



NHS LEWISHAM CLINICAL COMMISSIONING GROUP

**COMMISSIONING INTENTIONS
2014/15 and 2015/16**

CONTENTS

Introduction		
1. Who We Are p5-6		
1.1	CCG's Responsibilities	p5
1.2	Partnership Working	p6
2. CCG's Strategic Plan p7-15		
2.1	CCG's Strategic Vision	p7
2.2	Our Ambition	P8
2.3	Health Needs of Lewisham's Population	p8
2.4	Public Feedback	p9
2.5	Commissioning Portfolio	p10
2.6	National and Local Planning Context	p12
2.7	Local Financial Challenge	p14
3. Commissioning Priorities – transforming local services p16-41		
3.1	Commissioning Priorities – overview	p16
3.2	Health Promotion	p17
3.3	Maternity Care	P21
3.4	Children and Young People	p23
3.5	Frail Older People (including carers & End of Life care)	p25

3.6 Long Term Conditions (including dementia)	p28
3.7 Mental Health Care	p31
3.8 Adult Integrated Care	p34
3.9 Primary Care and Planned Care	p37
3.10 Urgent Care	p40
4. Commissioning Priorities – enablers	
4.1 High Quality of Care	p42
4.2 Public Engagement	p44
4.3 Information and Communication Technology(ICT)	p47
4.4 Commissioning Development	p49
Appendices	
Appendix 1 – Overall Summary of Draft QIPP Schemes	p52
Appendix 2 – NHS Mandate November 2013	p53
Appendix 3 – CCG’s Outcomes Measures	p54
Appendix 4 – SEL CBC strategy - work streams and aspirations	p56
Appendix 5 – Our Public Engagement Charter	p58
Appendix 6 – Glossary of Terms	p59

Approved by	Governing Body
Date Approved	TBC
Originator/Author	Corporate Director
Responsible Committee	Strategy & Development

INTRODUCTION

NHS Lewisham Clinical Commissioning Group is responsible for commissioning (planning, buying and monitoring) the majority of health services in Lewisham. We are a membership organisation made up of all the GP practices in Lewisham.

These are our Commissioning Intentions for 2014/15 to 2015/16. It is a framework for how we intend to commission local health services during the next two years. Our Commissioning Intentions have been developed to show how we intend to make best use of our available resources to ensure that Lewisham people receive high quality, safe health services that meet their needs and are good value for money.

It is an ambitious commissioning plan; but we believe that it is only by being transformational in our approach that we will be able to respond effectively to the significant challenges facing the NHS. We will only be successful if we can continue to work effectively with our member practices, build on our strong collaborative working with the local authority, health care providers, Healthwatch Lewisham and voluntary and community organisations, whilst working in partnership with the public

Our Commissioning Intentions sets out our commissioning priorities and Quality, Innovation, Productivity and Prevention (QIPP) schemes for the next two years. It has been informed by the feedback received from our members, the public, the Lewisham Joint Strategic Needs Assessment and the Lewisham Health and Wellbeing Strategy.

We would welcome your further engagement on shaping our Commissioning Intentions before we translate them into formal plans and contracts for 2013/14. Please contact the Engagement Team on 0203 049 3204 or lewccg.enquiry@nhs.net to attend a local meeting.

Dr Marc Rowland



CCG Chair

Martin Wilkinson



Chief Officer

1. WHO WE ARE

1.1 CCG's Responsibilities

Lewisham CCG is responsible for planning and buying most of the healthcare services for Lewisham residents. These health services include:

- hospital care
- rehabilitation care
- urgent and emergency care
- most community health services
- mental health and learning disability services

Primary care services such as GPs, pharmacists, dentists, opticians and some other specialist services are commissioned by NHS England¹.

Our aim is to commission the best possible health and care services for Lewisham residents in order to reduce health inequalities and improve health outcomes, in partnership with the people of Lewisham. We will do this by using findings about the health needs of our population² to identify priorities and to make plans for how healthcare can be provided.

We have contracts with a range of health service providers that include NHS and private hospitals and voluntary sector organisations. We monitor how well the services are being delivered to ensure that they are meeting the needs of our patients, that they are safe and of high quality and that they are providing value for money.

We are overseen by NHS England which makes sure that we have the capacity and capability to commission services successfully and to meet our financial responsibilities.

As a membership organisation, our GP member practices work closely, in local or neighbourhood groupings, to discuss common problems that are arising and to see how local services can be improved and co-ordinated better.

¹ Visit www.england.nhs.uk for more information

² JSNA <http://www.lewishamsna.org.uk/>

1.2 Partnership Working

We work in partnership with other commissioners to meet our goals and to ensure efficient and effective working.

1.2.1 Lewisham Health & Wellbeing Board

The Health & Wellbeing Board is a statutory committee of the London Borough of Lewisham (LBL). It is responsible for jointly planning how best to meet the local health and care needs and to promote greater integration and partnership working within Lewisham. The CCG is a member the Health and Wellbeing Board and is fully committed to working in partnership to deliver the priority areas identified in the Health and Wellbeing Strategy and implementing the Delivery Action Plan.

The Health and Wellbeing Board oversees the work of the Children and Young Peoples Partnership (see section 3.4) and the Adult Integrated Care Programme (section 3.8).

The Public Health team of London Borough of Lewisham support the work of the Health and Wellbeing Board with specific responsibility for the co-ordination of the information on the health and wellbeing of the people of Lewisham, which is summarised in Lewisham's Joint Strategic Needs Assessment (JSNA). The CCG has a strong working relationship with Public Health as its work underpins the CCG's commissioning plans and priorities.

1.2.2 South East London Clinical Commissioning Groups

The six CCGs in South-East London, Lewisham, Lambeth, Southwark, Greenwich, Bexley and Bromley, have established collaborative arrangements to meet their shared and interdependent commissioning responsibilities. These arrangements include collaborative work on developing a joint south east London strategy, which encompasses the South East London Community Based Care Strategy. The reason for working collaboratively with the six CCGs in south east London is that we believe that we can transform the way services are delivered faster, learn from one another and implement some programmes collectively at scale.

2. CCG's STRATEGIC PLAN (2013-18)

2.1 CCG's Strategic Vision

Our strategic vision - 'Better Health, Best Care, Best Value – is visually represented below:



Working together with Lewisham people is at the centre of everything we do.

2.2 Our Ambition

We will determine our success in improving the health of Lewisham people through measures of life expectancy, rates of premature mortality from the three biggest causes of death in Lewisham (cancer, respiratory diseases and cardiovascular disease), infant mortality, patient experience and end of life care. We want people to live longer and with a better quality of life.

Over the last 10 years health outcomes have got better for Lewisham people, however, compared to other similar London boroughs we have further room to improve. Our ambition is to reduce the gap in key health outcomes between Lewisham and England by 10% over the five year period and to reduce inequalities within Lewisham.

Further details on outcome measures by which we will measure our success can be found in Appendix 3.

2.3 Health Needs of Lewisham Population

The information we use to understand the health and wellbeing of the people of Lewisham, is obtained from the Lewisham's Joint Strategic Needs Assessment (JSNA).

(Source - <http://www.lewishamsna.org.uk/>)

2.3.1 Population Growth

Lewisham population size is estimated to be 284,325. Lewisham has a young population with 25.4% of the population being under the age of twenty. The Lewisham population is projected to grow across all age groups over the next five years. For this period the largest percentage growth rate is in the 20-64 year old age group.

There has been a sustained rise in the birth rate in Lewisham for several years, reflecting a similar rise in London and the country as a whole, although the trend in birth rate in Lewisham is expected to level off in future years. The population of children, in particular those aged 5 to 14 will continue to rise for the foreseeable future because of the previous rise in births.

2.3.2 Ethnicity

Lewisham is a very ethnically diverse borough, 46.5 % of the population are from Black and Minority Groups (BME) compared to 40.2% London and 12.5% in England. In 2011 the two largest BME groups were Black African (12%) and Black Caribbean (11%). In the

school population the proportion from BME groups is 77% and over 170 different languages are spoken.

2.3.3 Deprivation

Deprivation is increasing in Lewisham Borough. The 2010 Index of Multiple Deprivation (IMD) ranked Lewisham 31st out of the 354 local authorities in England compared to a rank of 39 in 2007.

Evelyn ward in the north of Lewisham is the most deprived ward followed by Bellingham, Downham and Whitefoot (5th) in the south of the borough. Rushey Green in the centre of Lewisham borough ranks as the 4th most deprived ward.

Lewisham has had a higher proportion of one person households 34% compared to 30% in England of which nearly a third are aged 65 and over. Also Lewisham has a higher proportion of lone parent households (11%) compared to London (9%) and England (7%).

2.3.4 Inequalities

There are also significant ethnic health inequalities in Lewisham. Uptake of breast cancer screening is lower in black women, whilst late diagnosis of HIV infection is more common in black African heterosexual men. Black teenage girls are 74% more likely to get pregnant than white teenage girls. White men and women have higher rates of admission for alcohol related problems.

While there are improvements in population health, there are still variations between different parts of the borough, for instance life expectancy at birth is rising but for men living in Lewisham Central and for women living in Telegraph Hill it is significantly lower than the average.

2.3.5 Mortality

The main causes of death in Lewisham are cancer, circulatory disease and respiratory diseases. Over the last couple of years cancer has overtaken cardiovascular disease as the main cause of death, and cancer deaths are now 33% of all deaths.

Overall the death rates have been falling in Lewisham, but the death rate in Lewisham Central ward is significantly higher than the Lewisham average.

