

Public Newsletter

Issue 3 Oct 2012



North Hampshire
Clinical Commissioning Group

North Hampshire CCG Newsletter

Welcome to North Hampshire CCGs Newsletter for October.

What has been happening at the North Hampshire Clinical Commissioning Group in the last few months? Chief Operating Officer Lisa Briggs gives us the following update.

Appointments to the North Hampshire Clinical Commissioning Group (CCG)

We would like to say welcome to the following people who have been formally appointed to the Governing Body over the past few months:

- Dr Hugh Freeman who has been appointed as Chair of the CCG
- Dr Sam Hullah who has been appointed as the Chief Clinical Officer
- Lisa Briggs who has been appointed as the CCG Chief Operating Officer
- Pam Hobbs who has been appointed as the CCG Chief Finance Officer
- Dr Angus Carnegie who has been elected to represent the CCG membership
- Mr Derek Tree who is a lay member appointed to Chair the Audit and Remuneration Committees
- Mr David Rice who is a lay member appointed to Chair the Integrated Governance Committee

The CCG is currently advertising for the Chief Nurse position and will shortly advertise for the Secondary Care Consultant position.

Membership Senate

The CCG met with representatives from each of its constituent practices on the evening of the 12th September 2012 where The CCG Constitution and role of the Membership Senate were discussed. The members of the clinical commissioning group are responsible for determining the governing arrangements for the CCG and the Membership Senate has been formed to facilitate this.

The first meeting of the Membership Senate will be held on 5th December 2012 at which a Chair and Vice Chair will be elected and appointed.

CCG Authorisation

As Primary Care Trust and Strategic Health Authorities will be abolished as of March 2013 and replaced by the CCGs there is a robust process in place to ensure that the CCG is fit for purpose as of 1st April 2013 and this is referred to as the authorisation process.

North Hampshire CCG is about a third of the way through this process having submitted all of the required formal documentation to the Department of Health. The next stage in the process is a daylong visit to the CCG by members of the Department who will carry out an in depth review of that documentation and a number of formal interviews. This will result in the CCG being authorised and deemed fit to fulfil its responsibilities.

Last roadshow this year – at Tadley

The last in a series of roadshows travelling around the CCG area was held at the Holmwood Surgery, Tadley, on the evening of the 18th October 2012.

Over 30 members of the general public listened to presentations by Dr Hugh Freeman and Dr Sam Hullah then joined in a lively question and answers session. Topics discussed ranged from “how will the public see what the NHS funds are used for” and “what happens if the money runs out” to “will patients still be referred to consultants”.

As a result of this and the previous roadshows a cross section of the questions asked by the public about clinical commissioning and the answers that were given will be posted on the CCG website at www.northhampshireccg.com.

The Clinical Cabinet – what is it and what does it do?

Dr Sam Hullah explains -

The Clinical Cabinet of the North Hampshire Clinical Commissioning Group (CCG) is a subcommittee of The Board and is the "engine room" for redesign of clinical services. The Clinical Cabinet consists of 7 GPs each with a specific portfolio, as well as several senior managers, and a Public Health Consultant. The Board of the CCG delegates responsibility to the Clinical Cabinet but still retains responsibility for its decisions, through the Chair of the Clinical Cabinet who sits on the CCG Board.

The agenda of the Clinical Cabinet meetings is usually full but always includes portfolio updates from each of the GPs around the following areas:

- **Planned Care** - this deals with non-emergency GP referrals to hospitals, usually to outpatient departments. It also looks at some operations which are deemed to be appropriate only under certain circumstances.
- **Unscheduled Care** - this is mostly the patients who present to the Emergency Department as well as the emergency admissions to hospital.
- **Mental Health** - this deals with adult mental health services, including drugs and alcohol.
- **Children and Family services** - all aspects of Paediatrics including children's mental health, along with Maternity and Gynaecology services.
- **Medicines Management** - this deals with all aspects of prescribed medication.
- **Long Term Conditions** - these are Diabetes, COPD, Stroke, Heart Failure and Dementia. There are GPs who take responsibility for each of these disease areas and report to the Cabinet through the LTC lead GP.
- **Research Evidence & Innovation** - this portfolio is to advise the Clinical Cabinet on all aspects of the latest research and evidence that can inform the decisions made around redesigning services. The role is also to liaise with NICE (National Institute for Clinical Excellence)

There are many issues discussed at Clinical Cabinet but as an example three major areas discussed this week were Diabetes services and how these might be provided in the community, Musculoskeletal services and the redesign of the Emergency Department.

