



Northern, Eastern and Western Devon Clinical Commissioning Group Prospectus



HEALTHY PEOPLE

living healthy lives
in healthy communities

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Northern, Eastern and Western Devon CCG is new. It is also different.

We are responsible for commissioning £1.1bn of healthcare services on your behalf. We believe that clinicians and NHS staff work best when they work together and this simple belief is the bedrock of our organisation. We are making our CCG the best it can be.

We have involved patients, clinicians and our staff to try to get it right. We know that our collective effort will directly affect patient care. We also know that only by harnessing the views, expertise and energy of GPs, staff and patients can we truly be said to be serving the public.

And as we progress we are continuing to check our thinking, inviting comment and contribution to the development of our organisation. We have a vision, a mission and core strategies, but there is still always plenty of listening to do.

We know ours is not the only perspective and we want to refine and develop our CCG once our teams and partners have shared their views with us. This guide is part of the ongoing listening process.

Dr Tim Burke,
chair



Rebecca Harriott,
chief officer



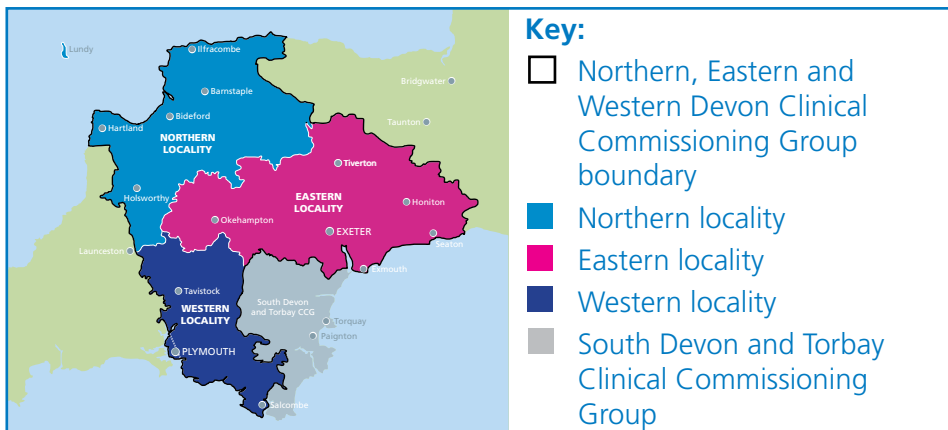
Why Northern, Eastern and Western Devon CCG?

Northern, Eastern and Western Devon CCG is one of two clinical commissioning groups in Devon.

As its names suggests, it is founded on three arms or localities, supporting the Northern, Eastern and Western parts of Devon.

These also mirror the catchment areas of the acute hospitals.

GPs in Devon voted for two CCG organisations in 2011 so as to better reflect local arrangements and, while they are separate bodies, they agreed to share many of the administrative or backroom services previously provided by PCTs. It is a collaboration.



Values are at the heart of our CCG because they are part of what makes us who we are.

They are quite simple really.

- We will always strive to behave with integrity, and be honest and open with each other and our patients and public
- We will deliver value for money
- We will make a real difference to people's lives by putting their needs at the centre of all that we do
- We will be ambitious and creative, valuing everyone's contribution while being compassionate and mutually supportive
- We will be the best that we can be

We are the
largest CCG
in the country

We have a vision too

Healthy people, living healthy lives, in healthy communities.

We will try to deliver this by aligning our work with three core strategies:

- 1 Ensure the clinical community and the public take joint ownership of the sustainability agenda
- 2 Ensure systems and processes are developed that make the best use of limited resources, every time
- 3 Move the focus of commissioning away from treatment and towards a prevention and maintenance approach

How we plan to work together

As well as using the core strategies in everything we do, we have been discussing how the CCG will work together as one.

