

Report of the Director of Environment & Sport to the meeting of Bradford East Area Committee to be held on Thursday, 17 October 2013.

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Subject:

Bradford Districts and Bradford City Clinical Commissioning Groups

Summary statement:

This report provides an update and feedback on issues raised at the meeting of this Area Committee on 11 April 2013 and requests views and comments.

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Portfolio:

Adult Social Care and Health

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Overview & Scrutiny Area:

Health and Social Care



1. SUMMARY

This report provides an update and feedback on issues raised at the meeting of this Area Committee on 11 April 2013 and requests views and comments.

2. BACKGROUND

- 2.1 In line with the Health and Social Care Act 2012, groups of GP practices based in Bradford Districts, Bradford City and Airedale, Wharfedale and Craven have formed Clinical Commissioning Groups (CCGs) and, from April 2013, are responsible for planning, designing and buying health services for local people. They are statutory organisations and have taken over many of the responsibilities of the former Primary Care Trust (PCT).
- 2.2 Appendix 1 outlines the Clinical Commissioning Group update and specific issues raised by this Area Committee.
- 2.3 Appendix 2 outlines issues raised at other Area Committees which this Area Committee may find helpful.

3. OTHER CONSIDERATIONS

- 3.1 There are no Other Considerations.

4. OPTIONS

- 4.1 That Bradford East Area Committee adopts the recommendations outlined in this report.
- 4.2 That Bradford East Area Committee adopts the recommendations outlined in this report, with amendments.
- 4.3 That Bradford East Area Committee decides not to accept the recommendations outlined in this report.

5. FINANCIAL & RESOURCE APPRAISAL

5.1 Financial

There are no significant financial implications for Bradford Council arising from this report.

5.2 Staffing

There are no significant staffing implications for Bradford Council arising from this report.

6. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 6.1 There are no significant risks and governance issues arising from the proposed recommendations in this report.



7. LEGAL APPRAISAL

7.1 This work relates directly to the Local Government Act 2000 and to the Duty of Well-being placed upon the Council to promote and improve the well-being of the District.

8. OTHER IMPLICATIONS

8.1 EQUALITY & DIVERSITY

The Equality Act 2010 sets out the new public sector Equality Duty replacing the three previous duties for race, disability and gender. In engaging with our stakeholders, the CCGs will have regard to our Equality and Diversity Policy.

We will consider our duties under the Act when designing, delivering and reviewing our business priorities – in business planning, commissioning and decommissioning services.

We will communicate and engage in ways that are accessible to people in our community, ensuring that people who do not have a voice, or may not have equal access to information or opportunities to engage, are not disadvantaged.

8.2 SUSTAINABILITY IMPLICATIONS

The development of Clinical Commissioning Groups will assist in enabling community health issues and solutions to inform the Service planning process.

8.3 GREENHOUSE GAS EMISSIONS IMPACTS

Greenhouse gas emissions and wider environmental impacts are a consideration.

8.4 COMMUNITY SAFETY IMPLICATIONS

8.4.1 Community safety issues are acknowledged as a key contributor to the quality of health in neighbourhoods. It is anticipated that improvements to health will have a positive impact on community safety issues across Bradford East.

8.5 HUMAN RIGHTS ACT

8.5.1 No direct implications arising from the Human Rights Act.

8.6 TRADE UNION

8.6.1 No direct Trade Union implications arise from this report. .



8.7 WARD IMPLICATIONS

- 8.7.1 The development of Clinical Commissioning Groups will support a more tailored approach to Service delivery in Wards across Bradford East.

8.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

- 8.8.1 The development of Clinical Commissioning Groups will help strengthen the Health contribution to the development of priorities for the Bradford East Area Committee Action Plan 2011-14.

9. NOT FOR PUBLICATION DOCUMENTS

None.

10. RECOMMENDATIONS

- 10.1 The views and comments of the Bradford East Area Committee are requested.

11. APPENDICES

Appendix 1 – Clinical Commissioning Groups update and feedback on issues raised by this Area Committee.

Appendix 2 – Clinical Commissioning Groups feedback on issues raised at other Area Committees which this Area Committee may find helpful.

