



Summer 2013

HaRDNews

Seeking your experiences >>>

CCG's first public forum success

Around 80 people attended Seeking Your Experience – Harrogate and Rural District Clinical Commissioning Group's first public involvement forum event on 2 July.

They were welcomed by Dr Alistair Ingram, the Clinical Chair of the CCG, who gave a brief update on the changes in the NHS and progress the CCG has made in recent times.

There were also presentations from two of the CCG's Governing Body member GPs. Dr Chris Preece spoke about "integrated care" which included details about joining up health and social care services, and Dr Rick Sweeney discussed the work the CCG had done with local care homes to improve experiences for patients.

The second half of the event featured five discussion



The event was held at The Majestic Hotel in Harrogate

sessions led by GPs from the CCG's governing body where people were invited to share their experiences of:

- GP out-of-hours services
- Long term health conditions
- Services for people with skin problems (dermatology services)
- Dementia care, and
- Visits to hospital for outpatient appointments.

Dr Ingram said: "We were delighted to welcome so many people from a diverse range of backgrounds to our first public involvement forum event. There was a very positive atmosphere in the room and we got a great deal out of the evening.

"We are fully committed to involving people in developing local health services and this event is part of our wider public engagement strategy. Whilst it

"We are fully committed to involving people in developing local health services and this event is part of our wider public engagement strategy"

provided us with an opportunity to update people on local projects, the main benefit for us was to be able to get such valuable feedback in the discussion sessions."

To see the presentations and the full report of the event, visit our website at www.harrogateandruraldistrictccg.nhs.uk

CONTINUED ON PAGES 4-5.



Dr Alistair Ingram
Clinical Chair

Inside

2 >

Getting under your skin – tell us about local dermatology services

3 >

Joining up health and social care – making integrated care a reality

6 >

Financial Plan to deliver strategic goals – the challenge and key messages

7 >

Working with our care homes and the wider NHS



Getting under your skin >>>

Tell us about local dermatology services

We are looking to hear from people who have experiences they would like to share with us about attending dermatology outpatient services at Harrogate Hospital for common skin problems.

Large numbers of patients attend dermatology outpatients every week and we'd really like to hear about your experiences on things like:

- Waiting times
- Convenience of appointments
- The number of appointments you were asked to attend

We'd welcome your views so we can make sure the model of care we commission is as patient-focused as it can be.

Please get in touch with us if you are interested in sharing your experiences about dermatology services.

Our contact details are on page 12 of this newsletter or you can visit our website at www.harrogateandruraldistrictccg.nhs.uk

Dr Sarah Hay
GP Governing Body Member



Time for 'open and honest' NHS debate >>>

NHS England has called on the public, NHS staff and politicians to have an open and honest debate about the future shape of the NHS in order to meet rising demand, introduce new technology and meet the expectations of its patients.

This is set against a backdrop of flat funding which, if services continue to be delivered in the same way as now, will result in a funding gap which could grow to £30billion between 2013/14 to 2020/21.

In a new publication called 'The NHS belongs to the people: a call to action' published in July, NHS England sets out these challenges which include more people living longer with more complex

conditions and increasing costs whilst funding remains flat and rising expectations of the quality of care.

The document says clearly that the NHS must change to meet these demands and make the most of new medicines and technology and that it will not contemplate reducing or charging for core services.

Sir David Nicholson, Chief Executive of NHS England, said: "The NHS was set up to provide high quality care for patients, free at the point of need. The NHS has stayed true to this aim and to do so in the future, we must embrace new ways of working."

"The focus needs to shift from buildings and onto patients and services. Our



Sir David Nicholson, Chief Executive of NHS England

success in extending life means people living longer, but with more conditions and illnesses such as dementia that were not common twenty years ago.

"Our analysis shows that if we continue with the current model of care and expected funding levels,

we could have a funding gap of £30bn between 2013/14 and 2020/21. This gap cannot be solved from the public purse but by freeing up NHS services and staff from old style practices and buildings."

HaRD CCG is looking to support this national debate and give local people opportunities to get involved in the debate, get more information about the issues faced and contribute ideas about how we can tackle them.

- To read more about "A Call to Action", visit www.england.nhs.uk

"The NHS has stayed true to this aim and to do so in the future, we must embrace new ways of working"



NHS 111 service now fully operational

When you need medical help fast but it's not a 999 emergency

The new NHS 111 service went fully operational across North Yorkshire on 2 July 2013.

