DACCOM PBC COMMISSIONING PLAN 2008/09

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	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	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	DacCom	Dec 2008	Improved throughput of patient activity 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
	Improve access to primary care services building on patient experience and reflecting health needs	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	Locality	March 2009	Access meets patient need Increased range of services provided in GP surgeries and community care 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

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	Commissioning input to the co-located GP Health Centre ("Darzi Centre") planned for the Hemel Hempstead town centre	Participation in PCT Equitable Access to Primary Medical Care Project Team	DacCom and Locality	March 2009	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	Work in partnership with Dacorum Borough Council, Herts County Council, voluntary and community services, and the wider third sector and other	Involvement in Local Area Agreements and partnership working	DacCom working with the PCT and local partners	March 2009	Address health inequalities and key areas for service improvement in the County

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	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 and substance misuse • an improvement in sexual health	Participation in PCT Public Health Panel awarding PCT grants to voluntary organisations for health improvement projects and monitoring of projects		March 2009	
	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	Action plan to feed in to the joint strategies in Local 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
	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			

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		practices			
Improving patient experience, staff satisfaction, and engagement	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 Encourage staff to participate in the NHS Staff Survey and act on the findings	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 Continuing the work already started with the PCT information department on	DacCom working with the PCT and Locality	March 2009	Robust, consistent measures of patient experience and satisfaction 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 Improved patient choice through greater involvement in plans for their own care Improved patient dignity through elimination of mixed sex wards and the move towards single accommodation in new building

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	Help staff understand their role in delivering a better NHS	the development of the interactive West Herts Patient Practice Based Commissioning Website			
Improving cleanliness and reducing Health Care Associated Infections	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 • 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	DacCom working with the PCT and Locality	March 2009	Compliance with the Hygiene Code of the Healthcare Commission Standards for Better Health 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

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Preparing to respond in a state of emergency, such as an outbreak of pandemic flu	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	Dec 2008	All NHS organisations must have robust plans in place to respond to a flu pandemic by December 2008
Ensure fewer people suffer from, or die prematurely from, heart disease, stroke and cancer	Work with the PCT and the Beds& Herts Stroke and Heart Network in developing the 2008/09 plan to improve stroke services 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	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 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	DacCom working with the PCT, the Beds & Herts Stroke Network and the Local Cancer Care Network The nominated lead for all these disease areas is Dr Trevor Fernandes	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 Improved provision of preventative services More equitable and effective

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		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			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			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

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		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 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			

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		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	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	March 2009	Patient safety is the top priority for all NHS organisations 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	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: Support greater independence for people with long term conditions	Disease registers are in place for diabetes, COPD and heart failure Care pathways for these conditions have been specified and commissioned Further development of the role of the Community Matrons Increased use of individual care plans	DacCom working with the PCT	March 2009	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

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	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	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			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	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	DacCom working with the PCT	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 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

		breastfeeding • sexual health services • alcohol harm reduction, including brief interventions • early years support • uptake of screening			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	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 commissioned Framework for targeting and screening 'at risk' population groups for hepatitis B and C commissioned Investment plans for	DacCom working with the PCT and local partners	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

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		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			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
		PCT commissioning of children's services for looked after children meets statutory Safeguarding			
	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

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Cut the numbers of smokers	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	March 2009	Increased numbers of quitters 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	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	DacCom working with the PCT and local partners	March 2009	Plans in place to develop comprehensive approaches to manage the rising levels of childhood obesity Maintain the life expectancy of future generations of children

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		→ 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 • include the national indicator in the LAA			
Achieving financial health	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 Medicines Management Committee meetings	DacCom and Locality	March 2009	Management of quality patient services within available budget

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		Change process instituted as a result of implementation of learning points from these meetings			
	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			
	Data from 2007/08 Month 10 shows forecast overspend at year increased to £998k (0.8%) An overspend of £3.2 million is forecast for acute commissioning	Month 10 2007/08 data shows DacCom overspent by £347k. Acute commissioning is £2.4 million overspent – this is offset by underspends of £952k on prescribing and £898k on Provider Services			

	The deficit will have to be repaid. DacCom will need to negotiate the amount, the timing and the mechanism	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			
	The causes of the underspends will not recur. DacCom must therefore control spending on acute commissioning	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

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DACCOM PBC COMMISSIONING PLAN 2008/09

Local Priorities

Objective/Priority	Action	Milestones	Lead	Timescale	Outcome
Acute Services Review (ASR)	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	2009	Quality healthcare services for the population of Dacorum delivered in the most appropriate location close to peoples' homes
	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	
	Commissioning input to the redesign of the Herts-wide Out of Hours Service (OOH)	Selection of preferred provider – May 2008		October 2008	

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Redesign Diabetes services and pathways of care, where appropriate moving services from acute to primary care, and commission care closer to home	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	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
Redesign COPD services and pathways of care, where appropriate moving services from acute to primary care,	Leading involvement in West Herts-wide redesign of COPD care pathway	Further development of the role of the Community Matrons	DacCom project leads	March 2009	Compliance with the NHS Improvement Plan The government's priority is to improve care for people with

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and commission care closer to home	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	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 → Direct and open access for patients with unstable COPD → Effective home care for COPD patients → Patients and carers supported in self-care			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

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		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	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	March 2009	Better health outcomes and quality of life and reduction of disability
Redesign Ophthalmology services and pathways of care, where appropriate moving services from acute to primary care, and commission care closer to home	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	DacCom project leads	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.

