NHS
Oxfordshire
Clinical Commissioning Group

Oxfordshire Clinical Commissioning Group: Annual Public Meeting

Dr Joe McManners
Clinical Chair

29 September 2016


North


North East


Oxford City


South East


South West


West

Agenda

- Review of the year: 2015 / 2016
- Financial Accounts
- Health & Care Transformation in Oxfordshire
- New Pathways of Care
- Question & Answer

Review of the Year – 2015 / 2016

David Smith
Chief Executive

Strategic plan

Our work is guided by our five year strategic plan, 2014/15 – 2018/19, which was developed with input from the public and our partners.

We are working to bring about change in five core areas:

- 1. Primary care
- 2. Urgent care
- 3. Planned care
- 4. Mental health
- 5. Medicines optimisation

How did we do?

- Increased the numbers of people starting treatment within 18 weeks of referral - *93.7% of admitted and non-admitted patients started treatment within a maximum of 18 weeks from referral against the constitutional standard of 92%*
- Ensured more people with suspected cancer were being seen and starting treatment – *7 of the 8 Cancer treatment standards were met, the exception being the proportion of patients seen in an outpatients appointment within 2wks of a referral from a GP for suspected cancer, the standard of 93% was missed by 0.2%. The standard has been met since June 16/17*
- Overhauled mental health services to help people live as independently as possible through a new outcomes based contract

How did we do?

- Developed the Oxfordshire Big Plan 2015-18 - *The strategy emphasises integrating the provision of mental and physical health care for people with learning disabilities with mainstream health services so that everyone in Oxfordshire gets their physical and mental health support from the same health services – whether or not they have a learning disability.*
- Supported the development of four GP federations
- Piloted GP access fund initiatives across the County - *The Early Visiting Service is now operating in North, North East, West, South East and South West Localities. Since September 2015 more than 1200 home visits have been completed and the service has been endorsed by GPs and patients.*
- Successfully reduced the prescribing of antimicrobials (antibiotics/anti-fungals)
- Balanced our budget

How did we do?

However:

- The numbers of people who remain in hospital when they no longer need to be there – decreasing but not quickly enough
- The increasing numbers of people attending A&E because they face difficulties in accessing other health services
- Increased pressure on our GP practices due to more demand

The future

- The Transformation Programme is a key priority but we must continue to focus on improving operational delivery during 2016 / 2017
- Progress the integration of health and social care commissioning
- 'No decision about me, without me' - we will continue to improve communication and increase patient participation and public engagement in as many aspects of OCCG's work as possible
- During 2016 / 2017 the NHS in Oxfordshire will focus on developing new ways of delivering care and treatment to ensure we use our resources more efficiently and provide quality services within the budgets we have

Financial Accounts

Gareth Kenworthy
Director of Finance

Context of 2015 / 2016

- Third year of operation of CCG and of Commissioning Support Unit
- Further period of stabilisation – first year that we met the business rules for CCGs
- Management of in-year financial risks – in particular overspending on High Cost drugs, Independent providers and Non contracted activity

Financial Highlights

- Financial Accounts produced to national deadlines
- Surplus of £8.9m achieved (1.3%), £2m higher than planned due to the receipt of Quality Premium
- All financial duties achieved
- Unqualified audit opinion on the financial statements, regularity and value for money

Financial Performance Targets

Target Position	Achieved Position
Revenue spend not to exceed allocation of £704,436,000	Actual revenue surplus £8,916,000
Revenue administration spend not to exceed allocation of £16,593,000	Actual administration spend of £12,258,000
95% of invoices paid within 30 days	96% of total value of invoices paid within 30 days
Remain within cash funding	Technical bank overdraft of £323,000 due to payment scheduled for 1/4/2016

How was the money spent?

In 2015-16 Oxfordshire CCG received £983.58 per head of population, which was spent as follows:

Area of Spend	2015-16 £ per head of population	2014-15 £ per head of population	% Change
Acute Health care services	529.32	512.47	3.3%
Community Services	95.68	90.75	5.4%
Continuing Health Care	77.79	49.59	56.9%
Mental Health and Learning Disability	94.10	89.65	5.0%
Prescribing services	118.04	115.42	2.3%
Primary care services	13.67	15.39	-11.2%
Other	25.41	26.70	-4.9%
Running costs	17.12	20.49	-16.5%
Surplus	12.45	2.18	472.2%
	983.58	922.64	6.6%

And what did it buy?

- Acute Healthcare Services:
  - 136,616 attendances at A&E, 374 per day
  - 64,922 emergency inpatient admissions, 178 per day
  - 63,753 planned inpatient admissions and day-cases
  - 632,893 outpatient appointments
  - 100,930 ambulance incidents

- Community Health:
  - 2,023 community hospital stays
  - 420,623 contacts with community services
  - 80,410 podiatry appointments
  - 109,840 contacts with Out of Hours GP services

Cont'd . . .and what did it buy?

