

NHS Harlow CCG Prospectus 2013/14

Welcome to NHS Harlow Clinical Commissioning Group

Welcome to the first prospectus for NHS Harlow Clinical Commissioning Group (CCG). There have been a lot of changes in the NHS over the past year. This prospectus is a short guide explaining what Harlow CCG is and setting out our ambitions for Harlow's local health services in 2013/14.

The CCG is an NHS organisation made up of local member GP practices and led by GP Clinical Directors. We are responsible for the planning and design of many of the health services across the borough. This includes planned and emergency hospital care, rehabilitation, community services (e.g. District Nursing), and mental health and learning disability services. We monitor services commissioned on your behalf from hospitals and other local providers, and prioritise quality while working within a tight budget.

The CCG is led by clinicians who see patients every day, and who appreciate the needs of the local community and the impact that services have on patients' health. We're different to previous organisations because we are made up of local GPs and health professionals, and are therefore best placed to know the right services for our area.

NHS Harlow CCG serves a population of 239,100 people (according to the [2011 Census](#)), and manages an annual net expenditure budget in 2013/14 of £252m. We cover 35 GP practices, which are organised into a network of six peer groups. These are arranged on a geographical basis and allow practitioners in their respective peer group to meet as GP commissioners and collectively develop new ways of commissioning services.

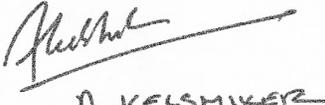
Our overarching NHS Harlow CCG priority is to improve the health and wellbeing of the local residents of Harlow by commissioning a sustainable model of high quality health care within the resources we have available. Our key priorities for this year include to:

- Implement recommendations from the [Francis](#) and [Winterbourne](#) reviews, including that as far as possible care for people with a learning disability is delivered locally and that people remain supported within their own community.
- Embed patient experience more firmly to ensure that patients are at the heart of all that Harlow CCG does. This will include implementing the NHS Friends and Family test, providing all patients the opportunity to provide timely feedback about their visit to A&E or a hospital ward.
- Manage resources effectively.

To achieve these and other priorities, we will work closely with a number of partners, including Harrow Council, North West London Hospitals Trust (NWLHT), Ealing Hospital NHS Trust (Ealing ICO), Central North West London NHS Foundation Trust (CNWL), and many community and voluntary organisations. We are members of the Harrow Health and Wellbeing Board (HWB), which enables us to work with the Local Authority to tackle the health and social care needs of our population.

Equally important is that we work with you – the public and patients – to ensure we are providing services that meet your needs. Patient involvement is at the centre of our planning and monitoring of service delivery. There are many ways you can get involved, and you will find more information on how to do so in this prospectus.

On behalf of Harrow CCG, we look forward to working with you to improve health services for everyone in Harrow.



A. KELSHIKER

Dr Amol Kelshiker, Chair, Harrow CCG



1 Our promise to you

We appreciate that planning and designing the health services for the people of Harrow is an important and responsible role, and that we have been entrusted with a large amount of public money to commission these health services. We promise to put high quality and safe care at the centre of our decision-making.

We believe that patients want to receive **health care which is right the first time, in hospital when this is appropriate, but closer to their home when possible.**

We want to ensure our patients have timely and equitable access to primary, community and secondary care services. We will listen to our patients and what they tell us about the health care they receive.

Our aim is for all of the Harrow population to aspire to the same healthy life expectancy across Harrow.

We appreciate, however, that this is a time of financial austerity, and that this means we must ensure we spend money in the most efficient way. We also know we will have to make difficult decisions. We won't shy away from these difficult decisions, but will make our plans after consultation with our partners in health and in the Local Authority, and with participation from our patients.

We will work in partnership with the London Borough of Harrow, including our joint participation at the Health and Wellbeing Board (HWB) together with HealthWatch and other representatives, to shape the health priorities of Harrow over the next five years.

We believe our strength is that we work as a cohesive group that incorporates all the Harrow general practices.

We acknowledge that this is the start of our journey, but as we develop and grow we will continue to maintain our strong cohesive group of member GP practices.

To help us deliver our promise we will:

- **Work in partnership** with you and our health and social care partners;
- Demonstrate the principles of **good governance**; and
- **Make informed and transparent decisions** that can be upheld with respect to probity.

