



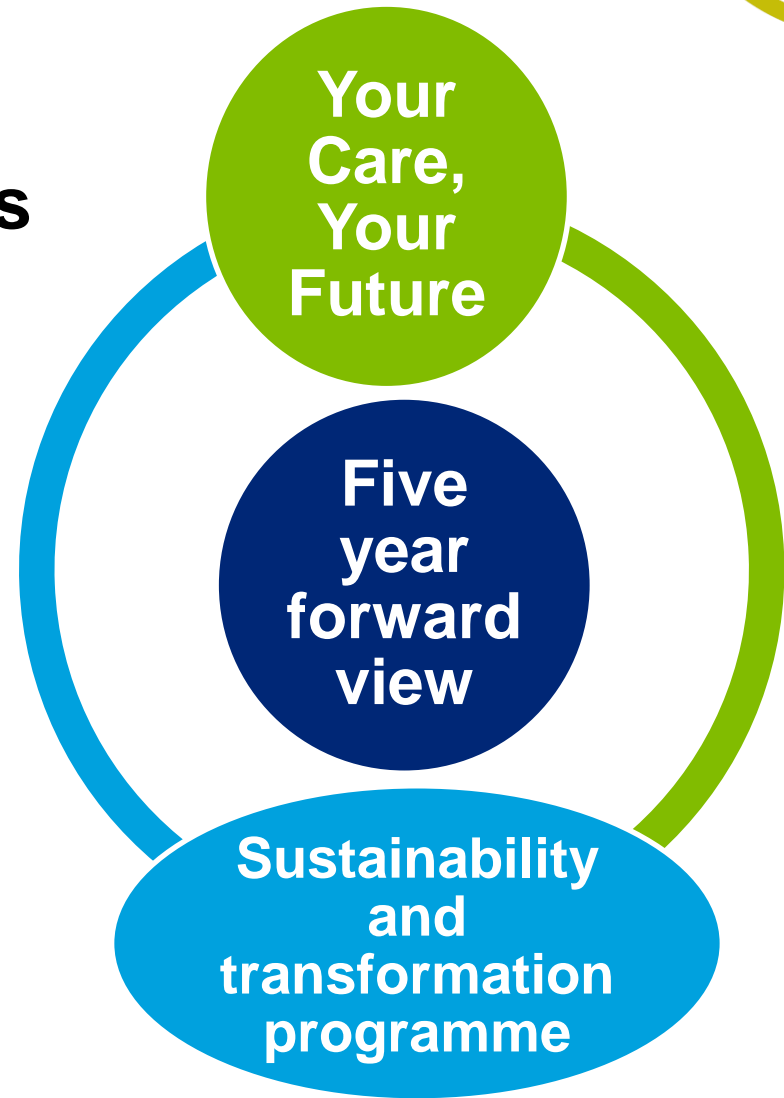
Developments in health and care services

Kathryn Magson, Chief Executive
Herts Valleys Clinical Commissioning Group

The context

Challenges and opportunities

- ⚡ Financial pressures
- ⚡ Population growth
- ⚡ Ageing population with more complex care needs
- ⚡ Disjointed services
- ⚡ Infrastructure
- ★ Technology
- ★ Medical advances



Local health priorities

- Financial sustainability
- Delivering care closer to home so that people only go to hospital for specialist and emergency treatments
- Providing more joined-up services for patients - health, care and voluntary services working together.
- Helping people to live healthier lives and avoid preventable illnesses
- Improving acute hospital facilities - modern clinical environment and better patient experience
- Improving quality and performance

Our Vision:

“By 2021, we will make the best use of the funding available to deliver the right care at the right time and in the right place – with a focus on promoting good health and wellbeing.”





Budgets and financial stability

Financial challenges

Annual CCG budget for 2017/18 - approx £838 million for around 630,000 people registered with a GP in west Herts.

