

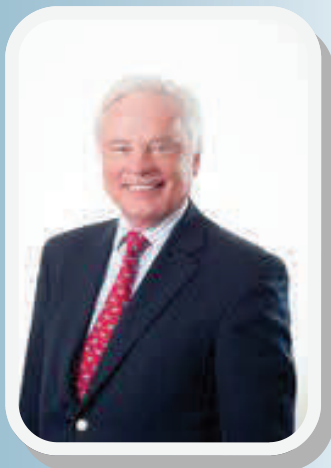


North Hampshire
Clinical Commissioning Group

North Hampshire Clinical Commissioning Group ***Prospectus 2013/14***



"Making a positive difference to the health and wellbeing of our population"



We have ambitions!

Dr Hugh Freeman MB BS
Chair

NHS North Hampshire CCG sees the introduction of clinical commissioning as an opportunity to change the way services are commissioned within the NHS, placing clinicians at the centre of the commissioning process and patients at the centre of their own health. We are taking hold of our new role with great enthusiasm, believing that GPs are ideally placed to be able to use their clinical insights to add value and deliver tangible improvements to patient care. The way in which we will go about our work is shown in our mission, vision and values statements, which have been developed in partnership with constituent GP practices, local communities and staff, and which lay the foundation for our business.

Our Mission:

To make a positive difference to the health and wellbeing of our population.

Our Vision:

The CCG is a true membership organisation with quality at the centre of our work. We will conduct open and meaningful engagement with our population. Local clinicians will lead the design of innovative local services, using decisions based on local needs, best evidence and best practice. Service commissioning will be a collaborative effort between the CCG, NHS England, the Local Authority and providers themselves.

Our Values:

- ◆ We are accountable for what we do
- ◆ Quality is at the heart of our work
- ◆ Each patient is at the centre of their own health
- ◆ Meaningful and open engagement with our population is at the core of how we work
- ◆ We make decisions using evidence, good practice and innovation
- ◆ We will deliver financial sustainability and value for money.

Our Behaviours:

- ◆ Listen and create a learning environment
- ◆ Be driven, challenging, resilient and fair
- ◆ Use the strengths and support of our clinical leadership
- ◆ Work together with partners to create and deliver a shared vision
- ◆ Promote positive relationships to achieve the best possible health outcomes
- ◆ Use cooperation and competition appropriately



Setting the direction of travel

Dr Sam Hullah MB BS MRCGP DRCOG
Chief Clinical Officer

We understand that the public has huge respect and passion for the NHS and belief in its ethos. We also recognise that there are serious challenges ahead, with an increasingly older population, enduring inequalities in health, rising numbers of patients who have a chronic condition and a very challenging financial environment. We need to ensure that our strategy reflects our plans to address the challenges. We believe that, through our CCG's strategic clinical leadership, our mission can be attained. Our membership will be actively involved and engaged in our decision-making and in ensuring that the CCG delivers what we say we will. To do so will require the CCG to work collaboratively with other commissioners, and with our providers. We will need to make decisions which will change the way services are delivered, so that they make use of new technology and treatments, which are of good quality, effective and value for money.

Our Key Strategic Objectives:

We are committed to:

- ◆ Reducing the gap in life expectancy and health between the least and most deprived wards
- ◆ Ensure that the population are using planned care services effectively
- ◆ Supporting those who have a Long Term Condition to maintain a good quality of life
- ◆ Improving access and patient experience
- ◆ Ensuring that services are safe, of good quality and have excellent health outcomes
- ◆ Redesign services to reduce the need and use of urgent care particularly in an acute setting
- ◆ Adopting a comprehensive approach to mental health and Learning Disability
- ◆ Providing support and care to children and their families
- ◆ Optimising cost effective use of medicines management to improve patient care and safety



Delivering on our promises

Lisa Briggs
Chief Operating Officer

Clinical Commissioning is centred on delivering better designed services for our patients. These must support our Quality, Innovation, Productivity and Prevention programmes of work which are designed to deliver better quality for patients and value for money. Evidence tells us that high quality care is about getting care pathways right - this needs a whole range of people and organisations and services to work together. In North Hampshire, our key delivery priority is our Integrated Care Programme, where we have engaged with a variety of stakeholders, including constituent GP practices, patients and the public, and our local health and social care community.

