

A guide to Nottingham North and East Clinical Commissioning Group

Who we are and what we do

# **Choose well** and get the right care!

NHS Nottingham North and East **Clinical Commissioning Group** 

Hangover, grazed knee, cough, sore throat



Self care



NHS

Diarrhoea, runny nose, cold and cough, headache

Pharmacy

Back pain, stomach ache, ear pain, symptoms that won't go away



**GP** surgery



Surgery closed? Need help fast but unsure where to go? Call 111

**NHS 111** 

Chest pain, choking, stroke, loss of consciousness - this is an emergency!



**Emergency** Department

The emergency department is for real emergencies only!



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Nottingham North and East Clinical Commissioning Group (CCG) is your local NHS. We are responsible for planning and quality checking health care services in Gedling, Hucknall, and some areas of Eastwood and Newark and Sherwood.

Our CCG is made up of 21 member practices, with a registered population of around 149,000. These practices are organised together to commission health services for the patient population living in Arnold, Burton Joyce, Calverton, Carlton, Colwick, Daybrook, Gedling, Giltbrook, Hucknall, Lowdham, Mapperley, Netherfield and Newthorpe.

We are GP-led, which means that any decisions being made about the health care services in the Nottingham North and East area are driven by the knowledge, experience and expertise of local doctors.

The GPs are supported by a small central services team, based at the Gedling Civic Centre at Arnot Hill Park.

Our Clinical Cabinet, which makes the key decisions about what services to commission, is made up of GPs

from every local practice. Their work is supported by the People's Council, which has a representative from each of the local practice's Patient Participation Groups and ensures patients' voices are heard and can directly impact on the decisions made.

We work in partnership with patients, other health and social care organisations, Local Authorities, the voluntary and community sector and the public to plan, design and improve the delivery of your local NHS services.

Our vision is to put good health into practice by:

- Improving the health of the community
- Securing the provision of safe, high quality services
- Achieving financial balance and value for money

You can find out more about our vision on our website.





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### **Our Member Practices**

- Apple Tree Medical Practice, Burton Joyce
- Calverton Practice, Calverton
- Daybrook Medical Practice, Daybrook
- Giltbrook Surgery, Giltbrook
- Highcroft Surgery, Arnold
- The Ivy Medical Group, Burton Joyce and Lowdham
- The Jubilee Practice, Lowdham
- Newthorpe Medical Centre, Eastwood
- Oakenhall Medical Practice, Hucknall
- 10. The OM Surgery, Hucknall

- Park House Medical Centre, Carlton
- Peacock Surgery, Carlton
- 13. Plains View Surgery, Mapperley
- 14. Stenhouse Medical Centre, Arnold
- Torkard Hill Medical Centre, Hucknall
- Trentside Medical Group, Netherfield and Colwick
- Unity Surgery, Mapperley
- Westdale Lane Surgery, Gedling
- West Oak Surgery, Mapperley
- Whyburn Medical Practice, Hucknall
- 21. The Willows Medical Centre, Carlton

### Our local population

- Our population of approximately 149,000 is spread across a mix of urban areas and rural villages.
- The majority of patients registered with GP practices in the CCG area live within three districts: Gedling Borough, Ashfield (mainly Hucknall), and Broxtowe.
- An increase of 33% is expected in the older population by 2025, particularly in the 75-79 age groups. The highest proportions of older people live in Eastwood, Burton Joyce and Newstead.
- In Gedling, deprivation is lower than the national average; however, 3,420 children and 1 in 7 pensioners live in poverty.
- In Ashfield, deprivation is higher than the national average and 5,300 children live in poverty. Areas of Ashfield where NNE CCG registered populations live, such as Hucknall, include some of the most deprived 20% of areas nationally.
- In our area the most common long term conditions are:
  - hypertension (38439 individuals)
  - common mental health disorders (17,460)
  - asthma (10,560)
  - chronic kidney disease (11,201)
  - diabetes (8,587)
  - chronic back pain (7,062)
  - coronary heart disease (7,063)
  - cancer (5,207).
- There are currently expected to be 1,822 people living with dementia in NNE CCG.



- Ashfield has the highest number of residents providing unpaid care with an estimate of 12,631.
- The main causes of death for all ages across the CCG area are Cardiovascular Disease, Cancer and Respiratory Illness.
- Death rates under the age of 75 are mainly linked to cancer (lung and prostate in men, breast and lung in women).