NHS 111 is a new free phone service when you need medical help fast but it's not a 999 emergency. If you call, you'll get through to a team of fully-trained advisers, supported by experienced nurses, to assess your condition and direct you to the local health service that can help you best.

The advisers will ask



when it's less urgent than 999

or direct you straightaway to the local service that can help you best. That could be A&E, a minor injuries unit, an out-of-hours doctor, a community nurse, an emergency dentist or a late-night pharmacy. Where possible, the NHS 111 team will book you an appointment

questions to assess your symptoms, then give you the healthcare advice you need

or transfer you directly to the people you need to speak to.

NHS 111 in our area is provided by the Yorkshire Ambulance Service (YAS). The service is available 24 hours a day, 365 days a year.

Since 2 July, a key change has come into effect. Now when a patient calls their GP practice outside of normal surgery hours, they are directed by a recorded message to dial 111 for advice or access to out of hours medical care.

Before the NHS 111 service went into operation in our area, the CCG sought full assurance that our local community could have confidence in the new service. We worked closely with both YAS and our local GP Out of

Hours service to make sure there was sufficient capacity to manage the projected volume of calls and to ensure patients are getting the right help in the right place.



Dr Rob Penman
GP Governing Body Member

Want to share your experiences of 111?
Feedback on NHS 111 service in our area should be directed to the Yorkshire Ambulance Service. They have a feedback tool on their website at: <https://feedback.yas.nhs.uk/NHS111>

Joining up health and social care >>>

You'll probably be hearing the term "integrated care" quite a lot at the moment – but what does it actually mean? There have been an awful lot of attempts to define it, but the most recent from NHS England tries to do so from a patient's perspective:

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me."

However we choose to define it, it's something we need to make a reality on the ground. We have a growing elderly population with increasingly complex needs. Twenty-five per cent of people over 60 have two or more long term health conditions yet the health and social care system can be fragmented, inefficient, confusing and sometimes difficult to access.



Dr Chris Preece
GP lead for integrated care

The CCG is a leading member of the Integrated Care Transformational Programme - a joint project managed between us, Harrogate and District NHS Foundation Trust (HDFT) and North Yorkshire County Council (NYCC).

The programme is remodelling community health, social,

primary and where applicable voluntary care services to deliver a more integrated, effective and efficient care system to support people with long term conditions. The aim is to ensure people are cared for at the right time in the most appropriate setting – usually within their homes or as near to their homes as possible.

What has already happened?

Working with our partners we've already made some progress towards integrating services. These include:

- A single point of access for the Fast Response, Rehabilitation and District Nursing teams
- Our community teams are now more aligned to GP and local authority boundaries
- The majority of GP practices are now able to share records with community teams

Inevitably, as we are dealing with two very different systems,

there are some barriers to overcome and we continue to work with partners to find a way to get round these.

Pioneering North Yorkshire

The North Yorkshire Health and Wellbeing Board submitted an application for "pioneer area status" to the Department of Health in June.

The Board submitted the bid on behalf of all health and social care organisations across North Yorkshire, including HaRD CCG. It reaffirms the joint commitment to developing a person-centred and integrated approach to health and social care irrespective of the complexity of the organisations and the boundaries they operate within.

By participating as a pioneer site, we hope to accelerate our plans as well as contribute to the national work from our experience and learning.

SEEKING YOUR EXPERIENCE >>>

CONTINUED FROM PAGE 1
 The second half of the event saw attendees break out into five discussion groups, led by GPs. As part of the feedback to everyone at the end of the event, the GPs were challenged to give a single piece of feedback that either surprised them or which they didn't know before.

About the audience

Of the 77 people who attended the event:

- 52% were members of the public
- 31% represented the voluntary/independent sector
- 9% were either NHS or local authority staff
- 5% were local councillors



Dr Penman leads the discussion on GP out of hours services (see page 5)

Long Term Conditions

Led by Dr Chris Preece

Dr Preece explained that he wanted to hear people's experiences of community health and social care at present and any concerns or ideas regarding the suggested changes.



Dr Preece's long term conditions group

Key discussion points included:

- Funding the Expert Patient Programme
- Adult mental health services
- GP computers being compatible with the hospital
- The fast response team

Single piece of feedback:

"Feeling that you are battling against NHS Systems that you don't understand"

Improving the pathway for common skin problems (dermatology)

Led by Dr Sarah Hay

Dr Hay explained that at present dermatology services require numerous follow ups, which are time consuming for the patient and costly to the NHS. The group included clinicians from Harrogate and District NHS Foundation Trust (HDFT) and Dr Hay invited everyone to discuss how things could be done differently.

