



South Worcestershire Commissioning Consortium Business Plan 2011/12

Elbury Moor Medical Centre
Fairfield Close
Worcester
WR4 9TX
01905 681404

South Worcestershire Commissioning Consortium Business Plan 2011/12

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1.0 Foreword

The White Paper reforms have placed GPs at the forefront of improving healthcare commissioning and in South Worcestershire we are excited at the prospect of having greater influence over health services in our area.

It is not just GPs who should be informing the debate but all healthcare professionals, patients and carers. We all have a vital role in influencing the delivery of health services and working in partnership with provider organisations, partners, stakeholders and our local communities is something that we will place great emphasis upon. We have an exciting opportunity over the next few years to involve all such groups and build upon existing models of excellence to develop innovative ways of delivering healthcare, both in a primary and secondary setting.

This Business Plan aims to set the scene for our evolving new organisation and to explain some things that we have already identified as being

important to us. Developing the information contained within this document will enable us to think carefully about how we are going to go about our new role and for us to select some priorities that we can initially focus our attention upon. My aim will be to build on these in the future by working closely with colleagues and our communities.

The financial constraints that we face will require a mature collaborative approach from all organizations be they health, the Local Authorities or the voluntary sector and only through such an approach will we deliver the service improvements in terms of quality and efficiency that we are required to achieve.



Dr Carl Ellson
Chair
South Worcestershire Commissioning Consortium

2.0 Introduction

2.1 How we came together

In South Worcestershire, small groups of practices came together as early as 2006 to take on new commissioning responsibilities promoted through the government policy of 'practice based commissioning'.

Over time, these groups recognized the need to form into a larger, more robust structure and in January 2008, South Worcestershire Commissioning Cluster (SWCC) was formed, initially with 19 practices.

Today, we are an organization encompassing 31 practices stretching right across south Worcestershire with a population of 287,154. We have a budget of £293 million to commission

hospital and community services and a management budget of £1,005,000 to run the consortium. The change of term from 'cluster' to 'consortium' on the 1st October 2010, marked our establishment as a formal sub-committee of NHS Worcestershire. By April 2013, we will be a statutory organisation in our own right.

We are the largest of the three Worcestershire Consortia and one of the largest in the West Midlands. Our size offers the potential for bargaining power with our providers and management efficiencies as well as the challenge of maintaining the culture of active involvement of all our practices with which we pride ourselves.

South Worcestershire Commissioning Consortium: key facts

287,154

Will inherit responsibility for commissioning health services for a total population of 287,154

