

***Summary***  
**Annual Report**  
2013–14



# Introduction

NHS Wirral Clinical Commissioning Group (the CCG) became a statutory body on 1st April 2013, following a rigorous 'authorisation' process which assessed our fitness for purpose to carry out our duties. Since its inception, the CCG has fully embraced its statutory duties, strengthening its governance arrangements to ensure commissioned services are based on transparent decision making processes and in partnership with local stakeholders. It has also developed and strengthened its engagement processes, ensuring patients and clinicians are at the heart of everything we do.

It is important to recognise that we could not have achieved this rapid transformation without the loyalty and dedication of all of our staff and partners who work together tirelessly to ensure that our local people and visitors receive the best health care possible. We would like to thank everyone in the CCG, our partner organisations and local communities for their commitment and hard work.

## Who are we?

We are responsible for commissioning healthcare for the people of Wirral, ensuring that we involve patients, seek to improve quality of services, reduce inequalities and promote both innovation and integration.

Further details regarding our Governing Body members are available on our website:

[www.wirralccg.nhs.uk/About%20Us/Whos-Who.htm](http://www.wirralccg.nhs.uk/About%20Us/Whos-Who.htm)

## Our aspiration is to be...

"Your partner in a healthier future for all."

## What is our vision?

"To improve health and reduce disease by working with patients, public and partners, tackling health inequalities and helping people to take care of themselves."

## The CCG's values are to be:

- ▶ Caring, fair and responsible
- ▶ Safe and trusted
- ▶ Person-centred

## What are our aims?

- ▶ Improve the health of all Wirral citizens.
- ▶ Target inequalities in health experiences and outcomes amongst sections of our population
- ▶ Deliver needs based healthcare of the highest quality to all our resident population.
- ▶ Promote maximum self-care by involving and including our patients in all decisions made about them.
- ▶ To reduce waste and inefficiency and duplication within the patient journey and between partners
- ▶ To be a high performance, high reputation organisation with ambition

# Facts and Figures

NHS Wirral Clinical Commissioning Group (CCG) services people registered with 58 general practices listed within the CCG area and this area is coterminous by Wirral Borough Council which includes a resident population of 318,000 (correct as at Jan 14).



# Achievements and Outcomes in 2013/14

## Commissioning Developments included:

**Achievement:** The CCG has been working closely with the Department of Adult Social Services to develop a new system of step up/step down care to support the existing range of intermediate services which have been commissioned and funded separately. The new system is jointly funded and commissioned and provides a single pathway into services from the hospital and from the community. The new service also has the support of a dedicated multidisciplinary team across health and social care, to provide more dedicated support to patients to help them return to independence.

**Key outcome:** This incorporates the reablement service which supports people in their own homes rather than in a hospital or care home bed.

**Achievement:** We have been working with Wirral University Teaching Hospital NHS Foundation Trust and Cheshire and Wirral Partnership NHS Foundation Trust to develop a new dedicated mental health assessment unit in acute care on the Arrowe Park Hospital site which was implemented in December 2013.

**Key outcome:** This provides a dedicated purpose designed unit for patients attending acute care with mental health problems with the support of a team of appropriately trained staff to support. This will also the patient journey to be significantly improved both in terms of quality, privacy and dignity.

**Achievement:** We have developed plans to deliver services, jointly commissioned with the local authority, to deliver a more integrated form of care for people on Wirral with Learning Disabilities.

**Key outcome:** The focus of this will encourage less reliance on inpatient beds.

**Achievement:** The CCG has worked with local providers and other key stakeholders to redesign pathways that improve the patient journey.

**Key outcome:** This may eliminate unnecessary steps, supporting care closer to home and or appropriate referral to the right clinician, at the right place and the right time. Key achievements to date have seen the implementation of GP direct to list for inguinal hernias, trial without catheter in the community, rapid access chest pain clinic for low and medium risk in the community heart centre, pathways for appropriate referral for raised liver function including community work up, hyperemesis management in the community and glaucoma follow up.

**Achievement:** The Integrated Mode of Care in Wirral has been established as a Care Co-ordination model, drawing together a range of agencies to help adults with health or social care problems to manage their own care.

