



## Area Team: Thames Valley

## Primary Care Programme

<b>Values and Principles</b>	Common core offer of high quality patient centred primary care	Continuous improvement in health outcomes across the domains	Patient experience and clinical leadership driving the commissioning agenda	Balance between standardisation and local empowerment	
<b>Domains</b>	Prevent premature death	Quality of life for patients with LTCs	Help recover from ill health/injury	Ensure positive experience of care	Care delivered in a safe environment
<b>Pre-existing Priorities 12/13</b>	<b>Strategic Context and Challenges</b>		<b>QIPP Improvements</b>	<b>Organisational Development</b>	
<ul style="list-style-type: none"> <li>Managing list size growth to reach the 5% target</li> <li>Existing QIPP plans to be completed</li> <li>Delivering increased access to NHS dentistry to individual PCT target</li> <li>Safe transition of all contracts and quality handover including any outstanding quality and performance issues, performer list issues</li> <li>Communication to contractors and performers</li> <li>Ensure end of year processes are in place and capacity to manage</li> <li>Implement new orthodontic contract across Thames Valley</li> </ul>	<ul style="list-style-type: none"> <li>Implement Securing Excellence Single Operating model</li> <li>Implement strategy for quality improvement in primary medical services</li> <li>Implement GMS contract changes for 2013/14 to secure further health improvements</li> <li>Delivery of LPN work plans for pharmacy, dental and eye care</li> </ul>		<ul style="list-style-type: none"> <li>Ensure all contracts deliver core elements to the highest standard and efficiency</li> <li>Ensuring accuracy of GP registered lists by routine activity to identify patients who may have left</li> <li>Implement changes to QOF – NICE recommendations, increased upper thresholds for exiting indicators to reflect achievement of 75<sup>th</sup> centile to benefit more patients, public health domain set up so that 15% of the value of QOF devoted to prevention, Quality and Productivity indicators continue</li> <li>Implement new DES for improving diagnosis for dementia, care of frail elderly and seriously ill patients, support those with LTCs, on-line access to practice services</li> </ul>	<ul style="list-style-type: none"> <li>Training to implement Single Operating Model</li> <li>Developing Stakeholder and partner engagement</li> <li>Clinical Leadership Development Strategy</li> </ul>	

	National Priorities 2013-14	Expected Outcomes of Implementing National Guidance Locally in 2013-2014	End State Ambition 2015-16
<b>Assurance</b>	<ul style="list-style-type: none"> <li>Ensure steady state and transfer of contracts on 1 April 2013</li> <li>Ensure safe transfer of contracts to CCG's and LA's</li> <li>Lift and shift FHS function</li> <li>Implement national assessment frameworks across 4 contractor groups</li> </ul>	<ul style="list-style-type: none"> <li>Continuity for primary care services</li> <li>Local enhanced services reviewed by commissioners to ensure local health needs and priorities are in line with Health and Wellbeing Board strategies</li> <li>Steady state as business critical functions and processes transferred</li> </ul>	<ul style="list-style-type: none"> <li>Greater consistency in General Medical Services contract models based on improving outcomes and reducing health inequalities</li> <li>Assurance frameworks will ensure efficiencies and value for money</li> </ul>
<b>Quality</b>	<ul style="list-style-type: none"> <li>Introduction of the national quality framework including strategy for quality improvement, web-enabled database of general practice indicators and national performance assessment framework</li> </ul>	<ul style="list-style-type: none"> <li>Established partnership and processes with CCGs for improving quality of primary care medical services and benchmarking across member practices</li> </ul>	<ul style="list-style-type: none"> <li>Continuous quality improvement and positive experience of care</li> </ul>
<b>Single Operating Model</b>	<ul style="list-style-type: none"> <li>Implement single operating framework</li> <li>Implement single national performers list</li> <li>Implement performers support services to manage performers whose practice raises concern</li> </ul>	<ul style="list-style-type: none"> <li>More efficient and effective use of primary care team resource to enable increased focus on improving quality and providing support to improve</li> </ul>	<ul style="list-style-type: none"> <li>Consistency in ways of commissioning and contract management balanced with local empowerment/flexibility</li> <li>Clinical leadership and engagement in operational and strategic commissioning</li> <li>Patient engagement</li> </ul>
<b>Securing Excellence-Dentistry</b>	<ul style="list-style-type: none"> <li>Implement Securing Excellence in commissioning NHS dental services</li> <li>Develop and implement the national dental care pathway commissioning framework</li> <li>Implement and support Dental LPN</li> </ul>	<ul style="list-style-type: none"> <li>Greater consistency in contract performance management to improve outcomes and reducing health inequalities</li> <li>Efficient use of resources and improved quality of service</li> <li>Clinical leadership and engagement in operational and strategic commissioning of NHS dental services</li> </ul>	<ul style="list-style-type: none"> <li>Continuous quality improvement and positive experience of care</li> <li>Clinically led, evidence based commissioning</li> </ul>
<b>FHS</b>	<ul style="list-style-type: none"> <li>Ensure safe transition and steady state for business critical functions by lift and shift</li> </ul>	<ul style="list-style-type: none"> <li>Transformation and cost reduction programme to improve efficiency and meet QIPP requirements</li> <li>Implementation of common service specification</li> </ul>	<ul style="list-style-type: none"> <li>Efficiency savings met and FHS services steam-lined to meet Area Team direct commissioning function requirements</li> </ul>