£1.005 million

Management budget £1.005 million for 2011/12

31 GP Practices

There are 31 GP Practices within the Consortium

£295 million

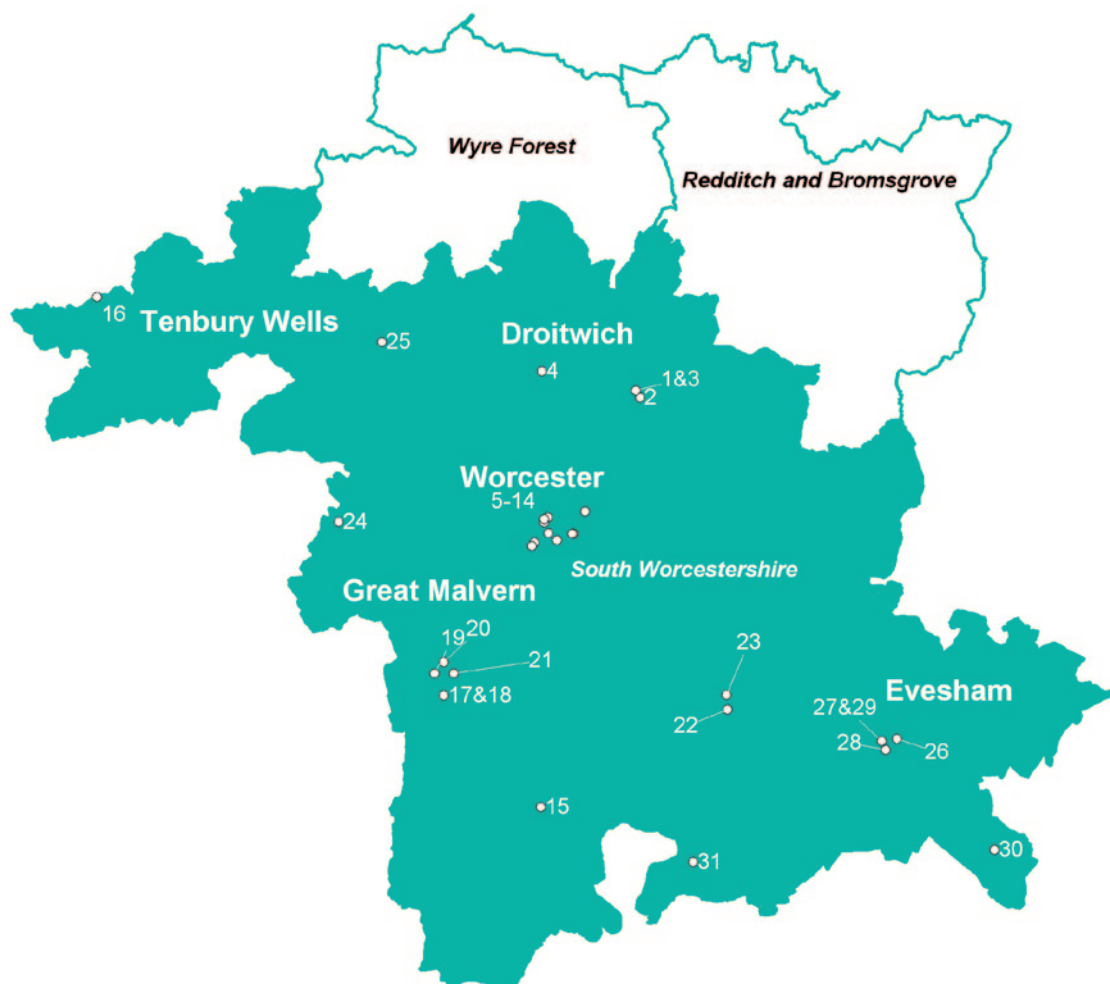
Total budget £295 million per year

Largest Consortium

The largest Consortium in Worcestershire

2.2 Our Practices and our localities

In order to maintain active engagement of all our practices and respond to local needs, we have organized our practices into 4 locality groupings as shown on the map.



South Worcestershire Commissioning Consortium – GP Practices

Droitwich

- 1 Spa Medical Practice
- 2 The Corbett Medical Practice
- 3 Salters Medical Practice
- 4 Ombersley Medical Centre

Worcester

- 5 Elbury Moor Medical Centre
- 6 Haresfield Surgery
- 7 Shrubbery Avenue Surgery
- 8 Severn Valley Medical Practice
- 9 St John's House
- 10 Albany House Surgery
- 11 Spring Gardens Group Medical Practice
- 12 St Martin's Gate Surgery
- 13 Worcester Walk-in & Health Centre
- 14 Thorneloe Lodge Surgery

Malvern and Pershore

- 15 Upton Surgery
- 16 Tenbury Wells Surgery
- 17 Malvern Health Centre
- 18 New Court Surgery
- 19 Link End Surgery
- 20 St Saviours Surgery
- 21 Whiteacres Medical Centre
- 22 Abbottswood Medical Centre
- 23 Pershore Medical Practice
- 24 Knightwick Surgery
- 25 Great Witley Surgery

Evesham, Bredon, Broadway

- 26 DeMontfort Medical Centre
- 27 Abbey Medical Practice
- 28 Riverside Surgery
- 29 Merstow Green Medical Practice
- 30 Barn Close Surgery
- 31 Bredon Hill Surgery

2.3 The team - roles and responsibilities

During 2011/12, South Worcestershire Commissioning Consortium will share the responsibility with NHS Worcestershire for commissioning hospital and community health services for the south Worcestershire population.

In December 2010, the consortium held elections for Board members. A formal process of nominations and ratification by all practices has resulted in the formation of the Consortia Board as shown below. The Clinical Director has been elected for 3 years, all other locality leads for 12 months.

Dr Carl Ellson	Clinical Director	<i>Chair of Board</i>
Dr David Farmer	EBB Clinical Lead & Deputy Director	<i>Chair of SWCC / Hospital Liaison Board</i>
Stephen Onions	EBB Practice Manager Lead	<i>Community Services Managerial Lead</i>
Dr Anthony Kelly	Droitwich Clinical Lead	<i>Clinical Advisor for Orthopaedics, Rehabilitation & Mental Health</i>
Christine Parker	Droitwich Practice Manager Lead	<i>Patient & Public Involvement Lead</i>
Dr Jonathan Thorn	Malvern & Pershore Clinical Lead*	<i>Community Services Clinical Lead</i>
Dr Rod Landymore	Malvern & Pershore Clinical Lead*	<i>Pathology Lead & Community Services Clinical Advisor</i>
Philippa White	Malvern & Pershore Practice Manager lead	<i>Engagement & partnerships Lead</i>
Dr Felix Blaine	Worcester City Clinical Lead*	<i>Clinical Lead for Medicines Management, End of Life, COPD & Out of Hours</i>
Dr Nikki Burger	Worcester City Clinical Lead*	<i>Urgent Care Clinical Lead</i>
Mike Arnold	Worcester City Practice Manager Lead	<i>Finance & Information Lead</i>
Brian Hanford	Chief Finance Officer	-
Rosemary Williams	Consortium Manager	-
Margaret Jackson	NHS Worcestershire Non-Executive Director	<i>Non-voting advisor to Consortium Board</i>

*our two larger localities have 2 clinical leads each

In addition to the members of the Board, the Consortium has a full time Information Analyst, a Part time Programme Manager and Personal Assistant and is supported by a range of colleagues from NHS Worcestershire.



Dr Carl Ellson



Dr David Farmer



Stephen Onions



Dr Anthony Kelly



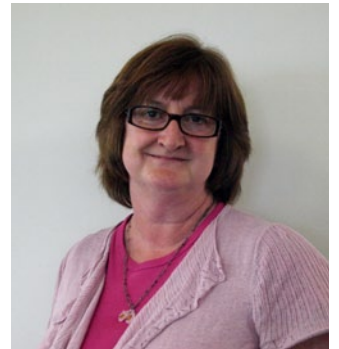
Christine Parker



Dr Jonathan Thorn



Dr Rod Landymore



Philippa White



Dr Felix Blaine



Dr Nikki Burger



Mike Arnold



Brian Hanford



Rosemary Williams



Margaret Jackson

2.4 Governance

For the transition period during the financial years 2011/12 and 2012/13 the Consortium will be established as a formal Sub Committee of NHS Worcestershire (Worcestershire Primary Care Trust).

