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Welcome to our Annual Report, which looks back at our first year as a Clinical Commissioning Group (CCG). It celebrates our achievements and looks ahead to the challenges and opportunities facing us as commissioners as we strive to provide more efficient local health services. We hope that you find an informative and thought provoking read...

Over the last year, there have been significant changes within the NHS, and more specifically within Primary Care. These changes have been a challenge for every practice but as members of the CCG we have been better placed to meet these challenges.

We have made substantial progress in delivering our responsibilities as both a provider and commissioner of NHS services and have welcomed the support and commitment of our CCG colleagues in delivering a robust organisation, with the patient at the centre.

The unique nature of CCGs, placing clinical input into the heart of commissioning, has been at the centre of Nottingham North and East's vision of 'Putting Good Health into Practice'. We have delivered this vision through:

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

We have already overcome substantial challenges when with member engagement, strong leadership, a robust strategy and an effective business plan, we turned our financial position around and ended the year delivering against our objectives and on budget.

As clinicians we understand that good quality care and financial health go hand in hand, and it's through strong clinical commitment from each member practice that the CCG has delivered the required savings and surplus to turn around our financial position.

This year, the CCG has been focused on the health priorities of the local community. We have been working with the organisation Right Care to develop 'Commissioning for Value' packs which allow a targeted approach to improving quality of care and cost effectiveness in areas which have been highlighted most in need.

Key projects during 2013/14 included the implementation of the integrated health and social

care model and a single point of access, which means co-ordinating care around the patient's needs. This model allowed for immediate improvements in the delivery of care in the community.

We also implemented the Nottinghamshire Musculoskeletal Assessment and Treatment Services (NMATS), which allows patients to receive the right care, in the right place at the right time.

What's more is that we have also delivered successful enhancements in community services for diabetes, cardiology and dermatology and delivered against priorities of reducing first outpatient attendances, reducing emergency admissions for adults over 65 and increasing the number of patients receiving IV antibiotics in the community. All these projects have had a positive impact in primary care.

In our first year, our Governing Body has had a positive impact on our strategic development as members have grown and proved to be effective leaders. In particular, the Governing Body has maintained a continued focus on member practice engagement, delivery of quality, patient and public involvement, turning around the financial position and good governance.

At the beginning of the year, member practice engagement was identified as an area of development for the CCG. So we took the significant step of expanding the Clinical Cabinet to include commissioning leads from each practice. This has provided 'line of sight' from the CCG to each member practice and aided two way communication and engagement.

The direct involvement in decision making has started to give member practices ownership of changes in the local health community and commissioned services. Patient and public involvement has developed through the year through the strong People's Council which allows for direct input by patients and public into the decisions we make in the Clinical Cabinet. We will continue to support the work of the People's Council by encouraging active engagement from individuals in our Practice Patient Groups.

The Governing Body has had a strong clinical focus on

quality of patient care, which has been reflected in the supportive interaction with providers in order to improve the quality of commissioned services. Good governance underlies the performance of the CCG and has met the challenges during 2013/14.

The challenges in the coming years are likely to be significant and in order to deliver the primary care strategy, continue tackling unwarranted variation, deliver transformational change through integrated working and strong partnership and deliver against financial stability, all members of the health community need to work together in a collaborative way.

As member practices we have seen the need to change and work closer together as providers as well as commissioners and look forward to evolving this vision with the support and commitment of the CCG.

2013/14 has been a challenging year and our achievements would not have been possible without the continued hard work and commitment of our colleagues in the CCG and, equally importantly, in our member practices.

We recognise that the strength of our CCG is based on the engagement of each member practice and, despite the challenges, our colleagues have worked tirelessly throughout the year to ensure the development of services for our patients and improve the quality of care they receive.

We would like to extend our collective gratitude to the CCG, our member practices, local authorities and the local health community as our success is dependent on our collaborative working and team work. We commend this report.

Dr Parm Panesar
Assistant Clinical Chair and Dr James Hopkinson,
GP Member Governing Body on behalf of Member Practices

Our full report can be downloaded from our website: www.nottinghamnortheastccg.nhs.uk

"Key projects during 2013/14 included the implementation of the integrated health and social care model and a single point of access, which means co-ordinating care around the patient's needs."

Who are we?

We are your local NHS and we are responsible for commissioning and quality checking health care services in Gedling, Hucknall, and some areas of Eastwood and Newark and Sherwood.

Our member practices are organised collectively 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 closely with Nottingham University Hospital NHS Trust (which runs the Queen's Medical Centre and City Hospital), Local Authorities, as well as other agencies including Police, Fire Service, and our neighbouring Clinical Commissioning Groups – Rushcliffe, Nottingham City, Nottingham West, Newark and Sherwood and Mansfield and Ashfield. We also work closely with a large number of local voluntary sector organisations.

Our CCG is composed of 21 member practices, with a registered population of 147,700.



“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.”

Our Member Practices

- | | |
|--|--|
| 1. Apple Tree Medical Practice, Burton Joyce | 11. Park House Medical Centre, Carlton |
| 2. Calverton Practice, Calverton | 12. Peacock Surgery, Carlton |
| 3. Daybrook Medical Practice, Daybrook | 13. Plains View Surgery, Mapperley |
| 4. Giltbrook Surgery, Giltbrook | 14. Stenhouse Medical Centre, Arnold |
| 5. Highcroft Surgery, Arnold | 15. Torkard Hill Medical Centre, Hucknall |
| 6. The Ivy Medical Group, Burton Joyce and Lowdham | 16. Trentside Medical Group, Netherfield and Colwick |
| 7. The Jubilee Practice, Lowdham | 17. Unity Surgery, Mapperley |
| 8. Newthorpe Medical Centre, Eastwood | 18. Westdale Lane Surgery, Gedling |
| 9. Oakenhall Medical Practice, Hucknall | 19. West Oak Surgery, Mapperley |
| 10. The OM Surgery, Hucknall | 20. Whyburn Medical Practice, Hucknall |
| | 21. The Willows Medical Centre, Carlton |

Our local population

The registered population of Nottingham North and East CCG is distributed across five local authority areas within Nottinghamshire County, namely Gedling, Ashfield, Broxtowe, Nottingham City, and Newark and Sherwood.

The majority of patients registered with GP practices in the CCG area live in three districts: Gedling Borough, Ashfield District (mainly Hucknall), and Broxtowe Borough (parts of Eastwood). The remainder live in Nottingham City, Newark and Sherwood District and other parts of Nottinghamshire.

