Commissioning Intentions 2014/15

Contents

1. Aim of Hillingdon Commissioning Intentions

- To provide an overview of our plans to commission high quality health care to improve health outcomes for Hillingdon registered patients for 2013/14 and beyond and to set the scene for how we envisage services developing over the next 3 years;

- To engage with our member practices in commissioning a model of high quality health care for the residents of Hillingdon;

- To engage partners, patients and the wider public in shaping the way by which we respond to the health needs of Hillingdon residents and the way we commission the appropriate services to meet local needs

To support our work we will be seeking to:

- Improve patient outcomes and reduce health inequalities

- Ensure we engage with partners to maximise opportunities for joint working where this will support improved outcomes through better coordinated care.

- Develop engagement with patients and public in all aspects of commissioning and development through our PPE strategy

- Work with other commissioners in the Local Authority, ONWL and the National Commissioning Board to ensure that we have a seamless approach to the commissioning of services for Hillingdon patients

- To ensure opportunities are maximised, we will be considering multi-year agreements which will provide greater security to our providers as well as reduce the overhead of the traditional annual round of re-negotiations or re-commissioning services

2. Hillingdon Health Needs - demographic profile

Hillingdon has the second largest area (116 km2) of London's 33 boroughs with the 13th largest population. The overall size of the population for the London Borough of Hillingdon is shown in the following table.

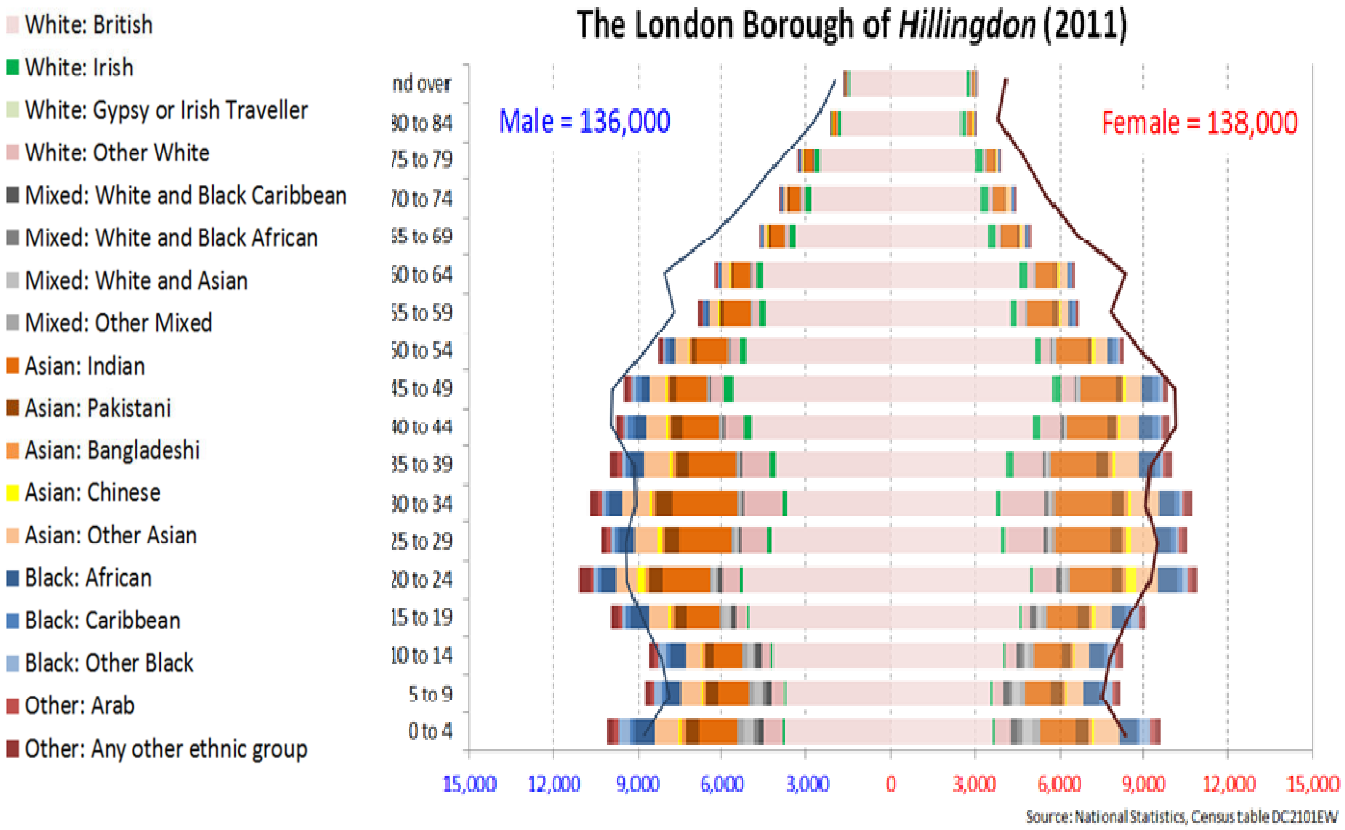
Hillingdon population	Year	Pop estimate
National Statistics, Census-based sub-national population projections (SNPP)	2013	285,000
Greater London Authority (GLA) 2012 round projections (SHLAA incorporating DCLG)	2013	281,000
Hillingdon Clinical Commissioning Group (CCG) GP registered population	2013	289,000
Greater London Authority GP registered population residing in Hillingdon	2013	301,000

2. Hillingdon Health Needs – Population Demography

The population pyramid shows the age and sex distribution of the 2011 Census population estimate for Hillingdon.

The lines around the outside of the pyramid show how Hillingdon's population would look were it to follow the distribution for England.

