

## **Case studies from around England**

Clinical commissioning groups (CCGs) will take on their full range of responsibilities on 1 April 2013.

But many of them have already made a start with their work to bring better care to their communities, as well as to think about their plans for the future.

This document provides outline examples of the initial work of shadow CCGs across England.

It includes examples from the following organisations:

- NHS Blackpool CCG
- NHS Leicester City CCG
- NHS North Staffordshire CCG
- NHS Oldham CCG
- NHS Rotherham CCG
- NHS Shropshire CCG
- NHS South Reading CCG
- NHS Wandsworth CCG
- NHS Warrington CCG
- NHS West Cheshire CCG

### **NHS Blackpool CCG**

**Focus:** Improving life expectancy

#### **Overview**

Life expectancy in Blackpool is the worst in the country for males and almost the worst for females. Blackpool people spend a much smaller proportion of their life in good health than average, and levels of deprivation within the town are extremely high.

NHS Blackpool CCG's clinical leaders have identified the top causes of poor life expectancy, and are building its healthcare commissioning plans around the health services that will have the most impact.

Blackpool-wide projects have been commissioned to identify and treat undiagnosed hypertension (high blood pressure), and to screen all over 65s and those with any chronic disease for heart problems.

The CCG has also led commissioning of a new service to care for deep-vein thrombosis patients in the community which, in its first year, has assessed more than twice as many patients at significantly lower cost than the previous service.

It has arranged for specialist alcohol liaison nurses to work with the local hospital to identify patients with alcohol problems and make sure they have the help they need when they leave hospital.

The CCG has also taken a lead role in a redesign of the urgent care and non-elective admission reduction programme, using predictive models to identify high-risk patients and help them better manage their conditions so that they are less likely to become so ill that they need emergency hospital care.

### **Quote**

*“Blackpool GPs are actively involved in leading the commissioning of healthcare that will tackle the health challenges that we face. We are doing this through the establishment, development and authorisation of the CCG, and through the work the CCG is undertaking together with our member practices, our patients, and the public.”*

**Dr Amanda Doyle, Clinical Lead, NHS Blackpool CCG**

## **NHS Leicester City CCG**

**Focus:** Engaging the local population

### **Overview**

Offering all patients, carers and members of the public an equal opportunity to engage with local healthcare has been a key priority for Leicester City Clinical Commissioning Group.

Leicester is an ethnically diverse city with a significant proportion of people who have English as a second language. Many of the city’s wards are amongst the UK’s most deprived and the high prevalence of long-term conditions, such as diabetes and cardiovascular disease, contribute to disability and premature death.

Awareness of this led the CCG to focus on engaging with patients as a tool to reduce health inequalities – by highlighting potential barriers to accessing healthcare. The learnings from this approach have been fed into Leicester city’s healthcare commissioning strategy.

The CCG ran a lengthy consultation process with meetings, surveys and workshops, hearing from a wide range of individuals, partner organisations, community groups and clinicians and using the outcomes to select the overall priorities that really mattered. The process also highlighted how specific services could be improved, for example patient experience of the current anti-coagulation (blood clot) service resulted in a service redesign in line with people’s comments.

And the dialogue is continuing – consultation with patients to set the measurable outcomes for healthcare services is at the heart of the CCG’s approach, with patients also taking major roles in evaluating whether commissioning schemes have worked. In addition, a network of 55 patient participation groups has been established – which meet regularly in an informal forum with the CCG governing body to share ideas, concerns and opinions.

#### **Quote**

*“Coupling the knowledge and understanding of GPs and other clinicians with the insight and experience of patients is central to our plans for creating a thriving, sustainable health community that puts patients first. It gives us the opportunity to work together to genuinely make a difference to the way local services are provided, improving their quality and enabling patients to live longer, healthier lives.”*

**Professor Azhar Farooqi, Clinical Chair and GP, NHS Leicester City CCG**

## **NHS North Staffordshire CCG**

**Focus:** Redesigning orthotic services

#### **Overview**

North Staffordshire CCG’s orthotics (medical devices like back braces and built-up shoes) service used to be provided as two separate services, causing so much frustration for patients that they set up the North Staffordshire Orthotics Campaign (NSOC) to push for service improvements.

So in June 2011, the CCG commissioned an external review of the service, working in partnership with service providers and representatives from North Staffordshire Orthotics Campaign. At the heart of the redesign was a new building, designed specifically for the provision of orthotics, and the NSOC and clinical orthotists were consulted on the buildings plans to ensure that all their needs were met.

The new service focuses heavily on ensuring quality and a good patient experience, particularly to ensure that patients get their delivery and fitting as quickly as possible. Satellite clinics have been matched to the places where existing patients live.

Up and running since October 2012, the impact of the redesign is already clear, with strong praise from NSOC and the other patient advocacy groups, who appreciated the opportunity to work alongside the CCG to make the crucial improvements and make a significant positive impact on patients’ experiences.

