



North Yorkshire Health and Wellbeing Board

19 July 2013

North Yorkshire Clinical Commissioning Groups Patient Prospectuses

1.0 Purpose

- 1.1 NHS England requires that each Clinical commissioning Group (CCG) publishes a prospectus for its local population and that it is agreed by the Health and Well Being Board, in that it's aligned to the Health and Well Being Strategy.
- 1.2 This covering paper gives the background detail on the requirements and has appended to it each prospectus from the North Yorkshire CCGs.

2.0 Background

- 2.1 The intention of the prospectus is to be a very short guide which explains to the CCG local community what the CCG is, and the ambitions the CCG has for your local population's health services.
- 2.2 Each CCG's prospectus should be locally determined to reflect the needs of the local people it serves. NHS England will not be providing any central requirements around content or the means of communication as they consider that it is essential that the prospectus reflects what the CCG, in discussion with key stakeholders, believe will meet the local population's needs and wishes.
- 2.3 NHS England has set out 6 principles they consider important:
 - reflecting the local health and wellbeing strategy and as such ensuring your prospectus has been agreed with your Health and Wellbeing Board;
 - setting out what the key health priorities are for your population;
 - describing the standards that local people can expect from the services you have commissioned on their behalf;
 - a high level description of how the budget for these services will be spent;
 - demonstrating how you and your key partners will address health inequalities; and
 - provide clarity on how your population's views have been, and will continue to be, heard.
- 2.4 Each CCG has been working with the local population to get feedback on its commissioning plans and feedback on the prospectus's.

3.0 Recommendations

3.1 The Health and Well Being Board is asked to:

1. Note the local focus of each CCG prospectus
2. Note the clear links to the Health and Well Being Strategy
3. Agree each CCG prospectus

Amanda Bloor
Chief Officer
Harrogate and Rural District CCG

Prospectus 2013/14



**Working together
to improve your
local healthcare**

Foreword – Dr Phil Pue, Chief Clinical Officer

The aim of this prospectus is to introduce Airedale, Wharfedale and Craven CCG – your Clinical Commissioning Group – to you, its patients. We hope that the information we have included helps you to understand who we are, why we exist and how we aim to deliver the best healthcare services for you.



We are responsible for buying healthcare services for the people of Airedale, Wharfedale and Craven. We are made up of 17 member GP practices that look after the health needs of 156,000 people and we have a budget of £182 million.

CCGs are very different from any of their predecessors. They are made up of local GP practices which, through their constitution, establish a governing body to oversee the way they carry out their responsibilities. This means that local doctors – who have a good understanding about their patients – are in charge of buying and designing the services used by local people.



Our vision

To be a leading CCG through successful integration and transformation of health and social care, the introduction of innovative, improved clinical pathways, sound financial management and by being a model employer and developing future clinical leaders.

Mission

NHS Airedale, Wharfedale and Craven Clinical Commissioning Group (AWC CCG) will provide clinically-led, innovative commissioning of efficient and effective health care informed by patients, carers and clinicians.

This will be achieved through close working relationships with relevant health, social care and voluntary organisations.

Resources will be utilised responsibly, efficiently and collaboratively to ensure high quality, integrated health and social care for all.

Our values

The values that lie at the heart of our CCG are excellent patient experience; better health; and wise use of money.

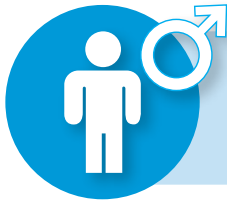
Dr Phil Pue

Chief Clinical Officer

**Patients are
at the centre of
everything we do**

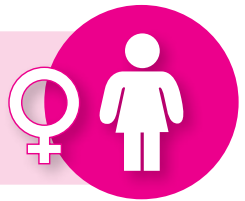
The communities we serve

We serve a population of 156,000 people in a large geographical area stretching from Oakworth and Keighley in the south to Settle in the north. The population is growing at a rate of 1% annually and Airedale, Wharfedale and Craven also has an ageing population with resultant higher demand for health and social care services.



Life expectancy
78.3 for males

Life expectancy
82.3 for females



- 9.2% of the population aged 75+ versus national average of 7.5%
- Approximately two thirds of the population live in the Bradford authority boundary and one third in the North Yorkshire authority boundary



Which healthcare services are we responsible for buying?

Our GPs are in the driving seat, and working with their patients, this provides a great opportunity for clinical leaders, together with health and social care partners, to improve quality and achieve better outcomes for patients.

The health services AWC CCG will buy include:

- Community health services.
- Maternity services.
- Planned hospital care (operations, scans etc)
- Rehabilitation services.
- Urgent and emergency care, including A&E, ambulances and out-of-hours services.
- Continuing healthcare (a package of care provided outside hospital, arranged and funded by the NHS, for people with ongoing healthcare needs).

Public Health responsibilities (services include: sexual health, school nurses, weight management, drug and alcohol support, stop smoking, emergency planning and accident prevention) have now transferred to Bradford Council and North Yorkshire County Council.

NHS England, another new NHS organisation, is now responsible for buying primary medical services (GPs, dentists, opticians and pharmacies), high security psychiatric services, health services for prisoners, specialised services, some public health services and some health services for the armed forces.

What are the challenges ahead for Airedale, Wharfedale and Craven CCG?

Our role is to commission high quality health services for the people of Airedale, Wharfedale and Craven. We want to ensure that healthcare is available for anyone who needs it and help people to maintain a healthy lifestyle. We also want to address health inequalities locally and have worked in partnership with our health and wellbeing boards in Bradford and North Yorkshire in developing our strategic priorities to focus on these inequalities.

Our major health issues are:

Cardiovascular disease (CVD) (diseases of the heart and circulation): This is a leading cause of death and the second most significant cause of premature death.

Respiratory disease (conditions affecting the lungs and airways): In our area, rates for premature death from respiratory disease are higher among men than women and the gap may be widening.

Cancer: This is the leading cause of premature death and the second most significant cause of all deaths in our area.

People drinking hazardously and harmfully: The impact of this is being seen in the increasing number of people attending A&E and being admitted to hospital.

Mental health: Psychological therapies and dementia are our main focus areas in mental health.

How do we aim to tackle those challenges?

Our priorities for 2013/14

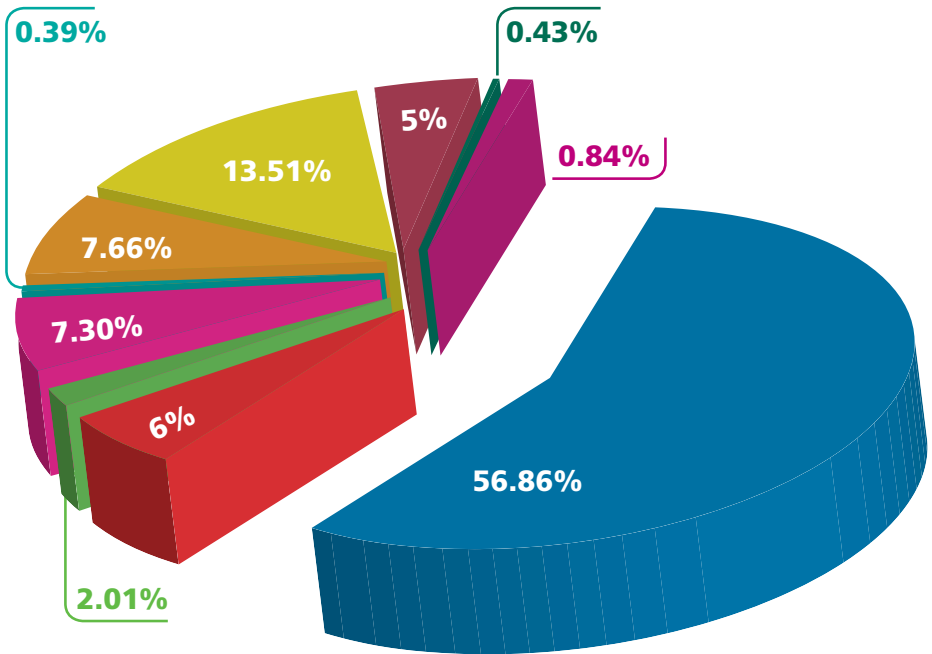
- Transforming how we deliver integrated care services. We aim to support people with long term conditions, for example heart disease, COPD and diabetes through a new care model including making use of telemedicine and telehealth in both patients homes and in care homes.
- Improve the health of people with long term conditions by supporting them to manage their conditions in their own communities, improving their quality of life and improving health outcomes.
- Partnership working, including with patients and the public to ensure high quality and safe services.
- Getting people with mental health problems into recovery as soon as possible.
- Ensuring people who are at the end of their life, die in the place of their choice.
- Transforming urgent care provision which includes the roll out of NHS 111.



How much money will we spend on healthcare?

Our annual budget

- Our budget for 2013-14 is £182 million. That's equivalent to £1,166 per person in the Airedale, Wharfedale and Craven area.
- The administrative budget is separate and is valued at £3.7m, approximately 2% of the overall budget.
- The majority of our spending is on secondary care (hospital services such as scans and operations) and community care (services such as district nurses and health visitors).

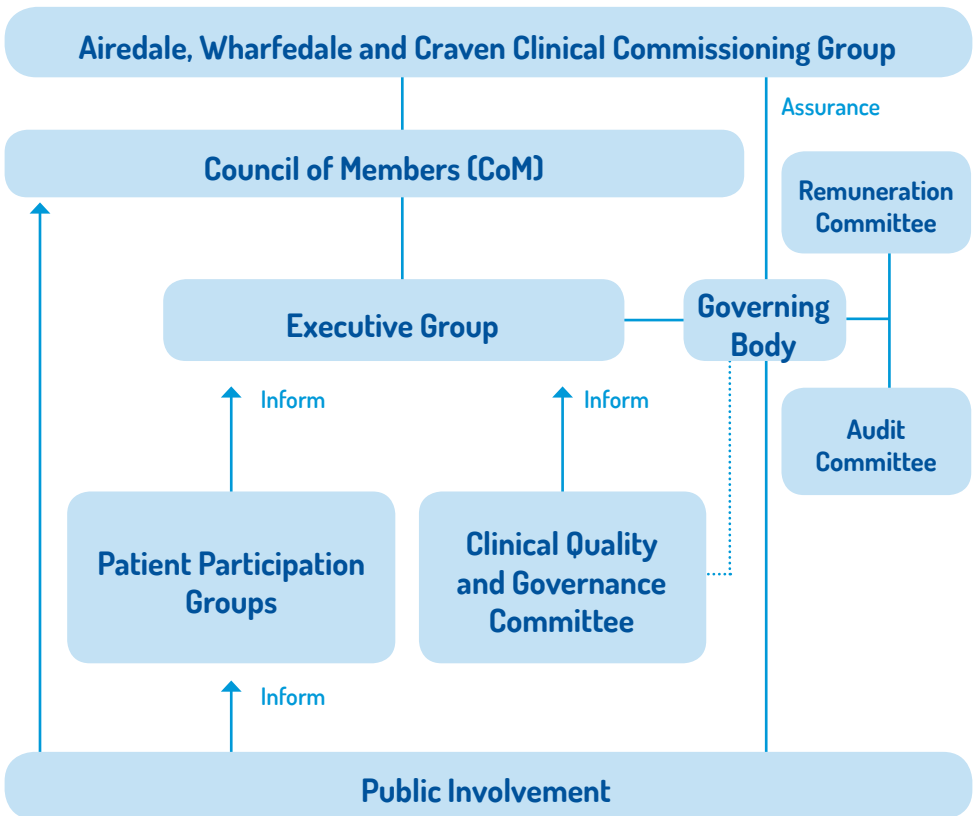


- Acute
- Continuing Healthcare
- Running Costs
- Community Services
- Voluntary Sector Services
- Mental Health Services
- Primary Care Prescribing
- Other
- Primary Care Enhanced Services
- Urgent Care

Our structure

The purpose of our CCG is to clinically lead the commissioning of health and care services for the residents of Airedale, Wharfedale and Craven and we are a membership organisation made up of 17 GP practices. This is delivered by our Executive Group and assured via our Governing Body. Elected GPs from our practices are members of the Executive Group along with senior staff who are responsible for the day to day running of the CCG.

The governing body includes GPs, a hospital consultant, a nurse, two lay members, a chief financial officer and the chief clinical officer. NHS Airedale, Wharfedale and Craven CCG, has its headquarters at Millennium Business Park in Steeton.



Which other organisations do we work with?

To provide the people of Airedale, Wharfedale and Craven with access to the best health and social care, we buy services from a wide variety of providers. For example we buy:

- Services for patients from Airedale Hospital Foundation Trust, Bradford Teaching Hospitals Foundation Trust, the independent sector, and Bradford District Care Trust. We also work collaboratively with Bradford Metropolitan District Council and North Yorkshire County Council in their role as providers of social care for the local population.
- Services from voluntary and community sector organisations. They provide locally focused projects aimed at improving people's health and wellbeing, for example, by promoting awareness, prevention and healthy living.



- Support services from the West and South Yorkshire and Bassetlaw Commissioning Support Unit (CSU) and the North Yorkshire Commissioning Support Unit. The services that the CSU provide enable the CCG to carry out their functions, and include expertise in areas such as business intelligence, information technology, communications and workforce development.
- Joint services in which the three CCGs in Bradford and Airedale work together with other organisations. These are the Yorkshire Ambulance Service and out of hours services; specialised care such as cardiac, cancer, treatment for severe burns and plastic surgery; and NHS England, the body responsible for providing support to, and assurance on, CCGs.

As well as buying health services we work with other partners to help us achieve our objectives. Health and Wellbeing Boards bring together key decision makers to set a clear direction for the commissioning of healthcare, social care and public health, and to drive the integration of services across communities. CCG representatives are members of the North Yorkshire and Bradford Health and Wellbeing Boards.

