Great Yarmouth and Waveney Joint Health Scrutiny Committee

(Quorum 3)

Date: Friday, 25 October 2019

Venue: Claud Castleton Room
Riverside Campus
4 Canning Road
Lowestoft, Suffolk, NR33 0EQ

Time: 10:30 am

Membership:

Cllr Stephen Burroughes	Suffolk County Council
Cllr Judy Cloke	East Suffolk Council
Cllr Emma Flaxman-Taylor	Great Yarmouth Borough Council
Cllr Nigel Legg	South Norfolk District Council
Cllr Richard Price	Norfolk County Council
Cllr Keith Robinson	Suffolk County Council

For further information on any of the agenda items, please contact Rebekah Butcher, Democratic Services Officer, on 01473 264371 or rebekah.butcher@suffolk.gov.uk

Business to be taken in public

1. **Public Participation Session**

   A member of the public who is resident or is on the Register of Electors for Norfolk or Suffolk, may speak for up to five minutes on a matter relating to the following agenda.

   A speaker will need to give written notice of their wish to speak at the meeting using the contact details under 'Public Participation in Meetings' by no later than 12 noon on Monday 21 October 2019.

   The public participation session will not exceed 20 minutes to enable the Joint Health Scrutiny Committee to consider its other business.

2. **Apologies for Absence and Substitutions**

   To note and record any apologies for absence or substitutions received.

3. **Declarations of Interest and Dispensations**

   To receive any declarations of interests, and the nature of that interest, in respect of any matter to be considered at this meeting.

4. **Minutes of the Previous Meeting** Pages 5-9

   To approve as a correct record, the minutes of the meeting held on 12 July 2019.

5. **Norfolk and Waveney Health and Care Partnership Five-Year Plan** Pages 11-14

   To receive an update on progress in developing the Five-Year Plan for the Norfolk and Waveney.

6. **Primary Care Services in Great Yarmouth and Waveney** Pages 15-46

   To examine the developments in the organisation and provision of primary care services across the CCG area and outcomes achieved to date. This will include a focus on minor injury and x-ray, which have previously been available locally, and an examination of phlebotomy services.

7. **Information Bulletin** Pages 47-78

   To note the written information provided for the Committee.

8. **Forward Work Programme** Page 79

To consider and agree the forward work programme.

Date of next scheduled meeting

Friday, 7 February 2020, 10:30 am, Riverside Campus, Lowestoft

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Nicola Beach
Chief Executive
Suffolk County Council

Chris Walton
Head of Democratic Services
Norfolk County Council

Norfolk County Council

Suffolk County Council

Agenda Item 4
Unconfirmed

Minutes of the Great Yarmouth and Waveney Joint Health Scrutiny Committee Meeting held on 12 July 2019 at 10:30 am in the Claud Castleton Room, Riverside Campus, Lowestoft.

Present:	Councillors Stephen Burroughes (Chairman, Suffolk County Council), Nigel Legg (Vice Chairman, South Norfolk District Council), Judy Cloke (East Suffolk Council), Richard Price (Norfolk County Council) and Keith Robinson (Suffolk County Council).
Also present:	Cath Byford (Director of Commissioning and Deputy Chief Executive, NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG), Fran O'Driscoll (Deputy Director of Commissioning, NHS Great Yarmouth and Waveney CCG), Verity Jolly (Director of Patient Services, St Elizabeth's Hospice, Ipswich), Kelvin Bengtson (Medical Director, St Elizabeth Hospice), Jonathan Williams (Chief Executive, East Coast Community Healthcare CIC) and Angela Wilson (Deputy Director of Operations, East Coast Community Healthcare CIC).
Supporting officers present:	Rebekah Butcher (Democratic Services Officer), Andrew Eley (Senior Democratic Services Officer) and Maureen Orr (Democratic Support and Scrutiny Team Manager).

The meeting was opened by the Democratic Services Officer.

1. Election of Chairman and Vice Chairman 2019/20

On the proposition of Councillor Keith Robinson, seconded by Dr Nigel Legg, it was agreed that Councillor Stephen Burroughes be elected as Chairman for the 2019/20 Municipal Year.

Councillor Stephen Burroughes assumed the Chair.

On the proposition of Councillor Stephen Burroughes, seconded by Councillor Richard Price, it was agreed that Dr Nigel Legg be elected as Vice Chairman for the 2019/20 Municipal Year.

2. Apologies for Absence and Substitutions

An apology was received from Councillor Emma Flaxman-Taylor (Great Yarmouth Borough Council). There were no substitutions.

3. Minutes of the Previous Meeting

The minutes of the meeting held on 26 April 2019 were confirmed as a correct record and signed by the Chairman.

4. Public Participation Session

With permission of the Chairman, Mrs Jenny Beesley, Chairman of East Coast Hospice Limited addressed the Joint Committee to speak in relation to agenda item 6: Palliative and End-of-Life Care.

Mrs Beesley informed the Joint Committee she was very pleased to see the six beds at Beccles Hospital. However, reiterated that patient services for palliative care was still being undertaken at Beccles Hospital. She remarked on outcomes of a meeting with the NHS Great Yarmouth and Waveney CCG in February 2018 in which the Chief Executive made it clear that East Coast Hospice should be consultant-led, not GP-led, and she confirmed she had carried that through. However, in the evidence submitted within the report, it did not mention 'specialist palliative care'; although she said she was sure consultant-led care was in place, she stated that it should be noted in writing. She questioned whether the CCG had also changed its mind about GPs as they were now mentioned within the report.

Mrs Beesley also questioned why the NHS Great Yarmouth and Waveney CCG were giving £5m to the Cambridge and Peterborough Sustainability Transformation Programme (STP) whilst the Great Yarmouth and Waveney area had the highest cancer rates in England with no available hospice. She also questioned what MPs and councillors were doing to make sure their local constituents had access to the best care which she felt was presently not in place. She concluded to say that the STP document was very good.

With permission of the Chairman, Dr Patrick Thompson, a member of the public, addressed the Joint Committee to speak in relation to agenda item 6: Palliative and End-of-Life Care.

Dr Thompson informed Members he had in the past sat on various Boards and he said whilst working with the Patient and Public Involvement Forum, he was part of a team that selected plans to build an information and resource centre dealing with long-term and life-threatening conditions, now known as The Louise Hamilton Centre. He confirmed that hospice beds had not been included in the original plans. He added that government policy was that services available should be equitable for all, but he felt at present there was somewhat of a 'postcode lottery'. He noted that various options were now being considered to address palliative and end-of-life care services however said that in many ways it did not. He mentioned that there had been no hospice beds available within the Great Yarmouth and Waveney area for many years, except two beds at All Hallows which was now closed. He raised concern that in the area, more patients died in acute hospitals than the national average and said that these points of concern had been raised in December 2017. He also wished it to be noted that the local CCG was not prepared to fund any form of in-patient hospice service, although there were discussions to build a 10-bed hospice. He continued to say that although the CCG did not wish to fund the hospice, it was funding an 'unequitable' service in Beccles Hospital.

In conclusion, Dr Thompson referred to pages 23, 24, 44 and 45 and questioned: how these services were going to be monitored, drawn into action

and over what timescale. He also sought to hear a full financial explanation to understand why the Norfolk and Waveney STP had agreed to support another STP to the tune of £5m.

The Chairman thanked the speakers for their contributions and using his discretion, asked the CCG if they wished to respond.

Cath Byford (Director of Commissioning and Deputy Chief Executive, NHS Great Yarmouth and Waveney CCG), confirmed that the £5m to support the Cambridge and Peterborough STP had come from the Norfolk and Waveney STP and not just the Great Yarmouth and Waveney area, with the funding being made up of contributions from all the CCGs and providers in the Norfolk and Waveney area. Members were informed that NHS England and NHS Improvement were presently in the process of merging, and different approaches were being undertaken in terms of the way finances were being managed from a top-down perspective. She said that in the past NHS England and NHS Improvement would have held on to funding and releasing smaller amounts of money as required. Members were told that NHS England and NHS Improvement had provided the Norfolk and Waveney STP with £69.9m in total this year in order to recognise the financial challenges faced by the NHS and because of this, there was nothing left in the pot at NHS England or NHS Improvement. It was explained that the regional STPs had been provided with the maximum amount of money with the expectation that if there were problems in a region, the region would come together to help the challenged area.

5. Declarations of Interest and Dispensations

There were no declarations made or dispensations given.

6. Palliative and End-of-Life Care

At agenda item 6, the Joint Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to examine the progress with service provision in the Great Yarmouth and Waveney area under the NHS Adult Community Services and Specialist Palliative Care contract, which started on 1 April 2019.

The Chairman welcomed Cath Byford (Director of Commission and Deputy Chief Executive, NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG), Fran O'Driscoll (Deputy Director of Commissioning, NHS Great Yarmouth and Waveney CCG), Verity Jolly (Director of Patient Services, St Elizabeth's Hospice, Ipswich), Kelvin Bengtson (Medical Director, St Elizabeth Hospice), Jonathan Williams (Chief Executive, East Coast Community Healthcare (ECCH) CIC) and Angela Wilson (Deputy Director of Operations, East Coast Community Healthcare CIC) to the meeting and to introduce the report.

A presentation on Specialist Palliative Care Services was provided to the Joint Committee.

Recommendation: The Joint Committee:

a) noted the significant progress in the provision of palliative and end of life care services in GY&W;

b) suggested that consideration should be given to enhancing the support, training and guidance provided to families and carers when a person dies,

working with other agencies (e.g. police and ambulance) and to promote more use of the 24/7 advice line; and

c) agreed that the Committee meeting in July 2020 would have a further scrutiny review of the performance and demand of the service, including comparative performance and activity data on the utilisation of the 24/7 advice line, advance care planning, and quality accounts.

d) The Joint Committee also confirmed a visit to Beccles Hospital to be arranged in the future, at the invitation of the Chief Executive, ECCH.

Reason for recommendation:

a) The Joint Committee was grateful to receive an overview of the future development and delivery of the service.

b) The Joint Committee was aware that local health organisations were now working together whereas in the past it had been fractured. It was also acknowledged that strong links with the voluntary sector was vital in bringing much needed funding to services.

Members were aware that, historically, End-of-Life and Palliative Care services were based in the hospital, but the new community-based service had been hugely successful with organisations working together to wrap services around the patient and their families/carers through the emerging Primary Care Networks. This would reduce duplication of effort and reduce multiple assessments.

In response to a Member question in relation to advice to relatives when a person dies, it was confirmed that health organisations encouraged health professionals to undertake advanced care planning; this identified the type of care a patient would wish to have, and also detailed their preferred place to die. Regarding if a patient was to die at home, families were advised that there was no need to call 999, but to instead call the community nursing service or the 24/7 advice line.

c) Members wished to look at the measurable impact of the service from a customer perspective in a years' time. There were still some concerns from some Members that the CCG was not supporting hospice care in the Great Yarmouth and Waveney area.

d) The Joint Committee was informed that ECCH had worked with the CCG for some time to modernise the facilities at Beccles Hospital to very high standards in the clinical environment as well as facilities for physical rehabilitation. Members were also aware various therapies were provided on-site as a day service. The Joint Committee were very pleased to be invited to Beccles Hospital and wished to take up ECCH on their offer.

Alternative options: There were none considered.

Declarations of interest: There were none declared.

Dispensations: There were none granted.

7. Information Bulletin

The Joint Committee noted the information bulletin at Agenda Item 7.

8. Forward Work Programme

The Joint Committee received a copy of its Forward Work Programme at Agenda Item 8.

Decision: The Committee agreed its Forward Work Programme with the inclusion of the following items:

a) to include phlebotomy as part of the scrutiny of Primary Care in Great Yarmouth and Waveney at its 25 October 2019 meeting;

b) to add a scrutiny item on Mental Health provision and delivery with a focus on crisis care on 7 February 2020; and

c) to add a further scrutiny review of Palliative and end-of-life care at its meeting on 15 July 2020.

The Joint Committee also requested the following information bulletin items to be received at its 25 October 2019 meeting covering:

d) progress on the build of a new hospice relating to Palliative and End-of-Life Care; and

e) the establishment of a single Executive Team for all the CCG's across Norfolk and Waveney.

Reason for decision: The Joint Committee regularly reviewed items appearing on the Forward Plan and was required to suggest topics to scrutinise at future meetings.

9. Urgent Business

There was no urgent business.

The meeting closed at 12:37 pm.

Chairman

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Agenda Item 5

Great Yarmouth and Waveney Joint Health Scrutiny Committee

25 October 2019

Norfolk and Waveney Health and Care Partnership Five Year Plan

Suggested approach from the Senior Democratic Services Officer.

The objective is for Councillors to receive an update on progress in developing the Five-Year Plan for the Norfolk and Waveney Health and Care Partnership.

Purpose of Today's Meeting

1. The key focus areas for today's meeting are:
   a) To understand the background, context and process for developing the Plan.
   b) To raise any points of significance that the Committee feels should be considered further prior to the Plan's submission to the regulators.

Background

2. In January 2019, the NHS published its Long-Term Plan setting out how it will make services fit for the future.
3. The plan is backed-up by a 3.4% average real-terms annual increase in NHS England's budget between 2019/20 and 2023/24 (a £20.5 billion increase over the period).
4. Every Sustainability and Transformation Partnership (STP) in the country is developing five-year plans covering the period to 2023/24, setting out how they will deliver the ambitions of the NHS Long-Term Plan and their local priorities.
5. The Norfolk and Waveney Health and Care Partnership has established the following priorities:
   a) **Primary and community care:** As a system we know we must focus on prevention wherever possible, we cannot meet our clinical priorities without focussing on primary care and community care.

b) **Mental health:** We will focus on prevention and maintaining well-being for our people to stay happy and healthy. If people are in need, we will provide high quality services.

c) **Acute transformation:** Transforming our acute hospital services in a way that improves the patient experience as well as making them more financially sustainable.

d) **Urgent and emergency care services:** To address pressures on urgent and emergency care services to enable good quality care for all.

e) **Cancer:** Commitment to improving the care, treatment and support all people who have been diagnosed with cancer and ensure that cancer is diagnosed early across our footprint.

f) **Children and young people:** Ensuring our children and young people have access to high quality physical and mental health services to give them the best possible start in life.

6. Some of the commitments in the Long-Term Plan are **critical foundations to wider change**. All health and care systems must prioritise these commitments, namely:

   a) Delivering a new service model for the 21st Century:

      i) Transformed 'out-of-hospital care' and fully integrated community-based care.

      ii) Reducing pressure on emergency hospital services.

      iii) Digitally-enabling primary care and outpatient care.

      iv) Better care for major health conditions (improving cancer outcomes, improving mental health services and shorter waits for planned care).

   b) Increasing the focus on population health – moving to Integrated Care Systems everywhere.

7. The STP Executive will endorse the Norfolk and Waveney Health and Care Partnership Plan and recommend its sign-off to the STP Oversight Group.

8. The Joint Contracting and Commissioning Executive (JCCE) will sign-off the Plan on behalf of the five Norfolk and Waveney CCGs.

9. The Health and Wellbeing Boards for Norfolk and Suffolk will sign-off the Plan in order to demonstrate local authority 'buy-in' alongside other key stakeholders such as district councils, criminal justice, Voluntary Community and Social Enterprise (VCSE) organisations.

10. The first draft of the Plan, in outline form, was submitted to NHS England and NHS Improvement on 27 September 2019 and the final version will be submitted on 15 November 2019 and will be publicly available after that date.

11. The Norfolk and Waveney Plan will set out strategy and direction of travel but will not include details of specific proposals for substantial changes to existing services. Any such proposals, which would require consultation with health scrutiny, will emerge at a later stage. Health scrutiny has no formal role in the sign-off of the Plan.

Suggested approach

12. The Director of Special Projects, representing the Norfolk and Waveney CCGs and the Locality Director - Great Yarmouth and Waveney, NHS Norfolk and Waveney Clinical Commissioning Groups, will provide a short presentation outlining the background, context and process in developing the Plan.

13. The Joint Committee will question the Director of Special Projects and the Locality Director on the emerging Plan and the process for its development, raising any points of significance for consideration prior to final submission of the Plan to the regulators in November 2019.

14. Depending on discussions at the meeting, the Joint Committee may wish to consider:

    - Whether there are any comments or recommendations that the Committee wishes to make arising from the presentation and discussion.
    - Whether there are specific issues of significance that the Committee warrants further consideration for inclusion in the final Plan.
    - Whether there is further information or updates that the Committee wishes to receive via the Information Bulletin

References

(i) NHS England: Norfolk and Waveney STP: https://www.england.nhs.uk/integratedcare/stps/view-stps/norfolk-and-waveney/

(ii) Norfolk and Waveney Health and Care Partnership Five Year Plan: https://www.norfolkandwaveneypartnership.org.uk/about-us/our-five-year-plan

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Norfolk County Council

Suffolk County Council

Agenda Item 6

Great Yarmouth and Waveney Joint Health Scrutiny Committee

25 October 2019

Primary Care Services in Great Yarmouth and Waveney

Suggested approach from the Senior Democratic Services Officer.

The objective is for Councillors to examine the developments in the organisation and provision of primary care services across the CCG area and outcomes achieved to date. This will include a focus on minor injury and x-ray, which have previously been available locally, and an examination of phlebotomy services.

Purpose of Today's Meeting

1. The key focus areas for today's meeting are:

   a) To receive an update report on the provision of primary care services across the CCG area and the development of Primary Care Networks.

   b) To consider the further work the CCG is planning to increase the availability of GP appointments, including evenings and weekends, to ensure patients are provided with a timely choice of appointments that suits their circumstances.

   c) To receive an update on the further work being carried out in Primary Care to promote the use of, and provide, on-line appointment booking or other on-line access within their normal opening hours.

   d) To receive assurances from the CCG that the minor injury and x-ray services has sufficient capacity and accessibility to meet the demands of the local population.

   e) To receive assurances from the CCG that the current phlebotomy service provision is meeting the different local needs of patients and communities, and that the CCG assured that there is an appropriate degree of discretion in local GP practices in determining those patients who can get blood samples (for procedures carried out at the James Paget) taken at their local surgery and those who can't.

   f) To receive an update on how Primary Care Networks are working with local communities to understand local health and care needs, and how on-going

engagement with local communities is ensuring that services provided meet local needs.

Background

3. **Great Yarmouth and Waveney Joint Health Scrutiny Committee** agreed at its meeting on 26 April 2019 to examine developments in the organisation and provision of primary care across the CCG area, also including minor injury and x-ray services. The scope was subsequently extended to include phlebotomy services.

4. Concerns and queries have previously been raised with the CCG across a number of areas, including the availability of GP appointments (including online appointments), the availability of minor injury and x-ray services, and phlebotomy capacity and waiting times.

5. The CCG have provided a report focusing on the development of the four Primary Care Networks across Great Yarmouth and Waveney, the proactive work in enhancing GP provision and services, and the on-going programme of engagement with local communities. This is attached at ***Appendix 'A'***.

Primary Care Networks

6. Primary care networks (PCNs) are new groups of GP practices working closely together with other community, mental health and social care staff to improve services for local people.

7. PCNs were introduced in July 2019 and will be responsible for delivering joined-up health and care services through multi-professional teams to patients in the community. The networks have the potential to benefit patients by offering improved access to an extended range of services, recruitment of additional health staff, and by helping to integrate primary care with wider health and community services.

8. There are four emerging PCN's in Great Yarmouth and Waveney.

9. A Primary Care Network detailed briefing, produced by the Norfolk and Waveney Health and Care Partnership, is attached at ***Appendix 'B'.*** This supplements the CCG's report referenced above.

