Croydon CCG

Commissioning Intentions 2015/16

Overview

1. Purpose of our Commissioning Intentions

- To set out how our 2 Year Operating Plan and 5 Year Strategy, and other supporting strategies and pathway redesign programmes, shaped by previous engagement will specifically impact on our current and future providers in 2015/16.

- To consider that patient need identified through the Joint Strategic Needs Assessment (JSNA) is addressed and that the right services are in place to reduce health inequalities.

- Specify the requirements for greater integrated working outlined in the Better Care Fund.

- To ensure that our commissioning is clinically driven by addressing the needs and issues identified by our member practices.

- To drive up quality in service provision across the range of services we commission and by working collaboratively with other commissioners.

- To ensure that changes in legislation and clinical guidance is reflected in practice and service delivery.

To support our work we will be seeking to:

- Improve patient outcomes and reduce health inequalities
- Ensure we engage with partners to maximise opportunities for joint working where this will support improved outcomes through better coordinated care.
- Develop engagement with patients and public in all aspects of commissioning and development through our PPE strategy

2. The Commissioning Landscape

NHS Croydon CCG faces significant challenges including an ageing population, rising demand for services and high public expectations of those services.

In addition to this Croydon Clinical Commissioning Group also faces significant financial challenges during 2015/16 and in future years with the consequence that funding will not be able to match the increasing demand for NHS services. The CCG in 2013/14 was funded £46m below target and is expected from 2014/15 to receive an additional 1% (£4m) pa to reduce the funding gap. The CCG's 5 Year Financial Plan reflects the ethos that financial recovery is clinically and quality lead following the principles of QIPP (Quality, Innovation, Productivity, Prevention). The plan provides a pathway for service redesign and innovative contracting to deliver run-rate balance from Year 5. The CCG will not be in a position to repay the modelled £64m cumulative deficit which NHSE business rules requires.

Croydon CCG will commission health services for its population, based on patient need, current performance, the 2 Year Operating Plan and South West London 5 Year Strategy and the current definition of CCG commissioning responsibilities.

The Commissioning Intentions should also be read in the context of the South West London Collaborative 5 Year Commissioning Strategy, Better Care Fund and the London Standards that recognises that that services will no longer be focused on secondary sector acute provision, but instead the whole health economy.

The SWL Commissioning Strategy sets out initiatives across eight areas of work:

- Children's services
- Integrated services
- Maternity
- Mental Health
- Planned Care
- Primary Care Transformation
- Urgent and Emergency Care
- Cancer Care

All 6 CCGs support the clinical case for change and will commission to London Quality Standards, 7 day working and Keogh Review recommendations. The CCGs also want to set clear standards for mental health, community services and primary care.

CCGs want to be clear about the standards they expect for patients and to work with the local providers of care to determine the best way to achieve that change.

Consequently the SWL CCGs will also shortly be issuing joint collaborative Commissioning Intentions which will provide a clear vision and priorities for delivery in 2015/16 and beyond which will complement these local Commissioning Intentions.

The improvements set out in the Commissioning Intentions are key enablers to us meeting our planned reduction in non-elective admissions over the next 5 years. In 2015/16 in this context the CCG will be developing 'outcome based commissioning' for over 65s and the contractual mechanisms related to this form of contracting, subject to Governing Body approval. We expect that by focusing on outcomes providers will be incentivised to transform service delivery, ensuring true integration between services and providers and achieving at scale the required shifts to community and primary care to ensure that care is delivered in the most appropriate setting. Providers should therefore be actively reviewing their services now to ensure that they are best places to meet these objectives.

Commissioners understand the need to work with other specialist services in order that Croydon can deliver an integrated and effective response to people.

3. Transformational Commissioning

Given the challenges referred to above and in the context of the CCGs very challenging financial position, providers should anticipate a net reduction in real terms of the cash envelope over and above the PBR deflator.

In line with the CCGs 5 year Financial Plan the QIPP saving identified for 2015/16 is £9.5 million. This is over and above the 4% provider efficiency requirement embedded into tariff/uplift and assumes the current 2014/15 QIPP forecast.

