NHS North East Essex

Clinical Commissioning Group Profile
At A Glance Summary

A product of the
Essex Joint Strategic Needs Assessment

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1 Quality and Patient Outcome Issues at a Glance

The table below summarises the areas where NE Essex CCG is an outlier or could make improvements in terms of clinical quality and patient outcomes.

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Demographic issues			Integrated Planning by health and social care should account for the anticipated additional demand for older people's services over the next 5-10 years. This includes the absolute increase in the number of older adults, but also the increased burden of multiple physical and mental conditions among older people.
			Service planning should take account of the needs of minority and marginalised communities including BME, Gypsy and Traveller, and Migrant communities, particularly in relation to services providing LTC, sexual health, maternity and children's services. This includes both lack of awareness of services, lack of knowledge about how to access services, potential higher health need in these communities, and the need for translation services.
			In assessing the needs of patients, the needs and views of any Carers, who may not self-identify as such, should also be taken into account and addressed. How to improve the identification of Carers, including Young Carers, should be considered further. Service planning should consider options for including Carers in decision-making, and for increasing access to respite care, plus advice, practice and emotional support for Carers.
			Integrated planning and QIPP planning should take account of the specific needs of high health need groups (including older people, BME and migrant communities, more deprived communities, people with mental health conditions). Commissioners should consider alternative models of service delivery to target particularly high need communities, in order to maximise gains in health status and in system efficiency.
Healthy Lifestyles			NE Essex GP practices and other services should continue to focus on addressing under-diagnosis of long term conditions and increasing diagnosis rates (including of hypertension and other cardiovascular conditions, diabetes and respiratory conditions), in order to ensure people receive the treatment they need and to prevent future complications.
			Improvements in healthy eating should continue to be built on to increase the proportion of residents eating 5 portions of fruit and vegetables a day. Urgent co-ordinated action to reduce obesity in pre-school, primary and secondary school children is required through integrated children's commissioning processes.
			Levels of physical activity are difficult to assess, but increases are associated with reduced mortality and morbidity, so keeping active should be promoted across all age ranges.
			As the single greatest cause of avoidable death and ill-health, reducing smoking rates should continue to be a primary focus of all public services. Smoking cessation services should continue to have targets for quitting among more deprived communities, and services should ensure they are accessible to individuals from these communities. Commissioners and front line health staff should consider how to maximise Making Every Contact Count in respect of smoking status, despite personal objections that can be raised. Public services need to work together to take a multi-pronged approach to reducing people taking up smoking, for example through: working with youth health trainers, schools and other young people's services; working with the media; enhancing trading standards activity to target under-age sales; cutting access to contraband cigarettes etc. In order to reduce low birth weight births and future poor health, reducing smoking in pregnancy should be a priority for all services, and a variety of support should be available to

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			expectant mothers.
			With increasing hospital admissions and over 40% of adults estimated to be at increasing or worse risk of problems from alcohol, commissioning and provision of all appropriate services should include Making Every Contact Count or Intervention and Brief Advice (IBA) regarding alcohol misuse. Patients report that the GP is their preferred point of contact for alcohol support, so ensuring that IBA coverage and awareness of alcohol services by GPs is maximised should be a priority for primary care commissioners.
Secondary Care			The observed SHMI level is higher than expected at Colchester Hospitals (CHUFT). There has however been a longstanding discrepancy between HSMR (Hospital Standardised Mortality Ratio; which has been within expected range for some time), and on-going detailed monitoring of mortality data is indicated.
			Patient feedback suggests that information-giving to patients could be more consistent in CHUFT.
Infectious Diseases			Uptake of flu vaccination in the over 65s is significantly lower than the England average. Uptake rates also remain low in other at risk groups. This may be partly responsible for the NEE CCG's high non-elective admission rates for influenza and pneumonia, and should be actively addressed in order to increase uptake.
Cancer & Tumours			Mortality data suggests that: Breast, Cervical and Lung cancer pathways should be reviewed to identify quality improvements; the two week wait pathway should be reviewed and improved to ensure rapid diagnosis and entry to treatment; access to palliative care for cancer patients should be assessed to ensure it reflects local need; and audit of non-elective Cancer admissions should be undertaken to identify tumour pathways where quality improvements may be possible.
			Patient feedback highlights that respect for, and communication of cancer clinical staff with, patients could be improved.
Endocrine, Metabolic and Nutritional			It is estimated that diabetes is around 20% under-diagnosed in NE Essex. How to improve timely diagnosis, in order to prevent future complications, should be considered.
			Basic care for diabetes (e.g. delivery of the 8 key care processes) still requires improvement across all providers, and all age ranges. Young people and younger adults with Type 1 diabetes require particular focus to prevent complications in later years, and quality of management of risk factors remains low compared to other areas of the country.
Mental Health			Mental health care should be integrated with routine physical health care wherever possible. This is particularly important for patients with diagnosed long term conditions (LTCs) who are at higher risk of poor mental health as well as having physical health problems.
			Improvements could be made in both primary care monitoring of physical health risks for patients with mental health problems, and access to mental health treatments (e.g. IAPT) for those with physical health conditions. Future commissioning of services should seek to integrate physical and mental health care.

