on maternity services in the South East available for commissioners or providers so minimal ability to provide information on the quality and safety of maternity services, or to highlight unwarranted variation in practice.

SCN interventions in 2015/16:

- Building on the innovative development and piloting of a new interactive online maternity dashboard in 2014/15, an external evaluation of the pilot was commissioned from the University of Brighton.

- Full roll out of the dashboard in all provider Trusts across the South East took place during 2015/16.
- Extensive stakeholder engagement has ensured this tool is highly responsive and supported.

Outcome: The South East now has a user friendly maternity dashboard, which is able to show trends and comparable data. There has been considerable national interest in the South East model as it is seen to be leading the way in providing an advanced benchmarking tool to facilitate improvements in maternity services.

Stillbirth and Pre-term Birth

Challenge: To reduce avoidable pre-term birth and stillbirth in line with the national mandate.

SCN interventions in 2015/16:

- Maintaining the Maternity Commissioning Forum and Clinical Advisory Group - providing support, resources and system leadership.
- Undertaking a South East audit of the booking risk assessment and pregnancy notes against national standards.
- Development of clinically led recommendations for the South East on reducing preterm birth and stillbirth.
- Dissemination of national information and provision of a South East learning event on the stillbirth care bundle.
- Provision of funding to support participation in the Growth Assessment Protocol (GAP) programme (a growth surveillance tool) and cervical length screening training.
- Provision of funding to support CCGs overcome local areas of challenge.

Outcome: 100 per cent take up by acute trusts of the GAP programme. Widespread knowledge of the stillbirth care bundle and engagement with improving practice. Recommendations on reducing stillbirth and pre-term birth in the South East published and disseminated.

Maternity Programme Funding

Approved applications for programme funding delivered the following projects in 2015/16:

- Cervical length scan training provided across the South East to ensure all provider units have the capability to provide a high quality measurement of cervical length.
- A Medway pre-conception care survey of diabetic women aged 15-24 years to explore whether the care they received was consistent with current best practice guidelines and how delivery of pre-conception care could be improved.
- A feasibility study in east Kent with a view to demonstrating the need for a full time specialist mental health lead midwife in line with national guidance.
- Development by the South East Neonatal Operational Delivery Network (ODN) of the Time=Brain Neuroprotection Active Treatment Pathway to improve clinical outcomes in babies with Hypoxic Ischaemic Encephalopathy.
- Clinical Audit of babies admitted to neonatal care for infection, respiratory disease, hypoglycaemia and jaundice by the Neonatal Operational Delivery Network (ODN).



Children and Young People

Commissioning Guidance

Local System Challenge: To increase the quality and safety of CYP services, reducing hospital admissions and supporting care closer to home.

SCN intervention in 2015/16:

- Facilitating a regular Commissioning Forum and Clinical Advisory Groups – providing shared learning, support, resources and system leadership on areas such as community paediatrics, High Dependency Care (HDU), neuro rehabilitation, continuing care, sepsis and paediatric diabetes.
- Dissemination of the best practice commissioning guidance for transition from CYP to adult services for diabetes, asthma and epilepsy that was developed in 2014/15.
- Publication and dissemination of the best practice

commissioning guidance and service specification for Children's Community Nursing (CNN) that were developed in 2014/15.

- Providing bespoke support to CCGs and providers in implementation of the recommendations from both sets of commissioning guidance.

Outcome: Transition and CNN included in CCG commissioning intentions. Regional and national interest including invitation to speak at conferences, requests for the commissioning guidance documents etc.

