



Nottingham West

NHS CLINICAL COMMISSIONING GROUP



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Nottingham West Clinical Commissioning Group

Business Plan 2012/13

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1. What Is Nottingham West CCG And What Does It Stand For?

Nottingham West Clinical Commissioning Group (CCG) is a group of General Practices that are organised collectively to commission health services for the patients they serve. Nottingham West consists of 12 practices in Broxtowe district across Eastwood, Kimberley, Stapleford, Beeston, Bramcote & Chilwell. The population served by the CCG is around 93,000 patients.

Nottingham West currently operates under the umbrella of Nottinghamshire County PCT, but intends to become an independent legal entity during 2013. As part of this transition, Nottingham West is strengthening its commissioning capability and is now actively engaged in identifying the needs of its local population and commissioning services to meet these. This document describes Nottingham West's plans for improving local health services and for developing its capacity as a commissioning organisation.

The plans of Nottingham West CCG reflect the values of the organisation.

These values guide us in the priorities we set for service change and in the way we approach new challenges. Our values are as follows:

- Clinical Leadership at the heart of the organisation
- Constantly innovate to improve quality and experience for patients
- Work closely with local providers and partners for the benefit of the whole of our population
- Apply the best evidence available to improve local services and reduce health inequalities
- By good governance, openness and sensible use of resources, produce the maximum health outcomes for the whole of our population

The values will help us to define our Strategic Objectives

Our draft strategic objectives are as follows:

- Reduce health inequalities in the local population by targeting the health and wellbeing of people with the greatest health needs.
- Improve the quality of our local health services, particularly around health outcomes, patient safety, access and patient satisfaction.
- Organise services around the needs of local service users wherever possible.
- Maintain and optimise the health of people with long term or chronic illness living in our community.
- Focus our available resources where they will deliver the greatest benefit to our population.

We will consult with all stakeholders on these draft objectives and agree final objectives by the end of March 2012.

An excellent track record of delivery

The practices in Nottingham West have been working together since April 2007 as a single cohesive locality and have an excellent track record of delivery of quality improvements, close clinical engagement (with particular emphasis on integration with acute care and community services) and financial prudence. We have produced several novel clinical pathways over this time that have brought high quality patient care closer to the patient.

Nottingham West commissions secondary care (hospital) services mainly from Nottingham University Hospitals (NUH) but also from Derby Hospitals Foundation Trust. Nottinghamshire Healthcare Trust is the main mental health provider and from April 2011 County Health Partnerships (CHP), a division of Nottinghamshire Healthcare Trust, is the main community services provider. Nottingham West is committed to a fixed contract at The Nottingham Treatment Centre (activity transferred from NUH) from 2008 until mid 2013.

We all want and expect good quality local health services. We also want all patients to be treated as individuals, with respect and compassion, and for all services to become more integrated around the needs of patients and their families and carers. As local commissioners we will continue to demand evidence of quality and access improvements from our providers.

2. This Document Describes Our Plans for 2012/13 – It Will Be Further Developed

This document outlines our plans for meeting local health needs and highlights the key priorities of Nottingham West Clinical Commissioning Group for 2012/13.

The local plans and priorities will continue to evolve as we learn from engagement with patients, the public, partners and stakeholders. Several public consultation and stakeholder events are planned to inform and develop this plan.

Nottingham West will take account of the emerging joint commissioning priorities around older people, carers and children & vulnerable families in developing commissioning plans.

We also plan to include more local, practice and neighbourhood priorities.

Financial plans, contract values and budget allocations for 2012/13 are also under development and will shape our intentions over the coming months.

The NHS nationally and locally has to make quality and financial efficiency improvements in order to ensure that healthcare resources are used as effectively as possible, to have the maximum impact on the health of the local population we serve.

We will take every opportunity to work collaboratively with local groups and providers to redesign and integrate care pathways and improve outcomes. We intend to commission care more smartly to get safer, better, value-for-money and more convenient care for the population of Nottingham West.

This document will be finalised in March 2012.

3. Local Health Needs in Nottingham West are key to priority setting

3.1 General demographics – A mixed population of 93,000

Most of Nottingham West's registered population lives in Broxtowe (86%), but over 6,300 live in Nottingham City and 4,600 live in Derbyshire, mainly Erewash (Sandiacre).

Nottingham West has a lower proportion of children and young adults than in England, and a higher proportion of people aged 45 and older.