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			Commissioners should ensure that mental health care providers are commissioned to provide patients with support for activities of daily living such as securing stable accommodation and claiming benefits, in line with patient feedback.
			Commissioners, providers and public health should work together to address the need, expressed by young people supported by CAMHS and their parents, to raise awareness of mental health services available and to develop awareness/understanding of mental health issues.
Learning Disabilities			People with Learning Disabilities experience substantial health inequalities. Commissioners and Service Providers should work together and with people with learning disabilities to ensure reasonable adjustments are made to enable access to mainstream services, and to ensure that specific targeted services are provided in a manner acceptable to patients.
			Uptake of annual health checks remains low. All GP practices should ensure that all their patients with learning disabilities receive an annual health check. Feedback from service clients suggests that practices may need to make *reasonable adjustments* and be *thoughtful* in the way the service is delivered in order to maximise uptake.
Neurology			The Epilepsy Specialist Nurse service should address the gaps in service identified by patients, including availability of specialist advice to patients and carers, and conception advice.
			CCG should work with NHS England AT and local GPs to address gaps in knowledge and service in Primary Care, focusing on improving routine care such as provision of at least annual review including medication concordance, as recommended by NICE (2012).
			The high rate of A&E admission for children with epilepsy, compared to national rates, might suggest a lack of access to routine care, which should be investigated.
Circulatory Disease			Cardiovascular patient outcomes are relatively good in NE Essex, however variability in primary care quality could be reduced across pathways, particularly CHD and HF.
			42% of hypertension and 27% of CHD remains undiagnosed. Under-diagnosis of CVD should be systematically addressed, to ensure that people are getting effective treatment for their conditions, and to reduce future complications.
Respiratory			30% of COPD remains undiagnosed. Under-diagnosis of respiratory conditions should be systematically addressed, to ensure that people are getting effective treatment for their condition, and to reduce future complications.
			Patient feedback suggests that not all COPD patients have the knowledge and confidence to manage exacerbations of their COPD at home, and services should consider how this can be improved.
			Prescribing practice around respiratory disease should be reviewed to identify possible savings, including considering COPD patient feedback that having the necessary treatments available at home to manage exacerbations (e.g. a nebuliser or a basic stock of steroids) might reduce acute admissions out of hours.
Gastro Intestinal			GI mortality and underlying quality data should be reviewed to identify areas for improvement, in order to reduce avoidable morbidity and mortality. Commissioning for Value data suggests that up to 17 lives could be saved per year.
Musculo-Skeletal			Patient musculo-skeletal and trauma-related outcomes are outcomes generally good, however benchmarking suggests that patient outcomes could be improved even further in e.g. joint replacement. Data analysis should be undertaken to identify specific areas of hospital over-activity, to improve prevention of complications and of avoidable injuries.

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Genito-Urinary			A review of renal risk identification and management pathways should be carried out to reduce functional deterioration and avoidable AKI (which is significantly high in NEE) and other complications.
Maternity			Agencies should continue to work together to further reduce teenage conceptions in NE Essex, with a particular focus on Tendring.
			Antenatal services should focus on supporting smoking cessation, good nutrition and exercise among pregnant women, especially in Tendring, in order to reduce the prevalence of low weight births, and give children the best start in life.
Children			Breastfeeding and immunisation rates are similar to or higher than the comparable national rates, but NHS England, the CCG, GPs and other service providers should work together to improve further in order to maximise health status for children. Urgent co-ordinated action to reduce obesity in pre-school, primary and secondary school children is required through integrated children's commissioning processes.
Social Care Needs			The substantial level of unmet need for social care in NE Essex should be addressed. Over half of those estimated to have some level of need are unknown to social care, including some people with high and very high needs. Improving access to social care overall may require additional provision and targeting of services by social care agencies, and enhancing the knowledge of health and other care professionals about how to refer to social care. Projects such as the Reach Out project could also be extended to support this. Access to reablement in NE Essex should be maximised, in order to enhance independence in old age. Given the high percentage of older people with health and care needs in Tendring, particular focus should be given to improving access in Tendring. Client feedback suggests that experience of social care could be improved in Essex.
Dental			Tendring has the highest prevalence of tooth decay among 5 year olds in Essex. NHS England, NEE CCG, and children's services should work together to improve preventative dental care and education, particularly in Tendring, in order to reduce avoidable dental health problems.

2 Opportunities for Cost and Productivity Savings at a Glance

The table below summarises areas where NE Essex CCG is an outlier in terms of cost and productivity. Please note that the total potential financial opportunity is not the sum of each of items listed in the table because items are derived from a range of data sources that may partly duplicate savings. For example, potential high spend listed in the Endocrine, Nutritional and Metabolic Problems programme will be partly a function of high diabetes prescribing costs. In addition, the savings at forecast at full PbR tariff rate, whereas they may only be realised at the 30% (marginal) rate.

