

Southwark Primary and Community Care Strategy

2013/2014 – 2017/2018

Table of Contents

Section	Page Number
Executive Summary	3
1. Introduction, drivers for change and links to other strategies	5
2. How we engaged with people in developing this strategy	9
3. Southwark's population and health needs	10
4. Primary and Community Care Services in Southwark	12
5. Our strategic vision: principles, objectives and clinical priorities	17
6. Developing locality based models of care	18
7. Our plans for improvement	21
8. Enablers	24
9. Financial implications of the strategy	26
10. Implementing the strategy – key next steps	27
11. Reviewing this strategy	28
Appendices	29
Glossary of Terms	40

Executive Summary

Southwark is a highly diverse borough, which is changing fast. Health outcomes and life expectancy are improving, but there are still significant health needs and wide variations in outcomes for individuals within the borough.

Primary and community care services are the first point of contact with the NHS for most people. Primary and community care services include GP practices, dentists, optometrists and pharmacists, as well as community services such as health visiting, district nursing and more specialist community services. GP practices are often termed the 'bedrock' of the NHS, providing continuity of care for people over their lives; supporting the prevention of ill health, and providing a range of care to keep people well and to manage health problems when they arise.

This plan concentrates on the provision of services by GP practices as well as community health services. It describes how we will achieve our aims to improve outcomes for patients as well as providing better value for money.

Some of the care provided for Southwark patients is excellent and there are many examples of innovative and high quality care. We know that Southwark people value primary and community care services highly, and want to see a better range of services available outside of hospital, either in or close to their home.

However, our primary and community care services are under increasing pressure from increasing demand as well as constraints on funding. Despite improvements in some areas over recent years, overall the quality of care and outcomes from Southwark's primary care services are not as good as we would like them to be. The range of services and the quality of those services is sometimes patchy across the borough, and patients do not all receive the same range and standard of services. This plan outlines how we will improve the consistency and equity of services available to Southwark people, supporting improved outcomes.

Within Southwark we have an ambitious vision for the provision of care out of hospital. To deliver on this vision we need to make sure that our primary and community care services are fit for the future. This will mean that the way that services are organised will need to change, to ensure viability for the future and to be able to meet the requirements of the population.

Key themes within this strategy:

Population health management and reducing inequalities: Good primary and community care services are fundamental to managing the health of populations and reducing health inequalities. Southwark CCG intends to strengthen the capacity and capability of its services in order to continue to focus on population health management in future.

Improving outcomes: Southwark CCG's mission is '*To achieve the best possible health outcomes for Southwark people*'. We will do this by commissioning services which focus on targeting health inequalities and by ensuring that primary and community care services are strong and able to deliver consistently high quality care for all patients. The way that services are organised will need to change to make this a reality. This strategy sets out the

need for the development of services based on localities within Southwark, with services working together at greater scale to share resources and good practice to deliver better quality care.

Improving access: The CCG believes that all patients should have access to the same range of and quality of services to meet their health needs. We also plan to make it easier for patients to get the care they need when they need it, as close to their home as possible. To achieve this, we will commission more consistent community based services, and co-locate services in community health centre 'hubs' where this allows for better clinical care and is cost effective.

Integrated services: People should experience care that is seamless and tailored to their individual needs. Southwark is working to integrate health and social care services so that people receive better co-ordinated care, regardless of the agency which provides that care. Strong primary and community care services are fundamental to the development of more integrated care. Our plan describes how we will support better integrated care, including how the organisation of services will need to change in order to make truly integrated care a reality.

Providing more care out of hospital: This plan is part of the way that Southwark CCG will achieve its objective of providing more care out of hospital. This will include more preventative care, more home based care and an extended range of services available in primary care to prevent the need for more specialist treatment. We will commission a greater range and volume of care outside traditional hospital settings, where this provides better clinical care, patient experience and value for money.

Organisational development: Primary and Community care services are under a lot of pressure and will not be able to respond at pace to the need for improvements in care without significant changes to the way that they work. This will mean services working together at greater scale to deliver service improvement. We plan to support the development of locality based care as a way of bring services together to meet the needs of local populations within the borough, working outside the traditional remit of individual GP practices. This plan lays out how we will support a programme of development for GP practices to build their capability for improving care and providing an extended range of services in future. This will also extend to supporting GP practices to work better with other agencies to provide more integrated care.

Enabling improvements: To enable delivery of this strategy we will focus on developing the primary and community care workforce, improving premises and developing integrated IT systems. We will also need to change some of the ways that we commission and contract for care in order to make some of our planned improvements happen, particularly ensuring more consistent service provision and better outcomes for all.

Summary: This plan describes Southwark CCG's intentions to build strong local services to meet the challenges of improving care over the next five years. It supports a range of our other plans and priorities as well as reflecting national policies and thinking on the best way to ensure that primary and community care services are fit for the future.

Southwark's Primary and Community Care Strategy

2013/2014 – 2017/2018

1. Introduction

Good primary and community care services are a cornerstone of the NHS, playing a vital part in improving population health and preventing ill-health. Primary care services often provide the first point of contact for people when they become unwell and, together with community based services, co-ordinate the care of people with long term conditions, older people and those reaching the end of their lives. Primary and Community care services also provide some of the most important universal services for babies and children in their early years, supporting parents to keep their children well.

Southwark people have told us how much they value primary and community care services, and that they increasingly want to be able to access a wider range of services without having to attend hospital. As more and more care can be provided in, or close to, patients' homes we need to ensure that Southwark's services are fit for the future; that they can take up the challenge of providing excellent and innovative care, centred around individuals, as well as being able to continue to provide the range of core services which are an essential part of the NHS system.

This document outlines how Southwark CCG plans to improve the quality, capacity and capability of primary and community care services in the borough in order to meet that challenge. This strategy has been developed as a result of engagement with a wide range of stakeholders, Southwark patients and members of the public.

1.1 Drivers for Change

Southwark Clinical Commissioning Group (CCG) was created in April 2013 as a result of the wide-ranging changes to the NHS system in England within the Health and Social Care Act. The CCG is responsible for commissioning a wide range of health services for the Southwark population, including many community services, and for improving health outcomes and reducing health inequalities. Although CCGs are not responsible for directly commissioning primary care services (including GP services, dentists, pharmacies and opticians), they do have a statutory duty to improve the quality of primary care. This strategy has been developed in response to describe how the CCG will carry out its responsibilities within the new National Health System.

In addition to changes to commissioning structures within the NHS, there are a number of factors leading to the need to a clear strategy for changing the way that services are delivered in Southwark. Some of the key drivers for change are described below:

i) Variability in quality and outcomes. We know that there is a wide range in the quality of care provided by GP practices and some community services. This is not something unique to Southwark, but is still something that results in unwarranted variation in outcomes for patients. In developing

this Strategy, we carried out a review of the current situation in terms of the quality, outcomes, capacity and capability of Southwark services. This has informed the determination of our strategic priorities and is described more in section 4.

We believe that variations in the quality of care that are due to the organisation of services are not acceptable. The priority actions put forward in this strategy are our response to the extent of variation in quality and delivery that currently exists, and form Southwark's plan to improve access to high quality care for all patients.

ii) Primary and Community Care services are under pressure. Demand for healthcare increases every year as a result of a combination of factors including; population growth, an aging population, increasing expectations of patients and advances in medical science. Investment in primary and community care services has not always kept pace with these increases in demand and services in Southwark, as in other parts of the country, are under increasing pressure. In addition to increasing demand for care, GP practices are now required to take responsibility for commissioning as members of the CCG, which adds an additional responsibility to their clinical work. The analogy of 'a hamster in a wheel' is frequently used by primary care professionals to describe how they work, and staff report being too busy to take time to develop innovative ways of delivering care and to focus on service and quality improvement. In developing our strategy, we sought to address how services can respond to increasing demand by working differently.

iii) Responding to financial pressures and creating a sustainable local health service for the future Primary and Community care services often provide a low cost service focussing on prevention, keeping people well and the early identification and diagnosis of health problems, all of which have positive benefits in terms of people's well being as well as helping to avoid the costs of more expensive treatment when conditions go undetected or are not well treated in the early stages.

NHS services are under increasing financial pressure, and Southwark CCG is no exception to this. As we face financial constraints over the next five year, we need to provide better value healthcare. Strong primary and community care services can help us to provide more value based healthcare, by preventing the need for more expensive treatments, and by moving some care out of hospital, where it can be more cost effectively be provided in a primary or community care setting.

iv) Supporting the integration of services

Southwark CCG is committed to developing more integrated services, which offer a patient centred and seamless response, through agencies working together in a co-ordinated way. Southwark CCG is working with the Southwark and Lambeth Integrated Care programme (SLIC) and we have made some good progress locally towards developing integrated care, beginning with services for the frail elderly. To be able to fully adopt new ways of working in the interests of better patient care, traditional organisational and professional boundaries may need to change. We believe that integrated care for the future needs to be based around the care of local populations, and to take a more person-centred approach. This will mean that primary and community care staff will need to work differently in future, working more closely with a range of other professionals and agencies to co-ordinate the care of individuals in response to their needs.

v) Addressing key health issues and reducing health inequalities

Although life expectancy is increasing rapidly in Southwark, there are still dramatic differences between the life expectancy and health outcomes for patients in different parts of the borough, and between men and women. We have developed this strategy in response to what we know about poor health outcomes in Southwark and the reasons for them, and this is described in more detail in sections 3 and 4.