The Clinical Cabinet also receives information about the monitoring of the CCG financial position and a report on clinical quality being provided by the hospital.

Surgery Spotlight

New Surgery for the Camrose Medical Partnership

On the 3rd September 2012 two local GP surgeries moved into a single, purpose built new surgery provided by Basingstoke and Deane Borough Council. South Ham and Hatch Warren surgeries, run by the Camrose Medical Partnership, closed their doors on Friday evening the 31st August and opened for business at the new site on Monday the 3rd September. A lot of hard work over the weekend by doctors, nurses and staff made for a very successful move.

Patients were welcomed to the light and airy surgery at the St Andrews centre which also boasts a dental practice, pharmacy and Church. Leaders of the St Andrew's Methodist Church had been instrumental in making the land available for the new medical centre and Church.

Practice Manager, Mrs Anne Phillips is delighted that the new surgery is now completed "We have waited a long time to get a new surgery building for our patients, doctors and staff but the wait now seems worthwhile. We are all enjoying working in modern NHS premises that our patients can be very proud of. We now have the ability to offer a wider range of health services. Most importantly, access for the disabled and facilities for those with young children is greatly improved. There is also plenty of car parking both on site and across the road in the specially extended car park on the edge of Russell Howard Park"

The surgery was formally opened on Tuesday the 2nd October 2012 by the England and Hampshire Cricketer Shaun Udal.



Over 100 local doctors, consultants, healthcare professionals and previous members of staff were present to witness the occasion and be entertained by live music and a magician. The evening was rounded off with a formal cake cutting by the 8 GP partners: Dr Colin Meeking, Dr Swati Patel, Dr Richard Parker, Dr Nicholas Western, Dr Catherine Bayliss, Dr Sonia Barros D'Sa, Dr Ruth Dyson and Dr N'JaimehAsamoah-Owusu.



Chronic Obstructive Pulmonary Disease (COPD)

An estimated 3 million people have Chronic Obstructive Pulmonary Disease (COPD). Most people are not diagnosed until they are in their fifties. COPD is mainly caused by smoking. Diagnosis relies on a good history, examination and lung function test – all of which can be done in the surgery setting.

Because it comes on gradually people are often not aware that they are getting more breathless or having more chest infections (exacerbations) and this means that the diagnosis is often delayed as well. COPD may be mild, moderate or severe, depending on the result of the lung function tests.

What happens after the diagnosis is made?

Our COPD pathway has patients at the centre – enabling patients to reach informed decisions about their own care. We use care plans, education and good communication to achieve this.

Inhalers may be prescribed and it is really important that they are used correctly – so please ask your nurse or local pharmacist if you are unsure.

Don't forget to have your flu jab (every year) and a pneumonia jab (once in your lifetime).

We strongly recommend **Pulmonary Rehabilitation** – ask your Practice Nurse to refer you to the course near you.

How does pulmonary rehabilitation help people?

In pulmonary rehabilitation, gentle exercise is used to increase exercise tolerance and muscle strength. This can enable you to feel stronger and less breathless when you move around and do more activities in your daily life.

In most cases people who have attended a programme:

- Have walked further
- Have learnt to manage their breathlessness better
- Have reported an overall improvement in their quality of life.

The education aspect of the programme covers information about your lung condition, anxiety and how to manage better with shortness of breath.



'If I hadn't done this programme I would have been in hospital today, but because I have, I can cope better at home.'

Dementia Pathway

Why have a pathway?

Dementia is a very difficult problem for patients and is often not diagnosed as soon as it should be. Having a care pathway agreed by many stakeholders such as GPs, specialists and charities sets a common standard for the care patients should expect to receive and highlights the need for us to change the way we think about and care for our patients..

What is the intended outcome for patients?

"Enabling Early Diagnosis & Independent Living with the support of Integrated Care in the Community to achieve a positive Experience for the person with Dementia and their family – right to the end !"

How can this be achieved?

