NHS
Bedfordshire
Clinical Commissioning Group





Commissioning Intentions

2016/17

Reader Information	
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Description	This document outlines our current intentions and plans for changes to local services. Further refinement of our commissioning intentions will occur as refreshed NHS England planning guidance is issued (anticipated December 2015). This will be described in 'Bedfordshire Plan for Patients' for 2016-17.
Contact details	mailto:alison.lathwell@bedfordshireccg.nhs.uk
Equality impact analysis	Bedfordshire Plan for Patients 2016-17 will fully acknowledge public sector equality duty (PSED) and equality objectives will be described within the Plan. Each individual service change will undertake an Equality Impact Assessment.

1. Introduction

NHS Bedfordshire Clinical Commissioning Group (BCCG) is run by local GPs, nurses and other clinicians, working with patients and partners, such as our local councils, public health teams, hospitals and community services, to understand local health needs. BCCG is a membership organisation that comprises all 55 GP practices in Bedford Borough and Central Bedfordshire.

As clinical commissioners we have faced significant challenges in relation to a deteriorating financial position and we continue to have serious financial issues to resolve. On 20 May 2015, NHS England issued us with what are called 'directions'. These largely formalise our current relationship: they oblige us to co-operate with NHS England in delivering our improvement plans. The plans we have agreed with NHS England for 2015/16 and 2016/17 will result in the CCG breaching its resource limit and reporting in-year deficits.

Financial recovery is at the centre of our plans for next year – we have to deliver services within the means available to us, however, we have retained a clear purpose to commission high quality care and deliver positive patient experience. Patient safety and quality must continue to be a priority. Therefore, while we are mindful of the challenges we face over the coming year as a CCG, we also hope it will be an opportunity to use our commissioning influence to do things differently and change some of the ways in which health and social care have worked historically

Over the past two years we have developed a good reputation for involving local people in our decisions, for example through initiatives such as our mental health procurement and the healthcare review. Therefore, while hard choices lie ahead if we are to ensure our financial recovery, we will continue to involve local people in those decisions to ensure that quality and safety of care remain as important as affordability.

Our Commissioning Intentions for 2016-17 reflect that we will continue to have to make increasingly difficult choices. These choices are being informed about what we have heard during the review of healthcare services in Bedfordshire. The review has identified the need for:

- a simplified consolidated urgent care system,
- robust multi-disciplinary community services bringing together primary care, community health services, hospital services and social care,
- sustainable integrated pathways of care across organisations and networks
- a radical new approach to prevention.

Working collaboratively with our commissioning partners, providers, clinicians and patients we will lead the development of our local system to ensure that these outcomes are delivered.

This document outlines Bedfordshire Clinical Commissioning Group's intentions and priorities for the next financial year. We have developed these plans in the context of the review of healthcare in Bedfordshire and Milton Keynes, the Bedfordshire Health and Social Care System Strategic Plan 2014-2019, the Five Year Forward View and our financial recovery and improvement plans.

2. Context

2.1 Bedfordshire Population

Bedfordshire CCG has a population of 425,000, detailed analysis on the demographics and health needs of our population and how these are expected to change over the next 5 years has been undertaken and can be found in the Joint Strategic Needs Assessments[1] that have been completed with each of our two Local Authorities; Bedford Borough Council and Central Bedfordshire Council.

Our Population

Bedford Borough

- In 2013, Bedford Borough had a population of 161,382 which is forecast to rise to 175,000 by 2021
- The number of people in the Borough aged over 65 is forecast to rise by 16% between 2014 and 2021
- Men from the least deprived areas of Bedford Borough can expect to live 11 years longer and women 9 years longer than those from the most deprived areas

Central Bedfordshire

- By 2013, Central Bedfordshire had a population of 264,500 which is set to rise to more than 287,300 by 2021. The biggest change will be the increase in the number of people aged 65 and over, which is expected to rise by 22% between 2014 and 2021.
- It is a rural population – more than half residents live in rural areas.
- Over the past 10 years, early deaths from cancer, heart disease and stroke have fallen but they remain the biggest cause of death among people aged under 75 years old.

A growing and ageing population means that there are increased number of people with often multiple long term conditions. Modern lifestyles encompassing obesity, smoking and alcohol misuse place an extra strain on the public sector, especially in socio-economically deprived areas. There is significant variation across our population in levels of unhealthy lifestyles and their consequences, as well as in the take up of preventative services such as smoking cessation. A growing level of inequality in life expectancy in deprived parts of Bedfordshire creates a challenge which cannot be resolved by simply doing more of the same. Addressing the causes of premature death is essential to managing the pressures of increased life expectancy and the focus of self-care and ill health prevention.

2.2 Financial Context

The CCG is facing considerable financial challenges during 2015/16 and is currently under special measures after posting a deficit of approximately £45m in 2014/15 and agreeing a deficit budget with NHS England of £20m in 2015/16.

