Improving health services for the people of Greenwich

Greenwich CCG Commissioning Plan 2015/16

“Improving health services for the people of Greenwich”
1. Preface

Who we are

NHS Greenwich Clinical Commissioning Group is made up of 42 GP practices in the Royal Borough of Greenwich. We are responsible for commissioning hospital, community, and mental health services for the local population of Greenwich.

Our mission is to secure the best possible health and care service for the population that we serve, specifically in primary care settings and in hospitals as necessary. In doing this, we work with patients, and the wider public, to develop the services that we offer, reduce health inequalities and improve health outcomes.

About this report

This Commissioning Plan for 2015/16 contains a summary of how NHS Greenwich Clinical Commissioning Group’s resources are to be focused on service improvement for local people in 2015/16, and maps out how we are going to take forward the first year of the national strategic vision ‘The Five Year Forward View’ at a local level. This plan also shows our strategic vision for Greenwich, setting out our ambitions and delivery objectives for the next 12 months and, in many cases, beyond.

NHS Greenwich Clinical Commissioning Group has led a robust strategy planning process for 2015/16 which initially included reviewing the local needs via the Joint Strategic Needs Assessment (JSNA), and then reviewing the existing commissioning strategy plans, to offer assurance on future commissioning viability. Throughout this process we have worked in partnership with the South Commissioning Support unit and with our neighbouring CCGs in south east London, to produce a set of prioritised initiatives that are operationally relevant for 2015/16, achievable and owned by key stakeholders, including our clinicians, and that allow us to make progress on the key health care priorities for our population.
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2. Foreword from the Clinical Chair and the Accountable Officer of NHS Greenwich CCG

NHS Greenwich Clinical Commissioning Group (Greenwich CCG) has now entered its third year, and we are recognised locally, across London and nationally as leaders in integrated care.

Appointed an Integrated Care Pioneer in 2013, during 2014/15 we were visited by members of parliament including the Secretary of State for Health, the Secretary of State for Communities and Local Government and the Minister for Care Services.

Our focus continues to be to improve services for local people and we place a great emphasis on working with partners. All 42 GP practices are members of NHS Greenwich Clinical Commissioning Group (Greenwich CCG), and they ensure that we work effectively with the Royal Borough of Greenwich, Oxleas NHS Foundation Trust, Lewisham and Greenwich NHS Trust (LGT), Healthwatch, Greenwich Action for Voluntary Services, Greenwich and Bexley Community Hospice and the wide range of community and voluntary sector organisations that offer such good support to our local communities.

There have been notable improvements, in the last two years, that we are proud of. New facilities in Eltham and Greenwich have been built and recently opened which offer local people an improved environment to receive care and a wider range of community services. Also specific schemes, such as a scheme which supports people who are victims of domestic violence, have been piloted and rolled out in GP practices. Improvements in routine services such as blood taking, as well as anticoagulation, have been implemented with improved access across the borough.

We have now identified three major transformation programmes which are aimed at bringing about larger scale changes which will have a greater impact than some of the smaller projects.

The first major transformation programme is to improve primary care significantly, through supporting the GP practices to work together, to learn together and to raise the standard across the borough.

The second major transformation programme is to continue to improve integration of health and social care services and to ensure that people with long term conditions are supported in their physical and mental health and also their wellbeing.

The third major transformation programme is to work with Lewisham and Greenwich NHS Trust (LGT) and Oxleas NHS Foundation Trust to improve the pathways of care for patients who need hospital and community services.

There is a degree of cross over between these programmes and, by successfully implementing them, we will expect to see, not only better coordination of care, but improved outcomes and effectiveness as we reduce waste and inefficiencies.

This Commissioning Plan aims to set out, in more detail, our plans for NHS Greenwich Clinical Commissioning Group (Greenwich CCG) in 2015/16. Its contents have been developed with our GP members, local patients and the public and have also been agreed with the Health and Wellbeing Board.
3. Commissioning Health Services in Greenwich

3.1 How we set our priorities
NHS Greenwich Clinical Commissioning Group (NHS Greenwich CCG) has some guiding principles at the heart of what we do when commissioning services and determining our priorities:

- Improving health outcomes
- Reducing health inequalities
- Simplifying clinical care pathways
- Encouraging self-management
- Improving collaboration
- Connecting services to primary care
- Right services, right place, right time
- Judicious use of integration and competition

These are underpinned by the NHS principle of free, responsive, high quality service, available to all and delivered in partnership, with accountability and value for money.

In addition, patients have rights, under the NHS Constitution, that cover how patients access services, the quality of care they receive, the treatments and programmes available to them, confidentiality, information and the right to complain if things go wrong.

We must also adhere to a number of statutory regulations laid down in the Health and Social Care Act 2012, and further recommendations from the Francis, Berwick, Keogh and Winterbourne View reports shape how we work.

There are a number of national drivers for change and frameworks, in which we have to operate, as part of a national planning round. At the same time we are focused on local needs and clinical aspirations to improve these services.

The Local Context

Demographics
Greenwich is a borough of great contrasts, shaped by a history of social and economic change, industrial decline, unemployment and migration.

There are areas of considerable affluence which are located alongside areas of significant deprivation.

Key context includes:
- There is an estimated 280,561 people living in the Greenwich area (SHLAA projections, 2015); an increase of 64,308 (29.6%) since the 2001 Census. The gender percentage split is 50.4% of residents are female and 49.6% male.
- Greenwich has a slightly lower population turnover rate than its Deprivation Comparators - in 2011 this was 160 per 1,000 residents.
- In 2010, Greenwich was ranked the 19th most deprived Local Authority in England; 45% of people live in the 20% most deprived neighbourhoods in England, and just under 80% live in the 40% most deprived neighbourhoods of England.

In January 2015, there were approximately 282,094 people registered with a Greenwich GP; 95% of these are estimated to be Greenwich residents.

Greenwich has a greater proportion of children and young people, under the age of 19, than London and Deprivation Comparators, and similarly a higher population aged 45+ males, with fewer females aged 45+.

The White ethnic group accounts for the largest aggregated ethnic population in the Greenwich Borough at 62.5%. Of the Black and Minority Ethnic Population, Black Africans are the largest group and account for 13.8% (of the total population). Other White accounts for the next largest proportion of people (8.3%). The White Other ethnic group are attributable to immigrants arriving from the Accession 8 (A8) nations of Eastern Europe.

We are well placed to respond to these demographic challenges and re-shape services to better reflect the needs of the people of Greenwich.

Health Need

Using the JSNA, CCG Health Profiles, Outcomes Benchmarking Support Pack, Public Health Outcomes Framework and other sources of epidemiological and demographic data, we have developed a picture of the health challenges facing our local populations. The table below summarises the demographic and related health needs:
Improving health services for the people of Greenwich

Demographics

Higher proportion of children – numbers predicted to increase over the next decade.

Ageing population expected to increase over the coming years.

Social and Ethnic profile

Significantly more deprived than the national average.

Areas of greater deprivation are located mainly in the north and east of the Royal Borough but there are areas of higher deprivation across the whole of Greenwich.

Diverse ethnic profile with 37.5% of population being BME populations.

Life expectancy and Mortality and other Public Health Outcomes

Life expectancy for males (78.7) and females (82.8) is increasing at a faster rate than England average but there remains considerable variation between the least and most deprived areas.

Significant gains have been made in a range of indicators, which includes preventable mortality, smoking cessation, and childhood immunisations.

Main Diseases, their causes and underlying Determinants of Health

Greenwich JSNA Headlines

The JSNA priorities include 6 major conditions, 6 risk factors and 7 underlying determinants of health.

To address the health issues highlighted in this profile, we have developed a comprehensive approach to tackling mortality and morbidity rates and behaviours that lead to these high rates, by working with partners, particularly the Royal Borough of Greenwich, including tackling the wider determinants of health. We will continue to influence and shape this at a strategic level as core members of the Greenwich Health and Wellbeing Board.

Linking health need to the Joint Health and Wellbeing Strategy

We played a strong role in developing the Health and Wellbeing Strategy Healthy Greenwich, Healthy People in partnership with the Local Authority through the Greenwich Health and Wellbeing Board.

The four priorities for the Health & Wellbeing Strategy 2015-18 are:
This Commissioning Plan reflects the priorities of the Joint Health and Wellbeing Strategy and sets out how we will work with our partners, on the Health and Wellbeing Board, to improve outcomes for our local population.

**Our Healthier South East London**

Greenwich operates within the south east London health system and works closely with other south east London CCGs. This Plan therefore takes account of published strategic plans for the next five years in addition to the national ones. The Strategy can be found on the attached hyperlink:

http://www.ourhealthiersel.nhs.uk/strategy

The strategy includes evidence-based and/or innovative interventions, pathways and whole-system approaches to tackle the key health priorities identified, and will seek to ensure that there are appropriate resources allocated in order to implement these, potentially though joint commissioning work where appropriate. This document draws on this work in discussing the work of our own transformation programme groups and gives substance to our key priorities for 2015/16.

Using the health need context and the strategic context that the CCG operates, within the next year, we have focused the various aims into three main strategic objectives and seven areas where we wish to work with others to transform services (see 4.2).

Annex 2, Section two, outlines how Greenwich compares, within London, against the NHS Operating Framework.

We have significant challenges and inequalities and we have devised this Plan to address these.

### 3.2 Looking to the future – the strategic context

This Commissioning Plan is a refresh of Greenwich’s 2014/15 Operational Plan which covered two forward years, and includes our Operating Plan for 2015/16. This plan has been assured at regional level and will help lay the foundations for progressing the ‘Five Year Forward View’, including the new models of care described within it. (Annex 3, page 66, provides the relevant hyperlink for the ‘Forward View’.)

This NHS England document was published in 2014 and outlines the road map for the NHS until 2020, arguing that the current system is not sustainable without change and places a greater focus on the prevention of ill health.

We know the case for change in Greenwich is powerful:

- Deprivation is well above the national average
- Our population is changing and growing over time
- We are reliant on a large local hospital trust that faces financial issues and is under scrutiny for performance.
- 20% of our population accounts for 80% of our costs.
This Commissioning Plan is fully aligned with our Better Care Fund (BCF). There is a detailed section on this later in the document both in the finance and services section. This is important as part of our case for change is to work closely with the Royal Borough of Greenwich to secure best value and outcomes.

The Commissioning Plan also sets out our priorities in terms of the need to reflect the changes in the commissioning system: developing primary care, developing new models of care, whilst also developing integrated care and delivery of the constitution standards as set out by Government.

The finance section of the report sets out that CCGs are expected to achieve business rules in 2015/16 without exception and the Commissioning Plan sets out our assurance of this achievement.

As part of developing Quality, Innovation, Productivity and Prevention (QIPP) and commissioning for value, the CCG has reviewed the NHS England 2014 Commissioning Value Pack 2014: www.england.nhs.uk/wp-content/uploads/2013/10/CFV-walth-for.pdf

This is a useful document which sets out potential for quality and outcome opportunities and reduction in acute and prescribing spend. In taking forward productivity discussions with providers and in developing the work streams set out in this Commissioning Plan the key headlines are addressed.

We have agreed across south east London that we will work collaboratively, as there are many challenges that we face that can best be tackled by developing and agreeing a response that will sustain the wider south east London health economy.

This Commissioning Plan develops our intentions on a number of key themes, with a view to looking to the longer term future in terms of better health outcomes and reducing inequality for Greenwich and across south east London:

- Improved primary care.
- Integrated/Co-ordinated Care.
- Developing new models of care including Alliance and Limited Liability Partnership (LLP) contracting.
- Focusing on prevention and reducing health inequalities by targeted interventions.
- Responding to ‘Parity of Esteem’ and strengthening mental health with physical health services.
- Ensuring financial balance in the context of maintaining quality in terms of access to urgent care, productivity of elective care and ensuring that all services are safe and effective.
- Ensuring that enabling work streams, for our plans, are in place – this is to include the need to develop good information and data access, backed up by strong business intelligence and financial planning to make the leadership decisions on how best to implement change.

This Commissioning Plan, in its later sections, covers all these areas and also sets out how we have prioritised a number of transformational work streams to deliver value and effect service change for the local population.

### 3.2.1 South East London Commissioning Strategy

The six Clinical Commissioning Groups (CCGs) in south east London (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark) have agreed to work together with commissioning colleagues from NHS England – London region, on a five year strategy to improve health services across south east London.

This is being developed to tackle particular issues which need collective action across south east London to be successful. This also meets the NHS England requirement that all CCGs produce a commissioning strategy.

This work is being undertaken in partnership with local authorities, local clinicians, social care leads,
Improving health services for the people of Greenwich

hospitals, community health services, mental health services, patients, Healthwatch representatives, carers, patient and public voices and local people across south east London.

This plan focuses on eight key areas:

- Urgent and Emergency Care.
- Primary and Community Care.
- Maternity.
- Children and Young People.
- Long Term Conditions (LTCs).
- Physical and Mental Health.
- Planned Care.
- Cancer.

The overall shaping of the plan is organised by the Partnership Group of senior leads from each of the partner organisations, local Healthwatch organisations and local patient and public voices, and is chaired by a CCG clinical chair.

At the time of writing, the CCG is working with its CCG partners to ensure the five year plan is implemented at a local level. This Commissioning Plan reflects the first year of implementation of Our Healthier South East London.

3.2.2 Local Strategy and Commissioning Plan

In Greenwich we have set up a number of transformational groups to focus on the delivery of better services for the local area, and these have now been mirrored for our collaborative work across south east London:

- Urgent and Emergency Care.
- Primary care development (including LTCs).
- Planned care.
- Children and maternity.
- Cancer and End of Life.
- Health and Wellbeing Strategy (led by the Royal Borough of Greenwich).

This plan focuses on how, as a local health economy, we will be able to prioritise and unlock greater health benefits for our residents so that they live longer and have healthier lives.
4. **Improving our performance and facing local commissioning challenges**

4.1 **Financial Plan, compliance with NHS Business Rules & approach to contracting round 2015/16**

**Introduction**

The NHS is currently under strain operationally with increased demand for services and pressure on provider and commissioner finances. Despite a challenging financial backdrop, the financial picture for 2015/16 is reasonable for Greenwich CCG and we should be able to plan with confidence on a longer term basis.

Our Commissioning Plan demonstrates a balanced and stable financial position with realistic planning assumptions and compliance with NHS England’s financial business rules.

**National Financial Framework 2015/16**

The Autumn Statement, published on 3rd December 2014, announced £1.98bn of additional funding for the NHS in England. NHS England considered a number of options for the proposed allocation of these additional resources between areas of commissioning spend and agreed the following:

- Creation of a £200m investment fund to promote transformation in local health economies including pump-priming a number of vanguard sites.
- £250m for primary care as the first year of the four-year £1bn investment programme in primary and community care infrastructure. Prime Minister’s Challenge Fund doubled to £100m.
- £110m for mental health access standards (£80m) and improvements for children and young people with eating disorders (£30m).
- A pace of change strategy nationally that progresses the goal of bringing all CCGs receiving less than their target funding to within 5% of target by 2016/17.

- To provide full cover for expected growth (net of efficiencies).
- Elimination of the structural deficit in specialised commissioning.
- To incorporate funding for seasonal resilience in the CCG’s and NHS England’s annual central allocation.
- Confirmation of the requirement to deliver 10% cash savings in running costs.

The CCG financial allocations were formally published on 23 December 2014.

**Winter Resilience**

One of our greatest challenges, as a health economy, has been how to ensure and sustain greater resilience in the urgent care system both during winter and throughout the year.

The year 2014/15 was particularly challenging, with neither our local hospital nor Trust achieving the A&E four-hour waiting time target during any quarter of the year.

Nationally, £350m has been allocated to CCGs on a pro-rata basis for seasonal resilience. Greenwich’s allocation is £1.770m and is broadly similar to the non-recurrent allocation received in 2014/15 (£1.771m).

We have agreed a detailed system resilience plan, building on recent improvements that we will be implementing in order to achieve the four-hour target during 2015/16.

**Mental Health (MH)**

Nationally £80 million has been earmarked for the following:

- £40m through the MH tariff for delivering NHS England’s commitment that more than 50% of people experiencing first episode psychosis will receive their care within two weeks of referral.
- The other £40m will be centrally managed. It includes £30m for developing psychiatry services and £10m for Improving Access to Psychological Therapies (IAPT).
There is an expectation that mental health spending will grow in real terms as fast as each CCG’s overall allocation.

**Specialised Services**
This Plan has not been adjusted for the reattribution of Specialised Services in 2014/15. These are mainly adjustments that are required to correct errors in the disaggregation of CCG-responsible drugs budgets to NHS England.

NHS England has confirmed that, following a consultation exercise, there will be no transfers in 2015/16 for Renal Dialysis and Eating Disorders services as originally planned earlier in 2014/15.

**Primary Care**
There is a national allocation of £250m (Capital £175m Revenue £75m) for primary care, as the first year of the four-year £1bn investment programme in primary and community care infrastructure.

**Co-Commissioning**
Primary Care – The CCG has applied for Level 2 status i.e. joint commissioning of primary care services with NHS England. All financial risk remains with NHS England in 2015/16 and we are working closely with NHS England to ensure delegated responsibilities are able to be secured for 2016/17. Further information is provided in section 4.2.

Specialised Services – The CCG will work with NHS England to commission Specialised Services. All financial risk remains with NHS England.

Summary of the Greenwich Financial Plan for 2015/16

<table>
<thead>
<tr>
<th>Summary Table</th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenue resource Limit</td>
<td>358,613</td>
</tr>
<tr>
<td>Planned Expenditure</td>
<td>354,439</td>
</tr>
<tr>
<td>Surplus</td>
<td>4,174</td>
</tr>
<tr>
<td>Surplus in %</td>
<td>1%</td>
</tr>
</tbody>
</table>

Greenwich CCG has received a total allocation of £359m for 2015/16 including a growth of £11m.

The Financial Plan incorporates the business rules as set by NHS England. The plan aims to achieve a surplus of about 1%, £7.3m QIPP and an investment of £18m in the Better Care Fund.

In line with 'The Forward View', Greenwich CCG’s Financial Plan addresses the issues of working together with the local council, community and acute providers, to meet the various targets and focus on the challenging transformation agenda.

The major initiative has been to plan for the reduction of emergency admissions, provide better alternative services in the community and the introduction of preventative measures.

The CCG, in collaboration with the local authority, has set out a programme under the ‘Better Care Fund’ (BCF). In 2015/16 the planned budget for BCF is £19.8m of which CCG’s contribution is £18m (5.3% of CCG’s allocation) and RBG Contribution is £1.8m. BCF Plans per original submission have been approved by NHS England which would reduce non-emergency activity by 834 admissions, with a total contribution to the Quality Innovation, Productivity and Prevention (QIPP) Programme of £2.3m from the local acute sector using detailed HRG analysis.

**Revenue Resource Limit**
Our resource limits for both 2014/15 and 2015/16 together with the growth are shown in this table:

<table>
<thead>
<tr>
<th>Resource Limit</th>
<th>2014/15</th>
<th>2015/16</th>
<th>Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Recurring Baseline</td>
<td>325,559</td>
<td>325,998</td>
<td></td>
</tr>
<tr>
<td>Specialist Commissioning</td>
<td></td>
<td>(439)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>325,559</td>
<td>325,559</td>
<td></td>
</tr>
<tr>
<td>Seasonal Resilience</td>
<td></td>
<td>1,770</td>
<td></td>
</tr>
<tr>
<td>Funding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Growth</td>
<td></td>
<td>9,406</td>
<td></td>
</tr>
<tr>
<td></td>
<td>325,559</td>
<td>336,735</td>
<td></td>
</tr>
<tr>
<td>Transfer re:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reattribution</td>
<td>1,888</td>
<td>1,888</td>
<td></td>
</tr>
<tr>
<td>Running Cost</td>
<td>6,543</td>
<td>5,884</td>
<td></td>
</tr>
<tr>
<td>Sub-Total</td>
<td>333,990</td>
<td>344,507</td>
<td>10,517</td>
</tr>
<tr>
<td>Better Care Fund</td>
<td></td>
<td>6,097</td>
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<tr>
<td>Return of Surplus</td>
<td>6,377</td>
<td>7,399</td>
<td></td>
</tr>
<tr>
<td>Other Non-Recurring</td>
<td>1,866</td>
<td>610</td>
<td></td>
</tr>
<tr>
<td>Total Revenue</td>
<td>342,233</td>
<td>358,613</td>
<td></td>
</tr>
</tbody>
</table>

Year on year there has been an increase of £10,517k (3.2%) which includes seasonal resilience funding of £1,770k. The CCG had received this as a non-recurring allocation in previous years which has
been made recurring from 2015/16. If we exclude seasonal resilience, the growth is 2.9%.

The Financial Plan assumes return of drawdown related to Continuing Health Care (CHC) refund from 2014/15 (£788k) in 2015/16.

