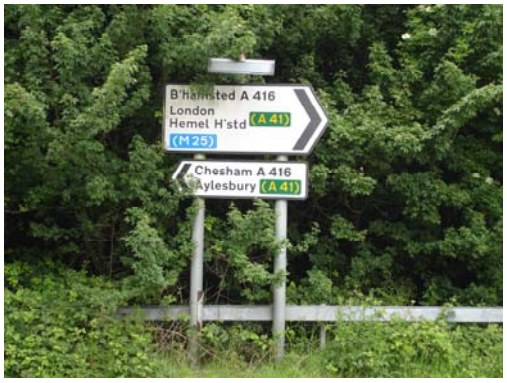
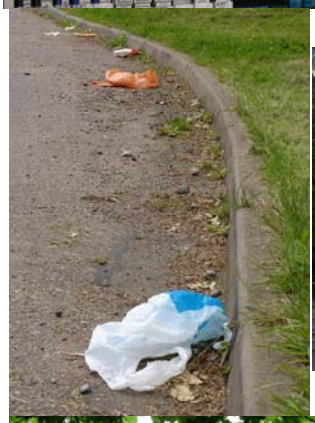
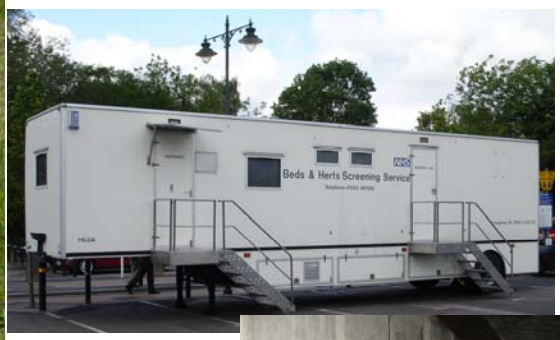
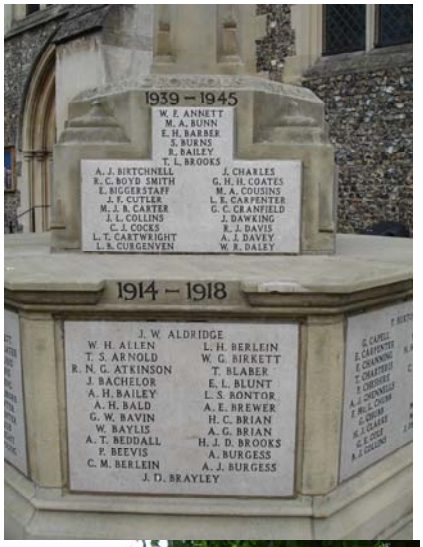
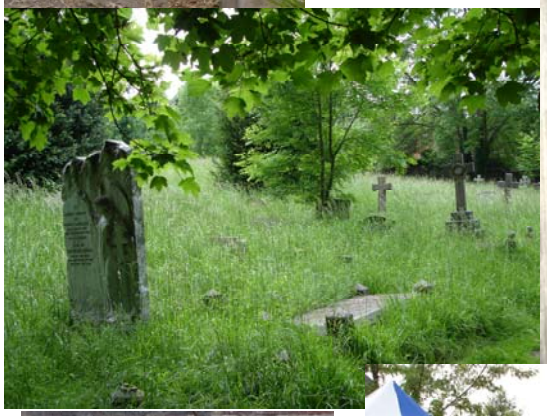
DacCom PbC

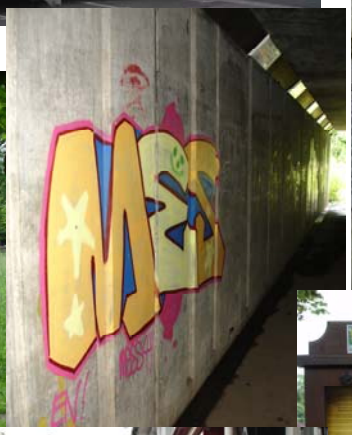


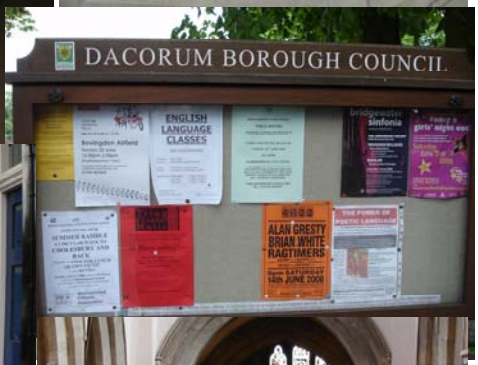


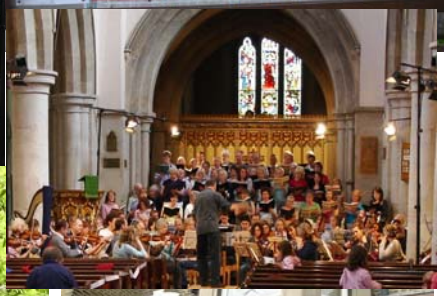


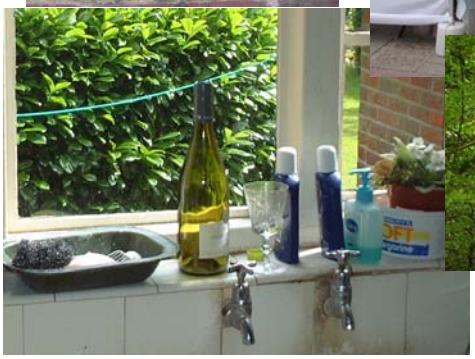


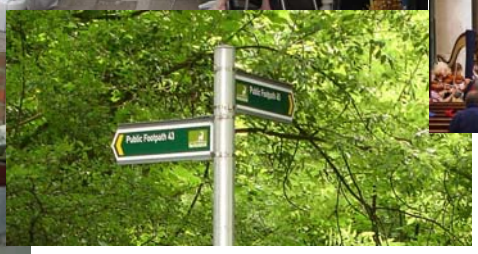


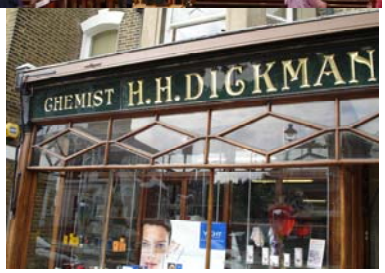












Commissioning Plan

2008/09

DacCom PbC

Commissioning Plan

2008/09

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DACCOM PBC COMMISSIONING PLAN 2008/09

Introduction

DacCom Executive is pleased to present its Commissioning Plan for 2008/09. This plan describes the Practice Based Commissioning activity to be delivered between April 2008 and March 2009 by the member practices of DacCom, working together with West Hertfordshire PCT.

Both DacCom and West Hertfordshire PCT agree to make every effort to carry out the pledges of the Commissioning Plan, but neither party will be held to be liable if, despite their best efforts, it proves impossible to carry out any part of this plan.

Our Vision

DacCom aims to:

- Ensure that the best possible clinical services are commissioned for patients registered with Dacorum practices within the constraints of the budgets available.
- Commission services as close to the patient as possible within the constraints of quality and financial goals.
- Improve the integration of care between primary and secondary providers.
- Wherever possible, support patients in remaining in their own homes and avoid unnecessary hospital admissions.
- Wherever possible, ensure patients have a choice between two or more providers of high quality services.

Our Values

DacCom recognises and respects the needs of all stakeholders including patients, carers, healthcare professionals and the wider community.

Collaborative working between Dacorum practices, with neighbouring localities, and across all healthcare and social care sectors are of the highest priority.

DacCom recognises that it is accountable for the use of public funds and accepts that these funds are limited. DacCom will work within the legal and regulatory framework established by the Department of Health, the East of England SHA, West Hertfordshire PCT and all other relevant bodies and authorities.

National & Regional Priorities

As far as possible, DacCom will ensure projects are implemented in line with national and regional priorities including:

- Improving access through achievement of the 18 week referral to treatment pledge, and improving access to GP services
- Keeping adults and children well, improving their health and reducing health inequalities
- Improving patient experience, staff satisfaction, and engagement

- Improving cleanliness and reducing Health Care Associated Infections
- Preparing to respond in a state of emergency, such as an outbreak of pandemic flu
- Ensuring fewer people suffer from, or die prematurely from, heart disease, stroke and cancer
- Making our healthcare system the safest in England
- Improving the lives of those with long term illnesses
- Halving the difference in life expectancy between the poorest 20% of Dacorum communities and the average in West Hertfordshire PCT
- Ensuring healthcare is as available to marginalised groups and "looked after" children as it is to the rest of us
- Cutting the numbers of smokers
- Halving the rise in obese children and then seeking to reduce it
- Achieving financial health

Appendix 1 (Commissioning Template) pp. 26-45 gives details of the objectives, actions, milestones, timescales and outcomes for each of the priorities listed above.

Local Priorities

- Achieve financial balance by the end of 2008/09
- Ensure the delivery of high quality and accessible clinical services in Dacorum following the Acute Services Review
- Redesign of diabetes services
- Redesign of COPD services
- Redesign of heart failure services
- Redesign of ophthalmology services
- Redesign of counselling services
- Introduction of Enhanced Primary Mental Health Services
- Improve End of Life Care
- Redesign of sexual health services
- Redesign of physiotherapy services
- Redesign of orthopaedic services
- Redesign of Community Nursing Services
- Redesign of Intermediate Care services and specialist community services
- Input into PCT commissioning of maternity services
- Input into PCT commissioning of children's services
- Clinically-effective and cost-effective prescribing
- Commissioning of cost-effective Enhanced Services to meet local patient need
- Development of increasingly patient-focused services responsive to patients' needs by means of increased patient participation

Appendix 1 (Commissioning Template) pp. 46-73 gives details of the objectives, actions, milestones, timescales and outcomes for each of the priorities listed above.

Our Locality

DacCom covers the area previously managed by Dacorum PCT. Dacorum practices provide primary health care services for 151,822 patients (January 2008 PSU figure).

There are 19 General Practices within Dacorum. Of these, 13 are GMS practices and 6 are PMS practices. 6 of the practices are GP Training practices. There are 93 principals, salaried, retainers and flexible career scheme GPs in Dacorum.

Demography data for Dacorum is similar to that of Hertfordshire. Its population is slightly younger than the national average with the age profile being skewed with higher numbers of those aged 0 -14 and 25-44; the birth rate is also higher than the national average. The growth rate for the population of Dacorum is also above the national average; it also now has an aging population. There is a slightly higher proportion of people of white ethnicity, and therefore smaller proportions of mixed, Asian, Black and Chinese ethnicity within Dacorum, compared to the rest of Hertfordshire. Non-British nationals (0.68% of the population) comprise most notably Polish and Czech Republic nationals.

Dacorum contains a mix of urban and semi-rural areas within its boundaries. The main conurbations are Hemel Hempstead, Berkhamsted, Tring and Kings Langley.

There are high rates of relative deprivation in specific parts of Dacorum with Highfield & St. Paul's wards appearing in the lower quartile. The local authority wards of Highfield & St Paul's and Grovehill are the fifth and sixth highest respectively in West Hertfordshire for smoking prevalence. Woodhall ward has the fourth highest death rates from smoking, with both Highfield & St Paul's and Warners End also in the top 10 for West Hertfordshire. Dacorum has the second highest infant mortality rate in West Hertfordshire. The life expectancy target for women in Dacorum is seen as amongst the most challenging in West Hertfordshire.

Key findings from West Hertfordshire PCT Public Heath data are:

- There are high levels of childhood overweight / obesity in the local authority wards of Grovehill, Highfield & St. Paul's, Bennetts End and Adeyfield, particularly in the reception class age group.

- These wards fall within Hertfordshire's most deprived quintile and mostly have higher proportions of obesity, binge drinking and smoking prevalence (the latter two risk factors' effect on mortality is seen more in men) than for Hertfordshire as a whole. There is also low prevalence of fruit and vegetable consumption, and of physical activity. Other wards in Dacorum also have problems with some of these risk factors.