The CCG is required to deliver a balanced in-year position in 2016/17 and that any increase in recurrent allocation above 1.7% will be used to pay back the CCG accumulated deficit of £63.3m. The CCG is planning to achieve a recurrent underlying surplus of £5m (1% of recurrent allocation). This funding will be used for non-recurrent investment for service redesign.

Initial financial plans for the three year period from 2016/17 to 2018/9 are summarised below. The CCG plans are subject to review and approval by the CCG Governing Body and NHS England.

	2016/17 Plan £m	2017/18 Plan £m	2018/19 Plan £m
ALLOCATION	**502.33**	**510.74**	**519.84**
APPLICATION OF FUNDS	**502.33**	**510.71**	**519.80**
In Year Surplus	(0.00)	0.03	0.04
Total QIPP	**14.04**	**12.60**	**10.70**
1. Non Recurrent Investment Requirement			
Value of funds held for non-recurrent investment	5.02	5.11	5.20
% of Total Resource Limit Held Non-Recurrently for Investment	1.00%	1.00%	1.00%
2. Underlying Surplus/(Deficit)			
Underlying surplus/(deficit)	5.02	5.14	5.24
Underlying Surplus/(Deficit) Metric (% of recurrent allocation)	1.00%	1.01%	1.01%

It is essential that the CCG delivers its financial plans including the delivery of recurrent QIPP schemes in the remainder of 2015/16 in order to ensure that the underlying deficit position in 2015/16 is addressed.

At the time of writing these commissioning intentions the final planning guidance and the National tariff are yet to be published by NHS England and Monitor and therefore the financial impact of these remains uncertain. However, the CCG has been notified by NHS England of the draft planning guidelines to be used in lieu of publication of the final version.

The key assumptions outlined in the draft guidelines are listed below and have been applied, where appropriate, in calculating the financial challenge for 2016/17 as detailed:

Key planning assumptions:

- Growth in recurrent allocation 1.7%
- The Enhanced Tariff Option/Default Tariff Rollover allocation is assumed to be recurrent and received at the same level as 2015/16, £1.6m

- Contributions to the Better Care Fund will increase in line with allocation growth
- Net provider efficiency - 2.0%
- Demographic and non-demographic growth, 1.3% and 1.7% respectively, are in line with the current ONS predictions used by the CCG for planning purposes
- Prescribing inflation 5%
- Contribution to CHC risk pool share maintained at 2014/15 level, £2.3m
- The Running Cost Allocation will reduce by 5%
- The CCG will deliver in-year breakeven in 2016/17
- The CCG will set aside £5.0m or 1% of available resource for non-recurrent investment for service redesign
- The CCG will hold a 0.5% contingency to mitigate local health economy risk, in addition to the 1% set aside for non-recurrent investment per above

3. Strategic Priorities

We have developed Health and Wellbeing Strategies, informed by our JSNAs, with each of our local authorities in order that we can jointly consider local needs and plan the right services for our population.

In Bedford Borough Health and Wellbeing key priorities are:

- Give every child the best start in life
- Support mental health and wellbeing throughout life
- Reduce premature mortality, by helping people live longer and more healthy lives
- Create a thriving and sustainable environment in which communities can flourish
- Help older people to maintain a healthy, independent life for as long as possible

In Central Bedfordshire Health and Wellbeing key priorities are:

- Ensuring good mental health and wellbeing at every age
- Giving every child the best start in life
- Enabling people to stay healthy for longer
- Improving outcomes in frail older people

As part of developing an ‘Improvement Plan’ that will support the journey to financial recovery and enable us to make sustained organisational development improvements we have recognised the need for enhanced business intelligence in relation to local population needs and services. We continue to work with our public health teams and have been working with health economist experts to better understand and evidence the population and service priorities that will help deliver the improvements outlined in our Health and Wellbeing Strategies.

Our improvement plan has identified five key strategic priorities which will support our financial recovery and lay the foundations for implementing transformational change:

1. Targeting Prevention
2. Care in the right place and right time
3. Primary care development
4. Transforming integrated community services
5. System resilience; streamlining urgent and emergency care pathways

The goals and objectives of these priorities are described in the table below:

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Targeting Prevention

- Support many more people to make healthy lifestyle choices by making every contact with health and social care services count
- Tackle underlying risk factors that are associated with premature death and mortality (smoking, obesity, alcohol etc.)
- Link screening and problem identification seamlessly into what people do day to day
- Ensure early assessment and treatment of illness

Right Care in the Right Place at the Right Time

- Proactive health and social care services arranged around growing needs of people with multiple long term conditions in their homes and community settings, shifting care, where appropriate, away from hospital settings
- Evidence-based care pathways which provide the best possible outcomes for people, reducing variation in care interventions, improving safety, & experiences.