Healthwatch, is a key partner in helping us to plan services. It is the new independent public watchdog that works with people and organisations to make positive change happen in health and social care services in the district. In Airedale, Wharfedale and Craven there are two local Healthwatch bodies that have taken on the work of the Local Involvement Networks (LINKs) using the knowledge and expertise of existing LINKs. Healthwatch will build on the work previously done by LINK, and under the Health and Social Care Act 2012 has been granted additional powers and functions. Healthwatch has the following responsibilities:

- Act as a signposting and information service to the local population.
- Engage with the local population and ensure their views are used to influence commissioning decisions.
- Have the power to enter and view health and social care services across the district.

Some of the work we are undertaking

Use of new technologies

We have commissioned a new innovative service from Airedale Hospital which provides 'virtual' rapid specialist opinion to patients in care homes (residential homes and nursing homes) and in their own homes. This means that through live on screen video link a consultant from the hospital can review a patient and provide care or advice, without the need for frail patients to be taken to hospital. We aim to expand this service with a particular focus on patients with heart problems and breathing difficulties.

A similar approach is being taken for patients who are nearing the end of their life and wish to remain in their own homes rather than be admitted to hospital. Equipment is installed in patients' homes so that they, and their carers, can access specialist advice from clinicians without the need to go into hospital.

People drinking hazardously and harmfully

We have invested in services to reduce the incidence of harm from alcohol in adults and young people who are dependent on alcohol, which leads to significant health problems, including mental health issues and social isolation, particularly in later life. The support workers carry out their work in Airedale Hospital, Project 6, GP practices and the client's own home, to reduce dependency and rehabilitate clients.

Mental Health

It is thought that 50% of people who attend their GP surgery have an underlying mental health problem. We will continue to invest in psychological therapies to ensure that people receive a responsive service to their needs.

Together with Airedale Hospital, Bradford District Care Trust, and both local authorities in Bradford and North Yorkshire, we intend to further develop and expand our services for patients suffering from dementia, together with the support for their carers.

Integration of Health and Social Care

Our vision is to ensure people receive the right care, in the right place the first time, with joined up services which enable people to regain and keep their optimal health, well-being and independence.

We are working together so that people get the help that they need at the right time and in the best place for them. Health and social care professionals are working collaboratively to ensure people have one point of contact to talk to about their needs. This should mean that people will not have to repeatedly give the same information to different people and receive the right care to meet their needs first time so they don't need to go to hospital as much.

We have also invested money to enable more patients to be supported and rehabilitated at home through support from the health and social care teams.

As part of the integration of health and social care, pathways of care for patients are being reviewed and developed. The means that where it is safe and benefits the patient, services are being provided in the community, in people's home or in a clinical setting as an alternative to being admitted to hospital. Examples of this are the investigation and support for people with deep vein thrombosis, and those with cellulitis.

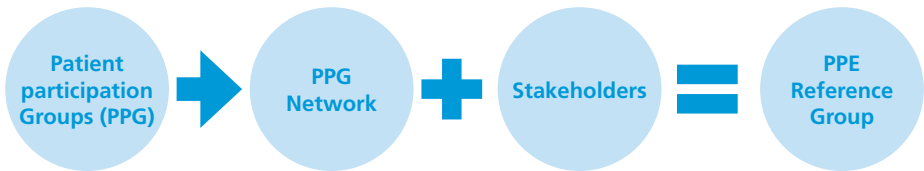
Asthma Pathway improvement for children and young people

A key health economy priority is to improve asthma pathways for children and young people to ensure that they are clear and concise for patients and health professionals. We aim to improve the management plans for this condition to provide support, advice and assurance wherever the child or young person may be; whether at home, school or in a social environment such as scouts or guides. These changes to the way the condition is managed will ensure the condition does not define the child, but provides support to help them maintain a full and active life.

Engaging with patients and the public

Patients are at the centre of everything we do. We have established a patient and public engagement reference group (PPERG) chaired by our lay member. The purpose of the group is to engage with patients and the public to consult on our plans and make suggestions for improving services. The Group comprises representatives of the voluntary and community sector with specific interests in health.

Each member practice has a patient participation group which registered patients can join and this informs the work of the PPERG.



We hold our governing body meetings in public and people are encouraged to attend our meetings to see how we conduct our business. We rotate these meetings to improve accessibility across our area and details of the dates of future meetings are published on our website www.airedalewharfedalecravenccg.nhs.uk/category/governing-body-meeting-2013



List of member practices

Addingham Medical Centre

151a Main Street, Addingham
Ilkley, LS29 0LZ
01943 830367

Cross Hills Health Centre

Holme Lane, Cross Hills
West Yorkshire, BD20 7LG
01535 631813

Dyneley House Surgery

Newmarket Street
Skipton, BD23 2HZ
01756 799811

Farfield Group Practice

St Andrew's Surgeries, West Lane,
Keighley, BD21 2LD
01535 607333

Fisher Medical Centre

Millfields, Coach Street
Skipton, BD23 1EU
01756 799 622

Grange Park Surgery

Grange Road, Burley-in-Wharfedale
Ilkley, LS29 7HG
01943 862108

Grassington Medical Centre

9 Station Road, Grassington, BD23 5LS
01756 752313

Haworth Medical Practice

Heathcliffe Mews, Haworth
Keighley, BD22 8DH
01535 642255

Holycroft Surgery

The Health Centre, Oakworth Road
Keighley, BD21 1SA
01535 602010

Ilkley Moor Medical Practice

The Health Centre, Springs Lane
Ilkley, LS29 8TH
01943 604999

Ilkley & Wharfedale Medical Practice

Springs Medical Centre,
Springs Lane
Ilkley, LS29 8TQ
01943 604455

Kilmeny Surgery

50 Ashbourne Road, Ingrow
Keighley, BD21 1LA
01535 606415

Ling House Medical Centre

49 Scott Street, Keighley, BD21 2JH
01535 605747

North Street Surgery

151 North Street,
Keighley, BD21 3AU
01535 607444

Oakworth Health Centre

3 Lidget Mill, Oakworth
Keighley, BD22 7HY
01535 643306

Silsden Health Centre

Elliott Street, Silsden
Keighley, BD20 0DG
01535 652447

Townhead Surgery

Townhead, Settle, BD24 9JA
01729 822611

Talk to us

Patients also have an opportunity to feedback views about services via our website: www.airedalewharfedalecravenccg.nhs.uk.

The Patient Advice and Liaison Service, known as PALS, has been introduced to ensure that the NHS listens to patients, their relatives, carers and friends, and answers their questions and resolves their concerns as quickly as possible.

PALS also helps the NHS to improve services by listening to what matters to patients and their loved ones and making changes, when appropriate. You can contact PALS on **0800 0525 270** or WestYorksPALS@nhs.net.

Airedale, Wharfedale and Craven Clinical Commissioning Group

Millennium Business Park, Station Road, Steeton, Keighley, BD20 6RB

Please contact us via our website.

We understand the importance of listening to and acting on what our patients say

To keep up to date with the latest news follow us on



Twitter @NHSAWCCCG

www.airedalewharfedalecravenccg.nhs.uk



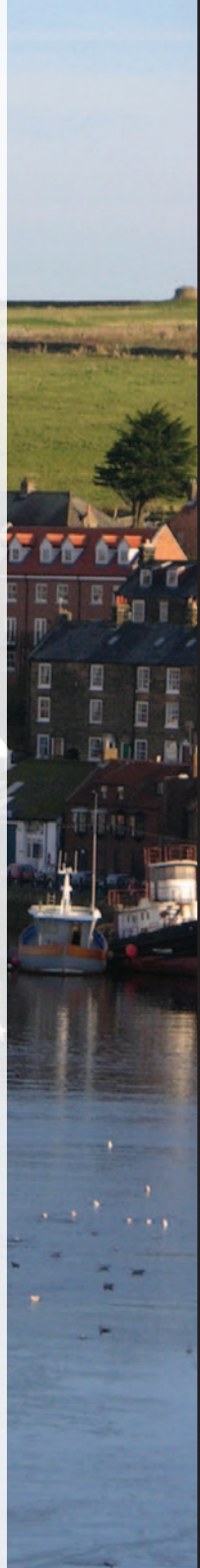
*Hambleton, Richmondshire and Whitby
Clinical Commissioning Group*

Our Prospectus 2013 –
introducing your
local NHS organisation



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Welcome to your new NHS



OUR VISION

To buy first class healthcare which improves the health and wellbeing of everyone living in Hambleton, Richmondshire and Whitby.

Welcome to our prospectus

On 1st April 2013, our Clinical Commissioning Group (CCG), NHS Hambleton, Richmondshire and Whitby CCG, officially took over the responsibility for planning and buying (commissioning) the vast majority of health services across the area. This includes hospital care, mental health and community services.

As part of a major restructure of the NHS, set out in the Government's Health and Social Care Act, we took charge of the local NHS and replaced the Primary Care Trust, NHS North Yorkshire and York. We are accountable to our patients, the public and our members. We are overseen by a new organisation, NHS England, which is also responsible for commissioning primary care services (GPs, dentists and pharmacists) and some specialised areas of commissioning.

The main aim of the recent changes was to put local decision making in the hands of clinicians. We believe that GPs and other healthcare professionals, in partnership with patients and the public, are best placed to know which services meet the needs of our local communities as they see and get to know their patients on a daily basis.

At the heart of all of our plans is our determination to buy high quality, safe and sustainable services. We are absolutely committed to providing high quality care and this ethos is the foundation for everything we do.

As you will discover from reading this prospectus, our CCG is committed to designing local health services around the needs of local people. The only way we can do this is by working with people like you to understand what works well and where improvements can be made. We know we need to develop innovative solutions and we will be looking at how some services can be delivered differently in the future, for the benefit of our whole community.

We have established many ways for you to help shape local health services and we have designed them specifically so you can get involved in a way that suits you. You can read more about this later in the prospectus.

I am confident that our CCG, working closely with our partners, has the knowledge and experience to make a real difference to the health and wellbeing of everyone living in Hambleton, Richmondshire and Whitby.

I hope you find our prospectus useful and I look forward to meeting you in the future.

Dr Vicky Pleydell – Clinical Chief Officer

Who we are

Our CCG represents 22 GP Practices across Hambleton, Richmondshire and Whitby. This means that if you are registered with one of these practices, you will typically access health services commissioned by our CCG.

We serve a population of around 142,000 people and have an annual commissioning budget of £168 million. This budget is set by central government and is based on a complex funding formula which takes into account the overall health and wellbeing of people living in the area.

At the heart of our CCG is our Governing Body which includes local GPs, other healthcare professionals and lay members. Our Governing Body is supported by a small team of staff who help with the day-to-day commissioning of health services. This means that GPs and other healthcare professionals are able to continue with their clinical duties, which is important as it means they hear first-hand about any issue or opportunities for improvement.

Our responsibilities are slightly different to those of the former PCT as we are not responsible for commissioning primary care services

(such as those provided by GP practices, pharmacies, dentists and opticians), specialist services or for public health. The commissioning of primary care and specialist services is now the responsibility of NHS England and public health is now provided by local authorities; which in this area is North Yorkshire County Council.

Our role is to commission the vast majority of services you may need to access in hospital or in the community such as:

- Planned hospital care
- Urgent and emergency care
- Rehabilitation care
- Community health services
- Mental health and learning disability services

OUR VALUES:

Integrity
Transparency
Courage Focus
Collaboration
Energy Action

How we work and make decisions

We work closely with our GP practices and partners to decide on the best and most appropriate services to commission for local people.

To help guide our work we have regular meetings with service providers to ensure the service(s) they are providing is of a high quality and represents value for money.

As we are a membership organisation representing 22 GP Practices, we have established a Council of Members which is a forum for representatives from these GP practices to oversee the strategy of the CCG, discuss issues and provide a clinical perspective on all areas of the CCG's work.

When a significant decision needs to be made it will be presented at our Governing Body meeting. These meetings are held in public and provide an opportunity for questions to be raised by members of the public to be addressed at the start of the meeting.

The role of the Governing Body is to look at all available information relating to particular issues, such as the views of the Council of Members, business intelligence and the views of patients and the public, and make decisions about what action to take.

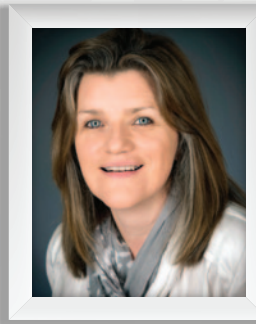
If the Governing Body doesn't feel they have sufficient information available to make an informed decision, they may defer the decision and ask for more work to be undertaken.

More information can be found in our Constitution, which is available in the "publications" section of our website.

