

UPDATE TO HWBB

Summary of draft CCG Commissioning
Intentions
NOVEMBER 2015



City and Hackney
Clinical Commissioning Group

Integrated Care Programme Board's Commissioning Intentions

- ❑ **We will reduce delays in discharge from hospital**
 - No more than 3% of medical beds will be occupied by patients who are ready for discharge.
 - We will commission sufficient capacity of NHS services to support effective discharge, particularly continuing healthcare and neuro rehabilitation services
- ❑ **We will commission more proactive community care for frail patients**
 - Co-ordinated around their needs and delivered by new multi-disciplinary teams comprising health, social care and the voluntary sector: One Hackney and the Integrated Independence Team
- ❑ **All integrated community services (nursing, therapy and multidisciplinary services) will work in quadrants aligned to GP practices**
 - They will adopt a common approach to implementing care plans
 - Care across these services will be co-ordinated by a named lead professional for each patient.
- ❑ **There will be effective transitions into community settings and good communication**
 - The lead named professional will be aware when patients are admitted
 - Plans will be enacted with integrated community services as soon as possible during admission
- ❑ **Elderly patients will spend less time in hospital**
 - All community services will be aiming towards reducing emergency bed days for elderly patients
- ❑ **There will be better access to end of life care services for patients**
 - Patients will be identified as approaching end of life where appropriate
 - Patients will be supported to express their wishes about care at end of life (these shared where appropriate) and supported to die in the place of their choice
 - There will be better communication between secondary and primary care about prognosis and conversations about this

Long Term Conditions Commissioning Intentions 2016-17

| Planned | | | Potential | | |
|---|--|------------------------------|--|-------------------------|-------------------------------------|
| Scheme | Current Funding | Future funding | Scheme | Current Funding | Future Funding |
| Revised version of core LTC contract | Mixed (£1,512,000 recurrent, £949,699 non-recurrent) | Requesting recurrent funding | LTC contract “time to talk” and “time for cancer” | Non-recurrent | Requesting recurrent |
| | | | Further development of virtual renal service | Non-recurrent | Requesting recurrent |
| | | | Exercise on referral (specialist input) | Within PH offer | Requesting non-recurrent |
| | | | Neurology – service review | Recurrent | Recurrent |
| | | | Social prescribing roll out | Non-recurrent | Requesting recurrent |
| Community heart failure re-procurement | Recurrent | Recurrent | Stroke – support for people with high care needs after hospital | Nil | Potential request for non-recurrent |
| | | | Early adopter site for pre-diabetes lifestyle intervention | Nil | No direct cost implications |
| | | | Further peer support programmes for LTCs | Non-recurrent | Potential request for non-recurrent |
| Hypertension re-modelled pathway | Recurrent | Recurrent | Personal health budgets – continued roll-out | Within existing budgets | No change |
| | | | Learning disabilities – care reviews and support into volunteering/employment | Nil | Potential request for non-recurrent |

Summary of Mental Health Programme Board's Commissioning Intentions 2016/17

- **Mental Health Alliances** will be expanded bringing secondary care, primary care, third sector and local authority providers together in a sustainable funding model, which incentivises outcomes, integration, quality and innovation based on shared aims and shared outcomes.
- **Enhanced Primary Care services** will continue to transfer higher numbers from secondary care services based on a recovery model, following the recent service redesign and expansion of the service.
- In line with the **Crisis Concordat**, the interface between organisations, including primary care, secondary care, NHS 111, third sector, police and ambulance services will be improved to create a more responsive and better integrated crisis pathway
- **CAMHS**: new funding will improve eating disorders pathways and transform services to improve links with schools and children's social care and to continue to address early intervention and family support
- **IAPT services**: we will continue to hit our access target and will work on improving recovery.
- **Dementia**: we will maintain our prevalence identification and promote support for patients and carers through funding the Alzheimer's society workers and we will work through the dementia alliance to ensure efficient pathways, avoiding duplication of service.



