Surrey Downs
Clinical Commissioning Group

Commissioning Intentions 2015/16

Improving care together across Surrey Downs

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1. Introduction

This document sets out the Surrey Downs Clinical Commissioning Group's Commissioning Intentions for 2015/16.

Our Commissioning Intentions set the context for our ongoing engagement with our stakeholders, with a view to achieving shared goals of service transformation and improved patient outcomes, within the resources available. We will be working with our partner Surrey Clinical Commissioning Groups (CCGs), Local authorities and NHS England, ensure the alignment of service commissioning where possible.

Our Integrated Commissioning Plan published in April 2014 sets out our operating plan priorities and strategic direction over the next 2 to 5 years (2014 – 2019)

It captures how we intend to make a difference to the people of Surrey Downs.

We face a number of significant challenges in 2015/16 recognising the impact of creating the Better Care fund (BCF) as well as delivering on our year 2 operating plans. To support the delivery of our plans, we have put in place a strong strategic development process and programme management arrangements, which are focused on managing the delivery of our key Transformation programmes.

The CCG will continue to expect all providers to maintain and improve their operational performance in order to meet national performance standards, as part of delivering their core contractual requirements, and which will underpin the effective transformation of local services for the population we serve.

Revision and Engagement:

These intentions will be revised as part of the planning process for 2015/16 including an ongoing process of locality review, engagement and prioritisation and will be finalised as part of the refresh of the CCG's existing Integrated Commissioning Plan for 2015/16.

We will also review the intentions in the light of NHS England's strategic and operational planning guidance, the Standard NHS Contract/Tariff document, Quality Premium and National outcome indicators, which are to be published later this year by NHS England and Monitor. As part of this, we will be mindful of the NHS 5 year forward review strategic objectives and refresh our operational plans in light of these, where appropriate to do so.

As part of our commitment to GP-led commissioning, we have engaged with all of our membership practices in the development of these intentions. This has been done through a series of interactive workshops and individual feedback; a summary of which is available on request. Key findings from these events have been fed directly into this document and will form the basis of subsequent operational plans.

This document is currently in draft form, pending final approval from our Council of Members and Governing Body.

Once finalised, this document will be presented to the public and wider stakeholders through a series of roadshows and localised group engagement sessions. These events will be also be used to expand our current patient engagement portfolio, through which wider engagement will occur at each operational/service redevelopment phase.

Our Commissioning Aims:

Our aim over the next five years is to narrow health inequalities, enhance quality and safety and involve patients in everything we do, while working within the money we have available.

We will continue to work through a locality structure to actively involve members in commissioning the quality of care for our patients by developing supportive and enabling structures and processes enabling shared learning and shared best practice

We intend to utilise commissioning and contracting frameworks that retain the core values of general practice in the process of modernisation across health and social care that:

- Empowers patients and public to look after themselves and take action to prevent ill health
- Ensures the design or redesign of quality care pathways is clinically led and managerially supported
- Ensure continuous quality improvements and improved health outcomes for our patients and public
- Harnesses innovation across the system that offers the biggest impact on quality of life expectancy for patients and public
- Ensures all services are built on the principles of equality and diversity to standardise access for all
- Shares knowledge and encourages joint opportunities for training and education that promotes best practices in commissioning and delivery of services for patients and public
- Provides appropriate ‘localism’ of service delivery to support care closer to home based on sound planning, common visions of Members and local and national priorities
- Monitors and measures health outcomes in a way that is meaningful to all our stakeholders.

2. Our Strategic Commissioning Priorities

We have already set out our strategic commissioning priorities for 2014/16 which are to:

- Maximise integration of community and primary care based services with a focus on frail older people and those with long term conditions
- Provide elective and non-urgent care, specifically primary care, closer to home and improve patient choice
- Ensure access to a wider range of urgent care services
- Deliver enhanced support for those patents who required end of life care
- Improve the access to and patient experience of children's and maternity services
- Improve patient experience, outcomes and parity of esteem for people with mental health and learning disabilities (including dementia).