- Female mortality from all cancers is higher than Hertfordshire and national averages.

- Males and females had higher (within 95% confidence intervals) hospital admission rates for all causes, cancer, CHD and all other circulatory causes than Hertfordshire rates.

- Overall, there appears to be lower diabetes prevalence than expected. Some areas have lower CHD prevalence than expected. This may possibly be due to under-detection.

- Vaccination booster coverage in 5 yr olds is lower than the desired 80% overall, and some areas have lower than national DPT, MMR and HIB coverage.

- Some areas have lower cervical cancer screening percentage rates than national coverage.

West Hertfordshire PCT Public Health has identified the following key actions for DacCom:

- The delivery of high quality primary care is a vital to addressing health inequality. The largest single health factor leading to variation in life expectancy is smoking – so increasing the effectiveness of stop smoking provision is essential.

- Ensure that all practices are actively identifying and treating patients with and at risk of diabetes.

- Consider whether additional PCT Provider Services input (or differently targeted input) would assist in improving childhood vaccination rates.

- Ensure that joint work with the local authority (through the LSP) will address problems with smoking, binge drinking, obesity and low fruit and vegetable consumption, particularly in the local authority wards of Grovehill, Highfield & St. Paul's, Bennetts End and Adeyfield.

- There is a need to fill the gap in the need for sexual health services, as there is no GUM clinic within Dacorum – the nearest GUM clinics are in St. Albans and Watford. There is a need for support for practices which have lower than average cervical cancer screening rates.

Our Structure

DacCom PbC is a Company Limited by Shares. All 19 Dacorum practices are shareholders of DacCom. DacCom Executive Committee meets every 2 to 3 weeks and its membership includes:

Name	Role	Responsibilities
Dr Zunia Hurst	GP Director	GP Prescribing Lead Medicines Management Lead Joint Maternity Lead
Mark Jones	Practice manager Chair	Joint Urgent Care Lead Programme Management Lead PBC Governance Subcommittee West Herts PBC Leads Group West Herts PBC Leadership Forum West Herts LMC PBC review DacCom website management
Dr Corina Ciobanu	GP	COPD Lead Heart Failure Lead Joint Referral Management Lead Conclave

Dr Richard Gallow	GP	Joint Clinical Governance Lead
Dr Trevor Fernandes	GP	Joint Clinical Governance Lead End of Life Care Lead Stroke Lead CHD Lead Joint Community Nursing Lead
Dr Bernie Tipple	GP	EPMHS Lead Joint Counselling Lead (together with Dr Michael Drake)
Dr Avi Gupta	GP	Joint Community Nursing Lead Joint Intermediate Care Lead Physiotherapy Lead
Dr Meena Savla	GP	Joint Urgent Care Lead Joint Community Nursing Lead Joint Intermediate Care Lead Joint Referral Management Lead
Dr Richard Walker	GP LMC PEC	Dacorum LGH Project Group WH Smoking Cessation Lead
Dr Vimal Tiwari	GP	Children's Lead Joint Maternity Lead Dacorum LGH Project Group
Carolyn Mikan	Patient Representative	Dacorum Patients Group Dacorum LINk and PPI Voluntary Sector liaison Community liaison
Dr Mary McMinn	Director Company Secretary Interim PBC support role	PBC Data & Finance Lead PCT SLA review West Herts PBC Leads Group West Herts PBC Leadership Forum West Herts LMC PBC review Conclave Patient, public, voluntary sector and community liaison Dacorum LGH Project Group Outpatient follow-up project Referral Management support EPMHS project support Ophthalmology project support Sexual Health project support Orthopaedic project support Enhanced Services support Company management and administration

Dr Elizabeth Ponsonby	GP	Diabetes Lead
Dr Gerard Bulger	GP	IT Lead PCT Premises Committee Dacorum LGH Project Group Outpatient follow-up project Referral Management support PBC email server management for DacCom, DacMan, WatCom and West Herts PBC groups
Richard Jones	PCT	PCT PBC Prescribing Lead
Raj Patel	LPC	Community Pharmacist
Julia Clarke	PCT	Community Matron
Irene McDermott	PCT	Community Matron
Richard Garlick	PCT	PCT PBC Public Health Lead
Jenny Greenshields	PCT	PCT PBC Finance Lead
Suzanne Novak	PCT	AD Commissioning (PBC)

All 19 practices are members of DacCom and are committed to supporting PBC.

Practice	Clinical Lead	Practice Manager
Milton House Surgery Berkhamsted	Dr J Cohen	Geoff Smith
Gossoms End Surgery Berkhamsted	Dr M Ojo-Aromokudu	Ailsa Morris
Archway Surgery Bovingdon	Dr O Rahim	Pat Bailes
Fernville Surgery Hemel Hempstead	Dr K Hodge	Mark Jones
2 Coleridge Crescent Hemel Hempstead	Dr S Bhatt	Val Cantellow
The Nap Surgery Kings Langley	Dr M Brownfield	Sheila Burgess
Bennetts End Surgery Hemel Hempstead	Dr Z Hurst	Sandy Gower

The New Surgery Tring	Dr A Hall-Jones	Jan Hearn
Grovehill Medical Centre Hemel Hempstead	Dr F Hirji	Liz Keenan
Haverfield Surgery Kings Langley	Dr C Ciobanu	Judith O'Byrne
Woodhall Farm Medical Centre Hemel Hempstead	Dr M Khattak	Anne Khan
Everest House Surgery Hemel Hempstead	Dr B Tipple	Sue Rivers-Brown
Highfield Surgery Hemel Hempstead	Dr K Mishra	Kalyani Mishra
Rothschild House Surgery Tring	Dr A Gupta	Jenny Stevens & Dorothy Pluck
Manor Street Surgery Berkhamsted	Dr R Walker	Tom Kerr
Parkwood Drive Surgery Hemel Hempstead	Dr R Gallow Dr T Fernandes	Colin Neal
Boxwell Road Surgery Berkhamsted	Dr R Songhurst	Mike Manlow
Markyate Surgery Markyate	Dr T Sepai	Dr Sepai
Lincoln House Surgery Hemel Hempstead	Dr J Allistone	Linda Rowe

Accountability

As a Limited Company, DacCom is accountable to its shareholders.

An Annual General Meeting is held each year, at which all Executive members offer themselves (if they wish to continue to hold office) for re-election by the shareholders. The Directors present their Report for the previous year at the Annual General meeting, and shareholders also receive copies of DacCom's audited Annual Accounts for the previous financial year.

New Executive members may also be appointed at the Annual General Meeting, or at other times, as appropriate.

Any shareholder may call an Extraordinary General Meeting at any time to address any matter(s) of pressing urgency.

DACCOM PBC COMMISSIONING PLAN 2008/09

Communications

- DacCom sends written monthly progress reports to all Dacorum Practice Managers for onward distribution to Dacorum GPs.
- DacCom makes verbal monthly progress reports to all Dacorum practices at the Dacorum GP Locality Meeting. This is the practices' opportunity to make an input or to challenge the Executive on any matter pertaining to PBC.
- Hot Topic meetings are every 2 to 3 months to allow GPs and Practice Managers from all Dacorum practices to provide input in depth on key topics.
- DacCom Chair reports progress to the Chair of the PBC Governance Subcommittee
- DacCom Chair attends the PBC Governance Subcommittee when presenting business cases setting out proposed changes
- DacCom maintains and develops its website as a primary portal for communication with patients.
- DacCom will continue the work which has already in conjunction with the PCT Information Department on the development of the interactive West Herts Patient Practice Based Commissioning Website.
- DacCom is fortunate in having a locally very active, and extremely well-informed, patient representative on its Executive Committee.
- DacCom engages fully with the West Herts PbC Leads Group, the Conclave Group, and the West Herts PBC Leadership Forum. DacCom ensures that all projects are progressed in a manner consistent with the strategy and plans of these groups. DacCom feeds back all decisions and matters for discussion to member practices.
- DacCom engages fully with the LMC West Herts PBC Group. DacCom feeds back all decisions and matters for discussion to member practices.
- DacCom engages fully with West Hertfordshire PPI, and local and county-wide patient groups, Local Authority organisations and committees, and voluntary sector organisations. DacCom feeds back information from these meetings to member practices.
- DacCom engages fully with West Hertfordshire PCT's SLA review process and feeds back information from these meetings to member practices.
- Regular reports are made as reasonably required to the PCT Board or to its delegated representative body.

Agreement with West Hertfordshire PCT

DacCom's primary role is to facilitate the clinical engagement of practices and provide clinical leadership within the commissioning process.

DacCom will monitor the effectiveness of the practices in meeting agreed targets, and provide fair and impartial reports to the PCT as agreed.

The primary role of West Herts PCT is to deliver good governance, management expertise and administrative resource to the process.

The PCT and DacCom will agree who takes responsibility for any necessary enforcement action with the practices – depending on the issue and who has responsibility.

DacCom's performance in delivering this Commissioning Plan will be monitored by West Hertfordshire PCT through the PBC Governance Subcommittee. DacCom can be held accountable for those deliverables over which it has have total control.

DacCom will work with other groups wherever necessary to achieve its strategic goals. However, DacCom cannot be held accountable if, despite its best efforts, matters outside DacCom's control prevent the achievement of an objective, particularly where the work is part of a broader activity at a higher level.

DacCom is required to work within the frameworks and priorities set by West Hertfordshire PCT through the Professional Executive Committee and PBC Governance Subcommittee.

Where DacCom has a different view, it will ensure this is expressed to the relevant PCT committee or manager, but ultimately DacCom recognises that the PCT Chief Executive has final accountability for the use of public funds in Hertfordshire and will work within the parameters set by the Board and its associated committees.

The role of West Hertfordshire PCT is set out in its document *"Practice Based Commissioning (PBC) revised Framework 08/09; Increasing autonomy and working towards World Class Commissioning"* (final version dated 12 May 2008). DacCom will take full cognisance of the contents of this document.

The document mentioned immediately above needs to be read in conjunction with:

(a) The Framework for Practice Based Commissioning: Hertfordshire PCTs, dated 5 March 2007

(b) The new PBC LES 2008/2009 service level agreement, dated 1 April 2008

Agreement with Dacorum Practices

- DacCom has in place a formal written agreement with each member practice.
- This agreement specifies the resources to be provided by the practice, and the work to be done, as is necessary to achieve the goals of the Commissioning Plan.
- The agreement specifies the payments to be made to the practice under the LES.
- DacCom is required to certify the agreement has been adhered to before payment can be made. The process for this peer review / performance management will be fair, transparent and documented.

