

**Developing
commissioning priorities
beyond 2014 –
conversation with
Hammersmith & Fulham
Health & Wellbeing Board**

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November 2014

Purpose, objectives and outcomes

... or why are we here today?

Purpose

- To have a conversation with you about our commissioning plans and how you can influence their development

Objectives

- Share with you the work to date on our commissioning plans
- Highlight the specific areas where our plans are still being formed
- Get your feedback on which areas we should prioritise going forwards

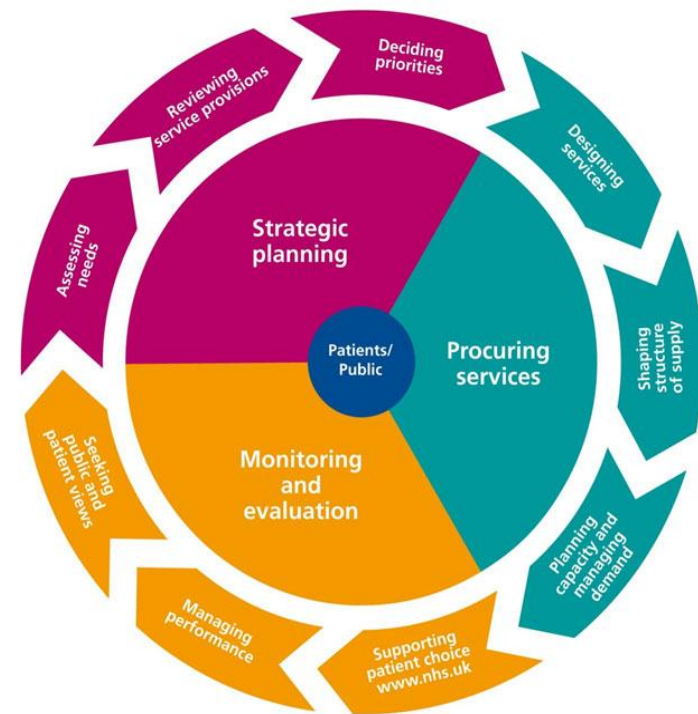
Outcomes

- Greater clarity for us on your views on our commissioning plans so that we can move towards a robust set of priorities

Our commissioning plans: an update

How we develop our commissioning plans

- We develop commissioning plans for our overall vision
- ‘Commissioning’: reviewing need, to service design & re-design, procurement and evaluation
- Evolving cycle of commissioning and different areas of our work at different stages of the cycle
- Patients and the public are at the heart of all stages of the cycle

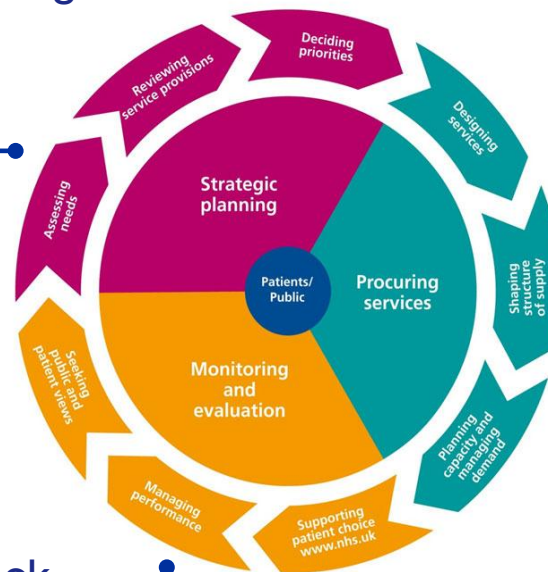


Our conversations with you

Inviting you to join our strategic planning groups and project steering groups

Specific projects and working groups to co-design local pathways

On-going conversations to understand patient need



Asking for your contribution to the development of service specifications and provider selection

Gathering your feedback – directly and via the VCS – to understand service quality and performance

Developing Commissioning Intentions

Headlines for this year

Key points about developing the intentions this year (2015/16)

- **A move away from the ‘annual’ approach to commissioning intentions to drawing on conversations with staff and patients throughout the year to inform our commissioning intentions**
- **We issued specific “contracting intentions” to providers on 30 September 2014 to set the tone for our expectations from providers with more detailed commissioning intentions to follow**
- **We continue to develop wider commissioning plans for 2015/16**
- **A separate public facing document will be produced for the end of the year**

