



North East Hampshire and Farnham
Clinical Commissioning Group

North East Hampshire & Farnham Clinical Commissioning Group

Our Work

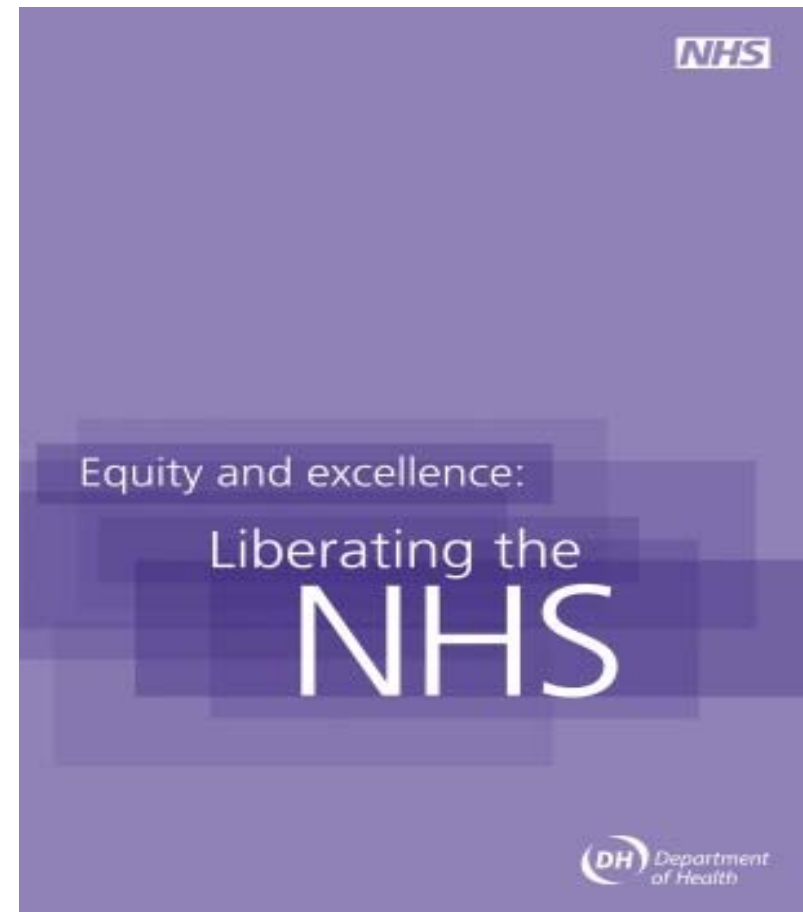
Health & Social Care Bill

The NHS White Paper, 'Equity and Excellence: Liberating the NHS', set out the Government's long-term vision for the future of the NHS.

The vision builds on the core values and principles of the NHS - a comprehensive service, available to all, free at the point of use, based on need, not ability to pay



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Health and Social Care Bill

It sets out to:

- Put patients at the heart of everything the NHS does
- Focus on continuously improving those things that really matter to patients - the outcome of their healthcare
- Empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services



From April 2013

- Primary Care Trusts and Strategic Health Authorities abolished
- Clinical Commissioning Groups (CCGs), consisting of GPs and other clinicians, will be responsible for designing and commissioning health services for their local population
- CCGs will be overseen by a new National Commissioning Board which will also be responsible for commissioning specialist services like transplants and health services in prisons



What are Clinical Commissioning Groups?



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Groups of GPs and other key healthcare professionals who will be responsible for around 80% of the healthcare budget in their area and will plan and pay for services for the local population.

Clinical Commissioning Groups will commission local healthcare, but GP services within an area will be commissioned by the National Commissioning Board.

Clinical Commissioning Groups (CCGs) (formerly known as GP Consortia) will buy services from the hospitals, ambulance service and community services providers

What is Commissioning?