- Growing gap between available finance and spending needed to meet demand. This will widen if we don't make changes now.
- CCG financial position deteriorated in 2015 and 2016. We ended 2016/17 £14.6m behind our plan and were put in “financial turnaround”
- In 2017-18, the CCG had to reduce costs by **£34m** to meet its statutory financial balance obligation. Have set savings target of **£45m**
- **£30m** of savings needed for 2018/19
- **Quality, Innovation, Productivity and Prevention (QIPP)** programme brings together all CCG initiatives to improve quality of care and use financial resources more effectively to meet our statutory duty to achieve financial balance

Action to stabilise finances

Principles:

- **Prioritise** services we have legal duty to provide
- **Protecting** the most crucial services such as cancer treatment and other serious illnesses
- **Tight control** of costs and cost comparisons with other CCGs

Over 2017/18 and 2018/19 seeking to deliver QIPP in multiple ways:

- Cost efficiencies eg. reducing office space and use of agency staff
- Ongoing programme of clinical reviews to assure effectiveness
- Let's Talk' consultation and decisions
- Changing the way some medicines are prescribed – focus on care homes
- New models of care – improved pathways for long-term conditions
- Improved urgent care services
- Primary care
- Provider contract management – using business intelligence and contract management to ensure providers deliver to contract

Where we are now and what's next



- £38m of savings identified
- Month 7 plan is holding and expect to end 2017/18 on plan.
- NHS England have recognised our progress
- Need to continue to deliver savings through QIPP in future years
- Significant delivery risk remains and implementation requirements

Let's Talk

Extensive public consultation exercise jointly with East and North Hertfordshire (and with West Essex for IVF and specialist fertility)

- 6 July to 14 September 2017
 - Input from health scrutiny and Healthwatch
 - Face-to-face – Meetings with community groups and stakeholders; public meetings; stands in GP surgeries, events and community locations
 - Social media, newspapers, radio, community publications
 - Patient reps and their networks
 - Local media, community publications and bulletins
 - Information and survey on STP 'Healthier Future' website
-
- Spoke directly to around **2,200** people in west Herts
 - Received **2,603** completed surveys – 54% from west Hertfordshire
 - Awareness raised among many thousands



Let's Talk decisions and timeframes

12 October – Joint Committee decision

From 12 October:

- **IVF and other specialist fertility treatments** no longer funded. Review after one year. One treatment cycle for 'paused' patients

From 1 December:

- Stop prescribing **over-the-counter medicines** and **gluten-free food**
- **Female sterilisation** only funded in exceptional circumstances
- **Vasectomies** to be funded in community locations

From early 2018:

- **Fitness for elective surgery** – Decision to require increased weight loss for obese and morbidly obese patients and for smokers to quit before non-urgent surgery to be considered on 21 December with a view to implementing early 2018.

Implementation of agreed changes

- Agreeing new policies to underpin the changes
- Working with GPs to support them in advising patients of the changes
- Producing information and guidance materials for patients in GP surgeries, pharmacies etc – starting with information about prescription changes for over-the-counter medicines and gluten-free foods
- Procurement for new community providers for vasectomy (in the meantime vasectomies available via individual funding requests)
- Contacting patients affected by the IVF pause to support them in resuming their treatment