Developing Primary Care

- Work in partnership with NHS England to stabilise and maintain quality within primary care services, this will include developing our Co-Commissioning capability.
- Embed contract management, workforce solutions, IT and estates initiatives to shape sustainable services.
- Develop general practice to operate within networks, super-partnerships/federations around locality hubs.
- Close working with social care, specialists, third sector, pharmacies etc. to deliver care in a more integrated and coordinated manner.
- Develop wider primary care at scale (risk stratification, care planning, case management) to proactively support people with LTCs

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Transforming Integrated Community Services

- Commission an integrated community services model that embeds our Better Care Fund Plans and transforms out of hospital care to enable significant shifts of care away from hospitals and into community settings.
- Deliver community models and pathways of care around the needs of people with Long term Conditions that include effective:
  - MDT working (around locality GP practice hubs or clusters), inclusive of roles of specialist nurses/community matrons
  - Rehabilitation and enablement pathways
  - Community bedded/domically care (step up/step down), nursing and residential home care
  - End of life care, falls care
- Implement the stepped model of mental health

System Resilience

- Implement plans for the redesign of simplified, streamlined urgent care pathways (out of hours, telephony, A&E single front door)
- Local leadership of the Bedfordshire System Resilience Group, including development of system planning for winter and periods of surge in demand for health and social care services
- Operational management of Emergency Planning, Preparedness and Resilience, developing core standards of planning across Bedfordshire and Luton
- Operational management of response to states of emergency and/or escalation e.g. business continuity during periods of surge in demand for services, response/escalation in significant/major incidents, including management of on call systems

ORGANISATIONAL DEVELOPMENT, COMMISSIONING CYCLE & PROCESSES, PROVIDER MANAGEMENT

By adopting a robust evidence-based approach to identify the opportunities for health and care service improvements in Bedfordshire, we have outlined key themes we now need to rapidly embed across our health and social care services:

- **Targeting Preventing**

Growing inequalities in health outcomes and life expectancy demonstrate that there should be a far greater focus on staying healthy and self-care, supporting local people to tackle the lifestyle factors such as smoking, obesity and alcohol misuse that are detrimental to health and wellbeing and contribute to causes of premature death. We also need to ensure that local health and care services provide early assessment and intervention for ill-health and deteriorating health and care needs.

- **Right Care in the Right Place at the Right Time**

This preventative approach needs to be embedded across all local services. Health and care services need to be arranged and organised around growing needs of people with multiple long term conditions in their homes and community settings, shifting care, where appropriate, away from hospital settings. This will also involve ensuring that care pathways and interventions are evidenced-based, offering optimal quality of care and improving patient outcomes.

A key principle in all service changes for 2016/17 will be to avoid the need for acute care and emergency hospital admissions by arranging services around the greatest and growing needs of our local population, and proactively managing those needs in alternative home and community settings. The settings that we will therefore prioritise for transformational change are primary care development, transforming integrated health and care community services and system resilience; streamlining urgent and emergency care pathways.

Our Health and Wellbeing Strategies and Joint Strategic Needs Assessments, with each local authority, reflect priorities through an individual's life course; children and young people, adults and older people and mental health throughout life, it is useful to specifically outline commissioning intentions for 16/17 within this framework to highlight impact upon populations:

Population	Scheme	Notice of Changes and Planned Service Reviews
Maternity, Children & Young People	Implementation of Integrated Children's & Young People's Community Services	Services are currently provided by South Essex Partnership Trust and Cambridge and Peterborough Foundation Trust. These contracts come to an end by March 2017. • Review work is underway in 2015/16 jointly with Central Bedfordshire Council and Bedford Borough Council to develop plans to commission new integrated models of children's and young people's health and care services. • Models of care (informed by previous local public consultation) and commissioning options will be agreed by December 2015 • Models of care to include effective ambulatory care pathways for children and young people with long term conditions (LTCs) to prevent avoidable hospital admissions.
	Perinatal Care pathway review	Revised national guidance regarding perinatal care will be published by the end of 2015-16 and will inform our new strategy, for implementation during 2016-17. This will include embedding NICE guidance for maternity care for mothers with complex social and mental health needs
	Autism and AHDA pathway review	• Aims to Improve access and experience of care
	Eating Disorder Pathway Review	In July 2015 NHS England published *Access and Waiting Time Standard for Children and Young People with an Eating Disorder*. The guidance states that NICE-concordant treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases. A review will aim to reduce waiting times to these standards.
	Transformation Plan for Children and Young People's Mental Health and Wellbeing	Clinical Commissioning Groups have been asked to produce a *Transformation Plan for Children and Young People's Mental Health and Wellbeing* to meet the objectives described in *Future in Mind* (Department of Health 2015). We are developing our plan during 2015-16 and commence delivery during 2016-17. Subject to allocation of national funding we will establish a Healthy Schools pilot during 2016-17, creating links between schools in the area and health services for children and young people. We have begun work to provide specialist mental health services to parents of children aged 0-4 years through group interventions, this will expand to include parents of children who are 5 plus years.
	Implementation of special educational needs and disability (SEND) plan	A Statutory responsibility of Children's and Family Act (2014). We have joint commissioning plans agreed, one with Central Bedfordshire Council, one with Bedford Borough Council • Implementation commenced in 2015/16, to continue into 2016/17

