Falls and Bone Health Task and Finish Group

Minutes 26th April 2013
Toll Bar house Ilkeston

Present:

Elaine Michel	Elaine.michel@derbyshire.gov.uk	Director Public Health Derbyshire
Jayne Needham	jayne.needham@derbyshire.gov.uk	Senior Public Health Manager DCC
Jem Brown	Jem.Brown@derbyshire.gov.uk	Group manager Prevention adult care DCC
Andrew Raynor	Andrew.raynor@derbyshire.gov.uk	Public Health Manager DCC
Helen O'Higgins	helen.ohiggins@southernderbyshireccg.nhs.uk	Commissioning manager SDCCG
Jackie Wagstaffe	jackie.wagstaffe@dchs.nhs.uk	
Diane Ball	diane.ball@dchs.nhs.uk	Falls prevention activity advisor DCHS
Andy Moody	Andrew.moody@derbyshirecountypct.nhs.uk	
Michelle Anthony	Michelle.anthony@Northderbyshireccg.nhs.uk	Commissioning manager NDCCG (lead for Chesterfield Royal contract)
Shelagh Hind	Davidhind07@talktalk.net	Patient rep and Chair based exercise instructor
Katy Pugh	katy.pugh@ageukderbyandderbyshire.org.uk	Chief Executive Age UK
Vicky Smyth	Vicky.smyth@south-derbys.gov.uk	Health Partnership Manager SDDC
Chris Nightingale	Chris.nightingale@highpeak.gov.uk	Leisure Services Team Leader HPBC
Geoff Pickford	Geoff.Pickford@derbyshire.gov.uk	Head of Integrated transport DCC
Greg Summers	Greg.summers@nhs.net	Consultant in Rheumatology Royal Derby Hospitals
Mike Casey	mikecasey@nhs.net	Commissioning Manager Erewash CCG (lead for EMAS contract)
Emma Prokopiuk	Emma.prokopiuk@northderbyshire.gov.uk	Commissioning Manager urgent care NDCCG
David Muir	David.muir@dchs.nhs.uk	Head of pathway and outcome development DCHS
Pete Bainbridge	Pete.bainbridge@emas.nhs.uk	Clinical Quality Manager EMAS
Sue Hind	Sue.hind1@nhs.net	Osteoporosis Nurse Royal Derby Hospitals
Wendy Rothenbaugh	wendyroethenbaugh@nhs.net	Occupational therapist Intermediate Care Service Derby hospitals
Clare Johnson	Clare.johnson9@nhs.net	SPARC London Road Community Hospital
Simon Elliott	Simonelliott5@nhs.net	Consultant in Radiology Royal Derby Hospitals
Jane Youde	janeyoude@nhs.net	Consultant geriatrician Royal Derby Hospitals

Apologies; Andrew Mott, Ben Milton, Alfonzo Tramontano, Andrew Ebbage, Bridget O Hagan, Karen Faulkner, Lesley Makin, Lynn Wilmot Sheppherd, Marie Billyeald, Roger Stanworth, Sue Foster, Tony Morkane