Key discussion points included:

- Car parking at HDFT
- Preventative advice
- Talking to schools and beauty salons would be a good place to start.

Single piece of feedback:

"Harrogate has more cases of Melanoma per head of population in the country"

SEEKING YOUR EXPERIENCE >>>

■ GP Out of Hours services

Led by Dr Rob Penman

Dr Penman gave a brief introduction on how to access local urgent care services both in and outside of normal surgery hours, including how the new NHS 111 service will work.

Key discussion points included:

- Doctors who cover out of hours work are not local and may not know the patients
- GP surgery opening hours
- Attending Harrogate's A&E as a mental health patient

Single piece of feedback:

"Patients with acute mental health problems having to wait in A&E which is the wrong setting"

■ Dementia

Led by Dr Rick Sweeney

Dr Sweeney said, as part of improving services for people with dementia, that communication was key and that clinicians needed to get to know the patient well.

Key discussion points:

- How we can improve the diagnosis rate for dementia?
- What support is needed for people with dementia, their family and carers?
- How can we make HaRD more 'dementia friendly'?
- Where should people with severe dementia be cared for?

Single piece of feedback:

"We need to raise a Dementia friendly generation"

■ My visits to outpatient appointments

Led by Dr Gareth Roberts

Dr Roberts was keen to find out about the experiences people had attending hospital outpatient appointments so we can make sure these appointments are both beneficial to patients and good value for the NHS.

Key discussion points

- Choose and Book system
- Numerous people are given the same outpatient appointment time
- Suggested improvements to the appointments system

Single piece of feedback:

"Feedback was good but the hospital still operates the same system as 25 years ago – changes need to be made"



Get the full report

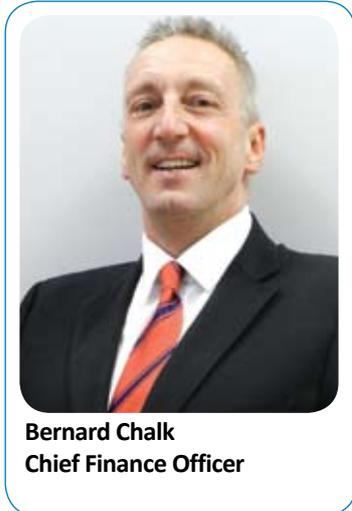
A copy of the presentations and full report from Seeking Your Experience are available from our website. Alternatively, contact us to request paper copies (see page 8 for our contact details).

Developing our Medium Term Financial Plan

The CCG approved its Medium Term Financial Plan for 2013/14 to 2016/17 at its Governing Body meeting on 4 July 2013.

Bernard Chalk, the CCG's Chief Financial Officer, said: "The plan for 2013/14 delivers a 1% surplus and repays the inherited debt from NHS North Yorkshire and York Primary Care Trust of £1.84 million. This is a very positive position and should provide some financial flexibility in future years but in 2013/14, we have no flexibility and any new investment will need to be matched by greater efficiency or savings."

The Medium Term Financial Plan has been developed to reflect the financial climate of austerity and particularly challenging times for the NHS as the system changes are established and targets, improved commissioning and patient experience are all testing how effective



and efficient the CCG is at managing its resources.

Bernard added: "Our high level commissioning intentions for the next two to three years have already been decided upon through a local prioritisation process and once we have achieved financial balance, we can utilise any development monies to deliver our strategic goals."

The Challenge

Outlining the challenge ahead, Bernard said: "The level of savings required in future years will require innovative, whole system re-design led by clinicians. In order to achieve this, the CCG will have to work closely with its partner organisations and stakeholders to ensure that the solutions we deliver are of benefit to the whole health and social care economy.

"It is also essential that we work collaboratively with other CCGs and the local authorities to secure increased value for money and achieve the benefit of working together on joint commissioning arrangements.

"Whilst we recognise that the coming years will present a significant financial challenge for the CCG and local health and social care system, it is essential that we maintain financial balance. We must ensure that we make sound financial investments and that we only commissions services that deliver high quality, safe and cost effective care for our population."



