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Welcome

Welcome to the annual report for the 2014/15 financial year.
Welcome to the annual report for the 2014/15 financial year for NHS Chorley and South Ribble CCG and NHS Greater Preston CCG.

This is our second annual report following our second full year of operation since becoming statutory NHS clinical commissioning groups in January 2013.

We are two clinical commissioning groups (CCGs) that work closely together. While we are separate organisations, which have individual constitutions and governance structures, we share a management and staff team, which allows us to plan, monitor and buy local health and care services in a fair and equal way across our local area.

The report provides a narrative on how we have performed when planning, monitoring and buying health and care services on behalf of our local population in Chorley, South Ribble and Greater Preston. It will also give you an overview of our highlight achievements, and outline how we have discharged our statutory duties. This includes:

- A general background on what we do, and the population we represent
- How we manage our resources
- How we use research, including patient experiences, to aid innovation
- What we aim to achieve in the future

We will also show you how we have performed against our 2014/15 strategic objectives, which were to:

- Improve quality through more effective, safer services, which deliver a better patient experience
- Commission care so that it is integrated and ensures an appropriate balance of provision between acute and primary care
- Be a financially sustainable health economy
- Ensure patients are integral to the planning and management of their own care and that their voice is captured in the commissioning process
- Be seen as the system leader and a well-run clinical commissioning group.

In addition you will be able to hear about some of our success stories and how we are making progress in engaging patients and the public, how we are developing our staff, and how we are working in collaboration with a range of partners.
Our vision is to ensure equal and fair access to safe, effective and responsive health and social care for our communities that represent value – now and in the future.

Overall, we have made great progress towards what we set out to achieve at the beginning of the year, with some highlights being:

• Increased quality of services – better gathering of intelligence and more robust monitoring has allowed us to continually improve patient care

• Enhanced community services – more options for caring for patients ‘out of hospital’ has helped ease the pressure on emergency services and help to care for patients in the most appropriate place, such as mental health services in the community

• Improved patient experience – an example being community physiotherapy, which has seen waiting times for appointments reduce from an average of around 14 weeks to under 2 weeks

• A more active patient voice – with a new Patient Voice Committee and Patient Advisory Group, we have been able to put local people at the heart of our activity

• Embracing staff talent – using a robust programme of organisational development and enhancing in-house staff teams, we’ve been able to improve quality and innovation

• Financial sustainability for both CCGs – we have met our targets both in terms of financial savings and surplus, and also timely payments for suppliers

As in our first two years of operation, there are more challenging times on the horizon, particularly as the pressures on local health and care services continue to increase as resources become ever more finite, and as we face some significant improvements in primary care with our new responsibilities of delegated commissioning of primary care services.

With and an expert and enthusiastic group of people, from our members to our Governing Bodies and our staff, I know we can face these challenges head on and continue with our mission to improve local health services for residents.

We would like to encourage more patients and members of the public to get involved in our decision-making processes, so please visit our ‘get involved’ pages of our websites to find out more.

Jan Ledward
Chief (Accountable) Officer, Chorley and South Ribble and Greater Preston CCGs
Awards winning CCGs

2014/15 has been successful for both CCGs as we successfully entered and won a number of awards. This not only demonstrates the progress made by the CCGs as we continue to grow and develop, but also highlights the quality services that we are delivering and changes we are implementing across our local health economy.

Awards

Health Business Award – Clinical Commissioning

NHS Employers – Recognition of equality and diversity partnership status

NHS Employers Diversity Leader Award – Jan Ledward

NHS North West Recognition Awards – Patient Champion of the Year – Glenis Tansey

NHS Improving Quality Award for Best in Patient Centred Care

We will continue to identify appropriate awards across sectors throughout 2015/16 to raise our profile and promote the work that we do. Find out more about our successes throughout the report.
Who we are and what we do
Who we are and what we do

The CCGs plan, arrange and buy a range of healthcare services on behalf of the local population of Chorley, South Ribble and Greater Preston.

We are part of the NHS, and being a clinical commissioning group means that we are run by local healthcare professionals. We are also a member organisation, and our membership comprises all of the GP practices in Chorley, South Ribble and Greater Preston.

We manage the running of both organisations using a shared management team that is based in Chorley House, Leyland.

