

Localities

West Hampshire is split into six localities:

Andover

GP Lead – Dr Mark Hoole

Number of GP Practices – 6

Winchester

GP Lead – Dr Sean Watters

Number of GP Practices – 13

Eastleigh North and Test Valley South

GP Lead – Dr Caroline Hillyer

Number of GP Practices - 13



Totton and Waterside

GP Lead – Dr Philipp Gregory

Number of GP Practices – 6

West New Forest

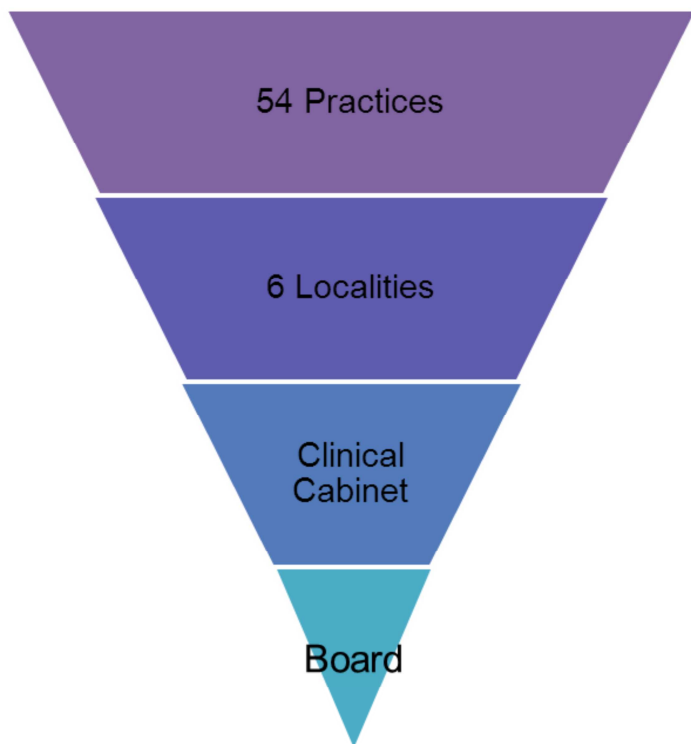
GP Lead – Dr Rachel Barrass- Stones

Number of GP Practices – 11

Eastleigh Southern Parishes

GP Lead – Dr Karl Graham

Number of GP Practices - 5



How are we organised?

The CCG is a membership organisation; every GP practice in West Hampshire is therefore a key member of the organisation.

Each practice has a clinical managerial and medicines management lead.

Each of the localities has a lead clinician who has a seat on the Clinical Cabinet which is directly accountable to the Board.

The Clinical Cabinet comprises seven Clinical Directors, who take the lead on clinical areas and six Locality Leads, each with a vote. The Board Clinical Executive Leads are also members and take the lead for strategic direction. The Vice Chair of the Board is the Chair of the Clinical Cabinet.

The Chair of the Clinical Cabinet represents Cabinet at the Board

AUTHORISATION



Wave 2

West Hampshire CCG will be submitting its application for authorisation on 1 September 2012, with a view to be authorised by October.



A Constitution sets out the arrangements made by an organisation to meet its responsibilities. It describes the governing principles, rules and procedures to ensure probity and accountability in the day to day running of the organisation.

Constitution

West Hampshire CCG is currently developing its constitution with its members and other partners. A summary to date includes:

- The 54 practices in the West Hampshire CCG area make up the membership of the CCG.
- The CCG has structured a membership model whereby practices are grouped into localities, each with a clinical lead who has a seat and vote on the Clinical Cabinet, a subcommittee of the Board.
- The overarching aim of the CCG is to drive innovative commissioning for patients and partners to develop patient centred pathways, based and delivered as close to home as possible, improving outcomes for patients, equality of access and value for money.
- The Board will have a minimum of five elected GP clinical members as well as a Nurse, Secondary Care Doctor and Public Health representative, ensuring that the Board has a preponderance of clinical members.
- Voting members of the Board include a minimum of five elected GP clinical members. There are eight appointed members, three of whom will be clinicians. The recruitment process for these posts is currently underway. A Healthwatch member will be a non-voting member of the Board.
- The tenure of elected appointments is three years. However there is an option to extend these in the first term by one year to ensure continuity of membership. Normally only two terms of elected tenure are permitted sequentially.
- Clinical appointments to the Board are by election, managed by the LMC. Removal of these individual from office is the responsibility of the NHS Commissioning Board.
- The posts of Accountable Officer and Chief Finance Officer will be subject to assessment and interview by the Chair, supported by the NHS Commissioning Board.
- A scheme of delegation will identify which decisions are reserved to the Board and which are reserved for the membership as a whole.
- Communications between the Membership and the Board will be via the locality groups. Both the locality groups and the member practice will have the opportunity to influence, engage with and cause to pause, proposed decisions of the Board. A pause in the Governing Body decision processes will come into effect when two or more localities vote against a decision or 50% of practices within each of the localities disagree with a decision.



