

The Operating Framework

for the NHS in England 2011/12

NHS North West - Local Guidance



Better Care

Better Life

Better Health

<p>1. Introduction</p> <p>HEADLINE MEASURES</p> <p>2. Quality (Safety, Effectiveness & Patient Experience)</p> <p>HCAI Measure (MRSA & CDI)</p> <p>Patient experience</p> <p>Referral to Treatment waits</p> <p>MSA Breaches</p> <p>Cancer 2 week, 62 day waits</p> <p>A&E Quality Indicators</p> <p>Ambulance quality</p> <p>Emergency Readmissions</p> <p>3 Resources (Finance, Capacity & Activity)</p> <p>Progress on delivery of QIPP savings</p> <p style="padding-left: 20px;">Non elective FFCEs (Headline Measure)</p> <p style="padding-left: 20px;">Elective FFCEs</p> <p style="padding-left: 20px;">Length of Stay (Acute and MH)</p> <p style="padding-left: 20px;">Daycase Rate</p> <p style="padding-left: 20px;">Delayed Transfers of Care (Acute & MH)</p> <p style="padding-left: 20px;">GP written referrals to hospital</p> <p style="padding-left: 20px;">Other referrals for a first outpatient appointment</p> <p style="padding-left: 20px;">First outpatient attendances following GP referral</p> <p style="padding-left: 20px;">All first outpatient attendances</p> <p style="padding-left: 20px;">A&E Attendances</p> <p style="padding-left: 20px;">Ambulance Urgent & Emergency Journeys</p> <p style="padding-left: 20px;">Acute Bed Capacity</p> <p>Health Visitor Numbers</p> <p>4 Reform (Commissioner, Provider & building Capability and Partnership)</p> <p>Choice</p>	<p>Information to Patients</p> <p>SUPPORTING MEASURES</p> <p>5 Quality (Safety, Effectiveness & Patient Experience)</p> <p>VTE Risk assessment</p> <p>% deaths at home (inc care homes)</p> <p style="padding-left: 20px;">End of Life Care</p> <p>Stroke Indicator</p> <p>Carers Breaks</p> <p>Access to NHS dentistry</p> <p>Maternity 12 weeks</p> <p>Breastfeeding at 6-8 weeks</p> <p>Mental Health Measures (EI, CR/HT, CPA, IAPT)</p> <p>Smoking Quitters</p> <p>Screening</p> <p style="padding-left: 20px;">Cervical Screening test results</p> <p style="padding-left: 20px;">Breast Screening</p> <p style="padding-left: 20px;">Bowel Screening</p> <p>Diabetic Retinopathy Screening</p> <p>Coverage of NHS Health Checks</p> <p>Safeguarding</p> <p>6 Additional Areas of Assurance</p> <p>Better Information</p> <p>Data Quality & Reconfiguration</p> <p>Family Nurse Partnerships</p> <p>Services for people with Autism</p> <p>Dementia Services</p> <p>Support for Carers</p> <p>Learning Disabilities</p> <p>Children and young people's mental health</p> <p>Diabetes</p> <p>Sharing non-confidential information to tackle violence</p> <p>Violence against women and girls</p> <p>Respiratory Disease</p> <p>Public Health</p> <p style="padding-left: 20px;">Physical Activity</p> <p>Pharmacy</p> <p>Emergency Preparedness</p> <p>Abdominal Aortic Aneurysm</p> <p>Screening</p> <p>Fragility fractures in the elderly, especially in women</p>
--	--

1.0 Introduction

NHS Trafford recognises the service and financial challenges and opportunities for health and social care services in 2011/12.

Locally, there remain significant challenges to improve the health and well being of Trafford residents and the Primary Care Trust (PCT) has a clear understanding of what needs to be done and the resources that are available. NHS Trafford continues to believe that we have a real opportunity to make a significant difference for local people.

The PCT recognises that health and social services face significant financial challenges in the years ahead. In simple terms we need to deliver Trafford's agenda of improving services through integration in the context of increasing demand and reduced financial resources.

The PCT and the developing GP commissioners will work together to ensure that the required savings are achieved over the years ahead whilst continuing to improve the quality of services.

We will use this year (2011/12) to build upon the foundations we have built through the Integrated Care Services Strategy to maximise delivery.

This means that some tough decisions will need to be made, not just in terms of service design but also in terms of our overall resource profile. In this respect we will firmly grasp the principles of the regional framework on Quality, Innovation, Productivity and Prevention (QIPP) as one of our overarching organising principles to achieve this.

Our Operating Framework for 2011/12 recognises that this year marks the start of a major programme of transition for the NHS that will bring with it significant risks. Our focus, however, will be on ensuring that we enable a smooth transition to the new arrangements whilst maintaining the safe delivery of services and achievement of performance targets within the resources available. We must ensure that we continue to keep the momentum around our plans for the development of an integrated care system whilst managing our core business.

To this end we have already made a commitment to 'go early' on a range of initiatives - Trafford is a Wave 1 GP Commissioning Consortium Pathfinder site and we are progressing our joint plans for the early implementation of the new, wider health and wellbeing arrangements. By the start of 2011/12, we will have completed the divestment of our provider functions and duties and during the year we will also continue to progress our plans for a non-bed based integrated care organisation for Trafford. We will also continue to support Trafford Healthcare Trust as it seeks a strategic partner to acquire its acute services. These are just several big examples of the complexity of our forthcoming strategic priorities and they signal our commitment to a radical transformation of the health landscape. In short, these will all be key and strategic features of our intentions over the course of 2011/12.

In addition, however, we view this Operating Framework for 2011/12 as a joint framework based on a strategic strategy shared with all our stakeholders. The increasing sharing of the agenda with our GP Commissioning Partner, Trafford Commissioning Consortium, makes this a truly clinically led and integrated plan. It sets out our joint view of the commissioning agenda for the year ahead and does so in light of the local, regional and national health priorities and strategies whilst also recognising the need to deliver improved productivity and quality by focusing on the challenges presented by the NHS QIPP agenda. In essence our annual plan is

locally and clinically driven.

However we recognise that the opportunities we have to bring about transformation locally cannot be delivered by the PCT alone. Indeed, this is not just the PCT's plan, it is Trafford's plan.

This means a continuing our commitment to ensure that the PCT leads and facilitates the NHS family of service providers to come together to improve health and well being and ensure the delivery of integrated, safe, affordable and high quality health services for the residents of Trafford. This includes offering ongoing support to children, vulnerable adults and older people. We view this as a wide-ranging partnership encompassing GPs and primary care professionals as well as our partners at Trafford Borough Council; in local NHS Trusts; in the community and voluntary sectors; local community leaders; and, most importantly, the people of Trafford themselves.

2.0 Quality (Safety, Effectiveness & Patient Experience)

<p>2.1</p>	<p>HCAI Measure (MRSA & CDI)</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> PCT is planning to deliver this Operating Framework Commitment. A narrative plan can be found below</p> <p>Narrative Plan: HCAI</p> <p>Infection Prevention and Control Training will include MRSA and CDI awareness and be delivered across:</p> <ul style="list-style-type: none"> • Provider services training events and stand alone workshops • Care homes delivered at individual care home settings • Social care delivered jointly with Trafford Borough Council through its corporate training programme • General practice training delivered via GP forum events and individual practice venues <p>Surveillance will continue and include:</p> <ul style="list-style-type: none"> • ICNET which will be linked to Trafford NHS laboratory services • Other hospital networks to ensure the continued development of robust links with other provider hospitals <p>RCA Investigation will be undertaken and will:</p> <ul style="list-style-type: none"> • Be completed for all cases of Community attributed CDI • Be completed for all cases of Community attributed MRSA Bacteraemia, within the required reporting time frames. • Include CDI root cause analyses being referred to the medicines management team for follow-up and review. • Involve ensuring sufficient input to joint hospital and community RCA meetings • Involve the investigations of any serious incidents in relation to CDI and MRSA bacteraemia. <p>Policy Review cycles will include:</p> <ul style="list-style-type: none"> • Review of CDI policy due 2012 • Review of CDI investigation tool and care pathway for care homes (this is currently going through HPA policy group governance). We will also ensure that we promote the frameworks to the private nursing home sector • Promoting HCAI information leaflets developed by the HPA and DH within community service providers i.e. care homes, social care, GP's. <p>Antimicrobial prescribing guidelines will be reviewed and adjusted:</p> <ul style="list-style-type: none"> • Antibiotic guidelines reviewed by Guidelines Medicines
------------	---

	<ul style="list-style-type: none"> • Education and training delivered by Medicines management team • Prescribing Alerts (forwarded by the medicines management team) <p>Risk Assessment/Alerts:</p> <ul style="list-style-type: none"> • Development and implementation of a CDI risk assessment Tool based on Waterlow, for use by the community nursing teams <p>Reporting:</p> <ul style="list-style-type: none"> • Bi Monthly Infection control group (CDI & MRSA are a standing agenda item.) • Monthly update for Provider services clinical strategy and advisory group. • Provide updates to Provider Hospitals infection control committees. <p>Audit:</p> <ul style="list-style-type: none"> • Undertake investigation of community attributed CDI outbreaks from care home and Provider services Inpatient unit settings as required, using locally developed CDI investigation tools. <p>Additional initiatives:</p> <ul style="list-style-type: none"> • NHS Trafford will continue to monitor performance, report compliance and provider assurance in relation to MRSA bacteraemia (inclusive of screening targets) and CDI using monthly reports to commissioners using the NHS Provider Assurance Framework. This is in full use in Trafford and provides assurance against all targets. • Our main acute provider has locally set CDI and MRSA trajectories to achieve which is in line with the PCTs nationally set allocation of target. Overachievement of the target would set in place an escalation through the performance contracting process and in line with national guidance, annual financial penalties would be put in place. Where any provider fails to meet trajectories, the lead director for the PCT, Director of Public Health escalates to lead Director of the provider unit requesting an action plan. RCA investigations are undertaken. • Through the new addition within the code of practice the PCT has put in place the monitoring of E Coli and MSSA through our internal monthly monitoring packs and will commence reporting to the SHA as part of the assurance framework to report compliance and provide assurances.
<p>2.2</p>	<p>Patient Experience</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> Assurance that current satisfactory performance will be maintained throughout 2011/12</p> <p><input type="checkbox"/> Will provide recovery plan (if performance has not met plan for 2010/11 or there is risk of poor performance in 2011/12)</p>
<p>2.2.1</p>	<p>PROMS Score</p>

