VISION of SOUTH READING Clinical Commissioning Group (CCG) 2014/15
Working innovatively with patients and partners to improve the health of our local community

High level Objectives	Strategic Context	Priorities with target improved outcomes	"What will we do?" in 14/15		Better for patients in 15/16
To provide equitable, high- quality, primary medical care To deliver more services in the community, with less patients being seen in hospitals To use the finite NHS resources wisely based on clinical evidence and need	128,033 people registered with 20 GP practices South Reading CCG: A **younger ethnically diverse population** (just 4.3% over 75 years; 30.5% ethnic minorities) 11% population live in one of the 20% **most deprived wards** in England **CCG Benchmarks well** against national rates for GP referrals and hospital admissions CCG underperforms for childhood immunisations and cancer screening **Health inequality** from obesity with 12.9% of children aged 4-5 & 23.2% of children aged 10-11 21% of over 18s are "increasing risk drinkers" Higher than national average of premature deaths due to alcoholic liver disease 87% of hospital care is from the **Royal Berkshire NHS Foundation Trust** **Berkshire Healthcare Foundation Trust**: main provider of community and mental health services Member of **Reading Health and Wellbeing Board** **Total Budget** £122m with 2% Quality , Innovation, Productivity, & Prevention (QIPP) savings target for 14/15	**National:** C Difficile cases to be less than 30 Reduce avoidable emergency admissions by 3% (52 fewer) **Quality Premium:** 25% of people with diabetes to have their own Care plan **Improving Health Inequalities in Children:** Increase number of children exercising in Reading schools - Beat the Streets Increase referrals to Children Action Teams by GPs to access earlier interventions from zero to 1 family per practice Increase breastfeeding rates by a further 1% from 54% to 55% **Other Priorities**: Quit rate of smokers referred to stop smoking service to be maintained at 70% [England average 52%] 90% of cataracts procedures to be done within 18 weeks of referral To reduce the number of hip and knee replacements by 31 to 252 moving nearer the England average Increase the number of people dying in their preferred place of death. To improve the quality of physical health care of people with mental health illness Increase Patient Engagement by holding up to 4 public events a year to hear patient views Improve quality of care, reduce health inequalities in primary care, and support primary care to be sustainable	**Planned Care**	Use technology in clinical pathways e.g. DAWN Implement new pathway for patients with arthritis Develop Alcoholic Liver Disease Services Review the ophthalmology pathway	Patients will have fewer follow-up hospital appointments Patients with arthritis to have more access to support & advice Reduce the number of deaths due to alcoholic liver disease Improved waiting times for cataracts
			Urgent Care	Develop "Hospital@Home" Service to manage acutely unwell people to reduce emergency admissions by 301 Patients in Care Homes to have care plan to reduce emergency admissions by 73 Provide more community based rehabilitation to reduce time spent in hospital	10 patients across Reading at any one time will be managed in their own homes under the care of a hospital consultant team Patients in care homes will be managed with the aim of keeping them out of hospital More patients will be discharged from hospital earlier
			Long Term Condition (LTC)	Improve management of respiratory disease GPs to identify patients who are at risk of developing diabetes More patients who are expected to live for less than a year are to have an advanced care plan Develop the Community Falls Service and recruit a Fracture Fragility nurse	Reduce hospital admissions due to respiratory disease Patients at risk of diabetes can avoid it through earlier intervention More people who are dying to have their preferred choice of place of death People with osteoporosis will have fewer repeat fractures due to falls
			Joint Commissioning	Mental Health services to be located in the RBH for those with physical problems Expand access to psychological therapy for people with severe mental illness Review the pathway for Children's Mental Health services to reduce the number of referrals to CAMHs	Better quality of care for patients in hospital who have mental health needs People with severe mental illness will have access to Talking Therapies Reduce waiting time for children's mental health services
			Primary Care	Write Primary Care strategy with the Area Team who hold the contracts with practices Invest in Primary Care to look after the Frail Elderly Use the video screens in each practice to give consistent health information on local priorities	Improve access to GP services The frail elderly and their carers will have more joined up services when needed Patients to be better informed of local services