

Strategically/Tactically

KHCIC want to share with you a range of work being undertaken.

ICB/RCHT – We have too many logistical barriers in the system in terms of receiving contracted funding on time and documented contracts prior to going live. We have a working group to clear up all of the outstanding areas so that we can all concentrate on Channel Shift and Integrated working, instead of resources spent resolving concerns.

System – Joe St Leger Francis (Head of IUCS) designed and implemented a couple of perfect days with colleagues from; CFT, RCHT, General Practice, SWASFT and others to see, if all based together what is the benefits to patients in terms of access and outcomes. These provided a great grounding and good results to learn from and move forward.

CFT – We have created a statement of intent between the two companies to ensure that the work is collaborative and not competitive, this is about efficient use of resources in an integrated manner. Jan Randall, CEO and Debbie Richardson, CEO CFT held a live stream event to CFT and KHCIC staff in August to share how all staff are encouraged to work together to ensure patients have the best experience and we do not layer up.

Value for Money – Working with the appointed transition leads at the ICB, we are working to demonstrate the value for money and efficient use of funds that KHCIC deliver. KHCIC is an easy target to hit financially, so by demonstrating our worth, we hope that the focus can move to where it is needed more.

Devon – Devon Collaboration are looking at creating a CIC/provider approach. Our CEO has reached out to the leads to discuss how best the 20% of Cornwall patients that utilise Derriford are catered for and what we can do in partnership.

Wider Information – Pay and Workforce Inequalities

UHUK (urgent Health UK) and SEUK (Social Enterprise UK) have written to Stephen Kinnock to raise that we have over £12bn in NHS contracts held by organisation like KHCIC and they too need to be looked after. With the announcements on increased pay, KHCIC has not had an increase in the major contracts (80%+) in 5 years.

There is nothing more we would like to do for our staff than ensure that they are taken care of.

Services

School Age Immunisation Service (SAIS)

- The nasal flu programme begins for all school age children in Reception through to year 11 in the week beginning 16th September.
- The HPV programme begins on 10th September, primarily for year 8 children and for this month, in the smaller secondary schools, APAs and special schools only.

- The rest of the Cornwall and Devon adolescent programme will resume in January for HPV, Tetanus/Diphtheria/Polio and Meningitis ACWY.

Children's Eating Disorders Service (CEDS) – Physical Monitoring Avoidant Restrictive Food Intake Disorder (ARFID)

Under the new Provider Selection Regime, CFT were set to continue subcontracting to KHCIC via Direct Award however discussions are taking place regarding ARFID. Direct award does not allow for adding such a variation so we are working with CFT on how ARFID will need to be separated.

Special Allocation Scheme (SAS)

- The contract has been extended in short term whilst funding is discussed to cover all costs of delivery for KHCIC and the Practice. Negotiations have commenced.
- There will need to be a growth of patient numbers that can register in recognition of the number of patients being removed from their GP surgery.
- KHCIC met with the police liaison this month, this service is highly charged emotionally by patient action and words and each patient has been risk assessed on safety for both the staff and patients.

SDF Funding

KHCIC presented to the ICB Finance Committee in August to secure the SDF funding, the outcome is awaited:

- Flexible Pools
- Retention
- New to practice Fellowships
- Training Hub staffing/ infrastructure

Primary Care HUWe have had it confirmed from NHSE that we have been given a 1 year extension to our contract and that infrastructure funding will come direct to us from NHSE rather than go into the ICB, which is great news.

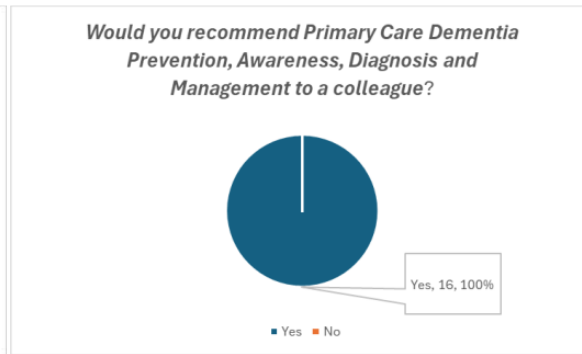
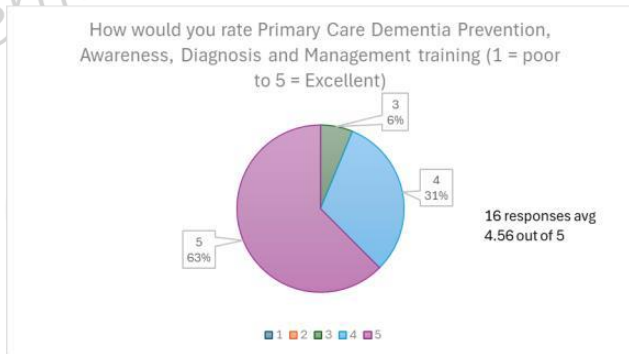
Practice Manager Programme endorsement

