

Introduction to Appliances and the CCG

Presentation
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What is the CCG?

The CCG is a commissioning body, which decides which health services should be provided, who will provide them and how they should be paid for. The CCG has a duty to act as an advocate for patients and ensure that the appropriate high-quality services are provided

NHS Ipswich and East Suffolk Clinical Commissioning Group (the CCG) works alongside a group of GP practices in Ipswich and the eastern part of Suffolk.

From 1 April 2013, the CCG became responsible for commissioning and managing health care services once the local primary care trust, NHS Suffolk, ceased to exist. The CCG was established in April 2012 and has responsibility for approximately 400,000 patients.

The Governing Body of the CCG includes seven local GPs from across the Ipswich and east Suffolk area.

Other CCG'S are very similar in Approach.

West Suffolk CCG

West Suffolk Clinical Commissioning Group is made up of 24 member practices, all of whom have worked together in developing and agreeing the contents of the constitution to make sure the patients and public of west Suffolk receive the best of health care treatment.

The West Suffolk Clinical Commissioning Group's Constitution is a legal document setting out the arrangements made to make sure the group meets its responsibilities for commissioning care for the people of west Suffolk

North East Essex CCG

They are responsible for commissioning most health services for the people of north east Essex, including hospital care, community health services, mental health services, learning disability services and urgent and emergency care.

They are made up of the 32 GP practices across Colchester and Tendring and led by local GPs. Staff work with local healthcare professionals, local authorities, voluntary organisations and others to make sure the local people have access to high quality health services that meet their needs.

All CCGS
collectively
share similar
values.

The CCG has developed its own ambition and underpinning priorities to accelerate the delivery of Quality, Innovation, Productivity and Prevention (QIPP) and provide a local approach for delivery of the Suffolk Health and Wellbeing strategy.

At the heart is the view that greater integrated working is the primary vehicle to improve the quality of the local health services. The CCG therefore has the following ambition to deliver the highest quality health service through integrated working.

Alliance vision is 'to be a place of strong communities, in which everyone is able to stay well, take control of their mental and physical health and wellbeing, and when support is needed, have good access to joined up health and care services'.

The Alliance:
Collaboration of
commissioners and
providers with a
shared mission to
'work seamlessly
together'.

East Suffolk and North Essex NHS Foundation Trust,
providing community and acute hospital services

Ipswich Borough Council, Babergh and Mid Suffolk
Council, and East Suffolk Council

Norfolk and Suffolk NHS Foundation Trust,
providing mental and emotional well-being services

Suffolk GP Federation

Suffolk County Council, including adult and
children's services as well as Public Health Suffolk

Voluntary and Community partners, represented on
our Board by Suffolk Family Carers

Ipswich and East Suffolk Clinical Commissioning
Group

PCN'S



- **Primary Care Networks (PCNs) are a key part of the NHS Long Term Plan, with general practices being a part of a network covering a lot of patients. The networks will provide the structure and funding for services to be developed locally, in response to the needs of the patients they serve.**
- To meet these needs, GP practices are working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in groups of practices known as primary care networks (PCNs).

NHS long term Plan

- Health and care leaders have come together to develop a Long Term Plan to make the NHS fit for the future, and to get the most value for patients
- The plan was drawn up by those who know the NHS best, including frontline health and care staff, patient groups and other experts
- This summary sets out the key things you can expect to see and hear about over the next few months and years, as local NHS organisations work with their partners to turn the ambitions in the plan into improvements in services in every part of England.
- <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/the-nhs-long-term-plan-summary.pdf>

Medicine Management

What is medicines management?

Prescribing is the most common therapeutic intervention that takes place in the NHS.

The NHS spends £11 billion per year on drugs and 85% of this spend takes place in general practice.

Clinical Commissioning Group's (CCG) are responsible for the prescribing budgets of its member practices and employs its own medicines management team who work closely with the GP practices to support high quality cost effective prescribing

What does the medicines management team do?