Pre-meeting of Commissioners	Action
Welcome and introductions • Elaine brought the group up to date on the intended remit of the Task and Finish (T&F) group as sanctioned by the Derbyshire Health and Well Being Board. • Elaine informed the group that following the development session in February and the HWBB meeting in March the CCG commissioners requested that a pre meeting to the T&F group should occur between commissioners to agree commissioning leads for the identified actions required to strengthen and development the falls and bone health pathway. • Elaine informed the commissioners of the programme review currently underway within public health and advised that a recommendation would be made to cabinet for additional investment into falls and bone health work focussing upon primary prevention interventions. These would include strengthening and increasing capacity in evidence based community exercise and transport provision. • Elaine advised that this related to tier 4 and 3 of the falls and bone health pyramid of need and that investment and resource support at all tier levels would require discussion and agreement by all commissioning organisations. • Jayne requested the group use the discussion document circulated to formulate debate  26-04-13%20discuss ion%20document.do The following commissioning information was provided: **Tier 1 and Tier 2 issues** 1. SDCCG have begun to negotiate access to NHFD data from Royal Derby and intend to commence similar discussions with Burton hospitals 2. SDCCG and NDCCG noted that both Chesterfield and Derby acute complete the mandatory fields only of the NHFD so still gaps, request made that HWBB support the provision of this data sharing on behalf of the CCG's **ACTION:** Request to HWBB that they contact the Chief Executives of the Acute trusts to request that they prioritise data sharing of information with the commissioners for all fields specified within the NHFD reporting schedule. 3. SDCCG now have a SLA for the fracture liaison service, requires service outcome reporting but not yet include community follow up as agreement still needed non whether to specify this within primary care or the acute setting. 4. NDCCG have not continued the FLS as a CQUIN in 2013/14 but the service has been operating for approx. 5 months and has been tasked with completing an audit re follow up of medication prescribing into the community. As yet the responsibility for community follow up has not been specified. Initial audit findings show commencement on bone sparing treatment for 50-74yrs identified as requiring it, is 50%. The follow up has not audited; a. Continuation of treatment in group who commenced b. Escalation to second line treatment of those failing to adhere c. Commencement of treatment in the 75yr + population 5. Discussion about data on adherence to medication for this patient group or costs associated with escalation to second line treatment **ACTION:** Need to consider community follow up responsibilities, implications of audit outcomes and audit expansion to include above additional factors Jayne to discuss with clinical effectiveness team to establish what prescribing data/patterns can be seen across primary care to establish which practices engaged and which are not. 6. The quality schedule for Royal Derby has been spilt to quality requirement for hip fracture care. Helen OH recommended that falls care requirements be specified under tier 2 and 3 rather than 1, and Helen would be initiating separate spec for this with Derby 7. Helen also raised that commissioners need to consider and agree which quality standards	**JN to include request in committee report** **JN to raise with clinical effectiveness team for future report**

they expect the acute trusts to work to as CMG 46 and QS 16 are not mandatory. Restrictive contract value and budgets may mean they are not achievable.

8. Elaine asked that prior to this happening commissioners should consider health gain from each aspect of CMG46 and QS16 and assess and document decisions around level of specification/contract against this

ACTION: Helen OH, Mike Casey (on behalf of Erewash) Andy Moody and Michelle Anthony agreed to consider the standards they wish to adopt in the contracts by assessing what health gain and costs would result for each requirement of the quality standards/guidance. This will establish what service the commissioners require of acute providers and what are the implications of not specifying to the full quality standards and NICE guidance.

HO'H, AM,MA,MC to undertake assessment

9. The pathway from the acute into community is taking shape from Royal Derby but is not currently capturing all patients and so requires continued focus and discussion with relevant providers to improve this.

ACTION: Helen OH to continue to drive improvement on this.

HO'H

10. No current pathway is in place from Chesterfield although a meeting between Jayne N Michelle A and the chief nurse has taken place to inform the Acute that this would be a future priority.
11. Concerns were raised about capacity of DCHS to respond to patient numbers if robust pathways for highest risk people established from acute to community. Currently DCHS do not have systematic methods of indicating what their activity for falls services is; collecting where referrals from/what interventions provided/outcomes from interventions.
12. GP's have indicated that they do not make use of falls clinics because of patient waiting times. Discussions with DCHS indicate wait varies considerably across the county for the 3 referral categories, can be from 3 weeks to 16 weeks for routine referrals. Concern about serious investigation in other part of country involving patient at falls risk, waiting to be seen by services who fell fractured hip and died whilst on waiting list.
13. A business group was established in 2010-12 to begin to require monitoring of activity against the SLA but due to changes to CCG's has ceased. Agreed this needed to be re-established. Need to review specification to ensure that provider systems,capacity and spec fit for purpose

ACTION: Michelle to continue discussion with Chesterfield and advised that the relevant person to be included on this group in the future is Barbara Stottle (interim head of nursing)
Andy M to speak with David Muir from DCHS about reconvening the DCHS business group and inviting relevant people to this on behalf of county. Business group to support and challenge DCHS to provide details to commissioner on patient outcomes and capacity of services to respond
Public health to provide support to DCHS commissioner on this work.

