Dear Sir/Madam,

HOUSING, HEALTH AND COMMUNITIES OVERVIEW AND SCRUTINY PANEL

Thursday 27th November, 2014

I refer to the agenda for the above meeting and enclose reports for the following items for consideration at the meeting:

Agenda Item No. 9 – End of Life Care Action Plan Update

Agenda Item No. 10 - Warwickshire North Clinical Commissioning Group - Annual Report

Yours faithfully,

ALAN FRANKS
Managing Director

To: All Members of the Housing, Health and Communities Overview and Scrutiny Panel

Transforming End of Life Care at George Eliot Hospital

Kristy Clayton
Practice Development Nurse for End of Life Care
November 2014
Background

• In 2013 506,790 people died in the UK (1.5% increase from 2012)
• 85% of deaths are in over 65y
• More than 70% are non-cancer deaths (29% cancer related deaths, ONS 2013)
• Most deaths <50% occur in hospitals
• 70%-80% of deaths are foreseeable
• 60%-70% of people don’t die where they choose
• At GEH there were 804 deaths in hospital (Apr 12 – Mar 13) – this does not include those who died soon after discharge.
What we were planning 12 months ago...

• National Care of the Dying Audit- Hospitals
• Quarterly reporting on the use of the LCP
• Baseline and ongoing data collection and reporting to the Transform central team
• Registration with ELCQuA (End of Life Care Quality Assessment Tool)
• CQUIN 5d
• Complaints/compliments/critical incidents
• User involvement
Transform

Five Key Enablers

- Advance Care Planning
- EPaCCS
- Rapid Discharge Home to Die
- AMBER care bundle
- Care in the last days of life
Outcomes from Transform

• Improve the experience and quality of care received
• Enable people to die in the place of their choice
• Deliver a reduction in the number of inappropriate interventions
• Manage and reduce unplanned hospital admissions as well as length of stay
• Improve staff morale and staff retention while developing a skilled workforce
• Result in fewer complaints and improved reputation for the Trust
• Allow the Trust to manage its resources effectively
What have we done in 12 months.....

• National Care of the Dying Audit – Hospitals
• Achievement of CQUIN 5d & 8
• QELCA
• Transform
• HEE Nurse
• AMU Macmillan Nurse
• Bereavement Survey
• Creation & implementation of Individual Plan of Care for the Dying Person
• Complaints/incidents
• Integration – HWBB, Social Services, Strategic Commissioning, East Midlands Facilitator Network, NHS IQ, AMBER Network
• Innovation – CCG bid, NCPC bid, Good Death Cafe
• Macmillan Service Review

• Policy/SOPs
• Patient information leaflets
• Education

Accolades.....
• ‘Outstanding’ awarded by CQC for leadership
• Winner of 2 GEH EXCEL Awards:
  • Core Service
  • Chief Executive award
• Shortlisted for national Compassion in Practice award
Thank you.

Any questions?
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This has been a year of significant change across the NHS, with GPs taking over local health budgets. I am pleased to be able to report on the progress we have made, and outline the plans we have developed to ensure that local people have access to high quality health services.

We operated in shadow form during 2012/13 and were initially authorised from 1 April 2013 with three conditions. Following further work, the CCG was fully authorised by NHS England on 6 February 2014.

Our GP members, staff and stakeholders have worked with us to ensure that patients and carers are involved in the decisions we make, and that their voice is heard. Together, we have developed a three year strategy that sets out our ‘Vision for Quality’ and how we will develop high quality health services that will meet the needs of local people into the future.

The NHS is facing a number of challenges nationally. Our population is ageing, living with more long term conditions and demand is high for urgent and emergency care. Whilst funding for health is not increasing in real terms nationally, here in Warwickshire North we can confirm that we will receive an increased allocation in 2014/15 and 2015/16.

It is our vision to deliver better health outcomes for our population, and we feel that we are making good progress towards tackling the challenges we face. We are confident that services are improving and that increasing numbers of people have a good experience of services and better health outcomes.