High Volume Pathways 0-5 Years

Local System Challenge: To reduce avoidable paediatric attendances and admissions to secondary care for children aged 0-5 years through supporting better management in primary care

SCN interventions in 2015/16:

- The dissemination of the evidence-based pathways for children 0-5 years that were developed in 2014/15 for fever, diarrhoea and/ or vomiting, bronchiolitis, acute asthma/wheeze and minor head injury. This included a 'starter pack' that was sent to all GP practices in the south east.
- Holding a South East clinical consensus generating event for a further pathway on abdominal pain (originally developed by Wessex SCN).
- The promotion of the e-learning resource (developed in association with Health Education Kent Surrey Sussex (HEKSS)) on the use of the pathways and ongoing provision of webinars to share the resources with GPs.
- The development of a film, in association with HEKSS, presenting the range of sign-post options open to parents who have a child with fever (the most common condition).

Outcome: The high volume condition pathways have been adopted by Wessex SCN and positive feedback has been received from across the system on improved confidence in dealing with childhood illnesses in primary care:-

- » *"In our practice, we have now bought a saturation monitor suitable for under 5s as a result of the roll out of the pathways." (Practice Manager on Acute Short term pathway impact)*
- » *"Personally I have found them very useful providing a clear, concise and reassuring check list." (GP)*
- » *"I feel much safer handling bronchiolitis patients than I have done in the last 25 years." (GP)*

Primary Care Quality Kite Mark

Local System Challenge: To encourage primary care to focus on and improve services to children and young people in order to improve clinical outcomes and reduce avoidable in-patient admissions.

SCN interventions in 2015/16:

- Following the development of a quality kite mark for primary care called “PaceSetters” in 2014/15, the award was piloted across 17 practices in west Sussex in 2015/16. The award asks practices to achieve a set of agreed goals based around a consultation exercise with their CYP patients and families. This covers: patient and carer experience, access to services, clinical pathway implementation, and whole team and clinical education.
- An independent evaluation of the award was commissioned from the University of Brighton.

- An award ceremony was held for the first wave of pilot practices.

Outcome: PaceSetter has attracted support from many different organisations including CCGs, HEKSS, Healthwatch, Royal College of General Practitioners (RCGP) and Royal College of Paediatrics and Child Health (RCPCH). The successful pilot has led to interest in a national rollout. Participating practices have initiated innovations and improvements in their services to children and young people, e.g. a dedicated website page, a ‘my passport’ initiative for young people with additional needs or a disability, an online ‘introduction to the Practice’ video for CYP, and a Young People’s Access Working Group set up.

» *“There has been a culture change in the practice towards young people and their needs.” (GP Practice member of staff).*

CYP Programme Funding

Approved applications for programme funding delivered the following projects in 2015/16:

- Provision of an experienced nurse consultant to work with CCG clinical leads in Brighton and Hove to roll out the CYP Urgent Care Pathways developed in West Sussex, with the aim of: increasing confidence and knowledge of paediatrics in primary care; improved interface between primary and secondary care; reduction in inappropriate paediatric attendances to secondary care; the provision of a dialogue about longer term solutions.
- Piloting the provision of minor illness and injury training to Gypsy/Roma/Traveller parents within Guildford and Runnymede.
- Recruitment of a Youth Ambassador within Medway Council to act as a champion of CYP health services, to raise awareness and build participation.



Cancer

System Leadership in supporting compliance against 62 day standard

Challenge: Poor performance against the 62 cancer waiting times standard across South East acute providers.

SCN interventions in 2015/16:

- SCN programme monies have been used for targeted pieces of improvement work, resource allocation or equipment which will impact upon South East acute provider performance eg. Patient Tracking List (PTL) and Multi-Disciplinary Team (MDT) Co-ordinator Training, Pathway Co-ordinator support and Endoscopy software.
- The SCN set-up and co-ordinated a monthly internal NHS England South (South East) cancer waiting times group with representatives from Assurance and Delivery, Specialised Commissioning, and Nursing and Quality. This group focused and co-ordinated activity to support both CCGs and providers in delivery of cancer waiting times.

Outcome: Targeted support to individual providers and commissioners as outlined above will be monitored in terms of compliance against the standard and further targeted work will continue into 2016/17. It is impossible to forecast how cancer wait times would have performed without the bespoke support of the SCN.