Consequently there is a continued need for whole system transformational change in order to tackle these constraints in a focused, joined up and achievable way, realising improvements through whole system transformation. The Transformation Programme, in addition to improving quality outcomes, aims to release efficiencies and reduce an over reliance on hospital services. We have worked with the South West London Collaborating Commissioning principles and reviewed our targets to stretch the reduction in hospital activity through our transformation programme.

To ensure that there is choice available in settings other than hospital we aim to transform the way we deliver services at the intermediate, primary and community level. There are several key strategies which are part of the wider transformation programme:

- Prevention, Self-Care and Shared Decision Making Strategy
- Primary and Community Strategy
- Long-term conditions
- Urgent Care
- End of Life Care
- Making best use of medicines
- Planned Care
- Children and Young people

The strategies and key work streams are summarised overleaf and we expect providers working together to be proactive in shaping their services to ensure greater integration and to meet the strategic priorities identified in these strategies.

Strategy	Objective
Prevention, Self-Care and Shared Decision Making Strategy	Improve patient's life expectancy and quality of life by helping people to look after themselves better, avoid illness where possible and, if they do become ill, to get better care using shared decision making with professionals where appropriate. We therefore expect providers to ensure that these areas and in particular shared decision making are embedded in day to day to day practice.
Primary and Community Strategy	More convenience and control for patients, with primary (GP) and community services delivery more care closer to where people live. Providers will be expected to proactively maximise e the benefits of integration to achieve this.
Long-term conditions	Help people maintain their independence and keep as well as possible for as long as possible.
End of Life Care	Ensuring coordinated care and best practice for those patients reaching their last year of life
Urgent Care	Reducing the reliance on urgent and emergency care services by improving access to primary and community care and helping patients use services more appropriately.
Making best use of medicines	Supporting people to get the most benefit from their medicines and cut the amount of medicine wasted each year.
Older People's Services	Older People's Services are a key focus for 15/16 and in particular a significant initiative around outcomes based commissioning for over 65s, with a view to an outcomes based contract being in place by 1st April 2016. We will work collaboratively with providers to develop the model with an expectation of movement towards implementation.
Planned Care	The right care in the right place – high quality services, with more care delivered closer to people's homes.
Children and Young People	Supporting children and young people to achieve their full potential

4. Our Vision and Priorities

Through working with our Member Practices and our Public, Patients and providers and through the development of the Health and Wellbeing Strategy, Croydon Clinical Commissioning Group has jointly developed the following overarching Vision, Organisation Objectives, Outcome and Priorities, which are reflected in our 2 Year Operating Plan.

5. Known Commissioning Intentions

In a number of areas, the focus for 2015/16 will be to roll out or implement service improvements which are the result of initial work happening now but also to look at further opportunities.

These early commissioning intentions are currently being built upon and refined through the involvement and engagement of our member practices in shaping our commissioning intentions and ensuring that they deliver our stated priorities.

A number of changes will be taking place to the commissioning landscape over the next few months. In addition, national and London guidance has yet to be issued for 2015/16 and we will need to jointly review our 2015/16 plans in the context of this guidance when it is available.

Nevertheless the following section outlines the specific Commissioning Intentions that have been identified to date and the likely impact on providers.

