



Spring 2013

# HaRDNews

## Introduction from the Chair >>>

**W**elcome to the first edition of HaRD News – the public newsletter of Harrogate and Rural District Clinical Commissioning Group (HaRD CCG).

This comes at an exciting time as we have just recently been “authorised” as a statutory NHS organisation. That means we’ve passed all the tests required of us to operate on our own and buy health services for the population of the Harrogate district. You can read more about this inside.

The CCG is made up of local GPs, senior health professionals and experienced managers who will be working together to buy hospital, community and mental health services for our 160,000-strong population.

We’re not going to be able to do this effectively without involving you. That’s why we are setting up a public involvement network called HaRD Net which anyone can join. Find out more about this on page 3.

Clearly we’ll have some tough challenges ahead of us. It is unfortunate that we, along with the other clinical commissioning groups in North Yorkshire, are taking a share of the financial deficit from the outgoing primary care trust. We recognise that a number of people have campaigned for this debt to be written off and we thank them for their efforts.

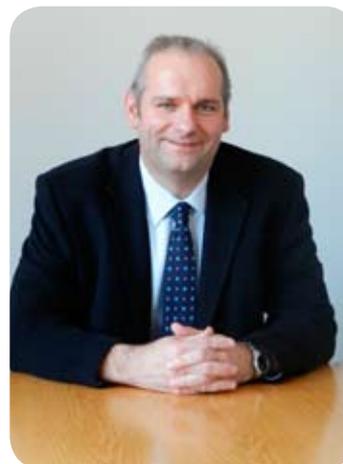


We’d like to reassure people that we are taking this financial position into account as part of our planning for the future so we can avoid any short term or knee jerk service changes.

If you want to find out more about us, please visit our website at [www.harrogateandruralsdistrictccg.nhs.uk](http://www.harrogateandruralsdistrictccg.nhs.uk)

For those of you who are social media savvy, we’re also on Twitter and you can find us @HaRD\_CCG

We look forward to working with you and to being the new local leaders of the NHS for Harrogate and Rural District.



Dr Alistair Ingram  
Clinical Chair

“ ...we are setting up a public involvement network called HaRD Net which anyone can join ”

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## What is “Clinical Commissioning”?

Clinical commissioning groups are groups of GP practices that will be responsible from April 2013 for commissioning most hospital, community and mental health services for people living in their areas. Under the Health and Social Care Act, every GP practice will be a member of a CCG. CCGs in England will be responsible collectively for approximately £60-£65 billion of the annual NHS budget. The total CCG budget for 2013/14 is £63.4 billion.

Amanda Bloor, Chief Officer of HaRD CCG, explains: “Clinical commissioning allows local health professionals the freedom to respond, innovate and develop services in the way that best meets the needs and wishes of local people. Through this the NHS will be better placed to deliver improvements in health outcomes and quality for patients and communities.

“The new system of clinical commissioning focuses on delivering improved clinical outcomes, patient safety, quality, innovation, public participation and patient experience that will bring real benefits to patients and the public. This is being done through empowering clinical leaders at every level of the NHS - through CCGs, networks and in providers.

“These changes are being made at a time when the NHS needs to make efficiency savings so it can provide for the increasing demand for its services. The move of health commissioning from primary care trusts to CCGs is being carefully managed and the current focus is very much on continuity of services during the transition.”

## What is HaRD CCG? >>>

**Harrogate and Rural District Clinical Commissioning Group (CCG) is the NHS organisation that commissions (or buys) health services for the residents of the Harrogate and Rural District locality.**

We represent 19 GP practices, serve a resident population of approximately

160,000 people and, from April 2013, we'll have a budget of £180 million to spend on hospital, community and mental health services.

We've recently been authorised by the NHS Commissioning Board – a new national NHS authority overseeing the performance

of CCGs like us. Authorisation is a process which ensures we can deliver quality and safety for patients; we can provide proper stewardship of public money and ensure local decision-making can take place from April 2013. There are now 211 authorised CCGs across England.

