Shaping your local healthcare
How the commissioning, or buying, of healthcare services has changed

In April 2013, the NHS changed so that local doctors and other medical professionals and patients can have more influence in how and what the NHS spends its money on. Local doctors/general practitioners (GPs) have formed Clinical Commissioning Groups (CCGs) which are the local organisations responsible for spending the majority of the local health budget on services from hospitals and community nurses to operations and prescriptions.

These changes mean that decisions which affect local people will be made by local clinicians. It also means that local patients, carers and specialist groups are able to directly contribute to improving the services that affect them.

Over the last year, NHS Nene Clinical Commissioning Group (Nene CCG) has been commissioning services in ‘shadow’ form on behalf of more than 636,000 registered patients across Daventry, Northampton, Wellingborough, Kettering, East Northamptonshire and South Northamptonshire. This means that the services that you receive following a visit to one of the 70 GP surgeries and at the two hospitals in Northamptonshire have been largely commissioned by us. We have now become a statutory body and have full responsibility for commissioning the provision of these services on your behalf.

We have produced this information to give you a summary of our approach and our plans for the next year. It also tells you how you can become involved and have your say. Full and detailed plans can be found at [www.neneccg.nhs.uk/plans](http://www.neneccg.nhs.uk/plans)

Throughout the year we have put systems and processes in place to ensure that clinicians and patients are at the heart of our decision making. Nene CCG covers a large area and we know that the towns and villages within the area are different. This is why we have divided our 70 GP surgeries into eight localities – Daventry, South Northamptonshire, Kettering, Northampton Central, Northampton South and East, Northampton West, East Northamptonshire and Wellingborough.

These different health needs can only truly be met by each of our practices and localities developing strong local engagement, and working with local communities to drive improvements in quality. We are part of the Northamptonshire Health and Wellbeing Board, who have the responsibility of ensuring that the commissioning plans of CCGs, social care and public health reflect the priorities, objectives and actions set out in its Health and Wellbeing Strategy, promoting joint commissioning wherever it is sensible to do so. Our aligned priorities include:

- children’s welfare
- people taking greater control over their health and wellbeing to lead healthier lifestyles
- the strategy for vulnerable adults
- the elderly living as independently as possible.

Our frail and elderly programme will develop better ways of caring for vulnerable people in our community, reducing the reliance on hospital based care, and helping people to remain healthy at home.

More information on our alignment priorities for Health and Wellbeing can be found at [www.neneccg.nhs.uk/plans](http://www.neneccg.nhs.uk/plans)

Between January and April 2012, 13,000 people in Northamptonshire told us what they felt the priorities for healthcare should be. Since then, thousands more patients and members of the public have attended events at GP surgeries and community halls as well as coming along to local meetings to be involved in discussions about specific priorities and plans for improving services.
Helping people to lead the best possible life from beginning to end

Our health profiling work has clearly identified the major health needs in each locality. A lot of the services we commission are in response to ill health but we need to move to a system that has an emphasis on preventing ill health. The way we can do this is by tackling ‘big’ issues head on and commission services that:

- Prevent premature death as a result of heart disease, stroke and cancer
- Improve how we manage longer term chronic conditions such as diabetes and asthma
- Improve health by reducing the number of people who are obese, smoke and drink too much alcohol
- Change the way we deliver services so that we can improve the quality of patient care as well as releasing money to invest in new and innovative treatments

You have already told us that you want healthcare provided locally and you would like to see an improved quality of service, available in the community, rather than at a hospital. To do this, we will be changing the way we commission some of our services this year.
How the cost of healthcare provision impacts on you

Our patients and the quality of care that they receive are the focus of everything we do. We commission services on this basis and we are making changes to ensure that patients are able to choose services on this basis.

We know we have more work to do to make sure that the providers of the services we commission are providing the best quality care that is efficient and sustainable. One of the major challenges that we face is that the slight rise in funding this year (we are now responsible for £653.8 million of public money) does not allow us to commission the same services as last year for the number of people that now need them. In other words, the demand for services, if delivered in the same way as they are now across the Nene CCG localities, are not affordable and we would end the year with a £40 million overspend.

QIPP (Quality, Innovation, Prevention and Productivity) is a national framework through which commissioners’ look to deliver efficiency savings whilst at the same time driving up the quality of services.

Recognising our financial challenges and with our QIPP plans in place, you can be assured that the quality of services will not be compromised. Not only will we improve quality and productivity, but we will also realise the savings needed to reinvest into the health system to meet increased demand and higher patient expectations. However, to achieve this, in the future we will need to approach things very differently to ensure that funds are allocated to the services that people really need.