The proportion of elderly people is projected to rise steadily in the next 20 years. The rate of emergency admissions (DSR) was highest amongst older people (65+) within Nottinghamshire where the rate was approximately three times that of younger age groups. This pattern is reflected across all the CCGs. Nottingham West CCG had emergency admission rates in line with the average for Nottinghamshire for older people and significantly lower for children and adults. Practices within the CCG showed a 1.4 fold variation in emergency admission rates.

Services will meet the challenge of an aging population, ensuring that effective management of long term conditions prevents unnecessary admissions to hospital.

The proportion of people from BME populations is higher in Broxtowe than in Nottinghamshire generally, as 9.8% of working age population are 'non-white'. The largest sub-groups are Indian and Pakistani/Bangladeshi. There has also been a significant influx of economic migrants from Eastern Europe in recent years particularly from Poland and Hungary.

It is essential that the voices of all sections of society are heard when planning health services, including those of ethnic minorities. Services will operate within the cultural and spiritual needs of all local residents.

3.2 Deprivation- Levels of deprivation have a direct link to life expectancy

Parts of Eastwood, Sandiacre, Stapleford and Chilwell West are in the most deprived 30% of areas nationally.

Most differences in health issues including life expectancy relate to deprivation. Around 3% of Nottingham West's registered population live within the 20% most deprived areas in England and there is an estimated four and half year gap in life expectancy between the GP practices with the highest and lowest life expectancy in the CCG.

Childhood poverty; as with deprivation this varies across Broxtowe: from around 6% of children in Greasley, Trowell, Bramcote and Toton/Chilwell Meadows to around 25% in Eastwood South, Stapleford North and Beeston North.

Only one practice in Nottingham West is estimated to have a similar proportion of children living in income deprived households to the England average. All other practices have lower proportions of children living in income deprived households than the England average.

Patterns of access to secondary care showed variations with age and deprivation. Across Nottinghamshire the ratio of emergency to planned admissions was highest in children and young people where there is also a clear relationship with deprivation: populations from the most deprived areas are more likely to access secondary care as an emergency compared with people from less deprived areas.

Resources will be targeted where need is greatest, particularly where efforts are made to prevent ill health. Addressing the causes of ill health can only be achieved in conjunction with other agencies including the County and Borough Authorities.

3.3 Risk factors – Lifestyle choices and chronic disease management are priorities

Nottingham West residents are estimated to have lower levels of smoking but slightly higher levels of binge drinking to the Nottinghamshire average. Estimated levels of obesity are lower although the level of consumption of fruit and vegetables are slightly lower in Nottingham West CCG than the Nottinghamshire average.

Diet and lifestyle choices can have a dramatic effect on health and wellbeing, and issues here are often linked to areas of high deprivation.

Nottingham West will continue to promote positive lifestyle choices, especially relating to Smoking, Alcohol, Diet, Sexual Health (especially Teenage Pregnancy), physical exercise and substance misuse.

Main causes of death for all ages are cardiovascular disease (CVD), Cancer and Respiratory illness. Cancer becomes the main cause under 75 (lung and prostate in men, breast and lung in women).

Admission rates (DSRs) for mental health diagnoses within the CCG were significantly lower than the Nottinghamshire average, although the incidence of people with Dementia is forecast to rise steadily as the population ages.

Admissions for hip fractures showed no significant variation across Nottinghamshire's CCGs but are higher than the England average.

For the majority of practices in Nottingham West observed numbers of patients on the COPD, Heart Failure and Diabetes registers are lower than expected estimates, this suggests there may be some undiagnosed need within Nottingham West.

Managing patients in primary and community care to prevent escalation/deterioration of conditions is a priority. Nottingham West will continue to develop services that identify and support people with chronic illness, in particular:

- COPD, CVD, Diabetes and Renal Disease
- Cancer and services for those at the End of Life.
- Dementia

4. Other Drivers For Action – National, Regional And Local Priorities

In addition to the health needs of the population, there are other national and local drivers that will influence our intentions and priorities. These include:

- **National Priorities** as outlined in the Operating Framework. The Operating Framework spells out the priorities for the NHS as a whole for the coming year. Published in November 2011, the document indicates the following priorities for the NHS:
 - **Putting Patients at the Heart of Decision Making** – The Operating Framework recognises that patients have a key role in supporting the drive for further improvements because of their experience of health and supporting care services.
 - **Development of a new system for delivery** – PCTs will be abolished in April 2013, with responsibility for healthcare commissioning falling to the new NHS Commissioning Board and CCGs. In order to take on the responsibility for commissioning health services locally Nottingham West must work to become a statutory body capable of managing a commissioning Budget of around £100M. Its fitness to become a statutory body will be tested through an assessment process called “Authorisation” which will begin shortly.
 - **Quality, Innovation, Productivity and Prevention (QIPP)** – requirements year on year to maximise quality improvements and cost-efficiencies. Over the next 3 years, the NHS will have to reduce expenditure in real terms by around £20Bn whilst continuing to improve services for patients. This is a major challenge for the whole NHS and presents a major challenge locally.
 - **Maintaining and Improving Performance** – The Department Of Health has developed key national measures around Quality (indicators of safety, effectiveness and patient experience), Resources (indicators of finance, capacity and activity) and Reform (indicators that demonstrate commissioner and provider reform). The action required to meet specific targets is outlined in Section 5.
- **National tariff for mental health.** It is proposed to implement a new payment mechanism for mental health services that mirrors that used to pay for hospital care. The new payment mechanism presents financial risk for both commissioners and providers and will require careful management.
- **Nottingham Treatment Centre activity Re-procurement.** The existing contract for delivery of a range of outpatient and elective surgery from the Nottingham Treatment Centre (based on the Queen’s Medical Centre Campus) comes to an end in 2013. The process to re-procure services currently provided at the Treatment Centre in a cost-effective new contract will be a key task for Nottingham West during 2012.
- **Nottinghamshire Health and Wellbeing Strategy.** This strategy is currently being developed through the Nottinghamshire County Health and Wellbeing Board (HWBB). The HWBB will ensure that the plan is consistent with local health needs within the boundaries of Nottingham West, but Nottingham West will also demonstrate a coordinated approach to other county-wide initiatives and commissioning of local providers.

- **Productive Nottinghamshire Programmes.** Productive Nottinghamshire is an umbrella group for all NHS and Social Care providers in Nottingham and Nottingham City which is designed to coordinate the delivery of QIPP. Specific initiatives that require careful coordination across Health and Social Care providers and commissioners include better integration of services to support hospital discharges, improved utilisation of health and social care estate and development of consistent plans for access and capacity. Productive Notts should enable us to plan and reform the local health service to be more efficient and fit for purpose over the next 4 years.
- **Contractual settlements.** By better use of contractual levers and incentives available to us we intend to challenge out-dated services and produce a more locally integrated health service with better quality of care for less money. The combination of strong challenges with a willingness to work closely in redesign projects means that we aim to produce significant improvements quickly.
- **Any Qualified Provider.** Department of Health policy requires that commissioners introduce additional providers for discrete services in order to introduce greater choice for patients and service users. The intention of this initiative is to increase the quality of services offered through competition. The initiative is being managed on a “whole county” basis.
- **Safeguarding Children and Adults.** The safety and welfare of children and vulnerable adults is of paramount importance to Nottingham West Clinical Commissioning Group (CCG). We work closely with other CCG’s across Nottinghamshire to ensure that all of the services we commission ensure high quality safe effective care.
- **Equality and Diversity.** Equality and inclusion is central to the future of NHS business planning, service delivery and patient and communities outcomes. We have set equality objectives for 2012/13 which are presented later in this document.
- **Re-ablement funding opportunities.** A number of services in Nottingham West were pump-primed in 2010/11 and 2011/12 from re-ablement funds, for expenditure up to March 31st 2012. As well as to promote re-ablement, maintain independence and reduce long term care needs, these funds are aimed at reducing avoidable hospital admissions and re-admissions. It has been confirmed that there have been significant funds identified for Nottinghamshire during 2012/13 and Nottingham West is currently working on priorities for expenditure with partners.
- **Transformation Funds.** 2% of NHS commissioning resources has been ring-fenced by the Department of Health to support service transformation by local commissioners. We are committed to using these funds innovatively to produce joined up working across the health and social care community.

5. Priority Agenda For Clinical Services Redesign In 2012/13

Nottingham West has established a reputation for innovation and collaboration across the health community, winning a national ward in 2009 for clinical engagement.

Whilst acknowledging the excellent work to date and outcomes achieved in Nottingham West, there remain potential areas for clinical services redesign.

