

NHS Cannock Chase Clinical Commissioning Group
 NHS East Staffordshire Clinical Commissioning Group
 NHS North Staffordshire Clinical Commissioning Group
 NHS Stafford and Surrounds Clinical Commissioning Group
 NHS South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
 NHS Stoke-on-Trent Clinical Commissioning Group



OUR FORWARD VIEW

July 2018

Our annual review and look to the future

Welcome to our Forward View which includes some information about how the Clinical Commissioning Groups (CCGs) have performed over the past year, our priorities for the year ahead and how you can help us to improve health services.

Staffordshire has one of the most challenged systems in the country for financial and urgent care performance. Despite this, staff have continued to work hard and put patients first. I would like to thank everyone working in the CCGs and the wider health and care system for everything they have achieved over the past year and for the work they are doing every day.

We now have a single leadership team across all six CCGs. This means we do things once and not six times, where possible, whilst still commissioning the healthcare services that are needed in each area of the county and city.

We are now looking to the future and over the coming years we will work with local people to understand how we can spend the Staffordshire pound more wisely. We will also share best practice across the country to learn from other CCGs who have already undertaken this difficult journey.

Urgent care (A&E) performance remains a significant challenge for us, like many other areas in the country. In 2018/19 we will do more work with partners to help patients to be discharged from hospital with appropriate support and care. As well as tackling urgent care, the financial

deficit and other local challenges, we have agreed three shared priorities across the six CCGs. Our focus will be to support our ageing population to manage complex long-term conditions, to reduce inappropriate hospital admissions from care homes and to support patients to have greater choice and compassionate care at the end of life. We hope this will help some of our most vulnerable patients to receive timely and quality care.

I'm confident that 2018/19 will be a year of opportunity. The foundations laid in 2017/18 and our great people have put us in a strong position to

address some of the longstanding barriers to delivering high quality patient care.



Marcus Warnes - Accountable Officer, Staffordshire CCGs

Who we are



1,158,774
residents/patients



157
GP practices

The challenges we face



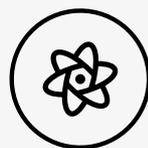
Ageing population



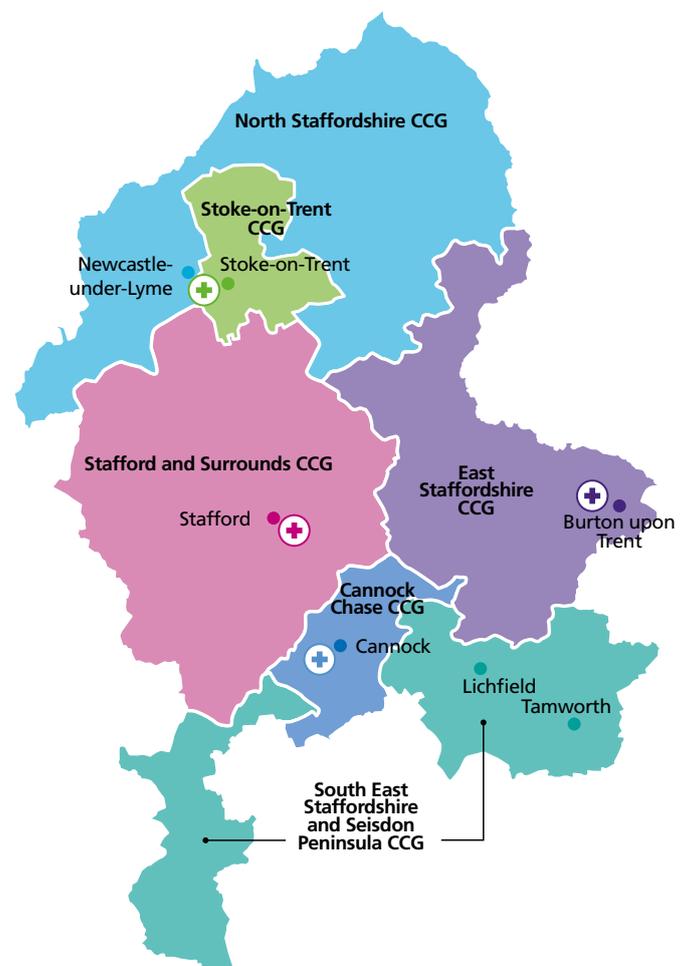
More people with long-term conditions



Increased demand on health services



End-of-life care and choices



How we did in 2017/18

A look at the quality and safety of the services across the six Clinical Commissioning Groups against the NHS Constitution Standards.

