

Recommended commissioning priorities - 2014/16

Strategic Clinical Networks focus on priority service areas to bring about improvement in the quality and equity of care and outcomes of their population, both now and in the future.

This document outlines suggested commissioning priorities for each focus area of the London Strategic Clinical Networks: Mental health; Dementia; Neurological sciences; Cardiovascular (including cardiac, vascular, stroke, renal, diabetes and tuberculosis); Maternity and Children's services.

About the London Strategic Clinical Networks

Strategic Clinical Networks bring together those who use, provide and commission the service to make improvements in outcomes for complex patient pathways using an integrated, whole system approach.

Strategic Clinical Networks work in partnership with commissioners (including local government), supporting their decision making and strategic planning, by working across the boundaries of commissioner, provider and voluntary organisations as a vehicle for improvement for patients, carers and the public. In this way, Strategic Clinical Networks will:

- » reduce unwarranted variation in health and well being services;
- » encourage innovation in how services are provided now and in the future; and
- » provide clinical advice and leadership to support their decision making and strategic planning.

London Children's Strategic Clinical Network

There are more than 2 million children growing up in London. Services are currently fragmented and delivered across a number of providers. In addition, there are numerous standards existing across diverse organisations, making it difficult for commissioners to ensure standards are being delivered.

Support and involvement in the population-based children's networks

In order to deliver healthcare effectively for a population of children, we are currently working up a proposal to establish three children's networks based on the three Local Area Teams/Academic Health Science Network and Local Education and Training Board footprints. The purpose of the networks will be to link providers of children's healthcare with public health bodies and commissioners. We are looking for active CCG involvement and support in developing these networks to

improve the landscape of children's healthcare provision and support integrated care models.

Commissioning against existing children's healthcare standards

Numerous standards currently exist for children's healthcare. However, they are located within a number of different organisations such as the Royal Societies of Anaesthetists and Surgeons, the Royal College of Paediatrics and Child Health and the National Institute for Health and Care Excellence. We are gathering these standards together into one cohesive document to enable commissioners to see all the standards in one place and to commission against them. We are looking to CCGs to work with specialised commissioning within NHS England to ensure commissioning of children's inpatient care against these standards.

London Maternity Strategic Clinical Network

There are more than 134,000 babies born in London every year. London has high rates of still birth and maternal mortality as well as poor experience of care by women during pregnancy and birth.

Establishment of maternity networks across London

The Maternity SCN is working with CCGs to support the implementation of funded maternity networks across five areas of London.

Improvement in care and experience

The Maternity SCN will be providing tools and support to enable reduction in maternal mortality, a reduction in still birth rate and to improve women's experience of care. A pan London maternity commissioning group will be established to enable delivery of these improvements across CCGs.



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London Mental Health Strategic Clinical Network

- » Treating mental health as much as a priority as physical health with parity of esteem as a strategic objective.
- » Ensuring a clear commissioning focus on improving the physical outcomes of mental health patients and reducing the inequalities and poor outcomes experienced by mental health patients.
- » Strengthening mental health in primary care, including commissioning to improve access to psychological services and reducing waiting times for patients with mental health difficulties.
- » Addressing urgent care for patients with mental health difficulties, ensuring access to appropriate health and multi disciplinary crisis services and reducing inappropriate A&E presentations.
- » Developing an approach that looks at the whole care pathway or cycle of care rather than fragmented aspects, and fully supports the recovery model.
- » Supporting horizontal integrated care (across primary care, social care and the voluntary sector) as well as vertical care (across primary and secondary care).
- » Commissioning mental health services that address the needs of adults, children and young people and integrates with Public Health to promote health and wellbeing across the local community.
- » Supporting the commissioning and co production of services with patients, carers and people who have lived mental health experience.

London Dementia Strategic Clinical Network

The Dementia SCN anticipates that it will be able to provide much clearer guidance next year.

Diagnosis - By March 2015 two-thirds of the estimated number of people with dementia in England to have a diagnosis, with appropriate post-diagnosis support. To meet this target, better identification of people with suspected dementia in primary care and acute settings (eg by asking all patients over 75 a question about their memory) and referring to robust memory services.

Living well with dementia - Improve access to post diagnostic support, so that timely diagnosis includes information on the condition and referral to local services which are already available. This support to be delivered by clinicians in primary, community and secondary care, social care and the voluntary sector.

Coordinating care - Use of technology, systems such as *This is me* and embracing standards to be proposed by the Dementia SCN so that all services work together

to ensure patients and carers are supported to manage the impact of their condition and avoid crisis (reducing admission to hospital and/or care homes).

Quality of care - Emphasise the importance of appropriately trained staff through the implementation of the dementia CQUIN and other mechanisms. Ensure that case finding is in place and support for carers, widening this approach outside of acute settings and taking a broader quality view to ensure all providers have a 'dementia friendly' action plan.

London Neuroscience Strategic Clinical Network

Although some services are commissioned by NHS England (specialised commissioning), much of a patient's time can be spent receiving services from local hospitals, community services and social care.