New models of care – transforming primary and community services

Transforming primary and community services

Care closer to home

Integrated services

Working with GP practices to support and improve primary care services

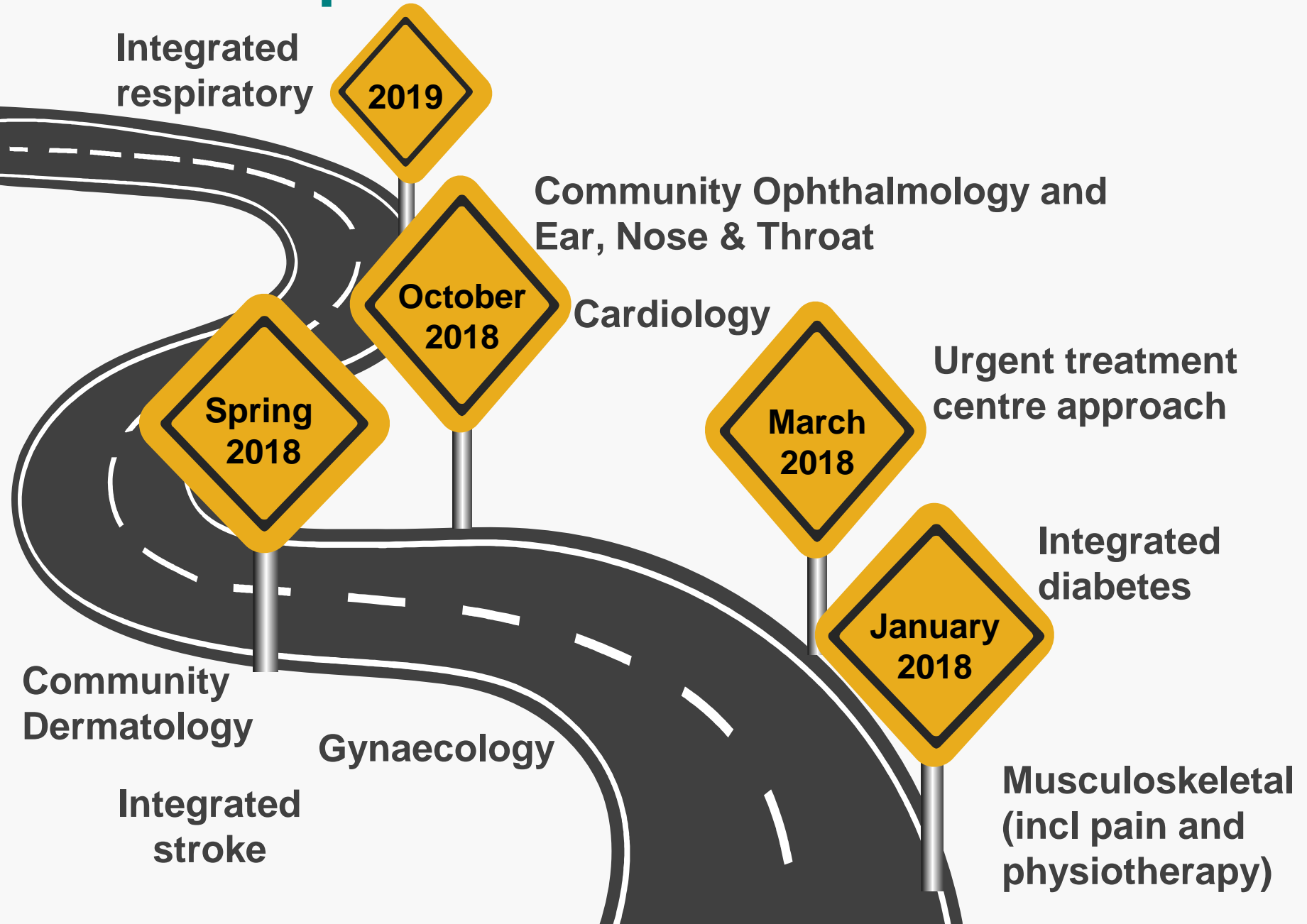
Continue working with the third sector to deliver joined-up services



New models already delivered

- **End of life care** – Organisations working together to support people's end of life choices – reduce unnecessary interventions and hospital admissions
- **Integrated Hertfordshire Wheelchair Service** contract awarded to Millbrook Healthcare. Building on success of interim contract, providing 'chair in a day' for 1 in 3 customers. New local clinics in keeping with 'care closer to home' principles. **Went live October 2017**

Roadmap for new models of care



Integrated respiratory

2019

Community Ophthalmology and Ear, Nose & Throat

October 2018

Cardiology

Spring 2018

March 2018

Urgent treatment centre approach

Integrated diabetes

January 2018

Community Dermatology

Gynaecology

Musculoskeletal (incl pain and physiotherapy)

Integrated stroke

Adult community services

- Decision by Herts Valleys CCG board on 14 September to re-commission Adult Community Services.
- Includes Herts Community Trust, Central London Community Health Trust and Bucks Integrated Care Organisation
- Outcomes that support:
 - Improving health, wellbeing and independence
 - Improving experience for patients
 - Supporting sustainability and the best use of resources
- Develop a specification and a contract that will support delivery of *Your Care, Your Future* aims and deliver change at pace
- Improve delivery of community services to get more activity for each £ spent

What's included

- Integrated Community Nursing and Therapy Services
- Community Intermediate Care Beds
- Specialist Palliative Care
- Bladder and Bowel
- Adult Speech and Language
- Lymphoedema
- Leg Ulcer and Tissue Viability Services
- Community Neuro Rehabilitation Service
- Podiatry (excluding Diabetes)
- Nutrition and Dietetics

During the procurement phase we may include other services that are currently not delivered by HCT that would support an integrated Adult Community Service.

