NHS
Merton
Clinical Commissioning Group

Merton CCG 2016/2017 Commissioning Intentions

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30 September 2015

Version 2.0

1. Introduction

The purpose of Commissioning Intentions

Each year commissioners in the NHS are required to set out their priorities for the coming year and to describe how they will improve the health of the communities they serve. As some of these priorities may lead to changes or developments that have an impact on existing contracts, it is national best practice to give providers six months' notice of any changes.

For changes to take effect from 1 April 2016, we must inform providers of our commissioning plans (or intentions) by the end of September 2015. It is possible for us to propose changes and developments at any time thereafter but such changes must follow contractual rules in order to give providers adequate notice. Thus, to gain maximum benefit from contracts that begin on 1 April 2016, we must notify providers and partners of our plans no later than 1 October 2015.

For the first time in 2015/16 we agreed two sets of commissioning intentions – one covering the collaborative work required across South West London (SWL) as part of the five year strategy for the sector and a further set, setting out what we need to do locally to meet our population's needs and to contribute to the SWL work. Both sets of commissioning plans are essential for helping provide a framework for all services delivered locally and regionally. This approach continues into 2016/17 and further details can be found in Section 3.

The national and local context

It is now widely recognised that the next few years represent a critical period of transformation in health and care services. Changes in how people live their lives and advances in health care knowledge and techniques mean people are living longer and that demand for care is rapidly rising. Nationally, unlike in previous generations, millions of people now have a long-term association with the NHS and each person relies on us to support them to live as well as possible with long term conditions. It is this changing need and rising demand which will create a £30bn funding gap in NHS resources by 2019 unless we seize the opportunity change the way we deliver care.

In 2015/16 the South West London Collaborative Commissioning partnership, of which Merton CCG is part, produced an *Issues Paper*[1] detailing what these challenges mean at a more local level. As a Clinical Commissioning Group we recognise the need to take steps to transform and secure sustainable services for our population. As will be seen below, our commissioning intentions have been developed with these ambitions firmly in mind.

This document

This document outlines Merton Clinical Commissioning Group's (the CCG's) plans and priorities for contracted services in 2016/17.

They have been developed based on our work with patients and clinicians over the past year and are informed by evidence of effectiveness and best practice. Our plans are consistent with our 5-year strategy; the priorities set out in the Joint

[1] The summary version of this paper can be found at: www.swlccgs.nhs.uk/wp-content/uploads/2015/06/SWL-issues-paper-summary-V5_WEB.pdf

Health & Wellbeing Board Strategy for Merton (2015-18); and the South West London Commissioning Intentions.

This document does not contain a complete list of all our initiatives, projects and service changes that are either already underway or are in the pipeline, but instead summarises the key priorities for the year ahead and which will need to be reflected in the commissioning of services for 2016/17.

Furthermore, national planning guidance setting out detailed expectations of CCGs is due to be published towards the end of 2015. This is a significant document for all health services and providers need to be aware that we will need to review our commissioning intentions in light of this guidance.

2. Aims and Ambitions

These commissioning intentions continue to articulate Merton CCG's vision for how health and care services will be delivered over the coming years. They capture how we are working across the health system to improve quality and drive efficiency. We will continue to do this by working together with all our partners and stakeholders in order to develop a health and care system that delivers sustainable services, value for money and meets our financial targets.

Whole Merton Vision

The challenges and demands on health and care services are now widely acknowledged. It is recognised that if we do not change and transform the way care is provided, including moving more services from hospitals into community settings and scaling up prevention, we will not sustainably be able to meet the needs of our population.

As a CCG we have long held the view that we must deliver more care out of hospital and closer to people's homes; over the last three years we have delivered and begun a number of initiatives to realise this ambition. We will continue this work in 2016/17 and we invite all providers to continue working with us on these plans.

Crucially we recognise that the scale of the challenges facing health and care services are such that we cannot expect to fulfil our responsibilities by working alone, or by looking at health needs in isolation from the wider issues that impact on well-being (such as housing, education, employment or healthy lifestyles).

