

# Better health for Sunderland

An overview of our aims and  
how we will achieve them.  
May 2013.





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Our vision is to achieve 'Better Health for Sunderland'. We aim to improve the health and well being of local people, so they live longer, with a better quality of life. We will do this by reducing the differences in health between people and communities, join up services better across health and social care - all underpinned by effective clinical decision making.



## Who we are

We, NHS Sunderland CCG (SCCG) are the new statutory body now responsible for planning, purchasing and monitoring the delivery and quality of most of the local NHS healthcare and health services for the people of Sunderland.

### In this document we aim to explain:

- ➔ Who we are
- ➔ Local needs and challenges
- ➔ Standards for better outcomes for patients
- ➔ Our ambitions for improving health services for Sunderland people and our focus for 2013/14
- ➔ How by putting patients at the centre and working with key partners, we can make sure we have the best local health services to improve the health of local people.
- ➔ How we will use our budget

### Our seven core values are:



## What are clinical commissioning groups?

Clinical commissioning groups (CCGs) are made up of doctors, nurses and other health professionals with management support.

All 53 GP practices in Sunderland are members of NHS Sunderland CCG - so in the most part we are practising family doctors, although we do have a range of other clinical professionals working with us. The members have elected six GPs to lead the CCG on their behalf, working as part of a wider Governing Body which includes lay members, senior managers, a hospital consultant and a senior nurse. The Governing Body and its formal committees are responsible for setting the strategy for health improvement in the city and ensuring the CCG delivers the improvements signalled in the strategy. In doing this we work very closely with other partners as members of Sunderland's Health and Wellbeing Board to improve the overall wellbeing of local people i.e. they experience good health supported by excellent health services.

## How will clinical commissioning be different? An NHS led by clinicians

As family doctors we are already close to you, our patients, as we see 90% of local people throughout the year. We are well placed to know what you think of the services you receive, what you need and how we can develop local health services to make them more responsive to what you need to stay well and improve your health.

As clinicians we are able to ensure that when planning, changing, buying and monitoring services that clinical best practice and evidence based medicine are at the front of any decisions made..

In Sunderland we are organised into five groups of Practices – we describe these as localities. These fit exactly with Sunderland City Council so we can encourage a more joined up response between health professionals and other professionals who are all working to keep people in the city well. The localities will also help us get views from the frontline staff and patients in the 53 GP practices.

## 53 practices 5 localities

Coalfield

Sunderland North

Sunderland East

Sunderland West

Washington



## Meeting the needs of local people

We serve a population of around 281,500 people in Sunderland, with an increase of 8,100 (3%) forecast over the next 20 years. Large increases are predicted in the elderly, and particularly the very elderly, populations which has significant implications for health care over the next five, ten and twenty years. Even if the general levels of health in these age groups continues to improve, the shape and structure of health services will need to change to meet the needs of this growing population.

### The big health challenges facing Sunderland are:

- ➔ More deaths than would be expected, particularly from heart disease, cancer and breathing problems
- ➔ Health which is generally worse than the rest of England and differences within and between wards and streets within Sunderland
- ➔ A growing population of elderly people with increased care needs and increasing prevalence of disease
- ➔ An over-reliance on hospital care
- ➔ Services which are not joined up for patients

We've identified the top six health needs for each of our localities and, with our partners, the top ten priorities to improve health and well being in Sunderland over the next 5 years.

We are directly responsible for commissioning the hospital, community and mental health services associated with these priorities – and we also have a significant role to play in all of these areas of health, both through our participation in the Health and Wellbeing Board with other key partners particularly the City Council, but also through our member GP practices. Whilst we are not responsible for buying the core services provided by GPs we do have a responsibility to contribute to improving the quality of primary care working with other commissioners. Our locality structure and the engagement of our member GP practices will be a key way to deliver these improvements.

