NHS
Oxfordshire
Clinical Commissioning Group

Commissioning, Contracting & Procurement Intentions 2016/17

Final


North


North East


Oxford City


South East


South West


West

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1.0 Introduction

Oxfordshire CCG Commissioning Intentions are intended to serve as formal notice to our providers of the CCG's plans for patient services for 2016/17. They reflect our ambition in delivering transformational change and improving patient outcomes whilst managing levels of spend to match available resources.

These intentions provide notice to healthcare providers about changes and planned developments in commissioning and delivery of services. Together with national planning guidance, the NHS Contract, National Tariff Document and CQUIN guidance, they will form an agenda which will be reflected in contracts, in-year service development plans, service reviews and procurement opportunities for 2016/17.

Their prime purpose is to enable providers to make early preparations; to engage clinical service leads and commissioners in early discussions and realise change that benefits patients. They will inform providers' strategic, operating, financial, workforce and business plans, as well as contract negotiation plans.

It is important to note that these contracting intentions are published at a time when the full impact of County Council proposals need to be fully understood and fully worked through.

2.0 Chief Executive's and Clinical Chair's Foreword

We enter the next commissioning round with a firmer foundation than we have had in previous years. The improvements in delivering performance targets, our financial position and improved ways of working across the system put us in a stronger position on which to build for the future.

In 2015/16 we have planned for a £6.9m (1%) surplus and remain on track to deliver this, however the ability of the system to continue year on year to generate savings through better commissioning, service redesign and being more efficient is a constant struggle. If we are to manage our service and financial pressure in the medium term then we must radically transform the way services are delivered.

Our local transformation programme has to be the way to deliver improved outcomes at lower cost. The scale of change required will be a challenge for all of us, but the key to changing the system lies in shifting resources into services in the

community to support the development of out of hospital care, preventing admission of patients to hospitals and changing service models to provide less bed based care.

This has to be supported by new and different primary care services, taking forward the initiatives being piloted through the Prime Ministers Challenge Fund. In addition, we need better integration between those services traditionally delivered by GP practices and those provided by Oxford Health Foundation Trust; the continued development of the alliance between Oxford University Hospitals Trust and Oxford Health Foundation Trust; and greater integration of health and social care delivery and commissioning.

Performance has improved across many domains, such as the improved A&E waiting times and reduced waits for cancer treatments and this needs to be sustained. But as a system we have far too many delayed transfers in our hospitals and ambulance standards are not being delivered.

We are implementing the Mental Health Outcomes Based contract with Oxford Health Foundation Trust and will continue to work with providers on an outcome based approach to contracting for older people during 2016/17.

Our commissioning intentions signal our commitment to the pace and scale of change that is needed and a fundamental belief that it is only by working as a system that we will be successful in tackling Oxfordshire's problems to ensure the Best care, Best Outcomes and Best value for the people of Oxfordshire.

3.0 Oxfordshire CCG's Strategic Priorities - 2016/17

Oxfordshire's health needs are changing, driven by increasing chronic disease and aging as well as births from the growing populations in Didcot, Bicester and other parts of the county.

There are some outcome areas where we should be better such as diabetes and pressing problems such as mental health that require scaled system wide solutions. Over 80% of our hospital resources are used by around 10% of the population and increasingly we are struggling across the system to deliver good access for our population when they require it. Rising activity and workforce gaps provide another layer of challenge to our sustainability.

Meeting these challenges and delivering the NHS 5 Year Forward View is going to require a more transformational approach and newer services tailored towards greater person centred and self-care.

A Single Plan for the Oxfordshire system is being developed through Oxfordshire's system wide Transformation Board, that includes the CCG, CCG Lead Clinicians, Oxford Health Foundation Trust, Oxford University Hospitals Trust, Primary Care Federations and Oxfordshire County Council, that will describe the scale, shape and impact of Oxfordshire system's shared ambition for change to manage population growth, demographic changes and financial pressures. The Single Plan will

influence the CCG's service improvement plans and saving schemes and have an impact on the CCG's commissioning and contracting intentions this year and beyond.

Oxfordshire's vision is that people get the best care at the best value. For Oxfordshire CCG, its partners and providers this means that our highest priority will be collaborating to adopt the most efficient models of care and delivering an agreed agenda of system wide service change.

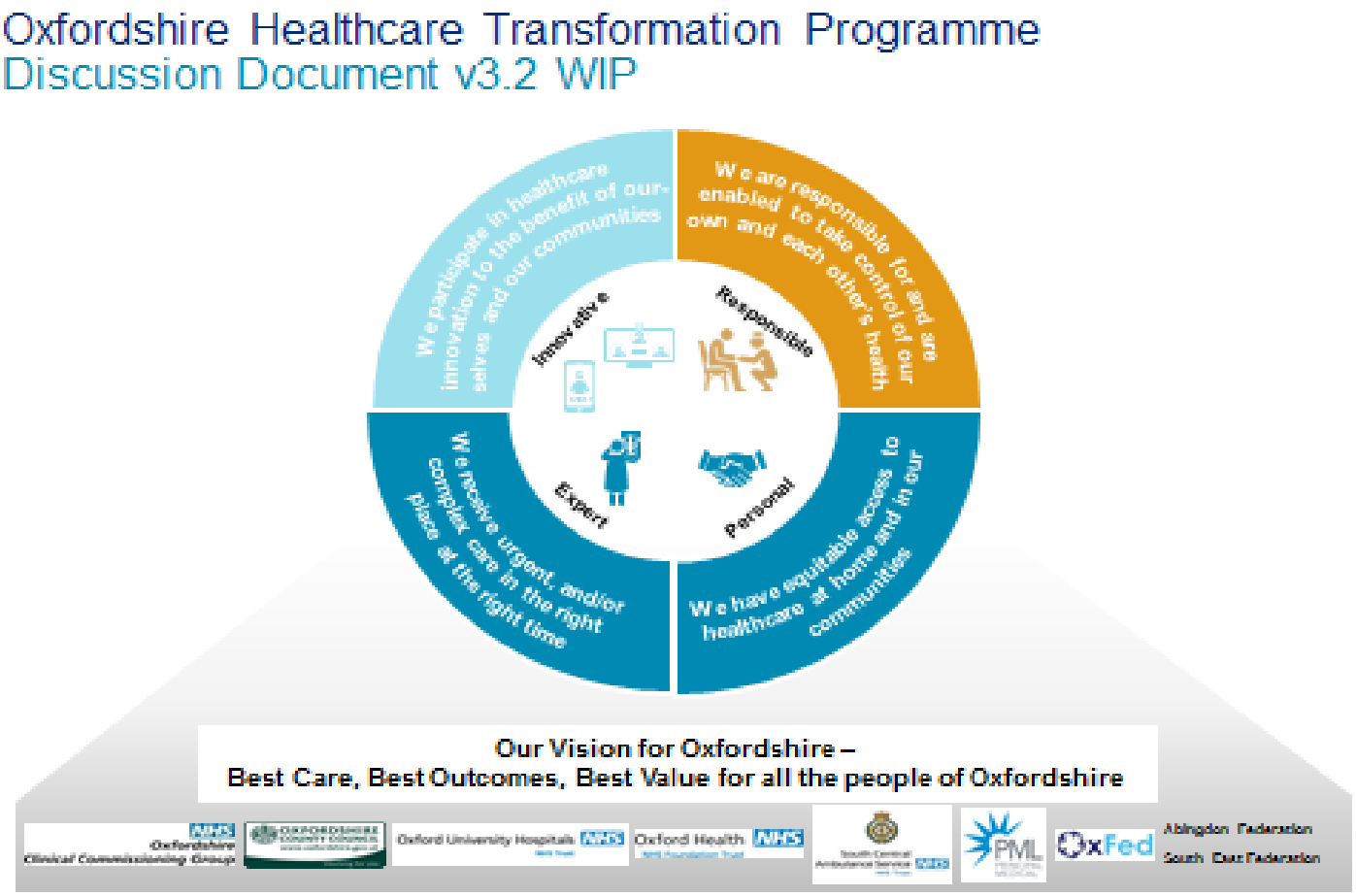
The vision for Oxfordshire is that it is a place where people have access to the 'Best Care, Best Outcomes and Best Value' for everyone living in Oxfordshire'. Whilst the vision for 2020 outlined below describes how care should be delivered there is still considerable work to do to ensure that we are clear of the need for change, have engaged in wholescale consultation and can implement change with confidence.

