NHS
Haringey
Clinical Commissioning Group

Haringey CCG Commissioning Intentions for 2015-16

What are commissioning intentions?

Commissioning intentions are developed every year. They describe the changes and improvements to healthcare that the CCG wants to make for the year ahead and what we expect to commission (or 'buy') to achieve these changes. The CCG's commissioning intentions are shared widely with providers and stakeholders and are then developed into a commissioning strategy plan for the year ahead.

This document is a short summary of the commissioning intentions of Haringey CCG for the year April 2015 – March 2016. Plans are aligned with the CCG's local 5 year strategy and where appropriate, aligned with partner CCGs across North Central London.

1 Unplanned Care

1.1 Urgent Care Centres (UCC)

The CCG will look to align service delivery models with best practice, improving patient experience and understanding of the urgent care system. This will include the implementation of the recently published UCC Commissioning Standards and enhanced patient communication. Payment and monitoring mechanisms for UCC will be subject to evaluation and review with the view to move to local pricing.

1.2 A&E

The CCG will be seeking continued improvement of short-stay A&E pathways, ensuring adults, children and frail elderly patients are treated in the most appropriate setting for their needs. This will include establishing Ambulatory Emergency Care (AEC) and in conjunction, reviewing existing Paediatric Assessment Units (PAU), Older People's Assessment Units (OPAU) and Day Hospital arrangements with a view to streamlining patient pathways and improving overall experience of short-stay urgent care, 7 days a week. Payment and monitoring mechanisms for AEC, PAU, OPAU, Day hospital and related short stay activity will be evaluated and subject to proposed change.

1.3 Admission Avoidance

The CCG will evaluate existing admission avoidance schemes to understand better both the impact these have on the overall system, but also the opportunity to develop and improve in 2015/16. This will include more proactive identification of patients who could benefit from community based interventions and support.

1.4 Integrated Discharge

The CCG will looks to evaluate lessons learnt from the Winter Schemes, with a view to improving multi-agency working and supported discharge processes.

2 Long Term Conditions

2.1 Intermediate Care

The CCG will review current provision of Intermediate Care across Haringey with a view to ensuring patients are discharged from hospital to the right destination for their needs first time. This will also require acute bed management and discharge improvement initiatives to enable a more joined up system between health and social care from admission through to discharge. Payment mechanisms are subject to evaluation with a view to moving to local pricing.

2.2 Respiratory

The CCG will review current provision of Community Respiratory Services, with a view to maximising evidence based interventions and reducing avoidable hospital admissions. This will involve increasing the level of in-reaching and urgent support available to primary care and increasing the amount of patients undertaking pulmonary rehabilitation.

2.3 Cardiology

The CCG will fully implement the new Heart Failure model following recent investment in additional community specialist nursing resource. The CCG anticipates Trusts will deliver fully against the agreed specification and KPIs.

2.4 Cardiac Rehabilitation

The CCG aims to redesign and implement a seamless cardiac rehabilitation programme in line with the British Association for Cardiovascular Prevention and Rehabilitation Standards and NICE Commissioning Guide for Cardiac Rehabilitation Services. The CCG will look to reduce variation in treatment between our main Acute Providers and maximise the effective transition of patients across Phase 1 and Phase 4 of the programme. The service is to be commissioned using PbR post-discharge tariff for cardiac rehabilitation. Commissioners will explore the scope to decommission and shift acute activity to the community.

2.5 Diabetes

The CCG will seek to evaluate the Intermediate Diabetic Service (IDS) changes (agreed in 2014) which support the increased activity shift from secondary to community care. The collaborative work with Islington CCG on Value Based Commissioning (VBC) will continue and a contractual model for delivering a Diabetes Integrated Practice Unit (IPU) across the two CCGs will be developed for implementation in 2015/16.

3 Paediatrics

3.1 Facing the Future Together for Child Health

The CCG will develop a programme of work in collaboration with our key providers of paediatrics and child health. This programme will set out both the timeline and actions required to deliver the standards set out by the Royal College of Paediatrics and Child Health. Payment mechanisms are to be confirmed.

3.2 Paediatric Diabetes Best Practice Tariff (BPT)

The CCG will seek to agree and monitor more closely the standards required by each provider Trust delivering the paediatric diabetes BPT.

3.3 Paediatric Diabetes

The CCG will review Paediatric Diabetes Care to ensure clinical outcomes are optimised. This will include reviewing network arrangements and existing models. Payment models are subject to review.