GP Appointments: GP Patient Survey

10. The annual GP Patient Survey is sent out to randomly selected adult patients in order to provide them with an opportunity to feed back their experiences of their GP Practice. The survey is administered by Ipsos MORI on behalf of NHS England. The latest report was presented to the CCG's Primary Care Commissioning Committee (PCCC) at its meeting on 12 September 2019. Some of the key findings in relation to booking GP appointments in the CCG area were:

    a) The overall percentage of respondents reporting that their practice was "easy" to get through on the phone to fell from 71% in the previous year to 67%.

    b) In response to the question *"on this occasion (when you last tried to make a general practice appointment), were you offered a choice of appointment?"*, the overall percentage of patients responding "yes" to this

question was 53%, compared to the national average of 62%; a CCG decrease from the previous year (58%).

c) In response to the question *"were you satisfied with the type of appointment (or appointments) you were offered?"*, there was a 3% overall decline in the number of patients responding "yes" to this question compared to the previous year (77% to 74%).

d) In response to the question *"overall, how would you describe your experience if making an appointment?"*, the percentage of patients reporting "good" fell from 70% to 66%, compared to the national average 67%.

11. The report summarises that "*Overall, GY&W patients' reporting was generally in line with national averages, with the exception of the choice of appointments offered (53% vs. national average of 62%). However, scores in general have declined from the year previous*".

12. The full report, detailing the wider set of measures reported in the GP Patient Survey, including practice-level results, is available at: https://greatyarmouthandwaveneyccg.nhs.uk/media/3260/agenda-item-7-gp-survey-results-september-pccc.pdf

Online access to GP Appointments:

13. At the **Great Yarmouth and Waveney Joint Health Scrutiny Committee** meeting on 1 February 2019 during discussions on 'Norfolk and Waveney Integrated Urgent Care service' Members asked for information about the extent to which GP practices in the Great Yarmouth and Waveney Area offer on-line appointment booking or other on-line access within their normal opening hours. The CCG has provided the following information:

"In Great Yarmouth and Waveney CCG area all practices offer a range of appointments that are bookable online. All practices are encouraged to have a minimum of 20% of the registered population signed up for online services. Online services is defined as booking and cancelling of appointments, ordering of repeat prescriptions and viewing of detailed information in the GP record. In order to access online appointments patient must first complete a form and take two forms of identification into the practice for verification. Once this is set up the patient will be able to access elements of the patient records including medication, recent consultations and test results.

The launch of the NHS App will see this process simplified for practices, with patients completing the verification process online, via the App. In pilot areas, uptake of online services has increased to around 40% of the practice population.

On average across the Great Yarmouth and Waveney CCG, practices offer 2.5% of all appointments online, based on data from the period March 18 to February 19. The type and timing of appointments available for patients to book online can vary from practice to practice – some offer on the day appointments and others only forward booking. Appointments may be with a GP or another member of the practice healthcare team".

14. The CCG's Primary Care Commissioning Committee's (PCCC) report on the annual GP Patient Survey reports that *"there was an increase in patient*

awareness compared to 2018 for booking appointments online (31% to 35%). Although these mirror the national trends, the awareness of online services from GY&W patients was below the national average."

Phlebotomy services

15. Members of the **Great Yarmouth and Waveney Joint Health Scrutiny Committee** were sent details of the new blood testing service in March 2018. The CCG's letter to stakeholders and FAQs are attached at ***Appendices 'C(i)' and 'C(ii)'***.

16. At the **Great Yarmouth and Waveney Joint Health Scrutiny Committee** meeting on 26 October 2018, the Committee received an update briefing on the way blood testing facilities are delivered across Great Yarmouth and Waveney. This is attached at ***Appendix 'D'.***

17. At that meeting it was agreed that "GY&W CCG should look to investigate a concern raised by a Member of the Joint Committee about a GP practice in the North Lowestoft area that it was alleged had not carried out a blood test required by the James Paget Hospital'.

18. The CCG responded on 11 July 2019 as follows:

"James Paget Hospital used to provide all phlebotomy services for patients living in Waveney through clinics held in the community and through their hospital-based services. The hospital made the decision to withdraw from providing their phlebotomy service in the community which meant that patients requiring hospital blood tests would need to travel to the James Paget Hospital to have them done. From April 2017, the CCG commissioned primary care phlebotomy services from GP practices and ensured that this service was available from every GP practice. For Lowestoft, this meant an increase in provision from the previous three clinics.

Because of these changes, patients who require phlebotomy for an outpatient appointment are requested to have this undertaken at the James Paget hospital when attending for appointment or just visiting relatives, by visiting the drop-in phlebotomy clinic. Patients will be informed of this by the requesting department. The drop-in clinic is open 8am to 4.45 pm, so that patients can attend at a time that is convenient for them.

Funding for the cost of hospital blood tests is included as part of the tariff rate the JPUH receives for delivery of outpatient appointments. There is no simple way of extracting this cost as the tariff rate varies according to the patient's condition and the hospital's current IT system does not allow us to track outpatient phlebotomy activity by practice.

GP Practices are commissioned to provide the blood tests they need to undertake in primary care and are not funded to undertake hospital blood tests. All practices do however provide hospital blood tests on a discretionary basis for those people who may have difficulty in accessing the hospital. There may be a number of reasons why some patients are unable to access the hospital

site for outpatient blood testing. We believe these reasons will fall under one of the following themes;

- *Financial, for example a patient may not be able to afford the travel*
- *Geographical, for example distance from home to hospital. This largely affects patients living in south Waveney*
- *Health, for example the patient may be frail or very unwell and unable to attend the hospital".*

Suggested approach

19. Representatives of the CCG will introduce their report and respond to questions from the joint committee in relation to the areas set out in section 1 above.

20. Depending on discussions at the meeting, the Joint Committee may wish to consider:

- Whether there are any comments or recommendations that the Committee wishes to make arising from the report and discussion.
- Whether there are specific issues to raise with commissioners or providers at a future meeting.
- Whether there is further information or updates that the Committee wishes to receive via the Information Bulletin.

Supporting information

21. The following documents are attached:

Appendix A: CCG report – An update on the development of Primary Care Networks and the provision of primary care services across the Great Yarmouth and Waveney CCG area.

Appendix B: Norfolk and Waveney Health and Care Partnership briefing: Primary Care Networks in Norfolk and Waveney.

Appendix C(i): CCG's letter to stakeholders regarding blood testing service.

Appendix C(ii): New blood testing service: frequently asked questions.

Appendix D: Extract of Information Bulletin 26 October 2018: Briefing for Great Yarmouth and Waveney Joint Health Scrutiny Committee: Blood testing facilities.

References

(i) Great Yarmouth & Waveney CCG Primary Care Commissioning Committee: https://greatyarmouthandwaveneyccg.nhs.uk/about-us/primary-care-commissioning-committee/

Contact details

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NHS
Great Yarmouth and Waveney
North Norfolk, South Norfolk
Norwich, West Norfolk
Clinical Commissioning Groups

An update on the development of Primary Care Networks and the provision of primary care services across the Great Yarmouth and Waveney CCG area.

1. Purpose

The purpose of this report is to provide the Great Yarmouth and Waveney Joint Health Scrutiny Committee (HOSC) with an update on the development of Primary Care Networks and the provision of primary care services across the Great Yarmouth and Waveney CCG area. The paper will also include a focus on the provision of Minor Injury services, X-Ray services and Phlebotomy services.

2. Primary Care and Primary Care Network development in Great Yarmouth and Waveney

a. Background

The overarching aim of our Norfolk and Waveney Health and Care Partnership is to build healthier communities. We are creating an Integrated Care System (ICS) where we will work in partnership at three levels to achieve our aim: Neighbourhood, Place – for example Great Yarmouth and Waveney, and at System – Norfolk and Waveney level. General practice is the foundation of our developing Primary Care Networks at neighbourhood level. Whilst relatively new in establishment Primary Care Networks build on years of GP practices and community partners working together through existing relationships.

As a critical component of an effective health and care system General Practice, and our work to ensure the sustainability and development of both individual practices and increasingly those working more closely together through Primary Care Networks is vital.

We know that with future projections in population health – an ageing population, increasing prevalence of long term conditions and multi-morbidity as well as health inequalities – will increase demand on general practice. As nationally we also face challenges in recruiting and retaining General Practitioners. This context requires us to think differently about how we can promote and sustain general practice and how we can better integrate services to respond; it has shaped the initiatives that the CCG is working on with local practices.

There is much work happening to support Primary Care and Primary Care Network development in Great Yarmouth and Waveney, we describe these below grouped by themes.

b. Initiatives to support the Primary Care workforce

Better supporting our workforce – the Norfolk and Waveney Training Hub

The Norfolk and Waveney Training Hub provides education and training support to Primary Care across Norfolk and Waveney. This includes opportunities for general practice staff to expand their knowledge and specialise in areas of clinical practice as part of their development. Since April 2019 over 50 Great Yarmouth and Waveney staff have attended a range of training events including topics on Diabetes management, Suicide prevention, Mental Health and Dementia care and Musculoskeletal and Chronic Pain. Over 20 local staff have also had Masters and Advanced Diploma clinical skills programmes funded.

Introducing new roles – the General Practice Assistant (GPA)

We are working to pilot a new role – General Practice Assistant – with three learners undertaking these roles for the next 12 months. The General Practice Assistant is an allied health professional and their focus will be to deliver routine clinical and administrative duties to support **General Practitioners** (GPs) in their day-to-day management of patients. This new role is specifically aimed at reducing administrative and the basic clinical burden safely from GPs – allowing them to spend more time using their advanced clinical skills for clinical care.

Giving GPs greater flexibility – the GP Careers Plus scheme

Our GP workforce is ageing, and we know that there are a number of GPs who are at risk of leaving the profession if not given the opportunity to work more flexibly. The GP Careers Plus scheme offers that opportunity for a pool of GPs to develop a portfolio of work, in a more flexible way than working as a Partner or Salaried Doctor within a practice. In Great Yarmouth and Waveney we have 6 GPs that work in this way, with a further 6 GPs due to join the scheme shortly.

Providing health and wellbeing support - Schwartz Rounds Programme and the Norfolk and Waveney General Support Hub

Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare. The purpose of Rounds is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on the clinical aspects of patient care. Rounds can help staff feel more supported in their jobs, allowing them the time and space to reflect on their roles. Evidence shows that staff who attend Rounds feel less stressed and isolated, with increased insight and appreciation for each other's roles. They also help to reduce hierarchies between staff and to focus attention on relational aspects of care. The underlying premise for Rounds is that the compassion shown by staff can make all the difference to a patient's experience of care, but that in order to provide compassionate care staff must, in turn, feel supported in their work. We are piloting a Schwartz Rounds approach in Great Yarmouth and Waveney with local general practice staff.

We have developed an online platform – the Norfolk and Waveney General Support Hub – to support all of our primary care workforce. This site offers a range of different retention solutions and support packages including pastoral support, wellbeing, coaching and mentoring services for GPs.

c. Initiatives to make working life easier in General Practice, and work more effectively to respond to population need

There are a range of digital initiatives we are implementing which will better support General Practice working, and improve access for patients.

Providing information and greater access for patients - FootFall

FootFall is a digital solution which provides each GP practice with an online platform for patients to access information, signposting and communication with their practice. This will also bring opportunities for patient and carer engagement and online consultations as part of the Norfolk and Waveney wide digital first offer for patients. In Great Yarmouth and Waveney we have two early adopters for this system; Beccles Medical Centre and Rosedale Surgery.

More effective working and sharing - GP TeamNet

GP TeamNet is an intranet facility that is available to all local GP practices – to use as individual practices and across Primary Care Networks. This intranet platform allows for easier sharing and storage of key information – for example on policies and procedures, information, training tools, record keeping and so on – at both practice level and across Primary Care Networks. This storage, management and messaging facility will foster more effective working and communication.

Ardens Clinical Decision Support Tool – promoting best practice care

Ardens is a Clinical Decision Support Tool that integrates with the GP's clinical IT system. It provides clinicians with access to the latest evidence-based resources on best practice, medicines management and patient safety. It also makes it easier for GPs to manage patient care and referrals; by automating and streamlining current forms and templates into an easier to use and guided IT system. Funding has been secured to implement Ardens in Great Yarmouth and Waveney, GP Practice staff are being trained to use and adopt the Ardens system.

NHS App – making interaction easier for patients

The NHS App lets patients book GP appointments, order repeat prescriptions and access a range of other healthcare information and services. At the end of August 2019 there were 1186 patients in Great Yarmouth and Waveney registered for the NHS App; this is 1186 out of 4000 patients across Norfolk and Waveney – or 30%. This is an excellent achievement given that a number of our local practices have also undergone a change in clinical system from EMIS to SystmOne. The number of patients registered continues to grow on a monthly basis, and all practices are actively encouraging patients to register for the app. A national NHS App campaign is also being organised, with details being finalised by NHS England.

d. Initiatives to offer a wider range of appointments for patients

Over the past 2 years we have successfully increased appointment availability by an additional 256 hours per week through Improved Access and Extended Access appointments. This equates to a minimum of 3,840 more appointments in Primary Care every week.

The Improved Access service which offers appointment has received positive patient feedback over the last 6 months. Examples of this includes:

- 'I'm very happy to have the opportunity to see the GP at weekends'
- 'It is really helpful to have appointments over the weekend as I work during the week.'
- 'I was very happy that I didn't have to wait for my appointment as I needed asap, and have to have it on a weekend was very convenient.'

Work within local practices has also effected a positive change in their ability to have capacity to see patients on the same day for urgent needs. A number of practices have in place 'Same Day' teams, led by a GP, supported by a range of clinicians such as Paramedics, Practice Nurses, Advanced Nurse Practitioners, Pharmacists, Phlebotomists and Health Care Assistants – who can see and treat people on the day.

e. Primary Care Networks – our progress to date

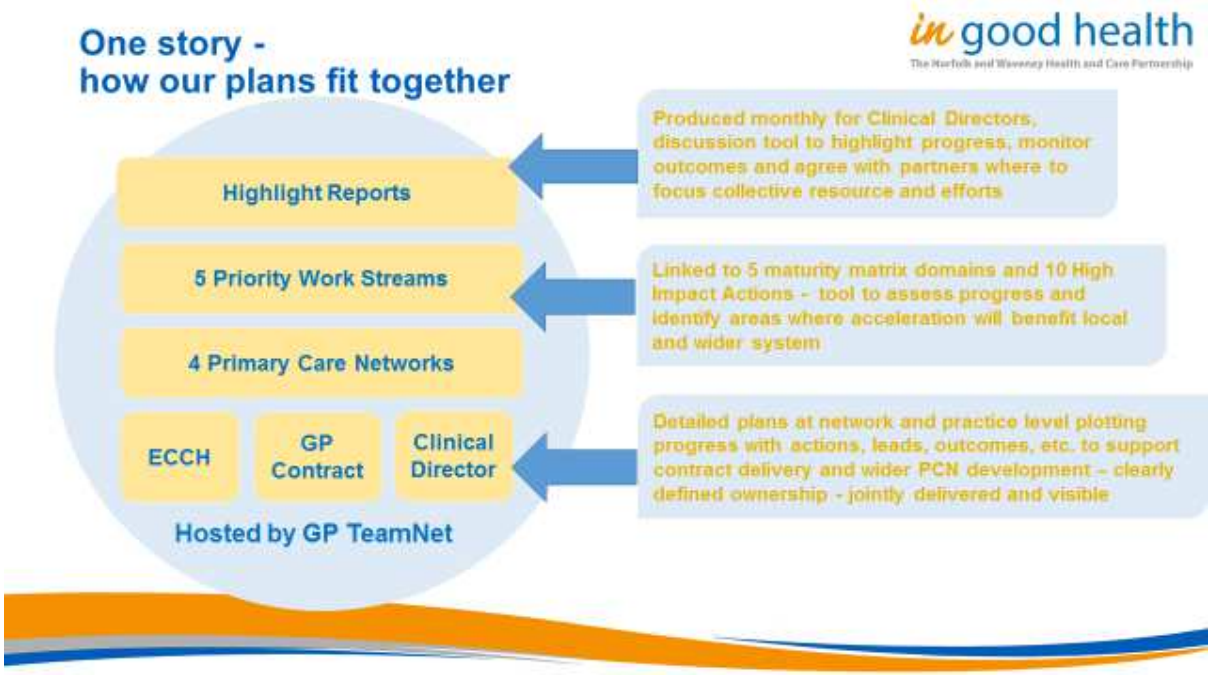
Primary Care Networks (PCNs) are groups of practices working together, working with the agencies such as district councils, voluntary and community sector, mental health and social care to deliver improved care for patients. Collaboration in this was offers great potential benefit – particularly at a time when general practice is facing challenges with meeting population need and workforce sustainability. Working in networks should allow general practices to pool clinical and administrative resources, as well as making it easier to introduce truly multi-disciplinary teams - ultimately it should help to free up GPs' time to spend with patients in most need, and to improve access to more integrated services for our communities

Primary Care Networks came into being on 1 July 2019; Great Yarmouth and Waveney have four networks, each led by a GP who is a nominated 'Clinical Director':

- The Gorleston network covers a population of 44,636, made up of 2 GP partnerships and led by Dr Andy McCall, partner from The Millwood Partnership
- Dr Paul Noakes, partner at The Park Surgery leads the Great Yarmouth and Northern Villages network, made up of 4 GP partnerships with a population of 71,051
- Lowestoft is our largest network with a population of 82,891 and 7 GP partnerships and is led by Dr Lucie Barker, partner at Rosedale Surgery
- Dr Kate Ashdown-Nichol, partner from Longshore leads the five practices across South Waveney serving a population of 59,384

Senior level support is available for PCNs through the Associate Director of PCN Development within the Great Yarmouth and Waveney Locality Team, providing both resources and expertise to guide networks in their development. Members of the locality team attend monthly meetings, held at all four networks, and are working alongside Clinical Directors to support them in their new formal roles of leading network development.

Commissioning and provider colleagues meet regularly with both the networks and their Clinical Directors and have a number of plans in place which provide a framework to monitor both contractual targets and developing wider community links and partnership working. The Great Yarmouth and Waveney Local Delivery Group (which brings together senior representatives from James Paget Hospital, East Coast Community Healthcare, Norfolk and Suffolk Foundation Trust, Norfolk and Suffolk County Councils, Great Yarmouth Borough and East Suffolk District Councils, Pharmacy and VCSE) has oversight of progress and has identified the development of PCNs as a local priority.



All networks and the local system have undertaken detailed discussions, using the NHS England 'PCN Maturity Matrix' tool, to evaluate their level of maturity and future development needs. There is clear consensus locally of where both individual networks and the local system are and priorities are starting to emerge, with plans to support future development.

Examples of changes being driven by or underpinning some of our network plans include:

Clinical Record Systems *- we are nearing the end of a programme to roll out a single clinical system across general practice and East Coast Community Healthcare and are now embarking on ensuring that the opportunities offered by this which will eliminate the need for paper correspondence associated with referrals. Shared systems also have a role in promoting effective multidisciplinary and organisational team meetings. MDT meetings can play a key role in bringing professionals together when a holistic view of multiple and complex needs (wider than health) is useful in ensuring people can receive care in a way which supports all their needs.*

Continuity of Care *- all networks are using practice data to identify cohorts of patients (e.g. living with 5 or more long term conditions) for whom there is evidence that continuity of care results in better outcomes. As well as helping to identify where evidenced based interventions can be best directed it will also highlight groups who will benefit from advanced care planning, GP led. The tool being developed will support effective use of clinical time and resource within practices and promote better outcomes through GP led co-ordinated care across wider teams.*

Local teams, with named nursing leads for all networks *- community services, (district nursing, therapy staff, etc.) are now all working in dedicated teams aligned to PCNs with staff embedded in general practice. This shift away from traditional services lines (out of hospital teams, etc.) to a locally co-ordinated teams who sit together with social care colleagues provides opportunities to work more flexibly to meet demand local, increase professional trust across organisations and provide care which feels more 'joined up' for patients.*

PCNs have also put themselves forward to participate in the first phase of the new Norfolk and Suffolk Foundation Trust primary care mental health model being implemented this year. Many

of our GPs from across all networks have been taking part in additional education over recent months to support this.

f. Primary Care Networks – working with local communities to understand health and care needs

We have two key work steams in progress which allow us great opportunity to work with local partners and communities to understand health and care needs.

NHSE Time for Care - Vision to Delivery Programme

All four of our networks are taking part in a fully facilitated programme (6 half day sessions over 6 months) designed to support emerging PCNs to agree a 'vision' and find common principles which can be applied to practical development of local partnerships.