The Transformation Board will be developing and delivering a system wide Communication and Engagement Strategy as it takes the Single Plan forward. Within this will be messages for stakeholders and the public for a greater need for self-care and care of others wellbeing.

The CCG is committed to supporting sustainable primary care and will continue to shape the provider market to facilitate the shift of services from secondary to primary and community care settings supporting the development and role of Federations to ensure consistency and high quality Primary Care coverage for the total population.

Working with community and primary care providers the CCG will be exploring opportunities for piloting new models of care as outlined in the Five Year Forward View e.g. Multi Specialist Provider.

Oxfordshire's Draft Single Plan Vision



…and by 2020 we will have made significant changes that aligned our staff and infrastructure…

Accountability to patients will be clear and consistent – a designated clinician will be responsible for the patient 24/7

Staff make full use of their skillsets, cutting across organisational boundaries, supported by agile, interoperable IT

Patient-centred care

Resources and infrastructure will be reallocated to match need and enhance convenience, e.g. on-line monitoring, longer appointments available through various channels, diagnostic centres in the community etc

Significant changes to buildings and beds so that people are only admitted to a bed when and where it's absolutely appropriate to their needs

'The best bed is your own bed'

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The Draft Single Plan Vision for 2020

Oxfordshire CCG Transformation Plans

This year's commissioning and contracting intentions have been developed in the context of our understanding of patient need, our system wide transformational plans and national and local priorities taking into account the implementation of the Health and Social Care Act.

As a committed member of Oxfordshire's Transformation Board the CCG actively supports the development and delivery of a system wide transformation programme, seeking opportunities for greater integration of health and social care to optimise joint commissioning and pooling of budgets as appropriate.

We aim to work with Oxfordshire County Council Public Health and NHS England to respond to the recommendations in the Director of Public Health's Annual report, using evidence based interventions, to support the increased uptake of targeted NHS Health Checks and Bowel Screening, a more sustainable Primary and Community Care Stop Smoking Service and the development of a business case for greater secondary care alcohol brief interventions.

Engagement

The CCG's Programme Leads have worked with the Locality Clinical Directors and localities to shape and agree Oxfordshire CCG's 2016/17 Commissioning Intentions. The emerging Commissioning Intentions have been shared with Locality Forum Chairs for their comment.

4.0 Oxfordshire CCG's Plan On A Page

DRAFT – OXFORDSHIRE CCG PLAN ON A PAGE 2016/17		
BY WORKING TOGETHER, WE WILL HAVE A HEALTHIER POPULATION, WITH FEWER INEQUALITIES, AND HEALTH SERVICES THAT ARE HIGH QUALITY, COST EFFECTIVE AND SUSTAINABLE.		
OCCG OBJECTIVES	**MAKING MEASURABLE CHANGE**	**HOW WE WILL MAKE THIS CHANGE**
1. `Be financially sustainable. 2. Primary care driving development and delivery of integrated care, and offering a broader range of services at a different scale. 3. Provide preventative care and tackle health inequalities for urban and rural patients and carers. 4. Deliver fully integrated care, close to home, for the frail elderly and people with multiple physical and mental healthcare needs. 5. Enable people to live well at home and to avoid admission to hospital when this is in their best interests. 6. Be providing health and social care that is rated amongst the best in the country.	1. Maintain compliance with all NHS financial planning rules. 2. Reduce years of life lost from conditions amenable to healthcare by 3.2% by 2020. 3. Meet all agreed Health and Wellbeing Board targets every year. 4. Hold Non Elective activity (non ambulatory) at 2014/15 outturn through to 2020 5. Reduce the number of people delayed on any given day from 155 to below 100 by October 2016. 6. Reduce A&E activity by 10 % by 2020 7. Continue to act on feedback from patients, carers, and GPs to constantly strive to improve the quality of care for patients. 8. Hold outpatient activity at 2014/15 outturn through to 2020 9. Contain planned inpatient activity and outpatient procedures (including day cases) to a 0% growth through to 2020. 10. Increase the number of children accessing CAMHS services by 7000 by 2020 11. Meet all NHS Constitution measures in full.	1. Deliver more efficient, better quality care in all settings. 2. Integrate commissioning and provision of all aspects of physical and mental health care. 3. Help GP practices work together to improve access, sustainability and quality. 4. Increase GP capacity to deliver care to most complex patients. 5. Provide community based planned and urgent care services. 6. Provide transformational person centred community and home based integrated health and social care to the most complex patients, including those with mental health needs. 7. Deliver partnership programme with Councils, 3rd sector and NHS England to tackle health inequalities and their underlying causes. 8. Reduce inappropriate A&E attendances by providing viable alternatives and improving 111. 9. Reduce avoidable admissions by: a. Improving pathways for people with chronic conditions needing urgent care b. Improving support to care and nursing homes c. Improving end of life care. 10. Reduce lengths of stay by working together to improve discharge and by contracting across providers for an integrated acute pathway of care. 11. Improve access to diagnostics. 12. Ensure only appropriate outpatient referrals are made. 13. Streamline planned care pathways. 14. Streamline the out of hospital pathways to ensure right services are available when required. 15. Improve integration of physical and mental health care. 16. Improve dementia diagnosis and care.
ROBUST GOVERNANCE ARRANGEMENTS: 1. Programme Management Office in place 2. Effective locality level patient, public and stakeholder forums. 3. Oversight by the Health and Wellbeing Board.		**PRINCIPLES UNDERPINNING DELIVERY IS THAT PEOPLE:** 1. Are able to participate in healthcare innovation to the benefit of themselves and their communities 2. Are responsible for and are enabled to take control of their own and others health 3. Receive urgent, and/or complex care in the right place at the right time 4. Have equitable access to healthcare at home and in their communities

5.0 Financial Resources and System Risk Profile

2015/16 has been the first year that OCCG has been able to plan to meet the requirements set for CCGs by NHS England. This follows a trajectory of financial recovery from actual and underlying deficit positions in previous years. To achieve this financial recovery the CCG has been reliant on allocation growth, non-recurrent brought forward surpluses and risk transfer in contracts, with the inherent support therein from our main providers.

While our financial position has stabilised, our system partners have seen considerable pressure on their own financial performance; Oxford Health have set a c£4m deficit plan for 15/16, SCAS are in deficit, OUH set a plan for break-even and Oxfordshire County Council have placed reliance on an £8m transfer from the CCG, through the Better Care Fund, to maintain current levels of social care provision. As a health and social care system, taken in aggregate, we may be at breakeven or a marginal surplus (<0.1%) at best. Given the challenge described for the NHS in the 5 Year Forward View and in repeated spending reviews for local authorities then this position neither resilient or sustainable in the medium to longer term.