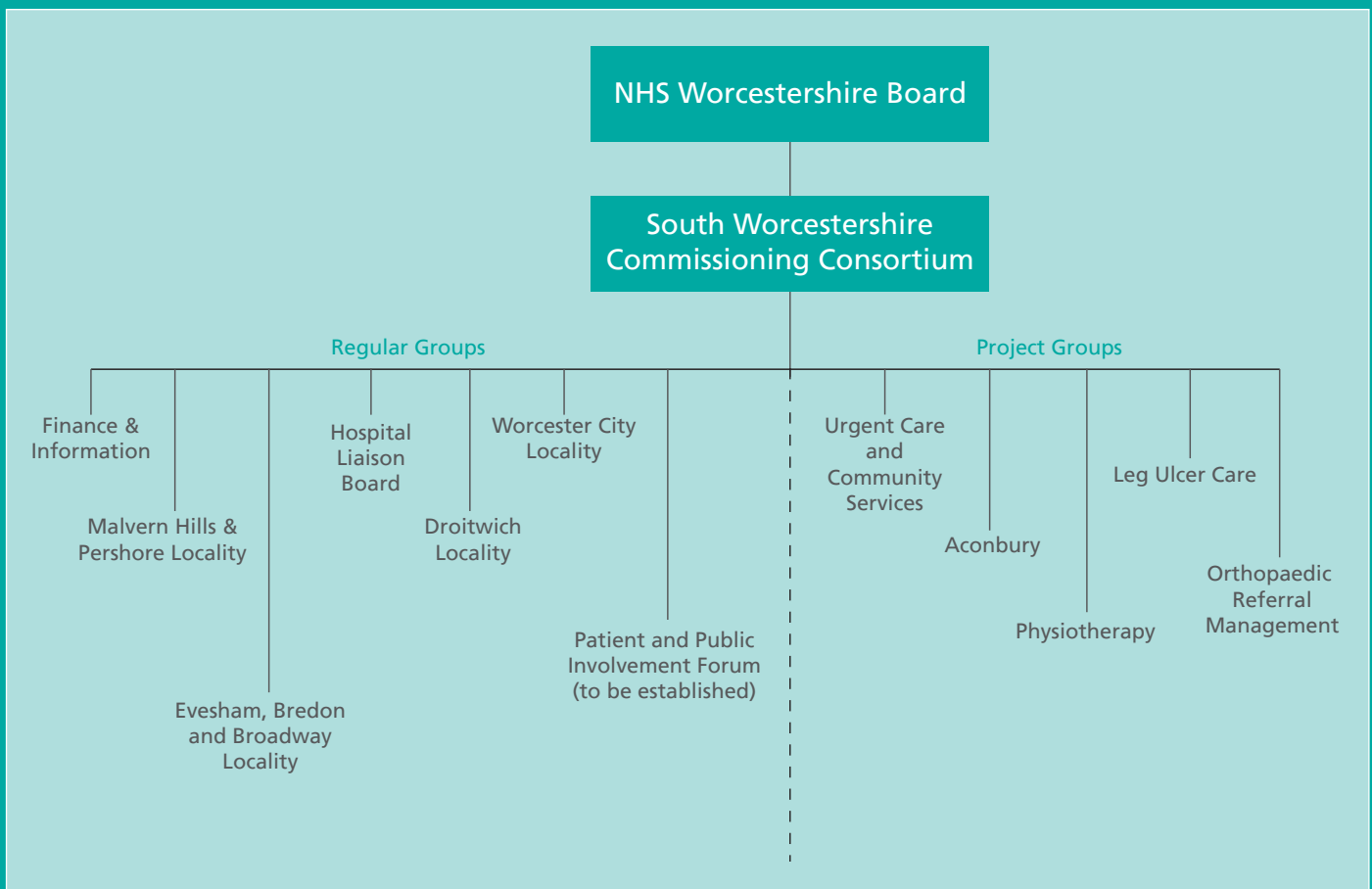
Separate but aligned to the South Worcestershire Consortium Constitution will be Sub Committee Terms of Reference that have been agreed by the NHS Worcestershire Board. The Terms of Reference will clarify how the Committee will operate under the NHS Worcestershire Standing Orders, Standing Financial Instructions and a Scheme of Delegation. The Committee will be required to ensure any potential Conflicts of Interest are dealt with appropriately.

The Scheme of Delegation will clarify that the NHS Worcestershire Board will delegate through

the NHS Worcestershire Chief Executive to the Committee specific delegated powers including the operational management of a material level of the NHS Worcestershire overall Resource Limit (budget).

The functions that the South Worcestershire Commissioning Consortium Board will start to take over increasing responsibility for as part of these delegated powers include:

- Determining health and service needs
- Managing contracts on behalf of NHS Worcestershire
- Monitoring and improving the quality of care
- Financial management



3.0 Organisational values, purpose and vision

3.1 NHS reforms

Nine months after the Department of Health published the NHS White Paper, 'Equity and Excellence: Liberating the NHS', some of the precise detail of how the reforms will be implemented is still being finalised.