**NHS England Business Rules and Other Assumptions**

Our Financial Plan incorporates all of the NHS England Business Rules. Different tariff changes have been prescribed for different services, as detailed below:

<table>
<thead>
<tr>
<th>2015/16 Tariff Changes</th>
<th>Acute PBR</th>
<th>Non-Acute PBR</th>
<th>MH</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Efficiency</strong></td>
<td>(3.50)</td>
<td>(3.50)</td>
<td>(3.50)</td>
<td>(3.50)</td>
</tr>
<tr>
<td><strong>Inflation:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pay &amp; Drugs</td>
<td>1.40</td>
<td>1.40</td>
<td>1.40</td>
<td>1.40</td>
</tr>
<tr>
<td>Other Operating Costs</td>
<td>0.35</td>
<td>0.35</td>
<td>0.35</td>
<td>0.35</td>
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<tr>
<td>Unallocated CNST</td>
<td>0.03</td>
<td>0.03</td>
<td>0.03</td>
<td>0.03</td>
</tr>
<tr>
<td>Capital Cost</td>
<td>0.16</td>
<td>0.16</td>
<td>0.16</td>
<td>0.16</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>1.93</td>
<td>1.93</td>
<td>1.93</td>
<td>1.93</td>
</tr>
<tr>
<td>CNST + NETA</td>
<td>1.07</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Intervention in Psychosis</td>
<td></td>
<td></td>
<td>0.37</td>
<td></td>
</tr>
<tr>
<td><strong>Total Uplift</strong></td>
<td>3.00</td>
<td>1.93</td>
<td>2.30</td>
<td>1.93</td>
</tr>
<tr>
<td><strong>Net Change</strong></td>
<td>(0.50)</td>
<td>(1.57)</td>
<td>(1.20)</td>
<td>(1.57)</td>
</tr>
</tbody>
</table>

Other assumptions are set out here:

- Population Growth (ONS) 0.7%
- Non-Demographic Growth 1.0%
- Continuing Care Growth 2.0%
- Prescribing growth 5.0%
- Running costs reduction -10.0%
- General contingency reserve 0.5%
- London Healthcare Commission Transformation Programme 0.15%
- Non recurrent allocation for Transformation & risk mitigation 1.0%

Our allocation was based on Office for National Statistics (ONS) population growth of 0.7%, which we have used in our plan for all the services, and in negotiation of contracts with local providers.

As per Business Rules, prescribing uplift needs to be between 4% and 7%. We have used 4% for demographic growth and 1% for non-demographic growth. Non-demographic growth was based on historic trends and for Continuing Care the uplift is 2%.

The Financial plan includes contingency reserves of £1,795k (0.5%) in 2015/16 and it was £1,695k (0.5%) in 2014/15.

In addition to contingency reserves the CCG Plan, for 2015/16, sets aside 1% of its allocation for non-recurrent use to cover any financial risks.

We are assuming that we will deliver a surplus of 1%.

**Expenditure year on year**

<table>
<thead>
<tr>
<th>Expenditure Year on Year</th>
<th>Projected Out-turn 2014/15 £000</th>
<th>Expected Plan 2015/16 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td>186,740</td>
<td>196,199</td>
</tr>
<tr>
<td>Mental Health</td>
<td>47,789</td>
<td>49,397</td>
</tr>
<tr>
<td>Community</td>
<td>27,987</td>
<td>32,203</td>
</tr>
<tr>
<td>Continuing Care</td>
<td>13,294</td>
<td>13,930</td>
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<tr>
<td>Primary Care</td>
<td>37,728</td>
<td>37,648</td>
</tr>
<tr>
<td>Other Programme Services (inc. BCF)</td>
<td>14,792</td>
<td>17,383</td>
</tr>
<tr>
<td>Contingency</td>
<td>0</td>
<td>1,795</td>
</tr>
<tr>
<td>Running Cost</td>
<td>6,500</td>
<td>5,884</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td>334,830</td>
<td>354,439</td>
</tr>
<tr>
<td><strong>Resource Limit</strong></td>
<td>342,233</td>
<td>358,613</td>
</tr>
<tr>
<td><strong>Surplus</strong></td>
<td>7,403</td>
<td>4,174</td>
</tr>
</tbody>
</table>

In line with the national guidance, the mental health expenditure plan has increased by 3.4%. A significant proportion of the increased expenditure is funded from the Better Care Fund.

**QIPP (Quality Innovation Productivity and Prevention)**

Our five year Integrated Strategic Plan expects to deliver £32m savings through a variety of QIPP projects. In line with the Strategic Plan, the CCG has a Quality Innovation, Productivity and Prevention (QIPP) delivery programme of £7.3m in 2015/16.
The table overleaf summarises the CCG’s QIPP schemes for 2015/16:

<table>
<thead>
<tr>
<th>QIPP 2015/16</th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better Care Fund</td>
<td>2,300</td>
</tr>
<tr>
<td>Alliance - age over 80s</td>
<td>1,000</td>
</tr>
<tr>
<td>Alliance - Other (MSK, COPD etc.)</td>
<td>500</td>
</tr>
<tr>
<td>Eltham</td>
<td>500</td>
</tr>
<tr>
<td>Provider Efficiency</td>
<td>1,200</td>
</tr>
<tr>
<td>Mental Health</td>
<td>400</td>
</tr>
<tr>
<td>Community</td>
<td>400</td>
</tr>
<tr>
<td>Prescribing</td>
<td>1,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7,300</strong></td>
</tr>
</tbody>
</table>

**Better Care Fund**

The £3.8bn Better Care Fund (BCF) was announced, by the Government in the June 2013 spending round, to promote transformation in integrated health and social care.

The CCG contribution in 2014/15 was approximately £6m and an additional investment of £12m in 2015/16 will bring the CCG contribution to £18m.

We, the Royal Borough of Greenwich, our stakeholders and providers have jointly agreed to deliver 14 transformational work streams in 2015/16 linked to this programme.

Our investment of £18m on Better Care Fund (BCF) schemes aims to reduce 834 non elective admissions and realise savings of around £2.3m in 2015/16.

**Alliance**

The Alliance model will develop integrated pathways which encourages partners to deliver care centred on the patient, through seamless pathways, and in the most appropriate setting. Alliance partners will share financial benefits and risks through wholly delegated and pooled budgets based on the target population, under the alliance categories, across alliance partners. The Alliance partners and CCG have engaged through the Alliance Board and jointly agreed the focus of this strategic priority. From the transfer of elderly patients, from acute to community settings, a savings of £1m is expected to be achieved.

The CCG has been working with Lewisham and Greenwich NHS Trust (LGT) and Oxleas NHS Foundation Trust (Oxleas) to explore innovative ways of delivering care along four pathways: Musculoskeletal (MSK), Cardiology, COPD and the Frailty pathways (patients over 80 years old). A further £500k will be achieved via transfer of out-patient services, from Lewisham and Greenwich Trust, into community settings.

**Eltham Community Hospital**

The new community hospital opened in March 2015 and we have a rolling programme of services being opened during 2015/16 LGT and Oxleas will occupy areas within the hospital, delivering acute out patient services, community clinics, inpatient sub-acute and rehabilitation services. Savings will come from our ability to use Eltham beds as a step up and step down facility, by creating a hub for services within the alliance framework and by negotiating lower, non-tariff prices for clinic based services.

**Other QIPP Schemes**

Acute provider efficiencies will bring another £1.2m savings. Primary care (GP Prescribing) is expected to deliver £1m savings. The QIPP savings from Mental Health and Community Services amount to £400K each.

**QIPP - Confidence on Financial Delivery**

The transactional elements of the Quality Innovation, Productivity and Prevention (QIPP) plan are very robust and includes, Prescribing, Mental Health, Community and Administration.

The transformational elements (mainly related to the Better Care Fund and Eltham Community Hospital) are high risk so we have set aside a reserve
of £4.7m. These are funds which have been returned from NHS England, to manage any in-year slippage.

We will continue to monitor delivery of the QIPP programme closely, and aim to achieve the full recurrent savings. This includes having a QIPP and Transformation Executive that regularly reviews the delivery of both service change areas.

Service Level Agreement (SLA)
Over performance in the acute sector has been significant in 2014/15. The Financial plan for 2015/16 starts with the 2014/15 forecast out-turn as baseline activity, so over performance is reflected in the starting point. It is adjusted by 0.7% for expected population increase, in line with business rules, and an additional 1% for non-demographic growth based on historic activity trend. This has matched the Trust’s proposal for meeting national access (Referral to Treatment and cancer wait times) targets. Additionally, we are also funding a new Clinical Decision Unit (CDU) on the Queen Elizabeth Hospital site recurrently and supporting the extension of ambulatory care pathways to help Lewisham and Greenwich Trust (LGT) develop infrastructure and capacity to deliver A&E and urgent care targets. This will be further supported by the new integrated Urgent Care Centre/Out of Hours service which will go live in September 2015.

Our Quality Innovation, Productivity and Prevention (QIPP) programmes are targeted at reducing emergency admissions, delivering better outcomes for patients and facilitating capacity management at the Acute Trust.

Statement of Financial Position
Our Statement of Financial Position is a summary of the CCG’s assets, liabilities and equity (ownership by the taxpayer) as at financial year-end. It provides a snapshot of the financial position at that date only (like a balance sheet).

This Plan does not include any addition to fixed assets and assumes that it will maintain current assets and liabilities at the level of the previous financial year. It should be noted that Eltham Community Hospital have not been accounted for at this stage.

The CCG plan shows its liability exceeding its assets by £20m. NHS England provides cash to CCGs only when required to meet its liabilities. This represents a common position for CCGs since it is routine for NHS England to meet the net liabilities of the CCG at the statement of financial position date by providing the cash funding in future years.

Cash
Our Cash forecasting is jointly managed by the CCG and Commissioning Support Unit finance teams.

The Department of Health (DH) requires that the cash requirements of the CCG are forecast each month for two months in advance. To inform the level of cash required, a detailed cash analysis spread sheet showing planned monthly receipts, payments, allocations and drawings is completed weekly. The forecast is presented to the Chief Finance Officer of the CCG each month.

It is also a Department of Health (DH) requirement that the cash retained in the CCG’s bank accounts at the end of each month are kept to a minimum. A target cash balance of below 5% of the monthly drawn down amount has been imposed (the process by which we get resource from NHS England). At the year-end the cash target is a bank balance of 1.25% against draw-down.

Department of Health (DH) regulations state that the total of drawings for a month should not vary more than 5% from the forecast figure, based on the most recent forecast. The forecast amount (+/- 5%) must be drawn on the first day of the month in order to be incorporated in to Department of Health (DH) figures for actual drawings. While additional draw-downs are permitted, NHS England requires that these are only used in exceptional circumstances.

Cash must be managed internally but in case of extreme circumstances where a supplementary cash draw down is needed, a business plan is required from the Chief Finance Officer to be approved by NHS England and the Department of Health (DH).

Draw down will reflect discussions between the Chief Finance Officer and NHS England. We are currently anticipating drawdown to be £314m.
**Capital**

The Primary Care IT rolling programme is on-going and covers all GPs across Greenwich. In 2015/16 the IT programme, including Primary Care ICT, amounts to £1,229k.

The lease for our administrative base at Greenwich Park Street expires in late Autumn 2015 and we are in the process of commissioning new office space. The relocation cost is estimated to be £500k.

**Financial Risks and mitigation**

The full value of recurrent risk identified within the plans amounts to £14.3m of which the risk assessed probability of this realised is £9.2m.

The majority of the risk is with the Quality, Productivity and Prevention (QIPP) savings delivery, amounting approximately, to £3.6m. Others are acute over performance of £1.5m, Better Care Fund (BCF) £1m and others £3m. This includes the impact of tariff changes which has not been reflected in income and expenditure position. However, we have assessed the financial risk to the CCG of around £2.2m, assuming that Enhanced Tariff Option will be accepted by the providers.

These will be partly mitigated by using funds returned from NHS England (£4.7m), contingency of £1.8m, acute reserves of £1.8m and part of the 1% non-recurrent allocation.

The CCG expects to have agreed or signed all the contracts by the end of March 2015 and to agree the contracts within the envelopes we have set for each provider. Also the CCG expects to receive adequate resources for any transfer of specialised services to CCG should they occur in 2015/16.

Uncertainty still remains on the return of drawdown related to Continuing Health Care refund from 2014/15 (£788k) and any further return in 2015/16.

**Investment**

The CCG has established an earmarked reserve of 1% of its allocation for non-recurrent spend on the transformation agenda and any risk mitigation as identified above. The value amounts to £3.39m.

**Ensuring Financial Delivery**

Greenwich CCG is in financial balance and delivery of a 1% surplus will be a priority for 2015/16 together with the management of increased healthcare demands. The achievement of in year surplus and, more importantly, underlying financial balance has been possible through a rigorous planning process, careful monitoring and taking corrective measures.

The Financial Plan takes account of the available resource limit and the level of activity based on 2014/15 forecast outturn, population growth and planned transfers from hospital settings to community services. The planned transfer of 834 emergency admissions, already mentioned, through Better Care Fund initiatives have been agreed by NHS England.

Additional QIPP projects have also been identified and will be monitored on a regular basis by the Finance, Performance & QIPP Committee. Any risk is expected to be managed by the reserves held by the CCG as described above.

There are various review and monitoring bodies in place. The plan and various programmes are kept under review by the Governing Body as part of the agreed finance, activity and performance reporting arrangements.

**Developing ICT to improve efficiency and value from local services**

The aim of the CCG is to have a robust and fit-for-purpose Information and Communication Technology (ICT) strategy for both commissioners and Primary Care. The CCG will improve quality and patient experience by implementing ICT solutions that will enable better early detection and management of health conditions. This will include integration of systems and processes within both Health and Social Care. Projects that will help support the delivery of integration in Greenwich during 2015/16 will include:

- Providing mobile working to clinical staff working in the community.
- Full roll out of hosted primary care systems.
- Patient Access to GP records.
- Support for the virtual patient record (Connect Care).
- Integrated data sharing and business intelligence.
- Support for ‘eReferrals’ and achieve a paperless NHS in Greenwich.
The CCG will ensure that the delivery of ICT within Greenwich is supported by both the Information Strategy and ICT Strategy. The Chief Finance Officer is leading on developing the ICT strategy and ensuring that information business intelligence is a key enabling work stream for the CCG to deliver QIPP and service transformation within the local health economy.

Information and technology are critical to our ability to transform services and deliver improved outcomes for patients. NHS Greenwich CCG is leading a planning exercise with our information partners in primary, secondary, community and mental health care and with the council to develop our five year strategy for information as a health economy.

This includes the development of a real time, interoperable, patient record which will enable clinicians to access the information they need from across care settings with patient permission.

We have already implemented much of the virtual patient record with Lewisham and Greenwich NHS Trust (LGT) and will work in 2015 to 2017 to ensure that the record is accessible to all NHS service providers and to social care and to enable the public to view their own records and make comments.

The benefits to this new way of working will be enormous as it will reduce travel, eliminate duplication, increase patient facing time and patient satisfaction, and reduce medical errors.

Improving access to primary care is another priority for our strategy. We trialled three different evidence-based approaches to improving access in terms of patient experience and staff workload.

One approach was to improve access by systematic telephone triage of all requests for appointments, telephone consultations or visits, another was to improve access for patients through availability of on-line consultations, and the other identified opportunities for improvement using a web based tool analysing individual practice data.

Results of the pilot evaluation were inconclusive with no one pilot scheme overwhelmingly successful. However there have been many positives; a better understanding of patient demand, how to get demand and capacity into balance plus much good practice has emerged. This learning has been captured and included in the Greenwich Good Access Guide which will be available to all practices.

The majority of our practices (64%) have the ability to make appointments online and to use e-prescriptions. In 2015 we will ensure that all practices utilise online appointments and e-prescriptions and to ensure that GP patient records can be viewed online.

In addition to Connect Care (the virtual patient record) we will work with our information partners to share system level data to understand how patients flow within the system, as well as the cost and quality of services. This will enable us to collaborate in order to transform services and ensure that patients receive the best quality care.

We will also deploy technology and make shared investments across the health economy in order to support patients to manage their own conditions and maintain good health. Over the long term we will seek to ensure inter-operability between technologies including telemedicine and the virtual patient record in order to provide clinicians and patients with holistic information and to make early interventions before illness exacerbates.

This, combined with the predictive power of risk stratification, which will go live for primary and secondary care in 2015, will help keep more people out of hospital than ever before.

4.2 Commissioning Services and delivering transformation of healthcare in 2015/16

Our corporate objectives are:

- To commission high quality, cost effective services to meet the needs of local people which improve health outcomes and reduce inequalities.
- To ensure that the patients’ and the public’s voice is heard so that we improve the quality of the services that we commission for the diverse needs of our population.
- To develop Greenwich CCG as a clinically driven organisation with effective member engagement, that can attract and retain excellent staff, deliver
effective governance and its full statutory and financial duties.

- To create and optimise a data and intelligence rich environment to inform commissioning decisions at CCG, Transformation Steering Group, Syndicate and practice level.
- To develop a long term approach to improving healthcare and delivering more integrated services for the population of Greenwich delivered by sustainable providers through partnership working with the Royal Borough of Greenwich (RBG), local providers, the community and voluntary sector.

**Our Commissioning Response is:**

To develop a whole system approach which focuses on primary care, integrated care and new models of care as key strategic objectives but to have the following programmes of work as key clinically led priorities which fit beneath these objectives:

- Urgent and Emergency Care.
- Primary Care Development (including LTCs).
- Planned Care.
- Mental Health.
- Children and Families.
- Staying Health/ Prevention working with Local Authority colleagues and the Health and Wellbeing Board.
- Cancer and End of Life.

This Commissioning Plan is heuristically described in the following diagram:

The CCG’s transformation programmes are:

1. Continue to develop co-ordinated or integrated care with the Royal Borough (including delivery of the BCF plans).
2. Develop and improve primary care delivery models as a member organisation.
3. Develop innovation and new ways of commissioning including the alliance model of contracting with providers which focuses more on outcomes and agreed pathways of care.

Our core functions are enabled by:

- Effective contract management.
- Ensuring commissioning takes place in a data rich environment.
- Quality Assurance.

We follow the commissioning and business cycle with an annual focus on delivery:

The core of our Commissioning Plan is a number of transformation areas which have clear rationale within Greenwich for prioritisation and transformation.

**Key initiatives, mapped to Strategic Priorities**

In January 2015 the Governing Body agreed our key commissioning developments in relation to this plan, and the following high level initiatives were mapped
for delivery during 2015/16 in relation to our strategic priorities:

**Primary Care Strategy**

Greenwich CCG is aiming to have a draft Primary Care Strategy by July 2015 which will reflect the priorities outlined in the SE London Strategy and the Five Year Forward View published by NHS England. Further discussions on the draft strategy will take place in April. The draft strategy focuses on deliverables for 2015/16 with longer term plans to support primary care transformation by the development of new models of care provision that support accessible, co-ordinated and proactive care.

The Programme Plan that relates to the strategy for 2015/16 includes (please also see the section in 4.3):

- Improving primary care access and patient experience.
- Ensuring improvements in LTC management to avoid hospital attendances and admissions.
- Ensure enhanced integrated care and roll out of the Pioneer programme.
- Ensuring effective prescribing including QIPP delivery.
- Reducing variation of referrals and practice linked to the setup of the Primary Care referrals.
- Development of co-commissioning (see below).
- Ensuring education and training to improve capability and practice in primary care.

The strategy will be iterative with an annual review. In developing the strategy, we will be engaging with key stakeholders, including patient groups, ensuring that there is alignment with the priorities within the Health and Wellbeing Strategy. The CCG’s Primary Care Strategy Steering Group will be responsible for overseeing the development of the strategy and performance monitoring dashboard. In parallel, a workforce supporting strategy is under development which will encompass the investment from Health Education South London and the deliverables under the Community Education Provider Network (CEPN) known as the Greenwich Education Alliance (GEA). All Greenwich GP practices have signed up to geographically aligned Limited Liability Partnerships (LLPs) and will be undertaking The Year of Care training during 2015 which will deliver a more patient focused model of care.

Connect Care (person-centric health and social care record) will go live in Greenwich during 2015 giving primary care access to real time patient data such as diagnostic results and prescribed medications (with patient consent). The three GP Access Pilot schemes that the CCG funded in 2014/15 have resulted in the development of a local ‘Good Access Guide’ for practices and LLPs to implement as part of future planning to meet the aspirations of seven day working. Greenwich Co-ordinated Care, which is a ‘Test and Learn’ approach in managing the most complex patients by wrapping health and social care services around the patient, has been rolled out across two geographical areas (Eltham since May 2014 and Network since December 2014) with the intention to roll out further across the whole of Greenwich during 2015. Detailed evaluation from the Eltham roll out will be made available by the end of the financial year. This is a step change in the way services work together as a local network of care.

We have worked closely with the Royal Borough of Greenwich in producing a Community Directory of Services which supports self-management and personal budget management. The Directory is due in April 2015 and primary care will be able to use this as a tool in care planning and goal setting.

**Plans for future co-commissioning:**

Following a number of engagement events and communications, in December 2014 our membership voted in favour of a joint commissioning relationship with NHS England, with a view to moving to delegated commissioning arrangements, from April 2016.

Work is underway on making the necessary amendments to our constitution and reviewing the conflict of interest policy. These amendments will be subject to a further vote from our membership in February 2015 and will then be presented to the March 2015 Governing Body Meeting.

We have worked closely with neighbouring CCGs within SE London and each CCG is keen to retain a local flavour and control in implementing co-commissioning. Arrangements for establishing a ‘committee in common’ are still being finalised and will form part of the recommendations to the March Governing Body Meeting. We will continue to work closely with our partner CCGs in south east London.
Developing better care for long term conditions

During 2015/16 the CCG will develop, with our four GP provider network, a three year Enhanced Long Term Condition Service contract which will increase the scale of services available in primary care for Diabetes, COPD, Hypertension and Heart Failure. This is linked to the roll out of the national initiative to award £5 per head for the over 75 age group to deliver co-ordinated care. The service is to be delivered using the ‘House of Care’ evidenced based model for LTCs in conjunction with increasing prevalence, improving access and patient outcomes and reducing variation. Self-management is a key element of this approach to co-ordinated care and patients will be supported to access social and voluntary sector services.

Working through an “Alliance” type Commissioning Framework

The CCG is working with local providers, NHS Oxleas Foundation Trust and Lewisham and Greenwich NHS Trust, towards a joint venture known as an Alliance. An Alliance Partnership Board has been set up and programmes of work are under way to map out the pathways of care for four areas with providers where all parties will agree to focus outcomes and risk shares as a mechanism for contracting and delivering better services. During 2015/16 the Alliance Partnership Board will develop in shadow form to test and learn the new contracting model.