That is why in 2015/16 we have been working on refreshing our vision for health and care in Merton. We want to better focus our efforts on more joined up thinking, planning and working across the borough. At the heart of our vision is the individual around whom a range of support and opportunities need to be organised; in this way we can develop sustainable services, ensuring people get the care they need in the right place, at the right time, and with the right outcome.

We are calling this holistic approach *Whole Merton* and although we are consulting with our partners and stakeholders before finalising the approach (expected to be no later than December 2015), the intentions set out below have been developed with this firmly in mind. Providers of our services therefore need to be aware that, building on our work to date, the aim of Whole Merton is to go further, quicker in delivering more care in out of hospital settings.

Merton CCG's Eight Priority Areas

Starting in 2014 we identified eight key priorities; these were developed based on the Joint Strategic Needs Assessment for Merton and have incorporated key national and regional priorities that have emerged over time.

Our eight priority areas are:

i. Older and Vulnerable Adults
ii. Mental Health
iii. Children and Maternity Services
iv. Keeping Healthy and Well
v. Early Detection and Management
vi. Urgent Care
vii. Medicines Optimisation
viii. Transforming Primary Care

These priorities remain critical in helping us organise and develop services to meet the needs of our population and as such, our commissioning intentions are set out against these areas. However, providers should be aware that the on-going work with stakeholders to finalise our Whole Merton approach may lead to adjustments in the way these eight priority areas are organised or articulated. This work will not impact on the commissioning intentions directly; these will become part of the new vision and strategic approach once finalised.

Our approach

In commissioning and developing services for our population it is essential that we work collaboratively and in partnership with our clinicians, patients, carers, the local authority, providers of NHS care and the public. This applies within our boundaries and across the region and where appropriate, nationally.

Our commissioning intentions are therefore predicated on joint working and co-design with service experts and users. In step with our organisational values, our approach throughout will also be based on being:

- ✓ Honest
- ✓ Organised and planned
- ✓ Patient focussed
- ✓ Inclusive and engaging
- ✓ Committed to high quality care and outcomes

3. Our main contracts

Acute, Mental Health and Community Services

Merton CCG is relatively unusual in not having a major acute hospital within the boundaries of our borough. People needing hospital treatment therefore travel mainly to hospitals provided by the following trusts (in order of greatest use):

- St George's University Hospital NHS Foundation Trust
- Epsom and St Helier University Hospital NHS Trust
- Kingston Hospital NHS Foundation Trust

As all the main hospital sites for these Trusts sit in other CCG areas (see figure 1), we are currently associate commissioners in all these contracts, requiring us to

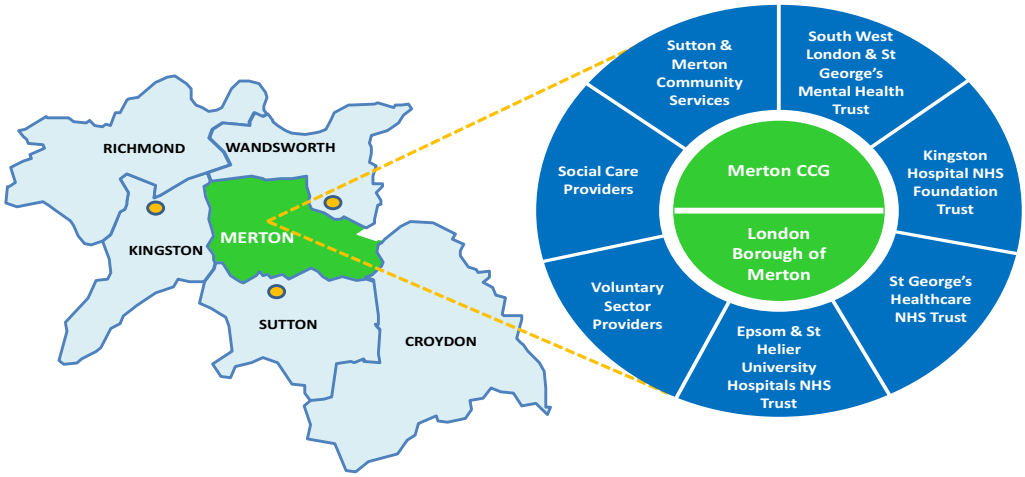
work in partnership with each lead CCG and provider to ensure the services provided are co-designed to meet the needs of our population.