The second cohort of the 'Foundations in Practice Management' programme is commencing on 18th September and is now attracting attention from across the Country. Since it was promoted by Nicola Davies in Practice Index, she has been contacted by 2 other Practices who are interested in replicating this elsewhere and now Claire Fuller's team has also requested it.

We are working with an external assessor company to get the programme endorsed by the ILM at Level 5 Leadership and Management programme, and the Institute of General Practice Management (IGPM) competencies as well as the NHS Leadership model. It is a fully comprehensive 18-month programme designed to equip candidates with a foundation in all elements of Practice Management. We hope once accredited to commence hosting this around the country to learn from Cornwall and support the General Practices in Cornwall through the income from the course.

Other news

- Cohort 3 of Stepping into Management is starting this month with 9 new delegates.



Primary Care Hubs – also shared by the ICB to all practices

- **Funding** - Funding has been confirmed until 31 March 2025. There is a ‘commitment’ of funding for the 25/26 financial year. We need to work out what funding we require for 25/26 and continue to prove the success of the hubs over 24/25 to secure this funding.
- **Commissioning** - Collaborative Board have asked for the current model to continue whereby Kernow Health CIC as well as the PCNs are commissioned to provide the primary care hubs as detailed below. The funding would also flow as it does currently from the ICB to KHCIC and then to PCNs/ practices if required for aspects such as consumables etc.
 - KHCIC to provide the recruitment, onboarding, liaison and rostering and payment for the clinicians and the ordering (or reimbursement) and delivery of the equipment boxes and consumables.
 - PCNs/ practices to provide the clinical leadership, review of new clinician’s competencies (non-GP’s)/ inductions, coordinates the rooms/ IT etc.

Integrated Urgent Care (IUCS) (111, Out of Hours etc)

The latest available national data (July 2024) ranks Cornwall in the top 10 for 9 of the 13 KPIs where national data is available. Cornwall ranks highest or second highest in 5 KPIs.

Examples

- **Proportion of calls assessed by a clinician or Clinical Advisor (KPI 4):** KHCIC achieved 72.2%. The latest national data available for this KPI (July 2024) ranks Cornwall’s achievement the highest out of all 38 contract areas. The service demonstrates high levels of clinical input and promotes call closure through advanced autonomous practice.
- **Proportion of calls recommended as self-care at the end of clinical input (KPI 6):** We achieved 36.8% The latest national data available for this KPI (July 2024) ranks Cornwall’s achievement highest out of all 38 contract areas.

Bottom Line

What the data tell us is that we are one of the highest performing IUCS providers nationally and that, even with HUC front end performance significantly dragging down our average – our weighting is 3rd best provider out of 38 contracts. This is a continually excellent position. Actions have been taken with HUC (front end call handling) by KHCIC and NHSE to move from 25th and 31st respectfully.

GP Protected Learning Time:

Successful delivery of the protected learning time model continues with good feedback from practices.

Right Care Car:

The Right Care Car continues positive delivery and because of this performance, it has been extended until the end of the financial year – this is a hugely positive endorsement of our ongoing excellence in patient care delivery.

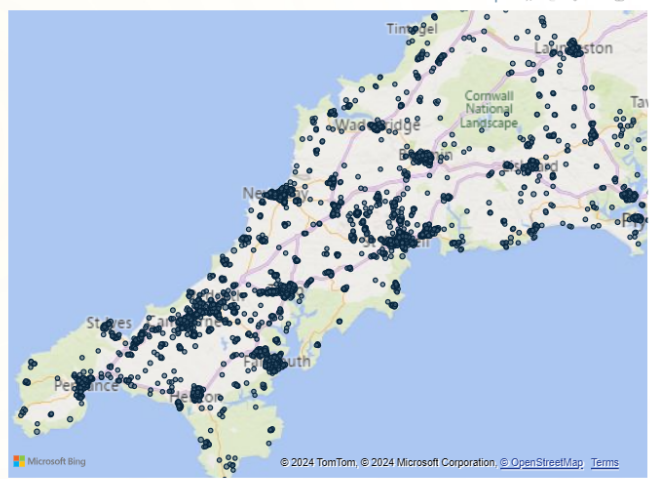
Right Care Car - Case Locations



Outcome	No. of Cases	%
Ambulance	15	0.6%
Community Referral	320	12.4%
ED	101	3.9%
GP Referral	386	14.9%
Prescription	6	0.3%
Self Care	1727	68.1%
Total	2555	100.0%