Population	Scheme	Notice of Changes and Planned Service Reviews
Mental Health throughout life	Implementing the Stepped Model of Mental Health Care	• Delivery of newly designed services through East London Foundation Trust contract, including children's mental health services (commenced April 15) • Improved access and waiting time standards • On-going service improvement plans, including management of specialist inpatient care providing closer to home beds and improved quality of care • Improved access to IAPT • Improve diagnosis and support for people with dementia • Review of complex needs pathway to enable people to access appropriate support
	Mental Health Crisis Care Concordat	Implementation of Bedfordshire and Luton Joint Action Plan: • Improved recovery and staying well Commissioning to allow earlier intervention and responsive crisis services • Access to support before crisis point • Urgent and emergency access to crisis care • Improved quality of response when people are detained under Section 135 and 136 of the Mental Health Act 1983 • Quality of treatment and care when in crisis • Recovery and staying well / preventing future crisis
	Liaison Psychiatry 24/7	We aim to implement an enhanced liaison psychiatry service model (not a full RAID model) to provide expert assessment and treatment planning for patients in hospital settings to: • reduce unnecessary hospital admissions and length of stay • Improve health outcomes for patients by improving the quality of patient assessment, diagnosis and care planning • improve crisis care pathways through primary care, community alcohol/drugs services, acute care, and across specialist mental health services • reduce re-attendances at A&E and emergency assessment services • Improve the experience of patients with a mental health or drug or alcohol problems who have been admitted to wards. • rapid assessment of Section 136 patients (estimated to be up to six S.136 patients per week) and improved on-going care

Population	Scheme	Notice of Changes and Planned Service Reviews
Mental Health throughout life	Advocacy Service	New service implementation: • 2015/16 procurement project with Central Bedfordshire council and Bedford Borough council • New service commences April 2016
	Learning Disability and Autism Services	Care and treatment reviews (CTR). This national programme: • Brings together the commissioner, an independent clinician and 'expert by experience' (either an individual or family member with experience of learning disability),care providers and the individual receiving the care, to ensure care plans meet the individuals' needs. • Aims to prevent unnecessary hospital admissions and lengthy hospital stays. For those that do need hospital care, it ensures that there is a care plan in place from the outset that is time limited, with a focus on transferring the individual back to a community setting from the point of admission.
	Personality Disorder Services Review	• Aim to reduce waiting times

Population	Scheme	Notice of Changes and Planned Service Reviews
Adults and Older People	Developing Primary Care	In 2016/17 we will continue a programme of work to develop wider, sustainable primary care at scale, with a clear focus on proactively managing care needs, away from hospital, in alternative home and community settings. This will include: • stabilising the fragility of primary care services, focusing on workforce and estates and IT solutions • development of new models of primary care, with GPs operating within networks, super-partnerships/federations around locality hubs. This will involve close working with social care, specialists, third sector, pharmacies etc. to deliver care in a more integrated and coordinated manner • drive uptake of immunization programmes, screening programmes and diagnostic tools that enable early diagnosis and intervention. • proactive care of 10% of the population most at risk of hospital admission, with GPs utilising approaches for risk stratification, care planning, and case management to support people with LTCs, working as part of the wider multi-disciplinary team alongside community services staff. • implementation of integrated IT systems which enable individual and population risk stratification of people at risk of deteriorating health, shared electronic health and care records across all settings e.g. GP practices, social services, community services and hospitals. • further reductions in variation in clinical practice for referrals, prescribing and clinical management of patient care
	Transforming Integrated Community Services	Services are currently provided by South Essex Partnership (SEPT). Review work is underway in 2015/16 jointly with Central Bedfordshire and Bedford Borough Council to translate our Better Care Fund plans into specified pathways of care for: • multi-disciplinary team working (around locality GP practice hubs or clusters), inclusive of roles of specialist nurses/community matrons/Social workers/therapists, that proactively support patients to self-care • rapid access to specialist advice and expertise (e.g. hospital consultant care, diagnostics) • rehabilitation and enablement pathways, including specialist pulmonary and cardiac rehabilitation services. • community bedded/domically care (step up/step down), nursing and residential care homes • end of life care, falls care • ambulatory care pathways for people with LTCs to prevent avoidable hospital admissions. This programme will have a clear focus on proactively managing care needs, away from hospital, in alternative home and community settings. It will therefore also ensure key enablers are delivered for: • implementation of a shared electronic patient record between health and care services that enables the transfer of live, accurate patient and service user information across organisations • utilization of assistive technologies such as telehealth and telecare where clinically appropriate.