## Who is HaRD CCG? >>>

HaRD CCG is a new organisation led by a governing body of GPs, senior health professionals and senior managers. The governing body meet in public once a month to discuss their business and approve initiatives. At the time of writing, the CCG is based in Hornbeam Park in Harrogate but plans to move to St James' business park in Knaresborough in the next few weeks.

Below is a profile of our governing body:

	Name	Role and responsibilities
	Dr Alistair Ingram	Ripon-based GP Clinical Chair of the CCG Represents the CCG on the county's Health and Wellbeing Board
	Amanda Bloor	Chief Officer of the CCG which includes being the statutory accountable officer
	Dr Rob Penman	Harrogate-based GP CCG lead for urgent care and prescribing
	Dr Chris Preece	Boroughbridge-based GP CCG lead for integrated care and long term conditions
	Dr Rick Sweeney	Harrogate-based GP CCG lead for vulnerable people (including mental health)
	Dr Sarah Hay	Harrogate-based GP CCG lead for planned care (also known as elective care)

	Name	Role and responsibilities
	Dr Gareth Roberts	Masham-based GP CCG lead for planned care (also known as elective care)
	Rachel Mann	Vice Chair, lay member of the CCG and Chair of the Audit Committee
	David Hall	Lay member of the CCG and lead for patient and public involvement
	John Pattinson	CCG Lay Nurse and Director of Quality
	Bernard Chalk	CCG Chief Finance Officer
	Jane Metcalf	Secondary Care Consultant

More about us

To find out more visit our website at [www.harrogateandruraldistrictccg.nhs.uk](http://www.harrogateandruraldistrictccg.nhs.uk) and click on 'Who We Are'.

### Our vision >>>

**“We will secure high quality services, in the most appropriate setting, making maximum use of available resources. Through clinical leadership and collaborative working we will achieve the best possible health outcomes for all our local population.”**

# Join the HaRD Net – get involved in shaping local health services

The CCG is committed to patient and public engagement and using patient feedback to monitor and improve services. We've been developing our plan for this over the last 12 months with patient representatives from our 19 GP practices.

One of the ways we plan to do this is to build up a network of local people, patients, carers, voluntary sector representatives and other partners which we are calling the HaRD Net. The members of HaRD Net will:

- receive updates from the CCG – for example through this quarterly newsletter, and
- more importantly, members will be asked to give feedback on their experience of services, take part in surveys, and there will be opportunities to take an active part in projects and groups to help shape the work of the CCG.

We're now calling on people interested in shaping local



**By Dave Hall**  
Lay member and lead for patient and public engagement

health services to sign up.

You can do this by visiting our website and clicking on 'Get Involved'. Alternatively, you can call us and register over the phone or request a form to be sent to you which you can return to us free of charge.

Anyone who wants to take an active role will be asked



what particular NHS service area or condition they are most interested in. We will then ask you to get involved in specific pieces of engagement work related to your interest. For example, if you are interested in emergency services or A&E, we'll ask you to get involved in our urgent care work which is led by Dr Rob Penman.

We'll be forming a 'patient forum' which will meet twice a year and report back on

what's been going on with specific projects and make recommendations on how we can make improvements in these areas. The governing body of the CCG will also receive verbal updates on its engagement work at its public meeting every month.

To sign up, visit our website at [www.harrogateandruraldistrictccg.nhs.uk](http://www.harrogateandruraldistrictccg.nhs.uk)

Or, give us a call to request a form on 01423 859632.

The issue of finance has dominated the headlines for health services in North Yorkshire for the past seven years. I will try to explain the current financial position and how it impacts on the CCG.

Our CCG has been allocated just over £177 million to spend on healthcare during 2013/14 for its resident population. The NHS in North Yorkshire has a well-publicised history of overspending its budget (reporting a deficit). In other words, the primary care trust (PCT) was spending more on healthcare than it was being allocated by the Government.

In the summer of 2012 the PCT forecast that during the current financial year (ending 31 March 2013) it would overspend by £19 million. This has steadily decreased since then and the latest reported position is a deficit of £12 million.