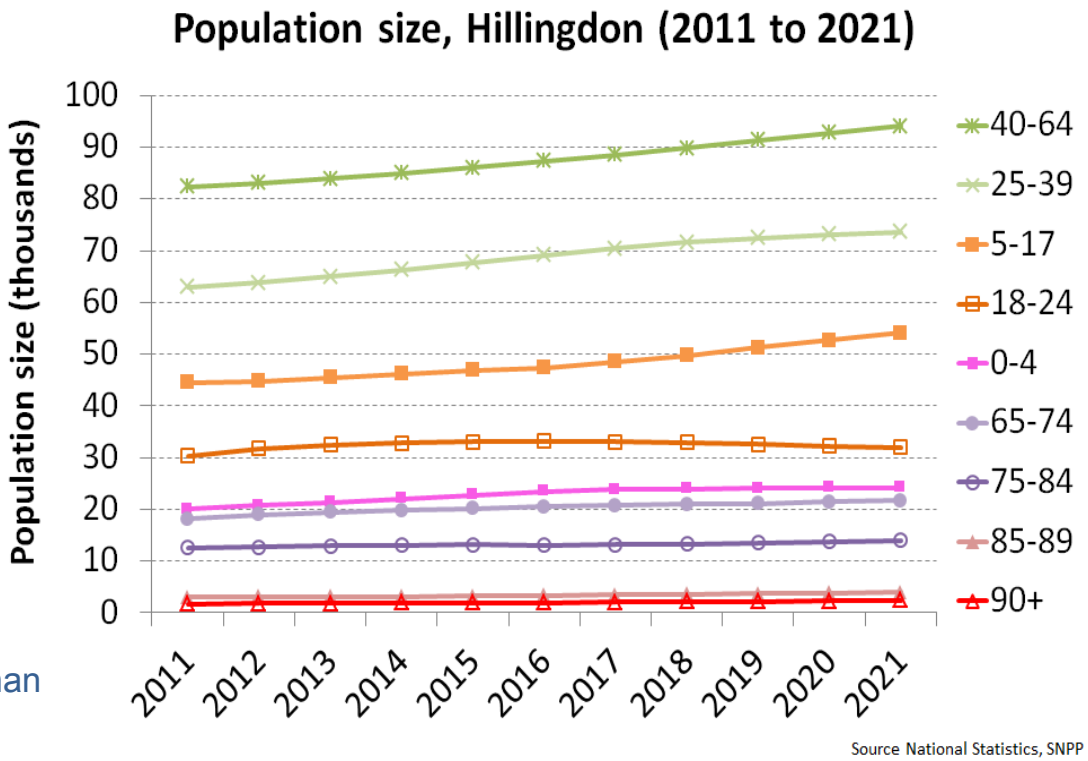
The population pyramid also shows the ethnic groups in the borough too.



2. Hillingdon Health Needs – Population Demography

From the population pyramid we can see that the proportion of the population aged 0-10yrs and 20-40yrs is greater in Hillingdon than in England. Also note that the proportion of the population aged 45+ is lower in Hillingdon than in England. 35,000 are aged over 65 years.

Compared with London, the proportion of the population aged 15-25yrs is greater in Hillingdon and the proportion of the population aged 25-40yrs is lower. The proportion of males and females aged 45+ in Hillingdon is similar to the proportion in London.



Source National Statistics, SNPP

Age bands that are expected to increase by more than 100 per year on average are:

- 65-74 by an extra 330 per year
- 0-4 by an extra 440 per year
- 5-17 by an extra 970 per year
- 25-39 by an extra 1150 per year
- 40-64 by an extra 1200 per year

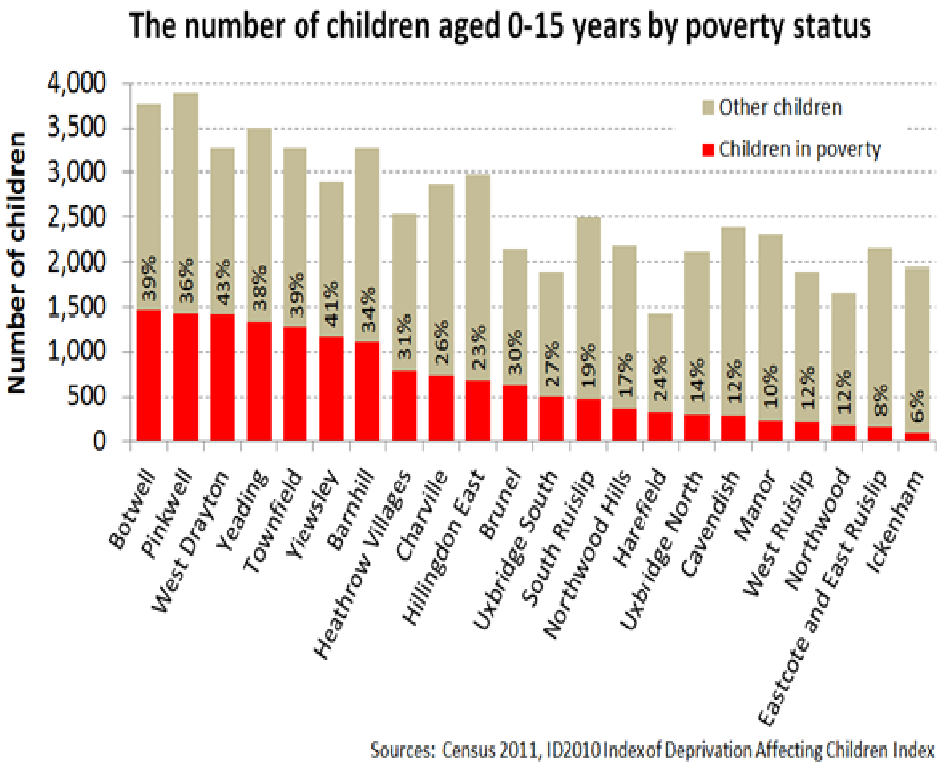
In Hillingdon, the population of children aged 0-17 is projected to increase by approximately 1,300 per year. One of the driving forces behind the projected increase is the year on year increase in the number of live births that has been experienced since 2001. By 2021, the overall population in Hillingdon is expected to grow by 16% (to 320,000) compared with the 2011 MYE.

