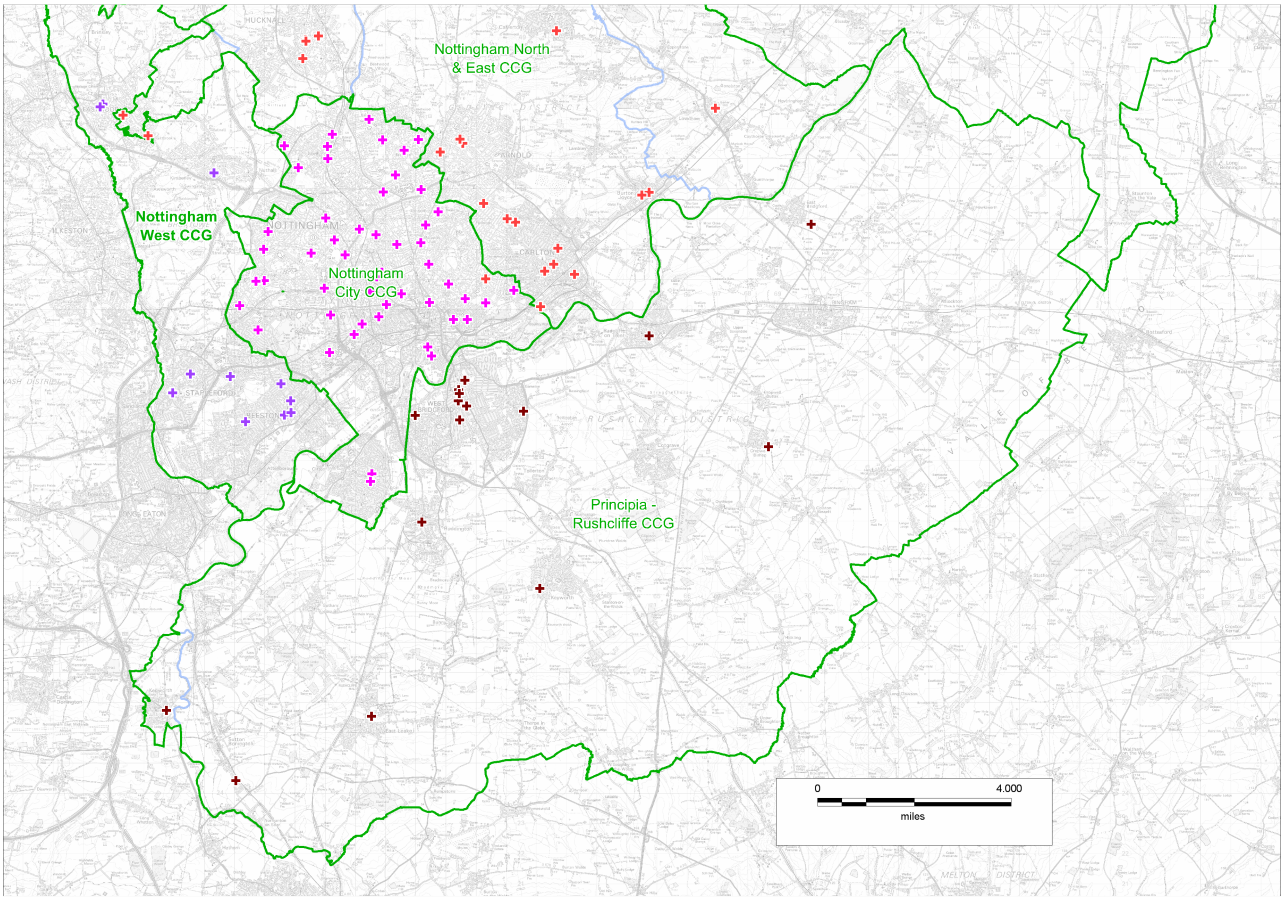
Principia
RUSHCLIFFE
NHS Clinical Commissioning Group

Principia Rushcliffe Annual Plan 2012/13

Wordle created at a Patient led Principia Vision & Values event (Nov 2011)

Contents



Executive Summary

This annual commissioning plan is written in a year of transition, as the NHS is moving accountability for the commissioning of health services to Clinical Commissioning Groups (CCGs) and the National Commissioning Board by April 2013, subject to the Health Bill passing through the House of Lords. Local GPs and patients determined that they wished to continue to collaborate, as they had done for many years, in the locality of Rushcliffe and therefore this is the first plan of Principia Rushcliffe as a Clinical Commissioning Group as it works towards becoming a statutory body in 2013. Working towards achievement of financial balance and other authorisation milestones will be the focus in 2012/13.

To achieve financial balance Principia Rushcliffe have a sizeable Quality Innovation Productivity and Performance (QIPP) target, delivery of this is a focus of the commissioning intentions which are split across 6 areas:

1) Mental Health
2) Non-elective/Long Term Conditions
3) Elective
4) Prescribing
5) Patient Public Involvement
6) Communication

Details of the commissioning intentions can be found in section 5.

Nationally CCGs have to work within a target of £25 per head (of GP practices registered population) management and administration allowance. This means that we will collaborate with other CCGs and Nottinghamshire County Council through the Health and Wellbeing Board when commissioning services from providers, and we will also look to gain further financial efficiencies through what are often called 'back office' functions. All of our decisions will have oversight from patients and local GPs and other community clinical staff.

Whilst financial and service efficiencies are a necessity Principia Rushcliffe are keen that the Quality and Innovation part of QIPP is not overlooked. We will look to see how we can improve certain services for example; schemes around pain management and better management in the home from stoma patients are two examples of how quality will be improved. An Innovative project around using television media to educate the public about the Two Week Wait pathway will be led By the Rushcliffe Cancer Forum.

Foreword

As we work toward authorisation Principia Rushcliffe needs to have a clear vision. Events such as a recent patient led Vision & Values session are helping to shape us as an organisation, as is the formation of the Principia Rushcliffe Clinical Cabinet (CC). The Cabinet has 16 part time sessional clinical roles and will provide leadership and a forum where a collective knowledge on clinical service delivery and issues can be shared and provided to Principia Rushcliffe Clinical Commissioning Group Board (CCG). All of the clinicians deliver care to Rushcliffe patients so we understand the community we serve, many of us have worked alongside our patients for many years as we have a stable community of GPs and their teams.

Health and Wellbeing boards have now been established and provide a forum for local partners across the NHS, public health and social care, elected representatives, and representatives of HealthWatch to discuss how to work together to better the health and wellbeing outcomes of the people in their area. Principia Rushcliffe are actively represent on the board by Dr Jeremy Griffiths.

Principia Rushcliffe will continue to have a proactive approach to health care management. This year we will continue to build on the successful integration of primary care with local health community teams. We plan to work with others, such as the local acute trusts and local authority, to extend the already established integrated team to include: the community geriatrician; mental health services for older people; and social work.

Local priorities will include management of planned and unplanned care and management of our elderly and vulnerable patients with long term conditions.

We will continue to seek innovation working in partnership with the third sector to identify how we can use technology to educate our hard to reach population, and our collaboration with Rushcliffe Borough Council to promote wellbeing in our population We also wish to use the skills and resources of our pharmaceutical partners.

We will work with our neighbouring CCGs where it makes sense to prioritise the adoption and spread of effective innovation and best practice.

Dr Stephen Shortt
Clinical Lead
Principia Rushcliffe CCG
January 2012

One of four themes to improve services for patients, identified by the NHS Operating Framework 2012/13, is putting patients at the centre of decision making in preparing for an outcomes approach to service delivery, whilst improving dignity and service to patients and meeting essential standards of care. This is something that Principia Rushcliffe have a proven track record of, winning the 2011 National Association of Primary Care Vision Award for Best Patient/Public Involvement and Engagement as a practice based commissioning group.

