

Quality Strategy

2018-2020

Quality is at the Heart of
Newcastle Gateshead
CCG

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Transforming lives together >



1. Executive Summary

This strategy builds upon the work to date to ensure that quality is at the heart of the CCG's commissioning process and sets out how NHS Newcastle Gateshead CCG (NGCCG) intends to achieve continuous improvement in all commissioned services, reflecting national and local priorities.

The quality strategy will cover all commissioned health care services. Each year we shall review progress made in reducing avoidable harm and explore how we have made a difference in quality, safety and patient experience, and in encouraging a culture of shared learning across all of our providers.

NHS NGCCG is committed to working with the people of Newcastle and Gateshead; providers of services; and other health and social care partners to continually improve the quality of services available to the people and ensure best use of NHS resources.

Year 1 2018	We will continue to raise the quality "bar" further across all providers, with a particular focus on quality in primary care and care homes. The CCG will actively support the sharing of best practice across primary and secondary care providers.
Year 2 2019	We will continue to actively support the sharing of best practice across all providers to reduce avoidable harm. As well as enhancing quality assurance regarding lessons learned from serious incidents. Will move forward in cross boundary working to improve population health and social outcomes
Year 3 2020	We will continue to enrich our understanding of the patient journey by improving outcomes measures, gathering evidence of change that demonstrates improvement taking even more time to listen and engage with the patient and their journey. We will review the progress we have made in respect of reducing avoidable harm and re-examine and promote the learning culture within our commissioned providers.

2. Introduction

Newcastle Gateshead Clinical Commissioning Group (CCG) is responsible for commissioning high quality, safe and effective services for the population of Newcastle and Gateshead. The Health and Social Care Act 2012 states that “each clinical commissioning group must exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness”.

Newcastle Gateshead CCG is Newcastle Gateshead Clinical Commissioning Group (CCG) is coterminous with both the unitary authorities with which it shares its name. The CCG commissions healthcare services for approximately 490,300 people (2014 estimate) and has a number of health related challenges:

- Over 50% of Newcastle Gateshead’s population live in top 2 most deprived quintiles of social deprivation, and less than 30% live in the least 2 deprived quintiles of social deprivation.
- On average 24% of Year 6 children are obese across Newcastle and Gateshead
- 65% of adults are classified as overweight or obese across Newcastle and Gateshead
- Smoking rates and rates for smoking related illnesses are significantly worse than the England average

(Health Profiles 2017, Public Health England)

This strategy sets out the framework for how the CCG will assure and improve quality in the services it commissions.

2.1 Our Mission, Vision and Values

The Mission, Vision and Values of the organisation have been developed and agreed with the full engagement of staff, stakeholders which include the public, patients and carers of Newcastle and Gateshead and the GP member practices that constitute the CCG.

2.1.2 Our Vision

The diagram below summarises our vision and is surrounded with the core NHS values:



Fig 1.Our Vision

At the heart of our vision is recognition that our Health and Social Care System requires new models of care delivery that enable collaboration across care settings, it brings together our plans for transformation of services, implementing the vision of the Five Year Forward View and integration of health and social care services by 2020.

2.1.1 Our mission

Our mission is to build a better health service for our population by ensuring services are working collaboratively to deliver safe, accessible care which is of the highest quality. Newcastle Gateshead CCG has a shared commitment with its providers and partners in health and social care to working together across organisational boundaries to improve population health and social care outcomes and create:

- A continuing and sustained improvement in health and wellbeing evidenced by greater longevity and better outcomes from health and social care interventions;
- Greater equality of outcomes delivered through the highest quality health and social care;
- An appropriately integrated and well planned, effective delivery model for health and social care, which is efficient in its use of resources; and
- A delivery system that is responsive to the needs of users in the short term and additionally, in the longer term, supports communities to be more responsible for the achievement of these objectives.

2.2 Newcastle Gateshead Quality Priorities

This Quality Strategy has four objectives that are core to all our work within the CCG and with partner organisations such as NHS England, local authorities and Health Watch.