The services we commission include:

- Planned hospital treatment, diagnostic tests and appointments
- Urgent or emergency care
- Community health services, such as specialist and district nurses, speech and language therapy and rehabilitation
- Mental health services
- Maternity and new-born services
- Children’s healthcare services
- Services for people with learning disabilities

We are not only responsible, and have a legal duty, to make sure that the healthcare services we buy are safe, effective and of the highest quality, but also that these services provide value for money.
Our organisational values are at the heart of everything we do:

- Be open and accountable to our patients, their carers and the local community
- Be professional and honest
- Work in partnership with others to achieve our goals
- Listen and learn, and be willing to change based on what we hear
- Respect and care for our staff, the people we work with and our local community
- Protect and invest the public funds that are given to us in a well-managed way
- We recognise our obligations to patients as set out in the NHS Constitution.

We created these values through the authorisation process to set up our CCGs, and have continually reviewed them with our Governing Body members, member practices and staff. Aside from some minor adjustments, these values have remained at the core of our organisations, and are articulated in both our two year operational plan and our five year strategic plan. We recognise our obligations to patients as set out in the NHS Constitution.

Our patients have a right:

- To non-emergency treatment starting within a maximum of 18 weeks from referral
- To be seen by a specialist within a maximum of two weeks from GP referral for urgent referrals where cancer is suspected
- To a choice of a number of hospitals for elective care
- To view their personal health record
- To be treated with dignity and respect, including single sex accommodation in hospitals and care settings
- To have complaints dealt with efficiently and investigated properly
The population we serve
The population we serve

Chorley and South Ribble CCG represents 32 GP practices and serves a resident population of approximately 173,000 people.

Greater Preston CCG represents 31 (as of 7 May 2015) GP practices and serves a resident population of approximately 212,000 people.

The geographical areas covered by the CCGs are demonstrated as follows:
Health Inequalities

The aspiration of the CCGs is to enable everybody to enjoy the best health that is possible. Unfortunately that aspiration is very difficult to achieve. Some groups of people consistently enjoy better health than others. Our public health colleagues, through a Joint Strategic Needs Assessment (JSNA), have provided us with crucial insights to our local population, providing local needs profiles for our CCGs, its localities and GP practices. Many of the health challenges facing our local communities are related to our demographics, some of which include:

• An aging population across both CCGs.

• One third of Greater Preston’s population lives in deprivation quintile 1 (the most deprived in the country) whereas only one eighth of the population of Chorley and South Ribble lives in similar areas. 7,000 children in Greater Preston live in poverty.

• There is a 12 year (males) and nine year (females) mortality gap between those living in the most and least deprived areas of the CCG’s footprint.

• Those identified as living in deprivation quintile 1 have higher levels of chronic disease and disability.

• Recorded prevalence of asthma and depression are above the national average across both CCGs.

• In Greater Preston, 19% of year six children are obese.

• Those living in the most deprived areas are six times more likely to experience severe anxiety and depression compared to those in the least deprived areas.

• Tobacco consumption remains an issue: Preston has a significantly higher prevalence of smoking in adults aged 18+ (2013) and both CCGs have a significantly higher number and rate of hospital admissions for diseases that are wholly or partially attributed to smoking in persons aged 35 and over (2010/11).
This split is reflected in the life expectancy for these areas, shown as follows.
(Source: HSCIC 2012)
Our biggest challenges are in Greater Preston, where levels of deprivation are more than twice the national average and life expectancy for both men and women is significantly lower. However, there are big variations even across Greater Preston with the highest levels of deprivation concentrated in fairly distinct geographical areas. This has a significant impact on how we target and commission services.

We are seeing improvements in life expectancy (in line with national trends) to live longer and this increase in life expectancy is forecast to continue, impacting on population size, particularly within the over 65 population. Over the period of the CCGs’ five year strategic plan, it is forecast to increase 1.9% year on year, in comparison with a 0.5% growth year on year in under 18s and a 0.1% growth in adults of a working age.

As the population ages, the demand on health services within the area will increase disproportionately. For example those people over 65 make up 17% of the present population within the region, whilst the latest 12 month full period for non-elective (unplanned) admissions to hospital shows that patients over 65 account for 38% of those admissions.

This illustrates the relative demand that an aging population will bring. The prevalence of conditions such as chronic obstructive pulmonary disease, chronic heart failure and diabetes are relatively higher in this age group.

