NHS
Herts Valleys
Clinical Commissioning Group

Commissioning Intentions Overview

	Acute Care	Community Services	Mental Health	Primary Care
Programmes				
Urgent Care	**Ambulatory Emergency Care (AEC)** • WHHT potential for local tariff to be reviewed • Possible charge for telecon advice • No charge of A&E tariff where a patient is AEC • Clarify ward attenders, follow up v first outpatients • Undertake clinical audit within AEC • Non-elective patient care delivered at a site other than Watford general (i.e St Albans or Hemel sites) will be incentivised (in line with ECIST recommendations) • Expansion of hot clinics	• In line with the ECIST recommendations, incentives will be given in order to increase community provision available for patient care. Therefore reducing reliance upon bed based services. • 2015/16 CQUIN to incentivise discharges (in line with ECIST recommendations) • Subject to receipt of full ECIST recommendations and report intentions will be updated • Review availability and capacity of OPAT therapies delivered in a community • Develop admission avoidance working closely with social and Primary Care in line with ECIST	• Ensure mental health teams are actively engaged in supporting people in urgent need to ensure they receive holistic mental and physical health assessments in determining treatment options • People with learning disabilities to be flagged on admission and development of metrics to monitor length of stay and common conditions (i.e. evaluate impact of LD DES) • Implementation of Crisis Care Concordat to ensure urgent care services respond appropriately to people with mental health crisis	• Develop admission avoidance working closely with social and community services in line with ECIST recommendations • Development of a GP led Urgent Care Centre.

	• Development of a GP led Urgent Care Centre • 2015/16 CQUIN linked to WHHT to incentivise discharges (in line with ECIST recommendations) • Subject to receipt of full ECIST recommendations and report intentions will be updated **CHC** • Review methodology for completion of CHC assessment in hospital • Review the ability to incentivise change in approach (approach similar to Re-admission)	recommendations		
Planned & Primary Care ***NOTE: a number of intentions will cross cut across acute, primary and community.***	**Contract Metrics** • C2C: Redefine the acceptability criteria for C2C policy in order to ensure C2C within specialty are coded as follow ups. C2C for Pain management to be referred back to the GP	**Falls** • Decommissioning the Falls Liaison Service (effective from 1st October 2015) and commission local integrated exercise schemes in each HVCCG Locality with partner agencies to support the		**Pathway Redesign** • HVCCG intends to test the market for a redesign of ENT and audiology services during 2015/16 • HVCCG have identified that the Dermatology pathways would benefit from a more integrated

	and adherence to policy is subjected to annual audit by GP leads from CCG on a sample of C2C referrals in the acute • Embed F:FUP ratios for top decile benchmarking • Target shift from Day Case to outpatient for each acute trust by 8% • Ensure an appropriate length of stay for certain specialities are targeted on providers • Agree local tariffs for a list of Direct Access diagnostics and to be recorded separate to outpatient SUS • Improve the timeliness and quality of discharge summaries from each acute trust • **Carers Policy:** we will negotiate a policy with all providers to bring them in line with the 3 year Carers Strategy.	prevention agenda. **Stroke** • Commission evidence based, outcome focused integrated stroke services including: ○ a proactive approach by all health and social professionals to recognise patients at risk of stroke or TIA and services to mitigate and minimise the risk of stroke and TIA ○ access to high quality acute stroke care that provides patients with specialist stroke care while in a hospital bed. (Standards in line with Midlands & East specification) ○ Early Supported Discharge for stroke ○ access to high quality community stroke/neuro rehabilitation with		approach across primary, community and planned secondary care including co-commissioning with NHSE E around enhanced services for Minor Surgery in General Practice. HVCCG intends to test the market for an integrated Dermatology Service. • Review MSK including Pain pathway and service delivery models during 2015/16 with a view to commission an integrated service for 2016/17. In the interim 2015/16 will include a revised specification to be implemented for community MSK CROPS service by April 2015 • Commission a primary care headache pathway, shifting appropriate neurological out-patient attendances from secondary to primary

