

Operational Plan 2017-19

Progress update

Our local Operating Plan 2017-2019

- This is a **2 year plan** supported by two year contracts and financial allocations
- **It covers:**
 - How we will support the delivery of the Sustainability and Transformation Partnership
 - How we intend to deliver all the things we have highlighted in our commissioning intentions
 - How we will deliver the nine national 'must dos' set by NHS England
- **It demonstrates** how we will achieve financial sustainability as three CCGs and with our system partners
- The plan **describes our commitment** to improving outcomes and delivering sustainable, consistent standards of care within the resources available
- It has **been informed** by local clinicians, patients, and key partners

We will be undertaking a 'light touch' refresh of our existing plan

During 2018-19:

- We will continue to deliver against the national priorities
- We will focus on the requirements set out in our Memorandum of Understanding (MOU) with NHSE to progress to an Accountable Care System (ACS) i.e. UEC, Primary Care, Mental Health & Cancer
- We will continue to deliver those programmes of work set out in our second year of our local Operating Plan and Commissioning Intentions 2017-19 documents

Noting that:

- NSHE planning guidance is not expected until December 2017 [!]
- Our MOU with NHSE includes a requirement to produce a system wide single Operating Plan for 2018-19

In 2018-19 we will continue to focus on improving health outcomes and achieving financial balance through ...

Delivery of integrated care decision-making for our most complex patients and those living with frailty

Mental health transformation and continued improvements in access to services

Investment in Primary care transformation

Enhancing self-care, prevention including developing social prescribing across general practice

Reducing unwarranted clinical variation – including MSK, GI, ENT & Ophthalmology

STP transformation funded programmes including Cancer and Diabetes

Achieving financial balance

Urgent and Emergency care transformation

We will continue to work collaboratively

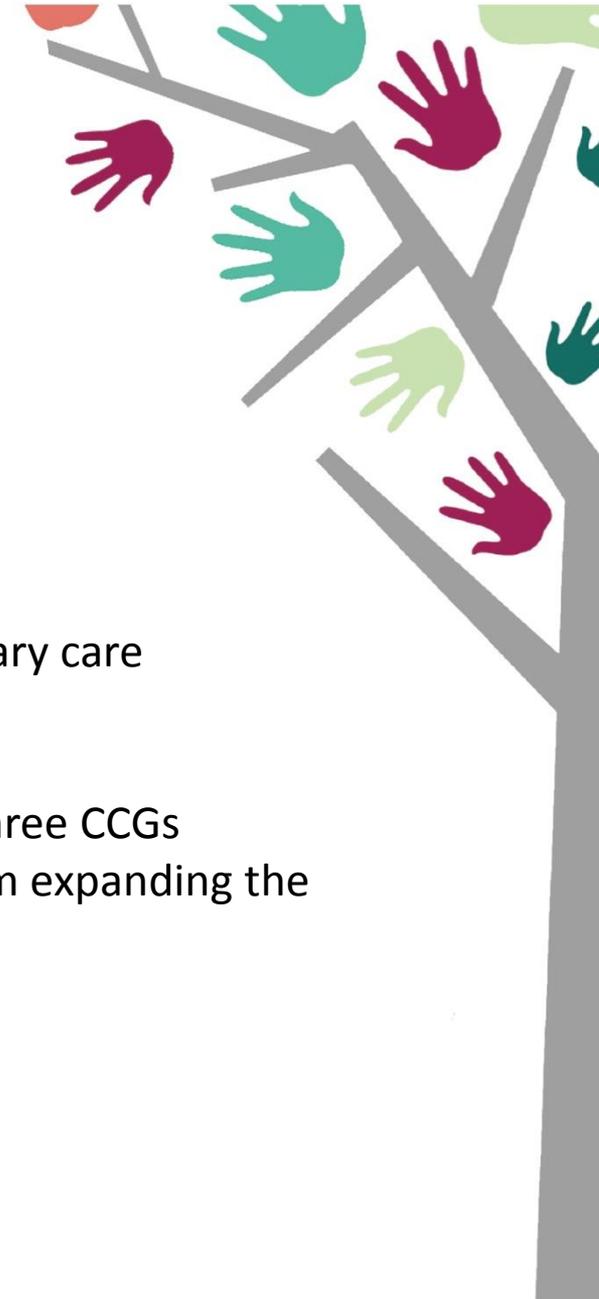
- With our STP partners to realise system level changes as we move towards becoming an ACS
- We will continue to deliver local priorities in conjunction with our local partners
- We will continue to keep you updated

Cardiology – an example of where we have changed services to improve patient care

In 2016...we said....