2.4 Public Feedback

Since September 2013 a number of different types of public engagement events have taken place in order to gather public views on the Draft Commissioning Strategy 2013 –

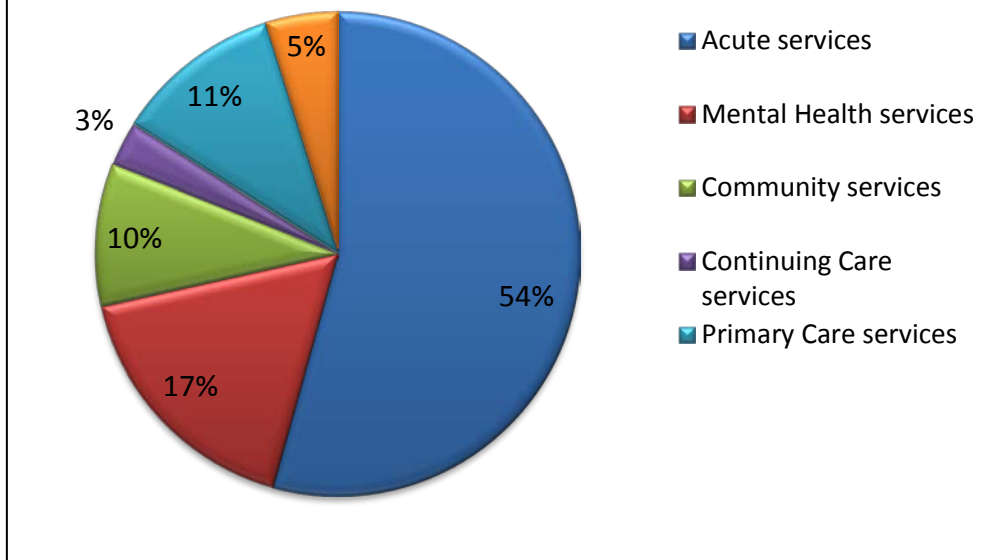
2018: A Local Health Plan for Lewisham. The key findings are summarised and have been incorporated into our commissioning Intentions as indicated below:

- Patient contact and interaction with GP Practices requires attention and/or improvement – this should not be confused with actual appointments; rather, patients report extensive telephone booking problems and provide examples of poor service by practice staff – see *section 3.9 Primary Care and Planned Care*;
- Patient experience and/or perception of quality of services at Lewisham & Greenwich NHS Trust will benefit from on-going qualitative monitoring, particularly those that fall outside of the Family and Friends Test – see *section 4.1 High Quality Care*;
- Improvements are required in health communications and the provision of information for patients – including advice, self-management and prevention material. There is strong support for reducing confusion in health messages – see *section 3.9 Primary Care and Planned Care section*;
- Consider the community and voluntary sector as delivery mechanisms for health to build on the trust within the community; potential to link to Commissioning and Social Value Act – see *section 3.8 Adult Integrated Care*;
- There is strong support for proactive primary care including NHS Health Checks – see *section 3.9 Primary Care and Planned Care*;
- There is strong support for the mental health priority, including early advice within the community – see *section 3.7 Mental Health*;
- There is strong support and need for the integrated care programme that must improve services, team working and deliver patient centred care – see *section 3.8 Adult Integrated Care*;
- Delivering services differently using suggestions made by the public should be considered as future pilots within care pathways – see *section 3.6 Long Term Conditions*;

2.5 Our Commissioning Portfolio

In 2013/14 we received around £365 million in order to commission most of the healthcare services for Lewisham residents. The following chart shows how we have budgeted to spend the money we receive from the Government in acute (hospitals), mental health, community and continuing healthcare services:

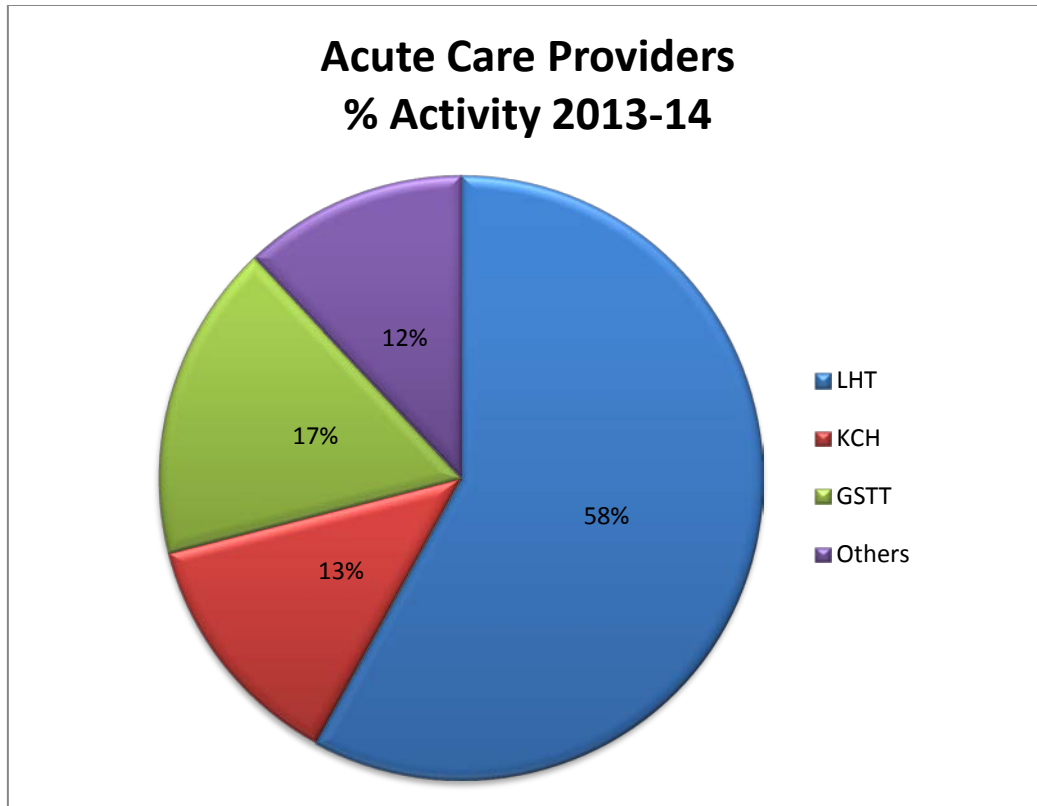
Commissioning Budget 2013-14



Our main providers by expenditure of acute care services are Lewisham and Greenwich NHS Trust (which provided services at Lewisham hospital previously - Lewisham Healthcare NHS Trust - LHT), King's College Hospital NHS Foundation Trust (KCH), and Guy's and St Thomas's NHS Foundation Trust (GSTT).

Our community services provider is also Lewisham and Greenwich NHS Trust and mental health services are provided by the South London and Maudsley NHS Foundation Trust (SLaM).

Their approximate share of CCG expenditure is shown in the next chart.



2.6 National and Local Planning Context

2.6.1 The NHS Constitution

The NHS Constitution requires the Government to provide a statement of NHS accountability, describing the principles, values, rights and responsibilities that underpin the NHS. You can find further details about the NHS Constitution at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170656/NHS_Constitution.pdf

2.6.2 The NHS Mandate

The NHS Mandate (November 2013) sets out the Government's strategic direction and ambition for the NHS based on the eight strategic objectives, as shown in the table below. The NHS Mandate also summarise the clear expectations of the NHS in terms of improvements in the quality of care to be delivered during 2014/15. Lewisham CCG has incorporated these priorities and requirements into its local Strategic Plan and Commissioning Intentions, as is summarised in the next sections on Commissioning Priorities and Commissioning Enablers:

NHS Mandate: Strategic Objectives

1. **Help people live well for longer** – preventing ill-health, and providing better early diagnosis and treatment of conditions such as cancer and heart disease, so that more of us can enjoy the prospect of a long and healthy old age
2. **Manage ongoing physical and mental health conditions** - managing ongoing physical and mental health conditions such as dementia, diabetes and depression – so that we, our families and our carers can experience a better quality of life; and so that care feels much more joined up, right across GP surgeries, district nurses and midwives, care homes and hospitals
3. **Help people to recover from episodes of ill health or following injury**
4. **Make sure people experience better care** - not just better treatment, so that we can expect to be treated with compassion, dignity and respect
5. **Provide safe care** - so that we are treated in a clean and safe environment and have a lower risk of the NHS giving us infections, blood clots or bed sores
6. Free the NHS to innovate;
7. Support the NHS to play a broader role in society;
8. Make better use of resources.

NHS Mandate - November 2013

A summary of The NHS Mandate (2014 - 2015) for patients and the public is shown at Appendix 2. You can find the current Mandate and additional documents at: <https://www.gov.uk/government/publications/nhs-mandate-2014-to-2015>

2.6.3 South East London Clinical Commissioning Groups

The six CCGs in south east London: Lewisham, Lambeth, Southwark, Greenwich, Bexley and Bromley, have established collaborative arrangements to meet their shared and interdependent commissioning responsibilities. These arrangements include collaborative work on developing a joint south east London strategy, which encompasses the South East London Community Based Care Strategy. There are three major work programmes:

- Integrated care for people with longstanding health needs including mental health needs;
- Primary and community including urgent care;
- Planned care for people with short term conditions

The aspirations of the Community Based Care Strategy are summarised at Appendix 4.

2.7 Local Financial Challenge

The CCG's financial forecasts for 2014/15 and 2015/16 are based on the following local planning assumptions:

Allocation Growth	2%	2%
Demographic Growth	0.8%	1.5%
Non Demographic Growth	2%	2%
Prescribing Growth	4%	4%
Planned Surplus (increased from 1%)	2%	2%
Integration Transformation Fund (transfer to Local Authorities)	(0.3%)	(3.1%*)

The combination of increasing demand for healthcare and cost inflation in excess of income growth results in a real terms financial challenge for the CCG - in a "no change" scenario, it is estimated that this is a "gap" of about £13.7 million in 2014/15 and £10.3 million in 2015/16. In other words the CCG would overspend against its income allocation unless action is taken to increase efficiency or reduce cost – see table below.

Forecast Financial Position 2014/15 – 2015/16

Modelled Forecasts Expenditure	380,232	369,875
Modelled Allocation	366,554	359,547
Estimated Shortfall	(13,678)	(10,328)

Lewisham CCG plans to address the challenge of delivering improved quality whilst making efficiency savings, to address the estimated £24 million shortfall over 2014/15 and 15/16, by implementing a number of commissioning initiatives through the Quality, Innovation, Productivity and Prevention (QIPP) framework. The QIPP framework is

about making health services more cost-effective while improving the quality of services through innovation. In the next section further details of the QIPP schemes are given by commissioning priority area.

An overall summary of QIPP Schemes for 2014/15 and 2015/16 is shown at Appendix

1

3. COMMISSIONING PRIORITIES - TRANSFORMING LOCAL SERVICES

This section describes our commissioning priorities for the next two years – 2014/15 and 2015/16 - to achieve our strategic vision and ambition as set out in Section 2 of these Commissioning Intentions.

