

Longer, healthier lives for
all the people in Croydon

Annual Review of 2014/15 and our plans for 2015/16



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What we do

We are responsible for overseeing the local NHS budget (over £400 million) for hospital, community and mental health services in Croydon. Our role is to make sure that our budget is spent on the right services to meet the needs of local people.

As an organisation led by GPs, our aim is to improve local health services and empower our patients and communities to take more responsibility for their health.

Our vision

Our vision is for longer healthier lives for all the people in Croydon. We will achieve this by working with the diverse community of Croydon, our providers and stakeholders, using our resources wisely, to transform and provide safe, effective, high quality, patient centred services.

GP practices, health centres and hospitals in Croydon

- Mayday Network GP practices
 - Thornton Heath Network GP practices
 - Woodside/Shirley Network GP practices
 - East Croydon Network GP practices
 - Purley Network GP practices
 - New Addington/Selsdon Network GP practices
- 1 Croydon University Hospital
 - 2 Edridge Road Health Centre
 - 3 Purley War Memorial Hospital
 - 4 Parkway Health Centre



Visit www.nhs.uk for more information on other health services in Croydon

Introduction

In this summary*, you will read about our progress against our priorities in 2014/15 and our focus for 2015/16.

2014/15 was another busy year for NHS Croydon Clinical Commissioning Group (Croydon CCG) and we made significant progress against our objectives.

We strengthened our clinical leadership and the role of our GPs in commissioning health services for people in Croydon. As a result, we have achieved service change at a pace which would not have been possible without our GPs taking the lead. They have been integral in the service developments we have made – designing and rolling out new care pathways, transforming our community services for adults and developing our new outcomes based approach to commissioning services for older people.

We continued to deliver against our key performance, quality and financial objectives and this reflects the hard work of our staff and member practices. We know we have more to do and will work hard in 2015/16 to improve on our achievements in 2014/15.

We remain ambitious about transforming health services in Croydon to make sure that we maximise the resources available to us and deliver high quality health services for local people.

We will continue to build and strengthen our relationships with our GP members, not least by demonstrating our ongoing commitment to reducing the variation of primary care services across Croydon.

Most importantly, throughout all our work, we remain focused on the health and wellbeing outcomes we want for the people of Croydon.

Dr Anthony Brzezicki
Chair, NHS Croydon Clinical Commissioning Group



*If you would like to read our full Annual Report and Accounts for 2014/15 and our Operating Plan for 2015/16 – these documents are available on our website: www.croydonccg.nhs.uk/publications



Clinically-led commissioning

Croydon CCG is a clinically-led membership organisation bringing together 58 GP practices in the borough of Croydon into one commissioning organisation.

We are made up of six, geographically based, networks each with a GP lead – who is also a member of our Clinical Leadership Group.

Network	Lead
East Croydon	Dr Karthiga Gengatharan
Mayday	Dr Yinka Ajayi-Obe
New Addington/Selsdon	Dr Agatha Nortley Meshe
Purley	Dr Farhan Sami
Thornton Heath	Dr Rajeev Sagar
Woodside/Shirley	Dr Bobby Abbott

Our GP networks made good progress in delivering their practice plans to reduce variation in primary care during in 2014/15, supported by the primary care engagement, finance, business intelligence, public health and medicines management teams.

Peer review has been successfully embedded in the practices and across the networks, providing support and sharing best practice to deliver high quality primary care provision across Croydon.

Network achievements in 2014-15

Mayday

- ▶ Improvement in patient experience
- ▶ Good performance for prescribing, mental health and chronic disease indicators
- ▶ High breastfeeding prevalence

Thornton Health

- ▶ Improvement in patient experience
- ▶ Good diagnosis rates for diabetes
- ▶ High breastfeeding prevalence
- ▶ Support for stopping smoking for people with long term conditions

East Croydon

- ▶ Good performance for atrial fibrillation indicators
- ▶ Good diagnosis rate for stroke/transient ischaemic attack

Woodside/Shirley

- ▶ Low A&E attendance rates
- ▶ Good diagnosis rates for people with long term conditions

Purley

- ▶ Good patient experience
- ▶ Low emergency admissions
- ▶ High immunization uptake
- ▶ Good performance for severe mental illness indicators
- ▶ Good cancer screening coverage

