

**COVER – IMAGES TO FOLLOW:**

**‘The right healthcare, for you, with you, near you ‘**

**NHS Wiltshire Prospectus 2013/14**

## **Page 1**

### **Welcome**

I am delighted to welcome you to the 2013/14 prospectus for Wiltshire Clinical Commissioning Group (CCG). It is an exciting time for health in Wiltshire and we feel privileged to be such an integral part of the local health service.

Your local GPs have come together to form NHS Wiltshire CCG, which is responsible for planning and buying around £500 million-worth of health services for local residents every year.

This new way of working has put GPs, who have in-depth knowledge of their patients and their communities, in the driving seat. It is an unprecedented opportunity to design services which will provide high quality patient care whilst spending public funds prudently.

We are working with patients, GP surgeries, communities, Wiltshire Council and other organisations to identify and understand patients' needs so that we can design the best services to meet those needs.

You have told us that, on the whole you would prefer to be looked after in your home when you are poorly or recovering from an illness or surgery; so delivering care to you in your homes or as close to home as possible, is of paramount importance.

*Dr Stephen Rowlands, Chair of NHS Wiltshire CCG*

**Our vision**

*To ensure the provision of a health service that is high-quality, effective, clinically-led and local.*

**Our values**

We will promote good governance and proper stewardship of public resources in pursuance of its goals and in meeting its statutory duties and this is critical to achieving our objectives.

The values that lie at the heart of our work are:

- Decisions will be clinically-led and locally-focussed
- There will be clear accountability to our communities
- We will do the best we can and strive for value for money
- We will be transparent in our decision-making
- We will promote innovation and best practice
- We will be a listening organisation that values the opinions of staff, stakeholders and partners
- One size does not always fit all, however we recognise that consistency is important to our partners and our local population
- We will adhere to the Nolan principles of standards in public service.

**Our aims**

- To make clinically led commissioning a reality in providing local solutions to local needs
- To deliver strategic plans which address the needs of local populations and involve patients, practices and partners
- To address the growing needs of our ageing population, and the mental health and emergency needs of our combined populations
- To encourage and support the whole population in managing and improving your health and wellbeing
- To ensure sustainability of the emerging organisation in delivering cost effective healthcare
- To communicate effectively, staying engaged with all of our patients, partners and stakeholders.

**What is the CCG responsible for?**

(Double page spread with budget diagram)

With our £500 million budget we are responsible for commissioning the following services for local people:

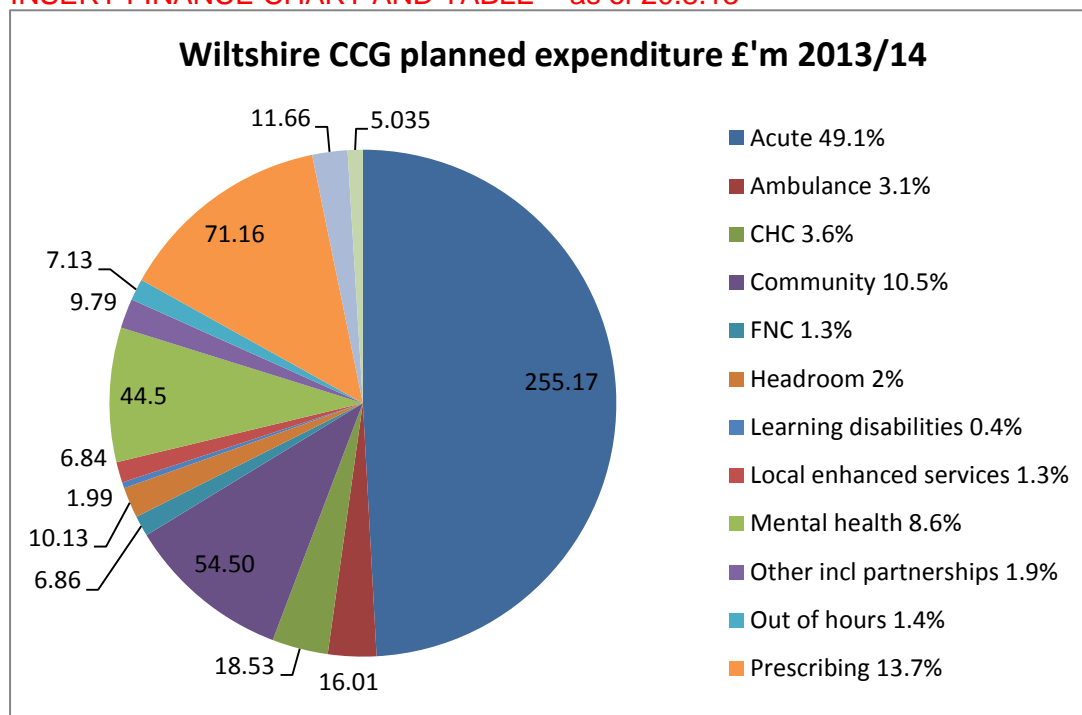
- Community Health Services
- Maternity Services
- Elective hospital care (planned care)
- Rehabilitation services
- Urgent and emergency care including A&E, ambulance and out-of-hours services (unplanned care)
- Mental Health services
- Older people’s healthcare services
- Healthcare services for children
- Healthcare services for people with learning disabilities
- Continuing healthcare \*
- Abortion services
- Infertility services
- Wheelchair services
- Home oxygen services
- Treatment of infectious diseases