However there is still more to do this year, a patient representative will be appointed to the Clinical Cabinet (CC) which will be a key opportunity to shape and influence service delivery. In addition to the CC the Shadow Clinical Commissioning Group (CCG) has completed a recruitment process for lay chair and non executive representation on the Shadow CCG Board, these roles will commence in February and develop subject to the Health Bill.

The Patient Reference Group (PRG) and the majority of Patient Participation Groups (PPGs) are well established but as we move forward we will need to evolve to fit the new commissioning structures. This will provide a major challenge but one we are excited to tackle.

Principia Rushcliffe remains committed to having patient representation at all levels of the organisation on all working groups and sees their input and contribution to be essential in shaping service innovation and redesign.

Andy Warren
Chair, Principia Rushcliffe Patient Reference Group
January 2012

2011/12 was a challenging year for Principia Rushcliffe with a Quality Innovation Productivity and Performance (QIPP) target of £6.5 million. Schemes were developed an implemented throughout the year to achieve this savings target whilst maintaining the patient experience.

Some key successes in 11/12 include:

- Pilot of the Urgent Community Support Service (UCSS)
- Principia Rushcliffe's website relaunched
- Clinical review of referrals ensuring the point of care takes place as close to the patients home as is safe and appropriate
- Reduction in emergency admissions to hospital
- The successful discharge of patients with Diabetes from the hospital into the community service
- Development of a Clinical Cabinet (CC)
- 2011 winners of the Vision Award for Best Patient/Public Involvement and Engagement
- 4th Health Living Festival held in partnership with Rushcliffe Borough Council
- Continued development of integrated COPD Services

In September 2011 Principia Rushcliffe Clinical Commissioning Group (CCG), Sub-Committee of the Primary Care Trust (PCT) Board was formed. Recruitment to the Chair and non-executive directors took place in December and the CCG shadow board will be established in February 2012. This is a key step in Principia Rushcliffe being authorised as a statutory NHS body.

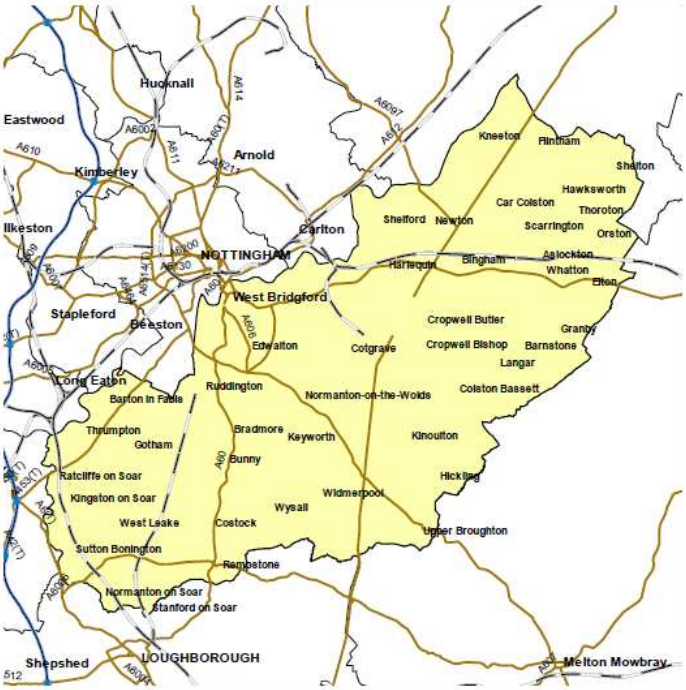
The challenging times will continue this year as we follow the progress of the Health and Social Care Bill and make the continuing journey towards authorisation. Again we will have a sizeable QIPP target, which will mean improvements to patient experiences will be made whilst achieving the necessary efficiencies.

This year Principia will be rebranded to meet Department of Health (DoH) guidelines, the Patient Reference Group (PRG) requested that the Principia name remain but our geography and status as a Clinical Commissioning Group will be identified By adding the word Rushcliffe.

Vicky Bailey
Chief Operating Officer
Principia Rushcliffe CCG
January 2012

1. Consortium Profile

Principia Rushcliffe Clinical Commissioning Group (CCG) covers 157 square miles (400 sq km) and commissions healthcare services for approximately 121,619 people (September 2011), the majority of whom live in the Rushcliffe Borough Council area. The main population is based within West Bridgford, where approximately 36,000 of the Borough's population live. The remainder of the district is largely rural, with the population split between small towns and villages.



- The health of people in Rushcliffe is generally better than the England average. Deprivation levels are lower than average, however 1,780 children live in poverty. Life expectancy for both men and women is higher than the England average, it is 80 for males 83 for females.

- Life expectancy is 5.2 years lower for men and 6.9 years lower for women in the most deprived areas of Rushcliffe than in the least deprived areas (based on the Slope index of inequality published on 5th January 2011).

- Over the last 10 years, all cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have fallen and are better than the England average.

- About 14.3% of year 6 children are classified as obese. 55.7% of pupils spend at least three hours each week on school sport. 77.2% of mothers initiate breast feeding and 15.8% of expectant mothers smoke during pregnancy.

- An estimated 12.3% of adults smoke and 19.4% are obese. The rate of road injuries and deaths is higher than average.

- 2.6% of the population is aged 85+

Source: Health profile for Rushcliffe 2011 www.healthprofiles.info

2. Financial Management Arrangements

Strong financial management and control during 2012-13 will be crucial to ensure successful delivery through transition and into the new reformed NHS. Principia Rushcliffe will work closely with Nottinghamshire County PCT and Nottinghamshire County/City Cluster, to ensure that the PCT does not end 2012-13 in a financial deficit position. Principia Rushcliffe's financial management arrangements will focus on:

- Establishing a robust and effective structure and approach to take the CCG forward as a stand alone statutory body in 2013-14

- To ensure Principia Rushcliffe is in a sound financial state for when the CCG becomes a statutory body. This will include ensuring that the running costs for 2013-14 are at the expected target level of £25 per head of population per annum

- Maintain and develop the CCGs good performance in the Quality, Innovation, Productivity and Prevention NHS initiative that aims to improve quality and delivery of NHS care while reducing costs

3. Commissioning Intentions

Principia Rushcliffe's 2011/12 commissioning intentions have been informed by the health needs of our population (section 1) and also our financial management arrangements (section 2).

Other documents/policies that have been instrumental in the development of our annual plan include:

- The Health and Social Care Bill 2010-11
- 2012/13 Operating Framework
- The NHS Outcomes Framework 2011/12 & 2012/13 (Five domains):

    1. Prevent people from dying prematurely
    2. Enhancing quality of life for people with long term conditions
    3. Helping people to recover from episodes of ill health or following injury
    4. Ensuring that people have a positive experience of care
    5. Treating and caring for people in a safe environment and protecting them from avoidable harm

- 2011 Rushcliffe Health Profiles
- Mental Health outcomes strategy, *No Health Without Mental Health*
- QIPP Initiatives from within and outside of the local health community
- NHS Chief Executive's Innovation Review
- Principia Rushcliffe Public Health practice profile October 2011

A utilisation review was recently commissioned by Principia Rushcliffe to explain why the apparent improvements made by Principia Rushcliffe in terms of the utilisation of resources and services did not appear to be reflected in the financial performance reported. The key findings of that report were:

Principia Rushcliffe's overall utilisation of NHS resources is less than any other Clinical Commissioning Group (CCG) in Nottinghamshire County. Furthermore, Principia Rushcliffe's utilisation is broadly in line with that of other CCGs with a similar population profile beyond Nottinghamshire. Generally populations with less deprivation get less funding overall, at the time of this report the financial allocations that CCGs will get from the National Commissioning Board have yet to be confirmed.

Principia Rushcliffe's actual spend has fallen in first outpatients, elective / day case and non elective over the past twelve months. Principia Rushcliffe's GP prescribing is very low both locally and nationally. The scope for Principia Rushcliffe to reduce utilisation at the Treatment Centre is currently restricted by the nature of the contract held.