#### **Quote**

*“This evidenced-based redesign took account of both the clinical perspective and user experience to shape a new and improved service - this is surely what clinical commissioning is all about.”*

**Dr David Hughes, Accountable Officer, NHS North Staffordshire CCG**

## NHS Oldham CCG

**Focus:** Greater partnership and collaboration

### Overview

Oldham CCG has been working hard to develop a new, collaborative relationship with its local authority and neighbouring healthcare commissioners, putting an end to 'silo' working, and ensuring everyone involved in health and social care is working to shared goals.

Clinical leaders began by holding informal 'clear the air' sessions with all their strategic partners, to identify the things that had been in the way of true collaboration in the past. The CCG, local authority and other groups then worked together to set up an Integrated Commissioning Hub, ensuring they continued to collaborate on decision-making and involving patient advocacy groups including Oldham's shadow HealthWatch board.

The CCG also funded a project to develop long-term processes and protocols for working together with their local authority.

Their work is already reaping rewards, with all partner organisations now feeding in ideas and best-practice which is encouraging innovation and improved efficiency.

### Quote

*"As part of our planning, we will be continuously monitoring the outcomes of our collaboration and partnership efforts. We know this will be a key measure of our corporate effectiveness. We believe strongly in the power of good relationships and will continue to build our capabilities and culture."*

**Dr Ian Wilkinson, Chief Clinical Officer, NHS Oldham CCG**

## NHS Rotherham CCG

**Focus:** Medicine management service redesign

### Overview

A huge amount of NHS money is spent on medicines, so one of Rotherham CCG's top priorities is to make sure the most effective medicines are prescribed first time, every time.

All the 36 GP practices in Rotherham CCG have been involved in gathering real-time information from patients about how they received their medicines and other prescribed products.

As a result, they have simplified the way nutritional supplements are prescribed, to design a new process for ensuring coeliac patients receive the gluten-free products they need. The new process means a 30% reduction in prescribing costs: enough to

fund a dedicated coeliac dietician who gives expert dietetic advice to all Rotherham's coeliac patients.

The CCG has also reorganised the way continence equipment is bought and distributed; jointly managing budgets for these products with NHS Rotherham Foundation Trust. The cost of continence equipment is rising nationally, but, thanks to this work, this has saved around £176,000 per year.

The saving has enabled the CCG to fund two community nurses, who give all continence patients an annual review and give support which has helped reduce A&E attendances by approximately 40 per year.

### **Quote**

*“Rotherham CCG believed that to improve the service provision the health professional that makes the intervention should also hold the budgetary responsibility. The unmet need of these patients and high cost growth was a concern to Rotherham GPs. These service redesign projects have released savings that have been invested to improve service provision.”*

**Stuart Lakin, Pharmacist and Head of Medicines Management, NHS Rotherham CCG**

## **NHS Shropshire CCG**

**Focus:** Patient involvement in service redesign

### **Overview**

NHS Shropshire CCG is working with the patients it will serve to make sure the contracts it tenders under Any Qualified Provider (AQP) are tailored exactly to their needs.

When services are commissioned under AQP, patients can choose from a range of different healthcare providers that the CCG has approved as meeting NHS standards and prices. In Shropshire, clinical leaders are determined to make sure every healthcare provider offered to their patients can fully meet their needs.

The CCG's initial survey showed that most patients didn't know what AQP would mean for them, so they organised a series of meetings to inform patients about the new kinds of contracts, and ask them what they wanted from their services. The answer the patients gave was that they simply wanted to be involved.

The CCG has appointed a dedicated patient involvement officer who partners patients with commissioners to ensure their views are fully taken into account in commissioning decisions, and the approach has already brought great results.

Audiology patients pointed out that while soundproofed consultation rooms were the norm, that wasn't usually the case in the waiting room, meaning they had an

uncomfortable time before they saw the doctor. As a result of their input, audiology contracts now include a requirement for appropriate waiting facilities.

And when wheelchair users told the CCG that they faced long waits for maintenance and assessments, doctors were able to detail requirements about timeliness of maintenance services in their wheelchair service tender contracts, as well as a commitment to constant patient input in their future running and development.

### **Quote**

*“We are committed to engaging and communicating with patients and the public in order that their views can influence the way services are developed, improved and provided now and in the future. In particular we will look at ways to reach out to individuals and those groups of people that are often hardest to reach. We strongly believe that this will result in services that are accessible, meet need, and people-centred whilst also being safe, clinically effective and efficient.”*

**Bharti Patel-Smith, Director of Governance and Involvement, NHS Shropshire CCG**

## **NHS South Reading CCG**

**Focus:** Working together to reducing emergency hospital admissions

### **Overview**

An audit of emergency admissions to local hospitals in Berkshire showed that as many as a quarter could be avoided. In order to find ways for more patients to be treated at home, South Reading CCG linked up with other CCGs in Berkshire, along with councils, ambulance services, hospitals and community trusts to find out what could be done.

As a result, a new programme is focusing on providing care in the community for older patients as an alternative to hospital. A new rapid response and reablement service helps GPs and community matrons to easily find support from physiotherapists, occupational therapists and social care professionals for patients who might otherwise have gone into hospital.