Another challenge is the forecast of dementia prevalence within the region. As the population over 65 increases and life expectancy increases, the prevalence of dementia will increase. The forecast shows that over the period of the plan, the population is expected to increase by 3.2% whereas dementia is forecast to increase by 18% (see chart above).
Life expectancy for both men and women is lower in our area than the England average and there are still too many avoidable deaths from four main disease categories: cancer, respiratory, heart disease and stroke.

There is a considerable body of evidence to suggest that areas of high deprivation experience poor health outcomes. The mortality statistics for the CCGs’ area show some significant differences.

<table>
<thead>
<tr>
<th>Mortality statistics</th>
<th>England</th>
<th>Chorley</th>
<th>South Ribble</th>
<th>Preston</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking related deaths</td>
<td>201</td>
<td>205</td>
<td>195</td>
<td>255</td>
</tr>
<tr>
<td>Infant deaths</td>
<td>4.3</td>
<td>5.2</td>
<td>2.7</td>
<td>5.3</td>
</tr>
<tr>
<td>Early deaths: heart disease and stroke</td>
<td>60.9</td>
<td>67.3</td>
<td>56.6</td>
<td>82.1</td>
</tr>
<tr>
<td>Early deaths: cancer</td>
<td>108.9</td>
<td>106.9</td>
<td>94.3</td>
<td>126.9</td>
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</table>

(Source: Public Health England Health Care Profiles 2013)

Early intervention and prevention strategies are needed if health and social care services are going to cope with the expected increased demands from this changing population.

We work closely with the local voluntary sector, community and faith groups, and patient groups and carers, to make sure that they can be involved in healthcare decisions that may affect them.

The needs of our local population provide the basis for how we plan and commission healthcare services and interventions.
Where we are now
Where we are now

Introduction

Our vision in 2014/15 was to make sure that everybody, no matter who they are or where they live, can access high quality health services, and that the health services we buy on their behalf provide value for money.

The year’s activity was based on our commissioning intentions, which were translated into the following strategic aims:

- **Rebalance the health economy** – targeting resources on the major causes of ill health to improve outcomes for patients in an effective way
- **Improve health** – utilising partnership working to prevent ill health and use evidence-based practice at appropriate scale
- **Build relationships** – working closely with individuals, communities and partner organisations to foster and maintain effective relationships
- **Commission effectively** – buying services that demonstrate value for money whilst improving quality and outcomes and reducing health inequalities
- **Deliver integration** – to integrate care pathways, reduce duplication, improve coordination and structure services around patient needs

Stakeholder relationships

A survey was undertaken at the end of 2013/14 to assess the relationships with key stakeholders from a range of groups, including GP members, local authorities, neighbouring CCGs, provider organisations and community group representatives.
The aims of the survey were to help us to build strong and productive relationships with stakeholders, to provide data to assist with organisational development activity, and to also feed into assurance conversations with NHS England.

The survey generated the following key positives:

- The level of engagement and involvement with stakeholders
- The quality of relationships with stakeholders
- The level of confidence in our ability to commission high quality services
- The level of confidence in our clinical and non-clinical leadership
- The extent to which stakeholders understand our activity, plans and priorities
- The level to which stakeholders feel they can influence activity

It also identified the following areas for development, which were used to help us guide stakeholder relationship development throughout the 2014/15 year:

- The perception of how stakeholder feedback and input is acted upon by the CCG
- The extent to which stakeholders are communicated to, and provided with feedback after they have given input
- The need to involve stakeholders more effectively in quality or urgent care working groups

We will soon be analysing the recently received results from the 2014/15 survey, which will inform our stakeholder relations work for the year ahead.

You can find out more about how we have worked with our key stakeholders in our ‘involving you’ section on page 51, and also in the ‘working in partnership’ section on page 62.
How did we perform?

There are a range of areas and indicators that we monitor performance of service and also patient outcomes against:

1. The NHS Outcomes Framework – a set of fundamental outcomes that the NHS should deliver in relation to five ‘domains for improvement’

2. The NHS Constitution – which sets what patients have a right to expect from their local health and care services, but also what their responsibilities are in looking after themselves

3. Local performance targets – three areas that reflect our local priorities, which are also informed by Lancashire’s health and wellbeing strategy

4. NHS England assessment – where the local area team gains assurance on our performance and capabilities as an organisation

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NHS Outcomes Framework

The NHS Outcomes Framework provides a means of measuring local performance against a set of fundamental outcomes that the NHS should deliver. It sets out five domains for improvement as follows:

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

These domains are underpinned by the following seven outcomes for patients:

1. Securing additional years of life for the people of England with treatable mental and physical health conditions.

2. Improving the health related quality of life of the 15 million+ people with one or more long term condition, including mental health conditions.
3. Reducing the amount of time people spend in hospital through better and more integrated care in the community, outside of hospital.