Our budget has been set broadly based on a historical perspective – i.e. what we spent in previous years, but Principia Rushcliffe also had a 5.1% reduction for QIPP.

Follow Up outpatients is the biggest single area of overspend for Principia Rushcliffe at Nottingham University Hospital Trust, and we deal with this via the Service level Agreement (SLA) agreements

First Outpatients is an area where utilisation, to some extent, can be controlled by reducing the variation between the GP referrals. We will aim to be closer to the national Standard Admission Ratio (SAR) level.

Non elective utilisation has reduced at Principia Rushcliffe, but not enough to achieve to break even against the 2011-12 budget that is based on 2010-11 historical rates less QIPP targets. We will continue to focus in this area in particular and look to return to the level in 2008-09 which is closer to the national average.
The budget setting methodology for 12/13 is yet to be agreed, it is however unlikely that a pure weighted capitation toolkit methodology will be adopted. Likewise the QIPP target methodology is yet to be announced; however a target based on a fix percentage across all CCGs is unlikely.

The findings of this review have been considered when developing the 2012/13 intentions.

Risks

Financial

- The QIPP challenge for the whole of the NHS is significant; Principia Rushcliffe had a 5.1% efficiency target in 2011/12. The efficiency target for 2012/13 is currently being calculated, but is likely to be challenging
- We already have some plans in place for financial risk sharing across Nottinghamshire; we are working with other CCGs to further develop a managed financial risk sharing approach

Clinical Engagement

- Clinical leadership is fully embed in the CCG, this has been further boosted by the appointments to the Clinical Cabinet

Scale

- We will undertake collaborative commissioning arrangements where it makes sense to do so

4) Commissioning with our partners

- We will work with local government, commissioners and providers to maximise use of public sector resources and to achieve best local services

- We will be an active partner in Productive Nottinghamshire to play our part in priorities where the efforts of all organisations are needed to achieve change at scale

- The Health and Wellbeing Boards (HWB) for Nottinghamshire County has now been established and provides a forum for local commissioners across the NHS, public health and social care, elected representatives, and representatives of HealthWatch to discuss how to work together to better the health and wellbeing outcomes of the people in their area, Principia Rushcliffe are actively represent on the board by Dr Jeremy Griffiths

- The Joint Strategic Needs Assessment (JSNA) prepared by the HWB will provide a clear and comprehensive understanding of the local population's most pressing healthcare requirements. The JSNA will advise our commissioning priorities which we will revisit it as it is updated

- The six Nottinghamshire CCGs have established collaborative commissioning arrangements via a shared infrastructure to ensure economies of scale fundamental to the new NHS environment. This shared infrastructure covers contract management, finance, information, performance monitoring, quality and patient safety. The arrangement maximises management and clinical capacity within an affordable running cost allowance

- We are working with our CCG colleagues to develop a service level agreement with the Nottinghamshire Commissioning Support Hub. The hub provides a range of services including: procurement support, technical finance, information governance, legal services, estates and human resources

- Through joint commissioning under the direction of the Health and Wellbeing Board we will focus on a range of services for the most vulnerable in our population, who because of the relative wellbeing of the population overall can be missed or even not identified. Our community partnership work with voluntary and charitable bodies will target services around alcohol misuse, nutrition and smoking cessation services to our most vulnerable children

- We have identified commissioning intentions around urgent admission prevention, pathway coordination with community midwifery service and the interface between primary care and CAMHs/community paediatrics

5. Work Programme 2012/13

5.1) Authorisation

In order to become a statutory body by April 2013 Principia Rushcliffe will have to demonstrate its fitness for purpose against set criteria, that authorisation process is now underway. It is based on a phased approach:

5.2) Estates Assets and Capital Developments

Lings Bar Hospital (LBH)
An independent utilisation review programme was commissioned by East Midlands Procurement and Transformation (EMPACT) for the Region. As part of this programme NHS Nottinghamshire County undertook an evidence-based assessment of whether patients are receiving the right care, in the right clinical setting, at the right time at Community Hospitals in the County. The results show that at Lings Bar Hospital (LBH) 47% of patients would be better cared for in settings away from the hospital and of those approximately 20% of patients experience longer lengths of stay than is necessary because packages of care at home are taking too long to set up.

This year work will be ongoing to:

- To ensure the stability and development of LBH by ensuring patients are discharged in a timely manner and scoping alternative services which could be relocated into wards at LBH
- To redirect resources to develop sustainable and appropriate care within the community

Primary care contracting is not part of the CCG remit and therefore decision making on practice developments remains the responsibility of the PCT until April 2013 and then of the NHS Commissioning Board. However, Principia Rushcliffe CCG is committed to the provision of high quality premises for its resident population.

Bingham
The full business case for a new health facility in Bingham was approved by the PCT in August 2011 and planning consent was granted in November. This long awaited development will open late autumn 2012.

West Bridgford
Four practices in West Bridgford are proposing to merge and re-locate to new purpose built premises with a fifth practice also re-locating. Considerable work has taken place to identify a site and a full business case is being prepared. An engagement exercise with 30,000 patients on the five practice lists has taken place and this will form part of the business case submitted to the PCT for approval.

If approved, it is anticipated the development will start in late 2013.

Principia Rushcliffe continues to work with Rushcliffe Borough Council on the Local Development Framework and the provision of new housing developments in Rushcliffe.

5.3) Clinical and management leadership

Concern from some of our patient groups was that the GPs would be spending their time on administration and not seeing them. We have therefore looked to engage a wide range of clinicians to spread clinical leadership, and minimise time away from patients, with many developments being about spreading education, and also working with clinicians in hospitals to ensure that we collaborate to design the right services.

Principia Rushcliffe Clinical Cabinet
In autumn 2011 the Principia Rushcliffe Clinical Cabinet was established. The Cabinet will be adopted as a sub group of the Principia Rushcliffe CCG Governing Body and provides a forum where a collective knowledge on clinical service delivery and issues can be shared. Further details on the role of the Clinical Cabinet can be found in Section 9.

Principia Rushcliffe Gateway roles
A gastroenterology triage pilot for advice and guidance identified 10% of referrals could have been avoided if advice and guidance had been readily available for the referring clinician. The pilot was extended to collect reason for referral for all referral processed by the Clinical Assessment Service (CAS). The data collected has help identify 15 speciality areas for redesign; each area has a nominated lead from each Principia Rushcliffe CCG practice. This group of clinicians will be making recommendations in the coming months, these clinicians are:

Speciality	GP Lead	GP practice
Mental Health	Dr Nick Page	Ludlow Hill
Gynaecology	Dr Jill Langridge	Keyworth
Gastroenterology	Dr Matt Jelpke	St Georges
Osteoporosis	Dr Anne Marie Stewart	East Bridgford
Radiology	Dr Jag Rai	Ruddington
Colorectal	Dr Nigel Cartwright	Kegworth
Respiratory	Dr Padmakumari Muthuswamy	West Bridgford
T&O Upper & Lower Limbs	Dr Lynn Ovenden	Southview
Rheumatology	Dr Linda Kandola	Gamston
Endocrine/Diabetes	Dr Rahul Mohan	East Leake
Opthalmology	Dr Ian Mcculloch	Musters
Dermatology	Dr Ram Patel	Radcliffe-On-Trent
Paediatrics	Dr Bukula Patel	Compton Acres
ENT	Dr Pargat Singh	Trent Bridge
Urology	Dr Pete Mahony	Belvoir Health Group

Population of the management structure
Vacancies still exist within the management structure; these will be populated early in year to ensure that the work programme will be delivered.

Success Scheme
A fifth Principia Rushcliffe Success Scheme will be developed in early 2012, building on the success of previous years its focus will be decided by the Clinical Cabinet.