Cancer

"It has been a busy year for the Awareness and Early Diagnosis (AEDI) work programme at the Cancer Clinical Network. Key national documents including the NICE guidance on referrals for suspected cancer (NG12, published June 2015) and the Independent Cancer Taskforce publication 'Achieving world-class cancer outcomes: a strategy for England 2015-2020' (July 2015) have given renewed emphasis to the quest for early diagnosis.

As a work programme, we continue to support commissioners by regularly updating them on their AEDI-related performance through our cancer dashboards, produced in collaboration with the Quality Observatory. Furthermore, template proformas based on the new NICE guidelines (NG12) were painstakingly compiled to support the commissioning of pathways in line with national guidance for 12 tumour groups. In November, a well-attended Primary Care cancer educational event was organised to support clinicians in East Sussex. The feedback received was very positive.

Further work was undertaken with Primary Care across three of our CCGs to audit emergency presentations of cancer. CCG-level reports have been produced based on the results obtained and these have been disseminated widely to share learning.

At the SCN, we believe passionately in the importance of cancer prevention and this year, a notable achievement of the AEDI work programme was to support the inclusion of cancer awareness in the Personal Social Health and Economic (PSHE) curriculum/scheme of work in Surrey schools. We look forward to building upon this work and pursuing fresh projects in the year ahead."

Dr Tina George,

GP and Clinical Lead for Awareness and Early Diagnosis, Cancer Clinical Network

Primary Care Education

Challenge: To support primary care clinicians in the difficult task of diagnosing cancers at the earliest possible stage in order to improve survival rates.

SCN interventions in 2015/16:

- Reviewed Awareness and Early Diagnosis Initiative (AEDI) dashboard to identify CCGs who would most benefit from this intervention.
- Facilitated and coordinated a primary care educational event in East Sussex.
- Commissioned GP Update, as a highly respected Primary Care education provider, to deliver cancer-focused education .
- Six to 12 month follow up impact survey to be carried out.

Outcome: The East Sussex event was attended by 105 GPs. Mean score for relevance of the day was 3.94, mean score for presentations was 3.79 and mean score for quality of cancer handbook was 3.95 (1 is poor, 4 is excellent). Feedback was very positive. Comments included...

- *"As usual with GP Update, [the course] was excellent, relevant, evidence based and practical."*
- *"The course was well planned and delivered... The whole course was outstanding."*

Emergency Presentation Audit

Challenge: Patients diagnosed with cancer as a result of an emergency presentation to hospital have significantly lower survival rates than those diagnosed via a GP two week wait referral. Three CCGs in Sussex (Hasting and Rother, Eastbourne, Hailsham and Seaford and Coastal West Sussex) were identified through the AEDI dashboard as having both high emergency presentation and emergency admission rates for cancer.

SCN interventions in 2015/16:

- Supported CCGs in encouraging primary care emergency presentation audits in targeted areas (by creating the audit proposal, incentivising the audits, designing the pro-formas based on Royal College General Practitioners (RCGP) templates and supporting analysis of the results).

- Commissioned and undertook analysis of the audits, producing CCG and SCN level reports to identify specific areas for improvement and shared learning.

Outcome: GP practices in these CCGs were invited to undertake an incentivised audit. 47 per cent of practices in Hastings and Rother CCG and 48 per cent of practices in Coastal West Sussex CCG (total of 40 practices) completed an audit of up to six patients each with a total of 199 individual patient cases being audited. The audit results were discussed within each practice and lessons learned and changes in practice were identified.

Cancer awareness in young people

Challenge: A patient representative on the AEDI Clinical Advisory Group (CAG) suggested a project to focus on raising the awareness of cancer among young people and helping them to understand what they can do to reduce their risk of getting cancer. By providing information at a formative stage in their lives, the initiative aims to encourage teenagers to make healthy lifestyle choices and informed decisions about their health.

