

CCG news

East Riding of Yorkshire
Clinical Commissioning Group

December 2012



Welcome from the Clinical Commissioning Group (CCG) Committee Clinical Chair

WELCOME to the final CCG News of 2012. Our recent Council of Members meeting was an interactive workshop planned around adding clinical value to the commissioning cycle. As well as getting down to the business of reviewing our commissioning

intentions for 2012/14, it was an opportunity to reflect on what is already working well in practices and localities and how this is helping to get the best possible outcome for patients. It was a very enjoyable event and you can read the full story below.

May I take the opportunity to thank everyone within our GP community for their commitment and support for the CCG on many levels over the last 12 months. I also want to thank our CCG staff for their hard work ensuring that essential services that support GP practices and their patients have been maintained throughout the transition.

I wish you all a very happy Christmas and look forward to working with everyone on the next stage of the journey towards April 2013.

Dr Gina Palumbo
CCG Committee Clinical Chair
email: luigina.palumbo@nhs.net

Inside this issue

Council of Members meeting report	page 1 - 2
Nursing Matters	page 2
SRCG update	page 3
NHS 111 update	page 3
New appointments	page 4
Consultation updates	page 4
CCG Group update	page 5
GP Practice Patient Groups / Staff news	page 6
PLUS MORE local news	

Council of Members sets the direction

OUR RECENT Council of Members workshop focused on discussing and prioritising our commissioning intentions for 2013/14. CCG GP leads, commissioning staff and other local partners were also present to contribute their skills, experience and knowledge to the process.

A clinically-led partnership approach is critical as the CCG has only a set amount of financial resources, time and staff, and we need to make sure we use them to deliver what is best for the East Riding population.

Service leads began with very quick and concise run-through of eight key areas of CCG work - **long term conditions, end of life care, unplanned care and minor injuries, shared decision making, dementia, primary care mental health, falls service, and MSK.**

Smaller groups discussed these areas in more depth, bringing in the needs and priorities in each practice area, before feeding back and listening to the views of colleagues around the room.

A lively session followed as the votes were cast for the areas that members considered should be our commissioning priorities for next year.

In line with our agreed voting methodology, each GP Practice member had an allocation of votes based on practice list size. Commissioning staff, community and local authority representatives were allocated a smaller number of votes. **See page 2 for results of the voting...**

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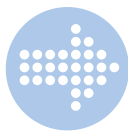
THE NHS Commissioning Board has confirmed our authorisation as a Clinical Commissioning Group on 11 December.

I am delighted that that we have shown such a strong performance and have achieved this landmark.

I want to thank you all for your valuable input. Achieving authorisation an important step in our journey to add real clinical value to commissioning care for residents in the East Riding. We can all share in this success and I look forward to working with you to build on this achievement as we continue to develop as a CCG.

Jane Hawkard
Chief Officer





Continued from page 1

Improving long term conditions care was at the top of the list of priorities for both Council of members and the other participants. The full results are shown in the chart:

As this was a time-limited exercise the results will be brought to locality forums for further discussion and clarification.

The outcome will influence which programmes of work we progress through next year's Operating Plan, however the wider NHS Operating Plan framework may identify other areas we have to deliver. A further prioritisation exercise will take place in January.

Jane Hawkard, CCG Chief Officer said: "The workshop provided an excellent opportunity to draw on the frontline knowledge of clinicians and to ensure this strongly influences the commissioning priorities set for the coming year.

"We plan to share the outcome of the session with our public and patients through our Patient Participation Groups, health forums and local events like the annual "Working Together" event to make sure these groups are also engaged in our commissioning decisions."

The final Operating Plan will be signed off at the Council of Members meeting in February 2013.

Area	Council of Members Votes	Priority Ranking	Other Votes	Priority Ranking
Long Term Conditions	3930	1	620	1
Primary Care Mental Health	3645	2	255	5
Dementia	2875	3	490	2
Musculo-skeletal	2560	4	85	8
Unplanned Care and Minor Injuries	1695	5	305	4
Falls	1250	6	165	7
Joint Decision Making	1205	7	245	6
End of Life	685	8	360	3

Nursing matters



New developments and information for community and practice nurses in the East Riding

Patient Group Directions (PGDs)

- for use by suitably trained and competent registered nurses are available at www.eastridingofyorkshire.nhs.uk/patient-group-directions

Please note that this site is regularly updated with revised PGDs.

Living with Diabetes: this is a hands-on practical programme which supports patients to manage their diabetes. One patient who attended said that they were very pleased they were able to attend and felt that the course would probably save their life.