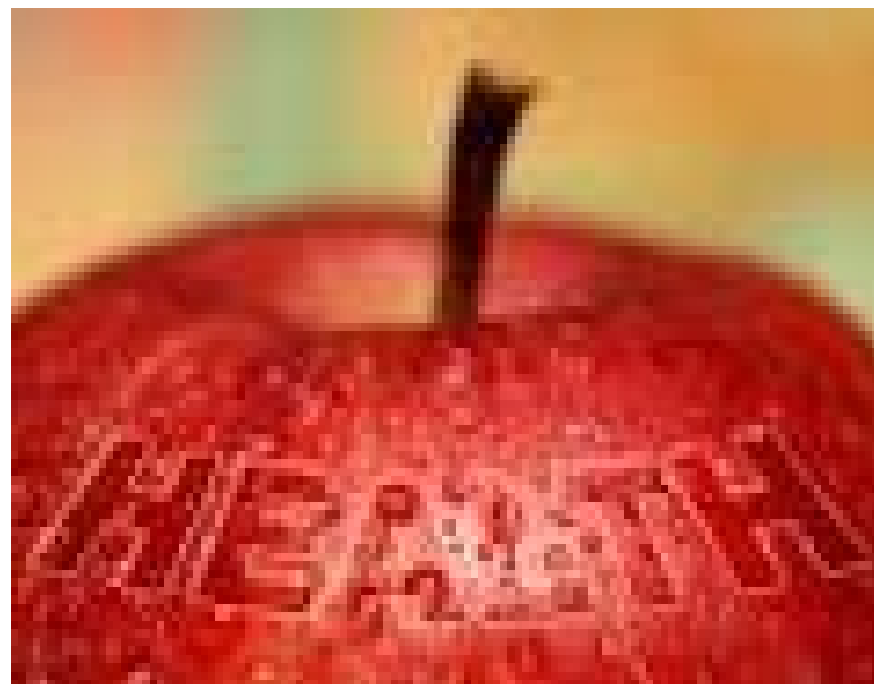
- Over the past decade the role of commissioning, as a key driver of quality, efficiency and outcomes for patients, has become increasingly important to the health system in England
- Commissioning is the process of planning, agreeing and monitoring services. However, this simple definition conceals great complexity



What is Commissioning?

Commissioning is not one action, but many - :

- Analyse the health needs assessment for a population
- Ensure clinically based design of patient pathways
- Draw up service specification
- Enter contract negotiation or procurement
- Ensure on-going assessment of the quality of service



North East Hampshire and Farnham Clinical Commissioning Group

- Merger between North East Hampshire and Farnham Clinical Commissioning Groups from April 2012
- 24 GP practices - 216,000 registered patients
- Delegated budget of just £200 million - covers acute hospitals, community services and prescribing services
- Complex local health system, multiple partners, working across a number of geographical boundaries
- Joint working across the health and social care system

Stakeholders

The Clinical Commissioning Group stretches over the border of two counties , giving a more complicated stakeholder map than many other CCGs.

Our stakeholders include, amongst others:

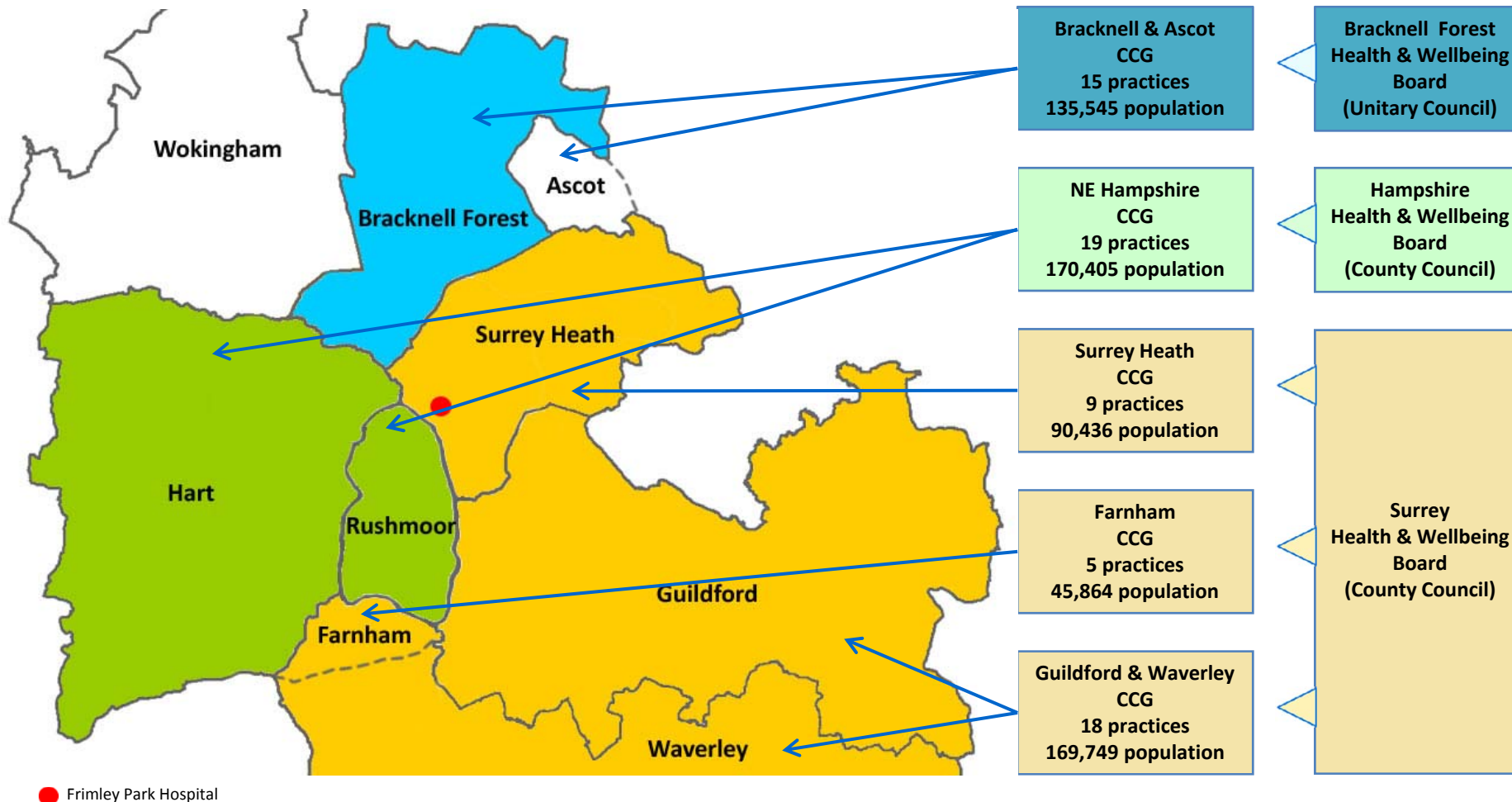
- Surrey County Council Members and Officers
- Hampshire County Council Members and Officer
- Members and Officers from Hart, Rushmoor and Waverley councils
- Voluntary sector organisations in both Surrey and Hampshire
- Health partners in Surrey, Hampshire and Berkshire (hospital based, community providers and our practice partners)



North East Hampshire, North West Surrey and East Berkshire Configuration



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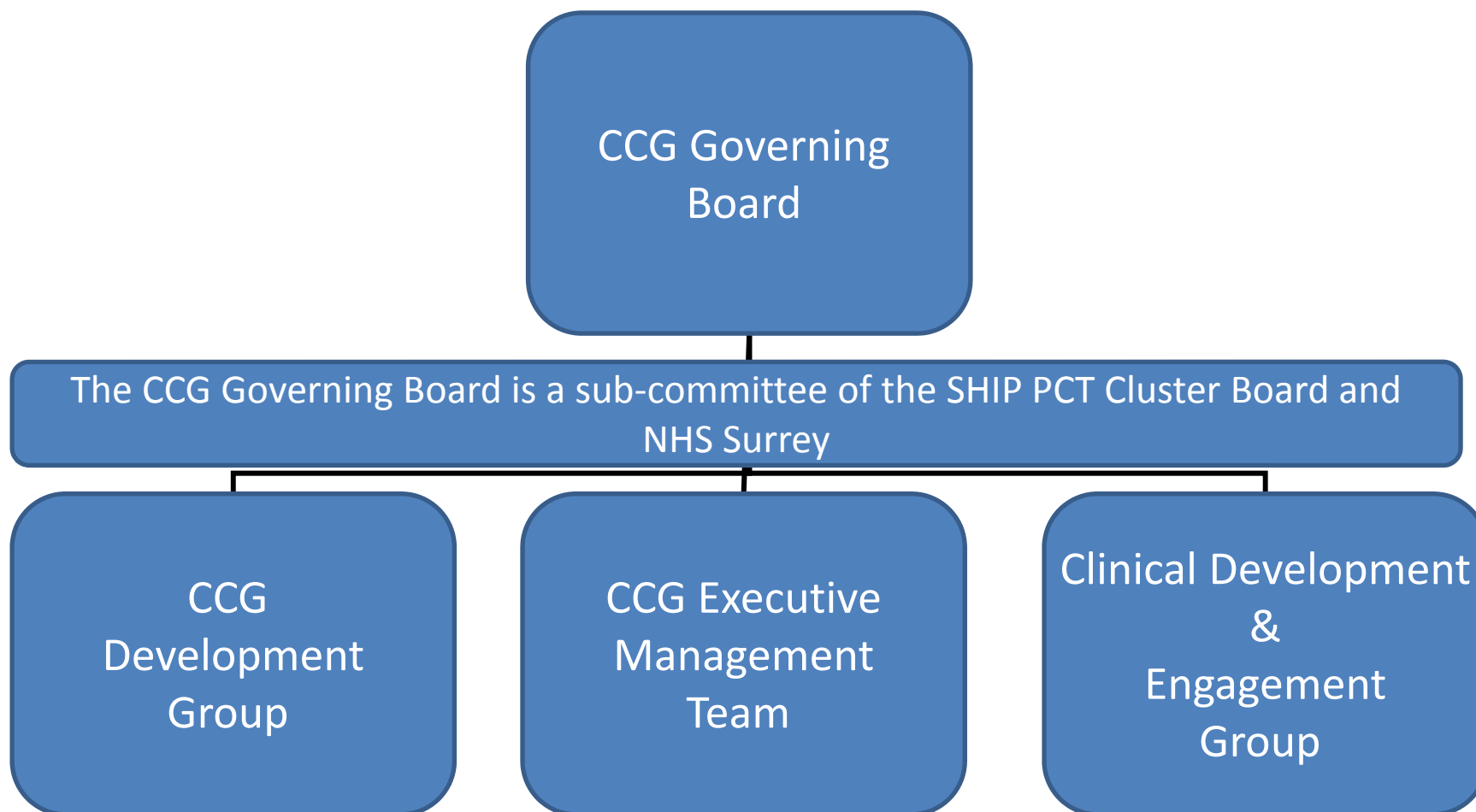