3. Quality, Innovation, Productivity and Prevention (QIPP)

We have already set out our strategic commissioning priorities for 2014/16 which are to:

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- Ensure access to a wider range of urgent care services
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- Improve the access to and patient experience of children's and maternity services
- Improve patient experience, outcomes and parity of esteem for people with mental health and learning disabilities (including dementia).

4. Transformational Plans

The CCG will continue to invest in innovative health services that improve quality for the whole population whilst seeking to improve value for money across the CCGs commissioning portfolio.

We will focus our commissioning work through a number of existing programmes which are set out below.

4.1 Planned Care services

The CCG is committed to ensuring that planned care services are based on evidence based practice and drives more convenient access to services, as well as improved patient outcomes.

The NHS nationally has been given guidance to achieve a productivity improvement of over 20% over the next five years in planned care. The programme is aimed at ensuring consistently high standards of care and access across the whole CCG, as well as reducing variation in activity growth, treatment levels and patient outcomes.

To support the delivery of commissioning single, consistent pathways across the CCG in each locality the programme will:

- Undertake a comprehensive review of planned care with the aim of ensuring, where clinically appropriate, that elective care is delivered in the community and closer to home. The review will determine revised clinical referral thresholds and examine the potential standardisation of out of hospital pricing for planned care

- Ensure that we develop a comprehensive understanding of the portfolio of out of hospital services currently being provided and that all of these services represent a high degree of clinical quality and the optimum level of value for money within a competitive market

- Focus on a number of high volume clinical specialties for transforming community planned care services including muscular-skeletal services (MSK) (trauma and orthopaedics, rheumatology, pain management and rehabilitation services), ophthalmology, dermatology, cardiology, gynaecology and ear nose and throat

- As a key enabler to our planned care programme, we will seek the further the development of our clinically led Referral Support Service (RSS) to standardise referrals, improve data capture and support the more effective utilisation of existing community and secondary care based services. We will also look to broaden its role and function, to act as a single point of access for CAMHS, cancer two-week-wait rule and consultant-to-consultant referrals

- Review the quality of anti-coagulation (INR) monitoring in primary care with the potential to procure an alternative service that will provide a consistently high standard of service across all practices

- Review the potential to provide greater direct access to diagnostic services

- Explore the application of innovative contracting and commissioning arrangements such as prime provider/outcome based models through competitive procurement where necessary.

Providers will be expected to participate in the review and contribute to the development of revised pathways and thresholds for treatment and work together to respond to new outcome based models.

4.2 Urgent and Emergency Care

NHS England is in the process of carrying out a comprehensive review of the urgent and emergency care system in England (“the Keogh U&E Care Review”) with the aim of providing an enhanced 7 day service led by senior clinical decision makers.

The emerging vision described is consistent with the CCG’s vision set out above, of providing people with urgent, but non-life threatening, needs with highly responsive, effective and personalised services outside of hospital and to provide treatment in the best facilities for those people with more serious needs.

We will review the impact of the Keogh Urgent & Emergency Care Review, Monitor and NHS England work to establish revised payment mechanisms for urgent and emergency care. The aim is to align financial incentives, for all providers of urgent and emergency care in the system, to the vision for the model of care described in the Keogh Review.

Working collaboratively with Epsom, Surrey and Sussex Hospital (SASH) and Kingston Hospital Transformation Boards for service users in Epsom, Ewell, Banstead, East Elmbridge and Dorking, the CCG aims to commission services consistent with both the emerging national vision and our aim to transform our local urgent and emergency care systems through integrated out-of-hospital care.

As part of this work, we will:

- Support the transformation of urgent care, through implementing a comprehensive community based model for the management of complex and frail elderly patients at high risk of admission to hospital in line with nationally recognised best practice

- Establish dedicated community medical teams as part of the development of a wider integrated multidisciplinary team working across practices and within

community hospitals providing comprehensive geriatric assessment and the proactive management of patients at risk of an acute admission

- Review existing urgent care pathways including the role of the ambulatory care unit (ACU) and the community assessment unit (CAU) that are currently co- located at Epsom Hospital to ensure the most cost effective and streamlined pathway is in place
- Publish our end of life care strategy, which:
  - sets out robust, evidence based end of life care pathways
  - increases the amount and quality of information reported through the development of an integrated care record
  - improves the transition to end of life care (including care homes as part of this)
- Review the impact of the Surrey wide System work on developing Specialist Emergency centres and emergency centres.