4. Increasing the proportion of older people living independently at home following discharge from hospital.

5. Increasing the number of people having a positive experience of hospital care.

6. Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community.

7. Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.

Highlight summary

The latest published information for the NHS Outcomes Framework shows that both CCGs have made significant improvements in securing additional years of life for treatable physical and mental health conditions.

Life expectancy has typically been below the national average for both males and females in the CCG areas. However, over the last few years the gap between the national average and life expectancy in the CCGs has been closing. People in South Ribble now can expect to live longer than the national average, however people in Chorley and Preston still can expect to live a length of time below the national average.

In Chorley and South Ribble we are performing well in the health related quality of life for people with long term conditions, however, we recognise that there are still improvements to be made for the people of Greater Preston.

The CCGs understand the need to improve performance in reducing the number of unnecessary hospital admissions. Targeted work is taking place to reduce the number of unplanned admissions, particularly through our urgent care transformation programme.

Reported patient experiences of out-of-hours primary care services are amongst the most positive in the country. We recognise that there is still improvement to be made in the patient experience of hospital inpatients, and we are working with our main providers to understand this and address any issues.

The CCGs’ quality team is working closely with providers to reduce the number of patients with a healthcare associated infections (HCAI). These are monitored closely and there are detailed action plans in place to address any issues of concern.
We recognise our obligations to patients as set out in the NHS Constitution, which outlines that our patients have a right:

- To **non-emergency treatment** starting within a maximum of 18 weeks from referral
- To be seen by a specialist within a **maximum of two weeks** from GP referral for **urgent referrals** where cancer is suspected
- To a **choice** of a number of hospitals for elective care
- To view their **personal health record**
- To be treated with **dignity and respect**, including **single sex accommodation** in hospitals and care settings
- To have **complaints** dealt with efficiently and investigated properly

Over the past year the CCGs have seen significant pressures on a range of indicators, which are detailed as follows.

**The A&E 4 hour target**

The autumn and winter of 2014/15 saw a significant deterioration in performance against this target at national level. This has been reflected in the performance at Lancashire Teaching Hospitals NHS Foundation Trust. This was mainly as a result of higher attendances and admissions, linked to higher morbidity levels and increases in long term conditions associated with an aging population.

The CCGs have implemented a number of schemes to address this through a range of urgent care and seasonal resilience programmes. These initiatives mainly focused on reducing the numbers of emergency department attendances and admissions into hospital.

**18 weeks referral to treatment times**

The ‘18 weeks’ referral to treatment time targets across the full year for the CCGs were achieved, and the month-on-month targets were achieved up to February 2015. However, the target for admitted patients was breached for both CCGs in March 2015, reflecting the effect of urgent care activity on the main provider over the winter period.
Improving access to psychological therapies (IAPT)

There was considerable pressure on the main provider of IAPT services, Lancashire Care Foundation Trust (LCFT) to meet the main targets for access and recovery for patients needing low to moderate mental health support services and treatment. The CCGs have worked with neighbouring CCGs and LCFT to address this adverse performance. The result has been a marked improvement in the access rate for people needing psychological therapies, however recovery rates continue to be of concern.

The performance across 2014/15 suggests that both CCGs will meet their access target for people referring to psychological therapies. However, the recovery target will not be met and the CCGs continue to work with the main provider on a number of initiatives to improve performance.

Cancer targets

Neither CCG achieved all of the two week wait and 31 day treatment targets.

Both CCGs have also failed the 62 day treatment for the last three to four months.

Patient cancellations and instances where patients do not attend appointments (known as ‘DNAs’) have a significant impact on the 2 week targets. The CCGs are working with GPs to reduce this by improving patients’ understanding of the urgency of these appointments. Late referrals from other hospital trusts into Lancashire Teaching Hospitals have also contributed to increased numbers of 62 day breaches.