12. BACKGROUND DOCUMENTS

“Bradford Districts and Bradford City Clinical Commissioning Groups” (Document AW), Report to Bradford East Area Committee, 11 April 2013.



Clinical Commissioning Groups update and feedback on issues raised by this Area Committee

In April 2013, a report was presented to Bradford East Area Committee giving progress on the development of Bradford Districts and Bradford City Clinical Commissioning Groups (CCGs).

This report gives an update on the issues raised and on progress made by the organisations in their first months as fully authorised statutory NHS bodies.

The main issues noted by the committee in April concerned access to and quality of primary care GP services. Please see sections 2 and 3. In addition, the committee asked for an update around the research being carried out to understand perceptions of urgent care services, including those provided at Hillside Bridge walk-in centre. Please see section 4.

1 Update on Bradford Districts and Bradford City CCGs

1.1 Areas of focus: Bradford City and Districts CCGs are focussing their priorities to tackle health inequalities and improve the health of local people.

The CCGs have reviewed their priorities and are now focusing on a few key areas which can bring the most significant benefits to people – by tackling high levels of illness and involving people in improving their local health services.

Bradford City is concentrating on tackling diabetes, which has a significant impact on health and wellbeing of our population. Our challenge is to find every person with diabetes in the City area and then to ensure they are able to access appropriate care and services to manage their condition.

Bradford Districts is focussing on reducing premature death from Cardiovascular Disease (CVD) and ensuring people live longer better with long term conditions. We need to work together more effectively with our partners to join up services and ensure localised good practice and innovation is scaled up to cover all our communities in a sustainable way.

A common focus for both CCGs is improving the patient experience – local people are telling us that there are many issues in primary care so we have focussed work programmes to look at how we can drive up the quality of services provided by GP practices and help them to be more responsive to local need.

1.2 Integration of services: With our partners, including Bradford Metropolitan District Council, the three local CCGS (including Airedale, Wharfedale and Craven CCG), have applied to be one of 10 pioneers of integration across the country. This bid highlights that we have done some great work around integrated care for adults and the desire and need to do much better around joint commissioning for older adults and children.



1.3 Health Partnership Project: Working together, the three local CCGs and partners have been selected as one of the pilot sites in the Building Health Partnerships programme which is designed to improve collaboration between CCGs, local voluntary and community (VCS) organisations and social enterprises.

There is up to £50,000 available to support voluntary organisations and commissioners in jointly developing practical solutions to commissioning local services. These solutions will then be shared across England with commissioners and voluntary organisations that can adapt and build on them. Four proposals were put forward at the meeting held in July and these are now being worked up into a project plan.

1.4 Public and patient engagement (also see Appendix 2): We have been working with our communications and engagement reference groups (which include representatives from the local authority, local Healthwatch and the voluntary sector) and members of the public to develop appropriate models of engagement with local people.

In Bradford Districts, we have launched a patient group network which brings together representatives from practice-based patient groups to influence local decision making and share best practice. The group had its first meeting in July and is planning to meet again this month (September). It aims to support individual practice based groups and grow scope and membership.

We are working with patient groups in Bradford City and have been discussing with local people the best model for their communities. A meeting to discuss how we can support practice-based groups and developing a Citizens' Assembly for Bradford City, is being held this month.

And, across the two CCGs we have a web based "virtual network" which will provide people with an alternative way of engaging without the need to attend meetings. We continue to hold our Governing Body meetings in public and local people have attended to share their stories, in many cases agreeing to work with us in the longer term as we plan future services and pathways.

In addition, we have held public meetings to help local people understand the new NHS landscape and have the opportunity to discuss the issues that matter to them with members of the governing bodies of each CCG. We have plans to work with local communities to take meetings out to them and debate issues which specifically impact on them.

We have published a prospectus for each CCG and these can be found on our websites:
Bradford City CCG:

www.bradfordcityccg.nhs.uk

Bradford Districts CCG:

www.bradforddistrictsccg.nhs.uk



1.5 Patient experience reporting: Views, comments, suggestions and concerns from local people are collated as part of an ongoing process to understand their experiences and use this insight to inform and influence commissioning decisions.

