NHS
Surrey Downs
Clinical Commissioning Group

Quality Improvement Strategy

2014-2017

Improving care together
across Surrey Downs

1. Introduction

High quality care is effective, safe and ensures a positive patient experience. Following his review in 2008[1], Lord Darzi defined quality as:

“Care which is "clinically effective, personal and safe"

This definition of quality is now enshrined in legislation through the Health and Social Care Act, 2012 and is the basis upon which, this Quality Improvement Strategy is developed.

Ultimate responsibility for safeguarding the quality of care provided to patients rests with each provider organisation through its Board. However, CCGs, as statutory organisations are required to deliver the best possible services to and outcomes for patients within financial allocations. Therefore, Surrey Downs CCG (SDCCG) has a statutory duty to secure continuous improvements in the care that we commission and to seek assurance around the quality and safety of those services using a range of information which includes both hard data and softer intelligence.

The CCG has developed a comprehensive and ambitious Integrated Commissioning Plan (ICP) which sets out our operational and strategic direction over the next 2 to 5 years and captures how we intend to make a difference to the people who live in the Surrey Downs area. The principle aim is to narrow health inequalities, enhance quality and safety, and involve patients whilst working within our available financial resources.

Our Integrated Provider Strategy (IPS) explains the CCG’s intention to better align our transformational delivery programmes across our three local health economies. A key component of the IPS is our Primary Care strategy (PCS) which seeks to strengthen both our commissioning and provider relationships with our 33 membership practices. The PCS aims to develop a positive and appropriate dialogue with Primary Care as a provider; one that is aligned to but separated from Primary Care’s commissioning roll.

[1] Darzi A (2008) *High Quality Care for All: NHS Next Stage Review (Final Report)*

The aim of this Quality Improvement Strategy is to provide a continuous focus on improving the quality and safety of services that we commission over the next 2 to 5 years. In addition, it will identify and monitor key areas of Service Redesign in order to give assurance that key benefits are realised for patients.

2. National Context

The NHS Outcomes Framework[2] identified the need to move away from simply measuring outputs in the form of activity, to measuring the outcomes and effectiveness of interventions for patients. The five domains of the NHS Outcomes Framework are covered by three dimensions against which the quality and safety of services should be measured; they are **Effectiveness, Patient Experience and Safety.**

The Francis Report[3] of the inquiry into the systemic failings at the Mid Staffordshire NHS Foundation Trust and *Transforming Care: A National Response to Winterbourne View Hospital*[4] identified that quality is as much about the behaviours and attitudes to patients as it is about the transactional aspects of service delivery. Both reports gave recommendations about improving staffing, particularly in Nursing, Midwifery and Caring roles and these recommendations are mirrored in the 6Cs within *Compassion in Practice*[5] , the three year vision and strategy for nursing, midwifery and care staff drawn up Jane Cummings, the Chief Nursing Officer for England (CNO) at NHS England, and Viv Bennett, Director of Nursing at the Department of Health.

In addition to this, in 2013, Professor, Sir Bruce Keogh led a review of the care and quality of treatment at a number of acute hospitals that had been identified as outliers on mortality indicators. This and criticisms about the involvement of the Care Quality Commission (CQC) in a number of high profile cases led to a wholesale review of its operations and following this, the expectation from the government that the CQC would, from January 2014, through their new inspection regimes, make the definitive judgements on the quality within providers.

The NHS Constitution[6] first published in March 2012 and updated in 2013, sets out rights for patients, public and staff. It outlines NHS commitments to patients and staff, and the responsibilities that the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. All NHS bodies and private and third sector providers supplying NHS services are required by law to take account of this constitution in their decisions and actions.

[2] http://www.england.nhs.uk/wp-content/uploads/2013/12/ccg-ois-1415-at-a-glance.pdf

[3] http://www.midstaffspublicinquiry.com

[4] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf

[5] http://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf

[6] https://www.gov.uk/government/publications/the-nhs-constitution-for-england

These and a number of other changes that are planned over the next year will have a profound effect on the quality agenda. Further changes include:

- The Better Care Fund (previously ITF)
- The Role of Health and Wellbeing Boards
- The emerging role of Healthwatch
- Roll out of Personal Health Budgets
- The development of seven day services – particularly within urgent and emergency care services
- Changes to legislation around Safeguarding Adults (2015)
- Extending access to general practice

Our Quality Improvement Strategy reflects our commitment to delivery of high quality care for now and for future generations and will embrace the five domains of NHS Outcomes Framework

3. Local Context

Surrey Downs CCG's vision is that:

"Focused clinical leadership and patient engagement will revolutionise the delivery of local healthcare through our four geographical localities, whilst remaining within the cost-constraints of NHS funding, improving quality of care and health outcomes for our patients.