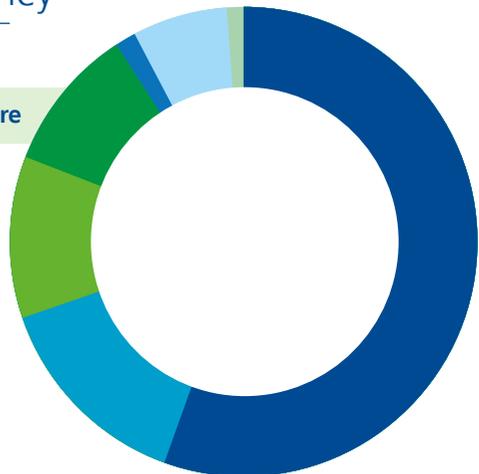
New Addington/Selsdon

- ▶ Support for stopping smoking
- ▶ Good patient experience accessing GPs
- ▶ High flu vaccination uptake
- ▶ Good performance for circulatory disease, mental health and chronic kidney disease indicators

How we spend your money

Croydon CCG 2014/15 Net Expenditure

- Acute hospital care **£262.6m**
- Out of hospital care **£63.4m**
- Mental health **£50.7m**
- Prescribing **£41.5m**
- Learning disabilities **£4.6m**
- Corporate costs **£12.8m**
- Other **£2.3m**



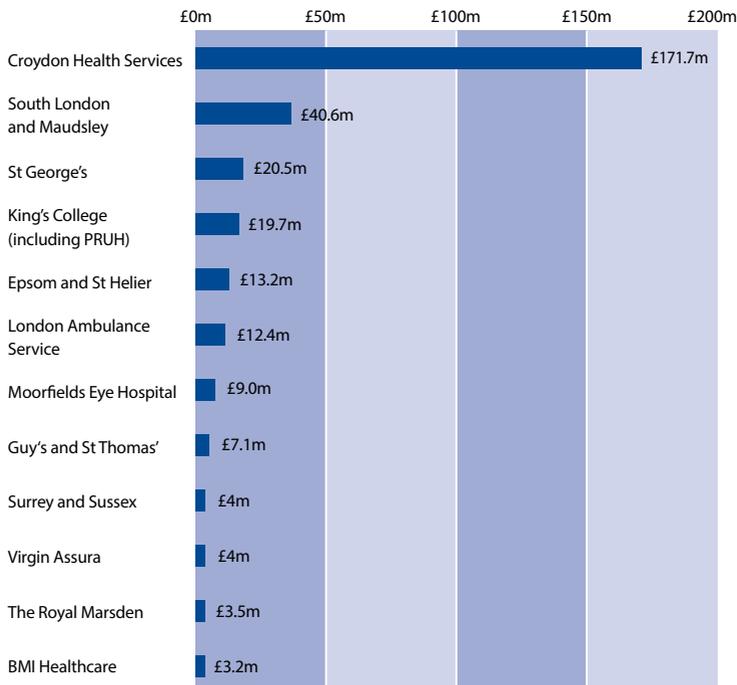
In 2014/15, we delivered ahead of expectations recording an in-year £14.7 million deficit against our planned deficit of £17.0 million. The delivery of £11 million in quality led efficiency savings (QIPP) has been a significant achievement in addition to the £14 million delivered in 2013/14.

In 2015/16, we are planning to deliver an in-year deficit of £11.9 million which incorporates a £10.5 million QIPP programme.

We continue to invest to improve health services in Croydon and our main areas of investment in 2015/16 will be in urgent care services, mental health services and our new outcomes based commissioning programme for older people.

Our plan is to achieve in-year break even by 2018/19.

Croydon CCG 2014/15 Key Providers (>£3m pa)



Our long term strategy

Our operating plan for 2015/16 sets out year three of our long term strategy implementation. It reflects the implementation of emerging national, London and south west London priorities, as well as our local service strategies.

We have developed our plans through continuous engagement with patients, the public and our partners and our strategies and plans reflect their feedback. We will continue this engagement going forward.

Health in Croydon faces many challenges over the coming years.

Our population is growing and becoming more diverse. Life expectancy is increasing and our population is aging but we also expect to see an increase in the number of younger people in the borough. These changes affect the health needs of our residents and impact the services we need to commission.

In addition, the legacy of our inherited financial position has been under-investment in community services, primary care and mental health services – as a result there are variations in the quality and performance of our services leading to varying experiences of care and outcomes for our patients.