	Pathway Redesign • HVCCG intend to procure a Lead Accountable Provider Gynaecology Service to transform Elective In-Patient, Outpatient and Community Gynaecology services into a single, integrated system - moving away from payment by results. The service provider will deliver the majority of services to service to patients within the community setting. The new service will be expected to work closely with primary care clinicians, fostering a community focus for the care of patients with gynaecological conditions • Develop a robust specification for acute	specialist stroke/neuro care in the community ○ Implementation of local pathway of case finding Atrial Fibrillation across the health system and appropriate case management including optimal use of resources in line with the guidance on choice of NOAC by Hertfordshire Medicines Management Group. This will impact from Primary to acute providers **End of Life Care** • Partnership agreement and contract review - developing a whole-system end of life care specification (including 7 day a week special palliative care in the community; moving Marie		care • Design services around the patient to avoid unnecessary multiple trips to hospital, particularly for diagnostics **Enhanced Primary Care** • Re-commission enhanced phlebotomy service from primary care following the evaluation of the current 12 month service. • Commission enhanced improve access from Primary Care following the evaluation of the national pilot around Prime Ministers Challenge. Present a business case in December for on-going investment to improve access in primary care. • Commission an enhanced service in Primary Care to manage cancer follow up such as Prostate

	Diabetes service including the commissioning of insulin pumps and red hot foot pathway • Commission an integrated Acute and Community Parkinson's and Epilepsy Service to provide Rapid Response , facilitate discharge and support neurology out-patient clinics and reduce emergency admissions • Develop and implement pathway for managing tertiary referrals for Acquired Brain Injury patients, and investigate potential to provide enhance local Acquired Brain Injury Services **Cancer:** • Embed Inter-transfer policy for cancer patients in all acute	Curie nurse into WHHT IDT, improved co-ordination of care and access to advice. May include re-design of CHC fast track (by October 2015) • Workforce development for end of life care • Implementation of Electronic Palliative Care Coordination System (EPaCCS) and coordination of end of life care by April 2015 • Re-commission 24/7 phone-based specialist palliative care advice **Integrated Health and Social Care Teams** • Continue collaborative working across partners to implement the "Living Well" project – Integrated Health and Social Care around groups of practices with registered population. • In advance of outcome of 'Living Well' project the	• Continue collaborative working across partners to implement the "Living Well project – Integrated Health and Social Care around groups of practices with registered population. • In advance of outcome of 'Living Well' project the virtual ward element of HomeFirst will be reviewed with a potential to just focus on building robust rapid response and supported discharge. • **Carers Policy:** we will	• Commission enhanced management of Long Term Conditions including case finding for AF, Hypertension, Diabetes, COPD and case management in Primary Care • Scope further interventions with community pharmacy around long term condition management which complements the enhanced service through general practice. • Review and re-commission new service model for Ophthalmology with the current AQP contract for ophthalmology coming to an end in October 2015 • Implementation of Ambulatory Case Sensitive (ACS) pathways across primary and community services with a view to reduce

	contracts • Use the learning from the Cancer Review and embed in all acute contracts • Ensure choose and book is implemented for all 2WW and Urgent Appointments from all acute providers. • Work collaborative with the trusts and network to develop pathways to direct access diagnostics and early intervention for cancer pathways **Medicines Management** • HVCCG intends to commission infliximab biosimilar for all new patients in pathways where this treatment is currently commissioned. • PbR excluded drugs to be managed by hospital pharmacy within agreed	virtual ward element of HomeFirst will be reviewed with a potential to just focus on building robust rapid response and supported discharge. **Community Services Specifications/Pathway** • Redefine the service specification for community nursing with robust KPI and outcome measures for implementation from April 2015 • Batch review of services' specification within the community for implementation for 2015/16 including adults and children services plus - podiatry, Diabetes (including commissioning of Diabetes support ethic group), bladder and bowel, heartfailure, SLT etc • Review the commissioning of wound care dressings	negotiate a policy with all providers to bring them in line with the 3 year Carers Strategy.	Emergency Admissions **Co-Commissioning Primary Care with NHSE** • HVCCG intends to co-commission a number of enhanced services from General Practice and where appropriate work around developing joint projects for community pharmacy during 2015/16. • HVCCG also intends to work collaboratively with NHSE and PHE around screening of Antenatal and new born hearing to support the work around Maternity Pathway, Bowel Screening to support Cancer pathway and Diabetic Retinal Screening to support the implementation of an integrated diabetes service across all partners.

