Item 7

NHS COVENTRY & RUGBY

CLINICAL COMMISSIONING GROUP

COMMISSIONING INTENTIONS

2015/16

Date: 15th September 2014

Status: DRAFT 5 for consideration by CDG

INTRODUCTION

In our 2014-2016 Commissioning Intentions issued last Autumn, the CCG set out its six Transformational Programmes:

- Diabetes
- Dementia
- End of Life
- 24/7 Urgent Care
- Stroke Care
- Maternity, Children and Young People

As we finalised our 2 year Operating Plan for the same period, we added a seventh programme:

- Elective Care

This addition recognised an area of significant spend for the CCG and responded to the NHS England ambition to secure a 20% productivity gain within elective care over the next five years.

Engagement activities undertaken over the last twelve months, combined with a rigorous review of benchmark data, best practice case studies and other guidance, has shaped our thinking about each of these seven Transformation programmes. In this update, we are able more clearly articulate the changes that we want to achieve and the mechanisms for securing those changes.

These detailed commissioning intentions should be read in conjunction with 'Transformational Change: Transforming Lives', the Strategic Plan 2014-19 prepared jointly by the three CCGs within Coventry & Warwickshire. This documents sets out the principles of our shared approach to transformation:

- **Care closer to home**
- **Specialist care in the right place, at the right time**
- **Enable patients to live the lives they choose**
- **Clinicians from across health and social care working together**
- **Use of innovative practice and technology to deliver care**
- **Care delivered within a financially sustainable system**
- **Mental disorders are treated on par with physical disorders.**

Whilst this document details our priority workstreams, we will of course continue to make progress across our entire service portfolio as we seek to

secure the best possible mix of services to meet the needs of the population we serve. Further we will work closely with Public Health and Local Authority colleagues to make every effort to reduce acknowledged health inequalities. Reviews initiated with individual service providers during 2014/15 will be followed through and successful 2014/15 CQUINs built upon (where resources allow).

Given the continued constraint on public sector spending, the financial context for 2015/16 and future years will be extremely challenging. Meeting increasing demand with a static resource will require the CCG to work with its members its public and service providers (new and existing) to innovate and to deliver services differently. At the same time we are adamant that reducing costs will not be at the expense of maintaining acceptable levels of safety, quality and patient experience. Locally and nationally, the NHS is managing the impact of constrained public spending and a funding settlement that is more challenging than many can remember. It is likely that all organisations will need to make bold and difficult decisions. CRCCG will ensure that any such decisions are taken only after an explicit consideration of the impact on quality, safety and patient experience and an open discussion with our public and our other local stakeholders.

CRCCG Commissioning Priorities for 2015/16

1. Diabetes Management

- We will work with our GP Members to secure improved performance against the 8 annual checks
- There will be a consistent use of Diabetes UK Leaflets in all GP Practices for newly diagnosed Type 2 Diabetics
- We will commission a new Patient Education programme that is delivered more locally, using a skill mix of both Health Professionals and Lay Educators. Through this, and increasing use of technology, we will increase the numbers of people that are confident to self-manage their diabetes.
- Further to an invest to save business case, we will develop a menu of additional support such as additional community support including improving access to advice and education for non-English speaking patients, and expert dietary help.

- We will take part in the pilot Diabetes UK Peer to Peer Patient Programme to give ongoing education and support to Type 2 Diabetics
- We will promote the use of Eclipse Diabetes Manager which links primary care with hospital based consultants to risk stratify diabetes patients and provide virtual clinics
- We will commission a new Integrated Diabetes Service that will support the diversion of much routine activity away from traditional hospital out-patient clinics.
- We will change our hospital contracts to that their focus is on the care of the 'Super 6' conditions which require more specialist input:
  i. Antenatal Diabetes;
  ii. Diabetic foot care;
  iii. Renal (estimated glomerular filtration rate <30);
  iv. Insulin pumps,
  v. Complex Type 1/Adolescents
  vi. Inpatient Diabetes care
  - Subject to an invest to save business case, we will seek to improve access to psychological therapies

