

Commissioning Intentions 2019/20

Each year as an NHS commissioner, we are required to set out our priorities for the coming year and explain how our plans will improve the health of local people. This is called our ‘commissioning intentions’.

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs) plan and buy health care services for the 767,500 people who live in these boroughs.

BHR CCGs face a significant financial challenge as the demand for healthcare continues to increase. NHS and social care services in our area are under significant and growing financial pressure. BHR CCGs have had to make some very difficult decisions and look closely at what we are spending money on, to ensure we are spending public money wisely, while continuing to ensure safe, high-quality healthcare for local people.

BHR CCGs have had to make millions of pounds of savings, and through hard work and difficult decisions, we saved £32m in 2017/18. Despite this, we need to make a further £60m saving between 19/20 and 20/21.

In order to do this we need to work differently, not just in terms of how we operate as CCGs, but how we work with our health and social care partners across BHR to provide services to our population.

We have already started this by making steps towards becoming an Integrated Care System (ICS). An ICS is a way of strengthening ties between NHS and social care organisations to improve how we provide care. Through ICS we expect to revolutionise how we commission and provide health and social care services.

This document contains our priorities for the coming year, and explains how we want to achieve these to improve the health of local people in Barking and Dagenham, Havering and Redbridge.

In 2019/20 we intend to:

- Deliver high quality, safe and compassionate care through all commissioned services. Ensuring that we are delivering better outcomes for local people.
 - Transform care and meet NHS standards (principles and values of the NHS) through building on current programmes for planned and unplanned care with a focus on priority groups, such as older people, people with long-term conditions, and adults and children with mental health needs.
 - Develop our Integrated Care System, through a collaborative population based response to our system challenges of quality and resources.
 - Secure financial recovery by agreeing with NHS England a realistic plan to ensure we operate within our budgets for 2018/19 and 2019/20.
 - Transform primary care services such as GP practices, as we know primary care is the key service in our integrated care system.
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Here are the key things we intend to do:

Area	Our challenges	What we want to achieve
<p>Prevention</p> 	<p>The NHS treats more and more patients with preventable illnesses and this is expected to rise. Illnesses such as diabetes can require a lot of care to manage effectively. Reducing preventable diseases would help people lead healthier, longer lives and reduce pressure on the local NHS.</p>	<ul style="list-style-type: none"> ▪ To increase healthy life expectancy in BHR by increasing early diagnosis, support and care. ▪ Enable and empower local people to live a healthy lifestyle, to access preventive care, to feel part of their local community, to live independently for as long as possible, to manage their own health and wellbeing, so people are encouraged and able to live healthy and independent lifestyles.
<p>Primary care</p> 	<p>Primary care, such as GP services, have not received the funding they need. This means more people end up being cared for in hospital, rather than closer to home.</p>	<ul style="list-style-type: none"> ▪ Help GP practices to be more resilient, work closer with other practice to share resources and services, and deliver services differently. ▪ Support more care to be provided near people's homes, rather than in hospital.
<p>Planned care</p> 	<p>BHR patients are more likely to be treated in hospitals than in other similar areas. This costs the NHS more money and increases pressure on services, leading to longer waiting times. Where appropriate it is more effective and efficient to treat patients in the community, freeing hospitals up to manage patients whose need is greatest.</p>	<ul style="list-style-type: none"> ▪ Continue to support local hospital Trusts to reduce waiting times for treatment. ▪ Work with BHRUT to create a single point of access model to ensure patients are seen in the most appropriate place. ▪ Improve community Musculoskeletal (MSK) services; MSK disorders are conditions that can affect muscles, bones, and joints. ▪ Talk to local people about the findings of the London Choosing Wisely Programme to ensure our treatments and procedures are effective and in line with the London region guidance.
<p>Urgent care</p> 	<p>Too many people still go to A&E when they don't have an emergency rather than being treated by the right urgent care service. This puts pressure on delivery of the four hour A&E target. Patients experience longer waits or end up in a hospital bed when they could often have been treated more quickly, closer to home.</p>	<ul style="list-style-type: none"> ▪ Develop urgent treatment centres, led by GPs, open every day and equipped to deal with non-emergency issues that people often visit A&E for. ▪ Support urgent care services like A&E to review patients when they first arrive to make sure they need to be treated in A&E and if not, redirect them to the correct place. ▪ Ensure patients are seen in the most appropriate urgent care service by encouraging more people to use NHS 111. ▪ Work with colleagues across north east London to commission a GP