As well as General Practice and Clinical Directors other attendees include third sector (e.g. MESH and Lowestoft Rising), local providers and partners (e.g. ECCH, Sentinel Leisure), social care, local authorities, etc.

In addition to working together during these sessions they are an opportunity to build on existing and make new relationships and for people to develop a deeper understanding of how their organisations work and find opportunities where working together will be beneficial in improving the health and wellbeing of their local communities.

Great Yarmouth and Waveney Local Approach to Population Health Management (PHM)

The Local Delivery Group is developing shared understanding and programme to support a population health approach - using the definition of PHM as "improving the health of our defined population through data driven planning and delivery of proactive care" by

- An improvement in physical and mental health outcomes and wellbeing
- A reduction in health inequalities within and across a defined population, by
- Place level action plans to reduce ill-health, including addressing wider determinants of health

All networks partners will be key to bringing their local intelligence to overlay the range of data available (including place based assessments, activity data, etc.) to build communities and services which are driven by need, not existing services. The current focus is around bringing together the various data sources to build a local picture which describes, using common language, our population needs. We are working closely to align our activities with that happening through Norfolk and Suffolk County Council Public Health teams, and respective Borough and District Councils. For example, we plan to be present and offer partner support to the forthcoming East Suffolk District Council Community Partnership events happening with local communities to share information on health, wellbeing and need.

Both work streams are about developing an approach rather than something with a start and end date. Moving to communities focused people, including wider determinants to health and encompassing early support and intervention, primary, secondary and tertiary disease prevention and management

g. Minor Injuries

All practices across Great Yarmouth and Waveney offer minor injuries services, with an enhanced service commissioned to fund and encourage practices to actively treat minor injuries within 48 hours of the incident. Additional activity has been commissioned in South Waveney Practices following the closure of the Minor Injuries Units in this area and reflects the reduced activity seen at A&E from this area. This is a cost effective way of running the service and enables patients to be treated in the right place at the right time.

Over 3500 minor injuries are treated in primary care (Monday to Friday) every year, with 48% of this activity happening with the South Waveney practices.

h. X-Ray Services

Following the closure of the community x-ray service a direct access booking has been implemented. This is a pathway is for health professionals to direct access x-ray for suspected recent trauma and suspected fractures. This pathway was updated June 2019, and ensures patients can go direct to radiology rather than going to the Emergency Department to then be referred to radiology. Direct referral is available Monday to Friday 08.45 until 16.45.

i. Phlebotomy services

The CCG is assured that the needs of patients are being met, with 99% of urgent patients being seen within the nationally recommended time of 24 hours and routine non-urgent patients being seen within 4 working days of the clinical need.

The total number of contacts seen in Great Yarmouth and Waveney practices in the 18/19 financial year was 159,006, the total GP activity in practices was 150,992, the total outpatient activity carried out in Primary Care was 8,014.

The above data suggest that 5% of all requests for phlebotomy services are for outpatient activity, practices are using their discretion to ensure patients are seen in a timely manner and at the practice where appropriate.

Over the past two years most practices have remained static in terms of numbers of patients seen.

The CCG has been working with ECCH who provide services in South Waveney to ensure the phlebotomy requirements of patients are met, this includes increasing the staffing numbers at the Patrick Stead Hospital site, offering afternoon phlebotomy clinics, working with the practices to use practices phlebotomists where appropriate and developing a bank of staff to cover sickness/holidays. This has resulted in a more robust service in the area.

GYW CCG is the only area in Norfolk and Waveney that offer phlebotomy services 7 days a week and between 6:30pm and 8pm. The CCG has invested in centrifuges and additional collections at weekends to enable bloods to be taken, stored and transported in the evening and weekends, this is delivered from the Improved Access sites and pre-bookable to all patients across Great Yarmouth and Waveney. This has been very successful and helps those that work Monday to Friday to access services.

The CCG continues to engage and discuss services with stakeholders, patients and PPG's to maintain effective service delivery. There has been a significant reduction in the number of PALS enquiries relating to phlebotomy services over the past 8 months which is an indication

that services and patient experience is improving. The CCG is committed to continue to work with practices and ECCH to improve the services and ensure the needs of the population are met within the funding allocation for this service.

3. Conclusion

Much is happening in Great Yarmouth and Waveney to develop Primary Care, Primary Care Networks and integrated Primary and Community provision. Significant activities are underway to support General Practice and to build Primary Care Networks – a number of schemes are pilots or forerunners in the wider Norfolk and Waveney STP. These schemes have been shown to improve staff experience and patient outcomes. The integrated community model implemented by East Coast Community Healthcare in April 2019, which was newly commissioned by Great Yarmouth and Waveney CCG, is changing the way in which primary and community care work, and aligns community care with emerging Primary Care Networks. The Local Delivery Group partnership forum which is established for Great Yarmouth and Waveney, bringing together partners across statutory health, care and communities, is a key group to lead future integrated working and through which we will build our local approach and ambition.

We welcome questions and discussions with Great Yarmouth and Waveney HOSC on these matters.

in good health
The Norfolk and Waveney Health and Care Partnership

NHS

Primary Care Networks
in Norfolk and Waveney

Primary care networks (PCNs) are new groups of GP practices working closely together with other community, mental health and social care staff to improve services for local people.

PCNs will be responsible for delivering joined-up health and care services through multi-professional teams to patients in the community.

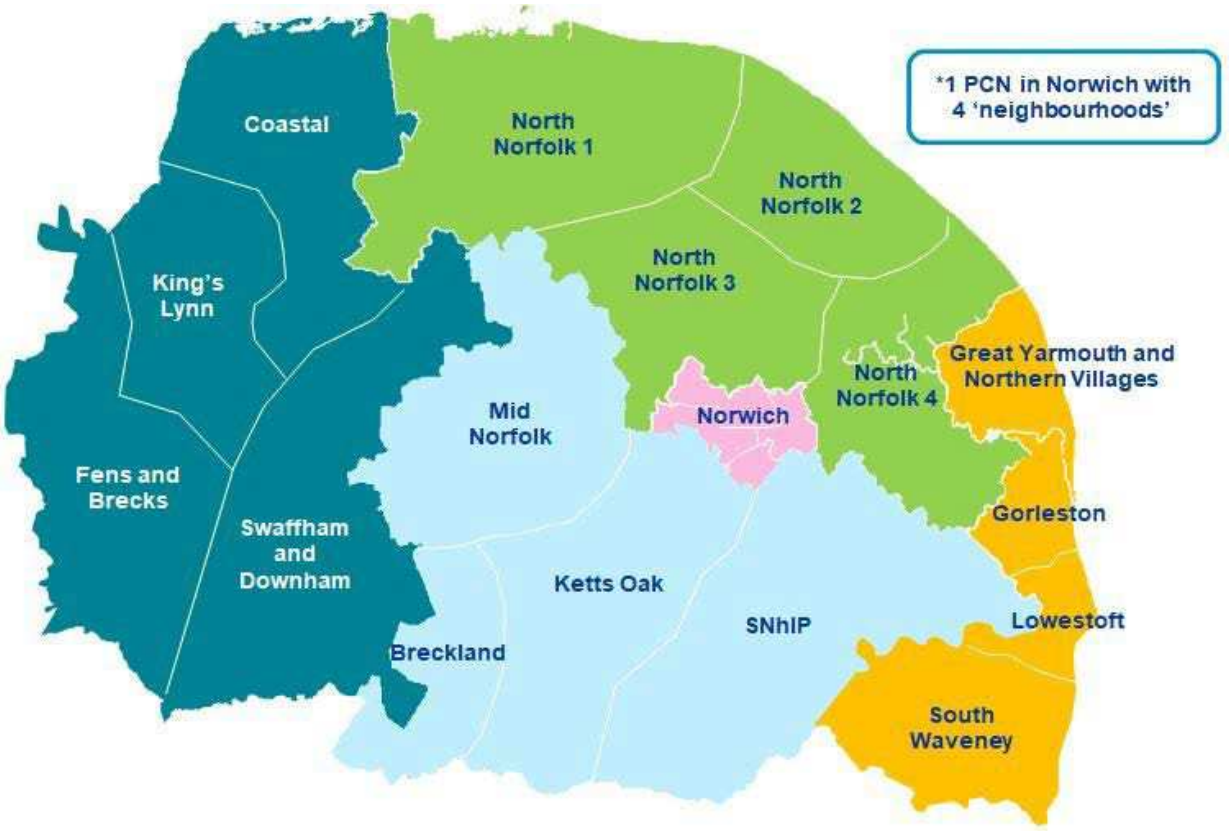
Patients will continue to remain registered with their own GP practice, but working as part of a network will enable GP practices in Norfolk and Waveney to share expertise and resources.

- Primary care networks have the potential to benefit patients by offering improved access to an extended range of services, recruitment of additional health staff, and by helping to integrate primary care with wider health and community services.

- New staff may include clinical pharmacists, physiotherapists, paramedics, physician associates and social prescribing link workers. They will improve access for patients and will help ensure that patients can see the professional that is most appropriate for their needs.

We have created 17 primary care networks in Norfolk and Waveney

PCNs were introduced across the country in July 2019 and are still evolving. Each PCN typically has a patient population of about 30,000 to 50,000 patients, so this might mean four or five practices.



What PCNs are achieving in Norfolk and Waveney so far

Community services

The four main organisations providing adult community services (Norfolk and Suffolk County Councils, Norfolk Community Health and Care and East Coast Community Healthcare) have already clustered their operational teams around our PCNs.

Case study
In Great Yarmouth and Waveney a new adult community services contract has an emphasis on integrating services with general practice through PCNs

Mental health

A new model of care is being developed with Norfolk and Suffolk NHS Foundation Trust (NSFT), aligned with PCNs. This is in line with our Norfolk and Waveney mental health strategy published earlier this year. Team members are likely to include a GP champion, supported by a mental health nurse, a named psychiatrist, peer support, dementia practitioner, trauma therapist, wellbeing practitioner including long term conditions, carer champion and a social navigator.

Care homes

We have developed an Enhanced Health in Care Homes (EHCH) programme which has strengthened care quality in a number of our care homes and builds on locally commissioned services from general practice. We will fully develop the programme so that it is in place in each PCN and introduced to all care homes by 2021.

Case Study
In North Norfolk an Enhanced Care Home Team is supporting care homes and general practices. The service is reducing admissions to hospital and reducing the number of GP visits needed by offering a more tailored and organised service for care homes.

Case study
South Norfolk PCNs have worked collaboratively with local care providers and have developed a visiting nurse model to support patients and improve clinical care.

End of Life

A newly commissioned specialist palliative care service in Great Yarmouth and Waveney, integrating care delivery between East Coast Community Healthcare (ECCH), St Elizabeth Hospice and James Paget University Hospital provides specialist palliative care bed and day service provision, working closely with PCNs. This is supported by a 24/7 advice line for patients and their families as well as health and care professionals

Helping people remain safe and well in their homes

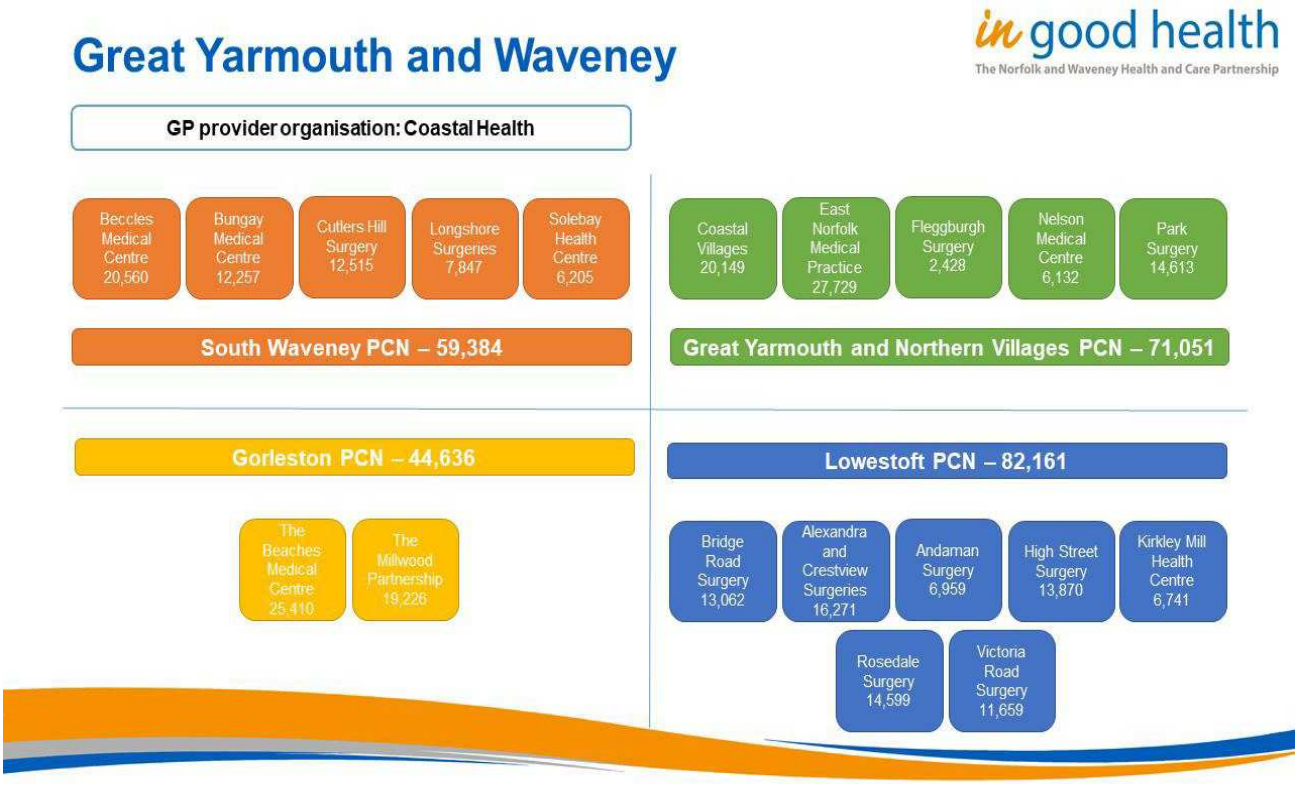
A range of initiatives are underway across Norfolk and Waveney to support patients to stay well in their homes and prevent avoidable admissions to hospital. PCNs are also developing their approaches to population health management - this is a way of identifying groups of people who are at risk of ill health and predicting which individuals are most likely to benefit from further help.

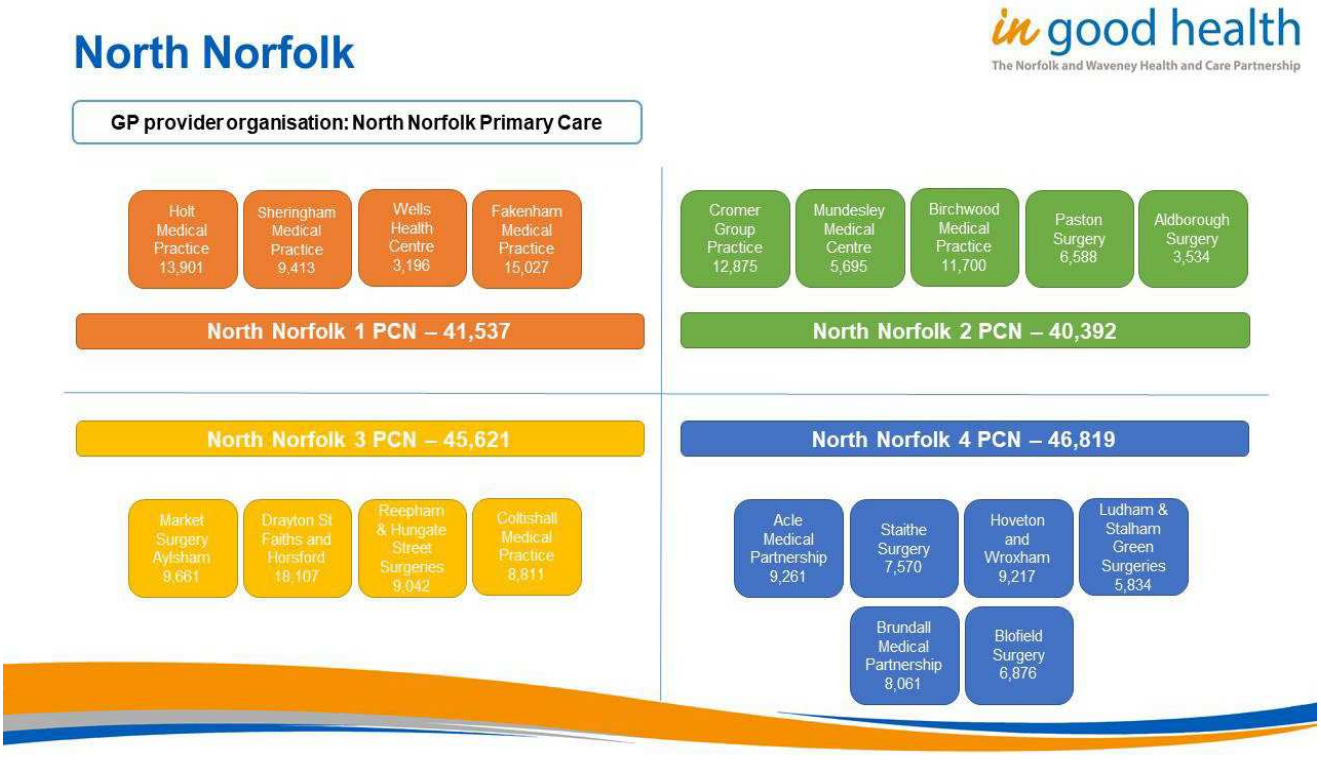
Case study
In Norwich and Lowestoft a shared home visiting service is being piloted to both reduce emergency activity and to support the resilience of general practice.

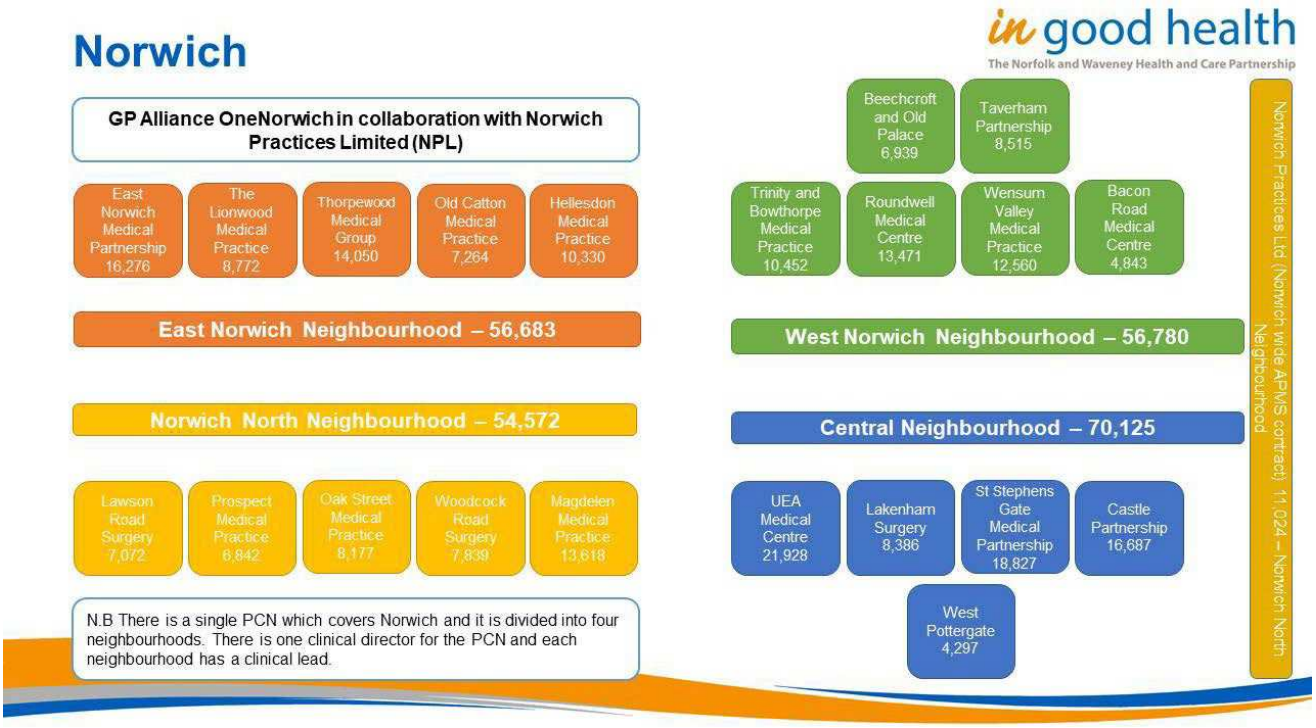
Case study
In West Norfolk work is underway to ensure that emerging PCN transformation projects reflect the needs of the local community. A frailty project is underway in the Coastal PCN.

