

NHS Alliance Acorn Awards 2011 – Category: GP Consortium of the Year NHS Nottingham City Clinical Commissioning Group – ‘To authorisation... and beyond!’

Introduction: Recent Government policy has revolutionised NHS commissioning and for GPs and managers alike there has been much to digest and put into action. Thanks to shared boundaries and good partnerships with the local authority, well-developed Practice Based Commissioning localities and a passionate clinical and commissioning workforce, the NHS Nottingham City Clinical Commissioning Group (CCG) has been in a strong position from the off. Named as a second-wave pathfinder by the Department of Health in February 2011 and one of the first to be given full delegated authority from the PCT Board (in April 2011), the CCG is now focused on achieving full authorisation by October 2012.

The CCG’s approach of taking the four PBC clusters forward within a single consortium has proved highly effective in encouraging practice engagement and local innovation whilst allowing risk sharing and developing a single commissioning support team. The early success achieved in a deprived inner-City area with over 60 practices is testament to the CCG’s strong leadership and robust governance. Now, with a clear focus on patient care, this dynamic and responsive organisation is embracing the exciting opportunities presented by the new world and making a name for itself as one of the leading CCGs in the country.

Leadership and Governance: The keystone to establishing the NHS Nottingham City CCG has been recruiting a strong and committed leadership team. Nine local GPs representing all areas of the City were appointed to the Executive Committee (including the four GP-elected locality chairs) and brought a wealth and diversity of local knowledge. The GP Executive includes clinicians who are passionate about mental health, drug and alcohol misuse, student health, emergency care, long-term conditions, improving patient pathways and reducing health inequalities, and each has taken lead clinical responsibility for at least one key commissioning area. All have relished the opportunity to use their understanding of the needs of local patients to full commissioning effect to ensure services in Nottingham City are relevant and responsive enough to meet those needs. They also appreciate that in order to achieve their aims they need to have an excellent and experienced management team. Alongside the GP leadership, the CCG is led by Dawn Smith, who was previously Director of Delivery and Performance at NHS Nottingham City (PCT) and has a strong background in primary care commissioning. Dawn was appointed Chief Operating Officer for the CCG in February 2011. Dawn is supported by Terry Allen as Director of Finance and Maria Principe as Director of Cluster Performance. Terry previously held the Director of Finance post in the PCT and Maria was instrumental in establishing Practice Based Commissioning in Nottingham City.

In order to ensure that the strong clinical foundation of the organisation was supported to take forward its new commissioning responsibilities, the GP Executive members were put through an intensive development programme before receiving delegated commissioning budgets and responsibilities from the PCT Board on 1 April 2011. The programme was also opened up to other non-exec GPs to ensure an effective first step to sustainability and succession planning. It included sessions on the characteristics of an effective Board, understanding organisational governance, successful financial management, procurement processes, contracting and performance management, making partnerships work, using public health skills and analysis to drive and target effective commissioning, prioritisation of investment and the QIPP challenge, influencing and negotiation skills, and media handling. The programme developed the GPs’ skills in working together and thinking as leaders of a pioneering new organisation rather than working independently as before. It was rated extremely highly by GP participants and by the CCG’s educational lead, Dr Alastair McLachlan, who commented: “It was excellent with some highly articulate and thought-provoking sessions. As someone who has been involved in devising educational events I was very impressed”. The consortium will now build on this solid foundation and work to develop a long-term organisational development plan.

With new challenges come new opportunities and the Executive Team felt this was an exciting time to establish a new commissioning organisation and implement fresh ideas. By drawing on the breadth and depth of many years’ combined experience in general practice the team wanted to take commissioning in a new direction to deliver the very best services for Nottingham City patients. However, it was important to focus this enthusiasm and the GPs worked with their commissioning colleagues, patients and partners to work up a vision for the new organisation: *‘Working together for a healthier Nottingham’* which was then developed into a purpose and practical framework of six achievable aims:

Our purpose is to work together to improve health and reduce health inequalities through the provision of high quality and value for money services that are patient centred. This will be achieved by:

- *Strengthening our ethos of compassion and caring*
- *Taking an active and inclusive approach to involving patients, carers and the public in all aspects of our work*
- *Understanding and responding to the needs of our diverse population*
- *Continually improving the quality of services through collaborative and innovative clinical commissioning*
- *Enabling, supporting and encouraging development of the local workforce to deliver health improvements*
- *Securing cost effective and integrated services within available resources*

Terms of Engagement have been developed to govern relationships between the constituent practices within the CCG and to support the CCG in undertaking clinical commissioning and achieving formal authorisation as an independent statutory organisation. This agreement details the organisation structure with the Governance Committee as its governing body. Established committees accountable to the Governance Committee are:

- **The Prioritisation and QIPP Committee** - leading the organisation in prioritising commissioned healthcare, whilst ensuring robust and consistent investment and disinvestment decisions. The Committee considers complex commissioning issues and ensures the appropriate public involvement and consultation in investment and disinvestment decisions with due regard to equality considerations.
- **The Quality Improvement Committee** - providing assurance on the quality of services commissioned and promoting improvement and innovation in treatment safety, effectiveness and experience.
- **The Risk & Assurance Committee** - ensuring robust risk management and assurance in relation to equality and diversity, information governance and data protection, business continuity, corporate social responsibility, and health, safety and security.

Strong engagement with member practices: It was very clear that for the CCG to succeed, constituent practices needed to truly engage with and support the new organisation and its vision. Regular locality board meetings were already well-established as part of PBC, but engagement and communication needed to be much deeper and more effective. A monthly newsletter, 'Connect', now goes out to GP practices, NHS managers and partner organisations to keep stakeholders in touch with progress, challenges and successes. Articles cover organisational development, commissioning, good practice/advice and include Executive Team contact details to encourage GPs to get in touch and feed back their thoughts and innovations.

As part of engaging with constituent practices the NHS Nottingham City CCG organised two large scale GP engagement events which proved to be a hugely successful way of facilitating discussions and gaining feedback from practice members on key issues about the development of the organisation. At least one GP member from each practice was asked to attend as a representative with other practice members including practice managers and nurses also invited, offering all stakeholders the opportunity to voice opinions. Issues discussed at the events included future intentions for clinical commissioning and the impact on GPs, the clinical commissioning model for Nottingham City, the vision for the CCG, the Terms of Engagement and budgetary responsibilities for commissioning. Attendees also put forward their ambitions for the type of organisation the CCG should aspire to be and 'Wordles' captured the feedback creatively and powerfully.

One significant and particularly effective innovation has been a programme of peer-led practice visits to support practices and encourage them to get involved and help the organisation achieve its strategic aims. The Executive Team is visiting each practice using a template format that includes the added benefit of helping practices achieve Commissioning Quality and Outcomes Framework (QOF) points. An A5 summary booklet was also produced to help the practices understand the commissioning QOF process and what was required of them to ensure success individually, for the CCG and for the wider health community.

The practice visits cover budget performance, acute admissions, the Clinical Advisory Service (integrated triage and support), prescribing activity and care pathways, and practices are encouraged to come up with ways to improve the service they offer to patients and their journey through the system. The ethos is encouraging and supportive rather than critical and the response from practices has been overwhelmingly positive. The CCG is also planning to run peer review sessions that will not only help practices with their commissioning QOF achievements but will also share best practice and learning from these visits.

Getting a grip of QIPP – evidence of broad ownership of the challenges: A range of initiatives are ensuring that the CCG is driving up quality, preventing illness, improving productivity and harnessing innovation. Whilst cost improvements are critical to managing tighter NHS budgets, the CCG has placed a huge emphasis on ensuring that service change is also quality driven and improves the patient experience. The following case studies provide examples of QIPP initiatives delivered by the CCG:

- The Crisis Response service** includes a nurse, physiotherapist, occupational therapist, social worker, in-reach worker and trained rehabilitation support workers, bringing together existing health and social care services in an innovative and integrated way. The service helps individuals at crisis point, whether due to a physical health-related problem such as falling, or a social care issue, such as the breakdown of care. It offers the appropriate level of support, responding within an average time of two hours 45 minutes (maximum of four hours), to prevent an admission to hospital or residential care. Available seven days a week, the team provides assessment and up to four visits a day for up to 48 hours following a crisis. It can provide rehabilitation support, order equipment or initiate social care – allowing patients to remain in their own home and promoting independence while the appropriate care and support is arranged. **QIPP headline:** The Crisis Response service received 1,091 referrals in the first year; of these 972 patients (89%) were referred to try and prevent an admission to hospital and 119 patients (11%) to prevent admission to a care home. Feedback from patients is very important and every service user completes a simple questionnaire to help evaluate success. So far there has been 100% user satisfaction. The service is continuing to build on its success by working with partners to support more people out of hours and take referrals directly from the ambulance service. Estimated savings for the CCG so far are just under £1.5m.
- The Community Neurology Service (CNS)** is an integrated health and social care service that provides a multidisciplinary and multiagency approach to individuals with long-term neurological conditions (LTNC). There are strong links with secondary care including specialist nurse involvement within neurology clinics. **QIPP headline:** This integrated approach is one of the first in the country and Nottingham City is seen as leading the way in CNS service development. The service was developed following a detailed review of services available in the community for people with LTNC and taking into account feedback from patients, carers, and voluntary sector organisations. These relationships have developed throughout the implementation of the service to ensure a seamless and coordinated approach to patient-centred care.
- Reducing Emergency Department (ED) attendance** and admissions is a key priority for the CCG and a range of initiatives are now being used to encourage behaviour change from practices and patients. Resource packs have been sent to all 62 Nottingham City practices which include materials to display and give directly to patients focusing on ‘get the right treatment’ messages and promoting the NHS 111 phone number for urgent care, for which Nottingham City is a pilot. These packs are supported by letter templates for practices to use in contacting all patients who have attended the Emergency Department more than five times in six months. **QIPP headline:** The CCG has worked with acute colleagues to strengthen the primary care stream at the ED front door with more staff and a patient pathway focus. Two key successes have been negotiating for an ED consultant to always be available until 2am, and developing an innovative ‘observation unit’ in ED with a CQUIN target adopted to support and drive the process.
- A Community In-reach Pilot** has just been launched with Nottingham CityCare Partnership (community provider), Nottingham City Council and Nottingham University Hospitals NHS Trust to streamline and improve patient discharge. The pilot focuses on an ortho-geriatric ward and aims to co-ordinate and facilitate early, safe and effective discharge from hospital, to ensure that all patients’ rehabilitation potential is met and to see fewer patients discharged directly into long-term care. **QIPP headline:** Our significant success in the first two months is encouraging with 37 patients reviewed in July and 23 discharged and a further 31 discharged in August. The length of stay on the ward is down from 15 days to seven.

Partnership working with other stakeholders: The CCG has fully engaged with the local authority in establishing an effective Health and Well-being Board to ensure that joint commissioning priorities are identified and driven forward. The Chief Operating Officer, Chair and two additional GP Executives will represent the CCG on the Board and will be actively involved in producing the Joint Strategic Needs Assessment for the City as well as a joint Health and Social Care Strategy. CCG representation of this level will ensure effective liaison with the NHS Commissioning Board and productive engagement with local stakeholders and establish two-way communication channels so that debate from the Health and Well-being Board is taken back to and informs local authority and CCG decision-making forums.

Jane Todd, Chief Executive of Nottingham City Council, supported the CCG’s application for pathfinder status, saying: “We are pleased that a proposal can be brought forward that ties in with our administrative boundary as this will allow a continuing focus on developing joint commissioning and integrated arrangements across health and local authority services. We welcome the opportunity to foster relationships with the city’s GPs, many of whom have made significant contributions beyond their practices to work with us on key initiatives in community regeneration, the health of young people and supporting marginalised and vulnerable groups. We look forward to developing a positive relationship with the commissioning consortium and believe it offers us the best chance to continue to develop the good work done by NHS Nottingham City.”