Our Vision

- A clinically led commissioning organisation which works to promote excellence of health care through system partnerships to improve health and reduce inequality.
- To commission local health services within the resources available and which are safe, effective, responsive to patient need and designed to promote independence.



Operating Model: Interim Governance Arrangements:2012/13



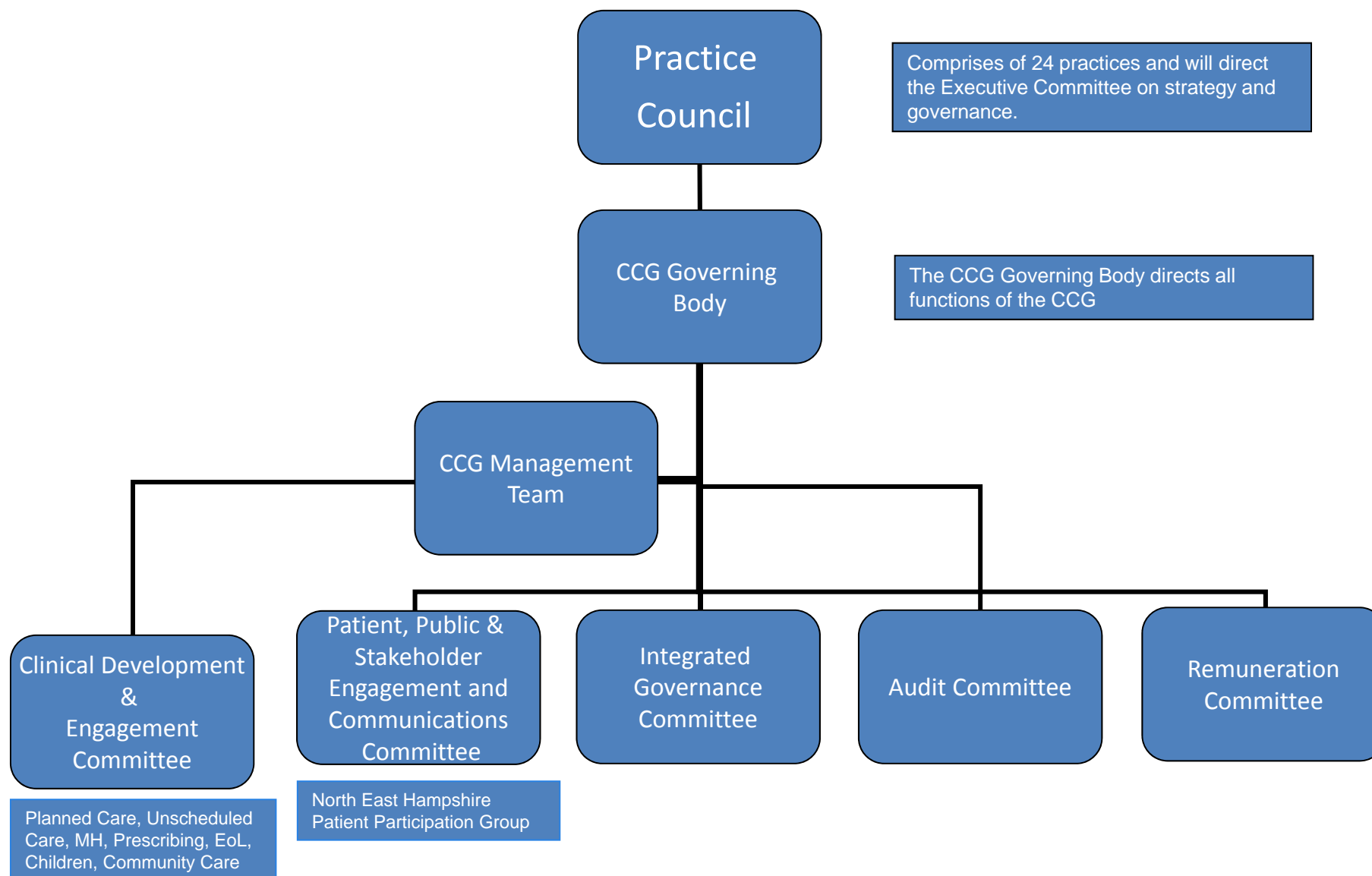
Clinical Commissioning Group Governing Body