The CCG is responsible for the unregistered population in the areas of Arnold, Burton Joyce, Calverton, Carlton, Colwick, Daybrook, Gedling, Giltbrook, Hucknall, Lowdham, Mapperley and Netherfield.

The registered population of Nottingham North and East CCG in April 2014 was 147,700 (HSCIC). This is projected to grow by 8.6% by 2025, to 161,000 (based on ONS projections for Gedling, Ashfield, and Broxtowe).

Compared with other areas in England, the population of NNE has a higher percentage of both men and women aged 45 and older, and a lower percentage aged less than 30.

In 2010, Gedling had 24,700 residents aged between 0-19 years. This is projected to increase by 15% between 2010 and 2030. The proportion of children in Gedling statemented for Special Educational Needs is 0.9%, compared to a County figure of 1.1%. The number of children diagnosed with autistic spectrum disorder across Nottinghamshire has increased substantially (threefold) over the last ten years.

In 2010, Ashfield had the highest number of 0-19 year olds in Nottinghamshire County, at 28,100. Ashfield is projected to have a 14% increase in its 0-19 year old population by 2030. Children identified with special educational needs are the second highest in the County in Ashfield.

Across the NNE CCG area, the highest proportions of younger people live in Hucknall, Eastwood, Arnold, Carlton and Calverton.

There were 86,500 adults aged 20-64 registered with GP practices in NNE CCG in April 2014 (HSCIC). Based on the projected population growth described above, this is expected to grow to nearly 90,000 by 2025.

19.6% of the registered population of NNE CCG are over the age of 65 years (HSCIC April 2014), higher than the average across all South Nottinghamshire



“There were 86,500 adults aged 20-64 registered with GP practices in NNE CCG in April 2014 (HSCIC). This is expected to grow to nearly 90,000 by 2025.”



CCGs (including Nottingham City) of 15.6%. An increase of 18% is expected in the older population by 2025, rising from 28,900 to 34,800 people aged 65 or older, particularly in the 75-79 age group, and with a greater number of females than males (18,800 and 16,000 respectively). In addition, as the population ages, the number of older people living alone is expected to increase to around 40% across Nottinghamshire. Across NNE CCG area the highest proportions of older people live in Eastwood, Burton Joyce and Newstead.

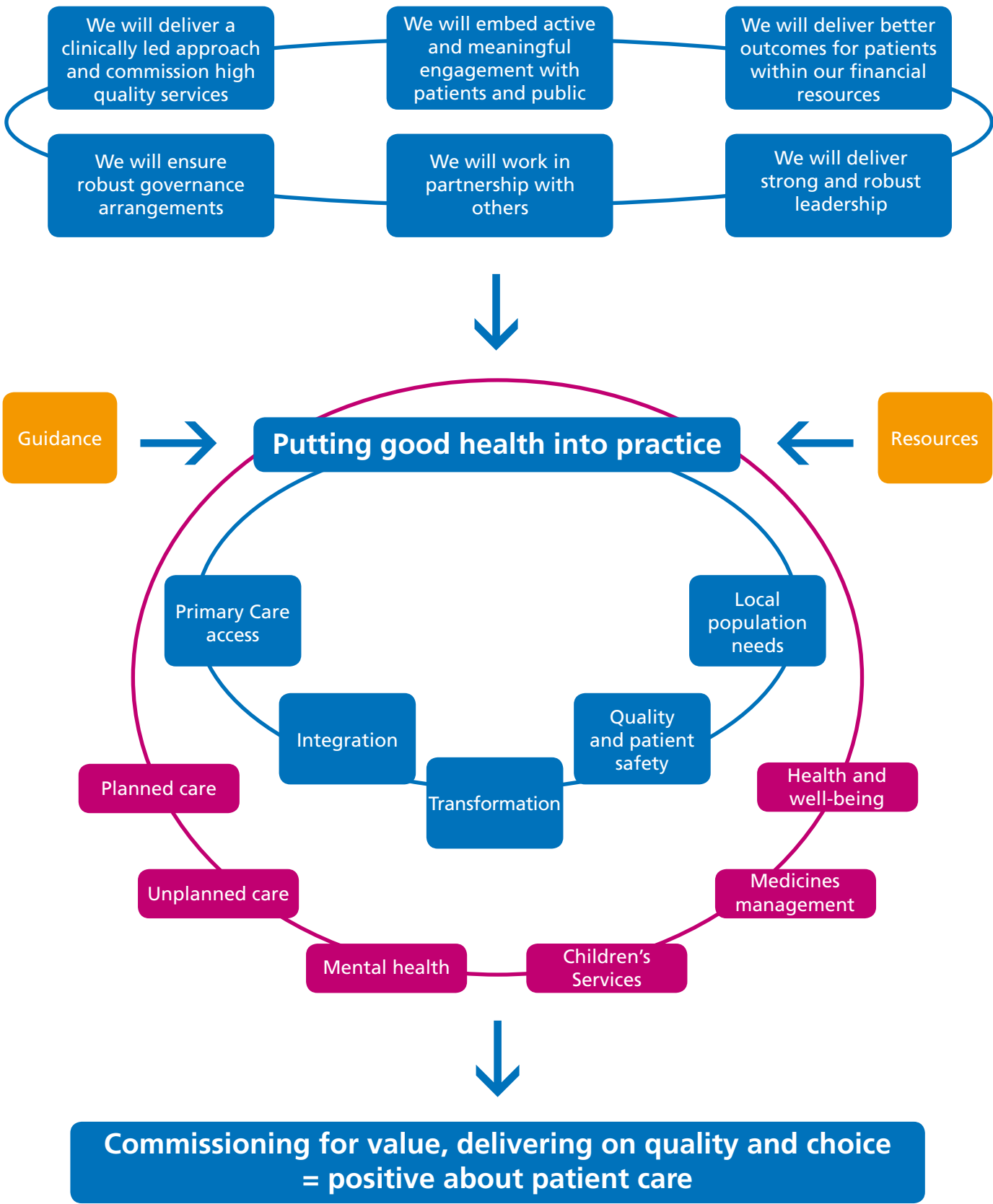
In Gedling, one in seven pensioners live in poverty. A similar ratio of the 50-64 year old population is claiming at least one benefit. Awareness about benefits that are available to claim in this age group is reasonable, with a good proportion of those that are eligible claiming winter fuel payments.

Across Ashfield district, one in five pensioners live in poverty. Of particular relevance to us is the high numbers of pensioners living in poverty in the Hucknall area. A similar ratio of the 50-64 year old population is claiming at least one benefit.