	University Hospital of North Midlands	Burton Hospitals	Royal Wolverhampton	Dudley Group	Heart of England	Walsall Healthcare
Accident & Emergency Provider						
A&E waits – Patients should be admitted, transferred or discharged within 4 hours (95% target)	77.51%	90.99%	89.98%	86.57%	79.81%	80.64%
There were 522 A&E waits over 12 hours out of 286,938 visits to A&E						
	Cannock Chase	East Staffordshire	North Staffordshire	South East Staffs & Seisdon Peninsula	Stafford & Surrounds	Stoke-on-Trent
Referral to non-urgent treatment within 18 weeks (92% target)	89.39%	91.6%	80.98%	92.08%	83.75%	80.34%
Maximum 6 week wait for diagnostic test from referral (99% target)	99.12%	99.5%	99.03%	99.23%	99.17%	99.10%
Cancer Waiting Times						
Maximum 2 weeks to see a cancer specialist from urgent GP referral, all cancers (93% target)	93.97%	95.9%	98.65%	93.84%	96.90%	98.24%
Maximum 2 weeks to first appointment, breast symptoms (93% target)	95.87%	82.7%	97.78%	91.67%	96.15%	98.63%
Maximum one month from diagnosis to first definitive treatment, all cancers (96% target)	97.95%	97.3%	97.98%	97.40%	98.12%	95.78%
Maximum 31 days for subsequent treatment: surgery (94% target)	93.96%	94.4%	93.72%	95.39%	92.71%	93.44%
Maximum 31 days for subsequent treatment: anti-cancer drugs (98% target)	100%	97.3%	98.95%	100%	99.56%	98.12%
Maximum 31 days for subsequent radiotherapy treatment (94% target)	98.39%	96.3%	96.49%	96.79%	97.84%	95.42%
Maximum 62 days from urgent GP referral for suspected cancer to first treatment: all cancers (85% target)	77.25%	76.1%	81.57%	78.92%	79.56%	76.79%
Maximum 62 days from referral from an NHS screening service to first definitive treatment for cancer (90% target)	88.57%	87%	86.15%	96.83%	84.44%	86.11%
Maximum 62 days for first definitive treatment: consultant upgrade (no target)	90.73%	80.5%	89.84%	86.67%	95.26%	89.18%

Notes

More information about our performance can be found in the CCGs' annual reports for 2017/18, which are available on our websites.

Quality and patient safety

PLAY VIDEO

- 1 We make announced and unannounced visits to the main providers of services and to nursing homes, to monitor the quality of the care being provided and to capture the views of patients and the staff caring for them.
- 2 We listen closely to what patients and their carers tell us and gather information from complaints and compliments. We make improvements and share good practice.
- 3 We regularly visit and monitor nursing homes, as well as providing support and training to them. We work closely with the local authority on improving quality and safety in the homes.
- 4 We have a specialised team who promote the safeguarding of vulnerable adults and children. They also train GPs and staff.
- 5 Our reporting systems provide early warning signs of areas that need improvement, and we share the information with the organisations involved for them to review and respond.





It's OK to ask

It is important that you understand the information you are given to help you get better or stay well

It's OK to ask:

- 1 What is my main problem?
- 2 What do I need to do?
- 3 Why is it important I do this?

Asking questions can help you to:

- Take care of your health
- Prepare for medical tests
- Take your medicines in the right way

Tips for clear health communication

It's ok to ask again if you don't understand something
Don't feel rushed or embarrassed

It's ok to bring a friend or someone from your family
It's ok for them to ask questions and to help you

It's ok to make a list of things you want to talk about

It's ok to take a list of the medicine you are taking, and take it with you
It's hard to remember all the names

It's ok to ask at the pharmacy too
They are there to help

Produced by: North Staffordshire CCG and Stoke-on-Trent CCG in partnership with University Hospital of North Midlands NHS Trust and Stoke-on-Trent City Council



Money matters

What we spent in 2017/18

PLAY
VIDEO

Our plans for 2018/19



We were given a total of
£1,621,354,000
for the year April 2017 to March
2018 to spend on 1,158,774 people.