We are also responsible for meeting the costs of prescriptions written by our GPs.

We are not responsible for services and costs such as GP surgeries, dentists, optometrists – these are commissioned by the Area Team, which is part of NHS England ([www.england.nhs.uk](http://www.england.nhs.uk)).

\* Continuing healthcare is the name given to care that is arranged and funded solely by the NHS for individuals who are not in hospital but who have complex on-going healthcare needs.

**INSERT FINANCE CHART AND TABLE - as of 20.8.13**



### Local context

Wiltshire is a large, predominantly rural and generally prosperous county with a population of 459,800. Almost half of the population resides in towns and villages with a population of under 5,000 and a quarter live in villages with a population of less than 1,000.

The rural nature of the county has implications for the planning and provision of health and social care services, particularly with a shift towards more provision of services in the community.

To be able to design health services that provide the right care for people now and in the future, it is important to understand the make-up of the population, and how this is going to change in the future. A detailed analysis of the population and its future health needs is set out in the Joint Strategic Needs Assessment (JSNA) for Wiltshire which is available at [www.intelligencenetwork.org.uk](http://www.intelligencenetwork.org.uk). The JSNA brings together local authorities, the community and voluntary sector service users and NHS partners to research and agree a comprehensive local picture of health and wellbeing needs. It also supports and encourages organisations to work together when developing services.

### The health of Wiltshire

Text in yellow to be published as an info-graphic

The population in the South West has a higher life expectancy than England as a whole and people in Wiltshire live longer than the general population in the South West. The current population estimate for Wiltshire is 459,800 and this is expected to increase to 505,416 by 2021.

At 4.7% of the population, Wiltshire has a lower proportion of ethnic minorities than the South West region as a whole (5.9%) and a considerably lower proportion than national figures (England, 12.5%). However, the increase in the proportion of the population from ethnic minority groups in Wiltshire between 2001 and 2009 has been larger than that in England.

Life expectancy in Wiltshire for 2008 to 2010 was 79.6 years for males and 83.7 years for females. Between 2006 and 2010 life expectancy was 6.6 years lower for men and 3.8 years lower for women in the most deprived areas of Wiltshire than in the least deprived areas. The gaps for males and females have widened since between 2001 and 2005.

Wiltshire's population is ageing rapidly with a 15% increase in the over 65s between 2010 and 2014. This is significantly greater than recorded in England at 11.6% or in the South West at 14%. Implications of an ageing population are great in terms of people living longer into older age, with an increased demand for health services, a higher burden of chronic disease and susceptibility to the negative impacts of social isolation.

An ageing population and the associated health needs which that brings, means that we will be working with our partners to develop and implement plans and local services which respond to these issues and needs.

## Our key priorities

In response to these challenges, we have set out seven key priorities. These are the things that we intend to focus on over the next 3-5 years.

### 1 – *Staying healthy and preventing ill health*

We want to work to improve the overall health of our population through a variety of public health initiatives delivered in partnership with Wiltshire Council, through the Health and Wellbeing Board; local surgeries; local voluntary and community sector organisations and other local stakeholders.

We believe that a 'healthy community' should form the bedrock for the delivery of effective and efficient services. We are keen that people understand the positive role they can take in their own health and health care and the value of the support they can offer to others.

### 2 – *Planned care*

We want to ensure that patients receive seamless care, whoever is commissioning or providing it. More treatment will be provided outside hospitals, in the community, with patients able to choose from a range of providers.

### 3 – *Unplanned care and care for frail older people*

We want to a system that is simple and straightforward with patients aware of, and able to access, high-quality care and support at the right time and in the right place. We will develop health, social and community care services that turn unplanned care needs into planned care, wherever possible.