3.1 Commissioning Priorities - Overview

We have identified the following eight commissioning priorities that we will focus on to transform services, supported by four system-wide enablers:

Strategic Themes	Commissioning Priorities
Healthy Lifestyles and Choice	1. Health Promotion – smoking cessation, alcohol abuse, obesity and cancer
	2. Maternity and children’s care in hospital
Frail and Vulnerable People	3. Frail older people (including end of life care)
Long Term Conditions	4. Long Term Conditions – eg COPD, diabetes, CVD, dementia
	5. Mental Health
Deliver Services Differently	6. Primary care development and planned care
	7. Urgent Care
	8. Adult Integrated Care
‘Enablers’	High Quality Care
	Public Engagement
	Information and Communication Technology
	Commissioning Development

For each commissioning priority we have set out:

- A brief description of the service area(s) covered and our strategic aim;
- A summary of the current issues for Lewisham;
- A summary of the action Lewisham CCG intends to take over next two years;
- A list of the key benefits expected to be achieved by delivering these Commissioning Intentions for the Lewisham population.

We would welcome your views on whether you agree with our choice of priority areas for action for the next two years to achieve our strategic aims and to deliver the expected benefits for the Lewisham population.

3.2 Health Promotion

What do we mean by Health Promotion?

Health promotion is the process of enabling people to increase control over, and to improve, their health. Health promotion activities include prompting strategies and campaigns to support people to make healthier decisions or change their behaviour to improve their health, such as to stop smoking and to eat more healthily. Health promotion can also include a range of social and environmental interventions.

Health promotion activities provides long-term benefits as they contribute to reducing premature deaths from cancer, cardiovascular disease (CVD) and respiratory disease (which includes COPD) and addressing inequalities between different communities and locations in Lewisham.

Our Strategic Aim

Strategic Aims

- Overarching Health and Wellbeing Board's strategic aim – 'Achieving a healthier and happier future for all'.
- CCG's strategic aim - to contribute to the delivery of the Health and Wellbeing Board's strategy with a particular focus on reducing smoking, alcohol abuse, obesity and to increase cancer awareness, screening and early diagnosis.

The Health and Wellbeing Board's Strategy (September 2013) sets out the wider health and wellbeing prevention strategy for Lewisham. The following nine priority areas have been selected:

1. Achieving a healthy weight
2. Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years
3. Improving immunisation uptake
4. Reducing alcohol harm
5. Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking
6. Improving mental health and wellbeing
7. Improving sexual health
8. Delaying and reducing the need for long term care and support.

9. Reducing the number of emergency admissions for people with long term conditions

The CCG, as a member the Health and Wellbeing Board, is fully committed to supporting the delivery of all priorities identified in the Health and Wellbeing Strategy, with a specific focus on reducing smoking, alcohol harm, obesity, improving sexual health and increasing cancer awareness, screening and early diagnosis.

More details about the Lewisham Health and Wellbeing Strategy for all by 2023 can be found at:

www.councilmeetings.lewisham.gov.uk/Health.and.Wellbeing.Board/19Sept

What are the current issues for Lewisham?

The key health risks for people living in Lewisham are:

- Smoking - more people smoke than the national average. Reducing the number of people in Lewisham who smoke would have a major impact on the key causes of premature death. Having smoke free homes also protects the health of children.
- Alcohol - alcohol related harm is increasing in Lewisham. Alcohol use has a major impact on health, anti-social behaviour, crime and other important social issues, including the wellbeing and development of children.
- Obesity – about 33% of adults in Lewisham are overweight or obese compared to 24.2% in England. Lewisham has a high level of childhood obesity. Over 40% of 10 - 11 year olds and nearly a quarter of 4 - 5 year olds were overweight or obese in 2011/12.
- Physical activity – adults in Lewisham participate less in sport or active recreation compared to both the rest of London and England.
- Cancer screening uptake - the uptake of cancer screening in Lewisham is significantly worse than London. This has implications for cancer survival as many women particularly are missing the opportunity for early diagnosis of cancers which may result in better treatment outcomes.

Also, we know that beneath the overall picture of health that exists, specific inequalities need to be addressed. For example, people on local incomes or with mental health problems are more likely to smoke. Uptake of breast cancer screening is lower in black women, whilst late diagnosis of HIV infection is more common in black African heterosexual men. Black teenage girls are 74% more likely to get pregnant than white teenage girls. White men and women have higher rates of admission for alcohol related problems.

What action does Lewisham CCG intend to implement over next two years?

In order to achieve improvements in health and wellbeing, individuals, communities and voluntary and statutory organisations will need to work collaboratively. The CCG will work with contribute specifically to:

- preventing uptake of smoking among young people and reduce smoking – including encouraging health providers to give brief advice on smoking and making it easier to be referred to a stop smoking services in primary care;
- reducing alcohol admissions – by supporting GP practice members to systematically identify and give brief advice on alcohol, including signposting support on alcohol for those who require it;
- achieving a healthy weight - by supporting GP practice members to offer brief advice on levels of physical activity and weight in children and adults and refer to weight management and physical activity programmes.
- increasing awareness, screening and early diagnosis cancer and to improve quality of primary and secondary care in relation to cancer - by working to secure improvements in cancer services, focusing on national and local priorities covering prevention, early diagnosis and intervention, patient experience, quality and value for money, working with the our GP practice members, London Cancer Commissioning and the Public Health team at LBL;
- supporting the reduction of unintended pregnancies and Sexually Transmitted Infections (STIs) including HIV - by improved access to contraception and STI services provided by GPs, sexual health clinics, online and in pharmacies.

The CCG will continue to meet its Health Inequality Duty, as set out in the Equality Act 2010, to reduce inequalities between patients with their ability to access health services and to reduce inequalities between patients with respect to the outcomes achieved for them.

Also the CCG, as an employer, will promote healthy lifestyles, including healthy eating and physical activity to our employees.

What are the expected benefits for Lewisham population?

Key Benefits
<ul style="list-style-type: none">• Lewisham's people living a healthier, independent and fuller life;• Reduce the risk of developing disabling or life threatening conditions;

- Delay the onset of disease;
- Support a more speedy and sustainable recovery;
- Reduced costs to health and social care in the longer term;
- Reduced cost to business through a reduction in absenteeism;
- Increased financial benefits to individuals of being able to work;
- CCG fulfilling its Health Equality Duty.

3.3 Maternity Care

What do we mean by Maternity Care?

Maternity care covers a wide range of services that provide a woman with advice, support and care from preconception, during pregnancy (antenatal care), child birth and after care (postnatal care).

Our Strategic Aim

Strategic Aims

- To normalise and improve the quality of maternity care to women in Lewisham across the care pathway from preconception, pregnancy, childbirth to aftercare.

What are the current Issues for Lewisham?

The population of children in Lewisham has been increasing due to an increase in the number of births. This trend is expected to level off towards the end of decade, but new housing developments planned for Lewisham Central mean that there is likely to be an increase in births in that particular ward.

Historically Lewisham has had a high percentage of low birth weight babies (less than 2.5kg or 5 lbs 8oz). The numbers of low weight babies is falling, but it is still a significantly higher rate than the England average, though it is now similar to the rest of London.

Lewisham Hospital's birthing unit is highly praised by mothers. However there is limited maternity services capacity in south east London, which means that sometimes a woman has limited choice in where she can plan to have the birth of her baby.

All providers of maternity services are working to achieve the London Health Programmes' London Quality Standards, including standards on waiting times, staffing levels and protocols in a maternity unit (February 2013).

What action does Lewisham CCG intend to implement over next two years?

The CCG is planning to pilot a new way of providing maternity care, where all maternity care is integrated and centred around the mother. This will involve strengthening the current community midwifery teams and integrating these community midwifery teams

into other child and mother centred community teams e.g. Health Visitors, Children's centres, GPs. In so doing, we hope that this model of care, where services are 'wrap around' the woman, will:

- give women greater choice and control in their care;
- improve the continuity of advice, support and care from preconception to the postnatal period.
- reduce risks for vulnerable pregnant women by earlier identification;
- improve communication and integration with other community based services centred around children's centres.

Also we want to build on the positive public feedback about the birthing unit at Lewisham Hospital and to support the long-term sustainability of our local maternity providers. So we will coordinate capacity planning for future maternity services to make sure that we have the right services to cope with the expected rise in birth rates, working with our local hospitals and other south east London CCGs.

The CCG will continue to support actively the Health and Wellbeing programme to reduce low birth weight rates in Lewisham, by working with women and partners to increase the proportion of women who see a midwife early in pregnancy and breast feed their child. Also to support women to stop smoking and avoid drinking alcohol during pregnancy.

What are the expected benefits for the Lewisham population?

Key Benefits
<ul style="list-style-type: none">• Higher levels of satisfaction with maternity services and better experience of child birth as women receive the support they need throughout their pregnancies, based within community settings – 'Friends and Family Test' from October 2013.• Every women has a named midwife who is responsible for her care throughout pregnancy, childbirth and during the post natal period (NHS Mandate 2013).• More women booking early antenatal appointments enabling earlier identification of women at high risk and better long term health outcomes for both mother and child.• More women initiating breastfeeding resulting in better long term health outcomes for both mother and child.• Reduced level of postnatal depression through earlier diagnosis and better intervention and support. (NHS Mandate 2013).

3.4 Children and Young People

What do we mean by Children and Young People?

The usual definition of children and young people are those children and young people from 0 to 19 years.

In Lewisham there is a well embedded and mature Children's Partnership. All partners - Lewisham Council, health, education, police and voluntary organisations - have agreed to work together so that services are well placed to deliver our vision for all children and young people in Lewisham.

Our Strategic Aim

Strategic Aims

- Overarching strategic aim - 'Together with families, we will improve the lives and life chances of the children and young people in Lewisham';
- CCG's strategic aim - to develop integrated care pathways to ensure that all children receive excellent care and complementary care from different services and partners, in the appropriate setting.

Lewisham children's services are organised into three groups of - universal, targeted and specialist. All Lewisham children and young people benefit from excellent universal services. For those children and young people who may have a problem there are high quality targeted services that can provide support quickly to ensure that problems do not escalate and eventually require specialist services.

Lewisham Children and Young People's Plan 2012–2015 - It's everybody's business – can be found

at: www.lewisham.gov.uk/myservices/socialcare/children/Documents/CYPP2012-15.pdf

What are the current issues for Lewisham?

Overall Lewisham has a slightly younger age profile than the rest of the UK. Children and young people aged 0–19 years make up 24.5% of our residents, compared to 22.4% for inner London and 23.8% nationally.

Lewisham hospital has a separate 24 hour Accident & Emergency (A&E) service dedicated to children (under 16) supported by a full range of paediatric surgical and medical staff. Lewisham hospital is working to achieve the London Health Programmes' London Quality Standards (February 2013), including standards on waiting times, staffing levels and protocols for a children's A&E department.

