National Commissioning Board Planning in 2013/14

Directly Commissioned Services

1. Introduction

This document describes the planning arrangements and intentions for 2013/14 in relation to Direct Commissioning in Area Teams. Directly commissioned services incorporates:

- Primary Care services (General Practice, Optometry, Dental and Community Pharmacy),
- Public Health
- Military Health
- Offender Health
- Specialised Care

The approach for Direct Commissioning will mirror the CCGs approach and be based on the priorities for single operating models outlined in the publications entitled "Securing Excellence", and in the Public Health section 7a Agreement:

- Primary Care published in July 2012;
- Specialised Commissioning published with commissioning intentions in November 2012;
- Military Health and Offender Health issued to Area teams in draft in November 2012 due for publication in January 2013;
- Dental Services due for publication in February 2013;
- Public Health section 7a.

2. Context

The context for Direct Commissioning is one of a single national operating model implemented locally with Clinical Commissioning Groups and Local Authorities to reflect local need.

Area teams supported by regions have a particular responsibility for ensuring the coherence of commissioning plans across England. All Area teams will have responsibility for commissioning both Primary and Public Health services, however a smaller number of Area Teams will take responsibility for commissioning Military health, Offender Health and Specialised Commissioning on behalf of the other Area Teams, as follows:

Specialised Commissioning	Offender Health	Military Health
Cheshire Warrington & Wirral	Durham, Darlington & Tees	North Yorkshire & Humber
Cumbria, Northumberland, Tyne & Wear	Lancashire	***Derbyshire & Nottinghamshire***
South Yorkshire & Bassetlaw	West Yorkshire	Bath, Gloucestershire, Swindon & Wiltshire
Birmingham & the Black Country	***Derbyshire & Nottinghamshire***	
East Anglia	East Anglia	
Leicestershire &	Shropshire & Staffordshire	

Lincolnshire		
Bristol, North Somerset, Somerset & South Gloucestershire	Bristol, North Somerset, Somerset & South Gloucestershire	
Surrey & Sussex	Surrey & Sussex	
Wessex	Thames Valley	
London	London	

3. Direct Commissioning Priorities 2013/14

The priorities and outcome measures for the directly commissioned services led by the Derbyshire and Nottinghamshire Area Team are summarised in the appendices. These priorities build on plans developed both nationally and locally in previous years, and are aligned to local Health and Wellbeing Strategies and Clinical Commissioning Group plans.

The safe transfer of services and agreement of contracts by 31st March 2013 within the resources available remains an overriding priority. Together with a clear commitment to transforming services to ensure improved quality, outcomes and equity across England. In addition, the following are required:

Primary Care (GP, Dental, Optical, Pharmaceutical)

- Safe transfer of:
    - PCT contracts to the NHS CB aiming for a 'steady state transfer' on 1 April 2013;
    - Safe transfer of contracts to CCGs and LA's e.g. enhanced services, Out of Hours and Home oxygen;
    - Business critical systems and processes;
    - Lift and shift of FHS functions;
    - GP appraisal systems and systems for revalidation.
- Implementation of a single operating framework;
- Implementation of single performers list;
- Implementation of performers support services to manage performers whose practice gives rise to concern;
- Introduction of the national quality framework including strategy for quality improvement, web-enabled database of general medical practice quality indicators and a national performance assessment framework;
- Implementation of Securing Excellence in commissioning NHS dental services;
- Supporting the development of Local Professional Networks;
- Develop and implement national dental care pathway commissioning framework;
- FHS transformation and cost reduction programme.

Public Health Services

- Safe transfer of the commissioning of services covered by the Section 7A agreement, with area teams addressing any specific local concerns highlighted through the National Quality Board's Quality Handover process;

- Continued effective commissioning of the healthy child programme;
- Full implementation of all immunisation and screening programmes including roll out of those currently in development;
- Maintenance and development of the National Screening programmes;
- Achievement and maintenance of the requirements to increase the numbers of Health Visitors and the family nurse partnership;
- Preparing for transfer of additional responsibilities to Local Authorities;
- Jointly with Offender Health Teams, commission services that improve care for victims of sexual assault.
- Working with Local Authorities and Public Health England's Centres to ensure screening and immunisation services are part of an effective local public health system.