### Health needs per locality

#### Coalfields

1. Breastfeeding / childhood obesity / adult obesity / exercise
2. Mental health and wellbeing
3. Smoking
4. Sexual health
5. Chronic Vascular Disease
6. Cancer

#### Sunderland North

1. Mental health and wellbeing
2. Alcohol consumption
3. Smoking
4. Sexual health
5. Cancer
6. Breastfeeding / childhood obesity / adult obesity

#### Sunderland East

1. Cancer
2. Smoking
3. CVD
4. Sexual health
5. Childhood immunisations
6. Unemployment

#### Sunderland West

1. Breastfeeding / childhood and adult obesity / exercise / mental health and wellbeing
2. Smoking
3. Sexual health
4. Childhood immunisations
5. Cancer
6. Alcohol consumption

#### Washington

1. Sexual health
2. Alcohol consumption
3. Breastfeeding / childhood obesity / adult obesity / exercise
4. Mental health and wellbeing
5. Smoking
6. Cancer

### Overall Health Priorities

1. Tackle worklessness
2. Improve educational attainment
3. Reduce overall smoking prevalence (all ages) and numbers of young people starting to smoke
4. Reduce levels of obesity
5. Reduce overall alcohol consumption and increase treatment services for those with problem drinking
6. Commission excellent services for cardiovascular disease including diabetes
7. Commission excellent services for cancer
8. Commission excellent services for COPD
9. Commission excellent services for mental health problems
10. Raise the expectation of being healthy for all individuals, families and communities and promote health seeking behaviours



## Standards for better outcomes for patients

The Government have outlined the standards for the NHS to achieve to secure better outcomes for patients. These standards are set out across five areas known as domains and we have used this framework to shape what we are striving to achieve for the people of Sunderland.

### Domain 1: Preventing people from dying prematurely

We will work with our partners to:

Develop and provide joined up health and social care to ensure earlier diagnosis  
Improve early management in the community (outside of hospital)  
Improve hospital services and treatment  
Prevent recurrence after admission to hospital

### Domain 2: Enhancing the quality of life for people with long-term conditions

We will work with our partners through the Health and Wellbeing Board to:

Provide person-centred joined up care for people with long-term conditions through improvements in primary care, community and hospital care  
Put patients in charge and having ownership of their care through personalised care plans and budgets and ensure coordination and continuity of their care

### Domain 3: Helping people to recover from episodes of ill health or following injury

We will work with our partners including neighbouring CCGs to:

Reduce avoidable admissions to hospitals  
Keep people out of hospitals if better care can be delivered in a different setting

Ensure effective joined-up working between primary and secondary care  
Deliver high quality and efficient hospital care and coordinate care and support post discharge  
Work with providers to invest savings in better re-ablement and post-discharge support

### Domain 4: Treating and caring for people in a safe environment and protecting them from avoidable harm

We will work with our partners to:

Significantly reduce incidents of C-Difficile infection in Sunderland  
Deliver zero tolerance to MRSA infection  
Use the National Quality Dashboard to identify potential safety failures in providers

### Domain 5: Ensuring people have a positive experience of care

We will work with our partners to:

Deliver rapid comparable feedback on the experience of patients and carers  
Build capacity and capability in providers and commissioners to act on patient feedback  
Assess the experience of people who receive care and treatment from a range of providers in a coordinated package

To achieve these outcomes, we have identified the key changes which will be our focus for delivery in 2013/14 which are outlined on our 'Plan on a Page' shown overleaf.

