NHS
Wolverhampton
Clinical Commissioning Group

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All Member Practices
Wolverhampton CCG

Dear Colleagues

Wolverhampton CCG Commissioning Intentions 2017/18: New Models of Care

I would like to outline to you the commissioning intentions for the CCG for the financial year 2107/18. In this letter and accompanying attachments, we wish to not only deliver an overview of how we intend to commission in the coming years, but also provide an indicative road map of the direction of travel for the CCGs commissioning strategy up to 2019/20.

The commissioning intentions encompass a range of activity concerning contract management, coding and pricing, data quality, service redesign, service procurement and demand management currently commissioned from our secondary care provider(s). This attached list is not exhaustive and in addition, any further areas identified nationally through the published Planning Guidance will be incorporated within the contract negotiations.

Both specifically for the financial year 2017/18 and broadly outlined in our overall road map to 2019/20, these intentions are aligned to our Sustainability Transformation Plans (STP), 5 year plan of ‘Right care, Right place, Right time’, ‘Care Closer to Home’, Primary Care Strategy and our ambitious Better Care Fund strategy. Our plans will drive forward greater integrated commissioning; whole system transformation of care to develop timely and quality patient centred services and facilitate greater cohesion between community and primary care providers.

Overall Context

Financial year 17/18 is the first year that the CCG will become fully delegated in its commissioning of GP Primary Care Services. While there are no major changes to GMS/PMS/APMS contracts, recent developments with regard to New Models of Care and the emerging Primary Care Homes and Medical Chambers allows us to consider the services we may wish to commission.

The MCP Guidance issued in August is subject to contractual documentation that is currently under development. This will provide for a different contracting mechanism, designed to replace the standard NHS Contract and we are planning for this contracting mechanism (instead of the standard NHS Contract) to be used from April 2017, for services commissioned directly from "PCH" and "Medical Chamber practices".

We will work with you to ensure this is implemented as soon as reasonably practicable (based on the New Models of Care that are currently being developed). It is important to note that any planning pertaining to activity and the financial envelope assumptions must be agreed and affordable, as part of the larger STP footprint planning requirement.

Insofar as STP planning has developed, our Strategic Roadmap and Commissioning Intentions reflect the Integrated Primary and Community and Social care component of the STP. We need to ensure that the commitments and changes coming out of these plans translate fully into operational plans and contracts, with particular emphasis on the following key deliverables:

- STPs – achieve agreed trajectories against STP core metrics set for 2017-19
- Finance – achieve local targets to moderate demand growth and increase provider efficiencies. Demand reduction measures include sustained implementation of RightCare, supporting self care and prevention, progressing population health and new models of care in line with the MCP framework. Also, medicines optimisation and implementing new models of integration between primary and community services.
- Primary Care – implementation of the general practice forward view that includes plans for Practice Transformational Support & ten high impact changes. This will be enabled through continued investment and particular emphasis on workforce and workload issues whereby improved access and supporting general practice at scale so that funding can be assigned to primary care and there will be a new framework for improving health in care homes.
- Urgent and Emergency Care – Implement the Urgent and Emergency Care Review ensuring 24/7 integrated care service for physical and mental health is implemented, including a clinical hub that supports NHS 111, 999 and out of hours calls.
- Learning Disabilities – enhancing the community provision for people with learning disabilities and/or autism and reducing our bed stock whilst improving access to healthcare for people with learning disabilities with 75% of people on a GP register receiving an annual health check.
- Improving Quality in Organisations – all organisations should be implementing plans to improve quality of care as well as measure and improve efficient use of staffing resources ensure safe, sustainable and productive services.

Against this backdrop of very challenging circumstances, Wolverhampton CCG has embarked on a journey of managing systems, networks and not just organisations in order that services are delivered in the way that our patients are telling us they want. Out-of-hospital care needs to become a much larger part of what we do with services integrated around the patient and Primary and Community Care. This is aligned to the STP and community based New Models of Care trajectory, which the CCG has adopted following the 5 Year Forward View strategy and the opportunity this presents us with to change our local health system.

The CCG recognises that, within the limits of its recurring financial envelope, the quantum of available funds will not alter significantly and rather how the financial resources are disbursed across Acute, Community and Primary Care provision will have to change.

Therefore the CCG is requesting that Providers work with us on a series of transformation, quality and cost programmes designed to deliver measureable improvements in safe patient outcomes, experience in particular and financial balance for the health economy as a whole. The programmes are listed in the accompanying attachments and further programmes will be developed in line with the CCG commissioning strategy.

Community Based Programmes

The Better Care Fund, as our vehicle for realising greater integrated working is planned to continue in 2017/18 with its current implemented activities, **the focus being on reducing emergency admissions, providing care closer to home and improving patient experience and outcomes**.

We would like to ensure that the work stream elements which are being implemented in this financial year are fully embedded in 2017/18. Specifically, these are around providing seven days services for the Rapid Response and Community Neighbourhood Teams. In addition our ambition is to have greater collaboration and cohesion with Primary Care with particular regard to the emerging Community Neighbourhood Teams and the associated reconfiguration of the access and integration protocols between Primary and Community Care for these teams.

Our intention is to develop integrated teams (including mental health, community and social care) wrapped around groups of practices which are forming into their groupings and we will be working with our providers to reconfigure present services into these teams. The expectation is that where possible the different services will be provided within the smaller integrated teams with some teams at neighbourhood level and a few very specialist community services being a single team across the CCG. Where necessary, care must be provided in the community so the system can reduce pressure on in-patient services.

Community Care Pathways will be reviewed with a specific focus on Ambulatory Care and the Frail Elderly in order that services are delivered in the community, hospital admission is avoided where appropriate and therefore better quality outcomes are delivered for patients. Services need to be patient led rather than provider inclined.

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We would like to ensure that we work together to review our Community Services Provision as a whole, ensuring appropriate outcomes based specifications are in place, widening access, are patient centred and to redefine the ways in which community services are contracted for.

Additionally there are a number of specific services we intend to review to ensure the balance between quality of service provision and cost is aligned. A selection of the commissioning intentions includes:

- Dietician Services - Review to ensure value for money
- Neuro Beds - Review of tariffs to ensure value for money
- MSK Procurement - Procurement of an integrated community MSK service including orthopaedics, rheumatology, Orthotics, Pain management, OCAS and Physiotherapy
- Community Equipment Review and Retender - retender of community equipment service
- Diabetes Pathway and Drugs Review - Joint CCG/RWT review of diabetes pathway
- Falls Service - Review and redesign of falls service and potential reprocurement
- Wound Care Pathway - Review and redesign of current wound care services
- End of Life & Palliative Care – including Review of Palliative Care Consultants
- Paediatric Pathway Review – Review of ensure young people are seen in the right place at the right time
- Heart Disease Pathway Review – Review of pathway to reduce variation & improve patient outcomes
- Improving Primary Care access

We will be actively engaging with practices and their emerging groups to discuss how, together we will meet the health care needs of our population in the new contracting year. **You are invited to attend a Members Meeting on Wednesday 19 October at 6.30 pm where your thoughts and suggestions will be welcomed**. A copy of our commissioning intentions long list is also attached, this has been shared with acute and community provider as well as our mental health provider too.

Yours sincerely

S. Marshall

Steven Marshall
Director of Strategy & Transformation
Wolverhampton CCG