

Report of the Director of Environment & Sport to the meeting of Bradford South Area Committee to be held on Thursday, 25 September 2014.

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Subject:

Bradford Districts Clinical Commissioning Group

Summary statement:

This report provides an overview of the work of Bradford Districts Clinical Commissioning Group and requests views and comments.

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Portfolio:

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Overview & Scrutiny Area:

Health and Social Care



1. SUMMARY

This report provides an overview of the work of Bradford Districts Clinical Commissioning Group 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).

Appendix 1 provides an overview of the work of Bradford Districts Clinical Commissioning Group.

2.1.1 There are a number of detailed documents which give more detailed information on a number of CCG responsibilities which are available from communications@bradford.nhs.uk. These include:

1. The Anti-coagulation service - Patient and public engagement survey report – May 2014.
2. Every Baby Matters Awareness Week 2013 – Summary Report. Bradford Districts CCG GP Access Review Final DRAFT Report Version 1.0 - May 2014.
3. Grass Roots Insight and feedback for better commissioning.
4. Grass Roots monthly report for APRIL 2014 Bradford Districts Clinical Commissioning Group 30 April 2014.

3. OTHER CONSIDERATIONS

3.1 There are no Other Considerations.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 Financial

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

4.2 Staffing

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



5. RISK MANAGEMENT AND GOVERNANCE ISSUES

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

6. LEGAL APPRAISAL

6.1 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.

7. OTHER IMPLICATIONS

7.1 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.

7.2 SUSTAINABILITY IMPLICATIONS

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

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

Greenhouse gas emissions and wider environmental impacts are a consideration.

7.4 COMMUNITY SAFETY IMPLICATIONS

7.4.1 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 South.

7.5 HUMAN RIGHTS ACT

7.5.1 No direct implications arising from the Human Rights Act.



7.6 TRADE UNION

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

7.7 WARD IMPLICATIONS

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

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

7.8.1 The development of Clinical Commissioning Groups will help strengthen the Health contribution to the development of priorities for the Bradford South Area Committee Action Plan 2014-17.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

9.1 That Bradford South Area Committee adopts the recommendations outlined in this report.

9.2 That Bradford South Area Committee adopts the recommendations outlined in this report, with amendments.

9.3 That Bradford South Area Committee decides not to accept the recommendations outlined in this report.

10. RECOMMENDATIONS

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

11. APPENDICES

Appendix 1 – an overview of the work of Bradford Districts Clinical Commissioning Group.



12. BACKGROUND DOCUMENTS

“Bradford Districts Clinical Commissioning Group” (Document AW), Report to Bradford South Area Committee, 28 March 2013.

“Bradford Districts Clinical Commissioning Group” (Document Y), Report to Bradford South Area Committee, 26 September 2013.



Report to Bradford South Area Committee: 25 September 2014

1 Current initiatives

1.1 Bradford's Healthy Hearts (cardiovascular disease)

With the aim of reducing premature death and risk to the population, Bradford Districts CCG's key health priority is cardiovascular disease (CVD).

In an exciting opportunity for the CCG's team to make a difference to patients' health, this three-year programme – known as Bradford's Healthy Hearts – is being launched in September to all 41 practices, each of whom have nominated a clinical champion who will take the lead and drive change. We will be working in a collaborative way, and the programme will take a phased approach due to the enormity of the challenge. It will involve:

- optimising cholesterol treatment;
- managing high risk patients in primary care;
- reducing the risk of CVD events in specific cohorts (heart failure and atrial fibrillation/stroke);
- improving CVD patient pathways across primary and secondary care;
- taking a risk factor detection population prevention approach.

The programme's outcomes will be measured until 2020. To support practices in making changes, we are holding bi-monthly education and training sessions with each session focussing on a specific clinical area. We are also working with practices to use their data to show how their change in practice has a positive impact on the outcomes of patients and their data.