A monthly report (Grass Roots), collates and themes information from a wide variety of sources – including from area committees - and is discussed by the CCGs and fed in to the appropriate work streams to influence decisions making.

1.6 National award: The three local CCGs have scooped a national award for an innovative project which is helping hundreds of previously undiagnosed people to manage the early stages of chronic kidney disease (CKD).

As a result, patients with CKD have been identified by looking at trends in blood test results. An additional 1,700 adult patients have been diagnosed with early stage CKD and almost 1,500 more patients with CKD have achieved better blood pressure control.

2 Raising concerns and complaints in the new NHS environment

The CCGs in Bradford have appointed Lorraine Kennedy as Patient Support Manager to deal with any concerns that are received about any of the functions and business of the CCGs, including if people choose to raise issues with us about our commissioned services.

In addition, Lorraine will have a primary care development role and will work with our member practices to develop and support customer care, feedback processes and complaints handling, in particular how responses are made and to look at changing the culture leading to and focusing on improvement.

2.1 Patient Advice and Liaison Service (PALS): The new West Yorkshire PALS service is part of the West and South Yorkshire and Bassetlaw Commissioning Support Unit (CSU) and is based at Douglas Mill, Bradford. The service can be contacted on 0800 0525 270 or email WestYorksPALS@nhs.net

WY PALS deal with concerns in relation to CCG matters and will liaise appropriately with others to resolve cases with any commissioned service. PALS will liaise with PALS colleagues across the district, for example in hospitals, and will link into complaints staff within the CCGs and the CSU as appropriate. WY PALS will not deal with concerns raised about primary care contractors.

2.2 Primary Care - NHS England: In relation to issues raised or complaints about primary care, complaints and PALS staff will encourage the patient or complainant to return to the primary care contractor, i.e. a GP practice. If the patient feels unable to do so they will be advised to contact the NHS England.

Patients can contact the NHS England by writing to:

NHS England
PO Box 16738
Redditch
B97 9PT



Or by email – England.contactus@nhs.net
Or by telephoning 0300-311-22-33

2.3 Independent Complaints Advocacy Service (ICAS): If a patient would like independent help and support in making a complaint they can contact Bradford and Airedale Mental Health Advocacy Group and Choice Advocacy on 01274 770118 or 01274 391691, who will provide ICAS across the Bradford and Airedale district.

If you require any further information or assistance please contact Lorraine on her direct line: 01274 237562 or Email: Lorraine.kennedy@bradford.nhs.uk

2.4 Healthwatch Bradford and District: Healthwatch is a new health and social care information service. It's here to help people get the best from health and social care services and have their say about what will make them better. It can guide people through the new health and social care system, tell them what they need to know, and put them in touch with the services they are looking for.

Healthwatch offers a signposting service for local people, giving details of health and social care providers. It can't tell people what choice to make, but can give information to help them make comparisons and decide what's best for them.

If someone has a concern or a complaint over a local health or social care service, Healthwatch will put them in touch with the right people to listen to their concern or take their complaint further

3 Primary care development

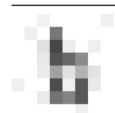
NHS England has the overall responsibility of managing GP contracts. However, the two CCGs in Bradford are working together on primary care development and see it as a priority to improve the quality of primary care for our population. Each CCG has set up a quality improvement group to look at how we can make services better in Bradford.

The groups will focus their efforts on access to services, supporting practices to work together and providing services closer to home.

Part of the ongoing work with practices has been around the use of 0844/45 numbers.

4 Urgent care/Hillside Bridge walk in centre

Bradford Districts and Bradford City CCGs are working with Ipsos-MORI and Bradford Health Partnerships to understand service users' perceptions of urgent care services, including those provided at Hillside Bridge walk-in centre. It is anticipated that the research will help to inform the future provision of urgent care services in the CCGs' area by ensuring that the appropriate services are provided in the right places to meet local people's needs.



We will be presenting the results of the first part of the research – about the walk-in centre - at a meeting of the Health and Social Care Scrutiny Committee in the autumn. We anticipate starting to consult on a range of future options for the provision of urgent care GP services, informed by the research, later this month.



