

*Extract from report prepared for the Cambridgeshire Overview and Scrutiny Committee Meeting on 29<sup>th</sup> May 2012 by Dr Sushil Jathanna, Chief Executive, Cambridgeshire and Peterborough Cluster Primary Care Trust.*

### 3.5 Clinical Commissioning – Areas of Focus for 2012-13

For the current financial year whilst in shadow form, the CCG will play a key role in taking forward as relevant the Cluster PCT Integrated Plan. Through the initiatives set out in the Integrated Plan, clinical commissioners are seeking primarily an improvement to service quality whilst improving cost effectiveness. The initiatives selected for implementation in 2012-13 are designed to address the following:

- a) Improving quality of life for those who are at their most vulnerable**  
For example, there is a strong focus on the welfare of vulnerable people, especially the frail elderly and there is a wide range of initiatives from significant strategic transformation in partnership with Local Authority partners and with service providers through to more localised initiatives designed to reduce unnecessary admission to hospital.
- b) Encouraging more positive and healthier lifestyle choices and behaviours**  
For example, providing support to encourage smoking cessation and reduction in harm through alcohol abuse.
- c) Improving access to services and streamlining the patient’s clinical journey**  
There are several initiatives which aim to simplify the patient’s clinical journey and to make it easier for the patient to access services, for example, one stop shop services which avoid the need for patients to make multiple hospital attendances, where clinically appropriate. The process of simplification also has a by-product of reducing cost.
- d) Making a shift of care to a more clinically appropriate setting**  
Some initiatives seek to shift care from an acute hospital setting to one which is deemed to be more clinically appropriate in a community based clinical setting and at reduced cost, for example, the roll out of a county-wide community-based dermatology service in partnership with secondary care clinicians.

There is also a clear commitment to implementing national and regional planning priorities which comprise:

**Figure 3: National and regional planning priorities**

Dementia and Care of Older People	Health Visitors and Family Nurse Partnerships
Carers	NHS Innovation Review
Military and Veterans’ Health	SHA Cluster Ambitions for Quality Improvement: a) Eliminating avoidable pressure ulcers b) Making every patient contact count c) Improve quality and safety in Primary Care d) NHS / Local Government partnership e) Patient and Customer experience revolution