NHS

Harrogate and Rural District Clinical Commissioning Group

Patient Prospectus 2013/2014

"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"

Contents

Welcome

Welcome to our first patient prospectus – which we hope will give you a quick guide to the Harrogate and Rural District Clinical Commissioning Group (CCG), who we are and what we are about.

In short, the CCG is a new NHS organisation that commissions (or buys) health services for the residents of the Harrogate and Rural District locality. We are a membership organisation consisting of the 19 GP practices in the Harrogate district and we serve a resident population of approximately 160,000 people.

The CCG is managed by a governing body of local GPs, senior managers, a secondary care doctor and community representatives who make decisions about what health services to commission in the area. There is more about the changes in the NHS, how CCGs came about and where they fit into the new NHS system on page 3.

The services we buy for our local population are known as secondary care services, which are mainly hospital, community and mental health services. They are the kinds of health services you could expect to be referred to by your GP. For this, we have a budget of around £177 million. You can read more about our finances and how we spend our budget on page 8.

> **In short, the CCG is a new NHS organisation that commissions (or buys) health services for the residents of the Harrogate and Rural District locality**

How we got here

Dr Alistair Ingram
Clinical Chair
NHS Harrogate and Rural District CCG

Until April 2013 the vast majority of local health services were commissioned by primary care trusts (PCTs). In North Yorkshire, this was done by NHS North Yorkshire and York.

During 2012/13, the CCG was in its "shadow form" period. This meant we sat under the PCT whilst we developed as an organisation and established ourselves. In February 2013, we were authorised as a statutory NHS organisation by NHS England, which meant we were given approval to operate on our own and take control of our local health services budget.

Our priorities

During our shadow year, we identified some overarching strategic priorities that require specific focus in our local area. You can read more about these priorities, how we arrived at them and the work that sits underneath them on page 4.

Another major priority for us is to engage with our population and involve them in the development of local health services. You can read more about how we plan to do this on page 9.

I hope you find this prospectus document useful and we would welcome any feedback on it from you. There are details of how you can contact us on the back page.

We look forward to working with you and for you.






A new National Health Service – the story so far

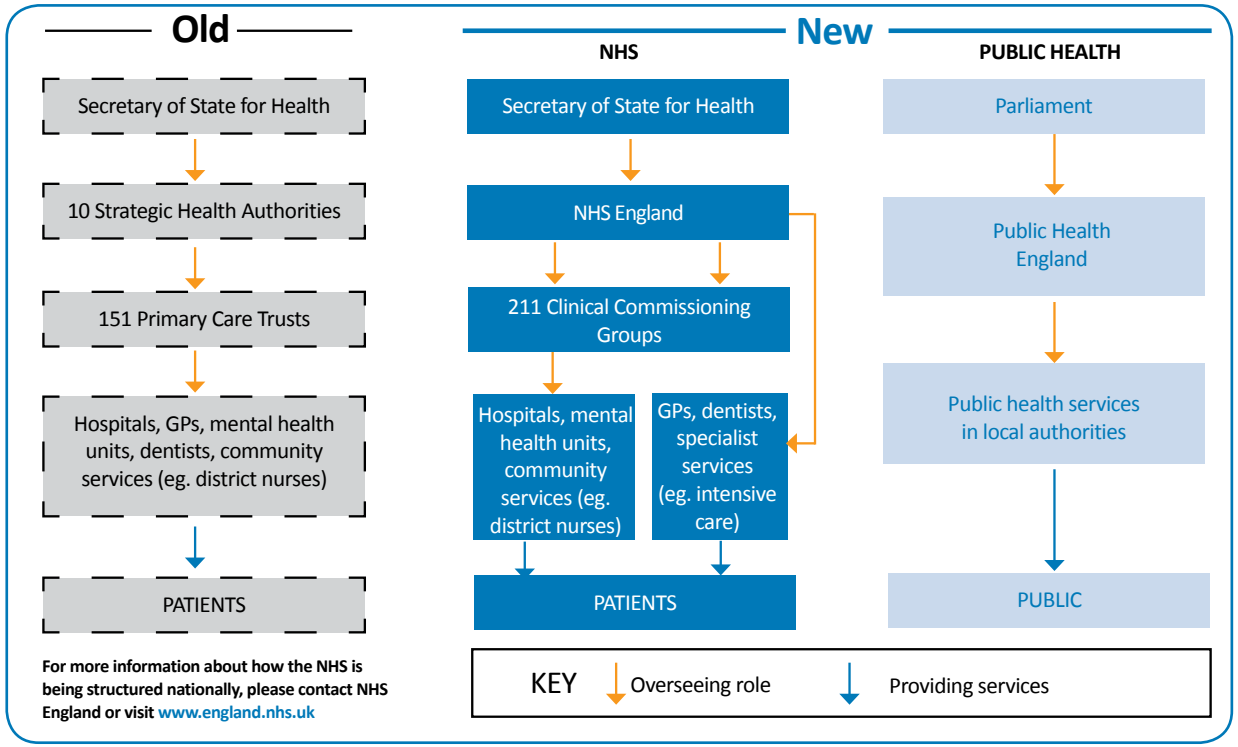
Clinical commissioning groups (CCGs) are groups of GP practices which became responsible for buying local health services from 1 April 2013.