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		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-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			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
Improve primary care Counselling Services provision within Dacorum by means of offering Locality GP practices access to a redesigned Local Enhanced Service,	Commission a short term intervention service for patients aged 16 and upwards presenting with mild to moderate mental health problems such as:	Redesign of Counselling LES approved by PBC Governance Subcommittee on 4 March 2008	DacCom project leads		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

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which provides direct access to in-house counselling services	• Depression • Stress and trauma • Pathological bereavement • Coping with illness or injury • General anxieties • Life crises • Family and relationship issues	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 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		June 2008	Assistance with the reduction in referrals, and in-patient admissions, to secondary care services
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	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	EPMHS Business Case approved by PBC Governance Subcommittee on 29 April 2008 Hot Topics Meeting for Locality GP practices held on 22 April 2008	DacCom project leads	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

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	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. However, both the JCT and HPFT are committed to providing fully age-inclusive services and are progressing this matter within formal Contract Review meetings.	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 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			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 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%

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		Counselling skills identified to ensure availability of a range of counselling skills and standardised fees paid to counsellors Use of the "any willing provider" approach to 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	The LES is designed to encourage Locality GP practices to embrace the aim of the national End of Life (EoL) strategy and	Holistic assessment to control symptoms and address care needs	DacCom project leads	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

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an End of Life Local 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	utilise the recommended 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
Redesign Sexual Health services and pathways of care, where appropriate moving services from acute to primary care, and commission care	Commission sexual health care services in areas with good local transport links by road and rail, enabling good patient accessibility	Business case developed for integrated service offering: • screening of asymptomatic men and women	DacCom project leads	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

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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	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	• 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 • contact tracing for bacterial STIs referral for termination of pregnancy • referral to other services as appropriate • data collection • audit			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 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

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		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			Provide a cost- effective efficient sexual health clinic in a more acceptable and patient-friendly environment than a geographically distant GUM clinic
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 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	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 without any guarantees of activity – the "Any Willing Provider" model Develop the service specification 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	DacCom project leads	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, 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

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		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 DacCom 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			quality standards at a negotiated cost per case price
Redesign Community Nursing services and pathways of care, where appropriate moving services from acute to primary care, and commission care closer to home	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	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	DacCom project leads	June 2008	Clusters are the most cost-effective way to organise resources Support chronic and acute patients living at home or in residential care

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	of whom attends at least one practice Primary Health Care Team meeting at least once a month 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	Appropriate skill mix within each team 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			Prevent frequent admissions to hospital Facilitate patients needing early discharge from hospital

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	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	Considered on a practice cluster by practice cluster basis			
Commission specialist and community services to work with the core community nursing teams, to complement the overall service	Patients who can be safely managed in their own homes to have their enablement and care needs commissioned from the Intermediate Care Team	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	DacCom project leads	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

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	The commissioning of Community Matrons will be developed to manage people with Long Term 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	CMs to work around a risk stratified population 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 Reduction of length of stay in hospital of those patients being case managed – by "pulling" them out of the acute hospital Increased effectiveness of CMs to support patients with multiple health needs
PBC Commissioning input into PCT Commissioning of Maternity Services	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 HV service specification to include: → comprehensive antenatal contact by HV service	DacCom project leads	2009	NICE has clear guidance on pathways Investment in 2008/09 Impact on breastfeeding rates, obesity rates and family support In May 2008, Hertfordshire PCTs launched a review of maternity and midwifery services The review is led by Professor Allan Templeton and Angela Canning and will include:

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		→ HV service role in bloodspot screening → HV role in comprehensive support postnatally, including mental health assessment			• 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
PBC Commissioning input into PCT Commissioning of Children's Services	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	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

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	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 assessments as part of a multi-agency requirement to improve outcomes for Looked After Children and Care Leavers	PCT has commissioned services to provide designated doctor function and health and dental assessments for looked after children			Designated doctor post within PCT has been funded Investment in school health service in 08/09 to enable health reviews to be completed
	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'	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			82 children centres by 2010 and 38 extended schools bringing services to localities

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		DacCom to decide if it wishes to invest in universal 0-19 services to meet the needs of the children in the Dacorum Locality 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	PCT to ensure the commissioning of the childhood obesity			School health service to undertake the childhood measurement programme

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	target in LAA There are high levels of overweight and obese children across Herts, with some areas significantly above national average	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			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)				Improved equitable health outcomes for all children and young people
	PCT to promote the third sector e.g. Homestart				High quality, cost-effective and efficient services

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Prescribing	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 Resume joint prescribing initiatives with Dacorum community pharmacists, e.g. DAFI (Dacorum anti-flu initiative) 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 Medicines Management Committee meetings Development of measures by which prescribing changes can be monitored Process agreed for implementing prescribing decisions	DacCom and Locality	Ongoing	Practices to manage prescribing within their indicative budgets
Enhanced services	Review existing Enhanced Services	Note the PCT assessment of Enhanced Services and PCT guidance to inform the commissioning of 2008/9 Enhanced Services	DacCom and Locality	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

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	Assess current Enhanced Services to determine if they meet the needs of the Dacorum Locality and are within the allocated budget	Involvement in PCT and LMC work on Enhanced Services Commission appropriate Enhanced Services			
Patient participation	Increase patient participation 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 account taken of patients' actual, perceived and expected health care service experiences Full patient engagement in service redesign and development plans for the Dacorum Locality	DacCom, PCT Public Engagement Leads and patients	Ongoing	Increasingly patient-focused services responsive to patients' needs
Choice	Ensure patients are aware of Choice Ensure patients are offered Choice	Participation by GP practices in the PCT Choose & Book LES	DacCom and Locality	Ongoing	Responsiveness to patients' wishes Compliance with national, SHA and PCT targets
DacCom to maintain its PBC Level 3 status and funding	Meet targets against objectives in the PBC performance framework	Monthly status reports and monitoring	DacCom	Ongoing	Progress towards World Class Commissioning involvement

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