Based on our analysis of local needs and the drivers for change identified above, Nottingham West has identified a number of key priorities for service redesign. These priorities for the forthcoming year will shape the workplan of Nottingham West Board and the local team in the coming months.

5.1 Urgent Care

Key objectives

- Reduce unnecessary A&E attendances and avoidable admissions
- Reduce unplanned hospital attendances resulting from a deterioration in patients' long term conditions
- Increase the number of patients who die in the place of their choosing at the end of their lives
- Ensure that patients remain in hospital no longer than clinically necessary.

Why are these objectives important?

Providing first rate care in the community and thereby reducing emergency and urgent hospital admissions is a sign that Nottingham West is effectively managing a range of long term conditions. It also plays a key part in delivering the QIPP agenda by improving the quality of services provided to patients and simultaneously reducing costs.

Workplan

- Maintain the current focus on long term conditions working where necessary with secondary care to improve the management of specific conditions in a community setting.
- Spread the use of the Liverpool Care pathway for patients in the final days of life
- Continue to focus on frequent attenders/admissions and high cost patients introducing specific interventions as necessary.
- Work with secondary care providers and social care to streamline discharge processes, and seek to introduce community based early discharge schemes.
- Step up and spot purchasing of services to cope with increases in demand e.g. winter planning.
- Formalise consultant mentorship to support pathways and maintain specific cohorts of patients at home.
- Spread advice and guidance, education and communications to prevent emergency admissions as well as routine referrals.
- Include quality improvement targets within secondary care contracts for timing and quality of discharge summaries.
- Work towards implementation of 111.

5.2 Planned Care

Key objectives

- Maintain the current peer review of referrals, reducing low priority procedures, reducing cancelled operations
- Reduce unnecessary hospital outpatient follow-up appointments
- Reduce unnecessary requests for pathology and other diagnostic tests
- Continued development of pathway redesign to provide alternatives to hospital appointments

Why are these objectives important?

Significant progress has already been made in reducing the number of patients referred to hospital for routine appointments. This is a key contributor to QIPP as it ensures patients are maintained appropriately in the community whilst reducing the cost of care. Likewise, reducing unnecessary follow-up appointments is more convenient for patients and reduces expenditure.

The system of contracting for pathology is moving to cost per test, and to achieve best value it is important that only appropriate tests are requested.

Workplan

- Focus on specialties and services where activity can be reduced, procured at lower cost and/or transferred to community settings.
- Introduce new services and pathways in primary care that reduce the need for outpatient follow-up appointments. Initial focus of this work will be Ophthalmology.
 - Investigate and prepare for opportunities arising as a result of the ending of the current Nottingham Treatment Centre contract in 2013. Areas of focus should include: Orthopaedics, Dermatology, Rheumatology, Gynaecology and Urology
- Implement the necessary contractual leavers to ensure that providers reduce outpatient follow-up and consultant-to-consultant referrals
- Evidence results of data validation on individual challenges to hospital invoices.
- Investigate and introduce direct access to diagnostic tests where this reduces the need for an outpatient consultation.

5.3 Mental Health and Learning Disabilities

Key objectives

- To categorise our CCGs risk as Mental Health moves to a payment by results (PBR) system. This could be done through comparing differences between local CCGs data as a means of evaluating areas where NWC may be outlying and categorising our 'Out of Area' patient costs.
- To monitor high volume users of A&E and unplanned hospital admissions where known to be due to alcohol or substance misuse and look to implement care plans and support.
- To support the work of the Mental Health Intermediate Care Service as they start moving to full capacity. To closely work with them to ensure their case-mix is appropriate and that they use their skills efficiently with patients that are going to benefit from their interventions. To help advertise their services amongst local GP practices.
- To continue to encourage Nottingham West practices to make an early diagnosis and referral of patients with suspected dementia. To support the implementation of the new Memory Assessment Service through helping Nottingham West practices to engage with the service and its' aims.
- To evaluate ways of improving the take-up of Learning Disability Health Assessments in our area.

Why are these objectives important?

The introduction of PBR for hospital services resulted in commissioners being faced with significant increases in costs without improved services for patients. This was a result of poor information being available on service baselines and contracted activity. It is essential that this does not happen in the commissioning of Mental Health.

The current contract for IAPT (Improving Access Psychological Therapies) comes to an end during 2012. This is an important service that needs to be maintained and improved and the Any Qualified Provider (AQP) process managed appropriately.