They were created as part of the Health and Social Care Act 2012, which brought in huge changes to the way NHS services are bought, planned and managed. The Act meant the end of primary care trusts (PCTs) which had managed both primary and secondary care* for local populations previously, and regional strategic health authorities (SHAs) which oversaw PCTs and reported directly to the Department of Health.

PCTs and SHAs were abolished on 31 March 2013. In their place we now have CCGs such as Harrogate and Rural District that commissions care for its local population. The responsibility for commissioning primary health care and more specialist health services (such as highly specialised surgery) now rests with the North Yorkshire and Humber Area Team of NHS England – a new NHS authority.

Another new national organisation, called Public Health England (PHE), began operating from 1 April 2013. PHE 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 have moved into local authorities such as health improvement and wellbeing initiatives.

The diagram above right is a simple illustration of how the health system has changed as a result of the Act.



For more information about how the NHS is being structured nationally, please contact NHS England or visit www.england.nhs.uk

? Jargon Buster ?

***Primary Care:** health services you are likely to access in the first instance, such as those provided by GPs, pharmacies, dentists and optometrists. These services are not commissioned by the CCG.

***Secondary Care:** health services you might be referred to by your GP, eg. hospital-based services such as orthopaedics and mental health services. These services are commissioned by the CCG.

Get Involved

Our governing body meet in public once a month to discuss their business (including quality, performance and finances) and to approve projects and initiatives. You can read more about them on pages six and seven in this prospectus, or on our website. We are also making patient and public engagement a high priority for the CCG and doing things a bit differently. You can read more about our plans in this area on page 9.

HaRD CCG

Harrogate and Rural District Clinical Commissioning Group (or HaRD CCG) is one of the new organisations created by the Health and Social Care Act 2012. We are led by a governing body of GPs, senior health professionals and senior health service managers. In February 2013 we were "authorised" by NHS England. Authorisation means we satisfied NHS England as part of an assessment process that we can deliver quality and safety for patients, provide proper stewardship of public money and ensure local decision-making could take place from 1 April 2013.






Our priorities

Whilst we were developing as an organisation, we did a lot of work to define what our priorities should be as a CCG, both in our first operational year and in our first five years.

This work was informed by speaking to colleagues and partners in the NHS, local authorities and in other agencies. We also looked at evidence contained in the North Yorkshire Joint Strategic Needs Assessment (JSNA) which provided us with further information about our population.