We will continue to engage with our clinicians, patients and the public with regard to our plans and ensure that we are open and transparent.

We know that there will be some difficult decisions to be made and that some changes will take longer than others to become effective. Full details of our current financial plans can be found at www.neneccg.nhs.uk/plans

Ensuring that you are receiving the appropriate treatment for your current needs

Your treatment needs will change over time and this, coupled with new developments in medicine and healthcare, may mean that there are ways to improve your healthcare plan.

To make sure that you are still receiving the best possible treatment, we will:

- Review all packages of care for people diagnosed with learning difficulties
- Review medication for a range of mental health conditions including ADHD, dementia and serious mental illness
- Community nurses will review the needs of patients with long term and complex needs
- Personal health budgets will be offered to more people including those needing respite care or short breaks. This will give greater choice and flexibility in meeting health needs
- The Intermediate Care Team (ICT) will provide a geriatric assessment of elderly patients in A&E, hospital wards, in the community or at home so that we can avoid unnecessary travel for patients

The growth in our population also needs careful management and substantial change to ensure that we are appropriately looking after the vulnerable, frail and elderly. We want to make sure that care homes are given support to be able to meet health needs on-site and do not have to send residents to hospital unnecessarily. We also want to provide vulnerable, frail and elderly people with the choice to maintain their health independence but to ensure that help is at hand when they need it.
More services closer to home

We know that the majority of people don’t want to go to a hospital every time they need planned specialist treatment, therefore we are looking to bring a range of services into the community to make them easier for you to access.

• GPs in practices across Nene will receive further training to better diagnose and manage patients with heart failure, atrial fibrillation, stable angina and palpitations, avoiding the need for them to be immediately referred to hospital
• We will be developing a community based brain injury service that will provide services for assessment and continuing care
• A new cardiac and pulmonary rehabilitation service will help patients with coronary heart disease and heart failure to better manage their condition and help to prevent further episodes of serious ill health
• A crisis response service will operate between 7am and 8pm each day, responding to patients who have fallen and need immediate treatment which will be provided by the paramedic team
• There will be two dynamic emergency care centres complementing the daytime service based in the town centres of Northampton and Kettering. These will be open between 10pm and 4am on weekends and on key dates such as bank holidays throughout the year
• A wound management clinic will provide additional services for emergency wound dressings and treatment providing better quality service for those not under the care of district nurse teams

Bringing these services to the community will not only mean that you have services closer to you but you’ll have a better experience as a result of not having to attend busy hospitals, in particular A&E departments.

It may surprise you to know that it costs more to deliver the same service in a hospital than it does in a community setting. There are some services that can only be carried out in a hospital setting, but there are many more that don’t. Over the next few years, we will be looking at which services can be offered to you in the community, by highly skilled clinicians. For example, a specialist dermatology clinic may be offered at a GP surgery in your area once every two weeks. This may be more convenient to you and save you having to wait for a hospital appointment.

We’re also providing more community services to help you when you find yourself in an urgent or emergency situation.

• All GP surgeries in Northampton will offer a minor injuries service to treat emergency ailments such as cuts, bruises and burns enabling any registered patient in Northampton to drop in to any practice offering this service
How can I get involved?

We know how important the NHS and its services are to everyone and we want to make sure that local people and organisations are involved every step of the way. We will keep you up-to-date with everything that is going on, and we want to hear your views. There are lots of different ways to join in shaping future healthcare across Nene:

**Patient Participation Groups**
One of the best ways to have your say about local health services is to join your GP surgery’s patient participation group. These groups meet regularly, and as well as influencing what happens within your own practice, your views on Nene-wide issues can also be fed to the Locality Engagement Group and the local Health and Wellbeing Forums. This will ensure that your views are considered before making decisions on behalf of your local area.

**Become a member**
If you would like to be involved but don’t want to go to meetings at your local surgery, why not sign up to the Nene Clinical Commissioning Group membership scheme. Join online at [www.neneccg.nhs.uk](http://www.neneccg.nhs.uk) and you can take part in surveys, receive updates and invitations to local initiatives. This is also a perfect way to find out more about big developments.

**Organisations**
If you work or volunteer for a local organisation and would like to be involved in the local forums to have your say in the delivery of healthcare in your area, please get in touch by email at involvement.nene@nhs.net.

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**www.neneccg.nhs.uk**

**NHS Nene Clinical Commissioning Group**
Francis Crick House, Summerhouse Road, Moulton Park, Northampton NN3 6BF
T 01604 651100 E involvement.nene@nhs.net

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