Offender Health

- Implementation of the single operating model for the commissioning of services in:
    - General Prison Healthcare
    - Secondary Care
    - Substance Misuse
    - Secure Training Centres
    - Secure Children's' Homes
    - Immigration Removal Centres
    - Sexual Assault Services (* Link to Public Health)
    - Liaison & Diversion
    - Police Custody Suites

- Continue to develop and strengthen the partnership and co-commissioning arrangements with the National Offender Management Service, Youth Justice Board and the UK Border Agency;
- Implementation of the full role out of the liaison and diversion services;
- Effective commissioning of services for substance misuse.

Military Health

- Transfer from Ministry of Defence the commissioning of services for serving personnel (including mobilised reservists and families served by Defence Medical Centres) and the establishment of the new single operating model for Armed Forces Commissioning, including IVF services.

- Assure CCGs deliver the Mandate requirement for the Armed Forces covenant in particular for Veterans, Reservists and their families (and serving families not

covered by Defence Medical Centres), including: commissioning for prosthetics, mental health and establishing a base line for activity, finance and performance.
- Ensuring continuation of the delivery of the principle of “no disadvantage” as set out in the Armed Forces covenant and NHS Mandate, in particular the transition of service personnel and their families out of service back into the community (whether due to injury, end of service or as a demobilised Reservist)..
- Supporting the continuation and development of the Armed Forces Networks across England.

Specialised Commissioning

- One single operating model for the commissioning of specialised services through the 10 nominated Area teams;
- One national budget which will be cash limited;
- Staff resource and knowledge shared across the NHS CB structure;
- A framework approach to contracting set once nationally shaped by Area and Regional teams;
- All specialised activity is defined in the manual captured in contracts with providers;
- Core specifications in place for all services or derogations applied for;
- Clinical access policies in place and applied across all providers.

6. Assurance

First draft submissions were submitted on 25 January, with final submissions expected to be published on 5 April, thus allowing time for local partners to review and comment on the plans prior to final submission.

As the National Commissioning Board (NCB) is one organisation and there are a number of shared accountabilities, assurance between Central, Regional and Area Teams will include an opportunity for face to face regional discussions to enable area and regional teams to co-produce plans and hold each other to account. This discussion should involve CCG representatives, Local Authorities, Public Health England where appropriate and in the case of Armed Forces the AF Networks. It should be clear at the end of the process how priorities have been identified and how outcomes have been agreed across all commissioning roles and responsibilities.

The Assurance process will seek to ensure that there is adherence of Direct Commissioning, Clinical Commissioning Group plans and Health and Wellbeing Board strategies in delivering improvement in health outcomes.

7. Recommendations:

To note the directly commissioned services planning arrangements

To comment on the first draft priority plans prior to submission and then publication on 5 April 2013.

Vikki Taylor
23 January 2013

Area Team – Derbyshire and Nottinghamshire

Military Health Programme

Values and Principles	Delivery of high quality and safe care to patients	Improved outcomes are delivered across each of the domains	The wider system addresses the needs of Armed Forces, their families and veterans	Seamless transition of care, no disadvantage or exclusion from the Constitution
Domains	Prevent premature death	Quality of life for patients with LTCs	Help recover from ill health/injury	Ensure positive experience of care	Care delivered in a safe environment

Pre-existing Priorities 12/13	Strategic Context and Challenges	QIPP Improvements	Organisational Development

