



The Strategy for Derbyshire and Nottinghamshire Directly Commissioned Services Draft for Discussion

February 2014



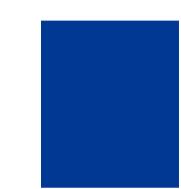
Derbyshire and Nottinghamshire Area Team













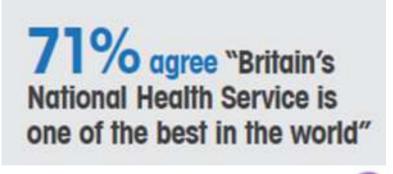
Call to Action

- A Call to Action, requires each Clinical Commissioning Group (CCG) and NHS England to engage with the public, health and wellbeing boards and other stakeholders to explain the challenges ahead, and develop a 5 year commissioning plan
- NHS England is required to produce plans for the areas that are directly commissioned, these are
 - Primary care: including General Practice, pharmacy, optometry and dentistry (including secondary care dental)
 - Public Health: this includes immunisation and screening programmes, public health services for offenders in custody, sexual assault referral centres, services for children aged 0-5 years and child health information systems
- The Derbyshire and Nottinghamshire Area Team commission Armed Forces and Health and Justice services for a number of other Area Teams
- **2** Other Area Teams commission specialised services



Today

- Today:
 - The NHS treats 1,000,000 people every 36 hours
 - Between 1948 and 2010, life expectancy in England for men increased by 13 years to 79
 - 88% of patients in the UK described the quality of care they received as excellent or very good



Differently



What does my healthcare feel like today...?

"I want to go, home I don't like hospitals can you come and see me at home?"



"I'm really worried about my tests results but never seem to get to be able to see my Dr"



We could help this patient without them going to see their GP" "I wish I could have spent more time with that patient"

"Why do I have to give my details every time I see another



"If only I could have got this test done on Saturday"

> "I wish I could spend time helping patients look after themselves more"



"I don't want to go to the Dr - it would be great if he could Face Time me



Our approach is co-production

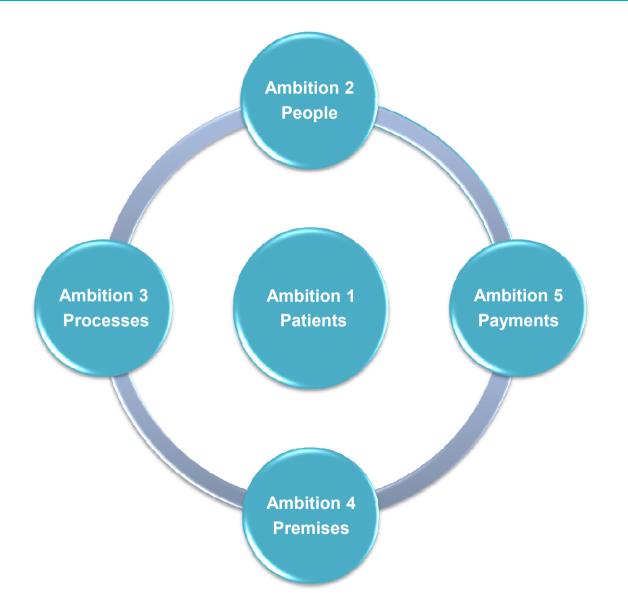
Our key stakeholders include:

- Patients
- Clinicians
- Practices
- Pharmacies
- Dental and optometry practices
- Acute and mental health providers

Our key partners include:

- CCGs
- Public Health England
- Local Authorities
- Local Professional Networks
- Health and Wellbeing Boards
- Professional committee
 representatives
- Local Education and Training Committees
- National Offender Management Service
- Police
- Prison Governors
- Military of Justice
- Military of Defence

The building blocks of our strategy



Mission and Aims

OUR MISSION

HIGH QUALITY CARE FOR ALL

OUR AIM

TO PROVIDE THE RIGHT CARE, IN THE RIGHT PLACE, AT THE RIGHT TIME

WHAT DO WE MEAN BY HIGH QUALITY CARE?

- Clinically effective, reduce premature mortality
- Enhance quality of life
- Good patient experience of care
- Help to recover from ill health
- Treated in a safe environment
- Protected from avoidable harm

HOW ARE WE GOING TO DELIVER HIGH QUALITY CARE?

- Personal health plans
- Better access
- Co-produced services
- More time with GP for long term conditions
- Named lead clinician
- Transparent and timely reporting
- Better access to hard to reach groups
- Appraisals and workforce plans
- Training for frontline staff
- Joint education and training
- Support for CCGs and LPNs
- Deep dive reviews
- Collaboration with providers
- Promote role of PODs
- Share and diffuse best practice
- Improved and shared IT

Public Health Services



Context

- Public health plan aligned to S7A
- S7A mandates services must be commissioned

Vision

We maintain a shared commitment to protect and improve the public's health (S7A agreement)

Objectives

- Ensure effective commissioning
- Reduce local variation of delivery
- Drive continuous improvement
- Optimise opportunities to reduce health inequalities, improve health and best use of resources
- Seek views of service users, parents, carers

Armed Forces Health



Vision

High quality and safe care in accordance with NHS Constitution and Forces covenant

- No disadvantage
- Proper return for sacrifice

Objectives

- Reflect partnerships needed
- Work with MoD
- Work with CCGs and HWB boards to support veterans, families, reservists
- Wounded, injured and sick transition from serving to veteran
- Armed forces network

Health & Justice



Local Population

- 5 prisons
- Secure children's home
- Ex offenders

Objective 1

- Equity of access
- Parity of provision
- Robust and meaningful engagement

Robust Governance &

measures

- Prison governors health forum
- Strengthened relations with:
- HWB,
- Patient satisfaction
- Improved outcomes
- Refined pathways

Objective 2

- Partnership working quality, safety, value
- Implementing changing legislation
- Social Care Bill

Objective 3

- Supporting innovation
- Clear and shared / agreed outcomes measures



March 2014

• Engage and refine our strategy working with CCGs

4 April

• Submit our draft strategy with 1-2 year operational plans

20 June

• Submit our final strategy with five year operational plan

February – June 2014

- Input to wider health economy/footprint strategy
- Communication and engagement with patients and the public and all stakeholders

June 2014 onwards

- Continued engagement
- Transparent reporting on progress



Recommendation

- 1. Please note the range of NHS England commissioning responsibilities
- Please can you consider the vision and objectives for primary care and complete the questionnaire. Please return the questionnaire by 27 March 2014 to Jennie Birch (details on the questionnaire)

If you would like more information on all our plans and to request a full version of the draft primary care strategy, please email Jennie Birch on jennie.birch@nhs.net or telephone 0113 8255490

Thank you.

What does my healthcare feel like now...? (2018/19)