These objectives are:

- i. To ensure that commissioned services are safe, personal and effective.
- ii. To ensure the right quality mechanisms are in place so that standards of patient safety and quality are understood, met, and effectively demonstrated.
- iii. To provide assurances that patient safety and quality outcomes and benefits are being realised, and to recommend action if the safety and quality of commissioned services is compromised at any stage.

- iv. To promote the continuous improvement in the safety and quality of commissioned services, through an open and honest culture that promotes learning from events.

3 What is Quality?

3.1 The NHS Constitution

The NHS Constitution enshrines quality as a Core Value of the NHS:

“The NHS aspires to the highest standards of excellence and professionalism in the provision of high quality care that is safe, effective and focused on patient experience. Quality should not be compromised – the relentless pursuit of safe, compassionate care for every person who uses and relies on services is a collective endeavour, requiring collective effort and collaboration at every level of the system. The delivery of high quality care is dependent on feedback: organisations that welcome feedback from patients and staff are able to identify and drive areas for improvement.”

3.2 NHS Outcomes Framework

Lord Darzi defined a framework for quality (High Quality Care for All DH, 2008) which sets out key quality domains. These were *Effectiveness* of treatment and care provided to patients, *Experience* patients have of the treatment and the care they receive, and *Safety* of treatment and care. These were expanded to five domains by the NHS Outcomes Framework published by the Department of Health in 2011:

Fig 2. NHS Outcomes Framework



3.3 CQC Framework

The Care Quality Commission (CQC) framework focuses on five key questions asked of all services of all providers:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

Both the NHS Outcomes Framework and the CQC frameworks are key considerations in assessing the quality of the services commissioned by the CCG. The NHS 5 Year Forward View confirms a national commitment to high quality; person centred care and outlines the importance of a shared commitment to Quality.

4 Delivering the Strategy

4.1 Governance

This strategy is owned by the Quality Safety and Risk (QSR) Committee of Newcastle Gateshead CCG which meets bi-monthly. The QSR Committee is a sub-committee of the Governing Body and is chaired by lay-members. It is responsible for ensuring that the appropriate governance, systems, processes and scrutiny are in place to deliver the Quality Objectives identified above in line with the NHS Outcomes Framework.

The QSR Committee functions to provide assurance to the Governing Body about the quality, safety and risks of the services being commissioned, and the overall risks to the organisation's strategic and operational plans.

The governance structure for this strategy is shown in the diagram below:



Fig 3. Accountability

4.1 Assuring the Strategy

The frameworks that will be referenced to assure the success of this strategy are:

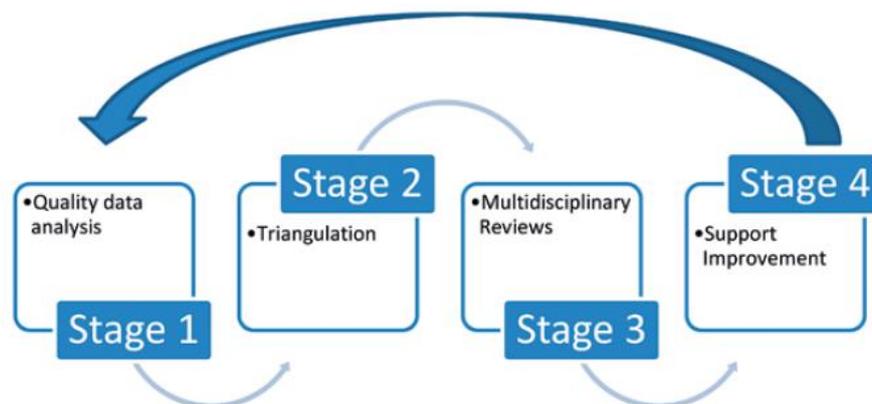
- The 5 Year Forward View
- The CCG Assurance Framework
- Quality Premium Guidance
- CCG Outcome Indicator Set
- NHS Outcome Indicator Set
- NHS Constitutional Standards

5 Overarching Principles

5.1 Quality Assurance Framework

NHS Newcastle Gateshead CCG recognises that a framework is necessary in order to provide effective quality assurance and improvement. The framework outlined below is based on Sir Bruce Keogh's methodology following the review of 14 NHS Trusts in 2013. This will be used to assure the quality and safety of all our commissioned services.