FINANCIAL PLAN - KEY MESSAGES

- Delivering a surplus of £1.75 million in 2013/14 is vitally important as this provides a firm foundation for building a successful and innovative CCG;
- Our plan assumes that the CCG will identify resources in 2014/15 to re-instate the non-elective threshold, readmissions and re-ablement funding;
- The plan assumes that the CCG will invest additional funding in service redesign over the three year period totalling £8.4 million (of which £2.6 million is non-recurrent);
- The CCG will deliver Quality, Innovation, Productivity and Prevention (QIPP) savings of £12.9 million over the three year period of this plan (£4.3 million a year)

To read the plan in full, visit: www.harrogateandruraldistrictccg.nhs.uk/board-meetings/4-july-2013



"This is a very positive position and should provide some financial flexibility in future years but in 2013/14, we have no flexibility and any new investment will need to be matched by greater efficiency or savings"

Working with our care homes >>>

We are leading a considerable amount of work with our care homes to promote better partnership working between the homes and all NHS services including GP practices, the hospital trust and the ambulance service.

The aim is to support high quality care in the homes and prevent unnecessary hospital admissions for the benefit of our most vulnerable residents. We've been looking at some numbers and we have identified some issues we need to address.

The issues

In the Harrogate district we have 44 care homes (21 nursing homes and 23 residential homes) with a total of 1,982 beds. This represents 1.2% of our population – which is three times the national average.

In the year ending March 2012, there were 13,507 emergency admissions to hospital in the Harrogate district. Of those, 746 (or 5.5%) came from care homes. Whilst this doesn't sound a lot, this small proportion of emergency admissions accounts for £2.2 million, which is nearly 9% of our budget for this type of service.

We have seen that nearly a quarter of emergency admissions from care homes stay in hospital for 3 days or less. These people often have illnesses that could be managed effectively in the care home with appropriate support, which is much better for frail, often confused, elderly people whose health is adversely affected by the stress of a hospital admission.

Finally, 70% of admissions to hospital from care homes follow a 999 call and dispatch to A&E, rather than assessment



Bilton Hall Nursing Home in Harrogate – participated in the hospital discharge survey

by a local GP or nurse who may be able to arrange treatment in the care home, or arrange a direct hospital admission if necessary. A greater proportion of 0-3 day admissions occur after 999 call and A&E assessment.

Solutions

We've had some very constructive meetings with all concerned over the last year and a number of solutions have been put forward to improve things. These can be summarised as:

- Improving hospital discharge planning
- Improving communication between care homes and NHS services
- Improving the triage system for out of hours calls
- Increasing the confidence of care home staff in managing residents' illnesses
- Improve access to NHS community support services
- Better integrated working with GP practices

We've been exploring these ideas further and there has been some really good progress.

The CCG, in partnership with specialist nurses, pharmacists, hospital doctors and GPs, has developed and shared some useful guidance for care homes to help them manage residents more effectively. This includes improving availability of GP support, producing care plans for managing deterioration in common long term conditions, guidance to support home care staff to manage common minor illnesses and injuries and a directory to raise awareness of, and improve access to, NHS community support services.

We've also surveyed our care homes to find out more about their experiences of the discharge process from hospital. We received some very useful feedback, highlighting good practice, benefits of changes already introduced by the hospital as well as significant areas where problems remain, which we presented at a meeting with representatives from

the homes and Harrogate and District NHS Foundation Trust on 25 June.

Colleagues at the Trust are keen to work with us on how improvements to the discharge process can be implemented.

We have seen hospital admissions fall in recent months which is clearly good news but there is still much more that can be done and we continue to explore ways to improve the lives of our care home population.



Dr Rick Sweeney
GP lead for vulnerable people

How to get involved with the CCG

Governing Body meetings

The CCG holds its governing body meetings in public once a month.

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. People are asked to submit any questions in advance.

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.



Join the HaRD Net!

If you'd like the opportunity to influence local health services and work together with us to improve them, why not join the HaRD Net – our public involvement network.

The idea behind HaRD Net is to build up a network of local people, patients, carers, voluntary sector representatives and other partners so we can share experiences, learn from those experiences and use them to shape what we do as a CCG.

Sign up

You can sign up on our website at www.harrogateandruraldistrictccg.nhs.uk and click on **Get Involved**. Alternatively, call us or email us using the details on this page to get signed up.

How to contact us

The CCG can be contacted in the following ways.

- >>> By writing to: Harrogate and Rural District Clinical Commissioning Group, 1 Grimbold Crag Court, St James Business Park, Knaresborough HG5 8QB
- >>> Telephone: **01423 799300**
- >>> Fax: **01423 859700**
- >>> Email: hardccg.enquiries@nhs.net
- >>> Website: www.harrogateandruraldistrictccg.nhs.uk
- >>> Twitter: [@HaRD_CCG](https://twitter.com/HaRD_CCG)