# Area Team ...Thames Valley

# Public Health Programme

<b>Values and Principles</b>	Services are patient centred and outcome based	Improved outcomes are delivered across each of the domains	Fairness and Consistency – patients have access to services regardless of location	Productivity and efficiency improves	
<b>Domains</b>	Prevent premature death	Quality of life for patients with LTCs	Help recover from ill health/injury	Ensure positive experience of care	Care delivered in a safe environment
<b>Pre-existing Priorities 12/13</b>		<b>Strategic Context and Challenges</b>		<b>QIPP Improvements</b>	<b>Organisational Development</b>
<p><i>Immunisations:</i> Implementation of Pertussis programme for pregnant women Cancer Screening programmes: Breast screening: Implementing full digital mammography (Buckinghamshire) Bowel screening: Implementation of age extension in Bucks and Oxon Cervical screening: Yr1 implementation of HPV triage and test of cure Non Cancer screening (adults): Aligning Diabetic eye screening services to new national pathway AAA: launching AAA screening programme in Thames Valley AN &amp; NBBS screening: Collecting robust chart data for Bucks AN screening</p>		<p><i>Challenges:</i> Implementation of Securing Excellence and the SOM across all PH programmes in the Thames Valley Capital investment programmes in provider trusts e.g. impact on breast screening services converting to full digital mammography Transition and workforce capacity (commissioner and provider) Risks associated with co-terminosity and cross boundary issues working in new geographical footprint Data collection and IT system risk impact on accuracy of performance data Increase the number of health visitors and transfer of 0 – 5 PH programmes to local authorities by 2015</p>		<p><i>Areas for further investigation:</i> Modernising pathology services (joint with CCGs) Review of CHIS (currently 3 in TV) General review of commissioning of screening programmes</p>	<p><i>Screening and Immunisation workforce training</i> Developing new working relationships with partners including CCGs, Local Authorities and providers Working with LAs to prepare for handover of PH services 0 – yrs.</p>
<b>National Priorities 2013-14</b>		<b>Expected Outcomes of Implementing National Guidance Locally in 2013-2014</b>		<b>End State Ambition 2015-16</b>	
<b>Immunisation</b>	<ul style="list-style-type: none"> <li>• implementation of new immunisation programmes</li> <li>• Adjustments to schedules of existing imms programmes</li> <li>• improve uptake of seasonal flu vaccination programme in &lt;65s in clinical risk groups and pregnant women</li> <li>• Agreement on management of outbreaks within new NHS/LA architecture</li> </ul>	<ul style="list-style-type: none"> <li>• vaccine programmes rotavirus and shingles and pre school influenza fully implemented in line with national guidance</li> <li>• Improved uptake of seasonal flu vaccination in &lt;65s in clinical risk groups and pregnant women</li> <li>• Agreed TV outbreak management plans in place</li> </ul>		<ul style="list-style-type: none"> <li>• roll out of influenza vaccine for school age children</li> <li>• Cross sector working arrangements well established with CCG, LA, Area Team</li> <li>• A reduction in variations in uptake of imms and vaccs programmes</li> <li>• Robust data collection and analysis of imms programmes in place</li> <li>• Single operating model for imms programmes fully embedded</li> </ul>	
<b>Screening Programmes (Cancer)</b>	<ul style="list-style-type: none"> <li>• Ensure that screening programmes are delivered in line with new national service specifications &amp; gaps addressed</li> <li>• implement flexi-sigmoidoscopy pilots for bowel screening</li> <li>• Year 2 implementation of HPV testing in cervical screening</li> <li>• Integrating surveillance of high risk women in breast screening</li> </ul>	<ul style="list-style-type: none"> <li>• All local gaps in the provision of screening programmes against national service specs have been identified and plans in place to address, with local contract arrangements confirmed</li> <li>• Planning completed to implement Flexi sig pilot in Berks in 2015</li> <li>• Year 2 implementation of HPV testing in cervical screening complete</li> <li>• Surveillance of high risk women integrated within breast screening</li> </ul>		<ul style="list-style-type: none"> <li>• All screening services delivered as per national specs across TV and achieving national QA standards and performance targets</li> <li>• A reduction in local variations in uptake across screening programmes</li> <li>• Single operating model for screening programmes fully embedded</li> </ul>	
<b>Screening Programmes (Non-Cancer)</b>	<ul style="list-style-type: none"> <li>• Ensure that screening programmes are delivered in line with new national service specifications &amp; gaps addressed</li> <li>• Full year roll out of AAA screening programme</li> <li>• Ensure that all diabetic eye screening services align with new national pathway</li> </ul>	<ul style="list-style-type: none"> <li>• All local gaps in the provision of screening programmes against national service specs have been identified and plans in place to address, with local contract arrangements confirmed</li> <li>• Full year roll out of AAA complete</li> <li>• Age extension of all bowel screening services in TV complete</li> <li>• all diabetic eye screening services fully aligned with new national pathway</li> <li>• Robust data collection systems for AANB screening across TV</li> </ul>		<ul style="list-style-type: none"> <li>• All screening services delivered as per national specs across TV and achieving national QA standards and performance targets</li> <li>• A reduction in local variations in uptake across screening programmes</li> <li>• Single operating model for screening programmes fully embedded</li> </ul>	
<b>0-5 years Programme (including HV and FNP)</b>	<ul style="list-style-type: none"> <li>• Increase the number of health visitors working in local areas</li> <li>• Ensure that newly trained HVs are effectively deployed</li> <li>• Improve support for families through the Healthy Child Programme</li> <li>• Maintain &amp; expand provision of FNP</li> <li>• Ensure new offer is delivered in an integrated way</li> </ul>	<ul style="list-style-type: none"> <li>• Local service specifications mapped against national specification and plans in place to address gaps</li> <li>• Increase in number of wte. HVs in line with trajectory</li> <li>• Increase in number of training places to meet demand for student HVs : 120 commissions</li> <li>• Improved coverage of HCP in Bucks and east &amp; West Berks</li> </ul>		<ul style="list-style-type: none"> <li>• Target will have been met for increasing numbers of HVs in Thames Valley</li> <li>• Achieve a safe handover of responsibility for commissioning for PH services for 0 – 5 to Local Authorities</li> <li>• Single operating model for health visiting services fully embedded</li> </ul>	
<b>NHSCB and PHE agreements</b>	•	•	•	•	•