2 How we work

The NHS Harrow CCG team includes both GP Clinical Directors and management leads, allowing us to use the talents and knowledge of both local clinicians and a team experienced in the management of health care.

We appreciate that Harrow is part of a larger health economy in North West London. Therefore, we work as part of a federation with Brent, Ealing, and Hillingdon CCGs (BEHH), enabling us to work together with the hospitals and community services we share, and to share some staff, including our Chief Accountable Officer and Chief Financial Officer.

We also work with CCGs in inner North West London on wider scale strategic change.

We are accountable to member GP practices, NHS England (a new national organisation), and to our patient population.

All major decisions about the healthcare services the CCG commissions for Harrow are agreed by our Governing Body, which meets bi-monthly in public. The

Governing Body is composed of GPs (Clinical Directors), a senior nurse, a secondary care doctor, lay members, a Chief Officer and a Chief Financial Officer, and is chaired by our CCG Chair, Dr. Amol Kelshiker.

Board papers are posted on our website five days before each meeting, and members of the public are invited to take part in a question and answer session at every meeting.

More information on our Governing Body and papers for the Governing Body meetings can be found on our website at www.harrowccg.nhs.uk.

As of April 2013, a number of other changes have taken place in the NHS, including:

- **The establishment of the national organisation, NHS England:** NHS England oversees the performance of CCGs, as well as commissioning GP services (including acting on complaints against GPs), pharmacy, opticians and dentists, and other specialised services. NHS England acts on complaints against GPs. Harrow CCG itself therefore no longer commissions GP services or some specialised services, e.g. inpatient child mental health units.
- **The transfer of Public Health responsibilities to local authorities:** Harrow Council now leads the work of the local Public Health team. A national body, Public Health England, has been established to protect and improve the nation's health and wellbeing, and to reduce health inequalities.

For further details about these and other changes in the health system see www.england.nhs.uk.

3 Health trends in Harrow

The Harrow population is one of the most diverse in England, with established Gujarati and Irish communities and more recently Asian, African and Eastern European communities.

There is a predicted increase in Harrow's population growth over the next 10-15 years, particularly amongst the 0-15 age group and the over 65s, but with a reduction in growth seen for those in the 15-44 age groups.

Life expectancy within the Borough, at 81.2 for men and 84.6 for women, is better than that of England as a whole. However, there are marked geographical inequalities. Women in Pinner South can expect to live more than 10 years longer than women in Wealdstone. Men in West Harrow can expect to live for five and a half years longer than men in Greenhill ward.

Almost 80% of deaths are from three causes:

- **Circulatory disease:** mostly heart disease and stroke;
- **Cancer:** with the highest being breast, lung, prostate and bowel cancers; and
- **Respiratory disease:** mostly chronic airways disease and pneumonia.

However, we also know that other conditions are important to the health of the people of Harrow, including:

- **Child health:** we have an increasing population of under 5's, and in our under-18-year-olds, 15% are clinically obese and 10% experience mental health problems.
- **Diabetes,** which is closely linked to cardiovascular disease, is more common in Harrow than in England as a whole, due mainly to the higher prevalence in South Asian communities.
Mental Health: one in four people will have a mental health problem at some point in their life.
- **Dementia:** the risk of dementia increases with age. Harrow is estimated to have almost 2,500 cases of dementia in people over 65, but we recognise that dementia is currently under diagnosed in Harrow.

For further details about Harrow's population health, please see Harrow's [Joint Strategic Needs Assessment \(JSNA\)](#), which was developed in partnership with the Local Authority and other stakeholders.

4 NHS Harrow CCG priorities for 2013/14

In order to deliver our promise and to address Harrow's health needs, we have set the following eight key priorities for 2013/14.

4.1 Improve the health and wellbeing of the residents of Harrow, in line with commissioning plans

Detailed commissioning plans have been developed for all areas of health service delivery for which Harrow CCG is responsible. In 2013/14 we will:

- Work with NHS England and NW London to develop a Primary Care Strategy, including agreed standards for access to primary care services.
- Implement the [Joint Health and Wellbeing Strategy for Harrow](#) with the Local Authority, Public Health and other stakeholders through Harrow's new Health and Wellbeing Board (HWB).
- Ensure effective arrangements for emergency preparedness.
- Work towards the delivery of truly integrated care, in partnership with the Local Authority, acute trusts, community providers and primary care.

