Coastal West Sussex
Clinical Commissioning Group

Commissioning Intentions 2013-14

Ensuring delivery toward 2015

September 2012
Second Cut (29 September 2012)

! Important note
These Commissioning Intentions are subject to further development, analysis and prioritisation with our clinical community, partners and population.

Contents

Introduction 1

1.1 Background and context

2013-14 represents the first year in which the NHS will operate within the delivery system set out in *Equity & Excellence: Liberating the NHS.* For our organisation this means that 2013-14 is the year in which our CCG will begin to operate as a statutory body (subject to authorisation).

Whilst **we are excited to take on the challenges that this will bring**, specifically **transforming service delivery, and focussing on better outcomes for patients,** we are fully aware of the continuing quality and productivity challenge (QIPP) that faces the NHS both across England and in Coastal West Sussex. We know that the scale of the challenge in 2013-14 will be without precedent. Our current planning estimates the efficiency requirement to be in excess of £35m.

> **"…we will continue to deliver bold and innovative service change and drive integration…"**

However, **we cannot underestimate the progress we have made in the last two years and specifically in 2012-13**:

- delivering clinically-led change across both unscheduled and planned care services
- moving toward the new commissioning and management system, developing our capability and that of those around us
- securing efficiency and system performance
- and leading our system toward an unwavering and resilient approach to partnership working embodied within our Delivery Architecture.

We believe it is within these partnerships that we stand the best possible chance of ensuring sustainability as we continue to **deliver bold and innovative service change**, **ensure patients receive care closer to home, and to drive integration between services in 2013-14 and into 2015.**

1.2 The purpose of this document

As we, and other emerging CCGs move toward Authorisation by April 2013, it is crucial to demonstrate our capability and capacity as commissioners through the development of robust and clinically-driven Commissioning Intentions for 2013-14.

Working in partnership with our local health and social care economy our CCG has developed this early iteration of our Commissioning Intentions for 2013-14. They again align to our key priorities set out in **Section 1.3** and uphold our core values as set out in **Section 1.5** and support us toward our vision for 2015. We also include in the appendices, partner Commissioning Intentions for 2013-14 as follows:

- **West Sussex Public Health**
- **West Sussex Joint Commissioning Unit**
- **Sussex Managed Clinical Networks**

We hope that our audience of local clinicians, provider organisations, commissioning partners, and local people will be able to clearly identify these throughout the document.

1.2.1 Developing our commissioning intentions

Our 2013-14 Commissioning Intentions are the product of **our ongoing and clinically-led co-design process**. They represent a snapshot of our current thinking, planning and preparation for 2013-14 based on the work and ambitions of our Task & Finish groups (which include clinicians, therapists, practitioners and other professional groups as well as patients and lay members), operating under the guidance and whole-system leadership of our Programme Boards and the Coastal Cabinet.

We continue to believe that focussing on a small number of high impact transformational changes is the most effective strategy for delivering high quality and sustainable local health services successfully and at pace. This document provides a summary of each key delivery areas and their constituent projects.

1.3 Our key priorities

There has never been a lack of ambition amongst partners to deliver the right outcome for our patients and the wider population and in that sense 2013-14 will be no different. We believe that our plans in 2012-13 gave us **the building blocks for a sustainable health economy** in Coastal West Sussex. As a result we will maintain our pursuit of our key priorities into 2013-14, confident that that we have sufficient evidence for us to continue to adopt **radical change across Planned and Unscheduled Care delivery**.

However, we are continually searching national and international practice and gathering local views to inform, refine and innovate, constantly improving our plans.

In 2013-14 our key priorities will be to…

- **Quality & Performance -** deliver against the 5 domains of the NHS Outcomes Framework, ensuring the NHS Constitution right to treatment within 18 weeks is met
- **Unscheduled Care** - continue to develop **a single and integrated Unscheduled Care system** which supports more people in receiving the care and support that they need in their homes and communities and **which delivers a sustainable 15% reduction in emergency admissions to hospital through 2013-14**
- **Planned Care -** continue to **reduce unwarranted practice variation**; to support an improved quality of referrals; to further **reduce GP initiated referrals to secondary care services** and supporting the redesign of elective care pathways to achieve **savings across Planned Care of at least £9m by April 2014**
- **Prescribing** - continue to **optimise medicines use for our population** and individual patients through **working in partnership across Sussex**, with provider organisations and with our practices; and to ensure that we are able to meet all our statutory and national competency framework requirements
- **Primary Care** - **work with our member practices to deliver** continuous improvement and a development plan focused on estate, infrastructure and workforce