		<p>home visiting service.</p> <ul style="list-style-type: none"> Work with partners to review the recommendations from the previous BHR stroke consultation and look to create a more joined up service.
<p>Long term conditions</p> 	<p>There is an increasing number of people in our area with long term conditions (LTCs). These conditions can have a huge impact on health and wellbeing if not managed. This can lead to unnecessary trips to hospital.</p>	<ul style="list-style-type: none"> Develop a plan to support patients with LTCs, and empower patients to manage their own condition(s). Continue to support early diagnosis of diabetes, and improve treatment for patients with atrial fibrillation, hypertension and Chronic Obstructive Pulmonary Disease (COPD). Encourage patients to self-manage their care and increase the usage of social prescribing – which enables GPs to refer to services close to home instead of issuing only medicines.
<p>Maternity, children and young people (CYP), and children and adolescent mental health services (CAMHS)</p> 	<p>We expect to see an increasing number of 0-19 year olds over the next five years, with ongoing health needs such as asthma and diabetes. If these conditions are managed carefully, it can prevent unnecessary complications for young people. We are committed to supporting this group of people through working closely with Public Health, schools and the wider NHS.</p>	<ul style="list-style-type: none"> Work with NELFT to develop emotional health and wellbeing services for children and young people. Work with local councils and NHS providers to deliver a place of safety for children and young people within BHR. Continue to ensure community equipment and wheelchair services meet users' needs Work with partners to commission specialist nursing role(s) in schools across BHR. Continue working with NELFT to support a child sexual abuse hub, which provides a coordinated response for children and young people.
<p>Older people, frailty and end of life care</p> 	<p>Our population is getting older, and we expect to see an increase in the number of patients with conditions, such as dementia. Within BHR, frail and older people are more likely to be taken to hospital and stay there longer. This costs the NHS more money and can lead to these patients experiencing a loss of independence.</p>	<ul style="list-style-type: none"> Support specialists and GPs to work together to reduce the number of patients from nursing homes needing to go to hospital. Identify and support patients who are at risk of falling. Support all emergency departments to provide a frailty service. Review patients identified as having end of life care needs in care homes to ensure people live as well as possible and die with dignity.

<p>Mental health</p> 	<p>We want to build upon the work we have already done in BHR to support mental health services. We want to make sure that the right mental health services are available to patients when they are experiencing a crisis or need support, and to make sure patients can get help in the correct place.</p>	<ul style="list-style-type: none"> ▪ Create a specialist psychiatric liaison service to support patients who may be experiencing distress whilst in hospital. ▪ Work with NELFT to ensure patients are supported in primary care by GPs rather than in hospitals. ▪ More support for women experiencing mental health problems during pregnancy or following the birth of a child.
<p>Cancer</p> 	<p>Priorities around cancer services have been developed at a North East London Commissioning Alliance level. We want to improve one-year survival for patients, support people living with cancer as a long-term condition and improve the management of cancer waiting times so patients are seen quicker.</p>	<p>The following to be delivered as part of a north east London action plan:</p> <ul style="list-style-type: none"> ▪ Work with our partners across north east London to create a hub to help diagnose cancer early. ▪ Develop a specialist centre at Queen's and Royal London Hospitals, to reduce the number of patients being treated in A&E.
	<p>In addition to the north east London plans for 2019/20, we have a number of BHR specific priorities which reflect the needs of local issues and people.</p>	<ul style="list-style-type: none"> ▪ Support BHRUT to improve reconstruction surgery following mastectomy, and jointly develop a plan to tackle this issue. ▪ Work with BHRUT to ensure 50 per cent of all patients are given a cancer diagnosis or "all clear" within 28 days of being referred by their GP.
<p>Medicines optimisation</p> 	<p>The medicines management plan for 2019/20 is to continue to make improvements in the quality and efficiency of medicines for local people. This includes making sure we are cost efficient when we purchase medicines on behalf of our local populations.</p>	<ul style="list-style-type: none"> ▪ Continue to support Trusts to follow guidance regarding prescribing restrictions as outlined in 'Spending NHS Money Wisely 1 and 2'. ▪ Work with BHRUT to agree and create an electronic drug formulary platform. This is a list of medicines assessed by a committee for their efficacy, safety, and cost-effectiveness before approved for use. ▪ Continue to support the work BHRUT is doing to increase the uptake of biosimilar insulin, an innovative approach to support diabetes management.