4.3 The Better Care Fund (BCF) and Service Integration

Our ambition is to develop integrated services which are person centred, proactive and better use the resources which are available across health and social care.

The creation of the Better Care Fund (BCF) aims to accelerate the process of the integration of health and social care. It creates a local single pooled budget to be used to incentivise the NHS and local government to work more closely together and achieve more joined up services, centred on the individual.

The BCF creates significant funding pressure within the local health and social care system which requires us to make significant efficiency improvements and savings across all the services we commission.

We will need to significantly reduce our spend on emergency admissions and will be working with all our providers as well as social care to ensure that we rapidly develop alternatives to hospital admission particularly for the frail elderly population

The CCG is working closely with Surrey County Council to shape and jointly commission services for the people of Surrey Downs, through the Integration Programme Board, Transformation and Strategic Change Boards and Health and Wellbeing Board.

The overarching aim of our local Integration plans, supported by the use of the BCF, is to enable people to stay well, stay at home and return home sooner from hospital if they require inpatient care.

We expect providers to work together to optimise future care pathways reducing the demand for urgent care, reducing duplication in the care pathway and maximising the potential of an integrated workforce. The new model will include improved information sharing, co-location of professionals, a single assessment process, strengthened clinical leadership and a reskilling of the workforce.

The Surrey Better Care Board has agreed a coordinated set of proposals for further integration and improvement to services for our frail and elderly population which are consistent with our local plans. These plans build on and accelerate the concepts already being developed and shared within each Local Transformation Board.

We have agreed a number of local key strategic initiatives which are aimed at developing in partnership an enhanced and integrated model of community based health and social care that improves outcomes for Surrey Downs residents.

We wish to work with providers to:

- Change our shared approach to care for older people, to a proactive, preventative model of care for people with long term conditions. Crisis response will be through Community based integrated teams, in-reaching to hospital if required and with the home being seen as the natural and best place for most people

- Co-design the streamlined workforce requirement to deliver this model of integrated team working, to improve patient experience and improve the efficiency in the system

- Provide an enhanced multi-disciplinary medical service across GP Practices in conjunction with secondary care geriatric physicians to support discharge and prevent admissions to acute hospitals

- Co-design a change to the existing model of hospital social work, retaining seven-day working but moving to an in-reach model, supporting the “discharge to assess” approach

- Develop mechanisms across community and acute providers to accelerate early supported discharge

- Redesign pathways and payment mechanisms to remove costs from the system, including any unbundling of tariffs, as we shift to outpatient or out of hospital- based settings and move away from inpatient care

- Explore the potential to implement population-based approaches to commissioning and contracting, harnessing social capital, working with the voluntary sector and wider community to deliver increased value

- We will drive the delivery of our local integration plans through our Integration Programme Board and the Surrey Downs Transformation Board.

4.4 Quality

The CCG has a statutory duty to secure continuous improvements in the care that we commission and ensure our providers deliver the best possible services, improving outcomes for patients within financial allocations. We also have a critical role in seeking assurance around the quality and safety of those services.

The aim of the SDCCG Quality Improvement Strategy is to provide a continuous focus on improving the quality and safety of services that we commission over the next two to five years.

The strategy aims to identify and monitor key areas of service redesign across the CCG's commissioning portfolio in order to give assurance that key benefits are realised for patients.

The strategy focuses on the local context within which the CCG is operating - our vision, values and standards as an organisation and the six key clinical priorities identified in the CCG's two year operating plan (2014-2016).

The priorities that the CCG has identified within the Quality Improvement Strategy which will continue in 2015/16 are:

- The implementation of our Out of Hospital Strategy
- The development of community medical teams
- The establishment of "primary care networks"
- Improving access to services
- Improving NHS Continuing Health Care (CHC)
- Improving the quality and safety in care homes
- Ensuring the implementation of London Quality Standards at Epsom Hospital
- Improving safeguarding adults and children
- Improving infection prevention and control – particularly healthcare associated infections
- Ensuring improved professional standards in urgent care

The CCG will continue ensure that benefits are realised as a result of service redesign and that commissioning decisions address the core criteria of ensuring that

any service changes deliver safe, effective and efficient services that are affordable and deliver measurable improvements.