Fig 4. Quality Assurance Framework



The framework offers a standardised approach to assuring all the services we commission, irrespective of the type of provider (e.g. primary, secondary, tertiary or voluntary) or care setting (e.g. in hospital, GP surgery, care home or community.)

NHS Newcastle Gateshead CCG receives a range of data both formally and informally relating to a variety of indicators on the quality of commissioned services. Key Performance Indicators, including those within contracts, are regularly reviewed through monitoring meetings with providers.

It is however important not to lose sight of the recommendations of the Francis Report, which states that the focus remains upon “people not targets.” Decision making by the CCG therefore must also be informed by data, information and soft intelligence relating to patient safety, patient experience and clinical effectiveness.

In addition to information gathered directly from providers, data from other sources will be analysed to support the triangulation of information (stage 2). The quality intelligence gained and triangulated will then facilitate questions to be asked during the multi-disciplinary reviews (stage 3).

The intelligence gained from these three stages of the framework will then be used to evaluate provider performance, determine effectiveness and drive quality improvement (stage 4).

5.2 Promoting Quality

NHS Newcastle Gateshead CCG recognises that the best drivers of improving quality are those led by patients using, and staff working within, the services we commission. The CCG will actively encourage and support all our providers to promote a culture of quality at the heart of all that they do through engagement with patients and staff, joint working and joint learning opportunities, collaborative bids for initiatives, highlighting areas of identified best practice and celebrating successes.

5.3 Safeguarding and Looked after Children

Safeguarding adults and children is an overarching principle of this strategy. Fundamentally it remains the responsibility of the CCG to ensure that the principles and duties of safeguarding children, (including those who are looked after) and adults are holistically, consistently and conscientiously applied with the well-being of all, at the heart of what we do. Health care professionals within the CCG should continue to develop relationships and work closely with colleagues across their local safeguarding system to develop ways of working that are collaborative, enable learning and effective information sharing. (*NHS England Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework March 2015 version 2.*)

5.4 Openness and Transparency

All CCG members of staff and those of our providers have a duty of care to the patients, the people we serve and to colleagues. This strategy is intended to promote sharing of information and intelligence in an open, honest and transparent way, in order to support and improve quality and patient safety, and to share learning when something goes wrong.

Appendix 1

National guidance and publications that have a bearing on this strategy include:

- The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, published in February 2013, which called for a 'fundamental culture change' across the health and social care system to put patients first at all times. Robert Francis QC, the Inquiry Chair, called for action across six core themes: culture, compassionate care, leadership, standards, information, and openness, transparency and candour.
- The Government's initial response, Patients First and Foremost, which set out a radical plan to prioritise care, improve transparency and ensure that where poor care is detected, there is clear action and clear accountability. This document and its accompanying volume build on this to provide a detailed response to the 290 recommendations the Inquiry made across every level of the system.
- The Mazars Independent review of deaths of people with a Learning Disability or Mental Health problem in contact with Southern Health NHS Foundation Trust April 2011 to March 2015, which investigated 540 deaths at the Trust. The report highlighted that there has been a lack of leadership, focus and sufficient time spent on reporting and investigating unexpected deaths. Investigations carried out by the trust were of poor quality overall, making it difficult to learn lessons.
- Review into the Quality of Care and Treatment provided by 14 Hospital Trusts in England, led by Professor Sir Bruce Keogh, the NHS Medical Director in NHS England.
- The Health and Social Care Act (2012) which restructured the way that the NHS commissions services and introduced Clinical Commissioning Groups.
- A Promise to Learn – A Commitment to Act: Improving the Safety of Patients in England, by Professor Don Berwick.
- Transforming care: A national response to Winterbourne View Hospital, which responded to criminal abuse of vulnerable people with challenging behaviour at Winterbourne View hospital revealed by the BBC Panorama programme in May 2011.
- The 2022 GP: A vision for General Practice in the future NHS, which outlines the RCGP view of healthcare and puts forward a plan to help general practice to evolve to meet the challenges of the new era.
- Primary Care Medical Care Assurance Framework, which sets out how NHS England and CCGs assess and assure general practice quality and performance.
- Co-Commissioning Memorandum of Understanding and Delegation Agreement. These documents detail responsibilities between NHS England and the CCG for commissioning primary care services.
- The NHS Constitution.