Dr Heather Gorringe
Clinical Chair
NHS Warwickshire North CCG
Our Governing Body

Dr Heather Gorringe
Clinical Chair

Andrea Green
Chief (Accountable) Officer

Dr Paul Batra
Practice Network Clinical
Lead - Nuneaton and Bedworth

Sue Turner
Practice Network Clinical
Lead - North Warwickshire

Dr Inayat Ullah
Clinical Lead

Dr Deryth Stevens
Clinical Lead

Mr Martin Dennis
Secondary Care
Specialist Doctor

Jacqueline Barnes
Executive Nurse

Mike Burns
Chief Finance Officer
Deputy Chief Officer

Neil Hart
Lay Member -
Audit and Governance

Karen Ashby
Lay Member – Patient and
Public Involvement
**NHS Warwickshire North CCG organises and purchases healthcare services for the population of Nuneaton, Bedworth and North Warwickshire.**

We are a membership organisation with 28 member GP practices, covering a population of 187,000 people. Member practices are divided into two Practice Networks: North Warwickshire (comprising 18 practices) and Nuneaton and Bedworth (comprising 10 practices). Each Practice Network elects a clinical leader who represents the Network on the CCG’s Governing Body. The Governing Body has 11 members including seven clinicians.

During 2013/14 the CCG was led by Dr Heather Gorringe as Clinical Chair and Andrea Green as Chief (Accountable) Officer. They were supported by the Governing Body and Executive Team. Governing Body meeting papers are available on the CCG website.
Our vision and values

Our vision is:

“to deliver better health outcomes for our population by tackling the challenges and maximising opportunities in the health and social care system.”

We are committed to the values in the NHS Constitution and our values set out how we will put high quality care for our population at the centre of our work.

Our values:

- Quality and equality first
- Valuing each individual
- Dignity, respect and compassion - for all our patients, carers, population and staff
- Working together - improving health and sustainable services
- Improving services for the whole community - wasted resources are wasted opportunities for others
Our population

GPs are in daily contact with the local population and hear first-hand what is working well in the NHS and what is not. This local clinical knowledge is coupled with the CCG’s commitment to working closely with patients to get their views on services and also to work closely with other care professionals. Together, this has allowed the CCG to start making a real difference to improving local health in its first year.

The NHS locally and nationally needs to change. The population is ageing and living longer with long term conditions. Life expectancy for the local population as a whole is just below the England average, however there are inequalities which mean that life expectancy can differ by around ten years for men and seven years for women.

The rural nature of North Warwickshire means that some people face problems accessing services to support healthy living such as education, employment, shops and GP surgeries. When people in these areas need more specialist care, they can face transport problems.

The area served by the CCG has historically seen a number of financial challenges with respect to healthcare funding as costs of care continue to increase year on year. The CCG has focussed on making the most of the available financial resources to ensure that the local population could access high quality healthcare.

There are a number of things we need to think about to improve healthcare for patients, including supporting individuals and communities to stay healthy and offering support to disadvantaged groups. Across our CCG area, the key public health priorities identified include drinking too much alcohol, smoking, and particularly smoking in pregnancy and obesity.

Healthcare costs continue to increase but the CCG has focussed on making the most of the money it has available to ensure high quality care for its local population.
Quality and Equality first

Improving the quality of services

The CCG has been working closely with all local health providers to improve the quality of care, particularly in areas of safety and patient experience.

2013/14 has been a challenging year for George Eliot Hospital NHS Trust, the main provider of hospital services for the area. The Trust was subject to ‘special measures’ following the Keogh Review in 2013. Since then, the Trust has worked to improve the quality of care. Early in the year, the Trust started to look for a strategic partner but has taken the decision that this is no longer required as it has made significant steps towards improving performance. The CCG continues to closely monitor the performance of the Trust.

Feedback about local health services helps us identify areas where quality and patient experience could be improved. This feedback is collected via GPs, patients, carers, Healthwatch, Patient Participation Groups, community and voluntary sector organisations, and formal complaints. We use this information to challenge providers and monitor services to ensure that improvements are made and sustained.

During 2013/14, the CCG reviewed the recommendations of the Francis Report and held a workshop to identify key areas for action which are being progressed.

Work to monitor and improve the quality of care in the area’s care homes is on-going. We have worked closely with local CCGs and the local authorities to roll out a quality management tool to all local care homes.