4.5 Primary Care

We will continue to strengthen our commissioning and provider relationships with our 33 membership practices as we move towards delivering our emerging primary care strategy configured through three geographically aligned ‘clinical networks’. This strategy will form part of our umbrella Integrated Provider Strategy.

The ‘provider’ element of SDCCG Primary Care Strategy, based on ‘A Call to Action’ takes the approach of commissioning the majority of out of hospital services, where appropriate, across a network of practices. The aim is to develop an ongoing dialogue with primary care as a provider in an appropriate forum with clear governance and a transparent mechanism for investment.

The primary care provider offer which will be further developed during 2014/15 for mobilization for 2015/16. The model envisages three distinct levels of provision;

LEVEL 0: GMS/PMS (PRACTICE LEVEL)

This level covers the core General Medical Services and Personal Medical Services independent contractors.

The CCG will work closely with the Surrey and Sussex Area Team (NHS England) who currently holds responsibility for primary care commissioning and quality management, to further develop a co-commissioning relationship to support our membership practices.

During 2014/15, NHS England canvassed the views of all CCGs, to assess the level of interest in co-commissioning defined primary care services. Three co-commissioning models were offered ranging from co-commissioning to full delegation.

The CCG has expressed a preference for full delegation, as it offers greater local control. We await detailed information from NHS England on the further steps to be taken during the latter part of 2014/15, and will undertake further engagement with practices prior to finalising arrangements for 2015.

LEVEL 1: Primary Care Standards **(PRACTICE LEVEL)**

Level 1 will be open to all 33 membership practices and activity will be set against the practices registered list size. The practices will be able to apply, on an individual

basis, to deliver SDCCG commissioned Primary Care Standards (formally known as enhanced services).

All contracts will be activity based and payments made on achievement at practice level. Services will be subject to change as we develop our agreed clinical pathways and may be subsumed by larger networks of practices to support risk sharing and delivering economies of scale.

In agreement with the Area Team, the CCG may advise a practice be withdrawn from Level 1 services where concerns around performance have been raised.

The CCG supports the delivery of care close to home – in practices or other community/locality settings – as appropriate to the service. Some services offered to patients in out of hospital settings (including GP practices, community pharmacies) are provided via Local and Direct Enhanced Services (LES and DES), commissioned by NHS England.

The CCG will continue to review the quality and cost effectiveness of all Local Enhanced Service contracts and consider, where appropriate, the best way of securing improved quality and value for money including re-procurement where necessary.

LEVEL 2: Primary Care Provider networks **(NETWORK LEVEL)**

The CCG will commission Level 2 services from primary care networks for services outside of the scope of single practice provision. This will include but not limited to:

- Provision of an expanded range of services across a network of practices comprising 40 – 60k patients. Allowing convenient access to enhanced services and access to primary care 7/7, from 8am – 8pm (including Saturdays) whilst leveraging economies of scale
- Deliver a standardised primary care offer that offers guaranteed access within 24 hours, improved patient satisfaction and best in class integrated chronic disease management
- Deliver an integrated primary care service that provides bookable appointment from A&E, post discharge appointments and visits and coordinated care plans for the most vulnerable and those on end of life pathways
- Ensuring equitable and appropriate access to elective care including adoption of agreed referral standards, protocols and choice via SDCCG Referrals Support Service

- Creating of community medical teams comprising GP and consultant geriatrician support to:
  - provide 7 days a week medical services to our most vulnerable populations who require case management
  - provide medical cover to our community hospitals which will become 'network hubs' delivering day hospital services, rehabilitation, diagnostics and some outpatient services
  - provide end to end care from pre-admission to post discharge care and support.

The CCG will align management support to networks to help develop operational plans that ensure all service lines are scoped for phasing of delivery. The plan will confirm the additional resources required.