Awareness about benefits that are available to claim in this age group is reasonable. However, the older people in Ashfield are least likely to claim winter fuel payments compared with older people living in all the other districts of Nottinghamshire. This suggests that there is inequity and lack of awareness with regard to this benefit payment.

Our business model

Our business model reflects how we will add value and commission high quality services and care by aligning our local strategic approach with the wider health and social care economy and objectives.



Our vision and values

Our vision is 'Putting Good Health into Practice' which will be delivered through:

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

Our values are reflected in all that we do

- H**onesty, openness and integrity are central to everything we do
- E**mpowering and communicating with our patient community
- A**ppropriate use of our resources to deliver best value
- L**eadership that is strong and visible
- T**ogether with our partners, strive to improve the health of our community
- H**igh quality is our standard

Our strategic aims for 2013-14 included:

- Strong Patient and Public Involvement (PPI) and stakeholder engagement
- Put the interests of patients and the community at the heart of decision-making
- Increase patient satisfaction
- Strong clinical/member practice engagement and leadership
- Collaborative commissioning and partnership working
- Safe and high quality services to ensure the best outcomes for patients within available resources
- Effective and robust performance management
- Effective governance
- Robust financial planning
- Ongoing clinical and non-clinical education and professional development



Case Study:

Talking is key to tackling long term conditions

The number of people diagnosed with diabetes in the UK has increased to more than 3.2 million in 2014 and remains a key priority for commissioners when looking at services which can help prevent the disease or support sufferers



Diabetes is a priority for NNE CCG going forward in 2014/15 based on consultation and research carried out in 2013.

Over the year, we talked to Type and Type 2 diabetics about local health services, and in November 2013, together with Diabetes UK, we hosted a public event called 'The Future of Your Diabetes Care' at the Richard Herrod Centre, Carlton, Nottingham.

This very well attended evening event kicked off with presentations from Diabetes UK, NNE CCG and a local Practice Nurse. Patients and public were then invited to give their views

on what they liked about their diabetes care, what could be improved and their ideal future of diabetes care.

Patients were positive about the services, especially about the self management programmes – JUGGLE (Type 2) and DAFNE (Type 1) – and the specialist Diabetic Nurse who works across practices.

The attendees were keen to be involved in their self-care with more information from their GP and better access to programmes like JUGGLE, to help them manage their condition.

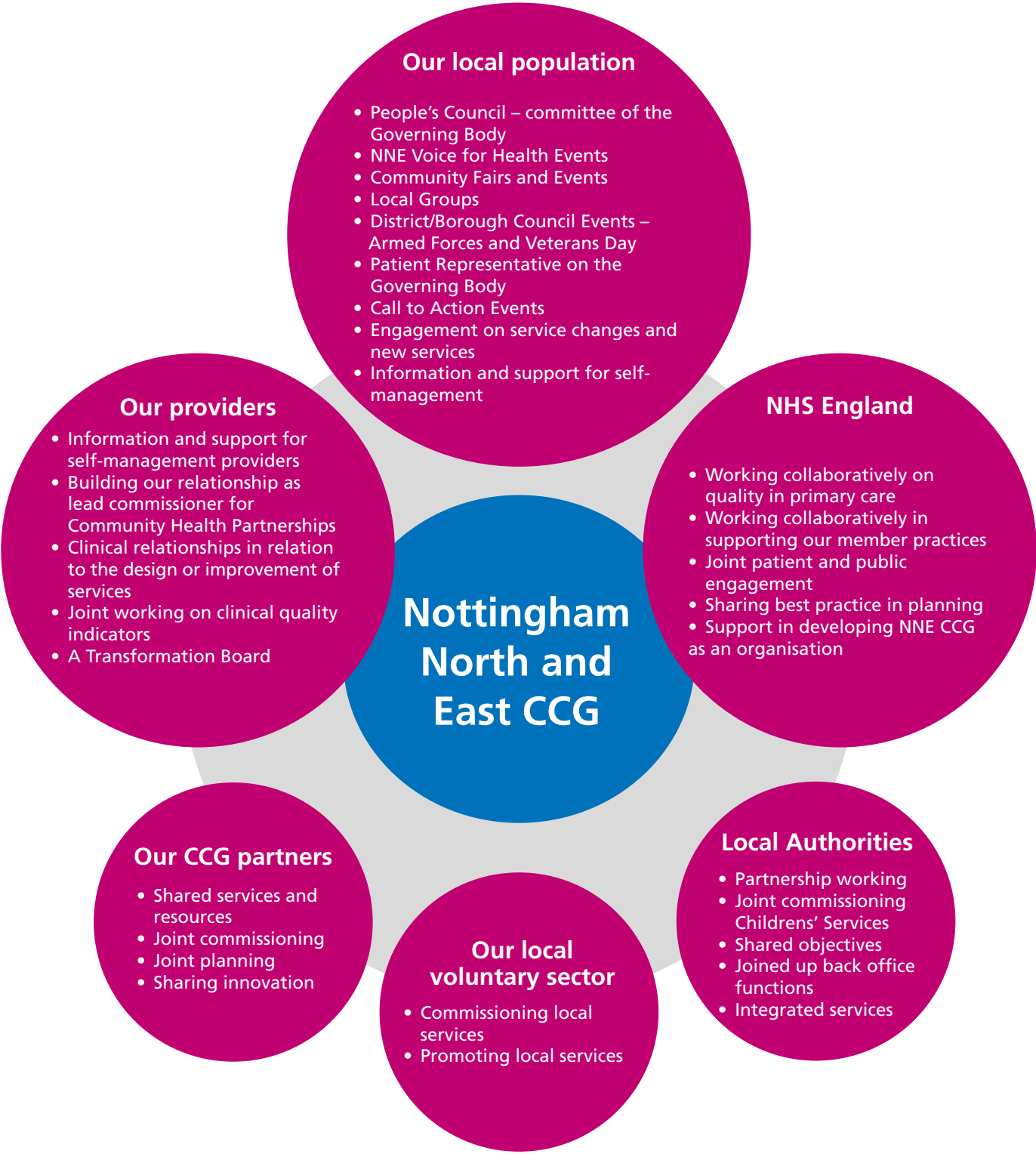
Ongoing education and training for Primary Care staff and early identification of diabetes were also highlighted as areas which would help patients understand their condition and better look after themselves.

All feedback and questions were fed back into the commissioning team and, as a result, diabetes is a key priority this year and more people will have access to the highly recommended JUGGLE self management programme.

Our partners

We are committed to working with our local partners to improve people's health and well-being.

Operating in a challenging economic environment, we know that working in partnership will be a crucial success factor if health inequalities are to be addressed and services improved.



