Your Isle of Wight CCG executive has been focusing on working to ensure that Island healthcare is in a strong position as the NHS Bill finishes its parliamentary stages and receives Royal Assent. We believe that we can effect a profound cultural change in our local health system by creating genuine involvement of primary care and a true sense that practices are working together to shape the destiny of the health service on the Island. When put together with the skills and experience of those already working within the health system we think this will be a formidable force dedicated to improving health and health services.

As such we are looking forward to a year ahead in which we expect to become authorised to take full responsibility for commissioning from April 2013. We have a strong group of GPs on the new CCG executive supported by a committed and talented team of commissioning officers.

We have developed a clear commissioning strategy and detailed Operating Plan to guide us in how we work to develop services in the next few years. Our GP clinical leads – working collaboratively with other clinicians, commissioning officers and patients and the voluntary sector will be at the sharp end of pathway development. Successful delivery of new pathways will depend on the whole of the Island’s health service community looking forward to be innovative and proactive, with a shared responsibility to make them work.

There still many practical issues that need to be addressed before we achieve authorisation. It represents a huge amount of work to be undertaken alongside business as usual working alongside our providers and partners including the local authority to commission the best health service we can for the Island. We look forward to your continued support in ensuring that whatever the politics the quality of the Island health service continues to improve.

The CCG Executive Board has appointed Dr Mark Pugh, Medical Director of the Isle of Wight NHS Trust, to join the CCG Transition Board from 1st April 2012. Dr Pugh will bring his experience of working within the provider to the Board and support the implementation of the CCG Strategy.

CCG executives have also been working on a new Board structure for the CCG which takes into account both the statutory and membership elements of CCG responsibility from April 2013. All CCG Member practices have been invited to comment and agree this structure.

The Health and Social Care Bill has now finished its difficult and prolonged progress through Parliament receiving Royal Assent on the 27th March 2012 and is now enacted as the Health and Social Care Act 2012. Since the start of the Bill through its parliamentary stages many concessions have been made including limiting the role of competition in the NHS, ensuring patient interest are put first and protecting the NHS from being privatised in the future. The Department of Health has now begun releasing more robust guidance to CCG’s on moving forwards.
The CCG is putting forward a governance structure for its transition period that will be voted on by GP representatives from each practice on the 3rd May 2012 at an evening event held at the Royal Hotel, Ventnor. This structure will govern the CCG’s relationship with member practices and the NHS Commissioning Board, however it is unclear yet if after April 2013 this structure will satisfy legislative requirements.

In developing the structure, some key overarching principles have been agreed. These are that the governance:

- Fulfils expected statutory requirements
- Creates the minimum level of bureaucracy
- Puts clinicians at the centre of the commissioning function
- Ensures the sovereignty of the practices
- Enables maximum delegation
- Is governed and run at minimum cost possible

The sovereign body of the CCG will be the Membership Council on which each member will be represented. The Council will elect the GP members of the CCG, including the GP Chair and will be able to pass a vote of no-confidence in the Governing Body if it does not perform in the way they wish.

The Governing Body will be held to account by the NHS Commissioning Board for CCG delivery against statutory and regulatory duties. Overseeing financial probity and clinical quality, as well as CCG members’ performance, the group will comprise lay members championing PPI and audit, an independent hospital clinician, and a Registered Nurse. Additional non-voting members will include the CCG Clinical Director, the Isle of Wight NHS Trust Medical Director, Director of Public Health, and Local Authority Director of Children’s and Adult’s Services.

Finally there will be an Executive Board to drive the CCG strategy development and delivery. This group will be dominated by the elected GPs and will be the power house of the CCG. Clinical Leads, Commissioning Staff and Locality Groups will feed into the Executive Board creating an integrated approach to clinical leadership and CCG Communication.