We have said that we will work in the following ways:

- By focusing on our vision and the patient
- By collaborating
- By working to achieve collective success
- By being fearless in our innovation
- By being a modern, IT-enabled organisation where bureaucracy is kept to a minimum
- By investing in personal relationships
- By respecting and enabling all contributions (using a strengths-based approach)



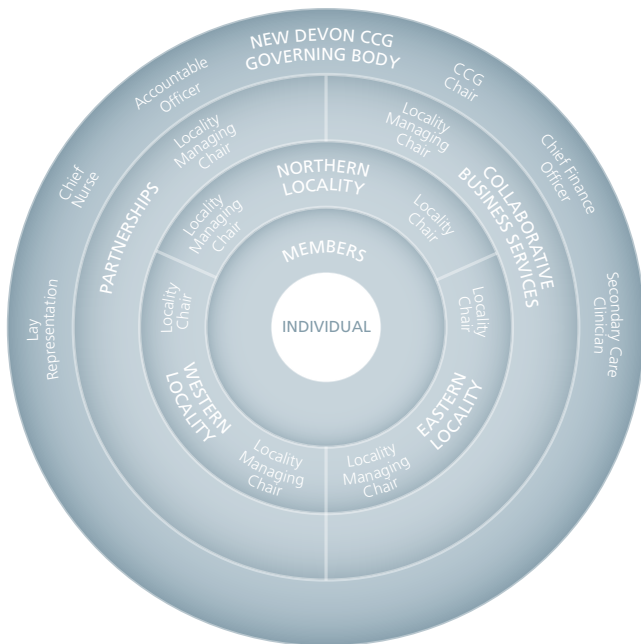
Our mission

To provide high-quality sustainable services that promote wellbeing, and care for people when they are unwell

We serve
a total
population
of 898,523

Our organisational model

Patients are central to our organisational model. This is because their needs come first.





Clear aims

The governing body, made up of clinicians and healthcare managers, has clear aims.

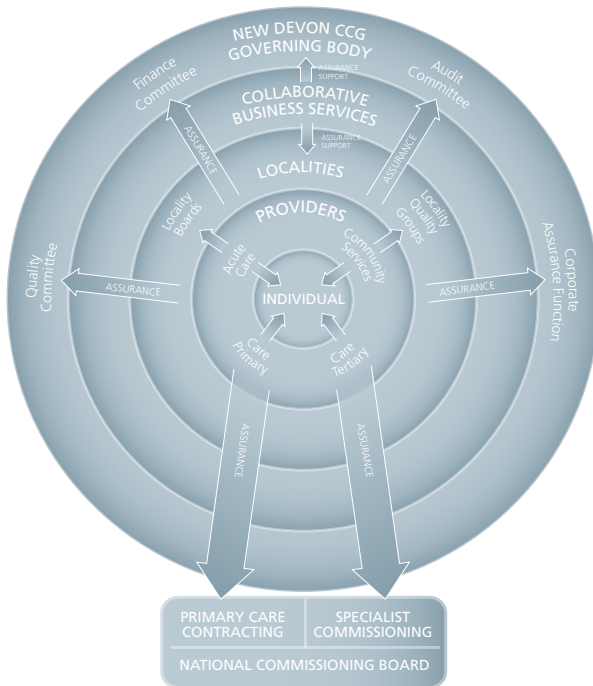
These are:

- A shared vision
- Delivering sustainability
- Keeping patients at the centre
- Engaging and involving both internally and externally
- Delivering success
- Learning and innovating

We cover a
total area of
2,330 square
miles

Assurance

Patients are also central to our assurance model.



Involving people in healthcare

Through our vision, mission and core strategies we will place patients and public at the heart of commissioning. We have enshrined this in our constitution and in our organisational design principles.

We have excellent examples of engagement, but we want to make our approach comprehensive and consistent. We will use the NHS Institute Engagement Cycle to secure effective practice as it is practical and accords with our own beliefs.

Our approach to patients and the public is to work with partners because it adds value. We think involving and engaging the public should be endemic and that patients and the public should have an equal voice with professionals.

The following commitments underpin this approach. We will:

- Engage honestly and transparently, taking time to provide context
- Measure our engagement
- Ensure public and patient engagement is part of commissioning work plans
- Recognise that good engagement practice requires expertise which we will develop in our commissioners, providing them with specialist support
- Encourage CCG employees to take personal responsibility for involving and engaging the public

What we have done so far to involve people in the development of the CCG

We have worked hard to involve people in what we do.