### 4 – *Mental health*

It's estimated that there are 49,000 people of working age and 12,000 older people in Wiltshire with mental health needs. We are keen to support and treat more people at home or in a community setting (such as intensive day support) whenever possible. Most service users and carers prefer home-based treatment and research has shown that community-based treatment can yield at least as good a result as those achieved in hospital.

### 5 – *Long term conditions (including dementia)*

We want to improve the way health organisations work together, so that people with long-term conditions find it easier to move between GPs, community health and mental health care providers.

Working with local GP surgeries, we are trialling new ways of working to improve diagnosis and treatment of people with dementia.

### 6 – *End of life care*

Our overall aim is that people in Wiltshire have a dignified death, properly supported in a place where they want to die. Many people currently die in hospital but with choice, we know they'd prefer to die at home.

### 7 – *Community services and integrated care*

We want to ensure that older people are better supported in the community so that they can stay healthier as they age, and so put less demand on hospital services. They should feel more secure and supported by greater coordination between social care and the health service.

### Governance and structure

The CCG is made up of the 58 GP practices in Wiltshire, who form part of a Council of Members for the CCG. Much of the CCG's work is carried out by a board made up of representatives elected by these member practices, supported by a team that bring a range of professional expertise and independence.

Because Wiltshire is a relatively dispersed, rural community the collective, specific, local knowledge of our GPs is essential to how we commission services.

(INSERT Wilts map – showing the three groups etc)

The geography of Wiltshire naturally divides into three areas of population separated by the sparsely populated Salisbury Plain. This is why in Wiltshire we will operate as three local groups. The three groups detailed below cover the natural communities of:

- 'Sarum' Group  
South Wiltshire with its population mostly choosing to use Salisbury NHS Foundation Trust for its hospital based services –
- North East Wiltshire or the 'NEW' Group  
North and East Wiltshire with its population mostly choosing to use the services provided by Great Western Hospital NHS Foundation Trust in Swindon but also those of the Royal United Hospital in Bath.
- West Wiltshire, Yatton Keynell and Devizes or the 'WWYKD' Group  
West Wiltshire with its population mostly choosing the Royal United Hospital in Bath for its services – (WWYKD Group)

The CCG will commission services for the population of Wiltshire using local information obtained from the member GP practices in each group. The groups will be responsible for ensuring delivery of quality health services from acute and community providers of health services. The three groups may take different approaches to implementing the overall strategy but they will be working to a consistent Wiltshire-wide vision.

The following GPs are members of the Governing body, as well as practicing GPs in Wiltshire:

- Dr Simon Burrell (NEW group )
- Dr Jonathan Rayner (NEW group)
- Dr Toby Davies (Sarum group))
- Dr Celia Grummitt (Sarum group)
- Dr Helen Osborn (WWYKD group)
- Dr Debbie Beale (WWYKD group)

The Governing body also includes:

- Dr Steve Rowlands (Chair)
- Deborah Fielding (Chief Officer)
- Simon Truelove (Chief Financial Officer)
- Mary Monnington (Registered Nurse)
- Dr Mark Smithies (Secondary Care Doctor)
- Christine Reid (lay member - with specific responsibilities for supporting the CCG with stakeholder engagement and patient and public involvement)

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- Peter Lucas (lay member – with specific responsibilities for supporting the CCG with audit)

## New ways of working

A new approach to dementia care

Following a successful pilot, the CCG launched a dementia Local Enhanced Service (LES) during early 2013 to take action to diagnose, prescribe and treat in primary care settings such as a GP surgery.

As part of the broader dementia strategy, the focus is on early identification of dementia symptoms – through GP assessment and supported by Avon and Wiltshire Mental Health Partnership NHS Trust specialist memory nurses. This means that individuals will be assessed and provided with a timely diagnosis especially in the ‘at risk’ patient groups. The aim is to free up specialist time for complex cases and reduce waiting list times in secondary care; provide care nearer to home with known staff for people whose memories are failing; and return GPs and their teams to a position of involvement and knowledge about this condition in advance of the expected increase in prevalence.

Additional investment has also been made jointly by Wiltshire Council and Wiltshire CCG into a new dementia adviser service which is being provided by Alzheimer’s Support and the Alzheimer’s Society. The service provides a personalised information and signposting service for people with dementia and their carers.

Mental health liaison service

Wiltshire CCG has made significant investment in mental health liaison services at Great Western Hospital NHS Foundation Trust, the Royal United Hospital Bath NHS Trust and Salisbury District Hospital. The Mental Health Acute Hospital Liaison Service provides a service within the emergency department as well as the hospital wards primarily to support general staff in providing appropriate care to those with mental distress. The focus is on providing assessment, advice and support for people in acute hospitals with severe, enduring or problematic mental health problems, either with a functional illness or with dementia. This usually involves a rapid assessment, advice and recommendations, as well as support for the care team involved in the patient’s care.