Appendix 2

Consultation and Document Approval

- General Practice
- Delivery Group
- Primary Care Group
- Joint Commissioning Group
- Primary Care Quality & Improvement Group
- LMC
- Quality, Safety and Risk Committee
- CCG Executive
- Governing Body

Quality Assurance Framework

Provider	Data Analysis (Stage 1)	Triangulation (Stage 2)	Multi-disciplinary reviews (Stage 3)	Support Improvement (Stage 4)
<p data-bbox="49 368 371 587">NHS Newcastle Gateshead CCG commissions services from a range of providers, including acute hospitals, mental health services, ambulance services and voluntary sector organisations.</p> 	<ul data-bbox="504 316 815 1166" style="list-style-type: none"> • NHS England Provider Quality Dashboard • Contracting and performance data • Serious Incidents and Never Events • National Clinical Audits • Staff Survey • Friends and Family Test • Complaints • Soft Intelligence • Key NHS England Performance Indicators (e.g. cancer waiting times, A&E waiting times) • Staffing ratios • Mortality statistics • Health Watch reports • Overview and Scrutiny Committee reports 	<p data-bbox="920 316 1104 336">Data Monitoring</p> <p data-bbox="920 360 1232 767">Continuously linking data gathered from commissioned services against nationally and locally agreed contractual performance. Triangulation of patient safety, patient experience and clinical effectiveness data obtained internally from the provider and externally from inspectors and regulators, combined with soft intelligence also assists in building a picture of commissioned services.</p> <p data-bbox="920 791 1081 812">Benchmarking</p> <p data-bbox="920 836 1232 1163">The use of benchmarking data to compare providers against one another is also helpful in identifying areas of concern. This highlights where multi-disciplinary reviews (stage 3 of the framework) should focus their discussions in exploring the reasons for variation and identifying potential areas for improvement.</p>	<p data-bbox="1335 316 1599 336">Quality Review Groups</p> <p data-bbox="1335 360 1738 711">These are formal dedicated quarterly, meetings with providers with director-level representation from both the provider and the CCG. Chaired by a CCG Clinical Director, these meetings are used to discuss and to feedback all identified matters relating to quality and patient safety, to assure commissioned services and to facilitate resolution of any issues. The QRG also facilitates robust challenge to providers over any quality concerns.</p> <p data-bbox="1335 735 1682 783">Commissioner Led Assurance Visits</p> <p data-bbox="1335 807 1738 1163">The clinically-led informal visits, with patient representation, provide the opportunity to talk to patients and staff about the services provided. Dialogue with clinicians gives a valuable perspective on the culture within the organisation. The opportunity to receive first-hand feedback from patients is vital. Commissioner led visits employ a framework which is based upon the 15 Steps Challenge, which looks at care being delivered from the patient perspective.</p> <p data-bbox="1335 1187 1727 1208">Serious Incident (SI) Review Panel</p> <p data-bbox="1335 1232 1738 1386">Serious Incidents occurring within commissioned services are reviewed and closed by the CCG. This provides a valuable perspective on safety incidents, the investigation process, actions taken and lessons learned.</p>	<ul data-bbox="1805 316 2190 1075" style="list-style-type: none"> • Working with providers to support them in improving identified quality issues or areas of underperformance as identified through monitoring arrangements and multi-disciplinary reviews • Incentivising improvement and innovation through the contractual process in the use of CQUIN payments to target mutually agreed areas • Involving clinicians in service re-design work around Integrated models of care • Facilitating opportunities for sharing investigations into patient safety incidents including lessons learned, providing thematic reports to support action plan development. • A shared approach to innovation and research through the Academic Health Science Network (AHSN).