	budget. Overspend on budget will be subject to audit • HVCCG requires all clinicians to implement and adhere to the recommendations from the Hertfordshire Medicines Management Group within 6 months of approval • To improve on going planning, HVCCG will require providers to highlight any developments in use of medicines which will have cost pressure across the health system (Primary and Community) to the Hertfordshire Medicines Management Group by February 2015 to support planning for subsequent year. • Any in year changes to drug treatment pathways by Hospital	prescribed by community nursing team with a view to devolve the budget into the community nursing budget. • Commission health and wellbeing clinics to support patients with cancer • Commission streamlined community neuro-rehabilitation – proposal to have a one lead provider • Review with partners neuro-service specification and identify key performance indicators which reflect the different service streams within the service e.g. Parkinson's and MS Nursing, Acquired Brain Injury Service, Neuro-rehabilitation, Rare and Rapidly Progressing • Develop and co-produced neurological rehabilitation pathways with stakeholder group (neuro-network)maximizing potential of voluntary		**IM&T** • Electronic Prescriptions Services (EPS)- HVVCG intends to ensure all GP practices are enabled to implement EPS • Summary Care Record (SCR) – HVCCG intends to ensure every patient to have their SCR on spine by April 2015 (will include medication, sensitivities and allergies plus major diagnosis) – enabling providers information when treating patients • HVCCG intends to support practices to enable patients to access online appointment booking – allowing patients to be able to book a GP appointment on line by April 2015 • HVCCG intends to support practices to enable Patient Access to Summary Care information – patients to

	Clinicians will require providers to complete a business case for consideration to the Hertfordshire Medicines Management Group, within 4 months of the issue being raised by the CCG. • HVCCG intends to commission growth hormone product choice that delivers best value for the health system.	sector to support provision • **Carers Policy:** we will negotiate a policy with all providers to bring them in line with the 3 year Carers Strategy.		be able to access as a minimum summary care level information on their GP record – to enable patients to take control of own care through more informed information. • Deployment of MIG to support better information to all providers and enable safer, joined up patient care.
Children, Maternity & Younger People	• Review of CYP continence services may deliver recommendations for service design and delivery in mid 2015. Reconfiguration of continence provision possible in early 2016	• Review of LAC health and wellbeing services may deliver recommendations for service design and delivery in mid 2015 • Update/develop community paediatric specification and review service capacity • Review of OT, SALT and Physio contract in HCT – possible contract variation to ensure compliance with	• Whole system review of CAMHS will deliver recommendations for service design and delivery in April 2015: reconfiguration of CAMHS provision possible during 15/16. • Re-design of acute emergency admission pathway(early 2015)	• Implementation of a new maternity specification; review of maternity services; revised maternity dashboard in 2015 • Working with public health commission lifestyle services for pregnant women and new mothers

		SEND reforms. Review offer to meet needs of children and young people with a personal health budget and improve choice. • Request for service line data for children and young people up to 25yrs		
Mental Health			• Review and evaluate current Mental Health rehabilitation services and develop proposals to improve these where appropriate. • Sign the Mental Health Crisis Care Concordat and developing plans to respond to the priorities identified in this. • Evaluate the effectiveness of the current Acute Day Treatment Units (ADTU) and consider the development of a third ADTU. • Agree plans for mental	

			health inpatient services to improve access and reduce travel for people in East and North Hertfordshire. • Further development of Payment By Results to respond to national requirements and underlying finance and activity data to support this. • Work with HPFT to develop Personal Health Budgets, initially for people on Continuing Healthcare, and to align systems and processes with social care personal budgets. • Continuing to focus on improving services for people with multiple and complex needs (including dual diagnosis and personality disorder) through existing contracts.	

			Aspergers and High Functioning Autism: • Agree a Hertfordshire Autism Strategy and respond to the priorities identified in this. • Aspergers team - transfer of remaining social care service users and funding from HPFT to Hertfordshire County Council. Learning Disability Services: • Working with a range of agencies (including children's services) to improve the health and social care response to people with learning disabilities with behaviour that challenges as part of the legacy work from Transforming Care and avoiding another Winterbourne View scandal. • Development of health	

			services to routinely anticipate reasonable adjustments required for people with learning disabilities to use health services. • Increasing the number of people with learning disabilities using primary care services and engaging in health promotion activities. Dementia: • Increasing the number of people diagnosed with dementia through memory assessment services. • Enhancing existing dementia support services for people after diagnosis. • Agreeing an updated Hertfordshire dementia strategy and implementing the actions resulting from	

			this. • Supporting the development of dementia friendly communities.	
Localities				
	• Commission direct access A&E senior clinical opinion over and above access to Hot Clinics	• GP Access to step-up/down community beds. • Better integration of community nursing services with practices to improve communication and consistency of service. • Commission a social care co-ordinator to support homeless and travellers. • Commission Community Ophthalmology service	• Review IAPT/Dementia Pathways to see if the service commissioned meets the needs of the population, especially Older People and their carers. • Improve information sharing about patients who access Mental Health Services through the Single Point of Access.	• Increase the availability of tele-health solutions to support people to remain well at home • Review current access to language support services. Dependent on the outcome of that review consider re-commissioning to achieve improved access. • Commission a Rapid Response Service across all localities.