Known Commissioning Intentions – Planned Care

Service Performance Area	Commissioning Intention
Vascular Surgery	Croydon Health Services (CHS) is expected to work with other local providers to ensure full compliance with the arrangements relating to the transfer of complex vascular procedures as per the London Guidance
Effective Commissioning Initiative (ECIs)	ECIs are currently under review and there are likely to be further changes in 2015/16. The providers will be informed in due course where capacity will be required to be reduced.
First/Follow up Ratios	Commissioners will expect the Trust to achieve or exceed upper quartile ratios in 15/16 in all specialties where benchmarked data is available. This ratio will continue to be applied at individual specialty level and will not include any off-setting. In addition, outpatient procedures will be included in the calculation of the ratios.
Multiple 1st Attendances	Commissioners require outpatient attendances to be counted in line with DH PbR (query response PbR636320 issued by the DH on 5.8.11). It is expected that the coding and counting of outpatient attendances where a patient is expected to return to the provider for a further outpatient attendance at some point in the future, regardless of whether it is within 6 months or not and regardless of whether the appointment is booked within 6 months or not, is to be counted as a follow up attendance.
Urology	Commissioners will continue the work commenced from 2014/15 into 2015/16 which will impact on urology outpatient and elective activity. We will therefore be looking for CHS to reduce capacity in accordance with the new pathway and planned reductions in demand.
Gastroenterology	Commissioners will continue the work commenced in 2014/15 into 2015/16 which will impact on Gastroenterology outpatient and elective activity. We will therefore be looking for CHS to reduce capacity in accordance with reductions in demand.
MSK - Musculorskeletal	The review of the whole MSK pathway, with a view to embedding service redesign in 2015/16. Elements of the ECI work will also focus on MSK.
Dermatology	Commissioners are looking to develop a pilot for a community-based service which utilises new technologies to aid the diagnosis of skin cancers. This is intended to reduce the

	number of 2-week wait Dermatology referrals sent to the Trust.
CReSS (Croydon referral and assessment service)	The CCG will continue with the full implementation of the Referral Facilitation system including for Consultant to Consultant referrals and Effective Commissioning Initiatives. There will therefore be a subsequent reduction in Out-patient referrals, first appointments and follow-ups. It is expected that the Trusts will continue the programme of reducing consultant to consultant referrals.
Medicines Optimisation	The CCG will pursue: • Cost effective prescribing in-line with locally agreed CPC decisions and LPP QIPP targets. • Embedding the principles of medicines optimisation including safe transfer of care at discharge. Meet the secondary care requirements within the medicines optimisation dashboard and medicines helpline for patients and GPs. • Meeting the recommendations of MHRA Patient Safety Alert Stage Three: Directive, improving medication error incident report and learning 20 March 2014 including piloting the medications safety thermometer • Exploring the opportunities for gain share with high cost drugs.

Known Commissioning Intentions – Integrated Cancer Services

Service Performance Area	Commissioning Intention
Integrated Cancer Services	Cancer remains a key government and DH priority and in London we now have a target to save 1,000 lives through more effective early diagnosis and better treatment. This should in part be achieved by the *Cancer Model for Care* (2011), which outlined the differential experiences and outcomes for patients in London and the need to make changes to the way cancer care is managed and organised, and remains a key priority underpinning all cancer services development across London. In London, cancer commissioning is undertaken by two different organisations. Specialised Commissioning Services based in the NHS England commission the more complex and rarer cancers, and specialist treatments such as chemotherapy and radiotherapy, and this accounts for about 60% of expenditure on cancer services. The other 40% of spend relates to the more common cancers, prevention, early diagnosis, living with and beyond cancer (survivorship), and palliative care. This is commissioned through the CSUs on behalf of their CCGs, and each CCG has access to a Cancer Commissioning Team to give leadership to the contracting process for cancer. At a Pan-London level the Transforming Cancer Services for London Programme, based in NHS England, leads cancer service change, and this programme has identified a number of key priority areas for cancer for 2015/16. Services will be commissioned from London providers which are active participants in their Integrated Cancer System. Providers are expected to implement the London Cancer Pathways as part of the service development and improvement plan. The London wide cancer standards are attached at Appendix 4 of the SWL Commissioning Intentions. Croydon CCG is also currently developing its own local Cancer Implementation Strategy, which will be available in October.