**Key outcome:** The Integration Work Stream of the Vision 2018 Programme is leading on the implementation of this model and progress so far has led to the aligning of professionals into four Integrated Care Co-ordination Teams meeting in locations across the Wirral three times a week with the aim of coordinating care plans on those adults' behalf, working with the integrated discharge team to enable timely and effective discharge for patients with complex needs.

**Achievement:** We have adopted a care co-ordination approach to integration to distribute the collective resources of the health and social care economy, including the voluntary, community and faith sector, in the most effective way to ensure people are supported and manage their own health and well-being. This has meant transforming the way in which people are currently cared for and helping individuals take responsibility for their own care.

**Key outcome:** The Integrated Teams are local so they are close to patients, close to the resources available to support patients, and can be accessed quickly. This means providing the right care, at the right time and in the right place. The Integrated teams are aligned closely to local clusters of GPs, reflecting the community role in both delivering care closer to peoples homes, and harnessing the resources required to support local communities.

**Achievement:** The development of Better Care Fund (BCF) has been undertaken with a real sense of partnership between the CCG and Local Authority, with a lead managed from each organisation working closely together at every step and ensuring engagement with all key partners throughout the process.

**Key outcome:** This has been one of the real CCG's real successes within the first year of operation. The Joint Commissioning Strategy Group has also overseen the delivery of the BCF and has developed a risk sharing agreement so that there is a real sense of joint ownership of the BCF moving forward.



**Achievement:** We have significantly strengthened our relationships with local economy partners.

**Key outcome:** We have established a Joint Commissioning Strategy Group to bring together the key commissioners on the Wirral to ensure and promote cohesive, whole system commission that is mindful of both health and social care (and is underpinned by a formal Section 256 agreement with regards to joint working between health and social care).

## Other Notable Developments included:

### Vision 2018

- ▶ The CCG has established the Vision 2018 Programme Board to oversee the strategic vision for the Wirral with the Health and Social Care Economy requiring significant transformation over the next 5 years in order to meet the financial challenges faced. The Vision Board includes representation from the key partners in the local economy with the members consisting of lead executive and clinicians from each of the respective organisations, ensuring high level commitment to the required programme of work.
- ▶ The Vision 2018 group was established in August 2013, since then the programme has set the strategic context for vision, developed a programme structure with nine work-streams. These work-streams that sit below the Vision 2018 Programme Board are made up of members from the different Wirral organisations that have ensured a real sense of joint working across the economy and pursuit of the overall goal of a high-quality but sustainable health and social care economy.
- ▶ The transformed vision for delivery is for care to be built around the needs of the patient population, providing support for patients to look after their own health and wellbeing, whilst improving access to appropriate services as required.
- ▶ It is envisaged that this will comprise a system of wider integrated primary and community based services, supported by a smaller but more specialised acute care setting. Services delivered within the community will include specialised care that was previously provided within a hospital setting.
- ▶ Wirral CCG is committed to incorporating the concept of 'Hospitals without walls' in developing an integrated care model. The hospital setting will be supported to develop a higher level of speciality and technology to support more complex conditions with the opportunity to develop into a specialist hub across the region for particular specialities as appropriate.
- ▶ The economy's vision will ensure that commissioning of health and social care will be provided on an integrated basis ensuring the best alignment of physical and mental health care services.



vision2018

## Assurance Framework

We are assessed on a quarterly basis from the Area Teams of NHS England against a set of domains / indicators based on a standardised framework. The table below highlights that we performed well in 2013/14.

Domains	Quarter 1	Quarter 2	Quarter 3*
Quality	Amber/Green	Amber/Green	Assured
Constitution	Green	Amber/Red	Assured
Outcomes	Green	Green	Assured
Finance	Green	Green	Assured

\* The unpublished provisional Q3 assessment against the 'new domains', is awaiting moderation from the regional and national teams.