In short, our population is increasing and ageing. Harrogate is one of the most prosperous areas in the country, has a relatively low level of deprivation and a good life expectancy rate. The number of people aged 65 and over in the Harrogate district is expected to increase from 19.4% now to 30.2% by 2035.

The knock on effect is that people tend to develop more health problems as they get older. This includes long term conditions such as circulatory disease, respiratory conditions and diabetes, and mental health conditions such as dementia. In fact, circulatory diseases are the leading cause of death in the Harrogate district, accounting for 36% of all deaths with cancer (26%) and respiratory diseases (13%) after that. Therefore, older people need greater support from health and social services and we must ensure that this is reflected in our commissioning plans.

All this has informed our strategy, which we have aligned to the strategy of the North Yorkshire Health and Wellbeing Board*.

Health and Wellbeing Board
North Yorkshire

Our response to local need

We have identified four overarching strategic priorities that require specific focus in our local area. These are:

- Health and wellbeing (which includes healthy living and prevention)
- Long term conditions and urgent care
- Planned, safe and effective care
- Vulnerable people (which includes mental health)

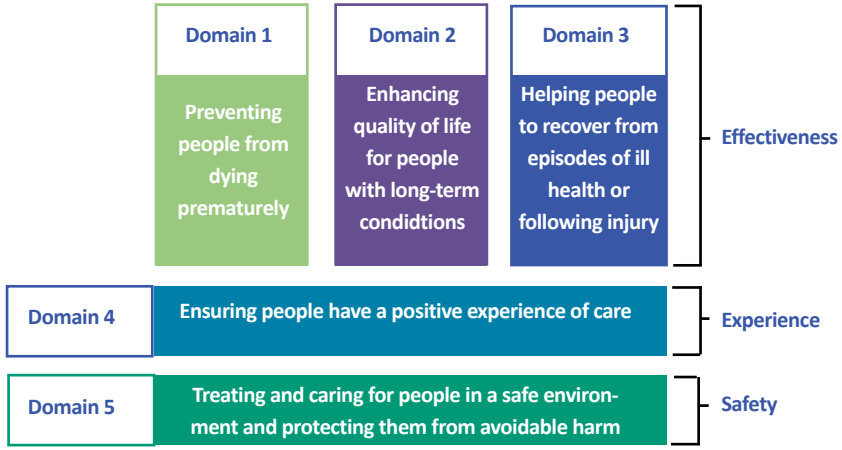
We have also identified three specific local priorities for our area which we feel require extra focus. These are:

- Decreasing hospital inpatient stays for respiratory conditions
- Reducing emergency inpatient admissions
- Improving end of life care and making sure more people can die in their preferred place

Everyone Counts

We are also taking a lead from the five domain areas of Everyone Counts: Planning for Patients 2013/14. This strategy, published by NHS England, is intended to help local clinicians deliver more responsive health services, focused on improving outcomes for patients, addressing local priorities and meeting the rights people have under the NHS Constitution.

The five domain areas of Everyone Counts are illustrated below:



* North Yorkshire Health and Wellbeing Board

This group brings together democratically elected representatives from North Yorkshire County Council and the district councils; chief officers from both county and districts; local commissioners from health, public health and social care; representation from Healthwatch and the voluntary sector. These leaders will work in partnership to develop robust joint health and wellbeing strategies. These in turn will set the North Yorkshire framework for commissioning of health care, social care and public health. For more information visit www.nypartnerships.org.uk






Quality and standards
What you can expect

As a commissioner of services, Harrogate and Rural District CCG will be focusing attention on indicators relating to the NHS Outcomes Framework and continuing to build on quality over the coming years. Currently the outcomes framework focuses on the five domains illustrated on page 4.

Our principles put service quality at the heart of care delivery. As part of this we currently monitor a range of indicators (such as performance targets) which are reported to us regularly by organisations that provide the NHS care we buy from them; for example Harrogate and District NHS Foundation Trust.