The CCGs are implementing a process to address this with referring providers and other lead commissioners. The recent deterioration in the 62 day target is also as a result of the continued pressure in urgent care, which has started to impact upon planned care. The CCGs are working with the main provider through an action plan to address this performance.
Healthcare associated infections

Although Greater Preston CCG is below target levels for Clostridium Difficile (C-Diff) infections, Chorley and South Ribble is above target for the year, with 62 infections against a target of 49 year to date.

A joint action plan is being developed with Lancashire County Council, specifically targeted at Chorley and South Ribble patients.

Ambulance 8 minute response times

Blackpool CCG is the lead commissioner for North West Ambulance Service (NWAS). NWAS has been under target for both of the main ambulance response time indicators across Lancashire, however, the local performance for our CCG areas in relation to these indicators is better than the county-wide performance.

Red 1 calls are the most time critical, e.g. cardiac arrest
Ambulance target, NWAS category A - Red 2 within 8 minutes

Red 2 calls are serious but less time immediately critical, e.g. stroke

The CCGs have implemented more community-based schemes to try to reduce demand on NWAS. For example, the GP visiting scheme has been set up to reallocate less urgent calls to a GP that can be instead dealt with over the phone or through a home visit to the patient.

A ‘nightsafe’ scheme is a service set up to look after patients in town centres on busy nights such as bank holiday weekends or football matches. Paramedics can refer patients to the service who do not have urgent or life threatening needs, but who normally would have been dealt with in A&E, such as alcohol-related illness or injuries.

Stroke

Performance is monitored against 90% of stroke patients admitted to a stroke ward within 4 hours of presentation, and 80% of patients having 90% of their stay on a stroke ward. It has been challenging to meet these targets for Lancashire Teaching Hospitals, and the CCGs’ quality team has been working closely with the hospital trust to understand and resolve the issues around the stroke pathway.

As part of collaborative commissioning across the county, our Chief Officer Jan Ledward was the designated strategic lead for stroke on behalf of all Lancashire CCGs, and she is leading a range of county-wide initiatives and plans to improve performance in this area.
Friends and family test

Using a combination of staff training and new methods of issuing the survey, such as enabling patients to do this via their mobile phones or email, Lancashire Teaching Hospitals has significantly improved response rates, achieving its target throughout the year so far.

In February 2015, accident and emergency survey response rates were 21.8% (against a target of 15%), with 85% either likely or extremely likely to recommend the accident and emergency department to their friends and family.

Hospital standardised mortality ratios (HSMR)

HSMR compare actual to expected deaths, and a score over 100 means that there have been more deaths than expected, and below 100 means less than expected. The CCGs have recently worked with Dr Foster to understand the HSMR reported at our main hospital provider, Lancashire Teaching Hospitals.

Between April and November 2014, the HSMR is 104.8, which is within the expected range.

Dr Foster works with healthcare organisations to achieve sustainable improvements in their performance through better use of data. The CCGs will continue to monitor the HSMR and work with the hospital trust where concerns have been identified.

Local performance targets

In addition to our performance in relation to the NHS Outcomes Framework and the NHS Constitution, we also developed a local target for improving performance in 2014/15, to reflect the priorities of Lancashire Health and Wellbeing Board, and our own main priorities.

The measure was a reduction in admissions for people with a Chronic Obstructive Pulmonary Disease (COPD) presenting at our main provider, Lancashire Teaching Hospitals (see following page).
NHS England assessment

We were authorised by the NHS Commissioning Board (NHS England) on 18 January 2013 without conditions. Throughout our first year of operation and also during 2014/15 we were managed through an assurance process led by NHS England, which took the form of quarterly ‘checkpoint’ meetings to analyse our performance and assess us against our plans.

On a regular basis the CCGs are monitored in relation to:

- NHS Constitution indicators, such as waiting times, accident and emergency performance and ambulance response times.
- A range of outcome and quality indicators to measure performance against the overarching targets in the NHS Outcomes Framework.
- The Better Care Fund, as a measure of how there can be better integration between health and social care.
- Finance, to understand if the CCGs are getting best value for the monies they are given.

If there are immediate concerns regarding performance, NHS England reserves the right to implement regular and on-going assurance, which may result in weekly returns of information to monitor specific areas, and meetings to develop action plans where necessary.
Physiotherapy services

During 2014 it was identified that not only could improvements be made in the quality, choice and access to community physiotherapy services, but that the waiting times patients were having to put up with were unacceptable. Appointments were taking around 14 weeks to be available in some cases.

