



Together
we can



make a
difference

WELCOME

Ipswich and East Suffolk Clinical Commissioning Group (CCG) is a clinically-led organisation that works in partnership with other health professionals, patients and the public to plan, design and improve the delivery of your local NHS services.

Being clinically-led means that GPs from the 40 practices in our area are responsible for commissioning (planning, buying and monitoring) health care services for around 397,000 people. The services we commission include community, secondary care (hospital), mental health services and also continuing health care.

ABOUT US

The CCG is made up of a "Governing Body" of 17 individuals: seven local GPs, two lay members, a secondary care doctor and seven senior officers with different responsibilities:

Dr Mark Shenton, Stowmarket
Dr Paul Bethell, Ipswich
Dr Mike McCullagh, Ipswich
Dr John Hague, Ipswich
Dr Paul Kaiser, Wickham Market
Dr Billy McKee, Felixstowe
Dr Imran Qureshi, Leiston
Dr Lorna Kerr, Secondary Care Doctor
Pauline Quinn, Patient and Public Involvement Lay Member
Graham Leaf, Audit and Governance Lay Member
Maddie Baker-Woods, Chief Operating Officer
Wendy Tankard, Chief Contracts Officer
Julian Herbert, Chief Officer
Carl Goulton, Chief Finance Officer
Barbara McLean, Chief Nursing Officer
Richard Watson, Chief Redesign Officer
Amanda Lyes, Chief Corporate Services Officer

PERFORMANCE: SERVICES FOR PATIENTS

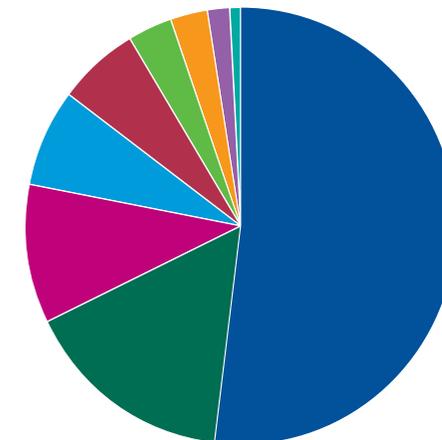
In 2014/15 people in the Ipswich and East Suffolk CCG benefitted as follows from progress in:

- Stroke care. Hospital consultants became available at weekends and the Early Supported Discharge service was rolled out.
- All national cancer targets were met.
- 95% of patients were treated within four hours at A&E.
- All patients referred to psychological therapies were seen within 28 days.
- Increasing the number of people with end of life care plans.



The CCG met its statutory duty to 'balance the budget'. The areas of spend were as follows:

Area of spend	Amount £m
Hospital acute	218.8
Primary care including prescribing	65.6
Mental health and learning disabilities	43.7
Community	30.9
Continuing care and free nursing care	26.6
Ambulance	14.0
Winter pressures and projects	11.2
Corporate running costs (this is below national limits)	7.6
Children's services	3.4
Total	421.8





OUR WORK

We have four clinically-led workstreams that provide the focus for delivering our objectives.

- Integrated care
- Planned care, cancer and end of life care
- Medicines management
- Children, young people and maternity, mental health and learning disabilities.

Each workstream is responsible for the identification of health needs and priorities, engaging with patients and professionals and planning changes to services in line with best practice and relevant national guidelines. Each workstream has a GP chair and other GP members, alongside senior managers from finance, clinical quality, contracts, implementation and patient engagement teams.

The workstreams work closely with relevant partners including Ipswich Hospital NHS Trust, Norfolk and Suffolk NHS Foundation Trust, Suffolk County Council, Suffolk Community Health services, East of England Ambulance NHS Trust, voluntary sector partners and Healthwatch Suffolk.

Examples of the programmes that each workstream has delivered are:

Integrated care

- Delivering the Stroke Early Supported Discharge service run by Norfolk Community Health and Care.
- Working with partners to roll out the Integrated Neighbourhood Teams to better coordinate care for people with multiple needs or long-term conditions.
- Developing the enhanced GP service for patients in residential and nursing homes including ward rounds, health monitoring and prevention services including dementia screening and falls assessments.
- Enhancement of hospital Admission Avoidance schemes

Planned Care, Cancer and End of Life Care

- Establishing seven clinical networks: Ophthalmology; Spinal; Trauma and Orthopaedics; General Surgery; Ear, Nose and Throat; Cardiology and Gastroenterology.

The networks were established as a vehicle to oversee the development and implementation of integrated pathways across primary, community and secondary care services.

- Developing a model of care for people with skin conditions to ensure that patients are seen by the right person, in the right place at the right time and can move readily between the levels of care as necessary.
- Implementing a community glaucoma monitoring service, enabling patients to have all their monitoring tests in a one hour visit, as opposed to several visits in the hospital.
- Implementing a Community Cancer Nurse pilot which aims to provide improved care and support for people living with, and beyond cancer.