Our Governing Body

OUR AIMS:

- Involve people in their care and as part of that we will encourage self-care
- Buy quality services
- Change services for the better and in doing so we will provide care as close to home as possible that is easily accessible
- Use the money we have in the best possible way



Dr Vicky Pleydell
Clinical Chief Officer



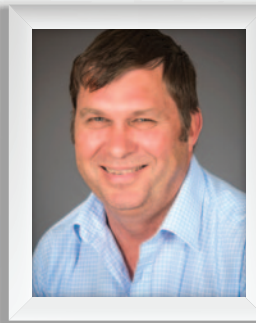
Henry Cronin
Chairman (Lay)



Debbie Newton
Chief Operating Officer



Dr Charles Parker
GP Clinical Member



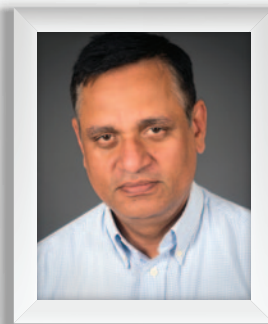
Dr George Campbell
GP Clinical Member



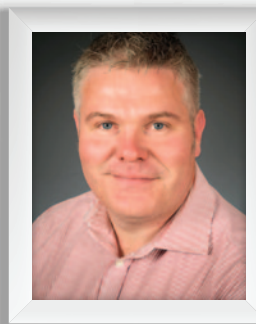
Dr Mark Hodgson
GP Clinical Member



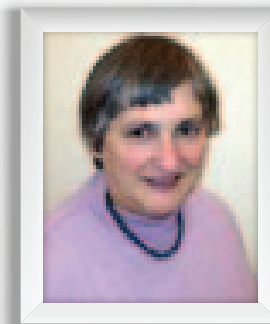
Jo Harding
Lead Nurse



Dr Basant Chaudhury MD DMRD
FRCP (Edinburgh and London)
Secondary Care Doctor



Andrew Newton
Hambleton Health Engagement
Network Representative



Jane Ritchie MBE
Richmondshire Health
Engagement Network
Representative



Linda Lloyd
Whitby Health
Engagement Network
Representative

Improving the health of people in Hambleton, Richmondshire and Whitby



We are fortunate in Hambleton, Richmondshire and Whitby to have relatively good health compared to other parts of the country. Despite this, inequalities relating to life expectancy do exist within our area which are linked to areas of deprivation. For example, the difference in average life expectancy for a male living in the least deprived part of our CCG compared to a male living in the most deprived area can be as much as 4.8 years.

The leading cause of death in the area is circulatory diseases and the leading cause of premature death in those aged under 75 years is cancer. There are also emerging health problems such as alcohol-related ill-health, obesity and diabetes.

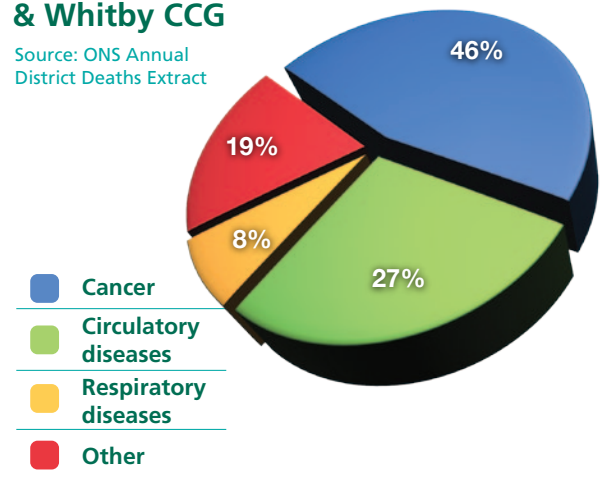
Although we have a population of people from black, Asian and ethnic minority backgrounds, it is significantly lower than the national average. One of our unique features is that we have a large population of service personnel, their families

and veterans based around Catterick Garrison in Richmondshire.

Our population has a higher than average number of over 65s and this population group is expected to grow significantly by as much as 30% by 2021. This will have a significant impact on services through an increase in the number of people with long term conditions, dementia and general frailty.

Deaths by cause (aged <75 years), 2008-10 Hambleton, Richmondshire & Whitby CCG

Source: ONS Annual District Deaths Extract



If you feel like you need any advice or support to help you improve your health and lead a healthier lifestyle, your GP is there to help.

If you are not currently registered with a GP, it is really important that you do so. Registering is easy – you can either contact your local practice directly or call the North Yorkshire Patient Relations Service on 0800 068 8000.

Our priorities for the future

As a group of GPs, we intend to improve local health services to better meet the needs of our local population. To help us achieve this, we have developed a five year strategic plan which sets out our priorities and will guide our work throughout the coming months.

1 Transforming the community system

to create effective, integrated community services that enable patients to be cared for as close to home as possible.

2 Mental health and dementia care

to meet the challenge of providing the best possible care for the rising numbers of patients with dementia.

3 Clinically appropriate planned care

to ensure pathways of care and referrals to other services (such as hospital and mental health services) are as clinically efficient and effective as possible.

4 Children's health

to ensure that urgent care services are safe and sustainable and to build improved services in the community for vulnerable children and those with complex needs.

5 Patients with long term conditions

to improve patient's ability to self-care and achieve their own goals, supported by earlier diagnosis and better identification of patients who are at risk.

6 Prevention of ill-health

to work with the North Yorkshire Health and Wellbeing Board to take forward plans and projects to improve the health of the local population.

7 Productivity in primary care

to work with general practice to drive improvements in primary care and support patients to be cared for within their own local GP practice.



Our commitment to quality and safety

We take our duty to improve and monitor safety, quality and patient experience extremely seriously. This will always be our top priority, particularly in light of the failings at Mid Staffordshire Hospitals and the recommendations set out in the resulting Francis Report.

We will continue to work hard to ensure our patients and the public have confidence in their local healthcare system and apply all recent recommendations to all of our work.

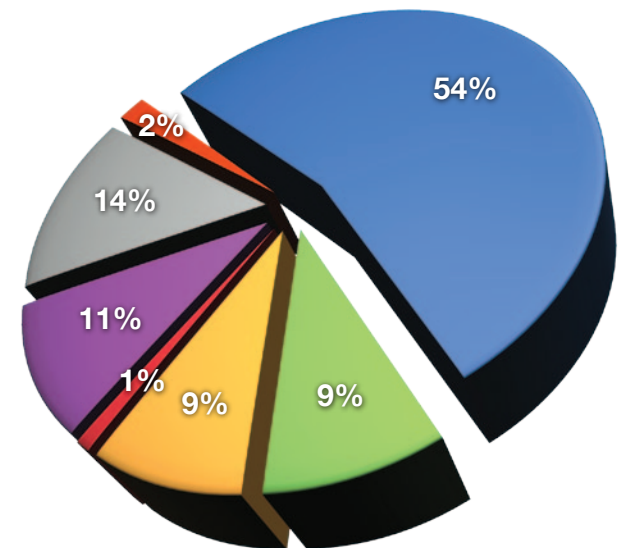
We have a system in place so that you can get in touch with us directly with any compliment, comments or concerns about local NHS services. This will allow us to deal with any complaints and identify any areas of concern. Please visit the "Contact us" section on the website for more information or call our Patient Relations service which will guide you through the process on 0800 068 8000.

Finance – How we spend our budget

We have an annual commissioning budget of around £168 million to spend on local health services.

We agree contracts with a range of different providers to deliver care and treatment to our population. We continually monitor the performance of these providers to ensure the services we are paying for are of the necessary standard and represent value for money.

The graph below helps to illustrate what percentage of our budget is spent on different types of services:



Area of spend

- Acute Services
- Continuing Care/FNC
- Mental Health
- Out of Hours
- Community Services
- Prescribing
- Other

Working together

We know that it is not easy to understand how the NHS works locally. For this reason, we have put together an overview of the key organisations involved in planning and funding health and social care services.



Clinical commissioning groups

Our CCG is one of four clinical commissioning groups (CCGs) in North Yorkshire. CCGs are made up of doctors, nurses and other professionals who use their knowledge of local health needs to plan and buy services for their local community from any service provider that meets NHS standards and costs – these could be NHS hospitals, social enterprises, voluntary organisations or private sector providers. This means better care for patients, designed with knowledge of local services and commissioned in response to their needs.

North Yorkshire Health and Wellbeing Board

We are a member of the North Yorkshire Health and Wellbeing Board. Health and Wellbeing Boards in every area ensure that services work together to respond to the needs and priorities of their communities. The Board involves people and community organisations, including elected representatives, in deciding what services the communities need – this will help CCGs and North Yorkshire County Council to commission services.

North Yorkshire County Council

North Yorkshire County Council commissions care and support services (including social care) and has a new responsibility to protect and improve health and wellbeing. The council uses its knowledge of our communities to tackle challenges such as smoking, alcohol and drug misuse and obesity. North Yorkshire County Council will work together with health and care providers, community groups and other agencies, to prevent ill health by encouraging people to live healthier lives.

Healthwatch North Yorkshire

We are committed to involving our local communities and our patients in the work we do. One of the ways we will do this is by working closely with Healthwatch North Yorkshire. Healthwatch North Yorkshire is represented on the North Yorkshire Health and Wellbeing Board (see above), giving patients and communities a voice in decisions that affect them. Healthwatch North Yorkshire will feed back any views and concerns to Healthwatch England so that issues can also be raised at a national level.

Over to you!

Patients are at the heart of everything we do. By this, we mean that we strive to ensure that every action we take and every service we commission improves the health and wellbeing of local people. Check out the ways to get involved:

Join our Health Engagement Network (HEN)

Our Health Engagement Network is going from strength to strength. It's for local residents who care about the NHS so we can gather views through surveys, focus groups and conversations. We can then help to make services more responsive to your needs.

This is a virtual network where people can register to become a member and receive notifications of opportunities to have their say. When you register for the network you can state what level of involvement you would like – whether it's simply receiving information about our work, taking part in surveys and focus groups or attending events.



Contact your local HEN representative

Our health engagement network has enabled us to recruit three members of the public to our Governing Body (representing our three geographic areas) to ensure we have a patient voice when making decisions about local services.

The HEN representatives drive engagement and act as ambassadors for the CCG. They are responsible for communicating with their local areas on the key developments within the CCG and will ensure the public are kept informed. They are the key link between the CCG and the public. Meet the new members below:

Andrew Newton – Hambleton

Contact Andrew by emailing hambletonhen@nhs.net

Jane Ritchie MBE – Richmondshire

Contact Jane by emailing richmondshirehen@nhs.net

Linda Lloyd – Whitby

Contact Linda by emailing whitbyhen@nhs.net



Join our Professional Engagement Network (PEN)

Do you work in health or social care?

Do you want to be part of improving, developing and transforming local health and social care services?

If so, we would like to hear from you. We want to give health care professionals the opportunity to have a say and get involved in the planning and shaping of local health services. We want to work with health and social care professionals who have a huge breadth of knowledge. We hope that the PEN will help us to utilise this expertise, gain insight into the local issues affecting our clinical communities and help us to improve, develop and transform services. Find out more on our website.

Patient congress events

Our Patient Congress is an event to bring together patient representatives from all practices in the CCG with members of our Health Engagement Network. The events take place three times a year, one in each of the three areas we cover. At the patient congress we update people on developments at the CCG and discuss the latest initiatives and plans. The events give our local communities a chance to come together to talk about the issues that matter to them and how they can get involved in the CCG's work in the future.

Public engagement and consultation

We will also give the wider public the opportunity to have their say about more significant issues. This may be through online surveys, events and presentations. If we are proposing to make a change that would have a significant impact on patients, we may hold formal consultations to present our plans and obtain feedback.

More information about how you can get involved is available on our website:

www.hambletonrichmondshireandwhitbyccg.nhs.uk

Follow us on Twitter @HRW_CCG



For up to date news and views from our CCG.

Governing body meetings

We hold our Governing Body Meeting in public once every two months, in a different area. It's a great opportunity to find out the latest news and you can ask the Governing Body a question by submitting it in advance. Visit the website to find out the dates and venues and how you can take part.

Get in touch

Via email:

HRWCCG.HRWCCGenquiries@nhs.net

In writing:

Hambleton Richmondshire
and Whitby Clinical Commissioning Group
Civic Centre
Stone Cross
Northallerton
North Yorkshire
DL6 2UU

By telephone:

01609 767600

Visit our website:

www.hambletonrichmondshireandwhitbyccg.nhs.uk

Follow us on Twitter:

@HRW_CCG



Hambleton, Richmondshire and Whitby
Clinical Commissioning Group





Patient Prospectus 2013/2014

“ We will secure high quality services, in the most appropriate setting, making maximum use of available resources. Through clinical leadership and collaborative working we will achieve the best possible health outcomes for all our local population ”

Welcome



Dr Alistair Ingram
Clinical Chair
NHS Harrogate and
Rural District CCG

Welcome to our first patient prospectus – which we hope will give you a quick guide to the Harrogate and Rural District Clinical Commissioning Group (CCG), who we are and what we are about.

In short, the CCG is a new NHS organisation that commissions (or buys) health services for the residents of the Harrogate and Rural District locality. We are a membership organisation consisting of the 19 GP practices in the Harrogate district and we serve a resident population of approximately 160,000 people.

The CCG is managed by a governing body of local GPs, senior managers, a secondary care doctor and community representatives who make decisions about what health services to commission in the area. There is more about the changes in the NHS, how CCGs came about and where they fit into the new NHS system on page 3.

The services we buy for our local population are known as secondary care services, which are mainly hospital, community and mental health services. They are the kinds of health services you could expect to be referred to by your GP. For this, we have a budget of around £177 million. You can read more about our finances and how we spend our budget on page 8.

“ In short, the CCG is a new NHS organisation that commissions (or buys) health services for the residents of the Harrogate and Rural District locality ”

How we got here

Until April 2013 the vast majority of local health services were commissioned by primary care trusts (PCTs). In North Yorkshire, this was done by NHS North Yorkshire and York.

During 2012/13, the CCG was in its “shadow form” period. This meant we sat under the PCT whilst we developed as an organisation and established ourselves. In February 2013, we were authorised as a statutory NHS organisation by NHS England, which meant we were given approval to operate on our own and take control of our local health services budget.

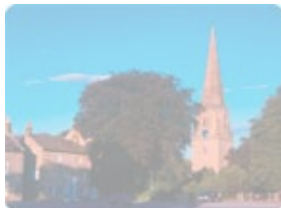
Our priorities

During our shadow year, we identified some overarching strategic priorities that require specific focus in our local area. You can read more about these priorities, how we arrived at them and the work that sits underneath them on page 4.

Another major priority for us is to engage with our population and involve them in the development of local health services. You can read more about how we plan to do this on page 9.

I hope you find this prospectus document useful and we would welcome any feedback on it from you. There are details of how you can contact us on the back page.

We look forward to working with you and for you.