# SCCG - Plan on a Page 2012-17

Challenges	Vision	'How'	Domains	Outcome Aspirations	Transformational Changes 13/14	Cross Cutting Programmes		
Excess cancer & CVD deaths	<b>Better health for Sunderland</b>	Better integrated health and social care	Prevention, empowerment and resilience	Preventing People from dying prematurely	<ul style="list-style-type: none"> <li>MSK Programme (3)</li> <li>Consider the outcomes of the review of the Out of hours Palliative care service (2)</li> <li>Explore variation in outpatient referrals (2)</li> <li>Reduce procedures of limited clinical value (2)</li> <li>Review national guidance re: commissioning services for maternity and newborn (3)</li> </ul>	Encourage every practice to operate to agreed standards and pathways – working collaboratively with partners (e.g. QP)		
Health Inequalities					<ul style="list-style-type: none"> <li>Review of Endoscopy capacity (4)</li> <li>Practices to implement North East Cancer Network Pathways (4)</li> </ul>			
Growing elderly population					<ul style="list-style-type: none"> <li>Community nursing teams review (5)</li> <li>District nursing review (4)</li> <li>Improve self management including: Telehealth &amp; Psychological therapies (5)</li> <li>Carers Programme (5)</li> <li>Review acute pathways re: Length of Stay for diabetes (4)</li> </ul>			
Over reliance on hospital care					<ul style="list-style-type: none"> <li>Implementation of Rehabilitation pathways including Pulmonary rehab; Cardiac Rehab; Neurological rehab (4)</li> </ul>			
Fragmented healthcare					<ul style="list-style-type: none"> <li>Continue implementation of the Dementia strategy including:                             <ul style="list-style-type: none"> <li>Care in hospital / home</li> <li>Early diagnosis</li> <li>Anti-psychotic prescribing (5)</li> </ul> </li> </ul>			
Financial constraints					<ul style="list-style-type: none"> <li>Further development of primary care mental health services (5)</li> <li>Continued support to NTW PRIDE Project delivering new build and reconfigured inpatient environments at Monkwearmouth in 2013 and Ryhope in 2014 (2)</li> <li>Further development of children and young peoples mental health services (6)</li> <li>Implementation of Winterbourne recommended actions (5)</li> <li>Physical health checks for those with severe mental health and learning disabilities (4)</li> </ul>			
	Underpinned by effective clinical decision making	Seamless integrated pathways	Ensuring that people have a positive experience of care	Enhancing quality of life for people with long term conditions	<ul style="list-style-type: none"> <li>Reduce unplanned hospitalisation for chronic ambulatory care sensitive conditions;</li> <li>Increase the number of people with COPD and Medical Research Council (MRC) Dyspnoea Scale <math>\geq 3</math> referred to a pulmonary rehab programme</li> </ul>	Enablers: Evidence based approach, Contract Management, Joint Commissioning, Performance Management, Enhanced Services, Research & Development		
	Improve the health and wellbeing of all local people				Clinical relationships & increased standardisation		Helping people recover from episodes of ill health or following injury	<ul style="list-style-type: none"> <li>Improve the Diagnosis rate for people with Dementia</li> </ul>
								<ul style="list-style-type: none"> <li>Reduce emergency admissions for acute conditions that should not usually require hospital admission;</li> <li>Ensure achievement of A&amp;E 4 hr waits</li> <li>Ensure timely ambulance handovers</li> </ul>
								<ul style="list-style-type: none"> <li>Further development of children and young peoples mental health services (6)</li> <li>Continued support to NTW PRIDE Project delivering new build and reconfigured inpatient environments at Monkwearmouth in 2013 and Ryhope in 2014 (2)</li> <li>Further development of children and young peoples mental health services (6)</li> <li>Implementation of Winterbourne recommended actions (5)</li> <li>Physical health checks for those with severe mental health and learning disabilities (4)</li> </ul>
								<ul style="list-style-type: none"> <li>Development of a range of ambulatory care pathways (6)</li> <li>Implement review of MIU Urgent care integrated service (6)</li> <li>Explore innovative options for same day access to GP services (6)</li> <li>Implementation of Mental Health Liaison within A&amp;E (6)</li> <li>Continued CCG Leadership of whole system Model of Care Programme including Support in the Community &amp; Urgent Crisis (2)</li> <li>Review GP Out of Hours service and re-procure (3)</li> </ul>
								<ul style="list-style-type: none"> <li>Care Homes Programme (bringing together care home initiatives across Mental Health, Long term conditions, urgent care etc) (7)</li> <li>Continue implementation of models for Integrated community teams (2)</li> <li>Development of Intermediate care hub including intermediate care hub, admission avoidance &amp; early supported discharge (4)</li> </ul>
		<ul style="list-style-type: none"> <li>Care Homes Programme (Education of Care Homes staff) (7)</li> <li>Monitoring of prescribing antibiotics (1)</li> </ul>						
				Treating and caring for people in a safe environment, protecting them from avoidable harm	<ul style="list-style-type: none"> <li>Reduce incidence of HCAI – Cdiff and MRSA</li> </ul>	Quality, Patient Safety, Safeguarding		
				<ul style="list-style-type: none"> <li>Reduce prescribing costs per Astro PU</li> </ul>				
				<ul style="list-style-type: none"> <li>Increase repeat dispensing as a% of all items prescribed</li> <li>Maximise medicines optimisation in collaboration with Community pharmacy (3)</li> <li>Improve Prescribing for vulnerable patients (5)</li> <li>Implement prescribing guidelines re: Primary care (4)</li> <li>Mobilisation of new medicines management programme (3)</li> <li>Deliver 4 work programmes re ASTRO PU (2)</li> </ul>				

NB: Please note a number of these initiatives will impact on more than one outcome, the numbers in brackets show the number of outcome measures each initiative will impact upon.

## An NHS centred around patients

Being patient centred is one of our 7 core values. This really means 'no decision about me, without me' for patients and their own care. The same goes for the design of health and social care services. We are making sure we have effective ways to always involve patients and the public when identifying their needs, the plans we develop to meet these needs and evaluating whether services are meeting them.

