Cambridgeshire & Peterborough Clinical Commissioning Group - Our developing plans

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Cambridgeshire and Peterborough
Clinical Commissioning Group

A brief update

- One clinical commissioning group (CCG) for Cambridgeshire & Peterborough
- Federation of eight local commissioning groups (LCGs)
- Delegated budgets for local decision making with central accountability and robust governance
- Awaiting ‘authorisation’ from National Commissioning Board
- CCGs take on full responsibilities from April 2013.

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Our work so far

- Operating in Shadow Form since April 2012.
- Establishing our Governing Body. Clinical Accountable Officer plus eight GPs, secondary care doctor, three lay members and executive directors
- Recruiting to new structures
- Building relationships with partners & communities
- Developing our vision and values
- Developing our medium-long term plans.

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The context in which we work

- 2013/14 allocations: £854 m
- Population: 831,000 (based on ONS figs, not registered)
- Challenged provider landscape
- A growing and ageing population with health inequalities
- An efficiency plan in 2013/14 of £30m.

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Our priorities 13/14

- Clinically led
- Focused to ensure maximum success
- Based on the needs of our communities
- Based on the context in which we work and on JSNAs
- Programme Boards established to ensure good governance and progress
- Plans submitted to National Commissioning Board end March.

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We will work with partners to build a system of care that meets the needs of our community by:

- Focussing on driving improvements in our clinical priority areas
- Focusing on outcomes from the Outcomes Framework
- Working at LCG level with districts and local stakeholders
- Improving services for frail older people
- Improving care for those towards the end of their life
- Improving care for those with coronary heart disease

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We will focus on what is important to our patients by:

- Ensuring their NHS Constitutional rights and pledges are protected
- Improving co-ordination of care through closer working with our valued partners
- Providing friendly, caring, quality services to all our patients and carers
- Responding to complaints and compliments in appropriate manner and timescales

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We will strengthen our organisation to be the best at what we do by:

- Driving change at a local level to respond to individual community needs
- Working to remove inefficiencies that cause delay and incur unnecessary cost
- Delivering and measuring at all levels to ensure consistent high quality service provision
- Identify and promote innovation that enhances quality of services through our participation in Health research networks .

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Next steps: working with HWBs to select three local outcomes- 1st draft 25 Jan

- The NHS Commissioning Board guidance provided on 21 December requested CCGs select three local outcomes where visible improvement can be measured in 13/14

These outcomes must be:

- Agreed with NHS CB after consideration with Health and Well Being Boards and key stakeholders
- Focussed on local issues and priorities, especially where the outcomes are poor compared to others
- In areas where improvement will reduce health inequalities
- Based on robust data

We are asking for you views on which outcomes to propose to CCG Governing Body and then to the NHS CB, fitting in with overall direction

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Proposed indicator one

We would like to reduce the inappropriate use of in emergency bed days by the over 65s from the current baseline rate shown below & measuring patient experience

LCG	Baseline 2012/13 Forecast	2013/14 Target March
Borderline	1.82	1.79
CATCH - Cambridge City	2.25	2.00
CATCH - City Suburb	2.21	1.99
CATCH - Granta	1.99	1.88
CATCH - North Villages	1.83	1.80
CATCH - South Villages	2.14	1.95
CATCH - Total	2.13	1.95
CamHealth Integrated Care	2.29	2.03
Hunts Care Partnership	1.85	1.81
Hunts Health	1.96	1.86
Isle of Ely	1.94	1.85
Peterborough	2.00	1.88
Wisbech	1.84	1.80
Cambridgeshire and Peterborough	1.99	1.88

The target is based on achieving top Quartile performance levels

Remaining two indicators

To help create a shortlist for discussion we have applied the following criteria

- What outcomes have been selected in Health and Well Being Board strategies?
- What outcomes have been selected by the CCG?
- What outcomes meet the NHS CB criteria?
  (1) Poor outcomes compared to others
  (2) Will reduce health inequalities
  (3) Robust data exists
- Do we have ideas or projects that would deliver the improvements in these areas?