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Planned Care Headline Commissioning Intentions

Community services:

- Increase capacity of community gynae, ENT and dermatology
- Develop a community based minor eye conditions service jointly with Islington CCG
- Implement community post operative wound care service and develop a shared plan with HUH to improve leg ulcer clinic care

Cancer:

- Review service level agreement between HUH and Bart's Health for Acute oncology service
- Review with two week wait/cancer office capacity with HUH to manage existing referrals and in view of new NICE guidance
- Direct Access colonoscopy with triage
- Stratified follow up – prostate, breast, colorectal – (building on Time to Talk?)

Misc:

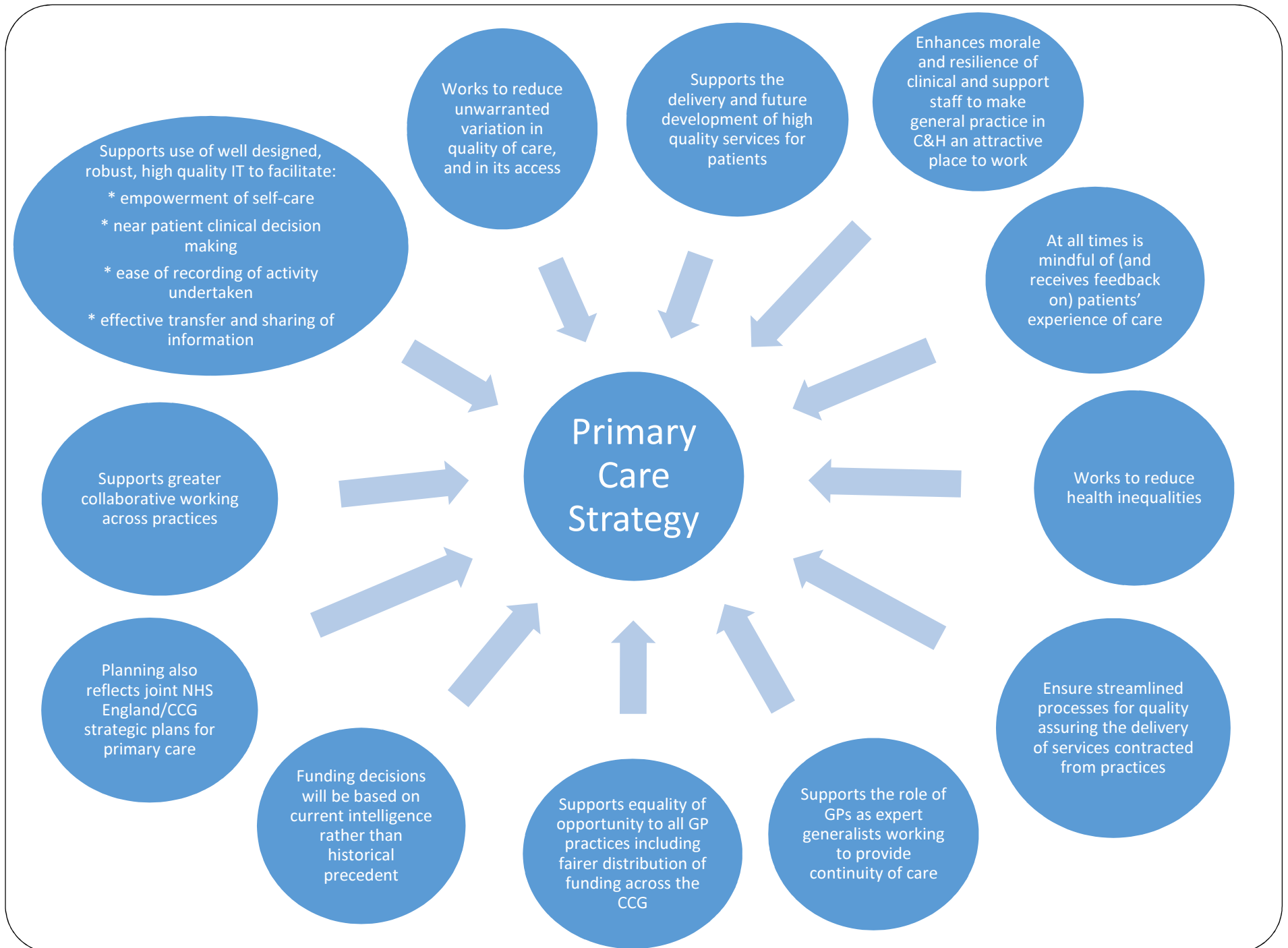
- Work with HUH to deliver a tier 3 weight management service
- On behalf of PHE, commission a new service for latent TB testing from primary care
- Review of Bi-lingual Advocacy service