1.2 Urgent and emergency care services

Together with Airedale, Wharfedale and Craven Clinical Commissioning Group (CCG), Bradford City and Bradford Districts CCGs have invited local people to have their say on ambitious plans to transform urgent and emergency care services.

The joint strategy – which looks at ways to use resources more effectively to match increasing demands and expectations - aims to provide services which meet people's needs; are high quality, clinically safe and affordable; are easy to understand and use; are responsive; and are joined up with other health and social care services.

With a growing young population, particularly in the city area, and a big growth in people over 60 predicted in AWC, there are very real challenges for emergency services to cope with demand over the next few years.

One of the more ambitious changes proposed is for Bradford Teaching Hospitals NHS Foundation Trust to develop a major emergency care centre and build on its existing strengths and specialist



services. It also wants to upgrade its facilities by creating an urgent care centre to focus on minor illnesses and accidents.

The strategy is available in full, as a summary and in easy read format - at www.bradforddistrictscgg.nhs.uk/category/current-consultations/ . Responses can be made by email to consultation@bradford.nhs.uk, by using the online feedback form, and by freepost to CCG urgent care strategy engagement, Freepost RTEK-UHKG-UBEK, Douglas Mill, Bowling Old Lane, Bradford BD5 7JR. A range of engagement events are taking place throughout September.

1.3 Eccleshill Diagnostic and Treatment Centre

NHS Bradford Districts CCG has commissioned a range of new direct access NHS diagnostics services based at Eccleshill Treatment Centre and other sites throughout Bradford. The services are to be used by patients across the Bradford District.

This follows a re-procurement process to deliver the best outcomes and choices for local people after the previous provider's (Care UK) contract to provide services at Eccleshill ended in July.

There are new providers for endoscopy, MRI, CT and ultrasound services which will all be available via the NHS Choose & Book system, giving patients greater choice of where they can go for diagnostics services.

After a short temporary closure during which some essential works were carried out at the building, Eccleshill Treatment Centre is due to re-open for business in September 2014 with the provision of community endoscopy.

During the transition period patients were referred to alternative diagnostics services across the district and national targets for waiting times continued to be met.

At this stage we do not know what other services will ultimately also be based at Eccleshill Treatment Centre as NHS Property Services, which owns the building, is currently exploring its use with other prospective tenants.

Some of the CCG's existing NHS service providers are looking to use Eccleshill as an out-reach arm of their current contracts, so previous services may be based in the building in the future. Throughout this period, patients still have access within Bradford to the full range of services that were provided there, just via alternative providers.

New providers who have been commissioned via the any qualified provider (any provider able to provide a specific service and meet the required minimum standards) route are listed on the CCG website at: www.bradforddistrictscgg.nhs.uk/news

The public has been kept informed of developments via the local media and we have kept in regular contact with key stakeholders, including the health and social care overview and scrutiny committee. All local GPs have also been updated regularly and are aware of the new services and their availability on the Choose & Book system.

1.4 Five year forward view

Working with Airedale, Wharfedale and Craven CCG, the two Bradford CCGs have developed a five year strategy – the Five Year Forward View. The document sets out proposals for how the NHS budget will be invested to secure sustainable models of care over the next five years.



To create a sustainable health and care economy that supports people to be healthy, well and independent, by 2019, we will:

- promote self-care and illness prevention and improve the general health and wellbeing of the population of Bradford district and Craven;
- transform primary and community services and place the patient at the centre of their care;
- implement a 24/7 integrated (joined up) care system across the health and care economy;
- develop and deliver a sustainable system-wide model for urgent care services (see urgent care strategy);
- develop and implement a system-wide model for delivery of planned care interventions.

The document was presented to the Health and Wellbeing Board on 29 July and was thereafter submitted to NHS England. The CCGs used feedback from local people to inform the plan.

1.5 Integrated (joined up) care

Health and care services across Bradford, Airedale, Wharfedale and Craven are working together as partners in care to join up care services and deliver more care at home.