Developing Commissioning Intentions

Decision making

We aim to make our decisions about services based on a combination of:

- **Public health information**
- **Patient experience**
- **Contract monitoring**
- **Co-production with patients and service users**
- **Potential for achieving best value for money**
- **Fit with our overall strategy**

Developing Commissioning Intentions

Where you can influence

Our plans fall into three broad areas, and your input is needed to help us take each one forward

Service we
have already
decided to buy
for 2015/16



We still need to
procure these
services, and
evaluate once
up and running

Services we
already buy, but
need to review
in 2015/16



We need input
to help us
decide which of
these to
prioritise

Services we
need to decide
whether or not
to buy (2016/17)



We need input
to help us
decide which of
these to
prioritise

Developing Commissioning Intentions

Services we have decided to buy for 2015/16

Some commissioning decisions have already been made, in consultation with stakeholders, and are being implemented

- **MSK**
- **Ophthalmology**
- **Community gynaecology**
- **Community dermatology**
- **Community Independence Service Plus**
- **Wheelchair repair**
- **Diagnostics**
- **NHS 111 & UCCs**
- **Perinatal mental health**
- **Primary care memory service**
- **Expert Patient Programme**
- **Homecare**
- **Tissue viability**

There is more information on these procurements in the supporting information at the back of this pack

How can we recruit local people to help us procure these services?

Developing Commissioning Intentions

Services we buy now: will review 2015/16

There are some services that we already buy, but may need to review, for a number of reasons including quality, equity, and value for money

- **Retinal screening**
- **Diabetes**
- **Podiatry**
- **Foot care**
- **End of life care**
- **TB**
- **Chronic kidney disease (CKD)**

There is more information on these pathways in the supporting information at the back of this pack

What is your view on which of these we should prioritise?

Developing Commissioning Intentions

Services we need to decide whether to buy:

There are some services that we don't currently buy for the local population – we need to make a decision about how we approach these for 2016/17

- **Cardiology, to include heart failure**
- **Community ENT (ear, nose & throat)**
- **Community gastroenterology**
- **Neurology**
- **Urology**
- **Paediatric continence**

There is more information on these pathways in the supporting information at the back of this pack

What is your view on which of these we should prioritise?

Supplementary questions

We would value your views on the following:

- **How can we identify and engage individual Hammersmith & Fulham patients in different stages of our work, e.g. service design, specification development, selection of bidders, and evaluation?**
- **We are developing more services for patients in the local community. How can we ensure that this information is shared with local people?**

Appendix 1

Public health view on
commissioning
intentions

Health Profile 2014

<http://www.apho.org.uk/resource/view.aspx?RID=142309>

Domain	Indicator	Local No Per Year	Local value	Eng value	Regional average^			England Best
					England Worst	25th Percentile	75th Percentile	
				England Range		Eng best		
Our communities	1 Deprivation	46,877	26.1	20.4	83.8		0.0	
	2 Children in poverty (under 16s)	8,640	28.9	20.6	43.6		6.4	
	3 Statutory homelessness	283	3.7	2.4	11.4		0.0	
	4 GCSE achieved (5A*-C inc. Eng & Maths)	768	66.5	60.8	38.1		81.9	
	5 Violent crime (violence offences)	3,215	17.6	10.6	27.1		3.3	
	6 Long term unemployment	1,372	10.3	9.9	32.6		1.3	
	7 Smoking status at time of delivery	86	3.5	12.7	30.8		2.3	
Children's and young people's health	8 Breastfeeding initiation	2,178	89.7	73.9	40.8		94.7	
	9 Obese children (Year 6)	222	20.1	18.9	27.3		10.1	
	10 Alcohol-specific hospital stays (under 18)	12	37.9	44.9	126.7		11.9	
	11 Under 18 conceptions	57	25.6	27.7	52.0		8.8	
Adults' health and lifestyle	12 Smoking prevalence	n/a	23.8	19.5	30.1		8.4	
	13 Percentage of physically active adults	n/a	64.9	56.0	43.8		68.5	
	14 Obese adults	n/a	13.3	23.0	35.2		11.2	
	15 Excess weight in adults	227	49.7	63.8	75.9		45.9	
Disease and poor health	16 Incidence of malignant melanoma	18	11.0	14.8	31.8		3.6	
	17 Hospital stays for self-harm	240	128.6	188.0	596.0		50.4	
	18 Hospital stays for alcohol related harm	892	631	637	1,121		365	
	19 Drug misuse	1,548	11.3	8.6	26.3		0.8	
	20 Recorded diabetes	7,186	4.3	6.0	8.7		3.5	
	21 Incidence of TB	56	30.7	15.1	112.3		0.0	
	22 Acute sexually transmitted infections	3,534	1,937	804	3,210		162	
Life expectancy and causes of death	23 Hip fractures in people aged 65 and over	119	703	568	828		403	
	24 Excess winter deaths (three year)	50	17.6	16.5	32.1		-3.0	
	25 Life expectancy at birth (Male)	n/a	79.1	79.2	74.0		82.9	
	26 Life expectancy at birth (Female)	n/a	83.3	83.0	79.5		86.6	
	27 Infant mortality	10	3.8	4.1	7.5		0.7	
	28 Smoking related deaths	186	342	292	480		172	
	29 Suicide rate	17	10.1	8.5				
	30 Under 75 mortality rate: cardiovascular	89	95.8	81.1	144.7		37.4	
	31 Under 75 mortality rate: cancer	143	149	146	213		106	
	32 Killed and seriously injured on roads	77	42.2	40.5	116.3		11.3	