The following pathways are targeted in a test and learn model: Musculoskeletal (for all elective pathways including trauma and orthopaedics, rheumatology, podiatry, physiotherapy and chronic pain for 16 years and over), Cardiology, and COPD and Frail Elderly pathways. Project plans are in place for implementation of each new pathway during 2015/16. This will be underpinned up by further work in the development of new models of care mentioned in section 5.2 of the Plan.

Integrated and Co-Ordinated Care

The Greenwich Way

Our partnership status as a ‘Pioneer’ organisation (Greenwich CCG, Royal Borough of Greenwich, Oxleas Foundation NHS Trust and the Voluntary Sector) for integrated care has given Greenwich a high profile. As one of 25 ‘Pioneer’ sites across the country, Greenwich Co-ordinated Care has access to national programmes, sharing good practice and access to expertise in addressing issues such as data sharing across health and social care. Greenwich has had an historical track record for integrated care teams which have been effective in reducing emergency admissions, supporting early discharge from hospital and enabling elderly and frail patients to stay in their own homes. Greenwich’s integration agenda is well established and now includes Lewisham and Greenwich NHS Trust. As part of this programme, a model has been designed with staff to improve how health and social care services work together to provide co-ordinated services for people with complex needs and long term conditions.

The model has been running as a Test and Learn site since January 2014 and is testing how we can improve care co-ordination through a care navigation function and inter-professional working across the whole system including the voluntary sector. The model will be evaluated in May. The phased opening of the new Eltham Community Hospital from March 2015 will provide an integrated community facility for acute, community and primary care services including intermediate in-patient and out-patient services, diagnostics and out-patient consultations and procedures.

The three key strategic transformation areas are underpinned by a range of work programmes, each
of which has a number of emerging commissioning priorities that are part of our Plan for 2015/16.

**Strategic Work Programmes**

**Better Care Fund**

Greenwich CCG, the Royal Borough of Greenwich, our stakeholders and providers have jointly agreed to deliver 14 transformational work streams in 2015/16 which will reduce unplanned admissions by 834 at a saving of over £3m. The work streams build on our pioneering integrated care approach that was first launched in April 2011. The Greenwich Coordinated Care pilot is an extension of this programme which wraps services around GP practices for those patients with complex needs who are frequent attenders into A&E and primary care.

Our ambition for this programme is to move away from sporadic and isolated patterns of provision and to create seven-day multi-disciplinary and multi-agency ‘communities of practice’ which pro-actively deliver ‘a lifetime of care’ to the residents of Greenwich in order to improve individual and population wide health and social care outcomes and user experience.

Our first step was to re-model community health and social care services in order to create a whole-system response to intermediate care, hospital discharge, urgent care and community rehabilitation. Since implementation, this has accrued demonstrable benefits for the borough, particularly in terms of reductions in delayed transfers of care where Greenwich is in the top quartile of performance for London, and one of the best in the country for the avoidance of unplanned hospital admissions (top 10).

Other transformational commissioning groups which help the CCG support integrated working with the council and delivery of co-ordinated care for the benefit of patients are listed below. Each has a clinical board lead chairing or driving the transformation of services:

**Children and Maternity**

During 2015/16 the CCG working with key stakeholders will:
- In the light of the report from the Centre of Mental Health about invest to save opportunities, undertake a review of the perinatal mental health service and develop a perinatal strategy.
- Undertake a joint procurement of children’s community services with RBG including self-care with an improved service specification.
- Review the urgent pathway for children at LGT to provide an action plan to increase more care back in the community. This includes looking at the paediatric asthma pathway.
- Work with NHS England to ensure Health Visitor workforce is 75 WTEs by 2015/16 and that the local Health Visitor service meets the needs of the local population.
- Work with key stakeholders to develop a more effective pathway to tackle childhood obesity to ensure better health outcomes.
- Ensure that families with disabled children and complex and life limiting health needs in Greenwich have the support they need to live ordinary lives as a matter of course. This includes updating the short breaks specification and implementation of the Special Educational Needs reforms including personal health budgets, requiring preparation for a single assessment process with respite, and pooled funding mechanisms to support a Resource Allocation Tool.
- Develop better choice and service pathways for women needing maternity services. This to include developing a new monitoring framework for achieving the London Quality Standards for maternity services with our local providers.
- Undertake a review of preconception services to develop a better pathway.
- Set up a Maternity Services Liaison Committee group to provide better monitoring of maternity services.

**Cancer and End of Life**

During 2015/16 the CCG will work closely with the council on preventing the root causes of cancer such as smoking and focus with our providers on ‘coordinate my care’ which allows patients to die with more support at home. There will be a section in the Commissioning Plan which mentions the prevention aspects of cancer. There are around 470 cancer deaths annually in Royal Greenwich, with higher mortality rates for males than females. Cancer accounts for about a quarter of all deaths with an annual death rate that is higher than London and England. On average, there are 900 newly diagnosed cases in Royal Greenwich every year. The most common newly diagnosed cancers in persons of all ages was lung cancer, followed by breast cancer in females, prostate cancer in males, and colorectal cancer in males and females. There has been a steady rise in cancer survival over the last 15 years. However, the gap between the national average and Greenwich has widened in the last three years. About 23% of all cancers are diagnosed as an emergency presentation, which is similar to the national average. More than 30% of cancer deaths are due to the five leading behavioural and dietary risks: high body mass index, low fruit and vegetable intake, lack of physical activity, tobacco and alcohol use. Our plans for 2015/16 include:

- Working closely with the Royal Borough to continue to develop a programme focussed on prevention, awareness and early diagnosis.
- Embedding the pharmacy symptom awareness project.
- Improving the breast and the cervical cancer screening coverage.
- Sustaining the delivery of the two-week cancer referral target.
- Improving cancer pathways to ensure no Greenwich patient with cancer waits longer than 62 days to start treatment.

**Urgent / Unscheduled Care**

During 2015/16 the CCG working with RBG and key stakeholders will:

- Continue to implement our published strategy ‘Right Care, First Time’ for urgent care including improving capacity and the pathway for Greenwich residents. This includes completing the out of hours and urgent care services procurement and awarding a new contract for this area in 2015/16.
- In the light of consultancy work recently undertaken we will publish a winter resilience plan that ensures the unscheduled care pathway is optimised and constitutional standards are met. Further information on this is made in section 4.3 of this Plan.
- Working closely with LGT and other partners including Oxleas, RBG and voluntary sector to develop clearer pathways for admission and A&E attendance avoidance, including ambulatory care, and implement them during the next 12 months.
- Ensure that by working with other CCGs in London and within the local community, the 111 provider and the London Ambulance Service, that urgent ambulance calls are met within eight minutes.

**Mental Health & Learning Disability (LD)**

In 2012/13 in Greenwich, 12% of the population and 58.4% of people using social care reported experiencing moderate to extreme anxiety or depression; people with LD conditions are at greater risk of depression and co-morbid mental health problems.

Of the 8,725 people in Greenwich claiming employment support allowance, 50% have a mental disorder as their primary condition (data from Department for Work and Pensions). The
relationship between physical health and mental health is well reported.

The CCG will continue to work with our RBG partners to implement a joint Mental Health Commissioning Framework for the borough that sets out a shared commitment to a Stepped Care model of service delivery, ranging from prevention and promotion to specialist assessment and treatment, so that the most effective yet least resource intensive treatment is delivered to people first, only 'stepping up' to intensive/specialist services as clinically required.

The CCG recognises that the greatest opportunities to reduce the levels of mental ill health in the population in the long term lie in mental health promotion, as well as mental illness prevention and early intervention.

Improving individual and population mental health sits within the wider public health agenda and brings together a broad range of local stakeholders to work towards a society that values and promotes mental wellbeing as being of equal importance with physical health.

The CCG will work with partners to promote consistent messages to our patients and the wider public to encourage and inform them how they can improve their mental wellbeing, raising awareness of the five ways to wellbeing identified in the Foresight Mental Capital and Wellbeing Project report.

The CCG, working with the Local Authority, is currently refreshing its framework strategy for Mental Health and already had joint posts in place for commissioning services together. Mental Health within the Greenwich Health and Wellbeing Board has been agreed as one of our top three priorities for action (the other two being Obesity and Employment).

During 2015/16 the CCG working with the council and its community providers will:

- Ensure that dementia diagnosis rates hit 67% of prevalence and will be undertaking a review of the dementia pathway to establish a virtual ward in the community for patients needing effective care planning.
- As part of this review we intend to improve access to the memory clinic so no person waits more than six weeks for a full assessment. We will also extend the benefits of the Dementia training programme throughout Greenwich care homes and develop a Dementia friendly borough throughout the community.
- Deliver on the IAPT's pathway with 15% of prevalence being met with 50% recovery rates. This will include developing a primary based service that links into our GP practices for managing long term conditions.
- Ensure we deliver a clearer single point of access for patients and our members for mental health that delivers maximum waits (2 weeks for psychosis patients and all urgent patients within 24 hours).
- Undertake a review of the acute mental health pathway, how local people get into crisis and are managed by home treatment to ensure there is zero ‘over spill’ to other providers and quality of care, how mental health services can deliver the national crisis concordat with mental health being an integral part of 111 urgent care response.
- In the light of the national guidance ‘Achieving Better Access to Mental Health Service by 2020’ the CCG will undertake further work on developing a more effective liaison service by 2016 including an enhanced 24 hour service working with Lewisham and Greenwich NHS Trust (LGT) and Oxleas NHS Foundation Trust (Oxleas).
- Take forward the procurement exercise including a new service specification for Children and Adults Mental Health; this includes a single point of access, better management of transition and early intervention and use of outcomes in contracts. This will include ensuring our Tier 2 and 3 Specifications match or betters the NHS England’s model specification for CAMHS.
- Develop patient choice in MH in the light of new national guidance. This will involve ensuring our providers make patients aware of choice and that they have the option to exercise this right at the point of assessment.
- Develop a more outcomes based contract with Oxleas NHS Foundation Trust including the introduction of a Mental Health tariff based on...
Improving health services for the people of Greenwich

clusters of care with clear interventions and the end of the minimum income guarantee.

In relation to Learning Disability, where the council is our lead commissioner, we will continue to deliver priorities identified in the Winterbourne View serious case review, including reducing out of area placements.

The LD Strategic Assessment Framework will be used to inform our commissioning priorities. We have already identified in 2015/16 the CCG will:

- Review and develop a business case with Oxleas to provide step down and step up inpatient care for LD clients (either from out of area or via transition arrangements).
- Ensure that annual physical health checks and health action plans for all LD service users are in place.
- Ensure that all patients with learning disabilities will be offered a personal health budget and the CCG, working with its partners, responds to the Stephen Bubb’s Review.

Further information on these client groups is provided under section 4.3 in the light of Mental Health and Learning Disability being part of core and mandatory NHS standards for the CCG.

Planned Care

Key areas for improvement identified by the planned care work stream include:

- An alliance contract for MSK, cardiology and COPD. This is part of an alliance of provider organisations which will be allocated the entire resource for the pathway in order for them to improve the patient experience and the efficiency of operation for the care pathway.
- Redesign of the ambulatory care service at Queen Elizabeth Hospital Woolwich to improve access for referring GPs in order to reduce unwarranted A&E attendance. 50 separate conditions will be covered by this service. To review other current hospital investigative or treatment pathways and conditions that can be managed via ambulatory care.
- Eltham Community Hospital is a focus for a large part of planned care work to ensure appropriate usage of the facility for community clinics and easy access for patients. There are plans to create a procedure suite that will provide additional outpatient facilities.
- The current community Dermatology and Gynaecology service is being looked at with a view to extend the scope of the service specification and a procurement of the redesigned service.
- A Tier 3 Obesity service has been developed and is currently undergoing procurement.
- The referral management booking service is being extended and strengthened with CAMHS, Tier 3 Obesity and a number of other services, including Alliance MSK, due to go live this year.

This will form the contents of a programme of work to take forward and implement during 2015/16.

Developing the staying healthy / prevention agenda

Twelve years ago Derek Wanless’s health review warned that unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness. Greenwich has made significant strides in this area (NHS health checks, smoking cessation) but there is still more to do. The Health and Wellbeing Board has agreed to put particular emphasis on tackling obesity, improving mental health and wellbeing, and workplace health
initiatives in 2015/16. Our Plans mirror these jointly agreed priorities.

Our JSNA identifies six direct causes (risk factors) of the major diseases, and seven underlying determinants (causes of poor health). The leading risk factors are responsible for over 50% of the burden of premature mortality and disability. The CCG has developed a long history of working with Public Health to secure an in-depth understanding of the key priority issues, and identifying a range of programmes and partnership arrangements that are required to address these. It is well advanced in delivering the principles and programmes relating to national directives, such as a Call to Action: Commissioning for Prevention and the National Audit report: Health Inequalities. Annex 2 of this plan shows the CCG’s ambition for improving outcomes for local people and to enable them to have more healthy lives.

**Risk Factors**

**Physical Activity & Sedentary Behaviour**

In Greenwich, 66% of the adult population does less than the recommended levels of activity each week; moving individuals from being sedentary to being even moderately active has the greatest impact. Through the HWB strategy the CCG will be working with RBG to increase physical activity making the best use of the levers available to each organisation. The CCG will work with Public Health colleagues to encourage practices and pharmacies to adopt the NHS ‘Let’s Get Moving Pathway’; supporting people into activity through brief advice, referral and signposting into local programmes.

**High Blood pressure**

High blood pressure is the third most important preventable risk factor for premature death and disability\(^1\), yet 23,000 people in Greenwich are estimated to be undiagnosed and, of those diagnosed, 29% will be uncontrolled. Both are key priority areas in the ‘National Audit: Health Inequalities’ and ‘Tackling high blood pressure: From evidence into action’ reports which are being addressed by the CCG. The CCG will improve the prevention, early detection and treatment of hypertension through initiatives including the ‘Make Every Opportunity Count (MEOC) programme; ensure that high blood pressure is monitored and reduced as part of developing stronger response to all Long Term Conditions in Primary Care and by the development of the NHS Health Checks programme, and through work on the wider determinants.

**Alcohol Misuse**

Alcohol has a large impact on health and wellbeing and is a direct cause of 1.5% of deaths, 6% of hospital admissions, and up to half of violent crime. There are an estimated 57,000 people who drink above safe limits (25%) and 27,000 who binge drink. We plan to continue to commission and develop specialist services to offer a coherent hierarchy of care, extend screening services, and strengthen the pathways for people who screen positive.

**Obesity**

27% of reception year children and 40% of year 6 children are overweight or obese. The former is the second highest in London. Obesity has been identified as one of two key priorities for the Health and Wellbeing Board strategy, resulting in a focus on cross agency and whole systems working to improve environments which reduce obesity prevalence. The CCG will work with RBG to develop Tier 1 and 2 services (including improved access) and commission a pilot Tier 3 service. It will support the implementation of key learning points arising out of the Greenwich Healthy Families evaluation.

We are also working with our staff, both those employed directly by the CCG and those in our member practices, to offer workplace related schemes to help them remain healthy and improve their fitness (e.g. discounted gym, swim and classes initiative).
Improving health services for the people of Greenwich

Poor diet

Poor diet (all dietary causes) is the most important risk factor for premature death and disability burden of disease. There is a strong emphasis on improving diet as part of the co-ordinated whole systems approach to reduce obesity prevalence. The food element of this is brought together under the umbrella of Sustainable Food Cities, Good Food in Greenwich (GFIG) action plan. This plan covers all aspects of food in Greenwich – cooking, growing, training and procurement, with a particular focus on sustainable ways to address food poverty.

Smoking

In Greenwich there has been a significant and rapid fall in smoking prevalence amongst the adult population from 24.1% in 2010 to 16.6% in 2013. This reduction is far faster than other parts of the country and means Greenwich has gone from having one of the highest to one of the lowest rates of smoking in just a few years. However, it remains the second biggest preventable cause of morbidity and mortality.

The CCG will continue to make significant investment in smoking cessation services. Plans include supporting practices and pharmacies to improve smoking cessation quit rates, targeting activities that focus on the more deprived areas or those who are most vulnerable (including smokers with long term conditions or who are pregnant), focussing on tobacco control activities, and by raising awareness through campaigns including the smoke free homes, cars and open places campaign.

Determinants of Health

Social Isolation in Greenwich

In Greenwich there are an estimated 7,500 older people who are lonely; approximately 2,500 of these are intensely lonely and this is likely to increase. Some people are particularly susceptible, for example those who have a physical disability or long term limiting illness. Plans include establishing a Social Isolation Strategy Group to implement targeted interventions that will identify and support the most vulnerable, developing a new volunteer network service that will link peer volunteers with individuals for time limited interventions and identifying and supporting vulnerable people through the Care Act (and linked) initiatives e.g. Community Directory, Make Every Opportunity Count and new models for Social Prescribing.

Poverty in Greenwich

Greenwich is the 19th most deprived local authority in the country (of 326) and 10th most deprived in London (of 33). 43% of Greenwich LSOAs (Lower Super Output Area - tool that identifies areas of low income in England using the Indices of Multiple Deprivation) are among the 20% most deprived and only 5% are in least deprived 40%.

Within the borough (in most cases) the highest rates of ill-health, poor mental wellbeing and high mortality are in areas with the highest levels of deprivation. The CCG plan to support the implementation of the Greenwich Anti-poverty Strategy including support for the year round Greenwich Stay Warm, Stay Safe programme working with households affected by Fuel Poverty,
by ensuring a focus on poverty through the CCG staying healthy group and by providing Health MOTs and associated action plans for clients of the troubled families programme.

**Domestic Violence (DV)**
Royal Greenwich has the 6th highest number of Domestic violence offences. In 2013, it was identified as present in 28% of children’s safeguarding cases in RBG. One in five referrals where DV was present also involved parental drug and alcohol abuse. The CCG will continue to work with the Council to support the implementation of the Domestic Violence and Abuse strategy for the borough. The CCG will jointly commission (with RBG) a new programme that will increase awareness of and reduce community tolerance towards domestic violence and abuse (DVA) through a campaign, increase capacity to extend the availability of telephone and web-based information and strengthen the role of health professionals in identifying people who may be affected by DVA and enabling them to get the support they need.

**Worklessness**
There were 24,770 people claiming benefits relating to Worklessness in May 2014 (13.9% of the working population). The CCG will continue to focus on Worklessness, including the development of a range of initiatives that will reduce or mitigate the effects of Worklessness including better support to primary care to identify, support and signpost unemployed people and through the provision of workplace initiatives aimed at preventing people from falling out of work and maximising opportunities for people to secure work e.g. vocational interventions.

**Environment and Housing**
The Royal Borough of Greenwich currently has some of the lowest cycling levels in London (1.7% of all journeys). Poor air quality is a significant public health issue in Greenwich with an estimated 6.5% of all causes of adult mortality attributable in part to anthropogenic air pollution (measured as fine particulate matter). Key issues for housing in Greenwich include the quality of the private rented sector; levels of overcrowding; fuel poverty; demand for social housing; and provision of a suitable mix of housing tenure. Improving physical environments is central to the HWB priorities to improve mental health and reduce obesity. The CCG will build upon current programmes led by our RBG partners, with the support of NHS funding, which include cycling and walking path improvements, signage and online and printed route maps. The CCG will ensure joint working between the CCG, the RBG Public Health team and the RBG planning teams around agreed priorities.

**Strengthening Prevention: major conditions**

**Long term conditions: JSNA Priorities- Heart Disease & Stroke, Respiratory Disease & Diabetes**
Ischemic heart disease, respiratory disease, lung cancers, and cerebrovascular disease remain the highest ranking causes of mortality, yet it is estimated that only 63%, 40% and 55% of cases of CHD, COPD and Hypertension respectively is diagnosed. Much of this disease burden is preventable and risk factors are reported elsewhere. The CCG has already reported plans within the primary care strategy and the work of the Alliance. More specifically the CCG plans to continue to invest in significant prevention activities including: major prevention and early detection programmes (stop smoking, physical activity/nutrition and NHS Health Checks) and the Make Every Opportunity Count (MEOC) programme (BCF).
**Strengthening prevention: vulnerable groups**

Due to the nature of the population in Greenwich, there are a number of health conditions and poor health outcomes that affect smaller numbers of groups within the population disproportionately. These challenges are described in more detail in the Greenwich JSNAs. They include tuberculosis (TB) which is especially prevalent amongst areas with higher numbers of people from the Indian subcontinent (including India, Pakistan and Nepal) and particular African countries such as Somalia and Nigeria.

Also, it is recognised that some groups within Greenwich e.g. Gypsies and Travellers have some of the poorest health outcomes compared to other groups. Access to healthcare is also critical to early detection and effective prevention and some groups may experience poorer access to healthcare. Work will continue to address the needs of these populations including continuing TB early detection screening programmes and developing GP Access Pilots/GP registration for vulnerable groups.

**Burden on Carers**

Please see the next section on engaging our communities.

**Assurance on transformation for prevention**

The CCG working with the council has set up a staying healthy and prevention strategic delivery group which will develop during 2015/16 into the delivery vehicle for the Health and Wellbeing Strategy. This group will lead implementation on the prevention plans set out in this plan for 2015/16.

**Engaging our communities on commissioning**

The Health and Social Care Act 2012 introduced significant amendments to the NHS Act 2006. NHS Greenwich Clinical Commissioning Group (GCCG) has two legal duties. It must enable:

- Patients and carers to participate in planning, managing and making decisions about their care and treatment, through the services it commissions.

- The effective participation of the public in the commissioning process itself, so that services provided reflect the needs of local people.

**Aims of our engagement strategy**

GCCG’s aim is to engage with Greenwich patients, partners and residents to ensure that local people have a strong voice in all aspects of healthcare commissioning. This includes implementing all National guidance mentioned in Annex 3; Section one of this Plan for participation.

Patients, carers and the general public are central to commissioning the right services. Listening to what patients and local people tell us will help us to deliver a better standard of care and improve healthcare and health outcomes for our local population. NHS Greenwich CCG is passionate about capturing and listening to patient and public voices to ensure locally responsive healthcare commissioning and to drive up the quality of care.

