NHS
Wolverhampton
Clinical Commissioning Group

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Ref: SM/SS CI2017-18

30th September 2016

Mike Sharon
Director of Strategic Planning & Performance
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Dear Mike

Wolverhampton CCG Commissioning Intentions 2017/18

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 affect the contract in the forthcoming year with providers, 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. 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

The recent guidance has mandated some very specific considerations which we would like to signal as part of our intentions. Specifically, we are planning for a two year contract (although we continue to recognise that in the meantime we reserve the right to let new, longer term contracts based on new care models and therefore potentially revise existing contracts accordingly). Therefore, the CCG are giving formal notice on mutually terminating the existing contract with RWT and replacing it with a new two-year contract starting in April 2017. Similarly we would equally like to signal the requirement that activity, and financial envelope assumptions are agreed and affordable as part of the larger STP footprint planning requirement. This should present no surprise as RWT are equal partners to the financial challenge we collectively face.

Insofar as STP planning has developed, our Strategic Roadmap and Commissioning Intentions reflect the Vertical Integration component of the STP, in order that the commitments and changes coming out of these plans translate fully into operational plans and contracts.

CQUINS will now be two year and will be developed directly with NHSE and specifically these are:

- NHS staff health and wellbeing (all providers)
- proactive and safe discharge (acute and community providers);
- reducing 999 conveyance (ambulance providers)
- NHS 111 referrals to A&E and 999 (NHS 111 providers);
- reducing the impact of serious infections (acute providers)
- wound care (community providers);
- improving services for people with mental health needs who present to A&E (acute and mental health providers);
- physical health for people with severe mental illness (community and mental health providers);
- transition for children and young people with mental health needs (mental health providers);
- advice and guidance services (acute providers);
- e-referrals (acute providers, 2017/18 only); and
- preventing ill health from risky behaviours (acute providers 2018/19 only)

As a consequence there will be no local CQUINs

It is also worth noting that there are very specific mandated goals to be delivered by 2020. These key requirements (as this pertains to our contractual relationship) over the next two years are summarised below and available as a full set in Appendix 1

- Implement STPs Milestones (full achievement by 20/21) and achieve agreed 2017-19 STP core metrics

- Deliver Financial Balance (individual control totals) and implement STP plans to moderate demand growth and increase provider efficiencies
- Demand reduction measures include: Implementing RightCare; elective care redesign; urgent and emergency care reform: progressing population-health new care models and medicines optimisation
- Support general practice at scale
- Deliver the A&E 4 hour standard, meet the four priority standards for 7 day hospital services for all urgent network specialist services.
- Implement the Urgent and Emergency Care Review, ensuring a 24/7 integrated care service for physical and mental health is implemented by March 2020 in each STP footprint
- Initiate a cross-system approach to prepare for forthcoming waiting time standard for urgent care for those in a mental health crisis
- Deliver constitutional 18 week RTT standards and additionally Deliver patient choice of first outpatient appointment, and achieve 100% of use of e-referrals by no later than April 2018 (this is in line with the 2017/18 CQUIN and payment changes from October 2018 and the .expectation that e-RS will be used for all 1st OP referrals)
- Deliver the 62 day Cancer standard, make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two;, ensure stratified follow up pathways for breast cancer patients are rolled out and prepare to roll out for other cancer types; and a treatment summary is sent to the patient's GP at the end of treatment;

The CCG continues to be challenged financially. At the same time we recognise the pressure on acute services, changing demographics and the need to reconfigure pathways and models of care to ensure services are appropriately delivered and aligned with STP plans.

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 with Primary 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.

The creation of integrated social and community care teams is a key element of the Better Care Fund Work. Our intention is to develop integrated teams (including mental health, community and social care) wrapped around practices which are forming into their federations and collaboratives and we will be working with our providers to reconfigure present services in alignment with these teams. This further develops the neighbourhood 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 footprint. 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.
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

Acute Based programmes

The CCG recognises the pressures the health system has faced as a consequence of the demands on A&E. Therefore it is the desire of the CCG to ensure that we continue to work on ensuring the joint triage model is fully implemented and further opportunities to improve the system are explored.

The CCG wish to also focus on expanding community based interventions for long-term conditions and the frail elderly that will alleviate non-elective admissions. Reviewing and changing various pathways that accomplish admission avoidance will further support this focus.

Following the assessment of dementia services in New Cross, the CCG plans to commission and implement a model which has greater support across the end to end Dementia pathway and dementia services in the Acute hospital as a whole.

In addition to these major programmes of work, there will be a series of specific reviews and changes which are outlined below:

- Paediatric Pathway Review - Review and redesign planned care paediatric pathways
- Outpatient Review Phase 2 - Identification of further services that could be delivered in a community setting
- Elective Activity Benchmarking - Review of elective surgical activity (the specific pathways are highlighted in the CI list)
- Anti–Coagulation - Review and redesign of anti-coagulation services

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Quality Investment Scheme.

Monies remain in place on a non-recurrent basis until such time that 7 days services are funded within tariff. The CCG reserves the right to review value if on the announcement of the national tariff; there is an element of funding attributable to 7 day services within the uplift.

Finally it is also our intent to review a number of counting and coding changes for 17/18 in accordance with Service Condition 28 of the Contract.

The CCG recognises that this is a very ambitious programme of work and seeks to gain reassurance from the Provider of its commitment to deliver these shifts of care.

Co-Commissioners

Our co-commissioners will issue their own commissioning intentions for 2017/18 which will be aligned around their STP plans.

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In summary our more detailed commissioning intentions are attached. The CCGs' negotiating process has been outlined, including the meeting arrangements, negotiation team and all other supporting documentation. I trust that the content of this letter is clear and provides a constructive platform to support the forthcoming negotiations. If you have any queries regarding the content of this letter, please contact either myself or Vic Middlemiss, Head of Contracting & Procurement at vicmiddlemiss@nhs.net.

Yours sincerely

S. Marshall

Steven Marshall
Director of Strategy & Transformation
Wolverhampton CCG