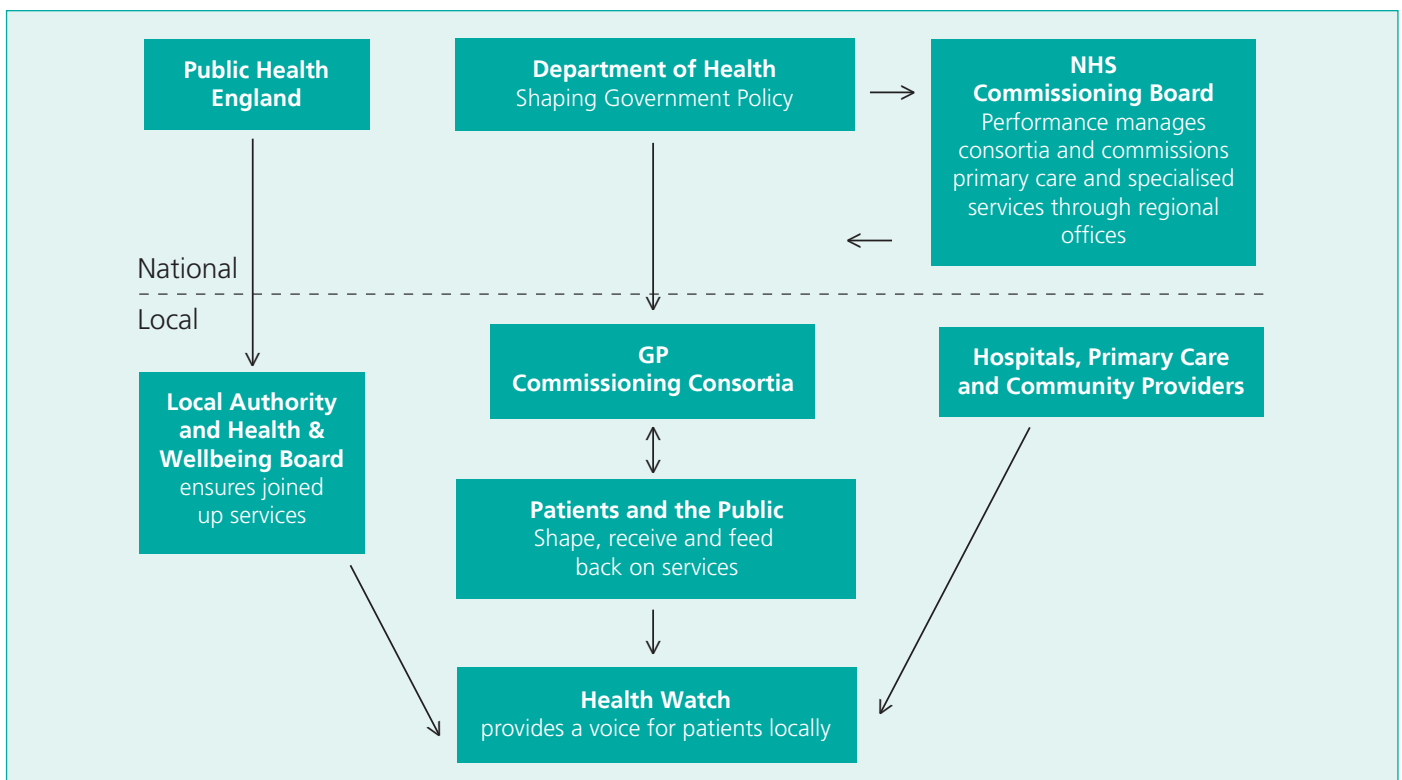
At first glance it appears to be very good news. The White Paper and the subsequent draft Health and Social Care Bill suggest liberation from the bureaucracy that has hindered NHS progress. Alongside this liberation will be a focus on quality and on improving clinical outcomes.

The implementation of policy will be the responsibility of GP Commissioning Consortia. As a Pathfinder Consortium South Worcestershire welcomes this opportunity and is ready to take on more responsibility from NHS Worcestershire. Work undertaken during the last five years during the previous 'practice based commissioning' setup

whereby GP Practices had the ability to develop local services, has built a solid foundation of trust amongst practices and staff. This will be very important for South Worcestershire in tackling the reform programme and shaping the NHS of the future.

The challenge for our consortium is to realise the government's ambition to improve quality and patient experience over the next few years when growth in recourses will not match the needs of an ageing population. We acknowledge that the task will not be easy, but believe that our clinically led consortium is best placed to direct funding most efficiently.

The contact that GPs have with patients means that they receive direct feedback on what works well and what does not and are thus best placed to drive efficiencies. Clarity over the values of South Worcestershire GP Commissioning Consortium will be essential to achieving the best for our patients.



3.2 Determining what is important to us

Successful organisations in public and private sectors possess a common attribute: everyone who works in them is aligned to the organisational values, purpose and vision. Our organisation spent considerable time formulating values, purpose and vision during February 2011.

The result of this work is detailed below and these key components will provide the backdrop against which our success will be measured.