To achieve this, in partnership with the Patient Reference Group (PRG), a two year patient and engagement strategy was developed and approved by the Governing Body in September 2014. This provides the overall framework by which patient/service user and public engagement will be continually developed and monitored.

This strategy is closely linked to other key strategies, such as the Commissioning Strategy and the Quality Strategy.

The Patient Reference Group is made up of representatives from a number of key partners, such as Healthwatch, Greenwich Action for Voluntary Service, Citizens UK, Public Health and Patient Participation Groups.
The engagement strategy of the CCG aims to engage patients and the public through the CCG’s commissioning cycle, as illustrated:

The PRG monitors the progress of the delivery of the annual engagement action plan and holds the CCG to account for its implementation.

**Engagement Programme**
The CCG is working with the PRG to develop a comprehensive programme of engagement over the coming year. This will build on existing work, but will aim to:

- Support the development of the Primary Care Strategy and ensure patient and public input into its development.
- Inform the training programme for GPs and practice staff in respect of the ‘Year of Care’ approach and the development of the Long Term Conditions contract specification and the Key Performance Indicators contained within it.
- Support member practices to improve representation and the effectiveness of member practice Patient and Public Participation Groups (PPGs).
- Improve the representation of PPGs on the CCG’s PRG.
- Support the development of the joint Health and Wellbeing Strategy 2015-18 through effective community engagement.
- Enable a co-production approach to support the development of the Alliance contracting model. This will ensure patients, carers and the public are informing the development of patient pathways that are outcome focused and put the individual at the heart of the care planning process.
- Continue to engage patients, carers and the public in the integrated care approach particularly those with experience of long term conditions. The work will also include targeting people who could potentially develop these long term conditions, identifying those we will target with the help of colleagues in RBG’s Public Health and Wellbeing team.
- Continue the work with community groups to understand the barriers that may exist to registering with a local GP and to ensure the process is made simple and registered numbers improve.

Our borough is extremely diverse, with a high Black and Minority Ethnic population and 45% of the population are from the 20% of the most deprived communities in England. We must strive to ensure their views are represented and needs met by improving our engagement with those who are seldom heard, including continuing the work with people with learning disabilities and those from diverse ethnic backgrounds to ensure they are influencing our commissioning decisions.

**Carers**
Even those with the most significant needs spend less than 1% of their time in contact with health professionals, the rest of the time they manage on their own with support from carers and families. Carers in Greenwich make an important and often underappreciated contribution not only to loved ones, neighbours and friends, but to the very sustainability of the NHS itself. Funded through the Better Care Fund and building on the new rights in the Care Act 2014, NHS Greenwich CCG are identifying new ways of supporting carers, in particular some of the most vulnerable carers including those who are very young or very elderly. Working in partnership with the Royal Borough of Greenwich (RBG), we have engaged with carers across the borough in a number of ways and will continue to do so in 2015/16:

- ‘Care Together’ events; these allow carers the opportunity to learn more about their caring role and gain some advice and practical help in
looking after their own mental wellbeing. During these events carers can learn more about dementia, nutrition, managing challenging behaviour, managing medicines safely, and relaxation and stress reduction.

- A workshop on social isolation and loneliness in Greenwich, attended by 18 different organisations, aimed to understand the gaps in service provision in Greenwich and led to the development of a charity led Social Isolation Strategy Group.

- Working with RBG, we have built better understanding with third sector providers of the needs of carers locally and are encouraging the development of a thriving market to provide carer services that promote wellbeing. This is designed to prevent a care breakdown, which can lead to an unplanned admission for either the carer or the person they care for.

- The CCG is working jointly with RBG to hold a consultation with carers to gain first-hand knowledge of their needs. An online consultation is currently in circulation with a number of provider organisations for unpaid carers to complete. Two Carers’ Forums will be held to provide an opportunity for carers to share their opinions and help shape carer services in Greenwich in person.

- The CCG are currently working with the Royal College of General Practitioners and Greenwich Carers Centre to raise awareness of the importance of identifying and supporting carers in general practice. To aid this, we have updated the referral for a carer assessment to enable any member of the GP practice to make a referral using the RMBS electronic referral network. This should help ease the workload of GPs and also make it easier to refer, allowing carers to be identified by the local authority and receive any advice and support that they may need. Additionally, we are organising training for GP practices to help them understand how to identify carers and where to signpost them.

- The CCG are working with RBG to update their respective websites and information booklets to ensure they reflect the changes in the Care Act 2014 and that they provide a comprehensive overview of the issues that may arise from being a carer and where they can go for support.

- The local authority has led on the joint commissioning of three new test and learn services for carers, these area GP Carer Outreach service, providing support for older carers and carers of people with dementia in a primary care or community setting; Support4Carers, a service for carers of people with mental illness and/or drug and alcohol problems; and a carers’ peer support service for carers of people with learning disabilities or those with an autistic spectrum disorder.

The 2015/16 joint Commissioning Plan for carers across the CCG and RBG will utilise the Better Care Fund to deliver advice, information, prevention and wellbeing services for carers in the Royal Borough of Greenwich.

**Member engagement**

Engagement with our member GP practices is vital and allows us to ensure our members’ clinical expertise is informing our decisions. GPs have been involved in the commissioning of services, the monitoring of contracts and the assessment and assurance of the quality of those services. Seven elected GP commissioners sit on the Governing Body and the 42 practices are made up of four geographical syndicate areas. Each syndicate has an elected lead GP who represents their views and who feedbacks to them on a wide range of issues. They meet regularly with the GP Governing Body members and the Senior Management Team to ensure two-way communication.

All members meet together at the Greenwich Wide Forum. We also survey their individual views regularly and Clinical Project Leads are involved in all our transformation work to ensure we are a clinically-led organisation.
Since 2014/15 the CCG has secured four Protected Learning Time (PLT) half day sessions on an annual basis in which all professions from general practice are invited to attend. Attendance has averaged around 195 staff members at each PLT event.

Clinical and non-clinical education is provided across a number of subjects, with the objective of providing updates on best clinical practice and management of health, increase awareness of local services, promote contributing to ‘making every contact count’.

In addition the CCG is setting up a Greenwich Education Alliance, equivalent to Community approaches to health and wellbeing, increasing awareness and developing a Community and Education Provider Network (CEPN), and is working closely with Greenwich University, Health Education South London (HESL) and other key stakeholders to secure additional placements in primary care, increase training opportunities and develop a workforce fit for the future.

A Workforce Strategy is under development which will underpin the Primary Care Strategy. Both strategies will be ready for consultation during 2015/16.

**Self-management and building strong and confident communities**

The CCG is working with partners in the Royal Borough of Greenwich to engage individuals within disadvantaged and marginalised communities and those with established long term conditions in understanding how to look after their own health, make effective use of health services and build community resilience. This includes:

- Jointly funding a major programme of health improvement outreach and public campaigns to support behaviour change, improvements in lifestyle and motivation to improve health and tackle major issues affecting the health of our population including: stopping smoking, eating a better diet, being more physically active, managing weight, prevention and early identification of cancer, uptake of screening and NHS Health Checks.
- Delivering accredited training to hundreds of residents each year from our targeted groups in understanding health, so that they can become champions for health within their own families and community networks, become volunteers, or go into paid roles supporting further community engagement for health improvement.
- Working with newly arriving communities and people living in areas of high deprivation, using community development approaches to build healthy social networks, reducing social isolation and building social capital and resilience.
- Delivering a programme of peer support (the ‘Expert Patient Programme’) to improve the quality of life for people living with long term conditions, enabling them to manage their conditions effectively, get the best from their relationships with their health professionals, improve their wellbeing, confidence and control.

Building on the systems and experience developed through these programmes, a new area for joint working with RBG and the third sector planned for 2015/16 is the development of a systematic process for social prescribing from primary care, linking patients to a wide range of support services best able to address their social, housing, financial and other needs impacting on their health.

**Community development**

Public Health and RBG third sector commissioning also fund and work closely with Greenwich Action for Voluntary Service to support capacity building of the third sector in Greenwich, growing the sector as part of on-going asset development. This investment is intended to ensure a vibrant third sector able to respond to community needs, build community resilience and contribute, with their role feeding into developing and planning health improvement programmes and health and social care service development provision, as well as directly delivering community support services. RBG also funds (through its third sector funding) the excellent Volunteer Centre, which supports high quality volunteering in the borough.

**4.3. Delivering on our core and mandatory standards to raise performance**

We had to provide strong evidence of our capability to discharge safely our statutory responsibilities for
commissioning healthcare services to NHS England to become authorised as a CCG in 2014/15. We needed to demonstrate a strong clinical and multi-professional focus, meaningful engagement, clear and credible plans, proper constitutional and governance arrangements, collaborative arrangements for commissioning, and great leadership. NHS England was satisfied that we met all these criteria and we also had a clean audit of the accounts.

Looking forward into 2015/16:
We measure our performance in many different ways in the NHS to ensure that patients receive the best care. There are key indicators that we pay particular attention to, which are those in the NHS Constitution.

Our plans are set against a backdrop of significant change in the NHS, both nationally and locally. The challenge of population growth, and the transient nature of that population, in addition to the large redevelopment of the area, means we must always think ahead. We have continued to introduce new services and make improvements to existing services, and plan to deliver against our NHS Constitution standards.

Urgent Care and A&E targets
We will continue to work with our partner organisations in 2015/16 to meet the 95% A&E target. Our commissioning plan centres on improving access for patients with a need for urgent emergency care whilst ensuring alternative care is available closer to home for patients with less serious urgent healthcare needs. Early indications show our community care strategy is positively influencing emergency care; Greenwich CCG improved its national ranking in terms of emergency admissions per 100,000 population, from 59th to 9th, between 2013/14 and 2014/15.

The following enablers are in place to improve urgent and emergency care access in 2015/16:
- Enhance usage of our Urgent Care Centres (UCCs) to reduce strain on the acute care system by assisting more of our patients in a primary care setting.
- Enhanced out of hours services and urgent care procurement which should be completed in 2015/16.
- The Better Care Fund (BCF) detailed in section 4.1, is focused on reducing reliance on the acute emergency environment by enhancing community based health and social care services to manage our patients closer to home.
- Review of MSK, COPD and Cardio Vascular Disease (CVD) pathways and develop a new frailty pathway for older people, to align pathways across the acute and community providers, enabling a smoother transition for our patients from the acute setting into care closer to home whilst increasing capacity in the acute system to respond to emergencies.
- A review of acute pathways at LGT will also take place to improve the flow of internal services to free more capacity in emergency care services. This is taking place through the development of more robust ambulatory care pathways and introducing system wide services aimed at admission avoidance, such as the Hospital at Home service, which will provide home based care packages to support early discharge and remove pressures on the emergency acute system.

The CCG working with NHS England has commissioned McKinsey’s Consultancy to review the emergency care pathway at Lewisham and Greenwich NHS Trust (LGT) and the results of this work to be completed at the end of 2015/16 will be used to develop a clear action plan with our partners for implementation in 2015/16 which will be closely monitored by the CCG.
Cancer

Please also see the previous section on prevention and working with public health medicine in the council.

We are committed to working with our three main providers to ensure Greenwich patients receive the highest quality of care and are referred and treated within the appropriate timelines. To facilitate this, the following initiatives will be continued in 2015/16:

- To improve the management of transfers between Lewisham and Greenwich NHS Trusts (LGT) and tertiary centres, monitoring systems will be introduced to track and report patients on their care journey and highlight patients at risk of breaching waiting time targets.
- A cancer summit has already been held locally in February 2015 between clinicians and this will lead to an action plan to ensure a lean pathway is in place which will continue to be managed through a clinically led bi-monthly forum between Lewisham and Greenwich NHS Trust (LGT), Kings College Hospital NHS Trust (KCH) and Guy’s and St Thomas’ NHS Foundation Trust (GSTT) and a monthly 62 Day Cancer Wait Review Group between KCH, LGT and GSTT and CCGs.
- To improve the 62 day target, a LGT Cancer Pathway Manager will focus on streamlining inter-trust referrals between Guy’s and St Thomas’ NHS Foundation Trust, Kings and tertiary referral centres. Additionally, LGT is implementing a Patient Tracking List (PTL) system to enable more precise monitoring of patient progress across tumour groups pathways, particularly where onward referral to a tertiary centre is required.
- CCG clinical leads will continue to work in local primary care networks to improve early diagnosis by peer reviewing the quality of referrals and learning from best practice to ensure patients are fast-tracked into the most appropriate cancer services. Work is also underway to improve the information patients receive about their treatment.
- Access to cancer services in winter at Lewisham and Greenwich NHS Trust (LGT) will continue to be maintained via advance resource planning to ensure adequate cancer consultants and staff are in place to ensure continuity of care.
- The CCG will track one year cancer survival rates and monitor progress in collaboration with our partner providers.

Further analysis is also provided on cancer in section 4.2 on prevention and cancer in this plan. Also Annex 2, section 1 provides the latest NHSOF information.

Referral to Treatment (RTT)

Achieving the Referral to Treatment (RTT) targets in 2015/16 will remain a focus of the CCG and our provider partners. An assessment of the support LGT requires to sustain RTT delivery is underway. The contract negotiations with local providers will ensure that the RTT maximum waits will be hit and those providers understand that both financial penalties and proactive commissioning action will take place should there be any risk of breaches.

Diagnostics

We will continue to collaborate with Lewisham and Greenwich NHS Trust (LGT) and our partner organisations in 2015/16 to build on the improvements to diagnostic rates so patients are seen within six weeks.

- We will carry out an investigation into alternative capacity solutions to alleviate pressures and sustain diagnostic delivery, noting that there are on-going pressures in endoscopy due to rising demand and clinical need. The CCG has already reviewed direct access to MRI and introduced a new headache pathway including CT scans to reduce waiting times.
- The CCG will continue to work with primary care providers to improve the quality of onward
referrals via training focused on diagnostic referral protocols. We will also work with primary care to identify technologies to enable a faster response for patients. For example, the introduction of Calprotectin tests in 2014/15 has enabled the screening of bowel cancer locally, reducing the need for onward referrals.

**Health Visitors**

We will continue to collaborate with our provider, NHS Oxleas, to increase the number of health visitors in Greenwich. In 2015/16 the following initiatives will continue:

- Improving existing incentive schemes to retain staff post qualification.
- Recruiting health visitor students from areas external to Greenwich.
- Implementing a support service to assist health visitors to succeed in their training.

**Mental Health and Learning Disabilities**

*Please also see the previous section on prevention and working with the Royal Borough of Greenwich.*

The CCG sees mental health as a key priority and is proactively intending to respond to the ‘parity of esteem’ agenda. This includes delivery of the dementia diagnosis target and commitment to meet and sustain a diagnosis rate of 67% in 2015/16. This builds on our successful improvements in 2014/15 in achieving a diagnosis rate of over 60%. To enhance our diagnosis rates the following initiatives will continue:

- Coding reconciliation in primary care: local GP practices will continue to review their IT systems, to identify patients with symptoms indicative of dementia who will benefit from a review.
- Data harmonisation between community and primary care: data sharing between the memory service and GP practices to ensure all patients receive on-going support in primary care.
- Outreach work in care homes / community and intermediate care settings. A dementia nurse will work with care staff to raise the profile of dementia and assist staff to identify patients which would benefit from a dementia review.
- Implement a Greenwich Advanced Dementia Service to support dementia patients to stay at home and reduce unnecessary acute/residential care admissions.
- Implement a Dementia Action Alliance focussed on promoting knowledge of dementia in the community.
- Undertake a review and improve the memory services pathway to reduce waiting times through improved diagnostic support and improved communication between healthcare providers.

During 2015/16 the CCG will continue to improve life expectancy for people with Serious Mental Illness (SMI). Data from the ONS indicates that the rate of mortality from suicide and undetermined intent continues to fall in Greenwich.

SMI patients are part of the Greenwich Coordinated Care Programme and receive support to access services that improve their physical health needs. This is also backed up by our expanding IAPT service for people with co-morbidities and depression.

The newly commissioned (2014/15) Greenwich Recovery College will support service users to access a range of programmes and support healthier lifestyles.

The local mental health trust continues to scrutinise and review the prescribing of anti-psychotic medication to patients diagnosed with dementia.

The Quality and Safety Improvement Plan (QSIP) will include: screening for major physical health conditions including obesity, hypertension, COPD, etc.

In relation to the key targets outlined in Annex 2 (Unify Submission to NHS England) and national priorities not already mentioned our plans include:

**Developing early intervention in psychosis (EIP)**

The CCG are supporting the delivery of a sustainable evidence based model of early intervention in psychosis that will reduce the number of children and young people presenting in crisis and the growing incidence of self-harming behaviour. Additional investment will enable support to be delivered within Crisis Resolution and Home Treatment services earlier within the patient pathway. We will deliver new access targets which
Improving health services for the people of Greenwich

includes 50% of all patients needing access to secondary care within two weeks maximum.

Developing Improvement in Access to Psychological Therapies (IAPT)

In 2015/16 Greenwich is rolling out the following set of clinically driven initiatives to increase the number of patients entering IAPT to 15% of prevalence and to ensure 50% or more of these patients enter recovery:

- Improving treatment success: an assessment and counselling service will be rolled out for patients identified to have low motivation to enter treatment and those who are likely to have continued treatment in the traditional IAPT services.
- Primary Care outreach: the CCG mental health lead will work with low referring practices to identify patients who would benefit from IAPT.
- Education: the CCG will continue to collaborate with Oxleas to promote the benefits of IAPT at GP and other learning events for health professionals.
- Marketing: campaigns focussed on the benefits of IAPT are being rolled out in GP surgeries, via public workshops with Greenwich University and a series of cinema and radio promotions and leaflet drops in tube and bus stations.
- Linking to long term conditions pathways: GPs and psychologists in the integrated care settings are identifying patients who would benefit from talking therapies to manage conditions including diabetes, COPD, obesity, cancer and pain.

We are committed to delivering the new IAPT waiting time targets to reduce the time our patients wait from referral to treatment. In 2015/16 the following actions will be taken to enhance this:

- Pathway improvement: the triage process for patients entering treatment has been streamlined by our main provider, Oxleas Mental Health Foundation Trust (Oxleas), to reduce the time our patients wait for treatment. No one in 2015/16 should wait for treatment above six weeks and this will be written into our standard NHS contract for provision of care.
- Staff capacity: additional funding has been released to enhance the number of staff to meet increasing demand.
- We will work with the national support team to ensure that our data recording and model of care is efficient and effective and that we have the business intelligence needed to drive up performance.
- Link in with the voluntary sector, such as Mind, to identify and support patients.

How are we going to meet targets and how are we deploying increases in funding?

- Increased support to older socially isolated adults to access psychological therapies.
- Provision of local Attention Deficit Hyperactivity Disorder diagnostic assessment and treatment within Greenwich.
- Provision of Crisis and Respite support services in the borough to improve patient experience and recovery rates at a time of mental health crisis.
- A review of pre and post diagnostic support to patients within the dementia pathway.

How are we preparing for the implementation the new mental health access standards?

- Patient choice for mental health provider has been supplemented since 1 April 2015.
- In cases where providers have failed to adhere to these changes the CCG have been alerted through the Referral Management Booking System (RMBS) and patients have been supported to access alternative providers in accordance with their wishes.
RMBS and GP triages perform a care navigation role to ensure that patients are signposted to their preferred choice of provider.

**What are we doing on Liaison Psychiatry?**

We have requested from NHS Lewisham & Greenwich Trust numbers of patients, including times of presentations, at the Emergency Department that have been identified and would have been referred to an on-site Liaison Psychiatrist.

We have asked NHS Oxleas to provide data on the number of patients diverted by current liaison activities at Queen Elizabeth Hospital with a view to establishing local need and informing our future commissioning plans.

During 2015/16 we will review the existing model of care to develop a business case with the providers to explore expansion of the existing model to an enhanced 24 hour plus model, in line with national research on Rapid Assessment Interface and Discharge.

**Progress on Crisis Concordat**

The CCG has signed up to the Crisis Care Concordat.

The CCG is working with partners to deliver local action plans for submission to the DH deadline in mid-March 2015.

In the light of the latest November 2014 data from the Commissioning for Value Indicators, which shows Greenwich has a high number of admissions for mental health who are subject to the Mental Health Act, we will review how the acute mental health pathway operates with a view to ensuring that patients are seen at the right place and time and within the local community wherever possible.

**Response to new national guidance on CAMHS**

We are currently procuring our CAMHS service (titled Greenwich Integrated Children’s Service for Emotional Health and Wellbeing (CAMHS)). The service specification concentrates on expanding the predominantly clinical Tier 3 and Tier 3.5 model currently delivered to include early intervention and prevention (Tier 2) services. The new service will develop and implement an early intervention, prevention, maintenance and recovery model and plan for those that do not meet the eligibility criteria for specialist CAMHS services. We have cross-checked the published service specification against the NHS England published service specification for Child and Adolescent Mental Health Services: Targeted and Specialist levels (Tiers 2/3). We will negotiate with our preferred bidder to meet any gaps identified between these documents.

The new contract will begin on 1st April 2015 and it is anticipated that, over the first 12 months of the contract, the service will move from the predominantly clinical model (Tier 3) of delivery to a Tier 2/Tier 3 model. More service users will be seen through the development of both clinically led, evidence based interventions/therapy (including admissions avoidance and crisis resolution) and an early intervention, prevention and recovery model (i.e.CAMHS Tiers 2 and 3).

Transition planning begins from the young person’s 17th birthday with a plan developed between 3-6 months before the young person’s 18th birthday. Improved patient engagement within service development, redesign and monitoring is being developed to strengthen the focus on outcomes for the child and young person. The CCG recognises the importance of CAMHS as being part of transforming mental health services in the medium term. Our strategic planning group for mental health will be reviewing and taking on board the implications of the recent select committee report on CAMHS once the Government has made its response:

http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/342.pdf
Developing our services and meeting performance on Learning Disabilities

The national policy ‘Transforming Care for People with Learning Disabilities – Next Steps’, was published in January 2015 on the NHS England website. Greenwich CCG working with RBG as lead commissioners will, via the LD Partnership Board, ensure there is a local action plan in place in 2015/16 to assure the local community that everything in this policy will be implemented by the end of the financial year. This will be monitored by the Greenwich Learning Disabilities Partnership Board.