Our Clinical Programmes include:

Prevention and Staying Healthy: working with our partners including Public Health and the Local Authority to deliver national screening and immunisation programs (e.g. bowel, breast and cervical cancer) as well as other prevention and staying healthy programmes in order to reduce health inequalities.

Planned Care: working to ensure care is delivered in the right place, at the right time promoting appropriate access to services.

Unscheduled Care: improving the management of end of life care, implement national COPD and asthma strategies and move to greater self-management by patients who have a long term condition, as well as enabling choice of place of death and promoting appropriate use of out of hours and emergency services.

Mental Health and Learning Disabilities: promoting earlier identification of illness, improving effectiveness of services and improving the health of those with mental health problems and supporting carers to help patients to remain independent.

Maternity, Newborn and Child Health: improving access to the best quality maternity services where women will feel supported in making informed choices about their care and birth and to develop and implement strategies for children's therapies, acute paediatric pathways and Child and Adolescent Mental Health Services (CAMHS).

Primary Care: improving consistency and the quality of service provided by GP practices, support reassessment of contracts for value for money, and increase uptake/awareness of other services such as dental, pharmacy and optometry.



Quality: At the heart of everything we do

Jan Baptiste-Grant
Chief Nurse

Placing patients at the centre of every care intervention is a strongly held principle in NHS North Hampshire CCG. The quality of care is as important to us as the quality of the treatment received by patients. Improving quality, safety and patient experience will be reflected in every aspect of our commissioning intentions, and demonstrated in the health outcomes of our patient population.

We will reflect the intentions identified in “*Everyone Counts*” by listening to patients and commissioning services with the expectation of higher standards and monitoring providers to ensure the delivery of safe care.

Our approach to quality will incorporate the recommendations of the Francis Public Inquiry into the failings of Mid Staffordshire NHS Foundation Trust and Winterbourne View; this will be monitored through six domains:

**Information
Monitoring**

**Improvement
Intervention**

**Assurance
Leadership**

NHS North Hampshire CCG also pledges to bring about a step change in patient experience and quality of care by:

- ♦ Listening to patients
- ♦ Providing choice to patients and shared decision making
- ♦ Using competition to improve the quality of patient experiences and access to services
- ♦ Enabling people to recover their independence
- ♦ Eliminating inappropriate use of mixed-sex accommodation
- ♦ Reducing access/treatment times
- ♦ Addressing complaints

NHS North Hampshire CCG is also committed to working in partnership with our agencies to continuously develop and improve our ability to **safeguard children and adults** across the area and improve safeguarding outcomes. There is a well established network of leaders for safeguarding children and a consortium of safeguarding adult leaders has been established across the health economy. NHS North Hampshire CCG will continue to use these mechanisms to support the requirement to improve services for adult and child victims of violence.



