NHS
Oxfordshire
Clinical Commissioning Group

Update from Oxfordshire Clinical Commissioning Group

1. Strategy update

Oxfordshire Clinical Commissioning Group (OCCG) is currently developing its Commissioning Strategy. This will be a five-year Strategy setting out the vision for health services in Oxfordshire and how they will be delivered. GP practices, as members of OCCG, are contributing their ideas through the Localities and it is anticipated that wider engagement with interested organisations and the public will take place later in the Autumn.

The Strategy is set in the context of the demographic and disease changes which are described in the Joint Strategic Needs Assessment. It will recognise the aims set out in the joint Health and Wellbeing Strategy and the recommendations set out in the report from Oxfordshire's Director of Public Health. It will consider the provider landscape, the rise in demand for acute care services and the challenges of providing healthcare in isolated rural areas. It will also recognise the financial position of Oxfordshire's health economy and the constraints that this will mean.

The Strategy will not to describe in detail all of the specific developments which might take place in healthcare over the next five years but will set out and seek to reach agreement on the underlying principles and strategic themes which should underpin any decision making.

Cross cutting themes will include:

- Fairness and equity and a need to tackle health inequalities
- The need to balance the needs of the individual patient with those of the whole population
- The need to respond to all sections of the community and be aware of those seldom heard
- The need to encourage clinicians to be proactive in identifying people at risk of developing further complications from their diseases and working with them to try and take remedial action before a crisis develops.
- The importance of prioritising areas where we can make maximise impact for patients.
- Working to prevent ill health and encourage health and wellbeing

Specific themes will include

- A shift to commissioning for outcomes and for patient centred services. This includes actively involving patients at an individual level in their own care and also patients and the public at a collective level in helping to shape health care services

- Integrated care through joint working
- Moving care closer to home
- A proactive and strategic approach to quality and safety

OCCG would like an opportunity for further discussion on the Strategy with the Health Overview and Scrutiny Committee in October.

2. Outcomes based commissioning

As outlined above, OCCG is developing a new approach to commissioning services with a stronger focus on outcomes for patients. There are a variety of ways of developing this approach from simply including more outcomes based measures within current contracts to moving to a completely different commissioning/contracting mechanism that is entirely outcomes focused. The outcome based commissioning work in Oxfordshire is drawn from the COBIC model. COBIC stands for Capitated and Outcome Based Incentivised Contract, and is an exciting example of commissioning innovation that focuses on outcomes rather than activity.

Traditional healthcare commissioning in the NHS has tended to focus on processes: numbers of appointments, attendances, operations and procedures. But, with static funding levels, growing demand and unexplained variation in clinical care between providers, we need a new mechanism that instead rewards both value for money and outcomes that are important clinically and to patients. Outcome based commissioning is one such mechanism.

Each outcome based commissioning area covers all care for a given group of people – e.g. frail elderly. Each related budget is based on an understanding of the needs of that population and includes significant financial rewards for achieving specified outcome measures. To deliver those outcomes and make the efficiency savings necessary to stay within the allocated budget, providers must collaborate and problem solve.

Outcome Based Commissioning is a vehicle to:

- concentrate on outcomes
- better reflect public and user values
- properly engage clinicians in service design.

OCCG is working on three areas (maternity, mental health and older people) to introduce outcomes based contracts form April 2014. OCCG would like the opportunity to update the Health Overview and Scrutiny Committee on outcomes based commissioning on a regular basis.

3. Urgent care update

In line with national guidance, NHS and partner organisations in Oxfordshire have formed an urgent care board and developed an urgent care recovery and improvement plan. The board includes representation from all the key

health and social care services in Oxfordshire and our remit is to work together to deliver excellent urgent care in Oxfordshire. Our plan includes moving care close to home where it is safe and in patients' interests to do so – for this reason we are putting a lot of investment into developing our community based services and supporting people to stay at home. We are also ensuring that more services are provided on a 24X7 basis and are available when people need them. We are seeking external validation of our plans so that we can ensure we are following best practice and doing the things that will really improve the delivery of care when people need it.

Last winter was particularly hard and the urgent care system was under a lot of pressure – we are planning early to ensure that we are better prepared this winter. We anticipate receiving additional funding from NHS England targeted at dealing with 'winter pressures' as has been widely trailed in the press. We have agreed our priorities and how we would propose spending such money to deliver the best possible care. The proposals include things like extra investment around the processes and systems which enable people to be discharged in a timely way and not 'blocked' in a hospital bed

4. Thames Valley Priorities Committee

CCGs must have in place a process for agreeing priorities for funding treatments and drugs. It is recognised that CCGs should work together to reduce the potential of a 'postcode lottery'. The approach was previously managed across the region by Milton Keynes, Oxfordshire, Buckinghamshire and Berkshire Priorities Committee which was abolished, with the PCTs, on 31 March 2013. The CCGs across Oxfordshire, Berkshire and Buckinghamshire have since agreed to establish a new Thames Valley Priorities Committee and are in the process of agreeing the terms of reference for this group. NHS England is now responsible for commissioning specialist services. Much of the work of the previous Priorities Committee related to specialist services and so it is anticipated that the work of the new Priorities Committee will be much reduced.

OCCG has agreed to adopt all previous PCT policies which remain relevant. These policies will be reviewed over the coming months and the process for doing this is being agreed across the other CCGs.

The new Thames Valley Priorities Committee will have lay membership as well as a range of clinicians and other expertise. Decisions about existing policies and new treatments and drugs will be made based on evidence reviews.

Until the new arrangements are in place, it was necessary to establish an interim committee to consider a review of the Assisted Conception Policy. There was an urgent need to do this following the change in the equalities duty in relation to age discrimination and revised guidelines from the National Institute for Health and Care Excellence (NICE). A revised policy was agreed at the July meeting of OCCG's Governing Body. It is not anticipated that the

interim committee will need to meet again before the new Thames Valley Priorities Committee is properly established.

5. Emergency abdominal surgery at Horton General Hospital

Following concerns raised by a local GP last year and an internal audit, Oxford University Hospitals asked the Royal College of Surgeons to review the emergency abdominal surgery at the Horton. It was agreed that until the findings of the review could be considered, emergency abdominal Surgery would be suspended at the Horton and patients would be transferred to the John Radcliffe Hospital in Oxford for treatment.

From the Banbury area, approximately 20 people per week are referred for investigations with five of these patients needing emergency abdominal surgery per week. The Oxford University Hospitals have been putting in arrangements for assessing patients in Banbury and then transferring those requiring further investigations and surgery to Oxford.

It has taken longer than anticipated to establish the assessment clinic at the Horton and so most of those requiring investigations have needed to be referred to Oxford.

The report from the Royal College of Surgeons is about to be published (with redactions). This will highlight where improvements need to be made and we will be discussing the recommendations with the Trust.

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