Already the majority of GP practices in Sunderland have their own patient groups and these are forming into 5 locality patient groups to provide information about need, the responsiveness of current services and what needs to change.

We proactively engage with the wide range of local partners including local authorities, business community, community and voluntary sector and clinicians to ensure both our short and long term plans reflect local need and that partners play a key role in change for local people.

We regularly seek the views and opinions of local people, patients, voluntary and support groups about the services we provide through a wide range of activities including surveys, focus groups, formal consultations and events.

We also hold a Local Engagement Board every 2 to 3 months which anyone is welcome to attend and is advertised in the local press. These now meet in the localities to update on key developments and seek views about proposals.



We are in the process of developing relationships with Healthwatch, the new local independent body, required by law to ensure the views and experience of people who use health and social care services are heard and taken seriously by statutory bodies such as Sunderland CCG.

Sunderland CCG are a key partner of the Sunderland Health and Well Being Board and are represented at the board by our Clinical Chair, Chief Officer and a GP Executive member. Healthwatch are also a key member of the Board.

We also plan to act upon feedback from the newly introduced Friends and Family Test in hospitals and will be able to demonstrate the action we have taken from this feedback including plans to work with providers on further roll out from 2014/15.

We review feedback on patient experience from a wide variety of sources, especially that feedback collected via our providers and this forms part of our assessment of the quality of those services and is used in contract meetings with those providers to ensure a focus on safety, good patient experience and effective services.

We are looking at using new technologies and communication methods such as Facebook to reach all parts of our society to listen to what is important to them in improving local health services.



## Annual budget and how we spend your money

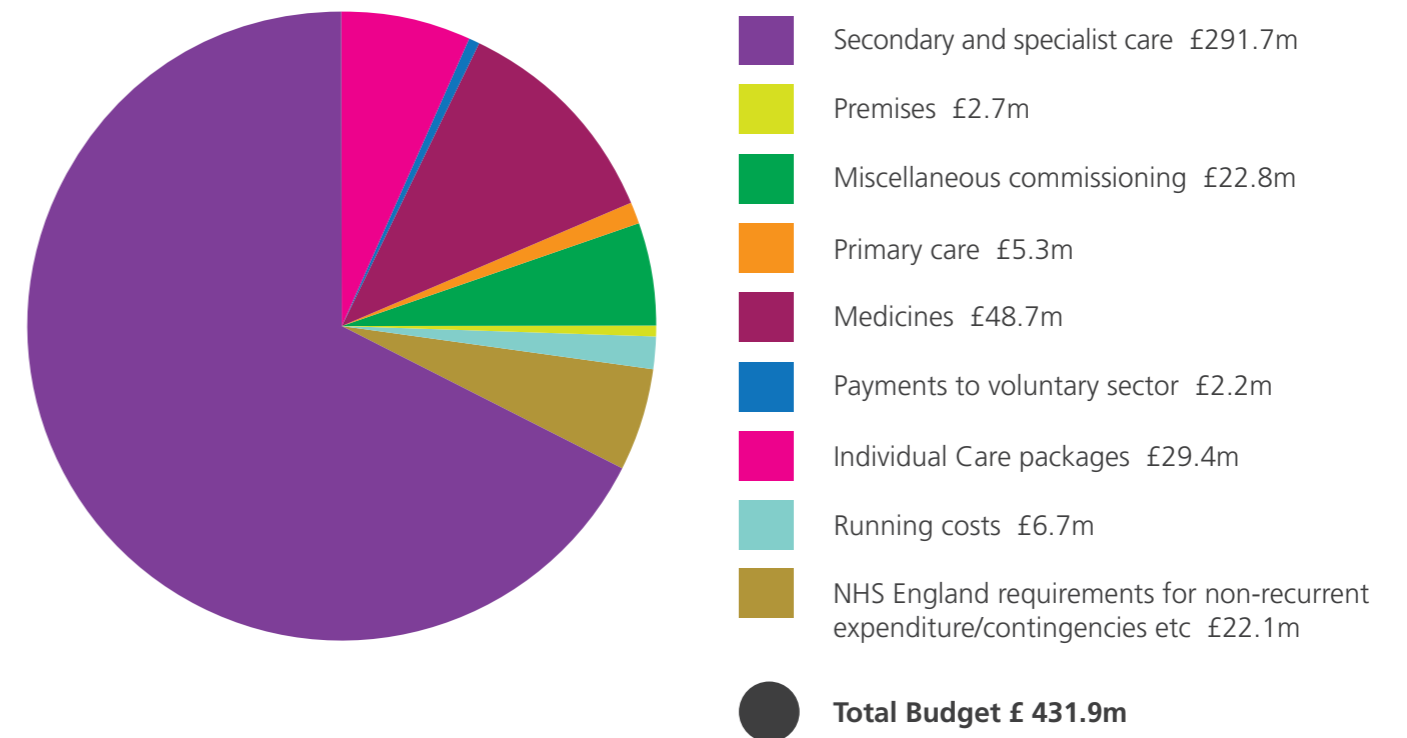
We want you to help us with your views. To find out more about NHS Sunderland CCG, including ways to get involved, please visit [www.sunderlandccg.nhs.uk](http://www.sunderlandccg.nhs.uk)