Another area of effective partnership working is a recent review of mental health third sector provision aiming to improve the support pathway and develop a new integrated model of support for service users and carers. The process involved mapping existing provision and then engaging with stakeholders including service users and carers, joint commissioners, service providers and GPs. A consultation event was attended by over 100 stakeholders. A new model has now been developed and the CCG began the procurement process in May 2011. Service users and carers were involved in developing specifications for the services and the tender evaluation panel will include service users and carers, with new services operational in April 2012.

Patient and public involvement and responsiveness: The CCG understands that patient experience, engagement and involvement are pivotal to its commissioning strategy and decision-making and it is proactively working to further develop an already-established range of sustainable engagement mechanisms to ensure that patient feedback is captured and fed into the commissioning cycle at all stages.

A Citizens' Health Panel of more than 3,000 individual and group members has already been established with a membership that reflects the diversity of the local population. The group regularly completes questionnaires and opinion surveys and feeds into local and national consultations. More than half of City GP practices have Patient Participation Groups (PPGs) that meet regularly to feed back on care provided at practice level and influence future service provision, and more practices are being encouraged to establish PPGs in the coming months. Each clinical locality also has patient representation on its Board.

The Patient Experience Group meets regularly to discuss developments in local NHS commissioning. Recruitment is ongoing to encourage representatives from all provider organisations and GP practice PPGs.

A Patient Engagement Toolkit for Commissioners and supporting training programme have been produced and rolled out across the organisation to ensure that commissioners are involving patients throughout the commissioning cycle and have an opportunity at the earliest stage to feed into proposals for service development and redesign. The toolkit includes a step-by-step interactive resource to guide commissioners through the engagement process, providing them with all the necessary tools. There has been a shift in emphasis in recent months to ensure that patient opinion is not just captured and used but that the CCG can evidence where patient involvement has had a direct impact on commissioning decisions. The annual *Real Accountability Report* summarises how patients were engaged and what the outcomes were. All engagement activity relating to commissioning decisions is reported on and available to view on the CCG website.

Tackling difficult issues: As part of the Transforming Community Services process Nottingham City CCG tendered for psychological therapies. The contract was awarded to a new provider which would deliver a cost effective, early intervention model based on the NICE 'stepped care' approach. The process was contentious as changes had to be made to the way the service was delivered and in order to deliver the improved model within available resources the staffing structure was redesigned. The key challenge was to engage with primary care clinicians, clinicians within the service and the wider public as service change within any area of mental health provision is always contentious. The CCG worked hard to make sure all providers, GPs and stakeholders understood the changes, were on board and received regular contact throughout the process. Negotiation and liaison through a series of meetings with unions and individual professionals, whilst very challenging, resulted in a new service structure being agreed that will deliver an effective, integrated service for patients. Through the new service patients will receive their first appointment and subsequent treatment more quickly than before – the CCG is continuing to meet service delivery targets and stay within budget.

Future areas that the CCG acknowledges will be challenging and contentious include the redesign of the palliative day care provision to ensure equity of access to patients with conditions other than cancer and motor-neurone disease. Whilst there has been recent opposition to a change in the service by patients who currently receive day care at a specialist facility, the CCG is committed to working with staff and patients to ensure that those patients with terminal respiratory and coronary conditions are also able to access palliative day care. A working group has been established to ensure robust communication, engagement and consultation in the coming months.

Summary: NHS Nottingham City Clinical Commissioning Group has taken great strides forward since April 2011, establishing itself as a sustainable, effective and dynamic organisation committed to working with its patients and partners to achieve better health outcomes for the population of Nottingham City. It is already working closely with stakeholders and delivering improved quality, innovative interventions, efficiency savings and increased patient satisfaction. With delegated commissioning responsibility from one of the country's top ten PCTs (World-Class Commissioning), the CCG is aiming high and intends to be a national trail-blazer in clinical commissioning success. It continues to work incredibly hard and be recognised for its achievements.