


2015-16 Operating Plan Executive Summary (Draft)

24th February 2015

A large, abstract graphic on the left side of the page, composed of overlapping, curved shapes in various shades of blue and purple, creating a sense of movement and depth.

Patient focused,
providing quality,
improving outcomes

Executive Summary

Overview

In summer 2014 West Kent CCG set out its five year plan to improve the health and well-being of its population in its detailed Strategic Commissioning Plan. This paper provides a summary explanation of how our local strategy will continue to be delivered throughout 2015-16 and what we specifically aim to address in the next 12 months, year 2 of our Plan.

Intentions

Our **Top focus areas** for improving patient outcomes and quality of care for the people of West Kent in 2015-16 are:

- Earlier diagnosis of cancer – we will reduce the number of patients presenting at stage 3 or 4 and increase identification rates of patients at stage 1 and 2;
- Better outcomes for stroke – we will review and respond to our performance against the 8 key indicators;
- We will improve the early diagnosis of diabetes and uncontrolled blood sugars – we will prioritise the delivery of diabetes care in Primary Care;
- We will improve the management of patients with atrial fibrillation by ensuring appropriate interventions such as anticoagulation supported by Grasp AF. This will be a non-optional scheme within the GP LIS;
- We will review the impact of our respiratory pathway to ensure increased early identification and management in Primary Care of respiratory exacerbations;
- We will improve quality and reduce patient harm by seeking to reduce admissions from care homes, avoiding unnecessary movement of elderly patients and providing enhanced end of life care;
- We will transform children's emotional and well-being services and improve transition between services by delivering a system that meets needs from birth to 25 responding to the individual needs of a young person (CAMHS);
- We will increase uptake and completion of cardiac rehab, pulmonary rehab and diabetes education services to improve the quality of life for those living with long-term conditions and to reduce unnecessary hospital admissions and aid recovery from acute illness;
- We will improve existing continence services by initiating work to address gaps in specialised nursing services here and for Parkinson's and epilepsy patients;
- We will improve our dementia diagnosis rate and earlier detection. We will deliver better quality of care for people with dementia through an integrated pathway and proactive identification of carers;
- We will review and increase the provision of NICE approved psychological therapies (IAPT services) to support people with mental health problems manage their illness and improve access and uptake.

We will continue working with Public Health England, children's commissioners in the CSU and KCC on self-care, health inequalities and prevention agendas. In addition, the CCG expects to achieve

significant progress in 2015-16 on the process of alignment of health and social care provision, and the development of integrated local teams. To support delivery of the **Top focus areas** for West Kent we will be addressing:

Development of Primary Care

- Through microsystems support and the premises challenge fund, a directed LIS to drive improved outcomes and the Primary Care business support hub
- We will implement a new GP LIS focused on improving outcomes for patients in West Kent. Practices will be asked to review every cancer diagnosis from last year for learning points and improve outcomes for Atrial Fibrillation patients as mandatory elements of the LIS.

Infrastructure requirements

- With the application of new technology in the form of the Care Plan Management System (CPMS), electronic referrals and discharge summaries and electronic conferrals to reduce non-elective activity and drive a percentage reduction in outpatient referrals

Access

- By providing more of the patient pathway outside of an acute hospital setting, ensuring choice and our access commitments are being met
- And supporting the achievement of the A&E 4 hour waits target, improved Category A ambulance response times and better use of out of hospital facilities;

Parity of Esteem

- With the implementation of the requirements of the mental health crisis care concordat and the mental health code of practice
- And the development of existing services – i.e. CAMHS, IAPT, Dementia and Crisis Care – to meet the ‘parity of esteem’ agenda;

Procurements

- With procurements in Dermatology, Out of Hours and ERRs, AQP Electives and Diagnostics, and equipment stores;

New Requirements

- By achieving targeted performance for IAPT access at 6 weeks and 18 weeks, improved Dementia Diagnosis rates and 80% electronic referrals and discharge summaries

Current Position

Areas for Improvement

We have seen performance worsen against key NHS domain outcomes such as potential years of life lost (PYLL) and under-75 mortality for cancer, liver disease and respiratory disease in West Kent over the past 5 years, which is why it is so important that the **Top focus areas** are successfully delivered.