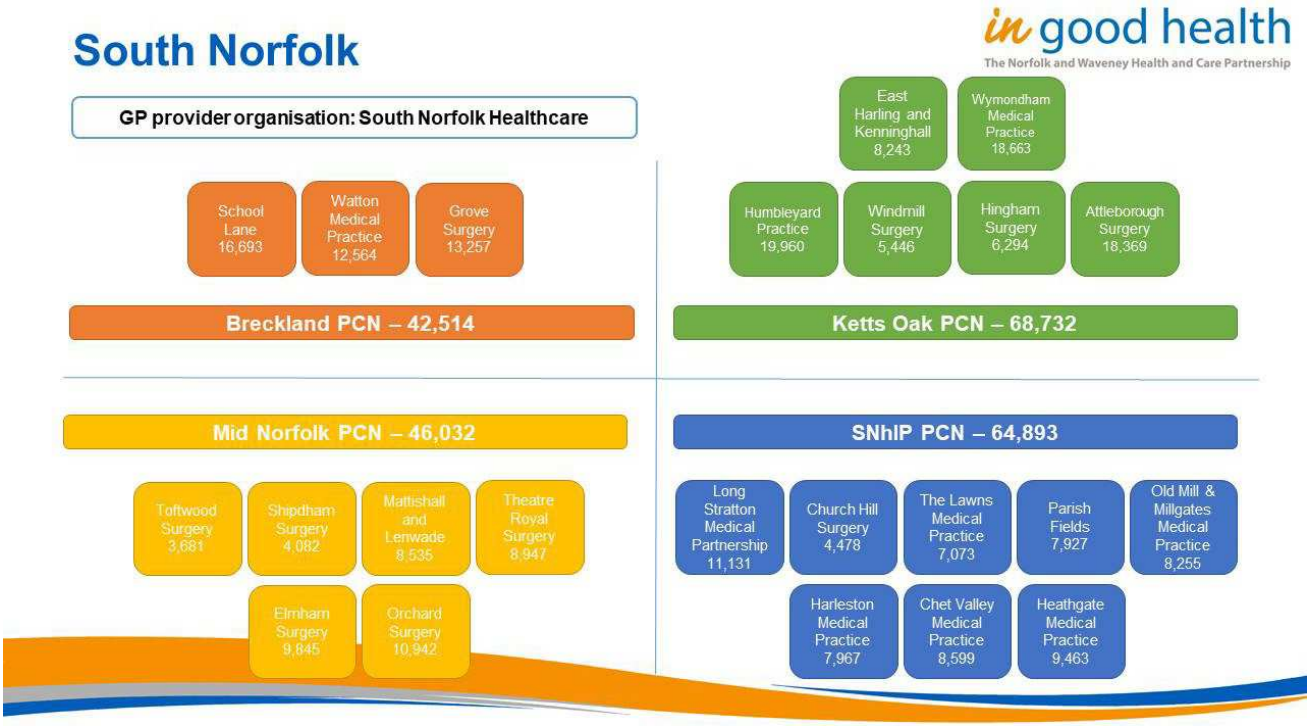
Where can I find out more information?
Further information is included in the NHS England website at www.england.nhs.uk/pcn. In addition, a series of FAQs have been published and are available at https://www.england.nhs.uk/primary-care/primary-care-networks/pcn-faqs

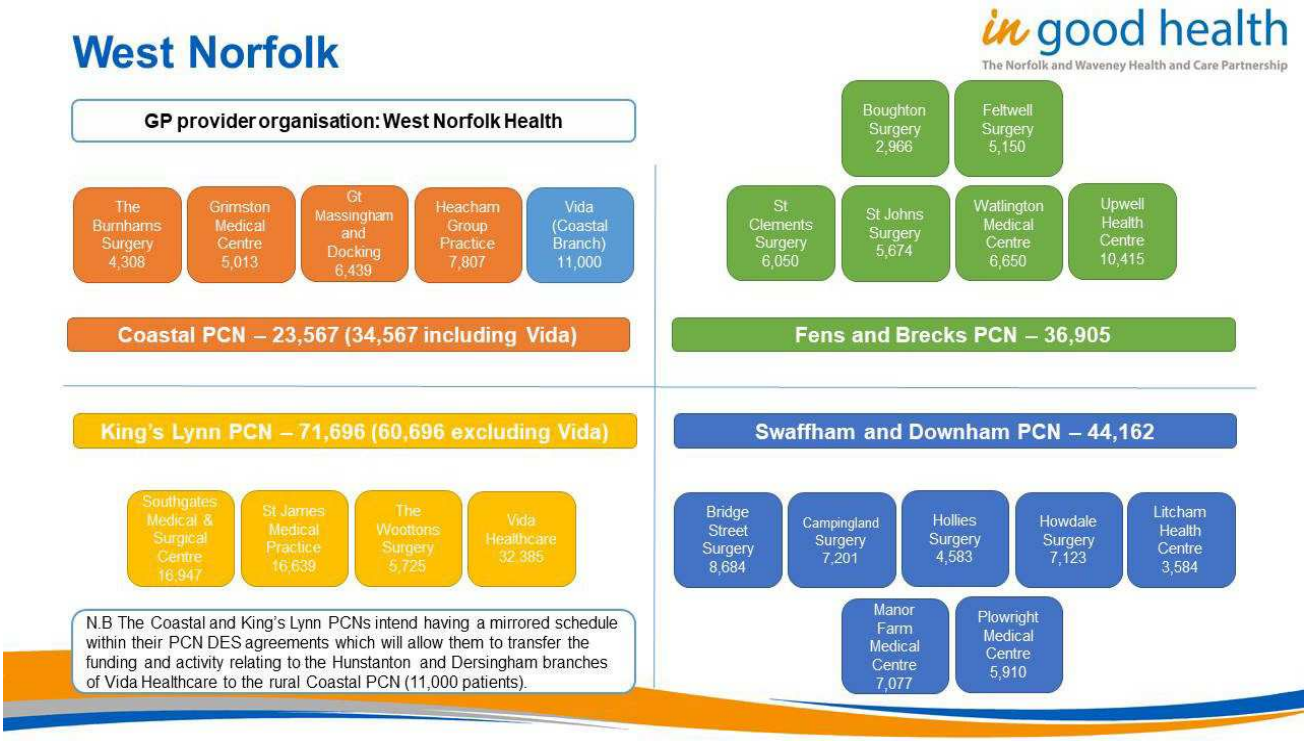
Appendix: **Which PCN is my Practice in?**






Norwich
in good health
The Norfolk and Waveney Health and Care Partnership
GP Alliance OneNorwich in collaboration with Norwich Practices Limited (NPL)
East Norwich Medical Partnership 16,276
The Lionwood Medical Practice 8,772
Thorpewood Medical Group 14,050
Old Catton Medical Practice 7,264
Hellesdon Medical Practice 10,330
East Norwich Neighbourhood – 56,683
Norwich North Neighbourhood – 54,572
Lawson Road Surgery 7,072
Prospect Medical Practice 6,842
Oak Street Medical Practice 8,177
Woodcock Road Surgery 7,839
Magdelen Medical Practice 13,618
N.B There is a single PCN which covers Norwich and it is divided into four neighbourhoods. There is one clinical director for the PCN and each neighbourhood has a clinical lead.
Beechcroft and Old Palace 6,939
Taverham Partnership 8,515
Trinity and Bowthorpe Medical Practice 10,452
Roundwell Medical Centre 13,471
Wensum Valley Medical Practice 12,560
Bacon Road Medical Centre 4,843
West Norwich Neighbourhood – 56,780
Central Neighbourhood – 70,125
UEA Medical Centre 21,928
Lakenham Surgery 8,386
St Stephens Gate Medical Partnership 18,827
Castle Partnership 16,687
West Pottergate 4,297
Norwich Practices Ltd (Norwich wide APMS contract) 11,024 – Norwich North Neighbourhood


South Norfolk
in good health
The Norfolk and Waveney Health and Care Partnership
GP provider organisation: South Norfolk Healthcare
School Lane 16,693
Watton Medical Practice 12,564
Grove Surgery 13,257
Breckland PCN – 42,514
Mid Norfolk PCN – 46,032
Toftwood Surgery 3,681
Shipdham Surgery 4,082
Mattishall and Lenwade 8,535
Theatre Royal Surgery 8,947
Elmham Surgery 9,845
Orchard Surgery 10,942
East Harling and Kenninghall 8,243
Wymondham Medical Practice 18,663
Humbleyard Practice 19,960
Windmill Surgery 5,446
Hingham Surgery 6,294
Attleborough Surgery 18,369
Ketts Oak PCN – 68,732
SNhIP PCN – 64,893
Long Stratton Medical Partnership 11,131
Church Hill Surgery 4,478
The Lawns Medical Practice 7,073
Parish Fields 7,927
Old Mill & Millgates Medical Practice 8,255
Harleston Medical Practice 7,967
Chet Valley Medical Practice 8,599
Heathgate Medical Practice 9,463


West Norfolk
in good health
The Norfolk and Waveney Health and Care Partnership
GP provider organisation: West Norfolk Health
The Burnhams Surgery 4,308
Grimston Medical Centre 5,013
Gt Massingham and Docking 6,439
Heacham Group Practice 7,807
Vida (Coastal Branch) 11,000
Coastal PCN – 23,567 (34,567 including Vida)
Boughton Surgery 2,966
Feltwell Surgery 5,150
St Clements Surgery 6,050
St Johns Surgery 5,674
Watlington Medical Centre 6,650
Upwell Health Centre 10,415
Fens and Brecks PCN – 36,905
King's Lynn PCN – 71,696 (60,696 excluding Vida)
Southgates Medical & Surgical Centre 16,947
St James Medical Practice 16,639
The Woottons Surgery 5,725
Vida Healthcare 32,385
Swaffham and Downham PCN – 44,162
Bridge Street Surgery 8,684
Campingland Surgery 7,201
Hollies Surgery 4,583
Howdale Surgery 7,123
Litcham Health Centre 3,584
Manor Farm Medical Centre 7,077
Plowright Medical Centre 5,910
N.B The Coastal and King's Lynn PCNs intend having a mirrored schedule within their PCN DES agreements which will allow them to transfer the funding and activity relating to the Hunstanton and Dersingham branches of Vida Healthcare to the rural Coastal PCN (11,000 patients).

Practice	Primary Care Network	Locality
Acle Medical Partnership	North Norfolk 4 PCN	North Norfolk
Aldborough Surgery	North Norfolk 2 PCN	North Norfolk
Alexandra and Crestview Surgeries	Lowestoft PCN	Great Yarmouth and Waveney
Andaman Surgery	Lowestoft PCN	Great Yarmouth and Waveney
Attleborough Surgery	Ketts Oak PCN	South Norfolk
Bacon Road Medical Centre	West Norwich Neighbourhood	Norwich
Beccles Medical Centre	South Waveney PCN	Great Yarmouth and Waveney
Beechcroft and Old Palace	West Norwich Neighbourhood	Norwich
Birchwood Medical Practice	North Norfolk 2 PCN	North Norfolk
Blofield Surgery	North Norfolk 4 PCN	North Norfolk
Boughton Surgery	Fens and Brecks PCN	West Norfolk
Bridge Road Surgery	Lowestoft PCN	Great Yarmouth and Waveney
Bridge Street Surgery	Swaffham and Downham PCN	West Norfolk
Brundall Medical Partnership	North Norfolk 4 PCN	North Norfolk
Bungay Medical Centre	South Waveney PCN	Great Yarmouth and Waveney
Campingland Surgery	Swaffham and Downham PCN	West Norfolk
Castle Partnership	Central neighbourhood	Norwich
Chet Valley Medical Practice	SNhIP PCN	South Norfolk
Church Hill Surgery	SNhIP PCN	South Norfolk
Coastal Villages	Great Yarmouth and Northern Villages PCN	Great Yarmouth and Waveney
Coltishall Medical Practice	North Norfolk 3 PCN	North Norfolk
Cromer Group Practice	North Norfolk 4 PCN	North Norfolk
Cutlers Hill Surgery	South Waveney PCN	Great Yarmouth and Waveney
Drayton St Faiths and Horsford	North Norfolk 3 PCN	North Norfolk
East Harling and Kenninghall Medical Practice	Ketts Oak PCN	South Norfolk
East Norfolk Medical Practice	Great Yarmouth and Northern Villages PCN	Great Yarmouth and Waveney
East Norwich Medical Partnership	East Norwich Neighbourhood	Norwich
Elmham Surgery	Mid Norfolk PCN	South Norfolk
Fakenham Medical Practice	North Norfolk 1 PCN	North Norfolk
Feltwell Surgery	Fens and Brecks PCN	West Norfolk
Fleggburgh Surgery	Great Yarmouth and Northern Villages PCN	Great Yarmouth and Waveney
Great Massingham and Docking	Coastal PCN	West Norfolk
Grimston Medical Centre	Coastal PCN	West Norfolk
Grove Surgery	Breckland PCN	South Norfolk
Harleston Medical Practice	SNhiP PCN	South Norfolk
Heacham Group Practice	Coastal PCN	West Norfolk
Heathgate Medical Practice	SNhIP PCN	South Norfolk
Hellesdon Medical Practice	East Norwich Neighbourhood	Norwich
High Street Surgery	Lowestoft PCN	Great Yarmouth and Waveney
Hingham Surgery	Ketts Oak PCN	South Norfolk
Hollies Surgery	Swaffham and Downham PCN	West Norfolk
Holt Medical Practice	North Norfolk 1 PCN	North Norfolk
Howdale Surgery	Swaffham and Downham PCN	West Norfolk
Hoveton and Wroxham Medical Centre	North Norfolk 4 PCN	North Norfolk
Humbleyard Practice	Ketts Oak PCN	South Norfolk
Kirkley Mill Health Centre	Lowestoft PCN	Great Yarmouth and Waveney
Lakenham Surgery	Central Neighbourhood	Norwich
Lawson Road Surgery	Norwich North Neighbourhood	Norwich
Litcham Health Centre	Swaffham and Downham PCN	West Norfolk

Longshore Surgeries	South Waveney PCN	Great Yarmouth and Waveney
Long Stratton Medical Partnership	SNhIP PCN	South Norfolk
Ludham and Stalham Green Surgeries	North Norfolk 2 PCN	North Norfolk
Magdalen Medical Practice	Norwich North Neighbourhood	Norwich
Manor Farm Medical Centre	Swaffham and Downham PCN	West Norfolk
Market Surgery Aylsham	North Norfolk 3 PCN	North Norfolk
Mattishall and Lenwade Surgeries	Mid Norfolk PCN	South Norfolk
Mundesley Medical Centre	North Norfolk 2 PCN	North Norfolk
Nelson Medical Centre	Great Yarmouth and Northern Villages PCN	Great Yarmouth and Waveney
Norwich Practices' Health Centre	Norwich North Neighbourhood	Norwich
Oak Street Medical Practice	Norwich North Neighbourhood	Norwich
Old Catton Medical Practice	East Norwich Neighbourhood	Norwich
Old Mill and Millgates Medical Practice	SNhIP PCN	South Norfolk
Orchard Surgery	Mid Norfolk PCN	South Norfolk
Parish Fields Practice	SNhIP PCN	South Norfolk
Park Surgery	Great Yarmouth and Northern Villages PCN	Great Yarmouth and Waveney
Paston Surgery	North Norfolk 2 PCN	North Norfolk
Plowright Medical Centre	Swaffham and Downham PCN	West Norfolk
Prospect Medical Practice	Norwich North Neighbourhood	Norwich
Reepham and Hungate Street Surgeries	North Norfolk 3 PCN	North Norfolk
Rosedale Surgery	Lowestoft PCN	Great Yarmouth and Waveney
Roundwell Medical Centre	West Norwich Neighbourhood	Norwich
St Clements Surgery	Fens and Brecks PCN	West Norfolk
St James Medical Practice	King's Lynn PCN	West Norfolk
St Johns Surgery	Fens and Brecks PCN	West Norfolk
St Stephens Gate Medical Partnership	Central Neighbourhood	Norwich
School Lane Surgery	Breckland PCN	South Norfolk
Sheringham Medical Practice	North Norfolk 1 PCN	North Norfolk
Shipdham Surgery	Mid Norfolk PCN	South Norfolk
Solebay Health Centre	South Waveney PCN	Great Yarmouth and Waveney
Southgates Medical and Surgical Centre	King's Lynn PCN	West Norfolk
Staithe Surgery	North Norfolk 4 PCN	North Norfolk
Taverham Partnership	West Norwich Neighbourhood	Norwich
Theatre Royal Surgery	Mid Norfolk PCN	South Norfolk
The Beaches Medical Centre	Gorleston PCN	Great Yarmouth and Waveney
The Burnhams Surgery	Coastal PCN	West Norfolk
The Lawns Medical Practice	SNhIP PCN	South Norfolk
The Lionwood Medical Practice	East Norwich Neighbourhood	Norwich
The Millwood Partnership	Gorleston PCN	Great Yarmouth and Waveney
The Woottons Surgery	King's Lynn PCN	West Norfolk
Thorpewood Medical Group	East Norwich Neighbourhood	Norwich
Toftwood Surgery	Mid Norfolk PCN	South Norfolk
Trinity and Bowthorpe Medical Practice	West Norfolk Neighbourhood	Norwich
UEA Medical Centre	Central Neighbourhood	Norwich
Upwell Health Centre	Fens and Brecks PCN	West Norfolk
Victoria Road Surgery	Lowestoft PCN	Great Yarmouth and Waveney

Vida (coastal branch)	Coastal PCN	West Norfolk
Vida Healthcare	King's Lynn PCN	West Norfolk
Watton Medical Practice	Breckland PCN	South Norfolk
Wells Health Centre	North Norfolk 1 PCN	North Norfolk
Wensum Valley Medical Practice	West Norwich Neighbourhood	Norwich
West Pottergate Medical Practice	Central Neighbourhood	Norwich
Windmill Surgery	Ketts Oak PCN	South Norfolk
Woodcock Road Surgery	Norwich North Neighbourhood	Norwich
Wymondham Medical practice	Ketts Oak PCN	South Norfolk

NHS
Great Yarmouth and Waveney
Clinical Commissioning Group
70 YEARS OF THE NHS 1948 - 2018

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20 March 2018

Dear colleague

Re: New blood testing service for Great Yarmouth and Waveney

I am writing to make you aware of a new blood testing service for patients in Great Yarmouth and Waveney that will be available from 1 April.

The new service will mean that for the first time all patients will be able to get their blood tested at their own GP practice rather than having to travel for blood testing. Each practice will operate the service differently according to their local need therefore patients are being advised to contact their GP receptionist to find out how it will work for them.

The drop-in clinic at the James Paget University Hospitals NHS Foundation Trust will continue to operate for hospital blood tests but we are encouraging people who attend for GP blood tests to go to their own practice instead. Patients who turn up with a GP blood test form will have their bloods taken on that visit but will be given a flyer encouraging them to go to their GP in future instead.

More information about the new service is available in the attached Frequently Asked Questions Form attached.

I would be grateful if you could share this information within your organisation.