The integrated care programme has three main objectives:

- Joining up health and care services around the needs of the person
- Delivering as much care as is safe and feasible as close to home as possible.
- Lining up our It and estates to support the delivery of integrated care

The programme is supported by the Health and Wellbeing Board, system leaders, particularly clinicians, and has commitment and energy from all staff. Most importantly it is built on the views of the users of our services who don't recognise the split between NHS and social care services.

Integrated care is happening on the ground and supporting people to remain at home. Across Bradford and Airedale, we have 21 communities with integrated community teams planning joined up care for people with complex needs, often the frail elderly and people with a number of long-term conditions.

We are also expanding the intermediate care virtual ward which will provide intensive support at home following an admission to hospital or to prevent an admission if this is right for the person. Care will be delivered at home by doctors, nurses, therapists and carers trained to enable people to be as independent as possible. Alongside this, we also have around 100 intermediate care beds if they can't be supported at home, but are not ill enough to need an admission.

We are a national 'accelerator site' for implementing an integrated digital care record and from April 2015, all records will be linked to one system. This will enable practitioners to plan care in a truly joined up way and will avoid the need for people to tell their story more than once.

- This short animation explains in simple terms what partners across Bradford are aiming to achieve. Area Committee members may be interested to view it:
<http://www.youtube.com/watch?v=ecanqQmJq-0>



2 Engagement in 2013-14

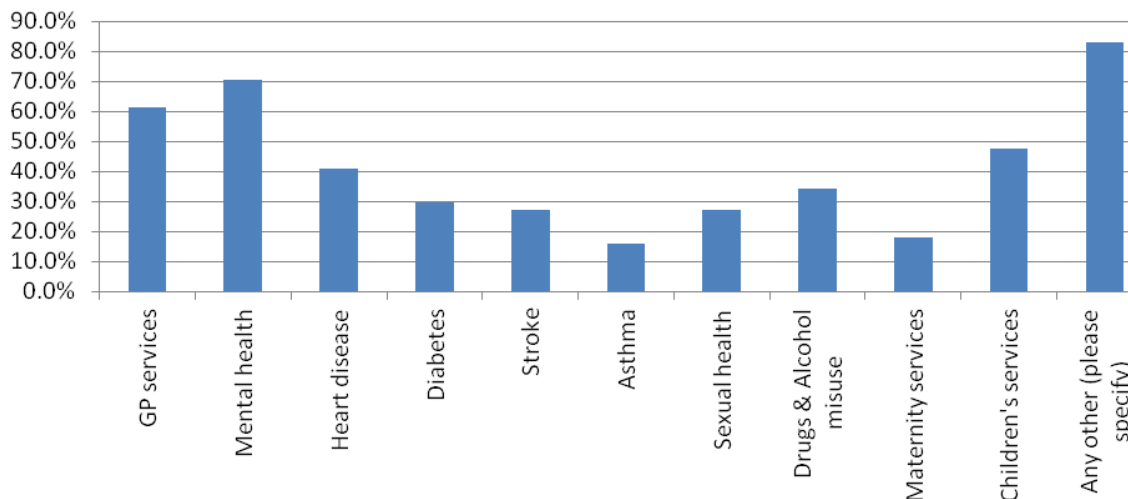
Much of the time Bradford City and Bradford Districts CCGs work together to engage with local people, the voluntary and community sector (VCS) and other stakeholder groups.

Our engagement with patients and the local communities gives the CCGs insight into the needs of our population. Over the past year we have built an infrastructure of engagement to listen and build in the needs expressed by communities and have carried out focus groups, outreach work and supported networks and forums to discuss needs and priorities with our communities.

2.1 Health priorities of local people

One part of our engagement work was carrying out a survey which was completed by 578 people. The survey used a range of techniques to ensure representation from diverse groups and we used focus groups, interviews, radio interviews and attended community events to talk to people and gain their views. The table below shows local people's health priorities:

What are your health priorities for your local area?