Cardiology

- Review all current locally commissioned services from primary care associated with cardiology
- Improve management of patients with hypertension
- Evaluate the provision of cardiac rehabilitation across the three CCGs
- Develop an integrated community heart failure nursing team expanding the use of telehealth
- Commission an IV diuretic lounge with all our providers



Heart Failure

We did....

- Commissioned an expanded community heart failure nursing service which works closely with the acute trust to provide individualised and timely support to HF patients in the community
- One stop heart failure team set up within the acute trust thus reduced follow up
- Commissioned a diuretic IV lounge to enable patients to receive IV diuretics and thus avoid admissions and improve patient experience
- Support case finding into primary care to expected levels thus optimise treatment and improve quality of life

Heart Failure IV Diuretic Lounge

- The heart failure IV lounge, which is situated in Ward 4, aims to improve services for people suffering from heart failure which in turn can reduce admissions. In the first 13 days of the unit going live, it saw 31 patients of which only three were admitted.*



East Berkshire CCGs Clinical Cardiology lead, Nithya Nanda, said: “Essentially, this provides an unique opportunity for all primary care colleagues to refer heart failure patients in a streamlined fashion for both assessment and ongoing treatment.

Heart Failure Community Nursing Team



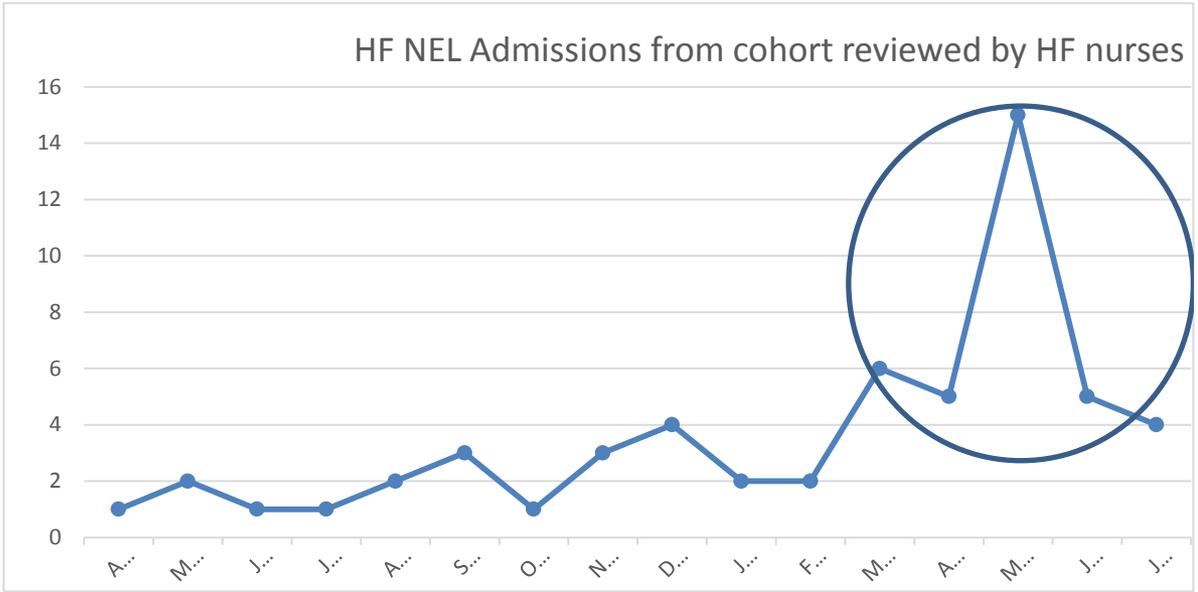
Meet Lucy Girdler-Heald, newly appointed team leader for the heart failure nursing team which provides a community service to hundreds of patients across east Berkshire each year



The team already has excellent working links with Wexham Park Hospital, Frimley and RBH and attends monthly supervision meetings with the Multi Discipline Team where patients who are difficult to manage are discussed in detail. Approximately 600 to 700 new referrals are received by the team each year from a range of people and services such as acute Trusts, GPs as well as self-referrals. The referral criteria is as follows