It is recognised that the balance of risk and benefit in our healthcare contracts should be fair and proportionate. It is recognised that this should be kept under continual review to prevent pressures and/or benefits accruing disproportionately to either side; this is in the spirit of what are ultimately long standing, system stakeholder and partner arrangements. This is particularly the case in the face of ever increasing demand and cost of demand, for our healthcare services.

This position should be the same for our section 75 pooled budget arrangements with Oxfordshire County Council.

The sustainability of the improvement in the CCG's financial position remains a risk due to the dependency on the current structure of contractual agreements in Oxfordshire, in particular our main acute contract. The sustainability of these agreements in turn is fragile, as a result of the increased demand for secondary acute and community healthcare services and the pressures on our provider colleagues.

OCCG's ability to fund health and social care in Oxfordshire in 2016/17 will be constrained by our distance from target funding; it will be further impacted on by any potential requirement to transfer additional resource to the County Council in order to protect adult social care and then also by the ever increasing demand arising from demographic, public expectation and technological change.

It is hoped that 2015/16 will have given us the opportunity, within the certainty of our 15/16 contractual agreements, to plan for whole system transformation. This will be essential to allow the system to 'right-size' its services to match to demand, within the constraints of our system's funding.

Whilst balanced risk share arrangements have been a feature of the NHS landscape in Oxfordshire and reflected in contractual agreements for 2015/16 and in the health and social care arrangements through pooled budget, the underlying position of the system and the additional challenges of the national NHS financial position mean that these arrangements should become more widespread and more transparent. They will also need to support service transformation to improve quality and productivity in the system.

In our commissioning and contracting intentions for 2015/16 we stated our intention to protect as much of our allocation growth as possible and ring-fence this to be held as a system 'Risk Management Sum' (RMS). This would have been used to help manage system financial risk in the short term, while moving towards a genuine system Transformation (investment) Reserve, linked to a whole system transformation plan, which would seek to address system risk in the medium term. The outcome of contract negotiations with providers meant that we weren't able to deliver that objective; the risk that would have been built upfront into contracts to create the RMS was too great.

For 2016/17 it is our intention to hold a Transformation Reserve to invest in and support the required changes in the Oxfordshire System. Investment decision making criteria and access to these funds will be agreed with those system partners who form the Transformation Board. The creation of a separate system risk management reserve remains an option to be explored but, as was the case in 2015/16, this is likely to test the balance of risk between partners. As part of our discussions we would like to test the viability of a single shared verses separate organisational, risk management reserves.

From our perspective we commit to be fully transparent with partners on the resources we will have available for contracting in 2016/17 and the context in which they have been set for us by national and some local decisions. A CCG contribution to any system pooled funding arrangements will need to be created from the allocation growth the CCG receives. We would wish to engage with our main system partners as soon as that resource envelope can be identified to jointly agree how best it should be applied, having due regard for our organisational duties.

Oxfordshire CCG will continue to lead whole system engagement and share its financial position transparently with partners and the public. Working with system partners through the Transformation Board we intend to deliver the transformation of services

within Oxfordshire by integrating pathways and obtaining high value for money from public resources, including the use of our estate.

To support this approach, provider partners are invited to work with Oxfordshire CCG and adopt the following principles in managing risk, which we believe will enable us to secure a sustainable system:

1. To commit to risk sharing, underpinned by an open book approach to current service provision and its fixed and marginal costs, and to a collaborative approach to opportunities for transformation with early sharing of candidate areas.

2. To improve the services and outcomes for the patients and users of Oxfordshire, whilst simultaneously taking costs out of the system and maintaining the financial viability of risk sharing partners – both commissioners and providers.

3. To work together to define what good care or services look like and in doing so, adopt a 360 degree perspective. This means considering not just the selected pathways but the broader implications of changing them, for the system as a whole. In agreeing what good care or services look like, seeking the views of both clinicians and senior managers in risk sharing partner organisations.

4. By virtue of being risk sharing partners, those providers will be engaged with commissioners in a collaborative process to scope and agree service designs that will fulfil our shared principles.

5. Partners will adopt a process map to set out clearly how priorities for change will be chosen, service redesigns undertaken, risk identification, mitigation and sharing will occur.

6. In securing services the CCG will seek to satisfy itself that its existing providers and risk sharing partners are most capable. This will be done prior to a decision on whether to competitively tender services. In doing so it will be demonstrated that the provider is best placed to meet the needs of our local population and that it delivers the best value for money in doing so. This assessment of value will take into account the provider's role in the system and the impact of related services. If, having initiated a most capable provider approach, assurance that the objectives of delivering best value and meeting patient needs cannot be met then the full range of procurement options will be available to the CCG.

7. Partner organisations would remain independently accountable for discharging their legal obligations

8. The risk sharing partners will agree contractual mechanisms that support the achievement of shared goals.

9. The risk sharing partners will agree access to and governance of a Risk Management Sum, if created, which will enable the partners to manage and mitigate risks and invest in transformation where it can be demonstrated to lead to more productive services.

This is an approach that we see being progressed beyond 2016/17, aligned to the system's transformation blueprint. Its sustainability will be dependent on our risk profile as determined by our allocation growth and by our contractual arrangements with providers.

6.0 Oxfordshire CCG's Key Commissioning Priorities for 2016/17 are:

Implementation of the:

- Out of Hospital Provider Programme to support sustainable primary care and a shift of secondary care services to primary and community care settings
- Community Nursing Review
- Musculo Skeletal pathway
- Ophthalmology pathway
- Bladder and Bowel pathway
- Child and Adolescent Mental Health Service Review
- Local Transformation Plan to improve children's mental health and wellbeing in line with *Future in Mind*
- Pathway for survivors of Child Sexual Abuse Exploitation
- Outcome of the consultation on the 111 and Out of Hours service model
- Expansion of the successful Emergency Multidisciplinary Unit (EMU) Programme
- Better Care Fund Programme
- New Dementia pathway
- Oxfordshire Big Plan

Commissioning:

- The new Townland Hospital RACU service
- Improved Email advice service

- Successful Prime Ministers Challenge Fund Schemes
- An Outcomes Based approach for Older People
- Simplified discharge pathways to reduce delayed transfers of care
- Continued Trauma and Orthopaedic activity from Horton Independent Sector Treatment Centre
- Effective pathways for stroke services

Reviewing:

- Services for headache, movement disorders and epilepsy
- Maternity services
- The CCG's approach to long term conditions
- End of Life Care services
- Older Adult Functional Mental Health care

7.0 CCG 2016/17 Commissioning and Contracting Intentions

7.1 Urgent Care

Clinical Director Lead: Dr Andrew Burnett

Lead Manager: Sharon Barrington

2016/17 Commissioning Intentions	2016/17 Contracting or Procurement Implications
Ambulatory Care To increase the number of adults, including those with long term conditions, being treated on an ambulatory care pathway to reduce non-elective admissions and improve patient outcomes.	• OUH: Building on the 2015/16 pilot develop an agreed Ambulatory Care pathway and service specification for inclusion in contract • OUH/CCG: To review and refine local prices for Ambulatory Care pathways that are in the 2015/16 contract • OUH: Where an attendance at an ambulatory care facility is followed by a non-elective admission for the same presenting diagnosis or condition, admission to CDU will be deemed part of the overarching admission and should not be charged for separately • OUH/CCG: To agree for a package of care where patients have had an admission avoided but require multiple attendances for treatment in a day centre. Conditions to be considered for local price, will include but not be limited to, daily IV infusions, anti-biotics and transfusions