Known Commissioning Intentions – Urgent Care

Service Performance Area	Commissioning Intention
Stroke and Atrial Fibrillation	The CCG in 2014/15 is reviewing the whole pathway including early identification of AF in primary care plus a reduction in length of stay for stroke patients. This will continue in 2015/16. Therefore a reduction in non-elective admissions and length of stay is anticipated. The Acute Service Specification is broadly the same as last year. The change to note is the London Minimum Dataset and Stroke Improvement National Audit Programme (SINAP) are due to be replaced by the Stroke Sentinel National Audit Programme (SSNAP) and when this comes online this should be used by Hyper Acute Stroke Units and Stroke Units to report performance against the London Stroke Standards.
Urgent Care Centre	The Commissioners expect the providers; namely, CHS, the UCC, Minor Injury Units at Purley and Parkway and Primary Care GP Led Walk in Centre based at Edridge Road to continue to work together across the whole system to ensure effective integrated working and that A&E Performance standards are consistently met.
Non Elective Activity from Nursing Homes	The CCG is planning on a coordinated and extensive programme to improve Nursing Home performance in collaboration with social care and thus we are projecting a subsequent fall in A&E attendances and admissions in 2015/16 for CHS as a consequence.
Deep Vein Thrombosis (DVT)	Having established a new pathway for DVT with CHS in 2014/15 the CCG will be looking to improve this by introducing self-administration of Rivaroxaban (prescribed by the Trust) for patients requiring repeat dopler scans. It is anticipated that this will reduce the cost of the current local tariff agreed for the pathway for patients requiring rescans. We are seeking to renegotiate a local tariff for this cohort of patients.

Known Commissioning Intentions – Transformation/ Community Services

Service Performance Area	Commissioning Intention
Transforming Adult Community Services and Falls Services	The CCG expects the provider to continue with the implementation of these initiatives at pace and to achieve the stated reduction in non-elective admissions and excess bed days. In particular commissioners wish to see more effective in reach to A&E from the Rapid Response Service to avoid unnecessary admissions.
Cardiology	We intend to continue the ***roll*** out of a community based model of care for cardiology and embed this in 2015/16. We will expect to see all direct access testing moving out to community based clinics. The fundamental shift in the way cardiology will be delivered will have a clear impact on out patient, day case and inpatient activity. We will therefore be looking for CHS to reduce capacity in accordance with reductions in acute demand. The new service model will specifically impact on the following areas: • Chest pain of recent onset/stable angina/Percutaneous Coronary Interventions/Rapid Access Chest Pain Clinic • Heart failure through to end of life care • Arrhythmia • Cardiac and heart failure rehabilitation
Anti-coagulation	Commissioners will continue to redesign anti-coagulation services to maximise the number of patients on long-term warfarin managed in the community setting, with a subsequent reduction of capacity in the acute setting. Commissioners also anticipate reductions in first referrals into the acute setting due to the expansion of community providers, currently being procured, to include initiation of warfarin for certain patient groups.
COPD	Commissioners are expecting the continued implementation of COPD services in the community. This will include a review of the whole pathway including care that is currently provided in Primary Care. This is expected to reduce A&E attendances and emergency admissions for respiratory conditions, which should, in turn, result in a reduction of Length of Stay and subsequent reduction in bed capacity required within acute hospital services.

Diabetes	The re-provision of community diabetes services will be embedded and further developed in 2015/16, including the redesign of the whole pathway. There will be a continued subsequent reduction in diabetic out-patients and also related non-elective admissions. Aspects of this delivery include: • A new integrated diabetes model of care with a primary focus on primary care and community care whilst increasing patient self-management and prevention • A clearly defined education programme for professionals and patients
End of Life Care	Commissioners will take forward plans to improve EOLC including Advanced Care Plans, Medicines Management, Education and Training. The CCG understands this will reduce non-elective admissions in 2015/16. Commissioners from health and social care will work with the Providers to ensure that contractual and operation arrangements are appropriate and in the best interest of patients and their carers.