Clinical Education
Building on the success of Protected Learning Time (PLT) events in 2011, Principia Rushcliffe will again hold 10 clinical and 2 non-clinical sessions. The programme of events will be informed by the local commissioning priorities and clinical education needs identified by our clinicians. These events are well attended by a range of clinicians and patients from the patient reference group attend too

Topics scheduled for 12/13 include:

- Long Term Conditions
- Bowel Cancer
- NICE Quality standards
- Mental Health
- Safeguarding

The sessions will continue to incorporate a Clinical Commissioning Forum (CCF) which provides an opportunity to discuss key commissioning business.

6) Commissioning Intentions

Why we chose this	What we are trying to achieve	What we are doing	Lead Name
6.1 Mental Health (MH) and well-being is an important aspect of our populations health. Around a third of people attending general practice have a mental health component to their illness. There is a strong association between mental and physical ill health **(Principia Rushcliffe Practice Profiles 2011/12).**	Review referrals into Mental Health services working with medical consultants to ensure that patients are seen by the right professionals Reduce length of stay in hospital for MH patients. Utilise community MH services.	Newark & Sherwood CCGs are the coordinating commissioner for Nottinghamshire Healthcare Trust. Specific commissioning intentions for the trust have been jointly agreed across the CCGs and are as follows: Ensure services can evidence that they promote recovery, focus on improving quality of life and the independence of people with poor mental health (reflecting the Mental Health strategy) In conjunction with CCGs collaboratively develop and deliver agreed improvement goals in 2012/13 (high quality, cash releasing, cost saving and can encompass a number of areas e.g. reducing length of stay in out of area placements, reduced consultant to consultant referrals and other internally generated referrals and activity) Reduce in-patient length of stay and focus on providing and utilising community mental health services Continue to focus on reducing delayed transfers of care working with all partners to achieve this objective Deliver the Department of Health (DoH) requirements for the	**Clinical Cabinet lead** Dr Nick Page **Gateway Lead** Dr Nick Page **Management lead** Vicky Bailey **Patient lead** TBC **Finance lead** Stephen Andersen **Information lead** Robert Taylor

Why we chose this	What we are trying to achieve	What we are doing	Lead Name
		implementation of Payment by Results, by adopting an approach with minimal financial risk to CCGs and NHT Review primary / secondary care referral thresholds Work with providers to implement the recommendations from the utilisation review of inpatient rehabilitation services undertaken in 2011 Develop a Quality Assurance framework for Learning Disability service providers	
The actual number of admissions for mental health is low in comparison with other Nottinghamshire CCGs (646 admissions for Principia Rushcliffe over 2 years).The less severe episodes are often addressed through referrals to talking therapies. At the current time Improving Access to Physiological Therapies (IAPT) receives GP referrals only but this is due to change to self referral in the near future.	The Mental Health & Well Being Partnership (patient forum) are keen to promote prevention aspects of mental health. The forum was set up specifically to take a preventative approach to mental health issues in the Rushcliffe area.	The forum is exploring the various talking therapy options available and are looking to produce a range of promotional and educational materials to support this.	
Rushcliffe's resident population has the highest level of increasing and higher risk drinking in the county (26.7%).	We wish to raise awareness of alcohol misuse amongst, clinicians, wider partnership and targeted groups of the local population e.g. young people, adults, school teachers.	Alcohol early intervention training in place for clinical staff and partner agencies. Targeted alcohol education among identified groups and settings e.g. schools, universities, workplaces.	
Elements of the MH contracts with	We need to manage the financial risk	We will be performance managing the	

Why we chose this	What we are trying to achieve	What we are doing	Lead Name
Nottinghamshire Healthcare Trust have moved from a block contract to cost and volume. This needs to be performance managed to ensure that the contract isn't overspent.	of this contract change.	contract. We will be validating activity and supplying activity information to our constituent practices.	
6.2) Non-Elective Care, including Emergency Admissions and readmissions. Principia Rushcliffe spend over 18 million pounds a year on non-elective care at NHS providers. This is the largest area of spend for the Clinical Commissioning Group. From background analysis we have identified areas where efficiencies could be achieved.	We are trying to reduce the number of unnecessary emergency admissions to hospital by supporting patients with long term conditions to be proactively managed in the community by an integrated health care team. We also wish to understand and influence access to primary care services and how and where people choose to access emergency care.	Commissioning of the Urgent Community Support Service pilot (UCSS). Practices to review access to same day general practice. Practices to review in hours Walk In Centre (WiC) and Emergency Department (ED) attendances. Toolkit for management of unplanned care to be developed on the clinician's area of the Principia Rushcliffe website. Practices to increase awareness and utilisation of all pathways that support unplanned care. Integration with other agencies to extend the membership of the integrated team. Pathway development of the Community Geriatrician. Notification and validation of frequent	**Clinical lead** Dr Tim Daniels & Dr Nick Foster **Management lead** Helen Griffiths **Patient lead** Andy Warren **Finance lead** Stephen Andersen **Information lead** Robert Taylor

Why we chose this	What we are trying to achieve	What we are doing	Lead Name
		fliers.	
Chronic Obstructive Pulmonary Disorder (COPD) Within Principia Rushcliffe, practices varied in terms of the number of COPD cases that were observed compared to the number that was expected using the model. During 2010/11 there were 1463 observed and 2536 expected cases of COPD. GP practices varied from having 36% of the expected number in Compton Acres Medical Practice to 79% in Radcliffe on Trent Health Centre. This suggests that not all people who have COPD in Principia RushcliffeCCG have been identified **(Principia Rushcliffe Practice Profiles 2011/12).**	**Long Term Conditions** COPD, Heart Failure and Diabetes are long term conditions that in many cases can be effectively managed through GP intervention. Such long-term management has the potential to effectively treat each condition on an ongoing basis, thereby preventing a portion of acute events, hospital admissions or more serious health outcomes **(Principia Rushcliffe Practice Profiles 2011/12)**.	In addition to better identification which will be supported by clinical education the following schemes will be implemented: Specialist COPD nursing team to work with practices to address quality of spirometry. General practice to refer to specialist COPD team following one exacerbation and hospital admission of a patient. Development of a community facing domiciliary oxygen clinic. Validation of home oxygen prescriptions. Promotion of the British Lung Foundation DVD 'Living well with COPD'.	**Clinical lead** Dr N Fraser **Gateway Lead** Dr Padmakumari Muthuswamy **Management lead** Helen Griffiths **Patient lead** Wayne Sherwood **Finance lead** Stephen Andersen **Information lead** Robert Taylor
Approximately 18% of Principia Rushcliffe's registered population is estimated to smoke cigarettes; this is lower than the Nottinghamshire average of 25%. Using these estimates, approximately 10,000 people in Principia Rushcliffe continue to smoke.	We wish to reduce the number of people who smoke and who are exposed to second hand smoke.	Smoking cessation programmes are actively promoted and encouraged by both clinicians and the wider community partnership Alternate smoking cessation telephone clinic arrangements in place for the more vulnerable groups such as the housebound and those living in rural locations. 'Hot spot' areas identified via levels of cessation activity, local	