## NHS Constitution

The NHS Constitution gives patients specific rights which include:

- ▶ The right to begin treatment within 18 weeks of a GP referral
- ▶ The right to be seen at A&E within 4 hours of arrival
- ▶ In urgent cases, the right to an ambulance within 19 minutes of a 999 call
- ▶ Where an operation is cancelled at the last minute for non-clinical reasons, the right to an operation within 28 days of the cancellation

*The tables over the next two pages highlight what we achieved in 2013/14 against these standards.*

During 2013/14, the CCG has strengthened the team responsible for quality to ensure that the quality agenda across Wirral is high priority and patients receive the best possible care and treatment possible.



<b>NHS Constitution Measures</b>	<b>Period</b>	<b>Target</b>	<b>YTD Performance</b>	<b>YTD RAG Rating</b>
<b>Referral To Treatment waiting times for non-urgent consultant-led treatment</b>				
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90%	Feb 14	90%	94.1%	Green
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95%		95%	97.2%	Green
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92%		92%	94.2%	Green
<b>Diagnostic test waiting times</b>				
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral – 99%	Feb 14	99%	99.2%	Green
<b>A&amp;E waits</b>				
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department – 95%	Feb 14	95%	95.0%	Green
<b>Cancer waits – 2 week wait</b>				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93%	Feb 14	93%	96.4%	Green
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93%		93%	97.4%	Green
<b>Cancer waits – 31 days</b>				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96%	Feb 14	96%	98.6%	Green
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94%		94%	97.8%	Green
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98%		98%	99.4%	Green
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94%		94%	97.6%	Green
<b>Cancer waits – 62 days</b>				
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85%	Feb 14	85%	85.1%	Green
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90%		90%	96%	Green
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set			81.6%	
<b>Category A ambulance calls</b>				
Category A calls resulting in an emergency response arriving within 8 minutes – 75% (standard to be met for both Red 1)	R1 Feb 14	75%	78.3%	Green
Category A calls resulting in an emergency response arriving within 8 minutes – 75% (standard to be met for both Red 2)	R2 Feb 14	75%	78.1%	Green
Category A calls resulting in an ambulance arriving at the scene within 19 minutes – 95%	Feb 14	95%	96.4%	Green

NHS Constitution support measures	Period	Target	YTD Performance	YTD RAG Rating
<b>Mixed-sex accommodation breaches</b>				
Minimise breaches				
<b>Cancelled operations</b>				
All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice.	Q3 Eng Average	93	85	Green
<b>Mental health</b>				
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period – 95%	Q3 2013/14	95%	97.4%	Green
<b>Referral to treatment waiting times for non-urgent consultant-led treatment</b>				
Zero tolerance of over 52 week waiters	Feb 14	0	1*	Red
<b>A&amp;E waits</b>				
No waits from decision to admit to admission (trolley waits) over 12 hours	w/e 2/3/14	0	0	Green
<b>Cancelled operations</b>				
No urgent operation to be cancelled for a second time	Feb 14	0	0	Green

\*Patient required highly specialist treatment out-of-area. An appointment has now been arranged.

## Organisational Developments

Organisational Developments to strengthen us as an organisation include:

- ▶ We have submitted an excellent level of compliance with the information governance toolkit and have achieved level 2 compliance.
- ▶ An Experience, Engagement and Communications Strategy and Policy has been developed. A copy of this can be found within the policies section of our website: [www.wirralccg.nhs.uk/About%20Us/our-policies.htm](http://www.wirralccg.nhs.uk/About%20Us/our-policies.htm)
- ▶ The CCG has a Business Continuity Plan in place that has been tested with staff and a robust on call rota is in place to support this.
- ▶ We held a successful patient/engagement event to gain views on the development of the CCG strategic vision (Vision 2018).
- ▶ A Serious Incident Review Group has been established within the CCG to review all investigation reports and action plans following incidents. This ensures that root causes and lessons learned are shared across organisations with a view to prevent similar incidents occurring again.
- ▶ Internal Audit (MIAA) assigned significant assurance to four reviews undertaken within the year.
- ▶ The CCG undertook a range of measures that are mindful of the future environment which included; recycling paper and plastics regularly, storing scanned documents electronically where legally appropriate and operating the majority of business from a single site that reduces the usage of cars.

# Financial

## Financial Performance

Clinical Commissioning Groups have a statutory duty to spend their available budget; referred to as delivering operational financial balance. As at 31<sup>st</sup> March 2014, NHS Wirral Clinical Commissioning Group achieved financial balance along with other required financial duties and has applied its resource effectively.