The London Borough of Lewisham (LBL) won its appeal against the Secretary of State's decision to close the Children's A&E service along with the main A&E department on the Lewisham hospital site. The problem of finding a way to make local health services more affordable still remains, but now we can work with local people, providers and with other commissioners to identify and implement a local solution to the future way children's and adult's emergency and urgent care is provided in Lewisham.

What action does Lewisham CCG intend to implement over next two years?

The Children's Partnership priorities for all children in Lewisham are being developed jointly with other commissioners, and will be published later this year. The CCG's commissioning priority, summarised below, will form part of this wider list of priorities.

The CCG wishes to review the top five reasons for children's unplanned visits to A&E and resultant admissions and to develop an integrated care pathway for the most common reasons for attendances. It is intended that this work will inform the wider work being undertaken to review local emergency and urgent care services— see section 3.10 on Urgent Care for further information.

What will be the key benefits for Lewisham population?

Key Benefits
<ul style="list-style-type: none">• Improved care of children and young people with the commonest conditions presenting as unplanned care, by improving self-management and improving care along integrated pathways.• Improved skills and confidence of primary care to support children in the top 5 priorities.• Improved working within community settings through developing integrated care pathways.• Improved confidence of parents and children to self-manage chronic conditions and knowing how to navigate the health system for appropriate support when needed.• More effective use of paediatric A&E and hospital by children and young people and

their families.

3.5 Frail Older People

What do we mean by Frail Older People?

There is a variety of definitions of frailty. We use the term to highlight the group of older people who are at a higher risk of significant decline in their health and wellbeing, because they have little resilience. This means that a small adverse event can have a major impact on their ability to continue with their day to day living.

In the UK between quarter and half of those aged over 85 years are thought to be frail.

Our Strategic Aim

Strategic Aims

- To improve the advice, support and care provided to frail older people and their carers so they can continue to live independently;
- To commission a range of responsive and high quality care and support, available in a variety of settings including community, extra care and care homes, to meet the changing requirements of the frail older person;
- To improve end of life care for Lewisham residents.

What are the current issues for Lewisham?

In Lewisham the number of residents aged over 65 years has been stable or even falling slightly over the last decade, despite an overall growth in the population. However population projections suggest that from about 2015 the number of Lewisham residents over 65 years old will begin to rise. This is because the population is living longer. More older people live in the south than in the north of Lewisham.

Feedback from the public has indicated that some older people feel disengaged in their care and say how important it is to include their carers, as well as themselves in developing their care plans.

What action does Lewisham CCG intend to implement over the next two years?

The CCG intends to get better at systematically identifying our frail older population in Lewisham, so that earlier preventative support can be provided to reduce the loss of independence and harm from being more vulnerable. This will be done working

collaboratively with older people, their carers and families; with both statutory and voluntary agencies.

For example each year many frail older people are admitted to Lewisham hospital because they have fallen in their own home or care home or they have pneumonia or an Urinary Tract Infection (UTI). The CCG, working with GP practice members, will focus on preventing these health issues so reducing the number of avoidable hospital admissions from falls, UTIs and respiratory conditions.

The CCG is committed to increasing the support to carers with better access to information, advice and support, to maintain their own health and wellbeing. The development of a multi-agency carer's strategy will assist in raising awareness amongst professionals and carers of the Carers Emergency Alert Card Scheme and the wider network of advice and support services available within Lewisham.

The CCG is committed to improving the quality of care provided by residential and nursing homes in Lewisham, by increasing the type and range of appropriate clinical support and staff training provided in all our local care homes.

The CCG will work jointly with Lewisham Council to ensure that the process for obtaining NHS fully funded continuing care is fair and simple for people to understand and is linked with accessing NHS personal health budgets. This will include those who are terminally ill.

The CCG wants every person who is near to the end of their life to be supported to die in a place of their choice. As we have been successful in obtaining additional two year funding from Macmillan Cancer Care, this will support us to transform end of life care in Lewisham in conjunction with people who use the service (service users), carers, GP practice members, Lewisham hospital and other providers.

What are the expected benefits for the Lewisham population?

Key Benefits
<ul style="list-style-type: none">• Reduce or minimise risk of harm, abuse or serious untoward events for vulnerable people in Lewisham;• Improved frail older people's experience of health and social care services being timely and joined up;• Early identification of frail older people at risk of worsening health or avoidable hospital admission – it is estimated that this could save up to £1 million (6% of the CCG's planned expenditure on emergency admissions) over 2014/15 and 2015/16;

- Improved experience and feedback from carers;
- Good clinical quality standards across all care homes;
- NHS fully funded continuing care is fair and simple;
- Offering NHS personal health budgets to eligible continuing care adults;
- Increased proportion of people who are supported to die in the place of their choice.

3.6 Long Term Conditions

What do we mean by Long Term Conditions?

Long term conditions (LTC) are conditions that cannot, at present, be cured but can be controlled by medication and other therapies. They include diabetes, heart failure, chronic obstructive pulmonary disease (COPD), cardiovascular disease (CVD), asthma, dementia, living with cancer and many others. LTCs can affect many parts of a person's life.

Care of people with long term conditions accounts for 70% of the money we spend on health and social care in England.

Our Strategic Aim

Strategic Aims

- To improve the patient's and carer's experience by changing culture and behaviours so that the patient is at the centre and better supported to take greater responsibilities;
- To develop integrated care pathways for long term conditions, including for people with dementia;
- To provide personalised care, using risk profiling tools to systematically identify people earlier with health issues.

What are the current issues for Lewisham?

There are an increasing number of people in Lewisham who have long-term conditions and this will increase further with the ageing population, particularly the likelihood of having more than two conditions and having dementia.

In addition there are inequalities in long-term conditions as our more deprived populations are more likely to have two or more long-term conditions compared to our less deprived populations. Also Lewisham's black and minority ethnic communities are at greater risk from health conditions such as diabetes, hypertension and stroke.

Given that long term conditions are becoming more common in Lewisham, we, in partnership, will need to ensure service users and carers receive the advice, support and care to manage their long term conditions. We aim to support people to live

healthy and independently, with much better control over the care they receive and so do not end up in hospital needlessly.

Feedback from the public is that we should be more readily using suggestions made by the public on how services could be delivered differently within care pathways.

What action does Lewisham CCG intend to implement over next two years?

The CCG will continue to work in partnership with service users, their carers and our GP practice members to transform the way that care is provided for people with LTCs – from promoting healthy living, early identification and diagnosis of LTCs, supporting self-care and self- management, medication and treatment. Changes already made to diabetes and COPD care has been successful in improving the quality of care and service users experience and reducing the numbers of emergency hospital admissions in Lewisham. We intend to roll this work out consistently across all of Lewisham for the other key long term conditions, particularly for dementia.

Also we will work to ensure that local health and social care providers are better at supporting service users and their carers to manage and make decisions about their own care and treatment by:

- offering a personalised care plan that reflects their preference and agreed decisions to everyone with a LTC;
- giving people the option to hold their own personal health budget;
- increasing the support to carers with better access to information, advice and support, to maintain their emotional and physical health and wellbeing – see section 3.5 on Frail Older People.

Lewisham CCG will work jointly with London Borough of Lewisham to increase the pace and scale of integration across health (primary, community and secondary care) and social care to provide the most effective care and support where and when it is most needed for people with a long term condition – see further details in section 3.8.

What are the expected benefits for the Lewisham population?

Key Benefits
<ul style="list-style-type: none">• Improved service users' and carers' experience of being supported to manage and make decisions about their own care and treatment;• More people with a long term condition having a personalised care plan and feeling confident in self-care management, supported by better health information and

access to appropriate technological support (NHS Mandate 2013);

- Good clinical quality standards, based on clinical evidence, consistently achieved across the LTC's care pathways;
- A reduction in number of people with a LTC requiring an emergency admission to hospital as support and care is better planned in community based services – it is estimated that this could save up to £2.9 million (6% of the CCG's planned expenditure on emergency admissions) over 2014/15 and 2015/16.

3.7 Mental Health

What do we mean by Mental Health?

Being mentally healthy is not simply the absence of mental illness.

Mental health is about physical, emotional and social wellbeing. If people are mentally healthy they are able to cope with the ups and downs of day to day living, they have the energy to lead active lives, and they achieve personal goals and are able to make a contribution to their community.

Mental health problems are very common. About a quarter of the population experience some kind of mental health problem in any one year.

Our Strategic Aims

Strategic Aims

To transform the local mental health system within which all providers, whether statutory, independent or third sector focus on four key aims:

- Outcomes - more people will have good mental health and more people with mental health problems will recover;
- Safety – fewer people will suffer avoidable harm;
- Choice – more people will have a positive experience of care;
- Access – fewer people will experience stigma and discrimination and people with mental health problems will have straightforward access to physical health care services.

What are the current issues for Lewisham?

Overall Lewisham has a high level of mental health need. In 2011, 1.1% of the population registered with a Lewisham GP was on a Severe Mental Illness (SMI) register. This equates to 3,423 people. In London the figure is 1% and England 0.8%.

Within Lewisham there is variable need, with the southern wards of the borough (Downham, Bellingham and Whitefoot) estimated to have a 25 - 40% higher need for services, in contrast to less deprived wards such as Forest Hill and Catford.

Also certain ethnic groups are over-represented in local inpatient mental health services (principally White other and Black other). It is a nation-wide concern that urgent action is required to reduce racial inequalities in mental health services.

The public strongly supported mental health to be a local commissioning priority, given the high level of need in Lewisham. People welcomed the shift of focus from mental health services to the provision of early advice and support within the community.

What action does Lewisham CCG intend to implement over next two years?

Commissioning of mental health services traditionally has been focused on the volume of services provided – the number of admissions to hospital, or outpatient visits, or contacts with a community team. This approach has helped us to understand the output of services (how much they are doing for the money we provide) but it does not tell us about their outcome – how mental health services are improving the lives of the people who use them.

Our intention is to change this and to move our commissioning to focus on to the outcomes which mental health services achieve for service users, their families and carers and the wider community.

So our commissioning intentions are to focus on:

- work closely with South London and Maudsley Foundation Trust (SLaM) to ensure Lewisham's needs are understood as they transform their delivery of adult mental health services to offer a wider range of services in the community with less need for inpatient mental health bed based care but also less delay in accessing community services;
- further expanding treatment options in the community by strengthening the relationships between the various statutory and voluntary health and social care services and providers, working with our GP practice members, to make them more focused on the service user's needs;
- further increasing service user and carer involvement in all aspects of how services develop with a specific focus on patients from BME backgrounds;
- ensuring equity of access for people with mental health problems to mainstream physical health care services, in particular primary care;
- Ensure that the services to manage acute and serious episodes of mental health illness do so safely and effectively and to increase provider accountability for the services they provide.