2. Hillingdon Health Needs - Children

This graph shows the number of children aged 0-15 years in each ward. The proportion of those children that are living in relative poverty is also shown (as a percentage).

This shows that in some wards there are over 3,500 children aged 0-15 years (Pinkwell,Botwell) and in other wards there are around 1,500 children (Harefield, Northwood). The proportion of children living in relative poverty is lowest in the ward of Ickenham (6%) and highest in the ward of West Drayton (43%).

As shown in the graph there is considerable variation in deprivation within wards. This is also seen in children living in poverty where wards have wide variation in inequalities, for example West Drayton and Botwell. These wards have similar overall ward deprivation scores, but the child poverty levels vary from 16% - 63% in West Drayton, but only 31% – 44% in Botwell.



2. Hillingdon Health Needs – Influencing Factors

There are some wards where the number of people (aged 3+) who ***cannot speak English*** or *cannot speak English well* number more than 2000; these are Townfield (7%), Barnhill (7%), Pinkwell (6%) and Botwell (6%). The implication being that additional translation support may be required when patients from this demographic present for treatment. However, it is also likely that the younger patients in these areas will develop bilingual capabilities sooner rather than later.

Healthy life expectancy (HLE) is the number of years an individual can expect to spend in very good or good general health. In Hillingdon the 2009-2011 HLE for males is 64 years (England mean 63 years) and for females is 66 years (England mean 64 years).

The **all age all cause mortality rate** does not significantly differ from the rate in London overall. However, Hillingdon shows a significantly lower rate than England. The premature mortality rate is falling for mortality files coded as all circulatory diseases, all cancers or all other deaths.

The **infant mortality rate** (before the infant's first birthday) in Hillingdon (4.8 per 1,000 live births) was also not statistically significantly higher than the average for London and England (both 4.4 per 1,000 live births).

The **TB rate** (2009-11) in Hillingdon is in the band 40-70 per 100,000 population, higher than the 2011 UK rate (14 per 100,000). This is possibly a consequence of the presence of adult immigration holding centres based within the borough and unaccompanied minors arriving at Heathrow airport without papers who become the responsibility of Hillingdon Local Authority.

2. Hillingdon Health Needs – Influencing Factors

Other lifestyle factors and risky behaviours contribute enormously to long-term (and short-term) health. The most significant of these in the Hillingdon area are:

•**Obesity** In Hillingdon, 23% of adult population is estimated to be obese, which is the same as London but slightly lower than England (24%).
•**Physical activity** Rates of physical activity (16% do moderate physical activity for 30 minutes, 3 times per week) are worse than the England, London and Northwest London rates.
•**Smoking** The estimated 2011/12 prevalence of smoking in Hillingdon (17.6%) is lower than the estimated proportions for England (20.0%) and London (18.9%).
•**Shisha** Smoking with a shisha smoking apparatus is harmful because smoke is not filtered, but merely bubbled through water. In addition the shared smoking apparatus can lead to the sharing of communicable diseases such as TB.
•**Substance abuse** This has a significant impact not only on the lives of those directly involved but also on their families, friends, as well as the communities within which they live.
•**Khat** This is a natural stimulant from a plant which is released when its leaves and buds are chewed. There are a range of social problems associated with the use of khat (particularly by male heavy users) including family breakdown, unemployment and domestic violence (The Hillingdon Khat Report: a call for action, May 2011).
•**Alcohol** Alcohol attributable hospital admissions and alcohol-related recorded crimes are worse (higher) than the England average.
•**Conception** Conception rates for females aged <18 years in Hillingdon have not fallen in line with England and London region figures. However, the figures for the last 12 months are the lowest since 1998.

3. What our patients and stakeholders told us

Staff and BME people need more education and awareness around mental health and stigma. Introduce Mental Health awareness in schools as part of their education. **Mind Social Group**

Before discharging end of life patients from the hospital, it would be most helpful if palliative care forms such as CMC, DNAR could be already in place and transferred to the nursing home . Discharge letters from the hospital could be more informative e.g. inclusion of a body chart. **Ruislip Nursing Home**

Hillingdon CCG should spend money and resources educating the public on how much they cost the NHS when used inappropriately. **Blind Support Group, Uxbridge**

Carers do not always remember to ask all their questions within the appointment slot provided. This is not the fault of staff, but due to the present pressure / stress the carer is experiencing. Can there be a common protocol that enables the carer to ask questions after the appointment? **Hillingdon Carers**

The fast track system and traffic light system works very well at Hillingdon Hospital. It helps patient's keep calm and helps the staff manage the patient and get them seen to quickly and calmly with little distress. **DASH**

Mental Health patients need familiarity. Moving care into primary care setting needs to be communicated clearly to patients and carers. There also needs to be a contingency in place that ensures when staff leave, new staff are brought up to speed with the patients medical history and can identify when we are about to have another episode. **Oak Tree Mental Health Support Group**

Advanced directives, setting out someone's wishes if they have a mental health crisis, are extremely valuable. If in crisis, it will set out how we want our carer involved and the information they should be given. **Re-Think Round table**

More support is needed for people with long-term conditions, especially in ethnic minority communities. There appears to be gap in this area as existing services are either not culturally relevant or are not reaching out to many ethnic groups. **Recommendation from the HCCG Hayes and Harlington Outreach Project**

Develop a mechanism and joint work with children's centres to address the issue of families attending A&E for minor conditions. This was being done in the past. The systems need to be renewed to share information about families attending the A&E for minor conditions from the different wards. **Recommendation from the HCCG Hayes and Harlington Outreach Project**