### Revenue Resource Limit

The CCG has a statutory duty to contain its revenue expenditure within its notified revenue resource limit.

The CCG received a revenue resource limit of £467.159m (million) for the 2013/14 financial year and achieved an under spend of £4.731m against this resource (in line with NHS England Business Planning Requirements of a minimum 1% surplus).

### Capital Resource Limit

The CCG has a statutory duty to contain any capital expenditure within its notified capital resource limit.

The CCG had no capital resource available during 2013/14.

### Expenditure not to exceed income

The CCG has a statutory duty for expenditure not to exceed income.

The CCG expenditure for 13/14 was £462.953m, compared to income of £467.684m.

### Revenue Administration Resource Limit

The CCG has a statutory duty not to exceed the revenue administration target set out.

The CCG administration expenditure for 13/14 was £6.471m against a target of £7.997m.

## Cash Indicator

The CCG must ensure that it does not exceed its approved level of cash available within the financial year.

This target was achieved, with the CCG maximising its cash use by ending the financial year with a minimal cash balance of £21k (which was below the target set by NHS England for CCGs to hold a maximum £250k cash balance).

The 2013–14 financial statements (year-end accounts) have been prepared under a direction as issued by the NHS Commissioning Board under the National Health Service Act 2006 and in accordance with appropriate accounting standards.

## Financial Resources

Overall, NHS Wirral Clinical Commissioning Group received a resource allocation of £467.159m for the 2013/14 financial year which was made of £7.997m for running costs (based on £25 per head using ONS population figures of 319,895) and £459.162m for programme expenditure.

A planned surplus figure of £6.575m (circa 1.43%) was agreed with NHS England at the start of the financial year.

NHS Wirral Clinical Commissioning Group spent £455.958m on programme expenditure for Wirral residents during 2013/14 and spent £ 6.471m on running costs.

The resulting performance was that the CCG did not achieve its planned surplus figure of £6.575m but did achieve its minimum 1% surplus in line with NHS England Business Rules for clinical commissioning groups with a surplus of £4.731m.

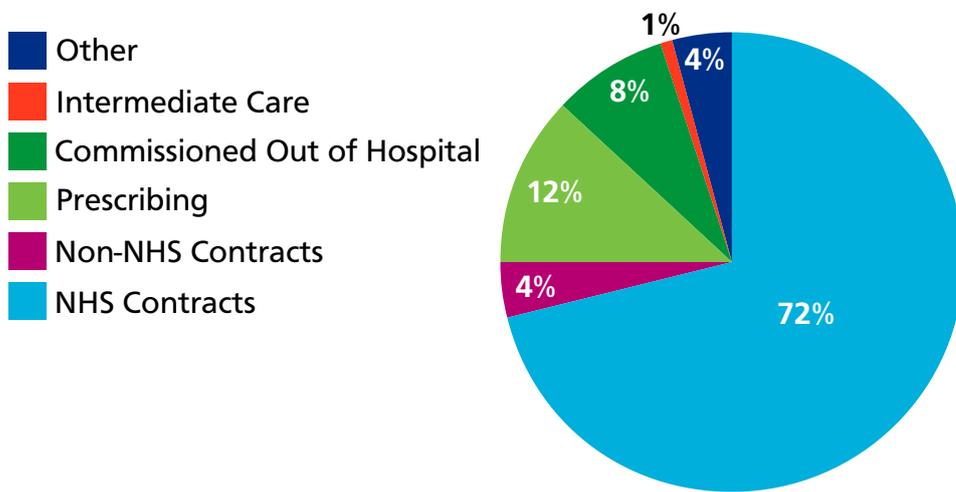
This movement in performance was agreed with NHS England during Quarter 4 of 2013/14 financial year and was predominantly due to increased activity across a number of expenditure areas but predominantly its main secondary care provider, Wirral University Teaching Hospitals NHS Foundation Trust.