Core Values	Core Purpose
To be clinically effective, quality based and patient centred	To improve the health of our patients by commissioning high quality, value for money healthcare services
To secure value for money in everything we do	To be an organisation that listens to and gains the respect of the community, as well as being trusted & respected by the community
We will be an organisation that values its staff	To work in partnership with statutory, voluntary and private sector organisations for the betterment of the population we serve
We will not tolerate mediocrity. "Why not" rather than "cannot" will be imbedded in our vernacular	We will invigorate healthcare delivery by creating value based competition founded on improved patient outcomes
We will be nimble, decisive, proactive and dynamic	To pioneer new and innovative ways to provide healthcare
We will challenge NHS bureaucratic behaviour	
We will demand of each other to do what is right even though our actions and ultimate decisions may impact on our popularity	



Envisioned Future

South Worcestershire Commissioning Consortium will be recognised as a model organisation for providing innovative and creative healthcare services for its patients. Our practices will work together to achieve goals and maximise primary care efficiency. We will use scarce resources wisely and our community will understand that unpopular decisions are taken in the best interest of the population as a whole. Ten years from now the delivery of healthcare for the residents of South Worcestershire will have improved significantly and NHS care provided will guarantee clinical quality for our patients.



“South Worcestershire Commissioning Consortium will be recognised as a model organisation for providing innovative and creative healthcare services for its patients.”

4.0 Working in partnership

During 2011/12, South Worcestershire GP Commissioning Consortium intends to work closely with NHS Worcestershire, the Local Authority and local hospital and community provider organisations to ensure that we commission a cohesive network of services. We will be an active partner on the 'Health and Well Being Board', a forum which will be established in May 2011 by Worcestershire County Council for all those involved in commissioning or providing healthcare in Worcestershire.

South Worcestershire GP Commissioning Consortium is one of three commissioning consortia in Worcestershire. Whilst we each have our distinctive identities and focus which reflects the needs of our populations, we are in close dialogue with Wyre Forest and Redditch & Bromsgrove Consortia. Over the coming year, we will be exploring options for one consortium to 'host' certain commissioning functions across the county in order to work efficiently and minimise management costs. As a pilot for this method of working, Wyre Forest GP Commissioning Consortium are co-ordinating the contractual arrangements for community services.

Our plans are aligned to government priorities specified in 'The Operating Framework for the NHS in England 2011/12' and the 'Worcestershire Health System Delivery Plan 2011/12 – 2014/15'.



5.0 Achievements so far

During 2010/11, South Worcestershire GP Commissioning Consortium led a number of projects which aimed to improve patient care and make the best use of resources. Delivery of these demonstrates our capacity and is a useful indicator of how we will approach work and what has been of particular importance to us to date.

Some of these initiatives are described below:

Musculoskeletal Integrated Clinical Assessment & Treatment Service (ICATS)

South Worcestershire GP Commissioning Consortium is committed to delivering national QIPP programmes and implemented a musculoskeletal Integrated and Clinical Treatment Service (ICATS) in October 2010 to contribute to the countywide target of reducing expenditure in orthopaedic specialities by £10,045m (circa 25%) by 2013/2014.

The ICATS provides orthopaedic assessment by experienced and specially trained physiotherapists and podiatrists and manages patients who have musculoskeletal problems. The ICATS identifies patients who are appropriate for surgical intervention and makes onward referral. The service also directs patients who require assessment by services other than orthopaedic specialities to the most appropriate destination.

The ICATS project has resulted in a complete redesign of the orthopaedic pathway and has given patients rapid access to diagnostics

and more timely access to community physiotherapy. Feedback from patients, GPs and practices has been positive. ICATS will lead to better outcomes for patients with musculoskeletal conditions by treating them appropriately in the right place at the right time and avoiding progression to surgery; which is not always in the patients' best interest.



Care Plans for patients in nursing and rest homes

This project has used development funding to support an enhanced service to offer a comprehensive care and medication review, for our nursing and care home patients and to identify those most at risk of falls and hospital admission.

Pro- active and preventative actions are agreed by the GP responsible, Nurse Assessor and

Clinical Pharmacist. This could include onward referral to primary health care and social care teams or hospital consultants.

Outcomes include a reduction in the number of patient falls and a reduction in emergency hospital admissions. Evaluation is on-going.

Physiotherapy

Over the last decade physiotherapy services developed in an ad hoc way across SWCC. Some practices used the PCT Provider Organisation and others utilised the local acute hospital. A combination of historic GP fund-holding arrangements and Practiced Based Commissioning development funds led many practices to use independent physiotherapy providers. The result was a mixed economy of provision where cost, access to services, models of treatment and waiting times varied immensely.

South Worcestershire GP Commissioning Consortium decided to redesign outpatient physiotherapy services and phase 1 of this process was a full physiotherapy procurement process during the autumn of 2010. The procurement has ensured continuity of service for independent providers, supports the new ICATS and provides competition that will lead to overall improvements in the quality of all physiotherapy services. Phase 2 will commence in April 2011 where a detailed audit of all

physiotherapy services will be conducted. The overall aim being for SWCC to ensure a high quality service that provides equity, value for money, shorter waiting times and improved clinical outcomes is delivered by all providers.



Care Closer to Home

Through work carried out within the consortium, we have been able identify and change some care pathways in order to bring care closer to home for the patients of South Worcestershire:

- Some of our practices are providing ultrasound scans on their premises. Waiting times are short and the GP receives timely reports, enabling them to plan further care without any delay.
- Patients requiring anti-coagulation, must have their blood regularly monitored to ensure that their treatment remains safe. This service known as INR testing, now takes place within the patient's GP practice or at home if housebound. Most patients being treated with warfarin have their blood taken by a specialist nurse. The specialist nurse is able to analyse the blood sample and advise the

patient of any change in medication dose which can be actioned immediately.