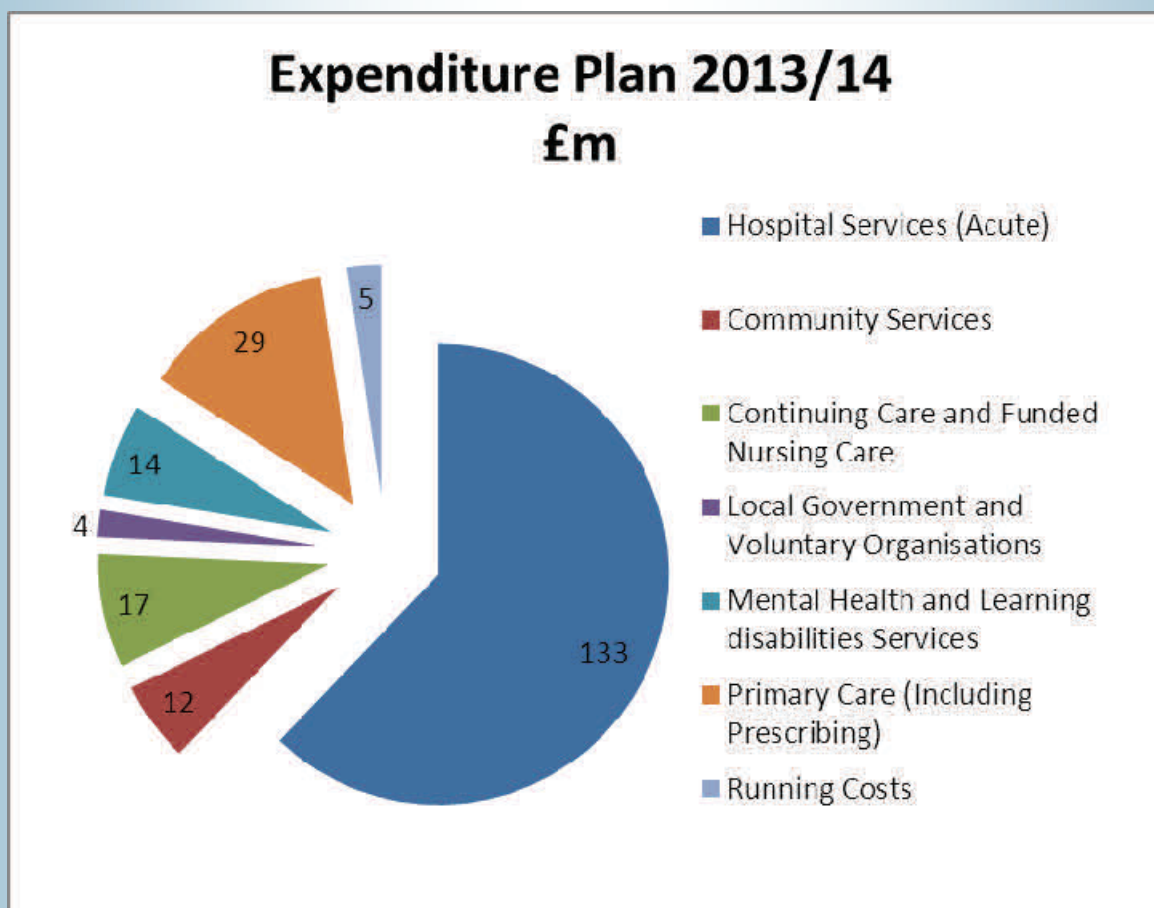
Making the best use of our resources

Pam Hobbs
Chief Financial Officer

The Clinical Commissioning Group received £214m in 2013/14 which it will be using to pay for health services for the population covered by NHS North Hampshire CCG. The CCG is responsible for the majority of health services, except the costs of GP surgeries, opticians, pharmacies, dentists and treatments which are highly specialised.

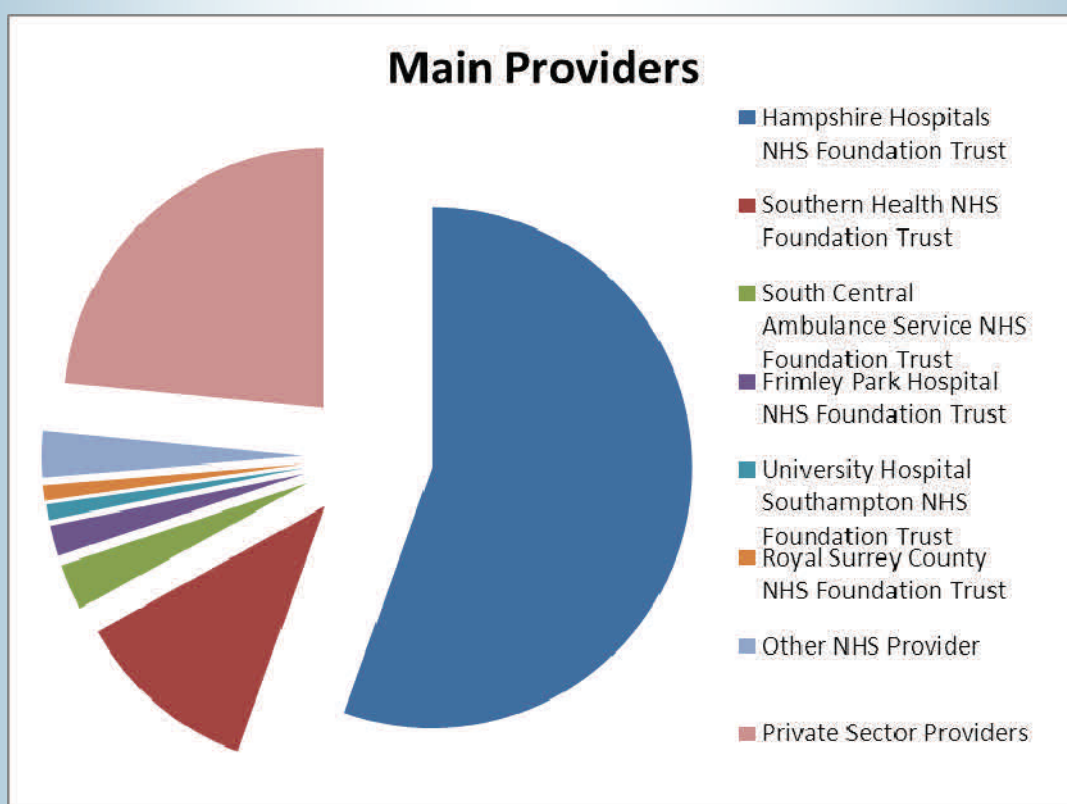
We spend the money we have available as wisely as possible, on care provided to patients in hospital, in the community, and in patients' homes. Such care will include planned operations, emergency care (A & E and admissions to hospital), prescription costs, Ambulance Services and Hospice Care. The NHS is required to continue to identify where it can make savings by being more efficient e.g. by reducing waste and working together with social care, the CCG will meet the savings targets necessary but at the same time we will always aim to improve patient care.