Conclusions

- Deprivation
 - especially Child Poverty
- Smoking prevalence and Smoking related deaths
- Drug use
- Sexual health
- Hip fractures 65+
- CVD mortality

Public Health Outcomes Framework

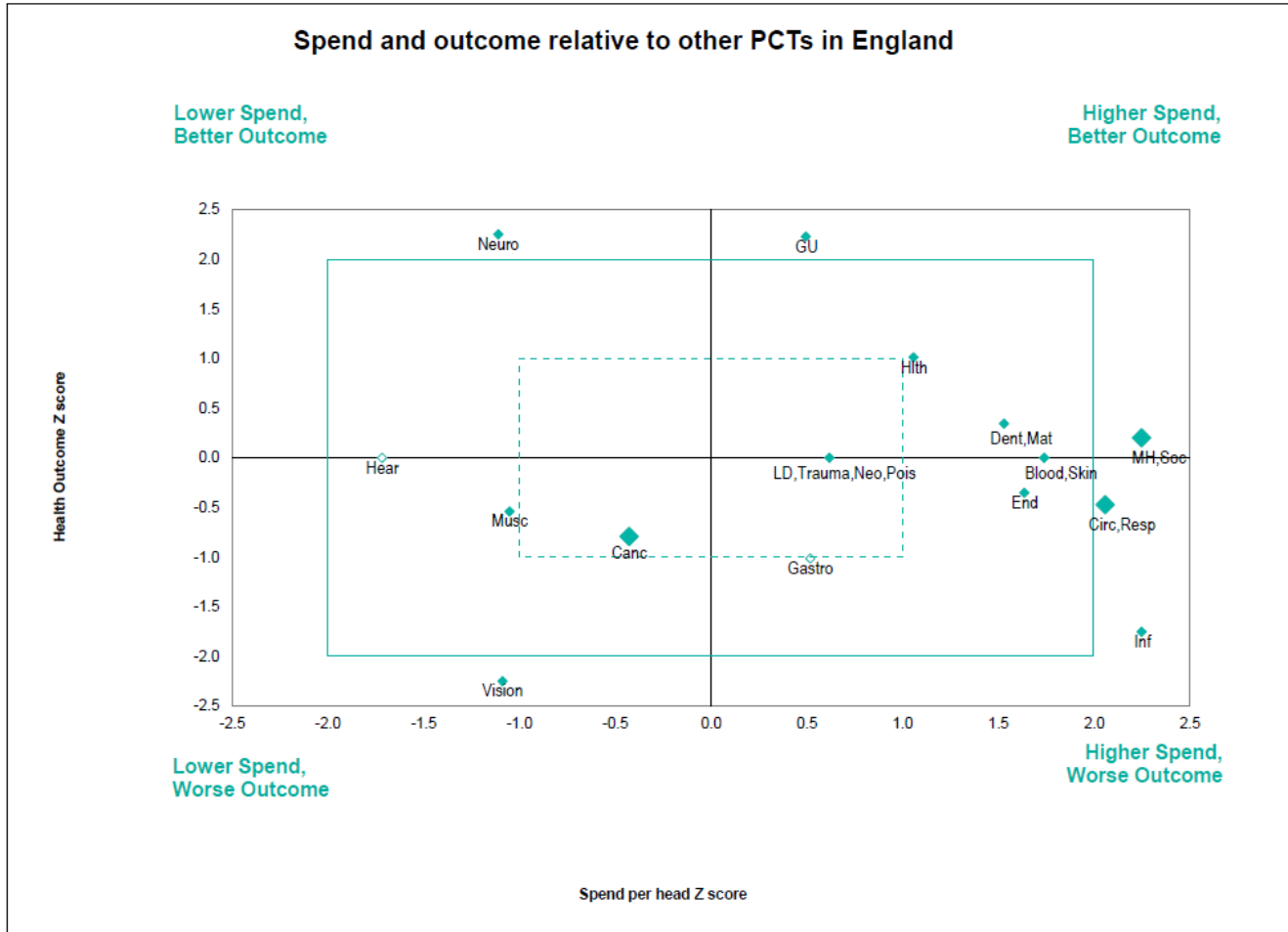
Healthcare and premature mortality				
4.01 - Infant mortality	3.46	4.3	4.3	2009 - 11
4.02 - Tooth decay in children aged 5	1.15	1.23	.94	2011/12
4.03 - Mortality rate from causes considered preventable	169.0	137.6	146.1	2009 - 11
4.04i - Under 75 mortality rate from all cardiovascular diseases	66.5	62.7	60.9	2009 - 11
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable	42.5	39.3	40.6	2009 - 11
4.05i - Under 75 mortality rate from cancer	116.9	103.3	108.1	2009 - 11
4.05ii - Under 75 mortality rate from cancer considered preventable	73.7	59.3	61.9	2009 - 11
4.06i - Under 75 mortality rate from liver disease	24.4	15.1	14.4	2009 - 11
4.06ii - Under 75 mortality rate from liver disease considered preventable	20.4	12.9	12.7	2009 - 11
4.07i - Under 75 mortality rate from respiratory disease	25.1	21.9	23.4	2009 - 11
4.07ii - Under 75 mortality rate from respiratory disease considered preventable	13.8	10.8	11.6	2009 - 11
4.08 - Mortality from communicable diseases	32.8	31.7	29.9	2009 - 11