We have established an Urgent Care Board, a group made up of different health and social care organisations, which has developed ways to improve urgent and emergency care at busy times, particularly in winter. The Urgent Care Board agreed investments for the 2013/14 winter period in primary care, hospitals, community services and social care. As a result, patients at risk of going to Accident and Emergency or being unnecessarily admitted to hospital have received care that has reduced the number of hospital admissions.

Promoting equality

The CCG has developed an Equality, Diversity and Human Rights strategy which ensures the provision of quality services that meet the needs of the public, patients, carers and staff.

The CCG’s equality objectives are:

- To actively engage, involve and learn from patients, carers and the public
- To improve the experience of mental health patients by supporting them to live in the community if possible
- To improve the health of people with learning disabilities
We are committed to hearing people’s views and understanding patients’ experiences of local health services, and using this feedback to develop future services.

The patient, carer and patient representative networks now in place are providing a sound basis to ensure that the patient and public voice is at the heart of the CCG’s decision-making.

By the end of March 2014, 23 of the CCG’s 28 GP practices had active patient groups which work with the CCG and GPs to improve local services and patient experience. A Patient Group Forum meets every two months to discuss concerns raised by patients and a number of issues have been successfully resolved.

Patient engagement has been very important to the CCG’s Vision for Quality strategy, with public events and discussions held with a wide range of patients, carers, community and voluntary groups. Over 700 comments were received about local health services which have influenced the CCG’s decisions.

Health Champions are also regularly asked to share their experiences about local health services. During 2013/14, the number of Health Champions significantly increased. At the end of the year, almost 1300 local people were members.

Good relationships are being built with local minority communities and a programme of community visits is under way in partnership with Warwickshire Race Equality Partnership. The CCG is keen to hear about the particular challenges faced by different, local communities.

The CCG’s website www.warwickshirenorthccg.nhs.uk outlines the wide range of ways that local people can get involved with the CCG. An online survey offers an opportunity for patients to share their experiences and make suggestions for improvements.
### Our achievements this year

<table>
<thead>
<tr>
<th>Strategic Objectives</th>
<th>What we wanted to achieve</th>
<th>Benefits achievements would bring</th>
<th>Achievements</th>
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<tbody>
<tr>
<td><strong>Making better use of the money we already spend</strong></td>
<td>Improve services for those groups who don’t always receive the same access to health services or the same quality of care as others</td>
<td>Better health care provided within our budget</td>
<td>Quality of medicines prescribing improved and £0.8 million was saved</td>
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<td></td>
<td>Better service co-ordination - care at the right time, in the right place with the right person</td>
<td>Partners providing best value</td>
<td>Fewer people had to travel to hospital for a follow up appointment and £0.9 million was saved</td>
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<td>Make sure our patients are getting the services we are paying for</td>
<td>Improved patient experience</td>
<td>We better aligned care packages to patients’ needs and saved £1million</td>
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<td>Reduce duplication and waste between existing services by working with partner organisations to improve ‘handover’ of care</td>
<td>Better access and care for disadvantaged groups</td>
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<tr>
<td><strong>Building a sustainable system by investing in prevention, early identification and best care for patients</strong></td>
<td>Look at gaps and service duplication to deliver high quality, cost effective services</td>
<td>Reduce sickness absence</td>
<td>We achieved a 0.7% reduction in A&amp;E attendances and saved £1m</td>
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<td>Actively identify those ‘at risk’ and their carers whose needs might not be known and invest in services to meet those needs</td>
<td>Alcohol and obesity reductions</td>
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<tr>
<td></td>
<td>Working with public health, partners, care homes and local employers to deliver ‘health checks’ and other tools target ‘at risk’ groups</td>
<td>Fewer gaps in key pathways</td>
<td>GP practice end of life care registers remained steady at 0.2% of the practice population</td>
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<td></td>
<td>Working with other organisations to ensure that we can buy the services we need to provide in the future</td>
<td>Greater numbers of patients being treated for cardiovascular disease and cancer earlier</td>
<td></td>
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<tr>
<td><strong>Building an excellent CCG that improves outcomes for patients, is a great partner to work with and a great place to work</strong></td>
<td>Actively engaging GP member practices so that they perceive that they have a great CCG</td>
<td>Better care for “at risk” groups</td>
<td>Unplanned admissions for chronic ambulatory care sensitive conditions reduced by 0.7%</td>
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<tr>
<td></td>
<td>Actively engaging, involving and learning from our patients, their carers and the public to drive quality improvement</td>
<td></td>
<td>Emergency admissions that should not normally require hospitalisation for adults were not reduced. The CCG is currently working with providers to better understand why the required reductions were not achieved</td>
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<td></td>
<td>Actively working with partners to break down the barriers to working together and drive integration</td>
<td></td>
<td>There was strong patient engagement during the year, particularly with the Patient Group Forum and in the development of the Vision for Quality</td>
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<tr>
<td></td>
<td>Effectively and efficiently delivering on our duties as a commissioner</td>
<td></td>
<td>Our providers delivered the NHS Constitution, other than the four targets set out on page 13.</td>
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<td></td>
<td>Supporting a ‘common purpose’ leadership programme across our whole economy to support innovative ways of addressing population need</td>
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Other achievements