- Mental Health Services:
  - 44,546 inpatient bed-days
  - 110,778 appointments

- Other:
  - 204,279 calls to NHS 111
  - Total drug items prescribed - 10,848,044
  - 1,932 referrals for NHS Continuing Care

External Audit Opinion

- Financial statements – an unqualified opinion that the accounts reported fairly on the CCGs finances
- Regularity of income and expenditure – an unqualified opinion that financial transactions were conducted within the CCG legal framework
- Value for money – no matters to report i.e. an unqualified opinion

Present and Future

- OCCG submitted a plan for 2016 / 2017 that was compliant with financial planning targets including a surplus of £12.9m

- STP planning for the Buckinghamshire, Oxfordshire Berkshire West (BOB) footprint and five year plans in development

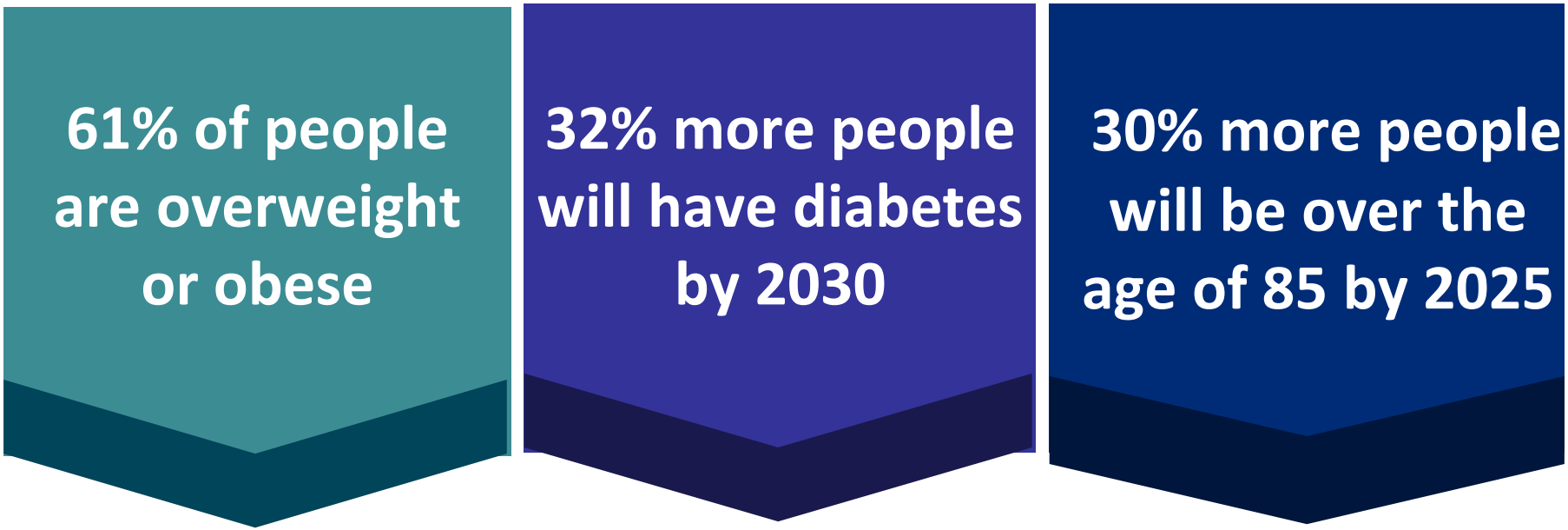
Health and Care Transformation in Oxfordshire

Dr Joe McManners
Clinical Chair

Our vision

- The best quality care provided to patients as close to their homes as possible
- Health professionals, working with patients and carers, with access to diagnostic tests and expert advice quickly so that the right decision about treatment and care is made
- Ensuring, as modern healthcare develops, our local hospitals keep pace, providing high quality services to meet the changing needs of our patients
- Preventing people being unnecessarily admitted to acute hospital or using A&E services because we can't offer a better or more local alternative
- Best bed is your own bed

What Do We Already Know? *Health*



People living in our most deprived communities often experience more ill health and worse outcomes than other people

Services are geared towards detecting/treating disease rather than preventing it

What Do We Already Know? *Services*

34% of patients have told us the wait to see their GP was unacceptable

20% of patients choose to go to A&E when they could have been seen in primary care

Just 31% of patients said they received good care managing their long term condition

Some patients are staying in hospital longer than necessary when they would do better at home.

