

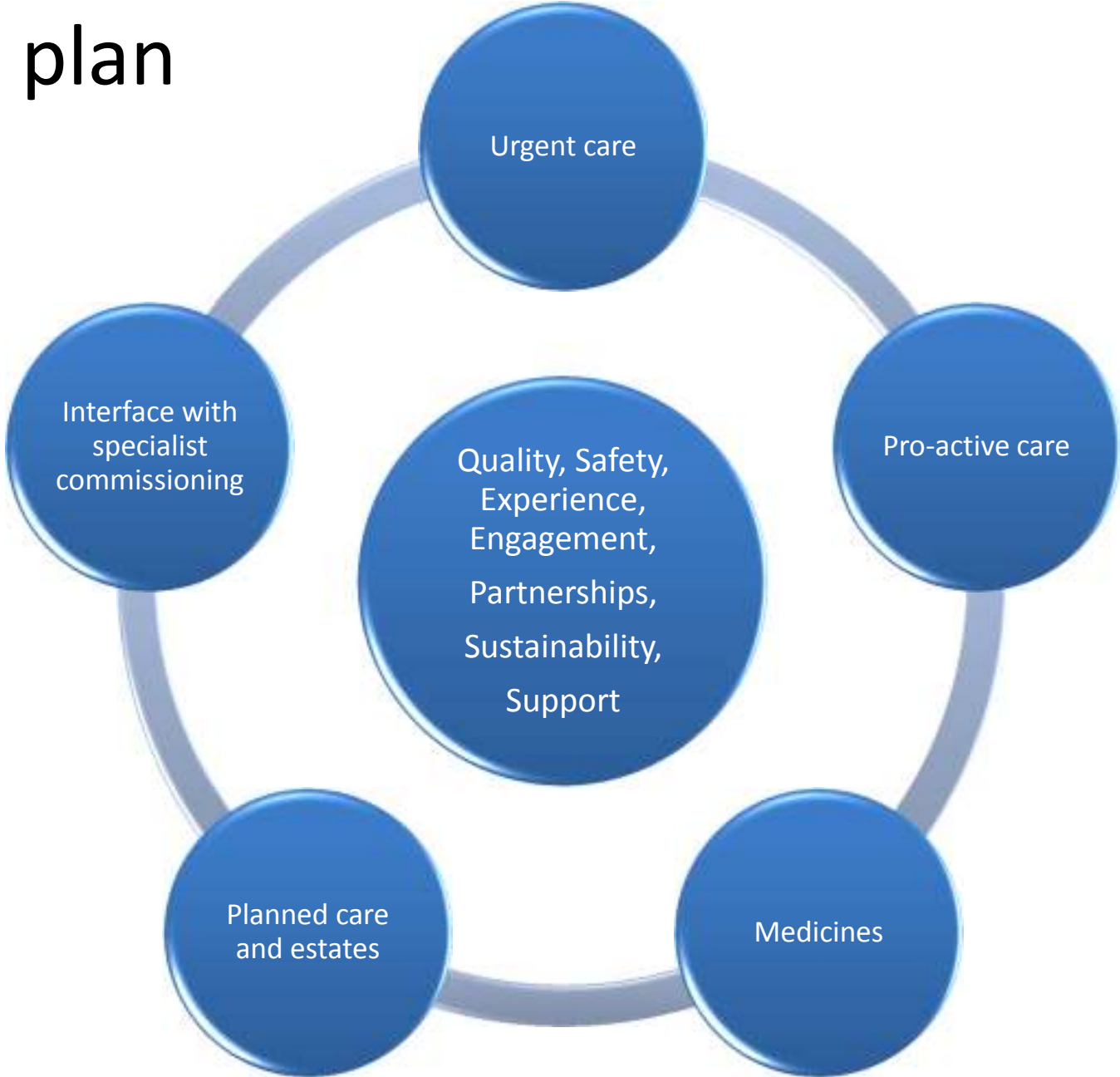
# West Sussex CCGs

Strategic Plan

Organisational development and authorisation  
Practice managers as commissioning Champions

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# The plan



# Sussex Together

A sustainable provider landscape for Sussex:

- Unscheduled Care
- Frail Elderly
- Planned care
- Medicines Management
- Pediatrics and Maternity