Greenwich has made great strides to improving services and this will continue:

- The Community Development Learning Team has been remodelled and is patient centred.
- Greenwich is a pilot site for health care budgets and all LD clients are now offered personal budgets via the continuing care process.
- Investment has been made to improve access to advocacy for LD clients and a priority for the borough is the development of assisted technology for service users with the most challenging behaviour.
- Following the publication of the Concordat and Winterbourne View report we have successfully reduced the original cohort of Winterbourne patients from nine to three clients in 2014/15 and all patients in out of area assessment and treatment units have been given access to independent advocacy. Greenwich CCG continues to work with the NHS England in reviews of patients who are currently in out of area treatment units.

Our plans in 2015/16 include review and development of the challenging behaviour pathway so as to prevent patients at risk of being moved into out of area placements. This will be informed by a review of local services currently being provided by NHS Oxleas for the CCG.

The LD Partnership Board now has a dedicated subgroup to focus on health issues. This is led by a service user from the local area to improve patient experience and assess how acute or primary care services work with the CCG. Greenwich CCG has achieved amber or green on all sections of its LD Self-Assessment review with NHS England in 2013/14. In 2015/16 we recognise that further work is required on increasing health assessments up to the increased target of 80% with GPs and our local community provider to refresh training and facilitate reviews with GPs. We also know that we have to strengthen patient experience at Queen Elizabeth Hospital and we have commissioned LGT to provide a dedicated nurse to improve the pathway through critical care and A&E.

Primary Care – Patient Satisfaction

The CCG has facilitated a number of initiatives within primary care during 2014/15 that should have a direct impact on patient experience thus improving performance against the primary care targets ED.1 to ED.3. (These are outlined in Annex 2 in the Plan as part of the Unify Return.)

We are extending work with the Picker Institute later in 2015 to develop a workshop for practice staff responsible for their Patient Participation Group (PPG), with the aim of supporting practices to develop good engagement with their PPGs and how PPGs can be pivotal in improving the patient experience. We will be reviewing the patient satisfaction data to target the poorer performing practices in this approach. In addition we are scoping out plans regarding using technology and building on the friends and family approach to customise patient surveys to get a greater understanding of the issues. We expect to exceed the target having done this scoping work and implemented our plans.

Patient surveys in Greenwich have identified access to general practice as a key priority. The Greenwich Improving Access Pilot initiative, in which a number of practices across Greenwich implemented one of three schemes, gave the CCG insight into a number of practical solutions to improve access and a ‘Good Access Guide’ has been developed at a local level which will be available to Greenwich practices from March 2015. The external evaluation of the pilots measured patient satisfaction both before and after the pilots. Our Primary Care Protected Learning Sessions, which have run for front line staff the first time during 2014/15, have also focused on
improving the patient experience and making every contact count. These themes will continue throughout 2015/16. All Greenwich practices will be undertaking ‘Year of Care’ training during 2015 which forms part of a LTC enhanced service that primary care will be contracted to deliver from April 2015 onwards. Patient engagement will be built into the training through feedback from patient focus groups, work commissioned from the Picker Institute. We have a targeted our poorer performing practices to develop an action plan for improvement, focusing on two-four indicators with agreed step changes in performance.

We are developing plans to improve engagement between the CCG and Patient Participation Groups (PPGs) and have commissioned the Picker Institute to work with local practices during 2015 in developing their PPGs.

Progress will be reviewed through existing monthly performance meetings with each trust. These actions include providing education and training to GPs to help them with referrals and supporting trusts to adopt a one-stop-shop approach, where appropriate, for prompt diagnosis and treatment. Additionally, we are working with NHS England, which commissions specialist services, to improve access to prompt treatment for some of the key tertiary services.

The use of Friends and Family Test (FFT) for GPs was introduced in December 2014 and rolled out across all Greenwich practices. Support has been provided and this mechanism of monitoring will enable the CCG to focus on practices that need support to improve patient satisfaction. Our current supplier will be reviewed in year to ensure the most appropriate supplier is in place to deliver this service improvement.

These sections link to Annex 2 and the CCG’s UNIFY return to NHS England. For further information please see this annex.

4.4 Ensuring quality is at the heart of everything we commission and do for local patients

The definition of quality in healthcare, enshrined in law, includes three key aspects: patient safety, clinical effectiveness and patient experience.

A high quality health service exhibits all three backed up by a caring culture, professional commitment and strong leadership combined to service patients. NHS Greenwich CCG Quality Strategy (2015 – 2018) outlines the framework which would ensure that quality is at the heart of everything the CCG does.

We continue to strive to secure improvements in quality, focusing on clinical effectiveness, patient safety and patient experience. Although largely core business as usual the following sections give assurance that the CCG sees quality of care as an integral part of our commissioning plans.

Responding to the findings of Francis, Berwick and Winterbourne – key national reports that help us shape and think about the quality of services

Our plans build further on the work that NHS Greenwich CCG has done in response to the findings of the Francis, Keogh, and Berwick and Winterbourne reports. NHS Greenwich CCG has carefully considered the failures, findings, recommendations and overarching responses identified through these national reports.

NHS Greenwich CCG provided its response to the Report of Mid Staffordshire NHS Foundation Trust Public Inquiry (The Francis Report; Feb 2013) in April 2013. The Francis Report places the patient at the heart of the NHS and reinforces a culture shift that actively listens to and acts on patient experience, promoting equity.
NHS Greenwich CCG worked closely with Governance and Quality Leads across Bexley, Bromley and Greenwich CCGs to interpret the Francis recommendations, specifically applicable to Clinical Commissioning Groups. An action plan was formed from this work which is still in force.

Endorsed within the overarching approach to the Francis Report was a focus on two key areas:

1. To ensure that all providers of NHS care are appropriately delivering safety standards and;
2. A focus on listening to patients and staff, working inclusively as a member organisation.

Further influences from the Francis report have come from the Keogh report and the Berwick Report. The Keogh report influenced the design of the local Integrated Quality Dashboard and the Berwick Report supports the CCG organisational culture moving forward as a learning organisation.

As a result of these reports work will continue in 2015/16:

- NHS Greenwich CCG has worked hard to utilise soft intelligence, encourage a culture of openness and transparency and ensure shared learning across organisations.
- NHS Greenwich CCG has initiated a ‘Shared Intelligence Group’ with CQC/NHSE/BBGL CCGs and Healthwatch. This will continue on a quarterly basis through 2015/16.
- NHS Greenwich CCG works in close partnership with neighbouring CCGs to ensure the close scrutiny of quality and patient safety through its Clinical Quality Review Groups (CQRGs). A Duty of Candour question is posed at each CQRG meeting and has become a standard agenda item.
- NHS Greenwich CCG has established a quality alert system which will progress in a consistent way with neighbouring CCGs through the web based Quality Alert Management System (QAMs). This will be implemented locally by June 2015. By this we ensure that quality alerts are part of an Early Warning System which triggers a focus on key themes that arise through them. A Provider Assurance Management System (PAMs) is also being developed. This will be piloted with local care homes but has potential to be extended further for any small provider. Both systems will be fully established in 2015/16.
- Commissioners will continue to attend site visits as appropriate, undertaking visits to Oxleas NHS FT (Bevan unit) and Lewisham and Greenwich NHS Trust (LGT) sites to get a first-hand view of the quality of care and gain additional assurance of patient safety. An observational audit tool has been constructed to assess the impact on quality in A&E based on delays in the emergency care pathway. The monitoring of quality of care at A&E is systematically reported through an Equality and Diversity scorecard at the CQRG.
- Commissioners will attend embedded learning events with our key acute providers and ensure that learning from serious incidents is shared across organisations.

NHS Greenwich CCG is embarking on a Paired Learning Pilot during 2015/16 though the London Academy, which matches managers with GP trainees in Quality Improvement Projects which will be complete by July 2015.

NHS Greenwich receives Francis progress reports from both Oxleas NHS Foundation Trust (Oxleas) and Lewisham and Greenwich NHS Trust (LGT). Cost improvement programmes are monitored through the Clinical Quality Review Groups (CQRGs). Commissioners sit on the Care Quality Commission (CQC) operational group for LGT and the monitoring of the CQC action plan takes place through the CQRG. The Trust Development Authority and Bexley, Greenwich and Lewisham CCGs review the CQC action plan through the monthly CQRG. NHS Greenwich CCG will continue to focus on the monitoring of pressure ulcers via the working group that has been established for south east London CCGs and the good practice promoted through it. There is also a joint approach to the monitoring of serious incidents via the south east London Serious Incident Management Panel which was originally initiated by NHS Greenwich CCG. Through this group there has also been the development of a shared serious incident policy, which will be updated in line with the national framework review, anticipated to be published at the end of February 2015.

The review, input and formal sign off of Quality Accounts of all NHS providers has been built into the work programme of the Quality Committee. NHS
Greenwich CCG participates in the South London Quality Surveillance Group which is also intended to be a route through which high-level metrics can be considered on a wider system basis and considers further action where appropriate. Local providers implement their local nursing strategies, which have been developed in response to the events at Mid-Staffordshire and Winterbourne View and promote the 6Cs of nursing. Progress on Winterbourne is reported at each meeting of the NHS Greenwich CCG Governing Body (Top 8). Assurance will continue to be provided, though the delivery of the annual work programme, that the organisation is meeting all of its statutory duties.

NHS Greenwich CCG continues to ensure openness and transparency. This is reflected by the open Q & A session with members of the public, prior to Governing Body meetings. All questions are responded to and responses are placed on our website. A prospectus is in place for the CCG. Our website has a page dedicated to the management of conflict of interests. Healthwatch are members of the Quality Committee and CQRGs. We wish to maintain Accredited Safe Haven status during 2015/16 to ensure the CCG can utilise information well to monitor performance, patient safety and quality and ensure good information governance practice.

For our staff an appraisal process is in place which focuses on performance and delivery. A Health, Safety and Wellbeing at Work Group has been established. The CCG ensures that a value statement reflecting the Francis report and the NHS constitution has been written into staff contracts. A whistleblowing policy has been established and is available on the staff intranet and internet. This will be reviewed further in light of Sir Robert Francis’ investigation into whistleblowing in the NHS ‘Freedom to Speak Up’ and subsequent recommendations made. We have been successful in receiving a Bursary from the London Leadership Academy, to support Coaching for staff within our acute provider organisations and this will be delivered during 2015/16.

**Patient Safety**

NHS Greenwich CCG and RBG Adult Safeguarding Board have in the past both jointly responded to the national recommendations from Winterbourne View in a joint action plan. This set out key recommendations:

- All hospital placements to be reviewed and people inappropriately placed in hospital to be moved to community settings.
- NHS Greenwich CCG developed a local register of all people with challenging behaviour in NHS funded care.
- Greenwich has responded by having a locally agreed plan to ensure high quality care and support for young people and adults with a learning disability or autism and mental health/behavioural needs in line with the DH concordat.
- The CCG will continue to work to improve the general healthcare and physical health of people with a LD and that people in specialist hospital services have a health check and health action plan.
- The CCG will seek to ensure people placed in hospital assessment and treatment provision have the full protection of the Mental Health Act or the Mental Capacity Act (MCA) and MCA/Deprivation of Liberty Safeguards (DOLS).
- The CCG will ensure clients have access to Independent Mental Capacity Advocates (IMCAs) or an independent advocate (if they lack capacity, do not have a family representative and key decisions are being made) or Independent Mental Health Advocates (IMHA’s - if detained under the Mental health Act), or a Best Interest Assessor (BIA - to review any deprivation of liberty under DOLS) and allocated social workers.
- Commissioners making use of Assessment and Treatment units must be fully aware of the quality and outcomes of those services and have systems in place to review this.
- The uses of restraint for people with behaviours that challenge must be supported by clear policies and training for staff. Service providers must meet the requirements of CQC outcome 7f and 7h of the CQC Essential Standards section on restraint and physical interventions and is built into contracts.
Hospital patients must have access to complaints systems.

Greenwich Health Services must have a robust system in place to ensure that information about vulnerable visitors to Accident and Emergency is co-ordinated to identify patterns indicative of abuse and that staff are trained to recognise abuse. This should include developing a system to aggregate information if there are repeated concerns from the same location or about the same person.

Local authorities and host authorities must have clear systems in place to respond to safeguarding referrals and to see the aggregated picture emerging from one establishment and to work with placing authorities.

The CCG will continue to monitor that robust arrangements are in place to ensure that children and young people with a learning disability/needs that challenge and their families are both identified at an early stage. This will ensure they receive support to enable them to remain at home and that clear planning is made with regard to their transition to adult services. Local provision in future to be developed to support young people.

The CCG will ensure robust whistle blowing policies are in place for their staff by all registered health and social care providers.

Local adult safeguarding boards, CQC and all stakeholders will view hospitals for people with LD as high risk and provide more than the standard level of monitoring and inspections.

The CCG is aware that DH will revise guidance regarding safeguarding adults boards to be placed on a statutory footing, to carry out safeguarding adults reviews, publish an annual report and have NHS, LAS and police as core members.

The CCG will work with the police to maintain robust systems for responding to safeguarding alerts from people with a learning disability or from their carers. This should include the ability to identify patterns indicative of abuse that police staff are trained to recognise and respond appropriately even if the concern may not constitute a crime. This should include developing a system to aggregate information if there are repeated concerns from the same location or about the same person.

In the recent report ‘Time for Change’ (2014) Sir Stephen Bubb sets out a roadmap for further action. Section 4.3 of this plan has previously set out our commissioning priorities for Learning Disabilities and mentions this report.

Patient Safety is paramount to NHS Greenwich CCG. Lessons learnt from quality assurance and monitoring are central to the whole commissioning and contracting cycle and influence our commissioning intentions. Quality Impact Assessments and Equality Impact Assessments are undertaken on all transformational work taking place and in line with the CCG’s procurement calendar. These are scrutinised through the Quality Committee (a formal monthly meeting that is a sub-committee of the Governing Body).

During 2015/16 we will:

- Continue to work with the NHS England quality surveillance group, which is a forum for collaboration providing the health economy with a shared view of quality risks. The CCG works in partnership with key health and social care professionals, with patient and public involvement to ensure patient safety lessons are shared across London.
- Maintain the shared intelligence group. This works collectively across neighbouring CCGs and enables the development of key relationships between CCGs/CQC/NHS England and Healthwatch.
- Continue to work within a defined work programme for Clinical Quality Review Groups which have been already established for Lewisham and Greenwich NHS Trust (LGT) and Oxleas NHS Foundation Trust (Oxleas). These seek assurance on continuous improvements in the quality and safety of services.
- Ensure that the CCG works closely with the Royal Borough of Greenwich (RBG) and acute providers in the management of Health Care Acquired Infections (HCAs). There is an established Infection Prevention and Control Committee as well as a C.Difficile Group. These groups report on a regular basis to the Quality Committee. The
CCG has established the post of Health Protection Programme Manager with RBG to carry out continued work with primary care in the effective management of HCAIs.

The south East London Serious Incident Management Panel, which was established by NHS Greenwich CCG, continues to take an overview of the systems and processes in place to ensure organisations effectively manage and learn from serious incidents that occur. During 2015/16 a south-east London workshop/conference will be held with all providers, the 111 service and out of hours services to ensure clarity of interpretation of the new National Serious Incident Management Framework, due to be published February 2015. It will be an opportunity for providers to further share learning from serious incidents that have occurred. Reports received by the CCG on serious incidents include action plans that support local providers in the development of capacity and capability in improving the patient safety environment. Both providers have signed up to be NHS Sign Up to Safety Campaign which is designed to help realise the ambition of continuous learning and improvements in the safest healthcare environment possible.

We will ensure there is a feedback through the quality alert management system. We promote learning from themes arising through the quality alert management system. Trends are analysed quarterly to ensure learning from these and that improvements through actions taken are sustained. During 2015/16 our managers and local GP trainees will be working together on key quality improvements projects within the Paired Learning Project. One of these projects will focus on improving communication between acute providers and primary care through the roll-out of the new Quality Alert Management System (QAMS).

Child Safeguarding
The CCG will develop a safeguarding children’s strategy which will be consulted on in 2015/16. The CCG has a dedicated committee for safeguarding and this receives quarterly reports including a suite of metrics to aid this process. The CCG has recently recruited a Deputy Designated Nurse for safeguarding children who will start in April 2015 and have peer support from a Designated Nurse. Plans for a Designated Doctor and named GP in post are also in place. The strategy, when it is published later in the year, will set out how we will improve outcomes for children.

Quality of Care Experienced by Vulnerable Groups
In relation to patient experience and our main providers these providers report regularly on findings from patient experience through CQRGs:

- All Trusts maintain the Friends and Family Test and further implementation of it. Thematic reviews are progressed via CQRGs.
- Nursing strategies are focused on listening and learning from patients (see for example the section on the 6Cs below).
- Quality Accounts reflect the work taking place on patient experience from providers.
- Healthwatch sits on the CCG Quality Committee which is part of the governance structure of the CCG.
- There is a shared intelligence group with CQC/NHS England/Healthwatch and south east London CCGs.
- The CCG is developing in 2015/16 a quality alert management system which will include patient experience.
- Annual staff surveys are used to understand staff experience and perceptions.

Further information is provided on our engagement strategy with local residents in section 4.2 of the plan.

Safeguarding for the most vulnerable groups in Greenwich
Safeguarding the most vulnerable people in the Greenwich population through working with our local partners to support effective safeguarding processes and the implementation of the CCG’s Safeguarding Strategy, ensures that safeguarding children and adults is at the heart of the CCG’s Commissioning Strategy. Safeguarding is firmly embedded within the CCG’s duty to commission high quality services for children and adults experiencing, or at risk of, abuse or neglect and their families. This is achieved through our Safeguarding
Improving health services for the people of Greenwich

Strategy which sets out our priorities to strengthen our children and adult’s arrangements.

**Safeguarding Principles:**
- We have established clearly defined safeguarding metrics and standards which are embedded and made explicit in contractual arrangements and quality schedules. This includes Mental Capacity, Deprivation of Liberty Safeguard and Prevent standards.
- We are part of the regular review of the JSNA, Health Needs Assessment and Health & Wellbeing Board’s strategy and plan to ensure that vulnerable children’s and adult’s outputs are represented and delivered.
- The CCG’s Safeguarding Assurance Approach is to ensure that commissioned services have robust and effective safeguarding arrangements in place. This is done via contract monitoring in a systematic way.
- We are developing a monitoring system which captures the implementation of the Mental Capacity Act, Deprivation of Liberty Safeguard and Prevent.

**Governance and Strong Leadership**
- Our Governing Body receives regular updates to keep it informed on safeguarding issues and we ensure regular reports are presented to formal meetings.
- There is a clearly established executive accountability structure for safeguarding. This includes having strategic and operational safeguarding clinical commissioning expertise in place.
- Safeguarding clinical leadership is made up of GP and nursing leaders who are responsible for determining the safeguarding governance arrangements for the CCG.
- We work closely with RBG safeguarding leads to identify and agree on what constitutes a ‘serious incident’ and what is a safeguarding concern and the policy for making appropriate responses to both.

**Partnership working with the Royal Borough of Greenwich:**
- Partnership working is robust and developed with the RBG’s Safeguarding Adult and Children’s Boards to continuously develop and improve safeguarding adult and children outcomes as set out in the guidance within the ‘Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework’ across the Greenwich area and to make safeguarding personal.
- There is Joint CCG and RBG partnership working to reduce patient harm by investigating alerts and concerns and supporting appropriate actions.
- Work with partners is in place to implement the CCG’s and RBG’s approach to the reduction and management of pressure ulcers and safeguarding adult episodes, and to implement the recommendations resulting from the Munro review and the Care Act 2014.
- Delivering CCG priorities that include prevention of sexual exploitation, female genital mutilation, sexual violence and domestic abuse. (See for example the section on domestic violence in section 4.2 of the plan.)

**Positive Learning Environment**
- Leading the health part of local and national serious case reviews and safeguarding adult reviews to ensure any learning from those reviews are shared.
- Ensuring there is a safeguarding training programme for CCG staff, including training competency expectation of all its commissioned services.

**Addressing Safeguarding Concerns**
Establishing nursing home quality assurance and improvement framework and systems which outline how quality monitoring will be undertaken jointly.
with RBG. This is an early warning system which identifies and differentiates between safeguarding and service level concerns.

**Actions planned**

During 2015/2016 we will make safeguarding adults and children a particular focus to ensure emergent local systems and processes are robust. Actions will include:

- The CCG’s safeguarding strategy work plans setting out our plans for the next year.
- Implementation of the work plans will be monitored through the CCG’s Joint Children and Adult Safeguarding Executive Group. This will allow for evidencing the successful achievement of the safeguarding strategy at the end of the year.

**Developing Clinical Effectiveness**

Our providers develop clinical effectiveness through:

- Aligning to the three quality domain areas of patient experience, patient safety and clinical effectiveness to the Quality Account priorities, and linked to the National Outcomes Framework 5 domains.
- Linking quality plans and strategies to national and local priorities.
- Quality improvement and innovation goals being agreed with commissioners in line with contracts.
- Setting out nursing strategies of both trusts to improve clinical effectiveness and outcomes.
- Opportunities for staff to engage in sharing best practice and contribute to further development in models of care.
- Opportunities for staff to participate in research and clinical audit.

The CQRGs receive regular reports for clinical audit and assurance of compliance with NICE Guidance. These provide assurance to commissioners of the safety and clinical effectiveness of services. Integrated Governance Scorecards have been developed that include clinical effectiveness and key performance indicators linked to this.