Opportunities

- Prioritising the following areas:
 - Single point of access
 - Integrated Personal Commissioning and Personal Health Budgets
 - Assistive technology
 - Workforce skill mix
- Greater alignment with Social Care services and voluntary sector
- Opportunities to develop new ways of working as a system e.g. integrated therapy services, discharge to assess processes etc

Timeline

Stage 1 – Pre-procurement and development of specification (Nov 17 to Jan 2018)

Stage 2 – Prior Information Notice (Jan 2018)

Stage 3 – Publish tender documents (Feb 2018)

Stage 4 – Evaluation (August 2018)

Stage 5 – Contract Award (Sept 2018)

Stage 6 – Mobilisation with start of service from April 2019

Developing Primary Care

- Herts Valleys CCG has good quality general practice
- July 2017 national GP Patient Survey (GPPS) ranked GP practices in HVCCG as 29 of 209 CCGs nationally
- HVCCG is the highest performing in NHS England Central Midlands region. NB a 10 place improvement in the ranking from January 2016

Key patient access & overall indicators - July 2017

CCG name	Ease of getting through on the phone	Overall experience of making an appointment	Overall experience of GP surgery	Recommend GP surgery to someone who has just moved to the local area	Average of 4 indicators	Change in ave % vs Jul-15 results	National Rank (209)
England average	68%	73%	85%	77%	76%	-1.0%	
NHS Herts Valleys CCG	74%	79%	89%	83%	81%	2.7%	29
NHS East & North Hertfordshire CCG	59%	66%	81%	74%	70%	0.1%	177

Weighted results

Weighting adjusts the data to account for differences between all patients at a practice and patients who actually complete the survey. The weighted data has been adjusted to give a more accurate picture of how all patients would feel about a practice if every patient had

<https://go-patient.co.uk/fag/weighted-data>

Developing Primary Care

Building on GPPS, is the Care Quality Commission (CQC) inspections of the 68 GP practices in HVCCG:

CQC assessed HVCCG practices as follows:

- 1 practice is outstanding
- 1 requires improvement
- 2 will be inspected early 2018/19
- 64 assessed as good – this includes the 13 GP practices in St Albans & Harpenden locality
- Feedback from CQC is that a number of HVCCG could be supported by CQC to be outstanding in 2018/19

Developing Primary Care – GP Forward View

Investment

National and local investment:

- HVCCG investing £1.50 per head in 17/18 & 18/19 for localities to develop their locality transformation plans
- HVCCG investment of £1.10 per head winter resilience funding for localities to develop practices winter plans - additional capacity December 2017-March 2018

Workforce

Developed Hertfordshire & West Essex STP workforce plan to:

- support: recruitment of 5,000 extra doctors,
- 1,500 co-funded clinical pharmacists
- recruitment of overseas doctors programme

Workload

10 high impact changes to support primary care:

- Online appointment booking, ordering prescriptions
- New consultation types – online, phone, group, hubs
- Training for practice staff – care navigation, workflow optimisation
- RCGP master class training for practice managers

Care Redesign

Improved access to primary care:

- 50% of the population to have access to extended GP appts by March 2018 & 100% by March 2019 supported by additional national funding
- Watford Locality all 26 GP practices offer extended access to GP appts evenings and weekends –national pilots in the UK



Contract management and Performance

Developments in Business Intelligence (BI)

Business Intelligence services overhauled - recognising importance for delivering priorities.

- New CCG and GP Practice intelligence platform - NELIE
- New contract with North East London Commissioning Support Unit to provide “claims” service – billing providers and enforcing contracts
- New analytics platform “Sandpit” set up, combining national and provider data sources.

BI reorganised into twin teams:

- Provider contract management & holding to account
- Commissioning / service redesign and primary care

NHS Herts Valleys CCG Acute Activity Heatmaps - A&E (all types)

Locality	St Albans & Harpenden					
Provider Desc	(All)					
Site Code of Treatment Description	(All)					
A&E Site Code of Treatment Description	(All)					
Day of Week	(All)					
A&E Department Type	(All)					
A&E Mode of Arrival	(All)					
A&E Attendance Category	(All)					
Final HRG Description	(All)					
Age Band 1	(All)					
Age Band 2	(All)					
Inside or outside 8am-6pm	(All)					
Subsequently admitted?	(All)					
	Activity			Rate per 1,000 weighted Population		
Practice	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18
Practice 1	1,101	1,140	308	264.8	279.2	301.3
Practice 2	2,719	2,615	668	256.4	251.7	264.6
Practice 3	2,987	3,024	845	248.5	245.7	269.5
Practice 4	2,659	2,659	662	290.9	287.7	283.6
Practice 5	3,431	3,627	870	293.4	309.3	295.4
Practice 6	897	1,003	278	298.4	339.5	384.2
Practice 7	2,092	2,131	531	294.1	293.5	288.5
Practice 8	2,794	2,655	628	335.7	317.2	299.0
Practice 9	3,820	3,867	1,021	342.9	342.3	360.8
Practice 10	5,013	5,261	1,401	314.0	328.4	341.1
Practice 11	3,300	3,241	770	262.8	258.3	243.8
Practice 12	4,935	5,248	1,392	297.9	305.3	313.9
Practice 13	3,688	3,666	958	268.4	264.1	278.1
Total	39,436	40,137	10,332			

The understanding of variations in referrals and acute services demand by primary care has been developed with “heat maps” and dedicated analyst support for primary care.