## Money, money, money...

The successor organisations, including ourselves, will inherit a share of this deficit and our latest financial plan assumes an inherited deficit of £1.73 million.

Whilst this is disappointing, we have plans in place to manage this deficit whilst continuing to deliver our strategic priorities.

**QIPP – delivering more for less** QIPP, which stands for Quality, Innovation, Productivity and Prevention, is our transformational programme and involves all NHS staff, clinicians, patients and the voluntary sector.

Demand for healthcare is growing rapidly as the population ages and long term conditions are becoming more common. More sophisticated and expensive

treatment options are becoming available and the cost of medicines continues to grow.

Whilst we have seen a 2.3% growth in our budget for 2013/14, this is still one of the tightest funding settlements we have ever faced. Simply doing the same things in the same way will no longer be affordable in future.

Through our QIPP programme we aim to improve the quality of care while making up to £3.5 million of efficiency savings per year – savings we plan to reinvest in front line services. When we talk about efficiencies, we do not mean "cuts". We mean doing things in a different way which benefits patients and is more affordable. For example, treating patients in GP practices or nearer



**By Bernard Chalk**  
Chief Finance Officer

to their homes rather than in hospitals where this is clinically and financially advantageous.

I will ensure that you receive regular updates on our financial performance and our QIPP programme throughout the year.

# Changes in the NHS – and how we fit into the new system >>>

**T**he changes to the NHS are the biggest shake up to happen to the health system since it was invented in 1948.

These changes were first heralded by the coalition Government when it announced the Health and Social Care Bill in May 2011. The Bill received Royal Assent in April 2012 and, on 1 April 2013 the new system will officially begin.

**What went before?**

Until now, the vast majority of health services people accessed day to day were commissioned (or paid

for) by Primary Care Trusts (PCTs). There were 151 PCTs across England, including NHS North Yorkshire and York, which mainly did the following things:

- Commissioned primary care services i.e. GP practices, dentists, pharmacies
- Commissioned secondary care services i.e. treatments in hospital that your GP might refer you to such as orthopaedic services
- Provided public health services i.e. immunisation campaigns, health improvement initiatives etc.

**What's new?**

PCTs will be dissolved on 31 March and new organisations will take over their responsibilities from 1 April.

There will be 211 clinical commissioning groups (CCGs) operating across England, including Harrogate and Rural District CCG. We will be commissioning mostly secondary care services such as hospital, community and mental health services.

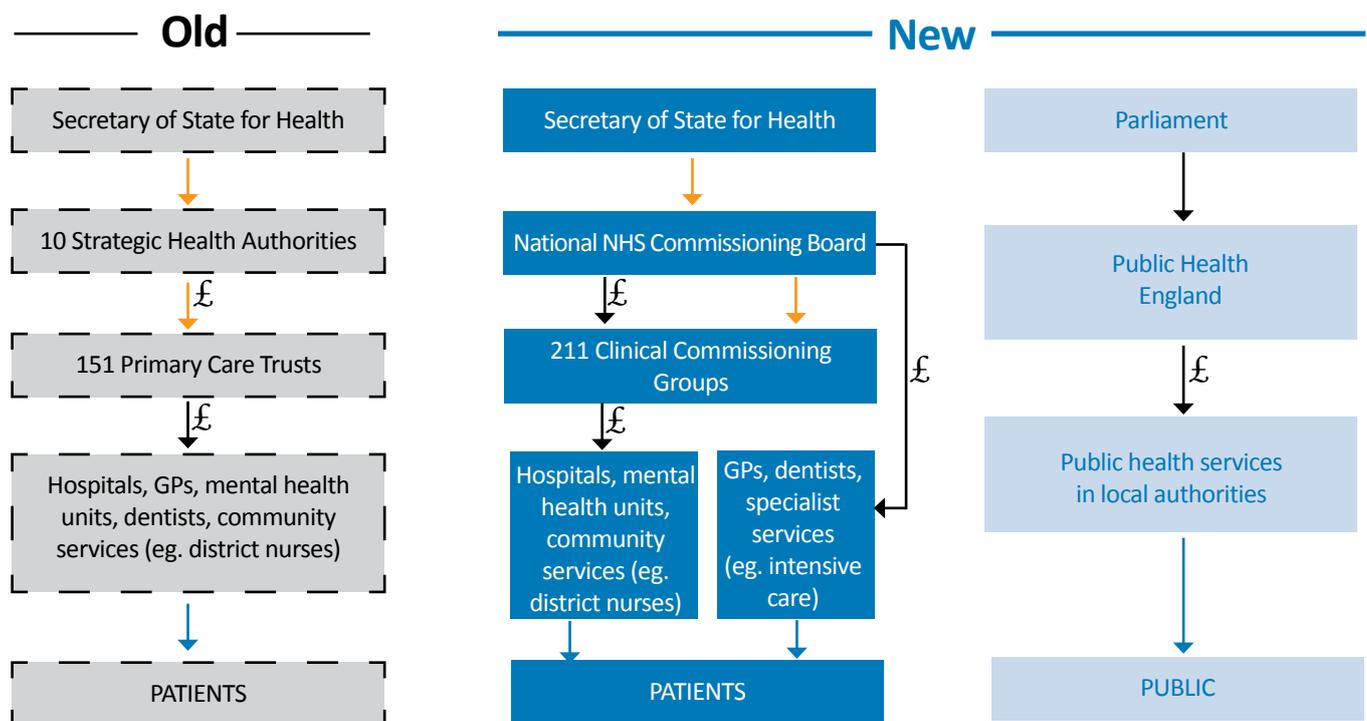
The Department of Health, which used to fund PCTs, will be dissolved and in its place will be the national NHS Commissioning Board. As well as its role looking after the