Our Dementia diagnosis rate must increase from 52% to at least 67% by the end of October.

Performance for our patients against NHS Constitution targets this year has been varied. It has been above target against Cancer waits, 18 weeks Referral to treatment (RTT) and 6 week diagnostic test waiting times but below target for 4 hour waits at A&E and response times for Category A ambulance calls, which is unacceptable for West Kent, and we have recovery plans in place to address this.

Against the NHS Outcomes framework, West Kent CCG has reduced the incidence of unplanned or unnecessary hospital admissions but has not seen improvements to acceptable levels in PROMS

outcomes and falls in patient experience of GP services. We have significant Primary Care Variation in referral and prescribing practice which has implications for both patient outcomes and our long-term financial stability.

Locally, cardiac rehab completion rates have exceeded target levels and this must continue, as must our improved take up of IAPT services with those entering treatment.

Quantified delivery priorities and objectives

West Kent CCG aims to meet, and where possible surpass, all national targets across the NHS Constitution, NHS Outcomes Indicator framework, Other Commitments and Primary Care:

Delivery Priorities	WKCCG Commitment
RTT - Admitted - E.B.1	90%
RTT - Non - Admitted - E.B.2	95%
RTT - Incomplete - E.B.3	92%
Diagnostics (minimum achievement) - E.B.4	99%
Cancer Waiting Times - 2 week wait - E.B.6	93%
Cancer Waiting Times - 2 week (breast symptoms) - E.B.7	93%
Cancer Waiting Times - 31 Day First Treatment - E.B.8	96%
Cancer Waiting Times - 31 Day Surgery - E.B.9	94%
Cancer Waiting Times = 31 Day Drugs - E.B.10	98%
Cancer Waiting Times - 31 Day Radiotherapy - E.B.11	94%
Cancer Waiting Times - 62 Day GP Referral - E.B.12	85%
Cancer Waiting Times - 62 Day Upgrade - E.B.14	85%
Cancer Waiting Times - 62 Day Screening - E.B.13	90%
Ambulance Performance – Cat A 8 mins Red 1 E.B.15.i	75%
Ambulance Performance – Cat A 8 mins Red 2 E.B.15.ii	75%
Ambulance Performance – Cat A 19 mins Red 1 E.B.16	95%
A&E Performance – 4 hour waits	95%
C. Difficile - E.A.S.5	97 (case ceiling)
Dementia - E.A.S.1	66.70%
IAPT Access – Entering treatment (annual) - E.A.3	15%
IAPT Recovery - E.A.S.2	50%
Mental Health Access - 18 Weeks - E.H.2 - A2	95%
Mental Health Access - 6 Weeks - E.H.1 - A1	75%
Satisfaction at a GP Practice - E.D.1	439/500
Satisfaction at a Surgery - E.D.2	85.8%
Satisfaction with access to primary care - E.D.3	74.7%

Continuation of our existing commissioning intentions

Our plan this year addresses new requirements and aims to correct any under-performance identified to date. However, it also sees the continuation of work begun last year in a range of areas. The specific outcomes for these over the next 12 months include:

- The creation and development of integrated pathways across a range of specialities with the aim of transferring care out of the acute setting. This is applicable for ophthalmology, dermatology, diabetes, respiratory services and cardiac rehabilitation;
- The ramp up of transformation of outpatients to be expanded to cover a wider range of specialties and a larger number of GP practices;
- A review of how the acute trust is incentivised to reduce the number of follow-up appointments by developing pathways that offer greater value for money for the system and better quality for patients;

- The development of strategies and specifications for orthotics, self-care, tele-health and care homes.
- The development of an integrated ERRS and New Primary Care units at both A&E's and OOH services specification for procurement and commissioning during 2015;
- Development of short stay emergency activity tariff and review of the way in which the treatment of the ambulatory conditions set can be restricted in the acute setting;
- A review of frail and elderly care, the means of minimising delayed transfers of care, falls, community hospital bed usage and reporting times for routine diagnostics;

We have paused for evaluation:

Expert Patient Programme; Roving GP.