Some of the key issues arising with relating to the above priorities included:

GP services: addressing issues about access, information, language support, awareness of the range of services currently available at their local practice and also having a wider range of services that could be available and thus avoid people travelling further for routine or minor health issues. Another key priority for people was to ensure they have continuity of care and are able to build a lasting relationship with a family doctor.

Mental health services, cardiovascular disease, diabetes and stroke combined: the key points raised were about more services based within community and GP settings, increases in support to self-care, better integrated services, easier access to personalised care budgets and better communication and information between services and about the range of services available.

Improving patient experience: This was highlighted as a priority in the 'other' section of the survey, and specifically related to improving patient experience of services through better information, communication and integration of services. There is also a need to have more services which can respond to, and understand, the diversity of patients and their needs. There



were specific experience priorities around patient experience in primary and secondary care services. We have also had feedback about this through Grass Roots (see paragraph 2.6).

Loneliness and isolation: This is highlighted as a priority for both younger and older people to avoid vulnerability to ill health, exclusion from services and society, and prevention.

2.1.1 Addressing barriers

It is essential that, as well as addressing the priorities that patients and communities are raising, we understand the perceived and real barriers in accessing services, including:

- issues with primary care (access – making and waiting for appointments, phone systems, prescriptions, availability of opening times, language barriers, interpretation, continuity of GP care);
- referrals to secondary care (smooth integration and communication);
- attitude and behaviour of staff including addressing discrimination;
- expertise of consultants and professionals; and
- continuity of care (same doctor, service, worker)

2.1.2 Areas for improvement

The key areas that patients and communities have identified for improvement were linked to their priorities mentioned above:

- GP experience (more GPs, continuity of care from the same GP, family GP services, access to GP services, access to other services within GP practices, language support)
- Protecting the NHS (keeping the NHS Constitution, public service, limit political involvement and major restructures)
- Prevention (community based services, early intervention services)
- Greater collaboration and partnership working between different services, including better integration
- Specialist services (more consultant specialists, easier quicker access to specialist services)
- Prioritise services for young people
- Communication and engagement (better information, factual information, enable wider choice, language support).

2.1.3 Particular achievements noted/examples of good practice

The current communication and engagement infrastructure within the CCG ensures that the following requirements are met:

- Individual patient participation
- Community and public participation
- Insight and feedback reporting.

2.2 Individual patient participation

Mental health in-reach service: Through our ongoing work with services users and organisations, our engagement leads have been able to identify the gaps in provision and identify the need for a mental health in-reach service. Leading from the front, we were able to bring partners together to help design and develop a service that would put patients in control of their own decisions about support on discharge from hospital.



Patient leaders: To ensure that the CCG promotes and supports patient leaders, allowing them to play a prominent role in improving patient experience, the following have been introduced:

- Steering group members for Patient Network
- Patient leads on sub-groups within the CCG
- Patient advisors on work streams within the CCG
- Consultation events held within the CCG on anticoagulation services and urgent care
- Each Governing Body meeting includes an invitation to a patient or patients to allow them to provide direct feedback, and to allow senior leaders and the public to hear their story direct
- Patient representative invited and in attendance at staff development events to ensure a focus on patient experience
- Healthwatch, as patient representatives, is a member of our Joint Quality Committee
- We have appointed two patient/lay representatives to be part of joint meetings between the governing body and clinical board.

2.3 Community and public participation

Bradford Districts CCG has a patient network which has influenced a local improvement scheme to improve engagement between practices and their communities and increase opportunities for people to work with us to develop services. The network is also an opportunity to share good practice and provide peer support.

2.4 Primary care involvement

The CCG has recently worked with Healthwatch to look at the experiences of people accessing primary care.

Bradford Districts CCG is looking at the issues of access to primary care and has carried out a series of 'positive enquiry' workshops to look at joint solutions to access from patients and practices.