	<p>PCT Response:</p> <p><input checked="" type="checkbox"/> Assurance that PROMS score performance will improve throughout 2011/12</p>
2.2.2	<p>Quality Accounts</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> Assurance to ensure that providers publish quality accounts for 2010/11.(3.19)</p>
2.3	<p>Referral to Treatment waits (95th percentile measures)</p> <p><i>Definition: RTT 95th Percentile Measures</i></p> <p><i>RTT - admitted 95th percentile Threshold: 23 weeks</i></p> <p><i>RTT - non-admitted 95th percentile Threshold: 18.3 weeks</i></p> <p><i>RTT - incomplete 95th percentile Threshold: 28 weeks</i></p> <p>PCT Response</p> <p><input checked="" type="checkbox"/> Assurance that current satisfactory performance will be maintained throughout 2011/12</p> <p><input type="checkbox"/> Will provide recovery plan (if performance has not met plan for 2010/11 or there is risk of poor performance in 2011/12)</p>
2.3.1	<p>Referral to Treatment waits (median wait measures) (Supporting Measure)</p> <p><i>Definition: RTT Median Wait Measures</i></p> <p><i>RTT - admitted median Threshold: 11.1 weeks</i></p> <p><i>RTT - non-admitted median Threshold: 6.6 weeks</i></p> <p><i>RTT - incomplete median Threshold: 7.2 weeks</i></p> <p>PCT Response</p> <p><input checked="" type="checkbox"/> Assurance that current satisfactory performance will be maintained throughout 2011/12</p> <p><input type="checkbox"/> Will provide recovery plan (if performance has not met plan for 2010/11 or there is risk of poor performance in 2011/12)</p>
2.3.2	<p>Numbers waiting on an incomplete Referral to Treatment pathway</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> Assurance that current satisfactory performance will be maintained throughout 2011/12</p> <p><input type="checkbox"/> Will provide recovery plan (if performance has not met plan for 2010/11 or there is risk of poor performance in 2011/12)</p>
2.4	<p>Mixed Sex Accommodation Breaches</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> Assurance that current satisfactory performance will be maintained throughout 2011/12</p>

	<input type="checkbox"/> Will provide recovery plan (if performance has not met plan for 2010/11 or there is risk of poor performance in 2011/12)
<p>2.5</p>	<p>Cancer 2 week, 62 day waits</p> <p>Improving Outcomes Strategy</p> <p><input checked="" type="checkbox"/> PCT is planning to deliver this Operating Framework Commitment. A narrative plan can be found below</p>
	<p><i>Definition: Cancer 2 week, 62 day waits</i></p> <ol style="list-style-type: none"> 1. 2 week wait - % seen in 2 weeks of all urgent referrals & referrals for breast symptoms 2. 62 day wait - % treated in 62 days from GP referral, consultant referral and referral from screening programme <p>PCT Response</p> <p><input type="checkbox"/> Assurance that current satisfactory performance will be maintained throughout 2011/12</p> <p><input checked="" type="checkbox"/> Will provide recovery plan (if performance has not met plan for 2010/11 or there is risk of poor performance in 2011/12)</p> <p>Narrative Plan: Cancer</p> <p>NHS Trafford continues to work to improve access to screening services across Trafford and to ensure that the diagnostic pathway meets the network targets.</p> <p>In addition, our use of social marketing campaigns regarding the early signs and symptoms of cancer in order to raise public awareness and encourage earlier presentation at GP practices continues. Alongside this we have developed a staff training programme called TACC (Trafford Against Cancer Campaign) which aims to increase awareness amongst all frontline staff on the signs and symptoms of colorectal, breast and lung cancers. The use of timely staging data for cancer presentation will facilitate a targeted approach for the cancer groups and population groups with the latest stage of presentation.</p> <p>The recently published 'Improving Outcomes In Cancer' document focuses on earlier detection of disease which will significantly increase survival rates and improve the patient experience. The delivery of improved integrated care and support in the community for patients along their cancer journey is also a major contributing factor to improving the patients experience and delivery of the cancer waiting time standards. Our programme works with GP practices to audit and refine the cancer registers, enhances the existing cancer nurse specialist roles to improve equity of access and consistency of delivery across the PCT, and finally integrates with the Greater Manchester and Cheshire Network programmes to improve access to chemotherapy, development of acute oncology services, and enhanced recovery services.</p> <p>Specific initiatives will for 2011/12 include:</p> <ul style="list-style-type: none"> • Monitor Cancer Waiting Times compliance on a monthly basis via Open Exeter and report to Trafford Care Consortium via monthly performance reports.

	<ul style="list-style-type: none"> • Delivery of our recovery plan for the 62 day standard as we anticipate under performance during 2010/11. We have an escalation policy in place which includes working with acute trust providers to ensure that cancer waiting times are being met and where breaches occur we will be requesting full pathway action plans to address problems identified. • Continued roll out of the local awareness and early detection initiative (ATACC) to improve front line staff education in the identification and earlier diagnosis of breast and lung cancer. • Ensure access to increased diagnostic tests to support the detection of early presentation of cancer in primary care. • Introduction of a CQUIN on increasing the recording of staging data within the MDTs to enable targeting of social marketing campaigns and outcome assessment of the TACC programme i.e. early cancers being detected. • Continued roll out of social marketing campaigns to raise the public awareness of our next target cancers, based on the colorectal cancer social marketing campaign delivered in 2010/11. • Support the regional public campaign to raise awareness of the signs and symptoms of bowel, breast, and lung cancer. • Work with the Greater Manchester network to ensure access to radiotherapy treatments and advanced radiotherapy techniques. • Continue to work with cancer network and acute trust providers to ensure delivery of the Harrison report recommendations (IOG plan for Greater Manchester and Cheshire Cancer Network). Implementation of improving outcomes guidance will be monitored via the cancer peer review yearly programme. • Support the progress of acute trust providers in developing action plans for the set up of acute oncology services and enhanced recovery services ensuring that the primary care elements of the pathway are fully implemented to ensure a full system change. • Expansion of community support and integrated pathways across the health economy to ensure that patients have access to one-to-one support whenever required, and there is seamless transition between providers. This will target the most vulnerable patients in Trafford, those with special needs such as language difficulties, learning disabilities, and those with particularly complex pathways. The latest inequalities report will form the basis of target population identification. This work will link closely with the development of the acute oncology services for Trafford patients, with close support for those most at risk of complications relating to treatment or disease progression. • Work to increase the patient experience of cancer pathways by supporting the Trafford Cancer Patient User Partnership in the roll out of the patient/carer designed key contact card and delivery of the five sense survey at Trafford Healthcare NHS Trust.
<p>2.5.1</p>	<p>Cancer Waits - all measures PCT Response</p>

<input checked="" type="checkbox"/> Assurance that current satisfactory performance will be maintained throughout 2011/12
<input type="checkbox"/> Will provide recovery plan (if performance has not met plan for 2010/11 or there is risk of poor performance in 2011/12)

<p>2.6</p>	<p>A&E Quality Indicators (5 measures)</p> <p><i>Definition: A&E Quality Indicators</i></p> <ol style="list-style-type: none"> 1. <i>Unplanned re-attendance rate - Unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by another health professional) - threshold >5%</i> 2. <i>Total time spent in A&E department - 95th percentile: threshold >4hrs</i> 3. <i>Left department without being seen rate: threshold >5%</i> 4. <i>Time to initial assessment - 95th percentile: threshold >15min</i> 5. <i>Time to treatment in department - median: threshold >60min</i> <p>PCT Response</p> <p><input checked="" type="checkbox"/> Assurance that satisfactory performance will be maintained throughout 2011/12</p> <p><input type="checkbox"/> Will provide recovery plan if there is a risk of poor performance in 2011/12</p>
<p>2.6.1</p>	<p>A&E Quality Indicators (all other measures)</p> <p><input checked="" type="checkbox"/> PCT is planning to deliver this Operating Framework Commitment. A narrative plan can be found below</p> <p>Narrative Plan: A&E Quality Indicators (all other measures)</p> <p>We will:</p> <ul style="list-style-type: none"> • Work with Trafford Healthcare Trust to develop an ambulatory care bed base which will consist of four beds taken from the existing medical assessment unit (MAU) bed base. This will capture the turnaround of group's of patients who have not been picked up through the community services developments • Ensure the full diagnostic workup to confirm DVT is done within the community. This will require a level of investment to purchase appropriate equipment and to develop staff in order that they can undertake the diagnostics. • Appropriately develop pathways and ensure the recruitment of a community intravenous therapy team.

<p>2.7</p>	<p>Ambulance Quality (Cat A response times)</p> <p><i>Definition: Ambulance Quality (Cat A response times)</i></p> <ol style="list-style-type: none"> 1. <i>Cat A response within 8 mins - threshold 75%</i> 2. <i>Cat A response within 19 mins - threshold 95%</i> <p>Although it is described within the operating framework for PCTs to be aware full guidance will be provided to ambulance trust lead commissioner (NHS Blackpool) who will liaise and share plan with associate commissioners at a later date, local communication and work programmes are underway to increase performance against this indicator.</p> <p>Particular initiatives include:</p> <ul style="list-style-type: none"> • Hospital arrival screens have been installed within the A&E department at THT and ensuring that they are operational to improve ambulance handover and turnaround times • Continued work on the Directory of Services on the NWS Capacity Management System by applying the national and standard templates and working with the CMS capacity team to commence this population. We anticipate NHS Trafford being one of the first health economies to go live with this system.
<p>2.7.1</p>	<p>Ambulance Quality Indicators (all other measures) [Supporting Measure]</p> <p><i>Definition: Ambulance Quality Indicators (all other measures)</i></p> <ol style="list-style-type: none"> 1. <i>Call Abandonment Rate</i> 2. <i>Re-contact rate following discharge of care</i> 3. <i>Outcome from Cardiac Arrest</i> 4. <i>Service Experience</i> 5. <i>Outcome from acute STEMI</i> 6. <i>Outcome from stroke for ambulance patients</i> 7. <i>Outcome from Cardiac Arrest- survival to discharge</i> 8. <i>time to answer call</i> 9. <i>time to treatment</i> 10. <i>Ambulance calls closed with telephone advice or managed without transport to A&E</i> <p>Full guidance is to be provided via the ambulance trust lead commissioner (NHS Blackpool) who will liaise and share plans with associate commissioners at a later date.</p>
<p>2.8</p>	<p>Emergency Readmissions</p> <p>PCT Response</p> <p><input checked="" type="checkbox"/> PCT is planning to deliver this Operating Framework Commitment. A narrative plan can be found below (this will be an expansion of current re-enablement plan)</p>

Narrative Plan: Emergency Readmissions

Our plans for 2011/12 are broken down into three key areas

Night time homecare service

- This scheme will provide a night time homecare service whereby three trained and competent homecare workers will visit service users in their own homes to provide a range of personal care services. Dependent on operational requirements some of this capacity may be used to provide a sitting service for individual service users. This service has been commissioned through a private provider (Chrysallis).

Rapid response service

- The introduction of this scheme will enhance / increase the number of social care assessors, occupational and physiotherapists across the system supporting approximately four additional discharges from acute providers per day.

Reablement Proposal

- This will bolster and further enhance the above pilot scheme into a full 24/7 service. The key elements of our enhanced reablement service are as follows:
 - Night time social care support service
 - Diversion team, based at A&E, supporting immediate return home for suitable service users, operating extended hours
 - Expanded rapid response service, responding to diversion team and requests from GP's/community matrons to keep people out of hospital.
 - Expansion to rapid response end of life scenarios to include 24 hour support where appropriate for up to 72 hours.
 - All the above to be multi-disciplinary, social and health care integrated teams working seamlessly and flexibly for patient/service user benefit.
 - A pilot to explore the development of a combined LTC register in GP practice systems. From this, a model will be developed to build in risk stratification, co-morbidity tracking, and monitoring processes to highlight patients at most risk of deterioration and ensure support is targeted where needed. The successful model will then be rolled out across vanguard practices in Trafford in 2011/12.
 - Introduction of personalised plans and advance planning for identified LTC patients as part of their care pathway. This will include the use of support workers and volunteers to work with patients and families to develop understanding about the disease and its implications, signpost patients into appropriate community services, and offer counselling to enable the development of advanced plans for future care requirements. It is expected that this will link directly with our end of life care programme of work.

