



A New Year message from the Clinical Commissioning Group (CCG) Committee Chair

THIS is the second edition of our Clinical Commissioning Group (CCG) newsletter to update you on the changes around clinically-led commissioning in the East Riding.

I want to begin by wishing you all a happy New Year. 2012 will be a busy and exciting year for the CCG as we prepare for becoming the main commissioner of health services.

I was pleased to present our **Vision** for the CCG at the last Protected Time for Learning event in October:

"Better Care, more locally, within budget, through transformation"

This Vision recognises that transformation is required to provide the best value healthcare to our population.

Transformation means working in a planned and carefully managed way to do things differently across the health care system. It means working with patients and other health and social care partners to decide how best to deliver and receive health care in the future.

To support the Vision, and help bring it to life, we have also developed a set of **Values** and **Behaviours** to guide our CCG in its work:

Partnership Working – working with partners to reduce fragmentation, increase efficiency and lines of effective communication. Respect partners' views and work differently for a common purpose which may require compromise.

Transparency – being clear on decisions made and their rationale, ensuring clarity in what will and will not be provided - including reasons why. Transparency when working together.

Legitimacy – taking constituent practices with the CCG in its decision making through effective engagement.

Inclusivity – in engagement of all groups and individuals in the East Riding as well as constituent CCG practices.

Patient Centred – listening to patients and being clear on how we will act on this. Delivering the best quality care within financial constraints. Delivering patient focused pathways of care. Ensuring patient safety in all commissioned services. Treating patients, carers and the public as we would wish to be treated.

We are continuing our engagement with practices in January through Locality Commissioning Forums (LCFs) to endorse and, if necessary, revise the Vision, Values and Behaviours.

The Vision, Values and Behaviours have been developed by the CCG Committee and engagement continues with the East Riding of Yorkshire Health and Wellbeing Board.

Our Vision: Better Care, more locally, within budget, through transformation.

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Since our last newsletter there has been a change to our CCG membership. I want to thank **Dr Andrew Noble** for his valued contribution to the establishment of the CCG. Although Andrew is stepping down from the CCG Committee I am very pleased that he will continue as portfolio lead covering dementia and older people's care pathways. I am delighted to welcome **Dr Krishnaraj Sivarajan** of Hessle Grange Medical Practice who will join the CCG Committee in Andrew's place as Vice-Chair of Haltemprice Locality Forum.

As you know, we have sought your views on how we can effectively communicate and engage through the recent survey sent to all GPs, locum GPs and GP registrars I want to thank everyone who responded and the results are outlined in more detail on page 3.

Moving towards April 2012, as CCG members we are getting more familiar with how things will 'look and feel' in the new system. Our next steps will include the establishment of the 'Council of Members' and the development of an interim Constitution which will set out the remit of the CCG for 2012/13 and how we will work together to run our organisation.

Gina Palumbo
CCG Committee Chair



Below: CCG members' visit to the site of the new community hospital in Beverley last year.

local update

Community Services Strategy

THE DELIVERY of community based services continues to advance, particularly with the continued development of Neighbourhood Care Teams, and new Telehealth technology that monitors peoples' vital signs in their own homes.

The CCG has completed a thorough review of the Community Services Strategy to determine whether the decisions made by the East Riding of Yorkshire Primary Care Trust Board in 2007 around provision of community beds were still appropriate to meet the needs of the East Riding population.

The review included a community beds utilisation audit carried out in four of the five community wards in the East Riding during October and November.



The CCG Committee concluded that the utilisation audit and patient flows demonstrate that the decisions made in 2007 on community bed numbers and locations remain appropriate. It was noted, however, that service strategies are changing and evolving and, should additional capacity be needed in the future, then this could be provided via the remaining community hospital wards or the independent sector.



The CCG has recently completed a programme of visits to local hospitals and will continue to work with patients and the public around the provision of local health services.

An example of this is the stakeholder workshop on **19 January 2012** at the Town Council Offices in **Hornsea**. This will follow up the issues raised during the first workshop in October and discuss options for the future of health services and facilities in the town.

A (speed) date for your diary

A 'speed dating' event has been organised for the evening of **Thursday 22 March** for GPs from East Riding and Hull to meet consultants from Hull and East Yorkshire Hospitals. Further details will be circulated nearer the time.

Local health priorities

A SIGNIFICANT CHALLENGE identified for the East Riding is managing the health and wellbeing of an increasingly elderly population - with a high level of patients with long term conditions and dementia.