<b>Values and Principles</b>	Early Intervention and diversion	High quality and safe standards of patient care	Partnership working to deliver integrated care	Continuous improvement in NHS and PH outcomes	
<b>Domains</b>	Prevent premature death	Quality of life for patients with LTCs	Help recover from ill health/injury	Ensure positive experience of care	Care delivered in a safe environment

Pre-existing Priorities 12/13	Strategic Context and Challenges	QIPP Improvements	Organisational Development
<p>NHSCB transition: seamless transfer of contracts and provisions.</p> <p>Assurance that offenders, detainees and young people (SCH) will continue to receive high quality equivalent healthcare services that are to the same standard as those provided in the community, as far as is possible within the constraints of a custodial environment.</p> <p>Review existing Liaison/ Diversion and police custody pilots to inform future commissioning decisions.</p> <p>Supporting and progressing existing procurements</p>	<p>Improving the health and social care outcomes and reducing health inequalities for adults and children in contact with the CJ system</p> <p>Implement a single operating approach</p> <p>Focus on early intervention, liaison and diversion as components in reducing reoffending, promoting resettlement (Bradley Report)</p> <p>Challenges: Financial and Physical resource, IT systems incompatible, conflicting organisational priorities and cultural difference impacts.</p> <p>Draw on area and regional support for robust clinical commissioning</p>	<p>Ensure all contracts deliver core elements to the highest standard and efficiency</p> <p>Review emerging opportunities to implement QIPP in Criminal Justice settings.</p> <p>Greater service user involvement to inform quality</p>	<p>Develop and implement suitable governance structures</p> <p>Work with new commissioning support arrangements to develop procurement timescales, plans and provision</p> <p>Work with Clinical Reference Groups (CRG's) to continue to develop contract products, in particular service specifications and service policies</p> <p>Link with clinical networks for consistency</p> <p>Develop relationships with CCGs and LA's for community pathways</p> <p>Review and develop partnership structures</p>

