Working together for better care

A summary of our Operational Plan 2016-17

Putting good health into practice
Choose well and get the right care!

- Hangover, grazed knee, cough, sore throat (Self care)
- Diarrhoea, runny nose, cold and cough, headache (Pharmacy)
- Back pain, stomach ache, ear pain, symptoms that won’t go away (GP)
- 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! (A&E)

The emergency department is for real emergencies only!
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This is a summary of the Nottingham North and East CCG operational plan. Our plan is a response to the NHS Five Year Forward. The full plan can be found on our website www.nottinghamnortheastccg.nhs.uk

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

Our CCG is composed of 21 member practices, with a registered population of 147,700 - see map opposite. Our member practices are supported by patients on our People’s Council.

We have developed this plan in response to both the NHS Five Year Forward View and Delivering the Forward View: NHS planning guidance

Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21 includes nine national ‘must dos’, which are to:

- Work with partners to develop a Sustainability and Transformation plan. This plan must address health inequalities, quality gaps and financial sustainability across the system
- Work to achieve aggregate financial balance across the system
- Develop plans to improve quality and ensure sustainability in general practice
- Achieve access standards in emergency care (A&E and ambulance waits)
- Achieve waiting times standards for planned treatments
- Achieve cancer standards (waiting times and survival rates)
- Improve mental health access (psychological therapies and early intervention in psychosis)
- Ensure that people with learning disabilities are not detained in hospital inappropriately
- Improve quality and avoidable mortality

This plan is our response to the ‘must dos’. However, we have also identified some areas of work which have been identified locally as priorities for 2016/17:

- Drive up the quality of care in order to improve health outcomes
- Ensure efficient use of services so to manage within the available financial resources
- Develop and implement new models of care
- Reduce health inequalities in the local population by targeting those people with the greatest health needs
- Direct available resources to where they will deliver the greatest benefit to patients
- Commission 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
Our Member Practices

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

More about the partnership plans to transform health and social care services across the County, to achieve better care for all...

Together, with partners from other NHS organisations and our local authorities, we are working on wider health and social care transformation to improve patient care.

The plans will be progressed under a ‘transformation footprint’ of Nottinghamshire (including Nottingham City but excluding Bassetlaw).

The organisations involved in this planning are:

- NHS Nottingham City CCG
- NHS Nottingham North and East CCG
- NHS Nottingham West CCG
- NHS Rushcliffe CCG
- NHS Mansfield and Ashfield CCG
- NHS Newark and Sherwood CCG
- Nottinghamshire County Council
- Nottingham City Council
- Nottingham University Hospitals Trust
- Sherwood Forest Hospitals NHS Trust
- Nottinghamshire Healthcare NHS Foundation Trust
- Nottingham CityCare Partnership
- Circle Nottingham Limited
- East Midlands Ambulance NHS Trust
- Nottingham Emergency Medical Services

More on Sustainability and Transformation will be available later in 2016 when the plans are published.

The Greater Nottingham Challenge

While, we are also working with our partners in Mid-Notts on Nottinghamshire sustainability and transformation plans, we have specific planned developments for the South of the County - or Greater Nottingham.

The population of Greater Nottingham (Nottingham City, Gedling, South Ashfield, Broxtowe, Rushcliffe and Eastwood) is increasing and ageing (11 per cent increase in the over 65s is expected by 2021). This increasing population is putting a big strain on health services particularly in hospitals.

Through our work with patients, we know that people are asking for new and more joined-up models of care which support people to continue to be as independent as possible and as close to home as possible.

In line with the rest of England, Greater Nottingham has experienced a year-on-year increase in the demand for hospital services. We recognise that a shift is needed from this reactive and bed-based care to a model that is preventive, proactive and based closer to peoples’ homes, focusing as much on wellness as illness.
Our vision: “We will create a sustainable, high quality health and social care system for everyone through new ways of working together, improving communication and using our resources better”

To achieve this vision, partners have agreed to focus on:

- care organised around individuals not institutions
- services based on the real needs of the population
- resources shifted to preventative, proactive care closer to home
- hospital, residential and nursing homes only for people who need care there
- removal of organisational barriers enabling teams to work together
- high-quality, accessible, sustainable services.