The agreement has the following objectives:

- Simple to understand and administer
- Reward engagement and delivery
- Include an element of up-front funding

The desired outcomes of the agreement are:

- Data provision meeting time and quality requirements
- Data validation meeting time and quality requirements
- Engagement with events designed for communication and input
- Visible delivery against action plans

The spirit of the agreement is to demonstrate:

- Open self-assessment by the practices
- Can be challenged if insufficient evidence is given – this would be done through a practice visit

The headings of the agreement are:

- Responsible person
- Data provision
- Data validation
- Secondary care activity management
- Prescribing management
- Amounts claimed

Summary of Practice Based Commissioning Actions Expected from practices and DacCom

GPs are expected to:

- take responsibility for commissioning and its day to day challenges
- maximise their involvement as the key co-ordinator of patient care
- spend at least 2 hours per month on the actions detailed in the next section

Practices are expected to:

- Help DacCom to commission better and more cost effective patient care by:
  - Spending time with patients to retain them in primary care (where appropriate)
  - Reading communications from DacCom
  - Participating in discussions to develop a commissioning plan
  - Implementing action agreed by DacCom (as appropriate)

- Collect, report and validate clinical and non-clinical information, so as to understand resource commitments being made, and act on this information. The monthly reports from practices to show:
  - Referrals made by the practice for elective and unscheduled care
  - Validation of HIDAS activity, reported to the practice, for elective and unscheduled care

- Successfully manage their indicative budgets to ensure best use of resources

DacCom is expected to:

➔ Achieve the highest operating level within PBC Framework (Level 3)

➔ Demonstrate good governance of PBC by:
- Formal agreements between 90%+ of practices in DacCom to progress agreed action
- A formal agreement between DacCom and the PCT
- An elected Executive actively managing PBC and held to account by the wider membership

➔ Demonstrate provision of high quality and accessible primary care services by:
- Latest QOF scores 900+ for 90% of DacCom practices
- 50%+ practices providing Extended Hours DES
- Plans in place to develop more accessible urgent primary care services across the PBC group
- Evidence of joint working with community pharmacists to develop enhanced services e.g. minor ailments

➔ Ensure high quality, cost-effective prescribing by:
- 90%+ of practices meeting EoE prescribing indicators
- 80% of practices meeting PCT prescribing indicators
- PCT pharmacist a full member of the DacCom Executive
- GP lead attending Medicines Management and West Herts Joint Prescribing Group meetings
- DacCom Prescribing Subcommittee includes LPC representative

➔ Ensure referrals to other services are appropriate and ensure active secondary care demand management by:
- Collective action taken by practices to manage secondary care demand
- Systems in place to scrutinise referral levels by individual practice with agreed action plans
- Evidence of demand being successfully managed by 75%+ of practices through individual or collective action
- Evidence that patients are managed through agreed care pathway approach

➔ Achieve effective collaboration with partner agencies and patients by:
- DacCom Executive includes a senior manager seconded from the PCT, a nurse representative and a patient representative
- A patients' forum has been identified to link into DacCom and regular meetings are scheduled with the DacCom Chair
- Subcommittees are in place with objectives which have been agreed with representatives from at least two partner agencies and the local Dacorum Patients Group
- Regular meetings are scheduled between the GP leading on medicines management, the DacCom Chair and the LPC representative
- Regular meetings are scheduled between DacCom leads, the lead pharmacist for pharmacy contractor development and the LPC representative

➔ Demonstrate responsibility and accountability by:
- DacCom Chair, with senior PCT management support, meets regularly with the Chair of the PBC Governance Subcommittee to report progress, along with other PBC Chairs of localities at level 3

- DacCom Chair attends the PBC Governance Subcommittee when presenting business cases setting out proposed changes
- DacCom has clear agreed processes to ensure effective collective action is taken if PBC plans drift from targets

PBC Budget Management

DacCom is responsible for an indicative PBC budget consisting of all funding for Dacorum devolved to West Hertfordshire PCT except:

→ PCT Corporate Services

→ GMS / PMS contract payments to practices, although DacCom is responsible for the budget for Enhanced Services, and will be responsible for some Premises budgetary funding (see page 13, below)

→ A few other items outside the scope of PBC, such as continuing care needs, 'double running' costs for West Herts Healthcare Trust, and HMP The Mount.

DacCom will aim to manage indicative PBC budgetary spend by the commissioning of redesigned services and by identifying resources that could be released to be spent more cost-effectively.

Practices will continue their active referral management programme at practice level. This will take into account the implementation and delivery of the Acute Services Review's projected activity shift from secondary to primary care, with the development of alternative patient care pathways.

DacCom will monitor all indicative PBC budgetary spend on a monthly basis.

Practices will continue their current validation of secondary care data.

High priority will to given to avoidance of hospital admission schemes: robust Intermediate Care services and Community Nursing services will be commissioned.

Risk assessment and management will be addressed by specific checkpoints in the project management process. This will be overseen by reporting to the PCT Board or its delegated representative body.

PBC LES Payment Mechanisms

- Funds will be held by the PCT
- Rates of remuneration are specified in the 2008/9 Local Enhanced Service for Practice Based Commissioning
- Payments for resources provided will be made by the PCT directly to the practices
  - i) Practices will provide invoices detailing the work done or the costs incurred
  - ii) Invoices will be approved by a DacCom Director
- Reimbursement for obligatory DacCom Company administrative costs will be made by the PCT to DacCom
  - iii) DacCom Ltd will provide invoices detailing the costs incurred, together with an attached audit trail
- Payments will be made within six weeks of the date of receipt of an invoice

Premises Funding

- All the revenue money for (ongoing costs of) new developments is in PBC budgets
- All the money for one–off costs (e.g. project management, legal costs) is in a budget being established by PCT Finance to be held at PCT level
- All the money for existing commitments already approved currently sits in PCT-held budgets; there may be plans to shift this budget and its associated commitments into PBC budgets over time
- If a practice wishes to use more space for NHS work:
    - If a practice wishes to access additional revenue funds it will need to apply and go through the process set out in the Premises paper, including going through the Premises Committee, and the funding would come from DacCom's PBC budget
    - This system applies for creating / converting any space into NHS space because it requires additional revenue funding
    - There is no PCT-held money for additional revenue costs so the extra reimbursement cannot be met by PCT-held funds (because PCT-held funds cover only already existing commitments and one-off costs)
- If a practice requires additional one-off costs:
    - As part of the process on premises agreed with PBC groups, PCT Finance and PCT Estates have established a budget to be held at PCT level for one-off costs associated with developing primary care premises
    - This budget does not sit with PBC Groups because the Director of Finance is of the view that more of these funds were needed in some areas where there had been underinvestment in premises historically, and that those PBC Groups should not be penalised by having to find the money to pay a greater amount for these one-off costs when they start to invest again in premises
    - Being held at PCT level means at West Herts level
    - A practice may put in an application for one-off costs and the Premises Committee will consider it, and either reject it or approve it subject to a source of funding being identified
    - If applications are made during one financial year for one-off funding needed in the next or following financial years then they probably have more chance of being successful as provision can be made when budgets are being set

Referral Management and Data Validation at practice level

Referral management

- Regular clinical meetings within each practice to review all referrals made by practice doctors and healthcare professionals
- Each practice reviews its overall referral rate, and the individual professionals' referral rates, compared to the Dacorum average
- Each practice considers possible reasons for referral rates, which are significantly higher or lower than the average, to secondary care and other specialities
- Work with DacCom to manage outlying referral rates in clinically-effective and cost-effective ways

Data validation

- Practices submit validated secondary care data from HIDAS, via NHS-net, on a monthly basis, and within agreed timescales, on episodes of patient care costing more than £3000 and for patients registered with the practice
- Variances reported as below:
    - Practice received a discharge summary
    - NHS number was recorded
    - Patient activity was coded correctly
    - Admission and discharge dates were correct
    - Patient was registered with the practice at time of admission

Human Resources

- DacCom provides Clinical Leads and programme management for each project in the Commissioning Plan

- West Hertfordshire PCT will provide the following resources:
    - Assistant Director Commissioning (PBC) to represent the PCT at key meetings and to facilitate access to PCT resources
    - Project Manager (1 FTE)
    - Administrative Assistant (0.2 FTE)
    - HR, Finance, Public Health, information management and legal resources as required

Strategic Goals

➔ DacCom must achieve financial balance by the end of 2008/09.

➔ DacCom must repay the indicative budgetary overspend (debt) which Dacorum practices incurred during the financial year 2007/08. DacCom has to decide how much of its indicative 2008/09 budget it wishes to deposit with the SHA, for access to funding in future years. DacCom must determine its indicative 2008/09 budget increase, so as to fall in the range of between 6.5% and 7.5%.

➔ Ensure continued access for local patients to a full range of clinical and other services following the Acute Services Review and the prospective re-configuration of services provided at Hemel Hempstead Hospital. The hospital

will become the non-acute Dacorum Local General Hospital. DacCom is represented on the Dacorum LGH Project Board of the PCT Programme Implementation Board.

DacCom is excited to have the opportunity to be strongly involved with commissioning input to the design and planning of the new LGH and to be able to plan, redesign and shape future services for the population of Dacorum. This will be delivered through the development of primary care led services, which are, wherever possible, local and community based.

The Hemel Hempstead Hospital site will provide a base for:

- outpatient and diagnostic services
- an urgent care centre (UCC) to replace the current accident & emergency department
- intermediate care services including beds
- mental health services (subject to further planning)
- maternity services (subject to further consultation)

The location of inpatient and emergency services is to be underpinned by locally based elective services. DacCom, supported by the PCT, will review outpatient and diagnostic provision to determine the most cost effective model and base(s) for the services across Dacorum.

DacCom will fully involve local residents and other stakeholders in the redesign and commissioning of services. In particular, DacCom will assist in the PCT's forthcoming vigorous publicity campaign to ensure that local people fully understand the range of health services available to them on the Hemel Hempstead site and the long-term plans for the new LGH at Hemel Hempstead.

The services on the Hemel Hempstead Hospital site are predominantly used by patients from Dacorum, but DacCom will also need to look at services provided to other PBC Groups from the site.

➔ DacCom will work with Dacorum Urgent Care Centre Partnership, which is a collaborative venture between Herts Urgent Care GP Out of Hours Service and West Hertfordshire Hospital Trust, and which will run the new urgent care centre (UCC) on the Hemel Hempstead Hospital site from October 2008.

The UCC at Hemel Hempstead will provide care for patients who arrive with accidental injuries and medical emergencies that do not need intensive or specialist care. It will deal with approximately 65% of the people who currently attend the existing A&E department at Hemel Hempstead. The UCC will include diagnostics and treatment areas for wound stitching, sprains and minor fractures. The service will be available to all patients who attend the facility and will not be dependent on registration with a specific practice.

As well as running the UCC, Herts Urgent Care GPs from the collaboration will also become responsible for providing Out of Hours GP and dental services to the whole of Hertfordshire. This replaces the current arrangement of five different

GP Out of Hours services across the county. The new arrangement is designed to ensure a more uniform and equitable service to patients.

➔ Following on from The NHS Next Stage Review Interim Report (October 2007) carried out by Lord Darzi, the Government is providing new investment to support PCTs in establishing at least one new GP-led health centre in each PCT.

Dacorum was the locality chosen by the Hertfordshire PCTs PEC to host the new West Hertfordshire PCT 'Darzi Health Centre'. The PEC chose the location of this GP-led health centre to be the new LGH site in Hemel Hempstead.

'Darzi Health Centres' will:

- Be situated in easily accessible locations
- Provide a flexible range of bookable appointments, walk-in services and other services
- Provide services for either non-registered or registered patients
- Provide access based on the guiding principle of ensuring that the local public can access GP services any time from 8am to 8pm, seven days a week

The PEC has requested commissioning input from a DacCom clinician.

➔ DacCom's work on areas for service redesign will build on the work initiated during 2007/08 and continue to identify projects that:

- Promote avoidance of emergency admissions through collaborative working with community-based prevention of admissions services
- Encourage secondary care providers to provide more complex services in a more timely manner; with the transfer of services, where clinically appropriate and safe, to more local providers
- Transfer the provision of less complex services from secondary care to primary or community care, where clinically appropriate and safe, releasing financial resources to develop new services.
- Cross-boundary working between secondary care / primary care / community care / social services / local authority through LSPs / voluntary and third sector agencies
- Build on work already established, as well as develop new projects
- To evaluate, commission and introduce new Local Enhanced Services to ensure continuation of quality and patient-focused care delivered by value-for-money (VFM) services

➔ Continue to ensure an effective partnership between Dacorum practices and West Hertfordshire PCT by means of:

- PCT senior managers' attendance at DacCom Executive meetings
- Whenever necessary and appropriate, PCT managers making presentations to the Dacorum GP Locality Meeting and / or the Dacorum Practice Managers group (DacMan)
- At the invitation of the PCT, DacCom will be represented at PCT meetings

➔ Reintroduce an effective programme management process. This process will ensure that:

- It is clear at any point in time what work the organisation is and is not doing
- Agreed work is adequately resourced and adequately led
- Objectives and deliverables are clear
- Progress is adequately communicated.