• *Delivery of health component of the Armed Forces Covenant*
• *Maintenance of Armed Forces Networks*
• *Delivery of Murrision "Fighting Fit" mental health agenda*
• *Delivery of Murrison Prosthetics agenda*
• *Development of new health care contract for care of Serving Personnel*
• *Establish CSU and Business Intelligence gathering*
• *Safe transfer from PCT commissioned care existing services to new contracts*
• *Ensuring that all service personnel are visible to NHS IT systems*
• *Establish base line for activity, finance and quality*
• *Ensure robust safeguarding arrangements are in place*
	• *Mandate emphasis on the Armed Forces Covenant*
	• *First time that this patient group has been explicitly commissioned*
	• *Patient group has high expectations and occupational health requirements*
	• *Direct Commissioning only covers serving personnel and those families registered at Defence Medical Centres.*
	• *Data quality issues with historic activity, finance and performance information*
	• *Transition needs assurance :*
	  • *Armed Forces Networks are maintained*
	  • *CCGs discharge duties for Veterans, Reservists, Families*
		• *Establish robust baseline of spend*
		• *Establish Quality benchmarks for future CQUIN*
		• *Improve mental health quality*
		• *Ensure that small numbers eligible for screening are able to access the screening programme*
		• *Improve transition out of Service, to improve mental and physical health and wellbeing.*
			• *Establish integrated virtual Armed Forces Commissioning Team with Regions/Area Teams*
			• *Establish joint MoD/NHS committees*
			• *Source or provide hosts for AF Networks*
			• *Establish national mental health Network*
			• *Establish permanent new home for Veterans' Prosthetics and ensure strong links to the AFN*

	National Priorities 2013-14	Expected Outcomes of Implementing National Guidance Locally in 2013-2014	End State Ambition 2015-16
Prosthetics*	• Confirm the providers of veterans' prosthetics services • continuation of the veterans' prosthetics panel to ensure access to high quality components continues	• Standard of prosthetics care for veterans' is consistent and improved	• universal and sustainable standard of prosthetic care that can be transferred to the wider NHS as the model of care.
Infertility Treatment	• Establish and agree the policy for IVF for serving personnel that covers issues of geographic mobility • Establish and agree the operational model for the provision of IVF for the very seriously injured	• Contracts in place • Serving personnel and their families at no disadvantage within IVF care provision	• international best practice model for IVF for injured personnel
Armed forces covenant	• Embed the principle of No Disadvantage and proper return for sacrifice • Improved access to information about services available to the Armed Forces community	• Directory of services for Armed Forces services • Increased coverage of Community Covenants	• All areas covered by a Community Covenant
Mental Health	• Establish the Veterans' Mental Health network • Increase / Improve access to mental health services	• Evidence based practice for serving personnel & Veterans' mental health services	• Transparent and consistent pathways of care both during and after service
Armed Forces Network	• Maintain and improve Armed Forces Networks	• Local Armed Forces Network development plans in place • Safe transition from serving to civilian life for wounded injured and sick personnel • CCG engagement in and ownership of the Armed Forces Networks	• Armed Forces Networks hosted collaboratively by CCGs • Model secures seamless transition from care secured by the NHS CB to care secured by CCGs • Full co-operation between statutory and third sectors to support the Armed Forces community
Contracting	• Establish new contracts and baselines for activity, finance and performance • Development of clinically appropriate service specifications	• Improved transition between Defence and NHS pathways	• Integrated pathways between Defence and NHS services • Working towards prime contractor outcome based payment contracts (pilot)

Area Team - Derbyshire and Nottinghamshire

Offender Health Programme

Values and Principles	Early Intervention and diversion	High quality and safe standards of patient care	Partnership working to deliver integrated care		Continuous improvement in NHS and PH outcomes
Domains	Prevent premature death	Quality of life for patients with LTCs	Help recover from ill health/injury	Ensure positive experience of care	Care delivered in a safe environment

Pre-existing Priorities 12/13	Strategic Context and Challenges	QIPP Improvements	Organisational Development
•To reduce offending behaviour *•To improve health outcomes and patient experience* *•To reduce health inequalities*	*•Capacity and capability to deliver in a changing health landscape.* *•Embedding of patient and carer engagement* *•Scale of Contract transition/mobilisation ahead of April 2013.* *•Delivering safe, equitable and quality care in a safe environment* *•Assuring Governance throughout transition process and into new structures.* *•Maintaining Performance as responsibilities change* *•Managing expectations and expectations of stakeholders and partners* *•Setting up a clinical governance framework across the local area teams to ensure patient safety .* *•Maintaining effective risk management systems.*	*• Medicines Management and Pharmacy Savings* *• Use of benchmarking (including workforce benchmarking) in order to inform existing and future contract negotiations* *• Working with Providers in order to make contract Savings for Re-investment in services* *• Review of all services currently provided in terms of whether these services contribute to strategic healthcare objectives – Could resources be diverted towards other areas of provision where there are risk issues?* *- Secondary Care Referrals, escort and bed watches, tele-medicine*	*Clarity around roles and functions in new landscape* *Effective Communication and engagement plan, internal and external stakeholders actively involved.* *Skills and learning audit – cross boundary working to boost capacity and capability* *Due diligence* *Emphasis on improving the quality of service to patients and ensuring engagement and participation*