A number of system-wide workstreams have been established to progress a coherent approach to implementing system change.

Service workstreams are Urgent Care, Primary and Integrated Care, and Elective Care. Work being progressed through these groups includes:

- standardised pathways (reductions in unexplained variation and productivity)
- acute bed reduction
- care delivery groups
- care homes
- home care
- workforce redesign and controls
- prevention and self-care
- transformed model of MSK

You can find out more about the Greater Nottingham plans in the our annual operational plan 2016/17 on our website.

More on Sustainability and Transformation will be available later in 2016 when the plans are published.
Our priorities

The CCGs future developments directly fit with the Five Year Forward View. We are committed to delivering against the nine ‘must do’s from ‘Delivering the Forward View’

Work with partners to develop a Sustainability and Transformation plan

We are part of the Greater Nottingham Transformation Partnership. Working together with our health and local authority partners, we plan to transform services to deliver through creating sustainable, high quality health and social care system for everyone. Wider system transformation will be progressed under a ‘transformation footprint’ of Nottinghamshire - see pages 6-7 of this booklet.

Work to achieve financial balance across the system

Greater Nottingham partners are working collaboratively on system-wide schemes to deliver savings in 16/17. System-wide major schemes include the following:

- Designed MSK service - based on best practice models emerging throughout the country, leading to improved patient outcomes and reductions in outpatient and inpatient activity
- Reduction in follow ups - through adoption of the default position of ‘no follow-ups’ across primary, secondary and community services
- Acute bed reduction – systematic review to identify and deliver reduction in acute beds across urgent and elective care. This will build on work currently underway to reduce acute beds for older people and in stroke
- Pharmacy – rapid adoption of opportunities for reductions in spend on high cost drugs through prior agreement of the principles for apportioning savings between commissioners and providers

- Workforce – focus on workforce controls (agency spend caps, e-rostering), workforce redesign (e.g. new generic roles) and wellness initiatives (healthy workforce initiatives leading to reduced staff absence levels).

Develop plans to improve quality and ensure sustainability in general practice

Our vision is to deliver safe, high quality, efficient, accessible, and sustainable primary care services. We will work with our practices to integrate care across primary, community, secondary, and social care, with general practice at the heart of this, coordinating care across the health and care system.

To help achieve this, during 2016/17 we will progress the ‘Primary Care Home’ initiative and pilot a care delivery group approach which joins together general practice, community nursing and therapy, social care and the voluntary sector around the needs of the patient.
During 2016/17 the CCG will also continue to progress work on a number of other initiatives to improve the infrastructure and the use of technology in primary care to support the sustainability of general practice, and to improve patient access and quality of care. These include:

- Increasing electronic transfers of prescriptions planned during 2016/17
- Medical Interoperability Gateway (MIG) - a secure way to exchange patient data between health services, for example hospitals and GP practices meaning seamless care for each patient.
- Mobile working – one practice is piloting the suitability of mobile working for GPs, the learning from which will inform the full rollout of mobile working devices for GPs during 2016/17
- All Practices offering online booking of appointments – 19 currently offer this
- Patient access to online records
- Ensure premises are fit for the future
- Remote consultations and telemedicine

**Measuring quality**

We have developed a Primary Care Quality Assurance and Support Framework incorporating a quality dashboard, risk matrix, and other information to identify potential or actual risks to quality within primary care and to determine a Red/Amber/Green (RAG) rating for each member practice.

The group will agree a response to ensure that individual practices are supported where necessary and will escalate any concerns about quality and risks to the Primary Care Commissioning Committee, which is a committee of the CCG’s Governing Body.

**Achieve access standards in emergency care (A&E and ambulance waits)**

Our growing and ageing population has meant that there is a continued increase in demand on local services while 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 patient behaviour and look at alternative ways people can get urgent care in the community. Urgent care means everything from pharmacies, same day GP appointments and GP weekend and evening appointments to accessing out of hours health services, calling NHS 111, walk in centres and A&E. Remember A&E provides urgent care but should only be used in emergencies.