Our people

NNE CCG can be classed as a small organisation, with 44.56 Whole Time Equivalent employees.

We are led by a Chief Officer and Chair and have four directorates; Service Improvement and Primary Care, Quality and Patient Safety, Finance, and Operations

We have a flat structure and strongly support teams working together to provide a comprehensive approach to all activities. We reviewed make/share/buy arrangements alongside the other Nottinghamshire CCGs and as a result have robust arrangements for shared services in order to achieve efficiencies and economies of scale.

For example, our Information and Outcomes and Contracting directorates are shared services hosted by NHS Rushcliffe CCG and NHS Nottingham West CCG respectively.

These arrangements are supported by a Memorandum of Understanding and as part of this NNE CCG is the host employing organisation for the finance, quality and transformation services. We commission other back office services from Greater East Midlands Commissioning Support Unit.

More details about our staff and committees can be found in the full Annual Review on our website.
www.nottinghamnortheastccg.nhs.uk

The Governing Body

Each member of the Governing Body shares responsibility as part of a team to ensure that NHS

“Each member of the Governing Body shares responsibility as part of a team to ensure that NHS Nottingham North and East CCG exercises its functions effectively, efficiently and economically.”

Nottingham North and East CCG exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of its constitution. Each brings their unique perspective, informed by their expertise and experience.

The Governing Body members include:

- Chair
- Assistant Clinical Chair
- Chief Officer
- Chief Finance Officer
- GP Member
- Allied Health Professional Member
- Registered Nurse
- Secondary Care Doctor
- Lay Member – Patient and Public Involvement
- Lay Member – Finance and Governance

The Governing Body membership is supported by two Observers who are an Officer from the Local Authority and a Patient and Public Representative. The Observers are fully active participants in the CCG and the Governing Body, whilst maintaining their independence. They complement the skill set of the members and provide added insight into decision-making.



Clinical Cabinet

In order to ensure there is a senior clinical forum, to strengthen clinical leadership in commissioning decisions and promote innovation, a Clinical Cabinet has been established as a Committee of the Governing Body with defined delegated responsibilities.

The Clinical Cabinet is chaired by the Lead Clinician/ Chair and membership includes GPs and other clinicians from CCG member practices, the Chief Officer, Chief Finance Officer, Lay Member with responsibility for Patient and Public Involvement, the Patient and Public Representative, Secondary Care Consultant, Local Authorities representatives, Public Health Representative, and a Practice Manager.

Key responsibilities include:

- reviewing all clinical proposals in order to make recommendations to the Governing Body
- monitoring the CCG’s performance against its agreed aims and priorities in year; reporting performance (particularly cases of underperformance) to the Governing Body and proposing aims for subsequent years relative to the needs of the local population

- monitoring the CCG’s performance against the national healthcare agenda; reporting performance (particularly underperformance) to the Governing Body and supporting Nottingham Health Community’s commissioning intentions
- supporting the CCG in ensuring that quality is given the highest priority in all commissioned services with a view to securing the best possible outcomes within NNE CCG’s resource allocation
- supporting the development of a new culture that ensures the voice of the member practices is heard and the interests of patients and the community remain at the heart of discussions and decisions
- supporting the CCG in delivering its commissioning plan
- supporting the CCG in developing and implementing intentions with a strong commitment to NNE priorities
- identifying and supporting innovation across the CCG
- engaging with and promoting NNE to partners and stakeholders

People's Council

The People's Council is made up of patient representatives from all of our 21 member practices as well as representatives from the Voluntary Sector, Patient Advice and Liaison Service (PALS) and Officers from the CCG.

The People's Council meets monthly and is accountable to the Governing Body as a Committee with delegated responsibility. It has been established to provide assurance to the NNE CCG Governing Body that all decisions made by the CCG have been informed by the appropriate level of input from patients, carers' and communities.

The People's Council is responsible to the patients and communities within NNE by supporting the CCG to deliver against its duties as listed below.

The duties that the NNE CCG Governing Body have partly delegated to the People's Council include:

- To make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements
- To promote the involvement of individual patients and their carers in their healthcare
- To promote the involvement of the public and local communities in decisions relating to the

prevention or diagnosis of illness, service delivery and care pathways

- To support arrangement to promote patient and public involvement having regard for the need to reduce inequalities, promote innovation, improve access and promote and protect patient choice

The People's Council ensures that the patient voice is heard and that they have a direct influence on strategy. A representative from the People's Council – the chair Mike Wilkins – sits on the Clinical Cabinet and uses this opportunity to ensure the patient voice is heard.



"The patient voice must be at the heart of the commissioning process, and as Patient Participation Group representatives on the NNE CCG People's Council we can have a real impact on the decisions made.

"As an Arnold resident, I am passionate about doing everything I can to ensure the quality of local healthcare services. It's true that the GPs and nurses are the Clinical experts, but our contribution is no less important as we represent the opinions, thoughts and feelings of local patients.

"We care about our NHS and want to work with it to improve it and ensure it continues for generations to come. Part of that challenge is also about balancing the books and ensuring services are efficient and equitable.

"The clinicians listen to what we say as equals. I am also the People's Council representative on the Clinical Cabinet, where I'm able to champion the patient voice in discussions about service design."

Mike Wilkins, Chair, The People's Council

Case Study:

Tackling the funding challenge together!

In January 2014, health leaders from Nottingham North and East and neighbouring CCGs – Rushcliffe, Nottingham City and Nottingham West Groups met with members of the public to debate the future of the NHS locally.



Event organisers from the four areas had appealed for local residents to come along and help plan the reshaping of services. The response was fantastic with around 100 people attending the event at Nottingham Forest Football Club's City Ground.

With NHS jargon literally being given the red card, the event was a melting pot of ideas and discussion, with people sharing their experiences and asking the panel some probing questions.

The event kicked off with a presentation from Sam Walters, Chief Officer at Nottingham North and East CCG, who looked at the current reality facing health and social care services in the area and stressed the importance of ensuring that patients were at the heart of developing the service.

The liveliest part of the event was the patient questions and answers, with members of the public posing some tough questions about the future of the NHS. Questions covered a range of issues from voluntary sector funding, self care options and prevention to reaching minority groups, combating social isolation and support for carers.

What we do?

Through effective commissioning of services, we can ensure that local healthcare services are high quality, value for money and are targeted at the local needs of our patient population. In 2013/14, we formed our commissioning plan around key priorities for our area and achieved some positive results...