3.4 Community Allergy

The CCG anticipates the new model for paediatric allergy being fully operational, with on-going review of impact and benefits.

4 Community Services

4.1 Rapid Response

A review of the Rapid Response service will be completed by December 2014. If the outcome of the review is positive this service will be developed further to improve its admission avoidance capabilities.

4.2 Multi-Disciplinary Team (MDT) Conferences

The CCG will continue with teleconferences to promote early interventions and care planning. MDTs will develop and be aligned towards the GP Unplanned Admissions DES and the aims of the Better Care Fund work streams.

4.3 24/7 District Nursing (including Catheter Care for ambulatory patients)

A review of the 24/7 District Nursing service will be completed by December 2014. If the outcome of this is positive, we will seek opportunities to develop the service further to provide more care in the community and improve outcomes for patients.

4.4 End of Life Care

In 2015/16 North Middlesex University Hospital (NMUH) will be the lead provider of palliative care services across Haringey. The Trust will be accountable for the community palliative care service, for extending the service to run across 7 days/week and development of a new triage and single point of access. In advance of 2015/16 (from November 2014) the contract for community palliative care will sit with NMUH. This will be in the form of a block contract.

5 Pathways for physical conditions

5.1 Gynaecology

The CCG will fully implement the community gynaecology service, following a restricted procurement process in 14/15. We will also review our pathways to ensure that patients are treated according to NICE's standards. There will be an expected shift of activity from acute to community.

5.2 Early Pregnancy and Acute Gynaecology

The CCG will review the Early Pregnancy and Acute Gynaecology pathways to ensure that Haringey CCG commissions a streamlined service which is offering a high quality and cost-effective care in line with clinical standards. There will be an expected shift of activity from acute to primary care.

5.3 Urology

The CCG will increase the volume of activity redirected from Acute to the Urology Community Service, as well as work to implement an improved model of care for Urology Outpatients. The CCG will look to reduce potentially avoidable acute admissions. The impact of this will be an activity reduction at the North Middlesex Hospital.

5.4 Gastroenterology

The CCG will redesign and implement a service which aims to improve patient care and reduce avoidable gastroenterology acute activity. We will review scope to commission a direct listing for lower endoscopy procedures, a GP advisory service and a community gastroenterology service for specialist conditions. Payment mechanisms are subject to review with a view to local pricing.

5.5 Dermatology

The CCG aims to streamline care pathways and develop a common community dermatology service specification and pricing model across the 5 NCL CCGs with the aim of commissioning a new service. This is likely to involve a procurement exercise with the intention that the new service starts at the beginning of 2015/16. This model would be expected to reduce dermatology referrals to:

- Whittington Health
- North Middlesex University Hospital
- Royal Free Hospital / Barnet and Chase Farm Hospitals
- University College London Hospital (UCLH)

5.6 Diagnostics

The CCG is currently reviewing direct access diagnostics with a view to improving efficiency and reducing duplication. The CCG is looking to improve image exchange

between providers, make more efficient use of community diagnostic services and prevent unnecessary referrals to secondary care.
There will be an expected reduction in the volume of outpatient appointments (across several specialties) from April 2015 at:

- Whittington Health
- North Middlesex University Hospital
- Royal Free Hospital / Barnet and Chase Farm Hospitals
- University College London Hospital (UCLH)

It is expected that referrals for MRI and Ultrasound to InHealth will also be reduced.

5.7 Ophthalmology

The CCG will be engaging optometrists in Haringey with a view to improving local ophthalmology referral pathways. The expected outcome will be an increase in referrals to the community ophthalmology service and a corresponding decrease in referrals to secondary care. This will impact:

- North Middlesex University Hospital
- Moorfields Eye Hospital
- Royal Free Hospital / Barnet and Chase Farm Hospitals
- Whittington
- The Practice PLC (community ophthalmology service)

5.8 Transfer of glaucoma follow-up activity from secondary care to community service – FYE of 2014-15 QIPP

This will reduce ophthalmology outpatient follow-up attendances at:

- Moorfields Eye Hospital
- Whittington
- North Middlesex University Hospital

It will increase follow-up attendances at:

- The Practice PLC (community ophthalmology service)

5.9 Procedures of Limited Clinical Effectiveness - PoLCE

The CCG will work across North Central London (NCL) to develop and implement an improved PoLCE process, which improves communication and the sharing of relevant information between the PoLCE triage service, NCL CSU and Haringey CCG. We will work with our providers to ensure that the PoLCE process adheres to NCL's PoLCE policy. Acute Trusts will not be funded for GP initiated PoLCE activity which was not approved by Bounds Green Group Practice. This is expected to reduce activity with acute providers.