How quality is monitored and assured

Regular quality reports on all the services we commission are received by the CCG as part of the contract monitoring process. These reports are received by our Quality and Clinical Governance Committee which will scrutinise the information, monitor progress and trends and request further assurances or action plans if required. The CCG's governing body receives a report called Commissioning for Quality and Outcomes at its monthly meetings, which includes a "performance dashboard". This highlights a huge range of quality and performance standards and shows how we are performing locally against expected targets. These reports are available to the public and are published on our website in advance of our governing body meetings.

Standards you can expect

There is a range of standards the public can expect from its NHS services. These include performance targets around waiting times such as:

- A referral to treatment time within 18 weeks for routine referrals
- Referral within two weeks for urgent referrals where cancer is suspected, and
- A maximum waiting time of 4 hours to be seen in A&E departments

Safety of services is also very important. All providers have a focus on preventing health care acquired infections including Methicillin-Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile (c.Diff) and we will monitor improvements that Trusts are required to achieve.

In addition, we will seek reassurances from providers on a number of other areas of patient safety. These may include examples such as:

- ☑ **Patient identification (wrist bands)**
- ☑ **Falls**
- ☑ **Single sex accommodation**
- ☑ **Pressure sores**
- ☑ **Patient experience**
- ☑ **Serious Incidents and 'near misses'**

A local approach

As part of a more local approach to healthcare, the CCG aims to get the best possible outcomes for its population. Some examples of our priorities include:

- **Improved support to patients with long term conditions to remain well at home through the use of assistive technologies and integrated Health and Social Care Teams**
- **Improving liaison between Care Homes and Elderly Mental Health Support ensuring care closer to home**
- **Improve referral routes and communication between Primary Care and Adult Mental Health services to ensure better access to the right services**

Meet the Governing Body

The CCG's governing body is its senior management executive committee. It consists of clinicians, health service managers and lay representatives and meets in public once a month to discuss the business of the CCG (see page 12).

We've included a quick profile of our governing body members here. You can read more about them on our website.

Dr Alistair Ingram
Clinical Chair

Alistair is a GP in Ripon and the clinical leader of the CCG – chairing its Governing Body.

Alistair qualified at Nottingham Medical School in 1989. After finishing his general practice training in Lincolnshire he became a partner at Dr Fletcher and Partners in Ripon in 1993.

Amanda Bloor
Chief Officer

Amanda is a qualified diagnostic radiographer by background with a particular interest in trauma and orthopaedics. Since then she has held senior management posts within hospital trusts, a strategic health authority and most recently NHS North Yorkshire and York.

As chief officer, Amanda has a focus on developing strong local partnerships and represents the CCG on the North Yorkshire Health and Wellbeing Board.

Dr Rob Penman
GP Governing Body member

Rob is a GP in Harrogate and is the lead for urgent care and prescribing for the CCG.

Rob graduated from Leeds University Medical School and completed his GP training in Harrogate before becoming a partner at East Parade Surgery in 1989. He has been involved with commissioning since 2006.

Dr Chris Preece
GP Governing Body Member

Chris is a GP in Boroughbridge and the lead for integrated care and long term conditions for the CCG.

Chris qualified from Leeds University Medical School in 1999. He went on to do GP training in Northallerton before becoming a GP partner at Boroughbridge Surgery.

Dr Rick Sweeney
GP Governing Body member

Rick is a GP in Harrogate and the lead for vulnerable people for the CCG.

Rick qualified as a doctor from Leeds Medical School in 1979 and following junior doctor training posts focused on medical care of the elderly. He has been a partner at a central Harrogate GP practice since 1984. He has a particular interest in substance misuse services, psychiatry and problems of an aging population.

Dr Sarah Hay
GP Governing Body member

Sarah is a GP in Harrogate and a lead for planned care (also known as elective care) for the CCG.