Adults and Older People	Transforming Integrated Community Services (cont)	• lifestyle services which support people to make healthy choices that tackle risk factors associated with premature death and mortality (smoking, obesity, alcohol etc.) and support innovative technologies such as apps, smart phones and social media to support people to make positive health and self-care wellbeing choices. • self-care programmes for LTCS, so that patients are able to understand their illness and look after themselves really well We will also work with SEPT during the existing contract period to deliver services aligned to agreed and specified care pathways. Acquired Brain Injury rehabilitation services are currently in procurement and are likely to be contracted under the Any Qualified Provider model. The contracts will be in place from April 2016 with the possibility of further procurement rounds during 2016-17. We are currently reviewing our outcomes and local performance indicators for Stroke pathways have initiated a pilot with the Stroke Association to focus on holistic assessment and hospital admission avoidance. We plan to commence a pilot for a community based specialist GP ophthalmology service in Leighton Buzzard in 15/16, to evaluate impact, and will review proposals to implement outreach specialist consultant advice and expertise for GPs and optometrists.
	System Resilience	In 2016/17 the system resilience programme will embed: • ambulatory care pathways across primary, community and hospital services that deliver a significant shift of care delivery away from hospital settings (in alignment with the Primary Care Development and Transforming Integrated Community Services programmes). • improved IT data capture systems across the health and care system, such as a real time operational dashboard that enables daily system decision making and predictive modelling tools that profile A&E and elective activity over winter. • a review of 111 services will be conducted following the publication of new Commissioning Standards by NHS England before April 2016. This is likely to involve restructuring the service and simplification of all telephony systems. • streamline urgent care pathways and provision to move care away from hospital settings, to community and home care.

Population	Scheme	Notice of Changes and Planned Service Reviews
Adults and Older People	CHC	We are jointly considering, with Central Bedfordshire Council and Bedford Borough Council a full procurement of an Any Qualified provider (AQP) for CHC registered nursing home and domiciliary care with a standard contract to ensure that the quality of care is clearly placed within the clinical contracts. This will enable a reduction in the number of placements that are "spot" purchased, ensuring a higher level of quality and providing greater value to BCCG.
	Cancer Services	Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020 was published by the Independent Cancer Taskforce in July 2015. The Strategy includes a series of initiatives across the patient pathway. In 2016 we will implement this strategy to emphasize the importance of earlier diagnosis and of living with and beyond cancer; focus on effective prevention; ensure prompt and accurate diagnosis; ensure informed choice and convenient care; provide access to the best effective treatments with minimal side effects; ensure patients always knowing what is going on and why; provide holistic support; ensure the best possible quality of life, including at the end of life.
	Medicines Optimisation	Medicines are an investment to prevent and treat ill health. The greatest proportion of prescription medicines are for LTCs and older people. Supporting all patients to take the right medicines at the right time can help retain and prolong independence. In 2016/17 we will: • increase medicines optimisation support for patients within care homes, frail patients in primary care and an integrated community care and ensure effective management of medicines when patients care occurs across primary care, community, mental health and hospital services • ensure community pharmacy services are fully utilized within care pathways for people with LTCs to help patients get the best outcomes from their medicines • ensure greater use of biosimilar medicines in preference to originator branded biologic medicines the most cost-effective branded generic and generically available medicines. • provide high quality support for patients taking oral anticoagulant medication to improve patient access and clinical outcomes • ensure greater use of wound care products from primary care bases in preference to GP prescription to reduce waste and improve time to access treatments. • implement patient decision tools, to support patient adherence to medicines • ensure greater uptake and use of Eclipse Live or equivalent systems to support safe care for vulnerable patients at high risk of medicines related harm • ensure greater uptake and use of BCCG BluTeq system for requests for funding PBR excluded medicine

Value for Money, Efficiency and Productivity

As part of our commitment to ensure patients receive the right care; evidence-based care that demonstrates improved patient outcomes, we are reviewing all services to ensure care pathways do not incur patient delays, duplication of tests or appointments, ineffective communication or transfer of care between organisations and health professionals. This therefore ensures health care services are operating efficiently around patient care needs and provide value for money. This review may result in decisions to decommission aspects of services or poorly evidenced care interventions in 2016/17. Any decommissioning decisions will be subject to quality impact assessments.

To ensure care interventions are evidenced based will be ensuring strict adherence in 2016/17, through a prior approvals process, to the evidence-based policies published within the Beds and Herts Priorities Forum. The forum is responsible for the development of guidance on the use of health technologies and care pathways including thresholds for intervention and referral where appropriate and supports Luton, Bedfordshire and Hertfordshire CCGs in resource allocation decisions.

To drive efficiency savings through hospital productivity, will be benchmarking indicators to set targeted performance levels for areas such as:

- First to Follow up ratio
- Consultant to Consultant referrals ratio
- A&E to Emergency admission conversion ratio
- Daycase to Outpatient Procedure ratio.

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Review of healthcare services in Bedfordshire and Milton Keynes

We continue to be involved in the work of the review of healthcare services in Bedfordshire to determine sustainable service configuration in the longer term, these commissioning intentions will be subject to further development subject to the outcomes of the review, anticipated by the end 2015.

Contracting Intentions 2016/17

Overview of Key work programmes 2016/17

The focus of the CCG's commissioning and contracting intentions for 2016/17 is on the delivery of the Financial Recovery Plan.

Table 1 below outlines the key programmes of work required to deliver progress financially whilst at the same time delivering improvements in clinical and safety outcomes.