4.10 - Suicide rate	7.4	6.8	7.9	2009 - 11
4.11 - Emergency readmissions within 30 days of discharge from hospital, persons	13.3%	12.0%	11.8%	2010/11
4.11 - Emergency readmissions within 30 days of discharge from hospital, male	14.4%	12.5%	12.1%	2010/11
4.11 - Emergency readmissions within 30 days of discharge from hospital, female	12.2%	11.4%	11.4%	2010/11
4.12i - Preventable sight loss - age related macular degeneration (AMD)	102.9		110.5	2011/12
4.12ii - Preventable sight loss - glaucoma	23.3		12.8	2011/12
4.12iii - Preventable sight loss - diabetic eye disease	3.8		3.8	2011/12
4.12iv - Preventable sight loss - sight loss certifications	31.2		44.5	2011/12
4.14i - Hip fractures in people aged 65 and over	452.0	434.0	457.2	2011/12
4.14ii - Hip fractures in people aged 65 and over - aged 65-79	297.8	217.5	222.2	2011/12
4.14iii - Hip fractures in people aged 65 and over - aged 80+	1145.8	1408.1	1514.6	2011/12
4.15i - Excess Winter Deaths Index (Single year, all ages)	15.8	17.3	17.0	Aug 10-Jul 11
4.15ii - Excess Winter Deaths Index (single year, ages 85+)	14.8	22.2	21.2	Aug 10-Jul 11

Worse than London and England
 Between London and England
 Better than London and England