30% of GPs plan to retire in the next five years

What Do We Already Know? *Funding*

Over the next 5 years there is an extra £125m to improve quality, access and responsiveness

Increases in demand, complexity and cost will create a £200m shortfall if we do nothing

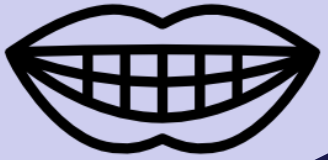
Business as usual is not an option if we are to tackle our health and quality challenges

We need to maximise the value of every pound spent to achieve financial and clinical sustainability

What Are We Doing To Respond? *Developing Future Models of Care*

IDENTIFY THE CURRENT CHALLENGES

DISCUSS WHAT GOOD LOOKS LIKE



WHAT ARE PATIENTS TELLING US?

What Are We Doing to Respond - we are reviewing and developing options for the future of:

- Maternity services
- Children's services
- Mental health services
- Integrated, urgent and emergency care
- Learning disabilities and autism
- Primary Care
- Planned care

The Case for Change

High quality, safe and effective care

Clinically driven

Oxfordshire wide - for all ages, mental and physical health to avoid variation and inequalities

Prevention - supporting everyone to have a healthier and happier life

The Case for Change

Not about cuts…

…but we do face a potential shortfall…

… so business as usual isn't an option…

… we need a new safe and sustainable plan.

The Big Health & Care Conversation

A variety of communications and engagement activities have already been undertaken since June:

- 6th June 2016 stakeholder event - official launch of the public engagement
- Big Health and Care Conversation Roadshows held in Banbury, Oxford city, Wallingford, Bicester, Witney and Wantage, Henley (over 375 people attended)
- Smaller displays have been set up in Thame, Farringdon and Didcot with more planned in other market towns
- Online and hard copy survey (over 200 response)
- Options development workshop
- Presentations and feedback at stakeholder meetings incl: Age UK, Carers Oxfordshire, Public Locality Forums, Community Groups
- Outreach work with seldom heard groups
- Scrutiny and development of engagement with Healthwatch and HOSC

Summary of key themes from engagement activity

Over 75% respondents said they understood why change was needed and listed the following top reasons for change:

- Lack of resources / money / efficiency
- Ageing population
- Increased pressure on services – growing population & delayed transfers of care
- Staffing problems – number, specialists and quality
- Technology / new medical techniques

Summary of key themes from engagement activity

- Transport & accessibility to services
- More funding required
- Patient safety, patient experience and patient outcomes are important
- A focus on prevention and education on leading a healthy lifestyle is needed
- The need to retain community hospital services
- Emphasis on staff and recruitment
- Difficulties in accessing GP services
- More integration of health and social care
- A need for public attitudes to change– moving to an understanding that people are responsible for their own health
- Use of technology
- Better communications

The final engagement report is available on www.oxonhealthtransformation.nhs.uk

How to make best use of inpatient beds

- Evidence suggests that many patients are admitted to hospitals who do not need to be and many remain within the hospital environment for much longer than they need to be
- Snapshot audits of NHS acute and community hospitals provide compelling evidence. They focus on:
  - Whether the patient should have been admitted in the first case
  - Whether those patients who were correctly admitted originally still needed to be in hospital

Assumptions:

- The necessary services are in place to provide the "right" level of care, and
- The necessary capacities are in place to provide the "right" level of care

How to make best use of inpatient beds

	% of admissions of patients that did not need this level of care	% of patients who needed to be admitted, but could now be at a different level of care	Total % of patients who could be supported at a lower level of care
Reviews of relevant acute hospital wards	23%	56%	44%
Reviews of community wards	20%	52%	41%

How to make best use of inpatient beds

What does this suggest?

- Of those currently in **acute services** who do not need to be at that level of care
  - 47% could be supported in their own homes
  - 32% would require some form of bedded provision, either in a community hospital or some form of intermediate care.
  - 12% would require supported living accommodation
- Of those currently in **community hospital** beds who do not need to be at that level of care
  - 48% could be supported in their own homes
  - 45% would require some form of inpatient/supported living accommodation.

Options

- Whole system reform across Acute, Community, Primary Care
- Clinical sustainability and affordability
- Trade-offs and choices between physical access, quality and money and investment in capacity of community based care closer to home services