- Many of our patients are also now able to see a physiotherapist in their GP surgery. We have invested in physiotherapy to achieve shorter waiting times.



End of Life

South Worcestershire Commissioning Consortium has been working in partnership with NHS Worcestershire in delivering improvements to end of life care. Right from the start of the national strategy in 2008, we have been working to contribute significant extra funds and leadership to this important area.

In primary care we have been working with practices to increase the skills and coordination of care for patients at the end of life. This includes developing a form that GPs can fill in to notify the ambulance trust and the out of hours GP services of patient's wishes and care needs. If an emergency arises, whoever the patient or their family contact, the service should already be aware of their circumstances and be in a better position to care for them.

We have been working with our partners in the community to increase the number of specialist nurses available, including at weekends. Also, by working closely with St Richards's hospice, we have helped to deliver innovative care for patients with advanced renal disease where they can see their consultant as well as specialists in palliative care all in one clinic set in the day hospice. The aim of this is to deliver truly joined up care.

There are many other achievements and also much more to do. We feel this is a good example of how bringing clinicians together from many settings such as GPs with a special interest, consultants, specialists and district nurses so can change the way care is delivered in the home and community setting.



COPD

Another example of joint working is improving care for patients with chronic obstructive pulmonary disease (COPD). We have delivered extra training and support for practices since 2008.

Practice nurses with a real passion for COPD care have been developing new ways of caring and education for patients, developing written action plans to help patients to know what

they should be doing when they fall ill.

All of this allows us to offer more comprehensive care in the community and also to work closer with the COPD nurses. This enables patients not only to have better care to keep them healthy, but also if they develop a chest infection many more can now be treated at home with the support of the COPD nurses and their GP.

Training

The quality of General Practice services across Worcestershire are recognized to be of a high standard.

Within the consortium, we harness the enthusiasm of our GPs by providing opportunities for them to further enhance their skills. During 2010/11, we ran 2 full day hands-on refresher courses in skin surgical techniques, enabling 40 GPs to up-date their skills. We provided refresher training for a further 40 GPs in joint injections. The increased

confidence of these GPs enables more patients to be treated in the surgery, avoiding the cost and inconvenience of hospital visits.

We also invested in COPD training for nurses and funded a third GP to undertake the year long Diploma in Practical Dermatology at Cardiff University.

South Worcestershire GP Commissioning Consortium working is also with the voluntary sector to improve patient care.

Carer Support Project

Throughout the UK approximately six thousand new people per day are identified as carers. These are unpaid people who support a relative, friend or neighbour who, through ill health, frailty or disability, are no longer able to care for themselves. Often called 'hidden carers', research shows that approximately 65% of people with a caring responsibility did not see themselves as a carer in the first year of caring and for a third of them it took over five years before they recognised they were a carer. Twice as likely to suffer ill health as those who do not have caring responsibilities, people who provide high levels of care can ultimately find their own needs are neglected with the demands often affecting their career, finances and relationships, thus having a detrimental effect on both their physical and emotional wellbeing.

South Worcestershire GP Commissioning Consortium and the Worcestershire Association of Carers, are leading the way by introducing this service dedicated to the support of carers. This project initially funded a carer support worker to work in 4 of the Worcester City practices to provide support for registered carers. After the first nine months, it became clearly evident that this service was invaluable to the carers and it was extended to provide a further carer support worker to all Worcester City practices. If this proves to be as successful,

it is hoped that we will extend this service throughout SWCC.

Carers can make an appointment with the GP Carer Support Advisor, who holds surgeries within the practices and also carries out home visits for those who are currently unable to leave the person they care for. The service is designed to reach out to carers, telling them about the support available to them and looking at numerous issues including social isolation, accessing correct benefits, respite care etc.



Worcester City Foot Care Scheme

South Worcestershire GP Commissioning Consortium and AGE UK are providing an essential foot care scheme in Worcester City. In 2009 Worcester City Practices highlighted the fact the previous service had a waiting list of over 200 patients. We invested funds to train more volunteers and allowed them access to our practices so the patient may be treated closer to home.

After the first year the waiting list was eliminated and the service continues without additional funding. In addition to this we also invested in an AGE UK Podiatrist to enable patients with more severe foot conditions to be treated swiftly. This continues to be an invaluable service that provides care within primary care and reduces referrals to more expensive secondary services.





“We are keen to make sure that we engage effectively with patients, partners and stakeholders over the coming months to review and revise our priorities as necessary”

6.0 Transition and setting priorities

The government White Paper 'Equity and Excellence: liberating the NHS' published in July 2010 and the subsequent Health and Social Care Bill, January 2011, set out a programme of radical reform over a three year period until April 2013. We are currently in a period of transition with Primary Care Trusts increasingly devolving responsibility to consortia ahead of their abolition.

As the consortium enters 2011/12, much of the commissioning manpower remains within

NHS Worcestershire. South Worcestershire GP Commissioning Consortium is therefore working with NHS Worcestershire colleagues to discharge its responsibilities and adhering to a strict programme of priorities which can be delivered within the limited manpower available to the consortium. These priorities are outlined in this document as a starting point but we are keen to make sure that we engage effectively with patients, partners and stakeholders over the coming months to review and revise these as necessary.