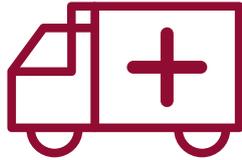
That works out at
£1,399 for each person
which sounds like a lot until you
look at the costs of just some of
the things we spend the money on.

Our main aim for this year is to improve the care of our growing elderly population. To achieve that we're going to be focusing on three areas:

Cost of a visit to A&E

Average £117

(There were 286,938 visits to A&E last year)



Cost of each first outpatient appointment

£150



- Transforming care and improving outcomes for older people with complex long-term conditions
- Reducing inappropriate hospital admissions from care homes
- Supporting people to have greater choice and compassionate care when they are nearing the end of their life



Cost of a hip replacement

**Average
£5,381**



Cost of prescribing low cost over-the-counter medicines in 2017/18

£4,796,584

Of course, we will also be working on many other aspects of keeping people in better health and in better control of their own health and wellbeing, by providing the right services in the right place at the right time, whether at home, in the community or in hospital. This includes increasing the hours that GP services are available, improving access to mental health services, reducing waiting times for planned operations and continuing to bring down waiting times in A&E.

Cost of each planned day case operation

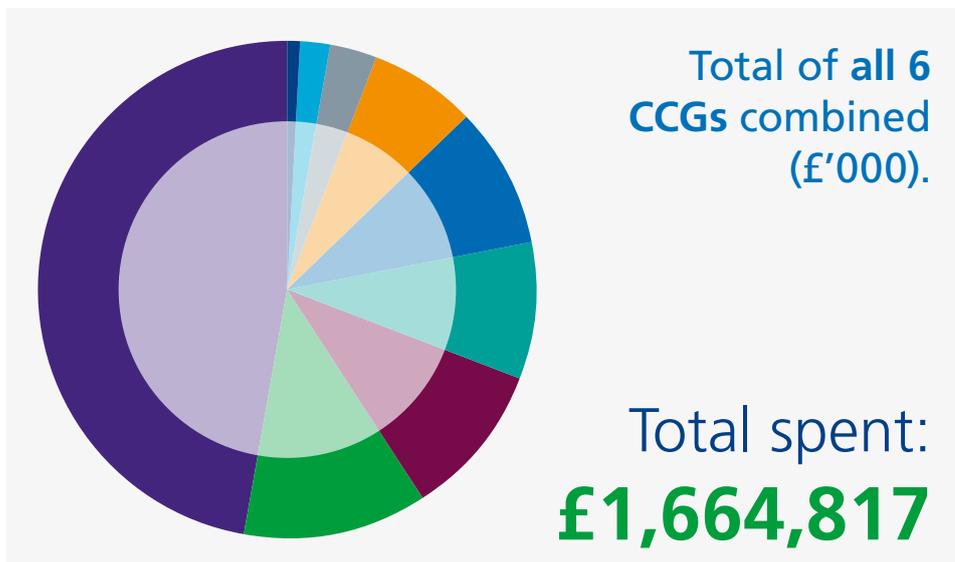
Around £699

(There were 125,297 across the county last year)



Like all the work we do, we don't do this alone, it involves us working closely with partners in health and social care.

What we spent in 2017/18



- Running costs
£24,499 (1%)
- Primary care
£25,285 (2%)
- Other
£48,732 (3%)
- Continuing care
£123,639 (7%)
- Primary care co-commissioning
£147,991 (9%)
- Mental health
£154,905 (9%)
- Community services
£163,968 (10%)
- Prescribing costs
£193,761 (12%)
- Acute (hospital)
£782,037 (47%)

Together We're Better is the Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) and is made up of health and care commissioners and providers of those services across the county.

