BRACKNELL & ASCOT CCG



Planning submission (submitted to NHS Commissioning Board Area Team 23 Jan 2013) Dr William Tong

Development of Our Plan



Step 1
Identify & agree

Step 2
Engage and Develop project ideas into project mandates

Agree long

list of

projects

Step 3
Develop framework
for Prioritisation

Step 4
Prioritise Projects

Step 5
Projects worked up at PID stage & communicated

JSNA/local & National priorities

> Provider issues/ pressure points

Project

proposals

from all

Stakeholders

Network recommend ations

Current QIPP Projects worked up as mandate with high-

level finance and impact on health outcomes

Develop & Agree prioritisation framework with CCG

CCG workshop to agree short list of QIPP projects with partner agencies Run federated prioritisation process and agree final list Preparation of QIPP PIDS with financial and activity modelling

Project leads to work up details for chosen projects

Prepare 1st draft Commissioni ng intentions

PMO Support

Financial & Activity Planning & Forensic Analysis

SELF CERTIFICATION



i) Do your plans ensure that the performance standards	S	If No, please provide commentary (max 4000 characters)
in the NHS Constitution will be delivered throughout 2013/14? Yes/No	Yes	
ii) Do your plans ensure that the performance		If No, please provide commentary (max 4000 characters)
commitments in the Mandate will be delivered throughout 2013/14? Yes/No	Yes ▼	
"" Have been described OIDs and deliverable		If No. micros provide commentary (m. m. 1000 characters)
iii) Have you assured provider CIPs are deliverable without impacting on the quality and safety of patient care? Yes/No	Yes ▼	If No, please provide commentary (max 4000 characters)
iv) Do you plan to manage HCAIs so that your local		If No, please provide commentary (max 4000 characters)
population have a maximum number of C.Difficile infections as set by your local CDI objective? Yes/No	Yes ▼	Ti To, produce provide commentary (max 4000 characters)

- i. NHS Constitution: embedded in CCG vision and values
- ii. NHS Mandate: adopted national and local priorities e.g. maternity services, self care for children and LTCs
- iii. CIP: from all providers we are lead commissioners
- iv. C.Diff trajectory of 25: We plan to achieve this by implementing a local plan including prescribing guidelines for antibiotics

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Provider CIPs



NHS CIPS of our main provider who we are the lead commissioner:

Acute provider: Frimley Park Hospital & Heatherwood & Wexham Park Foundation Trust

Community & Mental Health Provider: Berkshire Healthcare Foundation Trust

Ambulance provider: South Central Ambulance Services

Out of Hours: East Berkshire Primary Care OOHs

Process:

1.The CCG Nurse Director and GP Quality lead to liaise with the Nurse Director and Medical Directors in our 3 main providers (HWPH, BHCFT and SCAS) to review the CIPs and gain assurance from them that they are satisfied that delivery of the Trust CIPs will not adversely affect the quality of patient care.

2. The outcome of this review and associated assurance will be initially presented to the CCG's Quality Committee on the 13 Feb 2013.

3. The final assurance with CCG Governing Body recommendations will be taken to the Federated QIPP and Performance Committee on 27th March 2013.

IAPT AND DEMENTIA TRAJECTORIES



IAPT	13/14 Predicted number seen	13/14 Apportioned Eligible	% of Eligible Population Seen in
		Population	13/14
BA CCG	1642	13420	12.24%

CCG trajectory derived from Berkshire East PCT.

DEMENTIA	Number of people diagnosed	Prevalence of dementia	% diagnosis rate	
Current diagnosis	499	1321	37.8%	
2013/14	645	1389	46.4%.	
2014/15	780	1418	55%	

The following projects which have been funded by SoE innovation fund will support the CCG's to achieve this trajectory .

- Dementia awareness in communities
- Dementia Directory

3 LOCAL PRIORITIES



Our process of agreeing the priorities:

- •Identified key areas through the JSNA, both draft JHWBS, CCG and UA outcomes benchmarking support packs and CCG commissioning plan for 2013/14
- •Four areas initially discussed with CCG Performance Review Group
- •Four areas recommended to Members forum, where three priority areas were determined
- •Operational Leadership Team to sign off draft local priorities (23rd January 2013)
- Draft priorities to be presented at both HWB meetings (insert dates)

Indicator definition and local measure chosen (max 4000 characters)	Numerator	Denominator	Measure
Patient experience of GP service (c4i)	2071	2301	90%
People feeling supported to manage their conditions (c2.2)	478	736	64.9%
Improving outcomes from planned treatments for hips (c3.3a)	tbc	tbc	tbc
Prevalance of Depression	tbc	tbc	tbc

Activity trajectories



		CB_S3	CB_S1	CB_S2	CB_S4
Activ	ity Trajectories	i) Elective FFCEs	ii) Non- elective FFCEs	iii) First Outpatient Attendances	iv) A&E Attendances ²
2013/14	April	987	691	2212	
	Мау	1037	760	2509	
	June	1090	750	2676	
	July	1051	740	2352	
	August	1016	719	2346	
	September	1068	808	2422	
	October	1016	811	2034	
	November	1048	803	2138	
	December	920	793	1939	
	January	999	780	2062	
	February	1008	768	1991	
	March	1149	830	2207	
2013/14 T	2013/14 Total		9253	26888	36220
2012/13 F	orecast Outturn ³	12683	9698	27975	37966
Forecast	growth in 2013/14	-2.3%	-4.6%	-3.9%	-4.6%

Planning assumptions:

- •Submission will be done on forecast outturn
- Use seasonal variation
- •First OP- not to include nurse clinics and assume that no direct access is included
- •To add maximum take
- •Spilt the non-identified activity by fair share to each of the CCG's
- •Taking out of planned QIPP reductions

Plan on a page



• See separate sheet