In 2013-2014, our priorities broadly fell into six key areas

- Elective/planned care
- Urgent or unplanned care
- Mental Health
- Children's Services
- Prescribing
- Quality

Elective/planned care

This is non-urgent care, which is planned and where the patient knows what's going to happen. In 2013/14 we implemented the Integrated Health and Social Care Model, which was a radical change in how adult community services were delivered.

The Integrated Health and Social Care model is basically about providing patient-centred care, particularly for patients with long-term chronic and complex conditions. The idea is that the services provided are planned around the patient's needs. The change delivered immediate improvements in care and the results to date include a reduction in

emergency admissions, capacity to align resource to evenings and weekends, improved patient experience by reducing the number of people visiting the patient and providing consistency in care.

Integrated teams can offer a significantly improved patient experience, reducing the number of unnecessary visits from multiple staff and providing more holistic care. Staff now have the skills to assess and manage a range of nursing and therapy problems during the visit, making sure the most appropriate team member attends for complex care needs.

Unplanned care

We implemented 'The Urgent Care Model', a pilot scheme which radically changes the way urgent appointments are managed. The business model indicates that the approach will allow more time for other appointments, in particular for individuals with one or more long-term conditions.

Mental Health

Mental Health continues to be a priority area for us. Over the last year, we have provided additional

resources to carers services for people with Dementia; developed a carers pack of information which is available through member practices and invested in a website that will provide advice, services and clinical information on dementia. The CCG is also a member of the Dementia Action Alliance, and has invested in a memory assessment service.

We also continue to commission, support and promote the psychological therapies programmes to support people living with mental health issues

Children's Services

We took the lead in Nottinghamshire for the development of the Health and Local Authority Joint Commissioning Service. This has allowed resources to be more effectively managed through the elimination of duplication, as well as tackling disjointed pathways and access to services.

Prescribing

Our prescribing team works directly within GP practices and has been successful in supporting Medicines Management Facilitators within all NNE practices. Other projects include optimising medicines, wound

care and urinary incontinence products. The team also introduced centralised ordering of dressings through NHS Logistics as opposed to by GP prescriptions. The initiative has delivered financial savings to the CCG and time savings to GP practices. Evaluation forms have highlighted that this is very popular with practitioners.

Quality

Over the last year, we have been enhancing systems and processes to understand and improve the quality of services that are being provided. Through the strong efforts of the Director of Quality and Patient Safety and her team, we have robust systems in place supported by effective relationships with providers.

We have also been successful in ensuring that these systems and processes work as a shared service to NHS Rushcliffe CCG and NHS Nottingham West CCG.

The Quality and Patient Safety Team are working centrally and collaboratively with the Nottinghamshire health and social care community, including NHS England. We are active members of the NHS England Area Team Quality Surveillance Group, where we share quality information.

"We took the lead in Nottinghamshire for the development of the Health and Local Authority Joint Commissioning Service."



Shoppers check out their lungs on World COPD Day

In November 2013, shoppers in Arnold were caught by surprise when nurses greeted them in the aisles of a popular high street store. The reason? Nottingham North and East CCG were raising awareness of one of the most common chronic diseases in the UK by offering free lung tests for local people who were worried they had symptoms of the disease.



Chronic Obstructive Pulmonary Disease (COPD) affects three million people across the UK with a further two million thought to be undiagnosed. We piloted a scheme to improve the diagnosis and management of patients with COPD and offered patients in Arnold a chance to test how well their lungs work by offering free spirometry tests to mark World COPD Day.

Mike Woolley, 61, from Carlton said: "My results were fine, but it was very reassuring to see the NHS out and about in shops delivering this sort of service in the community and quite refreshing considering it's often private companies that do this sort of thing."

How did we perform?

We are measured against certain key indicators for things like Accident and Emergency figures and cancer referral rates and we've started well, with plans to improve further over the next 12 months...

Key points to highlight are:

- We are working with the neighbouring south CCGs, with support from the Area Team, to improve the four hour target for Accident & Emergency (A&E). In 2013-14, over NNE CCG area, 93.99 per cent of patients were treated within four hours of attending A&E. The required national standard is 95 per cent. Since this has continued to be an area of challenge during 2013/14, a comprehensive Action Plan will be delivered during 2014/15.
 - Year to date A&E attendances up to March 2014 have seen a slight increase from the previous year (1%). Despite this, NNE CCG has maintained the second lowest rate in Nottinghamshire (City & County CCGs).
 - Overall outpatient first attendances have reduced from last and previous years, particularly from GP referrals, despite a 1% increase in registered population. In Nottinghamshire (City and County CCGs), NNE CCG achieved the second lowest referral rate in all specialties excluding diagnostic imaging.
- Our 'relative' position compared to other local CCGs has also improved as other CCGs have seen an increase in outpatient activity. The largest reduction has occurred in orthopaedic attendances following the introduction of the Nottingham MSK (Musculoskeletal) Assessment & Treatment Service (NMATS).
- Emergency admissions up to March 2014 have seen a slight decrease from last year. Emergency admissions requested by a GP have seen a 5% reduction, while admissions for patients aged 65 and over have reduced by 4% which means we have achieved our Local Priority 2. This could be partially attributed to the introduction of the Community Hub.
 - Referrals to Outpatients in Cardiology and Diabetic Medicine have increased slightly. However, follow-up attendances in Cardiology and Diabetic Medicine have both seen a big reduction (9% and 11% respectively), which is a result of more patients being managed in Primary Care following programmed discharges from Secondary Care, which the CCG clinically supported.

"Emergency admissions requested by a GP have seen a five per cent reduction, while admissions for patients aged 65 and over have reduced by 4%, which means we have achieved our Local Priority 2."



How did we perform against key targets?

Indicator	National Standard	NNE Performance
Referral to Treatment		
Admitted and treated within 18 weeks	90%	95.49%
Non-admitted and treated within 18 weeks	95%	97.64%
Incomplete patients treated within 18 weeks	92%	96.72%
Wait more than six weeks for diagnostic test	1% tolerance	14 patients
Cancer		
Seen within 14 days of referral by a GP	93%	95.46%
First treatment within 31 days following a diagnosis	96%	96.85%
Treated within 62 days of referral	85%	84.75%
Accident and Emergency		
Treated within four hours from arrival to admission, transfer or discharge	85%	93.99%
Ambulance Calls		
Emergency response within eight minutes	75%	72.55%
Emergency response within 19 minutes	95%	93.49%
Psychological Therapies		
The percentage of people who have depression and/or anxiety disorders who receive psychological therapies	NNE Target 10.42%	NNE Performance 8.13%

“We kept within the planned running cost (administration and management) allocation of £3.41 million.”