"Services will be local, affordable, responsive and measurable for our population we serve."

Our values and standards are that:

- *Patients will have equitable access to services and be offered patient choice*
- *A focus on continued improvement in patients' experiences of care and their journey through the care system*
- *An absolute commitment to commission safe services and robust safe guarding process*
- *A drive to adopt the best clinical practice to ensure high quality outcomes*

Surrey Downs CCG's 2 year operating plan (2014-2016) will be delivered across six key Clinical priorities:

Priority 1

Maximise integration of community and primary care based services with a focus on frail older people and those with Long Term Conditions.

Priority 2

Provide elective and non-urgent care, specifically primary care, closer to home and improve patient choice.

Priority 3

Ensure access to a wide range of urgent care services

Priority 4

Enhanced support for those patients who require End of Life care

Priority 5

Improve the access and patient experience of children's and maternity service

Priority 6

Improve patient experience, outcomes and parity of esteem for people with mental health and Learning Disabilities (including dementia)

Each of these 6 priorities has a number of programmes and projects beneath it which will support delivery and a number of these will be the focus of this quality improvement strategy. The areas identified are:

- Out of Hospital Strategy
- Development of a Community Medical Model
- Primary Care Networks
- Access to Services
- NHS Continuing Health Care
- Quality and Safety in Care Homes
- London Quality Standards at Epsom Hospital
- Safeguarding Adults and Children
- Infection Prevention and Control – particularly Healthcare Associated Infections
- Urgent Care

There are key challenges that have been identified as issues by SDCCG within our Integrated Commissioning Plan. One key challenge is the complex provider landscape within which Surrey Downs CCG operates and this is further complicated by the different arrangements that we and neighbouring commissioning organisations have with Commissioning Support Units (CSUs). This complexity, and the additional hosting arrangements that the six Surrey CCGs have organised as a collaborative, mean that the CCG needs to gather data and intelligence from a large number of different sources, often making it more difficult to get a clear assurance from providers about the quality and safety of the services that they provide.

4. Current Measures and General Assurance

As described above, quality is systemic, relying upon many different individuals, inputs, processes and organisations to measure and monitor the services that we commission. Information about these services needs to be drawn from a wide variety of sources to ensure that the most relevant and up to date information is used.

The vision in the future is for all NHS Staff to measure what they do as a basis for improving quality. The Department of Health and the NHS Information Centre, in partnership with professional across the NHS are developing a National Quality Dashboard (NQD) and an Organisation Health Intelligence (QHI) tool with the long term view of creating an extensive range of indicators that will enable every part of the NHS to be more visible to patients and the general public. However, in the meantime, the CCG draws upon the following sources of data and soft intelligence to support assurance around the quality of commissioned care:

- Performance data for the Operating Framework priorities that are relevant to quality (i.e infection rates, waiting times)
- Summary Hospital Mortality Data (SHIMI)
- Safety Thermometer
- Never Events and Serious Incident/Incident reporting including the actions taken by providers to prevent the reoccurrence of similar incidents
- Relevant Public Health data such as Immunisation and vaccination data
- CQC inspections – registration details, warning notices and related CQC notifications
- Child and Adult Serious Case Reviews (SCRs)
- Central Alert System (CAS), closure rates and outstanding issues
- Adherence to safer staffing guidance and how this information is communicated to patients and the public
- Compliance with mandatory training
- Insight and feedback from our local population about local services
- Friends and Family Test (FFT) and other patient experience data
- Staff surveys
- Complaints management, themes and trends
- Patient Advice and Liaison Service (PALs) data
- Maternity services, Local Midwifery Authority reports and audits
- Feedback from GPs and other healthcare professionals about patient experience and any clinical concerns raised

- Quality impact assessment of provider cost improvement programmes (CIPs)
- Peer reviews, recommendations and action plans
- Clinical audit/confidential enquiries.
- Local Quality Surveillance Groups
- Media – both traditional and social media
- Patient websites such as Patient Opinion, NHS Choices, NHS Connect and local user groups
- Surrey Healthwatch
- Professional regulators
- Care Quality Commission – soft intelligence
- Monitor (where relevant)
- Trust Development Agency
- Whistleblowing and similar reports from staff and the public

In addition, there are a number of other methodologies that support the measurement and analysis of quality which the CCG uses to support the performance management and monitoring of contracts. These include:

- Quality Schedules in contracts
- Nationally agreed quality metrics
- Quality Accounts

The Quality Team and Service Redesign Team also undertake observational "Walk Rounds" of commissioned services, often in response to concerns, which gives an opportunity to talk to patients to understand their experience of care and staff to hear directly from them any concerns that they might have.