Or write to us at:

David Gallagher  
 Chief Officer  
 Sunderland Clinical Commissioning Group  
 Pemberton House  
 Colima Avenue  
 Sunderland  
 SR5 3XB

Tel: 0191 529 7000

We have been allocated a budget of £431.9m for 2013/14. The table below outlines how we will spend this money in order to improve health outcomes for the people of Sunderland:



## Governing body

The Governing body membership is set out below with statutory members noted with an asterisk:



**Dr Ian Pattison\***  
Clinical Chair (elected GP)



**David Gallagher\***  
Chief Officer



**Dr Geoff Stephenson**  
Medical Director



**Dr Jackie Gillespie\***  
(elected GP)



**Dr Valerie Taylor\***  
(elected GP)



**Gloria Middleton**  
Practice Manager  
representative



**Debbie Burnicle**  
Director of Commissioning,  
Planning and Reform



**Chris Macklin\***  
Chief Finance Officer



**Ann Fox\***  
Director of Nursing, Quality  
and Safety



**Aileen Sullivan\***  
Lay member, Public Patient  
Involvement (PPI)



**Pat Taylor\***  
Lay member, vice chair and  
chair of the audit committee



**Prof. Mike Bramble\***  
Secondary Care Clinician



**Dr Iain Gilmour\***  
Clinical Vice Chair  
(elected GP)



**Dr Gerry McBride\***  
(elected GP)



**Dr Henry Choi\***  
(elected GP)



**Neil Reverly**  
Executive Director of Health,  
Housing and Adult Care,  
Sunderland City Council



**Nonnie Crawford**  
Director of Public Health,  
Sunderland City Council

# NHS Sunderland achievements to date...

## Urgent care

We've established strong links between the reform of the Urgent Care system and the reform chronic obstructive pulmonary disease (COPD) pathway reform in order to reduce emergency admissions, readmissions and the length of hospital stay through the development of a greater preventative integrated approach.

We've introduced a standard emergency assessment proforma for GPs to use before sending a patient to secondary care for assessment or admission. This includes an Early Warning Score (EWS) to increase GP awareness of any alternative services which could be used to manage the patient in the community so that the patient receives the right care in the right place at the right time.

We've implemented a community based cellulitis pathway to allow suitable patients who require intravenous (IV) antibiotics to be treated in the community instead of triggering a hospital admission together with a protocol using a specific IV antibiotic drug.

We've prioritised funding to implement a community based anticoagulation initiation and monitoring service and rolled out a software tool which identifies patients with Atrial Fibrillation who are suitable for anticoagulation to all practices with appropriate training to ensure patients are identified and treatment commenced for those at risk of stroke.

## Chronic obstructive pulmonary disease (COPD)

All practices have reviewed their palliative care registers and completed an audit for these patients; education session delivered to practices focusing on the prognostic indicator guidance and when COPD should be considered for the palliative register.

We've established a COPD Improvement Group to look at quality of care across the whole health care system. Key actions include:  
Signed a joint working agreement with the pharmaceutical company GSK to support implementation of project plan  
All practices are developing individual action plans, with the aim of reducing variation in the quality of care provided.

We've appointed a GP prescribing lead to support the implementation of a Prescribing Incentive Scheme to support practices in achieving quality improvements and deliver quality improvement as well as financial savings.

We are enabling pharmacists to undertake medicines reviews within care homes to reduce prescribing errors.

## Prescribing

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[www.sunderlandccg.nhs.uk](http://www.sunderlandccg.nhs.uk)