- » Increasing the priority of service developments and pathways for patients with neurological conditions, as these are underrepresented in outcome frameworks, despite significant cost and public health impact.
- » Including patients with long term neurological conditions who are at high risk of unplanned care in local integrated care developments. This would require a structure or mechanism that facilitates a multidisciplinary approach.
- » Developing pathways with local providers that give responsive access to expertise where needed but also support management of common neurologic conditions by primary care (eg headache).
- » Commissioning appropriate capacity for community rehabilitation (*links with Stroke SCN*).
- » Ensuring appropriate emergency access for patients with serious neurological conditions to facilities with appropriate expertise. This would require collaborative discussions with other commissioners and providers around regional models, such has been developed for stroke.
- » Commissioning services that meet both the availability (NICE approved) and timeliness of disease modifying drugs.
- » Providing a comprehensive range of palliative care services: to control symptoms, offer pain relief and meet the needs for personal, social, psychological and spiritual support.



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London Cardiovascular Strategic Clinical Network

Cardiovascular disease (CVD) is a family of diseases which covers cardiac and vascular disease, stroke, renal and diabetes. The recommended commissioning priorities are:

Identification and management of people with or at high risk of developing CVD

Maximise opportunities across the whole patient pathway to identify and manage people at increased risk of developing CVD and the complications of CVD, including access to a collaborative, exercise-based vascular prevention programme.

CVD outcome focused approach

All patients, pre and post diagnosis of CVD, are offered education and information on opportunities to access interventions, rehabilitation and support that decreases the risks of developing CVD and/or CVD progression. The delivery of this approach is expected to be integrated across primary care, secondary care and non NHS care such as social services.

CVD patient empowerment

The parity of esteem programme responds to the twin challenges of mental health and physical well being, such as ensuring patients and carers have appropriate access to psychological support. This ensures equity of care and the empowerment of patients to be involved in decision making, care planning and self management of their CVD to improve health outcomes.

Cardiac and Vascular

- » Ensuring that all London Ambulance Service pre-triaged arrhythmia patients are taken directly to an approved arrhythmia centre.
- » Ensuring all providers use the electronic inter hospital transfer system for the referral of all non elective cardiac surgery and cardiology.

Stroke

- » Ensuring ongoing annual hyper acute stroke units (HASUs) and stroke units (SUs) quality standard reviews.
- » Commissioning a stroke early supported discharge service to facilitate rapid discharge from hospital for appropriate stroke survivors.
- » Commissioning a community team with specific skills in neurorehabilitation to provide a longer period of rehabilitation for the cohort of patients who require this intervention (*links with Neuroscience SCN*).
- » Ensuring that all stroke survivors have access to

a service that assesses their needs at six months post stroke and signpost to appropriate service.

Renal

- » Ensuring GPs target patients from communities at high risk of developing end stage renal failure using NHS Health Check for those aged 17-29 years, 30-64 years, etc, and exploiting the opportunity to encourage lifestyle changes that will improve patients' health, reduce poor health and progression to renal disease.
- » Ensuring that GPs / primary care establish and maintain a register of patients aged 18 or over who are CKD stage 3-5, managing those patients to decrease their risk of developing end stage renal disease (ESRD) through lifestyle choices.
- » Joint working with the Diabetes SCN to intervene and prevent other co-morbidities through identification of 'at-risk' patients to decrease their risk of developing other CVD and complications of CVD.

Diabetes

- » Working with Public Health England to ensure the NHS Health Check Programme is offered everywhere and patients are optimally managed to reduce their CVD risk. Areas with a high proportion of black and ethnic minorities in the population, particularly south Asians, should offer the health check at a much younger age.
- » Ensuring that all patients diagnosed with diabetes, either type 1 or 2, should have education on managing their condition. This can be provided by healthcare professionals and/or through structured education programs.
- » Improving foot care pathways to ensure optimum care is offered before, during and after any hospital care (including patients on dialysis).

Tuberculosis

London's 32 CCGs collaboratively commission some tuberculosis (TB) services on a 'once for London' basis. This is usually where the service is small or where governance arrangements concern all London CCGs.

- » Best practice for service delivery by providers through the London TB service specification. This would be managed through the commissioning intentions for service provider contracts where London Commissioning Support Units (CSUs) would lead the negotiations.
- » Hold service providers to account via the actions of CCGs and CSUs to enforce contracts and the London TB service specification.
- » CCGs would include a positive intent to reduce the London TB rate by 50 per cent in their five year plans with the London TB Control Board developing in 2014/15 robust plans to implement the London TB Plan in full from 2015/16.

About the London Strategic Clinical Networks

The London Strategic Clinical Networks bring stakeholders -- providers, commissioners and patients -- together to create alignment around programmes of transformational work that will improve care.

The networks play a key role in the new commissioning system by providing clinical advice and leadership to support local decision making. Working across the boundaries of commissioning and provision, they provide a vehicle for improvement where a single organisation, team or solution could not.

Established in 2013, the networks serve in key areas of major healthcare challenge where a whole system, integrated approach is required: Cardiovascular (including cardiac, stroke, renal and diabetes); Maternity and Children's Services; and Mental Health, Dementia and Neuroscience.

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