In order to achieve the local system must do to ‘get back on track with access standards for accident and emergency, ensuring more than 95% of patients wait no more than four hours in accident and emergency’, the Greater Nottingham System Resilience Group has committed to
achieve the standard in April 2016.
The actions have been evaluated and a realistic system recovery plan produced that will deliver improved performance. The recovery plan is monitored through the fortnightly system resilience implementation group. To support achievement of the plan a remedial action plan is in place with the main acute provider.

Achieve waiting times standards for planned treatments
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• Achieve cancer standards (waiting times and survival rates)
• Improve mental health access (psychological therapies and early intervention in psychosis)
• Ensure that people with learning disabilities are not detained in hospital inappropriately
• Improve quality and avoidable mortality

Achieve cancer standards
Preventing cancer and supporting people living with cancer is one of our most critical priorities. Our particular targets are:
• Prevention through more support for people to stop smoking, eat well, reduce alcohol and other lifestyle issues
• Better screening and earlier diagnosis
• Ensuring appropriate treatments which the patient and healthcare professionals agree including shared decision making for chemothrapy and radiotherapy
• Supporting people living with and beyond cancer
• Better planning of discharge into primary care models
• Improving access to timely data to support improvement work.

Improve quality and avoidable mortality
During 2016/17 we will continue to gather and evaluate a wide range of quality data, such as clinical outcomes, patient and staff experience and safety indicators and information from patient engagement to set targets to
improve the quality of care across all sectors.

We will focus on:

- Improving recognition and management of the deteriorating patient (in particular those with sepsis)
- Reducing incidence of avoidable harm including pressure ulcers and falls
- Improving diagnosis and treatment of dementia
- Improving experience of care for patients with a learning disability, in particular a reduction in
- Commissioning community based services
- Improving health promotion strategies leading to reduced cases of avoidable type diabetes/obesity
- Improving choice for end of life care
- Improvements in maternity care
- Increase access to a personal health budget
- Increase in response rates to patient and staff surveys (in particular Friends and Family Test in low response areas such as ED, maternity and primary care)
- Improving percentage of patients stating that they are likely or extremely likely to recommend a service
- Improving percentage of staff stating that they are likely or extremely likely to recommend their organisation as a place to receive care and as an employer
- Reducing the number of complaints referred to the ombudsman that are upheld
- Improvement in the timeliness of complaint handling and complainant satisfaction with the process and outcome
- Improving workforce indicators e.g. reduced sickness, reduced turnover/vacancies increased fill rates

Achieve Parity for Mental Health

We plan to increase growth in mental health budgets and develop plans to ensure that it meets new mental health access targets in 2016/17, working collaboratively with other CCGs in Nottinghamshire. Key actions are:

- We have established a clinical lead for dementia and will continue to improve dementia diagnosis rates, increase awareness and improve services.
- Improve access to Early Intervention in Psychosis services (in line with NICE standards)
- New investment in 111 mental health project.
- Physical health CQUIN building on developments in 14/15 to improve take-up of health screening to improve health outcomes
- Increase provision and awareness of of take-up of Psychological Therapies
- Improve outcomes for children and young people with emotional and mental health needs.
Transforming Care of People with Learning Disabilities
The CCG is working collaboratively with other Nottinghamshire CCGs to ensure that people with learning disabilities are not detained in hospital settings inappropriately

• Nottinghamshire was selected to be a ‘fast track’ site for transforming care for people with learning disabilities and a local transformation plan completed in September 2015 incorporates the following areas that will be progressed during 2016/17:
  • Care and support redesigned to ensure that inpatient care is only used when it is the best place for the person concerned
  • Person centred care and support planned and delivered to individuals consistently by providers
  • An increased focus on the voice of the carer, relative, and service user
  • A ‘whole life’ preventative approach needed for care and support with a much greater emphasis on reducing the severity and frequency of challenging or offending behaviours from a young age and beyond into adulthood
  • Greater liaison and influence at a national level about the use of new style inpatient service models and bed numbers in Nottinghamshire

Better Care Fund
The Health and Wellbeing Board is responsible for developing, approving and delivering plans associated with the Better Care Fund (BCF). The BCF was announced in June 2013 within 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 and the three CCGs in the south of the County. 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.
Looking local

In addition to our commitments to health and social care system-wide transformation and the nine ‘must-dos’, we also have local priorities...

