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HEALTH OVERVIEW AND SCRUTINY PANEL

03 NOVEMBER 2011

SUPPLEMENTARY PAPERS

TO: ALL MEMBERS OF THE HEALTH OVERVIEW AND SCRUTINY PANEL

The following papers have been added to the agenda for the above meeting.

These were not available for publication with the rest of the agenda.

Alison Sanders
Director of Corporate Services

	Page No
6. PROGRESS ON ESTABLISHING THE CLINICAL COMMISSIONING GROUP	1 - 16
Dr Kittel will update the Panel on progress on establishing the Clinical Commissioning Group for Bracknell Forest and Ascot and any obstacles they have encountered so far.	

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Bracknell & Ascot Clinical Commissioning Group

Dr Martin Kittel

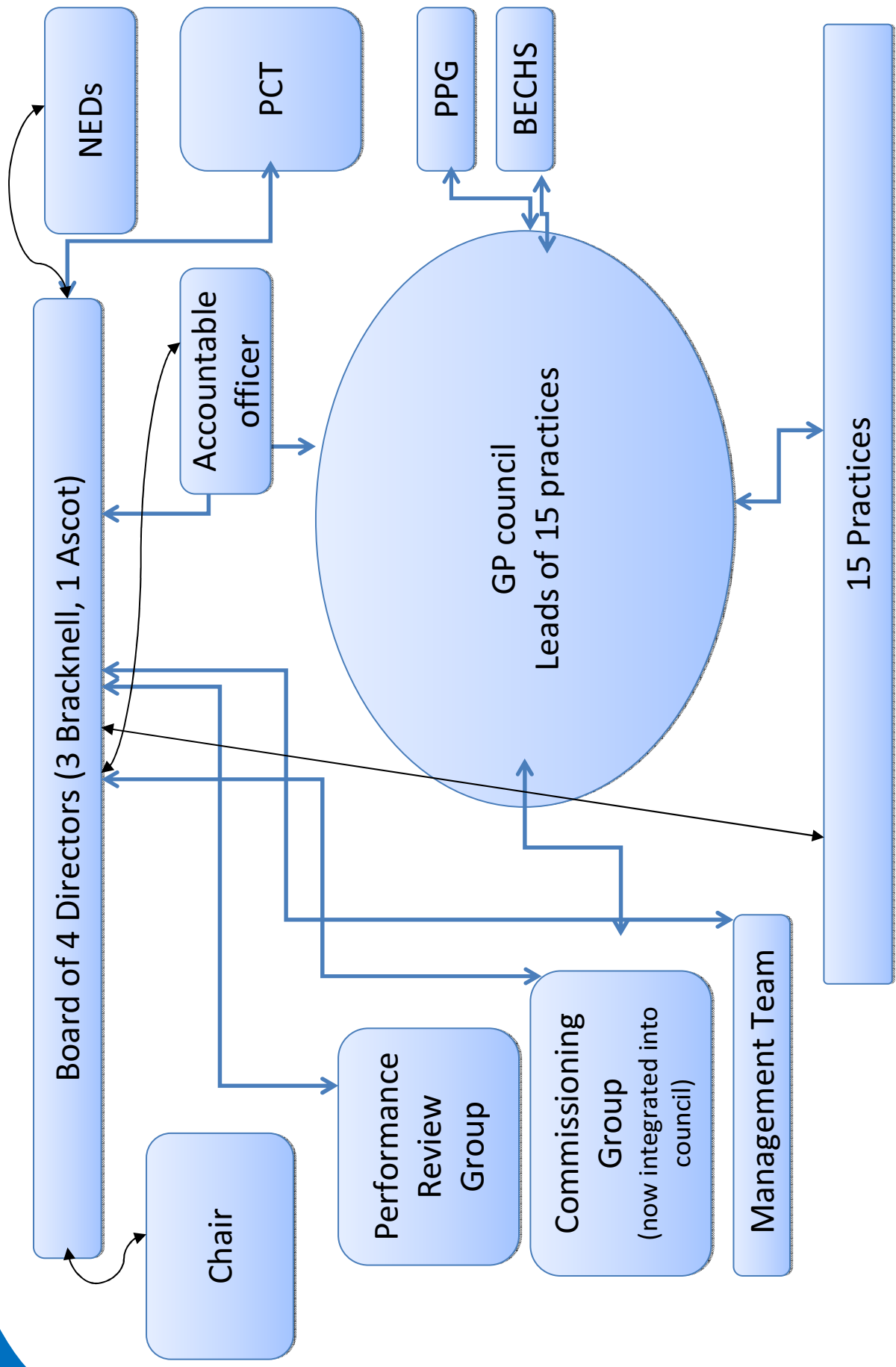
Director



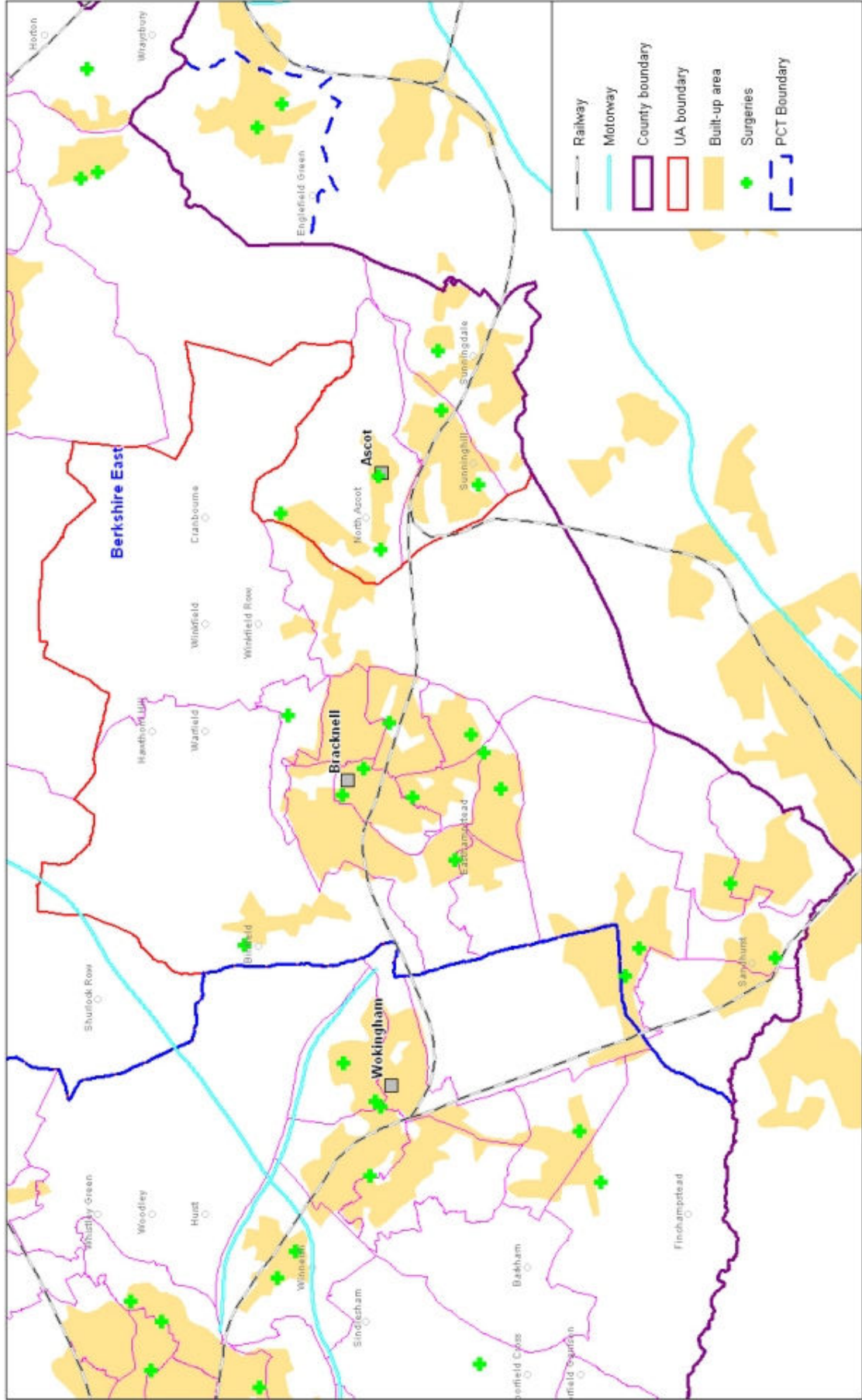
Bracknell & Ascot CCG Development

- About the CCG
- Authorisation process
- National timescales
- Our priorities as commissioners
- Progress so far
- How we will be successful
- Questions and feedback