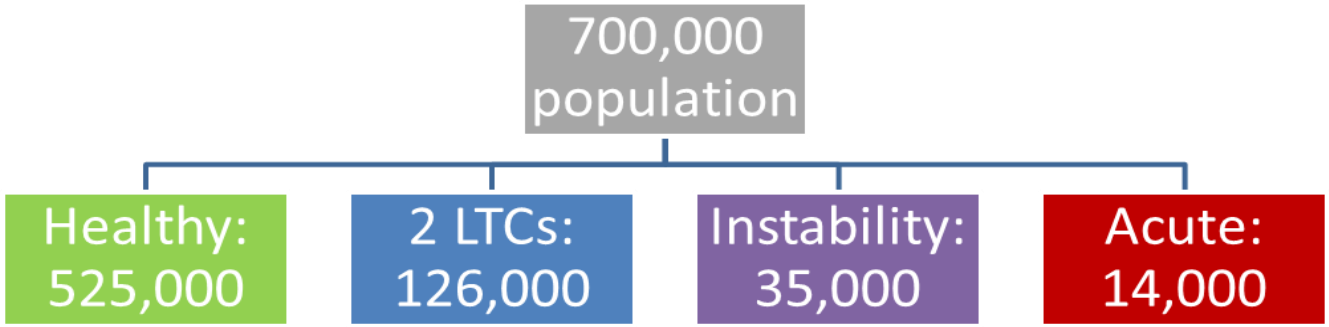
Emerging Whole system options

Tier and type of beds	Locality/site options
Very specialist (Tertiary) beds e.g. cancer, neuro, cardiac etc	JR/Churchill/NOC (as now, no plans to change being proposed)
General acute for medicine and surgery	Centralised at Oxford - JR/Churchill/ NOC OR Split across Oxford and Horton DGH
Step up & step down (EMU+) and complex rehabilitation Intermediate/nursing home	Up to 4 sites with NHS beds across Oxfordshire Located in Oxford, Horton, South, West Plus Nursing homes and Care homes
Own bed	Everywhere (across Oxfordshire)
Maternity	Obstetric (consultant deliveries) All at JR or split across JR and Horton DGH Plus midwife led units
Long Term Conditions, Frail Elderly, Assessment & Diagnostics	Accessible to all localities integrated with primary care

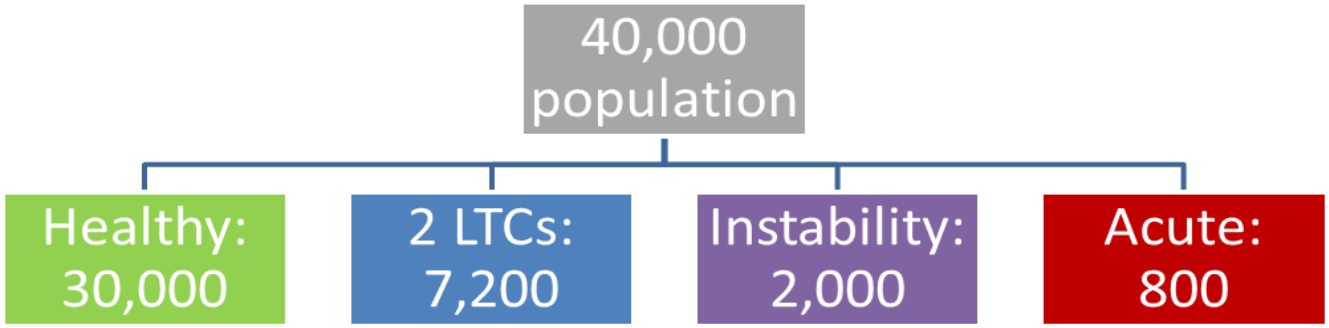
Primary Care Development

Some numbers to put this into context…between 70-80% of all healthcare activities take place in primary care

Oxfordshire population



Primary care neighbourhood



2 LTCs = People living with two or more long-term health conditions

Continuing the conversation

On-going engagement will continue leading up to the public consultation later in the year. This will include engagement around the developing options for the proposed service reconfiguration and further work with seldom heard people and groups in the county:

- Patient/public engagement events through the autumn
- Outreach into the community with seldom heard groups
- Discussion at key community and voluntary sector groups
- Patient/public involvement in developing options e.g. focus groups, patient advisory group
- Briefings and feedback with County Council and District Councils
- Briefings and feedback for Oxfordshire MPs
- Updates and reports to Oxfordshire's Joint Health Overview and Scrutiny Committee
- Updates to Oxfordshire's Health and Wellbeing Board
- Online information on the Transformation Programme website: www.oxonhealthtransformation.nhs.uk