5.10 Access Policy

The CCG is currently reviewing the Consultant to Consultant referral policy with a view to revising this.

5.11 Fertility Treatment

Haringey CCG has reviewed updated and approved a new Fertility Treatment policy in line with new NICE guidance during 2014/15. This has been shared with the Trusts and will be contractually live from April 2015.

The revised policy will have activity consequences at North Middlesex Hospital and Whittington Health as the revised guidance is clear what should be offered in a secondary care setting. Of particular note to North Middlesex Hospital and Whittington Health are the activity reductions related to changes in IUI and ICSI treatment.

6 Mental Health

6.1 RAID

As part of our programme of improving parity of esteem, the CCG remains committed to improving the quality of care for people with mental health needs presenting in acute services. We are currently reviewing the benefits of existing investment in Mental Health Liaison Services (also known as RAID) at NMUH, Barnet and Royal Free Hospitals from both a quality and a financial perspective across the whole health economy. We would like to share the outcome of this review with acute partners as we believe we have identified benefits accruing to acute partners from the introduction of RAID which suggest there is a dialogue to be had about sharing the costs of any ongoing funding to the services. A second element of the dialogue would be the extent to which CCGs outside NCL are deriving cost-free benefits from our investment in this service and how a proportionate investment in the service can be achieved.

6.2 Perinatal Mental Health Services across North Central London - Commissioning Intentions

Within 5 year plans, CCGs will set out their intention to develop and commission a perinatal mental health service. A strategy will be developed, activity, need and costs identified. A staged approach will be required, utilising where possible existing financial resources. The maternity tariff includes within it, additional funding for women with mental health needs. Acute mental health services are already provided for many such places. However at present these services are not coordinated.

Providers will be asked to provide a named clinical (and preferably managerial) lead, responsible for the future development of perinatal mental health services within their

organisation. Providers are asked to participate in the planning required to ensure that LETB funding allocated to support increased awareness, communication, assessment, identification, care planning and treatment is most appropriately utilised. Trusts are also requested to release staff to undertake such initiatives. Current funding is for this financial year (2014-15), however it is hoped further funding can be obtained for 2015-16.

Trusts are requested to examine the feasibility of joint clinics (obstetric and psychiatry), where these do not currently exist. In addition maternity services should consider the appointment of a specialist midwife for perinatal mental health.

The Maternity Network will establish a subgroup to act as a board for the development of this service. This group will comprise commissioners and providers and will seek to establish a strategy, pathway and manage service developments as described above. The board will examine the feasibility of commissioning a lead perinatal psychiatrist position to work with commissioners and providers to audit current need, and lead on the future development of this service. The board will be accountable to CCGs through the Maternity Network Board.

7 Public Health

7.1 Sexual Health - HIV Testing Pathway

In keeping with Department of Health/Public Health England (PHE) guidance, (see below), Public Health is recommending that the CCG request Whittington Health & North Middlesex University Hospital Trust refresh and/or develop a new HIV Testing pathway in A&E and other priority medical settings. Evidence from both PHE and NICE recommends action on increasing comprehensive HIV testing in acute settings as a means of reducing levels of late diagnosis in the local populations. 49% of HIV in Haringey was diagnosed late between 2009-11, with Haringey ranked in 5th place for late diagnosed HIV in London.

Evidence and resources to commission expanded HIV testing in priority medical services in high prevalence areas, Health Protection Agency, 2012.
Increasing uptake of HIV testing among Black Africans in England (NICE: PH33) and Men who have sex with Men (PH34), and UK national guidelines for HIV testing (BHIVA, 2008.).

7.2 Termination of Pregnancy Pathway

Public Health, working together with CCG commissioners, local Hospital Trusts, and GP practices should aim to develop and promote an effective abortion pathway for GPs in conjunction with local acute hospitals, and sexual health service providers. The focus will be on promoting access to ‘seamless provision’, in order to improve the patient journey; as well as an increase in the uptake of prevention and contraception services, thereby reducing the number of repeat abortions. In 2012,

over 40% of all abortions, (all ages), were classified as repeat abortions in Haringey – compared to 37% in England, (PHE 2012). Making it work: a guide to whole system commissioning for sexual health, reproductive health and HIV, (PHE & MedFash Sept 2014).