What are the expected benefits for the Lewisham population?

Key Benefits

People with mental health problems will see improvements in their ability to function and will feel supported to maintain the best possible quality of life;

People will feel supported to regain the best possible quality of life after a period of illness;

People using mental health services will be at the lowest possible risk of suicide, deliberate self-harm or self-neglect;

People using mental health services will feel more involved in all aspects of service design and delivery and will report strong relationships across the network of partnership organisations;

People using mental health services will have access to all the physical health care services they need and will be able to maintain a healthy lifestyle despite their mental illness;

People will be seen within the least intensive service that is appropriate and community based plans will be the preferred referral for care;

People self-referring to services and professional referrers will find access to mental health services to be fair and straightforward - across age groups and across diverse communities;

A wider network of community based mental health services with effective interfaces including the provision of effective mental health care in a crisis and reduced waiting times for access to mental health services is estimated to have the potential to deliver up to £2 million in savings (equivalent to 2% of the SLAM current contract value) over 2014/15 and 2015/16.

3.8 Adult Integrated Care Programme

What do we mean by Adult Integrated Care Programme?

The Lewisham Adult Integrated Care Programme has been established by Lewisham's Health and Wellbeing Board to increase the pace and scale of integration across health (primary, community and secondary care) and social care. As our ageing population develops more complex health needs and there are an increasing number of people living with long term conditions (LTCs), there is, and will continue to be, increasing pressure on our services. It will be essential for us to manage our collective resources in a more effective way to deliver our joint strategic vision '*Better Health, Better Care, Stronger Communities*'.

Our Strategic Aim

Overarching vision – '*Better Health, Better Care, Stronger Communities*'

- To make choosing healthy living easier;
- To provide the most effective care and support where and when it is most needed;
- To build engaged, resilient and self-directing communities.

What are the current issues for Lewisham?

The development of the Adult Integrated Care Programme has been influenced by the views expressed by our local residents, who highlighted some of the barriers to improving health outcomes, including:

- lack of organisational join-up, a lack of continuity between services, not knowing what opportunities are available and not having the time and space to consider which services to access;
- not knowing who to go to for help, advice or information;
- the complexity of the system;
- the low take up of existing opportunities and activities provided within the community that support people's health and wellbeing.

(Source – Health and Wellbeing Strategy - September 2013)

What action does Lewisham CCG intend to take over next two years?

The Lewisham Adult Integrated Care Programme has established a number of different work streams to take this work forward including:

- I. Providing high quality information and advice – involving the co-ordination of health and wellbeing campaigns; health promotion and self- help initiatives; and access to information and signposting about services - connects with the CCG’s priority on Health Promotion in section 3.2;
- II. Supporting independence - the development of effective systems and processes for, primary care identification, diagnosis and management, including enablement, telecare, and equipment, with a specific focus to support admission avoidance and hospital discharge - building on the work being undertaken by the CCG as part of Primary Care, Long Term Conditions, Mental Health and Frail Older People;
- III. Transforming care planning – the development of single assessments, including risk profiling , joint care plans, joint reviews, direct payments, personal budgets, personalised health budgets and the development of a single health and care record – building on the work being undertaken by the CCG as part of Long Term Conditions, Primary Care, Mental Health and Frail Older People;
- IV. Streamlining care pathways – the streamlining of key pathways across health and social care from initial contact to ongoing care – dementia, falls, COPD, Heart Failure and Diabetes – building on the work being undertaken by the CCG as part of Long Term Conditions in section 3.6;
- V. Inspiring the workforce – working with patients and local providers to develop new ways of working and culture and behaviour changes to proactively manage health and wellbeing – links with the wider CCG work to achieve high quality of care in section 4.1;
- VI. Maximising the potential of Information and Communication Technology (ICT) – involving a joint approach to collection, use and sharing information and joint care records – builds on the CCG’s work summarised in section 4.3 on ICT;
- VII. Building stronger communities – coordinated work to develop vibrant connected local communities and strong neighbourhood networks – links with the wider work CCG on Public Engagement summarised in section 4.2;
- VIII. Creating excellent commissioning – the CCG will work with other commissioners to develop more innovative commissioning approaches and contractual models to support the transformation of services. This will include developing new ways of incentivising market development in the community; implementing transparent processes so that resources can move flexibly around the system and achieve

system wide savings, whilst assuring quality and safety standards; creating the right commissioning environment to facilitate transformation change, rather than transactional change - builds on the CCG's work on Commissioning Development in section 4.4;

- IX. Securing wider partnerships - with an initial focus on the interface with housing and supported accommodation;
- X. Managing the programme - including programme support; sources of programme funding; financial modelling and forecasting; risk management, programme consultations and communications.

What are the expected benefits for the Lewisham population?

Key Benefits
<ul style="list-style-type: none">• Better health and wellbeing outcomes and reduced health inequalities – seeing significant improvements in the outcomes as set out in national frameworks for public health, CCG and Adult Social Care.• High quality and safe services provided to Lewisham residents – provided by a professional and flexible workforce, robust joint contract monitoring and improved recording and sharing of information.• Sustainable, high quality and cost effective health and care systems by transforming the way we provides services - reducing and shifting demand for complex health and care services to existing and new preventative and early intervention opportunities, by innovative commissioning which can respond flexibly to meet people's individual requirements and circumstances. - it is estimated that this could save up to £3.75 million (6% of the CCG's planned expenditure on emergency admissions) over 2014/15 and 2015/16 for health care, as part of a four to five year work programme.

3.9 Primary Care and Planned Care

What do we mean by Primary Care and Planned Care?

Primary Care services includes the GP services provided in your local general practice, supported by practice nurses, community nursing services and health visitors. Also it includes pharmacists, optometrist and dentists.

Lewisham CCG is responsible for improving the quality of local GP services, working closely with NHS England. The CCG, unlike its predecessor organisation the PCT, has an unique working relationship with the local GPs, as it is also a membership organisation of all GP practices in Lewisham which creates new opportunities to gain the added value from clinical lead commissioning.

Planned Care is the care which is organised in advance, usually by booking an appointment for example to see your GP, or for arranging for a diagnostic test, or to see a specialist consultant in outpatients or for a planned operation.

Our Strategic Aim

Strategic Aims

- Supporting GP practice members to ensure high quality of care for all by levelling up standards and reducing variations between practices;
- Working with local providers to ensure optimisation of planned care services by commissioning effectively.

What are the current Issues for Lewisham?

Lewisham people sometimes, still find it difficult to get in touch with their GP Practice. This problem varies between practices, but some patients report that they have significant difficulties in telephoning a practice to book an appointment with practice staff.

Lewisham people have told us that they are not given enough information about medication and other aspects of their care. The feedback is that people would like to receive clearer, consistent information on health prevention and self-management, as sometimes there appears to be confusion in the health messages given.

There is general support for more proactive approach to care in primary care, by earlier diagnosis of potential illnesses and tackling high risk factors such as high blood pressure and cholesterol by using NHS Health Checks.

Primary care services, across the country, are having to manage increasing demand for their services because of the rising number of people with long-term conditions, including dementia and an ageing population. This is combined with the higher public expectations of a customer orientated service, wanting services easier access 7 days a week. This has meant local GP Practices are considering how they can work together differently to respond to this increased demand effectively, in a way in which it is more sustainable in the longer term.

Lewisham population are referred more often for an outpatient specialist opinion and /or treatment and it would appear have more operations in hospitals compared to other similar populations.

What action does Lewisham CCG intend to implement over next two years?

The CCG will continue to support our member GP practices to improve access to their services, specifically the booking appointments system and to improve clinical quality standards by reducing the current variation between different practices.

The CCG plans to support member practices to increase the use of new technologies so that everyone who wishes will be able increasingly to get online access to their own health record, book a GP appointment, order a repeat prescription and communicate with their GP by email - an 'e-consultation'.

The CCG's intention is to integrate its work on self - care management with Lewisham Council so that there is a joint programme of support for individuals to access good quality information in a number of different ways and appropriate technologies eg telehealth and telecare, so that service users are better equipped to manage their own care as far as they want and are able to.

The CCG will focus on planned care, by member practices to refer the right patients for a specialist opinion and/or treatment in outpatients, based on clinical effectiveness protocols, with the introduction of a Referral Support Service for GPs to use. This should result in a reduction in a number of hospital based outpatients appointments. Also the CCG will undertake further work with Lewisham and Greenwich NHS Trust and other providers to understand the reasons why it would appear that Lewisham's population have more operations compared to other similar populations.

The CCG will plan to ensure that all prescribing is both clinically appropriate and cost effective and reflects national and local advice (e.g. current NICE guidance and other

clinical evidence). This will be achieved mainly by making sure that our members as primary care prescribers, are given full information on the most cost effective prescribing and supporting patients to ensure that they understand their treatment and how to take their medicine in the best way.

The CCG will work with NHS England to increase the use of pharmacists, optometrist and dentists to promote and maintain good health locally.

The CCG is committed to support our member practices to work together to develop a more sustainable way of working so that primary care can respond effectively to the increasing demands of Lewisham population, as the CCG believes that high quality community based care is the foundation of high quality care for all.

What are the expected benefits for the Lewisham population?

Key Benefits
<ul style="list-style-type: none">• Improved patient experience and feedback with better access to GP practices for all of Lewisham's registered population;• Everyone will be able to get online access to their own health record, book a GP appointment and order a repeat prescription by March 2015 (NHS Mandate 2013)• Good clinical quality standards across all primary care services;• More people feel confident in self-care management supported by better health information and knowledge and access to appropriate technological support;• 25% reduction in number of patients being referred for a specialist opinion and treatment in outpatients with more care provided in the community – it is estimated that this could save up to £4.4 million over 2014/15 and 2015/16;• Prescribing is both clinically appropriate and cost effective - it is estimated that this could save up to £2 million (5% of the CCG's planned expenditure on the prescribing of drugs) over 2014/15 and 2015/16;• CCG members effectively respond to the increasing demands of Lewisham population, by implementing a long term sustainable way of working.

3.10 Urgent Care

What do we mean by Urgent Care?

Urgent care services are those health services which we use in an emergency or when we require urgent advice, support and care. This includes advice from NHS 111, out of hours services provided by local GPs, phoning 999 for the London Ambulance Services (LAS), the Walk In Centre at New Cross and the Accident and Emergency department (A&E) including the Urgent Care Centre (UCC) based at Lewisham hospital.