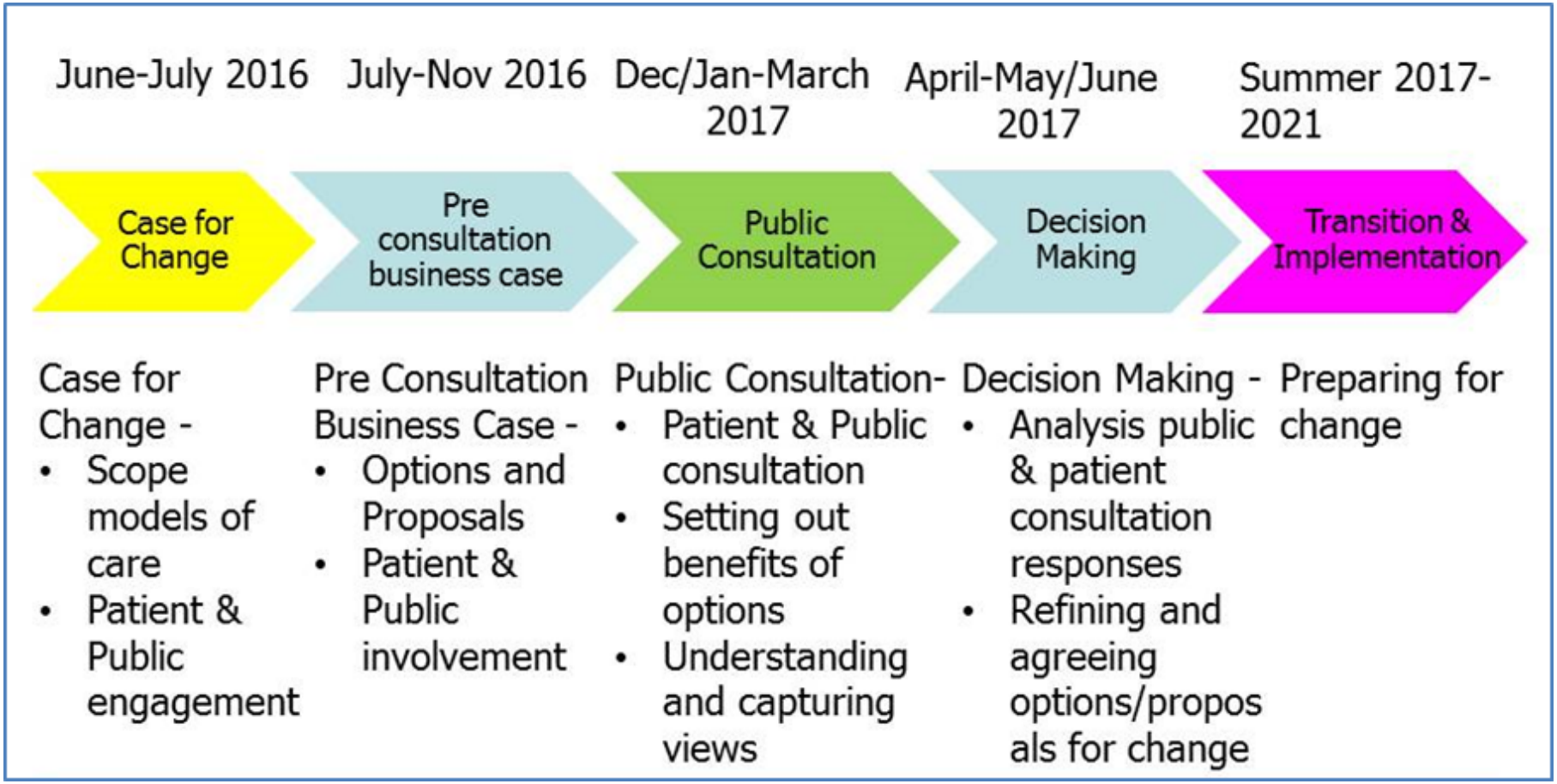
The programme – what is next

- Launch of public consultation deferred to January 2017 as it is important that we have an implementable and sustainable pre-consultation business case

Further important work on:

- Development of business case for change including financial viability, clinical delivery and operational sustainability
- Development of options and proposals for clinical & financial sustainability
- Finalising the options for consultation

