NHS
Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

BNSSG CCG Commissioning Intentions 2019/20

The following intentions are based on the CCG priorities and where possible take into account the STP programmes for 2019/20.

There will be implications from the single system plan ambitions as this develops, in addition to the national planning guidance which is expected to be available from November 2018.

We have set out below the CCG's overarching intentions within its commissioning activity and related these to the CCG's aim within its overall strategic vision. Core to this and running throughout each section is addressing health inequalities and the social determinants of ill health; promoting primary prevention and self-care and driving integration. Key enablers running supporting our commissioning intentions are digital solutions and development of resilient workforce models across providers.

We have also set out the implications that the intentions could have on the contractual arrangements with our provider organisations.

Vision	Commissioning statement
Building the system with our providers	We are progressing towards an integrated approach to care across the Bristol, North Somerset and South Gloucestershire health and care system. In the coming year we are focusing on the following key areas of change to support this transition: Redesigning models of care • Integrated community services • Networked general hospital care • Regional centre of excellence for specialised services Enabled by effective infrastructure • Clinically and financially sustainable services • Staff enabled to deliver exceptional care • Digitally enabled care. Intelligent use of data to inform decision making • Consistent pathways of care across BNSSG

	• Workforce – ability to work across organisations
Locality development	• Integrated Community Localities will be the default option for people's care • We will expand the boundaries of "out of hospital care" so the hospital becomes "out of the community" • We will deliver a reliable and consistently available service that is coordinated and effective. All partners will be focused on the needs of that population, sharing collective resources and with a common purpose • Key areas of focus within localities for 2019/20, with further plans to be developed: – Frail/ elderly – Mental health – Children
Community Services	• To recommission adult community health services across BNSSG for mobilisation from April 2020 • To work with Care Home liaison teams to avoid admission to hospital • Optimisation of Discharge to Assess (D2A) services to speed up discharges from hospitals and enable more patients to leave hospital in a timely way • Optimisation of Intravenous (IV) services and pathways across BNSSG • Work with Local Authorities in BNSSG to define plans for the recommissioning of community equipment services • Integrated care bureau phase 2
Maternity	• Continued implementation of the BNSSG Maternity Transformation Plan, including delivery of national continuity of carer, personalisation and safety targets
Mental Health and Learning Disabilities	Service specific: • Control Room Triage and Street Triage – review of the future model • ADHD Service – Short term solution and longer term re-design required due to high wait lists. Funding to be reviewed • Re-design of 24/7 acute hospital psychiatric liaison service across BNSSG • Review of the dementia care pathway across the system • Perinatal mental health - roll out of wave 2 funding to further develop the service • Review of the community rehabilitation pathway • Review and redesign the CAMHS pathway across BNSSG • Implementation of SMI physical heath checks – eg BP, Diabetes

