

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 5
11 NOVEMBER 2014	Public Report

Report of the Executive Director of Corporate Affairs

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CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP UPDATE

1. PURPOSE

To provide the Commission with the requested update on the following services:

1. Minor illness and Injury Unit Peterborough.
2. The future CCG Commissioning Intentions for specialist personality disorder services
3. To update the scrutiny commission on the preferred bidder from the Older Peoples' healthcare and adult community services procurement programme.

2 RECOMMENDATIONS

2.1 That the Commission:

- a) Note the update on the Minor Illness and Injury Unit Peterborough
- b) To note the content of the recent CCG Governing Body paper on Specialist Personality Disorder Services and the ongoing work arising from its recommendations, especially in relation to addressing the current inequality in access to specialist personality disorder services across the CCG.
- c) Note the update on the preferred bidder from the Older Peoples' healthcare and adult community services procurement programme.

3.. UPDATE ON MINOR ILLNESS AND INJURY UNIT PETERBOROUGH

This report provides an update on the Minor Injury and Illness Unit (MIIU) since it opened on 1st October 2014.

3.1. BACKGROUND

Following extensive consultation in 2011/12 Peterborough Primary Care Trust closed the Alma Road GP led walk in centre, and the Nurse led walk in Centre based at the City Care Centre and replaced it with a GP led Minor Injury and Illness Unit (MIIU), also based in the City Care Centre. The MIIU at the City Care Centre opened its doors on the 1st October 2013.

3.2. KEY POINTS

- 3.2.1 The MIIU has managed 46224 patient presentations between the period of Oct 2013 and Aug 2014. Of these 34.15% are aged under 18 years, 67.28% are aged 18 years and above. The busiest days are Saturday, Sunday and Monday, and busiest times for the unit between 10am – noon, 4pm – 7pm.
- 3.2.2 Most attendances are seen by advanced nurse practitioners/emergency care practitioners (88%) with the remaining 12% seen by the GPs. The vast majority of the attendances are

minor illnesses - 66% of all attendances are dealt with via advice and guidance, 21.5% receive a prescription or are administered medication, while the remaining 12.5% are treated for a minor injury.

3.2.3 Onward referrals to A&E are low, ranging from 2.62% to 4.37% of all attendances.

3.2.4 All the key A&E quality indicators are delivered well within the expected targets, with times from arrival to start of treatment in August reported at 24:47 minutes (target median wait < 60 minutes) and 95% of attendances being seen, treated and discharged within 2 and a half hours.

3.2.5 Average monthly A&E attendances at Peterborough City Hospital (April – July) in 2014/15 are up by 8.3% compared with 2013/14:

A&E Attendances	Average Attends 2013/14	Average Attends 2014/15 YTD	Change	Change %
Total	7,572	8,201	629	8.3%

3.2.6 Average monthly A&E attendances at Peterborough City Hospital (April – July) in 2014/15 for minor HRGs have increased by 12.1% compared with an increase of 5.8% in other HRGs, and it is clear that much of this minor activity could have been treated in the MIU but patients are choosing to attend the hospital.

A&E Attendance by grouped HRG:	Average Attends 2013/14	Average Attends 2014/15 YTD	Change	Change %
Minor HRGs	3,012	3,375	363	12.1%
Other HRGs	4,560	4,826	266	5.8%

HRG – Health resource group – is the tariff attached to any activity in the Trust. It is a currency so we pay for activity at a HRG level and each HRG has an associated price. We have seen an increase in the lower cost activity in the hospital and a smaller increase in the more expensive activity.

3.2.7 The Choose Well campaign is underway, and has increased its focus, in September, to reinforce messages from last year’s campaign to redirect patients to the most appropriate service to meet their needs. The campaign is focussing on parents with young children, migrant workers, commuters/students, and older people. A survey is currently being undertaken in all WICs/MIUs/A&E and GP practices. The survey asks patients if they know where they could attend with specific health needs, why they are attending the service they are now, and where best the CCG can promote the Choose Well messages.

3.3.8 Further work is being undertaken with Lincolnshire Community Health Services (LCHS) to agree a programme of work which will support the move to the MIU of more minor activity from A&E, and align with the Choose Well campaign to signpost patients to more appropriate services such as their GPs and local Pharmacists.