Why we chose this	What we are trying to achieve	What we are doing	Lead Name
		intelligence and child poverty data.	
Heart Failure There is substantial variation between practices in terms of the observed versus expected number of Heart Failure patients. West Bridgford Health Centre has an observed number of Heart Failure patients that is 26% that of the estimated number, compared to Belvoir Health Group which had 68% of the expected number of heart failure patients. This suggests that potentially not all people who have Heart Failure in Principia Rushcliffe have been identified **(Practice Profiles 2011/12).**	Reduce the gap between the numbers observed versus the expected number of patients with heart failure.	A joint project is being undertaken with Takeda a pharmaceutical company to develop an integrated Heart failure screening project which will ensure early screening; diagnosis and treatment optimisation. This is in collaboration with the specialist nurse heart failure service.	**Clinical lead** Dr N Fraser **Management lead** Helen Griffiths **Patient lead** Paul Midgley **Finance lead** Stephen Andersen **Information lead** Robert Taylor
Diabetes Up to 24,000 deaths a year among diabetes patients could be prevented through better management, an analysis of England's National Diabetes Audit has found. Young women with Type One disease were nine times more likely to die than their peers. As many as 75,000 people with diabetes die each year. Yet almost a third of these could be avoided by better management of the condition, the study found. Type Two Diabetes is an associated risk factor with obesity and it is estimated that there are 11,000 people (16+yrs)	Principia Rushcliffe wish to build on the success of the community service for patients diagnosed with Type Two Diabetes. Principia Rushcliffe will review and develop service to improve the experience of patients with Type One Diabetes. Principia Rushcliffe will continue to support work with the wider community partnership to ensure	Principia Rushcliffe Community Service for patients with Type Two Diabetes will continue to expand a further 40 patients have been identified for transfer into the community from secondary care in 2012/13. Intelligence gathering around service available for type one patients will be undertaken. Local obesity prevention plans in place that encompasses both nutrition and physical activity. Identified child	**Clinical lead** Dr N Fraser **Gateway Lead** Dr Rahul Mohan **Management lead** Charlotte Lawson-Braley **Patient lead** Adan Walker **Finance lead** Stephen Andersen **Information lead** Robert Taylor

Why we chose this	What we are trying to achieve	What we are doing	Lead Name
considered obese across the CCG. In respect of child obesity 2009/10 prevalence data shows that obesity among Rushcliffe reception aged children was 5.4% and year 6 children was 14.3%. This means that in a reception class size of 25, 1-2 children will be obese but by year 6, 3 – 4 children will be.	appropriate nutrition programmes are in place for both adult and child target populations.	poverty areas are also being used to prioritise local nutritional programmes relating to both adults and children.	
Long Term Management Long term conditions are those conditions that cannot, at present, be cured, but can be controlled by medication and other therapies. They include diabetes, asthma, and chronic obstructive pulmonary disease. Of these, many live with a condition that limits their ability to cope with day-to-day activities. There is a significant challenge to proactively meet the health needs of approximately one third of the population have at least one LTC; 50% people over 60 years of age have an LTC; there is a predicted 60% increase in the number of people with 3 or more LTCs over a 10 year period (2006-2016).	Principia Rushcliffe are taking part in a DH work programme to ensure the implementation of the following three key factors in optimising patient management: - risk stratification - development of integrated teams - self care management plans and programmes	A feasibility pilot will be undertaken across a group of GP practices to develop the role of a domiciliary practice nurse to carry out venepuncture, chronic disease management and screening to those patients deemed to be housebound and unable to attend their own surgery, that are not deemed appropriate to be seen by the district nursing service. It is anticipated that this pilot will also support practices by creating additional capacity for the practice nurse staff to support patients with long term conditions at the practice, rather than carrying out domiciliary visits.	**Clinical lead** Dr N Fraser **Management lead** Helen Griffiths **Patient leads to be identified for each work stream** **Finance lead** Stephen Andersen **Information lead** Robert Taylor
End of Life (EOL) Principia Rushcliffe perform well on the number of deaths in hospital achieving 49%, the national average is 56%. However only 184	Principia Rushcliffe wishes to reduce the number of deaths that occur in hospital and also raise the number of EOL patients that are captured on GP	Principia Rushcliffe are a pilot site for Cohort Model for End of Life Care in Community settings. This modelling tool will help identify areas where we	**Clinical lead** Maggie Jephcote/Dr N Fraser **Management lead** Charlotte Lawson-Braley

Why we chose this	What we are trying to achieve	What we are doing	Lead Name
people (17% of expected deaths in one year) are on EOL registers, it is widely recognised that 40% of people who will die should be on GP registers.	registers. The quantity of evidence is growing that proactive identification on registers correlates more closely with achievement of wishes and preferences.	may want to invest to help achieve our goals.	**Patient lead** Sandra Teece **Finance lead** Stephen Andersen **Information lead** Robert Taylor
Community Services County Health Partnerships are aligned to the CCG to facilitate primary care integration with GPs and to support partnership working with local commissioners.	Core community services are working closely with the CCG to support the annual plan and lead on priority areas such as long term condition management; unplanned care; end of life and children and family services.	Local adult nursing services will: continue to integrate with the wider services and teams: adult health and social care; mental health services; acute care – where indicated. Development of a single point of access to assist in navigation to appropriate services. Childrens services to : Review pathways that impact on urgent admissions (eg asthma, epilepsy). Agree support/health promotion to go into schools, nurseries re above Review pathway/coordination with community midwifery service Review/improve interface with Child and Adolescent Mental Health Services (CAMHs)/community paediatrics.	**Clinical lead** Dr L Ovenden **Management lead** Helen Griffiths **Patient lead** Sandra Teece/Kate McClaughin **Finance lead** Stephen Andersen **Information lead** Robert Taylor
Pain Management Evidence has identified that a number	Support patients to better manage their pain.	Building on previous successful relationships with the pharmaceutical	**Clinical lead** Dr N Fraser **Management lead** Charlotte Lawson-

Why we chose this	What we are trying to achieve	What we are doing	Lead Name
of Principia Rushcliffe patients have unplanned admissions for Chronic Pain and Constipation. **New workstream** We are overspent on the Pain Management Solutions (PMS) contract. A number of Principia Rushcliffe patients are receiving acupuncture we wish to validate that this is in-line with the Commissioning Policy covering procedures of limited clinical value. The PLCV policy helps identify procedures which have relatively small health benefits compared to other competing priorities.	Reduce emergency admissions for constipation related chronic pain. Ensure PLCV is implemented.	industry Principia Rushcliffe wish to work with NAPP Pharmacuticals to understand the current spend on prescribing and hospital treatment for these patients. From there we plan to identify opportunities to better manage these patients in the community. Manage PMS contract to ensure PLCV is being implemented.	Braley **Patient lead** TBC **Finance lead** Stephen Andersen **Information lead** Robert Taylor
Care Homes Locally most care homes have a trend of increasing admissions/beds over the years. About half of hospital admissions from care homes are via A&E. Nearly all care home admissions via A&E arrive by ambulance and are during GP surgery opening hours.	General practice, Medicines Management Team and community services are committed to working in collaboration to support the care homes locally. Those care homes with a higher than average admission rate will be a priority area to target in the first instance.	Principia Rushcliffe practices are all working to the Good Practice Care Home Guidance and are supportive of the one practice to support one care home. This work is being carried out in a timely and sensitive manner in line with local changes in GP practice configuration and as new patients register with a care home. The community matrons in each	**Clinical lead** Dr L Ovenden **Clinical lead** Kate Robertson **Management lead** Helen Griffiths **Patient lead** Nigel Lawrence **Finance lead** Stephen Andersen **Information lead** Robert Taylor