The course consists of two sessions and runs at various venues across East Riding. The courses have been opened up for observation by clinical staff which has proved valuable in up skilling staff and enabling staff to promote the course and reinforce the messages with their patients. To access the course for your patients or for more information about observing a session please contact the Nutrition and Dietetics Department tel: 01482 347946, 9am -12.30pm Monday to Friday.

Protected Time For Learning Event:

HOLD THE DATE. The date for the next nursing PTL is the afternoon of Wednesday 17th April. The event held in October was very well attended. Many of you proposed items for discussion for the next event. We will do our best to accommodate as many of the suggestions as possible. More details will follow nearer the time.

Antibiotic prescribing and Clostridium Difficile (CDI):

All independent nurse prescribers please be aware of the link between antibiotics and CDI. Follow the Area Prescribing Guidelines when prescribing antibiotics. Advice is available from the Medicines Management team and for complex cases, the Microbiologist. Given the seriousness of this condition and its link to antibiotic prescribing we will cover this topic at the nursing PTL in April to ensure all nurses increase their understanding of this clinical condition and how they can promote better awareness across their practice population.

Please do not hesitate to contact me if there are any nursing issues you would like my help/ support with or if you have any further suggestions for PTL topic areas. I look forward to working with you all next year as the CCG becomes a statutory body and the challenge to make clinical commissioning work becomes a reality.

Hilary Gledhill

CCG Lead Nurse/Senior Officer for Quality & Integrated Governance

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Focus on the Service Redesign and Commissioning Group (SRCG)

Update for November and December meetings

THE SRCG has been working on the development of commissioning intentions for 2013/14, providing input in to the development of CQUINS and the development of the CCG Commissioning Strategy.

Dementia

At the November meeting the SRCG considered a business case for a pilot for the new model for dementia as proposed in the Dementia Blue print. The SRCG supported the model to facilitate early diagnosis of dementia and better access to memory assessment services. A number of localities have expressed interest in becoming involved in a pilot. The model was also considered at the Commissioning Intentions event on the 27 November where it was rated highly in terms of the prioritisation process. Plans for how this will be taken forwards will be considered in the development of the Commissioning Strategy and Operating Plan for 2013/14.

Podiatry

The SRCG reviewed the podiatry service which has been experiencing pressures in service provision, and agreed a new referral/discharge criteria and supported additional investment in to the current service to ensure that people on the current caseload can be seen within a suitable timeframe.

NEW Bridlington Ophthalmology Service

BRIDLINGTON Locality Commissioning Forum (LCF) has recently commissioned an ocular ultrasound service in Bridlington. Patients will be seen under the existing Community Ophthalmic Referral Refinement Service (CORRS) scheme where they will receive repeat AT readings to identify a raised IOP.

Under the new scheme corneal ultrasound (pachymetry) will also then be undertaken; this will determine the central corneal thickness (CCT) and help refine the accuracy of the IOP readings. This improved service will mean that from January 2013 patients will be seen by the optometry service without the need to go to hospital.



Other areas

The SRCG considered work underway to review the utilisation of the minor injuries units, the MSK service, the primary care mental health service including Improving Access to Psychological Therapies (IAPT), the development of the falls service, end of life and LTC business cases and the development of shared decision making which will support patients taking greater ownership of their own care. These areas were also considered at the Commissioning Intentions event on the 27th November as potential areas for development in 2013/14.

Community Hospitals

The SRCG has also been reviewing the utilisation of community beds across the East Riding to ensure that these beds are used to best effect to support rehabilitation, step up and step down care to support effective discharge and reduce avoidable admissions. This work has included input in to the development of the admissions criteria for community hospitals.

NHS 111 Update



THE LEAD COMMISSIONER for NHS 111 in the Yorkshire and Humber region has been announced as Greater Huddersfield, locally NHS Hull CCG will be the supporting commissioner for the Humber.

To ensure that coordinated engagement with all GPs in the East Riding takes place ahead of the launch preparations for NHS 111, a 'warming up' process will be carried out. A number of key actions will ensure that all GPs in the East Riding are aware of the local implications and responsibilities for NHS111 and that there is a real understanding that NHS 111 is seen as a catalyst for change.