The programme manager's role will be to coordinate the delivery of projects within the programme (including prioritisation and resourcing), resolve conflicts between them and ensure agreed governance processes are followed.

Each project will be headed by nominated clinical leads. Clinical leads will provide, facilitate and co-ordinate the key clinical input to the project.

A project manager will be assigned to each project to progress the project through the milestone process. Project managers will develop the necessary schedules, and action lists and will be responsible for communication and progress.

The process will be based on the achievement of milestones. Recommendations to approve or not approve milestone achievement will be made by DacCom Executive:

- Milestone 1 – Project Approved
- Milestone 2 – Project Plan Agreed
- Milestone 3 – Service Ready to Go Live
- Milestone 4 – Did it work?

➔ Service improvement and redesign deliverables for 2008/9 will be based on prioritisation; and the availability of finance and resources.

New service improvement and redesign projects may be added to the Commissioning Plan throughout 2008/09. These projects will be added to the plan subject to an agreed Business Case, that is, completion of Milestone 1, as above.

➔ DacCom is confident that, given the full support of West Hertfordshire PCT, during 2008/09 it will be able to:

- Commission and redesign high quality, value for money services for patients, with care nearer to people's homes
- Restore financial balance within Dacorum and work towards making savings to reinvest in patient care services
- Meet local, regional and national healthcare priorities

➔ In particular, DacCom aims to work towards fulfilling the six principles for progress in East of England SHA's Clinical Vision "Towards the best, together" [May 2008]:

- **A focus on prevention, health inequalities and timely interventions**
- **Services focused on the needs of individuals and their carer(s)**
- **Services localised as much as possible, but centralised where appropriate**
- **Services that are accessible and integrated, delivered by a flexible and skilled workforce**
- **Partnership with others where possible, with the patient always**
- **Outcomes that deliver measurable and meaningful improvement**

Review of progress of DacCom's 2007/08 Business Plan objectives

2007/08 Business Plan Objective	Project Progress during 2007/08 and comments
Achieve financial balance by end 2007/08	Not yet achieved Overspending on Acute Commissioning was offset by underspends on Prescribing and Provider Services These underspends are unlikely to recur Priority action for 2008/09
Ensure the delivery of high quality and accessible clinical services in Dacorum following the strategic redesign of acute services in West Hertfordshire	Ongoing Action for 2008/09
Develop a primary care led outpatient service and deliver the majority of outpatient activity through this model by end 2008/9	Ongoing Action for 2008/09
Develop a primary care led urgent care service to deliver unscheduled care	The DHHL bid was unsuccessful DacCom will work with Dacorum Urgent Care Centre Partnership which will run the new urgent care centre (UCC) on the Hemel Hempstead Hospital site from October 2008

Achieve and maintain upper-quartile performance on a national scale for prescribing as measured by agreed key indicators	Goal achieved Continue during 2008/09
Provide improved access to diagnostics, through primary care led services wherever possible.	Ongoing Action for 2008/09
Put structures in place to ensure an effective partnership between the GP practices and West Herts PCT	Goal achieved Continue during 2008/09
Put an effective programme and project management process in place before end 1Q 2007/8	Goal achieved Programme management process needs to be re-introduced following Navigant review of internal DacCom processes
Achieve level 3 as defined by West Herts PCT Commissioning Framework within 1Q 2007/8	Goal achieved within 2Q Continue during 2008/09 Priority action for 2008/09
Ensure effective communication mechanisms are in place to deliver a dialogue with practices and patients' representatives.	Goal achieved Continue during 2008/09
DacCom will engage fully with the West Herts PbC Leads Group and will ensure that all projects are progressed in a manner consistent with the strategy and plans of this group	Goal achieved Continue during 2008/09
PBC Budget spend to date and projected spend to the year-end will be assessed monthly and any issues will be reported to the Executive Committee	Ongoing Priority action for 2008/09
Where necessary, project plans will be modified to ensure activity remains within budget	Ongoing Priority action for 2008/09
DacCom will provide the Programme Manager and Clinical Leads for each project in the plan	Goal achieved Continue during 2008/09
West Herts PCT will provide resources	Assistant Director, and some financial, data, management and PBC support resources made available to DacCom during 2007/08

	However, the appointment of a dedicated PBC support manager was not achieved during 2007/08. A further attempt will be made during 2008/09
Service redesign: New Dacorum Hospital	Ongoing DacCom has had commissioning input into the LGH Programme and is now represented on the Dacorum LGH Project Board
Service redesign: Urgent Care	The DHHL bid was unsuccessful DacCom will work with Dacorum Urgent Care Centre Partnership which will run the new urgent care centre (UCC) on the Hemel Hempstead Hospital site from October 2008
Service redesign: Referral Management	The PARS initiative failed This is a bitter disappointment, as this project works on real-time data and is the key to bringing DacCom's overspending on acute commissioning under control The business case for PARS (Patient Activity Reporting Service) took over a year to develop. It had full stakeholder support from practices and patient representatives. The case was approved, as a pilot (costing less than £100,000), by the PBC Governance Subcommittee in July 2007 A new attempt will be made in 2008/09
Service redesign: LES	Ongoing Action for 2008/09

	Ms S Rivers-Brown and Dr McMinn worked hard during 2007/08 to try to disentangle the Gordian Knot of so-called Local Enhanced Services funding, which had been inherited by West Herts PCT from the former Dacorum PCT and included a variety of schemes labelled as such, despite several different provenances DacCom is now in a position to determine how much funding (if any) to allocate to the plethora of suggested initiatives, that reach Executive members by email and post on a daily basis, which we are then exhorted to fund from our Local Enhanced Services budget
Service redesign: COPD	Goal partially achieved Development of a quadrant-wide redesigned pathway of care – the West Herts PBC Commissioning COPD Pathway Development of the business case for commissioning the service Business case to be presented to the PBC Governance Subcommittee on 26 June 2008 Ongoing action for 2008/09 is the procurement of the service
Service redesign: Heart Failure	Goal partially achieved Development of a quadrant-wide redesigned pathway of care – the West Herts PBC Commissioning Heart Failure Pathway Ongoing actions for 2008/09 are • development of the business case for commissioning the service • presentation of the business case to the PBC Governance Subcommittee • procurement of the service
Service redesign: Diabetes	Goal partially achieved

	Development of a quadrant-wide redesigned pathway of care – the West Herts PBC Commissioning Diabetes Pathway The quadrant-wide West Herts Diabetes Commissioning Consortium has been formed A Hot Topics Meeting for Dacorum Locality practices was held on 27 February 2008 and attracted a large audience and full stakeholder support All diabetic patients are now offered retinal screening via West Herts Retinal Screening service – following the work done by Dr Ponsonby during 2007/08 on diabetic retinal screening Ongoing actions for 2008/09 are: • development of the business case for commissioning the service • presentation of the business case to the PBC Governance Subcommittee • procurement of the service
Service redesign: Counselling	Goal achieved Redesign of Counselling LES was approved by the PBC Governance Subcommittee on 4 March 2008 Ongoing action for 2008/09 is the implementation of the new service, which has proved to be problematic Counselling may be subsumed into the Enhanced Primary Mental Health Service. The EPMHS was approved by the PBC Governance Subcommittee on 29 April 2008
Service redesign: Physiotherapy	Ongoing Dacorum practices, and their patients, have inequitable access to physiotherapy at present, due to historical reasons Much time was spent understanding the existing physiotherapy contracts

	Ongoing actions for 2008/09 are: • development of an equitable service specification • development of the business case for physiotherapy services • procurement of the services by the Any Willing Provider model This project may be aligned with a proposed consultant-led community-based orthopaedic service, which DacCom will also seek to develop during 2008/09
Service redesign: Community Nursing	Goal partially achieved Working closely with Provider Services, a standard community nursing services specification and a standard staffing level and skill mix have been identified to deliver optimum affordable and cost-effective community nursing services for Dacorum's patient population Ongoing actions for 2008/09 are: • implementation of the new service, as an extension of the existing SLA between West Herts PCT Commissioning and West Herts PCT Provider Services • monitoring of the service once it is up and running
Service redesign: Prescribing	Goal achieved Continue during 2008/09

Appendix 1: National & Regional Priorities

Objective/Priority	Action	Milestones	Lead	Timescale	Outcome
Improving access through achievement of the 18 week referral to treatment pledge, and improving access to GP services **A**	Achieve reduction in waiting times to deliver the national target of no patient waiting longer than 18 weeks from referral to treatment by December 2008 Reduce levels of inappropriate referrals, admissions and treatments Pathway redesign and demand management Develop improvements to sustain performance after December 2008 Improve access to primary care services building on patient experience and reflecting health needs	Local activity plans agreed with PCT for patient pathways and clinical specialities Target of pathway to treatment for 90% of patients requiring admission to hospital is achieved Target of pathway to treatment for 95% of patients not requiring admission to hospital is achieved Participation by GP practices in the PCT Extended Hours Access LES, followed by participation in national Extended Opening Hours DES when it becomes available A minimum of at least 50% of all GP practices in West Herts PCT to offer extended hours	DacCom **CC RW SRB CM** Locality	Dec 2008 March 2009	90% RTT time of 18 weeks for admitted patients 95% RTT of 18 weeks for non-admitted patients Improved throughput of patient activity New to follow up ratios in top quartile Delivery of national new to follow up ratios Unbundling of elective tariffs to disaggregate elements that can be provided within primary care, e.g. diagnostics Streamlined and effective pathways of care and treatment with improved patient experience Access meets patient need 50% of Dacorum practices offering extended hours

	Commissioning input to the co-located GP-led Health Centre (“Darzi Centre”) planned for the Hemel Hempstead town centre	Participation in PCT Equitable Access to Primary Medical Care Project Team	Locality	March 2009	Increased range of services provided in GP surgeries and community care 100% of Dacorum practices offering all DES, NES and LES that they wish to 20% increase in patients' access to GPs at times outside current contracted hours, while standards of access and availability during core contracted hours are at least maintained Convenient first point of access for primary care Improved access and availability to GP services by providing walk-in services and pre-booked appointments for patients between the hours of 08.00 and 20.00 hours seven days per week Co-location and integration, as far as is practical, with other primary care and community based services including social care

					Co-location and integration with a network of urgent care centres as outlined in "Delivering Quality Healthcare for Hertfordshire" Driving service quality to the highest standards by ensuring that the new Health Centre development becomes an "exemplar" and a catalyst for change Development of community based "out-of-hospital" service delivery, e.g. ultrasound
Keeping adults and children well, improving their health and reducing health inequalities **B**	Work in partnership with Dacorum Borough Council, Herts County Council, voluntary and community services, and the wider third sector and other stakeholders to achieve, amongst other targets, the following: • an increase in smoking cessation • a reduction in obesity • an increase in physical activity • a reduction in alcohol	Involvement in Local Area Agreements and partnership working Participation in PCT Public Health Panel awarding PCT grants to voluntary organisations for health improvement projects and monitoring of projects	DacCom working with the PCT and local partners **MMc CM**	March 2009 March 2009	Address health inequalities and key areas for service improvement in the County 20% reduction in smoking 5% reduction in obesity Action plan developed by DacCom to feed in to the joint strategies in Local

	and substance misuse • an improvement in sexual health Aim to develop and implement action plans to deliver targets required within the Sustainable Community Strategy (SCS) – Hertfordshire Forward 2021 – and new Local Area Agreement (LAA2) 2009-11, working with LAA partners	Development of an action plan to achieve changes in local commissioning to meet patient need in priorities such as stroke and TIA, cancer and obesity in children		March 2009	Area Agreements for priority patient groups: older people, those with stroke, people with mental health problems, those with learning disabilities, maternity services, and services for children and young people services The plan will describe prevention and treatment measures for primary care, cancer, CVD and smoking
	Provision of dietary advice and access to weight reduction and exercise programmes though GP practices	Where appropriate, ensure evidence based programmes that support behaviour change (NICE guidance)	Locality	March 2009	Primary prevention schemes in place to support care pathways in 25% of Dacorum practices
	Development of social and practical support for isolated older people, carers, patients who are socially disadvantaged, and BME patients	Ensure provision of access to, or information about, Citizens Advice, other advocacy, parenting, benefits, debt and return to work advisor sessions and carers' support at GP practices			