5. Aspirations

Through strong Clinical Leadership and meaningful patient engagement, we commit to delivering the best quality care within an effective and efficient healthcare system that improves health, patient outcomes and the wellbeing of people living within the area of the CCG

6. Commissioning for Quality

As outlined in Section 3, the CCG has six Key Clinical priorities under which, there are a number of programmes and projects to be delivered. Each of these projects will be high priority for differing reasons so it will be important to rank these in a systematic way to ensure that they are measured and monitored in the most effective way.

There will be a number of benefits that the CCG will want to realise from the investment in commissioned services. They will include:

- Clinical Benefit – Clinical effectiveness, Patient Safety
- Outcomes for Patients/Patient Experience
- Cost Benefit/affordability
- Ability to affect or deliver quality improvements

These benefits are described below:

Clinical Benefits Clinical

Effectiveness

Clinical Effectiveness is defined as: *"the application of the best knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients. The process involves a framework of informing, changing and monitoring practice"*[7] This includes both clinical treatments and interventions designed to prevent disease and promote good health.

There are many ways of measuring and driving clinical effectiveness. Surrey Downs CCG will do this by:

- Seeking assurance from providers that they comply with National and Local Standards and guidance, including NICE technology appraisals and other best practice guidance. The national clinical standards yet to be published will be in line with London's Quality Standards published in Feb 2013.

- Commissioning for quality by assessing services against a number of quality indicators to ensure consistency and a reduction in variations in practice.

- Agreeing a programme of clinical audit with our providers which includes national audits and those in relation to other quality outcomes such as following a complaint or serious Incidents

- Developing and implementing a QIPP programme each year that drives forward quality improvements in NHS Care whilst making efficiency savings.

- Developing challenging but realistic Commissioning for Quality and Innovation (CQUIN) schemes which support quality service improvements in line with our Integrated Commissioning Plans

Patient Experience

Patient experience describes how healthcare is seen, experienced and judged by the patient and/or their carers and is therefore closely linked to what patients would like from their NHS. Research shows that patients would like:

[7] Department of Health, 1996, Promoting Clinical Effectiveness

- information, communication and involvement in decision-making about care
- to be treated as an individual
- choice where it makes a difference
- predictable and convenient access
- equitable care and health outcomes
- To be safe and protected in healthcare settings.[8]

Patient feedback particularly that received in real time is an important part of understanding perceptions around experience. It is important to recognise that patients do not receive or report the same experience and in order to ensure that we understand the key issues that affect them we need to work closely with them to set standards that measure the performance of the services that we commission.

In addition to this, there are a number of themes that have been identified by carers through engagement work carried out by organisations such as the Carers Trust and Carers UK:

- Recognise me as a carer (this may not always be as '*carers*' but simply as parents, children, partners, friends and members of our local communities);
- Information is shared with me and other professionals;
- Signpost information for me and help link professionals together;
- Care is flexible and is available when it suits me and the person I care for;
- Recognise that I also may need help both in my caring role and in maintaining my own health and well-being;
- Respect, involve and treat me as an expert in care; and
- Treat me with dignity and compassion

These have been captured within the document NHS England's Commitment to Carers guidance[9] . As commissioners, we should aspire to support carers

[8] The Health Foundation, 2007, Patient and Public Experience in the NHS

[9] http://www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf

improving their quality of life and experience and that of the people they care for.

Patient Outcomes

When commissioning care from our providers, it is crucial that we understand the outcomes that will result following the intervention or episode of care. There are a number of different patient outcomes that can be measured such as the national indicators described in Section 4. However, it is also important to understand what the key benefits are for patients, what difference that individual service delivery will make to them and these benefits could include access to services including ease of transport or feeling more empowered to manage their own care.

Cost benefit/affordability

As described in Section 1, we are required to commission the best possible services and outcomes to patients within financial allocations. In 2013, *A Call to Action*[10] set out the need to find ways of raising the quality of care for our communities to the best international standards whilst closing a potential funding gap of £30 billion by 2020/21. Therefore, improvements to quality and patient safety must be managed in way that is cost effective and has the maximum benefit for the greatest number of patients. Improvements that are proposed need to be affordable and to be able to demonstrate improvements that can be measured and benchmarked against others.