Bold *Significantly worse*

Conclusions

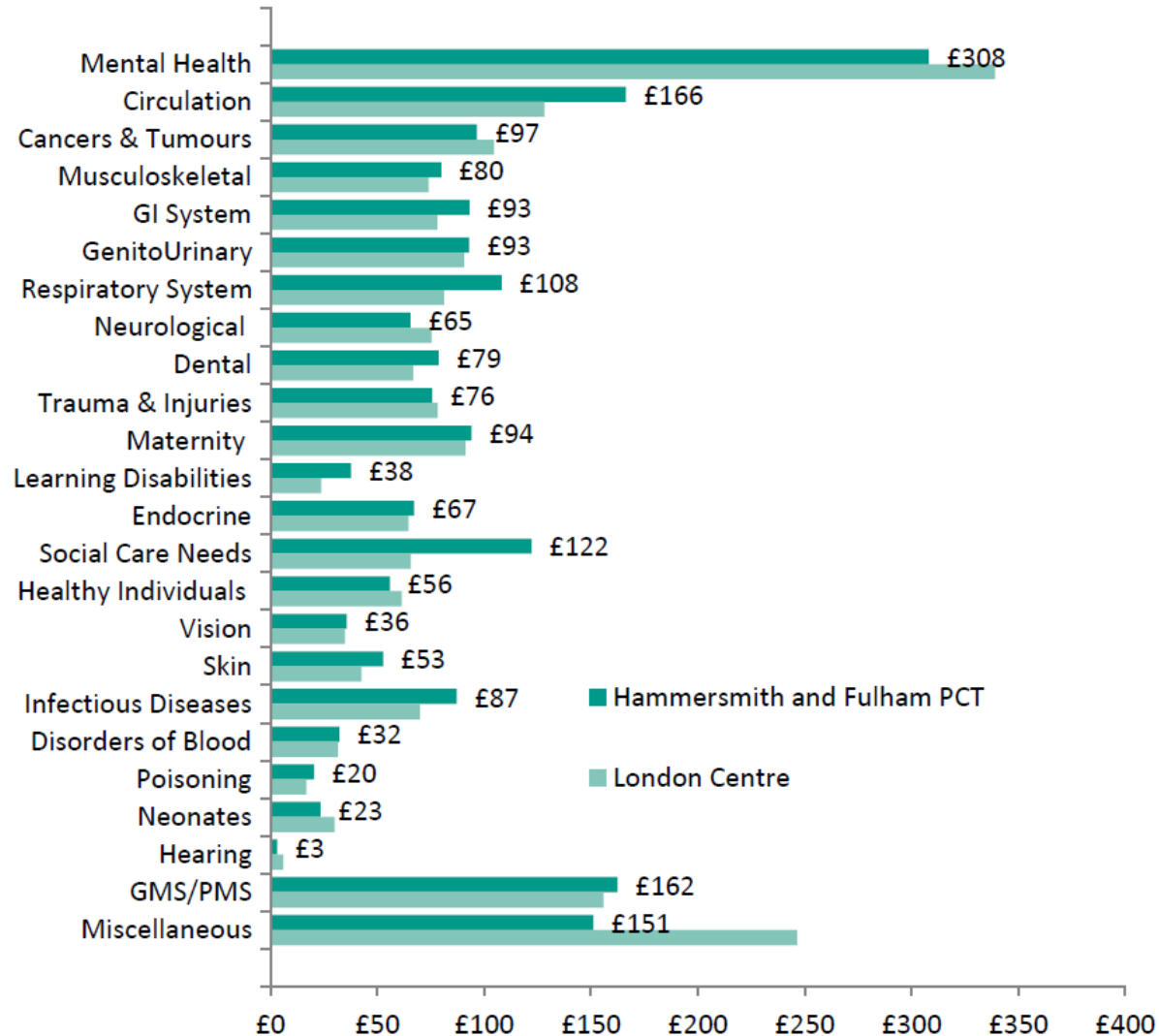
- CVD mortality <75
- Cancer mortality <75
- Liver disease mortality <75
- Respiratory mortality <75
- Suicide rate
- Hospital readmissions
- Sight loss – glaucoma
- Hip fractures 65-79