The STP is focused on the following:

- 1 Focused Prevention
- 2 Enhanced Primary and Community Care
- 3 Improved Children, Young People & Maternity Services
- 4 Increased Effectiveness and Efficiency of Planned Care
- 5 Simplified Urgent and Emergency Care
- 6 Enhanced Mental Health Care

The combined year end deficit for the 6 CCGs was £40.5m (East Staffs & Stoke CCGs were not in deficit)

Quick and easy

GP online services

You can now book appointments, order repeat prescriptions and even access your GP records online. It's quick, easy and your information is secure.

Register for online services at your GP surgery or to find out more visit [nhs.uk/GPonlineservices](https://www.nhs.uk/GPonlineservices)

NHS



TOGETHER
WE'RE BETTER

Helping you to get the appointment you need

Nearly everyone who calls a GP surgery to make an appointment asks to see a doctor, but very often, help will be available more quickly from other highly skilled medical professionals such as nurses, pharmacists or dentists, or from another service such as the voluntary sector, who can support people with a wide range of social, emotional or practical needs.

Over recent months, a number of GP practice receptionists across the county have been trained to help them to direct patients to the most appropriate source of help. Receptionists are able to refer to other services that are available, either in the practice, other NHS providers or the wider care and support sector.

To help them in this role the receptionists have access to up-to-date information about local services in the health and care system. If anybody doesn't want to answer the questions the receptionists ask, they don't have to.

This means we can make sure that those people who really need to see a GP can see one as soon as possible.

There is early evidence that this is already freeing up hundreds of hours of GPs' time, so it will be available in more GP surgeries over the coming year.

Get involved

We really value the involvement of patients, carers and members of the public in how healthcare services are planned, delivered and monitored. It means we can make sure that the health needs of the different areas of the county and city can be met. There are different ways in which you can get involved.



Join a patient forum

GP practices have a Patient Participation Group (PPG). Some PPGs are very active and meet regularly to discuss their local issues, promote health messages and are the link between the GP practice staff and local people, others meet online.

Representatives from the PPGs are often also part of other groups which then feed in to the CCGs via more formal patient groups – called the Patient Board, Patient Congress or Patient Council - depending on which area of the county you are in. Vacancies for these groups are advertised through the local press and through the websites, so if you're interested in getting involved, look out for opportunities in your area.

Join the public membership scheme

We have public/patient membership schemes and if you sign up, you'll receive regular e-newsletters and can get involved in giving us feedback. Membership forms can be found on our websites in the 'Get Involved' section.

Governing Body meetings

We hold regular Board meetings in public where you can hear the Board members discuss key issues and you can ask questions about items on the agenda.

Information about the Governing Body meetings held in public can be found on our websites. Each Board has a lay member who is there to represent patients' views.

Social Media Follow the CCGs on Twitter or Facebook

 @NHSCannockChase

 @SESSP_CCG

 @nhsnorthstaffordshireccg

 @NHSEastStaffs

 @StaffordCCG

 @sesspccg

 @NHSNorthstaffs

 @NHSStokeCCG

 @NHSStoke-on-Trent

Contact us

Cannock Chase CCG
www.cannockchaseccg.nhs.uk

North Staffordshire CCG
www.northstaffsccg.nhs.uk

Stafford and Surrounds CCG
www.staffordsurroundsccg.nhs.uk

East Staffordshire CCG
www.eaststaffsccg.nhs.uk

**South East Staffordshire
and Seisdon Peninsula CCG**
www.sesandspccg.nhs.uk

Stoke-on-Trent CCG
www.stokeccg.nhs.uk

The Annual Report and Accounts for each CCG is available in the publications section on the websites. That's where you'll also be able to find the digital version of this booklet which contains links to videos telling you more about what we do.

If you would like this document in large print, an alternative format or in a different language, please contact us on **01785 854482 / 854125**.

...more
than you
think

Which NHS services should
I be using?

NHS

**Not registered
with a GP?**

Contact your nearest GP practice to find out how to register or visit the NHS Choices website www.nhs.uk and search for your nearest practice.

GP services

...more accessible than
you think.

**Minor
Injury Unit**

...providing you with more
choice than you think.

Pharmacy

...your local community
pharmacy offers more than
you think.

**Call
NHS 111**

...you can access more
help and advice than
you think.