The challenges we face and the needs of our local population have determined the health and wellbeing outcomes we want for the people of Croydon:

- ▶ Reducing potential years of life lost through preventable disease
- ▶ Ensuring people are seen in the right place at the right time
- ▶ Helping children and young people reach their full potential
- ▶ Ensuring people have the opportunity to have optimum health throughout their life
- ▶ Positive patient experience for everyone



We are focusing on:

- ▶ Cardiology services, diabetes care, cancer care
- ▶ Services for people with respiratory disease (chronic obstructive pulmonary disease - COPD)
- ▶ Services for older people
- ▶ Mental health services including dementia
- ▶ Services for children and young adults

Our principles for all commissioned services are:

- ▶ Prevention is better than cure
- ▶ When someone becomes ill they are better able to manage their illness
- ▶ When someone needs treatment they are seen in the right place at the right time
- ▶ There is shared decision making between the patient and the health professional



Our transformation plans

We need to make the best use of our resources and this means we cannot continue delivering services in the same way.

Our GP leadership and GP networks have been working to drive transformational change and ensure the delivery of our plans.

Our transformation plans are summarised below.

	Objective	We will
Prevention, self-care and shared decision-making	Improve patients' life expectancy and quality of life by helping them to look after themselves in a better way, avoid illness where possible and, if they become ill, to get the best care	<ul style="list-style-type: none"> ▶ Help people feel empowered to look after themselves and their families better by making healthy lifestyle choices ▶ Put patients at the centre of their care, helping them to better manage their conditions ▶ Help patients understand their condition and treatment options so that, with their health professional, they can reach a healthcare choice together
Primary and community care	More convenience and control for patients, with primary (GP), pharmacy and community services delivering more care closer to where people live	<ul style="list-style-type: none"> ▶ Harness the local experience of our GPs by planning our services around six area-based GP-led networks, targeting services where they are needed most ▶ Work with our GP networks to deliver a reduction in the variation in primary care
Long term conditions	Help people maintain their independence and keep as well as possible for as long as possible	<ul style="list-style-type: none"> ▶ Support people with information and education about their condition so they understand what makes them ill and are better able to look after themselves ▶ Help patients to minimise the impact of their condition on their day-to-day lives and avoid the need for emergency treatment ▶ Identify people who are in most need of support from health and social care teams and ensure they get the help they need



	Objective	We will
Urgent Care	Reduce the reliance on urgent and emergency care services by improving access in primary and community care and helping patients use services more appropriately	<ul style="list-style-type: none"> ▶ Work with all stakeholders to redesign and reprocure urgent care services ▶ Work with patients so that they know what services to use and when to use them ▶ Work with primary and community services to improve access and ensure that they are responsive to patients' needs
Making best uses of medicines	Support people to get the best benefit from their medicines and cut the amount of medicine wasted each year	<ul style="list-style-type: none"> ▶ Work with our GP practices, nurses and pharmacists to help people understand why they need to take their medicines and are able to raise any concerns ▶ Raise awareness of the best use of medicines and how to reduce waste
Planned care	The right care in the right place – high quality services with more care delivered closer to people's homes	<ul style="list-style-type: none"> ▶ Reduce emergencies by ensuring more convenient, accessible care is planned with better use of resources ▶ Transfer hospital services where appropriate into community settings
Children and young people	Support children and young people to achieve their full potential	<ul style="list-style-type: none"> ▶ Help ensure the best possible start in life for children by improving maternity services and increasing the number of midwives ▶ Work through our GP networks so that GPs and other health workers can identify and respond to local needs

Our successes so far

Our GPs have driven the development and implementation of our plans. As a result, we have achieved service change at a pace that would otherwise not have been possible.

Improving Quality

- ▶ Achieved 54% for our quality premium indicators in 2013/14 – one of the highest in London
- ▶ Steady decline in patients with new pressure ulcers
- ▶ Decrease in the number of falls
- ▶ Reduction in the numbers of fractured neck of femur (hip fracture)
- ▶ Fewer venous thromboembolism (blood clots) than plan
- ▶ Fewer Clostridium Difficile infections than plan
- ▶ Women better supported during labour - ratio of 1 midwife to 28 births achieved

Achieving Financial Sustainability

- ▶ Delivered better than plan in 2013/14 and 2014/15
- ▶ £14m QIPP plan in 2013/14 and £11m in 2014/15
- ▶ Running costs delivered within plan over past two years



