

North Norfolk CCG Commissioning Strategy 2012 – 16

Executive Summary

**Consultation:
November 12th 2012 – January 21st 2013**



Working together for excellent healthcare in North Norfolk and rural Broadland

Consultation Questions

- ? What do you think of the key areas we have outlined in our Commissioning Strategy 2012 – 16 and in this Executive Summary?
- ? Is there anything you would like to see added under any of the key areas?
- ? Are there any other key areas you think we have missed?
- ? Is there anything else you would like to say to us about health services in the North Norfolk CCG area?

Feedback and requests for hard copies to:

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Who are we?

North Norfolk Clinical Commissioning Group (NN CCG) is a local membership organisation led by family doctors that is responsible for planning and paying for healthcare services. We do not provide healthcare like a GP Practice or hospital. Our role is to make sure the appropriate NHS care is in place for the people of North Norfolk, within the budget we have. North Norfolk CCG is an organisation made up of its 20 member practices. It is accountable to the National Commissioning Board, to the 20 individual member practices and to the local community of North Norfolk.

Formed in 2012 following the Health and Social Care Act 2012, we are made up of 20 General Practices in North Norfolk and rural Broadland. These practices are all members of our organisation. The member doctors will lead the decisions about which hospital services, mental health services and community healthcare services are needed for the approximately 167,800 people living in the North Norfolk area.

What do we want to do?

North Norfolk CCG has written a strategy for what services to commission (or buy) in North Norfolk based on:

- ? What do local patients and stakeholders think?
- ? What do local doctors and clinicians think, and what are the local health needs?
- ? Will the service be good quality and safe for patients?
- ? What resources do we have locally to make this happen?

Five key areas were identified along with practical suggestions for what we can do to improve things for patients and our communities in these areas:

Key area	What we want to do
Older people	<ul style="list-style-type: none">✓ Make health and social care delivery seamless✓ Develop care that is focused on the patient not built around the different agencies✓ Get better at identifying people earlier who are at risk and getting the right help to them quicker✓ Supporting carers and families so they can continue to provide care
Mental Health	<ul style="list-style-type: none">✓ Improve access to various therapies for people with depression and anxiety✓ Have better access to screening for dementia so that patients and their carers are given treatment options at an earlier stage✓ Mobilise a new service to support people who misuse substances such as alcohol and drugs

Planned care	<ul style="list-style-type: none"> ✓ Improve access to pre-arranged non-emergency care and make sure all NN CCG patients have access to the same care ✓ Make sure all NN CCG patients have to reach the same thresholds before receiving surgery ✓ Reform pathology, i.e. laboratory services so that GPs have better access to the diagnosis of diseases
Unplanned care	<ul style="list-style-type: none"> ✓ Get better at stopping people who are at risk from being admitted to hospital unnecessarily ✓ Reform the emergency care system so that it works better in a rural area ✓ Improve the quality of care for Stroke patients and their carers so that they also have better outcomes
Children	<ul style="list-style-type: none"> ✓ Help children and young people get access to mental health services when they need them ✓ Make services for children more joined up and better co-ordinated ✓ Make services more family focused ✓ Support Young Carers so they can continue to care but so they don't miss out on other opportunities in life ✓ Encourage children to be more active and maintain a healthy weight

How will we do this?

To achieve all this it is important that we work in the following ways:

➤ **Joined Up**

One of the main messages that came from our work with local patients and stakeholders was that services need to be designed and delivered around the patient and not around the professional. We will continue to improve the way we work with other agencies and partners to develop a “whole system approach”. In particular we will continue to build on the work we have done already with our team jointly employed by health and social services as we strive to develop a fully integrated health and social care system for North Norfolk. Good working relationships with our local trusts is especially important in a rural area where the number of trusts operating locally who provide services is not as extensive as in cities and other urban areas.

➤ **Using Insight**

North Norfolk CCG is an organisation led by family doctors which means that local clinicians, who are on the frontline in delivering services to patients, can use their insight and experience to design local health systems and influence how resources are used. They will play a crucial role in making sure that local services are of the highest quality and that they are safe for the people who use them. Many of the referrals for treatment currently made for patients in North Norfolk are dealt with and reviewed centrally at a special administration centre, and this gives us useful information about what services patients are using, and what they may need in the future.

Public Health is a part of local government that looks at the health of whole populations and, through their advice and guidance, CCGs can make sure that the decisions they make about health services are driven by need. Insight from frontline staff and from public health also gives us the opportunity to develop services that encourage good health by adding in ways for people to help themselves through prevention and self-management at the earliest possible stage.

➤ **In Partnership**

Our aim is to design local seamless services, focused on the patient and their families, that cut across traditional health boundaries, and we cannot do this alone. It is vital that we work in partnership with our patients, their carers and other local agencies and stakeholders. We have a good track record of involving our patients in North Norfolk in the decisions that affect their local health care. Each of our 20 practices has a Patient Participation Group (PPG) and they send representatives to our bi-annual patient conference. This gives us a good basis to build on in designing services around the patient and their carers that will meet the needs of all the different people living in this large rural area.

We have also committed to holding annual stakeholder events where we can listen to and be held to account by all our local stakeholders. This includes community and voluntary groups, charities, local government, social services, and other NHS trusts such as those who currently provide our hospital, community, mental health and ambulance services.

How do we make sure that our services are there for everyone?

When designing and buying services we need to make sure that the health needs of particular groups are not overlooked. Some groups in our community do not find it so easy to find a voice and give feedback on what they think about health and care services and how easy they find it to access them. It is important that we make sure we listen to these groups and make sure their needs are reflected in the services on offer in North Norfolk.

These groups include:

- People with learning difficulties
- Children and young people
- Carers (young and old)
- People with a physical disability/sensory impairment
- People who misuse drug and alcohol
- People with mental health issues
- Black, Asian and Minority Ethnic Groups
- Migrant workers
- Lesbian, Gay, Bi-sexual and Transgender people
- Homeless people and rough sleepers
- Gypsies and Travellers

What resources do we have?

It is important that we are able to design new services that fit within the budget we have. North Norfolk is fortunate in that it has a larger than average older population, who are living longer, and often with more than one long term condition. We are a large rural area that is not easy to travel around, and have very mixed communities that include people who experience both economic advantage and disadvantage. These factors mean that our budget is under increasing pressure, so it is important that our services are designed to be efficient and that we spend our money in the right areas.

We want to make sure that the people of North Norfolk and rural Broadland have access to excellent healthcare and we think the best way to do that is to commission services based on need and designed around the patient.

What do you think?

For guidance on how to feedback, please refer to page 2.