SCN interventions in 2015/16:

- Researched what information and support is already available to schools.
- Developed suggestions to support the inclusion of cancer on the secondary school Personal, Social, Health and Economic Education (PSHE) curriculum.

- Presented a talk about cancer education in schools to a group of teachers in Surrey.
- Liaised with the Teenage Cancer Trust to gauge how they can support work in Surrey schools.

Outcome: Cancer has been included on the PSHE curriculum in Surrey. Teachers were receptive to inviting the Teenage Cancer Trust to deliver one of their independently accredited talks to pupils, aimed specifically at teenagers and free of charge to schools.

Two week wait proformas

Challenge: The National Institute of Clinical Excellence (NICE) Recognition and Referral Guidance (NG12) was published in June 2015 with many changes to the criteria for two week referral. The existing two week wait pro-formas no longer fit the criteria and national pro-formas were not forthcoming. To support CCGs, new pro-formas were produced, based closely on the NICE guidance.

SCN interventions in 2015/16:

- Designed new template referral proformas based closely on the NICE Recognition and Referral Guidance (NG12) with robust primary care engagement and taking into account forms designed by colleagues in the Merseyside and Cheshire Cancer SCN, Wessex Cancer SCN and South West Cancer SCN.

- Produced a supporting guidance document with recommendations for appropriate governance routes.

Outcome: Template pro-formas were circulated to all CCGs and providers together with the supporting guidance document. The SCN recommended that the forms were reviewed, discussed and adapted according to local discussion. Robust governance processes via Tumour Site Specific Groups (TSSGs) with senior CCG clinical and managerial representation were recommended.

Recovery Package - Audit

Challenge: To understand the extent to which the Recovery Package (RP) has been adopted as best practice across the South East following the publication of Living with and Beyond Cancer: Taking action to improve Outcomes, DH, Macmillan Cancer Support and NHS Improvement, 2013.

SCN interventions in 2015/16:

- Completion of an audit of all CCGs and Trusts in the south east. The audit identified the extent to which CCGs were aware of the RP and had included this in their commissioning plans and the extent to which each element of the RP had been implemented in providers. It also looked at barriers and enablers to commissioning and implementation of the RP.
- A report summarising the audit findings and proposing recommendations was published and shared.
- Individual CCG reports were published and shared.

Outcome: The level of awareness of the RP among CCGs was generally lower than in acute provider trusts, and the audit went some way to raising awareness levels. The survey showed that both commissioners and providers were keen to learn how others had implemented the RP and the evidence for change. There was a wealth of local experience, knowledge and information on implementing the RP, which organisations were willing and keen to share.

Recovery Package – Awareness

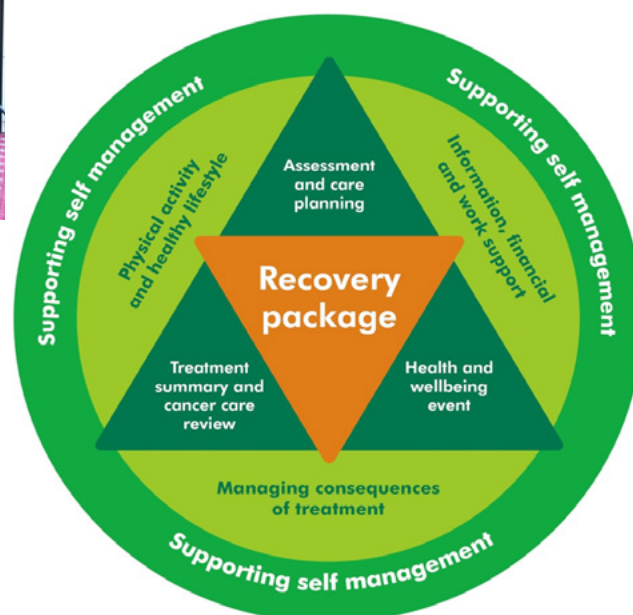
Challenge: In 2015/16, according to the SCN audit, none of the 21 CCGs across the South East had detailed the Recovery Package and/or associated services within their operational or strategic plans. In addition, it was apparent that commissioners knowledge of the Macmillan Recovery package was relatively poor.