Around 60% of our annual budget is spent on acute hospital services making this a key area for the planning and delivery of services. As such it is important that our commissioning intentions take account of those of the lead CCGs who act on our behalf and equally, it is essential that our requirements are reflected in the intentions prepared for the acute hospital trusts (see also *South West London Commissioning Intentions* below).

For mental health services, people will access services provided in the main by South West London and St George's Mental Health Trust; during 2015/16 the lead responsibility for this contract will transfer from Kingston CCG to ourselves as part of a wider review of mental provision across the sector.

Until 31st March 2016, we are the co-ordinating commissioner for the community services contracts with The Royal Marsden NHS Foundation Trust, who host Sutton and Merton Community Services (SMCS). Sutton CCG, the London Borough of Sutton and Merton CCG (also working on behalf of the London Borough of Merton) have concluded a process in 2015/16 to re-procure community services and thus, from 1 April 2016, each will have their own community services contracts. What this means for Merton is described further in section 5.

Figure 1: South West London locality map and the seven providers and five CCGs engaged with Merton



SWL collaborative approach and SWL Commissioning Intentions

The South West London Collaborative Commissioning is made up of Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth CCGs. These six CCGs together with NHS England (who commission specialist and (currently) primary care services in south west London) are working in partnership under the umbrella name of *South West London Collaborative Commissioning* to implement a five year strategy for the local NHS in south west London.

The NHS faces a number of challenges in the years ahead and the CCGs are working together to deliver a long term plan to overcome these and to improve the quality of care in South West London (SWL).

To support this work, an overarching set of commissioning intentions has been prepared based on the strategic vision outlined in the Collaborative's Five Year Strategy (published in June 2014). The key areas of this strategy are:

- Urgent and Emergency Care

- Cancer
- Mental Health
- Maternity Care
- Children and Young People
- Integrated, Out of Hospital and Community Based Care
- Transforming Primary Care
- Planned Care

Merton CCG's eight priority areas align with the SWL key areas of focus and thus help ensure our work complements and contributes effectively to the wider SWL approach. The SWL Commissioning Intentions will be published by the 1 October 2015.

The Nelson Health Centre

On 1 April 2015, the Nelson Health Centre began providing key services in a new and proactive way. The modern facility has been developed to provide community based access to a range of outpatient appointments, diagnostics (including x-ray) and a range of mental health and community services. By the end of 2015/16 we expect the unit to be fully operational.

The outpatient and diagnostic services are especially important and innovative as they offer hospital-type services in the community for the first time. These services are delivered under contract by St George's University Hospitals NHS Foundation Trust and will continue to be a key part of our work to deliver more care outside of hospital settings. Our plans and requirements for these services in the future are included in these commissioning intentions.

Changes to Primary Care contract arrangements

Merton has twenty-four GP Practices across the borough. They range in size from large partnerships (our largest at The Nelson Health Centre has over 25,000 patients) to smaller surgeries, (our smallest has just over 3,500 patients).

In 2015/16 we are consulting with our membership proposals to take on delegated commissioning of GP primary care services from NHS England from 1 April 2016. This means rather than NHS England being responsible for GP services, Merton CCG will have a range of delegated powers to manage the contracts themselves.

If the proposals are approved by our membership, we will have the opportunity to more effectively co-design local services, integration and out of hospital care to be better aligned to our local priorities.

Other contracts

Merton CCG also holds contracts with a range of other hospitals, hospice, voluntary and independent sector providers.

4. Clinical and patient engagement

Merton CCG is committed to being a clinically led organisation and to working closely with patients, the public and other key stakeholders on the development and delivery of services.

The Commissioning Intentions set out in this document are heavily influenced by our engagement work over the last 12 months. We routinely work with clinical

leads and member GP practices to help guide us towards better ways of doing things. Equally, a number events and workshops have taken place with patients and stakeholders to gain a first-hand perspective on services and to help co-design and develop services that are effective and responsive to users.