This strategy takes as two of its key principle aims improving equality of access to care in accordance with the needs of the individual, and improving health outcomes for Southwark patients. Our strategic objectives and our proposals for improving services reflect our approach to delivering this, working in partnership with other stakeholders, and in particular Southwark Local Authority and the Health and Well Being Board.

Taken together, these drivers for change mean that primary and community care services need to work differently in future to meet the challenges of providing high quality healthcare.

1.2 Links to Other Strategies

Southwark's strategy for primary and community care sits within our overall approach to commissioning better health services and making best use of our financial resources. Developing a strategy for better primary and community care services is central to the delivery of Southwark CCG's Integrated Plan, and links to a number of other key strategies. In particular, this strategy is consistent with and supports the delivery of the following strategies and plans:

1.2.1 Southwark CCG's Integrated Plan - *The best possible outcomes for Southwark People*

The Integrated Plan is the CCG's main strategic document and sets out a plan for the things the CCG will work to achieve over the medium term. The purpose of the Integrated Plan is to set out our ambition for the local health economy over the next 5 years. The plan specifies the CCG's priority areas for improvement, the major work programmes and commissioning activities we will undertake. This document also sets out the key outcome indicators we will use to gauge progress over the lifetime of the strategy.

The five strategic goals within the CCG's Integrated Plan are:

- To achieve a reduction in health inequalities
- To achieve a reduction in premature mortality
- To achieve a reduction in the variability of primary care outcomes and quality
- To have all practices play and active part in commissioning
- To have patients play a central role in commissioning

The Southwark Integrated Plan can be accessed by following this link:

<http://www.southwarkccg.nhs.uk/about/Our-Plans/Documents/>

The CCG will shortly be revising and refreshing its overall commissioning strategy to cover the period 2014 – 2019. The revised CCG Integrated Plan will incorporate the objectives and planned actions of this Primary and Community Care Strategy.

1.2.2 South East London Community Based Care Strategy

One of the key drivers in developing Southwark's Primary and Community Care Strategy was to describe how Southwark will achieve the aspirations of the South East London Community Based Care (CBC) Strategy, with particular emphasis on the workstream on Primary and Community Care.

The CBC strategy is a collaborative programme to develop out-of-hospital and community care across six south-east London boroughs. The transformation of our community care is fundamental to improving services to patients and local people, and the aim of the CBC strategy is to support the hospital change programme across South East London by accelerating the development of community based care.

The CBC programme recognises that each borough has a different starting point and very different populations and needs. Each CCG has committed to achieving common aspirations, so an ethos of '*shared standards, local delivery*' has been adopted. Where there is a common need for change the CCGs will work together, but much of the strategy will be delivered by boroughs working singly or in pairs.

There are three main work streams within the CBC strategy, which are:

- **Primary and Community (including Urgent Care):** providing easy access to high quality, responsive primary and community care as the first point of call for people in order to provide a universal service for the whole population and to proactively support people in staying healthy.
- **Integrated Care (people with long term conditions including mental health problems):** Ensuring there is high quality integrated care for high risk groups (such as those with long term conditions, the frail elderly and people with long term mental health problems) and that providers (health and social care) are working together, with the patient at the centre.
- **Planned Care:** for episodes where people require it, they should receive simple, timely, convenient and effective planned care with seamless transitions across primary and secondary care, supported by a set of consistent protocols and guidelines for referrals and the use of diagnostics

There are five enabling work streams for the CBC strategy which are:

- Workforce
- Self Management
- Information Systems
- Contract Levers
- Communications and engagement

The full strategy can be accessed via the following link:

<http://www.tsa.nhs.uk/document/appendix-o-strategy-community-based-care-south-east-london>

1.2.3 Southwark's Health and Wellbeing Strategy

Health and Wellbeing Boards are statutory groups which are responsible for improving population health and wellbeing at a borough level. Southwark's Health and Wellbeing Board is in place after

operating in shadow form over the last year, and is a multi-agency group chaired by the Leader of Southwark Council, with strong representation from the CCG, the Police and other agencies. The Board's remit is to promote and deliver joint working across the Local Authority, Health and other agencies to reduce health inequalities and address the wider determinants of ill health, such as poverty, joblessness and other social issues. The Health and Wellbeing Board agreed its initial 2013/2014 strategy in July 2013, committing to three priority areas that the partners on the Board will address both collectively and individually. Those priorities are:

- The best start for children, young people and families
- Building healthier and more resilient communities and tackling the root causes of ill health
- Improving the experience and outcomes of care for our most vulnerable residents and enabling them to live more independent lives

The Primary and Community Care Strategy is one of the ways in which the CCG will deliver its commitment to work on the above three priorities, through delivering strong primary and community care services with an emphasis on providing universal, preventative services which have a focus on patient centred care and supporting people to be more in control of their health.

1.2.4 Other National Publications and Policies

The development of this strategy was also informed by a number of policy and research publications which address the transformation of primary and community services. Some of the documents which have informed our thinking include;

- The Kings fund (2011) *Improving the quality of care in general practice – report of an Independent Inquiry commissioned by the Kings Fund*
- The Kings Fund (2012) *General practice in London: supporting improvement*
- The Kings Fund and Nuffield Trust (2013) *Securing the Future of general Practice: New Models of Primary Care*
- The Royal College of General Practitioners (2012) *General Practice 2022 A vision for General Practice in the future NHS*
- Department of Health (2011) *Transforming Community Services*

2. How we engaged with people in developing this strategy

2.1 In developing this strategy, Southwark CCG sought to engage widely with patients, the public and key stakeholders, to ensure that our strategic direction reflected the views of people who use, and work in, health services in Southwark. We worked with patients and members of the public, as well as other stakeholders to co-produce the strategic objectives of the strategy, and inform our vision of how services should be developed over the next five years.

The development of this strategy was led by a steering group including Healthwatch and NHS England, and the steering group designed a programme of engagement events.

We held an open event for patients, the public and interested stakeholders including as community health staff, community pharmacists and the voluntary sector, focusing on some key questions:

What do good primary and community care services look like?
How should services be organised in future?

Other ways in which we sought input were by holding discussions and sharing drafts of this document with a range of stakeholders including:

- key provider organisations including GST community services, Kings College Hospital and GST acute services
- Southwark CCG's member practices, through the locality groups, via CCG communications and an event for all practices
- Southwark Local Authority, particularly Public Health
- Southwark and Lambeth Integrated Care programme
- The CCG Engagement and Patient Experience Committee
- Southwark Local Medical Committee

2.2 Links to the consultation of services in the Dulwich locality

This strategy was developed at the same time as the CCG was consulting on specific proposals to improve services in the Dulwich locality, in the south of the borough. The engagement with the public in respect of Dulwich services helped us to get a view from patients on the range of services that they would like to see provided out of hospital, and how they would like to see primary and community care services organised in future. This consultation has led to some specific recommendations about the organisation of services in future, including the development of more services out of hospital, and the creation of community health centres or 'hubs'.

The development of services which serve local communities better is an important part of this strategy and is described in more detail later in this document. Developing services in the Dulwich area, including proposals for a community hub, is one of our priorities for implementing this strategy, and will be followed by specific proposals for out of hospital services in the other parts of Southwark.

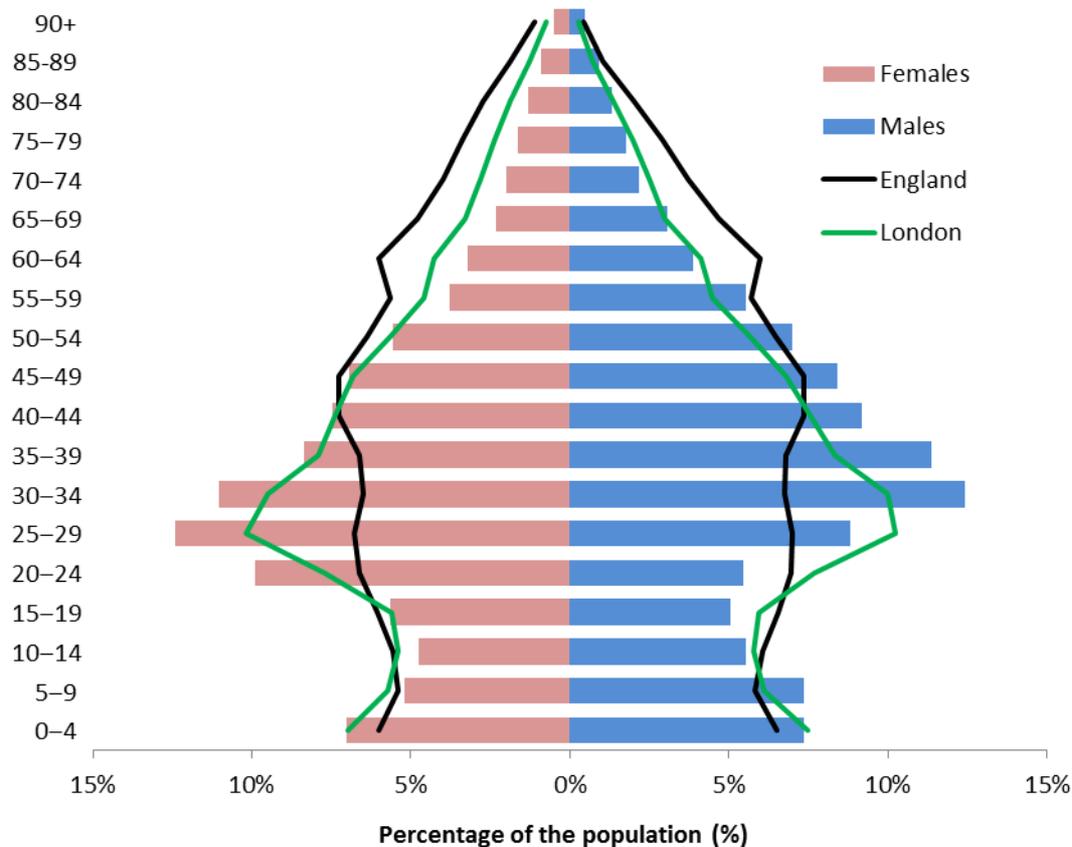
3. Southwark's Population and Health Needs

