



*Surrey Downs
Clinical Commissioning Group*



Our journey so far

Summary of annual report and accounts 2013/14

Welcome

Reflecting on our first year as a new GP-led clinical commissioning group it feels as though we have achieved a great deal.

One of our strengths is the quality of clinical leadership we have been able to achieve in a relatively short space of time. We chose to have ten GPs as voting members on our Governing Body and this is in addition to our other clinical members. We also have other local doctors who are clinical leads on key projects. This helps us ensure that the direction we take is truly clinically-led by health professionals who understand the local health economy and know where there are opportunities to deliver improvements for our patients.



Improving quality is our key focus and we have launched a series of projects to re-design and transform patient pathways across a range of areas.

We had a resource allocation for the year of just over £322 million and we are pleased to report that the CCG achieved its statutory requirement to break even, reporting a £72,000 surplus for the year.

As you would expect for any new organisation, our first year has also been a steep learning curve. We have faced a number of challenges but we believe that these experiences have made us a stronger and more united organisation.

We don't have all the answers but we do take our responsibilities for commissioning healthcare very seriously and guided by our 33 member practices and local GPs, our plans will always be clinically-led, patient-focused and designed to deliver real improvements in healthcare for our local population.

As an organisation we have come a long way in a short space of time and reflecting back on our first year, there is a great deal we can be proud of. This summary of our first annual report and accounts is a chance for you to read about our progress and get an overview of our plans for the future.

Dr Claire Fuller, Clinical Chair and Miles Freeman, Chief Officer

Find the full annual report on our website at www.surreydownscg.nhs.uk

Who we are and what we do

Surrey Downs Clinical Commissioning Group is the new local leader of the NHS for the 296,000 people living in the Surrey Downs area. Our job is to use our budget of over £300 million to commission, or buy healthcare for local people, based on local health needs.

Clinical Commissioning Groups (or CCGs) were established on 1 April 2013. CCGs are led by groups of doctors and other health professionals. Surrey Downs CCG is made up of 33 GP practices from an area that covers Ashted, Bookham, Epsom, Ewell, Banstead, Dorking, Esher, Cobham, Thames Ditton and surrounding villages.

We buy services from a variety of organisations including CSH Surrey, Epsom and St Helier University Hospitals NHS Trust, Surrey and Sussex Healthcare NHS Trust (East Surrey Hospital) and Kingston Foundation Hospital Trust. We also commission ambulance care, mental health services and buy many other services for you and your family. We do not buy primary care services from GP practices, pharmacies, dentists and opticians. This is done by NHS England.



Our vision

- Through **focused clinical leadership** and **engagement**, we will **revolutionise** the delivery of local healthcare, **improving care** for local people
- Services we commission will be **local, affordable, responsive** and **deliver improved outcomes** for patients
- We need to **live within our means** – and that means making savings by ‘doing more for less’

We believe we can achieve this by redesigning care pathways and providing more healthcare in community settings, which will deliver real improvements in patient care.

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What happened in 2013-14

It's been a busy first year for us. We have established ourselves as a brand new organisation, successfully achieved full authorisation and quickly got to grips with our role as commissioners, building and developing good working relationships with our many healthcare providers.

Case study: Dementia screening initiative

With an ageing population and an estimated 4,000 people living with dementia in the Surrey Downs area alone, in July 2013 we launched an innovative project to improve early diagnosis and support for people living with dementia in the local area.

We teamed up with Surrey and Borders Partnership Foundation NHS Trust to invite people over the age of 65 to have a memory test with a new team of specialist community nurses. The test can't give a dementia diagnosis but if issues are identified we refer people on to other services for further tests.

Since we launched the service we have screened more than 800 people. Just under one in five of those who have taken part have been referred on to other services for further investigation, so early signs suggest the project is already making a real difference in helping to identify memory problems sooner.



We have delivered some major improvements that are already benefiting local people. Some examples include

- **New x-ray service in Dorking** – extended hours, latest technology and faster reporting
- **Investing in technology to improve care** – around 300 patients benefiting from telehealth services for COPD
- **Improving access to counselling and psychological support** – more providers and shorter waiting times
- **Diabetes care** – progressed community diabetes service and designed and agreed new diabetes standards
- **Better end of life care** – created 890 new electronic patient records, helping to ensure people get the care they need at the end of their life
- **Better Services Better Value** – engaged clinicians and jointly made the decision to come out of the programme as we felt this was best for our patients
- **EDICS** – EDICS withdrew services and we rapidly put in place new arrangements to ensure continuity of care

Case study: Referral support service

Under the NHS Constitution, in most circumstances patients have the right to choose where they go for treatment. In October 2013 we launched a new referral support service that helps ensure local people are offered that choice.