Known Commissioning Intentions – Mental Health

Service Performance Area	Commissioning Intention
Working jointly with social care to achieve reduced requirements for Adult Acute Inpatient Psychiatric Beds	Croydon CCG will work in partnership with Lambeth, Southwark and Lewisham CCGs and SLaM to reduce the requirement for acute inpatient services, with a view to improving quality, delivering future QIPP and CIP savings. Integral to this strategy is the implementation of the Adult Mental Health Community based model of care, to address the current over dependence on inpatient care and address the issues of acute inpatient overspill.
Rebalancing Responsibilities for the care of People with Serious Mental Illness	The CCG has already submitted a project plan to deliver improved patient flows across primary and secondary care. It is expected that during 2015/16 this will bear fruit, and reduce the current burden on community based mental health services provided by South London and Maudsley (SLaM).
Prescribing	Integral to the above project is the possibility of achieving QIPP efficiencies from CCG and Trust prescribing budgets through joint formulary work, and agreement of choices for the first line drugs in certain therapeutic areas. Work has already begun in this area, but it is important that reasonable targets are set, based on an understanding of drug use and expenditure in primary and secondary care. With this in mind, SLaM is expected to build on this year's commitment to meet prescribing information requirements on a trust wide basis by providing specified data on a quarterly basis, working towards (London Procurement Programme) LPP QIPP targets, meeting agreed communication standards on transfer of prescribing and/or discharge. Funding flows will need to be monitored and transferred if appropriate with transfers of care.
MHOA and Dementia	Croydon Council and Croydon CCG have developed a four part project plan which will improve the quality of care for local older adults with mental health needs, particularly dementia. The project will deliver improved community services, a reduction in the size of community mental health teams for older adults, the introduction of a mental health Home Treatment Team for older adults, and a reduction in the requirement for acute psychiatric

	inpatient services for older adults. Funding flows will need to follow with regard to anti-dementia prescribing transferring to primary care.
Reduced Reliance on Specialist Services	Commissioners will review use of specialist services, particularly for assessment and treatment of clients with Autistic Spectrum Disorder (ASD), with a view to enhancing local services to provide specialist support where there is a clinical and economic case for such a change.
Commissioning for Quality and Outcome	Once finalised, the mental health strategy will express the commissioners' ambition to increase the emphasis on commissioning to achieve specific client outcomes. During this year the CCG, working through the Integrated Commissioning Unit (ICU) and Commissioning Support Unit (CSU) will also review current contract information requirements to identify gaps in commissioners' knowledge of the quality of services. Changing the emphasis on quality and outcome measures will see the introduction of new information reporting requirements for the Trust.
Talking and Psychological Therapies	The 2012/13 JSNA has highlighted the need for improved capacity in psychological therapies in primary care and secondary care. As savings are achieved through implementation of the mental health strategy, new financial resource will be made available from within the mental health budget, and current talking therapies services will be re-commissioned, in order to increase opportunities for service users to receive therapies that are known to be effective. Recovery rates will continue to be monitored and achievement of the 6% IAPT target will be key in 2015/16 as a minimum with movement towards the national target.
Older People's Mental Health – Continuing Care:	The pathway improvements and service changes made in has led to an improvement in the management of the number of people in NHS Continuing Care for mental health reasons. This progress must be maintained and reviewed, in order to achieve the more efficient use of resource in 2015/16. Croydon will review the provision of NHS continuing Care services to people with dementia as their primary need including contract arrangements with Care UK (Amberley Lodge) and residential nursing care beds spot purchased from a wide range of other private sector providers.

Placements / Long Term Care Services:	Forensic step down provision: Croydon intends to reduce expenditure on forensic “step down” provision for people who have been discharged from secure hospital beds. The contract with Care UK (Evergreen Lodge) will be reviewed and comparable outcome measures introduced across all “step down” service providers.
Adults experiencing Mental Ill-Health who have a Learning Difficulty	The Learning Disability Commissioner has been engaged with the Croydon Community Learning Disability Mental Health Team and SLaM Inpatient Services to undertake a service redesign to improve the management of community placements following discharge. Added to this development the Croydon Community Learning Disability Mental Health Team will have the lead role in moderating and overseeing admissions to inpatient services for this client group. The focus of the Commissioner and Croydon Community Learning Disability Psychiatrist will be on: • Admission to Inpatient Beds and Personalisation • Clear and rational assessment and treatment regimes The Learning Disability Integrated Commissioner will commission for outcomes that are person driven, reflect their life experiences, aspirations, aid recover and facilitate resilience and citizenship. Croydon’s approach to implementation of the Autism Act is to ensure that services are developed and delivered in line with the requirements of the Act through commissioning and procurement processes. The NHS and Local authorities have specific duties and responsibilities under the Act, such as appropriate training for staff, understanding and responding to the support needs of people with Autistic Spectrum Disorder (ASD) and meeting certain requirements when carrying out commissioning and procurement activities. To support these service specifications will contain specific reference to the Act and providers will be required to demonstrate how they intend to ensure services are appropriate and accessible for people with ASD. Similarly, providers will be required to evidence how this has been achieved as part of the regular service monitoring with commissioners.