As the population ages the incidence of dementia will continue to increase. The development of services for these patients is a national and Regional priority.

Workplan

- Work with other CCGs to ensure that the re-procurement of IAPT delivers a service that meets the needs of patients and clinicians, improving access to mental health services.
- Working with other CCGs (in particular Nottingham City and Newark and Sherwood) ensure a realistic and fair approach to development of cost and volume, national tariff contract and development of the PBR contract with NHCT
- Dementia – develop workstreams to deliver improved diagnosis & early care, and support for carers.
- Ensure that people with Learning Difficulties have access to and receive an annual health check.
- Seek improvements in quality and depth of information regarding mental health services

5.4 Community Services

Key objectives

- Ensure better integration of health and social care providers/pathways
- Improve access to community services where required
- Develop and enhance the relationship between Nottingham West and County Health Partnerships (CHP) to focus on the delivery of agreed local intentions
- Reduce avoidable hospital admissions from care homes
- Maintain and increase the availability of Intermediate Care within Nottingham West
- Establish and promote good relationships with the new Community Geriatrician
- Reduce admissions as a result of falls

Why are these objectives important?

Integrated health and social care services are key to maintaining the health and wellbeing of service users in the community. This is particularly important for older people and people with disabilities, who may be at higher risk of illness. Effective community services are essential in preventing avoidable emergency admissions to hospital, and it is important that they are of high quality and provide good value.

Workplan

- Support improving services provided to and standards in Care Homes
- Spread and sustain Virtual/Community wards
- Improve the identification of people at risk of falling and primary/secondary prevention to reduce risk.
- Continue to improve pathways for the management of long term conditions
- Improve access to community physiotherapy
- Implement a Community Geriatrician referral pathway that targets specialist resources at the most appropriate patients.
- Support the continued integration of children's services
- Seek opportunities to integrate pathways, especially at the interface between primary and community care
- Work with primary and community providers to identify and case manage patients who are at risk of frequently attending ED and/or admission
- Seek improvements in quality and depth of information regarding community services

5.5 Primary Care

Key Objectives

- Improve access to primary care across Nottingham West
- Improve upon the accuracy and availability of the long term conditions registers and end of life register ensuring they reflect current practice population to enable provision of appropriate services that reflect demand
- Improve identification of potentially predictable admissions and prevent escalation of conditions including through improved medicines management
- Improve identification of patients at risk of developing long term conditions
- Develop links between primary care and children's centres in order to improve access through referrals/signposting to services & support available for the most vulnerable families

Why are these objectives important?

Whilst acknowledging that local performance against access targets is generally good, it is essential to ensure that all patients and carers have consistent access to primary care services. 2012/13 will see closer integration of primary care provision with community services and local pathways.

Workplan

- Review quality of primary care provision
- Discuss access across practices and share good practice
- Explore and create opportunities to promote access to primary care for hard to reach/seldom heard groups by engaging with the wider health community
- Continue to review and where necessary improve same day access in primary care for urgent appointments
- Ensure patients are invited for screening programmes and reviews as appropriate

5.6 Prescribing

Key Objectives

- To implement the NWC prescribing plan. This will look to make cost effective savings in the following areas: Respiratory conditions, adherence to local and national guidelines and generic switching. We will also advertise and encourage practices to sign up to a rebate scheme for sip feeds and blood glucose test strips as these become available.
- Seven step clinical audit on the treatment of thromboprophylaxis in Atrial Fibrillation (AF). National data shows that AF causes 20% of strokes and 30% of patients with AF are inadequately protected against stroke. We would aim to pilot a pharmacist-led notes review and then face-to-face consultation with selected patients in one practice in the first part of the year. We would then aim to roll this across other practices in the CCG and then complete the audit cycle by the end of the financial year.
- To evaluate the effectiveness of the delivery of medicines management functions and responsibilities through an organisational framework developed by the National Prescribing Centre. Where areas of improvement are found, to work on these and report improvements to the CCG Board in time for accreditation. Within this work to build closer working relationships with other local CCG medicines management teams through the contacts our Prescribing Advisor (Beth Carney) already has and through the Primary Care Prescribing Group quarterly meetings.
- To evaluate the Medicines Management Facilitators and the Cluster Prescribing Scheme and agree whether to continue these for a further year.
- To evaluate ways of improving medicines safety, following research conducted by the University of Nottingham into the underlying reasons for medication errors and how these can be prevented.
- To evaluate ways of making the annual review of patients in care homes performed by most GPs more systematic, including a specific focus on medication review and rationalisation where appropriate.