Once agreed by the CCG members, the governance of the CCG will be enshrined in a constitution. This is required of CCG’s and will give legal status to the commitments of the CCG in terms of structure, decisions and functions delegated, sanctions, and risk sharing arrangements across localities. The CCG constitution is currently being developed and will reflect the aspirations, culture and values of the organisation. In due course each member will be required to sign up to the Constitution. In the meantime, the CCG is promoting an Inter-Practice Agreement which will govern the relationship between the CCG executive and its members. This agreement captures all the responsibilities that practices already undertake as a part of other schemes - for example through LES incentives or in Platinum points.

The CCG Governance structure can be downloaded from the Isle of Wight CCG project area on SCAN, or if you are not able to access SCAN by emailing ccg@iow.nhs.uk

CCG GOVERNANCE FRAMEWORK

The structure of the clinical governance within the CCG is now more or less in place. The purpose will be twofold - firstly, to hold commissioned providers to account on the quality of their services, and secondly, to promote high standards and change amongst primary care providers, in line with CCG strategy and its implementation.

The cornerstones of the clinical governance structure will be the following committees and groups.

Other committees feeding into this system are the Half Day Closure Planning Group, Information Sharing Governance Board, 111 Clinical Governance Committee, R & D committee and Audit & Information Clerk / Clinical Governance Administrator meetings.

The system will aim to work with, and be utilised by, the membership of the CCG at practice, locality, and clinical lead levels.

The functions of CCG clinical governance will include policy management, monitoring and benchmarking, standard setting and clinical audit coordination. These can be classified as less than riveting but necessary. More exciting aspects are the promotion of evidence based medicine, NICE guidance implementation and making critical incident reporting effective in improving systems of health care delivery. (All right, not that exciting, I must concede!)

An innovation in the new system is that we wish to appoint a Clinical Lead for Clinical Governance whose main task is to promote NICE guidance in our organisation. This will be a wide ranging role for someone to take on.

So the main points I would wish to make at this stage is that we have a good track record of running a clinical governance system within primary care on the Isle of Wight. We now have an opportunity to refresh and in fact simplify a lot of what we currently do, and make it more relevant to our own needs as a group of practices carrying forward a programme of changing care pathways. Clinical Governance must be accessible to all of the membership of the CCG, and we must strive to demonstrate that there are tangible outcomes that make a difference to the delivery of health care here on the Island.
The CCG submitted its Strategic Priorities 2012-2014 and Operational Plan 2012-2013 to the SHA on the 6th March 2012. These documents, and the subsequent Delivery Plan 2012-2013, are a culmination of joint working with the local authority on the JSNA, and public consultation over a period of months. All our priorities work towards the CCG vision of delivering a sustainable and integrated health service for the Isle of Wight.

The table below outlines the strategic priorities of the CCG, how these will be achieved and the end state ambition we will deliver. Across all five priority areas, a number of cross-cutting general priorities have been mapped: self-help & support, carers, case management, integrated care, assistive technology, and workforce development.

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Long Term Conditions</td>
<td>Improve the quality of life for people suffering long term conditions (LTC’s) and support them to manage their condition and avoid hospital admissions</td>
<td>Additional self-help group services are commissioned</td>
</tr>
<tr>
<td>Mental Health</td>
<td>To incentivise service redesign to deliver outcomes based care driving a shift from institutionalised to community based care</td>
<td>Adult mental health services to deliver better outcomes linked to unit costs &amp; the full implementation of payment by cluster</td>
</tr>
<tr>
<td>Dementia</td>
<td>To support people and their carers to live independently with dementia by improving quality and access to care</td>
<td>Psychologically ensure patients are diagnosed &amp; are offered treatment and support</td>
</tr>
<tr>
<td>Frail Older People</td>
<td>Ensure vulnerable frail older people are treated with dignity and respect in the most suitable environment to ensure best personal &amp; clinical outcomes</td>
<td>All relevant providers will be commissioned to deliver NICE quality standards, including reduction in antipsychotic prescribing</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>Commission the best quality services through an integrated healthcare system that is simple to use, delivers the best outcomes and delivers care in the most appropriate settings</td>
<td>Implementation of rapid access ambulatory care assessment clinics across all top 10 areas amenable to ambulatory care</td>
</tr>
</tbody>
</table>

The Operational Plan 2012-2013 outlines how we will achieve these objectives through the £217m budget the shadow organisation has of the 1st April 2012, and how it will utilise the £3.5m QIPP saving opportunities within the LTC, frail older people, mental health and unscheduled care workstreams to create more efficient ways of working.