Ambulatory Care To increase the number of children and young adults being treated on an ambulatory care pathway to reduce non-elective admissions and improve patient outcomes	• OUH: To clarify ambulatory care pathways for children and young adults and define a service specification for inclusion within the contract • OUH/CCG: To agree local prices for children and young people's ambulatory car and CDU attendance • OUH: Where an admission to paediatric CDU is followed by a non-elective admission for the same diagnosis or condition, admission to CDU shall be deemed part of the overarching admission and shall not be charged separately • OUH/CCG: To agree a local price for a package of care where children and young people have had an admission avoided but require multiple attendances for treatment in a day centre. Conditions to be considered for local price will include, but not be limited to ,daily IV infusions, anti-biotics and transfusions
Falls Service To undertake a review of the effectiveness of the Falls Service	• OUH/OH: Future funding for this service dependant on evidence of effectiveness and value for money following review
Ambulatory Care – Data To work with OUH and OH to develop Ambulatory Care Pathways including the development of coding and monitoring arrangements to evaluate impact	• OUH/OH: To support the development and implementation of new ambulatory care pathways
Delayed Transfers of Care (DTOC) and Discharge To reduce the number of delayed transfers of care within secondary care and to consider the following enablers for this: • Informing GP on admission of one of their patients to engage them more in the patient pathway and decision making	• OUH/OH: To ensure that GPs are informed when one of their patients is in hospital on the day of admission. • Primary Care: To work with secondary care to pro-actively manage discharge once they have been informed of an admission of one of their patients

• Increase the use of Personal Health budgets • Developments of cross service protocols for acute and community services • Reduce the number of delays linked to social care packages • Subject to successful pilot in quarter 2 of 2016/17 commission a single holistic service for supported home discharge, Hospital at Home and rehabilitation	• OUH: To implement the red/amber/green Oxfordshire discharge protocol - the secondary to primary care pathway. • OUH: To develop a new data set around the patient pathway • SHDs: With appropriate notice de-commission Supported Home Discharge Service (SHDs) • OUH: To provide improved discharge documents, email advice lines, continued datix use and use of technology e.g.Apps
Older People's Outcome Based Commissioning To continue working with providers, during 2016/17, on the development and implementation of an outcomes based contract for older people in line with discussions taking place through the Transformation Board	• To be agreed
Older People – Mental Health To review community support provided by the voluntary sector to improve admission avoidance and effective, timely discharge	• Age UK: To de-commission the Generation Games service reinvesting in a new model that supports people in the community. Model and contracting mechanism to be advised
Emergency Medical Units (EMU's) and Admissions To implement the findings of a review into the effectiveness of EMU services and use the recommendations from this in the 2016/17 contracting round, where appropriate including:: • Increased capacity within current EMUs to: ▪ See a greater number of patients ▪ Improve the acceptance of the level of acuity for patients referred through adapting some of the acute care pathways (e.g. chest pain, low risk patients; suspected GI bleeds in stable patients; PE for patients with co morbidities)	• OCCG: To work with OH to improve capacity within existing EMU • OH: To develop the EMU pathway and clinical/information protocols • OH: To work with OUH, Primary Care and Ambulance Services to develop stakeholder engagement plans and implement them

• Improved communication with Primary Care; • Development and implementation of clinical/information protocols between EMUs and other services – including different acute departments, primary care, and ambulance services • Commissioning an EMU approach in the North of Oxfordshire and Oxford City which has a clearly defined pathway and is directly accessible by primary care.	
Townlands Hospital Rapid Access Care Unit (RACU) To commission a Rapid Access Care Unit in the new Townlands Hospital to provide early intervention for vulnerable adults (older people and those with LTC's)	• OH/RBH: Contract variations for provision of the new service
Townlands Hospital Rapid Access Care Unit Intermediate Care beds To commission Step Up and Step Down bed provision to support the RACU and discharge from acute care	• OSJ: OCCG Beds being contracted via OCC • OH: Inpatient facilities at Townlands to be decommissioned
Communication To encourage the development of effective communication links between primary care and OUH acute services to discuss complex patients prior to admission or on discharge To establish a single point of access for GP emergency admissions – a single telephone line for all referrals	• Contracting intentions to be determined
Integrated Commissioning of 111 & Out of Hours To procure a fully integrated 111 and Out of Hours (OOH) service model during 2016/17 following completion of the consultation.	• OH/SCAS/PML: Contracting intentions to be confirmed following completion of the consultation

Lavender Statements OCCG will ensure that a rigorous validation process is in place for all procedures requiring lavender statements and PLCVs. The cataract PLCV statement will be updated to include second eye cataract operations being restricted.	• All Providers: Payment will not be made for any treatments carried out outside of the new process
Transport To ensure all inter-hospital transport is included within reference costs.	• OH/OUH/SCAS: OCCG will not pay for inter-hospital transport

7.2 Planned Care

Clinical Director Lead: Dr Stephen Attwood

Lead Manager: Sharon Barrington

2016/17 Commissioning Intentions	2016/17 Contracting or Procurement Implications
Outpatient referrals To maintain or reduce, where possible, contracted levels of all Outpatient (OP) referrals including: • Ensuring all 1st OP referrals are relevant and necessary • Instigating a rapid pre-referral process to better inform 1st OP referrals • Monitoring 1st OP referrals by treatment function (see follow-up ratios) • Manage growth in referrals to 2014/15 levels (Taking into account 2015/16 growth and demographic changes)	• OUH/RBH/GWH/Bucks/Ramsay/Foscote/Manor/Circle/Spires/BIH: To ensure coding is reported accurately on all procedures - there are too many unresolved treatment functions linking to code 999. • OUH/Ramsay/Foscote/Manor/Circle/Spires/BIH: To review referrals that relate to lavender statements and procedures of limited clinical value before seeing patients

Townlands Hospital To agree a shift of outpatient activity from where it is currently provided to the new Townlands Hospital. Consider the commissioning of new clinics to be provided on this site.	• RBH: To work with the CCG to agree and implement a plan to shift some outpatient activity for Oxfordshire patients from where it is currently provided to the new Townlands Hospital. Other providers to be considered.
Follow up ratios To reduce follow-up ratios for selected treatment functions by ensuring outpatient and follow ups ratios reflect best practice. OCCG will also work with selected treatment functions to reduce 1st outpatient and follow ups. OCCG will seek to ensure there are no follow ups in specific speciality areas where there is no clinical benefit.	• OUH/Ramsay/Foscote/Manor/Circle/Spires/BIH: To agree areas for reduction - to include Trauma and Orthopaedics
Consultant to Consultant referrals To rationalise the level of Consultant to Consultant referrals outside the agreed policy in line with the suggested 23% increase in activity in 2014/15 by: • Reviewing the data and updating the policy to ensure that any reduction in consultant to consultant referral does not transfer activity back to the GP for re referral. • Ensuring appropriate, first time, right place referrals • Ensuring consistent monitoring is undertaken of available data on consultant to consultant referrals	• OUH/Ramsay/Foscote/Manor/Circle/Spires/BIH: To ensure that there is only one chargeable first outpatient attendance for an individual within the same speciality within any 6 month period (based on the same referral/condition). • All Providers: To carry out joint audit of consultant to consultant referrals annually. Evidence of non-compliance with protocols shall result in non-payment of consultant referred outpatient firsts according to the percentage of the audit sample found to be non-compliant
Day Case to Outpatient activity To move day case activity to an outpatient setting, where possible, by identifying opportunities to perform day case activity within outpatients and transferring activity units against specific HRGs and Treatment Function where there are parallel tariffs.	• OUH/RBH/GWH/Bucks/Ramsay/Foscote/Manor/Circle/Spires/BIH: To ensure that all agreed day case HRGs identified and performed as outpatient procedures, where appropriate, are properly recorded in order to attract payment.