	National Priorities 2013-14	Expected Outcomes of Implementing National Guidance Locally in 2013-2014	End State Ambition 2015-16
<b>General Prison Healthcare</b>	Single operating model approach- Consistency not centralisation. Improved partnerships to facilitate opportunities to reduce reoffending, and promote resettlement. Prison Health Performance and Quality Indicator reporting and HMIP/ CQC recommendation implementation	Alignment of existing contracts where appropriate for greater efficiency Adherence to national standards and governance requirements. Successful local interface between the NHS commissioners and LAs involved in the Criminal Justice system.	Quality delivery / planning across services and commissioners. Seamless integration and transfers between custody and the community A flexible commissioning model that can respond to emerging strategy. Contract Alignment
<b>Secondary Care</b>	Work with CCGs for seamless commissioning Engage key stakeholders to develop a planning process to ensure that services meet the needs of the population	Implementing common operating procedures Clinical leadership and local engagement in commissioning for custody and community based offenders.	Comparable standards and quality of care across community and criminal justice settings with CCG champions Seamless secondary care provisions for offender
<b>Substance Misuse</b>	Integrated, evidence based clinical and psychosocial SMS provision SMS based on need with outcome and recovery focus Services based on national good practice and quality standards	Value for money , greater quality, innovation and efficiency. Robust data reporting via the National Drug Treatment Monitoring System (NDTMS) Identification of recovery champions' (Patel Review)	End to end approach to case management across prison and the community. PBR contracts informed by effective NDTMS data reporting Single point of contact developed by SMS service providers.
<b>Secure Training Centres</b>	Not applicable to Thames Valley or Wessex	Not applicable to Thames Valley or Wessex	Not applicable to Thames Valley or Wessex
<b>Secure Children's Homes</b>	Establish partnerships with the Youth Justice Board and Hampshire CC to support the migration of commissioning responsibilities	Equity and consistency of care provision	Services for children and young people in Secure Children's Homes (SCH) improve Child Health Outcomes
<b>Immigration Removal Centres</b>	Equivalence of care and access for foreign nationals patients. Migration of care from the Home Office to the NHSCB Recognition of deportation constraints and foreign policy conflicts.	Engagement of UK Boarders Develop specifications to deliver best quality and outcomes for IRCs Implementation of SMS psychosocial and clinical provisions	Value and support diversity and greater service user input Continuity of care across boundaries Ensure contracts are inline with NHS standard
<b>Sexual Assault Services (* linked to Public Health)</b>	Improved continuity of care and equitable access to care for offenders and victims of sexual assault Access to a range of healthcare services that meet NHS standards	Close alignment between the NHS and Police to deliver services, which address both the patient's health needs and forensic enquiry to support any criminal investigation.	Sexual Assault services involving children Integrated with paediatric and community mental health services Services meet NHS standards and Public Health Outcomes
<b>Liaison &amp; Diversion</b>	Roll out L&D schemes, designed to identify direct individuals with mental health, learning disabilities and substance misuse problems away from the criminal justice system to appropriate services	Early interventions and liaison and diversion schemes in all courts and police custody suites. Service model based on evidence and experience of pathfinders.	Diversion of offenders to appropriate modes of care as recommended by the 2009 Bradley report Delivering change through partnerships
<b>Police Custody Suites</b>	Implementation of healthcare into all local Tier 3 police custody suites.	Support local transfer of healthcare develop statement of readiness Draw on evidence compiled from wave 1 and 2 early adopters schemes (33 of 39 forces)	Services are delivered in-line with standard operating procedures and expectations of the independent police complaints commission