In Appendix A we set out some of the clinical and patient engagement work we have undertaken which has supported the development of our Commissioning Intentions.

5. Our Commissioning Intentions

Below we set out our overarching plans for and requirements of services in 2016/17. These plans will be reviewed and further refined over the coming weeks in order to:

1. Take account of operational planning guidance to be published by NHS England by the end of 2015.
2. Provide a more detailed breakdown of the commissioning plans and subsequent activity requirements to help commissioners and providers plan for contract negotiations for 2016/17.
3. Take account of the outcomes of work to develop the Whole Merton vision and strategic approach, expected December 2015.

Our main strategic programmes for 2016/17

We will be working through four main strategic projects in 2016/17:

a. Community Services

New contracts will be signed for community services and a combined Musculoskeletal (MSK) and outpatient physiotherapy service, during October and November 2015. For both contracts, the approach has been to develop an increased focus on outcomes and we expect this to lead to significant transformation of services within Merton.

For community services, we expect new models of care to be developed from 1 April 2016 onwards, including embedding prevention and increased integration of care and pathways with other providers across the whole system including primary care, acute, mental health and social care. We anticipate the outcomes will include a reduction in avoidable non-elective admissions, improving outcomes for individual patients.

For musculoskeletal and outpatient physiotherapy services, we also expect new models of care to be developed from 1 April 2016 onwards, with increased integration of care and pathways with other providers across the whole system including primary care, acute, mental health and social care. Through this contract we will consolidate GP referrals into outpatient physiotherapy services into one provider, and introduce a single referral route for trauma and orthopaedic referrals into secondary care.

This means that we will decommission GP referrals to St George's Hospital for outpatient physiotherapy, along with non-urgent referrals for trauma and orthopaedics to all acute providers. We anticipate that clearer pathways, increased information and support for patients and more integrated services will result in reduced waiting times, reduced referrals to secondary care and reduced conversion rates to surgery, with better outcomes for patients.

b. Integration & Better Care Fund

Improved relationships, communication and integration between providers to deliver more holistic and person centred care is a key priority. Enablers for this way of working will include: development of a Multi-Agency Information Sharing Protocol to facilitate both provider and commissioner view of whole person service delivery; IT projects to facilitate information sharing to enable integrated service delivery and joined up commissioning between health and social care with the aim of giving users more personal control; and improved relationship (parity of esteem) between mental and physical health demonstrated by providers and during the commissioning process.

The Better Care Fund (BCF) remains a key driver for change across all of Merton's health, care and community partners and we will continue our commitment to this work.

In 2016/17, our BCF priority areas will continue to be: reducing emergency admissions; improving reablement; reducing length of stay; reducing permanent admissions to care homes; reducing delayed discharges of care and improving user and carer experience.

As can be seen through the commissioning workstreams set out below, these priority areas are an integral part of our plans for next year.

c. Better Health Closer to Home (BHCH)

Nelson Health Centre

The Nelson Health Centre is a key part of our transformation plans. 2015/16 has been about making the services and ways of working fully operational. In 2016/17 we will be looking for greater innovation and to extend the range and scope of services (sub-specialties) available at the centre.

We will work in partnership with providers, GPs and users of the services to explore opportunities and to further improve business as usual operations. The impact of this will be more services being delivered outside hospital settings and, through better access and earlier intervention, reductions in the number of patients needing more complex or specialist care. We aim to conclude this planning work with providers by the end of 2015.

East Merton Model of Care and Mitcham development

Developing services in East Merton is a top priority for the CCG. The health inequalities and challenges in the area require specific and targeted interventions. During the second half of 2015/16 we will be working collaboratively on the development of a new model of care that fully integrates health, social care, local authority and community based support to collectively tackle the health deprivation in East Merton. During 2016/17 we will work to confirm which services need to be commissioned and how they need to be delivered as part of the model.

Aligned to this work is the development of the new health facility which will act as a hub for the Model of Care. The new building, to be based in Mitcham, will need to effectively bring together the partners, providing facilities and space that will not only support, but enable this fully integrated way of working. It follows that we must agree our Model of Care before we finalise the design for the building; we are therefore working towards the building becoming operational towards the end of 2019.