Tackling health inequalities
We are passionate about tackling health inequalities. During 2016/17, we will:

• work with partners to improve the health and the lives of children and vulnerable families
• meet the challenge of an ageing population, ensuring that effective health and social care is there to support older people to remain at home
• engage with families and carers when planning and commissioning services, for all age groups
• target resources where need is greatest
• prevent escalation and deterioration of patients’ conditions through managing patients in primary and community settings
• promote positive lifestyle choices, especially relating to smoking, alcohol, diet, sexual health, teenage pregnancy, physical exercise, and substance misuse.

Improve access to out-of-hours care
Across Greater Nottingham, during 2015/16 we recommissioned our urgent care centre provision within Nottingham and, as part of that process, the provider has increased the ability of NHS 111 to direct patients to the urgent care centre instead of ED.

Our commitment to seven days service also includes:
• all main specialties to have a consultant working at the weekends reviewing new patients, sick patients and potential discharges
• acute, community, social care and voluntary sector teams to support discharges from the hospital seven days a week
• community nursing and adult social care staff to support the management of patients and discharges from the emergency department and admissions unit seven days per week
• 24/7 Rapid Response Liaison Psychiatry service to support the assessment and onward referral of mental health patients
• community teams to provide access to community nursing, adult social care and low level mental health psychological therapy support
• residential intermediate care provision to accept discharges from the acute trust seven days per week
• the Street Triage service, commissioned from Nottinghamshire Police and Nottinghamshire Healthcare to provide an out-of-hours mental health assessment and support service
• mental health crisis response services to operate 7 days a week
• urgent care crisis response services to operate 7 days a week to prevent avoidable admissions to hospital
• plans for developing an integrated care record to be led via Connected Notts

Primary care at the front door of the emergency
department is a key area of development. The initial proposal includes GPs at the front door Monday to Friday 6pm until 10pm, Saturday and Sunday between 10am and 10pm.

**Maternity Children and Young People**
Commissioning for Children and Young People will be delivered through the Children’s Integrated Commissioning Hub (ICH), located in Nottinghamshire County Council during 2016/17.

The ICH aims to act as a system leader for children and young people’s health and wellbeing services across the Nottinghamshire county CCGs, public health, and wider children’s services within Nottinghamshire County Council (NCC) - see full operation plan, page 40 for details.

**Personal Health Budgets**
We are committed to increasing the proportion of people eligible for NHS continuing health care who hold personal health budgets, as well as the number of children and young people eligible for an education, health, and care plan benefiting from an integrated care budget, offering flexibility and choice and incorporating funding for health care from the NHS.

**Prescribing**
The CCG’s Medicines Management Team strategy focuses on good quality prescribing and patient safety. Areas of focus for 2016/17 include:

- tackling medication waste
- cost effective prescribing in various disease groups in particular CVD and diabetes
- enhancing skills in primary care and medicines management facilitators
- maximising opportunities presented through joint commissioning.

We also continue to monitor the prescribing of antibiotics and where excessive prescribing is identified, the practice will be contacted and audited.

**More detail about all our priorities can be found in the full version of our Operational plan on our website.**
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 patients’ opinions and ideas.

In 2016/17 we plan to work with our partners to:

• establish effective advisory and expert forums
• create a wide range of opportunities for local people to be involved and to share their experiences to influence the decisions being made
• harness the wide and diverse range of expertise which already exists in our local people forums to become ambassadors for change
• ensure there is clarity around the collective and individual organisational responsibilities
• ensure that the engagement and consultation activities are part of sustainable and longerterm plans

We are committed to talking to local people to ensure that the decisions we make about health care services across the Nottingham North and East patch.

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 healthcare services of the future.

To find out more about what’s happening, or to sign up to our monthly e-newsletter, please contact our communicatcations and engagement team on: info@nottinghamnortheastccg.nhs.uk

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PALS
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