4.2 Engage patients and the public in decision- making

We recognise that in order to provide an efficient and effective service for Harrow's population, we must ensure that patients and public engagement plays a central role in the commissioning process. This year we will:

- Implement the CCG's *Equality, Diversity and Human Rights Strategy and Action Plan*, and the CCG's *Communication and Engagement Strategy*.

- Assist each GP practice to develop an active Patient Reference Group.
- Develop plans within GP practices to engage consistently with Carers.
- Engage with the voluntary sector via their presence on core Harrow Committees.
- Engage with Harrow Healthwatch (the new champion for everyone who uses local health and social care services) to explore, develop and improve use of the role of the patient.

4.3 Manage resources effectively

NHS Harrow CCG has inherited an underlying financial deficit position. In 2013/14 we will:

- Deliver our agreed 2013/14 financial plan.
- Review our medium-term financial recovery plan.
- Support member GP practices to maintain effective budgetary control of their delegated commissioning budgets.
- Implement our investment programme, including:
 - **Improving Access to Psychological Therapies (IAPT):** the CCG is investing to improve access to IAPT services.
 - **Dementia diagnosis and care:** the CCG is investing to improve access to Memory Assessment Services, which will support improved diagnosis and care for dementia patients.

4.4 Implement our Out of Hospital Strategy

Harrow's [Out of Hospital Strategy](#) sets out how NHS Harrow CCG will deliver better care for people, closer to home. Implementing our Out of Hospital Strategy is fundamental to the delivery of North West London's *Shaping a Healthier Future* (SaHF) programme, which has developed a vision for the future of health service delivery in NWL (see section 6 for further details).

Key steps for implementing our local Out of Hospital Strategy this year will be:

- Expand GP-led case management of patients across four pathways: older people, diabetes, chronic airways disease, and heart failure.
- Improve access to high quality and responsive primary care, in collaboration with NHS England (the lead commissioners of GP services).
- Ensure clear, standard, cost-effective and clinically effective pathways are in place for patients requiring Planned Care.
- Ensure an effective and integrated response to urgent health problems across Harrow, including NHS 111.
- Work with partners, including the Local Authority, to ensure patients spend the appropriate time in hospital.

- Develop our Mental Health Strategy for implementation in 2014/15, including shifting some care from inpatient to community and primary care settings.

4.5 Develop robust and collaborative commissioning processes

This year we will:

- Develop and implement Harrow CCG's Organisational Development plan.
- Strengthen commissioning processes, ensuring that NHS Harrow CCG effectively monitors and enforces contractual obligations, and achieves value for money.
- Work with other NW London CCGs and local providers to the mutual benefit of our patients.
- Work with Harrow Council on agreed areas of joint commissioning, including dementia and children's services.
- Work with Public Health to improve health outcomes.

4.6 Improve performance against priority targets

NHS Harrow CCG seeks to continually improve our performance against key quality, safety, and patient experience measures, including the requirements set out within the [NHS Constitution](#) and the [NHS Outcomes Framework](#).

While we have historically performed well in some areas, such as preventing people under 75 from dying prematurely of cardiovascular, respiratory or liver disease, there are other areas where we are determined to make progress in 2013/14. These areas include:

- Accident & Emergency (A&E) waiting times;
- 18 weeks maximum wait for planned treatment, e.g. non-emergency surgery;
- Patient experience across primary, secondary, community and mental health services;
- Ensuring pregnant women access antenatal services before the thirteenth week of pregnancy; and
- Ensuring that over 90% of all children who are looked after by the Local Authority have an effective health assessment when they are first brought into care.

4.7 Ensure people have a positive experience of care

Improving patient experience is major priority for NHS Harrow CCG. We will:

- Embed patient experience more firmly and use more innovative techniques to ensure that patients are at the heart of all that Harrow CCG does.
- Work with NHS England to develop plans to:
 - Improve patients' experience of GP services; and

- Improve patient satisfaction with the GP Out of Hours service.
- Implement and monitor the outcomes of the Friends and Family test (which will provide all patients the opportunity to provide timely feedback about their visit to A&E or a hospital ward).
- Work with North West London Hospitals NHS Trust and other partners to eliminate mixed sex accommodation and improve maternity care.