MA,AM,to speak to Chesterfield and DCHS. JN to provide support

14. Discussion about existing ability of services to respond to needs of dementia patient in the acute and community setting. Examples of documentation and contact with DCHS indicate examples where they do not invite dementia people into clinic. DCHS indicate they do offer to see these people at home but need to be clear this is equitable care and meets need of these individuals. Also need to establish discussions between Royal Derby and DHFT to ensure skill sharing for care of patients with dementia to achieve best outcomes
15. Issue of no contract specification for patient groups still needs addressing and likely to require increased investment to increase provider capacity.

ACTION: initial discussion with DHFT and correspondence with Hardwick CCG has raised awareness of this need but no further progress made other than the preliminary discussions. Commissioners need to consider dementia patient need in light of existing specifications and investment and ensure that equitable and appropriate care is commissioned which may require additional investment

AM to commence discussions with DCHS. JN to provide support.Seek advice from HWBB on involvment of Hardwick CCG in this issue

16. Discussion that point re social housing should relate to tier 3 not 1

ACTION: Jayne to sort.

JN to ensure housing representation provided on group

TIER 3 and 4 17. Discussion regarding the provision within Royal Derby of a consultant led falls specialist service. Agreed commissioners in North need to better understand provision within Royal Derby to allow decisions about need for provision to be considered. SDCCG to work with NDCCG and Royal Derby to evaluate and review the service and make recommendations for future service provision. 18. Helen informed group that SDCCG involved in developing the existing service to provide a rapid access and diagnostic service for a 1 year period and this has resulted in reducing their waiting times to get into the consultant led service. **ACTION:** Helen and Michelle to work towards obtaining details from Royal Derby and exploring how this fits in with Chesterfield Royal provision.	**too** **HO'H and MA**
19. Need to consider the effectiveness and investment into the Falls recovery service. James Matthews/Julie Voller of DCC is now leading on commissioning of this service and so query about level of investment compared to the section 256 funding set aside and the outcomes achieved need to be established and if relevant future funding streams agreed. Indication is that DCC have requested £330k be set aside in 2013-14 section 256 monies although outcomes for this investment and actual investment level is not clear. **ACTION:** Andy to pick up this and request through the section 256 lead group that Adult care to provide detail to the T&F group of the current outcomes and service level commitment/investment.	**AM to liaise with Adult care**
20. Discussion re the work in the South of the county with EMAS to ensure repeat fallers referred into intermediate care single point for falls follow up. Currently no equitable service in North nor with other service providers eg NWAS and SYAS. **ACTION:** Emma P agreed to pick up the EMAS contract issues for the north of the county working with Mike Casey. Helen has the provision contained with a CQUIN for EMAS relating to county and city provision so this needs to be picked up to ensure not just in the south that it is being applied. Commissioners to contact commissioning leads for SYAS and NWAS providers and clarify if possible to include requirement into these contracts too. Need to establish where the referral would be too and agreement was in favour of specialist falls teams.	**EP and MC to pick up with EMAS**
21. Issue re calcium vit d prescribing in care homes can be included in the discussion with clinical effectiveness teams **ACTION**: Jayne to include in request to clinical effectiveness team	**JN to include in CEG discussion**
22. Discussion around provision of transport for falls patients and the impact upon accessing services 23. Mike Casey to provide group with details of access criteria for patient transport 24. Geoff has meet with Bruce Laurence about the aCTive travel funding. There will be a review of the service. However DCC are currently undergoing a legal challenge in relation to funding community transport. It is difficult to specify services for CT as then the funding would need to be tendered. Geoff Pickford to keep the group updated and agreed that in the short term there is a need for the CCGs to support and provide an interim solution to ensure that people are not prevented from accessing services they need as a result of transport issues. **ACTION:** Mike to provide details of patient transport access criteria	**MC**
END OF PRE MEETING	