The CCG has collated all its strategic and operational ambitions into a One page Plan that was submitted to the SHA alongside the substantial documents. This is available on www.iow.nhs.uk/ccg along with the CCG Commissioning Strategy and Operational Plan.

CCG WEBSITE AND COMMUNICATION STRATEGY

On CCG will be launching its new internet site in May 2012 at www.iwccg.nhs.uk, coinciding with the launch of the new NHS Trust website. The live site will be expanding over the coming months to include more content relating to both clinical and commissioning areas. The CCG are will be working with contractors Sitekit to develop an ‘extranet’ site to provide an internet accessible intranet site for all members of the CCG. This area will include facilities such as a corporate zone, clinical zone (clinical leadership), staff directory, staff forum and toolkits.

The CCG website has coincided with the development of the CCG Communications Strategy, which covers both how public and patient involvement will be embedded throughout the organisation and how the CCG will build and manage relationships with stakeholders in the future. The strategy will reflect the importance of involving the public in every level of decision making during this period of transition and beyond, giving best practice recommendations of how we can achieve this, and how we will work collaboratively with other organisations. There will be a focus on the role of GP’s and clinical staff as key communicators of the organisation. It is intended that this document will be approved and published by the end of May 2012.
**TOPIC OF THE MONTH**

### THE JOURNEY TOWARDS AUTHORISATION

Guidance has started to emerge outlining the authorisation process that clinical commissioning groups are going to have to undertake to become standalone organisations from April 2013.

There will be three steps as shown in the diagram – a pre assessment which must be passed before being allowed to make an application and be formally reviewed by the NHS Commissioning Board.

The CCG will be required to demonstrate mandatory competencies which include evidence that it has commissioning capabilities, a commitment to clinical leadership, a focus on multi-disciplinary working and meaningful engagement with patients and the public. In addition we will need to show our Constitution, our Governance Framework and Commissioning Strategy.

Our competency as a CCG will be assessed against six domains:
- Clinical focus and added value
- Engagements with patients and their communities
- Clear and credible plans to deliver quality improvements within financial resources
- Capacity and capability to deliver their responsibilities including delivery of financial control
- Collaborative arrangements for commissioning with other CCG’s, local authorities and NHS Commissioning Board
- Leadership capacity and capability

It is expected that all applicants will become a statutory body in April 2013, however where a CCG does not meet the full criteria, they may be authorised with conditions.

The IW CCG is working towards making its application at the start of Wave 2 of the authorisation time frame running July – September 2012, with a decision reached by November 2012. The Department of Health has now released an ‘Authorisation Workbook’ outlining evidence requirements that each CCG will be expected to meet. This is forming the basis of the IW CCG work plan.

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**SHA Pre-Assessment**

CCG will be required to submit evidence to the SHA that it has undertaken or started work on a number of areas including organisational configuration, information governance, corporate and financial governance (including a CCG Constitution), commissioning priorities / contracts, and commissioning support.

**Application Stage**

The CCG will need to complete an application form to be considered for authorisation assessment, and make a declaration of compliance that it meets the requirements of the SHA Pre-Assessment stage.

**NHS Commissioning Board Assessment**

The CCG will upload to a Commissioning Board administered authorisation website all key evidence documents (desktop review). Following this there will be a site visit by Commissioning Board representatives and members of another CCG, undertaking 360 reviews with stakeholders and members of the CCG.