SCN interventions in 2015/16:

- Held an event aimed at commissioners of cancer services, which included providers and patient/public involvement in order to promote the Recovery Package and explore the elements within it.
- Initiated a discussion about how to implement the Recovery Package across the South East and shape it into a Living With and Beyond Cancer Programme.

Outcome: A successful Recovery Package workshop was held at Crawley Football Ground with over 70 participants. Feedback was excellent and universal support was gained from all CCGs across the South East to include the Recovery Package within their commissioning intentions for 2016/17.

- » Living With and Beyond (LWB) cancer programme established, which includes support with implementation of the Recovery Package by 2020.
- » LWB has a regular e-bulletin and is part of the regular agenda items at network meetings and also at external meetings where appropriate.





Children and Young People's Mental Health

Children and Young People's Mental Health Transformation Plans

Local System Challenge: To develop local CYP MH Transformation Plans in line with the "Future in Mind" strategy within a short timescale in order to be able to draw down national funding and meet new standards.

SCN interventions in 2015/16:

- Established a monthly Commissioning Forum – to discuss and share information following release of the policy document, Future in Mind, and related Taskforce recommendations.
- Sourcing and circulating the self-assessment tool – enabling commissioners to assess their level of preparedness and to appropriately target their efforts towards the amber/red areas of concern.
- Inviting members of the national team down to brief and prep the commissioners before the Local Transformation Plan (LTP) documentation was released nationally.
- Together with the Assurance and Delivery team, instigating an assurance process that allowed commissioners to send in draft versions with feedback prior to the official submission window, thus enabling them to improve on their plans in a timely manner.

Outcome: 100 per cent of the Local Transformation Plans across the South East fully assured following extensive pre-planning with commissioners – compared to only about one third fully assured nationally.

CYP Improving Access to Psychological Therapies (IAPT)

Challenge: The South East has some of the lowest engagement with CYP IAPT in the country and national expectation is to achieve 100 per cent coverage of CYP IAPT by 2018.

SCN interventions in 2015/16:

- Joining the London and South East CYP IAPT Learning Collaborative Programme Board and Executive Committee to agree how best to roll out the programme in the south east.
- Engaging Health Education Kent Surrey Sussex (HEKSS) as an active partner.
- Establishing a SE CYP IAPT Local Collaborative Steering Group bringing together all stakeholders including commissioners, Public Health England (PHE), Local Authorities, CYP mental health providers, Higher Education Institutes (HEI) etc.

Outcome: 100 per cent sign up by all commissioners and Child & Adolescent Mental Health Service (CAMHS) providers across the South East to take part in the CYP IAPT Collaborative programme. Infrastructure is now in place to support ongoing delivery.

CYP Mental Health Transformation Culture

Challenge: To create a culture of engagement to support delivery of CYP MH Transformation over the next four years.

SCN interventions in 2015/16:

- Extended membership and re-badging of the Commissioning Forum as the South East CYP MH Transformation Steering Group, providing support, resources and system leadership.
- Held a launch event with national speakers (80 attendees).
- Conducted 1:1 visits with each of the commissioner groups to discuss Local Transformation Plans and the SCN support offer.

Outcome: 100 per cent level of engagement with CYP MH commissioners across the South East on CYP MH transformation, as evidenced by the SCN being invited to attend and contribute to every CYP MH Transformation Group in the South East. Infrastructure is now in place to support ongoing delivery.

The image features a vibrant, abstract background composed of various overlapping geometric shapes in shades of pink, blue, orange, green, and purple. At the top center, there is a white rounded square. A large, semi-transparent white circle is centered in the lower half of the image, containing the word "Dementia" in a bold, blue, sans-serif font.