As previously set out, our overarching aim is to provide more care out of hospital and in local settings. Whilst the development of the new building is critical, the development is still some years off and it is therefore important we work

continuously to address the health deprivation in East Merton. As a consequence we will explore the possibility of bringing some or all of the new model of care on stream during 2016/17.

d. Primary Care Transformation

New models for primary care – Federation and MCPs
NHS England's Five Year Forward View made an unequivocal commitment to ensuring the foundation of NHS care remains list-based primary care. However, it also recognises the pressures GPs are under and proposes a 'new deal' for General Practice: over the next five years the NHS is investing more in primary care, while stabilising core funding for general practice nationally over the next two years.

At the same time, new models of care are offered that will give GPs a greater role in the delivery of more services and which in turn are intended to support the long term sustainability of primary care.

In Merton we fully recognise these challenges and the pressures our GPs are under. We have committed to delivering the London-wide Transforming Primary Care strategy and in 2015/16, we are testing and developing our local strategy for the future of primary care.

We believe the future sustainability of local GP services rests in the development of a Merton GP Federation and ultimately in the creation of Multispecialty Community Provider(s) (MCPs).[2]

These models offer a focal point for a far wider range of care needed by registered patients which will bring benefits to the whole health and care system as well as securing the principles of registered lists.

In 2016/17 we will be looking to progress our plans for a GP Federation and in the longer term, MCPs. This will have an impact on prevention, early diagnosis and out of hospital services and in 2016/17 will be working closely with all our health and care partners to co-design the models of care that will emerge from this work.

Review of Primary Care Access for Routine and Urgent Care
By the end of 2015/16, we will have undertaken an integrated review of access to routine and urgent primary care services. This will include a review of GP out-of-hours services, the Wilson urgent care centre, NHS 111 and general practices.

The review will analyse a number of options for how services will change in 2016/17. This is likely to be achieved by increasing capacity during evenings and weekends and making more efficient use of Merton's local urgent care centre and community pharmacies. We will also aim to establish an urgent and emergency care network which will include our key partners and the integration of mental health crisis services.

In addition, we will be looking to exploit the latest technology to enable patients to go online or use their smartphone to access self-care and signposting information about common symptoms and available services.

GP Referral Support – Pathway Redesign
In 2016/17 we will, as part of our Outpatient Navigation programme, have fully implemented a software package (called DXS) in each GP Practice to support their referral decisions. It provides GPs with the current and relevant clinical material needed for given specialties, (for example, referral forms, care

[2] For more information on MCPs and other new models of care set out in the Five Year Forward View please see www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

pathways, local healthcare guidelines and patient leaflets). It also contains Merton's complete Directory of Services which provides GPs with visibility of all local services both within and outside of an acute setting.

Implementation of this system is expected to improve the patient experience and provide real-time granular level GP referral information. In turn this enables commissioners to review referral activity to inform commissioning decisions and redesign of care pathways. It will therefore be used to help deliver our aim of more care in the community and closer to (or within) patients' homes.

Our Contract Requirements in 2016/17

There will be two areas of contract management which will have a particular focus in 2016/17:

- Accuracy of counting and coding of hospital activity is vital for helping us manage and plan services and for ensuring they deliver within agreed budgets. In 2015/16 we have experienced some challenges with inaccurate data and reporting. Therefore in 2016/17 we will be looking to increase the regular review of the way providers use coding for activity to ensure that best value is in place within all pathways and service lines.
- Across the NHS there is greater recognition of the need to have robust arrangements in place for the contracting of mental health services. As part of this, we will be working with other CCGs in South West London to ensure the contracting mechanism for South West London and St George's Mental Health Trust are being delivered in the best way possible.

Procurements within 2016/17

We expect the following procurements to be carried out in 2016/17:

- East Merton Model of Care services.
- Completion of the NHS111/Urgent Care procurement – this is in collaboration with CCG partners across South West London.
- Routine and urgent care services (subject to recommendations following a review of these services).

Providers should be aware that we wish to work collaboratively to review all contracts and pathways on an on-going basis to ensure best value for money; this may lead to new or different services being required at any point during the year.