Inpatient to Day Case activity To reduce the number of inpatient episodes through transfer to day case procedures where possible	• OUH/RBH/GWH/Bucks/Ramsay/Foscote/Manor/Circle/Spires/BIH: To ensure all agreed appropriate inpatient HRGs are identified and performed as day case procedures, where appropriate, in order to attract payment.
Excess Bed Days To reduce the numbers of excess bed days. Specialities to be included (whilst not excluding other areas) are : • Endoscopy • Trauma and Orthopaedics • General Surgery • Gynaecology • Urology • Ear Nose and Throat • Dermatology	• OUH/RBH/GWH/Bucks/Ramsay/Foscote/Manor/Circle/Spires/BIH: To ensure that excess bed days per speciality are in the top 5% of the national benchmark as OCCG will not pay for follow up activity in excess of this.
Cancelled Operations To investigate ways to ensure that OCGG only pays for cancellations by a provider that are due to patient's clinical condition as all other cancellations will not be paid for.	• OUH/RBH/GWH/Bucks/Ramsay/Foscote/Manor/Circle/Spires/BIH: This includes WA14Z spells where cancellation was due to patient's medical condition. Current tariff will be applied for non-medical reasons
Email Advice & Guidance To ensure that all relevant speciality email and telephone advice services are providing responsive and effective guidance to GPs by ensuring that: • Service specifications are in place for all relevant specialities • There are improvements in speciality areas of concern • Speciality areas that have been withdrawn are reinstated, where appropriate	• OUH: OCCG to make payment of single local tariff for email advice and guidance. • OCCG to contract for a pilot telephone advice service for planned care

• There is regular submission against KPIs • There is a single local tariff for all relevant specialities • Referrals for advice and guidance resulting in an Outpatient referral have the advice and guidance charge refunded	
Gastroenterology To review direct access endoscopy provision in line with NG12 NICE Guidance (suspected cancer) with a view to commissioning community wide direct access to this service, incorporating the 2 week wait cancer pathway. The aim is to reduce demand, reduce redirection rates and ensure quick turn around on histology results back to the GP.	• Contracting intentions to be determined following review
Diagnostics To review direct access to radiological diagnostic provision in line with NG12 NICE guidance with a view to commissioning community direct access - including 2 week wait referrals. Review and pilot 'Point of Care' pathology testing in primary care	• Contracting intentions to be determined following both reviews
Cancer To undertake a Programme of work with a focus on: • Mandatory referral pro-formas from GPs to providers • Potential alternative rapid access clinics for underperforming specialties (ACE bid) • Peripheral diagnostics review (see above) • New NICE guideline implications - prioritisation and review to revise local pathways. • Improved direct access for GP's to exclude cancers earlier	▪ Contracting intentions to be determined

• GP Educational events • Implementation of nationally identified areas in the "National Cancer Strategy: Achieving World-Class Cancer Outcomes: A Strategy for England 2015 – 2020"	
Neurology To review services commissioned for headaches, movement disorders and epilepsy in Quarter 1 of 2016/17 implementing the outcomes of the review in year.	• Contracting intentions to be determined following review
Cardiology To review cardiology and develop new pathways including a programme of education around management in primary care	• Contracting intentions to be determined following review
Musculo Skeletal (MSK) Integrated Pathway To decommission the MSK Hub and direct access physiotherapy service as of 31st March 2016 (Notice has been served on the provider) and review pain management services to ensure integrated community provision and MSK service.	• To contract for an integrated MSK and direct access physio service to commence 1st April 2016
Bladder and Bowel To establish an integrated Oxfordshire Bladder and Bowel service, for both adults and paediatrics, implementing the agreed pathway in the most appropriate setting.	• To contract with a prime provider for an integrated bladder and bowel service to commence on 1st April 2016
Ophthalmology To commission an integrated Ophthalmology Decision Unit (ODU) across primary and secondary care from a prime provider for patients aged 5 years and over for minor eye conditions (MECs)	• To contract with a prime provider for an integrated ophthalmology pathway with an Ophthalmology Decision Unit

The review has been undertaken and is supported by a full business case for the establishment of an Ophthalmology Decision Unit (ODU), to include community service provision for specific conditions, provided across Oxfordshire by optometrists.	
Dermatology To review current dermatology provision to identify areas that could be provided in primary care including low risk Basal Cell Carcinoma management - surgically and conservatively. To develop the skill and expertise within primary care to deliver the new service	• Contracting intention to be confirmed following outcome of review
Maternity To review Maternity Services by April 2016 in line with the national review of capacity in maternity services	• Contracting intention to be confirmed following the outcome of the review
Horton Independent Sector Treatment Centre (ISTC) To ensure the ISTC contract for current services is maintained for Trauma and Orthopaedics to provide choice in Oxfordshire. To review the current contract when it expires in August 2016 in partnership with associates to the contact.	• To agree future contract arrangements post August 2016

7.3 Primary Care

Clinical Director Lead: Dr Paul Park

Lead Manager: Julie Dandridge

2016/17 Commissioning Intentions	2016/17 Contracting or Procurement Implications
Sustainable Primary Care To support sustainable primary care by developing and implementing an Out of Hospital Care Strategy. This includes reviewing workforce requirements and supporting practices in expanding their skill mix including building on the learning from those practices that have clinical pharmacists or physician associates. Alongside this working with NHS England in the development of primary care workforce to increase its skill mix.	
Primary Care Provider market/Federations To continue to shape the primary care provider market to facilitate the shift of services from secondary to primary care and community settings and supporting the development and role of Federations to ensure consistency and total population coverage by primary care.	OCCG: To review the contracting of : • Home based phlebotomy • Flu vaccinations (Non caseload) • Primary care dementia assessments to determine their alignment with new care and provider models
Prime Ministers Challenge Fund To evaluate and review the outcomes of the schemes within the Prime Ministers Challenge Fund and consider which schemes should be commissioned by OCCG in 2016/17. These include: • Neighbourhood Access Hubs • Early Visiting Service • Practice Care Navigators	• OCCG: To contract for the continued provision of specific services following evaluation of pilot schemes

• Access to GP records • E-Consultations • Online Health Resource – COACH (N.B. OCCG is committed to funding those schemes that are shown to be of benefit, demonstrate value for money and have the potential to be successful)	
Quality Outcomes Framework To consider alternatives to the national Quality and Outcomes Framework (QOF) to improve the care of identified cohorts of patients, e.g. those with cardiovascular disease.	• Contracting intentions to be confirmed following outcome of review
Commissioning Primary Care To consider full delegation of the commissioning of primary care medical services from April 2017 following consultation with members and explore running full delegation in shadow form during 2016/17.	• Implementation of recommendations following consultation
Population Growth – Primary Care Provision To consider, in partnership with NHS England, the level of primary care provision needed in areas with large population growth e.g. Bicester, Didcot and Barton Park.	• Working with NHS England to identify the need and range of services to be provided
Pooling Funding – NHSE/OCCG To explore areas where pooling CCG and NHS England funds for APMS contracts would enable the commissioning of a wider range of services, for example diagnostic centres or enhanced care for vulnerable older people	• Working with NHS England to identify the need and range of services to be provided