3.0 Resources (Finance, Capacity & Activity)

3.1	<p>Progress on delivery of QIPP savings</p> <p>This section of our plan describes our progress and intended actions against the QIPP savings programme and outlines the impact across the following areas:</p> <ul style="list-style-type: none"> • Non elective FFCEs • Elective FFCEs • Length of Stay (Acute and MH) • Daycase Rate • Delayed Transfers of Care • GP written referrals to hospital • Other referrals for a first outpatient appointment • First outpatient attendances following GP referral • All first outpatient attendances • A&E Attendances • Ambulance Urgent & Emergency Journeys • Acute Bed Capacity <p>Progress on delivery of QIPP</p> <p>The PCT's Service, Workforce and Financial Plan aligns the finance, capacity and activity requirements for 2011/12.</p> <p>The plan is founded on Trafford's clinical service strategy which is being implemented through the delivery of an integrated care system. The pace of implementation is consistent with the workforce and financial constraints. The Integrated care strategy is the main component of the PCT's QIPP programme and is integral to the sustained delivery of innovation, quality and productivity improvements and is based on enhancing the preventative element of clinical pathways.</p> <p>The clinical service strategy and QIPP programme have been developed with and are supported by Trafford General Practice Commissioning Consortium, (TCC). The Service, Workforce and Financial Plan, has been structured by using available population information to prioritise commissioning of health care activity to meet the health needs of Trafford residents within the available resources.</p> <p>NHS Trafford, working with TCC, will continue its current positive work with community, mental health and acute providers to ensure that the health care provided is not only value for money but also delivered to the best clinical standards, in a safe manner.</p> <p>The PCT, with TCC colleagues will continue to monitor the performance of its providers through regular visits and meetings to ensure the standards of and quality of care are maintained and improved through benchmarking services and with agreed KPI's identified in the CQUIN regime.</p>
------------	---

NHS Trafford is already working closely with its main Trafford Healthcare NHS Trust and its other major acute providers at an economy level, through a series of structured meetings, to ensure that the continued high level of QIPP savings required to be made by the Trusts does not compromise the overall quality of services.

QIPP is a key element of Trafford's Integrated Care Service Strategy (ICS).

Review of 2010/11 and QIPP savings plan for 2011/12 through to 2014/15

The PCT expect to have delivered savings in 2010/11 of c. £17m to meet the financial control target agreed with the SHA.

Progress towards this target and the underlying QIPP performance is reported monthly to the SHA, shared with TCC and formally reported to the PCT Board.

NHS Trafford's current estimate of the level of savings required to deliver a 1% recurrent surplus in 2011/12 is £14.6m (£12.5 recurrent and £2.1m non-recurrent).

The latest estimate for the QIPP savings gap for the period 11/12 to 14/15 is £45.7m (£14.5m for 11/12 and a further £10.4m for the three subsequent years to 14/15).

The majority of the estimated savings will come from the delivery of the ICS strategy, including a planned 30% reduction in non elective activity over the four year period.

Approximately 50% of NHS Trafford's overall QIPP savings will come from a reduction in secondary care activity; this will come through a number of QIPP mechanisms in the four areas of QIPP. The PCT is working extremely closely with the GP consortium, our community provider and local authority to put in place alternative, more cost effective provision in primary and community settings to allow these savings to be achieved and to prevent the annual increases in activity in Secondary Care.

To further develop our plans we are using information and analysis provided from the NHS Atlas of Variation in Healthcare, Programme Budgeting, Better Care Better Value and the NHS Primary Care Commissioning models. We are reviewing areas of non elective and elective spend by clinical pathway, by provider and by referring practice. In so doing we will target the areas that will make the maximum contribution to the PCT's savings.

A strong element of Prevention in our QIPP savings will be from building targeted improvements into our contracts with secondary care providers that will move NHS Trafford to a minimum of the 50 percentile position for all PCTs. These actions will target reductions in outpatient first attendances and follow up appointments, elective and day case admissions and A&E attendances. We are currently carrying out detailed data analysis on day cases and other activity areas for validation by the PCT's Clinical Executive Committee. This work will be formed into a series of actions that will be implemented and made operational by individual GP practices, supported by contract changes.

NHS Trafford has two acute Trusts that cover 80% of Trafford's secondary care activity by value, thus NHS Trafford has maintained close links with both through regular meetings.

The PCT's discussions with Trafford Healthcare Trust (THT) is made more complicated by the Trust's historic deficit and underlying recurrent deficit. The

Trust has recently decided to seek a strategic partner to acquire its acute services.

NHS Trafford had been meeting with THT on a regular basis to discuss and initiate level 2 QIPP savings as well as working with the Trust on its level 1 CRES savings.

Whilst THT continues its work to find a strategic partner, the Trust has identified savings of c.4.7m (5%) for 2011/12. However, that level of savings does not meet the Trust's QIPP gap for that year. THT is currently reworking its financial forecasts for the years to 14/15. The PCT and TCC continue to work with THT managers and clinicians to further develop and implement the ICS strategy which will drive innovation changes that will improve the quality of services to patients and will contribute to the QIPP savings required by both organisations.

The position with University Hospitals South Manchester (UHSM) is that it expects to deliver savings of £12m in 10/11. The QIPP savings gap identified by UHSM over the 4 years to 14/15 is £80m. UHSM have a well defined "Fit for 15" QIPP programme established in the Trust that is focused on meeting the QIPP challenge.

NHS Trafford has very close relationships at a consortium, medical director and management/executive level with both UHSM and THT. The overall expectation of delivery from all our Providers is a saving of 4% for the years to 14/15 which equates to a total saving of £39.2m.

It is recognised by all that this economy wide working is key to the future provision of integrated services for the Trafford economy and the delivery of NHS Trafford's QIPP agenda.

QIPP - Delivery mechanisms

The underlying organisational and clinical strategy for NHS Trafford is the delivery of an Integrated Care System. Integrated Care combines quality, innovation, productivity and prevention mechanisms in its overall programme of delivery.

The clinical and patient focus of the PCT and TCC activity is towards the establishment of integrated care pathways within the Trafford economy.

The majority of Trafford's QIPP activity is aligned with that strategy, with supplementary QIPP work in the areas of estates, medicines management and Primary Care contracting. The PCT and TCC QIPP activity also covers areas of potential efficiencies in procurement, provider productivity and changes in workforce.

Our local QIPP initiatives and our planned savings will be complemented by activity being performed at a Greater Manchester level 3. There will be savings accruing to NHS Trafford from those schemes in addition to our local plans for 11/12 and beyond. The QIPP work that has commenced in Greater Manchester Level 3 is detailed at the end of this section.

The Integrated Care Strategy and QIPP

Through the innovation of the Integrated Care System clinicians are working together in our economy to redesign pathways, this covers not only the range of services but also the points of delivery on the pathway and the type of delivery, with the aim to deliver better quality and value for money and for our patients better care, with many services being delivered closer to their homes.

The outcomes we expect to deliver from the ICS can be measured by identifying the elements of delivery the strategy is designed to influence, these are:

- Non elective medical admissions
- Length of stay
- New and follow up outpatients in the target areas (i.e. those areas where we will have clinical panels established)

The ICS is being designed and delivered through a series of workstreams these are as follows these workstreams will support Quality and Innovation in the QIPP savings required from NHS Trafford and its providers:

- Information and Reporting– this workstream includes the innovative QIPP work on GP Data sharing and Hospital System Reporting, giving an integrated view of the patient care, this workstream also includes important work around the Map of Medicine and to link with the GM work, thus ensuring that scarce resources are only directed in areas of greatest need.
- QIPP Innovation and Prevention will be delivered through the work of Clinical Panels and Compacts for the redesigning of pathways in
 - Diabetes
 - Respiratory
 - ENT
 - Mental Health
 - Unscheduled Care
 - End of Life Care

Each panel will seek to apply innovative techniques to deliver quality healthcare at reduced cost by moving provision out of secondary care settings into the community and GP settings.

- Patient Experience and Empowerment – through improving the quality of our communication and thus input this workstream allows direct communication of plans with our population’s representatives.
- Further innovation and prevention QIPP will be delivered through the Medical Service Redesign – this workstream includes the significant areas of development that will impact directly on non-elective activity, the initiatives include; Vanguard Practices, Community Based Physicians, Assistant Practitioners, Community Matrons, Telehealth and Telecare.

One example of QIPP innovation and prevention in NHS Trafford is in using the Telecare and Telehealth technologies to allow patients to manage prevention and/or their condition(s) in their own homes; allowing for improved patient experience and outcomes.

The local authority is actively promoting Telecare, with full engagement of the PCT, specifically in relation to increasing GP referrals. The pilot of the new falls prevention pathway, as well as incorporating Telehealth in the assessment criteria, also includes the promotion of GP awareness.

The strategy to commission an integrated care service offer for Trafford

residents includes Telehealth and this is currently being trailed in a number of (vanguard) practices, for a specific cohort of patients with the intention of rolling out, after evaluation.

- Leadership and Quality improvement – our innovative Advanced Training Programme is on its third cohort of attendees, with participation from across the whole economy, with the support of the NHS Institute and the Kings Fund, this influential programme is ensuring a consistent approach across all providers to clinical working and pathway redesign.

The PCT and the GP consortium are reviewing the workstreams with a view to extending the coverage of the clinical panels and scaling up implementation across a larger footprint, supported by the use of non recurrent funds in 11/12.

Other Areas of NHS Trafford QIPP

Whilst the focus on the ICS will deliver QIPP savings, the PCT and TCC have identified a number of other key areas of QIPP activity.

Activity Management

This remains an integral part of the ICS, the PCT is reviewing its contracts with secondary care providers to focus specifically on reducing first to follow-up ratios and procedures of limited clinical value and to ensure that thresholds and KPI penalties are used to reduce unwarranted variation in provider performance, including activity in primary care.

The PCT's Prevention QIPP work with TCC is focused on reducing referrals into secondary care through the application of a strengthened effective use of resources policy. Key to this activity is the use of our informatics team in monitoring the effective performance of our contracts. Better use of effective use of resources will also over time lead to further QIPP savings through ensuring improvements in the quality of services.

The PCT has established a system of service leads for each of the prescribed metrics contained in the operating framework and performance is monitored through regular meetings with providers and reported monthly at our Board.

QIPP innovation and prevention are delivered through the Integrated Care System as it will work to keep non elective patients out of hospital, thus working with the Local Authority, Community Provider and our two main acute providers has already started to ensure that the provision of services and facilities to reduce length of stay are in place. This programme has been enhanced with the further funding provided by the Department of Health and a model of 24/7 re-ablement is currently being worked up for implementation early in the new financial year.

Medicines Management

Our QIPP plans are designed to limit any increase in prescribing to no more than 2% in 11/12, with a series of defined programmes already identified and agreed with TCC. These programmes have been strongly informed by local work with the GP consortium to identify and reduce the variations between practices in Trafford and by the work of the GM Medicines Management Group, especially in the area of PBR excluded drugs and Care Home prescribing.

There are detailed plans that sit behind the medicines management programme.