Improving patient experience, staff satisfaction, and engagement **B**	Work in partnership with the PCT to develop measures to show improvements in a range of areas affecting the patient experience: • appointments & access • attitudes of staff • knowledge of the patient • privacy and dignity • physical comfort • organisation and communication • cleanliness Work in partnership with GP practices to encourage participation in patient surveys and the development of Patient participation groups Take into consideration the views and preferences of both patients and staff Work in partnership with GP practices to raise staff awareness and engagement in the commissioning of local services for patients	Ensure that measures are included in contracts with providers of services Link to changes in commissioning pathways Hot Topics meetings for Locality and other stakeholders Individual meetings with GP practices Agree performance measures with PCT and monitoring arrangements Regular reporting to PCT and DacCom with results and action plans being disseminated to Locality Make results of patient experience measures available to the public	DacCom working with the PCT and Locality **MMc CM**	March 2009	Robust, consistent measures of patient experience and satisfaction 10% improvement in national patient survey results (where these were less than 100% already) Deliver year on year improvements in patient and staff experience Improved access to services through reduction of waiting times Improved access to primary care Improved patient choice and convenience through initiatives such as Choose & Book 50% increase in overall Choose & Book use by Dacorum practices Improved patient choice through greater involvement in plans for their own care

	Encourage staff to participate in the NHS Staff Survey and act on the findings Help staff understand their role in delivering a better NHS	Continuing the work already started with the PCT information department on the development of the interactive West Herts Patient Practice Based Commissioning Website			Improved patient dignity through elimination of mixed sex wards and the move towards single accommodation in new building
Improving cleanliness and reducing Health Care Associated Infections **B**	Work in partnership with the PCT to meet nationally prescribed performance targets in respect of eradicating hospital acquired infections such as MRSA and C. Difficile Input into the PCT work on: • increasing the number and specificity of quality standards in infection control • performance management of further HCAI reduction targets in the local health economy	2008/9 contracts to include introduction of MRSA screening for all elective admissions Measures for non-elective admissions to be developed and 2009/10 contracts to include these Measures for reduction in C. Difficile to be developed and to be included in 2009/10 contracts Work with West Herts Medicines Management Committee and the PCT prescribing teams to : • review local antibiotic policies	DacCom working with the PCT and Locality **MMc AG ZH**	March 2009	Compliance with the Hygiene Code of the Healthcare Commission Standards for Better Health 100% MRSA screening for all elective admissions Maintain the annual number of MRSA bloodstream infections at less than half the number in 2003/04 Deliver a 30 per cent reduction in C. Difficile infections by 2011, compared to the 2007/08 baseline figure

		• consider stopping prescribed proton pump inhibitors for a short period of time before admission Comprehensive community and primary care infection control service commissioned by the PCT			
Preparing to respond in a state of emergency, such as an outbreak of pandemic flu **C**	Work with the PCTs to ensure that there are plans are in place locally, so that the Locality is in a position to respond effectively to any emergency, including a pandemic flu outbreak or dangerous incident such as a chemical, biological, radiological, nuclear or terrorist attack.	Completion of these plans Widespread dissemination of these plans to all stakeholders including the public	DacCom working with the PCT, Locality and local emergency planning committees **MMc**	Dec 2008	All NHS organisations must have robust plans in place to respond to a flu pandemic by December 2008 Plan in place by this date
Ensure fewer people suffer from, or die prematurely from, heart disease, stroke and cancer **B**	Work with the PCT and the Beds& Herts Stroke and Heart Network in developing the 2008/09 plan to improve stroke services	Development of a new pathway for stroke that includes: • Primary and secondary prevention • Rapid access and TIA clinics within seven days • Clinical assessment, CT scan and thrombolysis for patients with a blood	DacCom working with the PCT, the Beds & Herts Stroke Network and the Local Cancer Care Network	March 2009	Compliance with The National Stroke Strategy – the comprehensive 10-year framework aimed at driving up standards of care to reduce mortality and morbidity

	Work with the PCT and the Beds& Herts Stroke and Heart Network in developing the 2008/09 plan to improve the care of patients with heart disease	clot within three hours • Therapy assessments within agreed timescales • Specialist rehabilitation • Early supported discharge • Long term follow up Registers and appropriate intervention are in place for primary and secondary prevention of heart disease Cardiac rehabilitation services are in place for patients who need it There is a 10% improvement in the 60 minute 'call to needle' time by improved provision of pre- hospital thrombolysis There is an increase in the coverage of the PPCI (primary angioplasty) service Disease registers for heart failure are in place	The nominated lead for all these disease areas is Dr Trevor Fernandes **TF**		Stroke pathway developed Comprehensive registers are in place in 50% of Dacorum practices Improved provision of preventative services More equitable and effective access to rehabilitation and re-perfusion services Improvement in 'call to needle' time targets

	Work with the PCT and the Local Cancer Network to give attention to prevention, earlier diagnosis to ensure better treatment, improving patients' experience of care, and providing care in appropriate settings	National targets are met Improving Outcomes Guidances (IOGs) are fully implemented Access to radiotherapy is improved via provider efficiency gains National cancer and palliative care targets to fully implement IOGs by agreed milestones are met Review of the video conferencing facilities to support the further development of MDTs and SSMDTs is implemented Key recommendations for the implementation of the cancer reform strategy are agreed with the PCT Palliative care intentions agreed as follows: • access to in-patient facilities within the Hospices 7 days a week • access to hospital			Palliative Care EoL LES in place in 50% of Dacorum practices Compliance with the Cancer Reform Strategy Compliance with the End of Life Strategy – in particular, improving patients' access to high quality services close to their homes Improved access to radiotherapy Reduction in variation in patient outcomes

		services available for those patients who require acute interventions • access to home-based community services including community hospitals' own care homes and availability of specialist Palliative Care support • 24-hour 7 days a week specialist advice available through telephone help lines • specialist assessment undertaken 7 days a week between 9 to 5 in all care settings • bereavement services available across the locality. • provision of palliative care intensive home support service to patients with complex needs 24 hours a day, 7 days a week • SPC MDT meetings are in place with the required membership and required support.			

Make our healthcare system the safest in England **B**	Work with the PCT to agree a comprehensive approach to patient safety that is aligned with the EoE programme	PCT plan includes: • baseline assessment • reduction in drug errors • implementation of NICE falls guidance • providers to reduce hospital standardised mortality ratios • providers to meet National Quality Standards • providers to have robust systems and processes in place to minimise harm and improve patient safety	DacCom working with the PCT **MMc TF RG CM**	March 2009	Patient safety is the top priority for all NHS organisations 100% of Dacorum practices to have had comprehensive risk assessments and to have risk management registers in place Compliance with the Healthcare Commission Standards for Better Health Compliance with Royal Colleges standards for practice Compliance with National Patient Safety Agency requirements such as the Safe Medication Work Programme
Improve the lives of those with long term illnesses **B**	As well as patients with defined disease conditions, many patients have multiple long-term conditions, often in combination with complex social needs Work with the PCT to:	Disease registers are in place for diabetes, COPD and heart failure Care pathways for these conditions have been specified and commissioned	DacCom working with the PCT **CC**	March 2009	100% Dacorum practices have these disease registers in place All 3 care pathways have been commissioned

	Support greater independence for people with long term conditions Enable respite care Assist with crisis avoidance and intervention Work with GP practices to ensure that these patients receive good health promotion, regular review, proactive care and self-empowerment	Further development of the role of the Community Matrons Increased use of individual care plans Commissioning of the provision of: • patient self-care educational programmes • self-monitoring equipment • carers' breaks • urgent aids or adaptations • equipment to help with mobility, sensory impairment and daily living activities • equipment to prevent deterioration			Patients: • have improved quality of life, health and well-being and are enabled to be more independent • are supported and enabled to self care and have active involvement in decisions about their care and support • have choice and control over their care and support so that services are built around the needs of individuals and their carers • can design their care around health and social care services which are integrated, flexible, proactive and responsive to individual needs • are offered health and social care services which are high quality, efficient and sustainable

Halve the difference in life expectancy between the poorest 20% of communities and the average in each PCT **B**	Work with the PCT to reduce the extent of these differences; this is a priority for the PCT Work with the PCT to ensure that high quality primary care is easily accessible, and that services have a particular focus on the clinical management of cardiovascular risk	Communities with the lowest life expectancy are identified by the means of the joint strategic needs assessment with local authority partners Individuals and groups are identified for targeted intervention Appropriate packages of interventions are commissioned for the above including: • smoking cessation and tobacco control • physical activity programmes • antenatal/postnatal care including increasing breastfeeding • sexual health services • alcohol harm reduction, including brief interventions • early years support • uptake of screening	DacCom working with the PCT **MMc TF VT**	March 2009	Improving health and well-being is dependent on tackling underpinning social, environmental and lifestyle factors and the causes of death and ill-health through appropriate action 20% reduction in smoking 5% reduction in obesity Sexual health service in convenient primary care setting has been commissioned 100% Dacorum practices offering antenatal and postnatal care Social inclusion can be promoted through removing the barriers to social exclusion

					Fulfilment of the PCT's commitment to identifying NHS actions to tackle inequalities in health through improving access to health and social care and targeting health improvement services to those with the poorest health
Ensure healthcare is as available to marginalised groups and "looked after" children as it is to the rest of us **B**	Work with the PCT to ensure that access to preventive and health care services provided to these marginalised groups is at least equal to that of the broader population	PCT plan includes: • clearly identified marginalised groups as part of the joint strategic needs assessment • clear plans developed to commission services that will meet the needs of the identified groups • new investment – particularly in primary care – targeted on the identified groups • clear definition as to how progress will be evaluated Effective delivery of high quality TB services	DacCom working with the PCT and local partners **MMc VT**	March 2009	Allocation of resources in relation to the health needs of different groups and areas – this is the approach likely to reduce health inequality in a population DacCom to invest in JCPB and Children's Commissioning proposals

		commissioned Framework for targeting and screening 'at risk' population groups for hepatitis B and C commissioned Investment plans for securing and maintaining comprehensive antenatal screening programmes (haemoglobinopathies, foetal anomalies and cystic fibrosis) implemented Immunisation and vaccine services for new vaccines and target groups commissioned PCT and CAMHS commissioning plans include the emotional health and well-being needs of vulnerable children, including looked after children, those from black and ethnic minorities and young offenders PCT commissioning of children's services for looked after children meets statutory Safeguarding			Compliance with a range of policies including Every Child Matters, Aiming High for Disabled Children, Emotional Health and well-being of children, and the NSF for children, young people and maternity

	Input into the process of, and financial support to, the restructuring of Health Visiting and School Health Services	Integration of Health Visiting and School Nursing			Integrated Children's services will support all children, bring services closer to children and families, reduce boundaries created by different staffing groups, narrow the gap for those children and families who are not achieving as well as others and meet the health needs of vulnerable children
Cut the numbers of smokers **A**	Commission NHS smoking cessation service to ensure rise in the number of quitters Work with the PCT on its EoE targets	Uptake of PCT Smoking Cessation LES National Quit Targets are met each quarter PCT to meet targets: • participate in the EoE annual lifestyle survey to track smoking prevalence • identify and target services to those groups with the greatest need • ensure targets are reflected in LAAs	DacCom working with the PCT **RW**	March 2009	Increased numbers of quitters 20% reduction in smoking Improvement in the single most important lifestyle behaviour leading to ill health and death, and the cause of half of all inequalities in health