For more about our population see our Annual Report - www.nottinghamnortheastccg.nhs.uk/annual-report

This section gives some brief information about our 2014/15 Annual Report, including how we spent NHS money locally and our achievements over the year.



We are pleased to report that 2014/15 saw good progress in our second year as a CCG. Whilst it was a year of consolidation of business operations, it was also a year of growth and development both as a CCG and as a key organisation within the wider health and social care economy.

The Better Care Fund, Transformation Partnership and system resilience have been fundamental areas of collaboration during 2014/15 and we have stepped up to the responsibilities with the appropriate culture and management strategy.

We are committed to the ongoing reshaping of the CCG in order to meet local healthcare needs and ensure a sustainable future. A sustainable future includes addressing difficult financial conditions and we were pleased to have delivered against our financial duties during 2014/15.

We recognise that 2015/16 will be even more challenging

and feel the CCG is in a strong position due to the hard work and ongoing development of the business model. For this reason, with support from member practices, we have taken on the responsibility for delegated authority of GP primary care services as we feel this provides us with greater opportunity to deliver the benefits of working as a CCG to improve local health services and address health inequalities.

We would like to thank our member practices for their continued commitment to the CCG and to our employees and partners for their hard work. We would also like to thank all our patients, particularly those on our Peoples' Council, who ensure that the patient voice is at the centre of everything that we do.

The full report can be found on our website – www.nottinghamnortheastccg.nhs.uk/annual-report

Sam Walters Chief Officer **Dr Paul Oliver**Clinical Lead and Chair

### Our performance against targets

We worked hard throughout the year to meet the national targets that were set. Below are some key points:.

#### 18 Weeks from Referral to Treatment

During 2014/15 we met or exceeded all the national targets for elective waiting times

In the year to 31 March 2015:

- 95.02 per cent of admitted patients were treated within 18 weeks (national standard 90 per cent).
- 97.92 per cent of non-admitted patients were treated within 18 weeks (national standard 95 per cent).
- 97.79 per cent of patients who were still waiting for their treatment had been waiting less than 18 weeks (national standard 92 per cent).

#### Cancer

Achieving the national standards for cancer can lead to earlier diagnosis, enhanced patient experience and improved cancer outcomes. In the year to 31 March 2015:

- 92.37 per cent of patients with suspected cancer were seen by a consultant within 14 days of referral by their GP (national standard 93 per cent).
- 97.65 per cent of patients received their first treatment within 31 days following a diagnosis of cancer (national standard 96 per cent).
- 86.80 per cent of patients diagnosed with cancer were treated within 62 days of a referral from their GP (national standard 85 per cent).

We continue to work with hospitals to reduce the waiting times for patients in receiving their cancer treatment following diagnosis.

### **Accident and Emergency**

The national threshold for performance against this

standard is that 95 per cent of patients should wait no more than four hours in Accident and Emergency from arrival to admission, transfer or discharge.

In the year to 31 March 2015:

• 86.60 per cent of patients were treated within four hours at A&E (national standard 95 per cent).

The local health community has faced significant challenges in delivering the Emergency Department performance standard at Nottingham University Hospitals NHS Trust. We are continuing to work together to improve performance for our population.

#### **Dementia Diagnosis Rate**

In April 2014, we submitted dementia diagnosis rate targets, against which we are monitored. The diagnosis rate target for 2014/15 is 67 per cent. The Prime Minister's target is that two thirds of the CCG's dementia prevalence number be identified by March 2015. In March 2015, 62.26 per cent of patients estimated to have dementia within the CCG have been diagnosed.

#### Improving Access to Psychological Therapies (IAPT)

The aim was that by the end of March 2015, at least 15 per cent of people with anxiety or depression would have access to a clinically proven talking therapy service, and that those services would achieve 50 per cent recovery rates. In the last quarter of the year up to 31 March 2015:

- 3.56 per cent of patients estimated to have depression and/or anxiety disorders within the CCG have received Psychological Therapies (National target is 3.75 per cent per month (15 per cent by March 2015).
- 56.15 per cent of patients who have completed treatment are moving to recovery (national standard 50 per cent).

### **Our finances**

The full Statutory Accounts, including the Independent Auditor's Report can be found on the website.

We have achieved all key financial NHS England Group Requirements for the year, including remaining within resources available, delivering our planned surplus, achieving our agreed year end cash balance, not exceeding our running costs allocation and delivering against the Better Payment Practice Code target.