- During the year we achieved all the financial key performance indicators:
- We achieved the delegated duty to keep expenditure within the planned surplus of £1.01m for the period April 2013 to March 2014
 - We kept within the planned running cost (administration and management) allocation of £3.41m

- We remained within the cash limit for the period April 2013 to March 2014
 - We achieved the Better Payments Practice Code (BPPC) of paying 95% of invoices both in terms of invoice volume and value within 30 days

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 it was back to school for NNE CCG when we held a healthcare awareness fair at Carlton-Le-Willows Secondary School Fair



The fair was a joint initiative between the school, NNE CCG and Gedling Borough Council. The aim was to promote healthy lifestyle messages and raise awareness of the local health services available to young people.

Before the event, we held consultations with groups of Year 10 and 11 students so it could be tailored to their needs. They were asked to discuss what they felt were the health priorities for young people in their local area.

Exhibitors included Women’s Aid, Substance Misuse Services and the bereavement charity Sue’s Place. 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. Pupils were asked to fill in evaluation forms and 262 were returned.

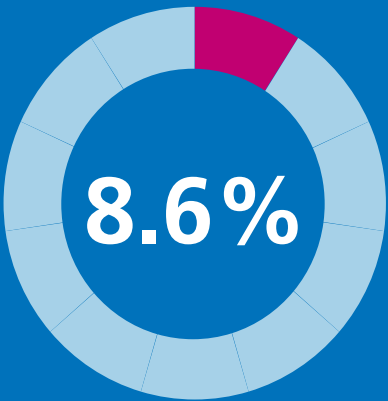
Over 77% of those who returned the forms found the event was useful or very useful with 8% stating it was excellent. Some of the comments included:

- ‘enjoyed going round the stalls and the information from the NHS people.’
- ‘helped you learn how to make good choices about your health.’
- It was ‘really useful as it makes you realise the danger of substance abuse.’

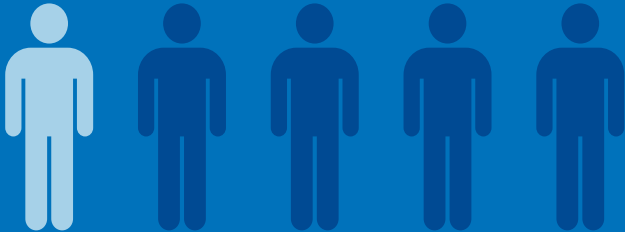
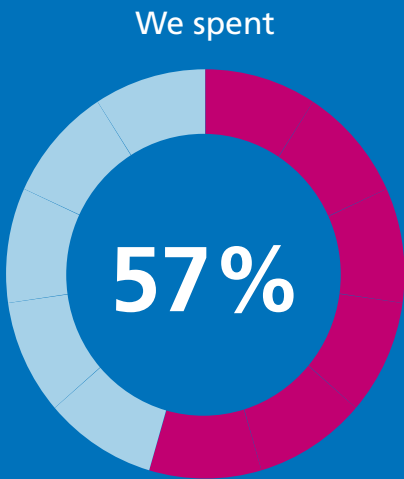
The most popular activities were sport, the smoking cessation awareness stand and the pregnancy suit. We plan to repeat this event at Carlton Le Willows this year and also roll this activity out to other schools in our area.

Our year in numbers

Our demographic



Our finances



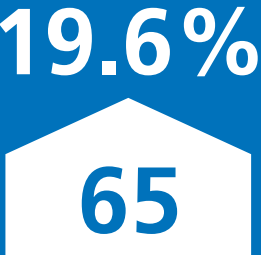
Across Ashfield district, 1 in 5 pensioners live in poverty
(Of particular relevance to us is the high numbers of pensioners living in poverty in the Hucknall area)



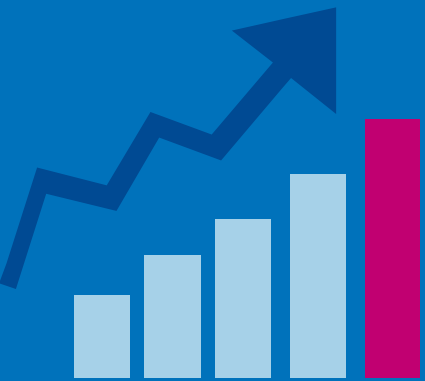
24,700

0-19 year olds in Gedling

This is expected to increase 15% by 2030



Our performance

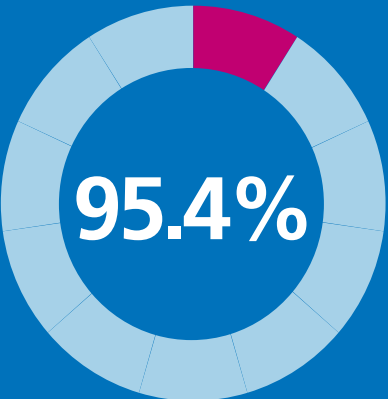


95.46%

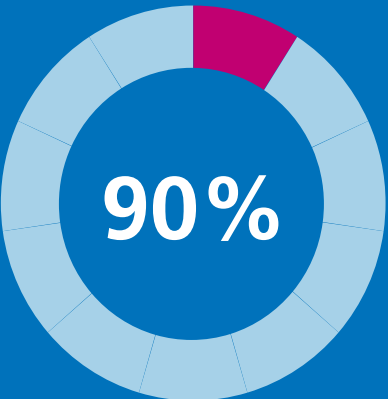
of suspected cancer patients
seen within 14 days against a
national standard of

93%

Referral to
treatment
- admitted
and treated
within 18
weeks rate of



compared
to national
standard of



Our engagement



Engaged with over 3,000 NNE residents to get opinions

Our people



Down
Unplanned
admissions for over 65s



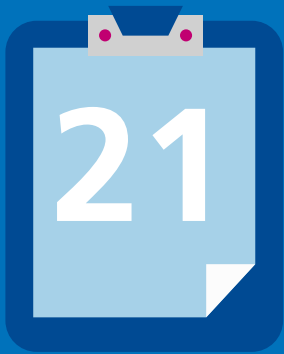
Down
Emergency
admissions by GPs



saved due to delivery
of Quality, Innovation,
Productivity and Prevention
(QIPP)



44.56
full-time equivalent staff



patient members of the
People's Council



21 GPs
on the Clinical Cabinet

How we involve local people

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 patients' opinions and ideas.

We hold regular Voice for Health events in our communities throughout the year to tell people our plans and get their views and ideas. These events are targeted at local people to hear what they think about the healthcare services they receive.