3.1 Southwark's Population

Southwark is a densely populated, geographically small and narrow inner London borough that stretches from the banks of the river Thames to the beginnings of suburban London south of Dulwich. The population is relatively young and ethnically diverse, with significant contrasts of poverty and wealth. There is wide distribution in educational achievement, access to employment and housing quality. Major regeneration programmes have been underway for some time leading to significant changes in landscape and population structure and this continues to be the case. Major health indicators such as mortality and life expectancy have improved, but there are significant inequalities in these indicators for people living in different parts of the borough.

Southwark's population is growing fast. The 2011 Census recorded Southwark's resident population at 288,200 which is an increase of 18% since 2001. The latest mid-year estimate (2012) estimated the population at 293,530. The population registered with Southwark general practices has also increased from 298,000 in 2007-08 to 305,841 by April 2013. The population pyramid (below) created using Census 2011 resident population data, shows a younger population in Southwark compared to England and London.

Census 2011 Population Pyramid, Southwark Vs England & London



58% of Southwark’s population are aged 35 or under and Southwark has the 9th highest population density in England and Wales. Southwark is ethnically diverse with highest proportion of residents born in Africa in the country (12.9 per cent), as well as significant populations from Latin America, the Middle East, South East Asia and China. 75% of reception-age children are from Black and Minority Ethnic (BME) groups with over 120 languages are spoken in Southwark.

The population is expected to continue to grow. By 2031, the Southwark resident population will have grown by 26% to 369,000 individuals compared to 288,200 at present. The adult population aged 18-64 will see the largest growth followed by the <18 and 65+ population.

3.2 Key Health Facts for Southwark

- Male Life expectancy is 78.2 years compared to 78.5 years in England.
- Female Life expectancy is 83.4 years compared to 82.5 years in England.
- Infant mortality rate (death in babies under 1 year) has decreased year on year and but is 6.17 per 1000 live births compared to 4.29 in England.
- Lifestyle risk factors such as alcohol/substance misuse, smoking, unhealthy diet (e.g. child obesity) and unprotected sex continue to be a major risks to good health in the population.
- As a consequence there is higher incidence of emergency hospital admissions due to alcohol related conditions, high rates of teenage pregnancy and HIV, high rate of premature deaths from cancer and cardio-vascular diseases and high prevalence of mental illness in the local population.

- Coronary heart disease, malignant neoplasms (cancers) and respiratory diseases remain the top 3 causes of death in the population.
- Disease prevalence models have shown that there are high numbers of undetected cases of diabetes, hypertension and heart disease in the Southwark population. Early detection and treatment is beneficial for patient's health outcomes as well as cost of treatment to the NHS.
- High unemployment, poor housing and poverty impact on the health of Southwark people and can lead to poor physical and mental health in children and adults

The Southwark Joint Strategic Needs Assessment can be accessed via the following link:

<http://www.southwarkjsna.com>

4. Primary and Community Care Services in Southwark

This section describes the current range of services provided in Southwark in terms of the provider landscape, the capacity and capability of primary and community care providers, and the quality of care provision, including variation in patient outcomes.

4.1 Scope of the strategy

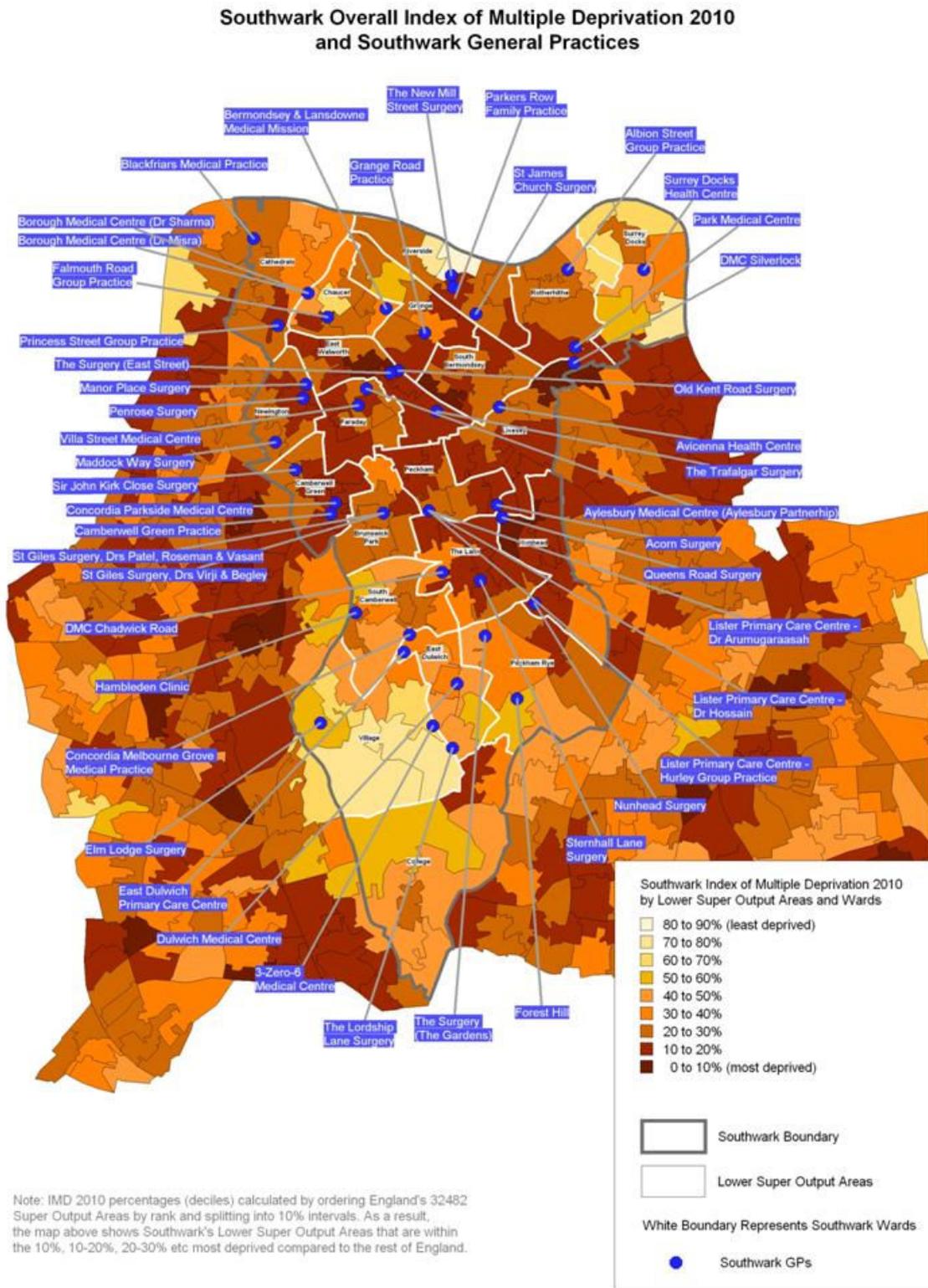
The main focus of this strategy is on primary care services delivered by GP practices. . We recognise that dentists, community pharmacists and optometrists' services play a vital role in health promotion, screening and the provision of health advice and treatment. Wider primary care providers can contribute to providing more care out of hospital and play a role in managing demand for other health services. We will explore the potential of other primary care services to support the redesign of care pathways, including providing better access to health advice and treatment, and support for self-care and self management. Dentists, community pharmacists and optometrists are commissioned by NHS England from the 1st April 2013.

Southwark CCG will seek to involve a wider range of providers in delivering healthy living services in future, working with the Local Authority to do this. In addition to traditional community health services, a variety of community resources can support people to keep health and well, and the CCG wants to involve a range of providers, including non-NHS and third sector organisations, in developing innovative approaches to preventing ill-health, supporting people to manage their health and to become part of integrated health and social care services.

4.2 GP Practice Services

There are 45 GP practices in Southwark with a combined registered patient list of 305,841 on 1st April 2013. GP practices are grouped into three localities for the purposes of the Clinical Commissioning Group, Bermondsey and Rotherhithe, Borough and Walworth and South Southwark.