In Nepal we had a book in every home which was called 'What do You do when the doctor is not there'. We need something like this for parents in this country. We did not rush to the GP or hospital for minor conditions when we were back home. We treated a lot of things at home with the help of the book. **Nepalese community leader and father**

Capturing the views of our Patients, Carer and Public

- **March 2012 – April 2013: Meet the CCG public events, service user forums**
- Gathered feedback and experiences from patients and carers from a range of forums including disabled tenants forum, older peoples forum, mental health service user forum, parent and disabled children forums, LGBT event, UCC public ‘Meet the CCG’ event, Heathrow villages focus group

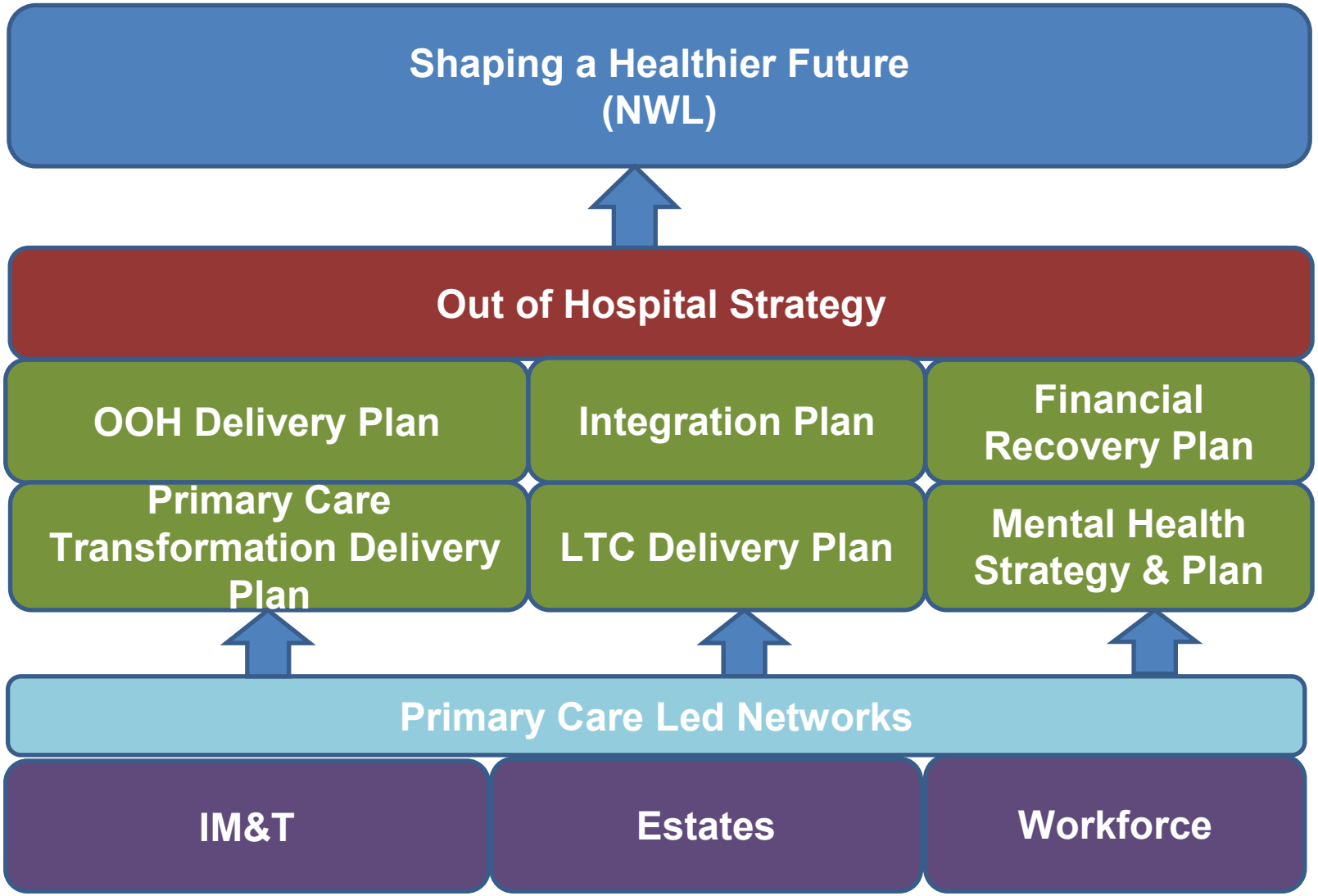
- **April – July 2013: Hayes and Harlington Outreach Project**
- School assembly's, libraries, parent and toddler groups, GP surgeries, Faith and belief groups, social events (school and community fairs)

- **July - September 2013: Shape our commissioning intentions road show**
- Spoke with over 25 groups and events between July and September including Youth Council, Street Champions, Mind, Age UK, Deaf and Blind peoples forum, health and social care forum

4.1. Key strategic drivers and transformation work streams

- Commissioning intentions are being developed in the context of compelling case for change across North West London. The imperatives outlined in 'Shaping a Healthier Future' relate to a shared commitment to ensure that all patients receive the highest quality healthcare and achieve the best possible outcomes and that care is provided in the most appropriate setting for their needs.
- To support implementation of SaHF; improve patient outcomes and experience and deliver long term financial sustainability to meet current and future health need, the CCG has developed an Out of Hospital Strategy outlining our vision to ensure the right care is provided in the right place, at the right time by the right person. Our Out of Hospital pathway work responds to needs set out in the JSNA and priorities set out in the Health and Wellbeing Strategy.
- Hillingdon CCG continues to work within an extremely challenging financial environment. Our three year Financial Recovery Plan, which encompasses our QIPP plans and reflects our Out of Hospital strategy, has been refreshed for 2014/15 to 2017/18. The CCG will continue to work collaboratively with providers and other partners to maintain stability within the local health system through the whole system Recovery Programme Board
- During 2013/14 HCCG has sought to increase levels of integrated service delivery through its commissioning and contracting function working in partnership with providers and the London Borough of Hillingdon (LBH). In 2014/15 HCCG will, in partnership with the LBH and under the auspices of the Hillingdon Health and Wellbeing Board, develop integrated commissioning plans to drive further integration in service delivery to promote improvements in Hillingdon patients and residents outcomes and experience.