Other areas of QIPP activity

These include a focus on the Quality and Productivity QIPP that is provided by Primary Care contracting across all the services that are covered by this workstream.

The performance of GP and applications of LES and extended hours has been reviewed, ensuring productivity improvement by introducing new VFM schemes in place of the poorly used extended hours schemes.

A primary care scorecard has been introduced to monitor quality QIPP.

The PCT has been successful in redesigning and re-negotiating UDA's with Dentists and have almost completed the elimination of under utilised contracts, ensuring the improved productivity of our Dentists.

The PCT is participating fully in the North West review of Continuing Health Care (CHC). This project is currently at procurement stage (until April 2011) and is on course to identify an approved group of providers who will agree lower tariff prices for CHC.

The PCT in its OIPP plan is focussed on prevention through investment in Public Health, along with activity under Choosing Health the PCT is investing in preventative measures. Three examples that will have a direct reduction in elective and non-elective activity are; our specialised weight management programme, our investment in programmes to assist people to stop smoking and through our CSP programme additional funds going into supporting additional work in Mental Health.

Specialised commissioning – Contribution to NHS Trafford QIPP

It is known that the demand for specialised and secure services is increasing each year and this growth is generally in the same services where Primary Care Trusts are also experiencing growth. This is as a consequence of people living longer but with more co-morbidities and advances in new drugs and technology. The approach to QIPP savings has been outlined by the North West Specialised Commissioning Group.

SPECIALISED AND SECURE QIPP PLANS

The majority of PCT funding (80 - 90%) of specialised services is focussed on 5 key areas:

- Secure Mental Health Services
- Kidney Care
- Neurosciences
- Specialised Children's Services
- Tertiary Cardiac Services

These five services have, therefore, formed the focus of the first stage QIPP work, with each being supported by the development of a bespoke commissioning framework that identifies the actions that can be taken at each stage of the care pathway by better understanding the levers that will effect change.

The frameworks, therefore, specifically identify actions for:

- a. Primary Care Trust Commissioners
- b. Clinical Networks where appropriate
- c. Secondary/Tertiary Care Interfaces
- d. Tertiary Providers
- e. Specialised Commissioners

This approach was approved by the North West Specialised Commissioning Group on the 28th May 2010 and has been presented to the North West Level 4 QIPP Leaders, shared widely with Trusts clinical networks, Primary Care Trusts, and other supporting groups including QIPP footprint groups.

Specific meetings and events have been held across the North West with key stakeholders to confirm action plans and timetable for implementation of the QIPP plans. Regular progress reports are also provided through the North West Specialised Commissioning Group meetings.

The financial impact of the QIPP plans in 2011/12 will form part of the devolved budget discussion at the North West Specialised Commissioning Group. Current estimate of the overall savings and cost avoidance schemes through QIPP are circa £29 million.

The North West Specialised Commissioning Group is working alongside the nine other Specialised Commissioning Groups in England to move toward convergence in QIPP plans as part of the transitional work program in 2011/12. This will aim to maximise the efficiencies and savings secured in specialised services through the sharing of best practice and in driving consistency of approach.

NHS Trafford is part of the GM Level 3 response

There is significant work being progressed across the Greater Manchester health economy, which will address the QIPP principles and help bridge the £1.4bn gap. It is delivered and led at level 3, but the benefits are realised at levels 1 and 2. A summary of the current initiatives is provided below:

Tertiary cancer

1. The PleureX drain pilot aims to reduce the level of repeat non elective and inpatient admissions and treatment delays for patients with standard ascetic drains. None of the patients on the trial required repeat attendances to the Trust.
2. The 'Transforming Inpatient Care' Programme aims to improve the quality of inpatient care for cancer patients by averting unnecessary admissions and streamlining care for admitted patients through four key work streams:
 - Day Case Surgery – the 23 Hour Breast Surgery Model for all elective breast cancer surgery aims to reduce the risk of infection, assist with patient mobility and early discharge.
 - Enhanced Recovery Programme is a new approach to elective surgery, using innovative pre, peri and post operative techniques, to improve quality and productivity by reducing hospital bed days.
 - Acute Oncology model aims to avert unnecessary acute admissions to hospital and reducing associated lengths of stay for emergency

admissions.

- End of Life Care to reduce length of stay following implementation of Preferred Priorities of Care (PPC) and Advance Care Planning (ACP) initiatives.

Neurosciences

The GM work is closely aligned to the NW QIPP plan.

1. The headache protocol and pathway aims to reduce inappropriate and avoidable headache referrals. The pathway has reduced the need for specialist opinion in GPSI and secondary care clinics.
2. The back pain project has developed criteria for referral into secondary / tertiary care through the Network to reduce inappropriate referrals into these services as a result of back pain. .
3. Epilepsy - The development of a strategy, pathway and service model for the management of seizure disorders to reduce misdiagnosis rates and address inconsistencies in service quality and access.

Mental Health

GM work is closely aligned to the NW QIPP plan and aims to reduce health inequalities for those people with mental health disorders and learning disabilities or prevent such disorders arising, where appropriate, through public mental health and wellbeing interventions and awareness campaigns.

1. The secure mental health care pathways plan aims to prevent mentally disordered offenders from moving up the tiers of service provision, prevent delayed discharges in medium and low secure care and ensure expertise on the commissioning of these services is readily available to partner organisations
2. GM Eating Disorders Care Pathway aims to ensure that all services in the stepped care model for eating disorders are responsive to the needs of the population and that services are developed or re-designed in line with the needs assessment outcomes.

Tertiary/District Cardiac

Over the past year revascularisation activity and angiography rates have started to reduce across the conurbation due to successful primary and secondary preventative CHD strategies, increased use of optimum medical therapies, increase in query proceed PCI procedures and the use of more appropriate non invasive functional imaging as opposed to the more expensive invasive angiography.

1. The 24/7 PPCI service provides superior outcomes and reduces thrombolysis costs, length of stay, readmission rates and prevents the need for further intervention later in the pathway. An agreed elective tariff for patients repatriated back to the DGHs (on a non elective pathway) is being used to support reimbursement for the district interventionists to participate in the cross city on call rota.
2. Functional Imaging Pilot aims to prove the cost effectiveness of non invasive imaging as opposed to invasive imaging and a related reduction in angiographies, angioplasties and Coronary Artery Bypass Surgery (CABGs). Initial pilot results have already shown a reduction in angiography

in Greater Manchester.

3. There are a number of network initiatives (GP training programmes and CHD primary Care guidelines) that have also contributed to the reduction in cardiac activity, as they help GPs to care for more patients in primary care.
4. Patients with Acute Coronary Syndrome are managed through CATS, a clinical referral management system ensuring that catheter lab capacity is efficiently utilised across the conurbation. The 'treat and return' model removes the necessity of a ward bed at the treatment centre, as the patient is transferred back to their DGH bed following the procedure.

The NHS Offer – Medicines Management

The GM Medicines Management Group (GMMMGM) work programme aims to change prescribing behaviour in the long term to ensure efficient medicines use in primary care.

The programme has 5 main work streams, which represent the main areas where better efficiency could be achieved through joint working across the health economy.

- Optimising use of the GM drug of choice through production of a GM joint formulary and 'Do Not Prescribe' list.
- Review of repeat prescribing systems and targeted medication review in care home patients.
- Better management of PbR excluded drugs which is a high cost demand led growth area
- Realising savings outlined in the Better Care Better Value prescribing indicators
- Partnership working with the Industry leading to better procurement of medicines

Urgent Care

The Greater Manchester Urgent Care Network has agreed and is supporting the local implementation of a set of common clinical standards:

- Primary Care Same Day Access
- Acute Mental health
- Acute Oncology
- Self care and Brief Interventions.

The Network structures have also supported the submission of common templates across the health economy to inform the National Urgent and Emergency Care QIPP work stream to develop a consistent urgent care offer across the country. The economy-wide provision of this information and the Network structures will support the GM health economy response to the regional major trauma requirements due to be published in March 2011.

NHS Trafford and TCC are fully engaged in the above workstreams and expect to see the benefits in terms of better services for patients and reduced costs for the PCT.

Activity Projections

The activity projections for secondary care, mental health and community services are still being finalised. It is important to note that while activity is the prime driver for secondary care contracts, the PCT's current mental health and community contracts are block contracts.

The final submissions will include a full reconciliation of the activity and financial schedules

Workforce

NHS Trafford will have achieved savings from its workforce that are in line with the 10/11 first year requirements for management cost savings. This has been achieved through focussing on the causes of sickness absence, almost eliminating the use in the PCT of agency staff and using the opportunities presented by MARS, where appropriate.

The PCT has recently submitted the first estimates of running costs to the SHA which show our expected costs to be at a level of £46 per head.

NHS Trafford and TCC have discussed the 11/12 position and the "informal assignment of staff".

We are confident that savings in the order of £900k will be made in 11/12 bringing overall running costs close to the upper limit prescribed in the Operating Framework.

We have confirmed with our two main providers that medical and nursing directors are fully engaged in the process of assessing and monitoring the impact of workforce changes on clinical care and patient experience.

Governance and Reporting

Delivery of the Integrated Care Strategy is controlled and monitored through a well defined and functioning governance structure controlled by a level 2 Management Board that includes members from the PCT, TCC, Community Provider, Acute Trust and Local Authority. This Management Board meets every month and has a fully functioning Programme Management Office monitoring and supporting the workstreams reporting into the Board.

Reporting of progress against the Strategy within the PCT is governed through the Trust Board and its sub committees on which the GP consortium is represented. This includes regular reporting to the Clinical Executive committee and to the PCT's Executive and TCC committee.

A robust mechanism has also been established for reporting and the governance of the QIPP financials which will continue in 2011/12. In brief this will include:

- Monthly reports to the Trust Board on progress of QIPP savings
- Bi - Monthly updates to TCC
- Weekly review by the Financial Stability Group (committee comprising Chief Executive, Finance and Commissioning) review
- Weekly updates (including detailed monthly update) to Executive Team
- Weekly meetings and reports from Programme Leads

Each programme has an Executive sponsor and a programme lead and is supported by a Finance Manager. Other corporate leads are utilised by the

programme as and when required.

We have discussed internal programmes towards QIPP delivery with our main acutes providers, which cover 80% of the Trafford population and both our community provider and local authority. We are assured that all parties have robust governance and reporting arrangements in place.

We have commented upon the Greater Manchester Level 3 arrangements from which savings will be generated but are not as yet included in NHS Trafford local QIPP savings.

Following recent discussions a revised approach to the governance arrangements at level 3 has been adopted as follows:

Developing Level 3 Governance Arrangements

As we move towards the GM cluster we need strong governance.

To date oversight of the Level 3 QIPP work has been provided through the joint meetings of PCT and Acute Trust Chief Executives.

It has been proposed and accepted by the NHS Trafford Board that a more formal and regular arrangement be established to provide a routine outlet for progress reporting, escalation of issues, co-ordination and management of projects.

A revision to the arrangements for high level oversight of this work presents an opportunity deepen the engagement of AGMA and the emerging consortia by inviting representation alongside PCT and Acute Trust Chief Executives.