NHS nationally, the NHS CB will also have Area Teams which will commission primary care services and some specialist services that operate on a more regional level, such as complex surgery or cancer treatments.

Another new national organisation called Public Health England will begin operating from 1 April. It has been established to protect and improve the nation's health and wellbeing, and to reduce inequalities. It will also oversee the provision of public health services that are moving into local authorities such as health improvement and wellbeing campaigns.

## A simple version of the new system

The diagram below is a very simple version of the new health system in England.



For more information about how the NHS is being structured nationally, please contact the NHS Commissioning Board or visit [www.commissioningboard.nhs.uk](http://www.commissioningboard.nhs.uk)

**KEY** ↓ Overseeing role    ↓£ Flow of money    ↓ Providing services

## IN FOCUS

# Changes to older people's mental health



**In 2012 proposals to improve older people's mental health services in the Harrogate and Rural District were developed and published.**

Both the CCG and Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) are committed to providing the best possible care for older people in the Harrogate area and making the best use of taxpayers' money by maximising the health benefits of every pound spent.

This means we need to look at changing how services are provided, working closely with our health, voluntary sector and social care partners so that we can continue to meet the needs of an increasingly ageing population.

### Changes in health and population

People are living longer and the need for specialist mental health services for older people is increasing. Harrogate and rural district has a total population of over 158,000 and 20% are over the age of 65 (compared to the national average of 16%). Figures estimate that this will increase further to 23% in 2020 and 28% in 2030.

The way we provide mental health services needs to continue to change to provide more tailored care that is based on the needs of the individual ensuring more and more people are able to get the support they need at home and so spend less time in hospital. With an increasingly ageing population it will continue to be vital to ensure that we provide older people with appropriate health care, at the right time and in the right place.

Dementia, in particular, presents a huge challenge for those who live with the condition and their carers. It has become

a high priority both nationally and locally with the launch of the national dementia strategy (Living Well with Dementia) in 2009. Since then, TEWV has been working with other NHS organisations, social care services and the voluntary sector to improve services for people with dementia and their carers.

### Local changes

Currently Alexander House in Knaresborough and the Rowan Ward at Harrogate District Hospital have 32 beds for inpatient mental health care between them. Fewer than half of the beds are in use at any one time and national guidance says a population the size of the Harrogate area needs around 15 – 16 assessment and treatment beds for older people.