Each of Berkshire’s CCGs (Newbury, South Reading, North West Reading and Wokingham) have appointed community geriatricians to advise GPs and community teams how best manage patients who have a number of different illnesses and conditions.

All of this has been made possible by continuous communication with all of the county’s GPs, streamlined processes and better information for hospital clinicians through a smartphone app that helps them access community services such as the night-sitting service that provides emergency night-time support for adults in their own homes.

## Quotes

*“We put in a lot of hard work at the outset to bring together health and social services and we have been seeing big financial savings in year two that have enabled us to invest in other services. This has really paid off for patients who are seeing the real benefit of additional support which is enabling them to stay in their own homes and recover from illness.”*

**Dr Elizabeth Johnston, Clinical Lead, NHS South Reading CCG**

*“In my opinion I have recovered much quicker through being in my very familiar surroundings, knowing the position of everything and how far I have to walk before I can sit down.”*

**David Haylock, hip replacement patient who had support to recover at home through the Berkshire reablement programme**

## NHS Wandsworth CCG

**Focus:** Integrating health and social care

### Overview

In Wandsworth, South London, the CCG has focused on innovative approaches to integrating health and social care.

Community wards organise their work in a similar way to a hospital ward, supporting local adult social care services, community teams and the voluntary sector to help people stay healthy at home.

Clinicians use predictive models to identify patients likely to be vulnerable to admission and give them intensive care and support through multidisciplinary teams (teams where experts in a range of different conditions work together to give all-round care) within community services. It is particularly effective in assisting patients with long-term conditions reduce their reliance on hospital care.

All services in Wandsworth are encouraged to refer any patients who may benefit from the multidisciplinary team input of the community ward, in order to reduce the need for hospital care.

Emergency hospital admissions fell by 34 per cent among those cared for by Wandsworth community wards in a four month period, saving more than a quarter of a million pounds.

### Quote

*“Our community ward is an important element of our overall plan to support people living with long term conditions and ensure their health and social care is integrated.*



*The ward provides proactive care for people with high levels of need and is an important element of the proactive case management approach that Wandsworth clinicians are adopting. We continue to learn and adapt the service as our expertise in primary care grows.”*

**Dr Nicola Jones, Chair, NHS Wandsworth CCG**

## **NHS Warrington CCG**

**Focus:** Transformation of respiratory long-term conditions

### **Overview**

Warrington CCG has appointed GPs to lead a series of expert groups in finding ways to improve services in areas where the national NHS Atlas of Variation showed services in the area were not matching up to the rest of England.

Using the NHS Atlas of Variation, Warrington CCG identified the conditions in which it was an outlier compared to the rest of the country in terms of expenditure, quality, outcomes, value and equity. Using this information, the CCG appointed GPs to lead a series of review groups with involvement from patients and input from hospital consultants.

The groups proposed suggestions for service redesign which have already resulted in an overall reduction in hospital visits compared to through caring for more patients in their homes and communities.

In one example, patients with lung conditions are now looked after in the community wherever possible to help them avoid becoming so ill they need hospital treatment. Patients now have a centralised contact line to request urgent support and treatment without visiting hospital.

### **Quote**

*“It’s clear from the outcomes of this project that by having an overview of healthcare services in Warrington we can use our knowledge and skills to improve services and make a difference to the health of local people.*

*“We’re keen to build on this success in other areas in the future and are working closely with partners and engaging with the public to make sure health services are joined up and meet people’s needs.”*

**Dr Sarah Baker, Chief Clinical Officer, NHS Warrington CCG**

## **NHS West Cheshire CCG**

**Focus:** Reducing length of stay

### **Overview**



When it took over responsibility from its local PCT for an urgent care unit contract, West Cheshire CCG saw an opportunity to get better value for money by bringing care closer to people's homes.

They developed the Hospital@Home service, through which patients get urgent treatment in their own homes for conditions like chronic obstructive pulmonary disease (chronic lung disease), severe urinary tract infections and cellulitis, rather than having to be admitted to hospital through A&E.

The service has been a success with patients – in fact, every patient who responded to a post-treatment survey after a Hospital@Home visit said they wanted to be treated in the same way in the future. In total, 240 patients were accepted into the scheme within just four months and in its first year Hospital@Home is estimated to have saved £2.9 million through reducing hospital stays.

#### **Quote**

*“Hospital@Home is a fantastic example of the importance of patient engagement on multiple levels. On an individual level, it empowers patients to have their say in decisions about their own care and treatment, allowing them to receive hospital standard care in their own home, retain control over what happens to them and ultimately recover more quickly with fewer complications than one would expect from a hospital admission.*

*“On a collective level, positive feedback from patients regarding Hospital@Home has facilitated further development of the service, demonstrating that patients collectively can truly have their say in decisions about the commissioning and delivery of services, resulting in the delivery of a high quality, better value, more efficient service for all.”*

**Dr Claire Westmoreland, GP Lead for Patient Engagement and Experience,  
NHS West Cheshire CCG**