Timeline

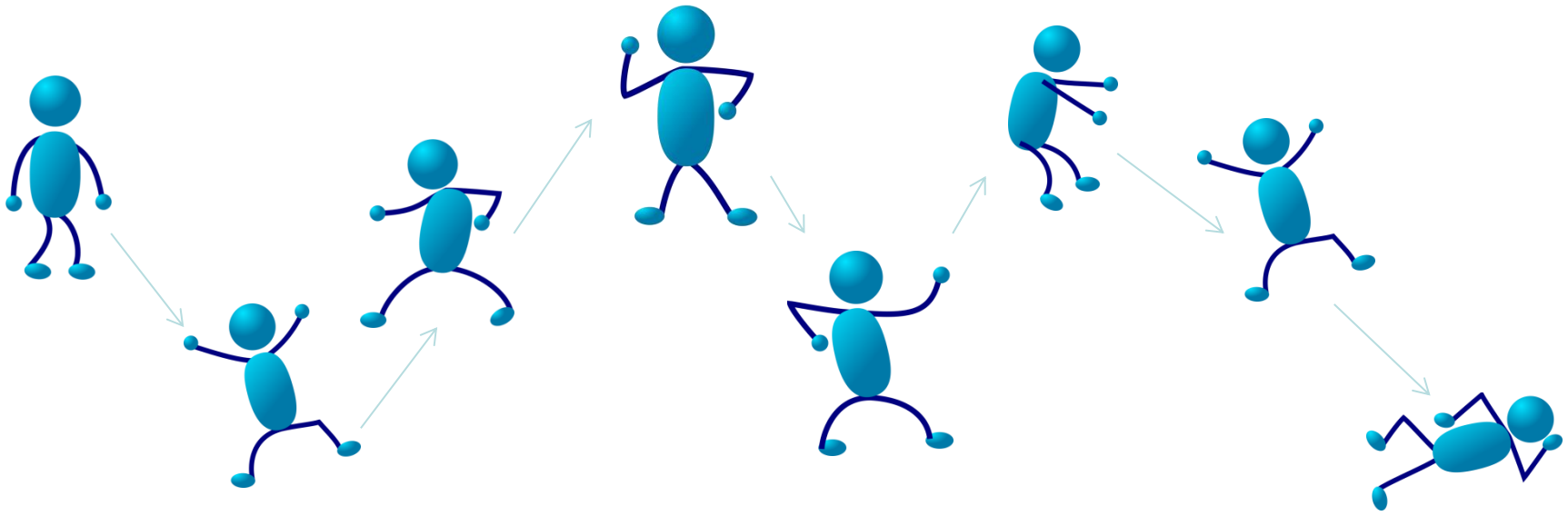

June-July 2016
July-Nov 2016
Dec/Jan-March 2017
April-May/June 2017
Summer 2017-2021
Case for Change
Pre consultation business case
Public Consultation
Decision Making
Transition & Implementation
Case for Change -
• Scope models of care
• Patient & Public engagement
Pre Consultation Business Case -
• Options and Proposals
• Patient & Public involvement
Public Consultation-
• Patient & Public consultation
• Setting out benefits of options
• Understanding and capturing views
Decision Making -
• Analysis public & patient consultation responses
• Refining and agreeing options/proposals for change
Preparing for change

New Pathways of care

Commissioners need to think carefully about quality and quantity

Ideally we need to get from A → to B

However , due to specialisation and complexity in care available to us, more often it feels like



The definition of quality in health care, first defined by Lord Darzi and now enshrined in law, includes three key aspects:

- **patient safety**,
- **clinical effectiveness**
- **patient experience**.

A high quality health service exhibits all three, as recently reiterated in the Five Year Forward document.

Patient Pathways

Some areas we are currently looking at to address quality of care include

- Ophthalmology services
- Bladder and Bowel pathways
- Cardiology services
- Cancer provision
- ENT services
- Dermatology
- Diagnostics

Ideally in all these areas we would like to achieve

- Best practice designed into specific pathways
- High quality of care
- Patient centred
- Delivered locally
- Effective care
- Efficiency leading to savings

EYES

Major work has been undertaken in Ophthalmology

- Increasing demand for service
- Increasing forms of care available
- People live longer
- High proportion of elderly in Oxfordshire
- Quality of life issues for patients
- Quality of service provision from providers

NHS

Minor Eye Problems?

Sore eyes? Red eyes? Visual disturbance?

FREE NHS appointments available at participating opticians

Ask here for a list of participating practices

MECS Principals

- Care Closer to home
- Right time, right place
- Free up capacity at eye hospital
- Utilisation of current work-force
- Patient education and self-management
- Integrated eye service
- GOS vs. MECS