2. Dementia Care

- We will commission adequate capacity to ensure that 95% of people wait no longer than 8 weeks to be seen by the Memory Assessment Clinic. As part of this, we will explore primary care diagnostic pathways with a view to identifying possible pilot options for 2015/16.
- We will commission adequate post-diagnostic support capacity to ensure that everyone wishing to be referred can be seen in a timely manner
- We will promote greater use of assisted technology to enable people with dementia to remain independent for longer
- We will engage Carers of people with dementia to identify how we could be further supporting them in their role
- We will enhance the service specification and quality framework that we use to contract with providers of dementia services in order to promote the highest standards of care
- We will continue to provide CWPT with CQUIN funding to work with care homes to enable them to better support those residents who exhibit challenging behaviours due to their dementia

3. End of Life

- We will work with partners to better co-ordinate the provision of information, ensuring comprehensive information about the issues that matter to patients and their families is easily accessible
- We will continue to work with our GP practices, our community nursing services and our hospital teams to ensure that patients at the end of life are always invited to discuss their care preferences, and to have these documented and acted upon (i.e. advanced care planning).
- We will continue to work with service providers to develop End of Life registers and shared care plans accessible by all service providers to ensure good co-ordination of care. We expect to have an electronic EoL register operational from the 1st April and will expect all Providers to create and maintain entries for their patients.
- We will work with providers to ensure that EoL services are as responsive at night time and at the weekend as they are on weekdays, thereby avoiding unnecessary admission to hospital and facilitating discharge home where this is the dying person's wish

4. 24/7 Urgent Care

- We will establish a communication strategy which positively impacts on the behaviours of the public and professionals in delivering our overarching vision and a consistent message which empowers self-management.
- We will seek to ensure that hospital Emergency Departments are utilised for accident and emergency conditions only and to reduce unnecessary attendance at and admission to hospital.
- We will ensure a robust diversion strategy is in place to direct people to alternative pathways and sign posting i.e. Pharmacy, GP appointments, help and support.
- We will seek to embrace technology and innovation i.e. with shared clinical information where necessary in a secure method. (see Integration section below)

- We will continue to increase ready access to urgent primary care, mental health and community services in a timely way and which are delivered as close to home as care needs dictate i.e. right place, right time, every time ensuring the right option is the easiest option.
- We will work with partners to make positive progress towards providing appropriate urgent and emergency care services seven days a week to one consistent standard across community services, mental health, primary and secondary care.
- We will work with WMAS to reducing ambulance conveyances to hospital by redirecting into alternative community and primary care pathways.
- We will re-specify the GP out of hours service and the NHS 111 service to ensure these fully support our urgent care model.
- We will review the roles of the City of Coventry walk in centre and Rugby urgent care centre to ensure they are supporting the reduction of avoidable hospital admissions to maximum effect.

5. Stroke Care

- We will work with GPs, Public Health and other service providers to improve primary prevention and the detection of risks of stroke
- We will seek to work with our acute and community service providers to identify a means of re-engineering existing resources to secure improved community rehabilitation services and reduced hospital stays, thereby maximising the re-ablement potential of stroke patients and reducing the likelihood of ongoing support needs.
- We will improve secondary prevention after stroke, ensuring the right prevention and advice is in place to reduce the risk of a subsequent stroke.
- We will work with our Local Authority partners to ensure social care staff are better supported to care for stroke survivors

6. Maternity, Children and Young People

- We will review the model of care for Children and Adolescent Health to ensure that those in need of specialised support access it in a timely

manner. Our approach will be to co-produce a revised service specification with a range of stakeholders, including young people themselves. We will then agree with commissioning partners how best to implement this revised specification. As part of this work, we will seek to secure sustainable reductions in waiting times for follow-up appointments.