Bracknell & Ascot Pathfinder Consortium Corporate Structure



GP Surgeries



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Sid Beauchant BHIS/BPHN

5/1/2005 (Updated 27/7/2010)

Surgeries.WOR

The domains that will be assessed

A strong clinical and multi-professional focus which brings real added value

Meaningful engagement with patients, carers and their communities

Clear and credible plans which continue to deliver the QIPP challenge within financial resources, in line with national requirements (including outcomes) and local joint health and wellbeing strategies

Proper constitutional and governance arrangements, with the capacity and capability to deliver all their duties and responsibilities, including financial control, as well as effectively commission all the services for which they are responsible

Collaborative arrangements for commissioning with other clinical commissioning groups, local authorities and the NHS Commissioning Board as well as the appropriate external commissioning support available

Great leaders who individually and collectively can make a real difference

We propose the following evidence and review processes

What makes a really good CCG?

How would you demonstrate this competence?

Descriptions across six domains

There will be a range of ways of providing evidence which might include

Provision of key CCG documents such as annual plans, JSNA, joint health and wellbeing strategies, Constitution, Prospectus.

Demonstration of material benefits to patients & track record

CCGs will provide evidence against a range of areas pertinent to success, such as patient involvement and engagement, clinical engagement, clinical leadership and joint working with LAs.

Technical assessment of plan

Desk top review of CCG working arrangements

Review of track record and leadership

360 assessment including views of HWBs, clinical senates

How might NHSCB assess this evidence?

The final part of the assessment will be an opportunity for the NHS CB to work closely with the CCG in order to have a more thorough understanding of the leadership team and the context in order to make their final judgement about the nature of authorisation and support required. This is likely to include discussion with stakeholders such as local authorities.