Our key actions for the CCG in implementing NHS 111 are to:

- Ensure that we embrace NHS 111 and the benefits it will deliver.
- Confirm the local level arrangements for maintenance of Directory of Services (DoS) from 2013/14.
- Get involved in the confirmation of the Lead Commissioner and the arrangements which will underpin that to ensure CCG Boards are assured around the contract management of the new NHS 111 service.
- Ensure that our CCG is actively involved in local clinical governance arrangements for NHS111 and that they are assured around the clinical leadership of those groups.
- Arrange a **meeting for all Practice Managers in January 2013** to bring them up to speed.
- Establish a list of GPs required to clinical scenario test the algorithms and subsequent depositions generated, supporting the clinical lead for the East Riding.
- Set up 'Hot Topics' communication to all GPs and Practice Managers in the East Riding.
- Ask how best to ensure that everyone feels engaged (as per Hull) and has a good understanding of the strategic aim of the NHS111 and how it will support delivery of the unplanned care model across the East Riding.

New Appointments

WE ARE PLEASED to welcome two new members on to the Governing Body of the CCG Board:



Dr Marios Adamou

Our new Secondary Care consultant member is a Consultant Psychiatrist

in adult ADHD at South West Yorkshire Partnership NHS Foundation Trust and the Clinical Lead for ADHD. His Medical Training (MD) was completed at the Aristotle University, Thessaloniki, Greece and his Psychiatric training at Guys, Kings and St Thomas's scheme in London. He held research positions at the University of Kent and Institute of Psychiatry, London. Marios will provide valuable input on secondary care matters and clinical pathways to our CCG Governing Body.



Sally-Ann Spencer Grey - Lay Member for Patient Experience and Engagement

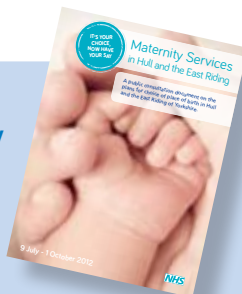
Sally is an East Riding resident with extensive experience in the healthcare, education and voluntary sectors over nearly 25 years. She has a healthcare background in oncology and palliative/end of life care, but has also recently been working with people with dementia and their families and carers.

Sally says "I believe I have championed the needs of others throughout my career and intend to continue to do in this lay role by ensuring that the voices of the public, patients, carers and grass roots staff are sought early in any commissioning process, are listened too and used to shape our health and social care services, now and in the future."

We also welcome two new members of staff to our Commissioning workforce...

Amanda Creaser, Interim Locality Business manager for Haltemprice joins us from Bartholomew Medical Practice and **Gemma Andrews**, Interim Locality Business Manager for Goole, Howden and West Wolds joins us from Bradford Teaching Hospital NHS FT.

Maternity Services Update



A PUBLIC CONSULTATION on the plans for choice of place of birth took place in Hull and the East Riding between 9th July and 1st October 2012.

A total of 452 responses to the consultation were received; of these 391 (87%) were received online. 53% of the responses were from Hull residents, and 25 responses were received from the Polish community. 83% of respondents were parents or parents-to-be, 75% were aged 25 to 44 years and 94% were female.

92% of respondents agreed with the vision *'to provide choice and certainty in respect of choice of place of birth and the delivery of safe, high quality services for local women and their partners'*.

The findings of the public consultation will inform the development of a commissioning strategy for the East Riding which will seek to provide choice and certainty in respect of choice of place of birth and the delivery of safe, high quality services for local women and their partners.

Further engagement with stakeholders will take place during the development phase of the Commissioning Strategy.

Shared Decision Making

GOOLE, HOWDENSHERE AND WEST WOLDS has been selected to trial Cataracts Patient Decision Aid as part of the national Shared Decision Making (SDM) programme funded by the Department of Health.

Capita Health has been commissioned to embed SDM, implement a series of Patient Decision Aids, promote these aids to patients/carers and assist with staff training and awareness. For more information visit <http://sdm.rightcare.nhs.uk/>



Children and Adolescents Mental Health Services (CAMHS)

EAST RIDING AND HULL Clinical Commissioning Groups, Hull City Council and East Riding of Yorkshire Council are working jointly to undertake a review and redesign of Children and Adolescent Mental Health Services.

This review has been prompted by feedback from users of the service and providers that ease of access and waiting times within the service could be improved, as well as a change to the model for commissioning highly specialist services Children and Adolescent Mental Health Services.

The key objectives of the review are:

- To ensure that children, young people, parents and professionals know where to go for assessment, intervention and support by introducing one point of contact for the service.
- To commission a specialist Child and Adolescent Mental Health Service that is able to respond quickly and appropriately to need as close to home as possible.
- To reflect the latest clinical guidance from NICE and the relevant professional bodies.