Why we chose this	What we are trying to achieve	What we are doing	Lead Name
The most common diagnosis for care home admissions, via A&E or not continues to be Urinary Tract Infections (UTIs). A variety of factors will be influencing admission rates, some of which can be managed to reduce activity and save money.		community ward will target those homes with the highest emergency admission rate. The dementia outreach service is starting to work closely with the integrated teams to support care homes. A Charter of Good Practice, which has been developed locally, will be launched.	
Stoma Nurse Nottingham North and East CCG recently launched a project to improve care for patients with a stoma, particularly for those who have had a stoma for a long time. The project also aims to improve the cost effectiveness of stoma care prescribing. New workstream	To improve care for patients with a stoma, particularly for those who have had a stoma for a long time To improve the cost effectiveness of stoma care prescribing	Principia Rushcliffe wish to identify a pharmaceutical partner to support implementation of this service locally.	**Clinical lead** Dr N Fraser **Management lead** Charlotte Lawson-Braley **Patient lead** TBC **Finance lead** Stephen Andersen **Information lead** Robert Taylor
Telehealth and Telecare It is well documented that self care management and assistive technology is a key factor in the management of long term conditions. New workstream	Principia Rushcliffe are keen to work with the local authority to support the assistive technology agenda. Self care management is a priority areas that Principia Rushcliffe wish to develop for patients with long term conditions and Telehealth and Telecare are key components of this agenda.	Telehealth is currently being piloted with COPD patients as part of a Nottinghamshire wide study. The outcome of this pilot will help in informing commission intentions with the local population.	**Clinical lead** Dr N Fraser **Management lead** Helen Griffiths **Patient lead** TBC **Finance lead** Stephen Andersen **Information lead** Robert Taylor
6.3) Elective Care Principia Rushcliffe Clinical Assessment Service (CAS)	The CAS priority is to process patient referrals using the national Choose &	Principia Rushcliffe CAS will continue to offer patients choice of provider for	**Clinical lead** Dr M Jelpke **Management lead** Charlotte Lawson-

Why we chose this	What we are trying to achieve	What we are doing	Lead Name
/Triage Whilst Principia Rushcliffe practices have made significant progress in reviewing their referral patterns there is still significant variation across the practices with a range in outpatient standard admission ratios (SARs) of 83% - 139%. This illustrates that there is still work to be done.	Book system. Another key function of the CAS is to support a triage function for ophthalmology, gastro and varicose vein referrals. The CAS also provides current information on GP referrals for our patients. This information can be used to support a number of quality and performance project.	elective care. Within the guidelines they will also continue to offer choice of consultant led team. The Gastro Triage Pilot will be formally commissioned. Where appropriate short term triage pilots will be action via the CAS to support adherence to the Policy of Procedure of Limited Clinical Value (PLCV). Data provided by the CAS will support the 15 Gateway leads to make recommendations for service delivery redesign, streamlining of secondary care pathways and clinical education issues. We also wish to use the data gathered to look at Locum/Registrar Referrals. We wish to understand other sources of referrals and will be looking at community referrals and consultant to consultant referrals.	Braley **Practice Manager Lead** Andrea Younger **Patient lead** TBC **Finance lead** Stephen Andersen **Information lead** Robert Taylor
Procedures of Limited Clinical Value (PLCV) There is evidence that referrals are still being made into secondary care for patients requiring a procedure included in the PLCV value policy.	Ensure that referrals for procedures that fall under the PLCV value are not made to secondary care. Primarily through promotion of the policy. Validate that the PCT produces list is in-line with other areas of the country.	PLVC lead item on the Principia Rushcliffe Clinicians Website Principia Rushcliffe have initiated triage of referrals for Cataracts, dermatology referrals for an excision and eyelid surgery.	

Why we chose this	What we are trying to achieve	What we are doing	Lead Name
		There is not a national template for PLVC schemes therefore our list is not exhaustive, work will be undertaken to identify further schemes that can be included in our policy. These will be added to the PLCV triage.	
Direct Access from the 1st August 2011 direct access lab tests and imaging, (excluding ultrasound) moved to a cost and volume contract from a block contract. This has resulted in a cost pressure for Principia Rushcliffe.	Principia Rushcliffe wish to performance manage the activity to ensure it is not overspent in 12/13.	As part of the 11/12 Principia Rushcliffe Success Scheme practices are being asked to audit their activity and identify efficiencies.	**Clinical lead** TBC **Management lead** Charlotte Lawson-Braley **Patient lead** N/A **Finance lead** Stephen Andersen **Information lead** Robert Taylor
Integrated Clinical Assessment and Treatment Services (ICATS) Pilot schemes in other areas have demonstrated positive outcomes with respect to fewer referrals to secondary care and more patients being managed in non-acute settings. Locally there is need to improve pathways and administration systems for orthopedic referrals. New workstream	We are trying to improve the patient experience by referring patients to the most appropriate service. This will reduce patient waiting times.	Principia Rushcliffe will work with the PCT cluster to approve and implement an ICATs model that will cover all orthopedic areas, including spines. Implementation will be in late summer 2012.	**Clinical lead** Dr M Jelpke **Management lead** Charlotte Lawson-Braley **Patient lead** TBC **Finance lead** Stephen Andersen **Information lead** Robert Taylor
Ophthalmology Following a successful pilot Principia Rushcliffe will work with South Nottinghamshire CCGs to proceed to full local procurement of the Triage and Treatment Service, using Any Qualified	The service will reduce the demand for ophthalmic services at Nottingham University Hospitals (NUH). The triage service will intercept referrals that can be	Commissioning a triage service. Commissioning a community treatment service**.** A local event will be held to improve	**Clinical lead** Dr I Mcculloch **Gateway lead** Dr I Mcculloch **Management lead** Charlotte Lawson-Braley/Richard Doane **Patient lead** Ian Thompson **Finance lead** Stephen Andersen

Why we chose this	What we are trying to achieve	What we are doing	Lead Name
(AQP) Principles. .	managed within the community and direct them to a range of community providers.	relationships between local Opticians, Primary and Secondary Care. This will help establish how the development of the skills required for management of some patients in primary care can be achieved. Work will also be undertaken to support the opticians to develop referral quality standards	**Information lead** Robert Taylor
Cataracts The legacy Nottingham Cataracts Referral Pro-forma was developed to prioritise cataracts operations when the waiting list exceeded 18 months, waiting times are now low. This service is now obsolete.	Decommission the service.	Principia Rushcliffe will cease to pay optometrists for completion of the Nottingham Cataracts Referral Pro-forma. Principia Rushcliffe will write to all optometrists and give notice on this service.	**Clinical lead** Dr I Mcculloch **Gateway lead** Dr I Mcculloch **Management lead** Charlotte Lawson-Braley/Richard Doane **Patient lead** Ian Thompson **Finance lead** Stephen Andersen **Information lead** Robert Taylor
Referral Refinement Following changes to NICE guidance a referral refinement scheme was developed for patients with raised ocular pressure. Due to a limited number providers the coverage of this scheme has been limited.	By introducing new providers into the market it will ensure that we achieve better coverage. Better coverage will ensure fewer referrals into to secondary care for false positives.	Principia Rushcliffe will work with South Nottinghamshire CCGs to relaunch the referral refinement scheme.	**Clinical lead** Dr I Mcculloch **Gateway lead** Dr I Mcculloch **Management lead** Charlotte Lawson-Braley/Richard Doane **Patient lead** Ian Thompson **Finance lead** Stephen Andersen **Information lead** Robert Taylor
Cancelled Operations Principia Rushcliffe faces a bill each year of £29k for cancelled operations due to clinical reason. New workstream	Undetected hypertension, anaemia, diabetes, atrial fibrillation (AF), Chronic Kidney Disease (CKD) are the five biggest causes. Many of these are preventable by simple actions before referral. Principia Rushcliffe wish to work with Nottingham West to understand how they have addressed this issue through the development of a referral template.	Develop a referral template and implement its use across the 16 practices.	**Clinical lead** Dr M Jelpke **Management lead** Charlotte Lawson-Braley **Patient lead** TBC **Finance lead** Stephen Andersen **Information lead** Robert Taylor
Audiology There is some evidence to	Managing more patients in the	A review into the coding and counting	**Clinical lead** Dr M Jelpke