Our Strategic Aim

Lewisham CCG's fundamental aim is to support local people to receive the right care in the right place, at the right time. Research has shown that healthcare is more effective if health treatment is planned in advance, but this is not always possible. So when emergency or urgent treatment is required, Lewisham CCG is planning to make it simpler to access the services required in the future.

Strategic Aims

- To ensure that the right care is delivered in the right place, at the right time and to reduce the requirement for unplanned care, working with providers of urgent care.
- To review, with stakeholders, the current number of different ways Lewisham people currently access urgent care, enabling us to develop and implement the most appropriate model(s) and configuration of urgent care services.

What are the current issues for Lewisham?

Local people have stated that they value local A&E services.

The London Borough of Lewisham (LBL) won its appeal against the Secretary of State's decision to downgrade the A&E department on the Lewisham hospital site.

The number of patients accessing urgent care services is increasing across Lewisham however, so the problem of finding a way to make local health services more affordable still remains. We will work with the local people, providers and with south east London CCGs to identify and implement a local solution to the future way emergency and urgent care is provided.

Current providers of urgent care services are working to achieve the London Health Programmes' London Quality Standards (February 2013), including standards on waiting times, staffing levels and protocols in an A&E department.

What action does Lewisham CCG intend to take over next two years?

The CCG has begun co-ordinating the work with the public, providers and other south east London CCGs to review emergency and urgent care services to ensure that they provide good quality care that is affordable. This includes evaluating the Walk in Centre at New Cross against agreed service standards, working with and improving GP (in and out of hours), working differently with London Ambulance Service (LAS) and working with other CCGs to deliver the NHS 111 service to support patients and demand across NHS services.

Also the CCG intends to continue working jointly with Lewisham Council to provide clearer information and simple sign posting to help everyone to choose the right service to use within Lewisham and to support self-care, where appropriate.

What are the expected benefits for the Lewisham population?

Key Benefits
<ul style="list-style-type: none">• Simpler and improved access for all to urgent and emergency care services in Lewisham – it is estimated we could save about £1.3 million (2.5% of the CCG's planned expenditure on A&E attendances) by streamlining current services;• Good clinical standards across all urgent and emergency care services;• Reduction in patients using urgent and emergency care services in Lewisham, that have non-urgent and non-life threatening conditions, so reducing pressure on these services;• Reduce confusion for the people of Lewisham by informing them how to access the right health and social care services to support their health and wellbeing.

4. COMMISSIONING PRIORITIES – “ENABLERS”

This section describes the four system wide enablers which will support the work to deliver our eight commissioning priorities, as summarised in the previous section. The four system wide enablers are:

- High Quality Care
- Public Engagement
- Information and Communication Technology
- Commissioning Development

4.1 High Quality Care

What do we mean by High Quality Care?

High quality care means that the care and support you receive is safe and meets the appropriate quality standards and clinical outcomes, as set by organisations such as NICE (National Institute for Health and Care Excellence). Also it means making sure that all people have a positive experience of care - people are treated with compassion, respect and dignity – whether at home, in hospital or in a care home.

Our Strategic Aims

‘High quality care for all’

- to ensure that all services commissioned are of high quality – in terms of being safe, a positive patient experience and based on evidence and good practice;
- to ensure that everyone receives high quality of care regardless of income, location, age, gender, ethnicity or any other characteristic.

What are the current issues for Lewisham?

Over the last year major quality failings in Mid Staffordshire hospital with its unusually high mortality rates amongst patients in 2008 and the Winterbourne View hospital abuse suffered by people with learning disabilities and challenging behaviour in 2011 have been reported and subject to public scrutiny. These tragedies have resulted in the NHS already putting a much greater level of scrutiny on the quality of care, where compassionate care and patient experience are as important as clinical outcomes and mediocrity in quality is no longer acceptable.

In Robert Francis QC's report on Mid Staffordshire he said that the NHS needed a 'real change in culture of all who work in the NHS – from top to bottom of the system - putting the patient first' (February 2013).

Locally patient experience and/or perception of quality of services at Lewisham and Greenwich NHS Trust varies. It has been suggested that on-going qualitative monitoring, to include waiting times of the service, would be beneficial, particularly those areas that fall outside the Family and Friends Test.

What action does Lewisham CCG intend to implement over next two years?

The overall aim of Lewisham CCG is to focus on achieving safe and high quality care that puts patients at its heart.

We will improve patient safety in all our commissioned services by:

- embedding a culture of patient safety, including safeguarding for vulnerable children and adults;
- creating a culture of learning from patient safety incidents and particular events that should never happen, such as wrong site surgery, to prevent them from happening again. This will require improving the reporting, investigation, prevention and treatments, for examples pressure ulcers, across Lewisham;
- implementing the CCG's action plan as a response to the Robert Francis QC Public Inquiry report and identifying common priorities with our local providers such as prevention of falls in hospitals;
- making sure that vulnerable people, particularly those with learning disabilities and autism, frail older people and those at the end of their life, receive safe, high quality compassionate care;
- supporting local providers to deliver good quality of care seven days of the week, not just Monday to Friday.

We will build on our Quality Assurance Framework so that we can systematically monitor and identify issues earlier. This will require:

- ensuring all contracts include 'fundamental quality standards', based on CQC and NICE guidance, as recommended by the Francis report. This will include having agreed methods of measurement and clear redress for noncompliance;
- making it easier for patients and carers to give feedback on their care and ensuring that we provide information on the impact of this feedback, building on the 'Friends and Family' test;
- getting better at monitoring patient experience working with other organisations like the Academic Health Science Centre (AHSC);

- monitoring trends and variances in the key outcome measures, such as avoidable deaths, and quality of care to address poor performance supported by Public Health and the Commissioning Support Unit;
- contributing to the wider South London Quality Surveillance Group.

We will work to deliver a significant improvement in follow up care after discharge, including the quality of discharge communication in acute, mental health and community providers, working with our GP practice members. We will expect that all discharge information is accurate, appropriate and clearly communicated in a timely fashion.

We intend to use contractual mechanisms to make improvements in the quality of care, for example using financial incentives, such as CQUINs. Also, to ensure that contracts operate effectively Clinical Quality Review Groups (CQRG) with appropriate mechanisms to escalate quality concerns and to intervene where substandard or unsafe services are being provided.

What will be the key benefits for Lewisham population?

Key Benefits
<ul style="list-style-type: none"> • care and support provided is safe – but when things go wrong we find out quickly and we are honest and open and have a culture of learning from mistakes; • our commissioned services meet the appropriate quality standards and clinical outcomes, which are monitored systematically through our Quality Assurance Framework; • all people have a positive experience of care - people are treated with compassion, respect and dignity – whether at home, in hospital or in a care home - regardless of income, age, gender, ethnicity or any other characteristic.

4.2 Public Engagement

What do we mean by Public Engagement?

Public engagement describes the many different ways in which the CCG involves the public from developing, agreeing and implementing its commissioning plans and priorities, through service re-design, to individual care plans. Engagement is by definition a two-way process, involving interaction and listening, with the goal of making better decisions that deliver our CCG’s strategic vision for all – ‘better health best care and best value’.

Engagement is our continuous offer to residents of Lewisham to shape and influence decisions made about local health and social care services that we commission.

Through involving and engaging the public we will be better able to commission high quality services that meet the health needs of our local population. Effective engagement will not only help us improve health outcomes, it will also help us to make the best use of public money, and provide services that are co-designed in partnership with the public.

Our Strategic Aim

To commission the best possible health and care services for Lewisham residents in order to reduce health inequalities and improve health outcomes, in partnership with the people of Lewisham.

What are the current issues for Lewisham?

We know that effective engagement is not always easy; it can be difficult as not everyone will agree on the same solution when difficult choices have to be made.

However, in Lewisham, we have a clear commitment to extend our engagement with the public, demonstrated - for example - in our recent initiatives aimed at involving members of the public in the development of the CCG's Strategic Plan. We want to build on this dialogue to ensure that future service changes – the challenges, the options and the financial, quality and clinical implications - are clearly communicated and community views are sought, valued and responded to in our decision making process. We have developed our Public Engagement Charter, as part of our Public Engagement Strategy, to support our continuous dialogue with the public – this can be found at Appendix 5.

What action does Lewisham CCG intend to take over next two years?

Our approach is to embed engagement activity in the work of the CCG by:

- Creating a dialogue with all our communities so that there is a range of open and creative ways in which local people can get involved in influencing and informing local health services. This includes seeking out and listening to the less heard groups or communities. For example using our knowledge of the local population, through mapping and Equality Impact Assessments, to promote engagement with the nine protected characteristic groups set out in the Equality Act 2010, working in partnership with Healthwatch, the voluntary sector and Lewisham Council networks;

- Engaging the public in reviewing our strategy, our priorities and future service changes. In particular we aim to increase awareness of the financial challenges and opportunities facing the NHS and to encourage public participation in making sound decisions for improving local healthcare services for example, how maternity, urgent and emergency care is provided in Lewisham;
- Monitoring and evaluating feedback data collected through our engagement activity, including from practices' Patient Participation Groups, against the fundamental safety and quality standards in light of the Francis report (see section 4.1). This information with other quality monitoring data will be used to inform discussions at For Learning and Action Group (FLAG), which is a CCG group overseeing clinical quality and patient outcomes;
- Involving patients in shared-decision making about their care and promoting self-management by supporting a culture change in the way care is delivered;
- Providing greater assurance and public accountability by developing clear structures for engagement in the CCG, including annual engagement report and continuing to developing the use of new engagement methods and mechanisms, including social media;
- Continuing to collaborate with our partners in the Joint Public and Patient Engagement Group to support the engagement work of the Health and Well-being Board.

What are the expected benefits for the Lewisham population?

Key Benefits
<ul style="list-style-type: none"> • Using information gained through public engagement to enhance the commissioning of services, by making the best use of public money to achieve our strategic vision – 'better health, best care and best value'; • Improve the commissioning of high quality services that meet the health needs of our local population; • Support Lewisham residents to live healthy lives, help them to make healthy choices and reduce inequalities; • Support those with long-term conditions to have greater choice in managing their

conditions;

- Greater involvement of people in decisions about their care.

4.3 Information and Communication Technology (ICT)

What do we mean by Information and Communication Technology (ICT)?