	National Priorities 2013-14	Expected Outcomes of Implementing National Guidance Locally in 2013-2014	End State Ambition 2015-16
General Prison Healthcare	• Address general performance issues across the region • Identify Opportunities to address gaps in in provision in dental services, specialist mental health services and hep c screening services across the region • Continue with minor capital works on areas of the prison estate where Prison Premises not fit for purpose/not meeting Care Quality Commission (CQC) quality and safety standards. •Encourage innovation through business cases for unmet or changing need •Identify best value provision •To procure high number of healthcare provision across 16 Prisons and to review and undertake Health Needs Assessments in order to action integrated service specs and contracts with lead providers including a model sub contracting with the 3rd sector •Ensure Equality and Diversity are core to all commissioning intentions and service provision •A need to commission further work on private sector and PFI Prison estate healthcare working alongside NOMS. •Ensuring patient safety through robust clinical governance processes and systems •Effective Clinical Risk Management systems and processes.	• consistent Contractual arrangements established between NHSCB and prison healthcare including variations to facilitate improved performance and quality as per national priorities and identified local risks • Clinical leadership arrangements confirmed with host AT and communicated to the regions Providers • Patient Satisfaction and feedback to be embedded into performance management framework as well as the commissioning cycle, and commissioning intentions. •Developing a clinical Governance framework which assures quality of service delivery and patient safety. •Clear lines of accountability and responsibility for Serious incident reporting across the LAT and learning the lessons embedded into organisational culture. •Identification of key performance indicators including use of CQUINs,PROMS	•Manageable number of robust healthcare contracts with high quality and respected providers, subject to regular, and robust performance and quality management arrangements •Clinical leadership and patients to support commissioners in assessing and assuring quality of services. •Continued development of high quality, safe and innovative services, with improved performance against PHPQIs and community standards.
Secondary Care	• In order to enable the effective commissioning of services, key partnerships have to be developed with local CCGs. It is a recommendation that OH AT's are named associates to the contract. This will enable OH AT's to work in conjunction with local CCGs to commission seamless pathways of care allowing treatment to be continued from both prison and community.	• Establish secondary care activity and expenditure reporting for all prisons in the region • Identify capacity to lead secondary care redesign across the East Midlands with the aim of improving the patient experience, as well as reducing spend, with a view to releasing funds to re-invest in prison healthcare services (e.g. Potential Outline Business Case for a secure Regional Healthcare Facility at Rampton)	• A clear understanding of prisoners use of secondary care services, prison by prison, understanding the reasons for variation •A number of hospital admission avoidance initiatives in place, working in partnership to address Escorts and Bedwatcher cost to increase breadth of in-house provision and alternatives including telemedicine.

Area Team - Derbyshire & Nottinghamshire

Primary Care Programme

Values and Principles	Common core offer of high quality patient centred primary care	Continuous improvement in health outcomes across the domains	Patient experience and clinical leadership driving the commissioning agenda	Balance between standardisation and local empowerment	
Domains	Prevent premature death	Quality of life for patients with LTCs	Help recover from ill health/injury	Ensure positive experience of care	Care delivered in a safe environment

Pre-existing Priorities 12/13

Effectively managing the transition of primary care commissioning from PCTs to the NHS CB Area Team including:

- Establishment of the new team
- Transfer of PCT contracts to the NHS CB on 1st April
- Transfer of Enhanced Services to receiving organisations (CCGs and LAs)
- Safe transfer of business critical systems and processes
- Transition of GP appraisal systems and revalidation systems
- Successful Lift and shift of FHS services

Strategic Context and Challenges

There are 10 CCGs across the Area Team, 282 GP Contracts, 419 community pharmacies (644 contracts), 246 Dental Practices (327 contracts) and 214 Opticians (333) contracts.

A strategic challenge will be to develop and enable delivery of a coherent clinical strategy to transform primary care and improve clinical outcomes that aligns national, HWB and CCG strategies with population needs and current service deficiencies. Critical to this will be strong clinical leadership and patient and public engagement.