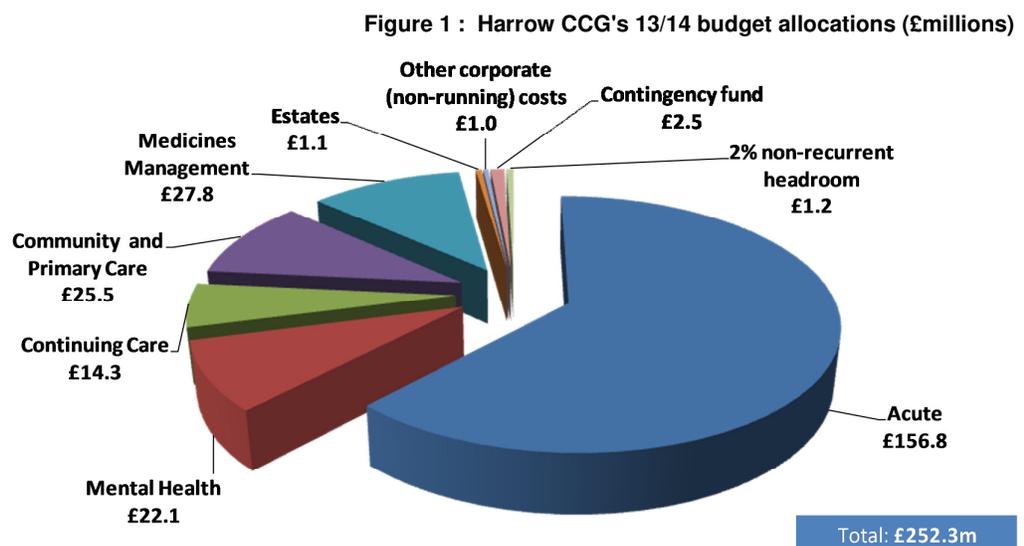
4.8 Improve the quality and safety of the treatment and care provided to patients

Patient safety is paramount in every decision we make about local health care. In addition to the other priorities and plans described above, many of which will also support quality improvement and patient safety, we will:

- Safeguard adults and children, and promote their welfare through effective safeguarding arrangements.
- Implement recommendations from the [Francis](#) and [Winterbourne](#) reviews, including that as far as possible care for people with a learning disability is delivered locally and that people remain supported within their own community.
- Work with our providers to reduce the number of Healthcare Acquired Infections (e.g. MRSA) and serious incidents.

5 How we will spend your money

In order to pursue the priorities described above, the following budgets have been agreed for the different services we commission for 2013/14:



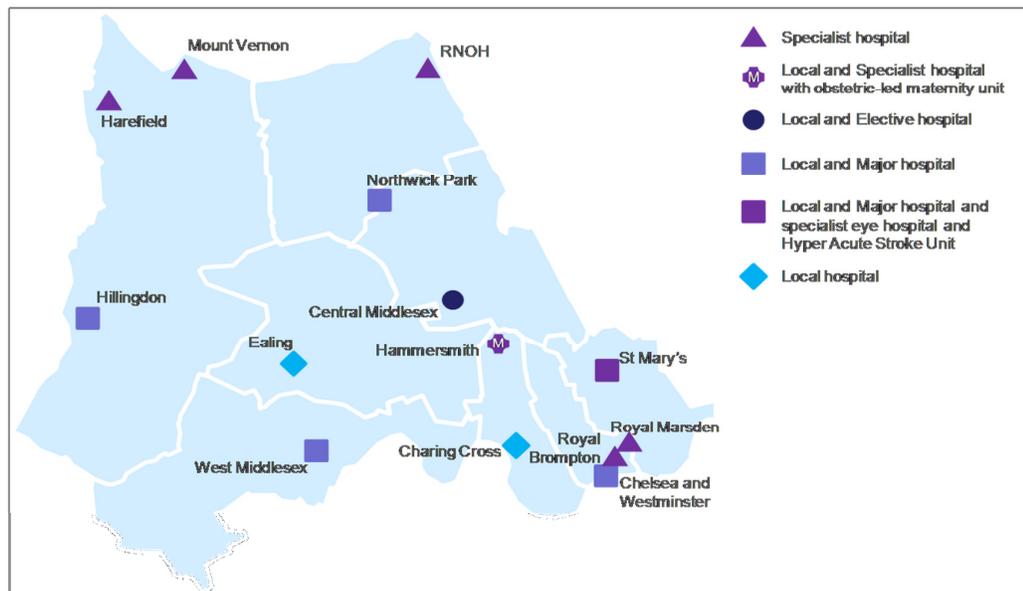
Harrow has agreed annual net expenditure budget in 2013/14 of £252.3m. However, against its funding allocation of £242m, the CCG has not been able to produce a balanced plan. On the 7th May 2013, the Governing Body reviewed and approved the initial budgets of £252.3m and the financial plan presented of a £10.4m deficit. Discussions are ongoing with NHS England regarding the financial plan for 2013/14.