During 2013/14, we have welcomed the support and involvement from patients and public. We would particularly like to thank the People's Council who give their time, skills and experiences to the substantial benefit of the CCG.

We have established a robust platform for active and meaningful engagement through the following:

- We have two lay members, including a lay member for patient and public engagement who takes an active role in ensuring that the Governing Body is focused on the patient voice. We also have a Patient and Public Representative on the Governing Body who actively brings the patient to the centre of all discussions and decision making in relation to governance as well as the commissioning cycle.
- The lay member chairs the People's Council, which is attended by patient and public representatives from the registered population within NNE CCG, as well as the voluntary sector. The People's Council receives feedback on patient and public engagement activities to inform discussions.
- The Clinical Cabinet receive patient and public feedback on all items relevant to service changes, improvements and contracting decisions.
- We publish evidence on our website about what activity has taken place and how the feedback has been used.
- We are using technology as an enabler for engagement and now delivers patient information and services on a range of digital channels, including a new CCG website, a NNE CCG App, Sky TV, Virgin TV, games consoles and social media - see back page about how to contact us.
- We actively promote individual participation in care and treatment through commissioning activities by involving patients and public in all service design and redesign work. During 2013/14 patients, carers and the general public have been involved through engagement activities and providing feedback or directly inputting into the design of services. Through these activities, NNE CCG ensures that it listens and acts upon patient and carer feedback at all stages of the commissioning cycle.
- The CCG also involve patients and public in the ongoing contract monitoring through quality panels, patient stories and lessons learnt.
- We hold quarterly 'Voice for Health' events, which are open presentations and discussions on the local NHS and the progress of the CCG. During 2013/14, these have also been linked to 'Call to Action', which the CCG has been working on with NHS Nottingham City CCG, NHS Rushcliffe CCG and NHS Nottingham West CCG.
- The CCG leads on a Citizens Advisory Group for the South Nottinghamshire Transformation Board. The Citizens Advisory Group includes representation from the local providers and Local Authority.
- We work with Healthwatch Nottinghamshire by sitting on the Healthwatch Advisory Group as the South Nottinghamshire CCG representative.

Case Study:

Hucknall for health!

Following a series of Voices for Health events in and around Hucknall, a common theme emerged - people in the area felt that more GP practices were needed...



The population of Hucknall is expected to grow significantly if new housing developments go ahead as planned and there is a growing swell of patient opinion that this places increased and unprecedented strain on local services, and in particular GP practices.

As CCGs are not involved in the application process of new GP practices, we arranged for NHS England to host an event in Hucknall to explain the application process and the current situation of GP accessibility in Hucknall.

The event was well attended by patients along with local GPs and practice staff, County and Local Councillors, Patient Participation Group (PPG) members and local resident groups.

NHS England confirmed that several factors are considered to apply for a new practice with a major one being if a GP could no longer add new patients to their practice. In Hucknall, all practices have open lists, which means that patient capacity hasn't yet been reached and so wouldn't trigger an application for a new GP Practice.

Moreover, NHS England reported that satisfaction levels for the Hucknall practices is higher than the national average.

The NHS England representatives sat on panel to answer questions from the public, which covered the potential of new housing estates, GP waiting times, appointment systems, the ageing population and transport links.

The debate highlighted that there were some real issues in Hucknall that people and GP practices were facing. As a result, we plan to support patients to work with GPs and when necessary NHS England to explore the issues and ideas for solutions.

Keep up-to-date about what's happening in Hucknall on our website:
www.nottinghamnortheastccg.nhs.uk

Our finances

Our Annual Report and Accounts cover the 12 month period from 1 April 2013 to 31 March 2014. Nottingham North and East Clinical Commissioning Group has achieved all key financial requirements for the year, including remaining within resources available and delivering against the Better Payment Practice Code target.

The CCG commenced the year in a challenging financial position, with a reduced surplus target set by NHS England. As such meeting these targets is a notable success and thanks go to our staff, managers and members for their support in this achievement.

Furthermore, delivery of QIPP (Quality, Innovation, Productivity and Prevention) schemes and targets, plus control on expenditure, has enabled the CCG to agree and achieve a surplus target of in excess of £1 million.

The CCG thus moves into 2014/15 in a solid financial position that reflects the going concern declaration. There are still a number of financial challenges that the CCG will face in 2014/15 and 2015/16 and these are

reflected in the detailed two year financial plan for the CCG.

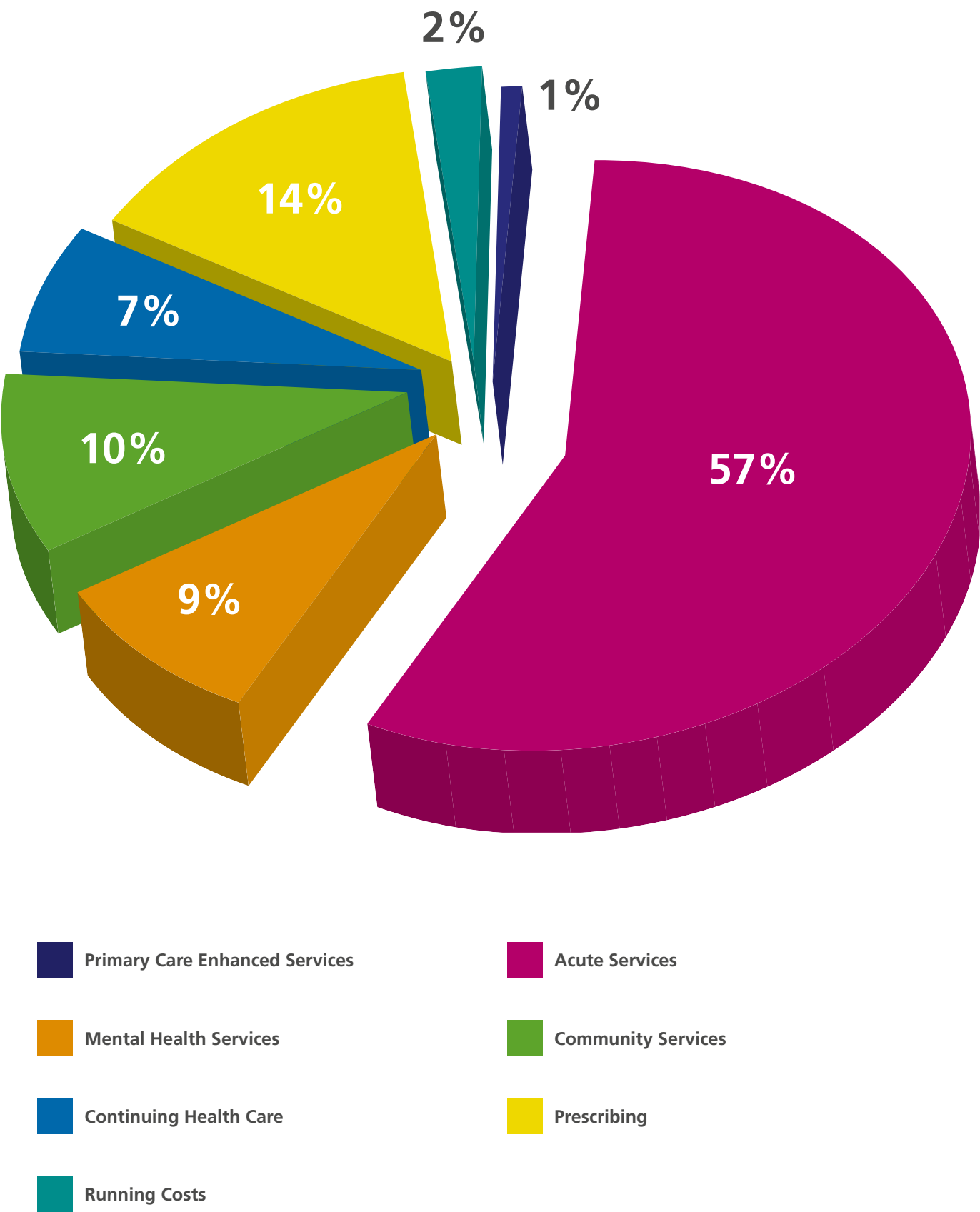
Notable challenges are a continued QIPP requirement in order to achieve financial balance and the establishment of the Better Care Fund whereby CCG resources, together with additional funds from the Department of Health and Local Authority funds, are pooled to be invested in transforming Health and Social Care services.