	• Deliver the IAPT re-procurement • Review and redesign of Learning Disabilities pathway across BNSSG
Healthy Weston	• We will develop a sustainable solution for Weston as a part of the wider BNSSG area that remains at the heart of the community, providing sustainable hospital services • With a new community-focused role providing a greater range of health and care services on the site of the hospital, enabling patients to be treated more effectively and efficiently in one place for common and immediate health needs, without needing to go to hospital or to travel to several different places for treatment
Planned Care	• To work with providers to develop a refreshed planned care strategy • Transformation of outpatient delivery with a greater focus on non-face-to-face options. The SDOG commissioned Outpatient Transformation Group is developing a programme which is expected to reduce the number of face to face outpatients. Weston, UH Bristol and NBT are represented on this group. This project is also examining follow-up activity • Review commissioning of MSK integrated model which includes physiotherapy, interface services, orthopaedics, podiatry, rheumatology and pain services across all providers • As in previous years, commissioners will be reviewing and updating funding policies, which may have an impact on activity for specific procedures. The programme for review and development of any new policies will be developed over the coming months, and is not yet available • To review diagnostic activity including imaging and pathology to assess if there are opportunities to reduce activity, reduce harm and overuse, and ensure that requests are in line with best evidence and that duplication is reduced. The CCG is continuing to work with diagnostic providers to improve guidance for primary care direct access service. This may impact on activity levels and will be discussed with providers as part of sharing control centre work. Initial work has focused on MSK, diagnostic requests for MRI and Ultrasound. • We will work with providers to review the ophthalmology pathway, considering improved ways of care delivery including community provision of routine eye care services. The CCG has approved the development of an Eye Care Strategy by April 2019. This work is likely to lead to the development of new service specifications and contractual forms for Ophthalmology providers. All current providers will be invited to participate in the development of the Eye Care Strategy. • We will expect providers to continue on transformation work and engage with the Somerset, Wiltshire, Avon and Gloucestershire (SWAG) cancer alliance to deliver early diagnosis projects as well as introducing new timed national pathways. Plan with providers for the continuation of Living Well Beyond Cancer services becoming 'business as usual' following the completion of the LWBC National Transformation project • Plan with providers for the ongoing provision of diabetes virtual clinics and foot care pathway changes • To commission a BNSSG Deep Vein Thrombosis (DVT) pathway for patients who present in General Practice with a suspected DVT, which is consistent, standardised, high quality and cost effective. DVT services for patients who present in

	primary care are currently out to procurement. The new service is expected to start in April 2019 and this may have implications for current providers. • Referral Management - Ongoing development of the referral support services and schemes which have been undertaken by the CCG over the last two years, with demonstrated impact on referrals and activity levels for procedures with access policies. The referral support service continues to be rolled out to all South Gloucester practices, including the introduction of clinical triage for all North Somerset practices. This will support consistency in referral thresholds and ensuring all referrals comply with funding policies • Commissioners intend to review our current commissioning arrangements for Urology outpatient and community services. However, details and timescales are not available currently
Urgent Care	• Transforming our urgent care system is at the heart of our strategic approach to commissioning. Implementing the agreed system-wide urgent care strategy is a key building block for this and initiatives in 2019/20 include: o Integrated care bureau phase 2 (see also community services) o Development of BNSSG frailty model o Urgent treatment centre designation o Integrated locality providers (strongly linked to the initiatives above) o Expansion of services for vulnerable / high impact users o Different pathways for ambulatory care sensitive conditions Enablers for the strategy also include: o Greater use of Connecting Care o Segmentation / risk stratification (enabler for integrated localities) o Children's step up services o DoS development (enabler) o 111 online o Integrated assessment function o Digital trials e.g. advice & guidance • We are implementing our new integrated urgent care service in April 2019, which will integrate out of hours and 111 services as well as providing the platform to maximise the system-wide benefits of improved urgent care demand management and patient flow. Other providers will need to engage with the clinical reference group for the mobilisation, agreeing revised clinical pathways, providing links for the new service and supporting data flows that will enable end to end patient pathway management

	• We will be evaluating the impact of developments in 2018/19, specifically the impacts of expanded Rapid / REACT services and the virtual integrated care bureau, which may lead to changes in commissioned services, dependent on the outcome • We will address the growth in ambulance conveyance identified in 2018/19 and the requirements for additional capital for vehicles raised by SWAST
Acute services	• The creation of a single BNSSG CCG gives the health system the opportunity to standardise contract terms and agreements between the 3 acute providers • We will take a whole systems approach to reviewing any requests for additional funding and will describe our process for reviewing these as soon as possible. Given our financial situation as a health community we require that any requests for funding identify appropriate sources of funding and savings
Medicine Optimisation /Prescribing	• To improve patient outcomes through better use of medicines, ensuring that evidence-based care is embedded into routine practice through medicines optimisation • All providers should engage with and adopt the BNSSG formulary process. • Ensure consistent pathways of care are agreed with a focus on areas of high cost drugs eg. Ophthalmology • To continue to develop methods and processes to achieve better value for money for the local NHS on high cost ‘pass through’ drugs excluded from the PbR tariff in particular the introduction of best value biologics at pace • To ensure BluTeq (a system to manage high cost drugs) is introduced in at least one specialty area to test and evaluate its use to the health care system • To improve patient experience when attending for out-patient appointments or day case admissions • To ensure that our community providers have financial responsibility for the cost of the medicines and appliances that their clinicians prescribe or supply • To ensure that the services we commission reduce unnecessary referrals, diagnostics, admissions, or prescribing activity in order to improve quality, productivity and outcomes • To review and compare the anticoagulation monitoring services within the acute trusts and primary care • To produce a system wide Medicines Optimisation vision/ strategy involving all stakeholders • Continue to adopt the national medicines optimisation programme priorities across the Healthier Together (STP) footprint, such as reducing the overuse of antibiotics (AMR programme), polypharmacy (decreasing or stopping the use of ineffective medicine), and medicine safety