A new National Health Service – the story so far

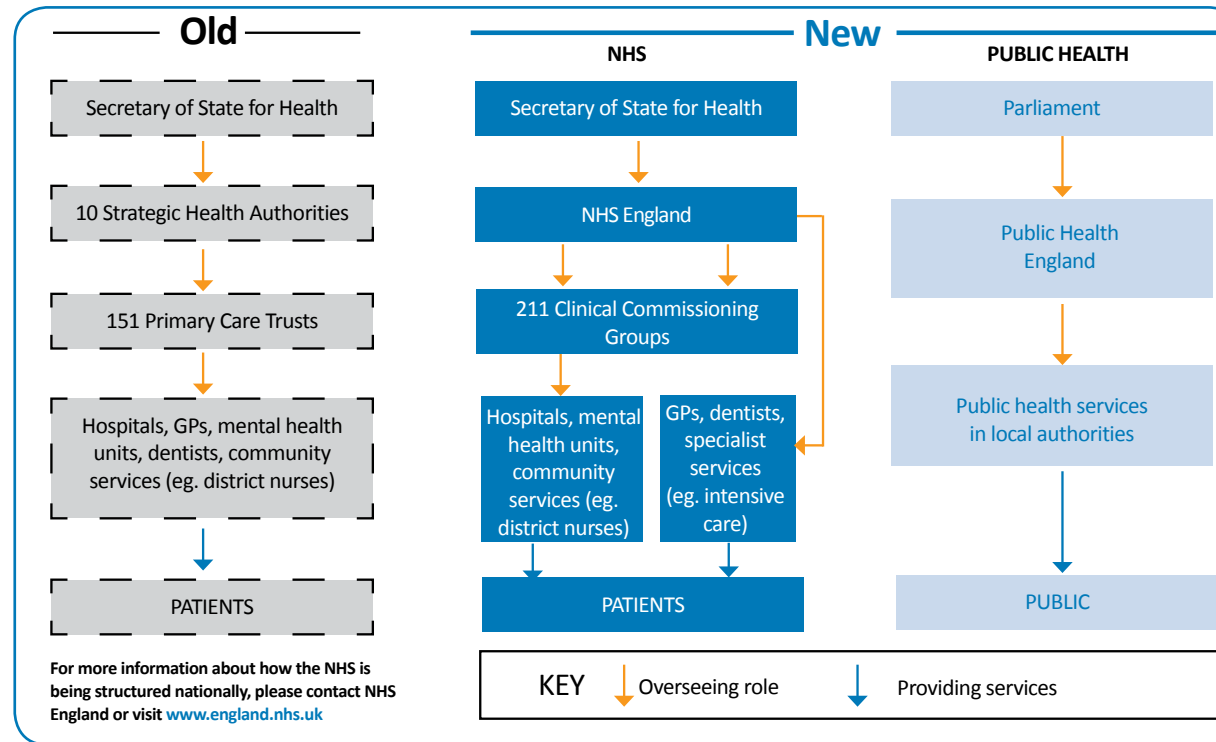
Clinical commissioning groups (CCGs) are groups of GP practices which became responsible for buying local health services from 1 April 2013.

They were created as part of the Health and Social Care Act 2012, which brought in huge changes to the way NHS services are bought, planned and managed. The Act meant the end of primary care trusts (PCTs) which had managed both primary and secondary care* for local populations previously, and regional strategic health authorities (SHAs) which oversaw PCTs and reported directly to the Department of Health.

PCTs and SHAs were abolished on 31 March 2013. In their place we now have CCGs such as Harrogate and Rural District that commission care for its local population. The responsibility for commissioning primary health care and more specialist health services (such as highly specialised surgery) now rests with the North Yorkshire and Humber Area Team of NHS England – a new NHS authority.

Another new national organisation, called Public Health England (PHE), began operating from 1 April 2013. PHE has been established to protect and improve the nation's health and wellbeing, and to reduce inequalities. It will also oversee the provision of public health services that have moved into local authorities such as health improvement and wellbeing initiatives.

The diagram above right is a simple illustration of how the health system has changed as a result of the Act.



? Jargon Buster ?

***Primary Care:** health services you are likely to access in the first instance, such as those provided by GPs, pharmacies, dentists and optometrists. These services are not commissioned by the CCG.

***Secondary Care:** health services you might be referred to by your GP, eg. hospital-based services such as orthopaedics and mental health services. These services are commissioned by the CCG.

Get Involved

Our governing body meet in public once a month to discuss their business (including quality, performance and finances) and to approve projects and initiatives. You can read more about them on pages six and seven in this prospectus, or on our website. We are also making patient and public engagement a high priority for the CCG and doing things a bit differently. You can read more about our plans in this area on page 9.

HaRD CCG

Harrogate and Rural District Clinical Commissioning Group (or HaRD CCG) is one of the new organisations created by the Health and Social Care Act 2012. We are led by a governing body of GPs, senior health professionals and senior health service managers. In February 2013 we were “authorised” by NHS England. Authorisation means we satisfied NHS England as part of an assessment process that we can deliver quality and safety for patients, provide proper stewardship of public money and ensure local decision-making could take place from 1 April 2013.



Our priorities

Whilst we were developing as an organisation, we did a lot of work to define what our priorities should be as a CCG, both in our first operational year and in our first five years.

This work was informed by speaking to colleagues and partners in the NHS, local authorities and in other agencies. We also looked at evidence contained in the North Yorkshire Joint Strategic Needs Assessment (JSNA) which provided us with further information about our population.

In short, our population is increasing and ageing. Harrogate is one of the most prosperous areas in the country, has a relatively low level of deprivation and a good life expectancy rate. The number of people aged 65 and over in the Harrogate district is expected to increase from 19.4% now to 30.2% by 2035.

The knock on effect is that people tend to develop more health problems as they get older. This includes long term conditions such as circulatory disease, respiratory conditions and diabetes, and mental health conditions such as dementia. In fact, circulatory diseases are the leading cause of death in the Harrogate district, accounting for 36% of all deaths with cancer (26%) and respiratory diseases (13%) after that. Therefore, older people need greater support from health and social services and we must ensure that this is reflected in our commissioning plans.

All this has informed our strategy, which we have aligned to the strategy of the North Yorkshire Health and Wellbeing Board*.



Everyone Counts

We are also taking a lead from the five domain areas of Everyone Counts: Planning for Patients 2013/14. This strategy, published by NHS England, is intended to help local clinicians deliver more responsive health services, focused on improving outcomes for patients, addressing local priorities and meeting the rights people have under the NHS Constitution.

The five domain areas of Everyone Counts are illustrated below:



Our response to local need

Based on this we identified four overarching strategic priorities that require specific focus in our local area. These are:

- Health and wellbeing (which includes healthy living and prevention)
- Long term conditions and urgent care
- Planned, safe and effective care
- Vulnerable people (which includes mental health)

We have also identified three specific local priorities for our area which we feel requires extra focus. These are:

- Decreasing hospital inpatient stays for respiratory conditions
- Reducing emergency inpatient admissions
- Improving end of life care and making sure more people can die in their preferred place

* North Yorkshire Health and Wellbeing Board

This group brings together democratically elected representatives from North Yorkshire County Council and the district councils; chief officers from both county and districts; local commissioners from health, public health and social care; representation from Healthwatch and the voluntary sector. These leaders will work in partnership to develop robust joint health and wellbeing strategies. These in turn will set the North Yorkshire framework for commissioning of health care, social care and public health. For more information visit www.nypartnerships.org.uk



Quality and standards

What you can expect

As a commissioner of services, Harrogate and Rural District CCG will be focusing attention on indicators relating to the NHS Outcomes Framework and continuing to build on quality over the coming years. Currently the outcomes framework focuses on five key domains:

Domain 1 Preventing people from dying prematurely;

Domain 2 Enhancing quality of life for people with long-term conditions;

Domain 3 Helping people to recover from episodes of ill health or following injury;

Domain 4 Ensuring that people have a positive experience of care; and

Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.

Our principles put service quality at the heart of care delivery. As part of this we currently monitor a range of indicators (such as performance targets) which are reported to us regularly by organisations that provide the NHS care we buy from them; for example Harrogate and District NHS Foundation Trust.

How quality is monitored and assured

Regular quality reports on all the services we commission are received by the CCG as part of the contract monitoring process. These reports are received by our Quality and Clinical Governance Committee which will scrutinise the information, monitor progress and trends and request further assurances or action plans if required. The CCG's governing body receives a report called Commissioning for Quality and Outcomes at its monthly meetings, which includes a "performance dashboard". This highlights a huge range of quality and performance standards and shows how we are performing locally against expected targets. These reports are available to the public and are published on our website in advance of our governing body meetings.

Standards you can expect

There is a range of standards the public can expect from its NHS services. These include performance targets around waiting times such as:

- A referral to treatment time within 18 weeks for routine referrals
- Referral within two weeks for urgent referrals where cancer is suspected, and
- A maximum waiting time of 4 hours to be seen in A&E departments

Safety of services is also very important. All providers have a focus on preventing health care acquired infections including Methicillin-Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile (c.Diff) and we will monitor improvements that Trusts are required to achieve.

In addition, we will seek reassurances from providers on a number of other areas of patient safety. These may include examples such as:

- ✓ Patient identification (wrist bands)
- ✓ Falls
- ✓ Single sex accommodation
- ✓ Pressure sores
- ✓ Patient experience
- ✓ Serious Incidents and 'near misses'



A local approach

As part of a more local approach to healthcare, the CCG aims to get the best possible outcomes for its population. Some examples of our priorities include:

- Improved support to patients with long terms conditions to remain well at home through the use of assistive technologies

- and integrated Health and Social Care Teams
- Improving liaison between Care Homes and Elderly Mental Health Support ensuring care closer to home
- Improve referral routes and communication between Primary Care and Adult Mental Health services to ensure better access to the right services



Meet the Governing Body

The CCG's governing body is its senior management executive committee. It consists of clinicians, health service managers and lay representatives and meets in public once a month to discuss the business of the CCG (see page 12).

We've included a quick profile of our governing body members here. You can read more about them on our website.

Dr Alistair Ingram **Clinical Chair**

Alistair is a GP in Ripon and the clinical leader of the CCG – chairing its Governing Body.



Alistair qualified at Nottingham Medical School in 1989. After finishing his general practice training in Lincolnshire he became a partner at Dr Fletcher and partners in Ripon in 1993.

Amanda Bloor **Chief Officer**

Amanda is a qualified diagnostic radiographer by background with a particular interest in trauma and orthopaedics. Since then she has held senior management posts within hospital trusts, a strategic health authority and most recently NHS North Yorkshire and York.



As chief officer, Amanda has a focus on developing strong local partnerships and represents the CCG on the North Yorkshire Health and Wellbeing Board.

Dr Rob Penman **GP Governing Body member**

Rob is a GP in Harrogate and is the lead for urgent care and prescribing for the CCG.



Rob graduated from Leeds University Medical School and completed his GP training in Harrogate before becoming a partner at East Parade Surgery in 1989. He has been involved with commissioning since 2006.

Dr Chris Preece **GP Governing Body Member**

Chris is a GP in Boroughbridge and the lead for integrated care and long term conditions for the CCG.



Chris qualified from Leeds University Medical School in 1999. He went on to do GP training in Northallerton before becoming a GP partner at Boroughbridge Surgery.

Dr Rick Sweeney **GP Governing Body member**

Rick is a GP in Harrogate and the lead for vulnerable people for the CCG.



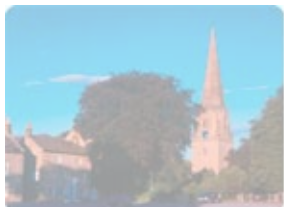
Rick qualified as a doctor from Leeds Medical School in 1979 and following junior doctor training posts particularly focussing on medical care of the elderly. He has been a partner at a central Harrogate GP practice since 1984. He has a particular interest in substance misuse services, psychiatry and problems of an aging population.

Dr Sarah Hay **GP Governing Body member**

Sarah is a GP in Harrogate and a lead for planned care (also known as elective care) for the CCG.



Sarah qualified in 1995 from St Mary's Hospital, Paddington. She moved to Yorkshire in 1999 to train as a GP. Her clinical interest is palliative care having worked in three hospices over the years.



Dr Gareth Roberts
GP Governing Body member

Gareth is a GP in Masham and a lead for planned care for the CCG.

Gareth qualified from Manchester University in 1994, before training as a GP on the Northallerton GP training scheme. He became a GP partner in 2003 at Dr Akester and Partners in Masham and Kirkby Malzeard.



David Hall
Lay Member - Patient and Public Involvement

David's experience at board level has been gained in two Fire and Rescue Authorities, a mental health trust and a community safety charity.

David champions the interests of patients and the public on the governing body.



Bernard Chalk
Chief Finance Officer

Bernard takes the lead on finance, performance and contracting but also holds an executive leadership role for unplanned care and integrated care.

Bernard joined the NHS in 1975 and is a qualified accountant. He has held a number of senior level posts in the NHS organisations which include; Deputy Finance Director at Leeds Teaching Hospitals NHS Trust; Finance Director roles at Northallerton Health Services NHS Trust, Craven, Harrogate and Rural District Primary Care Trust, Walsall NHS Trust, the United Lincolnshire Hospitals NHS Trust and Scarborough and North East Yorkshire Healthcare NHS Trust. Bernard also spent a year as Acting Chief Executive at the United Lincolnshire Trust.



Rachel Mann
Vice Chair and Chair of the Audit Committee

Rachel is a local businesswoman with extensive experience of the public sector. She is founding partner and managing director of an executive coaching and leadership development company based in Harrogate.



John Pattinson
Director of Quality/Lay Nurse

John joined the NHS in 1990 as a nurse. He has worked in a number of clinical roles, becoming a clinical specialist before moving into systems management and improvement.