Our plans are phased so that the immediate deliverables are focussed upon the management of non-elective activity and robust contractual management. At the same time we must put in place the building blocks of plans to improve the quality of primary care and the effective implementation of the Better Care Fund to drive a reduction in emergency admissions in the longer term.

The CCG has continued to work with localities and practices to implement peer review of GP referrals. In addition, the CCG has commissioned the commissioning support unit to map across a number of years all referrals for the Bedfordshire registered population to ensure that all referrals are of high quality and are appropriate.

Ref	Provider	Title	Summary	Expected Outcomes
1.1	Local Authorities: Bedford Borough Council Central Beds Council	Special Educational Needs and Disability (SEND) reforms	Statutory responsibility of Children's and Family Act (2014). CCG working with Local Authorities to develop a local offer which is accessible and has been co-produced with children and young people with SEND. Support for people with and without EHC.	Joint arrangements with Local Authorities for considering and agreeing for children with SEN or disability.
1.2	ALL	Service Changes and Developments	Commissioners expect that any service change or developments are supported by a business case and approved by the relevant CCG with a Contract variation in place before any service commences.	Where this process is not followed Commissioners do not expect to receive any request for payment of services or additional costs or charges incurred with commencement of non-contracted services or developments

				not endorsed by BCCG Governing Body.
1.3	Community Services: South Essex Partnership Trust	Re-design of community services	The CCG intends to use the information gathered from the Strategic Healthcare Review of Services across Bedfordshire and Milton Keynes to develop the commissioning arrangements for community services, to ensure that services deliver value for money and best meet the needs our patients now and for future generations.	Strategic decision about the shape and model of integrated community services (October 2015) Re-commissioning of community healthcare services to commence Spring 2016
1.4	ALL: Any provider paid in line with National Tariff Payment Systems	National Tariff for 16/17	Monitor and NHS England use the national tariff to set national prices and establish rules which commissioners and providers use to set local prices. Last December, in *Reforming the payment system for NHS services: supporting the Five Year Forward View* Monitor and NHS England set out how they intend to encourage: • **Continuous quality improvement** – to promote the long-term, sustainable well-being of the whole person by reimbursing providers for delivering specified quality outcomes for patients rather than particular treatments or inputs • **Sustainable service delivery** – to incentivise best practice efficient and accessible delivery of care, to make sure that NHS funding goes as far as it can for patients • **Appropriate allocation and management of risk** – to help make sure that financial risks in the NHS, caused by demand pressures or operational performance, sit with those organisations that are best able to influence or absorb them in the context in which they arise	BCCG support the engagement on Monitor and NHS England's national tariff payment systems (NTPS) for 2016/17 and where relevant will negotiate with provider contracts smoothing of any price changes that impact upon the commissioners ability to plan for services within available budgets.
1.5	ALL	Coding and Counting	In August 2014 BCCG introduced a new standardised approach and documentation for coding and counting	Coding and counting proposals shall only be considered in line with national

			changes proposals from providers, to better evaluate and assess the wider system impact of those proposals. BCCG will continue to adopt the standardised approach for 2016/17 to ensure that parity of coding and charges exists across all providers.	standard contract timescales i.e. 30 September 2015 for 30 September 2016 consideration. Only proposals submitted in accordance with the standardised template and requested supporting backing documentation will be considered by the CCG.
1.6	ALL	NICE technical appraisal	Providers are reminded to provide quarterly updates on uptake of treatments approved via a NICE Technology Appraisal. Providers are reminded that a business case should be submitted to the lead Commissioner CCG for any change in service anticipated due to the publication of NICE technology appraisals. 90 days CCG Stand Still for NICE approval by commissioners and role of Area Prescribing Committee (APC) in approving NICE guidance. CCGs require 90 day stand still even if APC approve NICE approval. Commissioners' will work with the provider to identify affordability of all new NICE and APC approvals and agree (1) endorsement of NICE/APC (2) impact assessment and smoothing of the affordability to provider income or commissioner spending, up or down. If the provider starts to prescribe outside of these principles this will be at their own financial risk.	Schedule 6 Information Reporting Requirements shall include the requirement to provide quarterly information. Any TAG for approved care and high cost drugs must be adhered to in operational practice The CCG will use an audit process to pinpoint evidence that the guidance is being followed
1.7	ALL	Operating Standards	The CCG will be extending the Operating Standard for 'Elective Cancelled Operations to be re-booked within 28 days' to include Outpatient appointments and Diagnostic tests. All will be robustly monitored and managed through	Positive patient experience. The provider shall provide performance data for all breaches of the Standard and where performance