# Audacious Goals 12/13

- 15% reduction in NEL admissions
- Planned Care
- Workforce

# Our Local Plans

- Synergy with local focus
- Focus on delivery
- Building confidence to be fit for purpose
- Concentrating on engagement

# Planned Care

- Demand Management
- Service Redesign

# Urgent care

## Whole pathway, integrated care

### Step-up

- One-Call / One-Team
- Intermediate care beds – step-up
- Admission avoidance service at PRH
- Acute GP service in MAU
- Front-end of A&E / CAU (Crawley)
- Falls pathway
- Co-location of OOH
- Paramedic practitioners in community
- Rapid access medical clinics
- SECAMB Conveyances
- Care home support (pharmacy, training, GP)

### Step-down

- One-Call
- Supported Discharge Teams
- Intermediate care beds – step-down
- Home-based care
- Community IV therapy service
- Care homes and care provision at home – quality and market
- Consultant-led service, ambulatory care, ward-based teams, OUTREACH
- Early integrated discharge planning
- Mental health liaison services

- NHS 111
- Out of Hours re-commissioning
- Urgent care dashboard
- Better communications between primary and secondary care

# Pro-active strategy

## Population risk identification and needs identification

- Analytical tools
- Data sharing agreements
- Interventions
- Commissioning for high risk patients

## Self care

- Disease specific education programmes
- Generic programmes
- Care planning and exacerbation management
- Remaining independent (includes equipment housing)

## Supported self care

- Telecare/ telehealth
- Pro-active care
- Coexisting mental health issue
- Active care coordination and case management

## Care pathway

- Pathways
- Integration
- Quality indicators
- Incentives
- Training
- Early intervention includes specialist outreach services such as COTE, DM, Rheumatology
- Specific pathways e.g. COPD, HF, Dementia, EOLC

## Long-term care and regaining independence

- Care in the community (care homes, home-care)
- Community beds
- Intermediate Care services

Close working with WSCC, MSDC, HDC, CBC, others

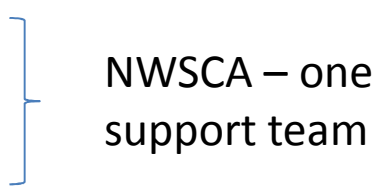
# Medicines

- 1ry care
- Community
- 2ndry
- Pharmacy support
- Medicines and urgent care
- Medicines and supporting the frail elderly / people with long-term needs
- Systems to support QIPP