This clinical strategy will need to challenge the status quo of primary care provision which has been built up over many years. A related challenge will be to agree relative roles and responsibilities between the AT and CCGs to improve quality and clinical outcomes.

QIPP Improvements

Primary care budget comprises GP £249m, Pharmacy £62.6m, Dental £81.8m and Optometry £ 18.8m. The provisional budget for secondary dental care is £14.5m.

2% savings to be applied across Primary Care to achieve target, with the 0.5% contingency to be considered from appropriate resources.

QIPP schemes are being developed in line with the overall desired transformation. Specific efficiencies in spend will be considered from:

- Decommissioning of underperforming contracts
- Reduction of Contract Values to reflect performance
- Reducing variation, duplication and waste
- Identification of recurrent and non recurrent savings
- Medicines optimisation schemes

Organisational Development

OD to support implementation of the single operating model, policies and procedures through the Area Team primary care team staff.

Supporting development of effective local professional networks and strong relationships with local professional committees to provide clinical leadership and clinical engagement in decision making and service transformation. With respect to LPNS a particular focus on dental, pharmaceutical and optometry networks as CCG and Medical Directorate should provide an effective network for primary medical contracts.

Ensuring strong alignment between new organisations in the system to support delivery of shared priorities (e.g. LETB priorities support improvements CCGs / AT want to see in primary care). This will require strong engagement in the formative stages.

	National Priorities 2013-14	Expected Outcomes of Implementing National Guidance Locally in 2013-2014	End State Ambition 2015-16
Assurance	• Implement robust governance of primary care decisions • Implement national quality framework and performance assessment framework to improve clinical outcomes, working closely with the Medical and Nursing Directorate • Medical Directorate assurance of clinical practice	• Clear Governance of decision making • Reduced unwarranted variation in quality, performance and clinical outcomes • Assurance of clinical workforce • Single performers list	• Transformed quality, performance and clinical outcomes across all primary care contractors • Transformed outcomes in all 5 domains • High quality clinical workforce
Quality	• Commission a consistent offer of high quality primary care services • Build on the very best practice to deliver continuous improvements in the quality, clinical outcomes and value of primary care • Enable transformation of primary care in line with NHS CB, HWB, CCG visions and plans	• Improve quality, clinical outcomes and value in line with the 5 domains • Maintain access in line with the NHS Constitution • Improved patient experience of GP services and GP OOHs • Network providing access to pharmaceutical services 7 days a week	• High quality responsive primary care offering 7 day and online access to proactive and personalised care as part of an integrated system delivering exceptional quality, clinicial outcomes and value. • Patients empowered to self care supported by the latest technology (telecare / telehealth) and securely linked records
Single Operating Model	• Implementing a SOM across primary care commissioning for all four contractor groups • Enable development of LPNs and sustain effective working relationships with CCGs and LPCs	• SOM used to manage contracts across all four contractor groups • Effective LPNs in place covering all contractor groups • Effective working relationships in place with CCGs and LPCs	• Highly efficient operating models within the NHS CB enabling consistently high performing primary care services delivering outstanding outcomes and value
Securing Excellence-Dentistry	• Implement Securing excellence in commissioning NHS dental services • Implement national dental care pathway commissioning framework • Ensuring consistent secondary care contracting	• Securing excellence in commissioning NHS dental services in place delivering improved oral health and clinical outcomes • Provide easy and convenient access	• High quality responsive dental services delivering improved clinical outcomes, with greater emphasis on promotion of oral health and meeting the complex dental needs of an ageing population
FHS	• Contribute towards the strategic review of FHS services whilst delivering local efficiencies / QIPP • Locally support national performers list management, provide local	• Responsive high quality FHS services provided efficiently on behalf of the NHS CB and supporting contractors	•Fully functioning, high quality, integrated FHS function meeting the requirements and needs of the NHS CB efficiently and cost effectively