A further opportunity might also be taken to establish non-executive chairing arrangements. The membership of the group charged with steering and overseeing the work therefore is proposed to include:

- Nominated PCT Chief Executive(s) (to include the appointed Chief Executive of the GM PCT Cluster);
- Nominated Acute/Foundation Trust Chief Executive(s)
- Nominated GP Consortia lead GP(s)
- Nominated AGMA Chief Executive(s)
- Nominated PCT/Cluster Chair/NED

The respective Chief Executive meetings of course would remain a valuable inclusive reference group to support engagement across the organisations.

Whilst the operational and governance arrangements for PCT Clusters have still to be agreed, those arrangements will clearly need to be reflected in the governance of the Level 3 QIPP work. Similarly, the approach to be taken in Greater Manchester would suggest a need to work closely with the Provider Development directorate of the SHA.

Whilst there is clear value in establishing a governance model which spans both commissioner and provider perspectives, it is important to note that such a joint body would have no decision making authority. Decision rights must be reserved by the individual organisations. The PCTs' existing arrangements

could currently allow collective decision making, and the establishment of clusters is likely to further facilitate this.

Communications

We have described above the process of governance and reporting of QIPP within the PCT and the GP consortium.

The clinical strategy underpinning many of the QIPP savings plans is the ICS>

Trafford has communicated this with all our stakeholders, including GP consortium members, community, mental health and acute providers, local authority and with many of our residents through public forums. As new services or methods of delivering services are designed these will be published and publicised through all the normal channels used by the PCT and its partners.

Timeline and milestones

The timelines for specific QIPP programmes of delivery are constantly reviewed, with the advent of a new financial year and the greater involvement of the GP's through TCC the plans have been reviewed and refined to take into account the operation of the ICS and the latest information, such as the Atlas of Variation in Healthcare. Work continues with the GP consortium to produce the detailed timelines and milestones required to monitor and track performance. An initial draft of our summary savings plan has been included with our Finance return, which includes outline figures for 12/13 and 13/14.

Our detailed Financial plan will contain the timelines and milestones for each of the initiatives outlined above in detail for 11/12, this is due to be agreed by our Board at its April meeting. The delivery of the QIPP savings, within it, will be monitored and controlled by the method adopted by the PCT in 10/11, which saw the successful delivery of our QIPP programme for that year.

Risks

By the end of 10/11 NHS Trafford will have delivered savings of £30m over the last two years, these savings have been delivered against a backdrop of increasing activity and thus cost in secondary care.

The PCT with TCC has a very clear strategic approach to the delivery of Trafford's QIPP savings through the delivery of its clinical services strategy to provide better quality care to patients at lower costs through the further implementation of the ICS programme.

However there remain considerable risks around the delivery of QIPP in 11/12 as it requires significant savings to be made in secondary care.

The significant organisational change issues affecting Trafford in 11/12 in respect of PCT clustering arrangements, the acquisition of THT acute services and the interim "holding" arrangements for Trafford Provider Services by Ashton, Leigh and Wigan Community Trust pending the development of a non-bed based integrated care organisation constitute risks as they may directly impact on the ability of the PCT to prosecute its ICS agenda.

	<p>2011/12 also represents the first year of changes following the White Paper, including the early implementation of GP Commissioning arrangements and the development of Health and Well Being Boards. The PCT considers that both its strong relationships with TCC, as the local pathfinder GP consortium, and with the Local Authority and the governance arrangements that have been established to manage the transition will mitigate the impact of the transitional changes and allow the delivery of Trafford's QIPP programme.</p>
<p>3.2</p>	<p>Health Visitor Numbers</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> PCT is planning to deliver this Operating Framework Commitment. A narrative plan can be found below (PCT numbers will be forwarded to PCTs when available)</p> <p>Narrative Plan: Health Visitor Numbers</p> <p>The Health Visitor head count within Trafford stands at 34.86 WTE, and in order to reduce caseloads to Lamming recommendations a further 6 Health Visitors will be required during 2011/12.</p> <p>However, we will continue to progress our plans to skill mix health visiting teams to enable health visitors to focus work more appropriately according to the needs of the child and the family in the context of the family engagement model.</p> <p>Our focus in terms of service delivery will continue to be through a family engagement model within a multi-agency context</p> <p>Therefore we will continue to ensure:</p> <ul style="list-style-type: none"> • The promotion of the wellbeing of children and young people primarily through supporting Families • The delivery and promotion of 'whole family approaches' • Meeting the challenges of engagement with families with multiple problems • Families are able to access services that are crisis led and only focus on presenting issue

4.0 Reform (Commissioner, Provider & Building Capability & Partnership)

<p>4.1</p>	<p>Choice</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> PCT is planning to deliver this Operating Framework Commitment. A narrative plan can be found below</p> <p>Narrative Plan for Choice</p> <p>Our Choice Plan for 2011/12 will involve work streams to be delivered in Mental Health, Diagnostics, Care Pathways, Long Term Conditions, Primary Care and Community Services. This also includes work on the provision of information to enable patients to make choices.</p> <p>To date the main progress has been on the improved user-ability and resultant up take of Choose & Book to deliver indicator SRF12. This has involved working with our two main acute providers - Trafford Healthcare Trust (THT) and University Hospitals South Manchester (UHSM). This work has already delivered improved slot availability at both trusts, and the introduction of appointment slots for direct booking for patients with suspected cancer (HSC2050) on Choose & Book at THT. In addition, THT already display services with named clinician and have delivered indicator SRF11.</p> <p>The next steps will be the replacement of Clinical Assessment Service services with direct booking appointments that will allow booking to named clinicians at UHSM so that UHSM can deliver indicator SRF11. This will support ongoing work to encourage the remaining GP non adopters to take up the system.</p> <p>There will be work to promote Choice throughout 2011/12 which will enable the PCT to deliver a greater uptake of Independent Sector providers to achieve indicator SRF13.</p> <p>Our specific initiatives for 2011/12 will include:</p> <ul style="list-style-type: none"> • The PCT Choose & Book Strategy and Trajectory will be refreshed for 2011-12 • Continued use of a Bookings Modernisation Project Manager to develop the use of Choose & Book • Continued provision of the Choose & Book helpdesk (provided by RBMS). • The provision of appointment slots on Choose & Book by our two main providers, THT and UHSM, will be secured via contractual measures. This includes appointments for two week wait appointments for patients with suspected cancer. • Once 2 week wait appointments for patients with suspected cancer (HSC205) are displayed by both our main providers (see point 4), the PCT Medical Director will set out an expectation that all appointments for this patient group will be arranged within the GP practice using Choose & Book. This will support the take up of Choose & Book by our few remaining 'non-adopting' practices. • Promotion of Choice to Trafford Population. • Increased utilisation of Choose & Book to 90% of all OP bookings (link to
-------------------	---

	SRF12).
4.2	<p>Information to Patients</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> PCT is planning to deliver this Operating Framework Commitment. A full plan can be found below</p> <p>Narrative Plan: Information for Patients</p> <ul style="list-style-type: none"> • Work with commissioning and service leads to ensure that patient engagement activity is embedded into the redesign of services. • Support commissioning and service leads in gathering patient insight. • Promote ways in which patients can provide feedback, though communications channels such as the quarterly 'Trafford Talks Health' magazine, media relations, and the 'Get involved' pages of the NHS Trafford website. • Promote ways in which patients can provide feedback through patient and support groups, Trafford LINK and community groups. • Run regular engagement events with the 'Trafford Talks Health Network' to gain views on patient experience in a variety of areas. • Ensure that all patient information produced and its associated feedback mechanisms are fit for purpose and fully accessible to all. • Provide communications and engagement support to commissioning-led patient feedback and involvement mechanisms, such as the prioritisation group, the integrated care services clinical panels, patient congresses and the citizen's reference group. <p>Involve staff patients and carers in decision-making and improve patient experience by acting on their feedback by:</p> <ul style="list-style-type: none"> • Promoting and expanding membership of the 'Trafford Talks Health' network, and holding quarterly events with the network • Establishing a published calendar of engagement activity • Developing the Patient Information Group further, and its consultative responsibilities <p>Working with GPs to develop and maintain effective processes with staff, stakeholders, patients and use to inform service improvement by:</p> <ul style="list-style-type: none"> • Embedding the process for linking involvement activity into the commissioning cycle and aligning processes for planning and reporting engagement activity to support patient experience strategy • Undertaking in-depth interviews with key stakeholders to review and capture insights around current perceptions of NHS Trafford • Developing engagement tools / training to support GPs, managers and teams in discussions including those on QIPP • Developing an on-line / digital communications and engagement strategy with local GPs to facilitate increased feedback on practices and focusing on increasing the profile of NHS Choices and Patient Opinion as experience

	<p>feedback mechanisms</p> <ul style="list-style-type: none"> • Establishing processes for <ul style="list-style-type: none"> ○ reporting insights from engagement groups for key clinical pathways – COPD, cancer, CVD and mental health ○ evidencing insights from young people in sexual health services ○ evidencing insights from disabled children in the redesign of services, through linking to CYPS • Support Trafford GP Commissioning Consortia and GP surgeries to develop their own patient forums • Increasing the use of Trafford LINK as a resource for capturing feedback and insights and working with the LINK as it seeks to become a local HealthWatch • Further embedding working relationships and links with Trafford OSC <p>Ensure the wellbeing among the local population through segmenting messaging to different audiences in order to promote healthy living and encourage access to appropriate health services. Specifically, we will:</p> <ul style="list-style-type: none"> • Develop social marketing strategy to support the implementation of key GP commissioning priorities • Support public health team with health improvement / health behaviour change work programmes (including tobacco control and sexual health) • Work with the public health and information team to produce reports and data analysis using the CACI Insite (segmentation) tool. • Embed annual 'choose well' winter campaign • Continue to support dental activity with marketing communications programmes <p>In terms of <i>Patient Satisfaction and Experience</i>, during 2011/12, we plan to:</p> <p>Ensure local people have a good experience of health services in Trafford by:</p> <ul style="list-style-type: none"> • Developing a Patient Experience forum to gather feedback to measure success and encourage patients and public to become more involved in feeding into the design and delivery of services • Using the contracts we negotiate with NHS Trusts and other service providers to ensure that standards of complaints handling are high, patient experience programmes are implemented and reviewed and that lessons are learned as a result of this activity • Ensuring that patient experience outcomes from complaints, patient advice and liaison and experience data inform strategic decision making, service design and delivery. • Ensuring patient experience including PROMS data is used in the review and development and design of services • Embed the process for linking experience activity into the commissioning cycle • Ensure results of national survey results feed into design and
--	---

	<p>modernisation of services</p> <p>Ensure providers gather, analyse and act on experience data by:</p> <ul style="list-style-type: none">• Ensuring that Patient Experience Metrics including PROMS are included in all contracts• Ensuring providers report patient experience data to the Trust on a regular, timely basis including information about changes made to improve services as a result of patient experience feedback.• Using the CQUIN framework to incentivise local Trusts to act upon low scoring areas in their patient survey results• Monitor complaints activity and act on it• Develop a data warehouse which can store and analyse a wide range of patient experience information. This will enable GPs and commissioners to easily identify issues which need to be addressed during contract monitoring discussions
--	---