General questions raised at other Area Committees for information

As a result of attending Area Committees earlier this year, we have compiled a summary of questions raised and the answers to them.

Several issues or questions were raised around access to GP appointments, practices' use of 0844 numbers, customer service at GP practices and other primary care issues.

Specific issues should be taken up directly with the practice while complaints and concerns can be raised with NHS England which commissions primary care services, including local GP services. (See also section 2 of Appendix 1)

However, the CCGs in Bradford have appointed Lorraine Kennedy as patient support manager to deal with any concerns that are received about any of the functions and business of the CCGs, including if people choose to raise issues with us about our commissioned services.

In addition, Lorraine will have a primary care development role and will work with our member practices to develop and support customer care, feedback processes and complaints handling, in particular how responses are made and to look at changing the culture leading to and focusing on improvement.

The two CCGs in Bradford are working together on primary care development and see it as a priority to improve the quality of primary care for our population. Each CCG has set up a quality improvement group to look at how we can make services better in Bradford. The groups will focus their efforts on access to services, supporting practices to work together and providing services closer to home.

Part of the ongoing work with practices has been around the use of 0844/45 numbers. We are committed to improving primary care services and we will feed the issues raised into this work.

An example of how we have acted on issues raised is that, due to feedback we have received around patients' experiences in their local practices, we are taking part in a pilot scheme to work with practice staff to improve customer service.

We are not able to respond to questions about dentists (including orthodontics), opticians or pharmacies and enquiries about these services should be directed NHS England (see guide in Appendix 1).



Issues around the 111 service/out of hours/Yorkshire Ambulance Service (YAS)

Specific issues about the 111 service/out of hours/YAS can be raised with the patient support manager, Lorraine Kennedy, who can ensure they are dealt with appropriately, depending on the specific circumstances.

Information about the 111 service was included in our newsletter, Health Matters, which was delivered to every address in the Bradford district in March.

How did we identify our priorities?

In developing our strategic objectives, we used a wide range of information available to us, including the JSNA and the outline proposals for the health and wellbeing strategy, as well as presenting and discussing our priorities with the Health and Wellbeing Board and representatives of local people.

We have sent information to every household in the Bradford area with information about our priorities and the invitation to comment on these or any other aspect of our clinical commissioning group.

Whilst responding to local health needs, our strategic objectives also reflect the priorities set out in the NHS Constitution, the NHS Outcomes Framework, the draft Commissioning Outcomes Framework and the draft Mandate to the NHS Commissioning Board.

We are committed to continuously engaging with members of the public, seeking people's views to help shape the services we commission and our plans for the future. We welcome everybody's views and suggestions in this ongoing process.

What is our approach to procurement, particularly in relation to the voluntary and community sector?

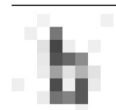
In accordance with our procurement strategy – which is currently being finalised – we will always commission for quality of services as well as value for money both in the statutory sector and the VCS. This includes safety, clinical effectiveness and patient experience.

In addition we need to ensure that patients have a choice, that sufficient capacity exists in the health system and that specialist service areas are covered.

The majority - around 70% - of NHS services are covered by the National Tariff which governs the provision of the service, to ensure cost and quality of service provision remains the within set limits.

Do we have any contracts with Virgin Health?

No.



Can any NHS provider use the NHS logo?

The NHS logo can only be used by NHS organisations, or on services and information that the NHS has had some involvement in.

If something has been produced with the support or endorsement of the NHS, but is not jointly produced by the NHS, then a line of text can be used, such as 'This initiative receives funding from Anyshire NHS Trust'. The NHS logo should not be used in this context.

Further information on use of NHS branding is available on <http://www.nhsidentity.nhs.uk/>

How do the CCGs engage with local people?

A priority for each CCG is genuine engagement with local people. The main ways people can be involved are:

- By joining their local practice patient participation group or other locality based patient engagement group
- Through Local Healthwatch – which has replaced the Local Involvement Networks (LINKs)

Local people are also at the heart of governing body meetings in Bradford City and Districts and share their insights, views and experiences in order to inform clinical decision making.