Joint Clinical Forum

This group includes GPs and clinicians from partners working together to improve patient pathways and resolve issues between primary and secondary care.

Safeguarding Committees

The CCG Safeguarding team meets regularly with safeguarding teams from each of the providers we commission services from.

Day-to-Day Conversations

Conversations and interactions between NHS Newcastle Gateshead CCG and representatives from providers provide insight into quality intelligence and aim to drive continuous improvement.

Healthcare Acquired Infection (HCAI) Reduction Partnership Meeting

These meetings provide the opportunity to review key aspects of safety around infection prevention and control. Shared learning between commissioners and providers from investigations supports an integrated approach to quality improvement.

Cumbria, Northumberland and Tyne & Wear Quality Surveillance Group

This is a bi-monthly meeting that includes representatives from NHS England all CCGs within the Cumbria, Northumberland and Tyne and Wear area, the Care Quality Commission (CQC) and NHSI. It provides an

			<p>opportunity for a broader view on aspects of quality and safety of providers and an integrated approach to improving performance.</p> <p>Gateshead and North of Tyne Area Prescribing Committee</p> <p>Includes GPs, CCG Medicines Optimisation Team and pharmacists from our main providers in review and clinically led appraisal of medicines management.</p>	
<p>Primary Care</p> <p>NHS Newcastle Gateshead CCG is responsible for the provision and quality of primary medical services. Increasingly, the responsibilities for commissioning and managing primary care services are devolved from NHS England to the CCG</p> 	<ul style="list-style-type: none"> • QOF Performance • GP Practice High Level Indicators (NHS England) • Prescribing data • Delivery of enhanced services <p>NHS England produces a primary care dashboard which is used to benchmark performance across all practices in Cumbria, Northumberland and Tyne & Wear, as part of the Primary Medical Care Assurance Framework. We will also use the in-house RAIDR system and local intelligence from primary care facilitators to inform discussions around the quality of primary care services.</p>	<p>The Primary Care Quality Group– is the vehicle through which data is triangulated and reviewed in order to gain an insight into primary care quality across Newcastle Gateshead.</p>	<p>Primary Care Quality and Improvement (PCQI) Group</p> <p>The PCQI Group is responsible for driving quality improvement in primary care. It provides recommendations to the Quality, Safety and Risk Committee in relation to actively engaging practices through meeting, sharing and challenging to improve health in Newcastle and Gateshead.</p> <p>Professional Triage Group (PTG)</p> <p>The PTG provides a forum to share intelligence or any concerns identified in relation to primary care practices, from a variety of sources including but not restricted to NHS England and the CQC. The PTG will consider this information to determine if any action is required by the CCG, such as providing support to individual practices or seeking advice from NHS England.</p>	<p>The CCG Delivery Team will work with practices on an individual basis. Each practice has an identified CCG facilitator who work to support practices to improve the quality of services they provide, reduce service variation and inequality and achieve the annually agreed CCG-wide quality improvement goals such as the Practice Engagement Programme (PEP). Facilitators and a clinical director also work closely with locality and/ or cluster groups.</p> <p>Through our clinical leads we will actively promote the management in the community of patients with long-term conditions through guidance and learning shared with all practices.</p>