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Summary of Prescribing Programme Board's Commissioning Intentions

- Reduce the inappropriate use of antipsychotic, antidepressant, anxiolytic, hypnotic and antiepileptic medicines in people with learning disabilities
- Increase the number of medication reviews carried out by a Practice Support Pharmacist (PSP), prioritising the following high risk patient groups:
 - Patients who have frequent hospital admissions
 - Patients on compliance aids
 - Patients in nursing homes
 - Patients requiring domiciliary medication review
 - Patients on polypharmacy
 - Patients on high risk drugs which require shared care
 - Patients with diabetes
 - Patients on high dose inhaled corticosteroid
- Consider the introduction of Medicines Reconciliation for patients with CKD 3-5 who have been referred by practices
- Increase GP uptake of IT prescribing tools e.g. electronic formulary, antibiotic app and MUST Tool
- Deliver Respiratory Training for GPs and Practice Nurses by PSPs and ACERs Nurse
- Improve our sustainability by supporting interventions to reduce medicines waste e.g. charitable recycling of returned medicines
- Supporting the uptake of dressings supply through the dressings optimisation scheme
- Support prompt implementation of national warnings and local Formulary agreements
- Ensure that practices are supported in undertaking Antimicrobial Training
- Continue to engage with practices at the annual prescribing visit and through the CCG medicines management newsletter



A vision for Primary Care

These are the aims we want to achieve for City and Hackney:

- ✓ Be in the top 5 CCGs in London in terms of quality
- ✓ Be an attractive place to work for existing and new primary care staff
- ✓ Delivery of safe services
- ✓ Services that are resilient by being productive, efficient, safe and value for money
- ✓ Services that are of high quality and offer comprehensive patient support
- ✓ Services that are accessible
- ✓ Reduce health inequalities



| Our aims | Action |
|--|--|
| Be in the top 5 London CCGs in terms of quality | <p>In three years all practices to be above London average for patient satisfaction, initially using satisfaction measures from the national GP Patient Survey but looking at how to incorporate data from Friends and Family Test</p> <p>Primary Care Quality Board to work up a proposal for investment</p> |
| | <p>Over three years level up primary care's core funding to at least the London average (or adjusted London average)</p> <p>In three years all practice to be above London average for aggregated performance across the primary care dashboard or above aggregated benchmarked performance (to be agreed) across the primary care dashboard</p> <p>All practices that are currently below the average London core funding and average London quality score to use funding to pump prime delivery of an improvement plan against the Primary Care Quality Dashboard and selected other metrics (to be agreed)</p> |
| Be an attractive place to work for existing and new primary care staff | <p>Improve and maintain workforce morale:</p> <p>PID outlining in year 1 how it will measure morale of all primary care staff and in year 2 deliver an intervention aimed at supporting staff facing burnout</p> |
| | <p>Increase support through education:</p> <p>25% increase in mandatory education session in CCG's Clinical Commissioning and Engagement Contract (from 12 sessions to 15 sessions), offset by increase in % practices attending via Webinar (rather than in person)</p> |
| Be an attractive place to work for existing and new primary care staff | <p>Recruitment and support (helping reduce staff vacancies and reduce staff turnover and reduce risk to patient care)</p> <p>PID to recruit X salaried GPs, X practice nurses and X HCAs and X practice managers/admin/clinical coders/receptionists; to develop support schemes that includes education, professional development and career progression</p> |
| Supports the safe delivery of services | <p>Clinical Commissioning and Engagement Contract: practices to bring X number of "patient narratives" and/or SEAs to X consortium meetings for joint discussion and reflection</p> |
| | <p>Improve quality through thematic analysis of practice complaints</p> |