# Implications

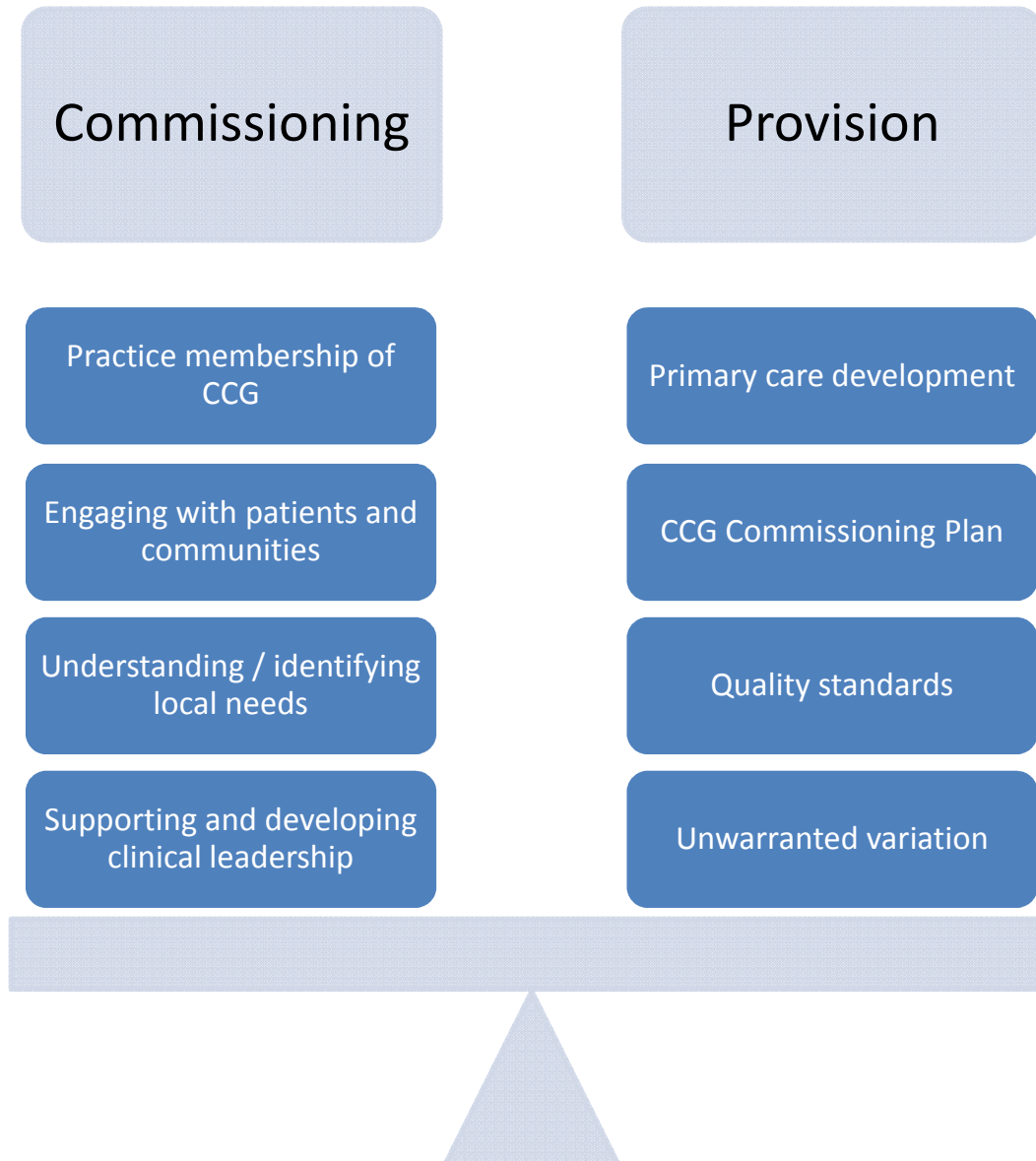
- Better access to local services for patients
  - Reinvest in better/appropriate services for the population
  - Primary and community care development
- Reduction in acute contract values
  - Agreeing a service map and contract value for the map that sustains providers, enables progress to FT and supports commissioner aspirations across the whole health economy (workforce plans and CIPs)
- Workforce implications
  - Acute pay bill reduction and job redesign, redundancies etc

# Organisational development and authorisation

- Horsham and Mid-Sussex CCG
  - Crawley CCG
  - Organisational development process
  - Forming new boards, delegation to localities (H&M), shadow year scheme of delegation
  - Geography, leadership, plans, governance, membership, involving the public, partnerships, sustainable LHE
  - H&M Organisational plan submitted November and **Green** across the 4 domains at present / at front of pipeline and on schedule for authorisation application July 2012. Crawley have measures in place where identified during assessment process.
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- NWSCA – one support team