LEVEL 3: Integrated Care Provider Networks **(INTEGRATED NETWORK LEVEL)**

Level 3 is distinguishable from Level 2 in that networks will demonstrate well established, integrated, cross-system relationships and be able to evidence demonstrable joint working and results from established joint working.

This represents an advanced, ambitious model of effective health-social care integration. It includes levels of assurance that are high enough to allow for increased levels of shared management of budgets and risk share between commissioners and Primary Care as a provider. One of the key differentiators for Level 3 networks will be the effectiveness and scope of integration.

At level 3 networks will develop an outline business plan for how they will improve:

- Access
- Satisfaction
- Outcomes for patients (chronic disease management, non-elective care and re- admissions)
- Acute spend
- Prescribing cost and quality.

The plan and any associated investment is negotiated and agreed with the CCG. Rewards are triggered by attainment across all domains of the plan, and are shared between the CCG and provider network for investment in services.

Level 3 networks will be required to produce evidence of achievement and improvement at scale and will be subject to robust quality and performance key performance indicators (KPIs) which must be met in order to receive full payment.

The CCG will be devolving resources aligned to the network business case to support the delivery of the agreed objectives aligned to SDCCG 2014 – 2016 six key clinical priorities.

Practices will not be forced to join a network and will not be excluded from taking up Level 1 primary care standards unless there are significant concerns expressed by the practice and/or Area Team.

The CCG will continue to develop its approach in consultation with each of the localities and our Council of Members.

Proposals for three Primary Care Networks across Surrey Downs have evolved from early consultation. We will continue to work through our current four locality structure to develop and consult on this strategy and to develop the networks.

4.6 Children's services

Surrey Downs CCG will work through the Surrey Collaborative to ensure the redesign of revised priority pathways as part of the agreed collaborative priorities.

The CCG is an active member of the Surrey Children's Health and Wellbeing Group, a sub-committee of the Surrey Health and Wellbeing Board.

The CCG will:

- Work with Surrey CCGs and Surrey County Council, to re-commission the procurement of Child Adolescent Mental Health Services (CAMHS) to meet the emotional well-being and mental health needs of children and adolescents. To focus on securing enhanced support for transition from childhood to adulthood, access to intermediate/early intervention services and extending the potential role of the voluntary sector in providing support options

- Aim to reduce A&E attendances and hospital admissions, and provide an enhanced child friendly service at key times for children and families through targeted engagement with our member practices, GP networks, local providers, stakeholders and the public to promote appropriate use of self-care, primary care (including pharmacies) and alternative options for low level urgent care which does not need to be seen in an A&E setting

- Work closely with Public Health to ensure children's' services are addressed as part of the prevention planning agenda. Locally, key areas for the CCG to address are low childhood immunisations uptake and increasing childhood

obesity. The latter will be the subject of a Surrey Summit to address this area in 2015

- Ensure that providers deliver consistently available NICE-compliant pathways for children and young people with behavioural difficulties, including attention deficit hyperactivity disorder (ADHD) and autistic spectrum disorder (ASD)

- Review the current service specification for community children services and undertake a review of children dietetics services. The CCG will lead a multi-professional, multi-agency review of current service provision, with our partners and stakeholders, as a precursor to determining a clearer pathway and improved service model

- Review the output of the Strategic Clinical Network review of children's community nursing services leading to a potential specification of revised service requirements and service needs

- Implementation of personal health budgets for children building on existing plans for those already developed for children with continuing health care needs.

4.7 Community Services Transformation

We will continue to work with the main community provider -CSH Surrey and also Virgin Care to develop new integrated models model of care to better support patients outside the hospital environment, potentially avoiding admission and improving outcomes for patients.

We will work with our providers to support the development of a more effective model of care and to work with our member practices to support the implementation of integrated multidisciplinary teams recognising that community nursing services are central to the delivery of new integrated models for housebound patients or those for whom care is most appropriately delivered in their own home

We will expect providers to continue to develop supportive in-reach to secondary care, requiring rapid response services for patients presenting at A&E or acute assessment units, who may have urgent but not emergency care needs, and do not require acute hospital admission.