4.2 Strategic drivers and transformation work streams summarised



4.3. Key strategic drivers – whole systems enablers

- Building on work in 13/14, a whole system approach will be further developed during 14/15 to enable greater alignment between Acute, Community and Mental Health care services through use of system wide incentive payments.
- Cross cutting CQUINs will be developed where this supports providers engaged in system wide programmes of work to align quality improvement initiatives.
- Examples would include improvements where providers have a stake in each others improvement, where incentives would be aligned to reward participation and delivery. Examples of such programmes could include improved discharge planning at every level of care through acute, step down and community.

5.1. Hillingdon provider market: Primary Care

- HCCG will progress its thinking on the development of the primary care market within the context of the wider primary care team i.e. including community services such as district nursing.
- In 2014/15 HCCG will focus work on transformation of the wider primary care team to support delivery of the Out of Hospital Strategy. This will include the development of primary care led networks to strengthen delivery of existing primary care pathways and support an increase in the range of services provided out of hospital.
- The work will be closely aligned to the North West London Primary Care Transformation programme.
- Programmes of work will include:
  - Development of primary care led networks – the shape and scope to be decided by participating practices
  - The development of business cases for establishing “hubs” in each of the 3 Hillingdon localities
  - Development of IT infrastructure to support greater integration within health services and between health and social care services
  - More efficient and effective use of the wider primary care team.

5.2. Provider Market: Community Care

- Currently the majority of community care is provided by Central North West London FT (CNWL).

- This contract comes to an end in March 2014 and to ensure the very highest levels of productivity and quality HCCG will seek to adopt a strong developmental model for the community contract in 2014/15 to ensure that core community services are configured to support wider system change – including integrated pathways and delivery of the Out of Hospital Strategy. This will build on work to design care bundles and realigning service lines to maximise interdependence and support virtually integrated community teams. In particular this applies to services that support the frail and elderly and children with complex needs.

- Adopt a whole systems approach and to enable CNWL to drive improved quality and productivity in the system across service areas such as continence, equipment including wheelchairs and consumables that support wound care including pressure relieving equipment .

- Wider planned care pathways in 14/15 will include implementation of a new cardiology pathway with impact on heart failure nursing and cardiac rehabilitation.

5.2. Provider Market: Community Care continued

- HCCG will review and re-commission the following service areas and pathways. As a result , HCCG may seek to test the market in these areas:
  - Tissue Viability and wound care linked to pressure relieving equipment and other consumables.
  - Physiotherapy services linked to MSK.
  - Heart failure nursing including cardiac rehabilitation - linked to planned care for cardiology
  - Community Matrons re commissioned based on predictive care supported by care navigators.
  - Community equipment including pressure relieving equipment
  - HILC and wheelchair services.

  - Services for children will be developed to support a more integrated children's service model. This will include a review of case management of complex children and greater multi agency working.
- HCCG will support a co- production approach to innovative ways of provider to provider working including for planned care pathways, and specialist community based provision across health and health and social care where this supports the strategic aims of the Hillingdon health economy.
- There is an expectation that as more services are moved to a community / out of hospital setting a greater range providers may emerge.

5.3. Provider Market: Mental Health

- Currently the majority of mental health care is provided by CNWL.

- This contract comes to an end in March 2014 and to ensure the very highest levels of productivity and quality HCCG will review the following service areas and may seek to test the market in these areas:
  - IAPT
  - Psychiatric Liaison services in A&E (subject to NWL business case)
  - CAMHs
  - Chronic Fatigue Services

- HCCG will focus on implementation of the agreed priorities in the joint Mental Health and Dementia Strategy based on current and future population needs, ensuring provision is effectively aligned and coordinated across mental health and physical health care, and health and social care. This will include Mental health Urgent Care Pathways.

- The following key programmes will be re specified and re- commissioned: Shifting Settings of Care, further shift from bed based dementia services to community based services to ensure care in the least restrictive environment possible and closer to home.

(contd….)

5.3. Provider Market: Mental Health (contd.)

- Through the Shifting the Settings of Care programme mental health services will be aligned to support the development of pathways delivered through primary care and primary care led networks.

- The CAMHS service review initiated in 2013/14 will be concluded. HCCG anticipates reshaping this pathway in collaboration with specialist commissioning, LBH and local providers of mental health services. This may lead to market testing during 14/15 subject to the outcome of this review.

5.4. Provider Market: Acute Hospital Care

- HCCG contracts primarily with The Hillingdon Hospitals Foundation Trust with 71% of all acute activity flowing this way.
- THH is a “fixed point” within the SaHF programme and therefore remains as an acute hospital with elective and non-elective functions
- Other significant contracts are with Northwest London Hospitals Trust (7.3%), Imperial College Healthcare Trust (5.8%) and the Royal Brompton and Harefield Hospitals Trust (2.7%)
- HCCG expects to work collaboratively, through a negotiated approach, with providers to ensure a quality service is maintained as the OOH strategy and financial recovery plan are delivered
- HCCG will support providers to test innovative ways of working where possible and where it supports the strategic aims of HCCG
- HCCG actively encourages integrated service delivery through provider to provider arrangements
- Where the required quality and price (VFM) cannot be achieved with existing providers HCCG will test the market
- Many QIPP schemes initiated in 2013/14 will achieve full year effect in 2014/15

6. HCCG has identified the following principles for commissioning healthcare services:

- In 2012/13 HCCG identified the following commissioning principles and will continue to apply them in 2014/15
- Commission high quality, clinically effective care, with a robust evidence base
- Demonstrate and evidence equality and consistency in access to services and health outcomes within Hillingdon that continues a reduction in health inequalities
- Work with other commissioners where integrated commissioning will deliver innovative and effective healthcare solutions in line with the commissioning strategy
- Work with providers to co-design an affordable integrated care system, with an increased focus on OOH care
- Develop patient and public engagement that ensures meaningful public involvement in commissioning
- Achieving financial balance and a viable local health economy within existing and future resources, with particular emphasis on robust contract monitoring across the entire contract portfolio
- Commission care in line with health needs as identified by the JSNA and in line with the health and wellbeing strategy
- Commission services that continue to move toward outcome-focused care, driven by the NHS Outcomes Framework with a key quality focus on the care and treatment of vulnerable adults.