	2013/14 Resource Allocation £million	2013/14 Actual Expenditure £million	Variance £million
<b>Programme</b>	459,162	455,957	(3,205)
<b>Running Costs</b>	7,997	6,471	(1,526)
<b>Total</b>	<b>467,159</b>	<b>462,428</b>	<b>(4,731)</b>

NHS Wirral Clinical Commissioning Group spent its resources as follows:

	Planned Expenditure £million	Actual Expenditure £million	Variance
<b>NHS Contracts</b>	324,125	330,607	6,482
<b>Non-NHS Contracts</b>	14,680	16,857	2,177
<b>Prescribing</b>	55,498	56,247	749
<b>Commissioned out of Hospital</b>	33,437	34,005	568
<b>Intermediate Care</b>	3,307	3,027	(280)
<b>Other</b>	22,608	15,214	(7,394)
<b>Total Programme Expenditure</b>	453,655	455,957	2,302
<b>Running Costs</b>	6,928	6,471	(457)
<b>Planned Surplus</b>	6,575	0	(6,575)
<b>Overall Performance</b>	<b>467,159</b>	<b>462,428</b>	<b>(4,731)</b>

An analysis of 2013/14 expenditure shows that the majority of the CCG expenditure relates to services commissioned with NHS Providers (72%), with prescribing expenditure (12%) and commissioned out of hospital care (for example Continuing Healthcare, Fully/Joint Funded packages of care) (8%) resulting in 92% of overall resources being utilised in these areas.



The remaining 8% is expenditure with non-NHS providers (4%) and other commissioning expenditure which includes non-recurrent expenditure as identified in original financial plans and in support of Local Enhanced Services.

### Compliance with Better Payment Practice Code

The Better Payment Practice Code requires the clinical commissioning group to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. The NHS aims to pay at least 95% of invoices within 30 days of receipt, or within agreed contract terms.

Details of compliance with the code are given in the notes to the financial statements. In addition to the statutory duties, all NHS organisations were required to make payments to their creditors within 30 days (unless other terms have been agreed). The target is for CCGs to pay 95% of invoices within this timescale.

During 2013/14 the CCG achieved this target. For non-NHS invoices 98.39% were paid in terms of number and 98.77% in terms of value.

For NHS invoices, actual invoices paid within 30 days were 98.80% in terms of number and 99.94% in terms of value.

On the 6<sup>th</sup> March 2014 the clinical commissioning group became an approved signatory of The Prompt Payment Code. This initiative was devised by the government with The Institute of Credit Management (ICM) to tackle the crucial issue of late payment and to help small businesses. Suppliers can have confidence in any company that signs up to the code that they will be paid within clearly defined terms, and that there is a proper process for dealing with any payments that are in dispute.



### Approved signatories undertake to:

- ▶ pay suppliers on time;
- ▶ give clear guidance to suppliers; and
- ▶ encourage good practice.

# Patient engagement and experience

NHS Wirral Clinical Commissioning Group has employed a number of methods of engagement in order to encourage participation of local citizens. These have included public events, where, for example, local citizens attended a 'Vision' event to hear about, discuss and inform the CCG's long term plans and the development of the Better Care Fund.

As well as taking part in active discussions, citizens and stakeholders were encouraged to record their thoughts and comments on and the day and there was also a questionnaire made available on the CCG website, so people could continue to express their thoughts and opinions, to inform the planning process.

The insights gathered from the engagement events are recorded and provided in a 'you said/we did' format on the CCG website to provide transparency:

[www.wirralccg.nhs.uk/About%20Us/you-said-we-are-doing.htm](http://www.wirralccg.nhs.uk/About%20Us/you-said-we-are-doing.htm)

An Experience, Engagement and Communications Strategy and Policy has been developed which was approved at the February 2014 Governing Body meeting. A copy of this can be found within the policies section of our website:

[www.wirralccg.nhs.uk/About%20Us/our-policies.htm](http://www.wirralccg.nhs.uk/About%20Us/our-policies.htm)

Each of the three consortia (groups of practices working together) within Wirral CCG has an active Patient Council that brings together representatives from Practice Patient Participation groups and the wider population, who have driven the development of services that now play a key part in future CCG strategy, such as the community minor injury and illness services. Each of the consortia has also developed virtual means of engaging with its population, for instance via websites and virtual e-mail groups.