The CCG commenced the year in a financial position that required delivery of a £4.2 million savings target (QIPP – Quality, Innovation, Productivity and Prevention – target). This target has been delivered.

The CCG has also experienced cost pressures, mainly across acute and continuing health care programme areas. The CCG has contained these pressures by utilising contingency reserves and has successfully delivered the surplus target of £2.083 million as set by NHS

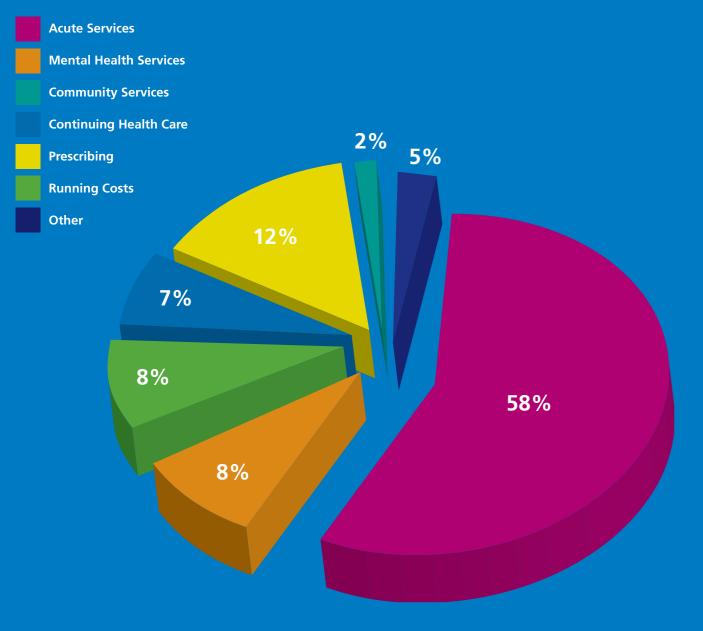
England. The CCG exits 2014/15 with an underlying recurrent surplus position that reflects the going concern declaration.

However, the CCG continues to face financial challenges and a QIPP target of circa £7.1 million is required to be delivered in 2015/16 in order to achieve our surplus target of 1 per cent. The Better Care Fund (BCF) commences at the start of the new financial year, and this sees a £9.1 million investment by the CCG. The operation of the BCF is described in more detail in the Strategic Report section of the Annual Report on our website.

It is key that the financial and operational objectives of the BCF schemes are delivered and the CCG will work with all local stakeholders, including the local authorities, health care and social care providers and other clinical commissioning groups to ensure resources continue to be used and invested to improve the health and well-being of the residents of Nottingham North and East CCG.



### How the annual budget was spent



For more details about our constitution, achievements, performance and finances please see the **Annual Report** online. The full report can be found on our website – www.nottinghamnortheastccg.nhs.uk/annual-report

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### **Case Study:**

### Reaching out to young people

Young people are often a difficult group to reach when it comes to getting feedback about healthcare services. So at our annual healthcare awareness fair at Carlton Le Willows we asked the students to tell us how we can improve health services for them...



The fair was a joint initiative between the CCG, Carlton Le Willows School and Gedling Borough Council. The aim was to promote healthy lifestyle messages, raise awareness of the local health services available to young people and get their opinion on how we can make services more young people friendly.

Exhibitors included Women's Aid, New Leaf, Harmless, Gedling Borough Council Fitness, Nottinghamshire County Council's sexual health and youth bus, City Arts and many more.

The event was a massive success with the young people in Year 10 very positive about the range of stalls and activities on offer. About 600 students from Year's 10 and 11 attended the event throughout the day which ran from 11am – 4pm.

We asked the students to write about their experiences and ideas for improvement on a big tablecloth.

So what did the pupils say about the NHS? Some of their comments:

- My doctor needs to talk to me not my mum
- You really need wifi in waiting rooms
- More friendly receptionists
- NHS looks after my mum/gran/dad etc
- Children's A&E is excellent
- It's great, it's free!

We plan to roll this activity out to other schools in our area.

## **Our priorities**

The CCG's future developments directly fit with the NHS Five Year Forward View.

Our main objectives are to:

- Reduce health inequalities in the local population by targeting those people with the greatest health needs
- Drive up the quality of care in order to improve health outcomes
- Direct resources to where they will deliver the greatest benefit to the local population
- Plan appropriate models of care for older and vulnerable people with complex needs, ensuring all patients are treated with dignity and respect
- Ensure that patients are able to make choices about the care they receive and are seen in the right place at the right time by the right person.