We will promote the development of multi-disciplinary, multi-agency pathways as enablers to coordinated delivery of care, with clear, individual care plans for patients, carers and professionals, as appropriate. We will expect providers to work together to improve the sharing of patient information across the care pathway and multiple care settings.

We will work with CSH Surrey to review the existing contract service specifications and revise these to ensure alignment of these services with the CCG's integration programme.

A comprehensive review of therapy provision across the CCG will be undertaken to ensure consistent and timely access to a range of therapies is available across the area. The review will ensure that local people and the CCG are receiving the best level of therapy service possible and that resources are being used with a high level of efficiency.

4.8 Mental Health Services

Working with North East Hampshire and Farnham CCG, our lead commissioner for mental health services, and our member practices, we have identified a range of priorities for development in 2015/16. We will:

- Address the impact of the priorities identified in the consultation on the Surrey Emotional Wellbeing and Health strategy: Everybody's Business -Strategy June 2014-2019
- Improve access and uptake of IAPT (improving access to psychotherapy) services through enhance the quality of IAPT referrals ensuring all referrals come through the CCG's Referral Support Service simplify the process for GPs and patients, saving time and improving informed patient choice
- Develop a single point of access (SPA) to universal services which are accessible to all ages for mental health, learning disabilities, substance misuse and dementia – initially focusing at the 'urgent' level with ongoing development of how SPA will develop for routine work
- Work with Surrey and Borders Mental Health Partnership Foundation NHS Trust (SABP), to look at the right and safe number of inpatient beds and units required for current and future needs
- Improve access to urgent care - we will expect to see a clear liaison service model implemented by the provider to allow urgent mental health assessment and follow up to take place in a non A&E setting supported by a single point of access
- Apply whole system change to enhance priority pathways for mental health - focusing initially on the crisis pathway up to the urgent threshold and aligning this with the urgent pathway, underpinned by the principle of right place, right time, right person, right assessment, and first time
- Develop enhanced intermediate/early intervention services, particularly for those within end of life care pathways, or living with alcohol and substance misuse

- Improve access and signposting to services for dementia; thereby increasing early detection and rates of diagnosis. We will review how our Referral Support Service and other providers can support us to achieve this

- Actively participate in a new Crisis Pathway Working Group; strengthened engagement and involvement of the voluntary sector and continuing work already underway in developing Surrey's MH Crisis Care Concordat

- Ensure access to mental health services within the integrated community services being developed within integrated teams

- Strengthen clinical leadership and enhance identification of local priority areas and develop a Mental Health Clinical Network and practice-level Virtual MH Clinical Group which will be developed to ensure appropriate service user engagement and involvement

- Aim to further prevent and reduce instances of substance misuse (including alcohol misuse)

- Develop enhanced bereavement support services.

4.9 Child and Adolescent Mental Health Service (CAMHS)

CAMHS services are delivered through a Surrey wide contract with SABP, and a section 75 agreement with Surrey County Council for jointly commissioned targeted/non-specialist services.

This contract is due for re-procurement during 2014/15. Guildford and Waverley CCG jointly with Surrey County Council will lead the procurement on behalf of all Surrey CCGs.

SDCCG will continue to engage with the development of the service specification and evaluation process, to ensure that the re-procured service meets the needs of our local population.

4.10 Continuing Healthcare

The Continuing Healthcare (CHC) service for Surrey is hosted by Surrey Downs CCG on behalf of the six Surrey CCGs.

There is a significant transformational programme in place aimed at strengthening partnerships to improve the outcomes for our patients. Some of the key programmes to support our clinical priorities include:

- Alignment of staff across four localities to move away from centralist functional working

- Address the back-logs of new and review assessments

- Implement new CHC data based in June 2014
- Rollout our Personal Health Budgets
- Jointly procuring home based care and care homes (nursing) in partnership with Surrey County Council.

4.11 Ambulance Services and Patient Transport

As our local model of urgent and planned care services change reducing emergency admissions and supporting them more proactively with a shift to planned care we will need to commission revised services across the ambulance and patient transport contract .