	• Look at options to fully or part commission certain specialty service areas eg. Stoma and dressings, to give efficiencies in prescribing and more consistent care to patients • Agree a budget setting methodology for primary care GP practices, to allocate based on local demographic need • We work with expert clinicians to review value and outcomes from areas of increased prescribing • A focus on shared decision making to empower patients to make informed decisions • Continue work towards a consistent system wide approach to 'self- care' for minor conditions and long term conditions • Commission further work to reduce waste of medicines and to improve the repeat prescription process • Work with stakeholders to reduce use of medicines deemed to be of low benefit • Explore the opportunities with digital transformation projects to understand the efficiencies and quality improvement possible by the transfer of medicine information and medicine safety across the interfaces. • Identify the possibilities for a more integrated pharmacy workforce that can have joint roles across organisations
Quality	• Ensuring 'Quality' is a golden thread throughout provision of all services and developments • A focus on aligning quality measures and incentives across the system to support a positive patient experience and in hearing the patient's voice • Develop a system approach to a safer culture and learning from incidents • Reduction of avoidable mortality • Reduce harm from pressure ulcer injuries • To continue to work in partnership with public health colleagues towards the target that by 2020/21, that the number of people taking their own lives will be reduced by 10% compared to 2016/17 levels • Work with multiagency providers to ensure a sustained emphasis on reducing healthcare acquired infections - sharing & embedding learning across system • Develop a Care Home Quality Dashboard and assurance framework • Ensure the maximum benefit of national CQUINS and Quality Premium schemes that incentivize quality improvement. • Implement SMI physical heath checks for patients receiving mental health services. • Deliver the commitments of the National Framework for Continuing Health Care • Fulfil requirements in relation to the SEND legislation • Work in a multi-agency equal partnership to deliver new national arrangements for safeguarding
Clinical Effectiveness	• Work with the system to identify opportunities for re-allocation of resources (for example people, bed days) released upon completion of system change programmes

	• Work with all organisations across the health and care system to minimise low value activity so that we can shift resources to high value activity
Primary care	• We will refresh our BNSSG primary care strategy and develop a set of work streams as part of the STP to support transformation, resilience and workforce development in primary care and to deliver the GPFV locally. • We are reviewing our Local Enhanced Services to develop consistent, high quality and evidence based enhanced primary care which meets population needs and demonstrates value for money across BNSSG from April 2019 • We are commissioning a new locality based Improved Access offer that meets national guidance, responds to local population need and works with our integrated urgent care service and Out of Hours provider to support people in a primary care setting 24/7 • We are developing the next phase of the Locality Transformation Scheme which will strengthen primary care's contribution to locality development • In 2019 we will procure software to enable the implementation of e consultations in general practice across BNSSG by March 2020 • We will extend and develop a single BNSSG- wide referral management service to develop consistency in referrals, support management in primary care and referral to the right place first time • We will work with practices to develop a culture of quality improvement that encourages learning and sharing from significant events, and uses data to shape improvement and learning • We will strengthen the primary / secondary care interface through work on integration and single planning, taking every opportunity to reduce duplication and improve liaison across providers in order to improve patient experience and efficiency.

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Document History

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