6.1 Priority 1 - Financial stability and QIPP

The South Worcestershire Commissioning Consortium, along with all parts of the NHS, is facing a significant challenge over the next few years as we respond to the financial impact of demographic changes, most notably through the ageing of the population. It is however important to note that the Consortium does start in a relatively sound financial health and that there are no legacy deficits.

Local modelling suggests that the impact on the South Worcestershire Consortium of demography, increases in the prevalence of disease and the growth in technology and innovation could be as high as £30m by 2014/15 if we continue to commission services in the same old way.

Quality, Innovation, Productivity and Prevention (QIPP) is a national framework which helps commissioners to deliver more services from the same resources by bringing as many services out of hospital as possible and reducing duplication and waste.

South Worcestershire Commissioning Consortium will respond to the financial challenge by:

- Setting realistic budgets (that clearly identify all QIPP requirements)
- Negotiating realistic contracts with providers that quantify QIPP targets

- Establishing a credible QIPP programme that enables a practice level and locality level performance management framework e.g. GP Prescribing
- Holding a 1% Operational Risk Reserve
- Joining with other Consortia in establishing a 1% Insurance Risk Reserve.



6.2 Priority 2 - Organisational development

South Worcestershire Commissioning Consortium was accepted as a second wave Pathfinder in January 2011.

We start 2011/12 with an elected Consortium Board in place and formal arrangements for receiving delegated powers from the NHS Worcestershire Board.

During the year, we will be reviewing the functions carried out by NHS Worcestershire and appraising how we can best discharge our responsibilities in relation to each. These functions include finance, information, commissioning and contracting, clinical development, communications, engagement and governance. We have already started this work for medicines management.

6.3 Priority 3 - Engagement

With our practices and staff...

As a large consortium, ensuring that all our practices are abreast of developments during this period of rapid change, is a challenge. We pride ourselves in having developed as a 'bottom up' organization which listens to opinions across all our constituent practices. We do this by:

- Sending a weekly email briefing to all Practice Managers, Clinical Leads and staff
- Using 'road shows' to ensure face to face discussions with all partners in GP practices. Between November 2010 and February 2011, a team of 4 GPs and the SWCC Manager visited all 31 practices to discuss the impact of the government reforms and the development of the consortium. We intend to repeat the visits later in 2011. We are also consulting every practice in relation to their vision for community services
- Locality meetings are held on a monthly basis with Practice Manager and Lead GP representation from each practice. There is a structured communication channel between the locality meetings and the Consortium Board.
- Meeting minutes are widely distributed
- Consortium website is in development

With patients, the public and the wider community...

In previous years, we have worked with our practices' Patient Participation Groups to inform our commissioning decisions. We have also

collaborated with NHS Worcestershire to set up focus groups to discuss some of our key priorities including urgent care and orthopaedic services.

During 2011/12, we intend to strengthen the involvement of patients and the public and will be consulting on the development of plans to engage and involve the public and partners. Part of this will also be to look into establishing a 'membership' scheme where patients and stakeholders can join an advisory body that will provide valuable input and advice to the South Worcestershire Commissioning Consortium Board.

The NHS Worcestershire Communications Department will also be providing media training for members of the Consortium Board and helping us to build a supportive relationship with the local media.

With the Local Authority and other partners...

It is important that our staff, stakeholders and the local communities feel involved and informed about how we plan to develop and improve health services in South Worcestershire. We need to create opportunities for people to get involved and tell us what they think, as well as opportunities for us to explain our ideas and plans and to invite comment and suggestions. To happen effectively this needs to take place at a GP Practice, locality and area level and we will actively seek opportunities to listen to patient's and the communities views.

Building good stakeholder relationships is also very important to us and we want to look proactively for ways of working with our partners where it is beneficial for our patients. It is critical that we explain the context behind our plans effectively and that we make sure our rationale is recognised and understood.

The Consortium Board is working with NHS Worcestershire to build on existing communications and engagement arrangements and to use the capacity and resources that are available. This includes making sure we identify appropriate

resources to support behaviour change campaigns and to explain to the public how we are using our resources.

The Board will seek to make sure that they understand the patient experience and gain genuine insight into the needs of our communities. This will enable service redesign in ways that meet the needs of our town and rural populations.

We will also be working closely with Public Health in its new Local Authority setting to work together to achieve measurable outcomes in terms of health improvement and reducing inequalities.

6.4 Priority 4 - working in partnership with our providers

South Worcestershire Commissioning Consortium recognizes the size and complexity of the challenges facing the local health economy in the coming years in seeking to promote transformational change in the NHS. The development of new clinically led care pathways whilst at the same time achieving efficiency savings, improvements in quality and best value for money in services provided requires careful negotiation and co-ordination with our major service providers if the best outcomes are to be achieved.

We are developing a series of partnership boards with providers, comprising Senior Clinicians and Managers from both parties to explore clinical innovations and promote efficiency and quality in service provision.

The South Worcestershire Commissioning Consortium-Worcestershire Acute Trust Board is already formed and has developed an agreed programme to examine each major area of Acute Trust activity rigorously and systematically. New and exciting care pathways, such as the Leg Ulcer care project, are being developed as a result.