			the NHS Standard contract performance management schedule 3B and Schedule 6 Information Requirements.	is below standard the provider shall have remedial actions imposed to improve performance back to expected standards.
1.8	ALL: Any provider paid in line with National Tariff Payment System or CCG Local Prices	Outpatient tariff/s	New to Follow Up ratio's will be benchmarked and target reductions reflected in contractual discussions Intrafirm referrals – i.e. where a member of a group of clinicians under the direction and control of a Consultant requests an opinion or help from a colleague within the same group which leads to an outpatient appointment this should be charged and counted as a follow up appointment, in line with agreed Consultant to Consultant Policies.	Efficient patient pathways and value for money commissioned pathways at or above national upper quartile commensurate with the BCCG shape and model of integrated community services (October 2015).
1.9	ALL	Policies and Protocols	Notwithstanding the NHS Constitution (TG37.22) BCCG will only contract with providers that abide by our policies and protocols. These include, but are not limited to, local clinical policies and access criteria (including procedures of limited clinical value and effectiveness, prior approval thresholds and pathways for BMI and Smoking) as determined by the CCG, which may be different to the providers Host Commissioner. Referrals will clearly specify when patients are being referred for a clinical opinion and patients will only be treated if they meet the CCG's criteria for treatment.	In accordance with 'Who Pays Guidance para.41D Should a provider receive a referral for a clinical opinion only and then choose to accept the patient for treatment without requesting prior approval from Bedfordshire CCG, reserves the right to refuse payment to the provider in accordance with (SC29.26) for any treatment undertaken or associated costs. In addition, where prior authorisation is not granted, commissioners are under no obligation to pay for activity which is carried out by providers on a non-contract basis.
2.0	ALL	Information Requirements	All contracted activity, whether National Tariff Payment System (NTPS) or Non-NTPS, will require reporting at an individual record level to allow for validation and reconciliation of payments. The CCG will stipulate	

			minimum datasets and requirements that providers will need to comply with to ensure that data is supplied in a consistent and required format and can be attributed to the source of referral i.e. GP practices. These requirements will be in line with the continued developments of our local systems and partnership with the CSU for robust financial validation of activity.	
2.1	ALL	Non Contracted Activity	We expect all providers to consult with the CCG before any changes that are likely to have a material impact on cost or quality are made. Invoices must be submitted in accordance with 'Who Pays Guidance' and NHS National Tariff Payment System Rules and the terms and conditions set out in the 2016/17 NHS Standard Contract, and where relevant NHS Alliance Agreement Template.	Commissioner's regulatory responsibility is to commission population based services from providers capable of delivering safe effective healthcare. Where non-emergency non-contract referrals are made other than by the patient's GP, dentist or optometrist, including self-referrals, the provider must seek prior authorisation from the responsible commissioner before assessing and treating the patient. Where prior authorisation is not granted, notwithstanding the NHS Constitution (TG37.22) commissioners are under no obligation to pay for activity which is carried out by providers on a non-contract basis. Arrangements for submission of activity datasets, invoicing and payment reconciliation should follow National Tariff guidance (National tariff Payment Services guidance in 2015/16) and the terms and conditions set out in the NHS Standard Contract. Commissioners will be under no

				obligation to pay for activity where activity datasets and invoices are not submitted in line with these requirements;
2.2	ALL	Growth and efficiency application	Will be applied to contracts, where relevant, in line with 2016/17 planning guidance and published operating mandates. This will apply to all elements of the contract but not pass-through costs as identified in contracts.	
2.3	ALL	Improved Discharge procedures	Require continued improvement in the quality and timeliness of electronic discharge summaries and clinic letters to Patients and GPs in line with set performance indicators included in contracts.	Sanctions will be applied to Providers where compliance is not met. Additional sliding scale penalties for providers where Discharge summaries are either consistently later than contractually required, insufficiently detailed or illegible.
2.4	ALL	Embedding Prevention plans within contracts	We will work with Central Bedfordshire and Bedford Borough Councils and our providers to develop a public health plan	The plan will aim to achieve the following outcomes: 1. Smoking in COPD patients: an increase in the number of people accessing specialist smoking cessation support. 2. Smoking in pregnancy: both Bedford and Luton and Dunstable Hospitals are both above the national average. 3. Fit before your Op: a clearer policy to ensure patients have an increased chance of a positive outcome. 4. Workplace health: preventative information and education regarding smoking and physical activity delivered in work places. 5. Reduction in Alcohol related harm/admissions: alcohol related harm

				is higher than the national average across Bedfordshire. 6. Increased flu vaccination: an increase in the number of overs 75s, under 65s 'at risk' group and pregnant women who are vaccinated. 7. An increase in NHS health checks for mental health patients and patients with a history of drug and alcohol abuse currently receiving treatment.
2.5	ALL	Maternity services to achieve best outcomes for mothers who have with complex social needs	Four groups of women are identified as exemplars by NICE guidance on maternity care for mothers with complex social needs. http://www.nice.org.uk/guidance/cg110/chapter/introduction •women who misuse substances (alcohol and/or drugs) •women who are recent migrants, asylum seekers or refugees, or who have difficulty reading or speaking English •young women aged under 20 •women who experience domestic abuse	The CCG will work closely with providers on a fifth group of women: • mothers with mental health problems (NICE guidance : https://www.nice.org.uk/guidance/cg45 We will work with our maternity units and local authority teams using the evidence outlined in the NICE guidance to develop better multi-agency pathways as well as support our wider strategies with partners to get the value for services for these complex mothers across the system.
2.6	ALL	Specialised Commissioning (As commissioners)	It is recommended that a partnership approach be adopted with NHS England during contract negotiations. This is to help ensure that the CCG is only purchasing services delegated to them and minimises the management time of the Trust by negotiating with both commissioners working in partnership.	For those services where NHS England require providers to have met the eligibility criteria in order to qualify for NHS England payment for those services, the CCG will not pay for such services if billed instead. This is because eligibility has not been