Table 1: Map of Southwark GP practices against index of multiple deprivation



Note: IMD 2010 percentages (deciles) calculated by ordering England's 32482 Super Output Areas by rank and splitting into 10% intervals. As a result, the map above shows Southwark's Lower Super Output Areas that are within the 10%, 10-20%, 20-30% etc most deprived compared to the rest of England.

Produced by Lambeth & Southwark Public Health
 N. Jani 2011
 Updated August 2013

Contains Ordnance Survey data
 © Crown copyright and database rights 2011

All Southwark practices are required to be open from 8.00 – 6.30 pm. Outside of these core practice opening hours, urgent primary care is provided by Out of Hours Services. The majority of Southwark practices have not opted out from responsibility for Out of Hours Care, and are members of South East London Doctors' Co-Operative (SELDOC), a co-operative organisation of member practices which provides Out of Hours Services across Lambeth, Southwark and Lewisham CCGs, including telephone advice, GP consultations and home visits. A small number of Southwark practices have opted out of Out of Hours Care, and the CCG commissions Out of Hours services for the patients of those practices from SELDOC.

In addition to SELDOC, there is an 8am-8pm GP Led Health Centre at the Lister Health Centre in Peckham, which provides walk-in based care for registered and un-registered patients, 7 days a week. At the time of writing, the national 111 phone service has not been fully rolled out in Southwark, and telephone advice for patients continues to be largely provided by SELDOC.

4.3 Community Services

'Community services' is used in the context of this strategy to describe a range of health services which are not based in traditional acute hospitals or in traditional GP practices. Community services include a very broad range of services, including community pharmacies, community nursing and community mental health services, as well as some more specialist services. Many community services are provided on a domiciliary basis, in patients' own homes, and community services are a vital service for patients who are housebound or who have mobility problems. Community services also include range of specialist community services or out of hospital services which provide intermediate outpatient services in a community setting, and prevent the need for people to attend hospital clinics for diagnosis and treatment of some simple conditions. Within Southwark, there are community based clinics for a range of conditions including dermatology, diabetes and heart failure, which offer an intermediate level of service avoiding the need for patients to be seen in hospital.

Community services will play an important part in the transformation agenda, including developing integrated care services and providing more services out of hospital and in people's own homes.

4.3.1 Community Health Services:

The majority of community health services for Southwark patients are provided by Guy's and St Thomas' Community Health Services, part of Guys and St Thomas' NHS Foundation Trust. A full list of community services is included as Appendix 1.

Responsibility for commissioning community services underwent significant changes from 1st April 2013. Some services, including Health Visiting and pharmacies, transferred to the commissioning responsibility of NHS England, while other services transferred to the responsibility of Local Authorities, including sexual health services and school nursing. Southwark CCG will continue to act as the lead commissioner for most of these services on behalf of either NHS England or the Local Authority, and will work in partnership with responsible commissioners and Lambeth CCG in respect of the commissioning of Guys and St Thomas' NHS Foundation Trust.

Community services in Southwark play an important part in supporting general practice teams to keep people well in their own homes, as well as providing a range of more specialist services for adults and children. Southwark CCG has made recent investment in community services to support people to remain at home instead of needing a hospital admission and we will continue to support the development of community services to deliver integrated care and better care-co ordination.

Our priorities for community care include developing services that integrate well with the development of locality based primary care services. Through our commissioning we will focus on ensuring that community services support better outcomes for patients and become more productive.

4.3.2. Community Mental Health Services

Community mental health services in Southwark are provided by South London and Maudsley Foundation Trust (SLaM) and are included in the list of services in Appendix 1. Community Mental Health Teams (CMHTs) provide assessment and treatment of patients and triage for onward referrals to specialist services or inpatient care. GPs also have the option to refer patients to the Improving Access to Psychosocial Therapies (IAPT) service or their own practice based counsellor (PBC). The IAPT service along with PBCs treat patients with mild to moderate anxiety and depression and increasing the uptake of this service is a national priority. The CCG has made recent investments to increase the capacity of the IAPT service, to help meet national targets for access to psychological therapies.

The CCG plans to make to improve the skill mix of clinicians assessing patients in Community Mental Health Teams. Enhancing the 'front-end' assessment and triage function will make it easier and quicker for GPs (and others) to refer patients into the system, strengthen the trust's ability to manage demand for services and ensure that patients are directed to the most appropriate mental health service to meet their needs. CMHTs will benefit from extended/out of hours services, and improved GP liaison with secondary care services will allow GPs to more easily refer patients into CMHTs. Home Treatment teams will work more closely with community assessment to keep people in primary care where possible. The enhanced CMHT service will include a re-ablement team to facilitate, where appropriate, the management of patients with social care needs in primary care. As well as improving patient experience and service quality, it is expected that this service development will reduce the number of unnecessary admissions to hospital.

With an ageing population treating people with dementia is an area Southwark CCG is focusing on. Investment will be made to increase capacity within the Dementia Service which works alongside the Mental Health for Older Adults community service to help manage the increased number of referrals expected in 2013-14. A Dementia Adviser from the Alzheimer's Society will signpost and facilitate access to other services in Southwark (such as Peer support groups and/or a referral to a Dementia Support worker, as appropriate to the needs of the person with dementia). The service will also link closely with the Care Navigators model that aims to ensure older people (and their carers) with long term and complex care needs are accessing the most appropriate services and support to maximise their physical, emotional and social wellbeing.

The CCG is currently reviewing its Mental Health strategy and intends to produce a revised strategic document for 2014/2015.

4.4 Analysis of Primary and Community Services

In developing this Strategy, the CCG commissioned a review of the current quality, capacity and capability of primary and community care services in Southwark. The aim of this review was to provide a thorough and objective picture of the quality and outcomes of current services, to inform the CCG's strategic priorities and development of an approach to improving quality, in line with the strategic goals of the Integrated Plan.

The benchmarking review concentrated on GP practice provision and community services provided by GST Community Trust. The full results of the analysis can be accessed via the following link:

<http://www.southwarkccg.nhs.uk/newspublications/news/pages/improvingoutofhospitalhealthservicesacrosssouthwark> check right link

More information on health outcomes in Southwark and variation across primary care can be found within the Southwark Annual Public Health report.

http://www.southwark.gov.uk/downloads/download/3408/previous_annual_public_health_reports

4.4.1 Key Findings of the review:

The key findings of our review of primary care summarised below:

There is a wide range of variability in the quality and outcomes provided by GP practices in Southwark. There is some excellent care, but there is also a very wide range of performance between practices and between different care indicators, and the level of variation cannot be explained by the differences between patients registered with different practices. These wide variations between practice level performance significantly impact on the average performance for Southwark, and indicate that the care received by patients differs widely across the borough.

There is also wide variability between the productivity and outcomes from different community health services such as community matrons, and between different district nursing teams. This is evidenced by contract and quality monitoring as well as the benchmarking review.

Specific clinical areas where primary care performance or patient outcomes in Southwark on average are lower than would be expected are:

- Long term conditions screening and management (including detection and clinical control of key long term conditions such as diabetes, cardio-vascular disease and respiratory diseases)
- Immunisations (particularly childhood immunisations and flu vaccines for at risk groups)
- Identifying Cancer

- Mental Health support and mental health reviews in primary care
- Low and variable level of delivery by practices of additional services such as the NHS vascular health check and frail elderly integrated care

In terms of access to GP appointments, an audit undertaken for this strategy suggests that overall there is sufficient capacity in terms of numbers of appointments across the borough and across days of the week, but that this overall finding masks wide variation between different practices and across the days of the week. We also know from our engagement with patients that patients sometimes find appointment processes difficult and stressful, and find it hard to book a GP appointment when they need one, or with the GP they would like to see.

The review of primary and community care and feedback from our patient engagement event highlighted that non-core or 'enhanced' primary care services and some specialist community services are inequitably distributed across the borough. This is confusing for patients to access, and means that there is variability in the services offered to patients depending on where in the borough they live or which GP practice they are registered with.

5. Our Strategic Vision for Primary Care: Principles, Objectives and Clinical Priorities

5.1 Strategic Principles:

We have agreed a number of principles which guide Southwark's approach to improving primary and community services. These principles were chosen as a result of our engagement with patients, the public and other stakeholders, and are consistent with the vision and values and goals in Southwark's Integrated Plan. They are:

- All Southwark patients should have consistent access to high quality care, including enhanced services, regardless of where in the borough they live.
- Services should be safe, evidence-based and focused on improving outcomes for patients.
- Services should target health inequalities.
- Services should be patient centred, seamless and accessible.
- Where services can be effectively provided out of hospital and closer to patients' homes, they should be.

These principles inform the strategic objectives that we have chosen to focus on in future, as well as the specific actions that will take forward to develop and improve Southwark services.

5.2 Strategic Objectives:

Our strategic objectives describe the main aims that we want to achieve, to improve local services. The strategic objectives address the issues that we have identified in our review of local services and in our conversations with patients and the public about the kind of service that they would like to receive in future.