John takes a lead on quality, performance and standards for the CCG



Jane Metcalf
Secondary Care Consultant

Jane qualified from Newcastle University in 1988. She trained in Northern Deanery and the South West and has been a senior lecturer in medical education and consultant gastroenterologist at North Tees and Hartlepool NHS Trust on Teesside since 2000.



How we spend your money

The NHS in North Yorkshire has a well-publicised history of overspending its budget, referred to as “reporting a deficit”. In other words, the Primary Care Trust (PCT) spent more on healthcare than it was being allocated by the Government.

Our CCG has been allocated just over £177 million in the financial year 2013/14 to purchase healthcare for our resident population.

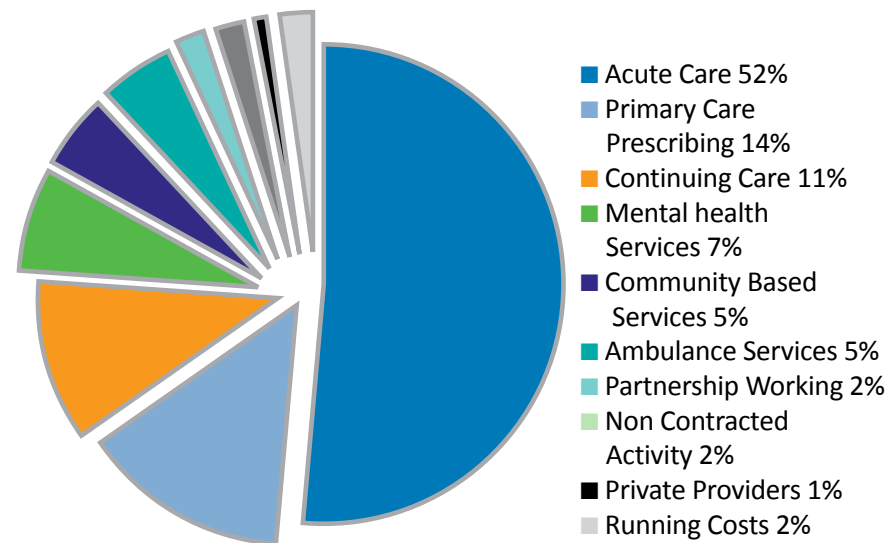
The PCT ended the 2012/13 financial year with a deficit of £12 million. As one of the successor organisations, we have inherited our share of this deficit, which totals £1.8 million. Whilst it is disappointing to begin life as a new organisation with an inherited deficit, we have plans in place to repay this during 2013/14 whilst continuing to deliver our strategic priorities.

The financial plan for 2013/14 has been approved by the Governing Body and allocates £88 million of our budget for services provided by acute hospitals. The majority of this spend (85%) is with our local provider, Harrogate and District NHS Foundation Trust.

The second largest area of spend is on prescribing in primary care – which accounts for £24 million (14% of total spend).

The CCG also spends £3.8 million (2%) of its funding on running costs, which cover the day to day costs of running the business.

The pie chart details the planned areas of spend in 2013/14:



QIPP – delivering more for less

QIPP, which stands for Quality, Innovation, Productivity and Prevention, is our transformational programme and involves all NHS staff, clinicians, patients and the voluntary sector.

Demand for healthcare is growing rapidly as the population ages and long term conditions are becoming more common. More sophisticated and expensive treatment options are becoming available and the cost of medicines continues to grow.

Whilst we have seen a 2.3% growth in NHS budgets in 2013/14, this is still one of the tightest funding settlements

we have ever faced. Simply doing the same things in the same way will no longer be affordable in future.

Through our QIPP programme we aim to improve the quality of care while making up to £3.5 million of efficiency savings – savings we plan to reinvest in front line services.

When we talk about efficiencies, we do not mean “cuts”. We mean doing things in a different way which benefits patients and is more affordable. For example, treating patients in GP practices or nearer to their homes rather than in hospitals where this is clinically and financially advantageous.



Engaging with our population

Improving health services for our population is not only the responsibility of the CCG, it's also down to the people who live in and use health services in the Harrogate and Rural District area.

We are fully committed to involving people in developing local health services and doing things a bit differently. During 2012/13 whilst we were in 'shadow form' we spent time talking to people about the best way to do this. Since we took over responsibility for commissioning local health services those plans have been set in motion.

We are developing a strategy for engaging and involving people to enable us to listen, learn from experiences and use this insight to guide what we do. We want to offer people a genuine opportunity to influence local NHS commissioning so we plan to run focused engagement exercises for projects that fall under each of the CCG's four strategic priority areas of:

- Health and wellbeing
- Long term conditions and urgent care
- Planned, safe effective care
- Vulnerable people

The work for each of these areas is led by a GP on our Governing Body (see pages 6-7).

Making it happen

There are some key elements to our strategy that will enable us to do this, and these are detailed below:

HaRD Net

We are developing a network of local people, patients and carers who have expressed an interest in being involved with developments of health services, learn more about the NHS and have a say about the health services in the area. We will use the HaRD Net to reach out to these people on a regular basis with opportunities to get involved through means such as surveys, focus groups, patient journeys, site visits and in depth interviews.

See page 12 for details on how you can sign up to the HaRD Net.

Public Involvement Forums

We intend to hold two large forum events each year. These events are open to local stakeholders, patients and the public and will give the CCG the opportunity to update the local community on specific engagement projects and listen to feedback. The aim is that patients will take a leading role in these events.

Working with our partners

We realise we cannot do all this work without the help of our partners and stakeholders in the Harrogate district. Therefore we are building relationships with colleagues in local authorities, the voluntary sector, our local Healthwatch and other groups and individuals that can support us in our aims.

We look forward to working with you.



Our Constitution

The Constitution for NHS Harrogate and Rural District Clinical Commissioning Group (CCG) brings together the national requirements for all CCGs as well as setting out how we will approach clinical commissioning locally. This is a brief overview of that document. The full version can be found on our website at www.harrogateandruraldistrictccg.nhs.uk Alternatively, you can contact us to request a copy. See page 12 for our contact details.

Our vision

“We will secure high quality services, in the most appropriate setting, making maximum use of available resources. Through clinical leadership and collaborative working we will achieve the best possible health outcomes for all our local population.”

Our values

- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Working together for patients
- Everyone counts

Our aims

- a) Develop a strong and sustainable clinically led commissioning group
- b) Use the resources we have to drive continuous improvement in service quality and patient outcomes
- c) Promote health and wellbeing for our population through a strong public health message, advocating self care and embracing the Health and Wellbeing Strategy.

The Constitution explains the legal framework in which the CCG should operate, setting out how we will work with our 19 constituent GP practices, our partners in local authorities and the voluntary sector, as well as patients and the public to ensure we operate at a standard people would expect of a statutory NHS organisation.

The NHS is changing and our constitution sets the framework to enable our Clinical Commissioning Group to work together as practices and in partnership with colleagues across health and social care to commission services that respond to the unique needs of our local population. These services will need to be high quality, sustainable and fit for purpose in the future.

Functions and general duties

The functions that the CCG is responsible for exercising are largely set out in the NHS Act 2006, as amended by the Health and Social Care Act 2012. This section sets out how we will fulfil a range of important requirements. These include:

- Promoting a comprehensive health service
- Meeting the public sector equality duty
- Working in partnership to develop a Joint Strategic Needs Assessment and Health and Wellbeing Strategy

We make a firm commitment on how we will secure public involvement in the planning and development of proposals for changes to the local health service. You can read more about our patient and public involvement strategy on page 9.

We also make some important statements about our financial duties, including how we will ensure we do not spend more than we are allocated by NHS England for the services we commission for our population.

Decision making – our governing structure

This section sets out the CCG’s governance arrangements, its committees and its senior management structure, and how they are authorised to act on behalf of the Group.

The CCG is managed by a Governing Body consisting of clinicians, health service managers and lay representatives. You can read more about the members of the Governing Body and their roles on pages 6-7.

There is also more detail here about our audit committee, remuneration committee and a quality and clinical governance committee. The terms of reference for these are available on the CCG’s website.



Roles and responsibilities

The CCG is a “member organisation” which includes the 19 GP practices in the Harrogate district which are represented at the CCG’s Council of Members. This section sets out how this membership model works, including the voting rights for its Council of Members.

The CCG’s GP practices have nominated representatives to act on behalf of the practice in its dealings with the CCG and these representatives are responsible for exercising each practice’s right to vote on the Council of Members.

Standards of Business Conduct

This section sets out how the CCG expects its employees and members to comply with policies on business conduct, conflicts of interest, declaring and registering interests and being transparent when procuring services.

It cites the Seven Principles of Public Life set out by the Committee on Standards in Public Life (also known as the Nolan Principles).

The Group as an employer

We recognise that our most valuable asset is our staff. Our constitution sets out how we will enhance and invest in our staff, as well as put policies in place to protect their rights in the workplace.

Any GP on the performers list with the majority of their work performed within the CCG boundary can apply to be a Governing Body Member. There will be a competency based interview process. If there are more suitable candidates than there are vacancies following interview, then there will be a vote of the member practices. In this event each principal and salaried GP will have an individual vote.

This section also refers to the CCG’s “whistleblowing” policy which aims to ensure staff have a mechanism to raise concerns about NHS services or its staff in a safe and secure way.

Transparency, ways of working and standing orders

This final section sets out other commitments around communicating our key announcements, commissioning plans and publishing our annual report.

The Constitution is informed by a number of documents which provide further details on how the CCG will operate, including

- Standing orders i.e. arrangements for meetings and appointments
- Scheme of reservation and delegation – which refers to decision-making responsibilities, and
- Prime financial policies

There is also a statement of recognition of the Local Medical Committee (LMC) as the local statutory representative of GPs.



Governing Body meetings

The CCG holds its governing body meetings once a month.

These meetings are held at venues around the district and usually last for two hours. Members of the public are welcome to attend and a period of 20 minutes is set aside at the start of each meeting for questions and comments relating to items on the agenda. Questions can be submitted in advance or in person on the day.

The meetings fall on the first Thursday of the month. This is to ensure that information used in our reports and papers is as up to date as it can be.

The agenda and, where possible, all papers for the meeting will be published on our website five working days in advance of our governing body meetings.

Contacting us

Our address is:

**Harrogate and Rural District
Clinical Commissioning Group
1 Grimbald Crag Court
St James Business Park
Knaresborough
HG5 8QB**

Telephone: 01423 799300

Fax: 01423 799301

Email: hardccg.enquiries@nhs.net

Our website address is: www.harrogateandruraldistrictccg.nhs.uk

You can sign up to our engagement network HaRD Net via our website. Just click on “Get Involved”.



You can also follow us on Twitter, just search for **[@HaRD_CCG](https://twitter.com/HaRD_CCG)**

Requesting this document in another format

If you would like this document in a different format, for example in large print, on audio CD/MP3 file or in another language, please contact our Communications Team on 01423 859618.



Who we are What we do How we do it

PATIENT PROSPECTUS 2013

*Improving the health and
wellbeing of our communities*

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- 10 Shaping services around your needs
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Welcome to your local NHS



Our vision

To improve the health and wellbeing of our communities

Our values

- To improve health outcomes
- To commission high quality services
- To engage patients, carers and other organisations in our planning and decision making process
- To ensure value for money
- To be open and honest in our transactions, and accountable to our communities
- To respect our staff and promote a learning environment

I'd like to welcome you to NHS Scarborough and Ryedale Clinical Commissioning Group (CCG). We have written this prospectus to help explain who we are, what we do and the ways in which you can get involved in our work.

The NHS is a very complex organisation. Most people will be familiar with places like Hospitals, GP Practices and Pharmacies, but there are a number of other organisations that are responsible for ensuring that the care and treatment you receive are of the best possible standard.

There have been a number of changes to the NHS since the Coalition Government introduced the Health and Social Care act in 2012.

One of the more significant changes was the creation of 'Clinical Commissioning

Groups' (CCGs) which replaced Primary Care Trusts (PCTs) in April 2013. The reason for this change was to give greater involvement to local GPs and other healthcare professionals when deciding on the best health services to provide to local people.

This makes a lot of sense as, after all, they are the ones that have the most contact with patients and understand their health needs better than anyone.

Our CCG has set itself a very clear vision which will guide everything we do as a CCG:

"To improve the health and wellbeing of our communities."

We know we cannot achieve this vision alone and recognise the need to work closely with our partners and patients to design services around their needs.

As you will discover from reading this prospectus, there are a number of ways you can get involved to help ensure our CCG commissions services that meet the needs of you and your family.

I am confident that by working together with our partners and people like you, we can make real progress towards improving the health and wellbeing of people living in Scarborough and Ryedale.

I look forward to working with you in the future.
Dr Phil Garnett - Chair



About our CCG

Clinical Commissioning Groups are much smaller organisations than the former PCTs. Each CCG has a Governing Body which includes local GPs and other healthcare professionals. It makes decisions about what services to commission and the best way for them to be provided.

The Governing Body is supported by a small team of staff who help with the day-to-day commissioning of health services. This means that GPs and other healthcare professionals are still able to continue with their clinical duties, which is important as it means they hear about any issues or opportunities first-hand.

NHS Scarborough and Ryedale CCG is one of four CCGs created from the former PCT in North Yorkshire and York. We serve a population of around 117,000 people and have an annual commissioning budget of around £145million.