**Infection control**

Public Health (RBG) has a function to provide assurance to the borough Health and Wellbeing Board and support CCG infection prevention and control responsibilities as agreed in the local authority PH and CCG Memo of Understanding (MOU). The governance of this provides assurance that there are plans in place to protect the health of Greenwich residents and to deliver infection prevention and control.

**Monitoring:**

The delivery and implementation of the action plan on the management of C.Difficile in the community, is monitored through the C.Difficile working group and reported to NHS Greenwich CCG Quality Committee and the RBG PH Infection Prevention and Control Committee.

Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone. The revised version of the Department of Health Code of Practice came into place in April 2010 for healthcare organisations. The roll out to primary medical care providers came into place in April 2013. The code of practice provides information for commissioners of services on what they should expect of their providers. The act clearly sets criteria to help NHS organisations plan and implement plans to prevent and control HCAIs.

NHS Greenwich CCG works closely with Public Health at the Royal Borough of Greenwich to oversee and improve performance on HCAI (C.Difficile) against the NHS England trajectory.

C.Difficile rates are rising fastest in primary care. The trajectory for CCGs is set out by NHS England. This has been set at no more than 63 cases for 2014/2015 for NHS Greenwich CCG. The target has now been revised downwards in 2015/16 to 62 cases and the CCG trajectory is included in Annex 2 Section 1 as part of the Unify return. In order to meet this target NHS Greenwich CCG has set an approved action plan for the management of C.Difficile in the community. This means working closely with the acute trusts and local general practices. This is an essential component of local surveillance. The Root Cause Analysis form and a guide on how to use it are available on the CCG’s intranet and available to local GP practices. The CCG takes their duty to reduce the incidence of HCAIs very seriously and appreciate accurate and timely reporting. In addition:
During 2014, NHS Greenwich set a Commissioning Incentive Scheme ‘Driving down Health Care Acquired Infections’ in place to aid this work with local practices. When a C.Difficile Infection case is identified GP practices must work to understand what lessons they are able to learn in order to improve the safety of patients. The responsible GP will be asked to undertake a community acquired Clostridium Difficile investigation. Practices are encouraged to be proactive with sharing learning across syndicate practices and ensuring subsequent improvement.

The role of a Health Protection Manager has been established with RBG. The Health Protection Manager works closely with all Greenwich practices and is a source of advice and expertise to them.

There is an established Infection Prevention and Control Committee led by Public Health (RBG). HCAI reports are provided on a regular basis to the Quality Committee and to the Governing Body as part of the Quality Report. This includes learning from (Route Cause Analysis) undertaken.

There is a named GP Executive lead for Infection Control.

Training and education for all local practices has been provided at local level and builds on the learning from RCAs undertaken from C.Difficile incidents in the community.

A suite of documents have been jointly produced by NHS Greenwich CCG and the Royal Borough of Greenwich Public Health:

a) C.Difficile investigation form (RCA) support guide;

b) C.Difficile Infection Management Guidelines for General Practitioners and General Practices;

c) C.Difficile infection Information for patients, their families and carers.

NHS Greenwich CCG is, and will remain, a member of the SEL C.Difficile Lapse of Care Panel. This is an expert panel that ensures CCGs are correctly identifying lapses of care that financial penalties are being correctly applied when there are breaches and that learning is shared from investigations. The panel consists of Consultants in Public Health Medicine; Director of Infection Protection and Control and microbiologists and covers the six CCGs in south east London.

**Our approach to effective prescribing**

Our Medicines Management team expect to achieve a QIPP target of £1million efficiency savings per year. (See section 4.1, finance, in this Plan and the section on Primary Care in 4.2.) It is anticipated that these savings will then be reinvested within the CCG to drive further improvements in quality year on year, for example, funding the prescribing of innovative medicines and improving medications optimisation to ensure patients get the best possible health outcomes from their medicines, while organisations make the best use of their medicines resource.

Medicines management QIPP work plans are usually therapeutic areas where there are potential opportunities for maintaining or improving quality and improving value because of:

- A safety issue or risk to benefit issue.
- Large productivity savings.
- Large variations in clinical practice, with data demonstrating under usage or over usage.
- Positive technology appraisal.
- Potential opportunities to prevent the development of illness or complications, including by reducing service utilisation (for example, admissions).
- High clinician and/or patient interest.

In addition to cost effectiveness, Medicines Management QIPP work streams support and promote high quality, safe, evidence-based prescribing and medicines optimisation within local health economies to:

- Support the adoption of NICE and other high-quality guidance into practice and reduce inappropriate variation in prescribing across localities e.g. heart failure, wound management and malnutrition services.
- Highlight issues of medicines safety, risk and ‘never events’ to improve medicines safety by embedding practice level clinical audits.
- Support the local managed introduction of new medicines and update joint interface medicines
formulary/pathways alongside with neighbouring CCGs and acute trusts.

Our Medicines Management team support the Chief Medical Officer’s report on the threat of antimicrobial resistance and infectious disease (March 2013) by implementing a strategy including:

- Encouraging general practice to only prescribe antibiotics when they are necessary with the indicated shortest course of treatment, and not for self-limiting mild infections such as colds and most coughs, sinusitis, earache ad sore throats.
- Measuring trends in antibiotic prescribing in practices and CCG in relation to nationally recommended best practice.
- Developing primary-secondary collaborative antimicrobial guidelines based on Public Health England guidance taking into consideration local antibiotic resistance.
- Restricting prescribing of broad-spectrum antibiotics, cephalosporins, clindamycin and quinolones, in limited infection only.
- Providing GP practices with quarterly prescribing data on key antibiotic prescribing related targets.
- Auditing ‘outliers’ and support practices to optimise their clinical practice where requested.
- Support the CCG and RBG in the root cause analysis of outliers.

The medication related quality premium for 2014/15 is around improving the reporting of medication-related safety incidents. This was achieved through the setting up of the Quality Alerts system in the CCG allowing GP practice staff to report incidents. Incidents are reviewed at the Quality Meeting.

For 2015/16 it is anticipated that GP practice staff will have access to the Quality Alert Management System which will allow on-line access to reporting of medication-related issues.

**Our approach to the Quality Premium**

The Quality Premium is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

The CCG will during 2015/16 work with local clinicians to agree the key measures and targets that will deliver a Quality Premium agreeable with NHS England. The CCG intends to build on its successes and achievements of the Quality Premium in 2014/15. We expect to have this in place and agreed, with NHS England, by the end of June 2015.

**Our approach to CQUINs**

The approach taken for 2015/16 has been agreed across the three CCGs (Bexley, Bromley and Greenwich) to ensure consistant incentives are implemented with local penalties.

All CQUINs being clinically led but targeted at supporting national goals and our local aspirations to develop new models of care which are focused on outcomes such as the development of the Alliance contract and improved urgent care.

The Five Year Forward View sets out the vision for promoting wellbeing and preventing ill health. A key element of our work going forward will be to align incentives with the reform of payment approaches and contracts. We will work with partners and the system to ensure that future incentive schemes are designed to help drive the changes required.

We expect to have all CQUIN documentation in place and agreed by 1st July 2015. This will include the following national CQUINs:

- Dementia and Delirium Care.
- Caring for patients with acute kidney injury.
- Identification and early treatment of sepsis.
- Improving urgent and emergency care across local health communities.
- Improving physical healthcare to reduce premature mortality in people with severe mental illness (SMI).
- A discussion with local acute providers about incentivising improvement in urgent and emergency care.


**Our approach to the NHS outcomes framework (NHSOF)**

The CCG in its operating plan for 2014/15 set a number of key ambitions in relation to the outcomes framework. These targets have not changed but we have updated the original table with the latest data from the Health and Social Care Information Centre...
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(HSCIC) website with a view to developing our ambition for 2015/16. Analysis for this is in Annex 2 Section 2.

The analysis of our local position against London and national benchmarks has been used to support the prioritisation of our commissioning intentions. All the outcome comparators where Greenwich is in the lower quartile in London have commissioning actions to respond to challenges. For example, our intention to develop better ‘year of care’ long term conditions services in primary care in response to the NHOF indicator health related quality of life for people with long term conditions as noted in Section 2 of Annex 2 of this plan.

During 2015/16 we will be monitoring our progress and performance against these indicators as part of our activity, finance and quality reports to the Governing Body.

The CCG has also prioritised with local providers the need to progress at least five of the ten clinical standards for seven-day working. This follows a national initiative promoted by the Chief Medical Officer at NHS England. The hyperlink provides further policy information:


The CCG are prioritising the following Clinical Standards with local providers for seven-day working in 2015/16:

**Time to First Consultant Review**
All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours of arrival at hospital.

**Multi-disciplinary Team Review**
All emergency in-patients must be assessed for complex or on-going needs within 14 hours by the MDT, overseen by a competent decision-maker, unless deemed unnecessary by the responsible consultant. An integrated management plan with estimated time of discharge date and physiological and functional criteria for discharge must be in place along with completed medicines reconciliation within 24 hours.

**Shift Handovers**
Handovers must be led by a competent senior decision maker and take place at a designated time and place, with multi-professional participation from the relevant incoming and outgoing shift. Handover processes, including communication and documentation, must be reflected in hospital policy and standardised across seven days of the week.

**Diagnostics**
Hospital in-patients much have scheduled seven-day access to diagnostic services such as x-ray, ultrasound, CT, MRI, echocardiography, endoscopy, bronchoscopy and pathology. Consultant-directed diagnostics tests and completed reporting will be available seven days a week: within one hour for critical patients, within 12 hours for urgent patients, within 24 hours for non-urgent patients.

**Mental Health**
Where a mental health need is identified following an acute admission the patient must be assessed by psychiatric liaison within the appropriate timescales 24 hours a day, seven days a week: within one hour for emergency care needs and within 14 hours for urgent care need.

Working closely with our Commissioning Support Unit (CSU) and Lewisham and Greenwich NHS Trust (LGT) the following five indicators will be written into agreed standard contracts within the Service Development Improvement Plan (SDIP) section of the contract. This means the trust will have to provide an action plan with key milestones and evidence of achievement; any breaches are managed through the contract sanction mechanisms.

**Developing compassion in clinical practice**
The key aims of the national strategy ‘Our Culture of Compassionate Care’ (Dec 2012) are to improve the quality of care and patient experience, increase the respect for the profession and increase the number of nurses and midwives who are proud of their role.

This includes Winterbourne and promoting the 6Cs of nursing:
- Care
- Compassion
- Competence
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- Communication
- Courage
- Commitment

Both Oxleas NHS FT and Lewisham and Greenwich NHS Trust (LGT) have fully embedded the 6Cs in their respective Nursing Strategies and local nurse leaders are driving its implementation.

- Oxleas Nursing Strategy 2013 – 2016 ‘Our Commitment to People in Our Care’
- Lewisham and Greenwich NHS Trust ‘Nursing and Midwifery Vision and Strategy’

Progress against the Nursing Strategy is monitored through an annual nursing review with a continuous focus at Nursing Executive and Advisory Committees. Recruitment systems and processes incorporate personal values that demonstrate the ability to deliver compassionate care.

http://www.england.nhs.uk/nursingvision

Equality and human rights - our commitment to Greenwich people

We are committed to an inclusive NHS that provides equal access to quality and compassionate care for all Greenwich people. Human rights can be seen as the overall umbrella of cradle to grave rights and freedoms enjoyed by every citizen in the UK, for example, a right to life and a right not to be treated in an inhuman or degrading way. Equality sits below focusing on preventing unlawful discrimination and promoting fairness and diversity on the basis of staff and patients’ nine ‘protected characteristics’ as defined by the Equality Act 2010, which are:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership/Marriage
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation

In this respect, protecting or enhancing human rights and promoting equality and inclusion are integral to our core business and reflected throughout everything that we do. This commissioning plan is underpinned by the human rights principles of Fairness, Respect, Equality, Dignity and Autonomy (the FREDa Principles). We are also working with the London Leadership Academy on equality and human rights training and creating ‘inclusion champions’ to act as the eyes and ears of the CCG in embedding equality, diversity and human rights in all its functions. Under the Public Sector Equality Duty (PSED) of the Equality Act 2010, we have developed its Equality Objectives for 2015/2016. The purpose of setting objectives is to strengthen our performance against the general equality duty. The development of the equality objectives has been aligned to the business of the organisation and aligned with the Equality Delivery System goals and outcomes. These are available on our website.

http://www.greenwichccg.nhs.uk/About-Us/Pages/Equality-and-Diversity.aspx

Over the coming year our aim is to consolidate on our equality and human rights work steams. We have also started to implement the Equality Delivery System (EDS2), which is the NHS’s equalities reporting framework. EDS2 will help us to identify what we are doing well, what we need to improve on, and the equality gaps/risks that we need to close or mitigate. It’s a comprehensive analysis focusing on four goals (better health outcomes, improved patient access and experience, a representative and supported workforce, and inclusive leadership) measured against eighteen equality and health inequalities outcomes:

- We have established a Health, Safety & Wellbeing at Work Group.
- We will set up an Equalities and Human Rights Steering Group which will report in to the Quality Committee in April 2015.
- The Publication of the 2015/16 contract introduces a new Workforce Race Equality Standard (WRES). The CCG will seek assurance that providers comply with this standard. As part of the Capital People Project (CPP) equality, diversity and human rights champions will be established. This will ensure that the Governing Body take ownership, leading by example and championing race equality as a strategic opportunity to demonstrate commitment to diversity and the potential to improve patient care.
Engaging with our communities in new ways to protect the vulnerable

We work with a number of partners across Greenwich in new and innovative ways to support some of the most vulnerable groups in the borough. This includes working with the police, RBG and voluntary groups, including faith leaders, to raise awareness of the safeguarding issues and risks associated with the use of children by gangs from Greenwich. Work includes looking at the health impact and what can be done to support those young people at risk of harm. Local events have acted as a catalyst for improving partnership working across county and borough lines through better intelligence sharing, solution finding and learning to ensure a joined up strategic approach to safeguarding children.

A new joint campaign is being developed to tackle child sexual exploitation, starting with targeting local businesses, such as licensed premises, hotel and taxi firms, to raise awareness of the issues, how to report concerns and get appropriate support for young people they suspect are at risk.

We engage with learning disabilities groups to understand their experience of health services and how they can be improved. One example is that service users told us that they were experiencing difficulties with medication. They needed some help sometimes to understand how to take their medicines appropriately and what the side effects might be. We worked with them to design a simple card they could take with them to the pharmacy that explained they needed some additional support. We will continue to work with them to improve their experience of the services we commission.

Improving patient experience

The CCG aims to reduce poor experience of inpatient care by supporting our acute providers in ensuring that they offer the NHS Friends and Family Test (FFT). This provides patients and their friends and family an important opportunity to provide feedback on the services that were provided. The feedback is measurable and helps providers improve services for everyone.

We measure the quality of patient experience in a number of ways, pulling together data from a number of channels to pick up any themes that need to be addressed. This includes direct feedback from groups we regularly engage with, our GP members, public Governing Body meetings, reported incidents, complaints, MP letters and data supplied by our providers. If themes are uncovered these are tackled.

For example, an issue arose in respect of language difficulties experienced by practice patients who had not understood advice they were given. Training was built into a Protected Learning Time session for practice staff to reinforce what steps need to be followed for patients whose first language was not English.

New patient experience dashboard

The CCG is investing in a new patient experience dashboard being developed by NHS England. This will bring together rich data on patient experience from a across a broad range of sources, such as the Friends and Family Test, Patient Opinion, provider data, CQC, Healthwatch and Choices. This will be tailored to cover all the relevant data for all our providers and give us detailed insight into how they are performing in terms of patient experience. This will give us a further tool to hold them to account and ensure they are meeting our expectations in terms of quality.

Networks

Citizens UK has been commissioned to develop networks of local people who they support and develop to inform our commissioning work. Groups look at particular subject areas, such as a practice group who are looking at diabetes, a faith group who are focusing on mental health and a young people’s group who are looking to develop an on-
line engagement tool. Work will continue to ensure we are building networks that can be more fully engaged in our work and we will be particularly reaching out to those groups that are seldom heard.

Access

Work continues to understand local people’s experience of registering with their GP and accessing services. This includes gaining clarity as to the barriers to GP registration and how access can continue to be improved. Working with our member practices we will continue to test and learn from new approaches and ensure local people can more easily access the services they provide.

We are supporting access to health care records through the Commissioning Support Unit and providing patients with access to online records. Connect Care (our local virtual patient record) will allow health partners in Greenwich to share patient records with consent when clinicians are directly involved in the patients care and is being implemented during this year.

Assuring ourselves that quality is at the heart of what we commission in 2015/16

Feedback from complaints, early warning systems (such as Quality Alerts), soft intelligence from question and answer sessions from Governing Body meetings and serious incidents are important channels of feedback on which the CCG can act to improve quality and patient safety.

The Quality Committee receives the Compliance Report which triangulates Complaints, Quality Alerts and Serious Incidents on a quarterly basis. In addition:

- Benefits of triangulating information ensures that any areas of concern or areas for development are raised at the CQRGs with the relevant providers to seek assurance that providers are improving quality, patient safety and patient experience.
- Clinical commissioners support the Quality Alert system being utilised by providers as well as local member practices and that this should be a two-way process.
- It was agreed that it would be good practice (post Francis) to ensure a feedback loop on issues raised that learning from these are shared.
- Clinical Commissioners are working on ways to ensure good links with our providers and enhance relationships.
- The model of Quality Alerts and Clinician to Clinician meetings is one that fits with further developing NHS Greenwich CCG as a learning organisation.
- We will adopt the electronic version of the Quality Alerts Management System (QAMS) to enhance communication and learning between providers and local member practices in Quarter 1 of 2015/16.
- This will improve the speed and content of routine reporting and the need for rapid response to any concerns raised.
- Providers are committed that staff hear and respond to what patients and carers have to say as encapsulated in their Nursing Strategies.

We also monitor provider staff satisfaction via our contracts and we assess how our own staff satisfaction benchmarks against others. This has an associated link with patient experience. During 2015/16 our workplace strategies will continue to focus on the culture of supporting positive staff experiences. This includes developing:

- The Integrated Quality Dashboard which includes data specifically on workforce (vacancy rates, agency spend, sickness rates, staff retention rates and appraisal).
- NHS Greenwich CCG has been awarded a London Leadership Academy Bursary to promote and deliver a model of Leadership Coaching and Coaching Supervision across Oxleas NHS FT and Lewisham & Greenwich NHS Trust. This will be delivered during 2015/16.
There will be continued oversight of appraisal reports, recruitment and retention plans, and provider staff surveys through CQRGs.

Safe staffing levels and assaults on staff are reported through CQRGs and contract processes with providers.

An appraisal process has been approved for NHS Greenwich CCG directly employed staff.

There is an established Health, Safety & Wellbeing at Work Group for NHS Greenwich CCG directly employed staff.

4.5 Innovation and developing new models of care in Greenwich

Throughout its history, the NHS has faced increasing demands: a growing population with an extending lifespan, an increase in its own capability, fuelled by advances in knowledge, science and technology, and ever increasing expectations from the public. It is also clear that for the foreseeable future we must meet these demands from within our current real terms funding, while at the same time improving quality. This means doing more of what we have always done is no longer an option. We need to do things differently. Innovation must become core business for Greenwich CCG.

Innovation is central to our planning for three reasons:

- It can transform patient outcomes.
- It can simultaneously improve quality and productivity.
- It can help support growth in technology and other products needed for transformation.

Ultimately, it is the actions of front line organisations and staff in spreading and adopting innovative practice that will deliver a better service and better outcomes for patients.

In 2015/16 we will produce a clear organisational development plan for the CCG that stimulates both leadership and supports a major culture shift in the organisation to focus on promoting innovation and service improvement. This includes introducing a clear programme approach to delivery and adopting high impact innovations in Greenwich wherever possible. Examples of this already within the Plan include investing in primary care to improve the management and risk stratification of people with long term conditions with better outcomes, developing our federations of GPs and entering local organisations can work better together in a wider primary care health delivery team, setting up a new way of working with providers in an Alliance joint venture model. Our Organisational Development plan will focus on developing both capacity and capability, in order to ensure our staff teams are skilled up to work in new ways. Innovation needs to be ‘hard-wired’ into the daily work of every member of the commissioning team.

During 2015/16 we will plan to work closely with our local Academic Health Science Centre, King’s Health Partners, the University of Greenwich and other south east London CCGs to promote research into practice and use of research evidence.

We are working closely with the National Institute for Health Research, Clinical Research Networks and the NHS Leadership academy. This includes offering opportunities for Management Trainees and Darzi Fellows to work within the CCG.

Our success as a CCG is intrinsically linked to our ability to transform local services for the benefit of our population. We have inherited a health system in crisis and are working hard to get it onto a safe and sustainable footing. We believe that this can’t simply be done using traditional ways of NHS commissioning, and have therefore developed this innovative commissioning strategy to deliver our changes.

The three strands of our approach are outlined in section 4.2 of this Plan. They have developed organically over time, and are our response to the challenges we have in our local health economy.

Integrated Care

In Greenwich, we have been working on our vision of integrated care for over five years. We are driven by a passionate commitment to improving the health and wellbeing of our patients, and are clear that this can only be achieved through co-ordinated and streamlined care that offers ‘the right care, in the right place, at the right time’.

In April 2011, the first phase of our vision for integrated services in Greenwich became operational through an integrated rapid response
and reablement model that support adults and older people with urgent health and social care needs. This highly effective model was developed through a partnership between Greenwich community health services, as part of Oxleas NHSFT; local authority adult social care and Greenwich CCG. In the first year:

- Admissions to care homes reduced by 35%.
- After reablement, over 60% people required no care packages saving RBG £900k.
- Emergency admissions decreased for people with ambulatory conditions and Greenwich is now ranked the 10th best performing borough nationally, all available on the Better Care, Better Value website:  
  http://www.productivity.nhs.uk/?practiceCode=08A&pctCode=Q71&percentileId=2&yearQtrId=22&IndicatorTypeIds=2.