Our strategic priorities are:

- Ensuring **high quality** in all services by **reducing variation** in the quality of and outcomes from services

- **Integrated services**, with better co-ordination of people's care
- Improving **access** to services for all
- Improving the range of community based services and **out of hospital services** in Southwark

Within these priorities, we will focus on a number of key clinical areas where we know from our review of services and the Southwark JSNA that outcomes need to be improved. These clinical priorities also support our Integrated Plan clinical priorities and the Health and Well Being Board Strategy.

Our key clinical priorities are:

- Long Term conditions
- Cancer and End of life
- Mental Health
- Children and Early years

Our plans for improvement against these clinical priorities are not described in detail in this Primary and Community Care Strategy document. They are addressed in more detail in the CCG Operating Plan for 2013/2014 and in the CCG Integrated Plan, and will be developed further in our commissioning intentions for each clinical area for 2014/2015 and beyond.

Our plans and aspirations to deliver each of our strategic objectives across Southwark's services are described in more detail in section 7.

6. Developing locality based models of care

6.1 The rationale for change

Services will need to work very differently in order to be able to provide the type of care that the CCG wishes to commission in future. Primary and community care services will need to be more accessible and better integrated as well as providing a consistent range of services or 'offer' for Southwark patients. They will also need to be more productive in response to the financial challenges facing the NHS locally and nationally.

Organisational change and organisational development are a key theme of our strategy, in response to these challenges. Services working together at greater scale will enable us to deliver our aim to provide more consistent access to high quality services.

The CCG has considered a range of options to address the issues of health inequalities and the fragmentation of current provision, and our preferred option is to develop locality networks of care. The rationale supporting locality models of care starts from the premise that non-specialist care should be based around local populations, allowing the organisation of services in a way that is accessible and local to patients, which supports a preventative and holistic approach to patients' care over time, but which also allows the benefit of working at scale and the sharing of resources to deliver high quality and cost-effective services. Services need to be delivered in a way that uses a range of different staff to deliver services effectively, rather than placing additional requirements on over-stretched GPs. The role of practice and community nurses, health care assistants and other

health professionals will be critical in delivering services at scale. Making best use of staffing and other resources in primary care to cover populations larger than the traditional GP practice is needed in order to be able to meet the future demands on health services in the borough within the financial constraints we will face over the next five years.

Locality networks of care provide an opportunity for providers to work together at greater scale, through collective working, collaboration or formal merger. Locality models of care could include 'core' GMS/PMS services and cover a range of extended services, including enhanced and non-core services, as well as some community specialist services, depending on the scale that these services are offered at (i.e. borough, locality or other).

Although the CCG does not directly commission core GMS/PMS primary care services, there is a clear interplay between the provision of core primary care services and extended primary care services, and there are benefits for patients of having these services closely aligned and co-located where possible, delivered by a team of professionals within a locality network.

As a commissioning organisation, Southwark CCG cannot and should not determine the precise make up of provider organisations. However, in line with our duty to support improvements in the quality of primary care, the CCG plans to encourage and facilitate the development of locality working across Southwark. As part of the implementation of this strategy we will put in place a programme of development for locality working. This will include support for clinical and support teams to work together to design and implement service improvements together at locality level. Practice managers will play an important role in developing new ways of working and supporting clinical teams to design and carry out changes to the way that patient services are delivered. Alongside a programme of organisational development for primary care the CCG will also put in place an extended programme of training and development for clinical and administrative staff in practices.

6.2 Commissioning an extended range of services across localities

Extended services are those which can be provided in primary and community care settings, which go beyond the core range of primary care services available in every GP practice. Historically these services have been developmental or innovative, and their provision was usually fragmented and dependent of whether particular providers wished to participate in providing particular services. 'Extended services' as used in this strategy includes a wide range of services, including health promotion and preventative services, screening and diagnostic services. The term is also used here to cover previous non-core practice services and incentive schemes for additional services and service quality commissioned by the CCG. Extended primary and community care services may be provided by a range of professionals, and are not restricted to general practices. Some may require specialist clinical skills and training, and others may be more generic.

The CCG's strategic commissioning intention is to commission a significant proportion of extended primary care services and community specialist services on a locality basis in future. This will enable us to ensure the consistent provision of an extended range of services, with the same 'offer' to all patients. It will also enable the CCG to specify and monitor the achievement of consistent

outcomes, to improve the quality of care. We will commission extended services in line with clear specifications which will include the consistent provision of a range of services to all patients in a locality. Specifications for extended services will also be clearer in future about quality standards relating to patient care.

Locality networks of care will be better placed to interface with other elements of an integrated care system, including supporting Community Multi-Disciplinary teams. Community services such as district nursing and community admission avoidance services should also be organised on a locality basis, along with specialist community clinics such as out of hospital outpatient care.

6.3 Locality Services and Community Hubs

Locality networks will have community hubs at their centre. Community hubs will provide space for co-locating services, where this is the best way of providing cost effective care out of hospital, or where there are benefits in having services working side by side so that they can offer better joined-up care for patients. We will develop plans for community health centre 'hubs' across the borough over the next five years. In Dulwich we are already taking this forward, following a formal public consultation on the provision of services in that locality.

7. Our plans for improvement

This section outlines the key actions that the CCG will take forward against each of our strategic objectives, in order to support improvement. It is not a detailed implementation plan, nor is it an exhaustive description of Southwark's commissioning intentions for primary and community care. The following sections show what actions we will take across different tiers of care: core GP services, 'extended' primary care services, community and specialist community 'out of hospital services' and finally, where relevant, the impact of our strategy on acute hospital services.

7.1 Reducing Variation

We will reduce variation through a combination of re-organising services and through supporting service improvement. Our proposed actions to reduce unwarranted variation in care include structural changes such as developing more locality based services, as well as supporting clinical teams to work together on improving quality and developing innovative approaches to improving services.

To support this, contracts will increasingly be outcome based, and outcomes will be linked to the key health improvement priorities identified in the Southwark JSNA and the CCG's Integrated Plan.

Service area	Priority actions
Core Primary Care Services (NHS England commissioned)	<p>Work with NHS England to ensure consistent performance management, (led by NHS England)</p> <p>Agreed practice quality improvement plans where performance improvement is required</p> <p>Practices share resources and collaborate to improve quality, to include training, peer review and audit</p> <p>Use of 'Productive Practice' or other tools</p> <p>Programme of Training and Support (CCG-led)</p> <p>Provision of up to date performance information to practices to support improvement</p>
Extended Services	<p>Commission a consistent Extended Service offer for all patients</p> <p>Services bundled and commissioned as a locality specification with clear KPIs</p> <p>LES/LIS and other non-core services replaced with new contracting model, clear outcome and quality requirements, consistent performance management</p> <p>Locality based primary care development plans, focussing on improving outcomes</p>
Community Services including out of hospital services	<p>Improve consistency of service provided and the productivity of different teams and staff members</p> <p>Develop more outcome based contract specifications for community services</p> <p>Focus on quality, outcomes and productivity in contract management</p> <p>Use of AQP or other commissioning routes where appropriate to improve quality</p> <p>Provide support to practices to develop skills to follow best practice referral guidelines and manage conditions in primary care where appropriate.</p> <p>Clear referral processes, including use of Single Point of Referral or PRS</p>
Impact on acute services	<p>More appropriate and consistent pathways into and out of acute care, outlined in contract specifications and involving the decommissioning of some acute services</p>

7.2 Improving Access

Good access to care covers a range of different aspects, from the availability of appointments, booking processes and waiting times, to the geographical location of services and the nature of the buildings they are located in. Access is also affected by transport routes to services, the level of information given to patients to enable them to choose the right service and the language used by services. All these issues impact on access to care, and may impact on different sections of the population differently. We aim to address all of these issues

Service area	Priority actions
Core Primary Care Services (NHS England commissioned)	<ul style="list-style-type: none"> Access Collaborative work, support for demand and capacity work (CCG-led) Clear arrangements for extended hours care in primary care Consistent Urgent Care Access model, including integration with patient's own practice and Out of Hours care Use of community pharmacies to give advice and information and to support better care More support for self-care and self-management
Extended Services	<ul style="list-style-type: none"> Extended service specification provided through locality models as means of providing consistent access for patients Clear communications and signposting for patients Consideration of location and distribution of services – whether in GP premises or in hubs Potential to use a range of providers to ensure universal access, e.g. pharmacists and voluntary sector Model should include open access to some services, including community outreach or walk-in services for some types of care
Community Services including out of hospital services	<ul style="list-style-type: none"> Development of more services in community hubs, including LTC and some outpatient services Review Urgent Care provision including Walk in Centres. Develop services based around locality populations, including Single Points of Access to community services Improve booking processes, communication and responsiveness of community services
Impact on acute services	<ul style="list-style-type: none"> Clearer communications with patients on access, particularly for urgent care and in relation to choice and booking processes Redirection from acute services where appropriate

7.3 Integration and better care co-ordination

Ensuring that health and social care services are better integrated, to provide person-centred and seamless care is a key objective for Southwark CCG, and is reflected in the CCG's Integrated Plan, the South East London CBC strategy as well as in national policy. The CCG will continue to work with our local partners across Southwark and Lambeth within the SLIC programme to progress an ambitious programme of integration. In relation to our specific plans for primary and community care service, integration is fundamental to achieving our aims of improving outcomes for patients and improving their access to care. This means that services will need to increasingly work together, to co-ordinate their response to the needs of individuals, and to work flexibly to offer better value care.