Information and Communication, Technology, from the perspective of the CCG, includes three different components:

1. Commissioning high quality, safe health services at value for money, for Lewisham's population is the main role of the CCG. This role is supported by the Information and Communication Technology strategy, the systems already in place and being developed, to help deliver more appropriate personalised care. These systems will enable sharing of relevant information across health and social care providers to support the delivery of a chosen care package;
2. The ICT strategy sets out the priorities for technology, tools and techniques needed to support the delivery of the CCG's information strategy;
3. The Information Governance Strategy considers confidentiality, security and use of information, as well as improving the quality of information and how information is shared between organisations.

Our Strategic Aims

- Robust and high quality Information and Communication Technology that helps the delivery of service transformation in line with the CCG's Strategic Plans objectives;
- To provide personalised information across health and social care to empower individuals decision making about choice about their care and support.

What are the current issues for Lewisham?

The NHS Mandate (November 2013) sets out a number requirements for the NHS to deliver.

Information is not shared routinely across different health organisations in a way that ensures the every time, the best clinical decision are made.

The current CCG's Information Strategy is being reviewed and updated.

What action does Lewisham CCG intend to take over next two years?

The CCG will refresh its Information Strategy, underpinned by an Information and Communication Technology (ICT) Strategy. These strategies will underpin the implementation of the CCG's Strategic Plan and the integration work with Lewisham Council and will set out how information and technology will have a positive impact on healthcare.

Also the CCG will work towards delivering the National Information Strategy which includes:

- ensuring that the public can book GP appointments and order repeat prescriptions online;
- incorporating recommendations of Dame Fiona Caldicott's Information Governance Review;
- implementing the update technology objectives to go digital, including to work towards paperless referrals in the NHS ;
- optimising the use of Information Technology to modernise and streamline NHS processes and procedures.

The CCG will work with commissioning partners and local care providers to enable the effective sharing of clinical data between clinicians and with patients by:

- ensuring that patient records are linked in a secure way with patient consent;
- developing and implementing protocols to facilitate information sharing across professions in different organisations as part of the Integration Programme;
- developing real time information and information sharing between commissioners and clinicians including real time patient feedback (Francis Recommendation);
- continuing to improve data quality and the use of quality outcomes and financial data to support effective commissioning and delivery of the CCG's priorities.

The CCG will improve access to information to support choice and self-management by enabling the public to have access to their own health records and to increase the use of technology to help people to manage their health and care.

The CCG will work with its members to support them with tools and services to deliver the strategic plan. Also the CCG will work with the practices' Patient Participation Groups to understand their additional requirements to deliver more personalised care.

What are the expected benefits for Lewisham population?

Key Benefits

- Quality ICT support will underpin the transformation of services as set out in the CCG's Strategic Plan and the joint work on integration – improved safety, quality and more care at home; 'seamless care'; easier communication with care providers; inclusive decision making process about care;
- Lewisham residents will increasingly be able to get online access to book a GP appointment and order a repeat prescription and access their health records, where appropriate by March 2015 (NHS Mandate 2013);
- Self-care management will be improved by easy accessible, relevant and timely information and access to appropriate support;
- A person with a long term condition will have greater access to their care plan giving them more confidence in self-care management, supported by better health information and access to appropriate technological support (NHS Mandate 2013).

4.4 Commissioning Development

What do we mean by Commissioning Development?

Commissioning Development means the support required to assist the CCG to continuously improve so that it achieves its full potential as an effective commissioning organisation to improve local services and deliver better outcomes for Lewisham people.

Our Strategic Aim

To commission the best possible health and care services for Lewisham residents in order to reduce health inequalities and improve health outcomes in partnership with the people of Lewisham.

What are the current issues for Lewisham?

Commissioning Development is particularly important as Lewisham CCG is a new commissioning organisation, established in April 2013, working in a complex NHS system with significant health and financial challenges to address.

Lewisham CCG went through an independent authorisation process to assess whether it had the right level of capability, capacity and governance arrangements to be able to commission services on behalf of Lewisham’s population. Lewisham CCG was fully authorised as a statutory organisation without conditions from April 2013.

What action does Lewisham CCG intend to take over next two years?

The CCG would wish to ensure that good governance is embedded in its structures, process and policies by ensuring that:

- all commissioned organisations have started to implement their response to the Francis report including staff awareness and training to develop a shared culture in which the patient is the priority in everything done and there is the ‘duty of candour’ for all staff;
- the CCG continues to meet its Health Inequality Duty and Public Sector Equality Duty and fully implements its Equalities Objectives;
- there are regular audit reviews of the CCG’s Structures, schemes of delegation and processes especially our governance arrangements where the CCG is collaborating and/or has delegated some of its responsibilities to another organisation;
- Membership development and clinical leadership;
- Effective collaboration to pursue Lewisham goals through working with others as required across south east London.

The CCG will implement its Organisational Development Plan which focuses on the six assurance domains covering leadership, members’ engagement, strategy, public engagement, good governance and collaborative commissioning arrangements.

The CCG will review its commissioning arrangements for commissioning support services.

The CCG will work with other commissioners to develop more innovative commissioning approaches and contractual models to support the transformation of services. This will include developing new ways of incentivising market development in the community; implementing transparent processes so that resources can move flexibly around the system and achieve system wide savings, whilst assuring quality and safety standards; creating the right commissioning environment to facilitate integrated care, competition and choice as part of the SEL Community Based Care Strategy (section 2.2) and the Adult Integrate Care Programme (section 3.8).

What are the expected benefits for Lewisham population?

Key Benefits
<ul style="list-style-type: none">• The CCG’s structures, schemes of delegation and process in place to meet its

statutory functions continue to be fit for purpose, with clear, transparent and open decision making processes.

- The CCG has the capacity and capabilities to fulfil its statutory responsibilities and deliver its strategic vision.
- Effective collaborative commissioning arrangements are in place within Lewisham Borough and across south east London, which support the CCG to deliver its strategic plan and these Commissioning Intentions;
- Effective commissioning support services that represent value for money and improved quality
- Improved commissioning approaches and contractual models that incentivise the delivery of the CCG's strategic plan and these Commissioning Intentions

APPENDIX 1

OVERVIEW OF DRAFT QIPP* SCHEMES – 2014/15 and 2015/16

Commissioning Priority	2014/15	2015/16	Commentary
Health Promotion	£0	£0	
Maternity and Children's	£940,000	£0	Local tariff adjustment
Frail Older People	£1,000,000	£0	Reduction in emergency admissions
Long Term Conditions	£1,450,000	£1,450,000	Improved care pathway redesign – diabetes , COPD, Heart Failure, asthma and Flu
Mental Health care	£1,000,000	£1,000,000	Shifting focus of services from inpatient beds to community care
Adult Integrated care	£0	£3,750,00	Part of the 4 year programme to transform adult care
Primary Care – prescribing	£2,000,000	£2,000,000	Improving the prescribing of medicine and patient concordance
Primary Care – outpatients	£2,100,000	£2,300,000	Reducing outpatient appointments by 25% in line with national performance.
	£900,000	£0	Physiotherapy outpatient tariff change
	£300,000	£900,000	Reducing the ratio of new to follow up OP appointments, procedures and

			day cases working with Lewisham and Greenwich Healthcare Trust
Primary Care – Electives	TBC	TBC	Further work is being undertaken to clarify the scope of the potential financial opportunities
Urgent Care	£300,000	£1,000,000	Reviewing the current configuration of urgent and emergency care
TOTAL	£9,990,000	£12,400,000	

QIPP Schemes – Quality Innovation Productivity and Prevention Schemes

NHS MANDATE NOVEMBER 2013

The Mandate 2014/15 at a glance
The Government wants NHS England to:

1. Help people to live well for longer

NHS England should play its part in the ambition to save an additional 30,000 lives per year by 2020 by:

- helping ensure patients receive an early diagnosis to prevent people developing more serious conditions;
- working to give people the right treatment when they need it;
- making sure all hospitals are as good as the best hospitals;
- supporting NHS staff to make every contact with patients an opportunity to help people stay in good health.

2. Manage ongoing physical and mental health conditions

The NHS should be amongst the best in Europe at supporting people with long term health conditions so that people can experience a better quality of life. NHS England should:

- involve people in their own care and treatment to ensure vulnerable people receive safe, appropriate, high quality care;
- make better use of technology so patients can, for example, order prescriptions online;
- work to improve care across different services;
- improve diagnosis, treatment and care for people with dementia.

3. Help people recover from episodes of ill health or following injury

NHS England should shine a light on variation in care and unacceptable practice in the NHS, share best practice and improve services. They should:

- Improve transparency by publishing more data and involve local people in decision-making;
- put mental health on a par with physical health, close the current health gap and support people who fall into crisis;
- work on developing access and waiting time standards for all mental health services for a rolling implementation beginning in April 2015.

4. Make sure people experience better care

Patients should experience better care, not just better treatment, particularly older people and those at the end of their lives. NHS England should:

- measure how people feel about their care by asking if you would recommend a service to your friends or family;
- improve the standards of care and experience for women during pregnancy;
- support children and young people with specific health and care needs;
- provide good quality care seven days of the week;
- implement the lessons learnt from the Mid-Staffordshire and Winterbourne View scandals.

5. Provide safe care

NHS England should continue to reduce the number of incidents of avoidable harm and embed a culture of patient safety through improved reporting of incidents. They should also take action to identify those groups known to be at a high risk of suicide.

6. Free the NHS to innovate

NHS England must get the best health outcomes for patients by:

- strengthening local autonomy;
- promoting innovation in the NHS;
- controlling financial incentives to drive up the quality of NHS services;
- lead the continued drive for efficiency savings
- ensure there is a fair playing field for providers of NHS care.

7. Support the NHS to play a broader role in society

NHS England should promote and support participation by NHS organisations and patients in research, to improve outcomes and contribute to economic growth. They should also make partnership working with local councils, the police, job centres, housing associations and others a success to improve care for all.

8. Making better use of resources

NHS England will be given £98 billion in 2014/15 to achieve the objectives in the Mandate. They must ensure good financial management of this money.