Ongoing and close working relation -ship with the NHS CB



The current proposed timeline to authorisation

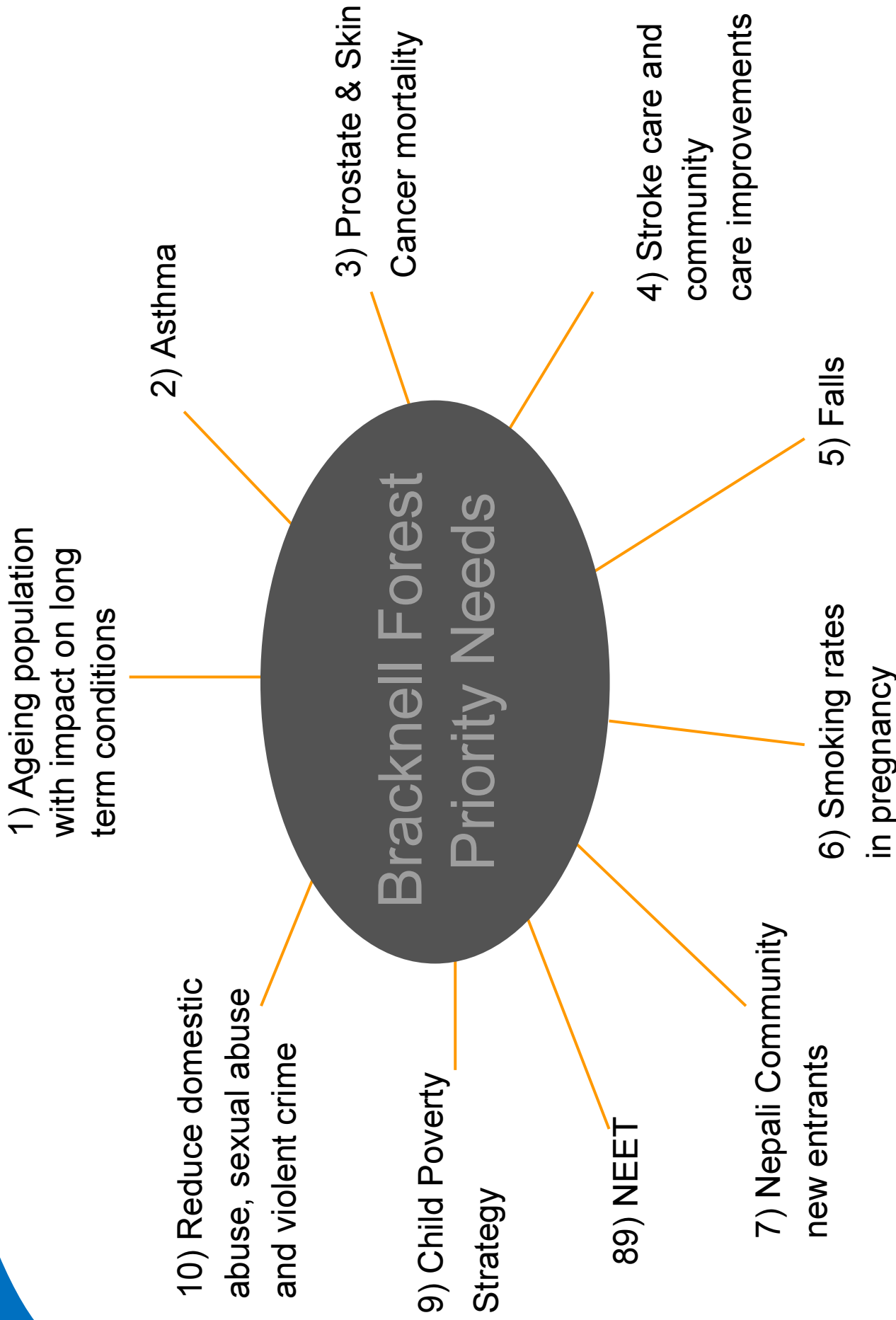


- **Development Path – skills, capacity and capability**
- CCGs gain experience and continue to build

Slide 7

mk2

What is PPI?
martin kittel, 02/11/11





Progress so far

- **Very strong governance structure**
 - Terms of reference for board, GP council and practices. Excellent and experienced senior management team supporting directors.
- **Achievement of QIPP for this year**
 - Forecasted savings currently £325K and rising
 - Progress being made to reduce variation in referrals between practices.
 - Very strong PPGs
 - All practices now have a PPG. PPG lead sits on GP Council and has excellent contacts and knowledge of local community. PPGs are intricately involved in a wide variety of areas and ways.



National Pioneering in several areas

- **Primary Care Led Urgent Care**
 - Better Access
 - Local provision
 - High quality and immediate
 - Less than half of current cost
 - Keeps patients out of hospital and treated in community
 - Modern premises and modern feel
- **Self Care**
 - Build on national evidence to tap this huge resource
 - Important, but not well understood
 - New concepts being developed and implemented
 - Real tangible “on the ground” projects



National Pioneering in several areas

- **GP education**
 - New educational strategy with standards including GP locums and OOH doctors to raise quality of provision and include all local health service professionals in the education
- **Liaison With Local Hospitals**
 - Working on quality in extremely detailed fashion
 - Constantly challenging areas of incorrect invoicing, poor quality and over-performance
- **Outcome focus**
 - Very good cohesive GP council, which is outcome rather than progress focussed



Our Directors

- Dr William Tong: Very experienced GP from Binfield Surgery with excellent contacts and knowledge in regional structures and service development and outstanding focus.
- Dr Jackie McGlynn: GP Kings corner, Ascot and Public health specialist with huge experience in contracting, being able to read and understand intricate contractual details and able to pull up hospitals where they under-perform.
- Dr Martin Kittel: GP Forest End, Bracknell with experiance in GP education and primary care based provision of surgical services and urgent care. Sponsor of Urgent Care Centre.
- Dr Rohail Malik: GP Sandhurst with a special interest in long term conditions and commissioning.



How we will be successful

- Focussing on QIPP and savings challenges
- Focussing on Kings Fund document “10 priorities”
- Driving primary care led service changes
- Engaging patients in a manner never seen before
- Focussing on self care
- Focussing on health professionals continuing education
- Focussing on primary care led urgent care



Our Commissioning Priorities

- Deliver the Bracknell HealthSpace
- Ensure we deliver our QIPP targets
- Develop commissioning plans for the coming year which reflect patient choice and deliver best value
- Work with our partners in adult social care to further develop our community based model for reablement
- Deliver better care for people with long term conditions
- Supporting people to manage their own health



Summary

- Patients are integrated and listened to in Bracknell
- Bracknell Pathfinder Consortium benefits from a very strong and well developed governance structure
- The GP council has the advantage of a history of cohesive action, demonstrable commissioning savings as well as local service implementation
- Leadership is strong and trusted
- Projects are linked well into national projects and government strategy