Our proposals for locality models of care are one of the main ways that we wish to support further integration for local people. Locality working will not only support GP practices to share resources but allows them to interface with a range of other services, based around local populations and communities. We will explore and encourage greater integrated working between services at locality level, with community health centres as ‘hubs’ where patients can receive more joined up care.

Service area	Priority actions
Core Primary Care Services (NHS England commissioned)	Primary care services should be a key element of integrated care pathways Integration based around populations with focus on shift to a preventative approach, Primary care case management adopted as a core approach to co-ordinating the care of patients
Extended Services	Patient-centred care planning and care co-ordination rolled out as a generic approach to supporting self-management Integrated care pathway elements should be included in the locality model Development of the integrated case management model beyond frail elderly to younger adults with LTCs or raised risk, and to children
Community Services including out of hospital services	Investment in integrated pathways for elderly and those with LTCs, including admission avoidance and community LTC services Care-co-ordination central to integrated pathways, supported by Community Multi-Disciplinary teams Community services integrated into care pathways (e.g. diabetes and respiratory). Integrated community services developed around localities, including social care services, and co-located in ‘hubs’ where appropriate Develop plans for the integration of children’s services
Impact on acute services	Acute services part of integrated pathways, including potential to develop Academic Integrated Care Organisation for Southwark and Lambeth Flexible deployment of staff into the community and to support primary care Aim to reduce admissions and length of stay Redistribution of financial resources to support redesigned services

7.4 Enhancing the range of services available in the community

Southwark already has a range of community based services available. Patients and the public have told us that they would like to have a wider range of services available outside hospital settings and closer to their homes. This will mean commissioning more home based care, a greater range of extended primary care services and community based services and specialist out of hospital services. We will only commission community alternatives to hospital based care where it is safe and effective, from a clinical and cost perspective, to do so.

Service area	Priority actions
Core Primary Care Services (NHS England commissioned)	n/a
Extended Services	Better range of extended services, consistently provided should reduce reliance on acute services or other commissioned services, and support effective pathways, Screening, diagnostics and management of non-complex conditions in non-acute settings, included in locality offer Commissioning of non-complex diagnostics
Community Services including out of hospital services	Development of community hubs, co-locating services Increased range of out of hospital care, including potential for gynaecology, more LTC clinics, ophthalmology, therapies, early years services and others Community based admission avoidance services, linking to integrated pathways Availability of wider range of direct access diagnostics in community hubs where this supports effective pathways out of hospital
Impact on acute services	Decompression of acute sites through provision of more care out-of-hospital in key pathways

8. Enablers

In order to be able to deliver the level of improvement we aspire to over the next five years, there are a number of enabling workstreams. These enablers seek to address some of the barriers to making change happen at a practical level.

The four enablers of our Primary and Community Care Strategy are:

- Workforce
- Premises
- Information Sharing and Information Technology
- Contracting and Procurement

This section describes what we will seek to do in each of these four areas.

There is a significant overlap between the enablers for this strategy and the enablers in the South East London Community Based Care Strategy (section 1). We will work collaboratively with the

other CCGs in South London, and with other partners including NHS England, the SEL CSU and the SLIC programme, where this will enable us to have faster, wider reaching impact on the enablers of our local borough strategy.

8.1 Workforce

- Developing a flexible workforce that can deliver the kind of integrated, person centred care that is needed in the future
- Support for leadership development in primary and community services, including clinical and managerial leadership
- Ability to rotate staff across acute, community and primary care settings, and redeploy staff in response to service transformation
- Sharing staff between different providers
- Support for recruitment and staff development
- Development of a wider skill mix, including development of more health care assistants
- Support for skills development and training including care-co ordination and case management
- More mobile working for community and domiciliary staff, IT enabled

8.2 Premises

- Commission an audit of practice and community premises to assess the current state of premises and the level of premises utilisation
- Develop a premises strategy, in partnership with NHS England, NHS Property Services, as an immediate priority
- Identify funding sources to develop community hubs and primary care estate in line with agreed models of care, maximising sources of funds from section 106 and regeneration
- Identify potential community hubs in each locality and develop business cases where required

8.3 Information sharing and Information technology

- Ensure inter-operability of all main IT systems
- GP practices to upgrade to EMIS web or other systems which will enable shared working in future
- Agree information sharing protocols across services, including primary, community, acute and social care
- Work with SLIC to deliver a shared clinical system to support integration
- Develop clear information for patients on consent and the use of personal information
- Flexible IT solutions to support mobile working and case conferencing

8.4 Contracts and procurement

- Clear procurement strategy, including approach to procuring locality based services
- Use of competition and tendering to secure required level of quality, where this is in patient's interests
- Development of more outcome related contracts
- Exploration of capitated budgets to support population based integrated care

- Consistent performance management
- Effective use of incentives including quality premiums and CQUINS
- Payments linked appropriately to achievement of agreed quality and outcome thresholds

9. Financial Implications of this strategy

9.1 The financial outlook

The forward outlook for the CCG over the next five years is one of substantial change. The national funding formula for CCGs is being reviewed and changes to our allocation levels are expected. Currently Southwark is slightly under its target level of allocation by 1.5%, and we therefore expect to receive at least the average inflationary uplift of circa 2% per annum. However, this uplift will not be sufficient to cover the rising demand for and costs of healthcare, and in each year of the next five years the CCG will expect to have to make significant savings in the cost of overall care in order to meet rising demand. Our savings and productivity plans are known as Quality, Innovation, Productivity and Prevention (QIPP) plans. Our financial forecasts assume annual QIPP saving requirements of at least 6% per year in 2014/2015 and subsequent years. Our plans to achieve these cost reductions focus on reducing the costs of care through improving prevention and early management of health problems, as well as transforming the way that care is delivered in order to provide quality care at lower costs. Our programme of primary and community care redesign is of prime importance to delivering these productivity improvements.

9.2 Resources to support this strategy

The CCG will need to commit some additional resources in order to implement this strategy, including the costs of pump priming new service developments in community and primary care settings, and the costs of developing locality based models of care.

Over the period 2013/2014 to 2015/2016, the CCG has earmarked 1% of its non-recurrent reserves each year to fund the costs of implementing the South London CBC strategy and our borough based work on developing primary and community care sites within that commitment. The CCG therefore expects to be able to resource the reasonably anticipated costs of implementing this strategy, although further work will be needed to establish the funding requirements for each of the main strategic objectives, and to agree the allocation of resources to individual projects and service developments over the next three to five years. The CCG's Commissioning Strategy Committee will be responsible for overseeing the development of detailed commissioning and service development plans, and will consider business cases for individual projects and workstreams.

We will look innovatively at how we can fund premises improvements to deliver out of hospital services, working with NHS Property Services and NHS England. There is likely to be very little capital funding available for NHS commissioners over the next few years, so many of our premises improvement projects will require revenue funding, including contributions from Section 106 or funds from regeneration projects, where possible.

Premises development costs will therefore be funded from a mixture of capital and revenue solutions. Business cases for capital developments will be required for approval with NHS England London Area Team.

10. Implementing the strategy – how we will achieve our goals

10.1 Developing an implementation approach for the strategy

The work to take forward this strategy will be led within the CCG by the Primary and Community Care Strategy Steering Group, and managed in close collaboration with the South East London Community Based Care programme.

Section 7 of this document outlines our plans for improvement against each of our main objectives. Detailed project plans will be developed for each of these areas, including resource requirements and milestones. Appendix 2 outlines the high level milestones to progress each of the key actions with the expected timeframes for implementation in the first year of our work. This will be developed further into a more detailed implementation plan in the weeks and months following the agreement of this strategic document.

10.2 Key next steps

10.2.1 Equalities Impact Assessment

The CCG believes that the changes we have outlined in this plan will have a positive impact on equalities, and help to reduce health inequalities and improve access for different patient groups. We have not yet carried out a full equalities impact assessment, but will take this forward, in order to inform the development of our detailed implementation plans and future commissioning intentions.

10.2.2 Developing a programme of organisational development for primary care

One of the immediate priorities for action by the CCG will be to agree a programme of development for practices to work at greater scale.

The precise scope of an organisational development programme for primary care will need to be developed in discussion with Southwark GP practices. It is envisaged that the programme will need to cover the following areas:

- Facilitating discussions about ways of working together at scale
- Determining models for locality working
- Support for making organisational change happen at an operational level
- Leadership development and building capacity for service improvement within localities

10.2.3 Developing a procurement approach for 2014/2015

This plan describes how the CCG will commission primary and community care services in future. To take this forward, the CCG will need to

Community contract re-procurement: The CCG's current contract for community services with GST ends in March 2014. The CCG is currently developing its commissioning intentions for procuring future community based services. Our decisions around the future procurement of community services will need to reflect the strategic objectives of this strategy, including the drive for more integrated services, designed around local populations and focussed on improving patient outcomes. We will also be reviewing the range of community based services that we currently commission, and taking decisions about the future commissioning of a number of individual services, including diabetes and CHD. It is likely that the current contract will be extended to March 2015, to allow enough time for detailed commissioning plans to be developed and for any procurement exercise to be properly managed. We will also work closely with Lambeth CCG in order to determine the timing and shape of any future re-commissioning of community services.

