

Update from Oxfordshire Clinical Commissioning Group May 2014

1. Appointment of Chief Executive

Oxfordshire Clinical Commissioning Group (OCCG) has appointed a new Accountable Officer / Chief Executive. David Smith is currently in the same role in Kingston CCG, South London, where he was also a Director of Health and Adult Services for that London Borough. Prior to that he was the Chief Executive of NHS Kingston (Kingston PCT) from November 2006 onwards. He has worked in the NHS since 1975. David will take up his post in mid-June. Ian Wilson will continue to cover the role until he starts.

2. Appointment of Lay Member for Governance and Audit (Vice Chair) and Lay Member

The recruitment process for the Lay Vice Chair member for Governance and Audit (Vice Chair of Governing Body) and Lay Member was successful with the appointment of Roger Dickinson as the Lay Member, Lead for Governance and Vice Chair and Duncan Smith as the third Lay Member.

Roger brings with him a wide range of experience from across the public and private sectors and several industries. In addition he brings sound knowledge of good governance and its importance in providing oversight and assurance in organisations. Roger will start his role in April.

Duncan currently works as a Management Consultant. Prior to this he worked at Director level in the NHS and has experience working in local government and the private sector. Duncan will start his role on 1st May.

3. Appointment of South West Locality Clinical Director

Dr Gavin Bartholomew is stepping down from his role as South West Locality Clinical Director. Dr Julie Anderson has been appointed as the new South West Locality Clinical Director.

4. The Financial Challenge

OCCG has reported a £5.5m deficit at month eleven. This is slightly better than the month ten position. However there are continued pressures in spending on acute care (planned and unplanned), ambulance services, continuing care and nursing and care homes. OCCG is still predicting an end of year deficit position of £6.1m.

5. Strategic Plan – to be addressed with separate paper.

6. Performance including Delayed Transfers of Care

A major cause of concern across the health and social care system remains the high level of delayed transfers of care in the county. An enormous amount of joint work with OCCG partners has been undertaken in the past two months to tackle DTOC. There was a substantial dip in numbers at the beginning of March (98 week ending 2 March) but this number has increased in the past few weeks with 141 week ending 3 April.

A revised policy around 'Patient Choice, Equity and Fair Access' has been developed to tackle DTOCs. It focuses on proactively engaging with patients and carers early in admission regarding their onward care. The policy sets out a process for speaking with patients and their families where appropriate on choice issues when leaving hospital, and to provide personalised letters at each stage of the process to accompany the existing admission leaflets and discharge planning discussions with families.

Other performance issues include a failure to meet the four hour A&E target for Q1 and Q3. The Oxford University Hospitals NHS Trust (OUHT) has reported a higher acuity of presenting cases.

Overall waiting times for planned care are increasing and referral to treatment targets have not been met by the OUHT in a number of specialties. OCCG continues to work with the OUHT to ensure delivery of a collaborative plan to improve performance.

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7. Outcomes based contracts (previously commissioning)

OCCG has been progressing a new form of contract to deliver improved outcomes for patients and greater financial stability for the health economy called outcomes based contracting (OBC). It is supported by NHS England and is being adopted by a growing number of CCGs. By adopting OBC, the success of healthcare provision will be measured by results that matter to the patient not by numbers of patients seen. Patients will have more influence over how their healthcare is delivered by helping to shape the outcomes that are included in the contracts and by making informed decisions about how their care is delivered.

Following a pause in the progression of OBC in Oxfordshire during which time an NHS Gateway Review was undertaken, phase 3 of the project has commenced and will see OBC being developed and enacted for Frail and Elderly Care and Mental Health. At this time Maternity Care will not be taken forward as part of the OBC.

8. Ensuring Quality of services

Patient safety and the quality of services are paramount in OCCGs commissioning. As part of the CCGs ongoing drive to ensure high standards of care, it visits its bigger hospitals, where possible without notice, to monitor services and performance. This is to ensure OCCG is getting the quality of service it expects for patients.

OCCG has now extended this approach for unannounced visits to all of the providers it commissions. OCCG wrote to all such providers in January and those who responded were happy to support this approach. As a result OCCG is planning visits to its smaller providers from April 2014 onwards.

OCCG is also setting up an NHS mystery shopper project. The project is currently recruiting real patients who regularly use services commissioned by OCCG (excludes primary care). There has been an overwhelming response to the request for volunteers to be mystery shoppers. The role involves the patients making notes of contacts with NHS services, which are fed back to the CCG. This will give OCCG better insight into patients experience so that it can bring about improvements.

9. Rowan Day Hospital Rehabilitation Unit

Adjustments are being made to the care provided at the Rowan Day Hospital Rehabilitation. For a long time now the day hospital function has been more centred on social care rather than acute medical care and intensive rehabilitation. With the increase in older people with complex health needs the Day Hospital will focus on providing ambulatory* care for older people to help reduce admissions to the inpatient facilities at the Horton General Hospital in Banbury or John Radcliffe Hospital in Oxford.

OCCG and OUHT are also planning to develop a new discharge lounge at the day hospital so that inpatients can be moved from bed based care to a comfortable lounge setting when they are medically fit to leave. Patients will be able to vacate their inpatient bed at the beginning of the day and wait in the lounge for their medication and transport to their onward place of care be it home, a care home or community hospital. It is hoped that this will help to reduce the high number of delayed transfers of care in the County.

Local GPs are referring patients with social and rehabilitation needs to social services day care and to the County's single point of access, which provides GPs and other healthcare professionals with a quick and easy way of referring patients to community health services e.g. community therapy and community nursing. Via the single point of access packages of health and social care are put in place for patients to support them in a community setting or in their own home.

*Ambulatory care is a type of medical care that is provided to patients who do not need to be admitted to an inpatient hospital for treatment but require more acute medical care than is available in the community.