The £214m we have available is planned to be spent in the following proportions:



Who are the main providers of care to the CCG population?

We hold contracts with health care 'providers' - this is where the majority of our patients will receive their care. Patients can receive NHS care from many different providers, which will include NHS organisations, the private sector and the voluntary sector. The majority of the money is spent locally reflecting our patients' choice of provider. Our biggest providers in terms of money spent are Hampshire Hospitals NHS Foundation Trust, Southern Health NHS Foundation Trust, Frimley Park NHS Foundation Trust, University Hospitals Southampton NHS Foundation Trust, and South Central Ambulance Services NHS Foundation Trust. We also work with our Local Authorities to jointly commission services and this includes pooling our money together to get best value from the money available.



Using new money growth to improve services to patients in 2013/14

The CCG received 2.3% extra funding this year compared to 2012/13; some of this will be used to fund the cost of an increase in population. The numbers of elderly people are growing as life expectancy increases, and with the costs of care for the elderly being higher than that for the younger population, this will also cost more.

Some of this money has been put aside to fund new or enhanced services, which we know (from feedback) that our public and patients will value. This money will pay for the introduction of services to enable early supported discharge from hospital for those patients who have suffered a stroke (and thus helping to maintain independence); a Psychiatric Liaison Service in the A & E Department at Basingstoke Hospital; provide Psychological Therapy Services; and a community-based Ophthalmology Service.

Our commissioning intentions for 2013/14

What sort of services do we intend to spend our money on?

NHS North Hampshire CCG has been paying close attention to the ten priorities for action for commissioning groups suggested by the Kings Fund, so that we can progress on many of the CCG quality outcomes included in the NHS England Commissioning Outcomes Framework.

The Kings Fund priorities include:

1. Active support for self-management
2. Primary prevention
3. Secondary prevention
4. Managing ambulatory care sensitive conditions
5. Improving the management of patients with both mental and physical health needs
6. Care co-ordination through integrated health and social care teams
7. Improving primary care management of end-of-life care
8. Medicines management
9. Managing elective activity referral quality
10. Managing urgent and emergency activity

We have carefully constructed our commissioning intentions and strategy to reflect the Kings Fund work and will refer back to it periodically during the year to make sure we are still travelling in the right direction.



Our healthcare priorities are shown in the table below, along with what we will be looking to improve or newly commission.

Diabetes	◆ Diabetes education to help patients understand their condition and manage it better themselves ◆ Work with public health to reduce obesity ◆ Make sure that diabetics receive comprehensive regular check ups ◆ Redesign the pathway for diabetes to make it more community focused where appropriate ◆ Reduce emergency admission for diabetic ketoacidosis ◆ Target heart attacks, strokes and chronic kidney disease in diabetics
Dementia	◆ Dementia investigation and diagnosis is a priority ◆ Patients with dementia need to be cared for in an appropriate way ◆ Reduce the prescribing of anti-psychotic medication
Chronic Heart Disease and Hypertension (high blood pressure)	◆ Work with public health to reduce obesity ◆ Identify those many undiagnosed patients ◆ Reduce the death rate within 30 days of hospital admission for stroke ◆ Reduce the number of people dying from these conditions ◆ Increase the use of 'clot-busting' drugs within 4 hours of stroke
Mental Health	◆ Increase the use of 'talking therapies' ◆ Implement 'Improving Access to Psychological Therapies (IAPT)' ◆ Increase physical checks for people with severe mental illness ◆ Reduce emergency admissions for alcohol-related liver disease
Respiratory Disease	◆ Reduce the death rate from respiratory disease in the under 75s ◆ Care for patients by GPs to reduce admission to hospital ◆ Reduce emergency admissions for Chronic Obstructive Pulmonary Disease (COPD) ◆ Increase access to the Pulmonary Rehabilitation team
Frail Elderly	◆ Work with patients to reduce falls ◆ Build the integrated care teams to join up health and social care ◆ Ensure that patients can be discharged from hospital in a timely way ◆ Redesign the way patients access emergency care ◆ Build on the 'Personal Health Budget' programme
Maternity and Paediatrics	◆ Reduce smoking in pregnancy ◆ Increase the number of women having antenatal assessment at 13 weeks ◆ Increase the number of women breastfeeding their babies ◆ Review the paediatric pathway and relocate the assessment unit to the Emergency Department
Cancer	◆ Reduce the number of emergency admissions