Sarah qualified in 1995 from St Mary's Hospital, Paddington. She moved to Yorkshire in 1999 to train as a GP. Her clinical interest is palliative care having worked in three hospices over the years.






Meet the Governing Body continued

The CCG's governing body is its senior management executive committee. It consists of clinicians, health service managers and lay representatives and meets in public once a month to discuss the business of the CCG (see page 12).

We've included a quick profile of our governing body members here. You can read more about them on our website.

Dr Gareth Roberts
GP Governing Body member

Gareth is a GP in Masham and a lead for planned care for the CCG.

Gareth qualified from Manchester University in 1994, before training as a GP on the Northallerton GP training scheme. He became a GP partner in 2003 at Dr Akester and Partners in Masham and Kirkby Malzeard.

David Hall
Lay Member - Patient and Public Involvement

David's experience at board level has been gained in two Fire and Rescue Authorities, a mental health trust and a community safety charity.

David champions the interests of patients and the public on the governing body.

Bernard Chalk
Chief Finance Officer

Bernard takes the lead on finance, performance and contracting but also holds an executive leadership role for unplanned care and integrated care.

Bernard is a qualified accountant and joined the NHS in 1975. He has held a number of senior level posts in NHS organisations across Yorkshire, Lincolnshire and the West Midlands.

Rachel Mann
Vice Chair and Chair of the Audit Committee

Rachel is a local businesswoman with extensive experience of the public sector. She is a founding partner and managing director of an executive coaching and leadership development company based in Harrogate.

Rachel is a lay member of the CCG's governing body and leads on financial management and audit matters.

John Pattinson
Director of Quality/Lay Nurse

John joined the NHS in 1990 as a nurse. He has worked in a number of clinical roles, becoming a clinical specialist before moving into systems management and improvement.

John takes a lead on quality, performance and standards for the CCG.

Jane Metcalf
Secondary Care Consultant

Jane qualified from Newcastle University in 1988. She trained in the Northern Deanery and in the South West and has been a senior lecturer in medical education and consultant gastroenterologist at North Tees and Hartlepool NHS Trust on Teesside since 2000.






How we spend your money

The NHS in North Yorkshire has a well-publicised history of overspending its budget, referred to as "reporting a deficit". In other words, the Primary Care Trust (PCT) spent more on healthcare than it was being allocated by the Government.

Our CCG has been allocated just over £177 million in the financial year 2013/14 to purchase healthcare for our resident population.

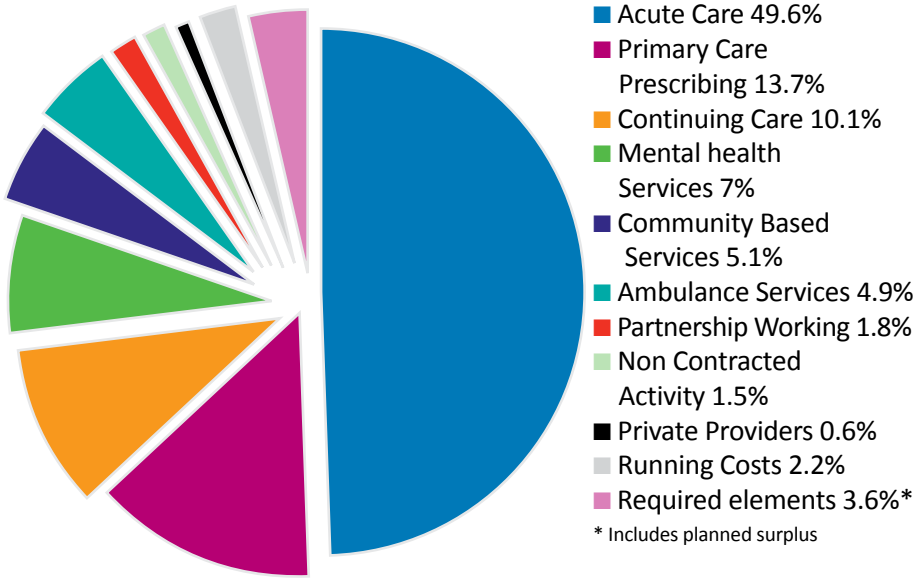
The PCT ended the 2012/13 financial year with a deficit of £12 million. As one of the successor organisations, we have inherited our share of this deficit, which totals £1.8 million. Whilst it is disappointing to begin life as a new organisation with an inherited deficit, we have plans in place to repay this during 2013/14 whilst continuing to deliver our strategic priorities.