3.3 IMPLICATIONS

The Minor Injury and Illness unit (MIU) has a key role to play in providing easily accessible urgent care alternatives for patients instead of them attending A&E. The CCG is working with the LCHS to ensure that more patients use the MIU in preference to attending A&E with minor illnesses and injuries. This work will be in conjunction with the CCG Choose Well campaign.

3.4. NEXT STEPS

The CCG will agree service delivery improvement plans with LCHS via their contract to support the transfer of more appropriate patients to the MIU.

Healthwatch Peterborough have received several comments on the MIU. We will be visiting the MIU with Healthwatch Peterborough on 19 November to observe the service.

4. LOCAL PERSONALITY DISORDER SERVICES

4.1. BACKGROUND

This paper provides an update and in particular highlights the recommendations as to future CCG Commissioning Intentions agreed by the CCG Governing Body at its public meeting held on 16th September, 2014.

There was consultation during June/July 2014 conducted by Cambridgeshire and Peterborough Foundation Trust (CPFT) in relation to their proposed closure of the “Lifeworks” service in Cambridge.

The Joint Working Group recently established with representatives of both Cambridgeshire and Peterborough Health Scrutiny Committees will ensure that members are regularly updated as the implementation of the recommendations recently endorsed by the CCG Governing Body in relation to personality disorder services are implemented.

4.2. KEY ISSUES

The consensus view of Local Commissioning Groups and LCG GP mental health leads as to the way forward is set out in paragraphs 3.9 and 3.10 of the attached Governing Body paper. The two key recommendations are set out in paragraph 3.11. In summary these are:-

- the available CCG resource to provide specialist expertise in personality disorders must be distributed equitably across the CCG area;

This requirement has been re-stated in the CCG’s Commissioning Intentions for 2015/16, and is being taken forward with CPFT as part of our contract negotiation process for 2015/16.

- the acknowledged gaps in services supporting people recently discharged from all specialist mental health services should be addressed via the re-design process being established to deliver the CCG’s Five-Year Plan. This is an issue common to all mental health pathways locally and it would not make sense to address this for personality disorder pathways in isolation;

The CCG has established a “Mental Health Working Group” jointly with both Cambridgeshire and Peterborough Health Committees to ensure that as re-design proceeds both Committees are kept regularly updated and have the opportunity to input to the process.

4.3 IMPLICATIONS

This report has implications city-wide.

4.4. NEXT STEPS

The CCG will be taking forward the recommendations as set out in this paper.

4.5. BACKGROUND DOCUMENTS

The following paper is attached:

- Appendix A CCG Governing Body paper 16th September 2014

5. UPDATE ON OLDER PEOPLES' PROGRAMME PREFERRED BIDDER

5.1 BACKGROUND

The CCG consulted on proposals to improve older peoples' healthcare and adult community services from march to June 2014. The recommendations from this consultation were presented to the bidders in the procurement process so that their final submissions would reflect the feedback received from the public and key stakeholders during this consultation. These final submissions were then evaluated and the preferred bidder was announced on 1 October 2014.

5.2 KEY ISSUES

UnitingCare Partnership has been selected as the Preferred Bidder to improve older people's healthcare and adult community services across Cambridgeshire, Peterborough and parts of Northamptonshire and Hertfordshire.

UnitingCare Partnership is a consortium of Cambridgeshire and Peterborough NHS Foundation Trust with Cambridge University Hospitals NHS Foundation Trust.

As the Lead Provider for these services UnitingCare Partnership will be responsible for ensuring care is much better coordinated. They will provide adult community health services and hold the budget for the following services:

- Urgent care for adults aged over 65 including inpatients as well as A&E services
- Mental Health Services for people aged over 65
- Adult (all people over 18) community health services for example, district nursing, rehabilitation and therapy after injury or illness, speech and language therapy, care for patients with complex wounds, support for people with respiratory disease or diabetes
- Other health services which support the care of people aged over 65.

Commonly NHS contracts are just one or two years in length. This contract is different in that it is a five-year contract, giving the UnitingCare Partnership time to invest in and transform services for the better.

5.3 NEXT STEPS

UnitingCare Partnership will spend the next five months preparing and putting everything in place to be able to start delivering services on 1 April 2015, the expected start date for the new older people's pathway and adult community services.

UnitingCare Partnership are happy to meet with Peterborough Health Scrutiny Commission at a future date to be arranged.