- We will develop an early help offer for children and young people, in partnership with the Local Authority.
- We will strengthen safeguarding arrangements including the sharing of information across agencies
- We will continue to promote and ensure that Electronic Child Health Records are shared between organisations and health professionals.
- We will continue to support the increased identification of Hidden Harm and work towards ensuring that those identified families receive joined up services.
- We will continue to improve the health outcomes of Looked After Children, and those leaving care. Priorities will include the timely completion of LAC assessments and ensuring all Care leavers have a full health history.
- We will seek to work with our Providers to reduce avoidable short stay emergency admissions; our initial focus is likely to be on asthma related admissions and self-harm.
- We will develop and implement a joined up education, health and social care plan and core offer for children with disabilities.
- Working with the City Council, we will develop an integrated speech and language model across Coventry.
- We will seek to implement the findings of the review of Children's' Occupational Therapy and Physiotherapy services that we commissioned in 2014/15, with a view to improving the service model where it will reduce waiting times.
- We will implement the pre-term delivery pathway and formalise it in the contract with our providers.
- We will focus on pre- conceptual care, working with partners to focus on reducing high risk factors such as smoking, obesity and alcohol.
- We will explore how technological solutions can be utilised to optimise health outcomes for young people.
- Within Coventry, we will work with Local Authority commissioners to implement an integrated residential short breaks model.

7. Elective Care

- We will keep our commissioning policies under constant review, ensuring the funding is not diverted into procedures for which there is limited clinical value or where there are proven more cost effective alternative treatments. We will extend the use of Prior Approval where this is considered appropriate to secure compliance with our commissioning policies.
- We will commission a new service model for Dermatology that will see non-complex conditions managed in community settings and virtual clinics and which strengthens patient education and self-care. We will support this change by moving to a block contract with a lead service provider, thereby incentivising the streamlining of patient pathways and the delivery of care by the most appropriate professional.
- Having completed the Dermatology service change, we will look to redesign Ophthalmology, Gynaecology, Urology and potentially Cardiology services along similar lines.
- We will enhance the Advice and Guidance function whereby GPs can seek the advice of a hospital specialist to support decisions about the case of individual patients. We will develop an appropriate reimbursement model for this, redirecting funding from saved hospital out-patient appointments.
- We will move towards contracting for COPD and Heart Failure services in a new way in order to incentivise more pro-active preventative care and thereby reduce emergency admissions, bed days and hospital out-patient appointments.
- We will work with our GP practices and our Acute providers to identify how we can best utilise diagnostic services to ensure these inform appropriate treatment and to reduce unnecessary duplicate testing.
- Following the 2014/15 review of Physiotherapy services and the establishment of a Physiotherapy Forum to promote clinical best practice and the development of integrated pathways, we will revise service specifications and strengthen KPIs as a means of securing improved performance.
- We will work with the Providers to review pathways to ensure that expenditure on Nutritional Feeds is optimised.

OUR CORE COMMISSIONING PRINCIPLES

In last year's commissioning intentions, we introduced the three principles that would underpin of our commissioning activities:

- **assuring Quality & Safety**
- **promoting Integration**
- **securing Best Value.**

I) Quality & Safety

- As in previous years, we will use CQUIN to support the delivery of our key priorities. We will again look to develop joint CQUINs that support joined up working across the primary / secondary care interface. Our expectation is that 15/16 CQUINs will reward impact rather the delivery of process milestones.
- We will work in collaboration with the local authority to strengthen the quality of care within care homes using Better Care Fund as a lever where appropriate
- We will work with providers to develop a joint approach to improve the uptake of influenza vaccinations by clinical staff
- We will ensure that learning from Serious Case reviews continues to be embedded and monitored through our NHS contracts with local providers to continually improve the safeguarding of both adults and children
- We will review access criteria for Therapy services for both Adults and Children, ensuring services are available in a timely manner to those most in need
- Within resources, we will look to implement the recommendations of the review of Psychological Therapies that is being undertaken across Coventry & Warwickshire
- In line with national requirements, we will make Personal Health Budgets available on request to all who would benefit from this approach.
- We will continue with our multi-agency approach to reducing the incidence of Falls and Pressure Ulcers
- We will explore what pathways are required , transcending current services, to support veterans either presenting locally or who are referred following engagement with the NHS England commissioned ' Veterans' post-traumatic stress disorder programme.