By April 2015 we will have…

- **Unscheduled Care** - A seamless and integrated system of **Proactive Care**, based around a **Primary Care Hub** providing joined up and personalised services for patients and aiming to reduce NEL admissions by at least 15%

- **Planned Care - Integrated Care Organisations** for each priority speciality area supporting seamless provision across primary, community and secondary pathways and delivering annual savings of £21.9m

- **Prescribing** - A **patient-centred** approach to prescribing, embedded within clinical pathways and guidelines and driving integration through a comprehensive system of formularies.

1.4 Conditions for sustainability

We have identified a number of conditions, upon which our Commissioning Intentions are predicated, and which we believe are prerequisites for high quality, sustainble and a patient centred health economy.

We must…

- have a **robust and effective community provider** to deliver real alternatives to acute care

- have a configuration of **acute services which, with a reduced overall 'footprint', ensures sustainability and affordability**

- deliver the highest standards of Primary Care to **enable a shift in service provision from acute settings to local communities**

1.5 Our core values

Our CCG has been established from a strong track record in Practice Based Commissioning (PBC). Our vision and values have been developed over time, consolidated during 2012-13, and reflect our strong belief that clinicians and clinical leadership adds value and strength to the commissioning process. These values underpin our vibrant approach to strategic planning and service redesign.

The four core Coastal West Sussex values are…

- **Quality & Value** - we know the size of the productivity challenge is unprecedented, but we believe that focussing on better outcomes for patients and ensuring that real decisions are increasingly being taken by patients and their GPs is the right basis on which to build a high-quality and sustainable health economy

- **Clinically led, managerially enabled** - we know that local clinicians can be the driving force behind change because of their increased capability to lead clinical redesign and to take other clinicians with them. Our CCG will continue to focus upon establishing the management support that enables this process to deliver improved patient care in the longer term

- **Whole-system** - to equip ourselves to meet our challenges, health and social care partners in Coastal West Sussex operate within a collaborative planning and delivery system with the Coastal Cabinet operating as the focus for developing a shared vision and ensuring delivery of whole-system objectives. Clinical leadership for this process is fundamental in engaging local communities to adopt improved services

- **Whole pathway** - the engagement of clinicians throughout the first year of our CCGs life, has demonstrated the capacity of our new commissioning model to improve the quality of referrals into pathways and to drive service integration around patient needs

1.6.3 Joint Health & Wellbeing Strategy

The Health & Wellbeing Board (HWB) has a critical role in bringing together local authorities, Clinical Commissioning Groups and other stakeholders to ensure patients and the public experience more effective and joined up health and care services in the future.

In July, our shadow Health & Wellbeing Board published the interim Joint Health & Wellbeing Strategy (JHWS). This strategy performs two main functions:

- Sets out our current view of health and social care in West Sussex demonstrated through a series of priorities and principles
- Is the primary reference against which we will consider commissioning plans and, if necessary, challenge them.

We have sought to refine our plans and develop our Commissioning Intentions for 2013-14 using this strategy and our health needs analysis (set out previously). This section will summarise the key points from the Joint Health & Wellbeing Strategy as a reference point for the Commissioning intentions set out herein.

The Joint Health & Wellbeing Strategic vision
It is our vision to achieve improved health and wellbeing outcomes across all local health and social care services and for the whole population. Core to achieving this vision is the widest possible integration of health and social care services

The Joint Health & Wellbeing Strategy priorities				
The following broad priorities have been drawn from the JSNA and the expertise of members of the Board, including those representing the voluntary sector and Local Involvement Network (LINk). Our priorities are based on life style and risk factors that impact on physical and mental health and also limit the fulfilment of potential. We believe that they fit well with the policy directions of parenting, family, independence and localism.				
Older People	**Working Age**	**Mental Wellbeing**	**Children and Families**	**Cross-cutting Issues**
Independence Frail elderly including end of life Dementia Advocacy	Cardiovascular Disease	Services (Better by Design) Self-management Resilience Alcohol including impact on families	Child poverty Education – readiness for school and educational attainment Health services for young people including CAMHS and obesity	Early intervention and prevention Housing Carers Ageing population Fair Employment

Primary Care Development 2

2.1 Background

Delivering the highest standards of primary care for patients is critical to our success, and delivering continuous improvement in our member practices is proving to be critical to a high performing system and achieving longer term sustainability.

Our member practices have embraced a range of new and innovative processes, such as Practice Portfolios, which build a portfolio of evidence which demonstrate a range of competencies and qualities and develop the **actions required to support improvements.**

> **"…delivering the highest standards of primary care is critical to our success…"**

We have used the intelligence gathered from practice visits, peer review, referral management, ENCIRCLE event sand commissioning engagement to embed improvements to understand the reasons for variation and implemented actions to address this where appropriate. Our success will continue to depend upon:

- The support practices to work together to ensure the optimal range of provision across primary care
- Education and training programmes that deliver good access for patient to a highly skilled primary care workforce
- Building excellent Information Management & Technology (IM&T) infrastructure
- Ensuring the availability of access to suitable premises.

2.2 Commissioning intentions

Project	Description	Impact Area
Primary Care Development Planning & Implementation	We will work in partnership with practices and localities to deliver a primary care development plan that will support practices to work together to ensure the optimal range of provision across primary care: • Further develop the education and training programme, including access to specialist advice and support to strengthen primary care as a provider and ensure a highly skilled primary care workforce is available to all patients • Consider the current and future activity aspirations to enable the future alignment of clinical infrastructure and service models • Develop inter practice arrangements so that all patients can access all appropriate primary	Planned Care activity

	care services by extending and utilising enhanced service models and address variation and duplication across practices	
Practice Support	Enhance and embed the Practice Portfolio, Practice visit and referral management initiatives: • utilise the intelligence gained from the above initiatives to consider the extension of triage plus to more specialities • Develop integrated working across clinical teams enabling clinicians to make excellent decisions about patient care	Planned Care activity

Unscheduled Care 3

3.1 Background

2012-13 has been a challenging year as we drive our ambitious and comprehensive programme of service redesign and integration. Whilst performance so far has been not been as expected the determination and passion of the system to address this has been as strong as ever. The system continues to pursue a vision where, by 2014 we will have:

- **A single integrated Unscheduled Care system**, that manages demand more effectively with clear clinical and provider leadership
- **Incentives aligned to support significant reductions in emergency admissions** (15% through 2013-14) and improve patient experience
- **Secured a reduction in inpatient capacity** supporting overall sustainability for the health and social care system.

> "…in 2013-14 we will drive a 15% reduction in emergency admissions…"

This system will:

- Be **easy to navigate for patients and clinicians**, with a single points of access, single assessment processes and supported by specialist advice and services when needed
- **Share patient information effectively** across the system, ensuring the right care is provided encompassing the patients preference and choice, whilst profiling those at the risk of rapid deterioration
- **Empower community services** to support patients and avoid admissions, whilst **maximising the number of patients who self manage** through more systematic implementation of care planning and shared decision making
- **Will work seamlessly with Proactive Care services** to support patients out of hospital and back to maximum independence as soon as possible
- Reflect **evidence based whole-system pathways**.

3.2 Commissioning intentions

Project Area	Description	Impact Area
One Call One Team	Consideration of a 'prime provider' model to consolidate service developments Understanding and developing the interface with Proactive Care to ensure patients are managed back to independence following crisis Establishing effective clinical governance to ensure the appropriate casemix across the system and into all parts of One Call One Team We will focus on aligning tariff systems and incentives to drive further improvements, value for money and patient experience, such as an A&E Ward local tariff	Emergency admissions A&E attendance

Ambulance Services	We will seek to improve the level of integration between ambulance services and the local unscheduled care system through; ensuring ambulance crews systematically use One Call to manage patients effectively in the community where safe to do so; ensuring DNAR forms as universally understood and utilised to better manage patients and their wishes at the end of life	Emergency admissions A&E attendance Ambulance Dispatches and Conveyance's
Community Beds	We will continue to assess and analyse the utilisation and performance on community beds in line with the expectation set in the Service Improvement Plan for 2012-13 to further develop this resource into a high quality, integrated and cost effective component of the unscheduled care system	Emergency admissions Hospital Lengths of Stay Delayed Transfers of Care
NHS 111	We will work with our partners across Sussex to secure the roll out of NHS 111, whilst ensuring, wherever possible, it is integrated and aligned to the local unscheduled care system, specifically One Call	Emergency admissions A&E attendance
Out of Hours Primary Care	We will commission a new out of hours primary care service, which is more effectively integrated with the rest of the unscheduled care system, including One Call One Team and NHS 111	Emergency admissions A&E attendance

Proactive Care 4

4.1 Background

The evidence base for Proactive Care is extensive. Both international models of chronic disease management, emphasising an integrated person centred approach, such as the Evercare model and the Kaiser Permanente, and examples here in the UK, such as the Torbay Care Trust approach have influenced our thinking for supporting people in the community. We believe that, given our population and their needs, **we must learn from this evidence and deliver a model of care based on community multi-disciplinary teams** focused on keeping older people independent.

We have set our ambitions high and have already started to design and implement aspects of Proactive Care for the most vulnerable people, including those nearing end of life**. During 2012-13 we will** pilot fully integrated multi-disciplinary teams, including nursing, primary care, therapies and social care staff. We have also identified a need for easy access to more specialist knowledge and support from a community geriatrician, specialist nurses and intermediate care teams. Best practice shows other core components of a good model include:

- key worker or care co-ordinator
- single point of contract with effective triage
- risk profiling/stratification
- shared information systems
- single holistic assessment
- self care

4.2 Commissioning intentions

Project	Description	Impact Area
Proactive Care	We will review statutory, independent and third sector services both which have an interface with Proactive Care, to ensure that wherever possible they are integrated to the fullest extent We will work closely with partner commissioning and provider organisations to ensure we take full advantage of assistive technology to support self care and enablement We will review and develop the infrastructure requirements of Proactive Care such as IT and estate to enable the model to operate efficiently and effectively We will commission services which strengthen patient and carer voice in the development and delivery of Proactive Care We will ensure that the type of contract, risk share and partnership arrangements, tariff/payments system and incentives enable Proactive Care to drive best value and excellent outcomes for patients	Emergency admissions A&E attendance Hospital lengths of stay

Planned Care 5

5.1 Background

We have always been committed to achieving effective and clinically driven service transformation and redesign of a range of elective patient pathways. Our vision is that our elective care services will ensure high quality, personalised care, which is **seamless across primary, community and secondary pathways within effective clinical governance frameworks** and which will **drive up efficiency and quality by reducing duplication and 'hand-offs'.**

> "...we are committed to achieving effective and clinically driven transformation..."

We will maintain our co-design and multi-agency team approach to commissioning development, strengthening capability across the system to deliver large scale change and realise the following benefits:

- Strengthening of primary care as a provider with a focus on developing value for money and effective Enhanced Services
- Integrated working between clinical teams involved in providing specialty specific services
- An improved skill base, competence and confidence for all clinicians
- An improved patient experience and referrer satisfaction
- Reduced waiting times and 18 week RTT compliance
- Reduced cost in the longer term, as well as short term savings
- Sustainability of service provision within defined 'Programme Budget' arrangements

5.2 Commissioning intentions

Project	Description	Impact Area
Peer Review & Referral Management	We will consider the extension of the Triage Plus concept to effectively manage referrals from all parts of the system, providing education to referrers to improve the quality of referrals We will focus on key high demand specialties including Urology, Gynaecology and Cardiology We will enhance our support for Primary Care to enable them to more effectively manage acute pathways including aspects such as new to follow up ratios	Referral patterns Outpatient activity Elective and Daycase admissions
MSK	We will commission a prime provider (Integrated Care Organisation) who will manage the entire MSK programme budget, responsible for providing high quality care in both community and acute settings, whilst remaining within a given financial envelope	Referral patterns Outpatient activity Elective and Daycase admissions

	We will establish the MSK Hub which will form part of the services provided by the Prime Provider. This will bring together clinicians from all MSK specialities into a highly efficient integrated team We will commission a single and integrated community physiotherapy team to provide excellent outcomes to all patients within Coastal West Sussex	
Dermatology	We will commission a prime provider (Integrated Care Organisation) who will be responsible for the deliver of high quality elective dermatology services through a Consultant led community dermatology service, whilst managing a budget within a given financial envelope The service will bring together clinicians to form a highly skilled and efficient team to provide excellent outcomes to all patients across Coastal West Sussex	Referral patterns Outpatient activity Elective and Daycase admissions
Urology	We will seek to drive incremental change in Urology services to improve, among other areas of performance, rates of discharge from secondary care, we will do this through: Urology guidelines (including a formulary) and support and education to primary care Consider the development of a Urology One Stop model for those conditions and treatments where it is safe to do so	Referral patterns Outpatient activity Elective and Daycase admissions

Medicines Management 6

5.1 Background

We continue to work with partners across Sussex and in our local health community to promote and lead medicines optimisation. Ensuring patients get the best possible health outcomes from their medicines, whilst organisations make the best use of their medicines and medicines management resources. The Medicines Management Team will continue to provide expert input to the commissioning of services and will also deliver a Medicines Optimisation Strategy which will outline the key work plans for 2013-14 aligned to the following priorities:

- Local decision making and managing innovation
- Quality and safety improvement
- Medicines optimisation in care pathway redesign
- Promoting efficient medicines use by focusing on GP practice and clinical variation
- Collaboration with partners to introduce a Payment by Results Excluded Drugs Management system across Sussex
- Collaboration with partners to oversee delivery of priorities through a Medicines Management Delivery Board
- Collaboration with partners through the CWS Area Prescribing Committee

5.2 Commissioning intentions

Project	Description	Impact Area
Blueteq web-based prescribing system	We will seek to implement a cross-health economy system for managing prescribing, invoicing, governance, and authorising of Payment by Results excluded medicines and related interface prescribing	Assurance on effective use of resources Managing implementation of NICE guidance
Formulary	We will develop, approve, implement and maintain a Local Health Economy Formulary that takes into account cost-effectiveness, quality, safety, patient acceptability, medicines optimisation and implementation of NICE guidance	Improved use of resources, safety, quality, and patient outcomes
Managed entry and exit of medicines and prescribed other items	Through the Area Prescribing Committee, we will continue to have robust, transparent and timely systems and processes for local decision making and safe use on the commissioning and decommissioning of medicines and other prescribed items	Improved use of resources, safety, quality, and patient outcomes

Virtual support of prescribing in primary care	CWS Primary Care prescribing decision making will continue to be supported through the Eclipse web-based system and Scriptswitch software to encourage high quality, cost-effective prescribing, and to reduce unwarranted variation.	Improved use of resources, safety, quality, and patient outcomes
Operational support of prescribing in primary care	Primary Care prescribers across CWS will continue to have operational support to achieve a consistently high quality approach to prescribing – this includes hands-on support in key practices for key therapeutic areas; support of locality prescribing meetings and reports to Locality Boards; engagement of practice clinical teams through annual visits and prescribing review; provision of information on key topics related to cost and clinical effectiveness; answering of prescribing-related queries	Improved use of resources, safety, quality, and patient outcomes
Prescribing Quality Review Scheme (PQRS)	We will use PQRS, an incentivised scheme, to encourage GP practices to engage with virtual support, operational support, peer review and within their own practice to audit, review and improve prescribing	Improved use of resources, safety, quality, and patient outcomes

Joint Commissioning 7

7.1 Background

> "...the JCU works across the interface of health and social care to drive out duplication..."

We know that there are key areas of provision across health and social care that require a dedicated joint commissioning approach. In 2013-14 we will continue to commission a range of service areas using our Joint Commissioning Unit (JCU).

The role of the JCU is to work across the interface of Health and Social Care in order to drive out duplication and exploit the opportunity for maximising effectiveness and efficiencies. The principles, vision and ambitions for the JCU were collaboratively agreed and adopted in the Section 75 agreement between West Sussex County Council and our CCG.

7.2 Outline commissioning intentions

Project Area	Description	Impact Area
Children's & Families	Continue to commission additional Health Visitors to support the implementation of the Healthy Child Programme We will re-commission services to children with complex health needs including more comprehensive community based services We will deliver the Family Nurse Partnership to 100 families in West Sussex	Hospital admissions and attendances
Adults & Older People	We will implement our second phase of work improving quality ad standards in Care Homes We will implement the recommendations from the Intermediate Care Review We will evaluate the Step down beds pilot and assess the future sustainability of community based step down beds	Hospital admissions and attendances
Mental Health & Substance Misuse	We will continue t support the development of whole-system community based care for people living with Dementia We will align Dementia services with the Proactive and Unscheduled Care systems We will introduce Payment by Results for Mental Health services and re-specify a range of services	Emergency admissions A&E attendance Hospital lengths of stay

Learning Difficulties	We will review all Learning Difficulties care packages to improve quality and value for money We will introduce a new Learning Difficulties day services staffing model, modernising the service We will implement a new model of integrated community health and social care services for people with Learning Difficulties We will review existing provision of Learning Difficulties prevention services and undertake a re-procurement for 2014-15	More people with Learning Difficulties with direct payments More people with Learning Difficulties will be in paid and un-paid work More people with Learning Difficulties will access mainstream health and care and services
Carers	We will invest in additional young carers services so they have an improved quality of life and access to support We will invest in Carer focussed nurse practitioner services to ensure that carers own health is improved We will develop transition services for carers aged 16-25 to ensure the transition to adulthood includes training to enable them to continue caring and short breaks to ensure they are well supported	More young carers have access to short breaks Improved health outcomes for carers Increased training and resource allocation

! Important note

These Joint Commissioning Intentions are a summary of the full draft document, available within the appended documents.

Contracting 8

8.1 Background

In the coming years the NHS provider landscape will begin to look very different. NHS trusts are expected to achieve NHS FT status on their own, as part of an existing NHS FT or in another organisational form by April 2014.

Local actions will ultimately drive the transition to an all NHS FT sector and it is our intention to work closely within the framework of *Sussex Together* and with our aspirant FTs to achieve this across Coastal West Sussex. In addition to supporting aspirant FTs our CCG will continue to ensure that strong partnerships with providers are sustained and that we help them to develop their capacity to deliver our goals.

8.2 Outline commissioning intentions

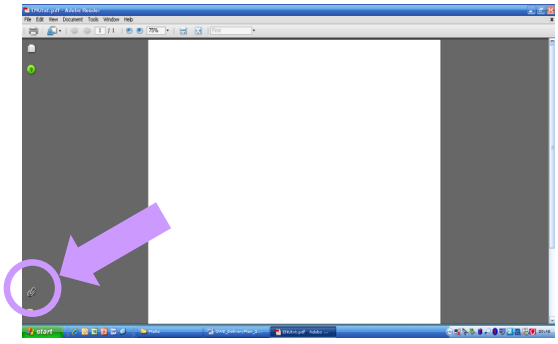
Project Area	Description	Impact Area
Patient Clinical Notes Data Protection	All patients attending Western Sussex Hospitals NHS Trust, at all points of delivery, will be provided with documentation to ensure consent to the potential audit of clinical notes for use for commissioning and improvement of clinical services is obtained	Acute Services
Any Qualified Provider (AQP)	As a result of new AQP contracts for Ultrasound and Hearing Aids, the commissioner will serve notice on the current contracts held with acute providers	Acute Services

Appendices 9

All of these supporting documents are attached to this PDF.

Please use the attached documents pane in your PDF viewer to access them individually.

You can open this using the **Paperclip or Attachments icon** on the left hand side of the screen as illustrated (right).



Joint Commissioning Unit Commissioning Intentions 2013-14	**A**
West Sussex Public Health Commissioning Intentions 2013-14	**B**
Sussex Managed Clinical Networks Commissioning Intention Recommendations 2013-14	**C**

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Coastal West Sussex Clinical Commissioning Group is the clinical commissioning group covering Adur, Arun, ARCH (Association of Regis and Chichester) Chanctonbury and Cissbury (Worthing) Localities, currently working as part of NHS Sussex. The responsible statutory organisation is West Sussex PCT.