We take a wide range of approaches to engagement with our communities and sharing information. These include:

- CCG websites with feedback links
- Patient Participation Groups and other practice based engagement
- Plans to develop virtual groups and PPG networks
- Local Healthwatch (formerly LINK)
- Health and Wellbeing Hubs
- Reports to area committees: we are looking at how we can engage area committees in consultation work
- Direct links with the VCS and other groups
- CCGs staff and members attending events
- Twitter @NHSBDCCG or @NHSBfdCityCCG
- Facebook
- Publications such as Health Matters and the stakeholder newsletter
- Proactive media approach
- Practice pack being developed to support practices in responding to queries
- The CCGs' Communications, Engagement and Equalities Reference Groups have representatives from the voluntary sector, local Healthwatch and the local authority
- Governing body meetings held in public with opportunities for people to ask questions or raise them in writing



- Public meetings held in community venues
- Local people sharing their experiences at governing body meetings
- Responding to questions raised at governing body meetings through a report from the clinical chairs and an opportunity for people to ask further questions in writing or verbally
- Community engagement

Each CCG also has a lay member for patient and public involvement (PPI) who plays a lead role on the CCGs' governing bodies in overseeing their approach to PPI.

Both CCGs have joined the National Association of Patient Participation and will ensure that the resources available to us through this are cascaded to local PPGs.

Chairs of local PPGs have attended both Bradford Districts and Bradford City Governing Body meetings to discuss with members the challenges they face, the successes they have experienced and how we can work together to develop patient participation in the district.

There have been particular challenges around setting up PPGs in Bradford City CCG and we are looking at how we can develop the model appropriately to meet local needs and ensure genuine engagement with local people.

We hope that the discussions we have had – and the actions taken to date - around growing effective patient participation, creating a virtual network and sharing good practice and information will build on this and help us to further develop an environment of genuine engagement with local people in order to better understand and meet local health needs. People can find out about their local PPG by contacting their practice.

Feedback is vitally important and the CCGs welcome comments, views and questions in a variety of ways including:

- Email communications@bradford.nhs.uk
- Twitter @NHSBDCCG or @NHSBfdCityCCG
- Facebook www.facebook.com/NHSBradfordDistrictsCCG
- Attending governing body meetings held in public (written feedback forms will be available as well as opportunities to raise issues verbally)
- Write to the CCGs: Level 2, Douglas Mill, Bowling Old Lane, Bradford, BD5 7JR

Information, insight, comments and views are collated from a wide range of sources, including the above.

These are themed and analysed to identify trends and recurrent issues and form part of the integrated performance report which is considered by the clinical board. The communications, engagement and equalities reference groups ensure that the information in the report has come from sources reflecting our diverse communities.

The information is used to influence commissioning intentions and decisions, shape service provision and inform discussions with providers of local health services and we will feed back to local people how their information and insight has been used.



How are CCGs going to manage conflicts of interest?

This is an area that we take very seriously and we constantly strive to avoid conflicts of interest. We hold a register of interests which is published on our public website and decision makers are made aware of their obligations around declaring conflicts or potential conflicts of interest.

Every three months we invite members to formally update the register of interests and we have declarations of interest as a standing item on every agenda. Members must therefore declare any interest relating to an agenda item and leave the room during discussions where appropriate. They cannot be involved in any decisions that would give rise to a conflict of interest.

Like all CCGs, we are under clear duties to ensure that we manage any potential conflicts of interest in ways that preserve the integrity of our decision-making process so the public can rightly have full confidence in us and the decisions we make about their healthcare.

Who are the CCGs accountable to?

The CCGs are accountable for exercising their statutory functions and are made up of 41 practices (Districts) and 27 practices (City). They may grant authority to act on their behalf to: any of their members; their clinical board; their governing body; employees; a committee or sub-committee of the group.

They are accountable to their member practices and the NHS England. CCGs will be performance managed by NHS England which will look at how they are performing against commissioning outcomes, the NHS Constitution, our local priorities and how well we are balancing our books.

And, most importantly, the CCGs are accountable to local people.

We also formally consult with the Health and Social Care Overview and Scrutiny Committee of the local authority.