The financial plan for 2013/14 has been approved by the Governing Body and allocates £88 million of our budget for services provided by acute hospitals. The majority of this spend (85%) is with our local provider, Harrogate and District NHS Foundation Trust.

The second largest area of spend is on prescribing in primary care – which accounts for £24 million (14% of total spend).

The CCG also spends £3.8 million (2%) of its funding on running costs, which cover the day to day costs of running the business.

The pie chart details the planned areas of spend in 2013/14:



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






Engaging with our population

Improving health services for our population is not only the responsibility of the CCG, it's also down to the people who live in and use health services in the Harrogate and Rural District area.

We are fully committed to involving people in developing local health services and doing things a bit differently. During 2012/13, whilst we were in 'shadow form', we spent time talking to people about the best way to do this. Since we took over responsibility for commissioning local health services those plans have been set in motion.

We are developing a strategy for engaging and involving people to enable us to listen, learn from experiences and use this insight to guide what we do. We want to offer people a genuine opportunity to influence local NHS commissioning so we plan to run focused engagement exercises for projects that fall under each of the CCG's four strategic priority areas of:

- Health and wellbeing
- Long term conditions and urgent care
- Planned, safe effective care
- Vulnerable people

The work for each of these areas is led by a GP on our Governing Body (see pages 6-7).

Making it happen

There are some key elements to our strategy that will enable us to do this, and these are detailed below:

HaRD Net

We are developing a network of local people, patients and carers who have expressed an interest in being involved with developments of health services, learn more about the NHS and have a say about the health services in the area. We will use the HaRD Net to reach out to these people on a regular basis with opportunities to get involved through means such as surveys, focus groups, patient journeys, site visits and in depth interviews.

See page 12 for details on how you can sign up to the HaRD Net.

Public Involvement Forums

We intend to hold two large forum events each year. These events are open to local stakeholders, patients and the public and will give the CCG the opportunity to update the local community on specific engagement projects and listen to feedback.

Working with our partners

We realise we cannot do all this work without the help of our partners and stakeholders in the Harrogate district, in particular; Harrogate and District NHS Foundation Trust; Tees, Esk and Wear Valleys NHS Foundation Trust; North Yorkshire County Council and Harrogate Borough Council.

We will continue to build on these relationships and with colleagues in the voluntary sector, our local Healthwatch and other groups and individuals that can support us in our aims. We look forward to working with you.






Our Constitution

The Constitution for NHS Harrogate and Rural District Clinical Commissioning Group (CCG) brings together the national requirements for all CCGs as well as setting out how we will approach clinical commissioning locally. This is a brief overview of that document. The full version can be found on our website at www.harrogateandruraldistrictccg.nhs.uk Alternatively, you can contact us to request a copy. See page 12 for our contact details.

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."

Our values

- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Working together for patients
- Everyone counts

Our aims

a) Develop a strong and sustainable clinically led commissioning group;
b) Use the resources we have to drive continuous improvement in service quality and patient outcomes;
c) Promote health and wellbeing for our population through a strong public health message, advocating self care and embracing the Health and Wellbeing Strategy.

The Constitution explains the legal framework in which the CCG should operate, setting out how we will work with our 19 constituent GP practices, our partners in local authorities and the voluntary sector, as well as patients and the public to ensure we operate at a standard people would expect of a statutory NHS organisation.