7.1. Hillingdon Commissioning Priorities

High quality and safe care	• Putting patients first • Fundamental standards of behaviour adhered to • Developing a common culture including openness, transparency & candour • Responsibility for, and effectiveness of, healthcare standards • Enhancing the role for supportive agencies • Performance Management and Strategic Oversight • Complaints and Patient and Public Involvement
Transformational change in primary care services	• Redirect patients from UCC to primary care • Effective prescribing • Mental health shifting settings of care to primary care • Support to nursing and residential care homes • Increased management of long term conditions in primary care • Development of primary care networks • Referral Reflection Service and Peer Review
Planned care pathways	• Long term conditions (Diabetes, cardiology, mental health, respiratory disease) • Supporting patients to self care • Consolidation of new planned care pathways initiated in 2013/14 • Implement new planned care pathways (one stop hernia repair) • Maternity care • Use of technology • Diagnostics
Rapid response to urgent or unscheduled need	• Capacity reduction plan for local inpatient beds (including acute and dementia) • Expansion of rapid response capability including admission avoidance and end of life care • Case management of frequent flyers via the ICP • Ambulatory care pathways

7.2. Hillingdon Commissioning Priorities contd.

Appropriate time in hospital

- Early Supported Discharge including step down beds and community based rehabilitation
- Integrated planning and service delivery with social care providers
- Psychiatric liaison service

Integrated care to avoid crisis or exacerbation events

- Integrated care for older people
- End of life care
- Falls management
- Long term condition management
- Mental health care

Children's health

- Improve support for age 0 -4 years with ASCS treatable conditions as part of unscheduled care pathways.
- Integrated CAMHs pathways to optimise capacity focusing on early intervention and intensive support
- Reduce variation in planned care acute activity including dental.
- Explore opportunities for locality-based provision for children as part of primary care network development

SAFEGUARDING CHILDREN

- Hillingdon CCG is fully committed to safeguarding children and as part of its statutory responsibility, the CCG will:
- Ensure that, as commissioners of NHS Health Services, health contribution to safeguarding and promoting the welfare of children is effectively discharged across the local health economy through its commissioning arrangements; this includes specific responsibilities for Looked after Children and supporting the Child Death Overview Process.
- Ensure that all Providers of NHS Health Services have clear and effective arrangements in place to safeguard and promote the welfare of vulnerable children and young people that assure themselves, regulators and commissioners that these arrangements are working.
- Ensure that the Organisation and their Providers will, through the CCG's commissioning arrangements and service standards, be fully engaged to work with partner agencies in order to improve outcomes for children, young people and their families

7.2. Hillingdon Commissioning Priorities contd.

Mental Health and Learning Disability

- Assess to timely urgent response in a crisis, with clear onward pathways for support (including psychiatric liaison) .
- Dementia pathways which increase diagnostic rates , early intervention and reduces reliance on institutional care (beds)
- Shifting settings of care - developing an enhanced model of community and primary care provision that supports discharge and will reduce secondary care activity.
- Integrated model of care for IAPT within a wider system of community support
- On-going repatriation of out of borough placements.
- Implement Winterbourne View and Self Assessment priorities

Prevention of ill health

- Implement falls prevention programme
- Alcohol related ill health
- Public health to embed structured health improvement activities into all parts of the system, including links with primary care, and integrating public health messages into all service activities. eg reducing alcohol harm, talking obesity , immunization, children's mental wellbeing , teenage pregnancy rates.

8.1. Hillingdon Commissioning Intentions – Unscheduled Care

Commissioning Intention	Description	Activity and Financial Impact (Gross) in 2014/15
Hayes Walk In Centre	The 5-year APMS contract that provides GMS services to a registered list and a separate walk in service for unregistered patients is due to expire in September 2014. The CCG will work with NHSE on the continued provision of GMS services to the registered list and will await the outcome of Monitor's national review of Walk In Services before deciding whether the service should be decommissioned, with patients being redirected to the new 24/7 Urgent Care Centre based at Hillingdon Hospital.	Contract Value £316k for Walk In Service provision
Hillingdon 111 Service	Hillingdon was an early implementer in London of the national 111 service where all CCGs are mandated to commission a 111 service. The 2-year pilot terminates February 2014 and therefore the CCG proposes to extend the existing contract by 12 months to a) allow for pan-London benefits realisation work to be completed and b) bring the scheme into line with other, later London pilots. The expectation is that NHSE will lead a wider, possibly pan-London procurement for 111 services in the future.	Contract Value £720k in 2013/14
UCC at THH	A 24/7 UCC on site at THH. The project is due to commence in 2013 but will run into 2014. This shows the PYE for 2014/15	Re-provision FA 22,269 £2,156k
Ambulatory Emergency Care	This is proposed as a shared QIPP scheme between HCCG and THH. AEC is an approach which results in a significant proportion of emergency adult patients being managed safely and efficiently on the same day avoiding admission to a hospital bed.	Adm. Avoid. 1,256 £1,757k
Support to care homes (nursing/residential) and supported living	The prevention of unnecessary emergency admissions through a) the introduction of Advanced Nurse Practitioners or GPs into Care and Residential Homes and supported living environments to provide support and b) to have district nurses to provide similar support in an at home setting.	Adm. Avoid. 70 £50k