7.3 Obesity & Weight Management Pathway for Adults

Public Health is proposing to work together with Haringey CCG in developing a robust pathway for adults, together with Whittington Health, North Middlesex University Hospital NHS Trust, and GPs, in order to ensure that those commissioning lifestyle weight management services are aware of, and planning services for : the number of adults who are overweight or obese locally, including any variations in rates between different groups; the effect of the local environment and the wider determinants of health on the prevention and management of obesity; the local obesity pathway and the role of lifestyle weight management services in the local strategic approach to the prevention and management of obesity; the range of lifestyle weight management programmes that could be commissioned locally; and continuing professional development or training opportunities on weight management. NICE guidance, May 2014, makes recommendations on the provision of effective multi-component lifestyle weight management services for adults who are overweight or obese (aged 18 and over). It covers weight management programmes, courses, clubs or groups that aim to change someone's behaviour to reduce their energy intake and encourage them to be physically active. The aim is to help meet a range of public health goals. These include helping reduce the risk of the main diseases associated with obesity, for example: coronary heart disease, stroke, hypertension, osteoarthritis, type 2 diabetes and various cancers (endometrial, breast, kidney and colon). The impact of developing a new and robust Obesity & Weight Management Pathway for Adults in Haringey will also influence the commissioning of related services, such as Cardiac and Stroke rehabilitation, GP Exercise on referral schemes, Diabetes services (both primary and secondary prevention); and Alcohol services. http://www.nice.org.uk/guidance/ph53/chapter/1-recommendations

7.4 A&E Nursing resource to support alcohol reduction

This service funded by Public Health comes to an end in April 2015. As this resource formed part of the Trusts service specification, it is assumed by Haringey Local Authority that the Trust will continue providing this service.

8 Better Care Fund

The Haringey Better Care Fund Plan 2014-16 was resubmitted on 19th September 2014. As part of the submission both North Middlesex and Whittington signed Annex 2: Provider Commentary. This section was an acknowledgment that non-elective activity would be reduced as follows:

Acute Trust	Number of non-elective admissions prevented	
	2014-15	2015-16
North Middlesex University Hospital NHS Trust	188	251
Whittington Hospital NHS Trust	141	188

Within the BCF Plan section: Implications for acute providers, data demonstrated that for Non Elective Admissions (NELs) in Haringey, the majority (77%) are attributable to North Middlesex and Whittington. The remaining 23% of NELs are distributed as follows: The Royal Free (4%); Barnet and Chase Farm (4%); and UCLH (4%). As the amounts were low these providers were not approached to discuss the expected reductions in NELs before submission of the BCF plan. Therefore they will require 6 months' notice of the reduction in activity.

9 Value Based Commissioning

Our financial and reporting structures do not currently drive or support Integration. They do not drive the focus on early intervention, prevention and supported self-management that represent our strategic aims.

We continue to pay for healthcare on the basis of episodes and visits. Disconnected funding streams make it difficult to understand the whole costs of care. Quality is monitored at an organisational level so the outcomes of care are not often clear.

Across North Central London, Value Based Commissioning is being developed to equip us to move towards commissioning for outcomes for population cohorts with similar needs. Value based commissioning challenges and replaces payment by results for particular groups within the population where there is a particular need to focus on avoiding hospital admissions, intervening early and enabling independence.

Through 2014/15 considerable work across partner organisations has allowed us to identify the outcomes of care that matter to patients and staff and that are meaningful indications of effective care. We have worked with frontline staff to examine the model of service delivery that would allow providers to achieve these outcomes. We have identified estimated current costs of care associated with particular population cohorts. In Haringey this work has been focused in two population cohorts, Older People with Frailty and people with Diabetes.

From April 2015/16 Haringey will be seeking to commission for outcomes of care for Older People with Frailty and people with Diabetes (aged over 16yrs). In 2015/16 a proportion of costs associated with delivering care for these populations will be contingent on delivery of agreed outcomes, or on progress along an agreed trajectory towards achieving outcomes. Providers from across healthcare, social care and voluntary organisations will be expected to begin working as linked provider networks responsible for the organisation, coordination and delivery of outcomes for the population cohort. Commissioners will be working with providers to identify the appropriate contract duration and contract value. The payment will be via partial bundle with alternative contract models to allow these new ways of working to become embedded in 2015/16.