Commissioning Intentions 2016/17 by work stream

i. Older and Vulnerable Adults

Early Detection

- Redesign the memory assessment service to improve access and quality.
- Support the increased identification of those at risk of falling and further develop pathways for the prevention of falls.
- Develop partnership work to prevent excess winter deaths.

On-going Treatment & Management

- Deliver plans set out in the Carers Strategy (being developed in 15/16) to provide effective support for carers.
- Improve the dementia care pathway to ensure that people receive the right care and support at the right time.
- Develop more effective programmes for education and self-management.

Crisis Response

- Build on the progress of the last two years, to increase the accessibility and capacity of effective alternatives to acute care.
- Continue to develop pathways with London Ambulance Service to divert patients into local services where possible.
- Further develop pathways with 111, to divert patients into local services where safe and possible.
- Implement the urgent HARI pathway as an alternative to acute care.
- Work with acute trusts to develop frailty pathway and services which span across hospital and community settings, with the aim of reducing non-elective admissions and length of stay.

Recovery, Rehabilitation and Reablement

- Improve the use of rehabilitation and reablement services to help prevent admissions and facilitate discharge.
- Support the further integration of recovery services across health and social care to enable people to remain in their own homes.

Complex and End of Life Care

- Offer personal health budgets more widely for patients with complex needs.
- Implement the recommendations of the Continuing Healthcare Service review taking place in 2015/16.
- Improve quality and increase coordinated support to care homes, to improve patient care and reduce non-elective admissions.
- Improve care planning and care coordination in the community, with a greater proportion of people at high risk having a key worker.
- Ensure that people with complex needs and their carers are aware of the alternatives to 999 and 111, and have direct and easy access to the most appropriate support to meet their needs.
- Develop service delivery to enable more people to be supported in their preferred place of care and to improve the coordination of care in the last few days and hours of life.
- Maintain and improve the use of Electronic Palliative Care Co-ordination Systems (currently Coordinate My Care) and be responsive to the upcoming change of software and expanded use for patients with long-term conditions.
- When introduced, implement the pan-London standardised end of life care documentation.

ii. Mental Health

Prevention

- Ensure pathways are in place from IAPT to the new *LiveWell* provider.
- Promote mental health prevention, keeping-well messages, and services available in the voluntary and health and wellbeing sectors; this will help manage the number of people requiring acute health input.

Early Detection

- Increase staff awareness of mental health issues linked to physical health conditions, increasing referrals to Merton IAPT.

On-going Treatment & Management

- Implementation of plans from mental health stream in the Carers Strategy to provide effective support to carers.
- Pathway reviews to improve care and contingency planning across the whole system.
- Meet the new IAPT access and waiting time standards, ensuring that people

receive timely, effective treatment.
- Meet the new Early Intervention in Psychosis access and waiting time standards, ensuring that people with a first diagnosis receive timely, effective treatment.
- Further develop the model of community mental health services in Merton.

Crisis Response
- Commission more effective models for psychiatric liaison (children and adults) in acute hospital settings, in line with national guidance.
- Further develop services to respond more effectively to people experiencing mental health crisis, reducing the use of acute care and police custody suites, and ensuring a more effective and timely response from mental health services.

Recovery, Rehabilitation and Reablement
- Complete the replacement of mental health step down facilities, improving the mental health pathway and promoting recovery and independence following acute episodes of care.
- Embed new Tier 3 and Tier 4 alcohol services alongside the broader Public Health substance misuse services, following conclusion of the procurement process in 2015/16.

Complex and End of Life Care
- Offer personal health budgets more widely.
- Continue work to monitor and review people reported under Winterbourne View requirements, ensuring plans are in place for discharge from hospital registered services where appropriate.

iii. Children & Maternity Services

Prevention
- Increase capacity within the system to improve perinatal maternal health, increasing support for prevention during the pre-conception and perinatal period.
- Improve out of hospital mental health support for women and families in the postnatal period and first year of life.

Early Detection
- Improve access and waiting times for CAMH services through embedding the Single Point of Access; Key Performance Indicators will be developed for this service.

