

**Commissioning Process and  
Proposed Key Service Priorities for 2014/15**

**Committee:** Health and Wellbeing Board  
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**1 Purpose**

- 1.1 This report advises Southend Health and Wellbeing Board of the commissioning process and proposed key service priorities for 2014/15.

**2 Background**

- 2.1 Each year, new contracts are negotiated with our main service providers which are:
- i. Southend University Hospital Foundation Trust (SUHFT)
  - ii. South Essex Partnership Foundation Trust (SEPT)
  - iii. East of England Ambulance Service NHS Trust (EEAST)
- 2.2 NHS Southend Clinical Commissioning Group (CCG) is the lead commissioner for the hospital contract, and NHS Castle Point & Rochford CCG leads the community contract. The ambulance contract is led by NHS West Suffolk CCG, on behalf of a regional commissioning consortium. Both CCGs are 'associate commissioners' for many other hospital contracts where our patients are referred.
- 2.3 The contracting process is one of the most effective ways to ensure service change and improve patient care, so that Southend residents have access to quality services and achieve the best possible health outcomes.
- 2.4 The contracting process starts with a formal letter sent to providers by 30<sup>th</sup> September, referred to as 'commissioning intentions'. The letter sets out what services we wish to buy from providers and estimates volumes of activity. There are then formal negotiations between the hospital and commissioners which usually start in November and conclude in March. All NHS contracts must be signed and finalised by 31<sup>st</sup> March 2014.

### **3 Commissioning Intentions for SUHFT 2014/15**

A summary of the key points from the commissioning intentions is set out below:

#### **3.1 Quality**

3.1.1 Southend Hospital will be asked to adopt all new and recommended standards to improve overall care provided to patients, including recommendations from the Francis Report, the Keogh Review and the Berwick Report. The Berwick report specifically relates to cultural improvements within the organisation.

3.1.2 There are additional quality assurances sought around staffing levels and competencies, particularly over night times and weekends.

3.1.3 There will be additional scrutiny on mortality rates and reviews.

3.1.4 Enhanced post infection reviews will be required for health care acquired infections.

3.1.5 SUHFT will be required to work in partnership with statutory providers to develop and improve the ability to safeguard adults and children.

3.1.6 Improvements are required in relation to discharge letters to GPs.

#### **3.2 Planned Care**

3.2.1 A new service model will be implemented for musculo-skeletal pathways

3.2.2 Community based provision will be explored with redesigned pathways for the following areas:

- i. Diabetes
- ii. Ophthalmology
- iii. Phlebotomy
- iv. Gynaecology
- v. Pathology
- vi. Urology

3.2.3 New pathways will be explored to reduce emergency admissions for asthma

3.2.4 We will examine ways to improve cancer care and enable patients to be well supported while not in hospital

#### **3.3 Urgent Care**

3.3.1 We will establish a Frailty Unit for day assessments

3.3.2 We will redesign our intermediate care service

3.3.3 SUHFT are required to support the system wide dementia network

3.3.4 We will refocus the work of the community geriatricians to support the new service developments in urgent care.

3.3.5 We will continue to work towards an integrated care record.

### **3.4 Children and Maternity**

3.4.1 The paediatric service will be reviewed in detail to ensure high quality of care

3.4.2 We will explore pathways to examine speech and language therapies, dysphagia and video-fluoroscopy and sckle-cell

### **3.5 Mental Health**

3.5.1 We expect SUHFT to improve onward referrals for mental health, learning disability and dementia patients.

3.5.2 We expect SUHFT to adhere to the national dementia strategy.

3.5.3 We expect SUHFT to continue to provide pshchological support to stroke patients.

### **3.6 Medecines Management**

3.6.1 SUHFT will ensure medications are dispensed promptly for outpatients.

3.6.2 SUHFT will be required to prescribe within the agreed joint formulary.

## **4 Recommendation**

4.1 Southend Health and Wellbeing Board is invited to rveiw the proposed commissioning intentions and support the strategic direction of travel for 2014/15.