Halt the rise in obese children and then seek to reduce it **B**	Work with the PCT on its EoE targets Commission childhood obesity measuring programme	PCT to meet targets: • deliver the national weighing & measuring programme, with coverage exceeding 85% • identify and target interventions to those groups with the greatest need • commission an appropriate range of services, based on NICE guidance and the Foresight programme, including: → programmes to increase rates and longevity of breastfeeding → implementing the measures set out in the Healthy Schools programme → targeted early interventions, such as Children's Centres and Healthy Start → programmes to support healthy eating and physical activity in families and the local community	DacCom working with the PCT and local partners **VT**	March 2009	5% reduction in obesity Plans in place to develop comprehensive approaches to manage the rising levels of childhood obesity Maintain the life expectancy of future generations of children

		• include the national indicator in the LAA			
Achieving financial health **A**	Locality GP practices continue to receive monthly costed activity information and spend against available budget Locality GP practices continue to demand manage their referrals and work to best prescribing guidelines and targets	Monthly reporting in place with review by DacCom and feedback to Locality for robust financial performance management Attendance at Acute Trusts' SLA review meetings, Locality GP Hot Topics meetings, Locality GP Prescribing Leads' meetings, PCT Prescribing Team meetings and West Herts Joint Prescribing Group meetings Change process instituted as a result of implementation of learning points from these meetings	DacCom and Locality **CC MS GB** **MMc**	March 2009	DacCom to repay the 2007/08 overspend DacCom practices to keep 2008/09 spend within budget Management of quality patient services within available budget Monthly monitoring of spending progress and initiate corrective action if not on track

	Locality GP practices continue to validate secondary care activity using the PCT's HIDAS validation system	Continue substantial progress with validation of HIDAS data. Most practices are participating. Validation of episodes costing over £3k during October – December revealed £283k of activity to challenge. An extension of this work is likely to produce further savings However, the activity will stimulate an improvement in acute Trust data quality			
	Revisit data collection and patient activity reporting	Method of robust prospective (rather than retrospective) data collection and analysis put into place and fully used by Locality GP practices			
	Provisional 2007/08 Month 12 figures show an overspend at year end of more than £1.4 million (1.2%)	An overspend of £3.5 million is forecast for acute commissioning. This is offset by underspends of £1.2 million on prescribing and £176,000 on Provider Services			

	The deficit will have to be repaid. DacCom will need to negotiate the amount, the timing and the mechanism The causes of the underspends will not recur. DacCom must therefore control spending on acute commissioning	DacCom may be allowed to make the repayment over 2 years. There may be some scope for negotiation. It may be possible to reduce DacCom's lodgement of growth money with the SHA in 2008/09 DacCom must be careful not to use a non-recurring income to offset a recurring debt. Prescribing spend has been influenced by drug price changes this year. Provider Services has recruited to vacant posts; the spend will be higher next year DacCom must focus on acute commissioning activity and bring this under control in 2008/9			Jenny Greenshield's (PCT Finance) engagement with DacCom will improve DacCom's chances of achieving a balanced budget

Appendix 1: Local Priorities

Objective/Priority	Action	Milestones	Lead	Timescale	Outcome
Acute Services Review (ASR) **A**	Commissioning input to the design and planning of the new Dacorum Local General Hospital (LGH) Involvement with patients and the public Review existing service capacity and pathways of patient care Redesign of future services	Participation in Hemel Hempstead PCT LGH Project Group Decision on the procurement mechanism for future outpatient and diagnostic services	DacCom project leads **MS MJ MMc RW GB VT CM**	2009	Quality healthcare services for the population of Dacorum delivered in the most appropriate location close to peoples' homes Successful procurement of patient services on the LGH site
	Commissioning input to the design and procurement of the Hemel Hempstead stand-alone Urgent Care Centre (UCC)	Selection of preferred provider – May 2008		October 2008	UCC fully up and running by 1 October 2008
	Commissioning input to the redesign of the Herts-wide Out of Hours Service (OOH)	Selection of preferred provider – May 2008		October 2008	100% Dacorum practices support OOH provider

Redesign Diabetes services and pathways of care, where appropriate moving services from acute to primary care, and commission care closer to home **B**	Leading involvement in West Herts-wide redesign of diabetes care pathway	Development of the business case for commissioning a new model for diabetic services for the patients of West Hertfordshire, in line with the recommendations of the East of England Long Term Conditions Clinical Pathway Group. The model has been developed on the basis of a redesigned pathway of care – the West Herts PBC Diabetes Commissioning Consortium Commissioned Diabetes Care model Procurement of the redesigned service Hot Topics Meeting for Locality GP practices held on 27 February 2008 All diabetic patients offered retinal screening via West Herts Retinal Screening service	DacCom project leads **EP MJ**	March 2009	Compliance with the National Service Framework for Diabetes: its aim is to strengthen and develop the provision of diabetes services within West Hertfordshire, particularly ensuring that patients are better supported to manage their own care and that early diagnosis, intervention and support prevent later complications Primary care diabetes service commissioned and procured 100% of Dacorum practices referring patients with diabetes to the new service 100% of Dacorum practices increasing the amount of diabetes care within their practices 100% of Dacorum practices offering increased education and support to patients with diabetes

Redesign COPD services and pathways of care, where appropriate moving services from acute to primary care, and commission care closer to home **B**	Leading involvement in West Herts-wide redesign of COPD care pathway West Herts patients with COPD are currently monitored and treated by GPs Deterioration in their condition results in admission to hospital as inpatients A robust specialised community service is needed to meet the complex needs of these patients, including education and self monitoring and support at times of crisis COPD exacerbation is the second commonest reason for admission to hospital and results in substantial secondary care expenditure	Further development of the role of the Community Matrons Development of a redesigned pathway of care – the West Herts PBC Commissioning COPD Pathway Development of the business case for commissioning the service: → COPD Community Clinics to monitor, treat and educate patients identified as high risk, run by respiratory consultants / GPSIs and respiratory nurse specialists → Early detection and treatment of disease exacerbation to prevent hospital admissions → Ongoing coordinated support and maintenance of close links with other services	DacCom project leads **CC MJ**	March 2009	Compliance with the NHS Improvement Plan The government's priority is to improve care for people with long term conditions (of which COPD is one) by moving away from reactive care based in acute systems, towards a systematic, patient-centered approach Care needs to be rooted in primary care settings and underpinned by vastly improved communication and new partnerships across the whole health and social care spectrum Better health outcomes and quality of life and reduction of disability Community COPD service commissioned and procured 100% of Dacorum practices referring patients with COPD to the new service

		→ Direct and open access for patients with unstable COPD → Effective home care for COPD patients → Patients and carers supported in self-care Procurement of the redesigned service			
Redesign Heart Failure services and pathways of care, where appropriate moving services from acute to primary care, and commission care closer to home **C**	Leading involvement in West Herts-wide redesign of Heart Failure care pathway	Further development of the role of the Community Matrons Development of a redesigned pathway of care – the West Herts PBC Commissioning Heart Failure Pathway Development of the business case for commissioning the service Procurement of the redesigned service	DacCom project leads **CC MJ**	March 2009	Better health outcomes and quality of life and reduction of disability Business case developed and redesigned service commissioned and procured

Redesign Ophthalmology services and pathways of care, where appropriate moving services from acute to primary care, and commission care closer to home **C**	Commission a primary care based ophthalmology service Patients in other parts of West Herts have access to local clinics for this service Dacorum patients should have similar local access, where this is clinically appropriate and represents good value for money.	Commission The Practice plc to deliver a Tier 2 Ophthalmology Triage and Medical Management Service located within Dacorum GP practices Monthly reports to include the following: → Total number of referrals received → Patients' identification number and date of birth → Referrer eg GP, Optometrist, Ophthalmic Medical Practitioners → Date of referral → Type of referral i.e. urgent, soon, routine → Triage information i.e. numbers triaged from paper referral, electronic referral, telephone or email → Outcome of triage eg forwarding referral on to acute Trust , returning referral to referrer, treated by The Practice plc in primary care → Outcome of the appointment with The Practice plc e.g. DNAs, self-	DacCom project leads **MMc GB**	June 2008	Manage the majority of adult patients being referred by GPs, optometrists, ophthalmic medical practitioners, Minor Injury Units, A&E Departments and Out of Hours Services, excluding cataracts, diabetic retinopathy, listed day surgery, and elective admissions. Patients will be referred to their choice of hospital care only when there is a need for hospital based specialised services Reduce the time it takes for patients to move from ophthalmology referral to diagnosis and treatment New service up and running in 2 GP practices in Dacorum 25% of all ophthalmology referrals are made to the new service

		discharges, treatment and discharges, referrals to other services → Prescribing costs → Diagnoses → Details of complaints → Details of plaudits → Data required for mandatory national reporting → Waiting times			
Improve primary care Counselling Services provision within Dacorum by means of offering Locality GP practices access to a redesigned Local Enhanced Service, which provides direct access to in-house counselling services **D**	Commission a short term intervention service for patients aged 16 and upwards presenting with mild to moderate mental health problems such as: • Depression • Stress and trauma • Pathological bereavement • Coping with illness or injury • General anxieties • Life crises • Family and relationship issues	Redesign of Counselling LES approved by PBC Governance Subcommittee on 4 March 2008 Implementation of the redesigned LES Waiting times across all practices to be submitted quarterly to PCT AD Commissioning and Performance Evidence of ongoing activity and budget review by DacCom to be submitted to AD Commissioning and Performance bi-annually	DacCom project leads **BT MD**	June 2008	Provision of good quality, cost effective services to residents of Dacorum that will enable them to address and resolve specific problems, manage crisis and develop personal insight and knowledge Assistance with the reduction in referrals, and in-patient admissions, to secondary care services Counselling LES requirements successfully melded into the EPMHS

		DacCom responsible for the budget, which will be devolved down to practice level on a per capita basis Practices to manage demand within their indicative budgets			
Redesign Enhanced Primary Mental Health Service and pathways of care, where appropriate moving services from acute to primary care, and commission care closer to home **B**	Develop proposals for the future development of an Enhanced Primary Mental Health Service (EPMHS) to improve services to adults with common mental health problems within the Dacorum Locality The development of such services across Hertfordshire forms part of the formal contract between the Joint Commissioning Team and Hertfordshire Partnership NHS Foundation Trust. The initial service is commissioned to work primarily with adults of working age.	EPMHS Business Case approved by PBC Governance Subcommittee on 29 April 2008 Hot Topics Meeting for Locality GP practices held on 22 April 2008 Implementation of the EPMHS Provision of a one-stop shop for clients experiencing common mental health problems, working across health and social care boundaries and	DacCom project leads **GS BT MD**	October 2008	Compliance with NICE guidance and the Hertfordshire “Investing In Your Mental Health” strategy Prevention of deterioration of mental health through appropriate and speedy diagnosis and treatment The proposals for the development of Enhanced Primary Mental Health Services In Dacorum are in line with national requirements and are similar to the former pilot developments in Stahcom and WatCom

	However, both the JCT and HPFT are committed to providing fully age-inclusive services and are progressing this matter within formal Contract Review meetings.	across primary, secondary and specialist mental health provider boundaries to enable them to be seen by the right person, at the right time in a convenient primary care location Provision of a dedicated enhanced primary mental health service for those patients who experience mild/moderate mental health problems Re-deployment of existing staff to an integrated service for a more coherent team approach All referrals triaged to ensure clients are signposted to the correct service and inappropriate consultations reduced Counselling skills identified to ensure availability of a range of counselling skills and standardised fees paid to counsellors			Evaluation of both these, and of other local and national pilots, has shown a reduction of referrals to secondary care mental health services by about 35% Service commenced in 3 Dacorum pilot practices by October 2008 Service to start in the remaining Dacorum practices as fast as funding and logistics permit Appointment of a lead counsellor to triage referrals by August 2008 Existing counsellors to be fully engaged with the new service