We have spoken to people about our work at the Local Involvement Network and have presented to members of the Health and Wellbeing Scrutiny Committee.

We've also spoken with members of the Joint Engagement Board and held a Healthwatch stakeholder event for members of the public who are interested in the CCG's development. We invited stakeholders to take part in a survey about our mission statement and asked others to help us assess candidates for our chief officer and chief finance officer roles.

We've met with MPs and other elected local representatives to discuss CCG development. We have also spoken to the Devon Association of Councils for Voluntary Service staff.

We produced an easy-to-read guide to our CCG for members of the public, supplementing information already being made available on our website and through direct digital mailing. This year we published the annual consultation report, detailing engagement so far.

We've also worked with members of the Local Involvement Network on our communications strategy.

Who we are

The following biographies tell you a little about who we are.

Dr Tim Burke, chair

Tim has been actively involved in GP or practice-based commissioning for a number of years while practising at Wallingbrook Health Centre, Chulmleigh.



He has lived in Devon since 1997 when he and his family moved back to the UK after a period living and working in Canada.

Tim is looking forward to continuing to build on the strong and effective working relationships that have been developed between managers and clinicians to ensure that it delivers its vision in true partnership.

Rebecca Harriott, chief officer

Rebecca joined the NHS in 1985 as a graduate entrant to the NHS Financial Management Training Scheme; she qualified as an



accountant in 1988 and took up her first director role in the early '90s as director of performance management and contracting for South and West Devon Health Authority.

Since then she has worked as an executive director of South Hams and West Devon Primary Care Trust and at NHS Devon as director of provider development, taking on additional responsibility as deputy chief executive in 2008.

Hugh Groves, chief finance officer

Hugh joined us from his previous role as director of finance at Devon Partnership NHS Trust. Before this he was director of finance and commissioning with East Devon Primary Care Trust.



He joined the NHS undergraduate finance scheme and qualified as an accountant while based in Bristol. Hugh then held senior finance and information posts in East Somerset and with Taunton and Somerset NHS Trust before moving to Devon in 2001.

We have an overall budget of £1.1 billion

Jennifer Winslade, chief nursing officer

Jennifer was appointed as NHS Devon, Plymouth and Torbay director of nursing in June 2010, having previously been the executive board nurse for NHS Devon, covering quality and patient safety.



Before 2007 Jennifer worked for East Devon Primary Care Trust as the deputy director of nursing combined with a lead role for children's services.

Jennifer qualified as a nurse in 1991, initially working in acute and intensive care services within the UK before leaving to spend two years living and working in the USA. She then returned to the UK and trained as a district nurse and health visitor.

Dr John Womersley, chair Northern Locality

In 1987, following his General Practice training in Northern Ireland, John took up a post as partner in the Warwick Practice, Ilfracombe where he still works today.



He has been involved with various stages of NHS organisational change and has sat on a number of PECs and PCT Boards.

He was elected as Chairman of the CCG's Northern locality in September 2012. He is very keen to see increased clinical and public involvement in decision making in the NHS and believes that increased stakeholder appreciation of wider issues should help to inform the sustainability debate, as well as ensure quality and safety are maintained.

Dr David Jenner, chair Eastern Locality

David, a part-time GP in Cullompton, has been actively involved in commissioning for nearly 20 years.



He was the founder member of the Mid Devon Locality Commissioning Group in 1993 and then its chair, subsequently becoming Mid Devon PCG chair, then Mid Devon PCT PEC chair until 2003.

He has been chair of Mid Devon PBC group since 2006 and is now chair of the Eastern Locality Board and its representative on the CCG Board.

David has held national roles with the NHS Alliance for many years but has recently re-focused his energies on the local health environment.

Dr Paul Hardy, chair Western Locality

Dr Hardy graduated from Manchester Medical School in 1980. He served in the Royal Navy serving at sea (Falklands and West Indies), at home (last appointment HMS Raleigh) and abroad (exchange duties in Australia).



He has a depth of experience in clinical commissioning having worked with Plymouth Primary Care Trust in the past. He has been a partner at Beaumont Villa Surgery from 1995. He is currently also engaged in improving the patient's experience by chairing the Diabetes Clinical Pathway Group and contributing to the Respiratory Group.