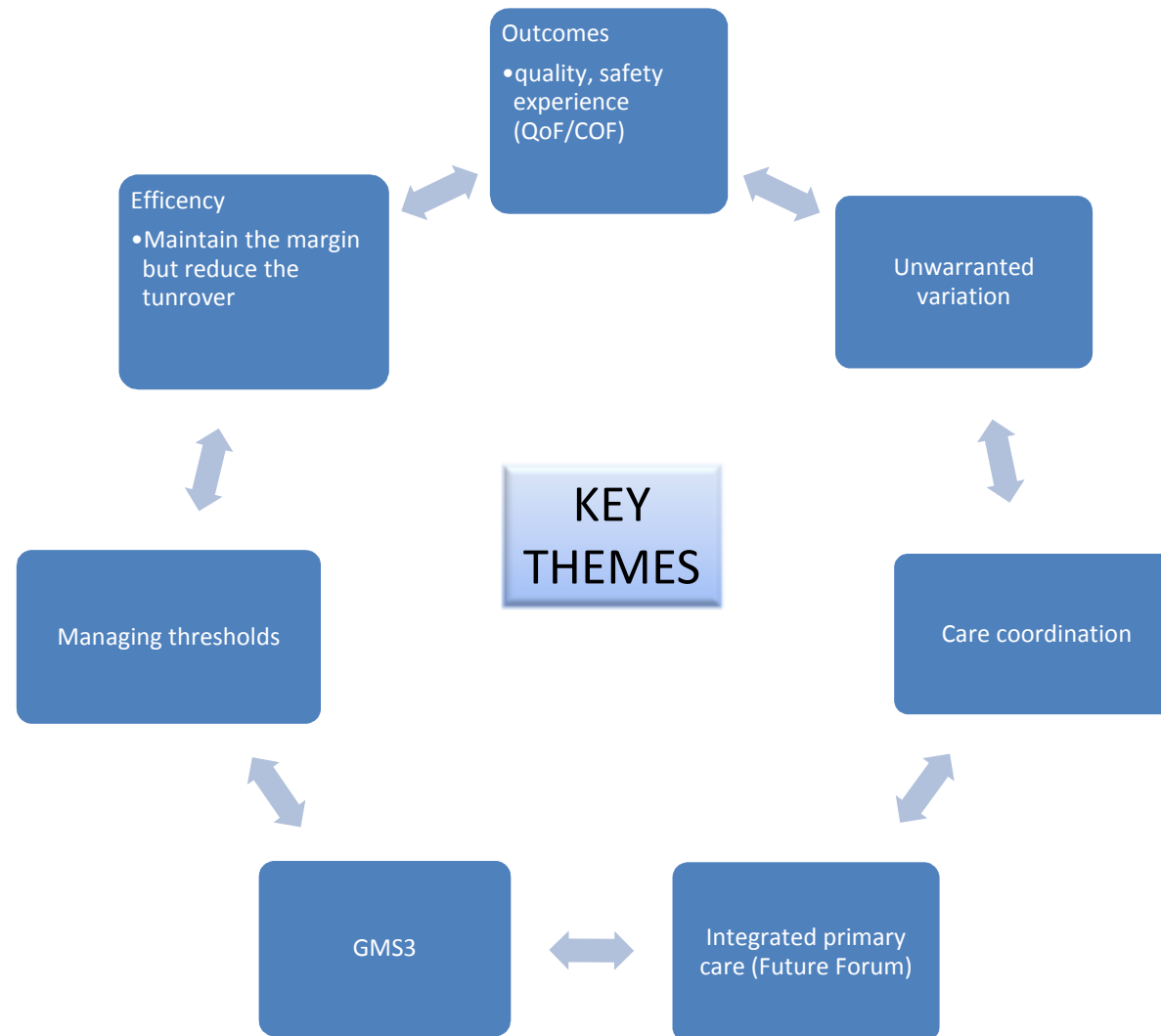
# The Practice Manager and the practice

- Adding value



# Primary care development

- You really are central to this...



# 4 short exercises

- 1) Local needs (5 minutes)
  - Write down up to 5 interesting facts about your practice population that present you / your clinicians with daily challenges
  - Can you describe the 3 most important changes we could make that would improve the overall care of your practice population
  - Describe your 3 most significant daily challenges in primary care but only if you can describe some potential solutions

WSPMA will collect and collate

## 2nd short exercise

- 2) Primary care development (4 minutes)
- Q1. Are the themes described right – any more or any less?
- Q2. How do PMs intend to engage with / support CWS, NWSCA on a programme to develop primary care?

WSPMA will collect and collate

## 3<sup>rd</sup> short exercise

- 3) Engaging with communities and patients (4 minutes)
  - Q1. What 3 things have you gleaned from your PPG/PRG/patients so far that would inform the CCG commissioning plan or your practice delivery?
  - Q2. What 2 things do your patient surveys consistently tell you the practice does well that others could learn from?

WSPMA will collect and collate

# 4<sup>th</sup> short exercise

- 4) CCG Membership (4 minutes)
  - Practice membership within a CCG and the membership ethos is central to the CCG aspect of health reforms and probably integral to the success of both.
- Q1. (Politics aside) what role will you play in brokering a successful relationship between practice and CCG?
- Q2. What do you see as the key contribution of the member practice to the CCG?