On the 7th May 2013 the Governing Body also approved the running cost budget of £5.73m, equal to the CCG's running cost allowance funding.

6 Shaping a Healthier Future

We are making major changes to the way services are provided in hospital and other care settings in North West London. In collaboration with other local CCGs, we are leading the implementation of the decisions taken in February 2013 to change the hospital configuration in North West London. These changes will concentrate specialist hospital services into fewer sites allowing us to provide more senior consultant expertise more of the time at those sites, leading to better results and safer services for our area's two million patients. As part of these changes the NHS in North West London will also be investing more than £190 million in improving the care provided in community settings. The changes will take place over the next five years. These plans are set out in full at: www.healthiernorthwestlondon.co.uk.

Figure 2 : Future map of hospitals in NW London



7 How patients and the public can get involved

There are many ways you can get involved with Harrow CCG, from sharing your views in consultations and focus groups, to attending or submitting questions to our bi-monthly Governing Board Meeting.

To learn of the different ways you can get involved please:

Visit: www.harrowccg.nhs.uk

E-mail: harrow.ccg@nhs.net

7.1 Contact details and complaints

NHS Harrow CCG recognises that every person's experience counts and that suggestions and complaints provide valuable insight into services. We use this feedback and the results of investigations to ensure that key issues are addressed.

If you have a comment or complaint about a GP, dentist, pharmacy or optician that you are unable to resolve you can contact NHS England at:

- Address: NHS England, PO Box 16738, Redditch, B97 9PT
- Tel: 030 0311 2233 E-mail: england.contactus@nhs.net

If you have a comment or complaint regarding commissioning or funding requests for treatment you can contact Harrow CCG as follows:

- Address: BEHH Clinical Commissioning Groups, Wembley Centre for Health & Care, 116 Chaplin Road, Wembley, Middlesex HA0 4UZ
- Tel: 020 8795 6459/6771 E-mail: BEHH.complaints@nhs.net

7.2 Healthwatch Harrow

Healthwatch is the new champion for everyone who uses local health and social care services. It helps get people's views heard in order to ensure that services are designed around the needs of people who use them.

Healthwatch listens to what people say and uses this information to help shape health and social care services. It will help you to share your views about local health and social care services and build a picture of where services are doing well and where they can be improved.

Healthwatch Harrow will also provide you with information about local health and care services, including how to access them and what to do when things go wrong. It will help refer people to an independent person who can support them in making a complaint about NHS services.

Tel: 020 3432 2889

E-mail: info@healthwatchharrow.co.uk

8 Conclusion

As this prospectus explains, significant changes have been introduced across England's health system, including a number of new organisations and changes to some commissioning responsibilities. NHS Harrow CCG faces the particular challenge of seeking to improve the health and wellbeing of the local residents of Harrow while addressing financial pressures. However, the Harrow CCG team is passionately committed to pursuing the priorities and objectives set out in this prospectus. We look forward to working closely with our providers, partners, patients and the public to achieve them.

9 Glossary

- A&E: Accident & Emergency
- CCG: Clinical Commissioning Group
- CNWL: Central North West London NHS Foundation Trust
- Ealing ICO: Ealing Hospital NHS Trust
- GB: Governing Body
- GP: General Practitioner
- HWB: Health and Wellbeing Board
- IAPT: Improving Access to Psychological Therapies
- JSNA: *Joint Strategic Needs Assessment*
- NWL: North West London
- NWLHT: North West London Hospitals Trust
- SAHF: *Shaping a Healthier Future*