		Use of the "any willing provider" approach for the provision of independent sector counselling resulting in a more responsive service based on meeting agreed quality standards at a negotiated cost per case price Funding resources reallocated to provide the new service Standard response and contact times in line with those standards required by the Hertfordshire Improved Access to Psychological Therapies Waiting times centrally managed to ensure greater efficiency Complementing the GP role in caring for people with on-going or acute mental health problems			
Improve End of Life primary care provision within Dacorum by means of offering Locality GP practices access to a an End of Life Local	The LES is designed to encourage Locality GP practices to embrace the aim of the national End of Life (EoL) strategy and utilise the recommended	Holistic assessment to control symptoms and address care needs	DacCom project leads **TF MMc**	October 2008	Improve the quality of care at the end of life for all patients and enable more patients to live and die in the place of their choice

Enhanced Service, where appropriate moving services from acute to primary care, and commission care closer to home Support people who are approaching the end of their lives and those who care for them, to remain at home, if that is their wish This could include rapid access to pharmacy and equipment services, emergency respite care, or help with personal care **B**	tools & processes – these include The Gold Standards Framework (GSF) for Community Palliative Care, the Liverpool Care Pathway (LCP) for the Dying Patient and the Advanced Care Planning (ACP) process	Multidisciplinary team (MDT) communication with out of hours care providers and other stakeholders Information & support provided to patients and carers The care of all patients dying, or with life-limiting illness, brought up to the level of the best in all care settings The Business Case for Commissioning End of Life (EoL) Care Local Enhanced Service (LES) from October 2008 onwards to be submitted to the PBC Governance Subcommittee on 26 June 2008 Hospice of St Francis (Dr Ros Taylor) addressed the DacCom meeting on 7 May 2008			The improvement of standards of Palliative Care in the community can reduce hospital admission rates of patients with terminal illnesses Compliance with the NHS national EoL strategy, NICE Supportive & Palliative Care guidance, NHS priorities outlined in the white paper 'Our Health, Our Care, Our Say' and the Gold Standards Framework for Community Palliative Care (GSF) model Palliative Care EoL LES in place in 50% of Dacorum practices

Redesign Sexual Health services and pathways of care, where appropriate moving services from acute to primary care, and commission care closer to home Local focus on reduction of infections and the promotion of safer sex by working in conjunction with the local GUM clinic and other statutory and non-statutory services involved in the promotion of sexual health awareness, education and intervention **B**	Commission sexual health care services in areas with good local transport links by road and rail, enabling good patient accessibility Commission confidential, open access, holistic care to all patients in need of sexual health services and contraceptive support Commission services to investigate and treat patients and give advice to support the reduction of the spread of STIs and reduce unintended pregnancies	Business case developed for integrated service offering: • screening of asymptomatic men and women • investigation of female and male genital tract symptoms • pre-test counselling for HIV and other blood borne viruses • HIV, syphilis and hepatitis screening tests • investigation of possible viral infections e.g. herpes treatment for presumed and confirmed STIs • dispensing of medication • seamless management of chronic infections • epidemiological treatment of contacts and follow-up as appropriate • hepatitis B vaccinations • full contraceptive services including all LARC [long acting reversible contraception] • cervical cytology(in line with national guidelines) • provision of condoms • safe sex advice	DacCom project leads **SB MMc**	June 2008	The estimated number of undiagnosed Chlamydia infections in the 16-24 year old sexually active population in Dacorum is 541. Contact, diagnosis and treatment of more people in this age group will reduce transmission of infection and ultimately reduce the potential costs of infertility investigations and treatment in the future The improvement of sexual health in the community is consistent with national and local strategic goals and with public health priorities Bringing healthcare closer to people's homes is one of the drivers of Hertfordshire's Investing in Your Health strategy; more accessible services will transfer sexual health care services closer to home Compliance with National Strategy for Sexual Health

		• contact tracing for bacterial STIs referral for termination of pregnancy • referral to other services as appropriate • data collection • audit Procurement of service under newly-introduced 'fast track' rules for business cases under £100,000 (or 50p per patient) – the business case fulfils both these criteria			and HIV 2001, the Public Health White Paper 'Choosing Health' Fully supported by the Sexual Health Strategy for Hertfordshire 2007-08, as outlined at the Visioning and Strategy Planning Day Provide a cost- effective efficient sexual health clinic in a more acceptable and patient-friendly environment than a geographically distant GUM clinic Sexual health service in convenient primary care setting has been commissioned
Redesign Physiotherapy services and pathways of care, where appropriate moving services from acute to primary care, and commission care closer to home	At present direct access musculoskeletal physiotherapy is provided to the patients registered with the 19 Dacorum Locality GP practices in WatCom by 3 private	Develop a business case for physiotherapy services to be provided by any physiotherapy provider who meets the criteria set out in a service specification at an agreed cost per case	DacCom project leads **SRB SG MMc**	October 2008	Equitable service for Dacorum patients – at present some Dacorum GP practices have access to large direct access physiotherapy budgets and consequent large amounts of services for their patients,

C	providers and West Hertfordshire Hospitals Trust. Each provider is given an annual contract value and provides physiotherapy to its designated GP practices. Referrals are also made to WHHT; this service is provided at Gossoms End, Bennetts End and on WHHT premises Re-commission the service to procure an equitable, timely and value for money service for all Dacorum patients	without any guarantees of activity – the "Any Willing Provider" model All private providers have been notified that their current contracts will cease from 1 October 2008 WHHT has been notified that DacCom wishes to remove the physiotherapy activity in the block part of the Service Level Agreement with them with effect from 1 October 2008 Providers will monitor referrals, activity and costs incurred and provide this information to DacCom, which will identify training and / or support needs for local GP practices in order to continually develop primary care services and skills for improved efficiency			while many Dacorum practices, and their patients, have little or no access to direct access physiotherapy The service will be local and patients will be able to choose to attend a provider close to where they live Waiting times will be kept to a minimum due to plurality of providers and choice Using the "Any Willing Provider" approach to the provision of physiotherapy will lead to a more responsive service based on meeting quality standards at a negotiated cost per case price Service specification is developed and equitable service is commissioned

		DacCom is responsible for the budget, which will be devolved down to practice level on a per capita basis Current resources reallocated to provide the service Practices to manage demand within their indicative budgets			
Redesign Community Nursing services and pathways of care, where appropriate moving services from acute to primary care, and commission care closer to home **C**	Community Nursing resources organised into teams serving groups of practices (“practice clusters”) Every GP practice to have a named nurse and second in command as liaison, one of whom attends at least one practice Primary Health Care Team meeting at least once a month	The CN teams to be of the “right” size; not so big that the GP practices have difficulty knowing which DNs are supporting their patients, and not so small that that the teams are over-stretched to cover holidays and sickness within the team Appropriate skill mix within each team	DacCom project leads **AG MS TF MMc**	June 2008	Clusters are the most cost-effective way to organise resources Support chronic and acute patients living at home or in residential care Prevent frequent admissions to hospital Facilitate patients needing early discharge from hospital

	Single point of contact mechanism and use of a referral form to ensure that the nurses are appropriately briefed by the GP practices Accommodation (clinical and office) arrangements to underpin any locality / team arrangements Standard community nursing services specification and a standard staffing level and skill mix identified to deliver CN services for a given patient population The time period covered by community nursing is 8am to 10.30pm Training and development of staff to gain identified competencies agreed and supported	Use of the technology now available in Dacorum (one telephone number and the call is routed to the appropriate mobile number) This may mean more space within practices Better links developed with Out of Hours services and the Urgent Care Centre Considered on a practice cluster by practice cluster basis			Regular and complete activity reports and monitoring of outcomes provided every month to DacCom Nursing interventions and activity entered on to GP practice computer systems

	The structures of practice clusters should be organised so that further integration with Practice Nurses is not inhibited or undermined	Identify need for specialist support services across localities; either specific skills or specific extra services			
Commission specialist and community services to work with the core community nursing teams, to complement the overall service **C**	Patients who can be safely managed in their own homes to have their enablement and care needs commissioned from the Intermediate Care Team The commissioning of Community Matrons will be developed to manage people with Long Term	IC Team to respond within 2 hours of a referral, 12 hours a day. The out of hours service to provide support to patients outside the core hours IC Team to work in patients' own homes, including care homes IC Team to work closely with Community Matrons and the CN Service when people with Long Term Conditions require more intensive and personalised care in their own homes, including care homes CMs to work around a risk stratified population	DacCom project leads **AG MS TF MMc**	June 2008	Focus on prevention of admission Rehabilitative support from a multi-disciplinary team for people with complex conditions and a loss of function Short-term goal orientated multi-disciplinary care 24 hour monitoring and support but not located with the patient, with occasional health and social care needs visits 10% reduction in the number of hospital admissions for people with Long Term conditions

	Conditions in a more proactive case management approach, whilst improving quality of care for patients and whilst best using available resources Preventative work with older people based on the Older People's Heath Promotion Strategy and the Mental Health Services for Older People strategy Increased effectiveness of CMs to support patients with multiple health needs	Case finding to by use of a robust tool to rank the whole population according to their greatest risk of needing high intervention care CMs to work in patients' own homes, including care homes to deliver CMs to establish contact with all patients referred within one working day and assessed according to priority of need			Proactive management plans reducing inappropriate and avoidable admissions of patients with long term conditions 10% reduction of length of stay in hospital of those patients being case managed – by "pulling" them out of the acute hospital Increase in the CM caseloads to the national maximum
PBC Commissioning input into PCT Commissioning of Maternity Services **B**	Maternity Matters is the government commitment to improvement in maternity services Range of actions required by end of 2009 including choice of delivery and improvement in antenatal and postnatal services DH is promoting the role of HV service in home visiting as part of their review of HV services	PCT to commission services to deliver the commitments HV service commissioned has to be able to provide comprehensive service to support women and families HV services to be commissioned at a level to meet the demand of an increasing birth-rate	DacCom project leads **VT ZH**	2009	NICE has clear guidance on pathways Investment in 2008/09 Impact on breastfeeding rates, obesity rates and family support Robust and effective GP input into the Hertfordshire PCTs a review of maternity and

		HV service specification to include: → comprehensive antenatal contact by HV service → HV service role in bloodspot screening → HV role in comprehensive support postnatally, including mental health assessment			midwifery services The review is led by Professor Allan Templeton and Angela Canning and will include: • Whether the stand-alone midwife-led birth centre at Hemel Hempstead could be re-opened and if so, in what format • What ante and post natal services should be provided in local general hospitals and in other community settings. • What gynaecological services could also be provided at the local general hospitals • What the NHS should do to ensure mothers are able to have a home birth if they wish 100% Dacorum practices offering antenatal and postnatal care

PBC Commissioning input into PCT Commissioning of Children's Services **C**	Aiming high for disabled children sets out the commitment to improve services for children with a disability	Commissioners to work jointly with partners to deliver improvement in services for children with disability. Expectation that PCT will increase investment in services especially short breaks (respite), transition, and early intervention and Learning Disability services. Expectation of link to palliative care strategy. DH commitment reflected in increased PCT budget. Child health mapping to be used to measure the increased investment	DacCom project leads **VT**	2009	PCT expected to invest in services There are 18,000 children in Hertfordshire who are disabled; the overall numbers of disabled children are increasing, as is the complexity of their needs
	Child death review is the statutory guidance in Chapter 7 of Working Together	PCT has commissioned a safeguarding team to deliver rapid response and designated doctor function			National funding for 3 years
	Looked After Children is the statutory guidance on the provision of designated doctor functions and health	PCT has commissioned services to provide designated doctor function and health and dental			Designated doctor post within PCT has been funded

	assessments as part of a multi-agency requirement to improve outcomes for Looked After Children and Care Leavers Every child matters is the framework for the delivery of improvements in children's services, underpinned by the Children Act 2004 (which introduced children's trust arrangements, integrated children's services, LSCBs, CAF and Lead Professional) Increasing national emphasis on 'narrowing the gap'	assessments for looked after children PCT has a statutory duty to cooperate in children's trust arrangements and integrated children's services Current consultation on statutory guidance will increase emphasis on joint commissioning across health and social care and integration moving towards joint provision Universal services to operate in teams around the child, based on extended schools communities DacCom to decide if it wishes to invest in universal 0-19 services to meet the needs of the children in the Dacorum Locality			Investment in school health service in 08/09 to enable health reviews to be completed 82 children centres by 2010 and 38 extended schools bringing services to localities