Programme Area Abbreviations

Infectious Diseases	Inf	Hearing	Hear	Disorders of Blood	Blood
Cancers & Tumours	Canc	Circulation	Circ	Maternity	Mat
Respiratory System	Resp	Mental Health	MH	Neonates	Neo
Endocrine, Nutritional & Metabolic	End	Dental	Dent	Neurological	Neuro
Genito Urinary System	GU	GI System	Gastro	Healthy Individuals	Hlth
Learning Disabilities	LD	Musculoskeletal	Musc	Social Care Needs	Soc
Adverse effects & poisoning	Pois	Trauma & Injuries	Trauma		

Spend compared to ONS Cluster



Conclusions

- Outliers on spend areas:
 - Infectious disease
 - Mental Health
 - Circulatory
 - Respiratory system
 - Neurological
 - Vision
 - Genito-urinary system
 - Social Care Needs

Overall conclusions – what are the local health priorities?

CCG Priorities identified

- CVD mortality <75
- Cancer mortality <75
- Liver disease mortality <75
- Respiratory mortality <75
- Suicide (Mental Health)
- Hospital readmissions
- Sight loss / Vision – glaucoma
- Hip fractures 65-79
- Infectious disease
- Neurological
- Genito-urinary system

Mapping to CIs

- Heart Failure, Diabetes (?)
- ?
- ?
- ?
- ?
- District/community nursing?
- Ophthalmology, Retinal screening
- MSK
- TB
- ?
- Paediatric continence

Where are the gaps?

Appendix 2

Some further
information on
services/pathways

Services we have already committed to buying

Procurement timelines

Procurement	Expected to be live and seeing patients
MSK	TBC
Community ophthalmology	July 2015
Community gynaecology	April 2015
Community dermatology	April 2015
Community Independence Service Plus	April 2015
Wheelchair repair	TBC
Diagnostics	October 2015
NHS 111 & UCCs	September 2015
Perinatal mental health	July 2015
Primary care memory service	July 2015
Expert Patient Programme	April 2015
Homecare	April 2015
Tissue viability	TBC

Developing Commissioning Intentions

Services we currently buy, but need to review

Pathway	Current evidence/knowledge about service
Retinal screening	We are not currently meeting national guidance in this area; NHSE commissions diabetic eye screening; there is a drive to move to pan-London commissioning and we need to respond to this driver; we currently also commission CLCH to provide a diabetic service that includes screening - therefore we need to understand where we could be double paying and where the current service overlaps with other pathways, e.g. ophthalmology
Diabetes	We have done a lot of work to improve the diabetes pathway already, e.g. recommissioning patient education in response to feedback; we now need to review services to ensure equity of service provision across CWHHE, and ensure there is alignment across the new primary care contracts and the diabetes services in acute and community settings; we need to review the current CLCH contract. We believe we can do the necessary work by 31 March 2015
Podiatry	The Joint Commissioning team asked CLCH to review the current service specification and we awaiting the results of that review
Foot care	This area should be reviewed as part of ensuring a robust diabetes service
End of life care	We have already done a lot of work on end of life pathways and communication with patients about it; we still have more work to do to develop this work
TB	A public health JSNA deep dive across the Tri-borough showed that NICE guidance is not being met; there is also disparity in the services offered across the Tri-borough; there is believed to be the potential for financial savings in reviewing the services; CLCH are keen to progress this. We believe we can do the scoping work by early 2015
CKD	Small numbers affected; we need to streamline the patient pathway across existing services in primary & secondary care rather than commission a new service

Developing Commissioning Intentions

Services we don't currently buy

Pathway	Current evidence/knowledge about service
Cardiology, including heart failure	Public health analysis shows this should be a priority because we have high mortality from CVD and we also have high spend and low outcomes; there is believed to be a strong evidence base for financial savings (British Heart Foundation) through reduced hospital admissions and outpatient attendances; we know there is appetite amongst patient groups to be part of working in this area; we are also the only Tri-borough CCG with no heart failure service
Community ENT (ear nose and throat)	Raised by local GPs as a potential area for developing a community service
Community gastroenterology	Raised by local GPs as a potential area for developing a community service
Urology	This is a gap in service for us and other CCGs are working on this area
Neurology	Public health analysis shows this could be a priority for us because we are an outlier in terms of spend; we are currently scoping this area to see what could be provided in terms of a community service
Paediatric continence	Continence services are adult-focused, and we are exploring bringing a stronger focus on children. There are some specific proposal around some additional nursing support, and these are being discussed across the Tri-borough.