This is combined with the challenge of the East Riding being an area with significant inequalities between electoral wards. Therefore, the main priorities for the CCG for the next few years are proposed as:

- **supporting our patients and population to achieve healthy independent ageing**
- **reducing health inequalities across the East Riding**
- **achieving value for money in all our commissioned services.**

Further engagement will take place to approve these proposed health priorities with all GPs, stakeholders, patients and public through LCFs, Working Together events, and public forums through LINK (the Local Involvement Network).

A further priority identified through the Joint Strategic Needs Assessment (JNSA) around ill health prevention and promotion of healthy lifestyles will be taken forward in partnership with the Local Authority.

Any Qualified Provider

THE GOVERNMENT has confirmed its intention of using the Any Qualified Provider (AQP) model as its preferred procurement tool to extend patient choice and improve services.

Service priorities identified locally for the AQP procurement route are pain services, community diagnostics and wheelchair services for children. Consultation is proposed in the East Riding around these priorities to ensure that the services meet patients' expectations and needs. Commissioners will continue to control both contracts and prices, to ensure providers deliver services of the highest quality within our budgets. The Department of Health website has a useful Q&A section for GPs on Any Qualified Provider at <http://healthandcare.dh.gov.uk/aqp-answers> For further information contact: Karen Ellis, Assistant Director of Strategy via k.ellis1@nhs.net

Taking the leading role

IN OCTOBER 2011 the CCG Committee took on the responsibility for commissioning £373 million of health services for East Riding residents - around 70% of the total commissioning budget.

This move means that GPs and other local healthcare professionals, with first-hand knowledge of patient needs will be making the key decisions over how to provide the best care possible. The CCG Committee will be supported by the new joint Humber Cluster Board until it takes on full delegation of budgets from April 2013.

High quality care through *transformation*

WORK HAS BEGUN on a clinically-led service review across Hull and the East Riding designed to deliver efficiencies and improvements across the local NHS.

This whole scale service review will consider existing systems and look for opportunities to innovate and integrate, whilst maintaining a seamless, quality service for patients.

The review will involve colleagues from across the health and social care system, including mental health, hospital and primary care services. The aim of the review is to improve patient experience whilst contributing to the total efficiencies required of the health care system equating to £200m across Hull and the East Riding of Yorkshire.

Four priority areas have been chosen where it is felt the biggest gains can be made, with a lead clinician identified for each.

The lead clinicians for the four priority areas are:

- **Long term conditions** - Dinah Fuller, Assistant Director - Clinical Services, Humber NHS Foundation Trust
- **Dementia** - Janet Woodhouse, Nurse Consultant, Humber NHS Foundation Trust
- **Urgent care** - Dr Mo Ayres, Consultant, Hull and East Yorkshire Hospitals NHS Trust
- **End of life care** - Dr Gina Palumbo, Chair of East Riding of Yorkshire CCG Committee

The reviews are taking place now and the outcomes and proposals for improvement/service redesign will be shared in due course. If you would like to be involved in the review please contact Gina Palumbo at: luigina.palumbo@nhs.net

Health and Wellbeing Board

THE East Riding of Yorkshire Health and Wellbeing Board allows health and Local Authority representatives to work much more closely together to address local needs and inequalities, and improve health and social care services for residents of the East Riding.

Dr Frank Thornton, GP in Goole, and Dr Gina Palumbo, GP in Beverley and CCG Chair, attend the Board, which meets in shadow form until 2013. The shadow Health and Wellbeing Board in November considered joint local health and social care priorities, including the development of proposals for the local Healthwatch which will be introduced from April 2013 in place of the current patient and public watchdog, Local Involvement Networks.

The next Health and Wellbeing Board takes place in January 2012 and will discuss the development of the joint Health and Wellbeing Strategy for the East Riding.

Our year ahead

WE ARE IN THE process of finalising **commissioning intentions** for the coming year.

Some of the main areas of focus for next year's plan will be:

- the commissioning of a 24/7 nursing team for the East Riding
- significantly increasing access to pulmonary rehabilitation services for COPD patients
- increasing focus on clinical input into care homes
- increasing multi-disciplinary working with primary care, community care and social care colleagues through use of the RISC stratification tool, *and*
- an increasing focus on proactive management of long term conditions patients.