Early results

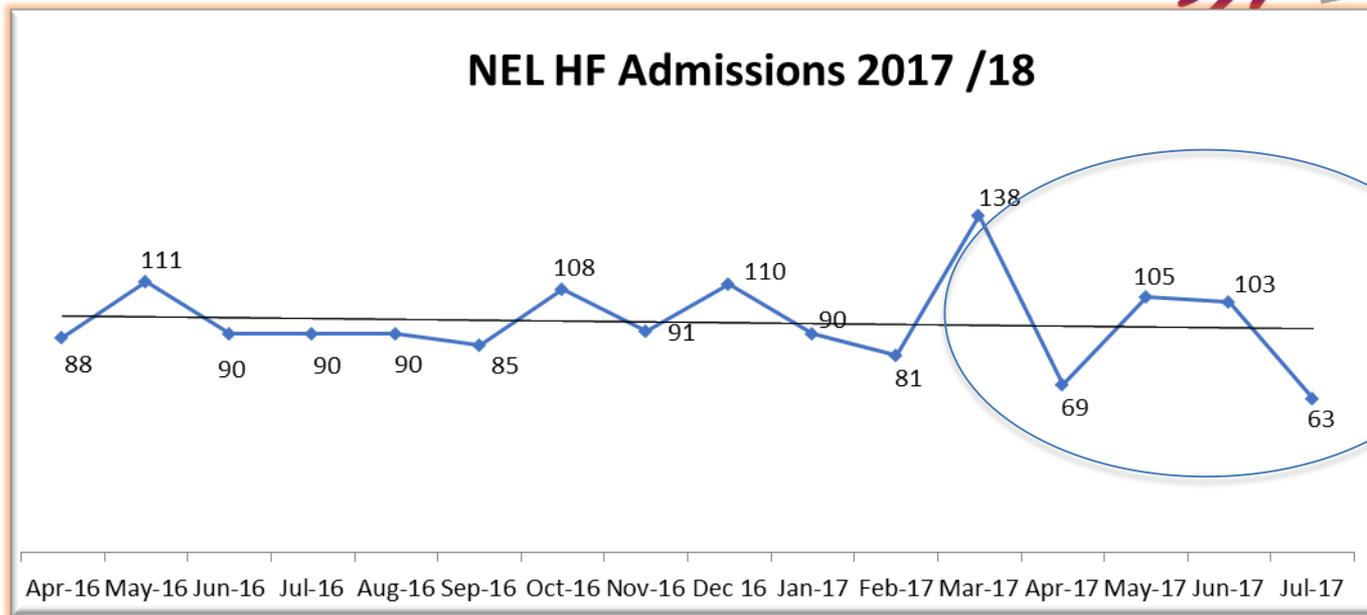
- Team caseload has increased in months of May, June and July with an associated decline in admissions for heart failure



Early results demonstrates some impact



Early results from Heart Failure Nursing and IV Lounge interventions



Started in April 17

Savings generated: YTD £162k with a full year impact of £500k

Impact on patients: Heart failure patients access to a specialist nurse thus avoided admissions

Arrhythmias (AF)

Recommissioned all stroke activity to be transferred to a HASU and decommissioned the Acute Stroke Unit . This change whilst difficult and tested our leadership, commissioning and patient engagement skill .

Case finding across the 3 CCGs was less than optimal thus programmes put in place include

1. Review and support case finding via Grasp AF tools

We utilised pharmacist expertise to run GRASP AF tool and thus case find patients. One CCG (Bracknell) incentivised practices to support case finding , now extended to all three CCGs populations. We used the quality premium incentive to support practices to improve case finding

2. Worked with AHSN to support a case finding and anticoagulation programme offer to all practices

3. Used the diagnostic fund to support BP watch machines for each practice in the CCG to support pulse checks and thus case finding

4. Ran public campaign on importance of pulse checks and how to detect irregularity

5. Education of professionals to support diagnosis of AF and Arrhythmias

Stroke Service changes implemented

- Stroke services are set to improve for more than 430,000 people living in the east of Berkshire.
- This means that, from January 1, local people suspected of having a stroke will be taken straight to the nearest hyper acute stroke unit by ambulance to receive the best possible care.
- The improvements are the culmination of two years' planning by the east Berkshire clinical commissioning groups, involving local clinicians, patients, the public and the Stroke Association from the start

Quote from a GP patient consultation:

'Doctor I had a stroke 4 years ago , but my friend recently had a stroke within Slough two months ago. The difference in service provision is remarkably in that its greatly improved...Comparing our experiences I wish if had my stroke now !'