No. of Cases	Average of Time from allocation to on scene (min)	Average Time with Patient (min)	Average Total Incident Time (min)
2555	111	35	222

Week Commencing	No. of Cases	Average Cases per day	Average Time from allocation to on scene (min)	Average Time with Patient (min)	Average Total Incident Time (min)
09 September 2024	16	2	73	42	171
02 September 2024	73	10	102	42	205
26 August 2024	81	12	103	36	222
19 August 2024	72	10	99	35	212
12 August 2024	80	11	105	34	199
05 August 2024	74	11	97	39	220
29 July 2024	43	6	92	37	204
22 July 2024	68	10	129	40	251
15 July 2024	94	13	132	34	252
08 July 2024	59	8	111	45	266
01 July 2024	75	11	116	32	220
24 June 2024	68	10	93	32	180
17 June 2024	70	10	94	35	177
10 June 2024	86	12	124	33	246
03 June 2024	87	12	129	31	247
27 May 2024	73	10	117	27	219
20 May 2024	85	12	117	27	213
Total	2555	365	111	35	222



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SWASFT ITK:

The SWASFT ITK initiative continues to grow, with 961 cases in August managed and a 68% downgrade on these live 999 cases. This means that they were either self care, referred to UCR, care home scheme, SDEC, prescriptions etc. The table below shows the breakdown for information.

SWAST ITK Cases



Care Coordination Hub:

Joe St Leger-Francis has been made the Management Lead for one of the CIOS Integrated Care System Operating Plan 2024/25 Priorities to Transform Care at Pace programs of work which surrounds transition of the Care Coordination Hub into a true, integrated Single Point of Access Model. Work continues on this, but from an organisational perspective this has the following benefits:

- Continued drive to unify resources to make referral processes more streamlined and more rapid for General Practice.
- Increased potential investment into KHCIC.
- Further partnership working with our system colleagues.
- Further embedding of KHCIC into the system infrastructure.
- Greater variance and day/night working options for our workforce.

There were 638 cases managed by the Care Coordination Hub during August 2024 with 236 (37%) resulting in a Non Ambulance outcome. This will predominantly be cases managed by the SWAST Specialist Paramedic hosted within Cudmore House.

Cornwall Care Coordination Hub - Activity



Select Month: August 2024

Select Date: All

Ambulance (%)	CAS/ITK (%)	Community RRV SP (%)	Crew already on scene (%)	ED (%)	GP (%)	MIU (%)	Self care (%)	UCC (%)	UCR (%)	No outcome selected (%)
63%	4%	4%	6%	3%	3%	1%	12%	1%	0%	

Cases by Day

Date	Downgrade	Same outcome	Upgrade	Referred to ED
31/08/2024	3	4		
30/08/2024	11	7	1	
29/08/2024	8	6	1	1
28/08/2024	11	17	3	1
27/08/2024	7	20	2	1
25/08/2024	6	4		
24/08/2024	4	10	5	
23/08/2024		13	3	
22/08/2024	4	18	2	3
21/08/2024	9	18	3	
20/08/2024	8	7		
19/08/2024	5	11		1
18/08/2024	6	11	4	1
17/08/2024	5	25	5	1
16/08/2024	10	12		
15/08/2024	4	6		
14/08/2024	3	6	1	1
13/08/2024	8	16	2	2
12/08/2024	2	15	1	
11/08/2024	8	12	2	2
10/08/2024	9	15	1	
09/08/2024	3	13		
08/08/2024	3	7	1	
07/08/2024	4	10	7	2
06/08/2024	12	27	2	2
05/08/2024	11	22	1	1
04/08/2024	6	7		
03/08/2024	6	4		1
02/08/2024	5	17	3	
01/08/2024	10	13	1	3
Total	191	373	51	23

Final Category

First Category	C1	C1/C2	C2	C3	C4	C5	Community RRV SP	Non Ambulance	Total
C2	8		158	6		1	6	51	230
C3		31		183	2		20	99	335
C4					19		4	10	33
C5		4		7	1	13		15	40
Total	8	35	158	196	22	14	30	175	638

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