Falls and Bone Health Task and Finish Group Provider and Commissioner Meeting	ACTION
Introduction, apologies and update • Elaine brought the group up to date on the intended remit of the Task and Finish (T&F) group as sanctioned by the Derbyshire Health and Well Being Board. • Elaine informed the group that following the development session in February and the HWBB meeting in March the CCG commissioners requested that a pre meeting to the T&F group should occur between commissioners to agree commissioning leads for the identified actions required to strengthen and development the falls and bone health pathway. • Elaine informed the commissioners of the programme review currently underway within public health and advised that a recommendation would be made to cabinet for additional investment into falls and bone health work focussing upon primary prevention interventions. These would include strengthening and increasing capacity in evidence based community exercise and transport provision. • Elaine advised that this related to tier 4 and 3 of the falls and bone health pyramid of need and that investment and resource support at all tier levels would require discussion and agreement by all commissioning organisations. • Jayne requested the group use the discussion document circulated to formulate debate  26-04-13%20discussion%20document.do • Elaine requested that actions of meeting as agreed by group should be presented in an action table to be included in a report to the May HWBB	**JN to draft report and circulate**
Terms of Reference for the group Draft TOR had been circulate prior to the meeting Agreed that Jayne would amend to reflect the following comments: 1. Should reference outcomes against the DOH pyramid of falls and bone health need 2. Purpose should be to drive improvement in accordance with an agreed discussion document 3. Words patient, clinically and cost effective to be removed and replaced with best possible outcome.	JN
Update on actions referenced against the discussion document: **SDCCG** 1. Confirmed that T&F group to request that the HWBB provide support to obtain required NHFD data sets from the Acute trusts to allow commissioners to use this to support improvements for patients within the acute and into the community. 2. SDCCG working to specify standards for hip fracture care within a quality standard and contract documentation for acute and community provision. Aim is to ensure good care and follow up in community will prevent readmissions in this patient group. 3. Specification for people who have fallen will be separate to hip fracture patient group. 4. Request that Housing provision category be listed in tier 3 not 1 **Royal Derby** 5. Recent appointment of geriatrician for inpatient hip fracture care which will drive improvement 6. Requested discussion about capacity of Royal Derby FLS to respond to demand with the current staffing levels and asked if commissioners had scoped capacity of service against demand for all aspects of required provision.	**JN** **HoH, AM, MC and MA** **JN** **HoH, GS SH**

7. Agreed that out of the main T&F group there is a clear need for smaller subgroups meet to discuss detail of different levels/tiers of service and this discussion about capacity and demand in FLS should be one such group.	**JN/All**
8. Request that T&F group begin to consider provision and needs of service for care home population and of learning disabilities as well as dementia patient as specialist skills/capacity required to deal with these growing numbers of highest risk patients. Currently 27% of all hip fractures to Royal Derby are care home residents.	**JN DG MA HoH AM**
9. Agreed a piece of work to report back on the outcomes and achievements of the current consultant led specialist service be provided for consideration for provision for Chesterfield.	**JY HoH**
Chesterfield Royal	
10. No current specification for FLS or for falls patient care. Commissioners will work with provider to develop this	**MA BS**
11. There is a quality standard for the FLS but does not include follow up into community as yet.	
12. Investigative service provision for learning disabilities and mental health to ensure equitable provision	
DCHS	
13. Falls team resources be reviewed through re-establishing of the falls business group to ensure need and provision is equitable	
14. Pathways between services in the North needs to be clear and efficiency improved. David Muir, Andrew Moody and Michelle to drive this with support from public health if needed.	**AM MA DM JN**
15. The falls services need to increase their capability to deal with the increasing population of older people with learning disabilities. Andy Moody to follow up.	
16. Need to stratify patients clearly to ensure DCHS see the highest risk and others need to be referred through to the Strictly No Falling provision	
17. DCHS have implemented the care home support team model across county so specialist provision for care home population should start to be seen through this method	
Age Uk	
18. Age UK has resources which potentially could be used (Falls Free Home) to help identify risks and also home exercises.	**KP ALL**
Adult care/dcc	
19. Personalised budgets used for falls prevention interventions needs exploring further. It is important that the social care fieldworkers are aware of this option and promote it to clients. Jayne requested that Jem to arrange for a member of the SNF team to meet with fieldworkers to highlight the options. Jem to ensure this happens	**JB**
20. Shelagh raised the issue about transport being an issue for many and that currently clients were not attending sessions to lack of transport and CT schemes are not providing a service that is fit for purpose. Geoff Pickford to follow up.	**GP**
Date of Next Meeting: **Friday 19th July 9.30am to 12pm** **To be confirmed**	