| Our aims | Action |
|---|---|
| Be resilient by being productive, efficient, safe and value for money | Encourage and support providers to work together to improve productivity and efficiency focusing on: <ul style="list-style-type: none"> • Back office functions • Purchasing • Education and training • Applying for grants • Research and development • Workforce and workforce roles (health care assistants; clinical coder; practice nurse; pharmacist; physician associate; GP; clinical administrator; receptionist; practice manager; micro-teams) • Use of technology • Maximising achievement on Quality and Outcomes Framework, Directly Enhances Services, Additional Services, Public Health Contracts • Organisation of care e.g., chronic disease management; call/recall systems |
| Offer comprehensive patient support | No additional action required beyond other Boards' plans |
| Be accessible | No additional action required beyond other Boards' plans |
| Reduction in health inequalities | All quality measures in primary care can be analyzed by age, sex and ethnicity and the six other protected characteristics set out in the 2010 Equality Act, possibly extend to other characteristics such as class; risk factors, etc All measures recorded for all newly registered patients from 1 st Apr 2016 and for existing patients over X time |
| | Support implementation of the Accessible Information Standard: people who have a disability, impairment or sensory loss have information that they can easily read or understand. This means primary care needs to ensure it can provide information in different formats, for example in large print, braille or via a British Sign Language (BSL) interpreter |

Summary of Urgent Care Programme Board's Commissioning Intentions for 2016/17

Primary Care:

- Monitor the delivery of the Duty Doctor scheme to ensure patients with urgent care needs are being treated in the appropriate setting
- Work with the provider to increase population coverage for extended hours to ensure an equitable service is delivered for all patients in City and Hackney
- Implement the recommendations from the out of hours review to ensure we have high quality sustainable primary care out of hours as well as in-hours
- Support the delivery of the newly developed ParaDoc pathway to ensure complex, frail and elderly patients are treated at home when appropriate to do so
- Engage our community pharmacists in the overall urgent care strategy ensuring patients are sign-posted to appropriately and accordingly
- Continue to explore opportunities for working across the new urgent and emergency care network to ensure patients accessing urgent care are treated by the right clinician, first time everytime.

Secondary Care:

- Continue to work with the local acute trust to ensure the A&E department continues to meet the 4hr performance target
- Explore opportunities to develop ambulatory care models that improve the patient journey, experience and outcomes
- Maintain the Primary Urgent Care Centre as a service for patients with urgent care needs that can be treated by primary care clinicians

Community Crisis response:

- Continue to support the delivery of the Integrated Independence team and its links with urgent care access points, ensuring patients in are treated by the right clinician when in crisis
- Monitor the delivery of the action plan to engage care homes and housing with care schemes with the overall crisis response pathway

Emergency Care:

- Work with associate commissioners to ensure LAS performance continues to improve for its urgent and emergency/Red1 cases
- Engage LAS with continued work to refer into City and Hackney's community crisis response pathways
- Ensure on-going referrals to the newly developed ParaDoc pathway, to improve experience for patients with complex health needs

Communications and engagement:

- Continue to work with our patient groups and patient representatives to raise awareness around the right care at the right time everytime including self care, primary care and urgent and emergency care when in crisis.

Early years

Commissioning Intentions

- Improve pre-conceptual care and early identification of medical (including mental health) and social risk through implement of an Early Years contract to be delivered via the GP Confederation.
- Early booking (by 10 weeks) to improve outcomes of pregnancy.
- Continuity of care in the antenatal and postnatal periods.
- Ensure a high quality safe service, with the aim of reducing neonatal and maternal morbidity and mortality, in view of recent maternal deaths and CQC report. Monitoring via audits, external review and benchmarking.
- Ensure women have a good experience of care throughout the antenatal, perinatal and postnatal periods.
- Ensure parents can help to shape maternity services in City and Hackney through listening to patient's feedback, via a strong MSLC (maternity service liaison committee).
- Improve the uptake of the flu and pertussis vaccinations.
- Increasing normal births through use of birth centre and home birth teams.
- Vulnerable families are identified early, experience a smooth transition from maternity to early years services, with adequate support in place where needed.