5.0 Quality (Safety, Effectiveness & Patient Experience)

<p>5.1</p>	<p>VTE Risk Assessment</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> Data collection process in place to record the risk assessments completed including timely upload onto UNIFY 2</p> <p><input checked="" type="checkbox"/> Frontline staff engaged in carrying out VTE risk assessments as part of normal practice</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> PCT will ensure that all providers will improve their overall performance in 2011/12</p> <p><input type="checkbox"/> Will provide recovery plan if improvement is not assured [for >1 provider(s)] in 2011/12</p>
<p>5.2</p>	<p>Percentage of deaths at home (inc care homes)</p> <p>End of Life Care</p> <p><input checked="" type="checkbox"/> PCT is planning to deliver this Operating Framework Commitment. A narrative plan can be found below</p> <p>Narrative Plan:</p> <p>In 2010/11 the focus of end of life care in Trafford has been around the integrated care system approach. We have developed a clinical panel, and from that a holistic assessment package has been developed incorporating much of the Gold Standards Framework recommendations. Part of this package is the development of a shared template to allow providers across the health economy to incorporate any advance plans into their delivery of care. Tests of this package are underway in Quarter 4 of 2010/11 working with four vanguard GP practices, and will be evaluated early in 2011/12 including patient, carer, and staff feedback. The aim is to raise the standard for patients identified as being in the last year of life by identifying patients earlier, supporting patients in the development of their advance planning, and sharing the information with all providers involved in the patients' care to follow their wishes wherever possible. The improved access to home support will support the increase of deaths at home as admissions are avoided.</p> <p>During 2011/12 we will:</p> <ul style="list-style-type: none"> • Initiate roll out of the new e-ELCA e-learning session focusing on the General Medical Council's (GMC) new guidance on treatment and care towards the end of life is now available. The session, <i>Treatment and care towards the end of life: good practice in decision making</i>, explains the key principles in the guidance and helps doctors to apply the principles in the guidance to some of the common challenges that arise when caring for patients towards the end of life. • Appoint an End of Life Facilitator in Acute Hospital to support the roll out of the holistic assessment package and shared information and ensure patients receive care in their place of choice and promote improved clinical decision making during admissions for this group of

	<p>patients.</p> <ul style="list-style-type: none"> • Work with providers to ensure relevant staff have access to communication skills training including SAGE & THYME • As part of Dying matters – “let’s talk about”. Develop bespoke packages for the hard to reach population i.e. Afro – Caribbean community, sheltered housing, care homes. This incorporates follow up from any initial visits to ensure the work continues throughout the year along with any additional raising awareness projects. GP’s will have access to ‘Conversations for Life’ workshop through our GP Education Forum. • Link CQUIN to increased use of Liverpool Care Pathway. • Provide a link worker to implement the integration of the palliative care/special registers held within health and social care, and support the delivery of the holistic assessment and monitoring package. • Support with the roll out of version 12 of the Liverpool Care Pathway • Develop a set of triggers to monitor symptoms and support the early identification of patients in the last year of life. This will be achieved by working through individual long term conditions groups prioritised by the clinical panel, and establishing robust methodology for the recording of clinical findings within the GP system to support alerts when patients reach a prognostic threshold for the last year of life. The integrated care system information work stream will facilitate the analysis of trigger information and the monitoring of patients accordingly. • Improve 24/7 services through better access to respite care facilities, extension of working hours for the specialist palliative care service, and use of structured care plan to coordinate community services and improve continuity of care at all times. • Care Homes Review to support staff in the delivery of palliative care. This will be achieved by the introduction of palliative care staging within the home, and the integration of the advance planning within the standard suite of assessments and care plans. • Establish the Trafford palliative care package to deliver the advance planning and palliative care for patients across Trafford following evaluation of test phase. The new package will then be rolled out across all GP practices in Trafford, and newly identified patients will receive the full package of care and monitoring via integrated services across the health economy. This will be done in collaboration with the long term condition work stream to develop personal care plans and prevent emergency admissions as there is clear overlap between the patient groups.
--	--

<p>5.3</p>	<p>Stroke Indicator</p> <p>PCT Response:</p> <p><input type="checkbox"/> Assurance that current satisfactory performance will be maintained throughout 2011/12</p> <p><input checked="" type="checkbox"/> Will provide recovery plan (if performance has not met plan for 2010/11 or there is a risk of poor performance in 2011/12)</p> <p>Narrative Plan: Stroke Indicator</p> <p>In 2010/11 Trafford patients have had access to the new pathway for hyper-acute stroke care delivering assessment and delivery of thrombolysis where indicated. NHS Trafford has worked closely with local providers to develop pathways and improve performance on the indicators for stroke, work during 2011/12 will continue using the recent CQC review as a basis for service improvements.</p> <p>There continues to be significant issues with the pathways for stroke patients in our health economy and therefore during the year work to improve pathways will be integrated with the reablement and discharge improvement programmes.</p> <p>Both are main local acute trusts are working to develop their TIA services and provide outpatient models of care rather than the current in patient models. This will continue during 2011/12</p> <p>The work to improve the identification and management of AF is to continue with pulse checks remaining part of the NHS health check, and a programme to support practices in further identification of patients within GP systems and ensuring subsequent pathways are aligned with best practice.</p> <p>We will also:</p> <ul style="list-style-type: none"> • Develop action plan to address pathway gaps from CQC review with community and acute providers • Implement pathway solution to improve stroke unit target compliance, this will include supported early supported discharge work and progression of the Greater Manchester and Cheshire Cardiac and Stroke Network programme to introduce the active rehabilitation model in Trafford. • Implement TIA outpatient model with acute trusts including primary care education to increase risk assessment in GP practices. • Continue work with the network to introduce 7 day TIA services in line with NICE guidance. • Continue with CQUIN regarding stroke care with acute trusts, and introduce financial penalty for failure to achieve target in 11/12. • Test the use of GRASP-AF tool with selected practices and develop action plan from the findings of this testing
-------------------	---

5.4 Carers Breaks**Text narrative will be provided in March 2011 following contracts**

PCT is planning to deliver this Operating Framework Commitment. A narrative plan can be found below

Narrative Plan: Carers Breaks

NHS Trafford, together with Trafford Council and the Carers Centre, has developed a refreshed local Carers Strategy to address a range of key issues all in line with 'Recognised, Valued and Supported: Next Steps for the Carers Strategy' which focuses on the following four priority areas identified through widespread consultations:

- Identifying carers earlier;
- Supporting carers to achieve their full education and employment potential;
- Enabling personalised support for carers so they can live a full life; and
- Supporting carers to remain mentally and physically well.

In particular, this now enables a clear joint agreement to make widely available to local people joint and integrated policies, plans and budgets to support carers. Unlike some other localities where it has not always been apparent how funding to support carers has been used by a PCT, NHS Trafford has been able to demonstrate a clear and ongoing commitment to carers through the establishment of pooling and aligned budgets with Trafford Council, that already now provide a wide range of carers breaks. This has resulted in significantly above average rates of support for carers, including more than 20,000 breaks provided each of the previous two years. This will be extended in 2011/12.

In addition, the objective data from 2009/10 onwards confirms that it has also been possible to facilitate nearly 500 direct payments each year and more recently more than 500 personal health checks and 400 associated personal health improvement budget award allocations which has enabled carers to be supported to take greater control of their lives through better health services and individually defined support as part of the national pilot programme.

With Trafford Council during 2011/12 we will support the provision of more breaks for carers, including additional direct payments, further personal health budgets as part of the continuation of the health checks programme which will be managed through the Carers Centre.

We will also support the opening of additional specialist building-based planned/crisis respite services at Shawe Road for people with learning disabilities and complex support needs associated with challenging behaviour and/or profound multiple disabilities. This will be important as it is this group that too often is most needy yet is excluded from ordinary short breaks services.

In addition, as part of the integrated CYPS arrangements, we will support the continuation of the Aiming High for Development Children funded services, including the successfully piloted short breaks services, and related needed community equipment, wheelchair, therapist sessions, continuing care and

	other services.
5.5	<p>Access to NHS dentistry</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> Assurance that current satisfactory performance will be maintained throughout 2011/12</p> <p><input type="checkbox"/> Will provide recovery plan (if performance has not met plan for 2010/11 or there is a risk of poor performance in 2011/12)</p>
5.6	<p>Maternity 12 weeks</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> Assurance that current satisfactory performance will be maintained throughout 2011/12</p> <p><input type="checkbox"/> Will provide recovery plan (if performance has not met plan for 2010/11 or there is a risk of poor performance in 2011/12)</p>
5.7	<p>Breastfeeding at 6-8 weeks</p> <p>PCT Response:</p> <p><input type="checkbox"/> Assurance that current satisfactory performance will be maintained throughout 2011/12</p> <p><input checked="" type="checkbox"/> Will provide recovery plan (if performance has not met plan for 2010/11 or there is a risk of poor performance in 2011/12)</p> <p>Narrative Plan: Breastfeeding at 6-8 Weeks</p> <ul style="list-style-type: none"> • Breastfeeding data for 6-8weeks is collected on a quarterly basis by Trafford CYPS from health visitors. The data is available by area. DH validation criteria will continue to be met • The data by area for 6-8 weeks as well as initiation rates are considered at the quarterly Trafford breastfeeding strategy group meetings and relevant actions undertaken to work to improve the rates particularly in areas of social deprivation. The group includes maternity services, health visiting services, children’s centre lead as well as infant feeding co-ordinators and is lead by the Consultant in Public Health. • A social marketing project has been undertaken to understand the reasons why women are not choosing to breastfeed or the reasons why they stop. An action plan, which is currently being implemented, has been produced in response to the views of local users • The two main maternity providers for Trafford women – UHSM and CMMC are working to UNICEF BFI level 3 accreditation in 2011 • NHS Trafford now has the certificate of commitment for UNICEF BFI and working to level I accreditation. The infant feeding co-ordinator leads this work. Part of her work will be to develop training for health visitors and midwives. • The infant feeding co-ordinator service will continue to develop the peer support scheme and drop in clinics in children’s centres. The peer supporters will be making links with mothers to be in antenatal clinics and

	<p>new mothers in postnatal settings to encourage breastfeeding</p> <ul style="list-style-type: none"> • A commissioning strategy for breastfeeding has been completed based on the needs of women in Trafford and NICE guidance with consultation from the Maternity Services Liaison Committee and midwives and health visitors. An action plan has been developed and will be rolled out during 2011/12 • Audits have been undertaken in Trafford to look at when women are stopping feeding – often this is in the first week. Therefore, we will focus on ensuring the appropriate advice and support is provided antenatally and in the first few days of babies’ lives. We will ensure that breastfeeding support leaflets are available to all new mothers to ensure they have the relevant contact details • Training events around breastfeeding for GPs will take place regularly throughout 2011/12
<p>5.8</p>	<p>Mental Health Measures</p> <p>Mental Health Measures (EI) - the number of new cases of psychosis served by early intervention teams year to date</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> Assurance that current satisfactory performance will be maintained throughout 2011/12</p> <p><input type="checkbox"/> Will provide recovery plan (if performance has not met plan for 2010/11 or there is a risk of poor performance in 2011/12)</p> <p>Mental Health Measures (CR/HT) - commissioner measure is number of episodes, provider measure is % of inpatient admissions that have been gate kept by CR/HT</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> Assurance that current satisfactory performance will be maintained throughout 2011/12</p> <p><input type="checkbox"/> Will provide recovery plan (if performance has not met plan for 2010/11 or there is a risk of poor performance in 2011/12)</p> <p>Mental Health Measures (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 quarter (QA)</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> Assurance that current satisfactory performance will be maintained throughout 2011/12</p> <p><input type="checkbox"/> Will provide recovery plan (if performance has not met plan for 2010/11 or there is a risk of poor performance in 2011/12)</p> <p>Mental Health Measures (IAPT) - work in partnership with the Department of Health to extend access to talking therapies for children and young people, older people, for people with severe and enduring mental health problems and for people with co-morbid mental and physical health long term conditions (4.41). Proportion of people with depression referred for psychological therapy and proportion referred for therapy receiving it.</p>