Area Team - Derbyshire & Nottinghamshire Public Health Programme

Values and Principles	Services are patient centred and outcome based	Improved outcomes are delivered across each of the domains	Fairness and Consistency – patients have access to services regardless of location	Productivity and efficiency improves	
Domains	Prevent premature death	Quality of life for patients with LTCs	Help recover from ill health/injury	Ensure positive experience of care	Care delivered in a safe environment
Strategic Context and Challenges	*• Improve uptake • Reduce health inequalities • Reduce inequity of access*	*•Low birth weight of term babies •Breastfeeding initiation and prevalence at 6-8 weeks*	*• Infant mortality per 1000 live births*	*•Screening & immunisation programmes require robust monitoring and reporting systems supported by appropriate informatics, administration and communications resource*	*range of commissioners across the HCP 0-19 years pathway could lead to fragmentation of the pathway* / *safe transfer of existing services (HCP 0-5)to new commissioner (NHSCB) April 2013 and then to Local Authority March 2015*

General Strategic Priorities	QIPP Improvements	Organisational Development
•Ensure continuity of screening and service provision •Ensure safe transfer of contracts to NHSCB especially with regard to those currently managed through lead PCT commissioning arrangements •Benchmark screening and immunisation provision across Nottingham and Derbyshire to achieve uniform high level of service provision across LAT •Maintain appropriate commitment to LAT contribution to increased health Visitor numbers and FNP places •Implementation of Section 7 Agreement	*•Establish current baseline of spend across all screening and immunisation programmes •Increase quality & efficiency of programmes •Scope opportunity for QIPP to be introduced into some contracts e.g. HPV service contracts with primary and community care providers or DES . •Establish current baseline of spend across 0-5 HCP •Align current models of delivery of Health Visitors and Family Nurse Practitioners to better meet increased numbers and places I •Identification of any national QIPP schemes for implementation*	*•Screening, immunisation and other PH Commissioning teams that will support PH commissioning will need to be integrated into the Area team organisational culture and cross directorate decision making groups •Establish/maintain collaborative networks across the all commissioners and the full pathway of Healthy Child Programme 0-19 years, to ensure robust local working arrangements that avoid fragmentation or duplication of services •Capacity and capability to deliver in a changing NHS landscape*

	National Priorities 2013-15	Transformational Change locally 2013-15	End State Ambition 2015-16
Immunisation	• Ensure the continuity of commissioning and provision of all immunisation programmes as set out in Section 7a agreement •Reduce variation in provider performance and uptake to improve health inequalities •Commission and coordinate any new immunisation programmes as directed by DH (likely to include seasonal flu and Rotavirus for children)	• Scope current service commissioning models and performance • Review arrangements for engaging hard to reach communities across are team geography •Review arrangements within area team and with service providers for managing and responding to vaccine preventable outbreaks •Establish new working relationships with primary care commissioners and CCGs to drive up service delivery performance .	• herd immunity levels achieved across all immunisation programmes (i.e. 95%) • Where herd immunity not appropriate or possible within one year evidence of increase of uptake (i.e. re HPV and MMR at 5 years) • geographical/ population variations in uptake reduced across Area Team • All DH mandated programmes successfully commissioned •Systems in place for managing and responding to SI s and infectious disease outbreaks
Screening Programmes (Cancer)	• maintain screening programme performance and standards • benchmark current service specifications against NHSCB services specifications to ensure concordance and standardisation of deliverables • continue plans to implement/ roll out new screening programme developments e.g. age extension •engage with the national cancer screening programmes for extension bowel, breast screening and HPV triage	• Support the introduction of screening programme developments e.g. age extension for breast and bowel programmes and Flexi Sig Pilot in Bowel Screening •Establish and or strengthen screening Programme Boards to engage all service providers in including all acute Trust providers across the area team •Improve screening programme uptake / coverage and reduce inequalities of access in vulnerable groups including offenders and armed forces groups •Ensure safe contract transition of all elements of screening programme pathways (including sample taker register, bowel screening hub)	• All screening programmes commissioned as per Section 7a agreement •All new service developments implemented • Programme delivered and managed to a high level • Serious incidents reporting systems well established • programme uptake and coverage improved •Evidence of reduced inequalities of access in defined vulnerable groups
Screening Programmes (Non-Cancer)	• maintain cross programme performance and standards • introduce Common Pathway for Diabetic Eye Screening • Continue roll out of AAA Screening • Benchmark current service specifications against NHSCB specifications to ensure concordance, with particular focus on	• Establish and or strengthen screening Programme Boards to engage all service providers in including all acute Trust providers across the area team •Improve screening programme uptake / coverage and reduce inequalities of access in vulnerable groups including offenders and	• All screening programmes commissioned as per Section 7a agreement •All new service developments implemented • Programme delivered and managed to a high level • Serious incidents reporting systems well established