				granted by NHS England. In other words eligibility implies that clear clinical standards have been met and if those standards have not been met providers undertake activity at their own risk.
2.7	ALL	Non-Tariff Services	Any nationally mandated deflators/inflators will be applied to non-tariff prices in line with the 2016/17 NTPS Guidance.	No other changes will be accepted without the explicit consent of the Host Commissioner on behalf of all Associate Commissioners. Block items paid without backing Minimum Data Set (MDS) are not appropriate for a contract set using NTPS and local tariffs on a cost and volume basis. Therefore any block items remaining in the contract that are not provided with an robust MDS are assumed a double count of activity and price and will not be included in 2016/17 contracts as the default position.
2.8	ALL	Information Requirements	The host commissioner on behalf of itself and Associate Commissioners intends the following information principles will be followed by all providers: • **Specialised Services:** specialised services activity as detailed in the national specialised services definition set will be funded by NHS England, for all activity in England at that provider. All parties will work together to ensure that the rules are applied consistently from the 1st April 2016. • NHS England have indicated that ALL **specialised commissioning** activity will be chargeable using national identification rules. Providers are therefore	Robust and efficient information schedules will be in place across all providers. Compliance will be measured in accordance with the contractual terms and conditions.

			expected to encode their SUS submissions to clearly identify this activity and its dependent data elements so that the new national IR rules can be correctly applied to the SUS data. • **Block elements of contracts:** Where these are continued, the nature of the service and the rules around which activity is included must be made fully available, and where appropriate, must be supported by Patient level data. • **Maternity services dataset:** In accordance with Information Standard Notice Amd 45/2012 and corrigendum ISB 1513 published in March 2015 Maternity Care providers should already be collecting (from 1st November 2014) and submitting (from 1 June 2015) data through the Bureau Services portal within the monthly submission window as stated on the HSCIC website. • **Children and Young People's Health Services Data set:** In accordance with the information standard SCCI1069 and corrigendum, all providers of services to children and young people are expected to be able to collect this information locally from 1 September 2015 and submit nationally by 1 October 2015. Further information is available on the HSCIC website. • **Unbundled Diagnostics:** Commissioners require a separate data flow submitted as part of SLAM backing data to validate unbundled diagnostics. This should additionally be submitted via SUS according to the rules for identification of such activity as outlined in the national SUS submission guidance. Providers will be required to fully encode this data within national SUS data in line with national guidance. Therefore Commissioners will	

			only pay for DI activity which is recorded correctly in SUS and SLAM in 2016/17.	
2.9	ALL	Data Quality	**Commissioning Dataset 6.2:** Providers are expected to submit the non-mandatory elements of commissioning datasets version 6.2 and the lead commissioner will consider including key elements within the DQIP standards for 2016/17. *Validation Issues:* • **Maternity pathway tariff:** The national submission system is not fully live yet so it is essential that providers supply a fully populated local submission. A lack of supporting information can lead to dispute over the correct assignment of the lead provider for payment and/or issues regarding the maternity case mix which is currently recorded and charged by providers. • **Diagnostic Imaging**: This is not being correctly encoded within the Outpatient commissioning dataset. It is not sufficient for providers to send separate local submissions for this unbundled activity element, as ti does not provide all the information required for validation of the data. **Productivity Metrics:** Commissioners will seek improvements in provider efficiencies across a number of areas in comparison to peer organisations and any metrics set previously.	In the absence of a National system for Maternity activity and related financial reconciliation of this activity, the CCG will be running some Maternity challenges using Freeze data instead of the normal Flex submission. Therefore, providers will be required to fully encode this data within national SUS data in line with national guidance, therefore commissioners will only pay for DI activity which is recorded correctly in 2016/17. Building on the work done in 2015/16 it is expected that as a minimum metrics will be more challenging than those set in 2015/16 to comply with the ethos of other arbitration decisions i.e. performance should improve over time.

				Metrics are intended to cover the following areas: • New to follow up ratios • Day case to Outpatient procedure ratios • A&E attendance to Admission ratio • Consultant to Consultant ratio

Summary and conclusions

We anticipate a response to our Commissioning Intentions for 2016/17 from our local health care providers and receipt of their forward year intentions by end of December 2015.

Further feedback from patients, carers, clinicians and wider stakeholders to enable us to further develop our Plan for Patients.

Please contact enquiries@bedfordshireccg.nhs.uk to provide comment and feedback