8.2. Hillingdon Commissioning Intentions – Intermediate Care

Commissioning Intention	Description	Activity and Financial Impact (Gross) in 2014/15
Admission avoidance	To continue with and embed the service redesign with regard to intermediate care with the avoidance of admission to acute care for patients who are able to be managed at home by the community based intermediate care services which have been developed. This involves virtual integration of rapid response services, community rehabilitation, telecare, reablement, community equipment, night carers and home treatment services for older people with mental health conditions. Rapid response services are both community based and provide in-reach to the UCC and ED at THH. An average of three people a day were managed home from the ED or directly referred to Rapid Response from the London Ambulance Service for the first six months of 1013/14 rising to a target of 7 per day from October 2013.	Admissions avoided = 1,460 Circa £1,663k
ESD / Excess Bed Days	Shared savings between CCG & THH. Opportunity to release 10 beds in Franklin House and spot-purchase from elsewhere – dependent on THH reducing beds.	Activity – 10 Beds Activity red'n FA 2,000 Circa £450k

8.3. Hillingdon Commissioning Intentions – Integrated Care

Commissioning Intention	Description	Activity and Financial Impact (Gross) in 2014/15
Integrated Care Programme	The BEHH CCGs will collectively review the ICP and achievement of anticipated benefits in the second half of 2013/14. The review will take account of the role the ICP may have as a platform for greater integrated service delivery in 2014/15 in support of the NWL Whole System Integrated Care programme. It will also take account of recent work within the ICP to enhance the case management approach through the use of predictive modelling. The review will be completed by the end of Q3 2013/14 with a decision on future investment in ICP following this review.	
End of Life	Plan to extend the percentage of deaths outside of hospital from 45% (2013/14) to 50% (2014/15). Further use of Coordinate My Care (CMC) by Primary Care will ensure that patients known to be in the end of life phase of their illness will be identified and have an advanced care plan recorded on CMC where the patient gives consent. DNAR documentation will be recorded in the CMC record. In addition we will develop a fast track palliative care pathway, integrated between the acute trust, community trust, charitable sector and social services. A review of night sitting services will aim to ensure that appropriate care for carers is delivered.	121 admissions will be avoided £200k

8.4. Hillingdon Commissioning Intentions – Planned Care

Commissioning Intention	Description	Activity and Financial Impact (Gross) in 2014/15
MSK	Continuation of work commenced in 2012/13. The Clinical Working Group has commenced work to establish exactly how the activity reductions will be divided across FA and FUs. The financial figure given is the opportunity identified in the Financial Recovery Plan for this scheme in year two.	439 admissions will be avoided £989k
Dermatology	Continuation of the delivery of 2013/14 developed and agreed planned care pathways in Dermatology through a community service.	Standardisation 337 Re-provision FA 1,896 FU 1,896 TOTAL 4,128 £538k
ENT	Continuation of the delivery of 2013/14 developed and agreed planned care pathways in ENT through a community service.	Standardisation FA 550 FU 503 TOTAL 1,053 Reprovision FA 2,863 FU 2,901 TOTAL 6,816 £833k
Gastroenterology	Continuation of existing developed and new pathways from 2013/14. Service developments including IBD and possible adoption of direct access colonoscopy CQUIN into main contract .	Standardisation 338 £50k
Pain Management	Managing patients with chronic pain conditions in a setting closer to home and increasingly helped to self manage their conditions.	Reprovision 1398 £215k

8.5. Hillingdon Commissioning Intentions – Planned Care contd.

Commissioning Intention	Description	Activity and Financial Impact (Gross) in 2014/15
General Surgery	Implementation of planned care pathway for one stop hernia service	40% of existing activity anticipated
Neurology - Headaches	Implementation of a pathway for the diagnosis and management of headaches and epilepsy in young people and adults	FA 239, FU 239 TOTAL478 £96k
Gynaecology	Continuation of agreed planned care pathways through delivery of a Community Gynaecology Service with provision across various locations across Hillingdon.	Standardisation FA 260 FU 260 TOTAL 520 Reprovision FA 2,927 FU 2,927 TOTAL 6,375 £982k
Ophthalmology	Continuation of contracted Community Ophthalmology Service with provision across various locations across Hillingdon.	FA 588 FU 1,101 TOTAL 1,689 (NB: EXISTING CONTRACT) £150k
Urology	Continuation of the delivery of 2013/14 developed and agreed planned care pathways in Urology through a community service.	Standardisation FA 91 FU 241 TOTAL 332 Reprovision FA 761 FU 2,106 TOTAL 3,109 £480k

8.6 Hillingdon Commissioning Intentions – Primary Care Services

Commissioning Intention	Description	Activity and Financial Impact (Gross) in 2014/15
Cardiology	Continuation of the planned reprovision of cardiology services to create a one-stop service to deliver a more integrated service (CATS), implement referral standardisation to reduce variation in referral rates	Standardisation 321 Reprovision FA 1,341 FU 1,199 TOTAL 2,862 £817k
Diabetes	Re-directing care to the appropriate provider, reducing secondary care activity through simplifying pathways. Implement and deliver the Healthcare for London Model for Diabetes	Standardisation 241 Reprovision FA 94 FU 604 TOTAL 939 £180k
Diagnostics	Reduction in pathology and radiology variation. We will benchmark the use of direct access services by practices and agree the most appropriate tests use of diagnostic services with the acute consultants. Identify efficiency savings and review pathways where appropriate	Pathology 28500 £60k Radiology 2000 £80k
Telehealth	During 2104/15 the CCG will explore the possible investment in Telehealth to support patients with long term conditions, for example diabetes, COPD and heart failure. Telehealth has been used for non-face-to-face appointments between Primary Care or Secondary Care clinicians and patients. Changes will be recorded by those specialties which use telehealth.	TBA