2.5 Other engagement

2.5.1 Urgent care and emergency services

To inform the draft urgent care strategy, we undertook a system-wide review of how people are accessing and using urgent and emergency care services. Part of this review was a focus on people who were from marginalised, seldom heard and vulnerable groups. We are currently feeding back to people about how their views have informed the draft strategy and are gaining further insight and experience.

2.5.2 Young people and healthcare

Bradford City and Bradford Districts CCGs are working in partnership with the third sector and youth services to establish a Youth Network. Local providers are working with young people (e.g. Barnardo's, Sharing Voices, and Youth Prism) and all contribute regularly to our Grass Roots insight report.

The CCG is working with GP practices, Healthwatch and Barnardo's to look specifically at the experiences of young people in primary care.



2.5.3 Maternity and women's health

The Maternity Services Liaison Committee of Bradford City and Bradford Districts CCGs is the local maternity partnership and is currently reviewing a communication and engagement strategy to ensure there are robust mechanisms to listen to people. In addition, the CCGs have supported workshops to look at issues relating to maternity services.

2.5.4 Anti-coagulation services

Bradford Districts and Bradford City CCGs have worked with local community groups, Healthwatch and the third sector to engage with people on developing the service specification for anti-coagulation (Warfarin) services.

2.6 Insight reporting and feedback – “Grass Roots”

Grass Roots is a reporting mechanism used by Bradford Districts and Bradford City CCGs to bring together ‘intelligence’ from a variety of sources to provide the CCGs with an understanding of what local patients, carers and stakeholders are saying about their experiences of the local NHS services.

It is collated on a monthly basis and the themes and categories are considered by CCG bodies responsible for the area of work. A report is then collated on the actions taken to address the issues highlighted.

2.7 Examples

Examples of some of the outcomes of the areas described in section two of this report are attached to this paper.

3 Other areas of development areas

3.1 Patient Participation Groups (PPGs)

Bradford Districts CCG has a patient network which brings together the PPGs from all of its member practices. This network offers peer support to individual PPGs and is used as a mechanism to ensure that patient feedback is used to influence the CCG's commissioning intentions.

The network has just celebrated its one year anniversary and a meeting was held recently where the focus was on the self-care agenda. Discussions also took place about establishing a ‘buddy system’ to offer practices practical support to develop the role of their individual PPGs.

We are in the process of recruiting a patient representative who will attend the Governing Body and Clinical Board development sessions and work alongside the Governing Body Lay Member for patient and public involvement. This role will strengthen the patient voice and ensure that patients are better represented. It will also provide an opportunity for patients to share their thoughts and ideas which will be used to influence these discussions.



3.2 Improving GP Access

Bradford Districts and Bradford City CCGs are working in partnership with their member practices and the NHS England West Yorkshire Area Team to understand how improvements can be made to GP access.

Bradford Districts CCG has engaged a number of its member practices in an access review project. This project helped the CCG and practices to understand the issues regarding current capacity and demand in the system and the challenges faced by both patients and practices. Following completion of this project a lively, engaging and interactive workshop was held where the findings of the project were shared and attendees were encouraged to work in partnership to identify practical solutions to improving access. This workshop was well attended by a mixture of patients, partners and practice staff.

One of the key themes of patient feedback around general practice relates to issues with staff attitude and behaviour. As a result of this feedback both CCGs are commissioning customer care training which will be offered to all front line staff working within General Practice, this training commences in November 2014.

Productive General Practice is a tried and tested systematic approach to support GP practices in their drive to improve productivity. It helps to create improvement capability, engages the whole practice team, improves working life of staff, supports patient involvement and develops safer services. Across both Districts and City CCGs there are a number of practices who are being supported to participate with this programme.

Practice Health Champions is a scheme which encourages people to voluntarily give their time to work with the staff in their local GP Practices to consider new ways to improve the services that the practice offers and help practices to meet the health needs of patients and the wider community. A small number of practices have piloted this scheme with good success and this is now being rolled out to a number of other practices across the CCGs.

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September 2014