On-going Treatment & Management
- Improve the quality and increase the capacity of CAMH services, to improve patient outcomes and experience.
- Introduce the “You’re Welcome” standards across NHS providers in Merton.
- Development of the Carers Strategy to provide effective support to carers.
- Improved model of delivery to provide a flexible service to meet the needs of children, young people and their families.
- Development of asthma pathway (in partnership with the South West London (SWL) approach
- Consider options for increasing capacity to deliver holistic improvements in maternity services as set out in the South West London strategy

Crisis Response
- Work with partners including NHS England to develop services that can respond more appropriately to young people experiencing mental health crisis,

reducing the use of acute care and specialist mental health accommodation.

Recovery, Rehabilitation and Reablement

- Develop the community nursing model to improve consistency and quality of care.

Complex and End of Life Care

- Make progress in order to offer personal health budgets more widely.
- Development of a patient passport or resource for children with complex needs to improve care and patient experience (through the South West London Children and Young People's Complex Needs Network).
- Improved, more integrated care pathways for children with complex and multi disabilities.
- Development of the model of care across South West London for children who have been sexually assaulted.

iv. Keeping Healthy & Well

Prevention

- Support Public Health (part of the London Borough of Merton) with the Proactive GP pilot in East Merton, which includes developing proactive care standards through links with community health champions.
- Following evaluation of the pilots in 2016, full roll out will be considered. The aim will be to better manage people in the community and reduce elective and non-elective admissions.
- Support Public Health to implement a programme of frontline staff training to contribute towards the Every Contact Counts initiative across the borough, to ensure appropriate NHS staff are routinely offering brief advice and signposting on a range of healthy lifestyle topics.

Early Detection

- Extend learning and best practice gathered during the development of the East Merton Model of Care (see strategic programmes above) to other parts of the borough, with a view to developing/changing services to address early detection and admission prevention.

On-going Treatment & Management

- Work with Public Health on the procurement of a joint weight management pathway for Merton residents, as part of the Public Health commissioned *LiveWell* programme to start early in 2016/17.
- Work with Public Health on the delivery of a substance misuse pathway to be implemented in 2016/17 which will focus both on prevention and management and on bringing treatment services closer to home.

v. Early Detection & Management

Early Detection

- Promote access and uptake of NHS screening programmes.
- Review the current provision of diagnostics as part of patient pathways to improve flow.
- Improve access to first review after referral on from primary care services, in both community services (through the new community services contract), and in secondary care, including maximising utilisation of services at the Nelson Health Centre.

On-going Treatment & Management

- Embed self-management education and support into Long Term Condition care pathways by working with providers. (Expert Patient Programmes, pulmonary and cardiac rehabilitation, community specialist nursing, etc)
- Development of services available later into the evening and at weekends.

Recovery, Rehabilitation and Reablement

- Seek the development of Cancer Recovery packages, in line with national best practice to enable Primary Care to support people following cancer treatment.

vi. Urgent Care

Prevention

- We will ensure there is greater system surveillance across Merton and that it links in to the wider urgent care picture for South West London.
- Improve access to out of hours care and support to reduce emergency attendances and admissions and to prevent crises in those with complex or long term care needs.

On-going Treatment & Management

- We will work with our providers to develop more ambulatory care pathways linked to our re-procured Urgent Care services.

Crisis Response

- Procurement of a new fully integrated 111/Urgent Care service will take place on a SWL wide basis during 2016/17.
- In tandem with this, we will review our Out of Hours services to support Primary Care and Community transformation to ensure patients can more readily access primary care services.

vii. Medicines Optimisation

Prevention

- Provide medicines optimisation input into public health and CCG schemes which include medicines to ensure relevant medicine choices are evidence based, are accessible and mechanisms of supply are legal and are in place.
- Ensure opportunities for medicines optimisation are considered as part of prevention pathways

Early Detection

- For schemes commissioned to provide early detection of long term conditions, we will ensure community pharmacy input is considered as part of pathways

On-going Treatment & Management

- Contribute to care pathway development to ensure that medicines are used in ways that are evidence based, cost effective and supports the delivery of quality care for patients
- Ensure that medicines are prescribed in the right care setting for patients and guidance in place for regular monitoring and review

Crisis Response

- Develop systems to ensure medicines management support is available for crisis management pathways in primary care.

