Bracknell & Ascot Clinical Commissioning Group

Dr Martin Kittel

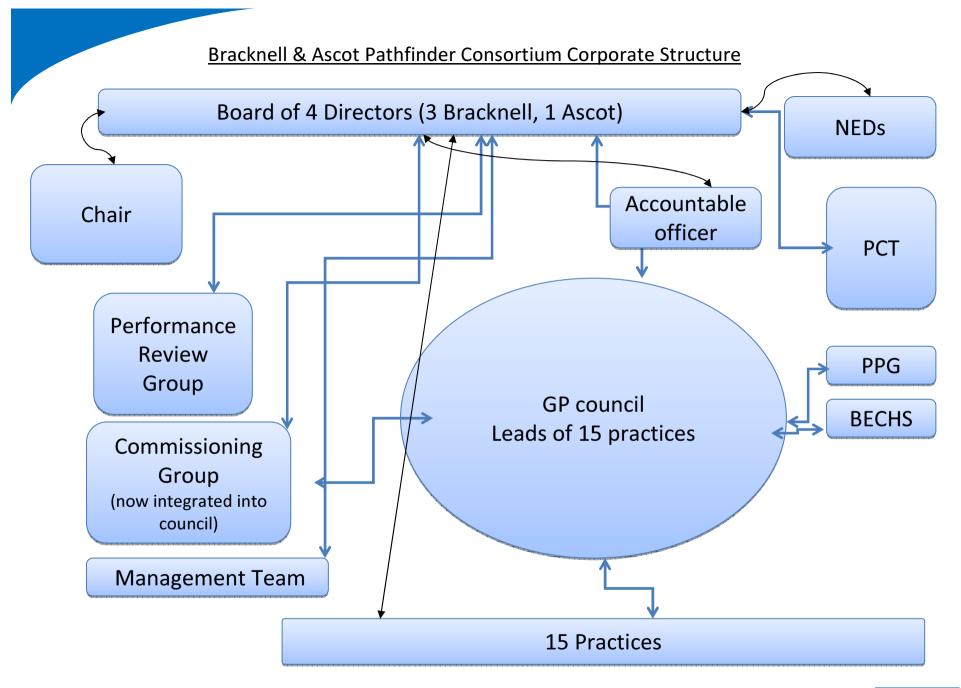
Director



Bracknell & Ascot CCG Development

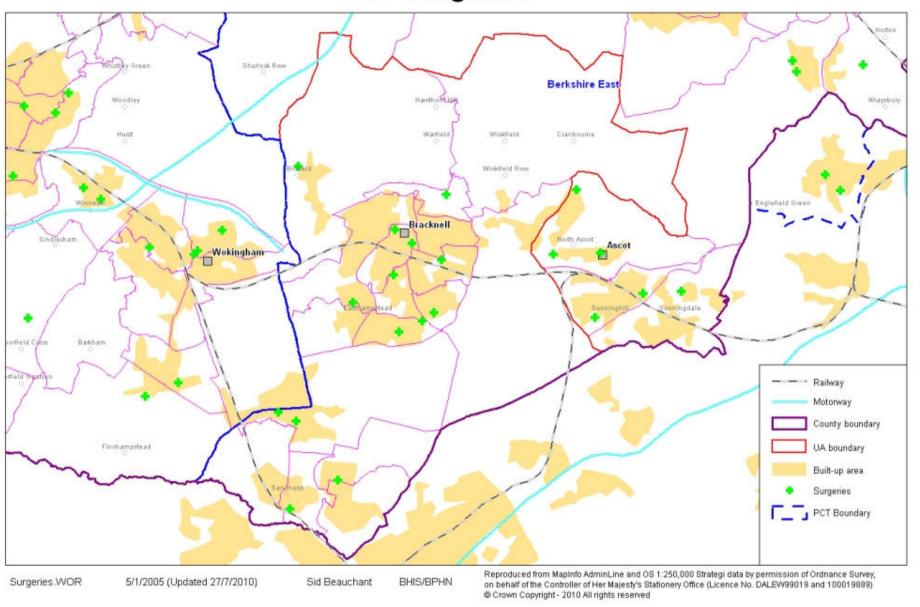
- About the CCG
- Authorisation process
- National timescales
- Our priorities as commissioners
- Progress so far
- How we will be successful
- Questions and feedback