- An increase in the number of people aged 65+ who remain at home following discharge through a reablement intervention and who are at home 91 days later, sustained through to 2014/15.

Phase one of our integration model was launched in 2011 and targeted people at the point of deterioration in established long term health problems. Building on this success, we instituted phase two in 2013, targeting Greenwich residents with very complex health and care needs.

Our ambition for integration has developed as we have been involved in shaping the south east London five year strategy, and has been influenced heavily by our public health priorities. Our approach focuses on the formation of Local Care Networks to deliver integrated community based services (health and social care) for populations of approximately 50,000-100,000 people. Our four developing Local Care Networks in Greenwich are the building blocks for service integration and improved care over the next few years.

To oversee these new services, an Integrated Care (IC) project board was established, consisting of the Royal Borough of Greenwich, NHS Greenwich CCG, Oxleas NHS Foundation Trust, Greenwich Action for Voluntary Service (GAVS), Healthwatch Greenwich, Lewisham and Greenwich NHS Trust and primary care providers. For 2015/16 this partnership board will report to the newly established Joint Commissioning Executive with RBG. This Executive will provide the Health and Wellbeing Board with assurance that integration is continuing to deliver the benefits for patients and partner organisations.

The improved outcomes we saw initially led the Integrated Care Board to launch phase two of our integration plan in January 2013. This moved beyond the care of vulnerable older and physically disabled people to target all adults and older adults with complex needs, identified as being at high risk of ill health and hospitalisation. The Board bid successfully for this initiative to be awarded Pioneer status and the award winning Greenwich Coordinated Care (GCC) project (the name which we then adopted for this pioneering initiative) became operational in April 2013.
Local Care Networks

Local Care Networks are the foundations of the whole system model providing person centred services to the population. As depicted, in the graphic opposite, our Local Care Networks (LCN) are rooted in the registered patient lists of a cluster of GP practices. They bring together a range of community based health and social care providers to support and enable the population supported by each LCN to live full and healthy lives. The work of member organisations of the LCN (which will be wider than just the GP federations) is rooted in the JSNA priorities and the views and preferences of the people they serve.

Our overarching aim is to use our application to be a Forerunner site to explore how an integrated LCN can deliver better health outcomes and better health care for local people. In particular we focus on its contribution to:

- Better health and improved public health outcomes through delivering JSNA priorities on obesity, mental health and earlier cancer detection.
- Delivering the Better Care Fund goals of reduced emergency admissions and reduced admissions to residential care.

Designing effective integrated community health systems

In Greenwich we have been working on our vision of integrated care for over five years. We are driven by a passionate commitment to improving the health and wellbeing of our patients, and are clear that this can only be achieved through co-ordinated and streamlined care that offers ‘the right care, in the right place, at the right time’. In addition to our ambitions to develop effective LCNs, we are mindful of the need for stability in the health economy and the importance of integrated care pathways between community and hospital services. With this in mind, Greenwich CCG during 2015/16 intends to explore how our recently established ‘Alliance’ approach to commissioning can link to the LCN planning approach.
In September 2014, we established a multi-agency Alliance Board building on the significant integration that exists between health and social care organisations in Greenwich in order to develop this alliance approach in four service areas: musculoskeletal care (MSK), care for chronic obstructive pulmonary disease (COPD), cardiac care and services for people living with frailty (loosely defined as services for those aged 80 years and over). This involves establishing system wide pathways and a contractual infrastructure based on risk and gain sharing agreements. This approach is seeking to put in place a robust financial framework that supports all local providers.

This LCN work will support primary care, Oxleas and social care providers to restructure and offer care in more integrated ways. The alliance work stream will delineate the care pathways that commissioners require to be delivered by the LCN, in partnership with the acute trust. These two different but associated processes will enable different contractual and risk/gain sharing arrangements to be put in place across our provider network – these new arrangements will need to incentivise best patient outcome and help address the financial pressures on the local health and social care economy. Thus, we believe there are important lessons to learn about how emerging LCN/MCP-type (Multi Community Provider-type) organisations can work with acute hospitals and would value support in working out how to do this.

Since June 2014 our GPs in Greenwich have realigned their provider federations to have a focus on four geographic organisations (four Limited Liability Partnerships – LLPs), now with contracts in place to provide extended long-term condition services in primary care settings from April 2015. In 2015/16 we also anticipate that the LLPs will be working together to implement the findings of our GP Access Pilots and reduce unexplained variations in the performance of their practices. This LCN will build on these developing LLPs, our innovative community and mental health provider (Oxleas NHS Foundation Trust), and has firm aspirations to expand to include other primary care providers (e.g. pharmacists), local voluntary sector organisations and specialist clinical providers.

The diagram depicts the proposed relationship between the LCN and Lewisham and Greenwich NHS Trust (LGT):

**Primary Care Strategy**

In June 2014 our member practices re-jigged their syndicate organisations, aligning to four coherent areas covering:
Improving health services for the people of Greenwich

• Blackheath, Charlton and Greenwich.
• Eltham and Kidbrooke.
• Woolwich and Thamesmead.
• Plumstead and Abbey Wood.

These commissioning syndicates are supported by lead clinicians, and have become effective ways for member practices to feed in to our commissioning plans, and to influence local commissioning in their particular part of the borough.

During the autumn of 2014 our GPs developed federated provider organisations aligned to the geography of the new Syndicates. They have now formed four companies and have contracts in place to provide extended long-term condition services in primary care settings from April 2015.

As we develop joint commissioning for primary care services in 2015/16 we intend to move from the traditional practice based incentive schemes to our GP provider networks (GPPNs) contracts for improvements in performance across the entirety of thire geography (in line with the long term conditions service). The GPPNs will also work collectively with the CCG to implement the findings from our GP Access Pilots and to reduce unexplained variations in the performance of their member practices. As 2015/16 progresses, we will move to joining up the integrated teams (Greenwich Coordinated Care) and the GPPNs, to realise our LCN ambition.

Our emerging primary care Local Care Networks are rooted in the registered populations of four clusters of general practices (the same footprint as our GPPNs) aligned with a growing number of community nursing, community therapies, mental health and social care services, in integrated teams. The Greenwich Coordinated Care Pioneer initiative forms the ‘glue’ between GPs and community services, with clinicians and others working together to create shared care plans and shared working practices to ensure services are coordinated around the needs of patients. In addition, local secondary mental health and social services such as homecare provision are currently reconfiguring to align to each LCN.

In Greenwich we are progressing:

• Joined up Electronic Health Record. We are implementing a system that will allow EHRs to flow across all health and social care providers that will go live in 2015.
• Risk Stratification tools that will help identify patients that benefit from intensive support as part of managing long term conditions in primary care.
• With developing digital technology and in the next year Greenwich has started to use such tools to progress its Every Contact Counts Programme.

We are focusing on creating a data rich environment which allows commissioners and partners to share and act upon data and information attributes. To enable this, in 14/15 NHS Greenwich became an Accredited Safe Haven (ASH) and as a result has strong Information Governance processes to protect patient confidentiality and adhere to the Data Protection Act, Human Rights Act and Health and Social Care Act 2012.

During 2015/16 we will embark on a project of Primary Care Data extraction and use this to support its GP membership in identifying persons at risk of suffering a particular condition, preventing an unplanned admission or readmission and identifying a need for preventive intervention.

The CCG will establish the required support and solutions to risk profile health care records from its commissioned services in all health settings which will allow commissioners and clinicians to make informed decisions on services and patient care.

We will ensure that we meets our requirements for the NHS Code of Conduct for Confidentiality. We have appointed two Caldecott Guardians registered with the Health and Social Care Information Centre (HSCIC) and they are leaders in ensuring compliance with all patient confidentiality issues.

Each LCN is developing the shared goals and values, interprofessional working relationships and localised operating policies and practices needed to deliver efficient and effective care.

Thus, we are proposing an initiative with two parallel, inter-dependent governance systems (Local Care Networks and the Alliance Board). It is possible that in the future these two systems might be merged into a single organisation, and we will continuously review what this then might mean for our local model of care.
Despite improvements in Greenwich and the success of ‘integrated care so far’, Greenwich faces significant difficulties in stabilising the demand for unplanned care. In addition, GPs face increasing workloads and struggle to manage the multiple relationships required to deliver best care for their patients across the range of local services. Our local context is complicated by the long-standing problems with the financial stability of our local health economy which included an intervention by the Trust Special Administrator in 2012. The relatively new Lewisham & Greenwich NHS Trust has made significant improvements, but is still struggling to achieve a sustainable financial position, and arrange of key performance indicators (e.g. A&E).

What is emerging is a shared understanding that to tackle all of these problems, the following needs to happen:

- All community services need to be aligned around a cluster of GP practices so that clinicians can build the relationships that facilitate effective inter-agency working.
- Social care services need similarly to be aligned.
- This network of services needs to take ‘lifetime responsibility’ for patients in their patch. Primary care already does this but most other services have a ‘referral in/ discharge out’ approach that can cause barriers, duplication, frustration, and delays.
- Population based budgets and a shared approach to financial risk and reward could incentivise different ways of working – although this will only work if the network of relationships is already in place.

- Secondary acute care is a key partner and innovative ways need to be found to support LGT to achieve financial and service stability while resources move to different configurations of health care provision.

In phase 3 we will be developing new models of care for the local health economy. We firmly believe that developing further our Local Care Network model and promoting our ‘Alliance’ approach will enable us to deliver on all these actions and, by extension, we hope that we will become a Forerunner site, which over time will give us a significant boost to this delivery.

We are looking to develop each of our four LCNs in parallel, and see this as a major step in the journey to having one model covering the Royal Borough of Greenwich.

By April 2016, in service terms, we aim to have the following building blocks for our new model of care in place:

- Increasing functioning LCNs delivering integrated primary, community and social care services.
- Fully LCN-aligned adult community services, including specialist mental health and some specialist acute services. Effective system wide pathways in COPD, MSK and cardiac care with an agreed shared contractual underpinning for 2016/17.
- An agreed mobilisation plan for borough wide management of services for people living with frailty.
- Reduced spend on care packages.
- Reduction in admissions from care homes to A&E.
- Top quartile performance for avoided admissions. (Accepting that Greenwich is already one of the best in the country).
5. Conclusions

5.1 Final remarks and next steps

All health and social care organisations must work together to develop locally owned and agreed plans. This plan has been both to our Health and Wellbeing Board and has been discussed at our local Patient Reference Group.

In developing and implementing the plan in 2015/16 we will ensure local communities are fully engaged in the process and that we use this document to inform and shape our delivery plans during the next 12 months.

We intend to produce a clear implementation plan as an annex to this version of our commissioning intentions for the next 12 months to re-confirm clear links between service plans, finance and delivery of performance contained in this document organisation, our clinicians get to realise their ambitions as set out in this plan.

In the first section of the plan we set out the strategic context and then moved onto our commissioning priorities for 2015/16. This was followed by a focus on performance and quality and ended in a final section on our view about new models of care and innovation to support the delivery of our financial plan and transformation programme in the medium term.

We know that plans developed by the CCG will be assured by NHS England and the key regulators, in line with our statutory and regulatory responsibilities and will be monitored through assurance meetings with NHS England throughout the year. On-going performance monitoring and internal assurance processes during 2015/16 will ensure that progress continues to be made to deliver this local commissioning plan during the next 12 months.
Annex 1 - Activity Plan

The below table links to section 4.1 of the commissioning plan.

This analysis takes into account the CDU, RTT and month 10 data from 2014/15 projected forward into 2015/16.

The table below outlines our plans for acute activity in 2015/16. Data assumptions made so far are:

- There is a 1.7% increase planned across all lines of activity.
- A reduction of BCF emergency admissions is applied to E.C.23 & E.C.4.
- The activity increase has been projected in the context of financial viability.
- When comparing 2014/15 to 2015/16 there has been a change of data definition from using MAR (Monthly Activity Return) in 2014/15 to now using SUS (Secondary Uses Service) in 2015/16, this may have implications when being monitored by NHS England.

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<td>23,029</td>
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<tr>
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<td>Elective Spells - all specialties</td>
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<td>Ordinary Elective Spells - G&amp;A</td>
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<td>Outpatients</td>
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<td>123,149</td>
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<td>All First Outpatient Attendances - G&amp;A</td>
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<td>103,372</td>
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<tr>
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<td>First Outpatient Attendance following GP Referrals - all specialties</td>
<td>E.C.25</td>
<td>71,641</td>
<td>72,716</td>
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<tr>
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<td>First outpatient attendance following a GP referral - G&amp;A</td>
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<td>60,776</td>
<td>61,627</td>
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<tr>
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<td>All subsequent outpatient attendances - all specialties</td>
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<td>210,873</td>
<td>215,491</td>
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<td>A&amp;E</td>
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<td>Other Referrals</td>
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7. Annex 2 - Performance and Quality (including outcomes and analysis)

Section one: Constitution Standards and other national core commitments

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<td>RTT - The percentage of admitted pathways within 18 weeks for admitted patients whose clocks stopped during the period, on an adjusted basis</td>
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<td>Completed pathways &lt; 18 weeks</td>
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<td>1009</td>
<td>1013</td>
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<td>1314</td>
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<td>Completed pathways &lt; 18 weeks</td>
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<td>3373</td>
<td>3725</td>
<td>3826</td>
<td>3523</td>
<td>3868</td>
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<td>% Total Completed Pathways</td>
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<td>Completed pathways &lt; 18 weeks</td>
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<td>16664</td>
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<td>% Total Incomplete Pathways</td>
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<td>Number waiting &gt; 6 weeks</td>
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<td>34</td>
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<td>37</td>
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<td>Cancer All Cancer two week wait</td>
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<tr>
<td>Number waiting &lt; 2 weeks</td>
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<tr>
<td><strong>Cancer - Two week wait for breast symptoms (where cancer not initially suspected)</strong></td>
<td>Number waiting &lt; 2 weeks</td>
<td>209</td>
<td>206</td>
<td>214</td>
<td>213</td>
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<td>Number waiting &lt; 62 days</td>
<td>80</td>
<td>85</td>
<td>89</td>
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<td>15</td>
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<td>Total number waiting</td>
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<td>%</td>
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<td><strong>Cancer - 31 Day standard for subsequent cancer treatments - anti cancer drug regimens</strong></td>
<td>Number waiting &lt; 31 days</td>
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<td>83</td>
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### Other national core commitments

#### HCAI measure (C.Difficile infections)

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<th>SEPTEMBER</th>
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<th>NOVEMBER</th>
<th>DECEMBER</th>
<th>JANUARY</th>
<th>FEBRUARY</th>
<th>MARCH</th>
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<tbody>
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<td>7</td>
<td>5</td>
<td>7</td>
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<td>9</td>
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#### E.A.5

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<td>67.03%</td>
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#### E.A.3

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<tr>
<td>The number of people who receive psychological therapies</td>
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<td>1155</td>
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<tr>
<td>The number of people who have depression and/or anxiety disorders (local estimate based on Adult Psychiatric Morbidity Survey 2000).</td>
<td>30792</td>
<td>30792</td>
<td>30792</td>
</tr>
<tr>
<td>% per quarter (e.g. 3.75%)</td>
<td>3.75%</td>
<td>3.75%</td>
<td>3.75%</td>
</tr>
</tbody>
</table>

#### E.A.2

<table>
<thead>
<tr>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of people who finish treatment having attended at least two treatment contacts and are moving to recovery (those who at initial assessment achieved ‘caseness’ and at final session did not)</td>
<td>309</td>
<td>330</td>
<td>344</td>
</tr>
<tr>
<td>The number of people who finish treatment having attended at least two treatment contacts and coded as discharged (The number of people who finish treatment not at clinical caseness at initial assessment)</td>
<td>636</td>
<td>660</td>
<td>687</td>
</tr>
<tr>
<td>%</td>
<td>48.6%</td>
<td>50.0%</td>
<td>50.1%</td>
</tr>
</tbody>
</table>

#### E.H.1 - A1

<table>
<thead>
<tr>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period</td>
<td>486</td>
<td>486</td>
<td>486</td>
</tr>
<tr>
<td>The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period</td>
<td>648</td>
<td>648</td>
<td>648</td>
</tr>
<tr>
<td>%</td>
<td>75.0%</td>
<td>75.0%</td>
<td>75.0%</td>
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</tbody>
</table>

#### E.H.2 - A2

<table>
<thead>
<tr>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period</td>
<td>616</td>
<td>616</td>
<td>616</td>
</tr>
<tr>
<td>The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period</td>
<td>648</td>
<td>648</td>
<td>648</td>
</tr>
<tr>
<td>%</td>
<td>96.1%</td>
<td>96.1%</td>
<td>96.1%</td>
</tr>
</tbody>
</table>

---

Improving health services for the people of Greenwich
### Primary Care

The content of these tables has been devised using The Forward View Into Action: Planning for 2015/16 - Technical Definitions for Commissioners.

<table>
<thead>
<tr>
<th>E.D.1</th>
<th>Satisfaction with the quality of consultation at GP practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>The aggregated percentage of patients who gave positive answers to five selected questions in the GP survey about the quality of appointments at the GP practice</td>
<td>2015/16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E.D.2</th>
<th>Satisfaction with the overall care received at the surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>The percentage of patients who gave positive answers to the GP survey question ‘Overall, how would you describe your experience of your GP surgery?’</td>
<td>Numerator - The number of patients who answered ‘very good’ or ‘fairly good’ to the question, ‘Overall, how would you describe your experience of your GP surgery?’</td>
</tr>
<tr>
<td></td>
<td>Denominator - The number of patients responding to the question ‘Overall, how would you describe your experience of your GP surgery?’</td>
</tr>
<tr>
<td></td>
<td>%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E.D.3</th>
<th>Satisfaction with access to primary care</th>
</tr>
</thead>
<tbody>
<tr>
<td>The percentage of patients who gave positive answers to the GP survey question ‘Overall, how would you describe your experience of making an appointment?’</td>
<td>Numerator - The number of patients answering ‘Very good’ or ‘Fairly Good’ to the question ‘Overall, how would you describe your experience of making an appointment?’</td>
</tr>
<tr>
<td></td>
<td>Denominator - The number of patients responding to the question ‘Overall, how would you describe your experience of making an appointment?’</td>
</tr>
<tr>
<td></td>
<td>%</td>
</tr>
</tbody>
</table>
**Section two: Constitution Standards and Other national core commitments**

This table links to section 4 of the Commissioning Plan and was submitted to NHS England as at 28th January 2015.

This may be updated in subsequent versions of the plan to be submitted and agreed with NHS England by the 10th April 2015.
Section two: Analysis of NHS Outcomes Framework Indicators