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**EVENTS - CCG PRIMARY CARE AWARDS**

The event held on Friday 30th March at Cowes Yacht Haven was attended by 260 guests and was enjoyed by all. The evening kicked off with Flamenco guitarist Denzil. The evening proceeded with audience participation using voting to decide the winner for each category from the shortlisted entries, during desert guests were treated to the surprise entertainment from Opera on the Run, who posed as waiters for the evening, magician James Brown worked the tables to keep guest entertained, the whole evening was wrapped up to the sounds of Tony Martins Music show. Below listed are the 2012 award winners:

<table>
<thead>
<tr>
<th>Award Category</th>
<th>Winner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Educator of the Year</td>
<td>Catherine Ward - PCT</td>
</tr>
<tr>
<td>Practice Nurse of the Year</td>
<td>Carol Salter - Tower House</td>
</tr>
<tr>
<td>Practice Support of the Year</td>
<td>Prison Healthcare Team</td>
</tr>
<tr>
<td>Commissioner of the Year</td>
<td>Sarah Rochford - CCG</td>
</tr>
<tr>
<td>Employee of the Year</td>
<td>Dot Hippel - Brookside Health Centre</td>
</tr>
<tr>
<td>Practice Manager of the Year</td>
<td>Lisa Burtenshaw - Beacon</td>
</tr>
<tr>
<td>Survival Award</td>
<td>Dr George Thomson - Brookside Health Centre</td>
</tr>
<tr>
<td>GP of the Year</td>
<td>Dr David Isaac - Carisbrooke Health Centre</td>
</tr>
<tr>
<td>Practice of the Year</td>
<td>Sandown Health Centre</td>
</tr>
<tr>
<td>Hero Awards</td>
<td>Ruth Williams - Argyle House, Jo Barnes/Teresa Day, Dr Mark Denman-Johnson</td>
</tr>
</tbody>
</table>
Dr Jo Hesse

Over the past year the North and East locality practices has worked together with the Gastroenterology team to support the use of Faecal Calprotectin testing in patients under 45 years of age who present with symptoms of possible Inflammatory Bowel Disease (IBD). As part of the initial base line blood tests and stool culture, patients with chronic diarrhoea or suspected IBD who were referred to Gastroenterology were offered the Faecal Calprotectin test. If this was positive, the patient would be contacted by the IBD nurse who would arrange urgent flexible sigmoidoscopy and clinic review. This pathway enables faster diagnosis and initiation of treatment for this condition. We are planning to have further discussions with the Gastroenterology team to see if the use of this test can be extended beyond this pathway.

Our other area of focus has been developing a standardized pathway for the management of osteoarthritis of the knee joint. We hope to increase access for patients to joint injections in primary care and aim to facilitate this by arranging training for GPs. We are in discussions with our secondary care Orthopaedic colleagues about developing a consistent shared approach to the conservative management of this condition.

Contact North and East locality Chair at: Joanna.Hesse@gp-j84005.nhs.uk

Dr Peter Randall

The locality has agreed pathways for referral for laparoscopic cholecystectomy and fresh rectal bleeding for flexible sigmoidoscopy and will be distributing them soon. Guidance on using ‘tabs’ in vision have been distributed. Practices have audited their gynaecological referrals finding that nearly a third could be avoided using the retrospectoscope and focused education. We intend exploring training in the fitting and replacement of pessaries. A project is underway to procure and make available 24-hour ECG recording within each locality. This is an initiative not only for referral avoidance into cardiology but to see how well practices can work together to provide additional services within the community. Initiatives for 2012-13 include pathways for cardioversion in AF, menorrhagia+abnormal vaginal bleeding, sleep apnoea, vitamin D and ENT referrals. Projects include using Eclipse for monitoring, integrating protocols within Vision, and depression case follow up by nurses.

Contact South Wight locality Chair at: peter.randall@go-j84013.nhs.uk

Dr Rakesh Chopra

The West and Central Locality represent Dower House Surgery, Medina Healthcare, Carisbrooke Medical Centre, Brookside Health Centre and Cowes Medical Centre. Also represented is the Beacon Health Centre which also covers Prisons.

The practices discussed the final presentations of audit of elective & non-elective admissions and audit of Gynaecology referrals.

Discussion regarding pathway to provide ear micro-suction in community continue.

The locality is supporting Dr Isaac in setting up an End of Life Care register and a last year of life flag within adastra. Discussion to set up systems & for it to work in conjunction with other End of Life Care initiatives will be taking place in future. Locality may decide to take this up as future pathway project.