Paul O'Sullivan, managing director partnerships

Paul is managing director for partnerships for the CCG. He joined the NHS in 1992 as an occupational therapist (OT) after three years at the Derby School of Occupational Therapy. Paul held senior roles in OT until 2000 when he became community services manager at Plymouth Hospitals NHS Trust. He has since been director of children and families services at Plymouth Primary Care Trust and most recently director of joint commissioning at NHS Plymouth.



Paul has experience in establishing and leading teams from different backgrounds or organisations to achieve common aims, while supporting staff development to achieve the best possible personal skills and impact.

Annette Benny, managing director delivery

Annette joined the NHS as a podiatrist in 1988 and has since worked in both clinical and managerial roles for the NHS and the



Department of Health. She enjoys leading and implementing large-scale change, having led the implementation of Choice and Choose and Book across Devon and Cornwall and more recently the setting up of the CCG.

With a background in improvement science, she is passionate about ensuring that she makes a difference for local people and has a strong focus on developing teams to support this.

Mary Armitage, secondary care consultant

Mary is medical director of the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, where she has been a consultant physician and endocrinologist for 25 years.



She served as clinical vice president at the Royal College of Physicians from 2004 to 2007, leading work on clinical standards setting, service redesign and development and management of medical emergencies.

She has a longstanding interest in drug safety and efficacy, and in medical education.

In 2012 Mary was awarded a CBE for services to medicine in the birthday honours list.

Caroline Dawe, managing director Northern Locality

Caroline joined the NHS in 1999 and has held a range of positions, both in acute trusts and PCTs, mainly in information and clinical audit, performance management and commissioning.



Caroline joined the CCG from NHS Bournemouth and Poole in November 2012, where she was leading on acute commissioning and service improvement in a number of areas including MSK, general medicine and surgery.

Caroline holds a degree in Applied Statistics and a Masters in Business Administration.

John Finn, managing director Eastern Locality

A qualified and experienced pharmacist, John moved to Devon 14 years ago, after spending ten years in the Channel Islands.



He is an experienced senior leader in the NHS, having formerly undertaken roles as a PEC chair of Mid Devon PCT, prescribing lead for NHS Devon and most recently Locality Director for NHS Devon.

During his five years working at Executive Board level within the PCT, John led on clinical leadership, engagement and patient safety and quality within his area of responsibility.

Jerry Clough, managing director Western Locality

Jerry Clough is a senior leader who has held board positions in a variety of NHS organisations. He is highly experienced in commissioning.



He was a successful chief executive in a large and complex PCT in York and was also director of finance and commissioning in three NHS organisations in Doncaster, North Lincolnshire and York.

Jerry left the NHS in 2007 and has since divided his time between coaching and development and delivering results in project-based roles. He has worked extensively with CCGs on development and has undertaken a number of Board and Governing Body development programmes in different parts of the country.

Alex Aylward, non-executive member, patients and public

Alex trained as a scientist and has worked in the water and environmental industry in the South West for 25 years.



He developed an interest in health matters and joined the patient and public involvement working group at Exeter Primary Care Trust (PCT) in 2003, helping patients' voices to be heard in consultations.

A patient representative on working groups, panels, and committees for Exeter PCT and NHS Devon, Alex has been a lay assessor of GP practices across Devon, and latterly a lay member on the Devon Local Medical Committee Board. He has worked closely with clinicians and health service managers representing patients' interests.

Anne Gunther, non-executive member, governance, finance and probity

Anne is a career retail banker who as chief executive was recently responsible for the merger of Norwich and Peterborough Building Society with the Yorkshire Building Society.



Anne served as chief executive of Standard Life Bank, which included significant involvement in Standard Life's demutualisation and initial public offering, where she also had responsibility for Standard Life Healthcare and the direct client relationship operations of Standard Life.

Anne is a non-executive director of the Cooperative Banking Group and Chair of the Warwick Business School.

Emma Greenslade, head of corporate governance

Emma Greenslade is the head of corporate governance for NEW Devon CCG.