About NHS North Hampshire CCG

We have:

- ♦ an area of 819.6 square kms (316.5 square miles)
- ♦ population of 215,396 local residents
- ♦ 21 constituent GP practice members
- ♦ a delegated budget of £214 million for 2013/14
- ♦ a savings target of nearly £10m for 2013/14

We commission health services from:

- ♦ Hampshire Hospitals NHS Foundation Trust (Basingstoke site, contract worth £103m)
- ♦ Southern Health NHS Foundation Trust (contracts worth £24.5m)
- ♦ Frimley Park Hospital NHS Foundation Trust (contract worth £4.4m)
- ♦ South Central Ambulance Service NHS Foundation Trust (contract worth £5.2m)
- ♦ University Hospital Southampton NHS Foundation Trust (contract worth £2.2m)
- ♦ North Hampshire Urgent Care (Out-of-Hours service)

We also work in partnership with:

- ♦ NHS West Hampshire CCG
- ♦ Hampshire County Council
- ♦ Basingstoke and Deane Borough Council
- ♦ Hart District Council
- ♦ East Hampshire District Council



About our Communities

In North Hampshire, our health is better than the average for England as a whole. There are some local differences that are worth mentioning:

- ◆ Levels of deprivation are lower than average but there are a number of areas where children live in poverty.
- ◆ Life expectancy for both men and women is higher than the average for England, however in parts of Basingstoke and Deane, people live 4.5 to 5 years less than that average.
- ◆ Death rates have fallen over the last ten years. The early death rate from heart disease and stroke has fallen and is better than the England average.
- ◆ Diabetes prevalence is similar to the national average but elective admissions for diabetes are generally higher than across other areas of Hampshire.
- ◆ About 17.6% of Year 6 children are classified as obese in Basingstoke & Deane, comparing to 14.8% in East Hampshire and 13.7% in Hart.
- ◆ Levels of teenage pregnancy and alcohol-specific hospital stays (for those under the age of 18) are lower than the England average.
- ◆ GCSE attainment is higher than the England average.
- ◆ Breast feeding initiation is better than the England average.
- ◆ The area has a higher than expected number of people experiencing depression, and in Basingstoke and Deane hospital stays for self-harm are higher than average.
- ◆ Estimated levels of adult smoking, physical activity and obesity are better than the England average. In Basingstoke & Deane 19.9% of adults smoke and 23.9% are obese.
- ◆ The rates of sexually transmitted infections, smoking related deaths and hospital stays for alcohol-related harm are better than the England average across all three council areas.

How to Get Involved

Almost all of our GP Practices in the North Hampshire area host a Patient Participation Group (PPG), who gather the views of other patients registered at their practice. Each PPG sends a representative to the North Hampshire PPG which meets every three months to discuss trends and themes amongst patient care.



This group also has representation from Hampshire HealthWatch, as well as a representative who sits on the governing body of the North Hampshire Clinical Commissioning Group. Your GP reception staff can tell you where to go for more information about your practice's Patient Participation Group.

To help shape the future thinking for commissioning of healthcare for the people of North Hampshire, get in touch with us to see how you can get involved. You can:

Telephone us: 01256 705507 (or the 'Safe Haven Fax' on 01256 705531)

Email us: hamp-pct.northhantsccg@nhs.net

Visit our website: www.northhampshireccg.com

Write to us at: Central 40, Lime Tree Way,
Chineham Park, Chineham,
Basingstoke, Hampshire
RG24 8GU

You can also see us on:

