



Coastal West Sussex
Clinical Commissioning Group

Coastal Delivery Plan 2012-13

Our Transition and QIPP Delivery

April 2012
Summary (13 Apr 2012)

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Glossary of abbreviations

A&E	Accident & Emergency
CCG	Clinical Commissioning Group
DoH	Department of Health
GP	General Practitioner
H&WB	Health and Wellbeing Boards
JSNA	Joint Strategic Needs Assessment
MSK	Musculoskeletal
NHS	National Health Service
PALS	Patient Advice and Liaison Service
PCT	Primary Care Trust
QIPP	Quality, Innovation, Productivity & Prevention
SHA	Strategic Health Authority
WSCC	West Sussex County Council

About Us

1.1 Coastal West Sussex key facts

Coastal West Sussex Clinical Commissioning Group serves more than 480,000 people. Our area has 56 GP Practices, more than 50 NHS dental surgeries, around 95 community pharmacies, more than 200 community nursing staff, one larger NHS hospital trust and six NHS community hospitals.



Almost a quarter of the people we serve are over 65 (the England average is around 16%). The number of people over 85 is increasing, leading to a rise in the number of people with long term conditions such as asthma, diabetes, dementia and coronary obstructive pulmonary disease.

Parts of our area are relatively wealthy but some areas along the coastal strip are amongst the most deprived 10 per cent in England.

1.2 Our core values

Our organisation is founded on clinical leadership and involvement which add enormous value and strength to the commissioning process, which is guided by our four core values:

- **Quality & value** – building a sustainable, high quality health economy with better outcomes for patients and more decisions taken by patients and their GPs
- **Clinically led, managerially enabled** – supporting local clinicians to improve patient care by driving change and leading service redesign
- **Whole system** – working in collaboration with health and social care organisations across and beyond Coastal West Sussex, and engaging local communities
- **Whole pathway** – integrating services and redesigning patient pathways around patients' needs

1.3 Setting the scene

Last year we reduced GP referrals to hospital, stabilised the emergency admission rate, and combined with other efficiencies saved over £12 million. We also started to build the partnerships that will help us deliver bold, innovative service changes in the future.

Our 2012-13 Delivery Plan details how we and our partners will build on those successes to deliver the services that patients here deserve.

As well as meeting National Performance Standards we want to improve quality and performance in three key priority areas: **reorganising unscheduled care**, **modernising planned care services** and **improving Primary Care prescribing**.

The NHS nationally has been set a quality and productivity challenge which must generate efficiency savings of £20 billion by 2015. For our part we intend to make efficiency savings of more than £23 million in 2012-13 to help create a sustainable, vibrant health economy.



As the NHS completes its transition to the new delivery system set out in *Liberating the NHS*, with service improvements driven increasingly by clinical commissioning groups and Health & Wellbeing Boards, we aim to be authorised as a statutory organisation in our own right by 1 April 2013.

Our organisational development plan will help us secure authorisation, and strengthen our partnerships with West Sussex County Council, other clinical commissioning groups and local communities, so that we become a strong, clinically-led commissioning organisation that will flourish and deliver high quality, sustainable services for our population.

Although 2012-13 will be a challenging year for the NHS, nationally, across Sussex and locally, we believe we can face the challenges with confidence.

Our priorities

We are focusing on high impact changes as the best way to achieve high quality, sustainable health services. We have four key priorities as we move into 2012-13, these are:

2.1 Unscheduled Care

Unscheduled Care services are **often fragmented and generate confusion** among patients about how and where to access care. One of the impacts of this has been that **emergency admissions have grown rapidly in recent years**. That is why we will continue to develop a single integrated unscheduled care system that gives people the right care, at the right time and in the right place.

“...our vision is that by 2014 we will have an integrated unscheduled care system...”

Importantly in 2012-13, and in response to the needs of our frail and/or elderly population, we will begin to transform community services to support more people closer to home as we deliver **Proactive Care**. Where **community services will be empowered** to support patients in their own homes and communities and avoid admissions, whilst **maximising the number of patients who self manage** through the development of multi-disciplinary teams, who with patients will systematically plan, co-ordinate and deliver care.

We will also build on the strong progress we have made in 2011-12, reducing emergency admissions to Western Sussex Hospitals NHS Trust by 1.4%, by continuing to develop services such as One Call One Team, integrating more services, and developing evidence-based whole-system pathways to ensure that Unscheduled and Proactive Care work seamlessly together.

Together this will further reduce emergency hospital admissions by 15% by April 2013 (and the number of hospital beds) and improve the integration of health and social care toward our vision, **whilst generating around £9 million of savings in 2012-13**.

2.2 Planned care

We are committed to transforming and redesigning of a range of elective or planned patient pathways. Our vision is that our planned care services will ensure the provision of high quality, personalised care, which enables patients to see the right person, quickly and efficiently and, wherever possible, closer to home.

“...we are committed to achieving effective and clinically driven transformation...”

We will do this by integrating pathways between primary, community and secondary care, making them more efficient, reducing

unwarranted variation and delivering better care. This year we will introduce new integrated Dermatology pathways in October 2012 and a new and integrated Musculoskeletal pathways in January 2013, and continue to develop new models of care for Ophthalmology and Urology.

We will also work continue to with GP practices to continue to reduce GP referrals to hospital and reduce unwarranted variations in referral patterns between practices. Together these changes will **save almost £2.9 million in 2012-13**.


2.3 Prescribing

As well as embedding medicines management support in service developments and pathway redesign, we will continue to **optimise medicines use for our population** and individual patients by **working in partnership** across Sussex, and with GP practices and NHS provider trusts to make best use of medicines, changing prescribing practice to reduce waste, and improving the use of medicines for people with long term conditions so that we can deliver savings of **more than £4 million in 2012-13**.

