City and Hackney
Clinical Commissioning Group

NHS City and Hackney Clinical Commissioning Group
2014/15 Commissioning Intentions development update

Introduction

NHS City and Hackney Clinical Commissioning Group ('the CCG') has been developing its commissioning intentions and service strategies for 2014/15 and beyond for some months. The CCG's commissioning strategy is driven from its clinical Programme Boards, chaired by local GP Clinical Leads and attended by local primary and secondary care clinicians, care area experts and patient representatives.

Our Programme Boards develop and iterate initial proposals for changes to services or entirely new services before taking them to the CCGs membership – local GPs and practices to gain further insight into how any changes we propose will work on the ground and for our patients. We discussed our initial proposals at our Clinical Commissioning Forum meetings (attended by representatives of each of our 44 practices) in June and July 2013 and they were further debated at CCG Consortia meetings, at the CCGs Public and Patient Involvement (PPI) Committee and at GP practice public participation groups (PPGs) over the summer.

We have used this further feedback to refine our plans and have asked our Commissioning Support Unit (CSU) to provide the needed detailed service specifications, financial and performance monitoring input based on our clinical ideas.

We are still in the process of producing final draft 2014/15 Commissioning Intentions, which will be ready for full public consultation shortly. These headline updates from our Programme Boards outline their priorities for changes. A fuller presentation will be made available publically for feedback at the Wednesday 27 November 2013 joint event with the City of London and London Borough of Hackney Health and Wellbeing Boards. We will also be seeking responses in writing from key stakeholders and the general public.

It needs to be emphasised that our 2014/15 Commissioning Intentions are entirely dependent on the CCGs commissioning allocation for 2014/15 and beyond. With changes proposed to the funding of NHS services at a national level, it remains to be seen what funding will be available locally for the services the CCG wishes to commission. We expect confirmation of allocations in December 2013 and will keep all of our partner organisations updated on this area.

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Planned Care Programme Board 2014/15 Commissioning Intentions

Commissioning an integrated multidisciplinary community based pain management service:

- Educating and supporting patients to improve quality of life whilst continuing to live with persistent pain;
- Reduced uptake of interventional therapies;
- An increase in self-management strategies and tools;
- Increased peer support for service users with persistent pain.

Total Knee Replacement Pathway:

- Improved health gain for people who have a Total Knee Replacement procedure;
- A simplified pathway reducing number of 'steps' in the process;
- Shared Decision Making with patients from all clinicians involved in the new pathway.

Dressings care:

- Dressings care will be provided by the right person in the right place through a coordinated service model;
- Commissioning specialist dressings care for venous leg ulcers from community nursing service and commissioning for post-operative and 'other' wound care from a community provider(s).

Diagnostics:

- Re-commissioning diagnostic tests directly accessed by GPs;
- Increasing direct access capacity for Colonoscopy as part of the implementation of Cancer Best Practice Pathways.

Cancer early diagnosis:

- Working with primary care to improve early detection and treatment of cancer, supported by the Planned Care Board cancer lead in partnership with Macmillan.

Community Health Services:

- Review of current service specifications for 'Locomotor' (physiotherapy) - Foot Health, Dermatology GPSI and Community Gynaecology services.

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Urgent Care Programme Board 2014/15 Commissioning Intentions

Accident and Emergency (A&E) performance:

- Review of consultant/senior staff (decision makers) presence in A&E and benchmark against other London A&Es;
- Frequent attenders group to develop improved relationships with our practices, providing data and improved collaboration with multi-disciplinary team;
- Improved winter planning preparation and provision of additional funds to cope with recognised capacity challenges.

Observational Medical Unit (OMU) and associated pathways:

- Tariff to be agreed to avoid duplication of costs;
- Increased utilisation and direct referrals from GPs;
- Additional pathway development and implementation – Cellulitis is ready for implementation, Chest pain, Tonsillitis/Quinsy and sudden onset headache are under development.

Primary Urgent Care Centre (PUCC):

- Develop new service specification.

Out of Hours (OOH):

- Embed new provider (City and Hackney Urgent Healthcare Social Enterprise (CHUHSE)) into the system;
- Strategic marketing of service;
- Review and likely implementation of additional sites to deliver base services closer to City and the rest of Hackney;
- Improved collaboration with local providers, delivering integration where possible.

Access in primary care:

- Increase access and support for same day urgent appointments for practices;
- Development of the duty doctor responsibilities and activities;
- Increased interaction with Trust A&E and OMU regarding admission and discharge;
- Increased capacity for patient visits referred via community services;
- Extension of practice hours;
- To consider evening and weekend coverage;
- To consider individual and collaborative working for practice provision.

London Ambulance Service (LAS):

- Collaborative review and assessment of existing pathways and the current impact in order to agree necessary changes;
- Development of GP support to LAS paramedics in a car service. Pilot to be developed for January 2014 to provide support to emergency calls where GP intervention may help avoid conveyance to hospital.

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Long Term Conditions Programme Board 2014/15 Commissioning Intentions

Integrated care:

- Patients with the most complex needs identified and given extra support through integrated care planning;
- More proactive home visiting for practices' most vulnerable patients;
- Services that align themselves around the patients via their GP practice – additional investment to support multi-disciplinary care planning;
- New service to help patients organise their health and social care needs – "care coordinators".