Developments in Business Intelligence

The CCG is rolling out the “NELIE” reporting and performance dashboard during November-January.

- Uses national acute (SUS) data and Primary Care Data.
- Complements the heat maps by allowing GPs to drill down to patient identifiable records and gain a much wider understanding of care activity for their patients.

Key capabilities:

- Frequent A&E attenders report by GP Practice
- GP Referred 1st attendances that resulted in discharge.
- Avoidable non-elective admissions.
- Risk Stratification analysis and reporting

The dashboard is organized into several sections:

- CCG Documents**: An area to safely and securely share documents with the CSU and internally in the CCG.
- CCG Recommended**: Reports suggested by the CCG aimed at practices to help improve patient care and meet local incentives.
- Report of the Month**: Each month a report is highlighted we think will be interesting to all our customers. Click the link to see the report for March.
- CONTRACT MANAGEMENT**:
 - Primary Care**: Reports highlighting patient activity in, and affected by, a primary care setting.
 - Secondary Care**: Reports highlighting patient activity and cost in Accident and Emergency, Outpatients and Inpatients at CCG, Practice and Provider level.
 - Mental Health**: Contracting and Quality reports for those patients in contact with Mental Health Services.
 - Claims**: Reports showing the current and historic status of claims and their value against providers and supporting documents for the claims process.
 - Activity & Finance**: Budget reports, referral costs and indicative activity spend showing where money is being spent.
 - Performance**: A wide range of commissioner and provider performance trend analysis and benchmarking using published UNIFY2 and NHS Digital data.
- SUPPORT TOOLS**:
 - Medicines**: Reports highlighting cost and quantity of prescribed medicines with local incentives where commissioned by CCG.
 - RightCare**: Reports based on national datasets to enable high level benchmarking.
 - Evidence**: Supporting commissioners using evidence – research, policy and guidance about “what works”.
 - Surge Portal**: A single point of access providing information related to recognising and managing local system pressures.
- DATA DELIVERY**:
 - Data Management**: Supporting information for the data that runs NELIE including data quality reports, data receipt status and file download.
 - GP Documents**: Supporting information that the CSU or CCGs wish to share with GP Practices.

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Performance against core NHS targets



		YTD Performance 2017/18		
Indicator	Target	Herts Valleys	E & North Herts	England
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways	92%	90.6%	90.4%	88.4%
Percentage of patients waiting 6 weeks or less for a diagnostic test *	99%	99.1%	98.7%	-
Percentage of patients admitted, discharged or transferred out within 4 hours of arrival in the dept. **	95%	83.1%	86.8%	90.3%
All Cancer 62 day urgent referral to first treatment wait	85%	83.6%	77.9%	81.5%

Figures are to September 17/18 except for * July 17/18 and ** August 17/18

- In some cases Herts Valleys CCG is performing higher than the overall figures for England. One of the key challenge areas is within improving A&E performance.
- Across some of the other targets, performance measures are showing improvements:
 - Diagnosis rate for Dementia has steadily increased over the last five months and has exceeded the target of 66.7% for the last three months.
 - The two week wait target of 93% to see a specialist following a Cancer referral has exceeded the target since November 2016, barring April 2017 where performance was below by 0.5%

Our current priorities before end of March 2018

- Continued stabilisation of our finances and delivering the entire turnaround plan
- Continued organisational development focus to maximise CCG capabilities
- Progress delivery of Your Care, Your Future – especially implementing new models of care and moving forward with significant hospital/community projects
- Working to develop locality population based commissioning plans with primary care/social care at their heart.
- Maximising the opportunities that GP delegated commissioning offers. Supporting GP federations in responding to population based health, Five Year Forward View and resilience in general practice.
- Actioning all final elements of the Capacity and Capability Review. So far, there has already been a:
 - Significant improvement initiatives in BI, contracting and finance
 - Improving CCG performance metrics
 - End to End governance review
 - A focus on quality
- Shaping of Hertfordshire and West Essex STP that mirrors our own deliverables.



Thank you