Ms Caroline Morris, Head of Primary Care, undertook a survey of members present on Primary Care Practitioner’s view on satisfaction level of various services being provided by individual departments in St Mary’s Hospital.

Contact West and Central locality Chair at: Rakesh.Chopra@gp-j84015.nhs.uk
CLINICAL FOCUS - GP EXECUTIVE LEAD

Dr Sarah Bromley

IOW CCG has been praised by both the SHIP cluster and the SHA for its success in recruiting and supporting clinical leadership on the Island. We now have over 20 GPs actively engaged in leadership roles within the CCG and this will continue through 2012/13, with increased opportunities both for medium term roles (clinical governance and ENT) and short term project work. The clinical leadership mirrors the CCG clinical priorities of long term conditions, mental health, dementia, the frail elderly and urgent care. In addition to this clinical leads for specific projects are appointed when issues are identified during the performance review process.

The clinical leads have now formed a group, known as the Clinical Development Network, which meets monthly. The group aims to share good practice, problem solve together and identify opportunities for joint working so that we work efficiently, making sure we are not duplicating work. The librarian service in the education centre have joined the group and are supporting clinical leads with their information needs. They have provided training on accessing information and also training courses for negotiation skills and managing difficult consultations has been arranged for clinical leads in April. Please contact me if you are interested in a leadership role on sarah.bromley@iow.nhs.uk.

CLINICAL WORKSTREAMS / PROJECTS

TELEHEALTH PILOT - DR MICHELLE LEGG

I have recently finished a telehealth pilot, one of many areas I am developing in my lead clinical role. This pilot involved one patient with multiple LTCs .I have recently applied for the 2011 Adoption challenge grant and am delighted to have been awarded an £8000 grant to continue this exciting and innovative pilot, expanding to 10 or more patients, involving a local residential home. I hope to demonstrate a reduction in emergency admissions and improved patient self management. This telehealth pilot is currently the only one being undertaken by a GP in the UK.

MENTAL HEALTH - DR VICTORIA MANNING

With Payment by Results for Mental Health conditions going live in April 2012, we are working with secondary care colleagues to ensure its smooth introduction and looking at service redesign particularly discussing the constraints and limitations of the service as it stands. We aim to improve both patient and GP experience of the patient journey through mental health services, majoring on access into service, care planning, interventions and appropriate discharges back to primary care. A new Serious Mental Illness LES will be introduced shortly to provide more holistic, coordinated mental and physical health care for patients that can be discharged from the recovery team into primary care. This is supported by the provider and will herald the welcome return of a CPN to participating practices.

QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION PROGRESS

Ambitious Quality, Innovation, Productivity and Prevention (QIPP) plans have been developed for the next 3 years. These are focused on the priority areas identified in the strategy and will require us all to work differently in order to achieve them. The key aims are to reduce hospital admissions and improve care of patients. This will mean more planned, proactive care and care being integrated both between and across community services and primary care. Interventions will need to be better targeted by using risk stratification tools and patients treated according to need rather than service limitations or boundaries. Work has started to look at these projects and projects examining telehealth. Funding has also been identified to support people to look after themselves.

QUESTION OF THE QUARTER

Q How is patient and public involvement (PPI) developing within the CCG?
A The CCG is currently developing its organisational PPI model, learning from national best practice and utilising existing resources on the Island. The vision for the CCG is to create an inclusive model that draws patient experiences from the front line of primary care into commissioning decisions, this may be done through building on the current Patient Reference Group model in place across Island practices. To drive forward the PPI agenda during this transition period, CCG Board member Liz Mackenzie has been given responsibility for the programme.

FURTHER INFORMATION RESOURCES

IW CCG Website: www.iow.nhs.uk/ccg (www.iwccg.nhs.uk as of 9th May 2012)
NHS Commissioning Board Authority: www.commissioningboard.nhs.uk
SHIP PCT Cluster: www.southamptonhealth.nhs.uk/ship/

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