Reablement and intermediate care:

- Expansion of the operating hours of the reablement and intermediate care service (RICS), to provide an alternative to hospital admission;
- Additional informal support to people who are being supported through RICS.

Long term conditions (LTCs):

- Support GPs to case find and provide higher quality care for patients for those long term conditions that make the biggest contribution towards our high Cardio Vascular Disease (CVD) and respiratory mortality rates – hypertension, cardiovascular disease, diabetes, stroke, atrial fibrillation (AF), chronic obstructive pulmonary disease (COPD) and asthma, as well as a new focus on areas where we know further work is needed – chronic kidney disease (CKD), hypothyroidism, epilepsy, peripheral arterial disease;
- Additional support for people with a long term condition, especially at the point of diagnosis: new peer support resource for patients; increased time for patients to discuss their condition with the practice team; better access for patients to education and self- management programmes.

End of life:

- More support to families through an increased night sitting service.

Social prescribing pilot project 2014-15 Commissioning Intentions:

- To develop a primary care referral social prescribing programme in City and Hackney building on existing good practice nationally and locally;
- To enable individuals to feel more in control, have improved self-esteem and confidence, and self-report an improvement in health and well-being;
- To reduce social isolation and support people to be manage their own health conditions and well-being;
- Inform GPs and their teams become more aware of what's happening in the community and vice versa;
- Support individuals to visit the GP or hospital less as they are managing /coping better;
- Improve sense of community well-being – mutual support.

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Mental Health Programme Board 2014/15 Commissioning Intentions

Children and young people:

- Improved waiting times, access to psychological therapies, do not attends (DNA) and user choice;
- Every child aged 14 upwards thought to meet the early intervention in psychosis (EIP) criteria will be assessed within 2 days.

People new to services:

- Rapid assessment interface and discharge working within A&E and inpatient settings;
- Wider skills and competencies for community based staff to recognise the signs of psychosis in order to enable swifter referrals;
- Every patient to have a recovery plan and introduction to benefits and employment support.

People with short term problems:

- Reduce waiting times from referral to assessment and treatment;
- Expand the range of interventions available through improved access to psychological therapies (IAPT) to include interpersonal therapy (IPT) and brief interventions.

People with on-going problems:

- Review of Community Mental Health Teams and the role of the early intervention team (EIT), Assertive Outreach Team (AOT) etc;
- Improved inpatient standards including medication reviews, and a Patients Charter which reflects a minimum set of standards;
- Improved access to mental health support across long term condition pathways and within acute care.

People with dementia:

- Improved screening and coding;
- Improved support for patients and carers in the community.

People with complex needs:

- Explore alcohol and substance misuse screening with Local Authority commissioners;
- Improved referral pathways for eating disorders;
- Integrated psychological therapies improving access at the right time for complex presentations, possibly including children.

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Children's Services Programme Board 2014/15 Commissioning Intentions

Improving the management of LTCs in children:

- Establishing disease registers in primary care (asthma and epilepsy);
- Integrated asthma care pathway – (including across school nursing & health visiting contracts, working with Local Authorities and NHS England);
- Primary care follow up children & families who frequently attend A&E.

Early identification and case management of vulnerable children and families:

- Commission practices to - a) Identification and case management; b) new patient checks; c) 16th birthday checks;
- Primary care follow up children & families who frequently attend A&E.

Implementing the changes in special education needs (SEN) code of practice:

- Personal budgets;
- Joint education, health and care plans.

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Maternity Services Programme Board 2014/15 Commissioning Intentions

Review of the socially vulnerable women pathway:

- Agreeing the enhanced offer for vulnerable women;
- Agree protocol of shared care;
- Roll out joint antenatal visits, midwifes and health visitors, for vulnerable women.

Review of community midwifery:

- Improved patient experience;
- Ensuring low risk births receive their care in the community rather than in a hospital setting;
- Ensuring maternity services are provided in high quality, patient friendly compliant sites;
- Improved access to community provision;
- Improved communication between GPs and midwifes.

On-going monitoring of the new maternity tariff:

- Review of staffing levels;
- Review of demand and capacity across the sector;
- Review of appropriate levels of care;
- Roll out of friends and family.

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Prescribing Programme Board 2014/15 Commissioning Intentions

Adherence & improvements in clinical outcomes:

- Medication review of prioritised patients in key clinical areas – Cardiovascular, Respiratory and Mental Health;
- Improved use of medicines to prevent morbidity and hospital admissions in the prioritised areas;
- Subject to level of funding make available to each City and Hackney practice, medication review for all prioritised clinical areas;
- Reduce medication waste.

Adherence - increase patient engagement:

- Identify through patient groups any gaps in medication reviews / user reviews;
- Improved provision of information for patients on appropriate ordering of repeat prescriptions;
- Increased access to medication related counselling for patients
- Improving patients awareness and uptake of medication review / medicines use review schemes;
- Improvements in patients' knowledge about the medicines that they take.

Prioritising clinical outcomes over cost savings:

- Reviewing how we align cost effectiveness of prescribing with clinical outcomes.