We will review community services each year and determine where there is scope to use contracting routes such as the Any Qualified Provider contract to deliver community services, where greater choice of provider has the potential to improve the quality and accessibility of local services.

Extended services procurement: Commissioning extended services on a locality basis is one of the ways that we propose to improve equity and the quality of services. The CCG will specify the range of extended services that it will commission for April 2014 as a priority action. A procurement approach for commissioning those extended services will be agreed to support this, taking into account national procurement guidance, and our local strategic intentions in relation to improving patient care.

All the CCG's commissioning and procurement proposals will be taken in accordance with our conflict of interest policy.

11. Reviewing this strategy

Change is a constant in the NHS, as in other public services. This strategy has been developed to respond to the likely future context for primary and community care services in Southwark but there will inevitably be unforeseen changes, for instance in the national policy context. At the time of writing, A Call to Action is taking place nationally, and may lead to significant changes in the services the NHS provides in future.

Our aim is to ensure that we commission strong, viable primary and community services that are sustainable and flexible and that can respond to the changing demands of patients as well as a changing financial and political environment.

The CCG's Primary and Community Care Strategy Steering Group will play a key role in monitoring the implementation of this strategy, ensuring that improvements in quality are achieved and maintained over the next five years. The Steering Group will also ensure that this strategy is reviewed regularly in response to changes in the national policy context for primary and community services, as well as to the changing financial situation of the CCG, and to changes to NHS service configuration across South East London.

APPENDIX 1: LIST OF COMMUNITY SERVICES IN SOUTHWARK, WITH COMMISSIONER

Adult Community Services	Commissioner	Provider
Community Nursing / Matrons	CCG	GST CHS
Heart Failure Team	CCG	GST CHS
Care Home Support Team	CCG	GST CHS
Tissue Viability	CCG	GST CHS
Multiple Sclerosis Service	CCG	GST CHS
Continence Nursing	CCG	GST CHS & LHT
Diabetes Specialist Nursing	CCG	GST CHS
Young People with Disability (YPD)	CCG	GST CHS
Home Ward	CCG	GST CHS
Acupuncture	CCG	GST CHS
Neuro Rehab	CCG	GST CHS
Complex Rehab	CCG	GST CHS
Supported Discharge	CCG	GST CHS
Foot Health	CCG	GST CHS
Podiatric Surgery	CCG	GST CHS
Three Boroughs Homeless Team	CCG	GST CHS
Adult Learning Disability	CCG	GST CHS
Enhanced Rapid Response	CCG	GST CHS
Community Mental Health Team	CCG	SLAM NHS FT
Homeless Assertive Outreach Service	CCG	SLAM NHS FT
Psychosis: Early Intervention Community Service	CCG	SLAM NHS FT
Home Treatment Team	CCG	SLAM NHS FT
Mental Health for Older Adults and Dementia Team	CCG	SLAM NHS FT
Chlamydia Service	Local Authority	GST CHS
Reproductive & Sexual Health	Local Authority	GST CHS
Sexual Health Outreach Team	Local Authority	GST CHS
HIV & Sexual Health Promotion	Local Authority	GST CHS
Stop Smoking Service	Local Authority	GST CHS
Substance Misuse Treatment Service (Community Drug Action Team (CDAT))	Local Authority	GST CHS
Needle and Paraphernalia Exchange Coordination Service	Local Authority	GST CHS
Dietetics	CCG	GST CHS
Audiology Services (Hearing assessment and aids)	CCG	Various
Community Dermatology Services	CCG	Aylesbury Medical Services
Home Enteral Nutrition (HEN) Service	CCG	LHT
Community Head and Neck Team (CHANT) Service	CCG	LHT
Non Specialist Orthotics and Wheelchairs Service	CCG	GST CHS
Ears, Nose, Throat Advice Service	CCG	Rila Group
Specialist Rehabilitation, Orthotics, Wheelchairs, Amputee Rehab	NHS England	GST CHS
Children's Community Services		
Aiming High (Specialist Equipment)	CCG	GST CHS
Children Continuing Care	CCG	GST CHS
Children's Diabetes Specialist Nursing	CCG	GST CHS
Children's Occupational Therapy	CCG	GST CHS
Children's Physiotherapy	CCG	GST CHS
Community Paediatricians	CCG	GST CHS
Looked after Children	CCG	GST CHS
Special Needs Health Visiting	NHS England	GST CHS

Special Needs School Nursing	NHS England	GST CHS
Child and Adolescent Mental Health Services	CCG	SLAM NHS FT
Children's Speech & Language Therapy	Local Authority/CCG	GST CHS
Nutrition & Dietetics	Local Authority/CCG	GST CHS
School Nursing	Local Authority	GST CHS
Child Immunisations Support Service	NHS England	GST CHS
Family Nurse Partnership (FNP)	NHS England	GST CHS
Health Visiting	NHS England	GST CHS
National Hearing Screening Programme	NHS England	GST CHS
Paediatric Audiology Service	NHS England	GST CHS
Children's Community Nursing Team	CCG	LHT

Key

GST CHS Guys & St Thomas' Community Health Services

LHT Lewisham Healthcare Trust

CCG Clinical Commissioning Group

SLAM NHS FT South London And Maudsley NHS Foundation Trust

APPENDIX 2: PRIMARY AND COMMUNITY CARE STRATEGY: PRIORITY ACTIONS, TIMEFRAMES AND MILESTONES

1. Reducing Variation

Priority Actions	Milestones	Timeframe	Inter-dependencies
Development Plans for improvement: NHS England led process for Quality Improvement plans at practice level for outlying performance. Locality improvement plans outlining development plans for local populations	Establish quarterly review process for primary care quality, jointly with NHS England Agree performance information data set to support performance review NHS England to lead agreement on Southwark practices needing practice level quality improvement plans Agree format and scope of locality improvement plans Locality Improvement Plans in place, agreed between CCG and Localities, linking to support and development requirements	Quarterly beginning Jan 2014 November 2013 December 2013 December 2013 March 2014	NHS England
Locality-led programme of peer review, audit and collaborative improvement	Agree reporting and information requirements for practices to support improvement Review use of productive practice and other tools Develop proposals for support for developing service improvement capability at locality level Localities to agree mechanisms for peer support and shared learning, with CCG support and facilitation	November 2013 November 2013 December 2013 February 2014	CSU
Training and Development to support improvements in quality, capacity and capability	Review and evaluate current range of training activities Develop training and development plan, with identified resources, for implementation from January 2014 Provide support to practices to develop skills to follow best practice referral guidelines and manage conditions in primary care where	October 2013 December 2013 March 2013 and	HESL CBC workforce group SLIC

	appropriate. Recruitment and retention to support new ways of working	ongoing	
Strengthen Community services contract and performance management, focussing on quality, outcomes, and productivity	Agree revised quality standards and KPIs for GST contract Agree Community CQUINS, including system wide improvements Agree Community service workplan for improving productivity, service responsiveness and quality	February 2013 March 2013 March 2013	Lambeth CCG, GST FT
Commission enhanced services in order to improve consistency of outcomes and to improve access for all patients	Agree bundles of services to be procured at locality level Review LIS and LES contracts, to be replaced with locality enhanced services contracts Agree specification for enhanced bundles, including quality and outcomes standards Agree procurement approach for enhanced services Begin procurement , to conclude with new contracts from April 2014	September 2013 November 2013 December 2013 September 2013 November 2013	SLIC Local Authority
Review Commissioning Intentions for community services	Review use of AQP to secure improved quality and choice for patients Agree any procurements via AQP Agree any services to be tendered	September 2013-Jan 2014 Jan 2014	

2. Improving Access

Priority Actions	Milestones	Timeframe	Inter-dependencies
Improve consistency of access to commissioned services for all patients	Commissioning of consistent service offer through localities – see plans re commissioning enhanced services	April 2014	
Agree future location of Out of Hospital Services, including pharmacies, GP surgeries and community hubs	Agree service model and proposed location of services provided out of hospital Develop Dulwich business case based on above model Develop proposals for community hubs in other parts of Southwark, following engagement with patients and other stakeholders	November 2013 November 2013 April 2014	
Communications to patients to support access to care	Agree local communications for urgent care for winter 2013/2014 Agree plans for 111 implementation across LSL Develop materials for Southwark patients on services, access and self-care	November 2013 March 2014 June 2014	CSU
Implementation of Urgent Care strategy, following NHS England review of Emergency Services	Review urgent care strategy and re-commissioning Southwark services including: Review of Lister Walk in Centre Review of KCH Primary Care Service Review use of pharmacies/minor ailment services Review Single Point of Access to community admission avoidance services Review location of Out of Hours bases and integration with UCCs Re-commissioning of urgent care services in line with above, to deliver a	June 2014	NHS England KCH Lambeth and Lewisham CCGs

	consistent Urgent Care Access model, including integration with patient's own practice and Out of Hours care		
Primary Care appointment access	<p>Programme of collaborative support for access improvements</p> <p>Clear arrangements for urgent access to GP appointments and extended hours in primary care, linking to CCG's future commissioning of Urgent Care Services</p>	November 2013 – June 2014	
Improve booking processes for patients	<p>Agree improvement plan for community services booking and response times to practices and patients</p> <p>Continue to implement Choose and Book improvements, prioritising Kings and Community services</p> <p>Monitor cancellations and re-scheduling of care, including analysis of patient experience and quality alerts, taking action via contract and performance management routes</p> <p>Undertake some focused work with patients to understand access and experience of booking and waiting, to inform further improvements</p>	<p>March 2013</p> <p>Ongoing</p> <p>April 2014</p> <p>June 2014</p>	GST, KCH, Connecting for Health