The CCG will work with all local stakeholders, including the local authorities, healthcare and social care providers and other CCGs to ensure resources are used and invested to improve the health and well-being of the residents of Nottingham North and East CCG.

“Meeting these targets is a **notable success** and thanks go to our staff, managers and members for their support in this achievement.”



How the annual budget was spent



Our future

While we know there will be substantial financial challenges in the year ahead, we know that as a CCG we are in a stronger position to face these head on and create opportunities by working in partnership with the patient population and local health and social care services.



Our key priorities for 2014 - 2016

- 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 and reduce unwarranted clinical variation
- direct available resources to where they will deliver the greatest benefit to the local population
- commission appropriate models of care for older and vulnerable people with complex needs
- ensure 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.

Transformational Change

- The current cost of the health and social care economy in South Nottinghamshire is in the region

of £1,032m (excluding NHS England expenditure on nationally commissioned services, which includes GP contracts and specialised services and Local Authority services such as public health). The largest proportion of this spending is on Acute Services (39%), followed by Adult Social Care (26%) and then Primary Care (10% which does not include spend on GPs).

- The costs of delivering care will increase as a result of population growth and ageing and as a result of medical inflation. The result of this is that if services continue to be delivered as they are now, current estimates are that there will be a gap in the region of £100m and £140m by 2018/19 between available funding and the actual costs of delivering health and social care in South Nottinghamshire.

Sustainable Financial Recovery

- There are a number of key risks in delivering the planned surplus target in 2014/15 and 2015/16. The delivery of the QIPP ((Quality, Innovation, Productivity and Prevention) target is key to attaining financial balance, and the CCG has currently identified QIPP schemes in excess of the £4.2m target.

- Acute spend will continue to be a risk area for the CCG and delivery of acute QIPP targets and maintaining referrals and admissions within growth targets are key. Careful investment of the non-recurrent monies will be required to assist in the transformation agenda and strategy to reduce secondary care activity.
- Other risk spend areas will be Continuing Healthcare costs and Prescribing costs. Mitigations for these are the QIPP plans in excess of target as noted above, plus contingency and other risk reserves. As in 2013/14, an element of non-recurrent funds will also be held back at plan stage, until the in-year spend position becomes clearer.
- In 2014/15, and, perhaps more so in 2015/16, there will be pressure on the CCG resulting from the Local Authority budget cuts. Work to quantify the scale of the impact from the proposals is continuing. Discussions with LA and other partners around the deployment of the Better Care Fund in 2015/16 are underway.

Development of Primary Care

- The provider/commissioner arrangements hold both benefits and risks and it is important that the CCG continues to work closely with our members to ensure they feel confident in the new environment. Development of Primary Care needs to focus on developing the individual GP practices as separate businesses, ensuring access within the NNE communities, and ensuring quality of care.

- Development of Primary Care also means member practices working differently together. They need to ensure that they are fully supportive of each other and will work integrally with other providers of care (including other primary services, community and secondary care providers) to deliver joined up services that provide person-centred accessible care and which enables people to take control of their health and independence.
- Where appropriate, innovation will be embraced as will new technologies and ways of working to enable the delivery of the above. Member practice will seek to adopt an ethos of continuous improvement through education and peer support.

Integration and Partnership Working

- Partnership working has been challenging during 2013/14 and we will need to work together effectively during 2014/15 to ensure that we are delivering as a health community. The management of the urgent care system was a top priority in 2013/14 and remains a high risk for 2014/15.
- Integrated working with the Local Authority is a challenge which the Local Authority and CCG have embraced and it is a new way of working for organisations with different cultures. Effective management of resources in order to meet the needs of the local population will continue to be a central focus.



Access local health services information on a channel or device of your choice...

On Your TV



Internet



App



Twitter



Contact us

For more information about health services in your area, go to:

www.nottinghamnortheastccg.nhs.uk



Follow us on Twitter @NHSNNE



Download our app - look for **NHS NNE** on
Apple App Store or Google Play



You can also access all our local information via:

SKY: Go to the **Community Channel (539)** and press **Red**



VIRGIN: Go to the **Community Channel (233)** and press **Red**
OR press **Home** choose **Interactive**, select **Local & Directory Enquiries**,
choose **Looking Local**

Telephone: 0115 883 1838

Post: Nottingham North and East CCG Civic Centre, Arnot Hill Park, Arnold, NG5 6LU

Tell us your patient story, contact PALS

The Nottinghamshire County Patient Advice and Liaison Service (PALS) provides information and advice on local NHS services for patients, their families and carers and is often the first point of contact for residents who live in the Nottinghamshire County area.

Call: 0800 028 3693 or email pals.south@nottinghamnortheastccg.nhs.uk