Known Commissioning Intentions – Primary Care

Service Performance Area	Commissioning Intention
Co-commissioning	The CGG intends to explore the potential around co-commissioning with NSHE with a particular focus on linkages to work around developing outcomes based commissioning for over 65s.
Primary Care Variation	In conjunction with NHS England the CCG intends to proactively support practices in improving their quality and performance to reduce variation between practices. We expect that this will have an impact on reducing referrals to secondary care and improve quality across primary care.
Medicines Optimisation	Commissioners will work to reduce the 4 – 6% of unplanned admissions that are due to the inappropriate use of medicines.
Hub and Spoke Model	To enable equitable and quality care across Primary and Community Services the CCG will continue to develop Level 1 and Level 2 services across its Networks creating 'Hub and Spoke' models of care in line with the Community and Primary Care Strategy.
Facilitation of Collaborative Provider Models	The CCG will facilitate the development of provider models that support care across all geographical and network areas to ensure high quality services closer to the patient's home.

Known Commissioning Intentions- Children

Service Performance Area	Commissioning Intention
Children's Emotional Wellbeing and Mental Health	Commissioners will work with the LA and partners to refresh the borough strategy for emotional wellbeing and mental health, to include: • Mapping of existing provision • The development of a clear offer of mental health support at tiers 1 to 3 and in relation to tier 4, and • Specific identified service pathways to improve access and outcomes for children and young people.
Looked After Children	Work with the LA and Partners to improve health outcomes (including mental health outcomes) for Looked After Children including the: • Agreeing health outcomes which need to be prioritised for improvement • The timely provision of initial and follow up healthcare assessments • Commissioning review of health services for looked after children.
Children with special educational needs and disabilities	Work with the LA and partners to support robust outcome focused Education, Care and Health Plans for children with SEND including • Improving access and quality of relevant services within available resources (speech and language therapy, occupational therapy, physiotherapy and CAMHS) • Improved engagement with children, young people and carers (as reflected in the Plan of the Children and Families Partnership) in service development • Commissioning reviews of Special School Nursing, Children's Occupational Therapy, Physiotherapy services and health services for looked after children are in progress. The outcome of these reviews will be recommended to CCG (and Croydon Council where it jointly holds commissioning responsibility) in 2015, including commissioning strategies that identify the appropriate commissioning route for each.

6. Commissioning Intentions from Member Practices

During July and August we have been working with our member practices through the Network meetings to seek their views on services or improvements which need to be commissioned.

This has included feeding back to practices the results of last years suggested interventions. Additionally it builds on the engagement last year where through the networks and GP Open Meeting, members were encouraged to develop their commissioning intentions, which then fed into the Clinical Leaders forum where these ideas were consolidated, prioritised and formalised and then fed into the 2 Year Operating Plan.

7. Summary

The route we have taken to develop our commissioning intentions is one of partnership, engaging as much as possible with our members and clinical leaders so that all service improvements are truly needs based and clinically driven.

In order that we demonstrate the impact of these commissioned improvements, the CCG will be looking to use outcome measures to monitor the success of each initiative. Outcome based commissioning will use a rich variety of data and “softer” information and views to demonstrate how our new services will have improved the lives and experience of Croydon residents.

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