Thank you

SAParker

Sadie Parker
Director of Primary Care

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New blood testing service – frequently asked questions

Q: I have heard that blood testing is changing, what does this mean for me?
A: From 1 April 2018 all GP blood testing will be carried out at your own GP practice. This means that you will not have to travel elsewhere to get your blood tested.

Q: How will the new blood testing system work? Will I have to make an appointment or can I just drop-in?
A: Each GP practice will set up the blood testing service to suit their individual practice and patients' needs. Therefore we would suggest that you ask your practice receptionist how the new system will work in your GP practice or look out for information on posters or on their website.

Q: I use the drop-in service at the James Paget University Hospitals NHS Foundation Trust, will I still be able to?
A: If your blood tests have been requested by the hospital then you will be able to get your bloods done at the drop-in service at the hospital.

If your GP has given you a form to get your blood tested then you should arrange this through your GP practice now, you will need to ask your receptionist about how blood testing works at your practice.

Patients who turn up at the hospital drop-in clinic with a GP form will get their bloods tested on that first visit but will be given a flyer asking them to go to their practice for GP blood tests in future.

Q: My child needs to have blood test, where will I go for this?
A: Children aged between 2-18 years old should be able to have their bloods taken at the GP practice. If they require a specialist intervention such as play therapist they will be referred to The Cove at the James Paget hospital who provide a specialist service. If your child currently has phlebotomy service at The Cove but no longer requires a specialist service they will be able to have their bloods taken at their GP practice.

Q: I am a cancer patient where will I go for my regular blood testing?
A: If you need regular blood tests for an ongoing condition such as cancer then your bloods can be taken at the hospital drop-in service or they can be done at your local GP practice. The new service has been developed to make it as accessible as possible for patients with ongoing health needs.

Q: I am worried that the changes will make it difficult for me to get blood tests done in future. Where can I go for advice/help?
A: If you have any concerns about the new service please contact the Patient Advice and Liaison Service on 01502 719567 or email: GYWCCG.PALS@nhs.net

Q: I use the drop-in service at Beccles Hospital, will that still be available?
A: We would encourage patients to use their own blood testing service at their own GP practice where possible. However, the drop-in service at Beccles Hospital will continue to be available for all patients from the following practices:
Beccles Medical Centre, Sole Bay Health Centre, Cutler's Hill Medical Practice, Bungay Medical Centre, Longshore Surgery.

Q: Will there be any changes to the blood collection/testing service.

A: No, this service is offered by Eastern Pathology Alliance on behalf of the hospitals and will continue to work as currently with bloods being picked up from each surgery twice a day for testing.

Q: I need warfarin, where can I get my blood testing done?
A: Patients who need INR testing for warfarin will be able to get this done at their own GP practice. Please contact your receptionist to find out how the blood testing service will work at your individual practice.

Great Yarmouth and Waveney Joint Health Scrutiny Committee
26 October 2018
Item no 8

Information Bulletin
EXTRACT

NHS
Great Yarmouth and Waveney
Clinical Commissioning Group

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Blood testing facilities

26 October 2018

Background

Since the last update in February 2018 to the Great Yarmouth and Waveney Health Overview and Scrutiny Committee, the way blood testing facilities are delivered across Great Yarmouth and Waveney has changed. Changes have been made following the James Paget University Hospital (JPUH) serving notice on the community phlebotomy service in September 2017, to cease providing community phlebotomy services from 1 April 2018.

Community blood testing services in Waveney were provided by the James Paget University Hospital across multiple hub sites (Kirkley Mill Health Centre, Alexandra Road Surgery, Bungay Surgery, Beccles Hospital, Sole Bay Health Centre, Longshore Surgeries, and Patrick Stead Hospital).

As the original service was mainly walk in and commissioned on a population basis, a clear picture of historic footfall through the service was unavailable. Based on national evidence and local intelligence from Great Yarmouth and Gorleston practices the cost of the service was reviewed and a service specification written and agreed by the Clinical Executive Committee. The Clinical Executive Committee agreed that the service would be commissioned for 2018/19 as a pilot to enable it to collect data, evaluate the service and review patient experience.

Provision of Service from 1 April 2018

Following approval by the Clinical Executive Committee at NHS Great Yarmouth and Waveney CCG. The Primary Care team approached each cluster of practices in their respective localities to commission the service at practice level. It was during this time that the South Waveney locality informed the commissioner that they were not in a position to deliver the service.

In January 2018 the Primary Care team worked with providers to mobilise the service in the Lowestoft Locality and South Waveney locality.

Following a market engagement event East Coast Community Healthcare (ECCH) was identified as the provider for South Waveney Locality to deliver community phlebotomy services at five sites in South Waveney. During the shift of provision to the new provider it soon became clear that there was going to be a staffing shortage as some of the existing staff were not going to transfer to the new service. This was due to a number of employment laws around transfer of personnel.

As soon as the gap in staffing was identified, ECCH undertook a recruitment exercise to employ a number of phlebotomists both on the bank service and into the gaps in service. This has enabled them to establish a full complement of staff and provide appropriate cover to both sites.

In Great Yarmouth blood testing services have traditionally been provided by GP practices and they continue to provide their own clinics to match demand.

Blood testing services for house bound patients is provided by the district nursing team through a separate contract with East Coast Community Healthcare. The JPUH still also provide a phlebotomy clinic for outpatient activity, hard to bleed patients and patients that are not able to attend their practice. This is a drop in facility, which operates Monday to Friday 8.00am until 4.45pm.

Learning so far from the pilot

As part of the service redesign, outpatient blood services remained with the JPUH and the community phlebotomy service was undertaken at practice level. During the first three months of the pilot we learnt that it is not always possible for patients to travel to the JPUH for their outpatient blood testing needs and not all patients want their blood testing needs met at their GP practice. The CCG has worked with the JPUH to review the phlebotomy policy and this has led to a change in the criteria to meet the need of the patient. Patients can have outpatient activity in the community and primary care activity in the JPUH. The JPUH will continue to provide a hard to bleed service for those patients who require a specialist intervention. We have also learnt that GP practices in Great Yarmouth and Waveney will see in excess of 14,000 patients for blood testing services every month.

International Normalised Ratio (INR) testing is required for patients taking Warfarin; blood tests are required on a frequent and sometimes urgent basis to enable safe re-dosing of the Warfarin. These patients should be offered urgent appointments; in some cases this hasn't happened and resulted in some patients escalating to the JPUH unnecessarily. The learning from this has been shared with practices that are now enabling an alert system on the patient's clinical records and ensuring reception staff are asking the right questions at the time of booking. Practices are also educating patient to highlight their need to be urgent.

The CCG recognised that the transition of the service from JPUH to ECCH could have been better and has undertaken a full review of the implementation and identified some key principles from this. These are:

- Sharing of an established agreed project plan and regular formal meetings to determine progress and identify any risk issues. This would include all clinical risk assessments and mitigations, revised, progressed and recorded at every meeting.
- All communications should be jointly agreed, including the rationale for

the change, by stakeholders along with dates for release.

- Patient /carer inclusion in the planning process to ensure that this essential perspective has been considered and evidenced in the plan.

Conclusion

As expected the pilot phase has identified many areas of learning, which have helped the CCG, ECCH, JPUH and the practices improve and develop the service to improve patient experience. We will continue to work with the public and provider of the service to capture further learning so we are able to adapt the provision. The CCG will continue the pilot into 2019 to enable the CCG to commission a long term fit for purpose service from mid-2019.

Ben Hogston
Deputy Director of Primary Care

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Norfolk County Council

Suffolk County Council

Agenda Item 7

Great Yarmouth and Waveney Joint Health Scrutiny Committee, 25 October 2019

Information Bulletin

The Information Bulletin is a document that is made available to the public with the published agenda papers. It can include update information requested by the Committee as well as information that a service considers should be made known to the Committee. The items are not intended for discussion at the Committee meeting.

If there are any matters arising from this information that warrant specific aspects being added to the forward work programme or future information items, Members are invited to make the relevant suggestion at the time that the forward work programme is discussed.

This Information Bulletin covers the following items:

1. Palliative and End-of-Life Care – progress report on the build of a new hospice relating to Palliative and End-of-Life Care.
2. Norfolk and Waveney Sustainability and Transformation Plan (STP) – update.
3. CCGs' Executive Team – an update on the establishment of a single Executive Team for all the CCG's across Norfolk and Waveney.

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1. Palliative and End-of-Life Care

At its meeting on 12 July 2019, the Committee agreed to receive a progress report on the build of a new hospice.

The following briefing note has been provided by the East Coast Hospice:

Update on Margaret Chadd House since the last HOVSC meeting on 13 July 2019

1. We have all worked hard towards our goal of building Margaret Chadd House.
2. Our fundraising continues and we are looking forward to our Annual Santa Dash this December.
3. Our shops are still one of our biggest sources of income which supports the running of the whole charity.

4. One member of staff deals with Grant Applications and these must be prepared in advance, in order to press the button at the right time. A badly timed application can set you back three years before you can apply again.

5. We are consolidating all areas leaving no room for loopholes. This is a massive task, but we have saved a great deal of money for the charity. It is very difficult to express to the public just how much money has been saved due to the Trustees' experience and time.

6. We are currently establishing the final areas for the hospice, such as the garden, interior colours, types of beds required, crockery and kitchen equipment. The finer details of the furniture requirements have also been done in-house, thereby saving the charity more money. It would cost approximately £300-£400 plus VAT per hour to pay for an outside company to do this for us. We are utilising all our skills to constantly save money.

7. The building of Margaret Chadd house is the biggest, independent project for Norfolk and Waveney. We are not a 'Design and Build'.

8. Every aspect of the patient and their loved ones' needs have been considered and implemented in the best way we can.

9. Our Business Plan is in the final stages of completion which will enable us to send with the Grant Foundation Trusts who have requested this. Not many trusts do require this.

For further information please contact: Jennifer Beesley, Chairman, East Coast Hospice; Email: jdbeastcoasthospice@gmail.com.

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2. Norfolk and Waveney Sustainability and Transformation Plan (STP)

The following briefing note has been provided by the Health and Care Partnership for Norfolk and Waveney:

NHS
Great Yarmouth and Waveney
Clinical Commissioning Group

Briefing for Great Yarmouth and Waveney Joint Health Scrutiny Committee:

Update on the Norfolk and Waveney Sustainability and Transformation Partnership (October 2019)

1. This briefing paper provides an update on the Norfolk and Waveney Sustainability and Transformation Partnership (STP), with a focus on progress made with key pieces of work since the last report in July 2019.

Managing the finance and performance of our health and care system

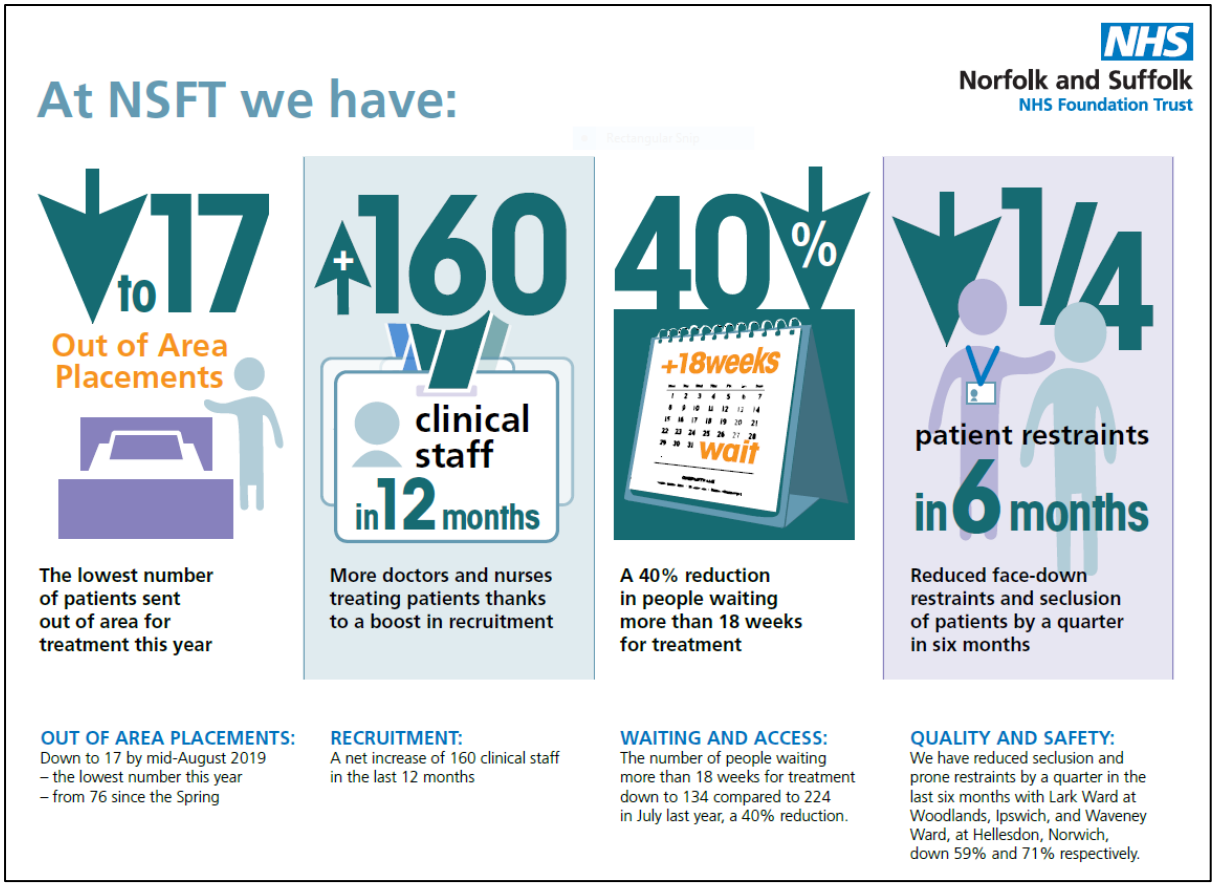
2. Key to our success as a partnership of health and care organisations is to work more closely together to manage our finances and performance. To use our money to best effect, we need model having 'one budget' for providing services. This is why we produce a report that look at the finances of all our local NHS organisations and another about the performance of our whole health and care system.

3. The financial position for the Norfolk and Waveney health system at month 5, excluding one-off supplemental income we may receive, is a deficit of £47.3m against a planned deficit of £44.7m deficit – a £2.6m adverse position. However, all NHS organisations in our partnership are formally forecasting delivery of their financial plans and control totals for 2019/20.

4. Since the last report in July, health and care services in Norfolk and Waveney have been awarded £133 million of capital funding to improve care. We have been awarded:

   - £70 million for three new Diagnostic and Assessment Centres, which will increase our capacity at our three hospitals to support earlier diagnosis of cancer, in particular for lung, prostate and colorectal cancers, as well as non-cancerous diseases.
   - £38 million to build four new in-patient wards at Hellesdon (mental health) Hospital in Norwich, to increase and improve provision, and reduce the number of patients who have to travel out of area for treatment.
   - £25m for primary care developments in each of the five CCG areas of Norfolk and Waveney.

5. In terms of performance, Norfolk and Suffolk NHS Foundation Trust is continuing to improve in key areas as this infographic shows. The Trust is down to its lowest number of patients sent out of area this year and recruited an extra 160 clinicians in the last 12 months. Meanwhile 18-week waits are down 40% and patient restraints have fallen by a quarter.



6. Further information about our financial position is included in ***Appendix 'A'*.**

7. Further information about our performance is included in ***Appendix 'B'*.**

Proposed merger of the five Norfolk and Waveney CCGs

8. The five NHS Clinical Commissioning Groups (CCGs) in Norfolk and Waveney have submitted an application to merge by April 2020. All 105 GP practices, which form the membership of the CCGs, were asked to formally vote on the proposal. 79 votes were cast and 72 voted in favour (91%), which is regarded as a very high 'turnout' and a positive response.

9. The CCGs are committed to maintaining locally-focussed commissioning of health services and strong leadership and guidance from doctors and nurses. Creating one large CCG will help us to address some of the bigger issues in Norfolk and Waveney, such as demand on our hospitals and improving quality of services.

10. If NHS England and Improvement supports the application in principle, the CCGs would begin the formal process to come together and create "NHS Norfolk and Waveney Clinical Commissioning Group", from the beginning of April 2020.

11. Allied to creating a single CCG, the five CCGs are well on their way towards creating a single management team. The CCGs launched a 45-day consultation period with staff on 9 September. In the draft team structure, there are roles to provide programme and administrative support to each of the STP workstreams.

12. This is detailed further in ***Appendix 'C'***.

Setting-up a Voluntary Sector Health and Social Care Assembly

13. Local voluntary, community and social enterprise (VCSE) organisations have been talking with us about how we can work more closely together. The role of the VCSE sector within our emerging Integrated Commissioning System (ICS) is key, and throughout October we are holding a series of events with local VCSE organisations to discuss our five-year plan and how by working more closely together we could:

    - Do more to improve the health and wellbeing of local people
    - Build the resilience of the VCSE sector and address some of the challenges facing VCSE organisations

14. Specifically, we have been exploring the development of a Voluntary Sector Health and Social Care Assembly, so that VCSE groups and statutory services have a mechanism in place to enable us to better plan for the future together. In other parts of the country, having an assembly has given the VCSE sector an opportunity to discuss priorities with statutory services and to make real improvements to people's health and wellbeing.

15. We are at the start of developing this idea – we know that creating an assembly will take time, and needs to be built on the skills and experience of everyone involved. We have set-up an assembly steering group to develop the idea and they will consider the feedback from all our engagement events.

Home First

16. We are launching a new Home First campaign across our system to improve how professionals work across health and social care to ensure patients are discharged from hospital in a timely fashion. This has been led by Norfolk County Council, with support from all colleagues from across the system.

17. For the public, a communications campaign has been designed to ensure patients, family members and carers are aware of the need to ask – on admission to hospital – for an Expected Discharge Date (EDD). They are then being asked to make sure plans are in place so there are no avoidable delays to a patient being discharged on that date. A range of different communications materials and channels have been developed.

18. For staff across the STP, there is a need to create a 'Home First' culture from an understanding that most patients (particularly, but not specifically, older patients) are more likely to recover better and more quickly from surgery/hospital treatment at home, in their own bed. Most of the changes which need to be made through Home First will be relatively small and simple, and are largely about helping people to move away from long-held views and embrace the evidence-based approach that your bed is the best bed to recover. We are going to develop a single 'Home First' training package that can be rolled out across all organisations. This will ensure the 'Home First' ethos is considered at all points in a patient's journey from living independently, to admission to hospital, to discharge and to living independently once more.

Establishing the joint Norfolk and Waveney HOSC

19. As yet there have been no notifications of firm proposals for specific substantial changes to services that require the joint health scrutiny committee of members from Norfolk HOSC and Suffolk HOSC to be established, in line with the terms of reference agreed by Norfolk HOSC in April 2017 and Suffolk HOSC in July 2017.

For further information please contact: Chris Williams, ICS Development Manager; Email: Chris.Williams20@nhs.net

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3. CCG's Executive Team

3.1 At its meeting on 12 July 2019, the Committee agreed to receive an update on the establishment of a single Executive Team for all the CCG's across Norfolk and Waveney.

3.2 An update has been provided by the Locality Director, Great Yarmouth and Waveney and NHS Norfolk CCGs. This is attached at ***Appendix 'C'***.

For further information please contact: Kathryn Ellis; Locality Director – Great Yarmouth and Waveney; Email: kathrynellis1@nhs.net

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in good health
The Norfolk and Waveney Health and Care Partnership

Subject:	Appendix A: Norfolk and Waveney System Finance Report (August 2019)
Prepared by:	John Hennessey, STP Chief Finance Officer, Russell Pearson STP Deputy Chief Finance Officer, and Julie Cave, STP Chief Operating Officer

1. Executive Summary

Month 5 Financial Position

- The financial position for the Norfolk and Waveney health system at month 5, excluding PSF, FRF, MRET & CSF, is £47.3m deficit against a plan of £44.7m deficit, a £2.6m adverse position.

- All organisations are formally forecasting delivery of their financial plans and control totals for 2019/20.