MECS

- Self referral
- G.P. referral
- Pharmacist referral

Early community based care

Specialist care

CANCER

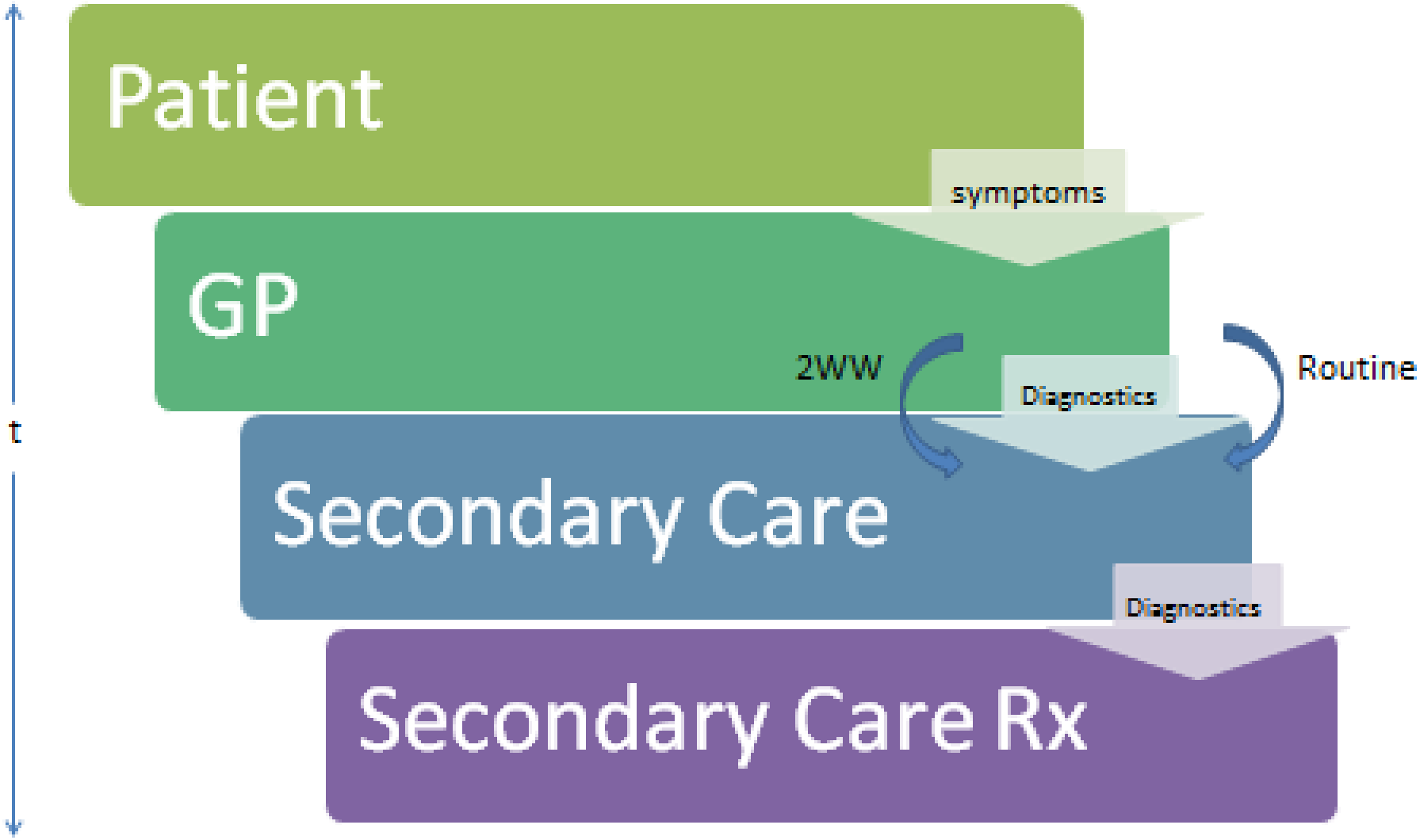
Cancer

Key facts about cancer:

- More than one person in three will develop cancer at some time in their lives, and one in four will die of the condition.
- In England, more than 250,000 people are diagnosed with cancer every year, and around 130,000 die from it.
- Ergo about 50% of those will survive their cancer.
- Currently, about 1.8 million people are living in the UK with, and beyond, a cancer diagnosis.
- It is estimated that by 2030 there will be 3m people who have a diagnosis of cancer in the UK.

- Despite improvements in survival and mortality in recent decades, cancer outcomes in England remain poor when compared with the best outcomes in Europe.
- Cancer can develop at any age, but it is most common in older people – more than three out of five new cancers are diagnosed in people aged 65 or over, and more than a third are diagnosed in those aged 75 or over.

Current cancer referral process



Cancer Outcomes

- The UK's time-to-diagnosis is poor for some tumour sites compared to international counterparts
- Major providers fail to achieve the three nationally set targets for cancer treatment times
- Many patients consult several specialists prior to diagnosis
- Patients have more investigations than may be required to reach a diagnosis.
- Some patients report poor experience along the pathway
- Many patients are still diagnosed via A&E admissions

Cancer Pathways

- Major work with all areas of providers to 'tighten up' the pathways of care
- Better delivery through mandatory proformas for GPs
- 'Right slot, first time' process
- Straight-to-test has been introduced in some cases, to speed up the information flow and early diagnosis
- Community delivery of care for future services