8.6 Hillingdon Commissioning Intentions – Primary Care Services

Commissioning Intention	Description	Activity and Financial Impact (Gross) in 2014/15
LIS / AQP	Senior Commissioning Managers are working with the Governing Body to agree which of the 2013/14 LES agreements will be offered as contracts for Any Qualified Provider and which will be approved to be Local Improvement Schemes. The current proposal will be for 3 LES to be offered to AQP (£693k) and for 2 LES to be transferred to LIS (£182k).	LES to AQP = £693k LES to LIS = £182k
Improving Productivity in Prescribing	The Medicines Management team will work closely with commissioners, specifically around care pathways, to ensure the most cost-effective medicines are used and ensuring that we reduce unwarranted variations in prescribing Practices. Analysis of national best practice will continue to identify areas for improved approaches and efficiencies within primary care prescribing. The detail of schemes will be finalised by March 2014 for implementation from April 2014.	£1,600k LIS scheme
10% PCI	To work with Primary Care and reduce referrals by up to 10% through an educational approach and excluding those already captured within planned care pathway QIPP schemes	Standardisation 5215 £517k

8.7 Hillingdon Commissioning Intentions – Community Services

Commissioning Intention	Description	Activity and Financial Impact (Gross) in 2014/15
Improving Productivity in Community Services	This programme will negotiate the Hillingdon Community Health contract to ensure that services continue to move to better quartile productivity and efficiency and are reconfigured to support wider system change. This approach will be supported by work to design care bundles and realign service lines to maximise interdependence. In particular this applies to services that support the frail and elderly - specifically district nursing and children with complex needs.	£450k
Community reconfiguration	HCCG will review and if believed necessary re-commission the following service areas /pathways. •Tissue Viability and ambulatory wound care linked to pressure reliving equipment. •Case management service to align with predictive modelling methodology, improved care planning and use of care navigators •Heart failure nursing including cardiac rehabilitation - linked to planned care for cardiology pathway •Consideration to re-commission HILC and wheelchair /seating/hardware and maintenance services as part of a wider model of community rehabilitation. •Physiotherapy services linked to MSK. Reconfiguration in addition to the above: •Fully align NPCU intermediate care capacity and productivity to support whole system bed modelling (intermediate care) . •Review integrated paediatric pathways for children with long term conditions and complex needs.	Service line value for review £858k £746.6k £275.7k £1.38m TBC

8.7 Hillingdon Commissioning Intentions – Community Services

Commissioning Intention	Description	Activity and Financial Impact (Gross) in 2014/15
Other community support services	• Move to a managed service from a renal model for pressure relieving equipment with a patient pathways to ensure system wide improvement in patient experience. • Align continence products with AQP continence	£75k
	Impact of planned care, intermediate care , unscheduled care and integrated care initiatives are included in other relevant sections.	0
Supporting people with long term needs and their carers	This programme aims at reviewing the needs of people and their carers who require longer term support to remain independent in the community , ensuring a co-ordinated response to needs. A model of community based support will be developed in 14/15 to help commissioners meet required outcomes of reducing hospital admissions, admissions to nursing care and supporting people to remain independent as long as possible.	£0k
	Development of pathways to support step down from core community services through use of personalised care planning (see ICP), assessment and signposting and development of roles such as support workers and care navigators. Reducing the need for premature care home admission by review of short term NHS respite care. Review of services that directly support carers including night sitting (EOL) and access to advice and help in a crisis, including day time and out of hours. Access to training and appropriate knowledge for carers to support family members with long term conditions and increasing frailty including dementia. Supporting carers at the point of hospital discharge to deliver safe care that promotes on-going recovery and reablement. (linked to Early Support Discharge)	

8.8 Hillingdon Commissioning Intentions – Mental Health services

Commissioning Intention	Description	Activity and Financial Impact (Gross) in 2014/15
Contract	Contract efficiencies - improving productivity and targeting of services including reducing delays in the system, maximising throughput and continuously improving productivity (bed and non bed based services) and aligned to repatriation. Review Chronic Fatigue Services and potentially re-commission in 14/15	£250K £110K
Liaison psychiatry service	Liaison psychiatry - consider commissioning of Liaison Psychiatry model subject to confirmation of cost benefit from NWL pilot evaluation . Consider widening this to include a systems wide review health psychology linked to reconfiguration of pathways such as pain management and heart failure .	£937k tbc based on pilot evaluation
Community dementia	Community dementia pathways - align community pathways with intermediate care and integrated care, and reduce reliance on bed based services. Reduction in older people beds (circa 10) to enable care to be delivered closer to home	£500K gross
Shifting settings of care – community pathways	Shifting settings of care phase 2 – full year impact of shifting settings of care programme for agreed cluster groups.	£101K tbc
CAMHS	CAMHs considering re - commission CAMHS services to ensure an integrated CAMHs pathways and address gaps for children learning disability.	Current service line value £1.3 million
IAPT	IAPT to consider re- commissioning IAPT as an integrated model aligned to community model for shifting settings of care.	TBA

8.9 Hillingdon Commissioning Intentions – Children's services

Commissioning Intention	Description	Activity and Financial Impact (Gross) in 2014/15
Children Unscheduled care	• Improve support for age 0 -4 years with ACSC treatable conditions as part of unscheduled care pathways. • Explore opportunities for locality-based provision for children as part of primary care network development	
Integrated CAMHs	• Develop integrated CAMHs pathways across Hillingdon to optimise capacity and redesign pathways with LBH to focus on early intervention • (LBH) and intensive support (CCG)	
Children with long term conditions	• Re- commission integrated paediatric pathways for children with long term conditions and complex needs to improve care management coordination of care	
Planned care pathways	• Reduce variation in planned care activity including dental.	