	<p>Information on patient experience is available from the following sources:</p> <ul style="list-style-type: none"> • GP Patient Survey • Complaints • Patient Participation Groups • GP Friends and Family Test • Health Watch <p>Practices are also encouraged to utilise SIRMS (Safeguard Incident Reporting Management System) to report their own internal incidents within primary care. Embedding this type of open reporting culture is good practice and will allow for practices to learn from incidents</p>		<p>Primary Care Group</p> <p>The Primary Care Group is responsible for addressing co-commissioning operational issues. It also provides a view on directions of development in primary care.</p> <p>Primary Care Committee</p> <p>The PCC is responsible for assuring the Governing Body that the CCG, jointly with NHS England, are effectively commissioning primary care.</p> <p>Medical Assurance Oversight Group (MAG)</p> <p>The MAG is hosted by NHS England and has representation from all local CCGs at director level. The group oversees the implementation and management of the Primary Medical Care Assurance Framework and is responsible for benchmarking performance regionally.</p>	<p>Development and networking opportunities will be available to all Newcastle Gateshead practices and their staff through Time In, Time Out (TITO) events through the year. These will allow practices to learn from their peers and from invited speakers and will facilitate shared learning to improve quality.</p> <p>The CCG will work with practices through the Medicines Optimisation Team. It will continue to monitor and work to reduce the variation in prescribing in Newcastle Gateshead and the outcomes delivered by medication use.</p>
<p>Community Care</p> <p>NHS Newcastle Gateshead CCG will work with NECSU to ensure that there is consistency in the way that providers are held to account for their performance around quality and safety</p>	<ul style="list-style-type: none"> • NHS Safety Thermometer • Serious Incidents • Staff Survey • Workforce census • Complaints • Soft Intelligence • Service waiting times • Maternity and breastfeeding rates • Staffing ratios 	<p>This stage of the framework enables continuous monitoring - linking data gathered from commissioned services against contractual performance. Triangulation of patient safety, patient experience and clinical effectiveness data obtained internally from the provider and externally from inspectors and regulators, combined with soft intelligence also assists in building a picture of commissioned services</p>	<p>Quality Review Groups</p> <p>These are formal dedicated quarterly, meetings with providers with director-level representation from both the provider and the CCG. Chaired by a CCG Clinical Director, these meetings are used to discuss and to feedback all identified matters relating to quality and patient safety, to assure commissioned services and to facilitate resolution of any issues. The QRG also facilitates robust challenge to providers over any quality concerns.</p>	<ul style="list-style-type: none"> • Working with providers to support them in improving identified quality issues or areas of underperformance as identified through monitoring arrangements and multi-disciplinary reviews identified above • Incentivising improvement and innovation through the contractual process in the use of CQUIN payments to target mandated and agreed areas • Involving clinicians in service re-design work around



- Health Watch reports
- Overview and Scrutiny Committee reports

Care Partnership Board (Gateshead only)

This board consists of CCG, Gateshead FT, Gateshead Council and Gateshead CBC representation. It functions to commission and monitor provision of community based services in Gateshead.

Commissioner Led Assurance Visits

The clinically-led informal visits, with patient representation, provide the opportunity to talk to patients and staff about the services provided. Dialogue with clinicians gives a valuable perspective on the culture within the organisation. *The opportunity to receive first-hand feedback from patients is vital. Commissioner led visits employ a framework which is based upon the 15 Steps Challenge, which looks at care being delivered from the patient perspective.*

Serious Incident (SI) Review Panel

This is the process whereby Serious Incidents (SIs) occurring within commissioned services are reviewed and closed by the CCG. This provides a valuable perspective on safety incidents, the investigation process, actions taken and lessons learned.

Joint Clinical Forum

This group includes GPs and clinicians from partners working together to improve patient pathways and resolve issues between primary and secondary care.

Integrated models of care

- Facilitating opportunities for sharing investigations into patient safety incidents including lessons learned.