Hull and East Riding are running a targeted engagement exercise to receive feedback on the redesign proposals from a wide range of stakeholder and users of the service. Subject to approval from the CCG Committees, Children's Trust Boards and Overview and Scrutiny Committees in Hull and East Riding, it is proposed that the targeted engagement approach will commence from 7th December and will run until 15th March. Full details can be found on the CCG website at www.eastridingofyorkshire.nhs.uk/camhs.

Audit and Integrated Governance Group

Humber FT Quality Accounts:

At the meeting on 20th November 2012 the group:

- Reviewed the CCG Organisational Development (OD) plan with an update on the Commissioning Support Units (CSU) development and recruitment into the new organisational structures.
- Was updated on the handover and closedown arrangements with a more detailed discussion on the implementation of the new financial systems (the ISFE – Integrated Single Financial Environment).
- The group also received a copy of the governance action plan which builds on the requirements detailed in the CCG Constitution and in particular the operational requirements around conflicts of interest and standards of business conduct.
- Received an update on progress against the Internal Audit & Counter Fraud plans.
- Looked at the proposed partnership arrangements for the CCG including the linkages to the Health & Wellbeing Board.
- An advert will be placed shortly for a lay representative member to Chair this committee. For further information please contact: richard.dodson@nhs.net

Quality Performance and Improvement Group (QPIG) Update

Humber FT Quality Accounts:

Humber FT presented progress against the priorities identified in their Quality Accounts for this year and proposed the following areas for next years QA which are currently out for consultation:

- Improving the diagnosis and care for people with dementia.
- Improving care and treatment for people with long-term conditions and chronic health conditions.
- Improving care for people approaching the end of life.
- Improving alternatives to admission through care and treatment for people with unplanned care needs.

Performance Report

The CCG's is on target to deliver its financial performance duties and targets. There is a risk that the CCG does not deliver of its local priorities and in particular a reduction in non elective admissions related to Long Term Conditions. On the year to date GP referrals above previous year as is non elective activity although we anticipate seeing the benefit of QIPP projects in the later part of the year.

Budget Setting

A paper on the approach to 2013-14 budget setting was reviewed. It covered proposals on:

1. Budget setting methodology
2. Localities Pace of Change Policy
3. Scope of budget delegation

NHS 111

The group were informed that the mobilisation plan for NHS 111 was under development and that a Humber wide group with representatives for the CCGs had been established to provide a steer re the clinical governance and patient safety aspects of the service.

C-difficile

The group considered the interim report into a patient death which was identified as being attributable to a Community Acquired C-difficile. The recommendations made in the report were:

- Raise Awareness of the importance of communication with the Microbiologist for advice in cases of complex co-morbidities or when treatment is not improving condition.
- Communication to be sent to all GP Practices to reiterate the importance of following the Guidance for Treatment of Infections in Primary Care in the East Riding (2011) in the treatment of infected wounds.
- Continue to move towards use of discharge documentation in line with Sign 65 Guidance updated 2012 to include stopped, new and continuing medications.
- Patient information to be developed to raise awareness of CDI, self care and the importance of notifying healthcare staff of antibiotic history.
- Clinicians to be reminded of the importance of maintaining records which fully reflect the patient assessment.

The group agreed that a CCG Safety Report identifying patient safety issues would be produced for distribution to GP Practices and the LCFs to ensure lessons from patient safety incidents are disseminated and lessons learnt as appropriate.

New CCG
twitter
account:



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GP Practice Patient Participation Groups (PPPGs)

TO ENSURE we capture the views of our registered population we want to proactively seek feedback from each of our member practice populations and provide ongoing feedback about the changes that have been made because of their participation.

We want to make involving GP PPPGs a key aspect of our engagement processes. Many East Riding practices already have PPPGs and we would like to work with all of our Member Practices to develop this system of feedback and involvement on our commissioned services.

By September 2012 17 Member Practices were participating in the Patient Reference Group DES. 6 who were non participating also have PPGs making a total of 23. Our aim by September 2013 is for all practices have active PPGs with a lead CCG liaison representative routinely participating in CCG engagement activity.

Ideas for developing this two way feedback mechanism will be uploaded shortly at www.eastridingofyorkshire.nhs.uk and we would very much welcome your views on how best you think we can achieve this via our online survey.

DON'T FORGET

If there are any items that you would like to see covered in future editions CCG News, or if you have any comments, please let us know at the contact details below.

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