Programme	Section	Page	Issue	Financial Opportunity	Criterion to deliver financial opportunity
Secondary Care			High rates of procedures of low or limited clinical value, including hysterectomy, D&C/hysteroscopy, tonsillectomy, lumbar spinal procedures and myringotomy.	£226,484	If operation rate per 100,000 population reduced to 25th percentile nationally
			ACS admissions for the nineteen listed conditions could be reduced. Areas where over £50k p.a. could be saved are: Influenza and pneumonia; COPD; Cellulitis; Heart failure; Asthma; Diabetes.	£1,402,246	If admission rate per 100,000 population reduced to 25th percentile nationally NB These conditions are mostly age-related, and NE Essex's high proportion of older people will potentially reduce the savings that can realistically be achieved compared to the 25th percentile areas, which have a lower percentage of older people.
			NE Essex has a significantly higher GP referral rate than average for England. When compared to the 9 most demographically similar CCGs in England, it is estimated that 26,799 1st OP attendances could be saved a year.	£2,519,000	If outpatient appointment rate per 100,000 population reduced to the performance of the top 5 most similar CCGs.
Healthy Lifestyles			Evaluation of the impact of the Tier 3 weight management service in NE Essex should include consideration of wider usage of services, including community services.	TBD	
Infectious Disease			In 2012/13, flu vaccination uptake among over 65s was significantly lower than average for England, and emergency admissions for Influenza were higher in NE Essex than average for England or the CCG's peer group of similar CCGs.	£637,528	Reduction of Influenza and Pneumonia acute admissions in NE Essex from 2012/13 levels to the rate seen in the lowest quartile (a reduction of 235 admissions).
Cancer & Tumours			Commissioning for Value pack (2013) states that non-elective admissions could be reduced by 305 p.a. and emergency bed days by 3,377.	£842,000	If the performance of the best 5 similar CCGs to NEE was replicated. Given that cancer pathways are usually planned elective pathways, audit of these non-elective admissions might be useful in identifying pathways where improvements could be made.

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Endocrine, Nutritional and Metabolic			Spend on diabetes prescribing is higher than average (although overall spend is lower than cluster average). This is particularly marked in the spend on blood glucose testing strips.	£600,000	Spend on testing strips reduced to the level of the lowest 25% of CCGs nationally.
			Commissioning for Value data suggests further diabetes prescribing savings could be made over and above testing strip reductions.	£1,400,000	Spend reduced to the best 5 of the CCG's 10 most similar CCGs.
Mental Health			Commissioning for Value data suggests that mental health prescribing savings could be made.	£1,600,000	Spend reduced to that of the lowest similar CCG.
Neurological			Commissioning for Value data suggests that neurological prescribing costs could be reduced. Neurological spend overall is lower than cluster average however.	£1,325,000	Prescribing costs reduced to those of the lowest spending 5 CCGs in the CCG cluster.
Circulatory			Hypertension registers are significantly incomplete (by 40%) and CHD register also under-populated (by 27%). Potential for improvement in CHD and HF QOF indicators.	TBD	From strokes prevented if H/T QOF register completeness increased to 70%. Improvement in QOF scores to top quartile.
			Commissioning for Value data suggests that a saving could be made on cardiovascular prescribing in NE Essex.	£1,317,000	Prescribing costs reduced to those of the lowest spending 5 CCGs in the CCG cluster.
Respiratory			Commissioning for Value data suggests that savings. could be made on respiratory prescribing in NE Essex.	£1,333,000	Spend reduced to the best 5 of the CCG's 10 most similar CCGs.
Gastro Intestinal			Commissioning for Value data suggests that elective and non-elective admissions for GI conditions could be reduced.	£1,094,000	Spend reduced to the best 5 of the CCG's 10 most similar CCGs.
Skin			NEE CCG is in the highest spend quartile nationally for this category.	£2,925,000	Spend reduced to CCG cluster average.

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Musculo-Skeletal			Commissioning for Value data suggests that NE Essex could make savings from elective and non-elective musculo-skeletal admissions It also identifies potential prescribing savings of £195k p.a. Reductions in Trauma and Injury emergency admissions.	£727,000 £195,000 £549,000	Spend reduced to the best 5 of the CCG's 10 most similar CCGs. Spend on this category should be reviewed carefully, and in line with quality of care. Trauma admissions are higher than in CCGs with a similar demographic profile.
Genito-urinary			Commissioning for Value data suggests that savings could be made by reducing elective and day case activity. It also suggests that savings of up to £285k p.a. could be made from prescribing.	£434,000 £285,000	Elective, day case and prescribing spend reduced to the best 5 of the CCG's 10 most similar CCGs. The impact of this reduction on quality and patient outcomes would need to be carefully considered however.
Prescribing			Prescribing spend should be benchmarked and reviewed in more detail in the following areas: cancer & tumours; circulation; endocrine (including diabetes); genitourinary; infectious disease; maternity & reproductive health; mental health; musculoskeletal; neurological; and respiratory.	£6,350,000	Prescribing spend reduced to the best 5 of the CCG's 10 most similar CCGs.