Because these beds were underused, the CCG and TEWV proposed to reduce the number of beds to the recommended number of 16. It was also proposed that all beds will be provided at the Rowan Ward in Harrogate District Hospital with Alexander House to be used as a community-focused mental health resource centre for older people with a memory clinic and other dementia services.

Supporting people to remain in their own home by providing care in the community will help to slow the onset of the most severe symptoms of dementia, minimising distress to the patient and their family.

The CCG's main priority is for local people with dementia to get the care and treatment they need. This means making sure that they are diagnosed early, are able to remain at home for as long as possible and that the support they and their families receive is tailored to their individual needs.



**By Dr Rick Sweeney  
CCG lead for  
vulnerable people**

### Engagement with local people

The CCG working with TEWV started a consultation in October 2012 which ended on 21 January 2013.

The majority of feedback received throughout the engagement period has been largely in support of most of TEWV's proposals; namely to improve the memory services, to improve both liaison services (hospital and for nursing/residential care homes), and the development of day hospital services.

The main area of concern raised was around the proposals to reduce the number of in-patient beds for older people with

mental health problems and to concentrate all in-patient services in Harrogate Hospital's Rowan Ward. In addition, the importance of respite care and the need for clarity over the provision of respite was a major theme throughout the engagement process.

The CCG organised a further meeting held after the consultation had finished specifically for carers to address these concerns. This meeting, hosted by the Harrogate-based Carers Resource, was attended by representatives from the CCG, TEWV and North Yorkshire County Council's adult social care services.

### Next steps

The CCG took a report about its proposals and its findings from the consultation to the North Yorkshire Scrutiny of Health Committee on 8 February 2013, where councillors supported the implementation of the proposals. The CCG's governing body approved the proposals at its public meeting on 7 March.

TEWV are now producing an implementation of plan to ensure a safe and efficient move to the new agreed pattern of services, and the CCG will be working closely with them to ensure the promised improvements to services are realised throughout 2013.



*Alexander House*

# Integrated care; improving treatment for long term conditions



By Dr Chris Preece  
GP and CCG lead for  
integrated care

**The number of people living with one or more long term health conditions is rising fast and we need to make sure we're in a position to manage future demand.**

There are around 15 million people in England with at least one long term condition. By this we mean a condition that cannot be cured but can be managed through medication, therapy or both. There is no definitive list of long term conditions but they include things like diabetes, asthma and coronary heart disease.

In some parts of the country, health and social care teams have found that

by identifying who's most at risk, working more closely together to support those people at an earlier stage and providing information to help people take better care of themselves they can start to address the issue head on.

This more streamlined, joined up approach often leads to services which people and their families and carers say are better for them. It can also mean fewer people ending up in hospital or needing to move into residential care.

This is the approach we are taking in the Harrogate and rural district. Over the next

two years GPs, health workers and social care staff will increasingly be working side by side in close knit teams, identifying levels of risk, sharing information and taking a joint approach to supporting older people and those with long term health conditions – in close partnership with the voluntary, community and independent sector.

In the coming months we'll be engaging with patients, their families and their carers to explain the improvements we want to make to services they receive – which could be health, social care or a mixture of the two.



MY MUM MISSED  
HER SMEAR TEST.  
NOW I MISS MY MUM.

The smear test significantly reduces the number of deaths from cervical cancer.



[www.mysmeartest.co.uk](http://www.mysmeartest.co.uk)

- The smear test (cervical screening) finds the cells that cause cervical cancer, so they can be treated.
- It's private and you won't be rushed.
- It need only take a few minutes.
- You can ask for a female doctor or a nurse.
- We offer the test to all women aged between 25 and 64.
- Book your test by making an appointment with your GP or nurse today.

**Cervical Screening**  
Smear Tests. Take yours before it's too late

## Supporting cervical screening campaign

The CCG is supporting a campaign to encourage women aged 25-34 to get regular smear tests.

North Yorkshire has seen a decline in cervical screening uptake amongst women in this age group – falling from almost 80% in 2009 to 70% in 2012. The campaign is also calling on mums to encourage their daughters to take the test.