360 Survey

As part of the authorisation process a 360 Survey is currently being conducted by IPSOS MORI. This will help to assess how ready the CCG to take on full responsibility. Thank you for taking part.

SIX AREAS OF AUTHORISATION

- Clinical focus and added value
- Engagement
- Clear and Credible Plan
- Collaborative Arrangements
- Capacity and Capability
- Great Leaders that can make a real difference

Priorities

The overarching strategic priorities the CCG are currently focusing on are:

- Develop an **integrated approach** to care for patients with long-term conditions.
- **Manage increasing demand** due to population behaviours, demographic change and developments in technology and medical advances.
- Develop a sustainable, affordable and high quality system for **unscheduled care** that is understandable for patients.
- Develop **strong partnership working with our local authority partners** to achieve common priorities, particularly for children and families, care of older people and mental health.
- Ensure the **community services** underpinning and interfacing primary care and acute services deliver key priorities and specified outcomes.
- Ensure a successful transition to the new NHS Commissioning arrangements, achieving **authorisation by October 2012**
- **Collaborate successfully with other CCGs** to secure cost effective high quality commissioning support and develop a common approach to commissioned services
- Achieve successful system delivery and sustainability in the **South West in partnership with Southampton City CCG** and providers and in **North and Mid Hampshire with North Hampshire CCG and Providers.**
- **Work in partnership with Wiltshire and Dorset CCGs** to align service charges and developments for patients in the furthest South West of the patch.
- Ensure optimal use of **Community hospitals** working with providers to ensure pathways of care are clearly defined and in keep with principles of locally based care that is cost effective.

Vision and Values

Our vision is:

“Quality Services, Better Health”

This means the West Hampshire Clinical Commissioning Group will focus on the patient journey and commission flexible, integrated patient centered pathways that are safe, clear, fast and have continually improving outcomes

Our values are:

- 1 - Clear accountability & Transparency
- 2 - Patient-Centered
- 3 - Innovative & Appropriate
- 4 - Supportive Collaboration
- 5 - Progressive



We will achieve these by:

1. Challenging and reducing inequalities, ensuring quality, being focused on optimal outcomes and excellent patient experience across all commissioned services
2. Prioritising prevention and delivering improved health and wellbeing for the people within West Hampshire based on the needs of the whole population
3. Working constructively with our partners and involving patients and carers to commission and deliver a seamless, effective and integrated patient journey
4. Prioritising service improvements and managing service delivery within our financial resource to provide cost effective care that delivers the best outcomes for the greatest number of our population
5. Ensuring strong, professional clinical leadership and employing and developing high calibre staff who are encouraged to bring innovative solutions and who are held to account for delivery

QIPP

What is QIPP?

- **Quality** – Sustain high quality care and continuously improve quality and outcomes for patients, adding years to life, and life to years
- **Innovation** – Horizon scanning for best practice and transforming patients' pathways to meet the population's healthcare demands
- **Productivity** – Improving efficiency and creating better value for money
- **Prevention** – Keep people healthy by promoting healthy lifestyles and delivering healthcare in the right place, at the right time to reduce dependency on health and social care

There are six elements to West Hampshire's QIPP programme:

Planned Care (including cancer, long term conditions and end of life)

- Continue to develop Map of Medicine, a referral tool for GPs
- 'Choose and Book' direct booking to all local services
- Advice & Guidance (All referrals to use advice and guidance)
- Extended choice through Any Qualified Provider (AQP)
- Review of consultant to consultant referral processes
- Self-care and prevention advice
- Patient decision aids
- Early support Discharge Teams and Rehab services

Urgent/Unscheduled Care

Priority area 1: Improve provision and integration of services for minor illnesses and minor injury

- Improved Emergency Department, Primary Care/Community services
- Procurement of NHS 111 and Out of Hours
- More treatment by Ambulance teams
- Review of GP triage processes

Priority area 2: Out of Hospital Model

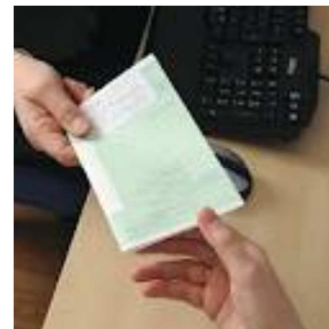
- Implementation of virtual ward integrated services across all providers to include all adults with long term/chronic conditions
- Improved provision for dementia patients
- Revised falls pathway with a focus on prevention
- Proactive care: identifying and supporting those at risk

Maternity and Child Health

The following services have been identified as areas for focus:

- **Maternity** - review and remodel provision to deliver sustainable, clinically safe and cost effective services that offer choice and are responsive to the changes in birth rates across Hampshire
- **Health Visiting** – increase the number of health visitors and review the service in line with national policy and local need
- **Community Children's Therapy Services** – review the provision with a view to achieving consistent high quality
- **Paediatric Diabetes** - review and re-specify paediatric diabetes services in line with national guidance
- **Paediatric Unscheduled Care** – transform care pathways and delivery of responsive easily accessible assessment
- **Paediatric Ambulatory Care** - agree local currency for short stay (four hours or less) paediatric emergency assessments
- **Development of Integrated Community and Acute Care Pathways** – to include models of care for paediatric medical services across the community and hospital services
- **Child and Adult Mental Health Services (CAMHS)** – develop responsive community CAMHS services, including intensive intervention, and remodel inpatient psychiatric provision to deliver improved emergency access.

OTHERS



Prescribing

- Develop prescribing savings register to take into account new interventions in prescribing
- Engagement with GPs, practices and CCGs
- Engagement with community pharmacies including the use of targeted Medicines Use Reviews (MURs) and the New Medical Services (NMS)
- Area / District Prescribing Committees



Prevention & Staying Healthy

The following services will be commissioned across Hampshire with Public Health

- National Screening Programmes including: Breast, Cervical and Bowel Cancer Screening; Diabetic Retinopathy Screening; Aortic Aneurysm Screening; Antenatal and Newborn Screening
- NHS Health Checks and increasing physical activity
- Immunisation and Vaccination Programmes
- Sexual Health Services following service redesign; including GUM, Chlamydia & CASH services and reducing teenage pregnancy
- Obesity prevention services and

increasing physical activity for children and young people and adults Tiers 2 and 3 Weight Management Services

- Lead implementation of the Hampshire Alcohol Strategy 2011-15 and commissioning intentions.



Mental Health, Learning Disability and Continuing Care

The following services have been identified as areas for focus:

- *CAMHS* – please see Maternity and Child Health
- *Psychological therapies (Adults)* - continue to improve access to psychological therapies in line with national guidance
- *Specialist services (Adults)* – re-commission specialist services based on a revised pathway of care to achieve improved quality
- *Implement National Mental Health Strategy* - seek to commission services against the National Mental Health Strategy key themes
- *Psychiatric liaison services* - review the current arrangements for psychiatric liaison services and review assessment process
- *Dementia* - deliver the National Dementia Strategy
- *Autism* - improved pathways, delivering the autism strategy
- *Substance misuse* - integrated services and deliver better outcomes
- *Veterans* - the introduction of KPIs to confirm NHS providers are meeting the requirement to prioritise treatment for veterans
- *Acquired brain injury (ABI)* - review of the ABI pathway
- *Continuing care for children and adults* - re-commission continuing care home support for children to achieve improved quality and cost efficiencies collaboratively with

Hampshire County Council

- *Short breaks for disabled children*
- *Learning Disability Housing Strategy* - develop business case to register current designated properties from residential care to supported living model.
- *Carers support* - Continue to improve support to carers via refreshed Carers Strategy



Working Together with Partners

West Hampshire CCG will be working together with the Local Authority and other partners to commission the following services:

Continuing Health Care:

- Introduction of Personal Health Budgets
- Commissioning and procuring quality and value for money care packages (including learning disabilities and mental health)
- End of life care

Older Peoples Mental Health:

- Improving early detection of dementia and depression
- Enhancing care in the community
- Psychiatric liaison development
- Reduction of anti-psychotic medication for people with dementia and replacement with more appropriate interventions

Adult Mental Health:

- Redesign of care pathways to facilitate reduction of admissions and reduce length of stay
- Psychiatric liaison development
- Improving access to psychological therapies for long term conditions
- Improving employment opportunities for adults of working age
- Developing access to mental health services for veterans and their families
- Development of Wellbeing Centres

Children's Services:

- Strategic review of children's equipment
- Strategic review of short break respite service
- Develop a joint early help, early intervention strategy

Get Involved

Informing and engaging the public is a key part of the NHS Reforms and is important for the development of the CCG. We will involve local people, partners and staff at all stages in planning, shaping and designing local health services, and in setting priorities for West Hampshire.

We will make the involvement of people central to everything we do and we aim to make it as easy as we can for people to be involved and to actively include them in ways that are meaningful and give real opportunities to influence.

We will also tell people how their involvement has influenced decisions. Prioritising local health needs may mean that on occasions we are not able to do what people want, if that happens we will explain why and be held to account for our decisions.

There are many ways to get involved:

1. Join our communications and engagement group
2. Join our electronic database so we can write to you about consultations
3. Join your GP practice's patient group
4. Join Hampshire LINK
5. Email us directly

If you would like to get involved in the Communications and Engagement Group, join our database or find out more information please contact us at info@westhampshireccg.nhs.uk or on 023 8029 6076.