Area Team Leicestershire and Lincolnshire

Specialised Services Programme

Values and Principles	Services are patient centred and outcome based	Improved outcomes are delivered across each of the domains	Fairness and Consistency – patients have access to services regardless of location	Productivity and efficiency improves	
Domains	Prevent premature death	Quality of life for patients with LTCs	Help recover from ill health/injury	Ensure positive experience of care	Care delivered in a safe environment

Pre-existing Priorities 12/13

- *Major Trauma Reconfiguration*
- *Safe and Sustainable Children's Cardiac*
- *Safe and Sustainable Children's Neurosurgery*
- *Implementation of 24/7 PPCI*
- *Reconfiguration of vascular surgery*
- *Increase access to Intensity modulating /guiding radiotherapy.*
- *Planning of Radiotherapy capacity*
- *South East Midlands Acute Service Review*
- *Review of neonatal services.*
- *Providing full support to our trusts to implement the findings of the Francis review .*
- *Implement action plans identified for +26 week waits (in particular spinal at NUH).*
- *Build approach to Compassion in Practice working with Nursing Directorate.*

Strategic Context and Challenges

- *Single operating model for the commissioning of specialised services with one national budget.*
- *New approach to contracting - set nationally & shaped by area and regional teams.*
- *Program for identifying relative outcomes – including analysing weekend and weekday performance.*
- *Development of engagement strategies with area teams including the "friends & family "test.*
- *All specialised activity is defined captured in contracts with providers.*
- *Core specifications in place for all services or derogations applied for.*
- *Clinical access policies in place and applied across all providers.*
- *Creation of Strategic Clinical and Operational Delivery Networks*

QIPP Improvements

- *Review the use of Tele health across the East Midlands for specialised providers.*
- *Review case mix comparison data set for consultants with Medical Director and program of care leads.*
- *Implement appropriate National QIPP Schemes schemes and local schemes including the management of readmissions and MRET to focus funds on improving outcomes..*
- *Implementation of Service Specifications and service policies*
- *Continued support of local clinical networks: haemophilia, haemoglobinopathy, learning disability and neuromuscular.*
- *Support formation of specialist spinal network.*
- *Improve 24/7 access to paediatric radiology.*
- *Secure MH and CAMHS T 4 case management.*

Organisational Development

- *Set up shared service for CDF and IFR across the Midlands and East area.*
- *Continue to develop local team having moved 20% of current team to national/regional roles.*
- *Implement systems and processes for safety thermometer for specialised services.*
- *Implement revised process within teams for managing cancelled operations and quality KPI's.*
- *Embed new culture in team. & support staff through change*
- *Implement comply or explain regime across new supplier management team..*
- *Deliver area, regional & national Integration of team to include matrix working.*
- *Support Clinical Reference Groups and Programmes of Care.*
- *Improve patient and public engagement.*