A chartered safety practitioner by background, Emma has worked in the NHS locally for over ten years, holding a range of governance and commissioning roles.

Emma lives in East Devon with her husband and young family and is passionate about delivery, safety and empowering individuals to realise their true potential.

Nick Pearson, head of communications

Nick joined the NHS in 2004 as a communications manager.



He has held a number of senior roles in NHS communications and now manages the CCG communications team, overseeing internal and external communications, community relations and digital, print and broadcast media.

A qualified senior journalist, Nick has previously worked for daily, weekly and regional titles.

He is a member of the Chartered Institute of Public Relations and is married with a son and a daughter.

Get involved

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The difference we are already making

We are a young organisation but already we are having an impact. The following are a small selection of the differences we are making.

- We have developed an alcohol intervention service that has resulted in earlier intervention, meaning fewer people are being admitted to hospital as a result of alcohol-related conditions
- We have worked closely with partners Devon County Council and Northern Devon Healthcare NHS Trust to develop a 'hospital at home' initiative in Woodbury, Exmouth and Budleigh Salterton which was a virtual hospital ward providing programmes of extended 24/7 basic care, nursing and rehabilitation to people in the area. This has improved patient experience and their rehabilitation pathway while reducing the cost of admissions. For example, an admission to the 'hospital at home' scheme is about £800, as opposed to £1,800 for an acute emergency admission and £7,800 for a longer admission
- Our Western Locality was awarded funding by the Department of Health's Dementia Challenge Fund to provide support for people with dementia in Plymouth through the introduction of dementia support workers. This has meant there is equal provision of a dementia service across all localities within the CCG, which had not always been the case

- We are working closely with a number of NHS provider organisations in Devon to create a link with the remote island of St Helena, providing support and visiting experts. A clinician has already visited the island and another plans to in early 2013. In addition to individual development opportunities, this project aims to identify potential for local learning
- We wanted to improve services for children with additional needs by changing the nature of services from traditional respite and day facilities towards the aspirations of the government's 'Aiming High for Disabled Children' strategy, which is designed to give families more support. It has resulted in improved facilities, better staffing levels and an improved service model that is supported by parents and by the lead campaigner who now fundraises for the service
- We have made positive steps towards involving communities more in decisions that will affect them – for example, by working with community leaders and encouraging them to take greater ownership in local change, working within NHS policy. This is already taking place in two villages and two market and coastal towns. As the communities are more involved, it has meant improvements in certain areas as NHS input has reduced, such as the development of a healthy living centre
- We have built excellent working relationships with voluntary and third-sector providers to secure quality and value for money from contracts such as Marie Curie. This has meant that patients have been able to benefit from high-quality services at home and in their communities, at the best price

- We have implemented a 'Just in Case Bag' system that improves access to palliative care medicines for patients at the end of their life. This has supported patients to stay at home if they wish to and has meant less distress to patients, carers and healthcare staff who may not have the correct medicine and relevant paperwork readily available
- In the Eastern Locality we developed a diabetes project to improve health outcomes for patients, including avoiding diabetic-related complications. This resulted in an integrated primary and secondary care model that included virtual clinics for all Eastern Locality GP practices, consultant telephone and email advice and guidance, community specialist nurse supporting diabetes clinics in practice and structured education for all newly diagnosed Type 2 diabetes patients
- A chronic kidney disease community service has been set up in the Eastern Locality. It is a community-based specialist renal assessment and management service which aims to avoid referrals to secondary care where appropriate. From January 2013 a specialist chronic kidney disease nurse will triage referrals and will work in the Exeter area, with a further nurse available in Mid and East Devon from March 2013
- The Eastern Locality has developed processes to improve the quality of referrals to ensure patients get the most of the NHS, and are directed to the health resources that they most need. GP practices who have an internal system for discussing referrals have found it to be a good educational tool and has improved the quality of referrals

- The Mid Devon Locality Commissioning Group Patient Reference Panel is made up of over 20 volunteers who represent the main geographical areas of Mid Devon. The group has met twice a month for almost three years. The patient representatives feedback to their GP practice patient groups to ensure they are aware of, and understand a particular project

We have 126
GP surgeries in
our area



Contacts

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