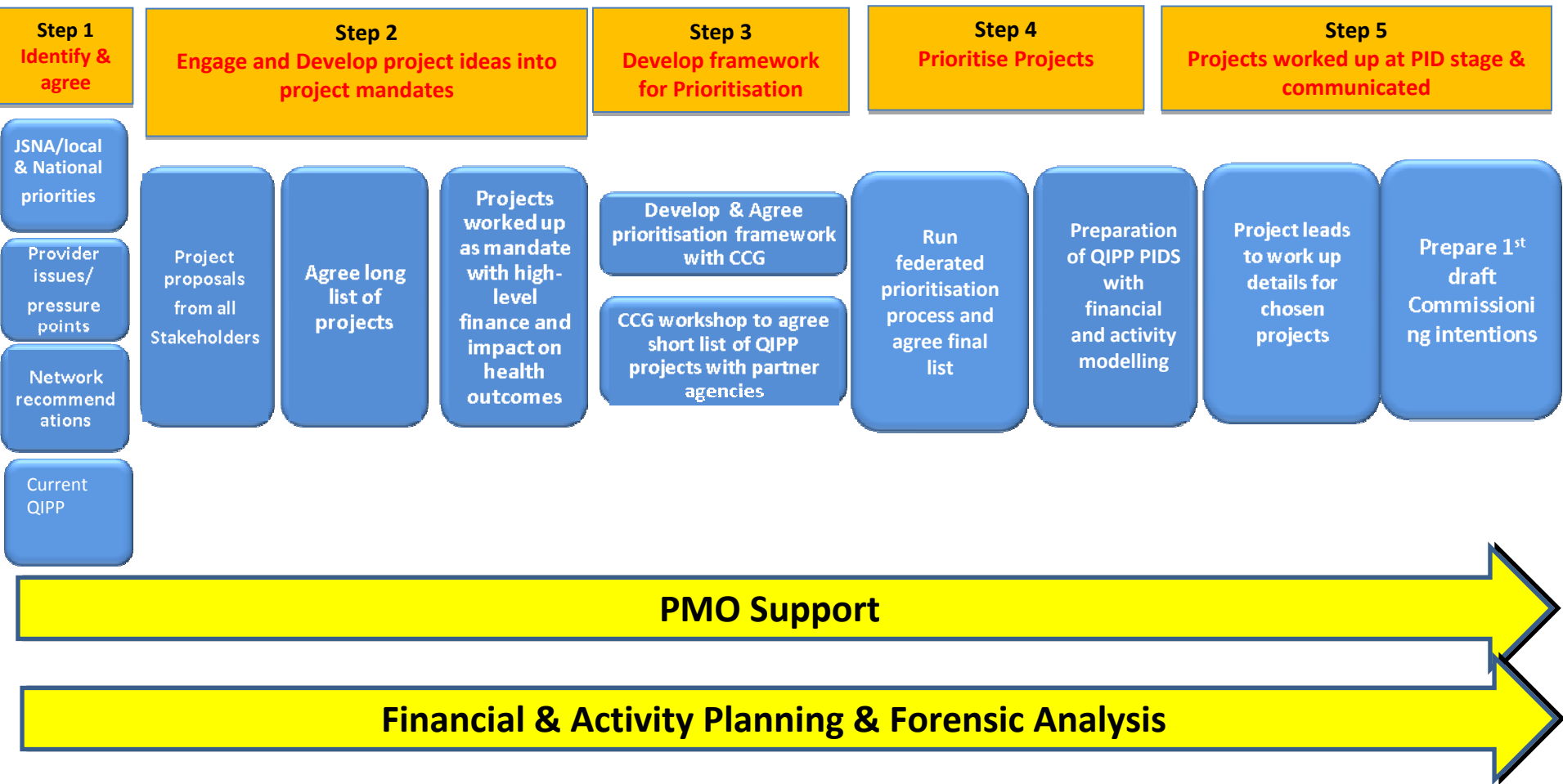


Planning submission
(submitted to NHS Commissioning
Board Area Team 23 Jan 2013)
Dr William Tong

Development of Our Plan



i) Do your plans ensure that the performance standards in the NHS Constitution will be delivered throughout 2013/14? Yes/No

If No, please provide commentary (max 4000 characters)

ii) Do your plans ensure that the performance commitments in the Mandate will be delivered throughout 2013/14? Yes/No

If No, please provide commentary (max 4000 characters)

iii) Have you assured provider CIPs are deliverable without impacting on the quality and safety of patient care? Yes/No

If No, please provide commentary (max 4000 characters)

iv) Do you plan to manage HCAIs so that your local population have a maximum number of C.Difficile infections as set by your local CDI objective? Yes/No

If No, please 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

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	13/14 Predicted number seen	13/14 Apportioned Eligible Population	% of Eligible Population Seen in 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

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
Activity Trajectories		i) Elective FFCes	ii) Non-elective FFCes	iii) First Outpatient Attendances	iv) A&E Attendances ²
2013/14	April	987	691	2212	
	May	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 Total		12389	9253	26888	36220
2012/13 Forecast 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
- Split the non-identified activity by fair share to each of the CCG's
- Taking out of planned QIPP reductions

- See separate sheet