North East Hampshire and Farnham
Clinical Commissioning Group

- Dr. Andy Whitfield (Chair)
- Maggie MacIsaac (Executive Director)
- Dr. Peter Bibawy (Clinical lead for Unscheduled Care)
- Dr. Steven Clarke (Clinical lead for Planned Care)
- Dr. Jane Dempster (Farnham GP practices)
- Dr. Olive Fairbairn (Clinical Lead for Mental Health)
- Dr. Ruth Milton (Director of Public Health for Hampshire)
- Pam Hobbs (Chief Finance Officer)
- Frank Rust (Chairman Hampshire LINK)
- Donald Hepburn (Patient Participation Group representative)

Operating Model: Blue Print



Our Practice Council and Constitution

Practice Council

- The Practice Council comprises representatives from the 24 practices (19 in North East Hampshire and five in Farnham)
- Sets the strategic direction for the CCG
- Establishes effective arrangements for member practices involvement in decision making
- Meets at least twice a year

Constitution

- Sets out clear governance & accountability
- Underlines the shared vision of all
- Is signed off by all the member practices



Operating Plan 2012/13

Ownership by CCG

Published Plan - delivery supported through CCG Programme Boards chaired by GP

Alignment of priorities with partner CCGs, under federation arrangements

Stakeholder engagement – membership, patients and Providers



QIPP schemes have individual work programmes with milestones

Provider Contracts incorporate QIPP values

CQUIN encourages whole system working, centres upon unscheduled care and end of life care pathway

Authorisation

Authorisation is the process by which Clinical Commissioning Groups (CCGs) are deemed ready and able to take statutory responsibility for the commissioning budget.



The authorisation process will be built around six domains – all of which are seen as indicators of success for a CCG and are linked to the legislative requirements that the NHS Commissioning Board must consider when assessing applications



The Six Authorisation Domains

- A strong clinical and multi-functional focus which brings real added value
- Meaningful engagement with patients, carers and their communities
- Clear and credible plans (meeting QIPP challenges, national requirements and health & wellbeing strategies)
- Proper constitutional and governance arrangements
- Collaborative commissioning arrangements (with other CCGs, local authorities, NHS Commissioning Board)
- Great leaders who individually and collectively make a difference

What Next? What is the CCG working on and preparing for?

The Authorisation process

- starts with a stakeholder Audit in early July – full application to be submitted by September 2012

Establishing Governance, processes and ways of working

- These will enable the smooth running of the CCG in the future

Clinical Priorities

- Working with health partners, external stakeholders, patients and the public to establish our clinical priorities for 2013/14 and beyond

Developing patient engagement and feedback mechanisms

- Embedding the 'no decision about me, without me' ethos across our local health service

Thank you – Your questions?