	<p>PCT Response:</p> <p><input checked="" type="checkbox"/> PCT is planning to deliver this Operating Framework Commitment. A narrative plan can be found below</p> <p>Narrative Plan: Mental Health Measures - (IAPT)</p> <p>During 2011/12 we will:</p> <ul style="list-style-type: none"> • To continue to invest in local specialist mental health services to maintain positive performance results/improvements and further enhancements of the quality of services received by people with mental health difficulties and their families/carers - adopting of the principle of care in the 'least restrictive environment' and 'as close to home' as possible. • To invest significant additional longer-term funding to consolidate the new multi-agency Trafford IAPT stepped care model with the substantial increase in low and high intensity psychological therapy service capacity to reduce the continued delays in accessing effective treatment and support in a timely manner and in line with the IAPT programme aims target population are those with clinically assessed levels of depression and anxiety disorders (in line with NICE guidelines) • Through the Commissioning Strategic Plan for Mental Health to increase the capacity of low intensity primary care mental services through various 3rd sector providers • To continue to review the quality, effectiveness and value-for-money of Psychological Therapies services and agree plans using the 'Any Willing Provider' framework to: increased capacity/options, reduced waits especially for high intensity/psychological therapies and any required tendering options • To introduce the new Trafford specialist extended service for people with complex mental health conditions associated with labels of personality disorder/ADHD/Autistic Spectrum Conditions/trauma-abuse histories and eating disorders as well as those requiring medication reviews support for GPs of complex medications • To complete the radical reconfiguration of the Red House Specialist Psychotherapy Services as a Tier 4 specialist service focused on time-limited individual and group work, including a particular focus on those with histories of abuse and trauma (including military veterans)
--	--

<p>5.9</p>	<p>Smoking Quitters</p> <p>PCT: Please select the relevant response</p> <p><input type="checkbox"/> Assurance that current satisfactory performance will be maintained throughout 2011/12</p> <p><input checked="" type="checkbox"/> Will provide recovery plan (if performance has not met plan for 2010/11 or there is a risk of poor performance in 2011/12)</p> <p>Narrative Plan</p> <p>We will:</p> <ul style="list-style-type: none"> • Ensure the continued increase and expansion of stop smoking training delivered to health care professionals and other organisations including children centres and housing trusts as part of the tobacco control strategy. • Work with communities with the highest level of need ensuring that services are available and accessible • Explore ways of tackling education of BME groups on quitting smoking ensuring that help is available in relevant languages and through key partners • Continue to develop our work to ensure data quality and data return from the intermediate service • Convert unknown quit status where possible • Continue to actively promote the stop smoking service locally to local communities and to relapsed clients • Ensure that there is provision of carbon monoxide monitors to all intermediate advisors • Ante-natal healthcare assistants trained to deliver brief and intermediate interventions at book in
<p>5.10</p>	<p>Screening</p> <p>Breast Screening- extension of breast screening program to women aged 47-49 and 71-73</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> Assurance that performance will be improved throughout 2011/12</p>
	<p>Bowel Screening - extension of bowel screening program to men and women aged 70 up to 75 birthday</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> Assurance that performance will be improved throughout 2011/12</p>
	<p>Cervical screening - all women to receive results of cervical screening tests within 2 weeks. Commissioners should also work with their local services and NHS Cancer Screening Programmes to implement HPV testing as triage for women with mild or borderline results</p> <p>PCT Response(s):</p>

	<p><input checked="" type="checkbox"/> Assurance that HPV testing as triage for women with mild or borderline results will be implemented in line with the timescale set out in the 2011 Cancer Reform Strategy</p> <p><input checked="" type="checkbox"/> Assurance that current satisfactory performance for receiving screening results will be maintained throughout 2011/12</p> <p><input type="checkbox"/> Will provide recovery plan (if performance has not met plan for screening results in 2010/11)</p>
<p>5.11</p>	<p>Diabetic Retinopathy Screening</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> Assurance that current satisfactory performance will be maintained throughout 2011/12</p> <p><input type="checkbox"/> Will provide recovery plan (if performance has not met plan for 2010/11 or there is a risk of poor performance in 2011/12)</p>

<p>5.12</p>	<p>Coverage of NHS Health Checks</p> <p>PCT Response:</p> <p><input type="checkbox"/> Assurance that the number of health checks offered and carried out will improve throughout 2011/12</p> <p><input checked="" type="checkbox"/> Will provide recovery plan (if performance has not met plan for 2010/11 or there is a risk of poor performance in 2011/12)</p> <p>Recovery Plan: NHS Health Checks</p> <p>Those patients targeted in 2010/11 who were not invited for a health check will be invited as part of the target in 2011/12 as there were delays at the start of the year in the rollout because of the training and support requirement for practices was more than expected. All local practices now have the health check systems set up in the practice and this is now incorporated into their work programme and so delivery of checks will be higher. Support for practices with capacity issues has been introduced in Quarter 4 2010/11, and so this established methodology will be rolled out across our other practices as required in 2011/12</p> <p>Trafford commenced the health check delivery in 2010/11 with the delivery of a LES across all GP practices. It is expected that around 70% (8,500 patients) of the target population for this year (20% of total eligible population) will have been offered a health check by the end of March 2011.</p> <p>Each practice has a stratified CVD risk register with annual reviews for those patients identified as high risk, and a five yearly review cycle for all other risk categories.</p> <p>Our programme targets patients in accordance with their estimated risk status and those at moderate risk will be targeted in 2011/12. Social marketing has been undertaken to support the uptake in our hard to reach population, and this will continue in 2011/12. Where GP practices are unable to deliver the health checks, alternative venues and providers will be used to provide additional capacity and a wider range of venues or appointment times as required.</p> <p>Our initiatives for recovery will include:</p> <ul style="list-style-type: none"> • CVD LES for the delivery of health checks in practices for target population including the 2010/11 patients who did not receive an invitation • Alternative providers or staffing support in practices to expand capacity where required • Social marketing activities and events to target hard to reach populations
<p>5.13</p>	<p>Safeguarding</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> PCT is planning to deliver this Operating Framework Commitment. A narrative plan can be found below</p> <p>Narrative Plan for Safeguarding</p> <ul style="list-style-type: none"> • NHS Trafford continues to build on improvements to date in the area of safeguarding children as set out in the statutory guidance “Working Together” and is an active member of the Trafford Local Safeguarding Children Board. The recent CQC review for safeguarding children in

	<p>relation to health services in Trafford was scored as “good”</p> <ul style="list-style-type: none"> • The Director of Public Health is the lead executive director for safeguarding children and represents NHS Trafford on the Trafford Safeguarding Children’s Board as well as the Consultant in Public Health, designated nurse for safeguarding and designated doctor for safeguarding. The local acute trust (Trafford Healthcare NHS Trust) is represented by the medical director and Children and Young People Director • Multiagency work and referral processes including implementation of the safer tool – health professionals refer to the multiagency referral and assessment team (MARAT) using the safeguarding assessment referral form which has recently been adapted and contains components of the common assessment framework (CAF). Single agencies refer into the MARAT using the CAF. Processes are in place for CAF usage with a CAF co-ordinator and an eCAF system is in place • All staff have current CRB checks (scrutinised for the CQC inspection) • The designated nurse for safeguarding children manages the named nurse for safeguarding for NHS Trafford but is deployed into CYPS commissioning team across the council and PCT and reports to the Director of Commissioning for CYPS. The designated doctor for CYPS also reports to the Director of Commissioning within CYPS. In addition the named GP for safeguarding children for the PCT continue to report to the Medical Director of the PCT but has close links with the other designated and named professionals. The time allocated for this role has recently been increased with an emphasis on ensuring all GPs receive regular training in relation to safeguarding children. • A comprehensive training plan is in place for level 1, 2 and 3 training. Safeguarding children level 1 is included in inductions for staff and annual training on key issues. Regular updates at the appropriate level are available to all staff whose work brings them into contact with children. Single agency training as per the intercollegiate document produced in 2010 takes place as well as multiagency training There has been a review of training for GPs – most have attended training or undertaken e-learning education packages. Safeguarding is included in local GP appraisal systems. • A Looked After Children plan has been presented to the PCT Board. Currently a specialist nurse leads the implementation of the plan. The designated doctor for safeguarding also has responsibility for looked after children • PCT Board assurance – quarterly reports to the Clinical Governance Committee of the PCT Board are submitted on a quarterly basis in addition to minutes of the Trafford Safeguarding Children Board. There is an annual presentation of safeguarding children to the PCT Board • Compliance of our providers of services (for which we are the lead commissioner) is monitored through contracts meetings and there are specific CQUINs in relation to safeguarding. For providers for whom the lead commissioner is NHS Manchester, NHS Trafford has associate commissioning arrangements. NHS Trafford has its minimum
--	---

	<p>standards declaration on its website.</p> <ul style="list-style-type: none">• Safeguarding children will continue to be a crucial part of the new arrangements. Governance arrangements for safeguarding will form part of a Section 75 agreement between the Children and Young peoples Service (CYPS and NHS Trafford) with relation to children's commissioning arrangements. The lead executive for safeguarding is the Director of Public Health who will be a member of the proposed Trafford Health and Well Being Board
--	--

6.0 Additional Areas of Assurance

<p>6.1</p>	<p>Better Information</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> PCT is planning to deliver this Operating Framework Commitment. A narrative plan can be found below</p> <p>Narrative Plan: Better Information</p> <p>PROMs measure quality from the patient perspective for four defined areas and currently cover four clinical procedures: groin hernia, varicose veins, hip replacement and knee replacement. PROMs calculate the health gain after surgical treatment using pre and post operative surveys which include analysis of questionnaires that all hospitals treating NHS patients have been asked to collect from patients who wish to participate. This is ongoing.</p> <p>NHS Number validity checks are already carried out as part of the Contracting Process with local providers and will continue in 2011/12 ahead of the 2012/13 guidance on linking NHS Number usage with contractual payments.</p> <p>Work will continue between the PCT and clinicians to pursue the implementation of Shared Records across the health economy will continue with further development of the GP Data Sharing Project.</p> <p>The Graphnet system roll-out (initially to the Vanguard Practices) will progress through 2011/12 with the majority of GP practices included. Extraction of agreed data sets from GP systems will be co-ordinated through the GP Data Sharing Board and help to build accurate registers to support Clinical Panels in patient risk identification. As these registers are developed, the ICO will have the ability to use this health intelligence to wrap the appropriate community services around certain GP clusters and areas of deprivation, based on sound, accurate data and also support the requirements of GP Consortia where appropriate.</p> <p>Choose & Book System will continue to be expanded throughout 2011/12 to provide patients with on-line booking facilities (including amendment of appointment times) and contribute to more efficient provision of services, including a reduction in DNAs. (see SRF12 on Choose & Book for further information and timescales/budget).</p> <p>GP Consortia will continue to receive PCT Informatics support in maintaining existing analysis and performance scorecards / reports and in the development of new reporting requirements as required. PCT Informatics will be represented at Consortia meetings to assist in the identification of key areas of health need and setting and monitoring performance measures.</p>
<p>6.2</p>	<p>Data Quality & Reconfiguration</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> Assurance that PCT is ready to use SUS in shadow form by October 2011</p>
<p>6.3</p>	<p>Family Nurse Partnerships</p> <p>PCT Response:</p> <p>Trafford is currently not taking part in the Family Nurse Partnership (FNP)</p>