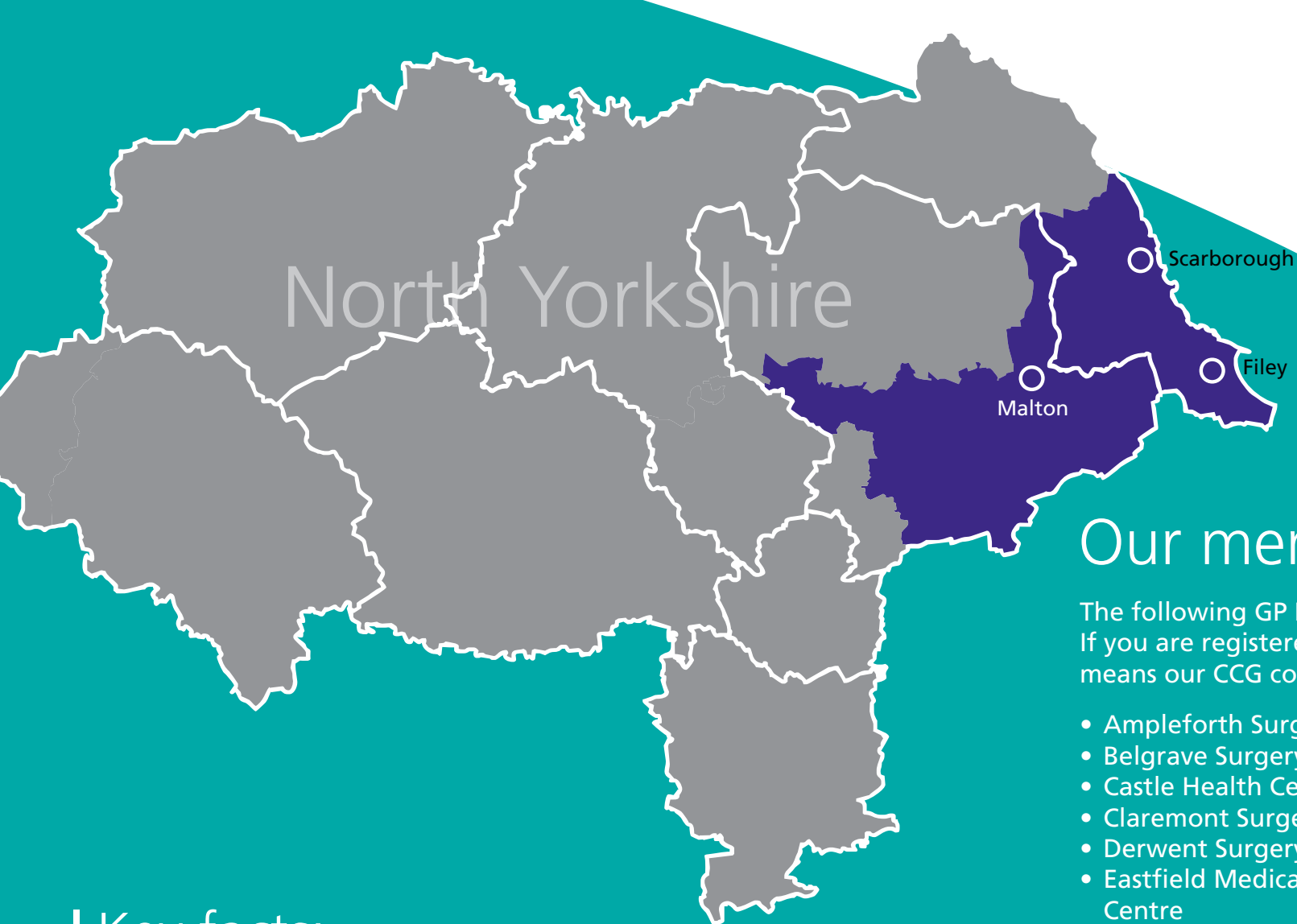
We are a membership organisation representing 17 GP Practices across Scarborough and Ryedale.

Our responsibilities are slightly different to those of the former PCT as we are not responsible for commissioning primary care services (such as those provided by GP Practices, Pharmacies, Dentists and Opticians) or for public health.

However, we are responsible for commissioning the vast majority of secondary care services you may need to access.

We are responsible for:

- Planned hospital care
- Urgent and emergency care
- Rehabilitation care
- Community health services
- Mental health and learning disability services



Our member Practices

The following GP Practices are members of our CCG. If you are registered with one of these Practices this means our CCG commissions services on your behalf.

- Ampleforth Surgery
- Belgrave Surgery
- Castle Health Centre
- Claremont Surgery
- Derwent Surgery
- Eastfield Medical Centre
- Falsgrave Surgery
- Filey Surgery
- Hackness Road Surgery
- Hunmanby
- Norwood House Surgery
- Peasholm Surgery
- Prospect Road Surgery
- Scarborough Medical Group
- Sherburn and Rillington Practice
- Trafalgar Medical Practice
- West Ayton and Snainton General Medical Practice

Key facts:

- Led by local GPs and other healthcare professionals
- Represent 17 GP Practices in Scarborough and Ryedale
- Commissions services on behalf of 117,000 patients
- Annual commissioning budget of around £145million
- Strong commitment to involving local people in our decisions

How we work



Although our organisation is relatively small, we have established a number of forums where we link with our partners to ensure the smooth delivery of commissioning initiatives.

Council of Clinical Representatives

We are a membership organisation representing the 17 GP Practices in our area. As it would not be feasible (nor logical) for all GPs from all Practices to meet regularly with the CCG, we have established a group known as the 'Council of Clinical Representatives' (CCR). The CCR meets every month and is attended by one GP and the Practice Manager from each GP Practice.

The role of the CCR is to discuss issues from a clinical perspective and decide on the best course of action to take.

We have worked with the CCR to create what is known as our 'constitution' which details how we will function as a CCG and ensure the actions we take are representative of the views of our members.

CCG Governing Body

In addition to our Council of Clinical Representatives we also have our Governing Body, of which there are 15 members. The Governing Body meets regularly in public and works through a

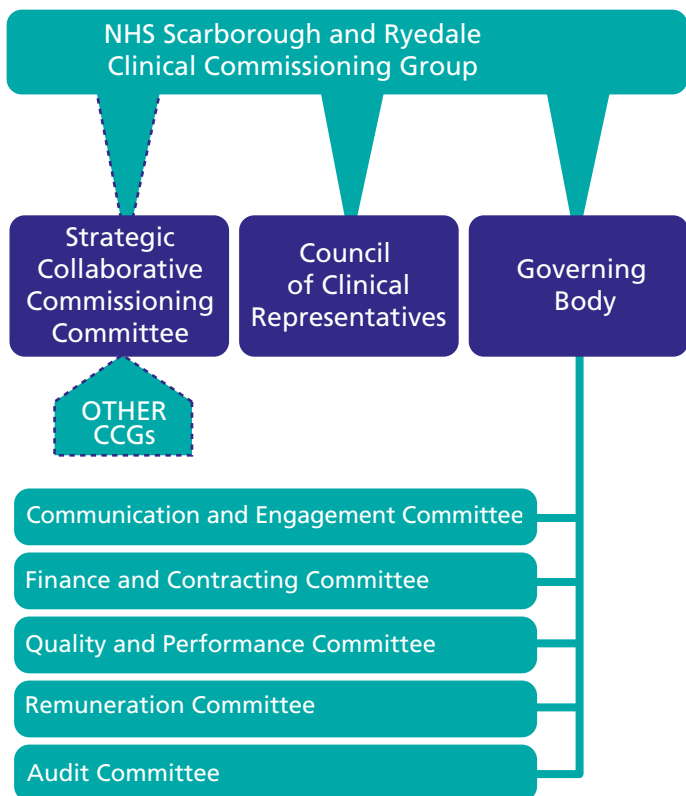
pre-set agenda of items for discussion and agreement. Any action that the CCG wishes to take that is deemed to have a substantial impact on patient care or those providing it will be discussed at a Governing Body meeting.

CCG Committees

In terms of guiding our work on a daily basis we have a number of committees which are responsible for specific aspects of work. These committees comprise members from our CCG and also an organisation called North Yorkshire and Humber Commissioning Support Unit which provides a range of commissioning support to our CCG.

These committees meet monthly and agree priority pieces of work to be completed. Our committees include:

- Finance and contracting committee (Chaired by Adrian Snarr, Chief Finance Officer)
- Communications and engagement committee (Chaired by Andy Hudson, Lay Member)
- Quality and performance committee (Chaired by Andy Hudson, Lay Member)
- Audit and governance committee (Chaired by Philip Hewitson, Lay Member)



Our Governing Body



Dr Phil Garnett
CCG Chair and Lead for Clinical Governance and Health Inequalities



Adrian Snarr
Chief Finance Officer



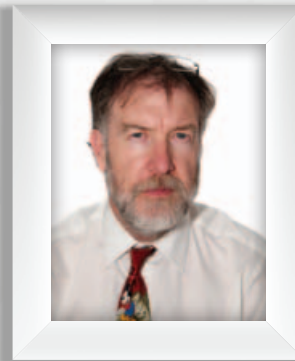
Simon Cox
Chief Officer



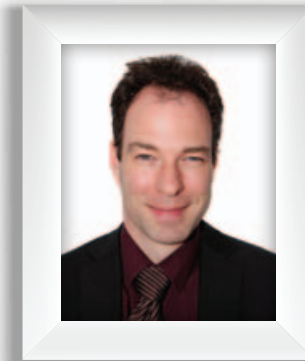
Carolyn Liddle
Operational Lead for Primary Care



Carrie Wollerton
Lead for Safeguarding and Infection Control



Dr Clive Diggory
Lead for Children's Services and Cancer



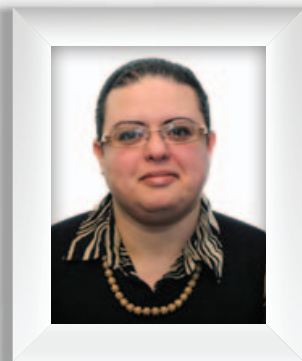
Dr Gregg Black
Lead for Prescribing and Long Term Conditions



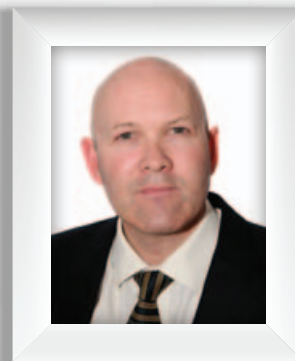
Dr Ian Holland
Lead for Governance and Audit



Dr Kath Halloran
Lead for Elderly Care



Dr Omnia Hefni
Lead for Secondary Care Services



Dr Peter Billingsley
Lead for Mental Health



Phillip Hewitson
Lead for Governance and Audit



Andy Hudson
Lead for Public Engagement and Communications

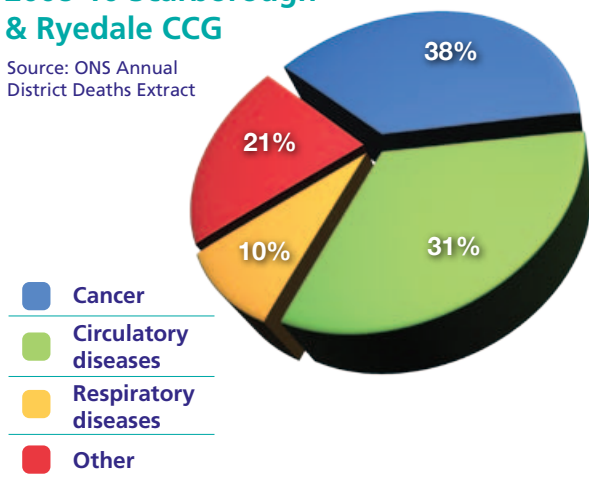
The health of Scarborough and Ryedale

It's a very mixed picture when it comes to the health and wellbeing of people living in Scarborough and Ryedale. For many years Scarborough has faced issues with regard to the number of people who smoke, drink excessive amounts of alcohol and use illegal drugs.

Some parts of Scarborough and Ryedale are ranked as some of the most deprived areas of North Yorkshire.

Premature deaths by cause 2008-10 Scarborough & Ryedale CCG

Source: ONS Annual District Deaths Extract



In stark contrast, residents in other parts of our CCG are considered to be far healthier and there are less significant health issues.

The most common cause of death in Scarborough and Ryedale is circulatory disease which accounts for 40 percent of all deaths. The leading cause of premature deaths (under the age of 75) is cancer, which accounts for 38 percent of all premature deaths.

In terms of life expectancy, a man living in the least deprived part of our CCG will on average live as much as eight years longer than a man living in the most deprived area.

One of the key aims of our CCG (and the Local Authority as lead for public health) is to try and reduce these inequalities and ensure everyone can lead a healthy life, regardless of where they live.



Our priorities

As well as being guided by our vision, we have developed a plan which highlights some of our key priorities over the next three years.

These priorities respond to some of the health issues mentioned earlier, but also take into account our own knowledge of the area and what we believe needs to be improved.

In the run up to becoming a statutory NHS organisation we held an initiative to share these priorities with members of the public to give them an opportunity to share their views on them.



Early detection of cancer

Cancer is the single largest cause of premature death in Scarborough and Ryedale. Although the quality of cancer treatment for our population is considered good, there remain opportunities to improve outcomes through earlier diagnosis.



Cardiovascular care

Cardiovascular outcomes are significantly worse for our population than for the rest of North Yorkshire and contribute significantly to the health inequalities evident in the most deprived areas of Scarborough and Ryedale.

The most significant contribution to tackling the gap in life expectancy is therefore likely to come from the risk factors common to all these diseases, particularly smoking cessation, as well the detection and improved management of hypertension, raised cholesterol, coronary heart disease and diabetes.



Care of the elderly and long term conditions

Bearing in mind that our population is getting older, we are committed to improving services for the frail elderly and trying to keep them fit and well in their own homes for as long as is possible.



Mental health

When we shared our priorities with members of the public, mental health was one of the things that was often raised as an area for improvement.

We aim to work with our partners to improve primary care based mental health services through redesigning access to counselling and related services.

Our commitment to you

One of our main commitments as an organisation is to give members of the public and patients the opportunity to influence the decisions we make about local health services.

We have developed a communications and engagement strategy which explains how we will do this. One of the main features of this strategy is our desire to work towards a government standard known as the customer services excellence model. This is a framework which ensures the needs of customers (or patients in our case) remain at the heart of everything we do.