Capital Expenditure and N&W CDEL (Capital Delegated Expenditure Limit)

- Draft month 5 forecasts indicate that Norfolk and Waveney NHS organisations are planning capital expenditure that will deliver the original 2019/20 CDEL estimate of £72.9m.

- Current CDEL forecasts indicate that there may be some additional capital flexibility within the Norfolk and Waveney system for 2019/20.

Five Year Financial Trajectories (2019/20 to 2023/24)

- Five year financial recovery trajectories have been issued by NHSE/I. The trajectories indicate the requirement of a £47m phased financial improvement by 2023/24 (£72m deficit in 2019/20 to £25m deficit by 2023/24).

- Organisations have undertaken a rapid review of their individual proposed recovery trajectories. The overall improvement by 2023/24 is considered challenging but appropriate. The level of financial improvement required between 2019/20 and 2020/21 is significant.

- Feedback has been provided as per NHSE/I deadline highlighting the specific challenges and requesting further dialogue, especially with regard to the phasing of the trajectories.

LTP Financial Projections

- Updated assumptions of organisational financial projections are being incorporated into the next version of our five year plan consolidated financial position. A finance workshop planned for the 17th September will consider and review the latest draft and assess against the financial trajectories.

- Next steps will be to incorporate financial recovery actions and prepare a final draft to enable appropriate review and consideration in advance of the draft submission on the 27th September.

2. Financial Position: Month 5

The month 5 financial position is based on the day four "heads up" call that organisations have with the regulator. The reported position to NHSE/I, at organisational level, is as follows:

Norfolk & Waveney STP
2019/20 Month 5 YTD Financial Performance

Adjusted financial performance surplus/(deficit) **excluding** PSF, FRF, MRET, CSF

	Month 5			FOT			CT		
	Actual	Plan	Variance	FOT	Plan	Variance	FOT	CT	Variance
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
NNUH	(28,717)	(25,800)	(2,917)	(54,339)	(54,339)	0	(54,339)	(55,340)	1,001
QEH	(13,808)	(13,946)	138	(25,589)	(25,589)	0	(25,589)	(25,898)	309
JPUH	(5,340)	(5,340)	0	(6,081)	(6,081)	0	(6,081)	(6,381)	300
NCH&C	(1,379)	(1,491)	112	(2,475)	(2,475)	0	(2,475)	(2,775)	300
NSFT	(1,251)	(1,253)	2	(3,317)	(3,317)	0	(3,317)	(3,517)	200
Subtotal Providers	(50,495)	(47,830)	(2,665)	(91,801)	(91,801)	0	(91,801)	(93,911)	2,110
North Norfolk CCG	258	250	8	600	600	0	600	0	600
Norwich CCG	321	291	30	700	700	0	700	0	700
South Norfolk CCG	1,008	1,008	0	2,420	2,420	0	2,420	2,120	300
GY&W CCG	981	950	31	2,880	2,880	0	2,880	2,200	680
West Norfolk	642	642	0	1,640	1,640	0	1,640	1,040	600
Subtotal CCGs	3,210	3,141	69	8,240	8,240	0	8,240	5,360	2,880
TOTAL STP	(47,285)	(44,689)	(2,596)	(83,561)	(83,561)	0	(83,561)	(88,551)	4,990

Plan figures as per regulatory submissions.

Month 5 actuals/FOT from Trust & CCG Draft "Heads Up" regulatory call

The table above shows that at the end of month 5, excluding PSF, FRF MRET & CSF, Norfolk and Waveney STP has under delivered against plan by £2.6m (month 4 £0.9m adverse), a £1.7m adverse movement in the month. The material deterioration between month 4 and month 5 has occurred in the financial position of NNUH, £2.9m.

Norfolk & Waveney STP
2019/20 Month 5 YTD Financial Performance

Adjusted financial performance surplus/(deficit) **including** PSF, FRF, MRET, CSF

	Month 5			FOT			CT		
	Actual	Plan	Variance	FOT	Plan	Variance	FOT	CT	Variance
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
NNUH	(17,972)	(15,055)	(2,917)	(20,690)	(20,690)	0	(20,690)	(21,691)	1,001
QEH	(6,736)	(6,874)	138	(2,287)	(2,287)	0	(2,287)	(2,596)	309
JPUH	(2,566)	(2,566)	0	1,859	1,859	0	1,859	1,559	300
NCH&C	(593)	(705)	112	300	300	0	300	0	300
NSFT	(255)	(257)	2	200	200	0	200	0	200
Subtotal Providers	(28,122)	(25,457)	(2,665)	(20,618)	(20,618)	0	(20,618)	(22,728)	2,110
North Norfolk CCG	258	250	8	600	600	0	600	0	600
Norwich CCG	321	291	30	700	700	0	700	0	700
South Norfolk CCG	1,008	1,008	0	2,420	2,420	0	2,420	2,120	300
GY&W CCG	981	950	31	2,880	2,880	0	2,880	2,200	680
West Norfolk	642	642	0	1,640	1,640	0	1,640	1,040	600
Subtotal CCGs	3,210	3,141	69	8,240	8,240	0	8,240	5,360	2,880
TOTAL STP	(24,912)	(22,316)	(2,596)	(12,378)	(12,378)	0	(12,378)	(17,368)	4,990

Plan figures as per regulatory submissions.

Month 5 actuals/FOT from Trust & CCG Draft "Heads Up" regulatory call

The table above shows the month 5 financial performance including PSF, FRF, MRET & CSF. The tables show that all organisations at the end of month 5 are forecasting delivery of their financial plans and control totals and hence receipt of full PSF, FRF, MRET & CSF. Also that the organisations in the Norfolk and Waveney system are still forecasting to overachieve and provide the financial support to the Cambridgeshire and Peterborough system.

Whilst formally reporting that NNUH will deliver the forecast outturn, the year to date position indicates a level of risk associated with this delivery. In addition, NSFT are currently reviewing their risks with regard to delivery of their control total. Whilst not quantified at the time of writing, these issues indicate a level of risk to overall Norfolk and Waveney STP 2019/20 financial performance.

3. CIPs & QIPPs Month 5

The month 5 Cost Improvement Programme (CIP) and Quality, Innovation, Productivity and Prevention (QIPP) delivery as reported to NHSE/I is shown in the table below.

Norfolk & Waveney STP
2019/20 Month 5 YTD Financial Performance

CIP & QIPP delivery

	Month 5			FOT		
	Actual	Plan	Variance	FOT	Plan	Variance
	£000s	£000s	£000s	£000s	£000s	£000s
NNUH	7,694	7,694	0	28,558	28,558	0
QEH	1,220	1,088	132	6,015	6,015	0
JPUH	2,185	1,633	552	9,298	9,298	0
NCH&C	1,541	1,541	0	4,017	4,500	(483)
NSFT	3,380	4,023	(643)	10,862	10,862	(0)
Subtotal Providers	16,020	15,979	41	58,750	59,233	(483)
North Norfolk CCG	2,237	3,517	(1,280)	8,192	9,100	(908)
Norwich CCG	5,011	4,135	876	11,911	10,100	1,811
South Norfolk CCG	3,256	5,657	(2,401)	10,681	15,025	(4,344)
GY&W CCG	6,371	6,714	(342)	16,538	16,136	402
West Norfolk	4,874	5,102	(229)	12,173	12,461	(288)
Subtotal CCGs	21,749	25,125	(3,376)	59,495	62,822	(3,327)
TOTAL STP	37,769	41,104	(3,335)	118,245	122,055	(3,810)

Plan figures as per regulatory submissions.

Month 5 actuals/FOT from Trust & CCG Draft "Heads Up" regulatory call

At month 5 Norfolk and Waveney NHS organisations achieved £37.8m of CIPs and QIPPs against a plan of £41.1m, £3.3m adverse to their plans (Month 4 £1.4m adverse). Overall CCGs are forecast to under deliver £3.3m of QIPPs and providers (NCH&C) are forecasting to under deliver their CIPs by £0.5m, a total of £3.8m (3.1%) adverse to plan (Month 4 £7.9m adverse).

At the end of month 5 all Norfolk and Waveney NHS organisations are forecasting achievement of their control totals, therefore other mitigating factors are generating favourable variances that offset the £3.8m forecast under delivery of CIPs and QIPPs.

4. Capital

Norfolk and Waveney NHS organisations have provided revised forecasts for capital expenditure to enable system wide management of CDEL (Capital Delegated Expenditure Limit). Original financial plans submitted in May 2019 indicated a combined Norfolk and Waveney system CDEL of £72.9m.

Subsequently in July a prioritisation process was undertaken, as requested by NHSE/I, and Norfolk and Waveney NHS organisations prioritised capital expenditure down to the revised CDEL target of £63.1m. The revised CDEL target was relaxed and Norfolk and Waveney NHS organisations are working to the original CDEL target.

Current (draft) projections show that Norfolk and Waveney health organisations are planning expenditure within 2019/20 CDEL as per the table below:

	Forecast Cap Prog 1st Sep £m	Less: Donated Cont. £m	Add: PFI residual Interest £m	Revised CDEL (DRAFT) £m
JPUH	9.7	(0.5)		9.2
NNUH	27.3	(2.3)	0.3	25.3
NSFT	8.7	0.0	1.3	10.0
NCH&C	5.0	(0.2)		4.8
QEH	16.2	(0.5)		15.7
CCGs				0.0
	66.9	(3.5)	1.6	65.0
Original CDEL (15th May)				72.9
Capital Slippage (DRAFT)				7.9

On the basis of the draft figures it would indicate that Norfolk and Waveney NHS organisations will deliver capital expenditure within CDEL. Whilst these are draft forecasts at month 5, they indicate that some additional capital flexibility may be possible in 2019/20.

5. Five Year Financial Plans

Five Year Financial Trajectories (previously referred to as Control Totals)

NHSE/I have issued financial trajectories for each organisation within the Norfolk and Waveney STP. The table below shows these trajectories and the required improvement by organisation over the five year period 2019/20 to 2023/24.

The current combined Norfolk and Waveney health system deficit (including MRET funding, but excluding PSF/FRF) for 2019/20 is £72m. By the end of the five year period the trajectories require the Norfolk and Waveney health system to improve from a £72m deficit to a £25m deficit by 2023/24, a £47m improvement.

Organisation	Financial Recovery Trajectory Pre Central Funding				
	2019/20	2020/21	2021/22	2022/23	2023/24
James Paget University Hospitals NHS Foundation Trust	(2.4)	0.2	1.1	1.1	1.1
Norfolk And Norwich University Hospitals NHS Foundation Trust	(46.2)	(37.3)	(32.1)	(27.5)	(22.9)
Norfolk And Suffolk NHS Foundation Trust	(3.5)	(1.2)	(0.1)	1.3	1.4
Norfolk Community Health and Care NHS Trust	(2.8)	(1.5)	(1.0)	(0.3)	0.4
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	(22.4)	(19.4)	(17.4)	(15.4)	(13.6)
NHS Great Yarmouth and Waveney CCG	2.2	1.8	1.9	2.0	2.1
NHS North Norfolk CCG	-	1.3	1.3	1.4	1.4
NHS Norwich CCG	-	1.5	1.5	1.6	1.6
NHS South Norfolk CCG	2.1	1.5	1.5	1.7	1.8
NHS West Norfolk CCG	1.0	1.4	1.4	1.5	1.6
SYSTEM TOTAL	(72.0)	(51.8)	(41.9)	(32.7)	(25.0)

As can be seen in the table below the proposed trajectories are weighted toward significant improvement by 31st March 2020/21, a total improvement across Trusts & CCGs of £20.3m. In subsequent years the requirement to improve year on year is reduced to £9.8m for 2021/22, similar improvement, £9.3m for 2022/23 and then £7.6m improvement between 2022/23 and 2023/24.

	Financial Trajectory 2019/20	Financial Trajectory 2020/21	Year on Year Improvment	Financial Trajectory 2021/22	Year on Year Improvment	Financial Trajectory 2022/23	Year on Year Improvment	Financial Trajectory 2023/24	Year on Year Improvment
PROVIDERS	£m	£m	£m	£m	£m	£m	£m	£m	£m
NNUH	(46.2)	(37.3)	8.9	(32.1)	5.2	(27.5)	4.6	(22.9)	4.6
QEH	(22.4)	(19.4)	3.0	(17.4)	2.0	(15.4)	2.0	(13.4)	2.0
JPUH	(2.4)	0.2	2.6	1.1	0.9	1.1	0.0	1.1	0.0
NCH&C	(2.8)	(1.5)	1.3	(1.0)	0.5	(0.3)	0.7	0.4	0.7
NSFT	(3.5)	(1.2)	2.3	(0.1)	1.1	1.3	1.4	1.3	0.0
Subtotal Providers (inc. MRET only)	**(77.3)**	**(59.2)**	**18.1**	**(49.5)**	**9.7**	**(40.8)**	**8.7**	**(33.5)**	**7.3**
COMMISSIONERS									
North	0.0	1.3	1.3	1.3	0.0	1.4	0.1	1.4	0.0
Norwich	0.0	1.5	1.5	1.5	0.0	1.6	0.1	1.6	0.0
South Norfolk	2.1	1.5	(0.6)	1.5	0.0	1.7	0.2	1.8	0.1
GY&W	2.2	1.8	(0.4)	1.9	0.1	2.0	0.1	2.1	0.1
West	1.0	1.4	0.4	1.4	0.0	1.5	0.1	1.6	0.1
Subtotal Commissioners	**5.3**	**7.5**	**2.2**	**7.6**	**0.1**	**8.2**	**0.6**	**8.5**	**0.3**
N&W System Wide Financial Improvement	**(72.0)**	**(51.7)**	**20.3**	**(41.9)**	**9.8**	**(32.6)**	**9.3**	**(25.0)**	**7.6**
(Including MRET but excluding all PSF & FRF)									

LTP Five Year Financial Plan - Progress Towards 27th September Submission

Progress continues with the development of the Norfolk and Waveney STP five year financial projections. By the 13th September N&W NHS organisations are required to return the next draft of their five year financial projections. The main areas of update are:

- Triangulate demand, activity, specific investment and contract expenditure between CCGs and individual organisations. The objective being to identify and resolve any significant mismatches between CCG and Trust expectations of expenditure and income respectively.
- Update clinical income projections with demand, activity and current tariff assumptions.
- Update organisational cost increases and inflation assumptions as per latest NHS guidance.
- Consider the use of non-recurrent issues in 2019/20 and how these will impact on the 2019/20 to 202/21 expenditure run-rate.

Once the revisions have been received they will be consolidated into the latest NHSE/I formal template and presented to the Directors of Finance and Chief Finance Officers in a finance workshop on 17th September.

The main focus of the workshop will be to:

- Identify and quantify risks to 2019/20 financial performance
- Consider the latest draft consolidated financial projections and the impact of the NHSE/I financial trajectories.
- Ensure alignment between organisations with regard to demand, activity, capacity and CCG expenditure compared to Trusts' clinical income expectations.
- Identify and quantify specific financial recovery schemes to incorporate into the next version of draft organisational plans.

The next steps will be agreed in the workshop on the 17th September with the expectation of final draft organisation plans being prepared by the 20th September.

These organisational plan updates will be consolidated into the final draft version on the 23rd September for incorporation into the draft LTP documentation. The week of the 23rd will be used for appropriate review and consideration prior to the submission deadline for the draft LTP on the 27th September.

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in good health
The Norfolk and Waveney Health and Care Partnership

Subject:	Appendix B: Norfolk and Waveney System Performance Report (July / August 2019)
Prepared by:	Paul Martin, PMO, STP, Jon Fox and Will Kelly, Business Intelligence, CCGs

Summary:

The following dashboard provides an overview of the key performance indicators across the system.

Unplanned Care

JPUH – A&E performance remained consistent with August at 86.2% Factors include a high volume of attendances at 7,775 which is significantly higher than previous months. There is concern about the high number of ambulance attendances in month. In addition there were medical workforce gaps at night and at weekends. Recovery plans include the continued enhanced review of long stay and medically optimised patients along with system partner engagement in primary and community and social care. In addition the Winter plan with system partners is in development.

NNUH – A&E Performance has decreased to 78.1% in August from 80.6% in July. 60 minute handover delays remain flat for a third month at 2.3%. Delayed Transfers of Care have also increased to 4.4%. Key factors impacting performance are Consultant, Nursing and Junior Doctor shortfalls, discharge planning and adherence to SAFER. A recovery action plan and enhanced support calls remain in place with NHSI/E.

QEH – Performance in August was 79.0% compared to 81.1% in July. Challenges to performance include a sustained increase in the average number of attendances. For example there hass been a 3% increase in attendances in August 2019 compared to August 2018. There was also a 5% increase in emergency admissions in August 2019 compared to August 2018. Overcrowding in ED has been a factor and flow in and out of the department has been challenged during the month. Further to this, ED medical and nurse staffing capacity and rota pattern has not always matched with demand.

Performance will be improved by increased capital investment in the ED and emergency floor to increase capacity and improve the environment, due for completion in February 2020. This includes plans to minimise delays between ED and assessment areas; embed the SAFER bundle across the Trust and improve discharge planning. A review of the medical and nursing staff establishment and rota will be complete by the end of October 2019. The above factors have also impacted 60 min ambulance handover delays. Further work is ongoing to standardise the ambulance handover process. Joint work is in progress with the ambulance service; this will be embedded by the end of quarter 4.

Cancer – All August data remains provisional at 24/09/2019

JPUH – The Trust has seen a large increase in referrals across a range of specialties. Compounding this, the Trust has had clinical capacity challenges (vs demand), particularly for two week wait referrals. Recovery action plans are in place for breast and endoscopy to reduce the number of patients not being seen within two weeks. These include daily cancer date reports by body site being provided to DOM's & SOM's so that they are able to monitor the demand and to use the information to create additional clinic / endoscopy capacity in advance. Additional one stop clinics and twilight clinics are being

undertaken (with further weekend endoscopy sessions) and this has supported the increase in performance seen across all failing metrics. Revised job planning has been undertaken to increase the DCC activity and increase availability of senior middle grade staff. Further support from breast imaging services is being provided from other trusts.

NNUH – Trust had previously met the GP two week wait target however an increase in colorectal referrals and under-delivery of activity in Skin means that recent performance has been affected. Plans are in place to address both. 31 day surgery continues to be challenging due to the small patient numbers and capacity constraints due to continued bottleneck on Melanoma pathway. A solution is dependent on the Nuclear Medicine capital project. The main areas of underperformance on the 62 day target are Urology and Gynaecology due to delays in the diagnostic stage of the pathway, and lower GI due to delays in initial two week wait appointments. The Trust expects to meet the standard by the end of Q4.

QEH – Provisional August data shows that two week wait breast did recover as forecast in August with the target now being met for the first time in 7 months. 62-day GP referral to treatment performance has worsened to 64.2% against the standard of 85%. A cancer improvement plan is in place and the quarterly update is provided to the Trust Board. In addition to the cancer improvement plan, performance will be improved by the provision of additional, operational support to urology and lower GI. This additional support will be in place for three months (October – December) and will increase the pace in improvement work in these tumor sites.

Planned Care

JPUH – July 18 week performance has worsened to 81.5% and there has been an increase in the overall backlog by 349 patients. A comprehensive RTT plan is in place with key focus to address data entry issues and increase inpatient activity to reduce admitted backlog of patients. Capacity in challenged specialties is predominantly workforce related. Detailed Recovery Action Plans with trajectories against waiting list size have been developed for T&O, Ophthalmology, Dermatology, ENT and Gynaecology. The RTT plan is monitored via the Trust Access Group and Divisional Performance Committee.

NNUH - Overall performance continues to be compromised by the urgent focus on cancer work and increasing demand. August has seen a marginal decrease in performance to 81.8%. The overall backlog has increased for the 8th month in a row due to increasing demand and lack of capacity, with pension tax issues also impacting. Intensive waiting list management is in place to reduce the risk of 52 week breaches however 40 week breaches have increased from 557 in July to 667 in August. Capacity remains a key challenge and NNUH is working with commissioners and NHSE/I to seek further demand management schemes. Diagnostics continues to be challenged, with the MRI and CT standard now recovered, but increase in inpatient and outpatient demand in Non-Obstetric Ultrasound and reduced workforce and capacity at Global impacting on August delivery of the standard. Plans are in place to recover but conversations are ongoing with Global for additional support.