In addition to this, our specific priorities are

### Achieving parity for mental health

A criticism of health and social care is that people with mental health issues don't have the same access to services or care as people with other illnesses. To attempt to redress this, we are planning:

- New investment in the 111 mental health project, Personality Disorder Services, and CAMHS Eating Disorder Service
- 24/7 crisis care for adults established via service transformational change
- Joint working with Nottinghamshire Police to eradicate detentions in police cells for children and adults detained under Section 136

Delivery and continued improvement of take-up of psychological therapies

### **Transforming Care of People with Learning Disabilities**

The CCG will continue to ensure that people with a learning disability receive appropriate and regular assessment and are cared for in the most appropriate setting We will look to commission services that enable people to stay in their community and close to friends and family.

#### **Better Care Fund**

The Better Care Fund (BCF) was announced in June 2013 in the Government's spending review. The fund is 'a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities'.

The schemes funded by the partner organisations;

- Seven day working
- GP access
- Community care coordination
- Support for carers
- Reablement/rehabilitation services
- Transformation programme
- Protecting social care services

In 2015 Nottinghamshire County was announced as a Wave 2 Pioneer site, one of eleven areas to join the existing fourteen sites in the national Pioneer programme.



The Pioneer covers Nottinghamshire County Council, the two Mid Notts CCGs (Mansfield and Ashfield and Newark and Sherwood) and the three CCGs in the south (NNE, Nottingham West and Rushcliffe). Pioneer status recognises the innovative and transformational work that has already been undertaken within the region to develop integrated services improving outcomes for the population.

### **Primary Care Co-commissioning**

From 1 April 2015, we have been approved to take on Level 3 delegated responsibility for NHS England-specified general medical care commissioning functions.

Our strategy for general practice is to deliver equitable, high quality, efficient and accessible primary care services that are clinically effective and patient-centred. We believe that co-commissioning will lead to improved performance, access and quality in primary care, and enable primary care commissioning to be more responsive and sensitive to local needs and priorities.

#### **Transformation**

We are part of the South Nottinghamshire Transformation Partnership which counts commissioners and providers of health among its members. The aim is to:

- work in partnership to transform services
- deliver improved health and well-being for people by creating sustainable, high quality health and social care system
- improve communication and find better ways of using the resources entrusted in them in combination.

#### **Urgent Care**

Our growing population and ageing population has meant that here is a continued increase in demand on ours services and we must ensure that we continue to deliver high quality care whilst meeting our financial obligations.

With our A&E departments under increasing pressure, we need to change behaviours and look at alternative ways people can get urgent care in the community.

Urgent care is everything from pharmacies, same day GP appointments and GP weekend and evening appointments to accessing out of hours health services (delivered in Nottingham by NEMS – Nottingham Emergency Medical Services), calling NHS 111, walk-in centres and A&E.

A&E provides urgent care but should be used in emergencies only.



# **Get involved with your local NHS**



Involving local people is at the very heart of what we do. When we're looking at how we can develop local health services or make changes to improve healthcare provision, we will always ask for your opinions and ideas.

We are committed to talking to local people to ensure that you are involved in the decisions that are made about health care services in your area.

There's no doubt that over the next couple of years there are going to be some tough challenges to face and some difficult decisions to make, so it's essential that you're involved as we shape the health care services of the future.

You can do this by joining your Practice's Patient Participation Group, taking part in focus groups, going to events, joining our mailing group or taking part in consultations.

To find out more about what's happening, or to sign up to our monthly e-newsletter, please contact Michael Ellis on Michael.ellis@nottinghamnortheastccg.nhs.uk



For up-to-date NNE news and consultations f/NHSNNE



For the news across NHS SouthNotts // NHSSouthNotts



### Contact us!

For more information about health services in your area go to: www.nottinghamnortheastccg.nhs.uk

Keep up-to-date with news and views updated daily on:





Or for health news from across the whole of South Nottinghamshire /NHSSouthNotts

Direct contacts

**General enquiries** 0115 883 1838 info@nottinghamnortheastccg.nhs.uk

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Patient involvement Michael on: 0115 883 1709 Michael.ellis@nottinghamnortheastccg.nhs.uk

# Tell us your story

### And **help improve** health services for all

Everyone who has had an experience with the NHS has a story to tell. We want to hear about your experience - the good, the bad and the ugly!

Email: pet@nottinghamnortheastccg.nhs.uk

Call: 0800 028 3693 (Option 2)