This has enabled us to develop a shortlist; the full CCG Outcomes Indicator list is also available for you to review

Shortlist

Indicator	Rationale
Emergency re admissions following 30 days of discharge	• Aligned to commissioning intentions • Aligned to HWBB strategies • Currently performance shows deterioration year on year
Maternal smoking at time of delivery	• Aligned to HWBB strategies
Dementia diagnosis rates	• Aligned to commissioning intentions • Aligned to HWBB strategies • Current performance shows the PCT in the bottom half of all PCTs nationally
Stroke care plans	• Aligned to commissioning intentions • Aligned to HWBB strategies • Draft projects exist to improve performance
Antenatal assessment	• Aligned to HWBB strategies
Emergency admissions for alcohol related liver disease	• Aligned to commissioning intentions • Aligned to HWBB strategies • Draft projects exist to improve performance
Primary Prevention of Cardiovascular Disease	• Aligned to commissioning intentions • Aligned to HWBB strategies

Emergency readmission

What the metric covers:

Percentage of emergency admissions to any hospital in England occurring within 30 days of the last, previous discharge from hospital after admission; indirectly standardised by age, sex, method of admission and diagnosis / procedure. Admissions for cancer and obstetrics are excluded.

How have we performed?

In absolute terms, the level of emergency re admissions is increasing

Fin Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011/ 2012	877	759	880	860	881	853	926	883	940	926	852	981
2012/ 2013	848	910	918	1,002	921	881	878	928				

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Maternal smoking at delivery

What the metric covers:

This indicator measures a key component of high-quality care as defined in NICE clinical guideline, the smoking status at time of delivery.

How have we performed?

In NHS Cambridgeshire, data for Quarter 1 showed that 13.7% of women smoked at the time of delivery which we would like to reduce to 11.6%

In NHS Peterborough, data for Quarter 1 showed that 16.6% of women smoked at the time of delivery.

	2011/12 - Q1	2011/12 - Q2	2011/12 - Q3	2011/12 - Q4	2012/13 - Q1	2012/13 - Q2
NHSC	9.5%	Not available	14.5%	14.6%	13.7%	13.3%
NHSP	16.9%	16.5%	17.3%	16.6%	17.4%	17.7%

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Dementia diagnosis rates

What the metric covers:

This indicator measures the number of people on the dementia register for England in the Quality and Outcomes Framework (QOF) against estimated prevalence.

Estimated diagnosis rate for people with dementia (NHS OF 2.6i)	2011		
	Number of patients with a diagnosis of dementia (based on QoF register)	Number of people estimated to have dementia (diagnosis and undiagnosed)	Best-worse overall ranking (1 = highest UK ranking, 176 = lowest)
NHSC	2959	7544	116
NHSP	671	1758	131

Antenatal assessment

What the metric covers:

Number of women in the relevant CCG population who have seen a midwife or a maternity healthcare professional for health and social care assessment of needs, risks and choices by 12 weeks and 6 days of pregnancy.

How have we performed?

	Q1	Q2	Q3	Q4
2010/11	87.7%	88%	88.1%	89.1%
2012/13	89.7%	93.8%	TBC	TBC

The above table shows performance against a target of 93.2%

Primary Prevention of Cardiovascular disease

What the metric covers:

The percentage of patients who have been newly diagnosed with hypertension who have had their cardiovascular disease risk assessed

And

The percentage of patients with hypertension who have had advice about increasing physical activity, smoking cessation, safe alcohol consumption and healthy diet in the last 15 months