	<p>initiative. In 2011/12 we intend to undertake a whole service review of the local health visiting service. This review will consider the local health needs assessment, current provision and skill mix, the implications within the <i>Health Visitor Implementation Plan 2011-15: a call to action</i>, and options for participation in the FNP.</p> <p>Our options and decision making about FNP will take account of the wider developments in our fully integrated children and young people's services, of which health visiting is a key element. It will also bear in mind our increasing focus around early intervention in order to effectively improve outcomes for all children, young people and families, including the most vulnerable first time teenage mothers and their children.</p> <p>We will focus our investment opportunities on those that can derive most overall benefit and improved outcomes, be that by investing in the FNP alongside the generic health visiting service, or through generic investment in the service in those areas of most need.</p>
<p>6.4</p>	<p>Services for people with Autism</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> PCT is planning to deliver this Operating Framework Commitment. A narrative plan can be found below</p> <p>Narrative Plan: Services for people with Autism</p> <p>Our initiatives for 2011/12 are:</p> <ul style="list-style-type: none"> • To support the Autism Strategy Implementation Group and associated local arrangements for leading implementation of the national Autism Strategy guidance in relation to the provision of services, including importantly the assessment of the needs of adults with autism for relevant services and support • To ensure completion of the recruitment of key professionals across the Mental Health and Learning Disabilities Services, and to develop/ implement a clear, consistent multi-agency pathway for diagnosis for people with autistic spectrum disorders, with or without learning disabilities. • To support the work of the recently appointed lead psychological professionals in MH and LD services to develop effective diagnostic, assessment and post-diagnostic services for adults with autistic spectrum conditions • To confirm a clear pathway to diagnosis in relation to neuro-developmental disorders (including ASC and ADHD) interfacing with the similar developments in child and young people's services • To improve access for adults with autism to the services and support they need, especially ensuring all protocols and contracts require and deliver actions which after a diagnosis of autism is made trigger a community care assessment and a carer's assessment. • To work on improving the transition process for people with autism and their families • To support the increasing awareness and understanding of autism through the establishment of a multi-level and multi-agency training strategy for

	<p>health, social care and service users. This should increase the confidence, competence and capacity of local services and partners to develop relevant services to meet autistic spectrum needs, and in particular to make use of the new commissioned DOH/NAS training materials developed on autism for health and social care professionals</p> <ul style="list-style-type: none"> • To ensure that all existing policies and commissioned service contracts include reference to including a reference and action to make them accessible to adults with autism. In effect to audit use if relevant reasonable adjustments and accommodations • To support programmes helping adults with autism into work and settled education, training or employment • To include action on awareness raising in the criminal justice sector as part of the Bradley Report revised local action plan
<p>6.5</p>	<p>Dementia Services</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> PCT is planning to deliver this Operating Framework Commitment. A narrative plan can be found below</p> <p>Narrative Plan: Dementia Services</p> <p>Our initiatives for 2011/12 are:</p> <ul style="list-style-type: none"> • To ensure increased good quality early diagnosis and intervention for all through improved local Memory Clinic and well-trained Older People's CMHT services to enable better detection, support and treatment of dementia and older people's mental health difficulties, including enhanced carer support (in both Greater Manchester West NHS Foundation Trust and Manchester Mental Health and Social Care Trust) • To improve the quality of care for people with dementia in general hospitals and extended local intermediate care/specialist care home options to avoid delayed discharges • To improving public and professional awareness and understanding through individual or group psycho-education and support programmes in non-stigmatising resource centres • To support the design, development and delivery of training courses about dementia, services and benefits, and communication and practical adjustment/problem solving and caring with confidence of people with dementia • To ensure the active involvement of other family members as well as the primary carer in family meetings, and structured peer-support/learning groups with other carers, tailored to the needs of individuals depending on the stage of dementia of the person being cared for and other characteristics • To ensure the implementing the revised local Carers Strategy, includes a particular focus on dementia through additional practical support and a comprehensive range of respite/short-break services to meet the needs of both the carer (in terms of location, flexibility and timeliness) and the person with dementia. This will include, for example, day care, day- and

	<p>night-sitting, community personal support services, adult placement and short-term and/or overnight residential care, with provision in the person's own home considered whenever possible</p> <ul style="list-style-type: none"> • To continue to invest in the additional support into specialist general hospital liaison older people's mental health services, to Improved quality of care in general hospitals • To support living well outcomes with dementia in care homes, through the local quality improvement initiatives • To use the work of the Advanced Training Programme focused on establishing a methodology to reduce rates of antipsychotic medication especially for those living in care homes • To support the extension of the mental health promotion and health improvement programmes focused on factors that promote resilience and limit the development of later life dementia (e.g. health screening, reducing alcohol misuse and mental/physical exercise
<p>6.6</p>	<p>Support for Carers</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> Assurance that PCT have plan in place to address delivery of above</p> <p><input type="checkbox"/> Will provide recovery plan (if there is a risk of poor performance in 2011/12)</p>
<p>6.7</p>	<p>Learning disabilities</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> Assurance that PCT have plan in place to address delivery of above</p> <p><input type="checkbox"/> Will provide recovery plan (if performance has not met plan for 2010/11 or there is a risk of poor performance in 2011/12)</p>
<p>6.8</p>	<p>Children and Young People's Mental Health</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> Assurance that PCT have plan in place to address delivery of above</p> <p><input type="checkbox"/> Will provide recovery plan (if performance has not met plan for 2010/11 or there is a risk of poor performance in 2011/12)</p>
<p>6.9</p>	<p>Diabetes</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> Assurance that PCT have plan in place to address delivery of above</p> <p><input type="checkbox"/> Will provide recovery plan (if there is a risk of poor performance in 2011/12)</p>
<p>6.10</p>	<p>Sharing non-confidential information to tackle violence</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> Assurance that PCT have plan in place to address delivery of above</p> <p><input type="checkbox"/> Will provide recovery plan (if there is a risk of poor performance in 2011/12)</p>

<p>6.11</p>	<p>Violence against women and girls</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> Assurance that PCT have plan in place to address delivery of above</p> <p><input type="checkbox"/> Will provide recovery plan (if there is a risk of poor performance in 2011/12)</p>
<p>6.12</p>	<p>Respiratory disease</p> <p>PCT Response</p> <p><input checked="" type="checkbox"/> Assurance that PCT have plan in place to address delivery of above</p> <p><input type="checkbox"/> Will provide recovery plan (if there is a risk of poor performance in 2011/12)</p>
<p>6.13</p>	<p>Public health</p> <p>Physical Activity</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> PCT is planning to deliver this Operating Framework Commitment. A narrative plan can be found below:</p> <p>Narrative Plan: Public Health & Physical Activity</p> <p>PCT has engaged with local authorities and other partners including Trafford Community Leisure Trust to support and embed community physical activity initiatives for all ages alongside activity in schools in preparation for the 2012 Games.</p> <p>The jointly developed Physical Activity Strategy (2011 – 2014) highlights initiatives for all ages and in schools demonstrates how Trafford will work towards the target of getting more people, more active, more often by 2012.</p> <p>The School Sport Partnership and Sport Trafford are involved in the volunteer legacy programme and will be promoting a new ‘taster’ physical activity/sport programme. Trafford takes a coordinated approach in delivery and in target communities. Trafford GO3 Initiative supports Trafford population to be active 3 times per week and figures show that 26.2% of Trafford population are hitting government physical activity targets 3 x 30 mins (Active people Survey).</p> <p>The Trafford 2012 Group has been set up to strategically plan for the 2012 Games with one of the venues being in Trafford. This group monitor’s numbers of Inspire Marks being awarded in Trafford and schools signed up to ‘Get Set’ (School Olympic Legacy programme). 80% of schools in Trafford have signed up to Get Set.</p> <p>The School Sport Partnership Network is a route to develop many physical activity initiatives aimed at young people. Trafford is also a pilot area for a project for the National School Games.</p> <p><i>Tackling Obeseogenic Environments</i></p> <p>Trafford also takes a targeted approach to people who are inactive and provide a number of pathways and opportunities for example STRIDE (a health walks scheme: 13 walks/week across Trafford) and recently established Nordic walking sessions and cycling activities.</p> <p><i>Adult Obesity Pathway</i></p>

	<p>Active Trafford pass can be used by GP's and Health Care Practitioners to refer people into Active Trafford schemes and Trafford Leisure facilities. The Active Trafford pass is currently being reviewed and will provide specific targeted work for older people in the future.</p> <p>A coordinated plan is to be developed and progressed to take forward aims to get adults not currently meeting physical activity guidelines and supporting them to become more physically active. (See Trafford Physical Activity Strategy)</p> <p><i>Childhood Obesity Pathway</i></p> <p>We are working with Trafford Community Leisure Trust to actively promote activities that improve health in all sections of the Trafford population, for example a scheme called 'Change for Life' that promotes physical activity, and builds on and complements the 5-A-DAY activity and the Change4Life campaign (4.64). This Scheme is a Childhood weight management programme based in Partington that GPs and health care professionals can refer into to tackle rates of childhood obesity.</p> <p>Our combined initiative programme that includes a physical activity segment based in an area of deprivation (Sale West) will address physical inactivity in this area and the various sub-populations and we will ensure that services are targeted appropriately to reduce health inequalities.</p> <p>We will continue to work closely with Trafford Council and Trafford Community Leisure Trust to help improve access to high quality physical activity services in the local community.</p>
<p>6.14</p>	<p>Pharmacy</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> Assurance that PCT have plan in place to address delivery of above</p> <p><input type="checkbox"/> Will provide recovery plan (if there is a risk of poor performance in 2011/12)</p>
<p>6.15</p>	<p>Emergency Preparedness</p> <p>PCT Response:</p> <p><input checked="" type="checkbox"/> Assurance that current satisfactory performance will be maintained throughout 2011/12</p>
<p>6.16</p>	<p>Abdominal Aortic Aneurysm Screening</p> <p>PCT Response(s):</p> <p><input checked="" type="checkbox"/> For programmes already operational : Assurance that current satisfactory performance will be maintained throughout 2011/12</p> <p><input type="checkbox"/> For all other programmes: Assurance that they are on target to commence screening in accordance with the agreed national roll-out timetable</p> <p><input type="checkbox"/> If performance has not met plan for 2010/11, or if commencement plans are off-target: Recovery plan will be provided</p>
<p>6.17</p>	<p>Fragility fractures in the elderly, especially in women</p>

	<p>PCT Response:</p> <p><input checked="" type="checkbox"/> Assurance that PCT have plan in place to address delivery of above</p> <p><input type="checkbox"/> Will provide recovery plan (if there is a risk of poor performance in 2011/12)</p>
--	--