The CCG has a small Medicines Management team who work with GPs and local health providers to help get the best out of medicines for local people.

The Medicines Management team uses its experience and knowledge of medicines to ensure that patients get the medicines they need to effectively manage their condition.

As new medicines are developed and new research is published on existing drugs, medicines are constantly monitored

Key areas

The Medicines Management Team supports the CCG's aim to improve the health of the population by optimising the use of medicines

Promoting safe, evidence based and cost-effective use of medicines

Providing up to date, unbiased information about medicines, treatments and care pathways

Supporting practitioners and patients to make best use of medicines

Minimising the harm caused by medicines

Developing local guidelines and care pathways to optimise the management of conditions

Collaborating with local hospital trusts and other healthcare providers to support

What is an Appliance nurse?



Appliance nurse role within the CCG

- The **commissioning nurse** in a CCG works with clinicians in a variety of settings across the healthcare system to make sure services delivered for their populations are safe and of a high quality.
- Most nurses are instrumental in planning and delivering patient care. They assess patient needs, plan and deliver care as efficiently as possible and then evaluate the care given.
- This process is fundamentally the same in the CCG, but appliance nurses look at individuals and local populations. In our case we assess the provision of appliances specifically.

What are Appliances

Dressings

Stoma Products

Tracheostomy products

Skin care products (barrier creams and emollients)

Anal irrigation systems

Off loading devices and orthotics devices (knee braces)

Hernia belts and stoma belts.

Continence Appliances.....

Appliance nurse role within the CCG continued.....

- We need to ensure that we have the ability to develop relationships with a range of professionals
- We ensure Appliances are used safely in primary care.
- Help develop patient pathways to meet patient needs holistically.
- This includes:

Appliance reviews, development of formularies, review of best practice and research, care planning etc

We involve as many professionals as possible to ensure good communication.

- One of the most important roles of the Appliance nurse is to review new products coming onto the market or existing products, in order to make a clinical recommendation
- We try to minimise waste wherever possible to make the most of prescribing budgets and NHS spend.
- It is estimated that as much as £300million is wasted every year on unused or partially used medication
- Wasted medicine is everyone's responsibility and there are small changes that can be made to help reduce the amount of medicine being wasted. These savings could be reinvested into more front line care and services for the benefit of all

If we all reduce waste then.....

- Unused prescription medicines cost the NHS in the UK an estimated £300million every year. This could pay for ...
- **11,778 MORE community nurses** or
- **80,906 MORE hip replacements** or
- **19,799 MORE drug treatment courses for breast cancer** or
- **300,000 MORE drug treatment courses for Alzheimer's** or
- **312,175 MORE cataract operations**

What is a formulary?

- A local formulary is a document to support the managed introduction of healthcare treatments within a local healthcare system, service or organisation
- **Local formularies have the following potential benefits:**
 - improve local care pathways in relation to medicines and prescribing
 - improve collaboration with clinicians and commissioners
 - improve quality by reducing variations in clinical care
 - improve quality through rapid access to cost effective medicines
 - support the supply arrangements of medicines across a local health economy
 - support financial management and expenditure on medicines across health communities

Appliance formularies

- Tracheostomy Formulary
- Continence Formulary
- Wound care Formulary
- Stoma Formulary
- Compression Garments
- Skin Care formulary



How are the products chosen

- Panel of clinicians and key stakeholders are formed
- Products are reviewed and evaluated in clinical settings.
- A scoring matrix is used to assess appliances based on choice, cost, quality, support available, training needed, research and best practice.
- All formulary's are reviewed yearly.
- ISC wide wherever possible to include as many professionals.
- Community and acute trusts are consulted where possible.



- All providers potentially have a formulary and this may differ from one care provider to another.
- Streamlined wherever possible.
- Anything prescribed on **FP10** ideally should follow the local CCG formulary.
- However there are exceptions.
- Our formularies meet around 80% of patient needs. Not every patient fits that box with appliances.....

References

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