This service may act as a ‘gateway’ into the specialist mental health service, or may provide advice and support on suitable methods of care within the acute hospital environment. The liaison service also provides significant input to the acute hospital care pathway for people who have self-harmed. It is however important to note that throughout this provision the service users remain the medical responsibility of the relevant district general hospital.

Care Homes project

The Care Homes project focuses on capturing and sharing better quality information in the care planning process along with increasing the frequency of GP visits to patients. In WYK the project has been running for nearly two years and practices are seeing significant improvements in patient care. GPs in all three areas are now visiting care homes and the improved communication between practices and care homes has enabled staff to be more proactive and reduce inappropriate admissions to hospital.



“All of our care homes have appreciated the increased support this project has enabled us to provide. It has highlighted some issues which we are now able to address,” said the practice manager at Westbury Group Practice. Place these in quote boxes extracted out

“The project has worked well for the surgery, homes and patients. It has enhanced links between care home staff and the surgery whilst providing a better continuity of care for the patients,” said the practice manager at Adcroft GP surgery in Trowbridge.

#### Wiltshire Discharge Team

The Wiltshire Discharge Pilot' started as a one-off six week initiative to improve patient flow and bed usage, and reduce length of stay at the Royal United Hospital Bath NHS Trust (RUH). Funded initially by Great Western Hospital NHS Foundation Trust and Wiltshire Council (both provided additional staff), the pilot wanted to develop common discharge processes. From this initiative, the Wiltshire Discharge Team was developed and now it is improving communication across the various organisations which has resulted in reduced length of patient stays and fewer delays in the transfer of care. In addition it is also reducing the chance of a patient developing healthcare associated infection such as MRSA or *Clostridium difficile*.

It is been agreed that the initiative will now be implemented across all three areas, bringing in Salisbury and Great Western hospitals; with the intention that it will be up and running ahead of the 2013/2014 winter period.

#### Working in partnership

The CCG recognises the importance of developing strong and effective partnerships with NHS provider organisations and fellow CCGs, Wiltshire Council, third sector and voluntary organisations and local interest groups.

Joint-commissioning some services with Wiltshire Council and significant involvement of Public Health will be essential to ensure that health and social care are delivered in a way that works best for patients and carers. To this end we have agreed to work closely with Wiltshire Council and have established a Joint Commissioning Board, reporting to Wiltshire's new Health and Wellbeing Board.

The Health and Wellbeing Board is made up of senior officers from the council, local councillors, GPs from the CCG, the Director of Public Health, HealthWatch Wiltshire and the NHS England Area Team, which, among other things, has responsibility for GP contracts.

We will jointly commission services which meet the needs of the population based on the findings of the Joint Strategic Needs Assessment (JSNA). This assesses the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities. As well as the JSNA findings, we will also use trends GPs and their teams in practices identify; what the people who live in Wiltshire are telling us, and by studying how services are being delivered now.

#### HealthWatch

We will work closely with HealthWatch, which is the local consumer voice for health and social care. It will help plan and shape health and social care services, act as an information outlet for health and social care services, support people in making choices, and act as a consumer champion and advocate for patients.

<http://www.wiltshire.gov.uk/healthandsocialcare/localhealthwatch.htm>

### **Listening to our patients and partners**

As a CCG we will regularly seek the views of our patients and the various partner organisations which we work with; not just in commissioning decisions but in how effectively we, as organisation, develop and perform.

We want to communicate and engage with local people and we will involve and engage in a variety of ways on an on-going basis with as wide a range of our patients, members of the community and healthcare partners as we can. Listening to the views and ideas of our stakeholders is crucially important to us because we want the patient and community voice to be heard and understood when it comes to shaping local health services.

As our GPs provide important local clinical information and intelligence, so can our community provide important opinion and ideas to make healthcare as local as it can be for Wiltshire

### **Care and quality**

We put quality and patient safety at the heart of everything we do, and we work with the organisations that we commission to provide health services to ensure they do the same. We believe that our patients, their families and carers want to be safe, listened to, and involved in decisions about their care. The CCG will try to meet these needs and to make a difference for our patients in various ways. Local ownership of improvement initiatives, a willingness to learn from situations where there have been unexpected incidents or complaints and listening to the users of services and other colleagues provide the necessary drive to improve care and identify better ways to do things.