Why we chose this	What we are trying to achieve	What we are doing	Lead Name
suggest that a number of patients attend audiology services unnecessarily. There are however activity coding and counting issues which make it difficult to prove or disprove this theory.	community is better for the patients and has the potential to bring cost savings by decreasing the level of secondary care activity.	of Audiology activity will continue by the Contract Team. Once resolved Principia Rushcliffe will look to engage in a further review of the pathway to assess whether the level of activity going through secondary care is appropriate. Principia Rushcliffe will take action to ensure that its pathways are efficient and effective and patient focused.	**Gateway Lead** Pargat Singh **Management lead** Richard Doane **Patient lead** Tony Bray **Finance lead** Stephen Andersen **Information lead** Robert Taylor
Enhanced Service Principia Rushcliffe constituent practices provide a number of different Locally Enhanced Services, these we previously managed at a PCT level. In 2011/12 some of these LESs were overspent. Principia Rushcliffe want to understand what LESs are in its portfolio and why they are overspent. New workstream	Ensure that all LES's are fit for purpose and are performance managed.	Principia Rushcliffe will continue to review its Locally Enhanced Services and to work with General Practitioners to ensure that our patients receive the highest quality, most effective and appropriate health care at the most reasonable price. Equality Impact Assessments and Quality Impact Assessments will be completed for these LESs.	**Clinical lead** Dr I Mcculloch & Dr R Patel **Management lead** Richard Doane **Patient lead** TBC **Finance lead** Stephen Andersen **Information lead** Robert Taylor
6.4) Prescribing Principia Rushcliffe has an annual prescribing budget of around £16m. Without input into prescribing, with increasing financial pressures and the continued growth of the amount of medicines prescribed, this budget can easily become overspent.	To ensure that Principia Rushcliffe comes within its prescribing budget in 2012/13 and delivers good quality prescribing for patients an evidence based, cost effective prescribing plan will be developed and implemented across the practices within Principia Rushcliffe using the Primary Care Prescribing Team.	Principia Rushcliffe will develop a prescribing plan targeting specific areas of prescribing including adherence to local and national guidelines, e.g. COPD guidelines, medication reviews with face to face contact at patient level using pharmacist prescribing skills, as well as simple switches, e.g. generic switches, to ensure cost effective prescribing. Prescribing target developed for the 2012/13 Principia Rushcliffe Success	**Clinical lead** Dr A MacDonald **Management lead** Beth Carney **Patient lead** Rupert Earl, Michael Fanthorpe **Finance lead** Stephen Andersen **Information lead** Robert Taylor

Why we chose this	What we are trying to achieve	What we are doing	Lead Name
		Scheme Principia Rushcliffe will commission a software tool known as 'MedMan' from Medicines Management Solutions. The tool identifies where prescribing efficiencies can be made for example via switches and medication reviews also has the functionality to support internal audits to assist with QIPP; early screening and potentially risk stratification.	
6.5) Patient and Public Involvement The NHS Operating Framework 2012/13 identifies that NHS organisations must actively seek out, respond positively and improve services in line with patient feedback.	Principia Rushcliffe want to commission services for patients with patients. Principia Rushcliffe want to ensure that commissioned services are utalised by our patients. Principia Rushcliffe is keen to establish further patient forums in the coming year covering learning disabilities and carers. People with learning disabilities are often excluded from engagement and consultation and yet are high users of services and their patient experience can provide valuable insight for commissioning of services. Carers play a vital role in our system	Principia Rushcliffe have developed an engagement pathway to ensure that we have consistency in all areas seeking patient and public involvement. Principia Rushcliffe have developed an area on the website to promote active patient involvement. This will promote engagement and consultation opportunities. A patient forum for learning disabilities will enable us to have continued dialogue with patients throughout the year providing patient experience data to inform the commissioning process. Principia Rushcliffe are looking to work with the Library service and the voluntary sector to establish a Reading CHAIN (Carers Health Advice	**Clinical lead Dr Stephen Shortt** **Management lead** Helen Limb **Patient lead** Andy Warren (Chair PRG) **Finance lead** Stephen Andersen **Information lead** Robert Taylor

Why we chose this	What we are trying to achieve	What we are doing	Lead Name
	and must receive help and support that they need and want from local organisations (Operating framework 2012/13).	Information Network) information will be available via websites as well as though active forum sessions. Principia Rushcliffe will continue to have patients at each level of the organisation and will increase the level of involvement with Patient Participation Groups within the GP practices. Principia Rushcliffe will develop its work with hard to reach groups through its service level agreement with Rushcliffe Community and Voluntary Service. Principia Rushcliffe will continue its relationship with Patient Opinion, the UK's leading independent non-profit feedback platform for health services. Principia Rushcliffe will also utilise its website to canvas opinion and also its Health Network of 810 patients.	
Cancer Local hospitals are reporting that some patients referred on a two week wait (2WW) pathway are deferring their appointments as they are not aware that they are on a suspected cancer pathway. Locally a leaflet has been develop to help educate patients however Principia Rushcliffe would like to build on this.	Principia Rushcliffe wish to educate patients about the 2WW pathway. We wish to reduce the number of patients breeching the 2 week target. This will help ensure patients receive timely treatment.	Principia Rushcliffe Cancer Forum in partnership with Macmillan would like to investigate the feasibility of developing a short film to be shown in GP practices.	**Clinical lead** Maggie Jephcote/Dr N Fraser **Management lead** Charlotte lawson-Braley/Helen Limb **Patient lead** Sandra Teece **Finance lead** Stephen Andersen **Information lead** Robert Taylor

Why we chose this	What we are trying to achieve	What we are doing	Lead Name
6.6) Communications Maintaining good communications with our constituent practices and our patients is vital to our success. Utilising communications tactics we are able to send and receive information, canvas opinion and collate feedback. The feedback is then used to inform commissioning decisions. New workstream	The communications strategy for Principia Rushcliffe will support delivery of the annual plan and the organisation's objectives through a range of communications tools and tactics. Clear approaches to communications will be developed, with all activities tailored to specific audiences, depending on the message.	Routine newsletters 'Commission Critical' & 'Principia Matters' will be produced and targeted at specific stakeholders. Further development of public website, schedule of maintenance and developments created. Content Management will be commissioned. Web site developed to meet requirements of documents in the public domain for authorisation. Relaunch of Clinicians Area with latest pathway information for clinicians. Regular press releases promoting events and service developments.	**Clinical lead** Dr N Foster **Management lead** Charlotte lawson-Braley/Rhiannon Pepper **Patient lead** **Finance lead** Stephen Andersen **Information lead** Robert Taylor

7) CCG Governance

Future Governance Arrangements – CCG Shadow Board

The Future Forum's Patient Involvement and Public Accountability Group made several recommendations on the Health and Social Care Bill around systematic patient involvement and robust public accountability of organisations responsible for commissioning and providing care. These were based on concerns that the proposals did not provide sufficient assurance on the governance arrangements of clinical commissioning groups to act transparently and have robust public accountability.

In response to these recommendations, the Government has outlined the minimum requirements for the membership of governing bodies. In addition to GP members, one registered nurse and one secondary care specialist doctor, each governing body will have at least two lay members, one with a lead role in championing patient and public empowerment, the other with a lead role in overseeing key elements of governance such as audit, remuneration and managing conflicts of interest.

The CCG governing body will be developing its governance over the coming year in such areas as audit, risk, and quality for which it will have accountability from April 2013, this currently sits with the PCT cluster.

Principia Rushcliffe's Shadow Governing Body comprises of:

- Lay Chair
- Non-Executive Directors x 3
- Registered Nurses x 2
- Chief Operating Officer
- Director of Finance
- GP Clinical Lead
- GP Head of Health and Wellbeing
- GP Lead for Board Development
- Director of Quality and Patient Safety
- Director of Outcomes and Performance
- Consultant in Public Health
- Nottinghamshire County Council, Adult Social Care, Health and Public Protection
- Rushcliffe Borough Council/ Nottinghamshire County Councillor

Guidance is expected on the secondary care specialist doctor, non executive/lay involvement and nurse, therefore further amendments may be made in this transitional period.

Clinical Cabinet

In 2011/12 The Principia Rushcliffe Clinical Cabinet was established. The Cabinet is a sub group of the Principia Rushcliffe Board and provides a forum where a collective knowledge on clinical service delivery and issues can be shared.