ACE Programme – Wave 2, Multidisciplinary Diagnostic Centre based Pathway

NUFFIELD DEPARTMENT OF PRIMARY CARE HEALTH SCIENCES
Medical Sciences Division

NHS England

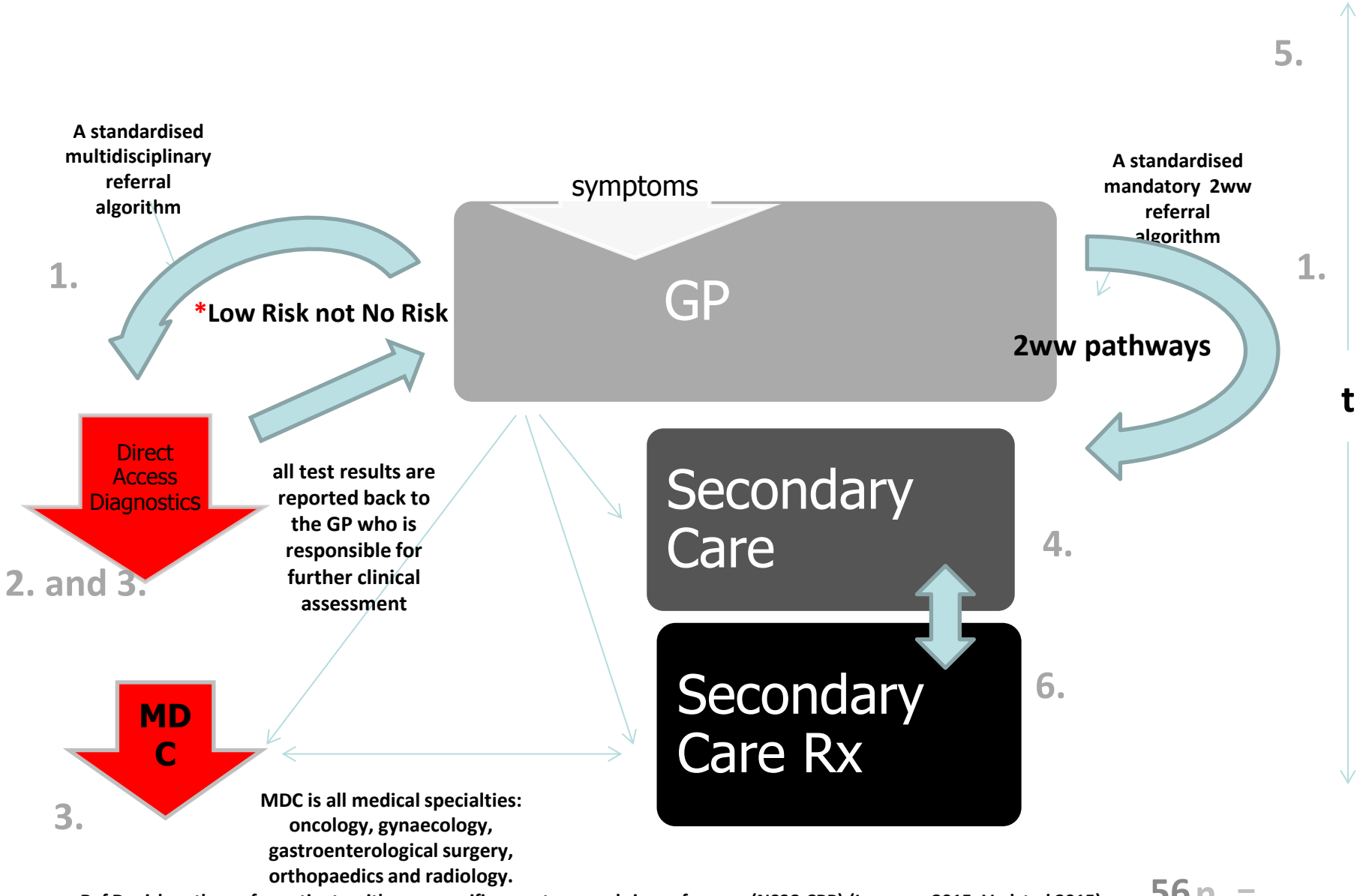
UNIVERSITY OF OXFORD

WE ARE MACMILLAN. CANCER SUPPORT

Oxford University Hospitals NHS
NHS Trust

NHS
Oxfordshire
Clinical Commissioning Group

Proposed process



Ref Danish pathway for patients with non-specific symptoms and signs of cancer (NSSC-CPP) (Ingeman 2015, Vedsted 2015).

n. = objectives

In line with the ACE initiative, the **objective**s of the MDC pilot are to:

1. Reduce cancer stage at diagnosis by lowering the referral threshold for suspected cancer
2. Identify the optimal most cost-efficient configuration of GP, Specialist, and allied health professional input to determine symptom causation in this group
3. Optimise diagnostic pathways and scanning utilisation for cancer diagnosis
4. Improve patient experience by reducing time from first referral to diagnosis
5. Reduce the number of emergency cancer presentations to OUHT
6. Develop a multidisciplinary pathway equipped to identify disease
7. Collect better data (IT rich /Information poor)

Other areas

- Dermatology – high demand
- Cardiology – high demand, quality of life issues
- Bladder and bowel – high demand, quality of life issues

So just one way to get from

Questions ?