We want to improve the experience of our local residents, patients and their carers by making sure that health services are provided promptly, safely and effectively. We will continue to ensure the quality of healthcare services are maintained by monitoring the quality of that care and by building quality measures into our contracts with our healthcare providers.

To achieve this, we have identified a number of measures which address the safety of services, their effectiveness and patients' experience. These range from measures to reduce healthcare associated infections, improve communication between primary and secondary care, improve adult and children's safeguarding arrangements and improve learning from the experience of patients.

We will also reward excellence by linking a proportion of our healthcare providers' income to the achievement of local quality improvement goals.

We will always take people's views seriously and have put in place a complaints, concerns and compliments policy which can be found on our website or sent to you on request (see back page for our full contact details).

### Equality and Diversity

The CCG recognises the diversity of the population of Wiltshire and is committed to ensuring that healthcare services reflect the needs of all patients. Wiltshire CCG needs to know the views of a wide range of groups and individuals when planning and commissioning healthcare or before considering any significant changes to local services.

Engaging with patients and delivering equality, diversity and human rights is embedded throughout its work and with particular regard to: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

### Useful contacts

If you would like to find out more about Wiltshire CCG and the work which we do please visit our website at [www.wiltshireccg.nhs.uk](http://www.wiltshireccg.nhs.uk)

We hold monthly Governing Body meetings and you are welcome to join us for the public sections of these meetings – all dates and times are available on our website.

NHS Wiltshire Clinical Commissioning Group  
Southgate House  
Pans Lane  
Devizes  
SN10 5EQ

Telephone no: 01380 728899

Email: [WCCG.info@nhs.net](mailto:WCCG.info@nhs.net)

If a you have a comment or complaint about a GP, dentist, pharmacy or optician that cannot be resolved by the Practice Manager, please contact NHS England at: [england.contactus@nhs.net](mailto:england.contactus@nhs.net) or by calling 0300 311 22 33.

The Joint Strategic Needs Assessment (JSNA) for Wiltshire is available at [www.intelligencenetwork.org.uk](http://www.intelligencenetwork.org.uk)

### Other facts and figures about the health of Wiltshire: (To be used as fillers throughout)

- The infant mortality rate in 2008 to 2010 in Wiltshire was 4.1 per 1,000 live births.
- In 2010/11, 8% of Reception pupils and 16.4% in Year 6 in Wiltshire were found to be obese.
- In Wiltshire, in 2010/11 there were 1,140 admissions due to an injury in children and young people under the age of 18. This equates to 112 per 10,000 young people.
- The annual rate of premature mortality in Wiltshire from cardiovascular disease in 2008 to 2010 was 52 per 100,000 population. This rate has halved since 1998 and 2000, when it was 99 per 100,000.
- In 2010 cancers accounted for 581 deaths (around 45% of the total) in the under 75s and 1,192 in all age deaths (over 25% of the total).
- There were 18,790 people aged 17 or over living with diabetes in 2010/11, representing 5% of the population.

- In Wiltshire, approximately 60,000 adults are estimated to have a common mental disorder.
- Estimates suggest that the number of people aged 65 or over with severe depression will increase from 2,500 in 2012 to 4,000 in 2030.
- In Wiltshire 69,000 people suffer from migraines; 2,300 to 3,650 from epilepsy; 650 to 750 from multiple sclerosis and 850 from cerebral palsy.
- There was a 34% increase in admissions to hospital following falls by people aged over 65 between 2003/04 and 2010/11 in Wiltshire.
- There are a growing number of people living with the human immunodeficiency virus (HIV) in Wiltshire. 153 people accessed treatment and care in 2010 and there are 178% more HIV diagnosed individuals in Wiltshire in 2010 than there were in 2003.
- Although the prevalence of smoking is declining, 18.5% of adults in Wiltshire are smokers.
- There were 724 individuals from Wiltshire registered in structured drug treatment between April 2010 and March 2011.
- In Wiltshire 25.3% of adults do 3 or more 30-minute sessions of moderate intensity activity per week.
- Around 1 in 12 people (8%) said their health had deteriorated for reasons connected to the economic downturn.

**Are we talking your language?**

If you need this document in another format, Including large print,

please contact PALS (Patient Advice and Liaison Service)

Tel: xxxxxxxxxxxx

E-mail: xxxxxxxxxxxx

Se você gostaria desta informação em seu idioma, por favor nos contate em

如果你希望这一信息在你的语言,请联系我们关于 01225 xxxxxx

Jeśli chcesz tę informację w twoim języku, prosimy o kontakt z 01225 xxxxxxxxxxxx