Ability to deliver

The CCG commissions a range of services through a number of different arrangements. The six Surrey CCGs have taken a collaborative approach to the commissioning of some larger services such as Mental Health Services and the ambulance service and also have hosting arrangements for other services such as Safeguarding and Continuing Healthcare. In addition, some more specialised services are commissioned through NHS England or other commissioning organisations.

As a result of this, our span of control is less than with other more local services where we take a lead role or host the service. Therefore, it may be advisable to assess the ability to influence and deliver measurable improvements for patients when considering which services to prioritise over the next 1-2 years.

[10] http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs_belongs.pdf

7. Realising the Benefits

Out of Hospital Strategy

As part of the CCG's wider commissioning strategy, this focuses on investment in community and primary care services outside the acute setting to enable people to receive care closer to their own homes. It aims to deliver more care in non-acute settings, improving the quality of care whilst ensuring that services are sustainable in the long term.

A key case for change is that by identifying patients earlier in their pathway and providing more integrated care closer to their homes, it will be likely that more avoidable admissions will be prevented and that people will feel more empowered to manage their own care, maintaining independent lives for longer. In addition, patient experience will be improved through both their experience of care and their journey through the system. This strategy will be to the CCG's success in managing the rising demand from our ageing and frail population.

Key Benefits of this may be:

- Reduced length of stay in hospitals with associated reduction in associated patient harm
- Improved Patient Experience from receiving care through a more appropriate care pathway
- More patients are managed appropriately in community settings

Community Medical Model

The health economy no longer needs only primary and secondary care to manage those with chronic disease. There is a need to make provision for the increasing number of housebound people who are living with Long Term Conditions and the growing frail elderly population. Within this model, a Community Medical Team will provide integrated care for those who have been identified "at risk" as a result of their disease/social profile and outreach to those patients in the community i.e. in a Care Home..

The team will provide case management in the community working with community services, medical management of community hospital beds and interfaces with acute hospitals and, Acute/Ambulatory Assessments Units for rapid diagnostics on a day case basis to prevent avoidable admissions. The Community Medical Teams will be an integral part of the out of hospital

strategy, enabling those with more complex needs to be managed within community settings.

Key benefits will include:

- Patients are able to be managed more appropriately in community settings
- Improved interface between acute and community/primary care
- Improved patient experience

Primary Care Networks

It is widely recognised that Primary Care is under increasing pressure and that the combination of decreasing budgets and little progress in the shifting of funding from acute to primary care, the changes in demographics with an increasingly elderly, frail population and increasing demand through changes in illness behaviour and rising expectations means that this pressure can only increase. This, in addition to the workforce profile within individual practices, means that Primary Care needs to be delivered differently to ensure better outcomes for patients.

Surrey Downs CCG will be developing Primary Care Provider Networks which will enable practices to work collaboratively around local health economies and deliver a range of services across agreed networks. This will support increased access, chronic disease management including some enhanced services being delivered across agreed practice populations and improved medicines management.

Key benefits will include:

- Improved access to Primary care
- Reduced operating costs enabling more outputs
- Improved outcomes for patients

NHS Continuing Healthcare

Continuing Healthcare (CHC) is care provided over an extended period of time, to a person aged 18 or over, to meet physical or mental health needs that have arisen as a result of a disability, accident or illness. It is care that is solely funded by the NHS.

The responsibility for the delivery of CHC and Funded Nursing Care (FNC) across Surrey transferred to Surrey Downs Clinical Commissioning Group on 1st April 2013 as a hosted service, following the abolishment of the NHS Surrey Primary Care Trust. At any given time there is on average 1,200 CHC Clients and 3,000 FNC Clients all of whom require reviews at least annually.

This is in addition to an average of 3,500 new referrals that are received a year and the CCG inherited a service with huge backlogs in assessments and reviews with the associated risk to patient safety and experience.

Following, an independent review of the service, a programme of transformational change has been put in place to redesign the systems and processes within the service ensuring that it becomes compliant with the national framework and improves the experience of those requiring assessment and those receiving CHC and FNC.

Key benefits include:

- Timely assessment of individuals both new to the service and those already receiving care
- More appropriate placements for individuals with the associated improvements in the quality and safety of care commissioned
- Improved patient experience

Quality and Safety in Care Homes

Surrey Downs CCG has approximately 150 Care Homes within and around its borders providing care for the most vulnerable of our population to varying standards. In addition, Surrey has a high number of people who fund their own care and so, at this time have little or no independent support in choosing a home that will best meet their own needs or that of their relative.

All homes are required to be registered with the Care Quality Commission (CQC) and those who have residents funded by the NHS or Social Services receive a degree of scrutiny through Service Reviews and local intelligence. However, there needs to be a much greater systematic review of the quality and safety of the care provided by these independent providers to support improvements in that care and improve the experience for their residents.