Transforming the way we deliver care

- ▶ Transforming Adult Community Services (TACS)
 - 20,500 people referred to the new 24/7 Integrated Single Point of Assessment (SPA)
 - 884 people referred to new 24/7 Rapid Response Service
 - 193 patients supported away from hospital
 - 800 patients supported through dedicated case management multi-disciplinary teams
- ▶ 18 new care pathways developed and implemented through the clinical networks including, cardiology, COPD, diabetes and falls
- ▶ Better access for people with mental health problems with new and enhanced mental health services
- ▶ Almost 500 patients have undertaken a diabetes management course
- ▶ All GP practices have a designated diabetes specialist nurse
- ▶ Paediatric asthma service implemented
- ▶ People with heart problems are seen and treated more quickly in the community

Improving performance

- ▶ Referral to treatment (18 weeks): Overall our performance was compliant during 2014/15
- ▶ Cancer waits: We continued to deliver across the range of cancer waiting time targets, with the exception of the 62-day standard for first GP referrals, although performance improved throughout the year
- ▶ Diagnostic test waiting times: We achieved this national standard from August 2014 following a prolonged period of non-compliance. We also met the target of 99.0% in Q4
- ▶ IAPT Roll-Out: We met the local target of 5% in 2014/15

Improving quality and performance of services

Quality and performance remain at the heart of everything we do.

We aim to ensure we commission health services that employ best clinical practice, are high quality, safe and offer information to help patients choose how, when and where they receive their care.

Our focus is on performing well against the key national standards, as well as our local priorities such as reducing pressure ulcers and the improving the quality of the care in local nursing homes. Throughout 2014/15 we actively managed performance with our providers and ensured progress in delivery against the national standards and our local priorities (see page 12 and 13).

In 2015/16 we have plans in place to deliver on most of the national performance standards, although we have some challenges and risks.

- ▶ We were close to achieving the national A&E four hour wait target of 95% for the year in 2014/15 and we will work with Croydon Health Services to improve performance against this target in 2015/16.
- ▶ We will continue to prioritise the 62 day wait GP referral target during 2015/16 to ensure the standard is achieved.
- ▶ Given the low baseline we inherited we are unable to meet the national Improving Access to Psychological Therapies (IAPT) standard in 2015/16. However, we aim to achieve this standard in 2017/18.
- ▶ We will be working with our GPs to improve our performance against the national target for dementia diagnosis rate for people over 65 years (66.7%).



Our organisational focus for 2015/16

There will be significant focus on

Prevention, self-care, shared decision making strategy

We want to empower patients by making them active participants in their health and social care and we will ensure they have the information they need to make healthy lifestyle decisions that help reduce the impact of the diseases and conditions they may develop. Should they become ill, we want to help them to take responsibility for their treatment options to help prevent their health deteriorating. During 2015/16 we will begin implementation of this long term strategy focusing on people with long term conditions.

Transforming primary care

NHS England have responsibility for primary care services such as GP practices. In April 2015, we began co-commissioning primary care services with NHS England to ensure the development of seamless, integrated, out of hospital services for local people. We are currently considering moving to a “delegated commissioning” arrangement and will be making a decision on this in Autumn 2015.

This, alongside our plans to reduce unwarranted variation of diagnosis, referrals, treatment and outcomes in primary care, will ensure patients across Croydon have a good experience of their GP services.



We will be ensuring sustainability in

Mental health

We inherited a position where our mental health services were under significant pressure. We are committed to working to stabilise and transform community mental health services to reduce inpatient need and improve access.

In addition to the investments we made last year, £2.4m has been set aside for 2015/16 to increase the level of mental health provision further and to improve service performance. This investment is likely to include:

- ▶ Improving access to physiological therapy services
- ▶ Early intervention psychosis service – young people will access a new service designed to support early detection of psychosis
- ▶ Older people's community services – we will develop the home treatment teams and care home intensive support team reducing the need for inpatient beds
- ▶ Child and adolescent mental health services – we will develop the service to increase access and reduce waiting times.

Urgent and emergency care

During 2015/16 we need to make sure that our urgent and emergency services are able to cope with the differing demands throughout the year, ensuring people are seen in the right place and only admitted to hospital when necessary.

We are reviewing and redesigning our urgent care services (Urgent Care Centre at Croydon University Hospital, Edridge Road walk in centre and our minor injuries units in New Addington and Purley) because we need to re-procure our urgent care services by April 2017. This review has begun with wide ranging engagement with the public to understand what they expect from their urgent care services.

Outcomes based commissioning for older people

Our programme with Croydon Council is exploring how both organisations could jointly commission services to incentivise proactive care that keeps people healthy and at home.