Primary Care Skill Mix To work with NHS England in the development of the primary care work force to expand its skill mix To support practices to increase their skills, including implementing learning from practices that have a clinical pharmacists or physician associates.	• To develop and implement workforce development plans
PMS Premium To consider and determine options for reinvestment of any available PMS premium into primary care using defined, pre-agreed criteria in line with national direction and agreed principles	• Contracting intentions to be confirmed following outcome of the review
Patient participation Groups To scope, in partnership with NHS England, ways in which the CCG can improve engagement with patients through Patient Participation Groups	
Out of Hours Services To ensure that there is community based provision of services normally provided by primary care across the out of hour period e.g.: dressing changes	
Primary Care Locum service To support the Oxfordshire locum bank to ensure there is a first class pool of locum staff able to support Primary Care across Oxfordshire	

7.4 Learning Disabilities

Clinical Director Lead: Dr David Chapman

Lead Manager: Ian Bottomley

2016/17 Commissioning Intentions	2016/17 Contracting or Procurement Implications
The Big Plan To implement the Oxfordshire Big Plan for people with learning disability. OCCG will become the lead commissioner for Learning Disabilities (LD) (from OCC) requiring a change to s75 agreement	• CCG to lead transition of LD health services to mainstream or redesigned specialist services by December 2017 • OH: Potential early changes to contract. This would include integration of LD continuing health care (CHC) into mainstream CHC functions e.g. service lines such as physiotherapy, Speech and Language Therapy where a lift and shift approach is feasible and could support Big Plan delivery • SH: To improve contract monitoring information
Learning Disability Health Checks To improve the uptake of health checks for people with learning disabilities in primary care and improve outcomes for people with learning disability across the health care system	• Primary Care/SH: CCG to develop external support to improve delivery in primary care of the national Directly Enhanced Scheme. Possible CQUIN within SH contract • Primary Care: Potential local incentive scheme to improve delivery of national Directly Enhanced Scheme Learning Disability Health check scheme • All providers: To report on access and use of services by people with learning disability within Information schedule • All providers: To report on outcomes for people with learning disability within quality schedule

	• All providers: To audit to evidence staff competence to recognise and manage the needs of people with learning disability

7.5 Autism

Clinical Director Lead: Dr David Chapman

Lead Manager: Ian Bottomley

2016/17 Commissioning Intentions	2016/17 Contracting or Procurement Implications
Adult Autism Diagnosis Pathway To re-commission an adult autism diagnostic pathway, based on the outcome of the 2015/16 Autism Review with the aim of improving health outcomes for people with autism	• OCCG to commission new pathway via Any Qualified Provider or standard contract from April 2016
Health Outcomes To improve health outcomes for people with autism using mainstream services	• All Providers: To report access and use of services by people with autism within the Information schedule • All Providers: To report outcomes for people with autism within quality schedule • All Providers: To audit evidence of staff competence to recognise and manage the needs of people with autism

7.6 Personal Health Budgets and Continuing Healthcare

Clinical Director Lead: Dr David Chapman

Lead Manager: Ian Bottomley

2016/17 Commissioning Intentions	2016/17 Contracting or Procurement Implications
Personal Health Budgets – Learning Disability/Acquired Brain Injury To create an offer of a personal health budget for people living with learning disability and people with acquired brain injury from April 2016. Including reviewing : • All people in learning disability health placements and assess or offer a personal health budget • All people in a health funded acquired brain injury placement and assess or offer a personal health budget	• OCCG: To commission a brokerage service to support people who opt to receive their personal health budget as a direct payment • SH: To vary contract to enable people with learning disability to source their own care via a personal health budget
Personal Health Budgets – Mental Health To develop an offer of a personal health budget to support people with mental health problems and high cost "frequent fliers" during 2016/17 subject to national guidance In line with any national learning, scope opportunity to offer a personal health budget as an alternative to a commissioned intervention where this will deliver better patient outcomes	• Contracting intentions to be confirmed following outcome of the review
Personal Health Budgets – Children and Young People To develop an offer of personal health budgets for all young people who are eligible within Children's Continuing Healthcare	• OH: To implement personal health budgets within the new Children's Continuing Health Care service

Continuing Healthcare Review To implement the outcome of the 2015/16 Adults and Children's Continuing Health Care reviews to provide a new delivery model	• OH: The CCG will either commission a new service from April 2016 or negotiate contract variation • OH: Negotiate contract variation for children's continuing health care
Continuing Health Care Deliver retrospective cases in line with the national Previously Unassessed Period of Care programme by September 2016	• OH: Either implement within new CHC service from April 2016 or negotiate with OH via the contract

7.7 Dementia

Clinical Director Lead: Dr Julie Anderson

Lead Manager: Ian Bottomley

2016/17 Commissioning Intentions	2016/17 Contracting or Procurement Implications
Dementia Diagnosis Pathway To review and develop a new dementia diagnosis pathway across primary and secondary care by April 2016	• OCCG To recommission a new dementia pathway based on the finding of the review
Health Outcomes To improve health outcomes for people with dementia	• All Providers: To report outcomes for people with dementia within quality schedule • All Providers: To report on outcomes for people with dementia in the quality schedule • All Providers: To audit evidence of staff competence to recognise and manage the needs of people with dementia

7.8 Adult Mental Health

Clinical Director Lead: Dr David Chapman

Lead Manager: Ian Bottomley

2016/17 Commissioning Intentions	2016/17 Contracting or Procurement Implications
National Standards To meet national standard requirements for Adult Mental Health in line with the Five Year Forward View into Action.	• OCCG: To ensure that mental health services support system priorities around long term conditions self-management, adult survivors of child sexual exploitation, older adults and people with learning disability through the setting of KPI and quality measures within mental health contracts • OH: To implement the mental health outcomes based contract to ensure 50% of people with early onset in psychosis are in treatment within 2 weeks
Carers – Mental Health To ensure that Mental Health Carers' services are aligned with OCC commissioned services	• Rethink Carers: De-commissioning contract from April 2016 • OCC: Include Mental Health carers services into OCC contracts
Psychiatric Liaison Service To commission an effective psychiatric liaison model based on the development of a business case and national guidance OCCG to ensure 24/7 mental health care across all age groups in hospital by 2020	• OCCG: To develop KPI's that will evidence impact • OH: Based on community psychological medicine pilot evaluation consider options for re-commissioning the service from April 2016
Urgent Care – Mental Health To implement an effective Mental Health Urgent Care model in line with the Crisis Concordat review	• OH: To ensure 24/7 access to crisis care within the outcome based contract • All parties to deliver the Crisis Concordat collaboratively and