A shared approach to innovation and research through the Academic Health Science Network (AHSN)

			<p>Safeguarding Committees</p> <p>The CCG Safeguarding team meets regularly with safeguarding teams from each of the providers we commission services from. This is in order to ensure that services commissioned by the CCG are safe and keep our patients from harm.</p> <p>Day-to-Day Conversations</p> <p>Conversations and interactions between NHS Newcastle Gateshead CCG and representatives from providers provide insight into quality intelligence and aim to drive continuous improvement.</p> <p>Healthcare Acquired Infection (HCAI) Reduction Partnership Meeting</p> <p>These meetings provide the opportunity to review key aspects of safety around infection prevention and control. Shared learning between commissioners and providers from investigations supports an integrated approach to quality improvement.</p>	
<p>Voluntary Care</p> <p>Newcastle Gateshead commissions a range of services from voluntary sector organisations.</p> <p>The CCG's spend on commissioning services from the voluntary sector is extremely small in comparison to major NHS providers. The voluntary sector however offers services that are often not provided by NHS</p>	<ul style="list-style-type: none"> • Contracting data • NHS Safety Thermometer • Reported incidents • Complaints • Soft Intelligence • Service waiting times • Health Watch reports • Overview and Scrutiny Committee reports 	<p>Triangulation of patient safety, patient experience and clinical effectiveness data obtained internally from the provider and externally from inspectors and regulators, combined with soft intelligence also assists in building a picture of commissioned services.</p>	<p>Quality and Contract Review Meetings</p> <p>These are formal dedicated quarterly meetings with representation from both the voluntary organisation, NECSU and the CCG. These meetings are used to discuss and to feedback all identified matters relating to contract performance and quality and patient safety, to assure commissioned services and to facilitate resolution of any issues.</p> <p>Commissioner Led Assurance Visits</p>	<ul style="list-style-type: none"> • Working with providers to support them in improving identified quality issues or areas of underperformance as identified through monitoring arrangements and multi-disciplinary reviews identified above • Incentivising improvement and innovation through the contractual process in the use of local CQUIN schemes to target jointly agreed priority areas

organisations. Such services are highly valued by the patients and families they serve, therefore it is essential that the CCG can assure their quality and safety.



The clinically-led informal visits, with patient representation, provide the opportunity to talk to patients and staff about the services provided. Dialogue with clinicians gives a valuable perspective on the culture within the organisation. The opportunity to receive first-hand feedback from patients is vital. Commissioner led visits employ a framework which is based upon the 15 Steps Challenge, which looks at care being delivered from the patient perspective.

Serious Incident (SI) Review Panel

This is the process whereby Serious Incidents (SIs) occurring within commissioned services are reviewed and closed by the CCG. This provides a valuable perspective on safety incidents, the investigation process, actions taken and lessons learned.

Safeguarding Committees

The CCG Safeguarding team meets regularly with safeguarding teams in our local authorities and other partner organisations. All safeguarding concerns arising from any commissioned services with voluntary sector providers are discussed and investigated. This is in order to ensure that services commissioned by the CCG are safe and keep our patients from harm.

Day-to-Day Conversations

Conversations and interactions between NHS Newcastle Gateshead CCG and representatives from providers provide insight into quality intelligence and aim to drive

- Involving the voluntary sector in service re-design work around Integrated models of care
- Facilitating opportunities for sharing investigations into patient safety incidents including lessons learned.