		PCTs have the power to remove HV / SN budgets from PBC; the DH has supported this in certain areas Catherine Pelley prefers an integrated approach across PCT and PBC commissioners			
	Children's palliative care: after the review of children's palliative care in 2007, the DH has produced its response which sets out the requirement for the PCT to have a strategy for children with life-limiting illnesses and increase investment in children's palliative care	PCT to write a strategy and link with existing adult networks and to create a children's palliative care network for EoE			Children's community nurses provide part of a joint approach to end of life care Increased investment expected
	Breastfeeding – vital signs	PCT to ensure levels of breastfeeding meet national targets			HV role is key to the delivery of improved rates of breastfeeding at 6 weeks

	Emotional Health and well-being of children – this is within the NHS Operating Framework	PCT to have an emotional health and well-being strategy PCT to expand its CAMHS strategy to reflect this Universal and targeted services provide elements of emotional health and well-being			Investment plan for later in 2008/09 and beyond Disability needs assessment indicates this is an area of increasing need Additional school health posts in Dacorum would help support the strategy and further work being undertaken to look at the tier 2 model – this is very successful in E&N Herts
	National Service Framework for children, young people and maternity – this is a 10 year plan to improve services.	PCT to commission services to deliver improvements in children's services Specific work needed to look at 16-19 services, especially those services for children with complex needs Analysis of services shows many differences in services approach to 16-19 year olds			All the services are currently only commissioned to age 16 Work to be undertaken in 2008/09 to assess the impact on services and cost the increase, where identified PCT is in discussion with CSIP [Care Services Improvement Programme] regarding the support to deliver Chapter 8 of the NSF

	Childhood obesity – this is part of the measurement of PCT 'vital signs' and also a target in LAA There are high levels of overweight and obese children across Herts, with some areas significantly above national average	PCT to ensure the commissioning of the childhood obesity measurement programme PCT to ensure plans are in place to develop comprehensive approaches to manage the rising levels of childhood obesity To enable "reduction in obesity" the planning and service delivery needs to be introduced in 2008/09 DacCom is asked to give its view on the introduction of a dedicated dietetics service – to include an increase in dieticians and a small cost for resources and venues to run programmes			School health service to undertake the childhood measurement programme Investment in 2008/09 to increase establishment to enable programme to be undertaken without significant reduction in services (as happened in 2007/08) Total cost in SLA: £20k for West Herts PCT school health services Total investment needed for West Herts PCT is £80k per year, with £40k required for 2008/09
	Introduction of HPV vaccine in Autumn 08	PCT to commission services to deliver the vaccination programme About 6,500 girls per annum will need to be vaccinated			School health service to be commissioned to deliver the service There is some national funding

	PCT to implement the Bercow review (Speech and Language Therapy) PCT to promote the third sector e.g. Homestart				Improved equitable health outcomes for all children and young people High quality, cost-effective and efficient services
Redesign Orthopaedic services and pathways of care, where appropriate moving services from acute to primary care, and commission care closer to home **D**	Commission a community-based consultant-led orthopaedics service with a particular interest in sports injuries and joint replacements Involvement of GPSI locally trained in Sports Medicine by means of DacCom Practitioner Training LES	Service to provide: • assessment / advice for surgical interventions • follow-up assessment for post-surgery patients • assessment and treatment of sports-related injuries • provision of joint injections as required	DacCom project leads **MMc SRB**	March 2009	Provide a quality services for Dacorum patients delivered in the most appropriate location, close to peoples' homes Offer of patient choice

Prescribing **A**	Continue to improve prescribing efficiency and cost-effectiveness Achievement of outstanding EoE and PCT prescribing metrics Development of Prescribing Incentive Scheme Communication of changes in prescribing costs by means of regular "Good Buy" bulletins sent to all GPs Involvement in Prescribing Waste Campaign	Monthly reporting in place with review by DacCom and feedback to Locality for robust financial performance management Monitored GP practice representation at Locality GP Prescribing Leads' meetings DacCom representation at PCT Prescribing Team meetings and West Herts Joint Prescribing Group meetings Development of measures by which prescribing changes can be monitored Process agreed for implementing prescribing decisions	DacCom and Locality **ZH**	Ongoing	Practices to manage prescribing within their indicative budgets 90%+ of practices meeting EoE prescribing indicators 80% of practices meeting PCT prescribing indicators DacCom practices to keep 2008/09 spend within budget

	Actively seek and ensure pharmacy input to design and commissioning local health services. Understand and integrate the work of community pharmacists into care pathways for their patients and care plans for people with long term conditions Review PBC commissioning of local enhanced services through community pharmacy to ensure local services reflect recommendations from the Hertfordshire Pharmaceutical Needs Assessment Promote increase uptake of repeat dispensing Work with local community pharmacists to increase the effectiveness of Medicines Use Reviews	Develop PBC strategy for pharmaceutical services Strategy Day 15th July Link with pharmacy stakeholders to understand where community pharmacy services can have the greatest impact in meeting the PBC objectives Pharmacist as member of PBC commissioning group			Fulfil Annexe 1 of the White Paper *Pharmacy in England Building on strengths – delivering the future*

	Resume joint prescribing initiatives with Dacorum community pharmacists, e.g. DAFI (Dacorum anti-flu initiative)	Use of the windfall savings from category M price reductions to eg "pump prime" community pharmacy projects, evaluate new schemes and double-run to support a change in service			
Enhanced services **B**	Review existing Enhanced Services Assess current Enhanced Services to determine if they meet the needs of the Dacorum Locality and are within the allocated budget	Note the PCT assessment of Enhanced Services and PCT guidance to inform the commissioning of 2008/9 Enhanced Services Involvement in PCT and LMC work on Enhanced Services	DacCom and Locality **SRB MMc**	Ongoing	Ensure cost-effective, value for money Enhanced Services are provided for the needs of the population of Dacorum and within the Enhanced Services budget allocation Appropriate Enhanced Services commissioned 100% of Dacorum practices offering all DES, NES and LES that they wish to
Patient participation **B**	Increase patient participation	Full account taken of patients' actual, perceived and expected health care service experiences	DacCom, PCT Public Engagement Leads and patients	Ongoing	Increasingly patient-focused services responsive to patients' needs

	Further engagement with patients to achieve increased participation in Practice Based Commissioning Increased involvement with the Dacorum Patients' Group, Dacorum Hospital Action Group, and the new Locality Information Networks (LINks)	Full patient engagement in service redesign and development plans for the Dacorum Locality	**MMc CM**		50% increase in the number of Dacorum practices with patient participation groups
Choice **C**	Ensure patients are aware of Choice Ensure patients are offered Choice	Participation by GP practices in the PCT Choose & Book LES	DacCom and Locality **SRB MMc**	Ongoing	Responsiveness to patients' wishes Compliance with national, SHA and PCT targets 50% increase in overall Choose & Book use by Dacorum practices
DacCom to maintain its PBC Level 3 status and funding **A**	Meet targets against objectives in the PBC performance framework	Monthly status reports and monitoring	DacCom **MJ MMc**	Ongoing	DacCom involvement in World Class Commissioning toolkit workshops

Appendix 2: Response to PCT initial review of Template

PCT Feedback	DacCom Response
The Group felt that the Lead needed to be identified as an individual in all cases, rather than as a group, in order to ensure clear accountability for delivery.	The lead roles of the DacCom Executive members are listed on pages 6 to 8 The initials of the relevant leads have been added to the template for ease of reference
The Group felt that it would be helpful to prioritise the plan as it is necessary to highlight those aspects which are "must dos" and which might fall off the agenda due to time and resource constraints.	The prioritisation of objectives to differentiate 'must do' / high priority / do if resources permit has been added to the template The key is as follows: **A** Must do **B** Very high priority **C** High priority **D** Do if resources permit
The Group felt that it needs to be clear that DacCom really owns this plan and will put in place the means to deliver it and monitor delivery against it.	There has been widespread discussion and input into this plan, including that from patient representatives DacCom is determined to make the proposals in this commissioning plan succeed: the plan will be a "living document" DacCom will do this through a quarterly review of progress against the plan. This will require a periodic and painstaking analysis of project progress DacCom will identify projects from the must do / very high priority / high priority categories that are significantly off-track, and initiate corrective action DacCom's present review and monitoring procedures will be informed by the Navigant review undertaken in May and June 2008; recommendations from the review will be instituted
The Group felt that the outcomes needed to be measurable wherever possible.	Outcome measures, where they were not already mentioned, have been added as far as possible

DACCOM PBC COMMISSIONING PLAN 2008/09

Priorities Summary Table

A	**Improving access through achievement of the 18 week referral to treatment pledge, and improving access to GP services** **Cut the numbers of smokers** **Achieving financial health** **Acute Services Review (ASR)** **Prescribing** **DacCom to maintain its PBC Level 3 status and funding**
B	**Keeping adults and children well, improving their health and reducing health inequalities** **Improving patient experience, staff satisfaction, and engagement** **Improving cleanliness and reducing Health Care Associated Infections** **Ensure fewer people suffer from, or die prematurely from, heart disease, stroke and cancer** **Make our healthcare system the safest in England** **Improve the lives of those with long term illnesses** **Halve the difference in life expectancy between the poorest 20% of communities and the average in each PCT** **Ensure healthcare is as available to marginalised groups and "looked after" children as it is to the rest of us** **Halt the rise in obese children and then seek to reduce it** **Redesign Diabetes services and pathways of care, where appropriate moving services from acute to primary care, and commission care closer to home** **Redesign COPD services and pathways of care, where appropriate moving services from acute to primary care, and commission care closer to home**

	Redesign Enhanced Primary Mental Health Service and pathways of care, where appropriate moving services from acute to primary care, and commission care closer to home **Improve End of Life primary care provision within Dacorum by means of offering Locality GP practices access to a an End of Life Local Enhanced Service, where appropriate moving services from acute to primary care, and commission care closer to home** **and** **Support people who are approaching the end of their lives and those who care for them, to remain at home, if that is their wish** **Redesign Sexual Health services and pathways of care, where appropriate moving services from acute to primary care, and commission care closer to home** **and** **Local focus on reduction of infections and the promotion of safer sex by working in conjunction with the local GUM clinic and other statutory and non-statutory services involved in the promotion of sexual health awareness, education and intervention** **PBC Commissioning input into PCT Commissioning of Maternity Services** **Enhanced services** **Patient participation**
C	**Preparing to respond in a state of emergency, such as an outbreak of pandemic flu** **Redesign Heart Failure services and pathways of care, where appropriate moving services from acute to primary care, and commission care closer to home** **Redesign Ophthalmology services and pathways of care, where appropriate moving services from acute to primary care, and commission care closer to home** **Redesign Physiotherapy services and pathways of care, where appropriate moving services from acute to primary care, and commission care closer to home**

	Redesign Community Nursing services and pathways of care, where appropriate moving services from acute to primary care, and commission care closer to home **Commission specialist and community services to work with the core community nursing teams, to complement the overall service** **PBC Commissioning input into PCT Commissioning of Children's Services** **Choice**
D	**Improve primary care Counselling Services provision within Dacorum by means of offering Locality GP practices access to a redesigned Local Enhanced Service, which provides direct access to in-house counselling service** **Redesign Orthopaedic services and pathways of care, where appropriate moving services from acute to primary care, and commission care closer to home**