South East Coast Ambulance (SECAmb) 999 Contract

Surrey CCGs have notified SECAmb of our intention to have a separate Surrey contract for 2015/16. It is expected that “Red 1” and “Red 2” calls will be delivered at county level. Surrey CCGs will continue to commission the existing service model at core contract level with the expectation to negotiate with SECAmb reduced conveyances and plans for increasing ‘hear and treat’ and ‘see and treat’.

Quality and outcome indicators will be agreed locally and included in the commissioning contracts covering the services

Within the 2014/15 contract providers and commissioners were required to use the four national currencies as the basis for structuring payment for ambulance services covered by national currencies, unless an alternative payment approach had been agreed.

Monitor and NHS England are currently engaging with stakeholders on whether the national currencies require changing to support the Keogh review of urgent and emergency care. The currencies for ambulance services may need to change to promote more urgent care needs being resolved in or close to patients’ homes. Subject to national guidance it is the intention of the CCG to maintain the currently agreed national currencies next year.

South East Coast Ambulance (SECAmb) 111 Contract

The NHS 111 current contract expires in March 2016. The procurement process will start in early 2015 to allow sufficient time for mobilisation and assurance testing. It is the intention of Surrey CCGs to have a Surrey county contract from 2016 onwards.

The current contract is not a standard NHS Standard Contract. However, with the new procurement CCGs have worked with the NHS England to enable NHS 111 to use the NHS Standard Contract in future.

South East Coast Ambulance (SECAmb) Patient Transport Contract

The patient transport contract expires in October 2015 and CCG's are considering the procurement of the service. Any changes in plan which may require extension of the contract will be communicated and agreed with SECAmb.

4.12 Surrey Collaborative Arrangements

In order to commission services that deliver our priorities at scale, and in recognition that we work in a complex health economy with several major providers Surrey Downs CCG works together with all Surrey CCGs to commission health services across the whole of Surrey.

As part of collaborative arrangements, Surrey Downs CCG supports the commissioning and implementation of Surrey-wide health services and localises specifications where appropriate.

Services that are commissioned at a collaborative level outside of the CCG include

- Children's services
- Mental health services
- 999, 111 and patient transport services

In 2014/15, the CCG worked with all other Surrey CCG's and NHS England to develop the Surrey wide 'one-plan' which set out a number of high level work streams which focus on improving health outcomes for patients, ensuring clinical sustainability and increasing financial sustainability for a number of key work streams:

- Out of hospital strategy, primary care and the Better Care Fund
- Sustainable acute hospital urgent and emergency care
- Stroke services
- Complex invasive cardiology services
- Improved elective productivity
- Mental health
- Cancer and radiotherapy services
- Services for burns and plastics.

4.13 Stroke Services

Through The Surrey Stroke Collaborative Project, we aim to ensure every patient in Surrey Downs has access to the best possible, most cost effective care to prevent, or minimise harm from stroke.

We will review and agree the optimum model of care needed to deliver the agreed Surrey Stroke standards.

4.14 Medicines Management

We will continue to build on the work undertaken with partner CCGs across Surrey and in our local health community to promote medicines optimisation and ensure that the appropriate medicines-related expertise is provided in the commissioning and delivery of services.

The Medicines Management Team will continue to provide expert input to the commissioning and delivery of services to support the following outcomes:

- Improvements in patient experience, including improved outcomes, shared decision-making, choice and improved adherence to medication
- Reducing clinical variation and reducing inequalities
- Minimising clinical risk to improve patient safety
- Minimising financial risk by supporting clinicians to get the best value from finite NHS resources and delivering the QIPP in relation to medicines
- Reducing waste and inefficiencies
- Raise the profile of Medicines Optimisation and ensure it is embedded into care pathways and service redesign
- Providing assurance to CCGs around the delivery of statutory requirements with respect to medicines.

Throughout 2015/16 a primary focus of the medicines management team will be to support the achievement of the CCG's transformation objectives. This will be done through facilitating improvements in patient care, medicines safety and reducing the level of inappropriate hospital activity. The CCG will continue to work actively with providers to monitor key measures of performance through agreed contractual arrangements.

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