OCCG will be categorising the use of police cells as s136 for children and young people to ensure it is a never event	implement the revised pathway including: ▪ Ensuring Directory of Service links to mental health provision ▪ Ensuring the protocol for the triaging of mental health calls and referral and response measures (time and use of s136) in 999/111/OOH is written into relevant Sch 2 KPI's ▪ OH/Primary Care: OCCG to commission s12 doctor service either through OH outcome based contract or primary care/federations ▪ OH: To align OCC Approved Mental Health Practitioner service into OH outcome based contract ▪ Aligning psychiatric liaison services in hospital with mental health urgent care protocol ▪ OH/SH/SCAS: To agree patient conveyance requirements in line with protocol in Sch 2 KPI ▪ SCAS/Primary Care: To audit evidence staff competence to recognise and manage the needs of people in mental health crisis
Complexity- To develop a care pathway that supports better outcomes, system and financial efficiency for people with complex (mental health and other problems) high cost needs including people with learning disability who need to be supported via the transforming care programme; people with severe mental illness; people with acquired brain injury (including Huntingdon's) and those with co-morbid autism spectrum disorder	• OCCG: To develop and implement the intensive support team to manage complex behaviours in people with learning disability (part of Big Plan) • OH(impact for continuing health care service): OCCG to develop and implement a community based service as an alternative to high cost placement for people with acquired brain injury • OCCG: To explore option for single service to provide

To implement the bid for Social Investment Bond funding to manage high cost complex cases	community based support to all of the above groups plus people in the homeless sector possibly via a Social Investment Bond • OH: OCCG to review, in partnership with NHSE and the City Locality,the case for co-commissioning to better manage the health needs of homeless people (Luther Street Medical Centre)

7.9 Children and Young People's Mental Health

Clinical Director Lead: Dr Andy Valentine

Lead Manager: Ian Bottomley

2016/17 Commissioning Intentions	2016/17 Contracting or Procurement Implications
Children and Young People's Mental Health (CAMHS) To implement the CAMHS review, updated to reflect the Local Transformation Plan. In 2016/17 this includes: • Increasing the number of children accessing CAMHS • Reducing waiting times for CAMHS • Ensuring that there is a no more than 2 week wait for young people with an Eating Disorder • Open access to IAPT for all young people aged 16 and over • Clinical pathways published for most common conditions	• OH: To deliver these outcomes if they are identified as the 'Most Capable Provider' for all specialist and targeted children and young people's mental health services

7.10 Children and Young People

Clinical Director Lead: Dr Miles Carter

Lead Manager: Ian Bottomley

2016/17 Commissioning Intentions	2016/17 Contracting or Procurement Implications
Vulnerable Children and Safeguarding To implement a pathway for survivors of Child Sexual Exploitation and children who have been sexually abused.	• OCCG: To manage contract variation in line with Partity of Esteeem funding
Looked After Children To improve the pathway for health outcomes of Looked After Children	• OCCG: To manage contract variation in line with Parity of Esteem funding • OH: OCCG to explore a co-commissioning approach for statutory medical assessments with NHSE and implement through a commissioning or contract variation from April 2016. • Primary Care: OCCG to explore options to commission primary care support for new Children's Homes • OCCG: Review and improve quality indicators so that there is a clear plan to meet target during 2016/17.
Children with Special Educational Needs and Disability (SEND) To implement the SEND reforms outlined in the Children and Family Act 2014	• All Providers: To identify children with SEN, including those under 5 years • All Providers: To support the development and maintenance of a local offer • All Providers: to actively participate in the Education, Health and Care Plan (EHCP) process
Multi-Agency Safeguarding Hub (Lead**:** Sula Wiltshire) To ensure active contribution and involvement in the	• All providers: To identify how they will deliver their statutory

multiagency safeguarding hubs (children and adult) as a core element of providers safeguarding responsibilities including: • Agreeing a model that meets the requirements • Securing alignment across providers for delivery of the agreed model • Supporting processes to streamline activity	safeguarding functions through the children and adults MASH from April 2016

7.11 Long Term Conditions

Clinical Director Lead: Dr Amar Latiff

Lead Manager: Sara Wilds

2016/17 Commissioning Intentions	2016/17 Contracting or Procurement Implications
Holistic Approach To develop a holistic approach for the management of long term conditions across Oxfordshire which encompasses a preventative, proactive and whole person approach to managing care based on a supported self-management approach. This will include: • Considering new ways and models of working within current organisational structures and future potential providers of care. • Ensuring alignment with primary care commissioning and contracting intentions and the community nursing review • Ensuring there is a focus on self-care in the personal care plans of those with a long term conditions	• Primary Care: To ensure there is proactive identification of long term conditions in primary care –eg:CVD, diabetes, COPD, asthma • OCCG: To explore and consider an alternative funding model to identify how innovative models can be used to promote transformation

Capacity To create capacity and resource for increased patient management in primary and community care settings closer to home freeing up acute capacity for more specialist work. This will require more collaboration in primary/community care supported by IT solutions to enable this.	• All Providers: OCCG exploring IT solutions including interoperability of clinical systems and finding technical solutions eg EMIS web access • Primary Care/All providers: OCCG intends to support and expand IT interoperability across primary care and other providers to ensure the right information, for the right patient, at the right time, wherever the patient is seen
Care Plans To promote the increased use of care plans and the Oxfordshire Care Summary to enable sharing of care plans and relevant clinical information across the system.	• Primary Care: To ensure increased use of digital care plans • All providers: To ensure that information is appropriately inputted in patient records to enable it to be accessed and incorporated into the Oxfordshire Care summary as and when needed • All Providers: To ensure the Oxfordshire Care Summary is acceseed as a means of optimising the quality of patient care • All urgent care providers (OH,OUH, SCAS): To ensure increased use of Digital Care Plans via the Oxfordshire Care Summary in all urgent care situations i.e. A&E, OOH, 111 & 999 (for all patients that have a digital care plan) •
Digital Care Plans – Social Care To ensure relevant social care information is incorporated into digital care plans and make information available via Oxfordshire Care Summary.	• Social Care Providers: To agree to the use of Oxfordshire Care Summary/digital personal care plans.

Education To scope opportunities to improve education for patients with Type 2 diabetes so that patients are aware of a range of ways of improving their ability to self-manage their condition.	• OH: Potential to decommission Type 2 diabetes education service and recommission a more diverse educational offer through procurement`
Community Nursing To strengthen capacity of nursing in the community by implementing the recommendations from the community nursing review including: • Piloting and evaluating new ways of working for a 6 month period in order to assess whether to proceed to county wide implementation and retain current contract.	• OH: Subject to evaluation in July 2016 that demonstrates successful outcomes from the pilot the CCG will consider whether to continue with OH contract or re-procure the service
Integrated Neighbourhood Teams 2015/16 will see integrated teams working at a neighbourhood level to support people to live at home successfully through to the end of their life supported by a Joint Front Door and single referral pathway OCCG will continue to support Oxford Health and Adult Social Care to deliver integrated community services for adults and older people with mental health issues wrapped around primary care in partnership with voluntary organisations.	• OH/OCC: To agree a Memorandum of Understanding to cover the governance arrangements for the integrated service
Care Home Support To review the Care Home Support service and other health services provided in care homes during 2016/17 to ensure they provide added value to patient care.	• OH: Recommendations from the review may lead to changes to the current contract