We believe that by changing the way we commission services - linking payment to patients' outcomes - we can deliver services which are more focussed on prevention and provide support for people before they reach a crisis point.

The initial, exploratory phases of the project have involved local clinicians, carers, and over 400 local residents.

In 2015/16 we will be starting the next phase of work with partners, service providers, patients and the public to determine how we will implement this new approach during 2016/17.

We will be embedding

18 new care pathways

During 2014/15 we looked at the journey (known as a pathway) a patient takes from being identified with a condition to being treated and managing that condition effectively. Our GPs improved those pathways for 18 long term conditions focusing on planned care and management.

As a result, we are identifying patients with conditions earlier and they are being treated more quickly and, in many cases, closer to home.

We are also starting to see a decrease in waiting times, less complications and our patients experiencing more seamless care.

In 2015/16 we will be working with our GPs to ensure that they are all using the new pathways for their patients and we will continue to review the care patients receive to make sure that this is improving across all 18 pathways.



Transforming Adult Community Services (TACS)

Preventing avoidable emergency admission into hospital is one of the key aims of our major transformation project, TACS. The TACS project is in its second year and our successes in 2014/15 are outlined in our annual report.

During 2015/16 TACS will continue to be a major focus for us and we will be developing a number of new services as part of TACS. For example, to enhance our existing rapid response team we will be introducing a “roving GP” service. The “roving GP” will provide skilled GP involvement with patients, taking over clinical responsibility and liaising with the rapid response team to ensure that the patients urgent care needs are responded to within one hour.

Our GP networks’ priorities for 2015/16

Our GP networks help us to understand the inequalities of health outcomes and primary care service variations at a local level. Each network has identified their priorities for 2015/16.

GP Network	Service priorities to meet local health needs
East Croydon	Diabetes, care homes, COPD
Mayday	Asthma, diabetes, obesity
New Addington / Selsdon	Cancer screening, dementia, smoking cessation
Purley	Mental health including dementia, bowel cancer screening, care homes
Thornton Heath	COPD, bowel cancer screening, A&E attendances
Woodside / Shirley	Diabetes, mental health including dementia, flu vaccinations

Working in partnership

We work with many partners including patients, the public, health care professionals from nursing, pharmacy and hospitals and local partner organisations such as Croydon Council, Croydon Health and Wellbeing Board, Healthwatch and the voluntary sector.

Patients and the public

We have established a framework for patient and public engagement that makes sure patient and community views are integral to our commissioning decisions.

Healthwatch Croydon

Croydon Healthwatch Croydon regularly contribute to Governing Body meetings, and offers valuable support for our Patient and Public engagement work programme.

South West London Collaborative Commissioning programme

The six CCGs in south west London and NHS England are working together to deliver a five-year strategy for the local NHS.

Community and Voluntary Organisations

Our clinicians and commissioning leads work closely with our voluntary sector partners on decision making, and initiatives targeting specific communities.

Health and Wellbeing Board

We work with other Croydon organisations as part of the Health and Wellbeing Board to ensure people in Croydon can live healthier lives, enjoy better health outcomes and have a positive experience of the health and care system.

Public Health

We work with Public Health to understand how best to meet the health needs of local people, and on our joint priorities set out in the health and wellbeing strategy.

Integrated Commissioning Unit

In partnership with Croydon Council we have established an Integrated Commissioning Unit to commission joined up health and social care services.

Get involved

Involving patients and the public in decision making is a priority for the CCG. We know this improves the quality of local health services, and ensures we focus on the right issues.

Take a look at the “get involved” page on our website www.croydonccg.nhs.uk for details of how you can contribute to the work of the CCG:

- ▶ Patient and Public Forum (held quarterly)
- ▶ Patient and Public Reference Group
- ▶ Plain English group
- ▶ Governing Body meetings
- ▶ Patient Participation Groups
- ▶ Surveys and consultations

If you would like to help us improve the health services we commission, please email us at: getinvolved@croydonccg.nhs.uk

General Feedback

We welcome your comments on any issues relating to health services in Croydon. You can complete the feedback form on our website, email or write to us at:

NHS Croydon CCG
Bernard Weatherill House
2nd Floor
Zone G
8 Mint Walk
Croydon CR0 1EA

If you would like to read our full Annual Report and Accounts for 2014/15 and our Operating Plan for 2015/16 – these documents are available on our website: www.croydonccg.nhs.uk/publications.