The CCGs decided to use an ‘any qualified provider’ (AQP) route to procure new services for patients.

Three providers were given ‘approved provider’ status to deliver community physiotherapy, and they were:

- Healthshare
- The Injury Care Clinics
- Chorley Medics

As a result of these new services being put in place, the number of places across Chorley, South Ribble and Greater Preston where patients could access physiotherapy increased from 18 sites to three times this number.

Not only that but waiting times have significantly reduced, with patients now waiting days rather than weeks to see someone. This is currently around 12 days for routine appointments, and around 9 days for more urgent cases.

We are in the process of working with the providers to assess patient views and experiences of these services to make sure that improvements can continually be made.
Transforming urgent care

Introduction

As CCGs we have worked collaboratively with partners including Lancashire Teaching Hospitals Trust, Lancashire Care Foundation Trust and Lancashire County Council to implement a new urgent care transformation programme, which aims to improve patient experience, quality outcomes, access to services and value for money of those services.

We have developed a simplified, pro-active and robust system for patients needing urgent or emergency care services, ensuring that they are directed to the most appropriate care, 24 hours a day, seven days a week, and that where possible, ill health is prevented.

Redesign of the emergency department ‘front door’

Redesigning the ‘front doors’ of the emergency departments at both Chorley and Preston hospitals is vital to improve the streaming of patients to the most appropriate care pathway.

This work includes developing urgent care centres at both sites featuring primary care services to help reduce the amount of unnecessary treatments taking place in A&E, and to signpost patients to the most appropriate place or service.

Integrated neighbourhood teams

We have established 11 multi-disciplinary integrated neighbourhood teams which work closely with GP practices to provide 24-hour care to people with long term conditions including those with complex health and social care needs to help them live independently in their community. Self-care and self-management of the patient’s condition is a key focus of INT interventions for patient, carers and families.

One patient said: “Everyone came together to look after me from lots of different services, and I know that’s why I’m here today.”
Step up, step down

Focusing on improved discharge and avoiding hospital admissions, this area is all about enabling people to leave hospital in a timely and appropriate way while, accessing appropriate rehabilitative services. Support, care and interventions put in place are person-centred and wherever possible delivered in a person’s usual place of residence.

Ambulatory care

The ambulatory care project has developed clear pathways and models of care for conditions that are deemed ‘ambulatory care sensitive conditions’ to minimise the risk of admission to hospital by these patients going into ‘crisis’.

Key to this has been improving pathways for people with conditions such as respiratory disease and asthma, incorporating education for both patients and hospital and healthcare professionals.

The results experienced to date due to the urgent care transformation programme operating across the seven work streams can be seen as follows:

• 40% increase in referrals to home-based services
• 165 referrals into community lifestyle support
• 28% increase in home rehabilitation use
• 4% reduction in GP referrals
• 273 hospital admissions avoided
• Improved patient experiences through engaging with the public and building on front line patient experiences
• Strengthened partnerships and quick reactions to operational pressures
• COPD admission avoidance scheme has seen a 34% reduction in non-elective admissions to A&E in the first two months of the pilot. We have already achieved the annual target set, with savings significantly exceeding the cost of the pilot.
• Significant cost savings of around £990,000 in 2014/15. This has come through emergency departments (ED) admissions being avoided, and the attendances deflected from the urgent care centre.
Seven day services

We know that patients need the NHS every day, and that ill health doesn’t just strike on weekdays. Therefore, making sure that safe, high quality care is delivered every day of the week is essential.

The health economy across Chorley, South Ribble and Greater Preston became an ‘early adopter’ site of a seven day services improvement programme. The aim of this was to help test effective approaches that would deliver clinical standards seven days a week across the whole system.

The key to this was the collaborative work undertaken by the CCGs with Lancashire Teaching Hospitals NHS Trust to make sure that key services, such as diagnostics and scientific services, were available every day, and also that patients could be appropriately transferred or discharged on weekends.

The programme was led by NHS Improving Quality on behalf of NHS England, and the work we carried out around seven days services led to our health economy being given an NHS Improving Quality award for ‘Best in Patient Centred Care’.

Work undertaken as part of this programme is further helping to inform how services are arranged across the health economy going forward.