3. Integration and better care-co-ordination

Priority Actions	Milestones	Timeframe	Inter-dependencies
Investment in integrated pathways for elderly and those with LTCs, including admission avoidance and community LTC services	<p>Homeward rolled out across Southwark as part of @Home model</p> <p>Re-commission diabetes community service</p> <p>Agree specification for community respiratory service</p> <p>Evaluation of SLIC frail elderly pathway</p> <p>Agree approach to integrated care for LTC</p> <p>Community services integrated into pathways, including diabetes, respiratory, district nursing, foot health etc</p>	<p>October 2013</p> <p>April 2014</p> <p>December 2013</p> <p>March 2014</p> <p>March 2014</p> <p>March 2015</p>	SLIC, Lambeth CCG, GST
Care-co-ordination central to integrated pathways, supported by Community Multi-Disciplinary teams	<p>Patient centred care planning and support for self management agreed as generic framework, included in locality service specifications</p> <p>Primary care case management adopted as a core approach to co-ordinating the care of patients, supported by risk stratification and locality based integrated service models</p>	<p>March 2014</p> <p>March 2014</p>	SLIC
Integration based around populations with focus on shift to a preventative approach	<p>Services commissioned through locality networks of care, based around populations, as key mechanism for co-ordinating integrated care and interfacing with other agencies to provide more patient centred care</p> <p>Link to new contractual models and financial flows</p>	April 2014	
Changing contracts and financial flows to support integration	<p>Agree scope for capitated budgets and commissioning arrangements to support further integration</p> <p>Shadow capitated budgets</p> <p>Business case for Integrated Care Organisation for consideration</p>	<p>February 2014</p> <p>September 2014</p> <p>February 2014</p>	SLIC

Develop plans for the integration of children's services	Develop plans for the integration of children's services, working with Lambeth and Southwark integration project	September 2014	Evelina project, Local Authority
Integrated community services developed around localities, including social care services, and co-located in 'hubs' where appropriate	Development of service model for community hubs Review of community services interface with primary care;	November 2013 for Dulwich September 2014	

4. Increasing the range of services out of hospital

Priority Actions	Milestones	Timeframe	Inter-dependencies
Planned care – commissioning of community clinics where this is clinically and cost effective	Priorities include: Gynaecology Ophthalmology ENT Cardiology Paediatrics Headache Pain Management	Timeframe to be determined for each specialty	CSU,
Diagnostics: secure quality assured diagnostics for LTC care as part of locality model, agree strategy for extended direct access diagnostics where this complements more streamlined and cost effective planned care pathways	Spirometry service implemented at locality level Business Case for Phlebotomy Procurement for Phlebotomy and ABPM Diagnostics review completed Procurement of direct access diagnostics, complementing community hub and locality networks model	December 2013 October 2013 April 2014 February 2014 Begin in April 2014	CSU
Screening, diagnostics and management of non-complex conditions in non-acute settings, included in locality services	Agree commissioning intentions for Healthchecks and other screening services with Local Authority	November 2013	Local Authority and Public Health

Increased home based care, including accelerated discharge, support for frail elderly	<p>@Home model rolled out</p> <p>Better take up of integrated approach to frail elderly , including locality networks linking to CMDTs</p> <p>Improved discharge arrangements, with support from integrated social care and health services – testing of new service</p>	<p>October 2013</p> <p>October 2013</p> <p>October 2013</p>	GST, SLCI, Local Authority
Use wider range of providers to support care out of hospital including pharmacies and third sector	Links to other workstreams, including review of Public Health contracts, planned care and urgent care commissioning intentions,	Ongoing	Local Authority, LPC, CAS,

Glossary of Terms

ABPM – Ambulatory Blood Pressure Monitoring, where blood pressure monitoring is carried out over a period of time.

Acute - describes a disease or illness that comes on quickly, severe symptoms and brief duration.

Acute care - healthcare, usually secondary care services, that responds to a critical or episodic health need. Acute services are typically hospital based services.

Any Qualified Provider - patients or GPs can, for certain conditions, choose from a range of approved providers, who have met the strict criteria for and are approved under the AQP regulations.

Care co-ordination – the process of joining up or planning the provision of health or other care services that an individual needs. This is normally done by an individual called a care-co-ordinator, who takes responsibility for ensuring that an individual's needs are met by a range of different services or agencies in a planned way.

Choose and Book - Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic.

Commissioning - the planning and organising, procurement, monitoring and performance management of health and health care services for a local community or specific population.

Community based services/ community care – health services that are not provided by secondary care or by primary care, and are provided in patients' own homes, health clinics or health centres. A fuller list is included in Appendix 1.

CQUINs (Commissioning for Quality and Innovation) - a contractual mechanism that allows commissioners (e.g. CCGs) to pay providers (e.g. hospitals) for completing activities that directly relate to improving the quality of care received by patients, through linking a proportion of the provider income to achieving the improvement goals.

Extended services – this term is used in this document to mean a range of services that can be provided in primary and community care but which are not included in the core GP contract. It includes, but is not necessarily restricted to historic locally enhanced services, non-core funding, incentive schemes or other newly commissioned services.

Health and Well-being Board – a statutory group which is responsible for improving population health and well-being at a borough level. It is a multi-agency group chaired by the Leader of the Council, with strong representation from the CCG, the police and other agencies.

Health Inequality - the generic term used to designate differences, variations, and disparities in the health outcomes of individuals and groups, for example, differences in mobility between elderly people and younger populations or differences in mortality rates between people from different social classes.

Healthwatch- the independent consumer champion for the voices of the Southwark population concerning health and social care services, established by the Health and Social Care Act 2012.

Health Education South London – A strategic board which exists to ensure effective and efficient investment of education funds for staff, ensuring security of supply of the workforce for south London.

Joint Strategic Needs Assessment - a document which analyses the health needs of a population to inform the commissioning of health, well-being and social care services. This document is updated on an annual basis.

Integration – the bringing together of different health and/or social care services to work together in an organised way to meet the needs of a group of patients. This may involve co-location or single management of services.

Local Enhanced Service – local scheme of additional services provided by GPs (agreed by the CCG) in response to local needs and priorities, sometimes adopting national NHS service specifications.

Local Incentive Scheme - a process to engage GPs in working to address specific health objectives for the local population. This has included long term conditions (such as COPD and diabetes), early cancer diagnosis and effective prescribing.

Local Authority – also known as the Council, a statutory organisation of local government which provide or arrange a range of services including education, housing, leisure and social care.

Local Medical Committee – a statutory Local Representative Committee representing the interests of all GPs working in the NHS.

Locality – a geographic area or neighbourhood. GP practices within Southwark are currently organised into locality groups for the purposes of commissioning. This document suggests that GPs are also organised into localities in order to collectively provide services to the population of that locality.

Out of Hours - services available between 6.30pm and 8.00am during the week and during the day on Saturdays and Sundays (including weekends and bank holidays).

Outcomes – the effect of treatment on patients, which can be measured in a number of different ways, including biological measurements (e.g. reduction in blood pressure or treatment of cancer), mortality rates (number of deaths per/1000 population), and patient satisfaction or experience of care.

Primary Care – the collective term for health services that are the first point of contact for patients, including General Practice (GP) services, pharmacies, dentists and optometrists. The following terms relate to GP services:

Core – the services that all GP services have to provide within the national contract for primary care.

GMS – General Medical Services – the services which are stipulated in the core GP contract.

PMS – Personal Medical Services. A way of contracting for primary care which covers the core contract and a range of quality and care requirements.

Non-core services – some GP practices receive funding for providing services that are outside the core GP contract. In Southwark examples include counselling and physiotherapy.

Enhanced Services - services provided by general practices in addition to their core contracts on a voluntary basis. Examples of enhanced services include smoking cessation, sexual health, vascular health checks and integrated frail elderly services.

Quality and Outcomes Framework (QOF) - a system of quality requirements for GPs for which practices can receive additional payment for meeting specified standards.

Secondary Care – more complicated or specialist healthcare, either outpatient or inpatient, that is usually provided by hospitals, and is normally received following a referral by another health professional rather than being universal or open access for all patients.

SELDOC – **South East London Doctors** – a co-operative organisation of member practices which provides Out of Hours Services across NHS Lambeth, Southwark and Lewisham CCGs, including telephone advice, GP consultations and home visits.

SLIC – **Southwark and Lambeth Integrated Care**. A programme taking forward integration across Lambeth and Southwark, involving a partnership of the CCGs and Local Authorities, King's College Hospital, Guy's and St Thomas' and South London and the Maudsley Foundation Trusts.

Urgent Care - Urgent care is defined as the delivery of medical care outside of a hospital emergency department on a walk-in basis without a scheduled appointment.