

Chief Officer Update

1. NHS 111 re-procurement

The Clinical Commissioning Groups (CCG) in Nottingham City and Nottinghamshire County (excluding Bassetlaw) are beginning a re-procurement process for the NHS 111 service; with the service needing to commence in March 2016. NHS Nottingham City CCG is leading on the re-procurement process for the whole of the county, working closely with the other involved CCGs via a Steering Group. The Steering Group has secured external support to help manage and oversee the re-procurement process; ensuring that all potential conflicts of interest are managed appropriately.

The NHS 111 service began in 2012 and provides a non-emergency telephone advice line. The current NHS 111 service provider covers all of Nottinghamshire (excluding Bassetlaw) including the city and is provided by Derbyshire Health United. Derbyshire Health United also provide the service for Derbyshire, Leicestershire and Rutland and Northamptonshire.

The CCGs within Nottinghamshire have agreed to re-procure the NHS 111 service collectively and, in order to achieve economies of scale, to work with other commissioners across the East Midlands. At present, the most likely scenario is that a provider will be sought for Nottinghamshire, Derbyshire, Leicestershire and Lincolnshire, although discussions are also taking place with Northamptonshire.

A key theme within the procurement will be how the successful bidder would work with each of the local health communities to deliver an NHS 111 service that integrates effectively with other service providers and has enhanced access to clinical advice; helping to manage rather than increase demand for urgent and emergency care services.

The themes that have emerged from engagement that will inform the re-procurement are:

- the need to raise awareness of the service, particularly in those groups that are known to have difficulty accessing NHS 111 and other healthcare services
- the need to increase and improve how the service captures service user experience

The Health and Well-being Board Commissioning Executive Group has confirmed its support for the re-procurement of the NHS 111 service and has considered the attached template which the CCG must complete where GPs may have a financial interest in providers who are likely to compete to provide services in response to a competitive tender. Health and Wellbeing Board members are invited to review this template (see appendix 1).

2. The Selection of Quality Premium Indicators for 2015 /2016

The Quality Premium is intended to reward Clinical Commissioning Groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities. The CCG is assessed against six overall measures as follows:

- Urgent and emergency care
- Mental health
- Reducing potential years of lives lost through causes considered amenable to healthcare
- Improving antibiotic prescribing in primary and secondary care
- Two local measures

The measures relating to urgent and emergency care and mental health need to be selected from a national menu and one, several, or all measures can be chosen. The two local measures should be based on local priorities from the CCG Outcomes Indicator Set. In reaching a decision on the selected measures the CCG has to work with in conjunction with the Health and Wellbeing Board and local NHS England team.

The CCG has made suggestions for consideration by the Health and Wellbeing Board along with our rationale. We have used the following principles to guide our considerations:

- They will support improvements in those areas that will make the most difference to health and outcomes for the population of Nottingham City.
- They support areas where we have as identified that there is further scope for improvement across priorities identified in various strategies, including but not limited to the Health and Wellbeing Board Strategy, the CCG Commissioning Strategy and the 2015 Operating Plan.
- There is reasonable confidence that we have or will be able to have the influence and ability to impact on commissioning and delivery

The following measures are proposed (full details are set out in appendix 2)

Urgent and Emergency Care

Avoidable emergency admissions - composite measure of:

- unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults);
- unplanned hospitalisation for asthma, diabetes and epilepsy in children;
- emergency admissions for acute conditions that should not usually require hospital admission (adults)

Mental Health

- Reduction in the number of people with severe mental illness who are currently smokers.
- Increase in the proportion of adults in contact with secondary mental health services who are in paid employment.
- Improvement in the health related quality of life for people with a long term mental health condition.

Local Priorities

There is no national menu for selection as the two local measures chosen should be based on local priorities from the CCG Outcomes Indicator Set.

The recommendations for selection are

- Emergency admissions from alcohol related liver disease
- Uptake of bowel screening.

3. 360° Stakeholder Survey

Prior to authorisation all shadow CCGs were required to undertake a 360° survey in order to assess the quality of the key relationships that would be critical to the success of the new

organisation. This information helped to identify where relationships needed to be further developed and similarly confirmed what behaviours had been successful and needed to be continued.

NHS England has conducted a further survey this year which was designed to allow stakeholders to provide feedback on working relationships with CCGs for two purposes:

1. To provide data for CCGs to help with their on-going organisational development.
2. To feed into assurance conversations between NHS England area teams and CCGs.

There are a number of areas where the CCG has performed higher than the national average for all CCGs across the country. We are strongly encouraged by the feedback received and the level of confidence in our ability to commission high quality services that will improve outcomes for patients. However, neither are we complacent. Of particular note were some of the comments from member practices which indicate a concern about the workload in primary care given the context of our plans to strengthen services in the community and reduce the need for care to take place in the acute sector. The full report which includes the detailed response to each question is available on request.

4. Diabetes Care in Nottingham City

The CCG is currently seeking the views of patients and carers living with diabetes in the City to help them shape and improve local NHS services. Those with experience of living with diabetes and using NHS diabetes services can share their views by completing a short, online survey. Diabetes patients, carers and families are encouraged to give feedback on what's working well, what they value most and what could be improved in the NHS diabetes care they receive. The survey can be accessed at www.bit.ly/nhsdiabetessurvey until Friday 29 May 2015.

5. Improving Patient Flow through Nottingham University Hospitals NHS Trust – Breaking the Cycle

Nottingham University Hospitals NHS Trust has just completed the first of two '*Breaking the Cycle*' weeks to support staff in new ways of working intended to help the Trust improve performance on the four-hour waiting time standard. The first week of Breaking the Cycle took place from 29 April 2015 at the Queen's Medical Centre campus and the second week will start on 17 June 2015 at City Hospital.

As part of Breaking the Cycle, The Trust worked with partner organisations to identify ward liaison officer volunteers to help ward teams chase and resolve patient delays. The CCG was delighted to have supported the initiative along with colleagues in the Local Authority. Feedback from the ward volunteers has been shared with teams at ward level to share learning and areas of good practice. The initiative saw the Trust hitting the 95% target every day for 20 consecutive days, including over the May Bank Holiday, despite attendances of 500+ patients a day.

Dawn Smith

Chief Officer