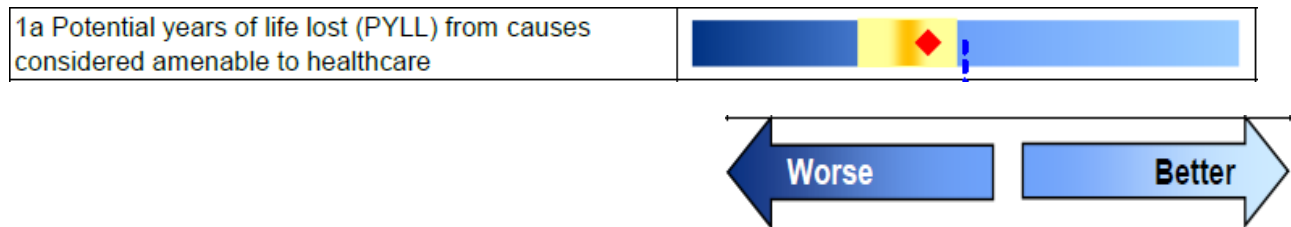
CCG'S OUTCOMES MEASURES

Our aim is to improve health outcomes for all of the Lewisham population. Over the last 10 years health outcomes have got better for Lewisham people however compared to other similar London boroughs we have further room to improve. The NHS Health Outcomes Framework provides the mechanism to assess improvements, and these indicators in particular will reflect the priorities of the CCG's strategy:

The figures below illustrates Lewisham's current position (red square) in comparison to the England average (blue dotted line), and its ONS cluster (yellow segment).

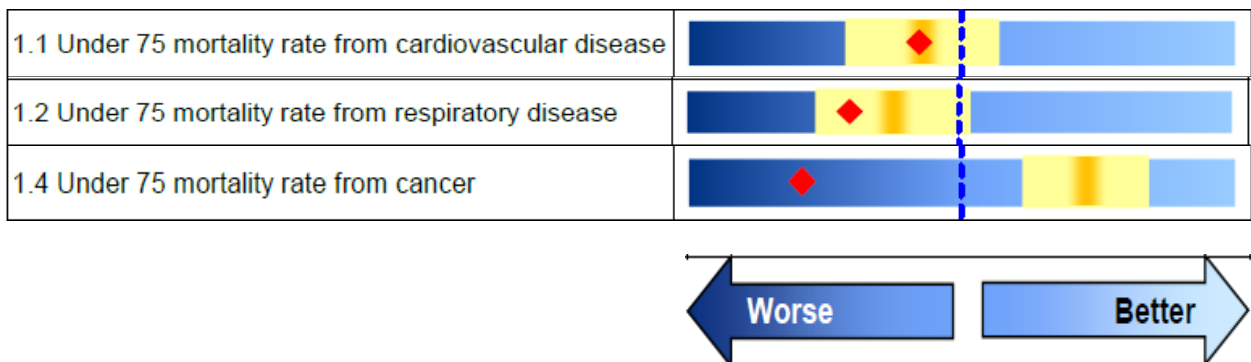
Potential Years of Life Lost

To ensure that the NHS is held to account for doing all that it can to prevent amenable deaths. Deaths from causes considered 'amenable' to health care are premature deaths that should not occur in the presence of timely and effective health care.



Premature (under 75) mortality rates

The key causes for premature death in Lewisham are cancer, now the main cause of death (33% of deaths), followed by circulatory disease (26%), respiratory disease (13%) and dementia (10%). Cardiovascular disease –



Long Term Conditions

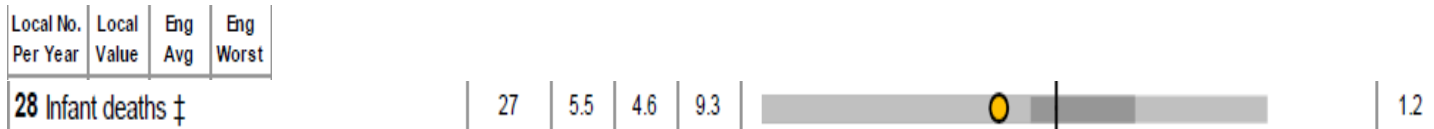
An assessment of the extent to which those with long-term conditions are able to manage their condition through the quality of the support offered by healthcare providers. The outcome will be proportion of people feeling supported to manage their condition. Lewisham's current position is:



Infant Mortality

The outcome framework will include an indicator that measures how neonatal mortality and stillbirths relates to the outcomes of NHS care during pre-pregnancy, pregnancy, birth and immediately after birth.

Currently available is a measure of infant deaths per 1,000 births. This shows Lewisham comparison with England as follows (the yellow circle being Lewisham and the vertical line the England average)³:



³ Lewisham Health Profile 2012 English Public Health Observatories

SEL CBC STRATEGY- WORKSTREAMS AND ASPIRATIONS

The three major CBC implementer work streams and their aspirations are:

Primary and community care (PCC)

Working to ensure that the public will:

- Have access to public health programmes that support prevention and early detection of diseases by proactively finding people at risk of losing their good health.
- Be supported to manage their own health and any illnesses that they have and be given confidence to take decisions about their own care, including navigating access to specialist services where needed.
- Have access to telephone advice and triage for all community health and care services 24 hours a day, seven days a week either through their General Practice or through a telephone single point of access.
- Have access to primary care service/advice 24 hours a day, seven days a week for urgent needs through a combination of appointments and walk in services, telephone appointments, 111/NHS Choices or same day urgent care etc.
- Receive high-quality care that meets agreed quality standards and outcomes, provided through teams working in networks across primary care, community and specialist services that may be based in the hospital.
- Know that their local commissioners (CCGs) proactively plan how to meet the health needs for the population they have responsibility for and have confidence they are supporting hard to reach groups of patients.

Planned care

Working to ensure that the public will:

- Be well supported when they are at risk of being admitted to hospital, receiving the expert advice, tests or access to equipment they need promptly to ensure they will only go to hospital if absolutely necessary.
- Be confident that as soon as they are referred to hospital their Community Based Care Team will be working with staff in the hospital and the community to coordinate an individual discharge plan, including intermediate care, reablement and rehabilitation, to support efficient discharge from the hospital within 24 hours of being declared medically fit, knowing they will receive the right continuing care in the community.
- Have access to relevant and complete information, in the right formats, to inform personal choice and decisions.

- Experience consistent quality of care and access to services anywhere in south east London, based on agreed standards, protocols, access times and approaches to referrals and diagnostics such as radiology, phlebotomy, ECG and spirometry.
- Receive treatment for planned specialist diagnostics and care in specialist hospitals, but be able to access other planned routine outpatient appointment, diagnostics, pre- and postoperative appointments in settings closer to home or via telephone / web consultations to reduce unnecessary travel.

Integrated care

Working to ensure that the public will:

- Receive targeted and more personalised care appropriate to their needs, as a result of systems that allow to proactively identify and support more patients before a crisis.
- Play an active part together with their health professionals and carers in developing a care plan that sets out what they and those involved in delivering their care will do to support them staying as healthy as possible, or what should happen in the event of problems.
- Have a named 'care coordinator' who will work with them to coordinate their care across health and social care. This role will be clearly defined and clinical accountability for care will remain with their GP.
- Know that their GP is working within a multi-disciplinary group of health professionals to co-ordinate and deliver care, incorporating input from primary, community, social care, mental health and specialists.

OUR PUBLIC ENGAGEMENT CHARTER

NHS Lewisham CCG will:

1. Listen to people and ensure in every way possible that public views are heard and acted upon.
2. Involve the public early in developing our strategic plans and how we plan to deliver improvements in local services.
3. Involve the public early in our decision making about how we commission new services, and redesign them.
4. Demonstrate what impact the public has had on the decisions we make.
5. Always feedback to people who have worked with us.
6. Use the information provided to ensure that we improve the quality of our services, support equality and identify inequalities in access to healthcare.
7. Be honest about when we are engaging, when we are consulting and when we are providing information.
8. Support the involvement of patients in decisions about their care.
9. Make sure that everyone who works with us will recognise and promote the value of involving the public.
10. Make sure that all the organisations that we commission services from have effective public engagement and systems in place to gather patient experience data.
11. Work closely with Healthwatch Lewisham, the independent organisation responsible for representing the views of local residents.
12. Meet all our legal and statutory duties in regard to effective engagement.
13. Ensure that all our feedback documents and responses collected from our work with the public complies with the Data Protection Act and our Information Governance policies.

GLOSSARY OF TERMS

AAS Admission Avoidance Service

A&E Accident and Emergency

AQP Any Qualified Provider

BME Black and Minority Ethnic

BNF British National Formulary

CAMHS Child and Adolescent Mental Health Services

CBT Cognitive Behavioural Therapy

CCG Clinical Commissioning Group

COPD Chronic Obstructive Pulmonary Disease

CQC Care Quality Commission

CQUIN Commissioning for Quality and Innovation

CSU Commissioning Support Unit

CYP PB Children and Young people Partnership Board

DAT Drug Action Team

DGH District General Hospital

DH or **DoH** Department of Health

E&D Equality and Diversity

EDS (NHS) Equality Delivery System

EIA Equality Impact Assessment

EPR Electronic Patient Record

EPS Electronic Prescription Service

FHS Family Health Services

FOI Freedom of Information

FT Foundation Trust

GP General Practitioner

GPI General Practitioner Interactive

GPSI or **GPwSI** General Practitioner with a special interest

GSTT Guy's & St. Thomas's NHS Foundation Trust

HCAIs Healthcare Acquired Infections

HIA Health Impact Assessment

HRG4 Healthcare Resource Group version 4

HV Health Visitors

HWB Health and Wellbeing Board

IAPT Improving Access to Psychological Therapies (programme)

ICT Information and Communication Technology

IM&T Information Management and Technology

IST Intensive Support Team

JSNA Joint Strategic Needs Assessment

KPI key Performance Indicator

LA Local Authority

LAS London Ambulance Service

LCCG – Lewisham Clinical Commissioning Group

LHT Lewisham Healthcare NHS Trust

LTC Long-Term Conditions

MCATS Musculoskeletal Community Assessment and Treatment Service

MSK Musculoskeletal

NHS National Health Service

OD Organisational Development
OOH Out of Hours
OP Outpatient Appointment
OSC (local authority) Overview and Scrutiny Committee

WIC Walk in Centre

PALS Patient Advice and Liaison Service
PbR Payment by Results
PHE Public Health England
PPE Patient and Public Engagement
PPI Patient and Public Involvement
PROM Patient-Reported Outcome Measure

QA Quality Assurance
QALY Quality-Adjusted Life Year
QIPP Quality Innovation Productivity and Prevention

RTT Referral to Treatment

SLaM South London and Maudsley Mental Health Foundation Trust
STIs Sexually Transmitted Disease
SMR Standardised Mortality Ratio

TIA Trans Ischaemic Attack- Stroke Indicator
TDA – Trust Development Authority
TSA – Trust Special Administrator

UCC Urgent Care Centre

VFM Value for Money
VPR Virtual Patient Record