The NHS is changing and our constitution sets the framework to enable our CCG to work together as practices and in partnership with colleagues across health and social care to commission services that respond to the unique needs of our local population. These services will need to be high quality, sustainable and fit for purpose in the future.

Functions and general duties

The functions that the CCG is responsible for exercising are largely set out in the NHS Act 2006, as amended by the Health and Social Care Act 2012. This section sets out how we will fulfil a range of important requirements. These include:

- Promoting a comprehensive health service
- Meeting the public sector equality duty
- Working in partnership to develop a Joint Strategic Needs Assessment and Health and Wellbeing Strategy

We make a firm commitment on how we will secure public involvement in the planning and development of proposals for changes to the local health service. You can read more about our patient and public involvement strategy on page 9.

We also make some important statements about our financial duties, including how we will ensure we do not spend more than we are allocated by NHS England for the services we commission for our population.

Decision making – our governing structure

This section sets out the CCG's governance arrangements, its committees and its senior management structure, and how they are authorised to act on behalf of the Group.

The CCG is managed by a Governing Body consisting of clinicians, health service managers and lay representatives. You can read more about the members of the Governing Body and their roles on pages 6-7.

There is also more detail here about our audit committee, remuneration committee and a quality and clinical governance committee. The terms of reference for these are available on the CCG's website.






Our Constitution continued

The Constitution for NHS Harrogate and Rural District Clinical Commissioning Group (CCG) brings together the national requirements for all CCGs as well as setting out how we will approach clinical commissioning locally. This is a brief overview of that document. The full version can be found on our website at www.harrogateandruraldistrictccg.nhs.uk Alternatively, you can contact us to request a copy. See page 12 for our contact details.

Roles and responsibilities

The CCG is a "member organisation" which includes the 19 GP practices in the Harrogate district which are represented at the CCG's Council of Members. This section sets out how this membership model works, including the voting rights for its Council of Members.

The CCG's GP practices have nominated representatives to act on behalf of the practice in its dealings with the CCG and these representatives are responsible for exercising each practice's right to vote on the Council of Members.

Standards of Business Conduct

This section sets out how the CCG expects its employees and members to comply with policies on business conduct, conflicts of interest, declaring and registering interests and being transparent when procuring services.

It cites the Seven Principles of Public Life set out by the Committee on Standards in Public Life (also known as the Nolan Principles).

The Group as an employer

We recognise that our most valuable asset is our staff. Our constitution sets out how we will enhance and invest in our staff, as well as put policies in place to protect their rights in the workplace.

Any GP on the performers list with the majority of their work performed within the CCG boundary can apply to be a Governing Body Member. There will be a competency based interview process. If there are more suitable candidates than there are vacancies following interview, then there will be a vote of the member practices. In this event each principal and salaried GP will have an individual vote.

This section also refers to the CCG's "whistleblowing" policy which aims to ensure staff have a mechanism to raise concerns about NHS services or its staff in a safe and secure way.

Transparency, ways of working and standing orders

This final section sets out other commitments around communicating our key announcements, commissioning plans and publishing our annual report.

The Constitution is informed by a number of documents which provide further details on how the CCG will operate, including

- Standing orders i.e. arrangements for meetings and appointments
- Scheme of reservation and delegation – which refers to decision-making responsibilities, and
- Prime financial policies

There is also a statement of recognition of the Local Medical Committee (LMC) as the local statutory representation of GPs.






Governing Body meetings

The CCG holds its governing body meetings once a month.

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

The meetings fall on the first Thursday of the month. This is to ensure that information used in our reports and papers is as up to date as it 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.

Contacting us

Our address is:
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Email: hardccg.enquiries@nhs.net

Our website address is: www.harrogateandruraldistrictccg.nhs.uk

You can sign up to our engagement network HaRD Net via our website. Just click on "Get Involved".

You can also follow us on Twitter, just search for **@HaRD_CCG**

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