How to get involved

To help ensure that the views of patients are always accessible we have established a patient representatives group which meets every two months to discuss current issues and provide a patient perspective on things we may be planning.

The group's members represent each of our GP Practices and act as a liaison between our CCG and each GP Practice's patient group. If you would like to get involved and have your say, the best thing to do is speak to your GP Practice about becoming a member of their patient representatives group.

Occasionally we will also ask the views of the wider public and other interested groups about a specific issue or proposal that we feel is more significant. Depending on the nature of the issue we may hold events to give people the opportunity to find out more information and capture views via surveys and focus groups.

Whenever we seek the views of the public on a particular issue we will typically prepare a report for our Governing Body. This provides a summary of the findings for them to consider when making their decision.

Shaping services around your needs

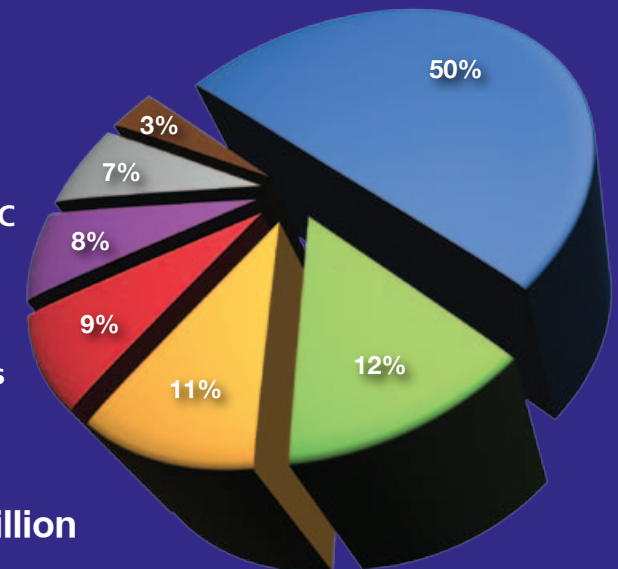
How we spend our budget

Each year our CCG is allocated a budget from central government. This budget is calculated using a complex funding formula which takes into consideration the health and wellbeing of our population and how we have performed financially the year before.

We agree contracts with a range of different providers to provide care and treatment to our population. We continually monitor the performance of these providers to ensure the services we are paying for are of the necessary standard and represent value for money.

The graph below helps to illustrate the broad service areas on which we spend our budget:

£m	Area of spend
72	Acute Providers
18	Prescribing
16	Continuing Care/FNC
13	Mental Health
11	Other
10	Community Services
5	Ambulance Services



Total Spend = £145 million



Get in touch

We hope you have found this prospectus useful, but if you have any questions please do not hesitate to contact us using the details below:

Email: scrccg.enquiries@nhs.net

Postal address:

NHS Scarborough and Ryedale Clinical Commissioning Group
Scarborough Town Hall - York House
St Nicholas Street
Scarborough
YO11 2HG

Tel: 01723 343 660

www.scarboroughryedaleccg.nhs.uk

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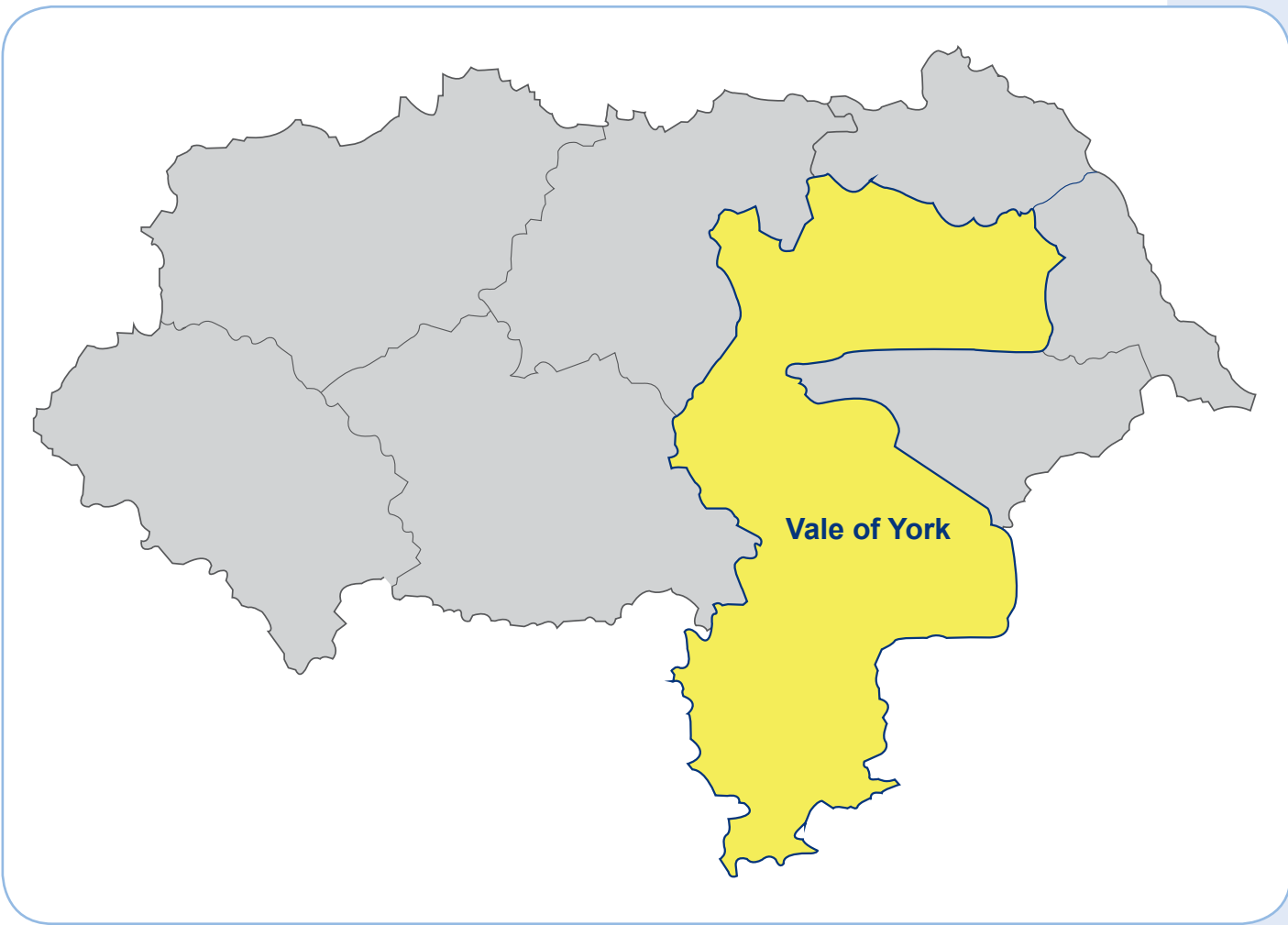
Vale of York
Clinical Commissioning Group

Patient Prospectus 2013-14



The best health and
wellbeing for everyone.

NHS Vale of York CCG area



Our GP Practices

- Beech Grove Medical Practice
- [Beech Tree Surgery](#)
- Clifton Medical Practice
- [Dalton Terrace Surgery](#)
- East Parade Surgery
- [Elvington Medical Practice](#)
- Escrick Surgery
- [Front Street Surgery](#)
- Gale Farm Surgery
- [Gillygate Surgery](#)
- Haxby Group Practice
- [Helmsley Surgery](#)
- Jorvik Medical Group
- [Kirbymoorside Surgery](#)
- Millfield Surgery
- [Minster Health](#)
- MyHealth
- [Old School Medical Practice](#)
- Petergate Surgery
- [Pickering Medical Practice](#)
- Pocklington Group Practice
- [Posterngate Surgery](#)
- Priory Medical Group
- [Scott Road Medical Centre](#)
- Sherburn Group Practice
- [South Milford Surgery](#)
- Stillington Surgery
- [Tadcaster Medical Centre](#)
- Terrington Surgery
- [The Surgery at 32 Clifton](#)
- Tollerton Surgery
- [Unity Health](#)
- Whitby Drive Practice
- [York Medical Group](#)

Introduction

Healthcare is changing. Improved, joined-up systems that support safe and responsive high quality services will provide local people with the opportunity to manage their own health and; when needed, quickly access an integrated system of professional health advice, diagnosis and care.

NHS Vale of York Clinical Commissioning Group (CCG) is leading on this work locally. Made up of GP practices, the CCG is an NHS organisation led by clinicians who see patients every day and understand the needs of the community and the impact that local services have on patients' health.

The CCG serves towns and cities including York, Selby, Easingwold, Tadcaster and Pocklington. The map opposite details the full area which takes in 34 GP practices and a population of nearly 333,000 people.

The CCG is responsible for the monitoring of commissioned healthcare in the Vale of York and the planning and design of many of the health services.

Our main areas of responsibility are:

- Planned hospital care
- Urgent and emergency care
- Rehabilitation care
- Community health services
- Mental health and learning disability services
- Tackling inequality including children's health and wellbeing

Our vision is to achieve **'the best health and wellbeing for everyone.'** Our partners and the strong relationships we have with them are central to the CCG achieving this goal. We will continue to value their support whilst we face up to a number of challenges - notably to achieve a financial balance whilst there is an increasing demand for services. Despite this we have ambitious plans.

Our objectives for 2013-14 are:

- To develop an integrated approach to delivering healthcare
- Commission healthcare based on the needs of individuals and deliver quality outcomes in the most appropriate setting
- Reduce health inequalities
- Support the self-management of health conditions
- Create and maintain change in the transformation of health care

To drive this delivery we will develop our proposals through appropriate decision-making channels at the right time and continue to prioritise healthcare outcomes by engaging with the public.



Dr Mark Hayes
Chief Clinical Officer



Rachel Potts
Chief Operating Officer

A message from the Chairman



Alan Maynard
Chairman NHS
Vale of York CCG

NHS Vale of York CCG will work with acute and mental health hospitals and primary care providers to ensure the provision of high quality care for the local population.

The health of the local community is generally good but significant pockets of deprivation remain. Where this occurs, the people who live in these communities experience a poorer and shorter quality of life, sometimes by as much as ten years. These outcomes are linked with obesity, alcohol consumption and tobacco use.

In collaboration with local authorities we are dealing with these important issues whilst ensuring the delivery of high quality health care services. Our ability to deliver this is constrained by our financial inheritance: a deficit of £3.5 million which we need to confront and deal with as soon as possible. This year the CCG will repay its inherited debt, and pave the way for opportunities to invest next year.

The pursuit of financial stability will lead to changes in service delivery that puts a greater emphasis on community care to reduce expensive hospital admissions and reducing unnecessary outpatient activity too.

In pursuit of these changes, we will strive to enhance both the understanding and support of the local community in this difficult period of austerity.

Our Vision

‘To achieve the best health and wellbeing for everyone in our community’.

Our Mission

To use our clinical knowledge and experience and work with our partners to:

- Commission excellent healthcare on behalf of and in partnership with everyone in our community
- Involve the wider clinical community in the development and implementation of services
- Enable individuals to make the best decisions concerning their own health and wellbeing
- Build and maintain excellent partnerships between all agencies in health and social care
- Lead the local health and social care system in adopting best practice from around the world
- Ensure that all this is achieved within the available resources

Performance and standards

Our key priorities are based on the health needs of local people, the discussions we have with patients and the public and feedback from GPs, other clinicians and partners. The priorities allow us to make positive steps towards improving the health of the Vale of York community by re-balancing the local health economy, education and prevention through effective commissioning. Our transformation programme will ensure that we have the processes in place to achieve outcomes in the following areas:

- Prevent people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

Focused on delivering clinical outcomes and reducing health inequalities we are driving a change in culture and behaviour. Engaging the whole local health and social care system to transform clinical and supporting services our priorities are linked to the National Outcomes Framework, Health and Wellbeing Strategies, Everyone Counts: Planning for Patients 2013/14 and the local Joint Strategic Needs Assessment.



The golden thread that runs through and supports this work are the CCG's cross cutting priorities:

- Reducing inequalities
- Delivering Outcomes Frameworks
- Choice and shared decision making
- Integration of care
- Quality of information
- Promoting growth, innovation and research
- NHS Constitution

Effectiveness, efficiency and value for money

Our strong relationships, constructive dialogue and the close management of healthcare provider contracts are key to the successful delivery of services.