GP Surgeries





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

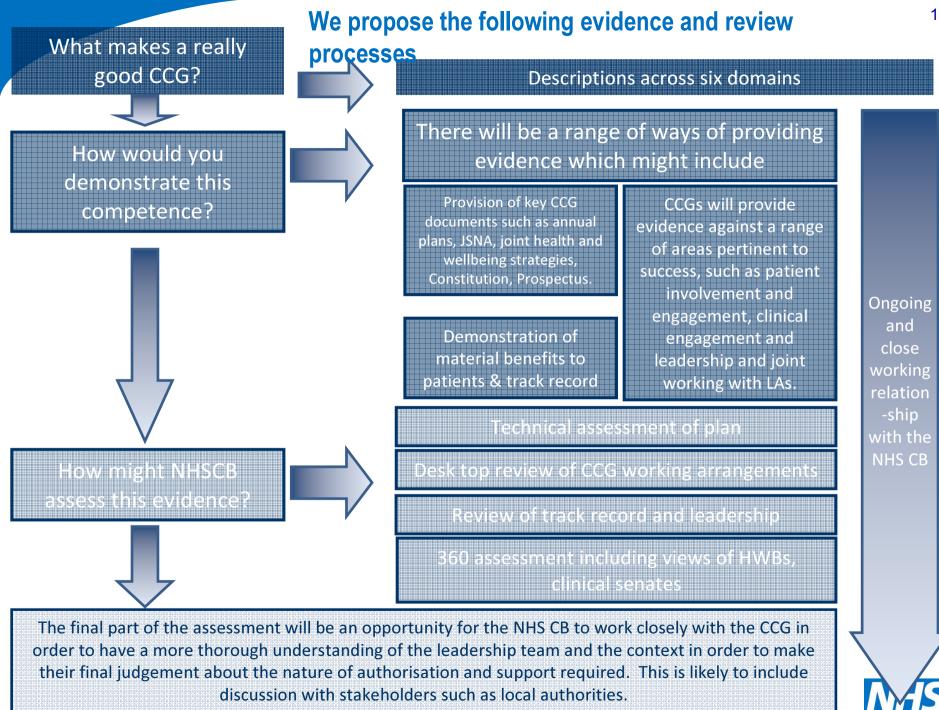
Clear and credible plans which continue to deliver the QIPP challenge within financial resources, in line with national requirements (including outcomes) and local joint health and wellbeing strategies

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





The current proposed timeline to authorisation

Oct-Dec 2011

- Invitation to participate in risk assessment of the proposed configuration
- Undertaken by SHA Cluster working with the CCG
- Will focus on sign up from member practices, geography and impact of proposed size

October Onwards

- Preparation for authorisation
- Build track record (increased delegation, leading 2012/13 planning)
- Build partnerships and PPI

mk2

• Design proposed organisational form, decision-making, governance

Summer 2012

- Application to the NHS Commissioning Board for establishment and authorisation subject to the passage of the Health and Social Care Bill
- Submit application (detail to follow)

October 2012

- Formal authorisation process
- Demonstrate capability across the six domains
- 360 degree assessment to ensure views of partners are captured

April 2013

All of England covered by established CCGs (vast majority authorised)

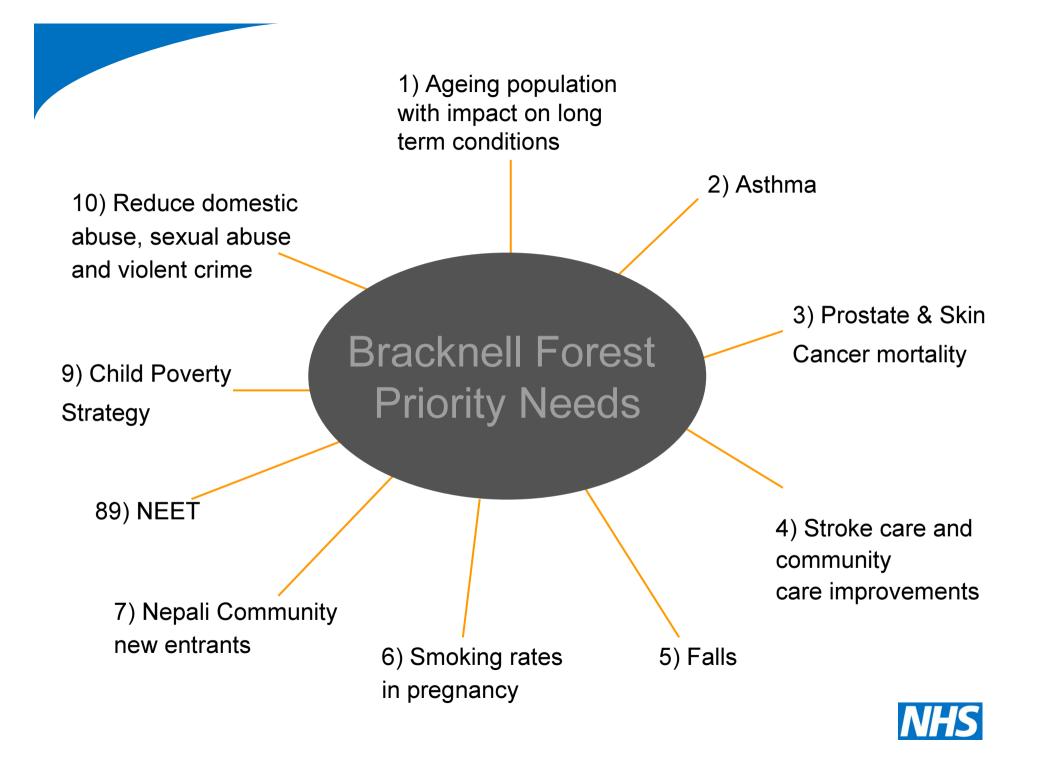
Development Path CCGs gain experience and continue to build skills, capacity and capability



Slide 7

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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 overperformance

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 stuctures 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 experience 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