It is proposed that the CCG will develop a local group which closely scrutinises and triangulates a range of information relating to Care Homes creating a quality and safety dashboard that supports the targeting of specific homes where there are early warnings of failure in care provision.

Key benefits include:

- Improvements in the quality and safety of care provision in all homes
- Improved experience for patients and their relatives
- Reduction in avoidable admissions to acute services for conditions that can be managed at home with reduction in associated costs
- Improved collaborative working and communication across the whole health economy

Safeguarding

The safety and welfare of vulnerable adults and children is of paramount importance to SDCCG. We work closely with other CCGs across Surrey to ensure that all of the services we commission deliver high quality safe effective care and that all organisations commissioned or contracted to provide services will in the discharge of their functions, have regard to the duty to safeguard and promote the welfare of vulnerable adults and children.

Safeguarding Adults and Children are both hosted services across the 6 Surrey CCGs with Safeguarding Children hosted by Guildford and Waverley CCG and Safeguarding Adults by Surrey Downs CCG.

As a CCG, SDCCG must be assured that the arrangements that it has in place are robust and protect our population. The CCG has annual work plans that support improvements in the systems and processes that the CCG has around Safeguarding. Safeguarding should remain a key area of focus for the CCG and a priority within this strategy

Healthcare Associated Infections

CCGs are monitored on a number of Key Performance Indicators that relate to Healthcare Associated Infections (HCAI). These infections lead to a poor experience of care for those affected increased lengths of stay or possible admission to hospital for patients and in the worse cases can result in death. There will also be increased costs for providers and the CCG as a result of infections.

Surrey Downs CCG did not achieve the objective set by the Department of Health for 2013/14 for cases of CDifficile or MRSA Bacteraemia. Therefore, it is proposed that this is an area of focus for 2014/15 with particular attention to these areas.

Key benefits include:

- Clearer understanding of the root cause of infections and sharing of identified learning across all areas
- Improvements in the management of infection prevention and control
- Improved patient experience
- Associated reduction in costs relating to increased lengths of stay, increased services etc.

Urgent Care

Within our Out of Hospital Strategy, there are plans to improve access to urgent care for our patients. These include:

- Re-procuring Out of Hours GP services to ensure that patients have access to high quality GP services out of working hours
- A reconfigured Community Assessment Unit co-located at Epsom, with expanded scope and access to dedicated step up beds
- A feasibility study around establishing an Urgent Care Centre at Epsom to include access to urgent care

Expected benefits of these proposals would include:

- Improved access to urgent care services that are appropriate to the level of patient need
- Improved quality and safety of services
- Urgent care pathways that are easier for patients to navigate
- Improved patient experience

8. Communication Plan/Engagement Strategy

Surrey Downs CCG has already taken significant steps to engage and involve local people in planning and commissioning local healthcare and we plan to engage further with local stakeholders in the implementation of our Quality Improvement Strategy.

We have a well-established patient engagement structure and framework which includes four Lay Members on our Governing Body, four locality patient representatives, a Patient Advisory Group (which includes patient representatives and representatives from local carer and voluntary organisations) and an established Patient Experience Service which is now part of the Quality Team.

This Quality Improvement Strategy was presented at the Annual General Meeting in July and commitment was made regarding its implementation.

9. Implementation Plans/Monitoring of the Quality Improvement Strategy

Detailed implementation plans will be developed and these will be monitored through the Quality Committee and the Governing Body on a 4 monthly cycle.

10. Conclusion

CCGs have a unique opportunity to commission high quality services that meet the needs of local populations. Therefore, this improvement strategy aims to prioritise and achieve high quality services that improve outcomes for patients.

The purpose of the strategy is to ensure that we have quality and patient safety at the centre of everything that we do and that it is at the core of every decision.

If this strategy is successful, it will achieve the following:

- Patients will receive services that are of high quality, safe and that improve outcomes
- Understanding of the impact of our commissioning decisions for patients and the benefits that are realised as a result of them
- Ensure that a range of hard data and soft intelligence is used to build a clear understanding of the quality and safety of commissioned services.
- Quality metrics will be will be built into all contracts, service redesigns and service improvements
- The CCG will be familiar with the services that are delivered by organisation that we commission and will understand the risks and issues associated with them
- Swift and demonstrable actions will be taken to address poor or unsafe performance.

Surrey Downs Clinical Commissioning Group
Cedar Court
Guildford Road
Leatherhead
Surrey
KT22 9AE

Tel: 01372 201500

www.surreydownsccg.nhs.uk