	National Priorities 2013-14	Expected Outcomes of Implementing National Guidance Locally in 2013-2014	End State Ambition 2015-16
Internal Medicine	• Implementation of Service Specifications • Access to 24/7 PPCI. • Completion of vascular surgery reconfiguration. • Capacity to deliver bariatric surgery	• Improved quality of services and achievement of core clinical requirements. •Identification of development needs or reconfiguration of services. • Improved mortality and consistent access	•Adherence to the 5 Offers in Everyone Counts (7 days/week/transparency and choice/Listening to patients/more informed decision making/safer care) •100% specification compliant services.
Cancer and Blood	•I increase access to intensity modulating radiotherapy. • Develop radiotherapy services including use of new currencies • Build single process, policies and list for the cancer drug fund. • Compliance with national cancer register & data sets .	• Reduced morbidity and consistent access for patients. • Regional plan for location and number of Linear accelerators • 4 lead areas for administering CDF, within single operating model •Development of adult & children's cancer services in line with IOGs	• IMRT/IGRT embedded in normal practise. • Capacity matches demand and anticipated growth – cancer waiting targets met. •100% specification compliant services •Adherence to the 5 offers in Everyone Counts
Trauma	• Fully implement major trauma reconfiguration • Integrate neuromuscular care advisor posts within provider network arrangements	• Improved outcomes for patients with a major trauma •Establishment of EM Spinal Network. Impact on other services fully mapped &f Further development of neuromuscular network	Full implementation of major trauma plan & 24/7 access to specialist spinal services and delivery of waiting times. •Adherence to the 5 offers in Everyone Counts •100% specification compliant services
Women and Children	• Children's Safe and Sustainable Review (Cardiac and Neurosurgery) • Demand and capacity review of PIC /PHDU and retrieval services • Paediatric radiology • Review of neonatal services against BAPM/Specification (legacy	• Implementation plan in place and networks established. • PIC/PHDU capacity in right place responsive to the needs of patients throughout the year including winter pressures •24/7 timely access to paediatric radiology	• Services reconfigured. • Robust reactive services in place. • Adherence to the 5 offers in Everyone Counts •100% specification compliant services
Mental Health	•New system for Secure Service Case Management & Gate keeping •Ensure compliance with Winterbourne report . • Develop and improve CAMHS Case management •Roll out of " My Shared Pathway" and Patient Involvement • Implement Offender PD Project d with National Offender team. •Review of Eating Disorder Services	• Reduce admissions, length of stay and associated costs. Improved pathway management for patients, delivered in appropriate level of security (secure services) • Improve quality of services and threshold management. • Roll out of national Offender PD work programme . •Updated manual of prescribed services	• Case management embedded into practise. • Adherence to the 5 offers in Everyone Counts •100% specification compliant services

Appendix G – Direct Commissioning Outcome Measures

NHS Outcomes Framework measures which the NHS Commissioning Board will use to track Progress. These outcomes apply to the directly commissioned programmes, and for some programmes will be supplemented by further indicators. Further work is required to ensure that the data can be gathered to form a baseline, and for some programmes implementation of IT systems is required to support this.				
Domain	**Measures that are suitable for both in year and annual assessment**	**Measures that are suitable for annual assessment only**	**In Quality Premium**	**Alignment with Directly Commissioned Programmes**
Preventing people from dying prematurely	None	Potential years of life lost (PYLL) causes considered amenable to healthcare Under 75 mortality rate from cardiovascular disease Under 75 mortality rate from respiratory disease Under 75 mortality rate from liver disease Under 75 mortality rate from cancer	Potential years of life lost (PYLL) from causes considered amenable to healthcare	Aligns with all programmes
Enhancing quality of life for people with long term conditions	Combined measure of unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) Unplanned hospitalisation for	Proportion of people feeling supported to manage their condition Health related quality of life for people with long-term conditions Dementia Diagnosis Rates	Combined measure of unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s Emergency admissions for acute	Aligns with all programmes

	asthma, diabetes and epilepsy in under 19s and 2 measures from domain 3		conditions that should not usually require hospital admission Emergency admissions for children with lower respiratory tract infections (LRTI)	
Helping people to recover from episodes of ill health or following injury	Combined measure as above with – Emergency admissions for acute conditions that should not usually require hospital admission Emergency admissions for children with LRTI Emergency readmissions within 30 days of discharge from hospital	Patient Reported Outcomes Measure (PROMs) for elective procedures a)hip replacement, b) knee replacement c) Groin hernia d) Varicose Veins	Combined with above	Applies to military, specialised services Further development of IT and data management systems may be required to support measurement
Ensuring that people have a positive experience of care	Patient experience of a) GP services b) out of hours services	Patient Experience of hospital care (needs attribution to CCG)	Patient Experience Measure	Applies to primary care, specialised services and military –for dependents

	Family and Friends Test			
Treating and Caring for People in a safe environment and protecting them from avoidable harm	Incidence of healthcare associated infection: MRSA Incidence of healthcare associated infection: Clostridium difficile	None	Incidence of healthcare associated infection: MRSA Incidence of healthcare associated infection: Clostridium difficile	Applies to primary care, offender health and specialised commissioning