primary prevention acts here

Person has no increased risk of heart disease

Person has increased of heart disease but no disease yet

secondary prevention acts here

Person has heart disease

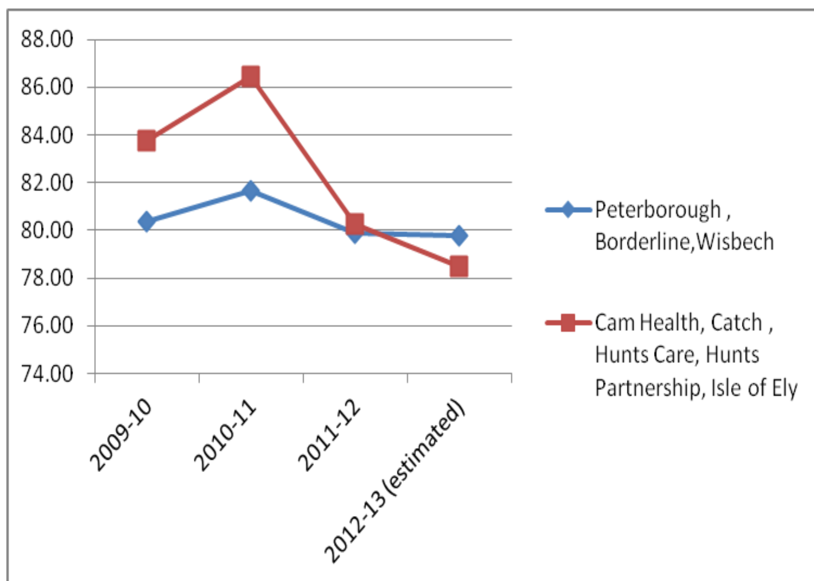
Primary prevention prevents twice as many deaths as secondary prevention

Primary Prevention of Cardiovascular disease

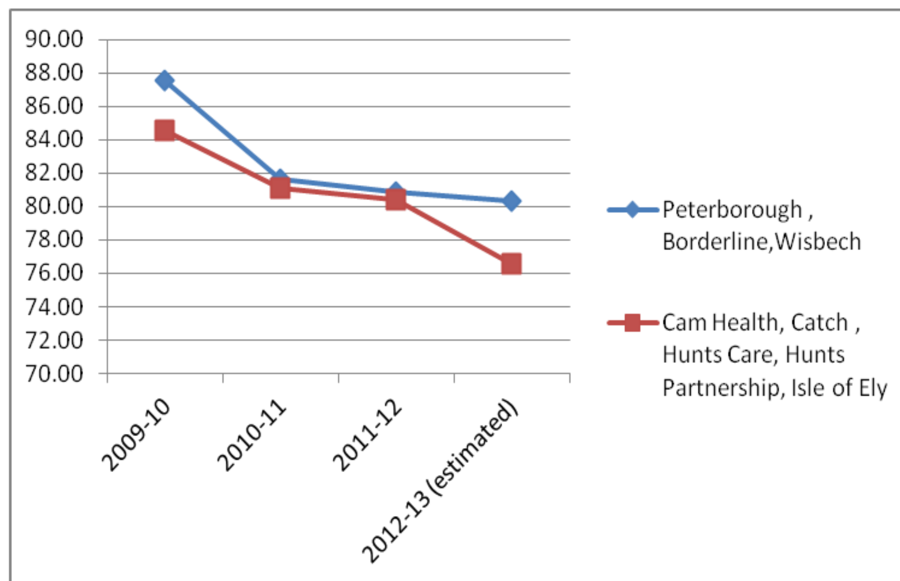
How have we performed?

The level of primary prevention of cardiovascular disease is falling

PP1 2009-2013



PP2 2009-2013



Data from Primary Care Improvement Team, analysis Improving Outcomes Team

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Primary Prevention of Cardiovascular disease

Proposed measure:

Improve to 90% on both PP1 and PP2

Opportunity for joint work across the system:

- Local Authorities: increasing physical activity, smoking cessation, safe alcohol consumption and healthy diet.
- Primary care :Identification and advice

Reducing inequalities in premature deaths from coronary heart disease is an interim strategic priority of the CCG

Process

Jan – Feb Discussions on developing priorities with:

- Health & Wellbeing Boards
- Scrutiny Committees
- LINKs
- District councils
- Patient Reference Group
- Local Patient Groups
- Members/LCG Boards

Timing is tight so meeting all we can, sharing with others

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Thoughts?

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