Medicines Management

- Developing a primary care formulary to help clinicians make evidence based cost effective medication choices.
- Producing and distributing a series of patient information leaflets aimed at promoting self-care of minor ailments.
- Working with nurses to ensure effective use of dressings, emollients and barrier creams.
- Working with the Diabetes Centre at Ipswich Hospital NHS Trust,

GPs and the Diabetes User Group to develop guidance for GPs for glucose meters and the frequency of testing.

Children, Young People and Maternity, and Mental Health and Learning Disabilities

- Working with partners to remodel post diagnosis dementia services and continuing to ensure that the memory service meets local needs.
- Working with partners to remodel learning disabilities services to promote progression and independence for people of all ages; delivering services closer to home and removing barriers between services and providers.
- Working with Norfolk and Suffolk NHS Foundation Trust and Suffolk Constabulary to develop a new police liaison service with mental health practitioners in police cars reducing the number of admissions to hospital settings.
- Delivery of new primary care mental health workers for children in partnership with Suffolk County Council, to provide higher level community and mental health services (CAMHS).



ENGAGEMENT

We strongly believe that we cannot carry out our commissioning responsibilities effectively without understanding the needs, preferences and experiences of local people. Over the last year we have further developed the ways in which we communicate and engage with local people.

These include:

- A revitalised Community Engagement Partnership - a group of local people who meet monthly to discuss and inform the CCG programmes of work. The group now reports directly to the CCG Governing Body.
- 'Getting Involved' - This is a database of stakeholders, who have signed up to receive updates and news about local health services which outline opportunities for them to get involved in our work.
- Social Media - We launched a Facebook page in 2014/15, which we use to directly seek feedback and promote our work. We use Twitter to communicate news and updates on health matters. Both are linked. We have over 1,300 Twitter followers and over 180 Facebook friends.

- www.ipswichandeastsuffolkccg.nhs.uk - The CCG launched its refreshed website in July 2014 after consulting with members of the public and our GP practices. The site receives over 13,000 visits per month.



- Our GPs are regularly featured in the local press and radio.
- Many engagement events including attending the Suffolk Show, the Indian Mela, Living well with Dementia, Suffolk Armed Forces and Mens Health Day.
- A new Youth Engagement Forum to help shape health services for young people in Ipswich and east Suffolk.
- Closer working with Suffolk County Council, Suffolk Constabulary, borough and district councils and other NHS organisations in Suffolk to extend ways to listen to the public.

Throughout 2014/15 we used these mechanisms to ensure the voice of our local population drives and informs our work.

OUR PRIORITIES IN 2015/16

Our overarching priorities in 2015/16 will remain the same. In delivering these priorities in 2015/16, we plan to:

1. Make a reality of Integrated Neighbourhood Teams of primary, community, mental health and voluntary sector teams, starting in Ipswich; and explore development of an Integrated Care Organisation.
2. Continue to improve care for people in nursing and residential homes.
3. Address gaps in Children's Adolescent Mental Health Services.
4. Embed Primary Mental Health Worker Services.
5. Work with Suffolk County Council and West Suffolk CCG to remodel and jointly commission post diagnosis dementia services and learning disability services.
6. Streamline our admission prevention services.
7. Develop and deliver a shared Learning Disability Strategy with Suffolk County Council, West Suffolk CCG and other partners.
8. Innovate and extend our communications and engagement with patients with a focus on prevention, self care, self management and using NHS resources wisely.

WORKING WITH YOU

We want to work closely with you to ensure that you are fully involved in our planning and decision making.

We will do this by:

- Talking and listening to your experience of local health services.
- Getting out into the community to meet you.
- Finding out ideas you may have for improvements.
- Keeping you informed of current developments and decisions.

If you would like to get in touch or be more involved in our work, please do contact us:

Via our website:

www.ipswichandeastsuffolk.ccg.nhs.uk

Via email:

ipswichandeastsuffolk.ccg@nhs.net

By post: NHS Ipswich and East Suffolk CCG, Rushbrook House, Paper Mill Lane, Bramford, Ipswich IP8 4DE

By phone: 01473 770 000

In person: at our Governing Body meetings, CEP meetings

If you have a query about a service that we commission, please contact the Patient Advice and Liaison Service (PALS) on 0800 389 6819

If you wish to make a complaint about a service, please email complaints@suffolk.nhs.uk or write to Julian Herbert, Chief Officer, IESCCG, Rushbrook House, Paper Mill Lane, Bramford, Ipswich IP8 4DE.



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when it's less
urgent than 999