Why are these objectives important?

The Prescribing Lead and local support team will continue to support practices in the delivery of good practice medicines management. Good prescribing is an integral part of good clinical management, and ensures the best use of resources to support the QIPP agenda.

6. Key Corporate Objectives for 2012/13

Nottingham West will ensure that we are led and governed in an open and transparent way which allows us to serve our patients and population effectively. We will demonstrate probity and governance commensurate with our responsibilities for patient's healthcare and taxpayer's money.

Most importantly, we will ensure open, robust, and transparent processes that embody Nolan Principles, which will give the community we serve the confidence that, through the appropriate governance arrangements, we can demonstrate how we will play our part in ensuring that the services our patients receive are safe and delivered with care and compassion.

The corporate objectives for Nottingham West are underpinned by the organisation's move towards Authorisation during 2012. Development of a robust, capable and responsive organisation is key to delivering its priorities for service redesign within the resources available for deployment.

NWC's corporate objectives for 2012/13 can be broadly broken down into four categories: Organisational Development, Patient and Public Involvement, Equality and Inclusion, and QIPP Delivery:

6.1 Organisational Development: Preparing for Authorisation and setting up the Organisation

- Develop and implement a Governance Strategy and Action Plan for 2012/13.
- Complete and implement the necessary management and governance functions to achieve full Authorisation in 2012/13. This will include the development of Quality and Risk, Audit and Remuneration Committees.
- Embed and refine new management structures ensuring that they remain lean, efficient and responsive to change.
- Ensure that the CCG (and its aims) is owned by Nottingham West practices, and that the Practice Members Group continues to develop as required by members. A survey on the function of this group has recently been completed and the changes requested are being instigated.
- Implement clinically led commissioning processes for all main contracts, ensuring that Nottingham West clinicians fully engage in contract negotiation and make a difference to outcomes.
- All Board members to have a clear understanding of the direction of travel of the Health & Wellbeing Board, and how Nottingham West may influence the Board.
- Achieve the financial duty to break even on income and expenditure. This will include improving the volume, timeliness and quality of information for Board scrutiny and of information available at a practice level.

- Address inequalities of health partially through introducing needs based as opposed to historic practice budgets, so that increased resources go to practices with the most deprivation.
- Ensure holistic relationships between Primary Care, Secondary Care, Community Care and Social Care.
- Ensure that all clinical and non-clinical staff working within and with Nottingham West have access to a range of education and development opportunities, personal developments plans, and annual appraisals.

6.2 Patient and Public Involvement – Developing the Patient Voice

- Following successful public meetings in Beeston and Eastwood, establish a Patient Reference Group with representatives from the 12 Patient Participation Groups. All of our practices will have a Patient Participation Group by March 2012. Elect two representatives from the PRG to represent the group on the Board.
- Identify and highlight any “neighbourhood” level opportunities for service improvements, as it is acknowledged that different areas have different health needs. Practices have already been engaged in the development of these intentions during October and November.
- Establish a Local Health Forum to engage local patients, the public, their carers and advocates, stakeholders and partners. Develop systems and processes to ensure that the Forum has a strong voice at the NWC Board.
- Ensure full engagement with the Broxtowe BME Forum and seldom heard groups as part of the organisation’s commitment to equality and diversity. Nottingham West will be assessed against the Equality Delivery System.
- Hold a public Annual General Meeting, and take steps to increase the public transparency around Board decisions. Introduce monthly public sessions of Nottingham West Board during 2012.
- Nottingham West will develop a local Communications Strategy and Patient Engagement Strategy during 2012.

The Draft Business Plan for NWC is to be presented for discussion at the Broxtowe Partnership Board in February and the Nottinghamshire Health and Wellbeing Board in March.

6.3 Equality and Inclusion

- Ensure that NWCCG Board members and staff are trained on the Single Equality Act 2010 and its application.
- Ensure that all staff involved in developing and commissioning services are trained to complete Equality Impact Assessments, and then ensure that they are embedded into the local commissioning process.

- Develop a Single Equality Scheme and action which demonstrates how we will support the equality duties and ensure robust monitoring and comprehensive compliance.