II) Integration

- We will work with our GP practices, CWPT, SWFT and our Local Authority partners to continue to the roll-out of Integrated Neighbourhood Teams, thereby providing a more co-ordinated approach to caring for the most vulnerable in our communities and reducing the need for emergency hospital admissions.
- We will continue to work with our Local Authority partners to enhance short-term, home based support services with the aim of both reducing delays in discharge from hospital and enabling more people to remain living in their own home, reducing the need for costly residential placements.
- We will continue to explore potential IT solutions that will facilitate the sharing of clinical data and care plans across the professionals involved in an individual's care. Our vision is to join-up the different information systems in our system to allow important patient information to be seen in one place, where this will improve the patient experience and outcome. We will continue to explore potential IT solutions that will facilitate the sharing of clinical data and care plans across the professionals involved in an individual's care such as the Medical Interoperability Gateway (MIG) for GP systems and the Eclipse system for long term conditions.
- We will jointly agree and purchase a local solution for a Health Information Exchange with our Providers and other partners.
- We will work with Providers to prioritise service areas for early implementation of the new technology, where information sharing is needed to deliver new ways of working. These areas are likely to include integrated community teams, end of life, and urgent care.
- With our Local Authority partners we will seek to ensure that carers have access to appropriate networks and education to support them in their vital role
- We will engage with Public Health and other Local Authority colleagues to ensure that appropriate attention is given to promoting mental health and well-being for both adults and younger people.
- We will seek to on developing capacity in community services to offer more intensive support to prevent admission to hospital for individuals with a Learning Disability who exhibit complex behaviour and/or autism. We would will expect this capacity to act as a crisis (and pre crisis) intervention service.

- We will review the implications of the Learning Disabilities Self -Assessment Framework on Health provision and agree the programme of change required across primary care and other commissioned services
- Within available resources, we will work with our Local Authority partners to implement the Autism strategies (Coventry and Warwickshire) which were launched in 2014/15. We will also seek to improve services for individuals with Attention Deficit disorders (ADHD).

III) Best Value

- The CCG will expect Providers to absorb all internal cost pressures within existing funding levels (less the national tariff adjustment).
- We would discourage Providers from pursuing counting and charging changes which would result in a net effect that commissioners pay more for the same. Whilst we understand the attraction of this approach, our joint emphasis must be on reducing not maintaining or increasing overall costs.
- We will review all locally agreed prices and re-negotiate where these do not appear to be offering good value for money.
- We will not fund activity at full or part day case tariff where such activity is clinically appropriate to be undertaken in an outpatient setting.
- We will clinically review activity that is being charged as an out-patient procedure to ensure that this is an appropriate tariff.
- We will look to develop joint funding arrangements with our Local Authority partners where this will improve patient care and facilitate more joined up care or earlier intervention.
- We will continue our work to ensure that individuals in treatment/residential placements Out of Area are regularly reviewed and supported to move closer to home where this is their wish.
- We will require our providers to fully implement the national Maternity pathway based tariff
- We will seek to implement the recommendations of the Orthotics patient pathway review being undertaken in 2014/15.
- We will look to Providers to take greater responsibility for managing demand against activity-driven budgets such as patient transport, nutritional feeds and specialist beds and mattresses to ensure that commissioning resources are utilised appropriately. The transfer of such

budgets into the direct management of Providers is an option we would like to explore.

- We will look to implement the outcomes of our 2014/15 review of our grant agreements, the purpose of which is to ensure funding is targeted at our key service priorities.