GP referrals for routine appointment are reviewed by our team of doctors who use their local knowledge to advise on the services and treatments that best meet a patient's clinical needs. Patients will usually be given the choice of two or three places for treatment, and once they have chosen their preferred location, we book the appointment (or let them know how they can book it themselves) and send them the details, ensuring a personalised and patient-centred service.

The service receives up to 500 referrals every week and since it first went live it has processed more than 8,000 referrals from GPs. We have received positive feedback from patients and GPs and in 2014 we plan to expand the service further by bringing more services and providers on board, further increasing choice for local people.

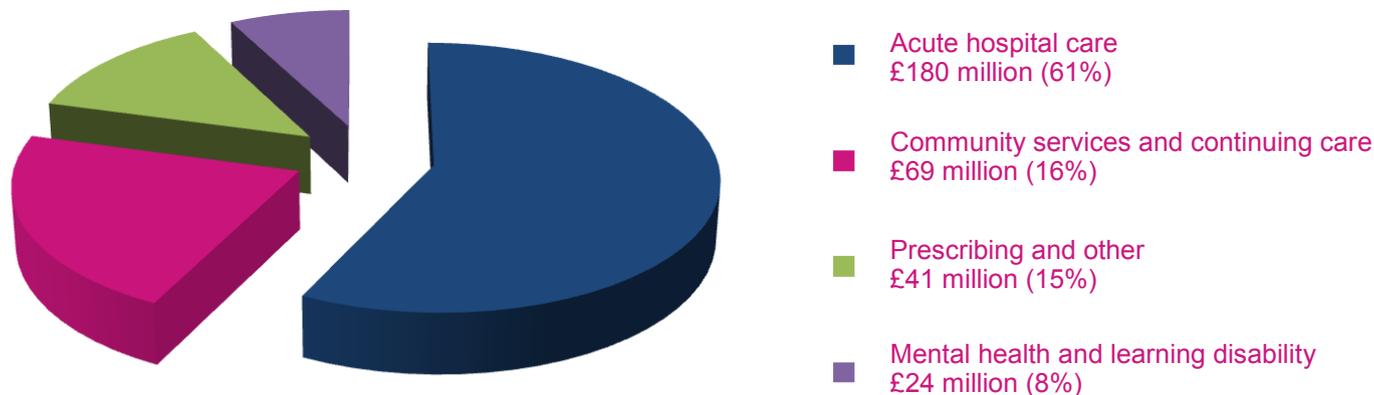


How we spent the money

The NHS in Surrey continues to operate within a challenging financial environment. Despite this, and a number of financial uncertainties relating to the transition from primary care trusts to clinical commissioning groups, we are pleased to report that we have ended our first year in financial balance.

In our first year we spent our budget of just over £322 million on commissioning local healthcare. We also drove through a range of efficiency savings that have enabled us to release resources so they can be re-invested into frontline services.

Here's how the money was spent.



Our priorities for 2014-15

This year we have made good progress in delivering quality improvements for our patients but we know there is a lot more we can do. We have spent a lot of time talking to doctors and other clinicians, patient representatives and local groups to develop our priorities for 2014-15 and beyond.

Specifically we will focus on the following six health priorities:

- **Integration between community and primary care**, with a focus on the frail elderly and people with long-term conditions, for example setting up specialist teams to better support people in their own homes
- **Providing planned and non-urgent care closer to home and increasing patient choice**, for example GP practices pooling their expertise to offer a wider range of services
- **Improving urgent care**, for example awarding a new contract for an enhanced GP out of hours service that will better meet patient needs
- **Enhancing end of life care**, for example providing more overnight care to end of life patients and their families to improve care and reduce unnecessary hospital admissions
- **Improving children's and maternity care**, for example reviewing current hospital and community services and identifying areas for development
- **Improving patient experience and parity of esteem for people with mental health issues and learning disabilities**, for example further increase access to psychological therapy support to ensure people get the help they need earlier





We welcome your feedback

If you have any comments about this report we would very much like to hear from you.

You can call us on 01372 201721, email us at contactus.surreydownsccg@nhs.net or you can write to us:

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