7.12 End of Life Care

Clinical Director Lead: Dr Julie Anderson

Lead Manager: Sara Wilds

2016/17 Commissioning Intentions	2016/17 Contracting or Procurement Implications
Palliative Care To ensure equitable and appropriate 24/7 access to specialist palliative care services for the whole population of Oxfordshire to enable people to die where they prefer where appropriate. OCCG will review the range of End of Life Care services currently commissioned by OCCG including bereavement and hospice services including looking at outcomes and value for money to ensure we are commissioning high quality services for End of Life Care. This will include reviewing current contracts to: • Re-align funds to secure a fuller range of services at best value • Re-align geographical gaps and inequalities in provision • To develop robust KPI and data requirements to measure provider responsiveness and effective discharge planning	• OUH and OH: To deliver an improved service specification and data requirements for end of life and palliative care to achieve better value and equity in patient care. • OUH and OH: To implement improvements to current end of life pathways and provision • All Providers : To provide increased end of life education, training and awareness for their staff
Joint Working To work with 3rd Sector Organisations to explore opportunities for increased joint working:	• Sue Ryder: To develop and pilot a hospice at home model incorporating learning from partnership for excellence in palliative support • Macmillan Partnership: To explore opportunities to develop partnership opportunities/bids. • Marie Curie: Decommission parts of the current contract to transfer to alternative night sitting service

Advance care Planning/Digital Care Records To promote the increased use of advance care planning/digital care plans.	• Primary Care: To increase the use of digital care plans for end of life care • All urgent care providers (OH,OUH, SCAS): To ensure increased use of Digital Care Plans via Oxfordshire Care Summary

7.12 Medicines Optimisation

Clinical Director Lead: Dr Miles Carter

Lead Manager: Julie Dandridge

2016/17 Commissioning Intentions	2016/17 Contracting or Procurement Implications
Take Home Medicines To improve the turnaround time for take home medicines. This includes the time from the decision to discharge is made through to when the patient receives their take home medicines	• OUH: To provide metrics for the measurement of turnaround time for take home medicines in order that an improvement can be shown. • All Providers: It is expected that all providers will be able to provide the above data during 2016/17
Zoledronic Acid Infusions To commission an annual zoledronic acid infusion for those patients unable to tolerate oral bisphosphonates via hospital at home or EMUs. New service specification to be developed	• Primary Care: To reduce the use of denosumab
Anticoagulation To implement a new anticoagulant pathway for the treatment of patient with new oral anticoagulants and warfarin to ensure that OCCG is in line with other commissioners	• OUH: Contract variation for a new pathway will be developed

Excluded Drugs To consider and implement additional risk/gain share agreements for drugs excluded from tariff To review the dataset for excluded drugs to bring it in line with the expectations from Specialised Commissioning.	• OUH – contract variation to be developed • OUH: To provide data in line with NHS drugs taxonomy and monthly dataset specification (Gateway 03097) for PbR excluded drugs.
SIP Feeds and Stoma Products To review the commissioning and provision of sip feeds, continence and stoma products.	• Contracting intentions to be determined following review

7.14 Quality

Clinical Director Lead: Dr Richard Green

Lead Manager: Tony Summersgill

2016/17 Commissioning Intentions	2016/17 Contracting or Procurement Implications
Clinical Communication To ensure all clinical communication is effective and timely moving to electronic communication, where appropriate and eliminate paper copies for all clinical communication. To continue to support the development of remote working for care home support staff, social care staff, community nurses, GPs in care homes and similar locations.	• OH: To ensure more clinical communication is transferred electronically to GP practices and vice versa; • OUH and Primary Care: To improve electronic document transfer between providers where possible (e.g. supporting expansion and resilience of the EDT hub (secure server); to cover all OUH to GP documents e.g. outpatient letters, radiology requests and results).

Performance OCCG intends to advise GPs to refer elsewhere, making this information publically available, where poor performance has been identified and providers fail to rectify these issues in a timely way	• All Providers: To be aware of OCCGs intention and ensure services are fit for purpose.
CHOICE To ensure hospital appointment systems are effective and efficient and patients are offered choice of providers and are able to use directly bookable service where appropriate	• Primarily OUH: to ensure full roll out of directly bookable services utilising the NHS e referral system
C Dificile To reduce primary care C. difficile infections by a further 20% from the 2014/15 final figures	• Primary Care/OUH/OH: Changes required to GP management of patients with C. difficile. Continue ongoing work with OUH and OH.
Pressure Sores To work with providers to innovate and eliminate avoidable pressure damage, all grade 3 and 4 avoidable pressure ulcers, in Oxfordshire.	• OUH/OH: To improve all aspects of nursing care to eliminate avoidable pressure sores
Quality – Monitoring To undertake targeted visits to clinical areas to monitor quality of services.	• All Providers: OCCG will target quality visits based on risk.
Primary Care Indicators To visit all GP practices that are outliers for 4 or more for the NHSE High level Primary Care Indicators	• Primary Care: OCCG will undertake visits based monitoring of NHSE High level Primary Care Indicators
Individual Funding Requests To improve the efficiency of the Individual Funding Request system by implementing an electronic system in secondary care.	• OUH: Clinicians to complete an electronic request form similar to primary care to improve the speed of decision making and reduce inappropriate requests.

Stroke Care Pathway To work with providers to improve the current Stroke Care pathway to enhance rehabilitation from stroke across Oxfordshire. OCCG will be scoping opportunities for improving the effectiveness of early discharge for stroke patients as well as ensuring an equitable service across Oxfordshire.	• OCCG may consider using new providers to ensure equitable services for patients.
Stroke Mortality To work with providers to improve the current care pathway for stroke to impact on levels of stroke mortality. The pathway should include taking eligible patients directly to an acute setting that is delivering evidence based care similar to that of a Hyper Acute Stroke Unit	• OUH/SCAS: Potential for need to redesign services to improve patient outcomes

7.15 Health Inequalities

Clinical Director Lead: Dr Andy Valentine/Dr Joe Mc Manners

Lead Manager: Sara Wilds

2016/17 Commissioning Intentions	2016/17 Contracting or Procurement Implications
Social Prescribing To review the evaluation of Age UK's Circles of Support and the impact of social prescribing	• Age UK: OCCG to consider commissioning or decommissioning the service based on the outcome of the evaluation to provide a more targeted intervention that supports hospital avoidance
Social Prescribing Pathway To explore opportunities to combine primary care and community assets through the development of social prescribing pathways.	• Primary Care/Voluntary Sector: OCCG will identify contracting options, including collaborative opportunities, to support this model

7.16 Business Intelligence

Clinical Director Lead: Dr Paul Park

Lead Manager: Cecile Coignet

2016/17 Commissioning Intentions	2016/17 Contracting or Procurement Implications
Pathway Analysis To source comprehensive patient pseudo-identifiable, clinically informed event level (e.g. spells) community and community Mental Health data in order to enable full patient pathway analysis	• All community providers: To provide agreed information schedules specifying data supporting all critical services purchased
Pathway Analysis To source national datasets and/or develop specification for alternative local datasets where appropriate (new services or where national requirements are insufficient) to support comprehensive clinically relevant patient pathway analysis across the health economy	• ·All providers: To provide agreed information schedules specifying data supporting all critical services purchased
Coding To agree coding approach to new schemes in all relevant datasets so that impact can be clearly understood and evaluated, e.g. AEC in SLAM and SUS.	• . • Data specification to be produced as part of the project and included in the information schedule
Data Quality Strengthen data quality requirements as specified in the Data Quality Improvement Plan (DQIP), ensuring comprehensive use of IDs, and all other critical data items (e.g. diagnosis) where required, to reduce data processing and maximise the ability to build pathway datasets and the ability to reconcile data as cost effectively as possible.	• All providers: To provide agreed Data Quality Improvement Plan as part of information schedule

Capacity and Demand Analysis To ensure joint working to analyse patient pathways and/ or forecasting /capacity and demand analysis across the system	• All Providers: To support joint analysis of demand and capacity