During the course of 2011/12 our other major service providers will be contacted and invited to form similar partnership boards; Gloucestershire Hospitals NHS Trust have indicated their willingness to meet in pursuit of our joint aims. Further providers will be contacted and invited to engage in due course.

6.5 Priority 5 - Urgent care

Our urgent care focus aims to have the patient seen by the right clinician at the right time. This includes appropriate use of secondary care, maximising primary care access and managing patients in the most clinically appropriate cost-effective setting for their urgent care needs.

The GP in A&E pilot has begun, with the aim of establishing whether an experienced GP in A&E is cost effective through reducing unnecessary admissions. There is evidence from elsewhere that this is possible, but the optimum working arrangements in order to achieve these aims are not clear and we are looking at this as part of the pilot.

We will also be looking at Risk Stratification tools to see if these could be effective in targeting patients with a risk of high cost care and also for planning services and interventions generally.

Review of rehabilitation & stroke services

The review of rehabilitation and Stroke services undertaken by NHS Worcestershire in 2009/10 identified a number of options for developing rehabilitation and stroke services across the county.

Concentrating on services for Worcester City and Droitwich, which currently do not have community hospitals or sufficient infrastructure to provide care close to home, a range of services will be commissioned that meet the needs of patients previously cared for on the Aconbury Unit at Worcestershire Royal Hospital. This will include:

- Working in partnership with Worcestershire County Council to provide a fully integrated nursing & residential care facility with 36 beds in Worcester City, including a stroke specialist rehabilitation unit
- An innovative Hospital at Home service, allowing 8 patients, at any one time, to receive a short period of 24 hour care from a multi disciplinary team, facilitating early discharge from the acute hospital and seamless transfer to "low level" community services
- Development of community services, including Intermediate care and the community stroke rehabilitation service, supporting more people to return home with appropriate support and rehabilitation as soon as possible
- Step down beds which will allow patients and their families time to make important decisions about their long term care arrangements.

As a result 48 beds currently provided on Maple on Juniper wards on the Aconbury Unit, WRH will be decommissioned, with all new services planned to be in place by 1st August 2011.

6.6 Priority 6 - Community services

South Worcestershire GP Commissioning Consortium believe that a robust and efficient community service setup is vital and invaluable in order for us to maintain the standards of care we would wish for our patients. This is the prime reason for us to look at challenging our community services and to make this a priority over the next 12 months.

Our aim is to have a community service setup that not only prevents admission to hospital, but is also supportive of patients on their discharge, in order to prevent readmission and enable them to return to their pre-hospital health. Within the Malvern Hills, Pershore, Evesham, Broadway and Bredon localities, we will be looking at changing the current model, and developing new ideas in which we will deliver the services we feel are important to our patients and their needs.

The development of rehabilitation services across Worcester City and Droitwich planned for August 2011, presents us with an exciting opportunity to deliver services differently in this locality. We plan to

use this opportunity to review existing community services, including Integrated Community Nursing Teams, the IV Therapy team, Single Point of Access and the rapid response nurses, in order to identify what is working well and the improvements needed to ensure services offer integrated, seamless and effective care - ultimately supporting more local people to remain independent for longer.

We feel that Community Hospitals will play an integral role in supporting the Acute Trust, helping in rehabilitation of patients, and offering a diverse range of outpatient clinics and diagnostic resources.





“Our aim is to have a setup that helps not only prevent admission of patients to hospital, but also support those patients discharged, to prevent readmission and enable them to return to their pre-hospital state of health.”

“We have defined initial priorities, disciplining ourselves to focus on key goals which are achievable within the resources available to us.”



7.0 Next steps

2011/12 will be a defining year for the consortium. We start the year with an elected Consortium Board with a clear mandate to take the organisation forward and a vision of what we want to achieve. We have defined initial priorities, disciplining ourselves to focus on key goals which are achievable within the resources available to us.

Meetings and managing our business

The Consortium Board will meet monthly. It will focus on developing the organisation as a whole and overseeing progress against our stated priorities. The day to day work of the consortium will take place through the locality, provider and engagement forums and the project groups.

Keeping our practices and our stakeholders informed and involved

We expect to hold at least two 'Development Days' for our practices during 2011/12 as these have proved invaluable in strengthening the commitment of all our practices and building the cohesion of the consortium. We also, want to repeat our 'Road Shows' which use a brief presentation to take the latest national and local developments to each of our practices, so that all GP partners can fully engage with the reforms. This engagement will also be extended to the community and we hope to hold public engagement events later in the year.

Remaining flexible and responsive

As the detail of the government reforms continues to take shape, we will need to have the flexibility to respond. Our final structure is unlikely to be defined until the following year when we expect to have a clearer picture of all the responsibilities which we will assume. During the year, we anticipate guidance on what we will need to do to be authorised as a statutory organization. This may be from April 2013, but could be as early as 2012. We believe that implementing our Business Plan will stand us in good stead for achieving that milestone.

Getting involved

We do not underestimate what needs to be achieved. There will be no one answer to how we can both improve services for our patients and secure financial stability. We will need to constantly draw on the ideas and experiences of patients, professionals and the community as a whole.

We will actively encourage members of the public, patients and partners do get involved in our work and help us work successfully towards delivering in our priority areas. This involvement can be on many levels, from receiving updates and information to getting involved in helping us shape the detail of new pathways and services.



To find out more please email us at communications@worcestershire.nhs.uk or visit our website at www.swcc.nhs.uk