

Clinical Commissioning

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Why change was needed

- Affordability – ageing population, increasing costs of treatments
- Greater Clinical influence over commissioning
- GPs know patients best – cradle to grave – greater accountability needed
- Patient involvement – no decision about me without me

Challenges

- Coalition Governments expectation of delivering much more for less
- NHS & Local Authorities will need to achieve efficiency savings to meet the increased demand and increasing costs whilst simultaneously meeting Governments, Public & Patient expectations.



Key principles of the white paper

- Primary Care Trusts and Strategic Health Authorities will be abolished.
- Clinicians will have responsibility and budgets for commissioning health services.
- Greater emphasis on outcomes for patients
- Putting patients at the heart of the NHS
- More independence for healthcare providers and reduced bureaucracy
- Health improvement will be the responsibility of Local Authorities.

NHS Future Forum Report and Government Response.

- The pace of the proposed change should be varied.
- The Secretary of State should remain accountable for the NHS
- Nurses, Specialist Drs and other clinicians must be involved in local decision making
- Competition should be used to secure greater choice and better value for patients
- The drive for change should not be based on Monitor's duty to 'promote' competition but on citizens power to challenge the local health service
- All organisations involved in NHS care and spending NHS money should be subject to the same high standards of public openness and accountability

Key Changes

- GP commissioning will involve other clinicians
- The authorisation process will determine how quickly and how much budgetary responsibility CCGs will have in 2013
- Phased approach to CCGs taking over responsibility – if they aren't ready in 2013 the local arm of the NHS Commissioning Board will commission some or all of the services.

What is clinical commissioning?

- By April 2013 – comprehensive system of CCGs – supported by and accountable to NHSCB.
- Commissioning – planning, designing and paying for your NHS services
- Planned and emergency hospital care, rehabilitation, most community services, mental health and learning disability services
- Engagement with local people to ensure that the services the CCG is paying for meet your needs

NHS Commissioning Board

- Oversee performance of CCGs
- Also commission GP services, pharmacy, opticians, dentists and other specialist services
- 4 Regional Hubs – 50 local offices
- 01/04/13 PCT and SHA will be abolished and CCGs & NHSCB take on full functions

Local Authorities

- Public Health
- Schemes to encourage healthier lifestyles will be organised by local councils
- PH England – new body within the DoH created to take the lead on issues.
- Health and Wellbeing Boards
- Local Healthwatch bodies will replace LINks- promote public engagement with NHS, comment on changes to services, act as advocates for complaints and deliver advice across health and social care.



Health and Wellbeing Board

- Strategic influence over commissioning decisions
- Strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions
- Bring together CCGs and council to develop shared understanding of health and wellbeing of the community
- Joint Strategic Needs Assessment – will drive local commissioning and create more effective and responsive local health and care system



Ashford Clinical Commissioning Group

Putting patients first by doing the right thing
in healthcare and making the right things
happen – providing care closer to home

ACCG – About us

- Formed in 2006
- Forum – 17 GP surgeries
- Board - ‘engine room’ – Chaired by a local GP, 5 GPs, 1 Nurse together with partners from other local organisations – KCC, Social Services.
- DoH Pathfinder status – as of April 2012 take on responsibility for the budget
- Working alongside the PCT – we need to ensure a safe and accountable handover in 2013
- Authorisation – Autumn 2012

What do we do ?

- Looking at the future of Health Services in Ashford
- Enabling your GP to concentrate on you
- Striving to improve services
- Making more care available locally

Our priorities for 2012/13

We will strive to

- Improve patient transport services to hospitals
- Improve services to patients at home
- Reduce the number of obese children in reception and year six
- Improve Primary Care input into A&E
- Develop a communication strategy to inform patients of the choices available outside of A&E and in the community
- Improve rapid access services to avoid admission.

Clinical Leads

- Dr Roger Pinnock – Chair of ACCG Board & HWB representative.
- Dr Navin Kumta – Shadow Clinical Accountable Officer
- Dr Caroline Ruaux – Long term conditions and Community Services
- Dr Kim Gardner – Gynaecology and Emergency Services
- Dr Bill Warrilow – Mental Health
- Dr Jessica Crouch – Child Health, CAMHS & Maternity Services
- Judith Marsh – Practice Nurse Rep & Palliative Care



Any Questions ?



Thank you