2.4 Quality and performance

We will work with the NHS Sussex quality directorate and with our partners to meet the challenge of improving quality and provide a strong base for the introduction of the NHS Outcomes Framework in 2013-14, by delivering the five key aspects of quality improvement that have been set nationally:

- preventing people from dying prematurely
- enhancing quality of life for people with long term conditions
- helping people recover from ill health or following injury
- ensuring that people have a positive experience of care
- treating and caring for people in a safe environment and protecting them from avoidable harm



...Quality is a key priority and must be embedded in everything we do...


What will help us?

3.1 Local partnerships

To equip ourselves to meet the challenges in Coastal West Sussex, all local health and social care partners have committed themselves to a collaborative approach to planning and delivery, overseen by a “**Coastal Cabinet**”. There will be a clear focus on transformational change, delivering high quality outcomes, and strong clinical leadership which uses shared intelligence to support decision making.

Within this we must offer effective clinical and system leadership across our health economy and holding our key partners to account for delivery against their plans.

We will also be an active member of, and partner to, the emerging **West Sussex Health & Wellbeing Board**. The Board will lead development of a local Joint Strategic Needs Assessment and Health & Wellbeing Strategies that will inform our future commissioning plans.



“...we must offer effective clinical and system leadership...”

3.2 Sussex Together

We are active partners in the *Sussex Together* programme which is developing new models of health care (often working across organisational boundaries) that deliver safety, quality and long term financial sustainability. The programme is focusing on a small number of key areas that broadly match our own priorities. They include unscheduled care, planned care, frail and elderly care, medicines management, children’s services and maternity services.

3.3 Primary Care development

We will create a Primary Care Development Plan that will ensure; we support and enable practices to work together; we offer an education and training programme; we develop a robust Information Management & Technology infrastructure, and ensure practices have suitable premises.

We will continue to help practices and localities reduce unwarranted variations in services by providing a range of support including at least one visit during the year to every practice, support the development of Practice Portfolios to provide evidence of practice competencies and support improvement, and using the protected learning scheme to focus on developments in emergency access to Primary Care, diabetes, MSK, the frail and elderly, and urology.

This year we will review all GP and community pharmacy enhanced services to ensure they are aligned with our commissioning priorities, and introduce robust performance management for all enhanced service contracts.

3.4 Working with our patients



Our commitment to our patients is important and we believe that patient and public participation in commissioning is crucial in developing patient centred pathways and strengthening governance.

We have five principles which underpin our approach to working with our patients, these are:



- **Locality-led**
- **Building stronger partnerships**
- **Integration with local authority engagement teams**
- **Informed by patient feedback**
- **Transparency and accountability**

We plan to undertake an extensive programme of engagement with the general public. This programme will aim to raise the public's awareness of the challenges facing the CCG and its partners. We will also recruit a pool of "patient champions" to help communicate these messages.

Additionally, we will have a stronger online presence; we will support GP practices to develop patient groups; work with West Sussex County Council to develop a local HealthWatch; and create a community relationships strategy.

How will we know we've delivered?

4.1 Managing performance

We need good quality, timely data so that we can monitor performance and quickly address any problems, so we are developing a concise, yet comprehensive whole system performance management framework that will focus on:

- GP referrals to planned care
- the number of emergency admissions and A&E attendances
- occupied bed days and average lengths of stay
- delayed transfers of care and discharges
- spend on prescribing
- 18 weeks referral to treatment time
- overall financial performance

We will also assess our providers' performance against key quality standards, national performance measures, delivery of the reduction in unplanned admissions, and delivery of service improvement plans.

4.2 Managing our financial position

Whilst it will be some years before NHS funding returns to average levels of growth, let alone the higher growth of recent times, NHS services also face pressures from population change (including more people with long term conditions), an expanding range of treatments, and above-inflation rises in the cost of new drugs, devices and technology.

In total we expect to spend just under £608 million in 2012-13, assuming we are able to deliver our £23.6 million efficiency saving target and resolve a number of pricing and charging issues with Western Sussex Hospitals NHS Trust.

Practice budgets for 2012-13 will be set using a similar approach to 2011-12 but will be restricted to those areas of spend that practices can directly influence (acute planned care, acute emergency care, GP prescribing, and enhanced services).

Our plans assume that the health economy's funding will grow by 2.5 per cent in 2012-13 and the same in 2013-14. However we will need to set aside some funding this year to help offset an underlying health economy financial problem that we have inherited, caused by a variety of factors including over treatment, over-activity, overpricing and over provision.

We are satisfied, though, that we will have sufficient money to support our organisation as an authorised clinical commissioning group.

Moving forward

We said at the outset that 2012-13 will be challenging but we are confident that we, together with our partners and our patients, can meet these challenges.

However, we must maintain our rigorous attention to our core values:

- **Quality & value** – to build a sustainable, high quality health economy with better outcomes for patients
- **Clinically led, managerially enabled** – supporting local clinicians to improve patient care by driving change and leading service redesign
- **Whole system** – working in collaboration with health and social care organisations across and beyond Coastal West Sussex, and engaging local communities
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We believe that this will enable us to transform services, deliver better outcomes for patients, and build a sustainable future for NHS services in Coastal West Sussex.

We look forward to reporting on our progress in due course, and to working with and for you in the meantime.

Have a question or want to know more?

A full version of our 2012-13 Delivery Plan is online at ([insert web address](#)).

You can also get in touch with us or request a hard copy by:

- **Emailing** ws-pct.CWSComms@nhs.net
- **Phoning** 01903 708400

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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.