QEH – Good performance in August with 80.69% against the recovery trajectory of 80.96%. At the end of August 2019, the total Trust waiting list was 13,814 against a

trajectory of 13,861 and the total backlog of patients waiting over 18 weeks was 2,667 against a trajectory of 2,639. Performance remains in line with the agreed trajectory and will be maintained by performance management at specialty level. Diagnostics performance for August was 90.90%, against a standard of 99%. There were 362 breaches in the month, of which 341 were in ultrasound. This is largely down to an increase in demand of c.10% and an inability to increase capacity due to radiographer and radiologist vacancies. Performance will be improved by recruitment to two consultant posts; one starting in September and the other in October along with additional training of radiographers to undertake sonography work; one member of staff is currently being trained. Performance is forecast to recover by October 2019.

Mental Health

Inappropriate Out of Area Placements – performance has improved since the beginning of August, with a continued focus on the tightening of admission processes. A Mental Health deep dive to support a system response to Delayed Transfers of Care is planned for late October. At the time of writing, Yare Ward remains on track to open which will provide additional local capacity.

Improving Access to Psychological Therapies (IAPT) – the service continues to ensure only patients who meet the criteria are accepted, in line with NHSE/I expectations and best practice nationally. Actions from last month's update remain in train as follows:
• Workshop taking place on 3rd October 2019 to agree the final improvement plan for IAPT Access; CCGs and NSFT.
• Align the development of IAPT services with the emerging PCNs, to maximise integration and service exposure;
• Assistant PWPs have been recruited to reduce drop-out rate;
• More Step 2 capacity has freed up Step 3 workers from carrying out assessments and focus on treatment capacity;
• A choose and book system has been introduced;
• Service number appears on service user phones, previously appeared as unknown number.

Dementia - The STP remains within the 95% confidence limits of the dementia diagnosis rate.
• The STP is continuing to develop the dementia community support offer for Norfolk and Waveney.
• CCGs continue to share individual work across the existing action plans, to aid progress.
• Actions are being taken forward by individual CCGs to increase the diagnosis rate, including practice visits and data cleansing.

STP High Level System Dashboard - Summary

in good health
The Norfolk and Waveney Health and Care Partnership

Metrics	Status of latest data	Current target	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Trend
Acute Unplanned Care Performance Metrics (includes aggregate of JPUH, NNUH and QEH unless otherwise stated)																
A&E 4 hr performance (whole trust. NNUH includes WIC)	Validated	95%	87.5%	86.9%	88.3%	86.0%	83.9%	78.4%	77.2%	79.5%	78.3%	84.2%	83.3%	82.0%	80.2%	
A&E Total Attendances (as above)	Validated	-	31,309	29,033	29,162	28,331	28,983	29,123	27,204	30,226	29,891	31,210	30,302	32,746	32,330	
A&E Total Breaches (as above)	Validated	-	3,916	3,801	3,409	3,961	4,679	6,292	6,206	6,211	6,478	4,921	5,069	5,890	6,411	
Emergency admissions (N&W CCGs only)	Validated	-	7,889	7,538	8,127	8,150	8,169	8,595	7,578	8,394	8,129	8,219	7,901	8,382		
DTOC - delayed days (includes acute + non-acute trusts, Norfolk patients)	Validated	-	2,944	2,738	2,709	2,551	2,681	2,974	2,150	2,530	2,153	2,981	2,748	2,704		
% of A&E Ambulance handover delays > 60 min	Validated	-	8.5%	8.2%	5.2%	10.7%	11.6%	15.2%	14.0%	6.6%	4.9%	3.3%	4.7%	5.7%	2.8%	
Acute Cancer Performance Metrics (includes aggregate of JPUH, NNUH and QEH)																
Two week wait GP referral (%)	Provisional	93%	87.5%	79.6%	82.3%	79.3%	92.2%	88.8%	91.0%	87.5%	91.4%	91.0%	84.6%	85.0%	81.6%	
Two week wait breast symptoms (%)	Provisional	93%	96.1%	97.8%	97.3%	63.7%	53.3%	54.8%	47.4%	47.7%	82.5%	80.0%	87.4%	93.9%	91.6%	
31 days from diagnosis to first treatment (%)	Provisional	96%	97.0%	97.3%	96.3%	97.1%	97.6%	95.3%	96.9%	97.2%	96.9%	96.7%	98.3%	98.6%	97.3%	
62 days from GP referral to first treatment (%)	Provisional	85%	77.6%	76.9%	77.0%	76.4%	76.7%	70.5%	73.4%	77.4%	77.6%	72.6%	77.1%	72.4%	68.9%	
Acute Planned Care Performance Metrics (includes aggregate of JPUH, NNUH and QEH)																
Incomplete - RTT % waiting treatment <18 weeks	Validated	92%	84.7%	83.4%	82.9%	83.0%	81.8%	81.7%	82.2%	82.5%	82.2%	83.4%	83.2%	82.4%	81.5%	
Total number incomplete pathways	Validated	-	70,713	70,828	71,166	70,567	69,990	68,983	68,302	67,794	68,523	70,186	70,509	72,067	72,495	
Total number of 40 week breaches	Validated	-	730	756	651	649	770	758	681	633	653	700	697	674	782	
Incomplete - RTT no. waiting treatment >52 weeks	Validated	0	14	22	17	22	29	29	13	0	0	2	0	1	1	
Diagnostic tests within 6 weeks	Validated	99%	99.3%	99.3%	99.3%	99.3%	98.2%	95.4%	98.3%	99.1%	98.2%	97.0%	98.0%	98.2%	95.9%	
Number of patients waiting > 6 weeks	Validated	-	118	109	122	122	306	852	332	178	352	588	385	353	761	
GP acute referrals (all CCGs)	Provisional	-	16,996	16,137	18,377	17,942	14,697	17,998	17,006	18,190	17,272	18,800	17,084	19,190	18,384	
Non-GP acute referrals (all CCGs)	Provisional	-	9,264	8,912	10,410	10,239	8,380	10,397	9,289	10,456	9,688	10,288	9,524	10,791	10,174	
Avoidable emergency admissions (N&W CCGs only)	Validated	-	1,711	1,704	1,919	2,115	2,231	2,366	2,136	2,154	1,986	1,901	1,760	1,815		
Mental Health Metrics (all NSFT other than Dementia)																
IAPT: access rates (local target)	Provisional	1.58%	1.04%	1.00%	1.37%	1.57%	1.36%	1.60%	1.44%	1.55%	1.41%	1.22%	1.27%	1.65%	1.20%	
IAPT: recovery rates	Provisional	50%	46.0%	52.7%	50.6%	51.2%	51.4%	59.0%	59.4%	55.5%	58.3%	59.5%	58.8%	57.9%	56.4%	
IAPT: first treatment <6 weeks	Provisional	75%	94.9%	91.1%	86.8%	84.7%	86.6%	92.0%	98.7%	99.4%	99.2%	98.5%	98.0%	98.1%	97.5%	
EIP: treatment started <2 weeks (local target) (3 month rolling)	Provisional	56%	74.2%	79.9%	82.7%	83.0%	81.7%	82.0%	84.6%	83.5%	93.2%	88.4%	72.1%	70.7%	67.1%	
CYP: eating disorders - Urgent (seen in 1 wk) (3 month rolling)	Provisional	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
CYP: eating disorders - Routine (seen in 4 wks) (3 month rolling)	Provisional	90%	89.7%	79.3%	80.0%	85.7%	73.9%	64.0%	58.3%	84.2%	100.0%	95.5%	96.0%	90.5%	83.3%	
Out of area placements (bed days - 18-65, in month)	Provisional	-	460	625	755	755	765	1,100	1,025	1,421	1,715	1,440	1,369	1,704	1,176	
Out of area placements (bed days - 65+, in month)	Provisional	-	65	50	30	0	30	45	105	16	0	31	73	87	31	
Dementia diagnosis (non-NSFT)	Validated	66.7%	62.8%	64.2%	63.3%	63.5%	63.5%	63.4%	63.4%	64.1%	63.6%	63.8%	64.1%	64.3%	64.2%	
Primary and Community Metrics																
Proportion of older people still at home 91 days after discharge	Validated	90%	86.9%	86.6%	86.6%	86.4%	84.1%	90.0%	85.7%	86.1%	78.9%	81.8%	84.2%	85.7%		
18 Week 'Incomplete' Waiting Times	Validated	92%	87.3%	87.9%	89.3%	87.9%	86.4%	88.6%	89.9%	90.8%	91.8%	93.3%	94.8%	95.6%		

STP High Level System Dashboard - JPUH

in good health
The Norfolk and Waveney Health and Care Partnership

Metrics	Status of latest data	Current target	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Trend
Unplanned Care Performance Metrics																
A&E 4 hr performance (whole trust)	Validated	95%	91.4%	92.7%	90.3%	94.3%	87.2%	84.7%	80.1%	83.7%	86.4%	90.1%	89.9%	86.0%	86.2%	
A&E Total Attendances (as above)	Validated	-	7,401	6,561	6,617	6,266	6,541	6,613	6,046	6,978	7,041	7,133	7,040	7,710	7,775	
A&E Total Breaches (as above)	Validated	-	633	481	641	358	834	1,012	1,203	1,140	960	705	713	1,075	1,088	
Emergency admissions (N&W CCGs only)	Validated	-	1,569	1,476	1,603	1,635	1,683	1,671	1,623	1,699	1,615	1,603	1,410	1,699		
Delayed transfers of care (DTOC) - delayed days as % of occupied bed days	Validated	3.5%	3.9%	1.8%	1.5%	3.0%	1.0%	2.2%	1.4%	1.2%	0.8%	1.1%	1.5%	1.5%	1.5%	
# DTOC - NHS (Norfolk patients)	Validated	-	105	42	39	42	7	48	35	28	0	21	42	56	35	
# DTOC - Social Care (Norfolk patients)	Validated	-	328	155	141	296	98	215	126	126	92	105	133	126	133	
# DTOC - Both NHS / Social Care (Norfolk patients)	Validated	-	0	0	0	0	7	14	0	0	0	0	0	0	7	
% of A&E Ambulance handover delays > 60 min	Validated	-	0.5%	0.3%	0.5%	0.0%	1.1%	2.6%	7.1%	5.5%	1.2%	0.4%	0.1%	4.0%	2.8%	
Cancer Performance Metrics																
Two week wait GP referral (%)	Provisional at 20/09/19	93%	94.4%	97.4%	97.5%	96.4%	97.4%	94.5%	94.1%	90.9%	94.6%	84.0%	85.3%	94.3%	92.1%	
Two week wait breast symptoms (%)	Provisional at 20/09/19	93%	96.8%	96.7%	95.8%	96.3%	93.4%	87.2%	82.5%	62.7%	88.9%	47.7%	73.0%	85.2%	69.8%	
31 days from diagnosis to first treatment (%)	Provisional at 20/09/19	96%	99.2%	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%	99.0%	100.0%	99.1%	99.1%	98.1%	
31 days subsequent treatment - surgery (%)	Provisional at 20/09/19	94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
31 days subsequent treatment - drug treatment (%)	Provisional at 20/09/19	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
31 days subsequent treatment - radiotherapy (%)	Provisional at 20/09/19	94%	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	
62 days from GP referral to first treatment (%)	Provisional at 20/09/19	85%	79.3%	85.6%	86.7%	87.0%	83.5%	80.7%	78.3%	89.8%	89.8%	73.1%	76.3%	65.8%	83.3%	
62 days from screening to first treatment (%)	Provisional at 20/09/19	90%	100.0%	100.0%	90.9%	100.0%	92.3%	96.3%	100.0%	100.0%	100.0%	100.0%	95.5%	100.0%	88.9%	
Planned Care Performance Metrics																
Incomplete - RTT % waiting treatment <18 weeks	Validated	92%	86.9%	86.9%	87.1%	87.5%	85.7%	83.8%	84.0%	84.4%	83.0%	82.6%	83.5%	81.9%	81.5%	
Total number incomplete pathways	Validated	-	13,269	13,191	12,904	13,211	13,073	13,117	13,101	12,904	12,673	13,038	13,254	13,105	13,454	
Total number of 40 week breaches	Validated	-	116	84	43	26	36	42	48	48	32	52	46	36	37	
Incomplete - RTT no. waiting treatment >52 weeks	Validated	0	1	0	0	0	0	0	0	0	0	2	0	0	0	
Diagnostic tests within 6 weeks	Validated	99%	99.8%	100.0%	99.8%	99.9%	99.1%	98.5%	99.3%	99.4%	99.2%	98.9%	99.1%	99.4%	99.4%	
Number of patients waiting > 6 weeks	Validated	-	7	1	7	2	29	51	27	23	30	45	36	24	51	
GP acute referrals (all CCGs)	Validated	-	3,766	3,537	4,133	4,008	3,133	3,997	3,725	3,911	3,742	4,009	3,582	3,947	3,651	
Non-GP acute referrals (all CCGs)	Validated	-	2,540	2,326	2,619	2,611	2,156	2,648	2,276	2,746	2,490	2,633	2,323	2,939	2,113	
Avoidable emergency admissions (N&W CCGs only)	Validated	-	426	378	446	490	594	549	543	517	470	430	382	446		

STP High Level System Dashboard - NNUH

in good health
The Norfolk and Waveney Health and Care Partnership

Metrics	Status of latest data	Current target	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Trend
Unplanned Care Performance Metrics																
A&E 4 hr performance (whole trust, inc. WIC)	Validated	95%	87.7%	86.3%	88.9%	85.6%	82.5%	77.1%	76.0%	76.9%	72.7%	82.1%	80.1%	80.6%	78.1%	
A&E Total Attendances (as above)	Validated	-	17,857	16,800	16,973	16,425	16,764	16,829	15,847	17,264	16,900	18,046	17,194	18,727	18,256	
A&E Total Breaches (as above)	Validated	-	2,196	2,307	1,879	2,367	2,936	3,852	3,800	3,992	4,606	3,239	3,426	3,624	3,998	
Emergency admissions (N&W CCGs only)	Validated	-	4,259	4,093	4,481	4,313	4,401	4,649	4,006	4,468	4,373	4,383	4,321	4,537	4,301	
Delayed transfers of care (DTOC) - delayed days as % of occupied bed days	Provisional	3.5%	4.7%	5.0%	4.3%	3.3%	3.8%	4.0%	2.2%	3.1%	2.7%	4.2%	3.4%	4.1%	4.4%	
# DTOC - NHS (Norfolk patients)	Provisional	-	628	533	326	274	281	429	262	354	298	247	253	314	466	
# DTOC - Social Care (Norfolk patients)	Provisional	-	530	644	739	500	564	686	267	514	380	830	534	666	637	
# DTOC - Both NHS / Social Care (Norfolk patients)	Provisional	-	27	47	47	55	132	0	26	7	32	65	119	147	108	
% of A&E Ambulance handover delays > 60 min	Validated	-	10.3%	11.0%	5.0%	12.9%	16.4%	18.6%	15.0%	2.1%	2.8%	0.3%	2.3%	2.3%	2.3%	
Cancer Performance Metrics																
Two week wait GP referral (%)	Provisional	93%	81.2%	68.5%	71.9%	67.0%	88.1%	84.4%	88.1%	87.0%	94.9%	93.0%	79.7%	76.3%	72.2%	
Two week wait breast symptoms (%)	Provisional	93%	96.1%	97.9%	98.1%	44.9%	28.6%	36.5%	28.4%	47.1%	98.6%	94.2%	92.5%	96.7%	96.3%	
31 days from diagnosis to first treatment (%)	Provisional	96%	96.2%	96.4%	94.7%	96.6%	97.0%	93.3%	96.6%	96.6%	96.5%	96.9%	97.4%	98.9%	96.9%	
31 days subsequent treatment - surgery (%)	Provisional	94%	83.5%	77.8%	79.8%	86.4%	84.5%	79.0%	89.6%	83.9%	83.0%	84.2%	88.8%	89.0%	86.5%	
31 days subsequent treatment - drug treatment (%)	Provisional	98%	100.0%	100.0%	99.4%	100.0%	99.0%	98.5%	99.2%	99.2%	99.1%	98.4%	98.2%	99.2%	98.0%	
31 days subsequent treatment - radiotherapy (%)	Provisional	94%	98.4%	97.7%	97.2%	98.9%	97.4%	94.5%	100.0%	95.3%	96.6%	97.0%	96.3%	96.4%	97.3%	
62 days from GP referral to first treatment (%)	Provisional	85%	75.8%	72.0%	70.8%	71.5%	73.5%	62.9%	71.7%	68.2%	76.3%	76.5%	75.6%	73.5%	66.2%	
62 days from screening to first treatment (%)	Provisional	90%	93.6%	78.3%	66.7%	81.0%	81.4%	89.8%	82.9%	96.8%	84.6%	82.6%	79.5%	72.6%	93.9%	
Planned Care Performance Metrics																
Incomplete - RTT % waiting treatment <18 weeks	Validated	92%	84.3%	83.1%	82.6%	82.6%	81.9%	82.1%	82.5%	82.8%	82.6%	83.9%	83.5%	82.9%	81.8%	
Total number incomplete pathways	Validated	-	42,000	42,053	42,460	41,864	41,444	40,979	41,120	41,328	42,159	43,390	43,625	44,493	45,227	
Total number of 40 week breaches	Validated	-	456	483	423	429	465	466	465	455	485	552	559	557	667	
Incomplete - RTT no. waiting treatment >52 weeks	Validated	0	8	15	16	21	28	28	12	0	0	0	0	1	0	
Diagnostic tests within 6 weeks	Validated	99%	99.1%	99.1%	99.0%	99.1%	97.6%	93.5%	97.7%	98.8%	97.5%	96.8%	98.2%	98.9%	96.9%	
Number of patients waiting > 6 weeks	Validated	-	93	93	101	98	256	769	287	142	290	382	210	129	348	
GP acute referrals (all CCGs)	Provisional	-	10,095	9,575	10,888	10,648	8,993	10,706	10,229	10,942	10,682	11,377	10,305	11,633	10,662	
Non-GP acute referrals (all CCGs)	Provisional	-	5,051	4,987	5,842	5,889	4,764	5,850	5,278	5,791	5,442	5,763	5,376	5,966	5,559	
Avoidable emergency admissions (N&W CCGs only)	Validated	-	815	853	992	1,060	1,110	1,226	1,067	1,105	1,026	982	927	924	880	