These were piloted but are not continuing because they did not evidence the patient outcomes, quality impact or return on investment we'd sought. The original High Intensity Therapy (HIT) Team was stopped and subsequently revised, as was the Take Home and Settle service.

Winter resilience funding

This year we invested in (amongst other things) escalation beds, commercial beds, the revised HIT Team in A&E, the Romney ward, and funded 7 day working.

For 2015-16 we will need to review this as we will not be able to continue everything; there has been a lack of reduction in non-elective admissions plus we have received reduced funding this year. We avoided long-term commitments in anticipation of this but will need to make tough decisions going forward.

Recovery plans

These have been developed where performance is not in line with the CCG Outcomes Indicator Set target for A&E 4 hour waits (E.B.5), IAPT entering treatment (E.A.3) and Dementia diagnosis rate (E.A.S.1). Their status is regularly reported to NHS England and will continue to be until performance has reached and stabilised at target levels.

Whole-system view

WKCCG's 2015-16 Commissioning Intentions are influenced by the Five Year Forward View, our 'Mapping the Future' goals, the joint Health and Wellbeing Board (H&WB) Priorities, our Provider's plans, ongoing patient and public engagement process, consultations with providers and key stakeholders and further work undertaken locally in Programme Oversight Groups (POGs) and at Clinical Strategy Group (CSG). In addition, services that were seen to be not delivering quality, outcomes or value for money have been prioritised for improvement.

[Assurance that the CCG has a robust demand and capacity model aligned with providers](#)

[Ref to key Provider Plans – i.e. MTW, KMPT, KCHT, SECAMB](#)

Five Year Forward View & Commissioning for Value

- Our planning has been validated against the triple aims of Quality, Patient Outcomes and Value. This is to ensure the operating plan continues to address the key areas where we are an outlier in service outcomes and quality; that our focus has a justifiable evidence base; that we can prove the plan offers the best value for money for the local population.
- The Operating Plan also responds to the Commissioning for Value pack advising where we have outlier status against peers, for example in Diabetes, Trauma, Stroke and Cancer.

Joint Health & Wellbeing Strategy

- Published by the Kent Health and Wellbeing Board and authored by commissioners, patient representatives and elected officials, the Joint Health and Wellbeing Strategy lays out a clear vision for Kent. The Operating Plan therefore takes into account the 5 key outcomes identified and the 4 Priorities assigned to each Outcome, which align strongly to the Five Year Forward View.

Better Care Fund

- The growth in NEL admissions over winter 2014/15 has shown that achieving our original ambitions of a 3.5% reduction would be extremely challenging for the whole Kent-wide health system to deliver. As such, discussions have taken place at the Kent Health and Well-Being Board about moving to a more appropriate and achievable NEL reduction target across Kent. Discussions have also been ongoing between the CCGs across Kent, NHS providers and social care partners. The Kent Health and Well-Being Board has accepted a 0.8% reduction in NEL admissions as a more realistic target. Therefore, going forward West Kent is reducing its level of ambition in NEL admissions from 3.5% to 0.8%

Assurance process

The same process to ensure internal assurance in the development of this operational plan refresh has been employed as for the generation of the main operating plan in 2014, specifically: oversight from Chief Operating Officer, Lead Clinical GP Commissioner input at Clinical Strategy Group (CSG) meetings, guidance and input from Governing Body (February meeting), finalisation of content at Governing Body (March meeting).

Next Steps

Internal and external agreement of programmes / plans, including H&WB board, further Public and Patient engagement (PPE), and against Five Year Forward View (FYFV) / Commissioning for Value (CfV) approach. Pursuit of outstanding assurances and delivery of recovery plans.

Agreement of Better Care Fund (BCF) programme outcomes and costs with Kent County Council. Finalise contract round with key providers. Address issues fed back from the AT. Development of final detailed operational project plans for approval at Clinical Strategy Group (CSG). Launch of 2015-16 programme delivery phase start of April.