Wirral CCG has invested in an Experience Led Commissioning programme to support our patient engagement processes. The process ensures patients, carers and staff are consulted at the earliest opportunity to allow patient feedback, thoughts and perspectives to be central to all service redesign projects. We have recently completed a Stroke Prevention project with an open question of how we do improve people's experience of stroke prevention in Wirral. There were no expectations as to what patients would tell us or what we would implement as a result of the project. This is an approach we are keen to continue to ensure patients are truly at the heart of the decision making.

In Wirral we are committed to expanding our attendance for focus groups to all patients to ensure authentic citizen participation. When designing and implementing CCG communication and engagement activities, the diversity of the population served, the need for equality and the potential barriers to communication and involvement some people face will be taken into account. We advertise through numerous mechanisms; these include CCG patient groups GP Practice Participation Groups, Voluntary and Community Action Wirral (VCAW), Health Watch Wirral, GP Practice TV Screens, Wirral Multicultural society and subject specific voluntary organisations, and also via our website. For example, we recruited some patients for our stroke prevention project via the Stroke Association and similarly recruited patients for an Ophthalmology event via the Macular Disease Society.

In addition, the CCG is using social media such as Facebook and Twitter to continue to encourage participation and an on-going series of events is planned throughout the coming year around the broader strategic vision alongside Local Authority colleagues and local providers.



[www.facebook.com/wirral.ccg.9](http://www.facebook.com/wirral.ccg.9)



@NHSWirralCCG

Communication and engagement for integration is key to driving greater transparency by working collaboratively with key stakeholders including provider organisations, Health Watch and VCAW to deliver the desired outcomes. This engagement has been a key principle for the integration work stream here on Wirral.

## Patient experience

Gaining the views of patients regarding the quality of services that have been commissioned on their behalf is of paramount importance for the CCG. Over the past year, this has led to the CCG Commissioning services differently following feedback.

The Patient Advice and Liaison Service (PALs) provided by Wired is commissioned by Wirral CCG to support patients with concerns relating to General Practice, Dentistry, Ophthalmology and Pharmacy. The purpose of this service is to provide on the spot help whenever possible, with the power to negotiate immediate or speedy resolution (within 48-hours) of problems. In some cases the PALs service will refer patients to independent advice and advocacy support from local and national sources, including Health Watch. In 2013/14 there were 621 contacts made with the PALs team.

Ensuring good handling of complaints is one way in which CCGs can help to improve quality of care for patients and learning from complaints enables organisations to continually improve the services they provide and the experience for all patients. Wirral CCG ensures that complaints are managed in accordance with the strategic goals and objectives and ensures that all complaints are managed promptly and efficiently, in line with the Health Act 2009 and NHS Constitution. It also ensures that they are adequately investigated and that complainants are treated with dignity and respect.

We outsourced the process and management of all formal complaints to the Customer Solutions Centre within Cheshire and Merseyside Commissioning Support Unit, though we remain responsible, as the CCG, and accountable for the outcome of each complaint.

In 2013/14 the CCG received 41 formal complaints. It is through patient feedback that we are able to learn from complaints to monitor and improve services where required, to ensure we meet the needs of our patients in the future. As Commissioners of local Health Services we monitored the complaints received for trends and took appropriate action to reduce the risk of identified trends happening again.



# Looking forward to 2014/15

# Publication arrangements /contact details

In 2014/15 the CCG aims to build on its achievements and further consolidate its successes with a focus on the following areas:

- ▶ Better Care Fund
- ▶ Vision 2018
- ▶ Integrated Care
- ▶ Urgent Care
- ▶ Empowering patients in their own care

Throughout our journey we will continue to engage with our patients and communities to ensure that our local people and visitors receive the best health care possible.

Electronic copies of the full Annual Report and Annual Accounts and this summary version are available on the CCG's website:

[www.wirralccg.nhs.uk/About%20Us/annual-report-annual-accounts.htm](http://www.wirralccg.nhs.uk/About%20Us/annual-report-annual-accounts.htm)

Paper copies are also available on request free of charge through the Corporate Support Department. If you would like a paper copy please contact:

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