			continuous improvement.	
<p>Complex Care</p> <p>Some children and young people (up to their 18th birthday), may have very complex health needs. These may be the result of congenital conditions, long-term or life-limiting or life-threatening conditions, disability, or the after-effects of serious illness or injury. These needs may be so complex, that they cannot be met by the services which are routinely available from GP practices, hospitals or in the community commissioned by clinical commissioning groups (CCGs) or NHS England. A package of additional health support may therefore be needed. This additional package of care has come to be known as continuing care.</p> <p>NHS Continuing Healthcare (CHC) is a package of ongoing care that is arranged and funded solely by the NHS in order to meet a 'primary health need,' of an adult individual. Primary health needs include those resulting from disability, accident or illness. NHS Continuing Healthcare does not limit the setting in which a package of support can be offered or on the type of service delivery. Many packages, for example, are delivered for patients with complex needs discharged from hospital to nursing home care</p>	<ul style="list-style-type: none"> • Patient & carer surveys • SIRMS incident reporting • CQC ratings of care providers • Decision support tool information • Panel decisions • Care reviews • Safeguarding reports • Soft intelligence from individuals, families and care organisations • Commissioner visits to care providers 	<p>Triangulation allows all data to be considered "in the whole" rather than individually. Any intelligence triangulated from sources of information identified above provides an evidence base from which challenge and questions can be generated and fed into the multi-disciplinary review process (stage 3</p>	<p>CHC/ Continuing Care Panel</p> <p>This group is responsible for reviewing each application for care funding. Each panel is adjudicates on every application and consists of nursing and social worker representation. It also assures that any actions or recommendations to improve the quality of care for an individual are undertaken by the care provider.</p> <p>Safeguarding Committees</p> <p>The CCG Safeguarding team meets regularly with safeguarding teams from social care partners and from each of the care providers we commission services from. This is in order to ensure that services commissioned by the CCG are safe and keep our patients from harm.</p>	<ul style="list-style-type: none"> • Working with providers to support them in improving identified quality issues or areas of underperformance and care as identified through monitoring arrangements and multi-disciplinary reviews identified above. • Incentivising improvement and innovation through the contractual process in the use of the Practice Engagement Programme to target mandated and agreed areas • Involving patients, carers, social care and clinicians in key decision making • A shared approach to innovation and research through the Academic Health Science Network (AHSN).



Self-Care

The ageing population in Newcastle Gateshead and increasing prevalence of chronic diseases requires a move away from the traditional acute and inpatient care model, towards self-care and prevention. The services supporting this agenda require more care that is well co-ordinated and integrated.

Self-care encompasses hygiene, lifestyle nutrition, smoking, alcohol, physical activity (sporting activities, leisure etc.), environmental factors (living conditions, social habits, etc.), socioeconomic factors (income level, cultural beliefs, etc.), and self-medication. Self-care addresses modifiable risk factors to slow down the progression of long-term conditions, therefore reducing demand for specialist services.

- Patient surveys
- Smoking cessation data
- Alcohol & addiction services utilisation
- Complaints
- Soft Intelligence
- Service waiting times
- A&E attendance and GP appointment availability
- IAPT rates
- Community pharmacy attendances and advice service
- Uptake of telehealth services and pathways
- Disease prevalence rates
- Health Watch reports
- Overview and Scrutiny Committee reports

High user satisfaction obtained from patient survey can be analysed in conjunction with performance data obtained from supporting services. Any intelligence triangulated with other sources of information provides an evidence base from which challenge and questions can be generated and fed into the multi-disciplinary review process (stage 3).

Primary Care Quality Group

This group is responsible for assuring the quality of primary care and general practice services commissioned by the CCG. It's membership consists of GPs, medicines optimisation team, CCG Quality team, and public health representation.

Care Partnership Board (Gateshead only)

This board consists of CCG, Gateshead FT, Gateshead Council and Gateshead CBC representation. It functions to commission and monitor provision of community based services in Gateshead.

Joint Clinical Forum

This group includes GPs and clinicians from partners working together to improve patient pathways and resolve issues between primary and secondary care.

Day-to-Day Conversations

Conversations and interactions

- Working with providers to support them in improving identified quality issues or areas of underperformance as identified through monitoring arrangements and multi-disciplinary reviews identified above
- Incentivising improvement and innovation through the contractual process in the use of the Practice Engagement Programme to target mandated and agreed areas
- Involving patients and clinicians in service re-design work around Integrated models of care, self-care and self-management
- A shared approach to innovation and research through the Academic Health Science Network (AHSN).



between NHS Newcastle Gateshead CCG and representatives from providers provide insight into quality intelligence and aim to drive continuous improvement.