The cervical screening test, commonly known as the smear test, can detect abnormal cells that develop before cancer does. By taking a test when invited by a GP, women give themselves the best chance of detecting pre-cancerous cells, which can be easily treated.

Dr Sarah Hay, Harrogate-based GP and CCG governing body member, said: "Cervical

screening saves 5,000 lives a year in the UK. Sadly nearly 70% of young women did not take up the invitation to attend for a smear test last year.

"Many GP surgeries are open early in the mornings or run evening surgeries, so it is often possible to book an appointment for a smear test without having to take time off work.

"Having a smear test takes just a few minutes. Women have the choice of a female doctor or nurse, and they can also bring a friend for support if they wish. The test can detect any abnormalities or changes in the cervix which, if left untreated, could lead to cervical cancer."

For more information on the campaign visit: [mysmeartest.co.uk](http://mysmeartest.co.uk)

# NHS 111 – coming soon >>>

## – a new telephone service for patients



### Interested in NHS 111?

We are currently looking for any members of the public that would be interested in helping us with NHS 111.

We are working with our colleagues in Hambleton, Richmondshire and Whitby on the implementation of NHS 111 and how it's working for patients.

You'll need to be able to attend monthly meetings which will alternate between Harrogate and Northallerton. Meetings will normally fall on a Thursday afternoon and last a couple of hours. You'll need to live in the Harrogate district or be registered to a GP practice in the area.

If you are interested, please contact us stating you are interested in being a patient representative for NHS 111. Our contact details are on the back page.

**NHS 111 is a new service that's being introduced in our area from 1 April 2013 to make it easier for you to access local NHS healthcare services.**

NHS 111 will replace the NHS Direct service. To access their service you just need to dial 111 on your phone when you need quick access to medical help. The exception to this is in an emergency situation when you should always dial 999 as before.

#### How does it work?>>>

The NHS 111 service is staffed by a team of fully trained advisers, supported by experienced nurses. They will ask you questions to assess your symptoms, then give you the healthcare advice you need or direct you straightaway to the local service that can help you

best. That could be A&E, an out-of-hours doctor, a walk-in centre or urgent care centre, a community nurse, an emergency dentist or a late-opening chemist.

Where possible, the NHS 111 team will book you an appointment or transfer you directly to the people you need to speak to. If you need an ambulance, one will be sent just as quickly as if you had dialled 999.

If a health professional has given you a specific phone number to call when you are concerned about your condition, you should continue to use that number.

#### Next steps>>>

The service will start with a 'soft launch' in April. We'll also be doing some local publicity to help raise awareness of it and how



**Dr Rob Penman**  
GP and CCG lead  
for urgent care

to use it appropriately.

We anticipate a national advertising campaign will be launched in the summer this year when any teething troubles within the service have been ironed out after the soft launch.

# Governing Body meetings – public welcome to attend >>>

The CCG holds its governing body meetings in public once a month and members of the public are welcome to attend.

These meetings are held at venues around the district and usually last for two hours. A period of 20 minutes is set aside at the start of each meeting for questions and comments from members of the public relating to items on the agenda. Questions can be submitted in advance or in person on the day.

The meetings fall on the first Thursday of the month. This is to ensure that the statistics and data that are used in our reports and papers are as up to date as they can be.

The agenda and, where possible, all papers for the meeting will be published on our website five working days in advance of our governing body meetings.



## How to contact us

The CCG can be contacted in the following ways.

>>> By writing to: Harrogate and Rural District Clinical Commissioning Group, The Hamlet, Hornbeam Park, Harrogate, HG2 8RE

>>> Telephone: **01423 859632**

>>> Fax: **01423 859700**

>>> Email: [nyy-pct.HaRD@nhs.net](mailto:nyy-pct.HaRD@nhs.net)

>>> Website: [www.harrogateandruraldistrictccg.nhs.uk](http://www.harrogateandruraldistrictccg.nhs.uk)

>>> Twitter: [@HARD\\_CCG](https://twitter.com/HARD_CCG)

*Please note, we will soon be moving to a new address. We will publish our new contact details as soon as we can.*