Dementia

Dementia

“In the work to achieve the Dementia Diagnosis Ambition, the South East Clinical Network Dementia Team has been working closely with the 20 individual CCGs in Kent, Surrey and Sussex since September 2014. This work, which involves face-to-face meetings, teleconferences and educational events, has been continued in 2015-16. The approach has been invaluable in enabling the team to develop a good working relationship with the Clinical Leads and Commissioning Managers. The regular contact has also given the opportunity to share expertise and knowledge from what is happening locally, regionally and nationally together with a team approach to addressing local challenges and issues.

Although the South East has yet to achieve the national ambition for dementia diagnosis, this way of working is showing positive results and has established respectful and collaborative working relationships with colleagues.”

Dr Jill Rasmussen,

Dementia Clinical Lead

Dementia Diagnosis Rates

Challenge: To increase dementia diagnosis rates. The South East had the lowest dementia diagnosis rates in the south region last year and was not meeting the national standard of 67 per cent.

SCN interventions in 2015/16:

- Providing monthly data to CCGs to highlight their practices performance (i.e. enhancing the national data so that it is easy to interpret).
- Bespoke clinical advice and support to every CCG on improving their rates, particularly in relation to data harmonisation, care home case finding and models of care.
- The provision of commissioning and clinical learning and education events.
- The provision of targeted funding to CCGs and advice on its best use.

Outcome: Increase in the dementia diagnosis rates in the South East from 55.3 per cent in March 2015 to 63.6 per cent in March 2016, up 8.3 percentage points. Although the national standard has still not been met, the South East is no longer an outlier and the engagement is in place to continue to support improvement and increase the diagnosis rate.

Dementia Pathway

Local System Challenge: Lack of awareness of the benefits of early diagnosis and management and an identified need to address gaps in the dementia pathway.

SCN interventions in 2015/16:

- Supporting the development of Dementia Friendly Practices within the South East to improve patient care and develop clinical ownership.
- Initiating a project on Intellectual Disability (ID) and dementia to address a lack of dementia training for patients with ID.
- Provision of commissioning and clinical learning and education events to strengthen clinical leadership and commissioning.
- System support on care planning best practice.

Outcome: Increased awareness of best practice, innovation and models of care to support the commissioning of high quality dementia care.

The image features a vibrant, abstract background composed of overlapping, semi-transparent geometric shapes in various colors including magenta, blue, orange, green, and purple. At the top center, there is a white rounded rectangle. A large, white circle is positioned in the center of the frame, containing the word "Neurology" in a bold, blue, sans-serif font. The overall design is modern and dynamic, with a strong emphasis on color and geometric forms.

Neurology

Recommendations for Neurological Care

Challenge: Lack of information and intelligence about neurological care both at a national and local level. Lack of a national strategy for neurological conditions apart from the National Service Framework for Long Term Conditions (2005) which was poorly implemented.

SCN interventions in 2015/16:

- Baseline mapping and data profiles compiled for the South East and made available to commissioners to provide an overview of the services commissioned and accessed by South East residents with neurological conditions.
- Focus on filling the gap by developing a set of recommendations for improving neurological care in the South East.
- Engaged with commissioners to provide greater understanding of the issues in neurological care and the benefits to patients, commissioners and providers of redesigning care.
- Advised commissioners how to achieve best patient outcomes, experience and value for money.
- Researched all available national guidance and that from other SCNs, and ensured all applicable guidance included in and linked to the recommendations.
- Production of clear SCN ambition - "Within five years all patients with a neurological condition will be cared for by specialists within a neurological network."
- Identification of potential commissioning levers to support implementation of the recommendations.

Outcome: Comprehensive commissioning guidance and recommendations for the South East developed and published. For use in commissioning intentions and planning future services.

Get in touch

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