The CCG is proactive in its approach to managing local contracts, and this provides important performance data and information about our service providers for Acute and Community care, Mental Health care and Primary care. To support this work we have also determined three local priorities and targets for 2013-14:

- Reduction in emergency admissions for acute conditions that should not usually require hospital admissions
- Dementia – increased diagnosis rates
- Unplanned hospitalisation for chronic ambulatory care sensitive conditions



Our Governing Body



Dr Mark Hayes
Chief Clinical Officer



Rachel Potts
Chief Operating Officer



Professor Alan Maynard
Chairman



Keith Ramsey
Deputy Chair



Dr Cath Snape



Dr Philip Underwood



Dr David Hartley



Dr Shaun O'Connell



John McEvoy



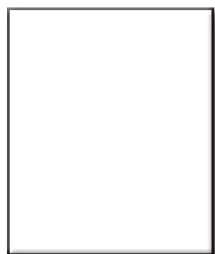
Dr Andrew Philips



Dr Tim Maycock



Dr Emma Broughton



xxxxxxxxxx
Interim
Chief Finance Officer



Carrie Wollerton
Lay Nurse



Kersten England
City of York
Council



Dr Paul Edmundson-Jones
Director of Public Health



Dr Guy Porter
Secondary Care
Doctor Member

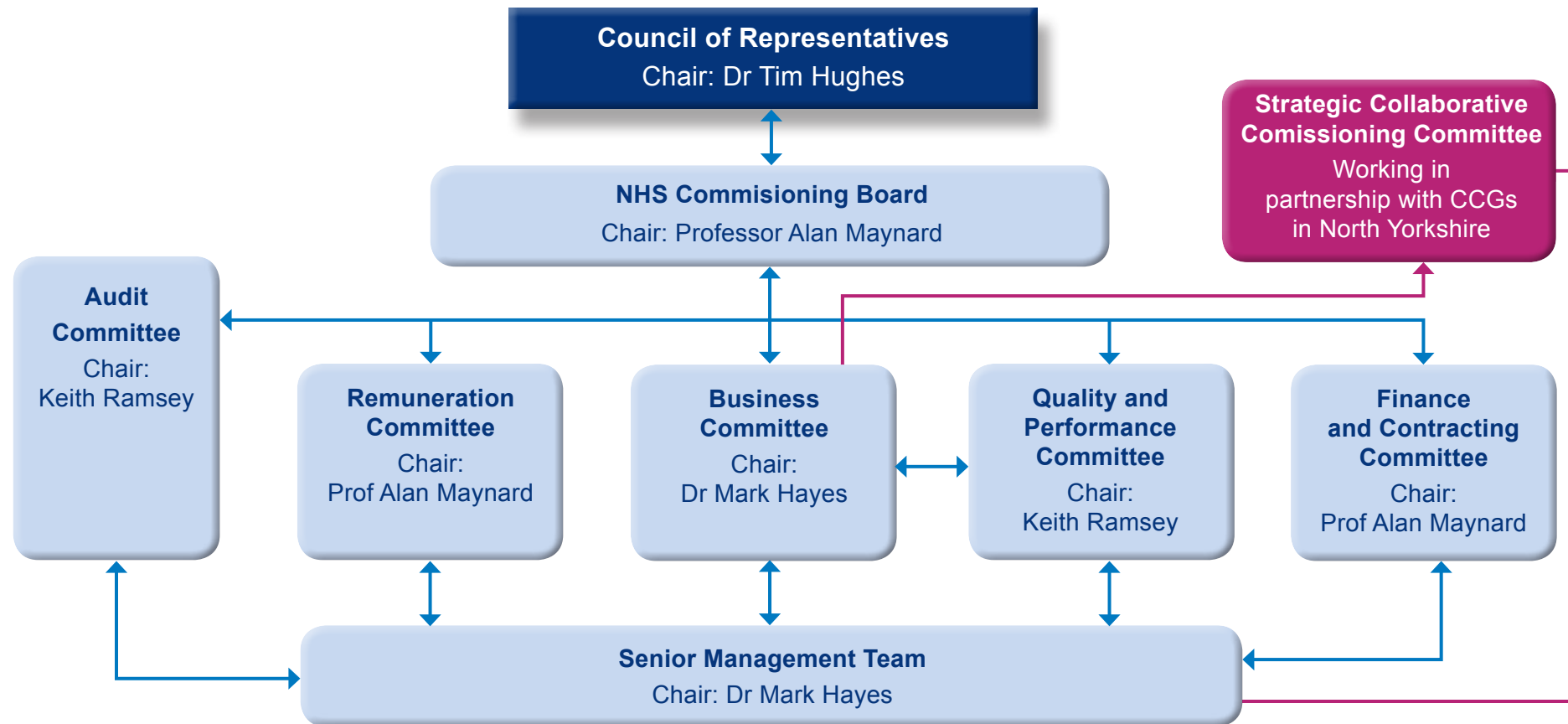


Dr Brian McGregor
LMC Liaison Officer



Helen Taylor
North Yorkshire
County Council

NHS Vale of York CCG Governance Structure



Finance

To deliver our priorities, the CCG has set robust budgets. Meeting the requirements of the “Everyone Counts” framework, we have had the platform to develop our Financial Strategy.

Through sound governance measures and strong financial control we will continually review the overall budget plan which will identify key issues and potential major risks.

Throughout the financial planning process we will set realistic budgets and ensure that we provide sufficient resource to meet the CCG’s local priorities.

We will also apply this guiding principle throughout our Quality, Innovation, Productivity and Prevention plan (QIPP) to ensure that whilst challenging, it is deliverable. The main focus will be around the

strategic redesign of services that will enable us to create significant reductions associated with secondary care activity.

Benchmarking data from many sources including, Better Care Better Value; Standard Admission Rates and Programme Budgeting alongside audit data and other reports have provided the evidence for where to target the QIPP savings in the NHS Vale of York CCG area.

The QIPP plan includes:

- Urgent Care Programme
- Primary Care
- Prescribing
- Elective Care
- Mental health
- Transactional and New Schemes
- Long Term Conditions (including frail, older people)

Our budget for 2013-14

Every penny in our budget is important; providing vital healthcare services for the Vale of York.

Expressed as pence in the pound, the following represents how we spend each £1.

Service	Total budget
Acute Care	199,998,406
Ambulance Services	13,123,500
Continuing Health Care and Funded Nursing Care	28,050,292
Community Services	25,112,147
Mental Health	39,125,272
Out of hours GP Service and GP costs	2,893,501
Prescribing	45,288,800
CCG Running Costs	8,330,000
Total	364,726,698



Key

Acute Care	55p
Ambulance Services	3.5p
Continuing Health Care and Funded Nursing Care	7.5p
Community Services	7p
Mental Health	11p
Out of hours GP Service and GP costs	1p
Prescribing	12.5p
CCG Running Costs	2.5p

'No decision about me, without me'

- our engagement promise

We want to give everyone the opportunity to have their say about healthcare and help to influence decisions about services. Embracing the concept of 'no decision about me, without me' we are committed to provide the opportunities for the Vale of York community to have a two way conversation with the CCG so they can tell us about their experiences and give us their views about local healthcare.

This conversation will also be open and honest. Throughout our commissioning process, there are key points where we aim to have these discussions:

- When we assess the needs of our local population
- While reviewing the existing provision of services
- When we decide upon what are organisation's priorities
- When we design or re-design services
- Throughout the management and monitoring of performance
- When we need to seek patient views and experiences of local health services.

Our Public and Patient Forums are open meetings giving the public the opportunity contribute to discussions and give their views on local CCG activities. The Public and Patient Engagement Steering Group monitors and oversees our engagement practices and makes sure that our these follow our guiding principles:

- Inclusiveness
- Honesty & Clarity
- Commitment
- Accessibility
- Accountability
- Responsiveness
- Willingness to Learn
- Productivity
- Partnership Approach

Our Values

Throughout our work, our values will underpin everything we do:

- **Communication.** Open and clear at all times, inside and outside the organisation
- **Courage.** To believe that our community can understand complex health issues and be trusted to take part in decision-making
- **Empathy.** We understand that not all illness can be cured. We understand the suffering this causes and we work to reduce it.
- **Equality.** We believe that health outcomes should be the same for everyone. We will reduce unnecessary inequality.
- **Innovation.** We believe in continuous improvement and we will use the creativity of our stakeholders and staff.
- **Integrity.** We will be truthful, open and honest; we will maintain consistency in our actions, values and principles.
- **Measurement.** Successful measurement is a cornerstone of successful improvement.
- **Prioritisation.** We will use an open and transparent process to arrive at value driven choices.
- **Quality.** We strive to be the best that we can be and to deliver excellence in everything we do.
- **Respect.** We have respect for individuals, whether they are patients or staff colleagues; we respect the culture and customs of our partner organisations.

NHS Vale of York CCG constitution



The Constitution sets out the rules and guidelines for how we work and how decisions are made. Because NHS Vale of York CCG is a public body, we work in a way that meets the relevant legal duties and regulations that govern NHS organisations. Our constitution reflects the principal legislation set out in the Health and Social Care Act 2012 and supports the promotion of a comprehensive health service. Being a public document; we provide a copy of the Constitution on our website.

NHS England are responsible for making sure that our Constitution is fit for purpose and approve any changes that are recommended by the Member Practices – the GP Practices that make up the CCG. The Constitution details the NHS Vale of York CCG arrangements for:

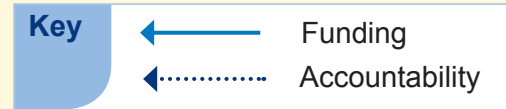
- The local membership of GP practices
- The Vision, Mission and Vales of the CCG
- The legal duties of the NHS
- The decision making structure for the CCG and the 'Scheme of Reservation and Delegation' – that sets out which committees or individuals can make specific decisions
- Roles and responsibilities of the CCG's Council of Representatives, the Governing Body, Committees and senior roles
- Standards of business conduct and managing conflicts of interest. For example how we make sure we are transparent and work solely in the interests of the public.
- Employment regulations and ways of working



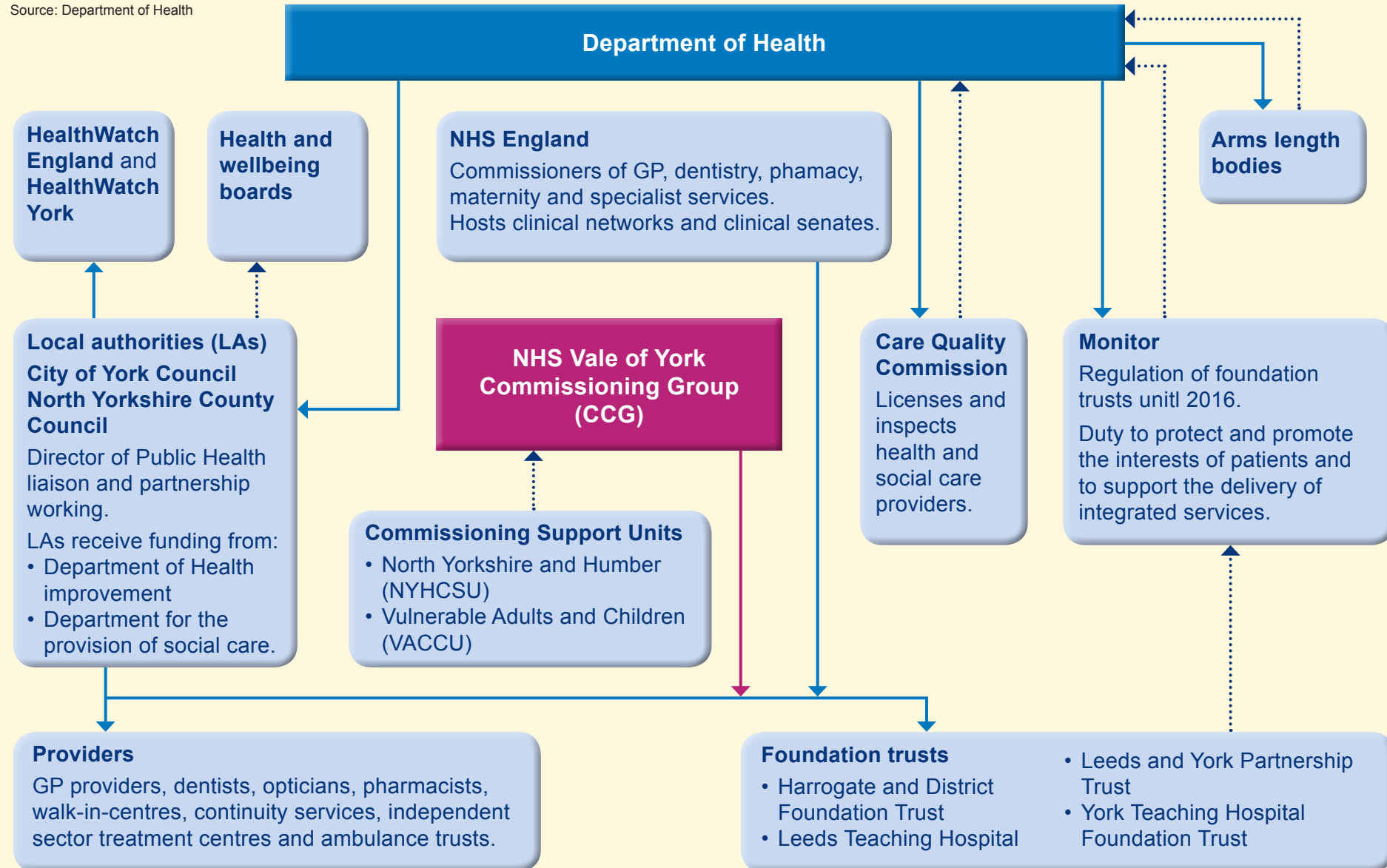
We are committed to ensure quick access to services and through our delivery of the NHS Constitution and work with providers to:

- Provide a comprehensive service, that is available to all
- Provide access to NHS services based upon clinical need, not an individual's ability to pay
- Aspire to the highest standards of excellence and professionalism
- Reflect the needs and preferences of patients, their families and their carers
- To work across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population
- Be committed to providing the best value for taxpayers' money and the most cost-effective, fair and sustainable use of finite resources
- Be accountable to the public, communities and patients that we serve.

The NHS structure



Source: Department of Health



Let's talk health

Open, honest, two-way conversations - at the right time.

That's how we like to talk. We want to give local people the opportunity to have their say and shape the decisions about healthcare priorities and the services that deliver them.



Get in touch

NHS Vale of York Clinical Commissioning Group
West Offices
Station Rise
York Y01 6GA

Phone 01904 555870

 @valeofyorkCCG

Here's how you can get involved in the discussions:

My CCG	Sign up for NHS Vale of York CCG alerts and receive invitations to take part in opinion surveys and events
Online	www.valeofyorkccg.nhs.uk or email valeofyork.contactus@nhs.net
Your local GP surgery	Join your local Patient Participation Group
Public meetings	Everyone is welcome to join our public meetings
Governing Body meetings	The public are invited to observe the meeting and submit questions
Consultations and events	Get involved and be part of our activities and consultations



If you need this information in another format or language, please phone 01904 555870 or email valeofyork.contactus@nhs.net