STP High Level System Dashboard - QEH

in good health
The Norfolk and Waveney Health and Care Partnership

Metrics	Status of latest data	Current target	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Trend
Unplanned Care Performance Metrics																
A&E 4 hr performance (whole trust)	Validated	95%	82.0%	82.1%	84.0%	78.1%	84.0%	74.9%	77.3%	82.0%	84.7%	83.8%	84.7%	81.1%	79.0%	
A&E Total Attendances (as above)	Validated	-	6,051	5,672	5,572	5,640	5,678	5,681	5,311	5,984	5,950	6,031	6,068	6,309	6,299	
A&E Total Breaches (as above)	Validated	-	1,087	1,013	889	1,236	909	1,428	1,203	1,079	912	977	930	1,191	1,325	
Emergency admissions (N&W CCGs only)	Validated	-	2,061	1,969	2,043	2,202	2,085	2,275	1,949	2,227	2,141	2,233	2,170	2,146	1,998	
Delayed transfers of care (DTOC) - delayed days as % of occupied bed days	Validated	3.5%	2.0%	2.8%	2.6%	2.4%	2.5%	1.4%	1.3%	1.4%	1.2%	1.5%	1.9%	1.3%	0.9%	
# DTOC - NHS (Norfolk patients)	Validated	-	255	277	274	249	242	142	120	138	118	160	200	109	65	
# DTOC - Social Care (Norfolk patients)	Validated	-	6	73	47	33	73	41	32	42	27	37	37	62	44	
# DTOC - Both NHS / Social Care (Norfolk patients)	Validated	-	0	0	0	0	0	0	0	0	0	0	0	0	0	
% of A&E Ambulance handover delays > 60 min	Validated	-	14.3%	12.1%	11.6%	18.1%	13.3%	22.0%	20.2%	18.6%	14.6%	14.2%	15.2%	16.6%	11.9%	
Cancer Performance Metrics																
Two week wait GP referral (%)	Provisional	93%	94.6%	93.2%	98.3%	97.3%	97.4%	95.9%	95.1%	86.0%	81.0%	91.9%	95.9%	96.7%	95.9%	
Two week wait breast symptoms (%)	Provisional	93%	95.6%	98.5%	96.9%	100.0%	100.0%	91.3%	86.3%	29.8%	20.9%	66.1%	83.3%	91.5%	96.2%	
31 days from diagnosis to first treatment (%)	Provisional	96%	97.5%	97.3%	97.7%	96.2%	98.8%	97.2%	95.3%	96.5%	96.1%	93.2%	100.0%	97.2%	98.0%	
31 days subsequent treatment - surgery (%)	Provisional	94%	100.0%	100.0%	100.0%	92.9%	100.0%	100.0%	100.0%	100.0%	92.3%	100.0%	100.0%	100.0%	83.3%	
31 days subsequent treatment - drug treatment (%)	Provisional	98%	100.0%	100.0%	97.9%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
31 days subsequent treatment - radiotherapy (%)	Provisional	94%	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	
62 days from GP referral to first treatment (%)	Provisional	85%	80.7%	80.3%	85.9%	82.4%	80.0%	79.7%	74.6%	85.9%	70.9%	63.7%	81.1%	75.8%	64.2%	
62 days from screening to first treatment (%)	Provisional	90%	93.3%	96.0%	100.0%	85.0%	100.0%	100.0%	92.3%	100.0%	100.0%	100.0%	100.0%	94.1%	100.0%	
Planned Care Performance Metrics																
Incomplete - RTT % waiting treatment <18 weeks	Validated	92%	83.7%	81.2%	79.9%	80.1%	78.5%	78.8%	79.5%	79.8%	80.4%	82.5%	81.8%	81.1%	80.7%	
Total number incomplete pathways	Validated	-	15,444	15,584	15,802	15,492	15,473	14,887	14,081	13,562	13,691	13,758	13,630	14,469	13,814	
Total number of 40 week breaches	Validated	-	158	189	185	194	269	250	168	130	136	96	92	81	78	
Incomplete - RTT no. waiting treatment >52 weeks	Validated	0	5	7	1	1	1	1	1	0	0	0	0	0	0	
Diagnostic tests within 6 weeks	Validated	99%	99.4%	99.4%	99.5%	99.3%	99.3%	99.0%	99.5%	99.6%	99.1%	95.5%	96.4%	94.8%	90.9%	
Number of patients waiting > 6 weeks	Validated	-	18	15	14	22	21	32	18	13	32	161	139	200	362	
GP acute referrals (all CCGs)	Validated	-	3,135	3,025	3,356	3,286	2,571	3,295	3,052	3,337	2,848	3,414	3,197	3,610	4,071	
Non-GP acute referrals (all CCGs)	Validated	-	1,673	1,599	1,949	1,739	1,460	1,899	1,735	1,919	1,756	1,892	1,825	1,886	2,502	
Avoidable emergency admissions (N&W CCGs only)	Validated	-	470	473	481	565	527	591	526	532	490	489	451	445	450	

STP High Level System Dashboard - data sources, notes and caveats

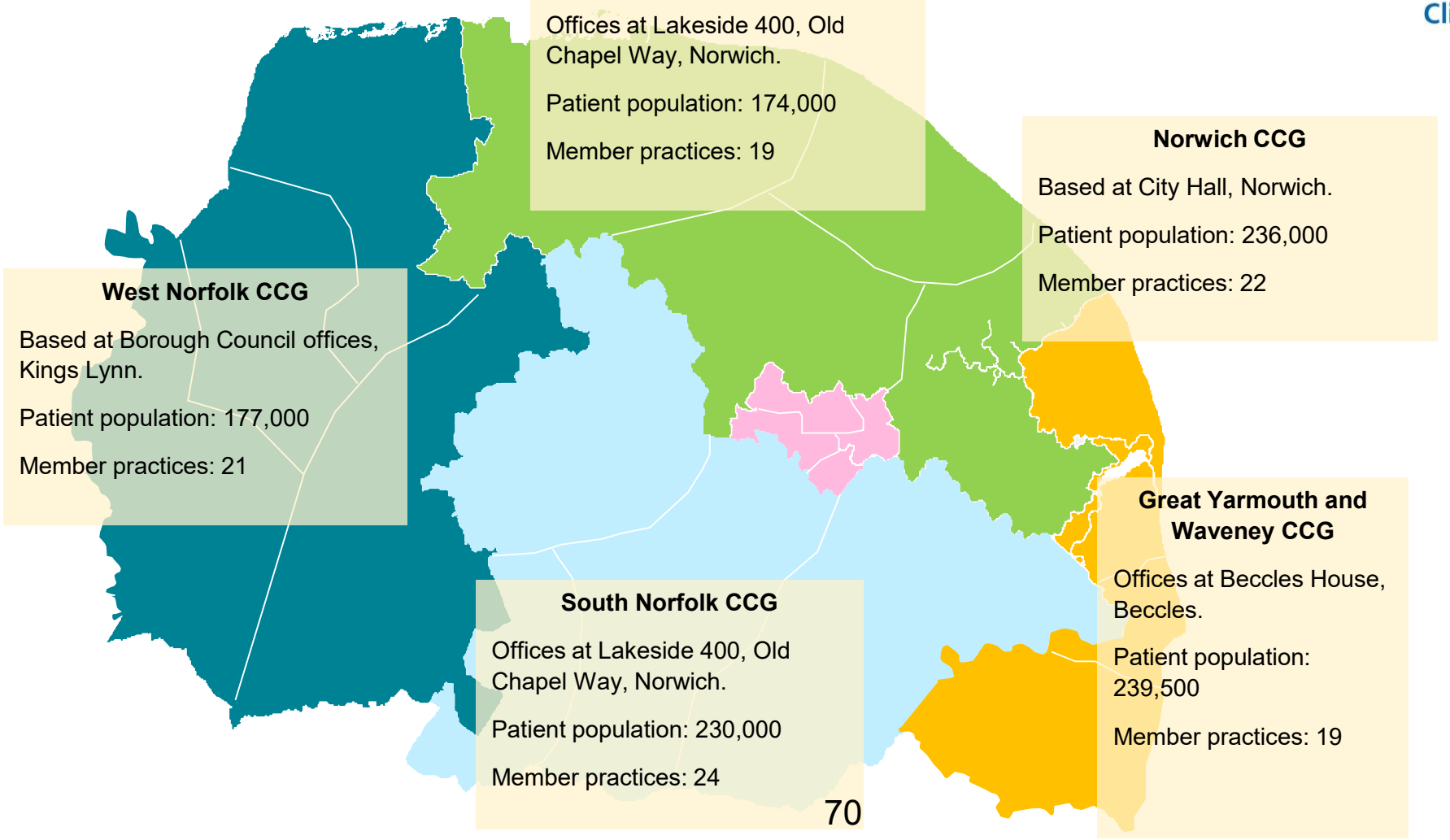
Metrics	Data sources, notes and caveats
Unplanned Care Performance Metrics	
A&E 4 hr performance	*Source: A&E Attendances and Emergency Admissions, NHS England* Comprises whole provider figures including MIU and WIC for NNUH. Apr-18 NNUH figures adjusted using local WIC data as the nationally published figures did not include WIC.
A&E Total Attendances (as above)	
A&E Total Breaches (as above)	
Emergency admissions (N&W CCGs only)	*Source:* SUS+. Only includes activity from the five N&W CCGs. JPUH emergency admissions exclude admissions identified as having been treated within the Ambulatory Care Unit.
Delayed transfers of care (DTOC) - % of delayed days vs available bed days	*Sources: Monthly Delayed Transfers of Care Data, NHS England & Bed Availability and Occupancy Data – Overnight, NHS England* Norfolk only. There is no official denominator to agree DTOC rates, so the latest KH03 quarterly return for overnight occupied beds has been used. As such these figures will not reconcile with any other reported figures. Prior to Jun-18, JPUH were only submitting delay codes to NHS delays and not including social care.
# DTOC - NHS	
# DTOC - Social Care	
# DTOC - Both NHS / Social Care	
% of Ambulance handover delays - 60 min	*Source: Contract Files, East of England Ambulance Service NHS Trust* It's important to note that there is a discrepancy between EEAST and QEH views of handover delays at QEH.
Cancer Performance Metrics	
Two week wait GP referral (%)	*Source: Cancer Waiting Times, NHS England* Figures for the most recent month are submitted directly by providers and are provisional only. Comprises whole provider figures.
Two week wait breast symptoms (%)	
31 days from diagnosis to first treatment (%)	
31 days subsequent treatment - surgery (%)	
31 days subsequent treatment - drug treatment (%)	
31 days subsequent treatment - radiotherapy (%)	
62 days from GP referral to first treatment (%)	
62 days from screening to first treatment (%)	
Planned Care Performance Metrics	
Incomplete - RTT % waiting treatment <18 weeks	*Source: Consultant-led Referral to Treatment Waiting Times, NHS England* Comprises whole provider figures.
Total number incomplete pathways	
Total number of 40 week breaches	
Incomplete - RTT no. waiting treatment >52 weeks	
Diagnostic tests within 6 weeks	*Source: Monthly Diagnostics Data, NHS England* Comprises whole provider figures.
Number of patients waiting > 6 weeks	
GP acute referrals (all CCGs)	*Source: Monthly Activity Return, NHS England* Includes activity from all CCGs to afford a whole proivider view.
Non-GP acute referrals (all CCGs)	
Avoidable emergency admissions (N&W CCGs only)	*Source: SUS+* . Only includes activity from the five N&W CCGs. JPUH emergency admissions exclude admissions identified as having been treated within the Ambulatory Care Unit. Avoidable Admissions have not been aggregated to STP level for the latest month due to low clinical coding completeness at JPUH, which shows an artificial reduction.
Mental Health Metrics	
IAPT: access rates (local target)	*Source: NSFT PI01 – Dashboard.* 2018/19: 16.8% locally agreed target; 2019/20: 19% locally agreed target. Clarification required around 19/20 locally agreed target.
IAPT: recovery rates	*Source: NSFT PI01 – Dashboard.* 50% national target. Also published nationally - local data more timely
IAPT: first treatment <6 weeks	*Source: NSFT PI01 – Dashboard.* 75% national target. Also published nationally - local data more timely.
EIP: treatment started <2 weeks (local target)	*Source: NSFT PI01 – KPI Monitoring Report Norfolk and Waveney.* RAG rated against 2018/19 - 53%; 2019/20 - 56% national target. Also published nationally - local data more accurate
CYP: eating disorders - Urgent (seen in 1 wk)	*Source: NSFT PI01 – KPI Monitoring Report Norfolk and Waveney.* RAG rated against 90% local target. Also published nationally - local data more accurate
CYP: eating disorders - Routine (seen in 4 wks)	
Out of area placements (bed days - 18-65, in month)	*Source: NSFT PI07B – Dashboard.* Trajectory to be agreed. Apr-18 to Feb-19 Nationally Published, Mar-19 onwards NSFT report. Data reconciliation project currently in progress with NSFT.
Out of area placements (bed days - 65+, in month)	
Dementia diagnosis	*Source: NHS Digital Dementia Diagnosis publication* - based on NHS Digital Reports that are taken from the GP's QOF register.

Great Yarmouth and Waveney
North Norfolk, South Norfolk
Norwich, West Norfolk
Clinical Commissioning Groups

Creating a single CCG for Norfolk and Waveney

Currently 5 CCGs

Great Yarmouth and Waveney
North Norfolk, South Norfolk
Norwich, West Norfolk
Clinical Commissioning Groups



North Norfolk CCG

Offices at Lakeside 400, Old Chapel Way, Norwich.

Patient population: 174,000

Member practices: 19

Norwich CCG

Based at City Hall, Norwich.

Patient population: 236,000

Member practices: 22

West Norfolk CCG

Based at Borough Council offices, Kings Lynn.

Patient population: 177,000

Member practices: 21

South Norfolk CCG

Offices at Lakeside 400, Old Chapel Way, Norwich.

Patient population: 230,000

Member practices: 24

Great Yarmouth and Waveney CCG

Offices at Beccles House, Beccles.

Patient population: 239,500

Member practices: 19

The case for change

Great Yarmouth and Waveney
North Norfolk, South Norfolk
Norwich, West Norfolk
Clinical Commissioning Groups

Benefits for patients:

The biggest issues we face are wider ‘system’ issues. For example better mental health services with reduced waits and fewer out of area placements, quicker help for children and young people, especially in terms of mental health referrals and we must find ways to address rising demand in planned and unplanned acute care

We think having one CCG, one Board and one commissioning voice will help achieve this

The case for change

Great Yarmouth and Waveney
North Norfolk, South Norfolk
Norwich, West Norfolk
Clinical Commissioning Groups

Benefits for partners:

Breaking down barriers to shared working
Paving the way for the Integrated Care System (ICS).
Support for existing partnerships and working relationships at place and neighbourhood levels

We think having one CCG, one Board and one commissioning voice will help achieve this

The case for change

Great Yarmouth and Waveney
North Norfolk, South Norfolk
Norwich, West Norfolk
Clinical Commissioning Groups

We must reduce CCG running costs by 20%

- Running five CCG Governing bodies and committees costs £1.4m. We can save 50% of that.
- Our new staff structure will also contribute to this.

Total CCGs' running cost allocations **2019/20**

£22.0m

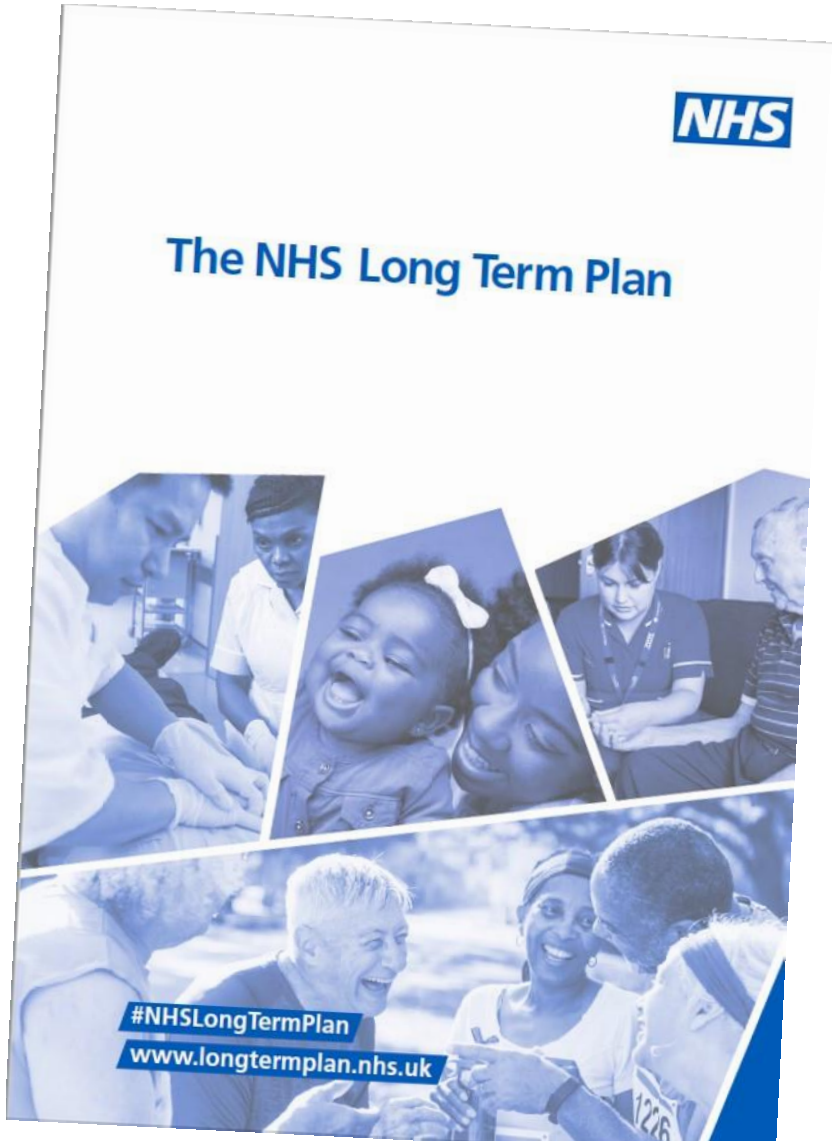
Total CCGs' running cost allocations **2020/21**

£19.4m

(-12%)

The case for change

Great Yarmouth and Waveney
North Norfolk, South Norfolk
Norwich, West Norfolk
Clinical Commissioning Groups



National guidance

The NHS Long Term Plan states that there should “typically” be one strategic commissioner (CCG) in any emerging Integrated Care System (ICS).

Safeguarding local focus and clinical leadership

Great Yarmouth and Waveney
North Norfolk, South Norfolk
Norwich, West Norfolk
Clinical Commissioning Groups

- Local office in Beccles
- Locality Director for Great Yarmouth and Waveney, leading a strong team working on GYW locality work
- **GPs and nurses on the Governing Body and in other clinical leadership roles**
- Our Local Delivery Group includes East Suffolk and GY Councils
- Primary Care Networks – two for GY area and 2 for Waveney

These are vital to our GPs, vital to local people and vital to us

Support so far: Great Yarmouth and Waveney partners

Great Yarmouth and Waveney
North Norfolk, South Norfolk
Norwich, West Norfolk
Clinical Commissioning Groups

Suffolk County Council

Norfolk County Council

JPUH

ECCH

Great Yarmouth Borough Council

HealthWatch Norfolk

(Positive verbal responses received from other organisations with letters pending)

Many responses from GYW received via our public survey. Many appear to ask for the local focus for Great Yarmouth and for Waveney to be safeguarded. **We agree and we will do so.**

Timeline

Great Yarmouth and Waveney
North Norfolk, South Norfolk
Norwich, West Norfolk
Clinical Commissioning Groups

Step phase	Key date
Governing Bodies	July 2019 – decision on recommending merger by 2020, subject to consultation and engagement
Governing Bodies	August 2019 – fine details of merger plan discussed and approved subject to consultation and engagement
Engagement with member practices	August onwards
Engagement with stakeholders/public	August onwards
Application	30 September **(but we are seeking an extension to October 2019)**
Continued engagement	Autumn 2019 onwards

All dependent on Member Practices voting for one CCG

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Norfolk County Council

Suffolk County Council

Agenda Item 8

Great Yarmouth and Waveney Joint Health Scrutiny Committee

25 October 2019

Forward Work Programme 2019-20

Members are asked to:

- suggest issues for the forward work programme that they would like to bring to the Committee's attention
- consider whether there are topics to be added
- consider and agree the scrutiny topics below
- provide clear information about why each item is on the forward work programme

Please consider issues of priority, practicality and potential outcomes you wish to achieve before adding to the work programme.

Meeting date & venue	**Subjects**
Friday **7 February 2020** Riverside, Lowestoft *(Claud Castleton Room)*	**Agenda items:** Mental Health service provision in Great Yarmouth and Waveney – to examine progress since the launch of the MH Strategy, with a particular focus on CAMHS, early intervention and the work of the MH Crisis Team
Friday **17 April 2020** Riverside, Lowestoft *(Claud Castleton Room)*	**Agenda items:** Diabetes care within primary care in Great Yarmouth and Waveney – to examine progress since the report on 26 April 2019.
Wednesday **15 July 2020** Riverside, Lowestoft *(Claud Castleton Room)*	**Agenda items:** Palliative and end of life care – to review the performance and demand of the service twelve months after the review in July 2019; to include utilisation of 24/7 advice line, advanced care planning and quality accounts.
Friday **23 October 2020** Riverside, Lowestoft *(Claud Castleton Room)*	**Agenda items:** To be agreed

NOTE: The Joint Committee reserves the right to reschedule this timetable.