In 2013/14 included:

• Set up clinical quality standards with George Eliot Hospital NHS Trust to improve the management of pressure ulcers, end of life care, and early identification and management of patients whose condition is deteriorating.

• Redesigned physiotherapy services and worked with George Eliot Hospital NHS Trust to introduce services for ambulatory care services. This has resulted in fewer unnecessary admissions to hospital.

• Worked with George Eliot Hospital NHS Trust and University Hospitals Coventry and Warwickshire NHS Trust to oversee the implementation of the new children’s services assessment unit at George Eliot Hospital NHS Trust and the move of children’s inpatient services to University Hospitals Coventry and Warwickshire NHS Trust.

• Organised a trial echocardiography service (taking pictures of the heart to look for anything abnormal) in local communities, and reduced the time to get a diagnosis without going to hospital.

• Reduced waiting times for treatment in many specialities to ensure that patients do not wait more than six weeks for a first outpatient appointment and no more than 18 weeks to commence treatment.

• Relocated patients with learning disabilities living in residential care, who met the criteria in the Winterbourne Review, to make it easier for family and friends to visit and for them to be settled in more familiar surroundings.
How we performed

In 2013/14, the CCG has exceeded most of the targets set by the NHS Constitution in relation to the following criteria:

<table>
<thead>
<tr>
<th>Target</th>
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<tbody>
<tr>
<td>Patients to start treatment within 18 weeks of being referred by their GP</td>
<td>✔</td>
</tr>
<tr>
<td>Patients to be admitted, transferred or discharged within 4 hours of their arrival at an A&amp;E department</td>
<td>✔</td>
</tr>
<tr>
<td>Maximum two-week wait for first outpatient appointment for patients referred urgently by a GP with suspected cancer or breast symptoms</td>
<td>✔</td>
</tr>
<tr>
<td>Maximum 31 day wait from diagnosis to first definitive treatment for all cancers</td>
<td>✔</td>
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<tr>
<td>Maximum 31 day wait for subsequent cancer treatment</td>
<td>✔</td>
</tr>
<tr>
<td>Maximum 62 day wait from referral from screening service to first treatment for all cancers</td>
<td>✔</td>
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<tr>
<td>Maximum 62 day wait for first treatment following consultant’s decision to upgrade the priority of the patient</td>
<td>✔</td>
</tr>
<tr>
<td>Category A 999 calls resulting in an ambulance arriving within 19 minutes</td>
<td>✔</td>
</tr>
<tr>
<td>95% of adults with a mental illness to be followed up within 7 days of discharge from hospital</td>
<td>✔</td>
</tr>
</tbody>
</table>
The only targets where the CCG scored slightly below target were:

<table>
<thead>
<tr>
<th>Target</th>
<th>How we are looking to achieve the target</th>
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<tbody>
<tr>
<td>Maximum 62 day wait for first cancer treatment after GP referral</td>
<td>The majority of patients are seen within a shorter time but sometimes there are delays and the CCG is working with the organisations providing cancer services to understand the reasons and to reduce the delays in future</td>
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<tr>
<td>Category A (the most serious) 999 calls with an emergency response arriving within 8 minutes</td>
<td>The CCG is working with the ambulance trust to understand the reasons for the delays and to improve performance in future</td>
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<tr>
<td>Maximum 52 week wait for treatment after being referred for all non-urgent treatment by consultants</td>
<td>The CCG is working with hospitals to ensure they have enough capacity</td>
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<tr>
<td>Handovers between the ambulance service and A&amp;E must take place within 15 minutes</td>
<td>The CCG is working with the hospitals and ambulance trust to minimise delays</td>
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It should be noted that, for some of the above, the CCG’s performance is measured by the performance of either George Eliot Hospital NHS Trust or West Midlands Ambulance NHS Trust.

Full details of the CCG’s key performance indicators and calculations are available on the CCG’s website at www.warwickshirenorthccg.nhs.uk
Looking forward

As we move forward, the CCG will tackle the challenges facing the NHS and will continue to make the most of the opportunities available to provide high quality services, including appropriate use of specialised services and technology. The views of patients and carers will be central to the development of services for the future.

The CCG will support patients to look after their health and to manage their ill-health to help them live longer and healthier lives.

Many people are visiting A&E with conditions that can be seen and treated in a different place, such as a GP surgery. Too many people are still being admitted to hospital, particularly those with an existing chronic illness and the frail and elderly. We are looking to introduce integrated services that will proactively manage patients with a long term condition, the frail and the elderly. We are also looking to meet the needs of the increasing number of older people, to improve dementia diagnosis rates and the support available to carers.

Developing our Vision for Quality

A three year strategy, called the ‘Vision for Quality: a Framework for Action’, sets out how the CCG will develop high quality health services which meet the needs of the local population. GPs, patients, carers and patient representatives all took part in discussions to set the priority areas for improvement:

- Urgent and emergency care and emergency general surgery
- Cardiovascular disease including heart failure and stroke
- Care for those who are frail, including services for those at the end of their life
- Dementia care and mental health care in hospital

Working with local doctors, the CCG has agreed three key principles for improvements:

- Services should be provided as close to the patients’ home as possible, as long as they are safe, high quality, meet the standards in the NHS constitution and can achieve the best health and care outcomes for the population. However, this will not affect patients’ rights to choose to receive services elsewhere
- Services should be available seven days a week and a plan is required to achieve this
- It is acceptable for patients to travel to specialist services if the right standard of care cannot be achieved locally

The CCG is working with health and social partners to ensure that they work more closely together, resources are used effectively and the impact of any local authority spending reductions on health services is minimised.
Our finances

Financially, this has been an extremely challenging year including managing the cost of the higher than expected need for unplanned hospital care and increasing costs for continuing health care placements.

In 2013/14 the CCG spent £199.2m on health services.

How the CCG has spent this money is shown below:

![Value of expenditure in 2013/14 (£million)]

A further £3.95 million was spent on staff and Governing Body costs, services from other CCGs, for example, infection control and safeguarding, NHS England and commissioning support services.

In its first year, the CCG achieved the majority of its financial targets including keeping its expenditure within the allocated budget.

The main financial risks faced by the CCG this year have been:
- Impact of the specialised commissioning allocation review
- Over performance in the hospital sector and significant A&E pressures
- Increasing spending on continuing healthcare placements

These risks were reduced following the introduction of more Quality, Innovation, Productivity and Prevention (QIPP) schemes and discussions with providers of services.
This report is a summary of our Annual report 2013/14.

The full Annual Report and Accounts is published on the CCG website at www.warwickshirenorthccg.nhs.uk

Please contact us to request a printed copy of this report, in a different language or in another format.

**NHS Warwickshire North Clinical Commissioning Group**
Room 1, Lewes House
College Street
Nuneaton
CV10 7DJ

Website: [www.warwickshirenorthccg.nhs.uk](http://www.warwickshirenorthccg.nhs.uk)
Email: contactus@warwickshirenorthccg.nhs.uk
Telephone: 024 7632 4399