A review and redesign of patient pathways for pain, ophthalmology and endoscopy is also planned, as well extending access to the Map of Medicine tool.

GP Survey



TO HELP OUR CCG DEVELOP in the right way and ensure we communicate and engage with local GPs and GP practices effectively, we recently sought views from local GPs on CCG developments.

A total of 64 responses were received from a variety of East Riding performers including GP principals, salaried GPs and Locums. A summary of findings is below.

- 76% of respondents feel that they mostly understand or have some understanding of the Clinical Commissioning Group role.
- 72% of respondents feel that they mostly understand or have some understanding of the role of the Locality Commissioning Forums.
- Half of those responding feel that the Clinical Commissioning Group

is making some difference in the East Riding. Two thirds agreed with the vision of the CCG and three quarters agreed or strongly agreed with the CCG Values and Behaviours.

Areas for improvement include the need to further raise awareness of the lead GPs on the CCG and the support provided by the Locality Commissioning Forum.

The results of the survey will be used to develop an action plan. This survey will also be repeated in April 2012 to help assess CCG progress towards authorisation.

The survey feedback report will be circulated to GP practices and is available at: www.eastridingofyorkshire.nhs.uk/clinicalzone

overview CCG authorisation for localities and GPs

Authorisation

As reported in the previous newsletter, CCGs need to be legally established, following an authorisation process, to take on commissioning and statutory functions. All CCGs need to be authorised by March 2013 and the expectation from the SHA is that all CCGs are authorised with no conditions. CCGs need to be ready for authorisation from September 2012, with the first CCGs applying to National Commissioning Board (NCB) in October 2012.

CCGs will be assessed against a framework developed by the National Commissioning Board; a draft framework has been published with the final one expected in early 2012, subject to the deliberations of the NCB and Parliament. This will detail the full range of requirements and evidence of how each CCG will be assessed and the relevant roles and responsibilities of those undertaking the authorisation process.

As part of the authorisation process CCGs will need to demonstrate a track record of performance and delivery. As previously mentioned, the East Riding of Yorkshire CCG is now a subcommittee of the Humber Cluster Board with a delegated budget, enabling it to commission services on behalf of the Humber Cluster.

Planning

The East Riding of Yorkshire CCG is engaged in developing a five year clear and credible plan for health services, that includes the transformational changes required to meet the Quality, Innovation, Productivity and Prevention (QIPP) challenge. This is a requirement of the recently published 2012/13 Operating Plan which sets out the planning, performance and financial requirements for NHS organisations in 2012/13 and the basis on which they will be held to account.

Governance

Draft Department of Health guidance was published in December, setting out arrangements CCGs need to have in place when applying for authorisation. The key points to note are:

- The Government and the BMA have agreed in principle, subject to the passage of the Health Bill, that it will be a contractual requirement for all holders of primary care medical contracts in England to be a member of a CCG.
- **GP practices** together make up the membership of the CCGs.

- Each practice needs to appoint a 'member representative' (healthcare professional) to act on its behalf. This representative will be a member on the Council of Members.
- Agreement is required between practices, identifying what they would expect from each other as members of the CCG. To address this, an 'inter-practice' agreement is being developed.
- Each CCG will be required to have its own constitution (based on national guidance) that sets out its arrangements for how it will discharge its functions, its key processes for decision making, including that there is transparency in the decisions of the CCG and its governing body.
- The member practices identify a small number of individuals who take on the leadership role in the CCG, including those who sit on the CCG governing body.
- The NCB will assess that the leaders are competent and will be responsible for the final appointment of the Accountable Officer.
- The Accountable Officer can be discharged on a less than full time basis with the right support structure and GPs are encouraged to consider taking up the role.

Implications for GPs

1. Practices need to identify a healthcare professional to represent themselves on the CCG's Council of Members.
2. It is a contractual agreement to be part of a CCG.
3. Practices will need to sign an inter-practice agreement agreeing how we will work together to improve patient care and develop efficient ways of providing health care as part of the CCG constitution.

A special Council of Members event is being organised for early March to give Practices an opportunity to find out more. We will be asking practices to identify their member representative in January.

Commissioning Support Arrangement

As part of the authorisation process, CCGs will need to demonstrate they have arrangements in place for commissioning support. A commissioning support organisation (CSO) is being developed across the Humber and North Yorkshire and York Clusters. Although CCGs will employ some staff, the majority of current PCT workforce will sit in the commissioning support organisation.