### Greenwich CCG Outcomes Framework

<table>
<thead>
<tr>
<th>Domain</th>
<th>ID</th>
<th>Description</th>
<th>Breakdown</th>
<th>Timeframe</th>
<th>Greenwich</th>
<th>IMD Comparators</th>
<th>London</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>7</td>
<td>Health-related quality of life for people with long-term conditions</td>
<td>Person to March 2014</td>
<td></td>
<td>73% 6</td>
<td>25</td>
<td>74%</td>
<td>74%</td>
</tr>
<tr>
<td>2.2</td>
<td>7</td>
<td>Proportion of people who are feeling supported to manage their condition</td>
<td>Person to March 2014</td>
<td></td>
<td>60 2</td>
<td>15</td>
<td>58</td>
<td>60</td>
</tr>
<tr>
<td>2.3</td>
<td>7</td>
<td>People without diabetes diagnosed less than a year referred to structural education</td>
<td>Person</td>
<td></td>
<td>6 3</td>
<td>13</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2.4</td>
<td>7</td>
<td>Implantation for treatment of benign gynaecological conditions</td>
<td>Person</td>
<td></td>
<td>840 1</td>
<td>16</td>
<td>1029</td>
<td>803</td>
</tr>
<tr>
<td>2.5</td>
<td>7</td>
<td>Number of hospitalisations for asthma, diabetes, and obesity in under-30s</td>
<td>Person</td>
<td></td>
<td>337 3</td>
<td>24</td>
<td>377</td>
<td>337</td>
</tr>
<tr>
<td>2.6</td>
<td>7</td>
<td>Complications associated with diabetes including emergency admissions for diabetic ketoacidosis and hyper osmolar high blood pressure</td>
<td>Person</td>
<td></td>
<td>6 4</td>
<td>15</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>2.7</td>
<td>7</td>
<td>Access to community mental health services for people from Black and Minority Ethnic (BME) groups</td>
<td>White</td>
<td></td>
<td>319 3</td>
<td>9</td>
<td>2998</td>
<td>2896</td>
</tr>
<tr>
<td>2.8</td>
<td>7</td>
<td>Access to community mental health services by people from Black and Minority Ethnic (BME) groups</td>
<td>White</td>
<td></td>
<td>1032 6</td>
<td>13</td>
<td>1634</td>
<td>1063</td>
</tr>
<tr>
<td>2.9</td>
<td>7</td>
<td>Access to psychological therapy services by people from Black and Minority Ethnic (BME) groups</td>
<td>White</td>
<td></td>
<td>758 6</td>
<td>18</td>
<td>1111</td>
<td>719</td>
</tr>
<tr>
<td>2.10</td>
<td>7</td>
<td>Health-related quality of life for people aged 50 and above</td>
<td>Person</td>
<td></td>
<td>840 5</td>
<td>18</td>
<td>81</td>
<td>80</td>
</tr>
<tr>
<td>2.11</td>
<td>7</td>
<td>Health-related quality of life for people with a long-term mental health condition</td>
<td>Person</td>
<td></td>
<td>76 2</td>
<td>18</td>
<td>43</td>
<td>53</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Domain</th>
<th>ID</th>
<th>Description</th>
<th>Breakdown</th>
<th>Timeframe</th>
<th>Greenwich</th>
<th>IMD Comparators</th>
<th>London</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>3</td>
<td>Emergency admissions for acute conditions that should not usually require hospital admission</td>
<td>Person</td>
<td></td>
<td>1223 3</td>
<td>20</td>
<td>1294</td>
<td>1182</td>
</tr>
<tr>
<td>3.2</td>
<td>3</td>
<td>Emergency readmissions within 30 days of discharge from hospital</td>
<td>Person</td>
<td></td>
<td>1223 3</td>
<td>20</td>
<td>1294</td>
<td>1182</td>
</tr>
<tr>
<td>3.3</td>
<td>3</td>
<td>Patient reported outcomes measures (PROMs) for elective procedures (Hip replacements)</td>
<td>Person</td>
<td></td>
<td>1223 3</td>
<td>20</td>
<td>1294</td>
<td>1182</td>
</tr>
<tr>
<td>3.4</td>
<td>3</td>
<td>Patient reported outcomes measures (PROMs) for elective procedures (Knee replacements)</td>
<td>Person</td>
<td></td>
<td>1223 3</td>
<td>20</td>
<td>1294</td>
<td>1182</td>
</tr>
<tr>
<td>3.5</td>
<td>3</td>
<td>Patient reported outcomes measures (PROMs) for elective procedures (Gastric bypass)</td>
<td>Person</td>
<td></td>
<td>1223 3</td>
<td>20</td>
<td>1294</td>
<td>1182</td>
</tr>
<tr>
<td>3.6</td>
<td>3</td>
<td>People who have had a stroke who are admitted to an acute stroke unit within 4 hours of arrival in hospital</td>
<td>Person</td>
<td></td>
<td>68 2</td>
<td>7</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>3.7</td>
<td>3</td>
<td>People who have had an acute stroke who receive thrombolysis</td>
<td>Person</td>
<td></td>
<td>68 2</td>
<td>7</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>3.8</td>
<td>3</td>
<td>People who have a follow-up assessment between 4 and 8 months after initial admission for stroke</td>
<td>Person</td>
<td></td>
<td>91 5</td>
<td>20</td>
<td>79</td>
<td>69</td>
</tr>
<tr>
<td>3.9</td>
<td>3</td>
<td>People who have had a stroke who scored 80% or more of their maximum activities of daily living (ADL)</td>
<td>2013</td>
<td></td>
<td>91 5</td>
<td>20</td>
<td>79</td>
<td>69</td>
</tr>
<tr>
<td>3.10</td>
<td>3</td>
<td>Life function: proportion of patients recovering to their previous level of mobility/walking ability at 120 days</td>
<td>Person</td>
<td></td>
<td>31 3</td>
<td>10</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>3.10.1</td>
<td>3</td>
<td>Life function: proportion of patients recovering to their previous level of mobility/walking ability at 120 days</td>
<td>Person</td>
<td></td>
<td>31 3</td>
<td>10</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>4.1</td>
<td>4</td>
<td>Patient experience of GP out-of-hours services</td>
<td>Person</td>
<td></td>
<td>96 4</td>
<td>17</td>
<td>59</td>
<td>65</td>
</tr>
<tr>
<td>4.2</td>
<td>4</td>
<td>Patient experience of hospital care</td>
<td>Person</td>
<td></td>
<td>96 4</td>
<td>17</td>
<td>59</td>
<td>65</td>
</tr>
<tr>
<td>4.3</td>
<td>4</td>
<td>Responsiveness to patients’ personal needs</td>
<td>Person</td>
<td></td>
<td>96 4</td>
<td>17</td>
<td>59</td>
<td>65</td>
</tr>
<tr>
<td>5.1</td>
<td>5</td>
<td>Incidence of Healthcare-Associated Infection (HCAI) – Methicillin-resistant Staphylococcus aureus (MRSA)</td>
<td>Person</td>
<td></td>
<td>41883 6</td>
<td>11</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5.2</td>
<td>5</td>
<td>Incidence of Healthcare-Associated Infection (HCAI) – Clostridium difficile</td>
<td>Person</td>
<td></td>
<td>41883 6</td>
<td>11</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
CCG Plans to improve outlying NHS Outcome Framework indicators

The CCG is committed to improve its outcomes including those identified in the NHS Outcome Framework. This Commissioning Plan highlights the work programmes contributing to these planned improvements. For ease, these have been summarised below. This table includes all CCG outcomes that are in the lowest quartile in London.

**Summary Plan to address outlying indicators**

<table>
<thead>
<tr>
<th>No</th>
<th>Indicator</th>
<th>Description</th>
<th>Key Plans</th>
<th>Links to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workstream Integrated Primary Care Steering Group (including - LTCs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1.1f | Potential years of life lost (PYLL) from causes considered amenable to healthcare (Female) | Considerable progress has been made over the last 5 years including a closing of the gap between the CCG and London rates. Main disease contributors are cancer (breast, cervix and colon), CVD and respiratory disease (pneumonia). Major programmes are already in place. |  - Cancer prevention including early awareness programmes including screening  
  - CVD prevention initiatives  
  - Primary care strategy implementation  
  - Work through Alliance  
  - Integrated care work programmes  
  - Cancer work stream initiatives | Sections: 4.2 & 4.3 |
| 1.2f | Under 75 mortality rates from cardiovascular disease (Female) | Considerable progress has been made over the last 5 years with a closing of the gap between Greenwich and London rates. Major programmes in place demonstrating an impact. |  - CVD prevention activities e.g. NHS Health Checks, physical activity and stop smoking initiatives  
  - Primary care strategy implementation  
  - Work through Alliance  
  - Integrated care work programmes | Section: 4.2 |
| 2.1 | Health-related quality of life for people with long-term conditions | Improvements in achievement since last year. |  - Both PYLL and CVD Mortality programmes above will also address this indicator | Sections: 4.2 & 4.3 |
| 3.1 | Emergency admissions for acute conditions that should not usually require hospital admission | First released in 2011/12 there is an annual trend available. Currently rate below IMD comparators but above London. Acute conditions include ear, nose and throat, kidney, urinary tract infections, heart failure, among others, that usually could have been avoided through better management in primary care. |  - Primary care strategy implementation  
  - Integrated care work programmes | Sections: 4.2 & 4.3 |
| Workstream responsible: Staying Health Steering Group |
| 1.7m 1.7f 1.8 | Under 75 mortality rates from liver disease (Male and Female)  
  Emergency admissions for alcohol related liver disease | All three indicators have worsened since 2011/12. (Male and Female mortality has increased by 42% and 106% respectively; Emergency admissions have increased by 64%) |  - The CCG in association with the local council will be reviewing JSNA alcohol needs assessment recommendations with the aim of ensuring comprehensive range of services available, to improve screening and pathways for those who screen positive | Section: 4.2 |
## Summary Plan to address outlying indicators

<table>
<thead>
<tr>
<th>No</th>
<th>Indicator</th>
<th>Description</th>
<th>Key Plans</th>
<th>Links to</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.15</td>
<td>Health-related quality of life for carers, aged 18 and above</td>
<td>Achievement decreased considerably between 11/12 and 12/13 but the rate decreased but has improved since 12/13.</td>
<td>▪ The CCG are commissioning a range of initiatives to support carers utilising Better Care Fund to deliver advice, information, prevention and well-being services for carers.</td>
<td>Section: 4.2</td>
</tr>
</tbody>
</table>
| 1.9f| Under 75 mortality rates from cancer (Male and Female). One-year survival from all cancers One-year survival from breast, lung and colorectal cancers | Under 75 cancer mortality has increased steadily since 2010 in men with the gap between London and Greenwich increasing. Female < 75 mortality has fluctuated year on year with an increase since 2013. There has been a steady rise in survival rates in the last 15 years. | ▪ Alongside RBG, delivery of cancer prevention, awareness and early diagnosis programmes  
▪ Co-ordinate my care initiative  
▪ Primary Care Strategy implementation including primary care workforce development specifically around cancer. | Sections: 4.2 & 4.3 |
| 2.7 | Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s  | There has been a considerable increase in unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s between 11/12 and 12/13 driven mostly by an increase in asthma admissions. | ▪ Review of urgent pathway for children at LGT to provide action plan to increase more care in the community including specifically the paediatric asthma pathway | Section: 4.2 |
| 1.14| Smoking status at time of delivery                                        | There has been a steady decrease in rate of smoking at time of delivery since Sept 2013.               | ▪ Continue targeted stop smoking programmes working alongside RBG and acute unit                                                                                                                       | Section: 4.2 |
| 5.4 | Incidence of Healthcare Associated Infection (HCAI) – C. Difficile        | Since April 2013, the number of incidences has fluctuated between 2 and 10 cases, with rate in Sept 2014 being 8.                                      | ▪ Delivery of action plan on the management of C. Difficile in the community working with acute trusts and general practices                                                                                 | Section: 4.4 |
### CCG Plans to improve outlying NHS Outcome Framework indicators

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Baseline Performance</th>
<th>Baseline Performance Year</th>
<th>Current Performance</th>
<th>Current Performance Year</th>
<th>Ambition for 15/16</th>
<th>Target (2018/19)</th>
<th>How?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential Years of Life Lost amenable to healthcare - All</td>
<td>2373</td>
<td>2012</td>
<td>2334</td>
<td>2013</td>
<td>2184</td>
<td>1884</td>
<td>Risk stratification Supporting healthy behaviours Extension of integrated care pioneer</td>
</tr>
<tr>
<td>Health related quality of life for people with long term conditions</td>
<td>0.74</td>
<td>2012/13</td>
<td>0.73</td>
<td>2013/14</td>
<td>0.73</td>
<td>0.74</td>
<td>Improving community and primary care services for diabetes Integrated cardiology service re-design COPD improvement project Re-procurement of musculoskeletal services</td>
</tr>
<tr>
<td>IAPT Roll Out</td>
<td>9.80%</td>
<td>2013/14</td>
<td>12.60%</td>
<td>2014/15</td>
<td>15.00%</td>
<td>15.50%</td>
<td>Maintaining high levels of investment with Oxleas Mental Health Foundation Trust Commissioning incentives (CQINS) to increase referrals from primary care</td>
</tr>
<tr>
<td>Composite Measure on Emergency Admissions</td>
<td>1.2</td>
<td>2012</td>
<td>0.8</td>
<td>2013</td>
<td>0.8</td>
<td>1.1</td>
<td>Re-procurement of urgent and out of hours services Improving access to primary care Improved provision of intermediate care</td>
</tr>
<tr>
<td>Patient experience of hospital care</td>
<td>No Data</td>
<td>No Data</td>
<td>77.2</td>
<td>2013/14</td>
<td>78.7</td>
<td>81.8</td>
<td>Including patient experience measures in all of our procurements Working with the new Lewisham and Greenwich Trust to act on patient feedback</td>
</tr>
<tr>
<td>Patient experience of GP out-of-hours services</td>
<td>69.1</td>
<td>2012/13</td>
<td>58.6</td>
<td>2013/14</td>
<td>63.3</td>
<td>72.6</td>
<td>Re-procurement of unscheduled care Primary care access pilots</td>
</tr>
<tr>
<td>Under 75 Mortality from CVD</td>
<td>77.4</td>
<td>2012</td>
<td>61.6</td>
<td>2013</td>
<td>61.6</td>
<td>63.5</td>
<td>Improved heart failure stroke recovery services</td>
</tr>
</tbody>
</table>
8. Annex 3 - Further Information

Section one: Useful planning references for this CCG Commissioning plan

- **Alcohol**
  Alcohol care in England’s hospitals: An opportunity not to be wasted

- **Carers**
  Commissioning for Carers Principles
  Employers for Carers, of which NHS England is already a member

- **CHC**
  Continuing healthcare guidance

- **Data**
  Friends and Family Test (FFT)

- **End of Life Care**
  One Chance to Get it Right
  Care in the last days of life
  NHSIQ resources
  End of life care in acute hospitals (the Transform Programme)
  Coordination of care (Electronic Palliative Care Coordination Systems)

- **Peer support for those working in End of Life Care**
  National End of Life Care Intelligence Network
  Commissioning Guidance for Specialist Palliative Care: Helping to deliver commissioning objectives

- **Equality and Health Inequalities**
  Guidance for NHS commissioners on Equality and Health Inequalities legal duties
  NHS Workforce Race Equality Standard

- **Integration**
  Capitation: a potential new payment model to enable integrated care
  Reforming the payment system for NHS services: supporting the Five Year Forward View

- **Integrated Personal Care**
  Personal Health Budgets online network

- **Long Term Conditions**
  Long term conditions information dashboard
  Long term conditions Year of Care toolkit
Improving health services for the people of Greenwich

- **Mental Health**
  - Guidance on early intervention is due to be published in early 2015. This guidance is recommended in the meantime [http://www.nice.org.uk/guidance/cg178](http://www.nice.org.uk/guidance/cg178).

- **Participation**

- **Public Health**

- **Primary Care C-commissioning**

- **Quality**

- **Safeguarding**

- **Innovation**
**Section two: List of Abbreviations used in this document**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E</td>
<td>Accident and Emergency</td>
</tr>
<tr>
<td>ADHD</td>
<td>Attention Deficit Hyperactivity Disorder</td>
</tr>
<tr>
<td>AHSC</td>
<td>Academic Health Science Centre</td>
</tr>
<tr>
<td>AQP</td>
<td>Any Qualified Provider</td>
</tr>
<tr>
<td>BCF</td>
<td>Better Care Fund</td>
</tr>
<tr>
<td>BIA</td>
<td>Best Interest Assessor</td>
</tr>
<tr>
<td>BME</td>
<td>Black and Minority Ethnic</td>
</tr>
<tr>
<td>BNF</td>
<td>British National Formulary</td>
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<td>Make Every Opportunity Count</td>
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<td>PROM</td>
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### Section two: List of Abbreviations used in this document continued

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<td>Quality Innovation Productivity &amp; Prevention</td>
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<td>Workforce Race Equality Standard</td>
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Section three: Plan on a page for 2015/16 (linked to our 5 year strategy)

NHS Greenwich Clinical Commissioning Group’s vision is to:

1. **Prevention:** reducing years of life lost through supporting people to lead healthier lives (e.g. obesity, exercise, smoking, alcohol, drugs); improving cancer services, especially screening and early detection best practice commissioning pathways; supporting resilience in families.

2. **System Reform:** Implementing Community Based Care Strategies and improving integration

3. **Finance:** financial sustainability for commissioners and providers

4. **System Performance:** Access to services (NHS Constitution)

5. **Quality of Services:** Safety & avoidable harm

6. **Quality of Services:** Patient Experience

7. **Quality of Services:** Clinical Effectiveness

Delivered by: collaborating with public health and the local authority on supporting people to lead healthier lives (e.g. obesity, exercise, smoking, alcohol, drugs); improving cancer services, especially screening and early detection best practice commissioning pathways; supporting resilience in families.

Delivered by: implementation of CBC work streams; implementing and further developing local models of integration (Pioneer) Alliance Commissioning; improving unscheduled care (Right Care, First Time); self-management and supportive technology; closer working between 1" and 2" care; implementation transformation via strategic planning groups.

Delivered by: setting of robust commissioner financial plans (including implementation of the NHS planning business rules); robust contracts with providers; close management of commissioner QIPP initiatives and provider cost improvement programmes; managing financial risk.

Delivered by: holding providers to account through robust management of contracts and close collaboration with providers and co-commissioners on resolving areas of concern; focus on turnaround on standards not met in 2014/15 so that 2015/16 meets the required outcomes.

Delivered by: commissioning services in response to identified need (JSNA), embedding quality in service redesign and procurement (e.g. clinically effective evidence based pathways). For commissioned services, quality is delivered by holding providers to account through Clinical Quality Review Groups; incentivisation of quality improvement through CQUINS; close monitoring of trends on safety (incidents, Never Events, HCAI); listening to patient feedback and improving performance against Friends & Family Test; close collaboration with co-commissioners and regulatory bodies (CQC, TDA, Monitor) to ensure issues are identified and tackled.

**Governance:** Local CBC Transformation Steering Groups for LTC, Mental Health, Unscheduled Care, Primary Care, Planned Care, Children & Maternity. These are mapped to the South East London wide Community Based Care Strategy work streams; developing stronger Primary Care delivery via LLPs Integrated Care, Primary & Community Care, and Planned Care.

**Success Criteria:** progress against locally determined ambition levels for outcomes; overall SMART metric will be performance managed for all domains at Amber/Green or Green by year end 2015/16. Scorecard maps to Objectives 1-7 as follows:

- **Domain 1:** Are local people getting good quality care? Objectives 5, 6 and 7.
- **Domain 2:** Are patient rights under the NHS Constitution being promoted Objective 4.
- **Domain 3:** Are health outcomes improving for local people? Objectives 1 and 2.
- **Domain 4:** Is the CCG delivering services within its financial plans? Objective 3.

**High level risks to be mitigated**

- Challenge inherent in implementing complex, interdependent, system wide change.
- Maintaining and improving service quality through significant service change.
- Ensuring QIPP and financial sustainability is delivered by developing a new OD Plan and implementing a programme approach to achieve success.
Section four: CCG Details of Member Practices

NHS Greenwich Clinical Commissioning Group is made up of all the GP practices across the borough. Our aim is to secure the best possible health and care services for the people of Greenwich.

Abbey PMS: Abbeywood Surgery, 9 Godstow Road, Abbeywood SE2 9AT
Abbey Slade PMS: Basildon Road Surgery, 111 Basildon Road, Abbeywood SE2 0ER
Abbey Slade PMS: The Slade Surgery, 12 The Slade, Plumstead SE18 2NB
All Saints PMS: All Saints Medical Centre, 13A Ripon Road, Plumstead SE18 3PS
Bannockburn PMS: Bannockburn Surgery, 20-22 Bannockburn Road, Plumstead SE181ES
Blackheath PMS: Woodland Surgery, Woodland Walk, Off Trafalgar Road, Greenwich SE10 9UB
Blackheath Standard PMS: Blackheath Standard Surgery 11-13 Charlton Road, Blackheath SE3 7HB
Burney Street PMS: Burney Street Practice, 48 Burney Street, Greenwich, SE10 8EX
Clover PMS: Clover Health Centre, Equitable House 101 Woolwich New Road, Woolwich SE18 6AB
Coldharbour Hill PMS: Dr M Baksh, The Coldharbour Surgery, 79 William Barefoot Drive, Eltham SE8 3JD
Conway PMS: Conway PMS, 44 Conway Road, Plumstead SE18 1AH
Courtyard PMS: Eltham Medical Practice, Eltham Community Hospital, Passey Place, Eltham SE9 5DQ
Dr Guram’s Practice - Telemann Square (GMS): Dr Guram, 7 Elford Close, Kidbrooke SE9 3YR
Dr Mostafa PMS: 141 Plumstead High Street, Plumstead SE18 1SE
Eltham Palace PMS: Eltham Palace Surgery, Eltham Community Hospital: Passey Place, Eltham SE9 5DQ
Eltham Park PMS: Eltham Park Surgery, 46 Westmount Road, Eltham SE9 1JE
ESPA PMS: Alderwood Surgery 1 Alderwood Road, Eltham SE9 2JY
ESPA PMS: New Eltham Medical Practice, 52 Thaxted Road, Eltham SE9 3PT
ESPA PMS: The Mound Medical Centre 4-6 The Mound, William Barefoot Drive, Eltham SE9 3AZ
Evolution Health: Thamesmead NHS Health Centre, 4-5 Thames Reach, Thamesmead SE28 0NY
Fairfield PMS: The Fairfield Centre, 41-43 Fairfield Grove, Charlton SE7 8TX
Glyndon PMS: Glyndon Medical Centre 188 Ann Street, Plumstead SE18 7LU
Haven Corner PMS: Briset Corner Surgery, 591 Westborne Avenue, Eltham SE9 6JX
Henley Cross PMS: Henley Cross Medical Practice, 115 Tudway Road, Ferrier Estate, Kidbrooke SE3 9YX
Malling Health at Greenwich Peninsula: Millenium Village Health Centre, School Bank Road, Greenwich SE10 0QN
Manor Brook PMS: Manor Brook Medical Centre, 117 Brook Lane, Blackheath SE3 0EN
Plumbridge Medical Centre: Plumbridge Medical Centre, 32-33 Plumbridge Street, SE10 8PA
Plumstead Health Centre: Plumstead Health Centre, Tewson Road, Plumstead SE18 1BH
Primecare PMS: Dr S Ratneswaren, Coldharbour Surgery, 79 William Barefoot Drive, Eltham SE9 3JD
Primecare PMS: South St Medical Centre, 71A Greenwich South Street, Greenwich SE10 8NT
Royal Arsenal PMS: 21 Arsenal Way, Plumstead, SE18 6TE
Sherard Road PMS: Sherard Road Medical Centre, 71 Sherard Road, Eltham SE9 6ER
St Mark’s PMS: St Mark’s Medical Centre 24 Wrotesley Road, Plumstead SE18 3EP
Tewson Road PMS: Tewson Road, Plumstead, SE18 1BB
TMA PMS: Gallions Reach Health Centre, Bentham Road, Thamesmead SE28 8BE
Trinity Medical Centre PMS: The Trinity Medical Centre, 213 Burrage Road, Plumstead SE18 7IZ
Triveni PMS: Escreet Grove, Woolwich SE18 5TE
Valentine PMS: Ferryview Health Centre, 25 John Wilson Street, Woolwich SE18 6PZ
Valentine PMS: Shooters Hill Medical Centre, 201 Holburne Road, Kidbrooke SE3 8HQ
Vanbrugh Group Practice 2000: Vanbrugh Hill Health Centre Vanbrugh Hill, Greenwich, SE10 9HQ
Waverley PMS: The Waverley Practice, 37 Waverley Crescent, Plumstead SE18 7QU
Westmount Road Surgery: Westmount Surgery, 191 Westmount Road, Eltham SE9 1XY
Section Five: Greenwich Syndicate Clusters

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