Our CCG will spend the next year focusing on training, communication and service redesign to ensure we can achieve our outcome measure.

1. **Training:** This will focus on practice staff – improving communication skills, Training for practice nurses to incorporate a memory question in Long Term Condition Reviews,

Training for Doctors and Community Matrons in early diagnosis and screening and end of life care through the ICTs. We plan to make training easy and free and we'll ensure that we support practices with back fill where possible.

2. **Communication** – encouraging practices to signpost to the voluntary agencies, which will support us in caring for Dementia patients and for their carers. Regular updates through newsletters. Improved communication between Secondary & Primary care, Social Services and the Voluntary sector. We want to encourage practices to meet with the voluntary sector and invite them to a practice meeting where possible.
3. **Service Redesign** – we plan to start looking at ways of improving our Practice Dementia Care. This may mean amending our Templates, offering longer appointments to those patients with Memory Problems. There is also a need to broaden our Long Term Condition review assessments to take “memory problems” in to account and to act on any concerns. This will enable earlier diagnosis and referral where appropriate.

Timeline:

- Launch of the Dementia Pathway on 3 October 2012
- Dementia Pathway Practice Packs to be circulated by end of October 2012
- Training in Early Diagnosis and Screening to start via ICTs in November 2012
- Practice System Redesign to be linked to a Dementia LES from April 2013
- Training in End of Life care in Dementia via ICTs from April 2013
- Training for Nursing Homes to improve care and prescribing for patients with Memory problems from January 2013

Dr Nicola Decker

The Commissioning Cycle

September is the time of year that we in the NHS, set out our Commissioning Intentions, this includes what we are going to prioritise, plan and purchase from service providers. This year these commissioning intentions have been developed with GP clinical leaders from our Clinical Cabinet workshop.

Some of our initial priorities include:

- Demantia
- CHD/hypertension
- Cancer
- Mental Health
- Respiratory Disease
- Frail Elderly
- Maternity/Paediatrics

This work was informed by the strategic objectives set out in our Clinical Commissioning Strategy and the Joint Strategic Needs Assessment for North Hampshire. We are committed to gaining the views of patients and the public in our work and would value involvement from all. We are linking closely with our established Public and Patient engagement processes. This includes undertaking Equality Impact Assessments where necessary to ensure we consider equality and diversity across North Hampshire.

This work is in draft and we will discuss priorities with stakeholders and providers. In December we have National Priorities issued by the Department of Health in an annual Operating Framework.

Tess Green
Associate Director, System Reform
North Hampshire CCG



Hampshire stop smoking service

**Want to stop smoking?
Get support, expert advice PLUS stop
smoking medication!**

**DAY TIME & EVENING DROP-IN
SESSIONS**in –
Basingstoke -

Carnival Hall, Church Cottage, Gillies Health
Centre, Melrose Hall, NorthHantsHospital
Oakridge Hall for All, Ridgeway Centre, The
Vyne School, Westside Community Centre

Alton -

Cardiac Rehab Centre & Health Centre

1 to 1 APPOINTMENTS -
at several GP Practices and Pharmacies
across the whole area.

***NEW* TELEPHONE QUIT PROGRAMME -**
For those unable to attend regular sessions
due to juggling life e.g. shift workers & carers

For more details on any of the support
available including GP Surgeries and
Pharmacies please contact us –

0845 602 4663 or **01252 33512** or look us up
at www.quit4life.nhs.uk

Do you, or someone you care for, suffer from one of these long term
conditions?

**Heart disease, Diabetes, Degenerative
Neurological conditions (eg MS, Parkinsons),
Stroke, COPD, Dementia**

Would you like to learn more about your condition and self
care?

To mark **National Self Care Week**, you are invited to a free evening
hosted by

Dr Andrew Fernando, Lead GP for Clinical Commissioning for Odiham,
Old Basing, Hook and Hartley Wintney

"The Challenge of Long Term Illnesses & Conditions"

Advice, information and support. Specialists available.

**Wed 14th November 2012,
drop in between 6pm to 8pm**



Odiham Cottage Hospital, Buryfields, Odiham, RG29 1NE

Refreshments provided. Free parking.

Further information from Community Matron Lynn Aldridge on
01256 704490