6.4 Quality, Innovation, Prevention and Productivity: Delivering a Credible Plan

There are defined QIPP programmes that will assist Nottingham West to plan for the required level of financial efficiencies to ensure delivery of expenditure within the allocated budget. These will include:

- Estates and Assets
- Long Term Conditions, including continuing care
- Management and Administration
- Mental Health and Learning Difficulties
- Planned Care
- Staying Healthy, including prescribing
- Urgent Care, including Maternity and Ambulance services

Nottingham West has a 5.1% efficiency target in 2011/12. The efficiency target for 2012/13 is expected to be 5.3%, which will be challenging.

As we are relatively small organisations, variation in activity can have a dramatic impact on our individual finances. We already have some financial risk sharing within Nottinghamshire, for example for individual high cost patients and critical care. We are working with the other CCGs to develop a managed financial risk-sharing approach.

7. Commissioning Arrangements

Nottingham West is the coordinating commissioner for Nottingham University Hospitals NHS Trust (NUH) £600 million annual contract.

Nottingham West is committed to working closely with other CCGs and partners. Collaborating in this way enables us to:

- Maximise management and clinical capacity and capability, whilst remaining within our running costs allowance.
- Integrate commissioning and provision across primary care, community services and acute care.
- Share, spread and sustain good practice and influence clinical behaviours using sound evidence.
- Scale commissioning control appropriately, i.e. at local level for specific local needs and at broader scale when commissioning as a group of CCGs is advantageous

In addition to working closely with Principia Rushcliffe, Nottingham North & East and Nottingham City to commission the services of NUH, Nottingham West has a range of arrangements already in place, including:

- Clinical lead Dr Guy Mansford is a member of the Health and Wellbeing Board.
- We are developing links with Broxtowe District Council as a member of the Broxtowe Partnership Board.
- All CCGs are developing a service level agreement with the Nottinghamshire Commissioning Support Hub, which provides a range of support services, such as technical contract and procurement support, legal services, Estates and Human Resources.
- Nottingham West represents the south CCGs on the Joint Commissioning Group for Older Adults

8. How will we know we are making a difference?

8.1 Structure and processes

Nottingham West has developed a structure and processes to strengthen governance, planning, reporting and performance management.

Nottingham West has an elected Clinical Lead who is also the lead for Quality & Engagement. The clinical Board members cover specific areas; Planned Care, Unplanned Care, Community Care, Prescribing, Information & Finance, Mental Health & Dementia. Nottingham West Board also includes two Patient Representatives, two managers from primary care, the Chief Operating Officer, Public Health local lead and Director of Finance.

Nottingham West Board meets twice each month, for separate development and performance meetings.

Nottingham West has a forum where all practices are represented. The Practice Members Group (PMG) meets every two months. Each practice within the consortium has nominated 2 people, one of whom should be a GP, as members of the PMG. Nottingham West also has a Practice Managers Forum, Practice Nurses Forum and Practice Secretaries Forum. The Nottingham West Business Support Team has been established in 2011, with staff aligned to specific Board members.

The PCT Cluster has set up a robust Performance Management Office (PMO) at which our financial and activity plans are objectively challenged and our performance and outcomes are regularly monitored.

Each clinical workstream has an identified lead; who leads discussion with individual practices, presents at PMG and education events, engages with other clinicians in the health community and reports progress to Nottingham West Board.

8.2 Ensuring improved outcomes

Measurement of impact is not only against agreed key performance indicators but also against the delivery of priorities and objectives and alignment with Nottingham West values.

Nottingham West has developed an evaluation process and governance framework to ensure robust review of services commissioned as local pathways. At the broader level Nottingham West is closely involved in the ongoing contractual performance management and quality target setting and reviews (such as CQUIN) of the major providers.

Plans must always be based and deliver against identified health needs, evidence cost effectiveness and improved quality, support patients choice and equality and diversity.

Other general measures of success include:

- Broad patient and public engagement and active clinician involvement
- Productive relationships across the health and social care community
- Evidence of improvement based on credible information including improved health outcomes, reduction in health inequalities, access measures e.g. increase in local services, and measures for patient experience, satisfaction and improved quality of life and well-being
- Collaboration with other CCGs
- Increasing involvement and influence in main providers' contract development and negotiations

This plan will form the basis of individual and collective objectives. Progress against the business plan will be subject to ongoing review and reported quarterly to Nottingham West Board and key partners.