Clinical Cabinet TOR

The cabinet is made up of the following colleagues, who will also cover our major provider contracts:

- CCG clinical lead – Chair – Stephen Shortt
- A Vice-Chair elected from membership – Jeremy Griffiths
- Head of Health and Wellbeing - Jeremy Griffiths

- Head of Primary Care Quality - Ian McCulloch and Ram Patel
- Head of Long Term Conditions – Neil Fraser
- Head of Prescribing – Alex MacDonald
- Head of Community Services Commissioning – Lynn Ovenden
- Head of Acute Specialist (elective) care – Matt Jelpke
- Head of Acute Specialist (non-elective) care – Tim Daniel and Nick Foster
- Head of Mental Health – Nick Page
- Lead for Development of the CCG Governing Body – Gavin Derbyshire
- Lead for integration with Community Services – Kate Robertson
- Lead for Education – Mike Spencer
- Lead for Other Clinical Developments – Sean Ottey
- Patient representative – To be confirmed

Patient Reference Group

The Patient Reference Group (PRG) is currently reviewing its way of working and membership in order to develop as a sub committee of the CCG. The PRG comprises of:

Name	Role
Mr A Warren	Chair – Community Member
Ms V Bailey	Chief Operating Officer
Ms J Price	Vice-Chair – Community Member
Mr M Booth	Community Director
Ms H Limb	Patient & Public Engagement Officer
Mr I Bradford	Rushcliffe CVS
Mr M Ginever	Community Director
Mr I Thompson	Community Member
Vacancy	Community Member
Mr N Lawrence	Community Member
Ms B Preston	Patient Rep – Breath easy
Mr A Walker	Patient Rep – Co-opted Hard to Reach Groups/ E&D
Ms L Davis	Practice Manager
Ms Trish Cargill	NUH Patient Rep
Mariea Kennedy	PALS Officer

8) Glossary of Abbreviations and Terms

Abbreviation / Term	Phrase	Explanation
2WW	Two Week Wait	The Two Week Wait pathway (2WW) has been implemented as a means of fast-tracking patients with suspected cancer.
CAS	Clinical Assessment Service	The CAS provides a booking service for patients which supports patients to make a Choice about which provider they choose. The CAS also supports clinical pathway development.
CAMHS	Child and Adolescent Mental Health Services	NHS-provided services for children in the mental health arena in the UK.
COPD	Chronic Obstructive Pulmonary Disease	COPD is a group of diseases of the lungs in which the airways become narrowed.
Community Wards		A community ward brings together a small group of general practices in a geographical location, to work with the local community services to deliver health services in a coordinated manner around the needs of the most vulnerable patients.
CC	Clinical Cabinet	A forum where a collective knowledge on clinical service delivery and associated issues can be shared and provided to Principia Rushcliffe Clinical Commissioning Group Board.
C2C	Consultant to Consultant	Where a hospital consultant referrals a patient to another hospital consultant.
CCF	Clinical Commissioning Forum	Forum held 10 times per year with representation for all constituent practices.
CCG	Clinical Commissioning Group	Clinical Commissioning Groups are groups of GPs that will, from April 2013, be responsible for designing local health services In England.
CHAIN	Carers Health Advice Information Network	
Day case		A day case patient will come into hospital, have their operation or treatment and go home the same day.
DH/DoH	Department of Health	The Department of Health (DH) is a department of the United Kingdom government with responsibility for government policy for health and social care.
EOL	End of Live	
ED	Emergency Department	An emergency department (ED), also known as accident & emergency (A&E), is a medical treatment facility specialising in acute care of patients who present without prior appointment.
Elective Admissions		An elective admission is one that has been arranged in advance. It is not an emergency admission, a maternity admission or a transfer from a bed in another provider.
EIA	Equality Impact Assessment	Equality impact assessments have been developed as a tool for ensuring that equality, social inclusion and community cohesion issues can be considered when

Abbreviation / Term	Phrase	Explanation
		drawing up policies or proposals which affect the delivery of services.
FOT	Forecast Outturn	Projected budget position at year end.
First Outpatient Appointment		First attendance at a hospital outpatient clinic following a referral.
Follow Up Outpatient Appointment		Any appointments at a hospital outpatient clinic subsequent to the first attendance for the same episode or care.
Gateway Lead		This role is unique to Principia Rushcliffe; there are 15 leads across 15 specialty areas that are tasked with identifying training needs, streamlining pathways and maximising efficiencies.
GPCC	General Practice commissioning consortiums	Groups of general practices working together to commission Health Care services for the local population.
ICATS	Integrated Clinical Assessment and Treatment Services	An initiative to redesign outpatients and diagnostics fundamentally with a view to preventing unnecessary hospital attendances.
IAPT	Improving Access to Psychological Therapies	The programme supports the frontline NHS in implementing National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders.
LES	Locally Enhanced Service	Enhanced services plug a gap in essential services or deliver higher than specified standards, with the aim of helping PCTs reduce demand on secondary care. Enhanced services expand the range of services to meet local need, improve convenience and extend choice.
Non-Elective Admissions		These are patients who require immediate admission to the hospital e.g. emergencies. A non-elective admission cannot have a method of admission of waiting list, booked or planned.
NUH	Nottingham University Hospitals	NUH is made up of Queen's Medical Centre, Nottingham City Hospital and Ropewalk House.
Pathways		The "patient pathway" is the route that a patient will take from their first contact with an NHS member of staff (usually their GP), through referral, to the completion of their treatment.
PLVC	Procedures of Limited Clinical Value	The policy helps identify procedures which have relatively small health benefits compared to other competing priorities.
PRG	Patient Reference Group	Meet monthly and feed back to the Principia Rushcliffe board, ensuring staff and patients are fully engaged in the organisational development of Principia Rushcliffe.
PARR	Patients at Risk of Re-hospitalisation	A computer programme that will provide the NHS with an early warning system for identifying patients with long-term conditions most at risk of admittance to hospital has been developed by the King's Fund.

Abbreviation / Term	Phrase	Explanation
PPI	Patient and Public Involvement	Patient and public involvement aims to support the implementation of patient**,** user, carer and public involvement in health and social care.
PBC	Practice Based Commissioning	National policy.
PCT	Primary Care Trust	Primary care trusts (PCTs) receive budgets directly from the Department of Health. Since April 2002, PCTs have taken control of local healthcare while Strategic Health Authorities monitor performance and standards.
PLT	Protected Learning Time	Monthly education sessions held for clinicians and non-clinicians.
PO	Patient Opinion	A social enterprise established to enable patients to share their experiences of health care, and by doing so help other patients.
QIA	Quality Impact Assessment	Completed to demonstrate patient benefit for example where a clinical pathway has been changed.
QIPP	Quality Innovation Productivity and Prevention	National policy.
SAR	Standard Admission Ratio	These figures take into account the age, sex and deprivation within the cluster.
SHA	Strategic Health Authority	Strategic health authorities were created by the government in 2002 to manage the local NHS on behalf of the secretary of state.
SLA	Service Level Agreement	A service-level agreement is a part of a service contract where the level of service is formally defined.
Statutory Body		A statutory corporation is a corporation created by statute in the case of the NHS this is reflected by it having its own independent funding.
SS	Success Scheme	A locally developed scheme to encourage engagement with general practice across a range of indicators.
T&F	Task & Finish Group	A task and finish group is a small group of individuals who are asked to carry out a specific piece of work.
TBC	To Be Confirmed	
Tariff		Hospitals are paid a fixed fee for services they provide to patients.
UTI	Urinary Tract Infection	Any infection of any of the organs of the urinary tract.
UCSS	Urgent Community Support Service	Principia Rushcliffe commissioned service.
WiC	Walk In Centre	A service which provides treatment for minor ailments.