Recovery, Rehabilitation and Reablement

- We will explore options for implementing a domiciliary Medicines-use Review service in community pharmacy to support recently discharged patients and housebound patients
- We will include the Care Home Pharmacist review in pathways relating to care in care homes

Complex and End of Life Care
- Review of the Palliative care service in community pharmacy to ensure adequate provision across the borough in line with service guidelines

viii. Transforming Primary Care

Transforming primary care is a programme being co-ordinated by NHS England (London Region). The key priorities set out below will be taken forward through the NHS Strategic Commissioning Framework for Primary Care and Merton CCG will be required to play its part in locally delivering transformation in this key health service provision.

Implementation plans in the Strategic Commissioning Framework include the areas of **Accessible**, **Co-ordinated** and **Proactive** care.

Prevention
- Embed prevention of smoking, screening for COPD and NHS health checks into GP practices to increase early detection of hypertension, COPD, hypercholesterolaemia, and those at risk of cardio-vascular disease.
- Jointly work with the local authority to incorporate healthy living and health promotion campaigns.
- Explore improved utilisation of voluntary sector services for direct and indirect health care pathways.

Early Detection
- Understand and reduce variation in prevalence rates across GP Practices.
- Use hard-to-reach-groups to case find patients and refer them to General Practice.
- Review ICT solutions within General Practice that can better support patient education and promote self-care.

On-going Treatment & Management
- Improve patient experience through pathway redesign, (please see section 5d. above).
- Take an active role in the PMS review (depending on the outcome of the role of MCCG in delegated commissioning).
- Roll out of Patient Online (designed to support GP practices to offer and promote online services to patients, including access to records, online appointment booking and online repeat prescriptions).
- Ensure 10 measures to improve GP recruitment and retention.
- Establish and promote the Merton Community Education Provider Network (CePN).

Crisis Response
- Implement routine and urgent care review, and establish urgent and emergency care network.
- Assess a range of ICT enablers which provide a platform for sharing patient records between out-of-hours, general practices, urgent care, London Ambulance Service, social care, community services and voluntary sector.
- Review primary care estate and consider options for delivery of access in hub(s). Application of the Primary Care Infrastructure Fund (an investment

programme to accelerate improvements in GP premises).

Recovery, Rehabilitation and Reablement

- At scale primary care provider development (eg GP federations and networks) to enable provision of services which support management of multiple conditions, recovery, rehabilitation and reablement.
- As a consequence, we will be looking to provide more care out of hospital and to reduce the number of patients who are currently required to be seen in hospital settings.
- Review scope for multi-speciality community provider model of care.

Complex and End of Life Care

- Review of Locally Commissioned Services (LCS).

6. Timeline and next steps

These Commissioning Intentions are a critical part of the commissioning cycle as they enable providers to make early preparations and give a focal point for engagement with clinical service leads and commissioners around service needs. Added to this, we will continue to work collaboratively with patients and other stakeholders to ensure changes achieve our ambitions for patient care.

The table below sets out the key steps in September 2015 to develop and finalise our Commissioning Intentions.

The commissioning intentions will be issued to all providers no later than 1 October 2015.

	Action	Timing
1.	**Submission for Governing Body meeting**	**15 Sept**
2.	**Update to MCCG Clinical Reference Group (CRG)**	**16 Sept**
3.	Circulation to MCCG CRG & membership for comment / input	21 Sept
4.	Circulation to for comment by Patient Experience Group reps	21 Sept
5.	*CSU deadline for collation (of drafts) across all SWL CCGs*	*21 Sept*
6.	**CCG Governing Bod (GB) meeting**	**24 Sept**
7.	Closing date for membership comment	29 Sept
8.	Closing date for Patient Experience Group comments	29 Sept
9.	**Collate all comments into final version & send (virtually) to GB for final agreement**	**1 Oct**
10.	Final submission to all providers	No later than 1 Oct

David Freeman
Director of Commissioning & Planning
30 September 2015

Appendix A & Appendix B

Please see separate attachments.