Urgent Care Transformation Development Manager, Jane Kitchen with Sir Bruce Keogh at the seven day services event
Step up, step down

Throughout 2013/14 we had identified that some patients had to stay in hospital longer than necessary because they didn’t have the support in place to help them go home. This would then impact on our local accident and emergency departments as the beds were being ‘blocked’ for people who needed care for urgent, emergency or life threatening conditions.

Tackling this became a key priority for 2014/15.

As part of a wider programme of work to transform urgent care services, a ‘step up, step down’, initiative was put in place, with the aim of setting out clear pathways for patients to be able to access new and bespoke packages of care. This could relate to making sure that the right support equipment is available in the home at the right time, or providing other options for where patients could get rehabilitation treatment.

The main ethos centred around providing the right support to individuals, and giving them the time to look at what options would be open to them in a community setting rather than just in hospital.

This work has provided clear results throughout the year, and continues to do so. It was a key element in our local health economy winning an award from NHS England’s Medical Director, Sir Bruce Keogh, for our work on patient-centred care as part of a commitment to deliver NHS services seven days a week.
What is performance?

The performance process is in place to help the organisations focus their staff, resources and systems so that its strategic objectives can be achieved.

It makes sure that key targets, goals, quality levels and other milestones are achieved, and that risks are identified and managed. Performance is measured in relation to a range of indicators, which can help us to understand the effectiveness of the services we have commissioned and the services we will commission in the future.

For Chorley and South Ribble CCG and Greater Preston CCG, the priority up to now has been on monitoring and measuring NHS Constitution targets, business plan deliverables, contract targets and activity, project deliverables and project key performance indicators. This doesn’t just include statistics, but also narrative information to help tell the story behind each performance area.

We foster a culture that promotes responsibility, accountability, and an improvement ethos throughout the organisation to help us achieve commissioning goals to make things better for patients.
What is contracting and procurement?

We have a responsibility to make sure that we make decisions in a fair and equitable way, and we use a range of procurement processes to encourage open competition under European Union regulatory frameworks.

We have also used the any qualified provider (AQP) process when appropriate, which is a procurement policy that can help to increase choice and personalisation in NHS funded services for patients and the public.

We use legal contracting processes, and continually monitor the services we commission to ensure that they are delivering according to the contract. We commission services from a range of providers, including NHS organisations, private healthcare providers and providers within charities and the voluntary sector.

Our largest health service contracts are held with the following organisations:

- Lancashire Teaching Hospitals NHS Foundation Trust (LTH)
- Lancashire Care NHS Foundation Trust (LCFT)
- Ramsey Health Care UK Operations Ltd (RHC)

Chorley and South Ribble CCG is Lancashire’s lead commissioning organisation for the community services provided by Lancashire Care NHS Foundation Trust, and Greater Preston CCG is the lead commissioning organisation for Lancashire Teaching Hospitals NHS Foundation Trust and Ramsey Health Care UK Operations Ltd.

Our residents also use services that may be commissioned by other CCGs, such as the mental health services provided by Lancashire Care NHS Foundation Trust, and North West Ambulance Service.
Managing resources
Managing resources

How we spent your money

In 2014/15, Chorley and South Ribble CCG was allocated £225million, and Greater Preston £257million of expenditure from NHS England to commission and administer healthcare services.

**NHS Chorley and South Ribble CCG and NHS Greater Preston CCG**

2014/15 annual expenditure by service type £million

- **Acute**: £267.0, 57%
- **Mental health**: £9.1, 2%
- **Community**: £39.5, 8%
- **Continuing care**: £33.9, 7%
- **Primary care**: £51.0, 11%
- **Other programmes**: £70.4, 15%
- **Running costs**: £0.6, 0%

*p35*
Finance and investment

We are pleased to report that in 2014/15 all of the key financial responsibilities were met by both organisations, which were to:

• Achieve operational financial balance
• Remain within cash financing limits
• To pay 95% of all creditors within 30 days of receipt of invoice

Both CCGs ended the year with the correct surplus as allocated by NHS England for the 2014/15 financial year.

In the 2014/15 financial year the investment spend of both CCGs combined was £14million. This was used to develop and commission new services for patients who need urgent care and rehabilitation services out of hospital, including services that are provided at patients’ homes, providing additional support to hospitals over winter, and support to GPs to make quality improvements and improved outcomes for their patients.

In 2015/16, the CCGs plan an additional investment of £18.8million to support initiatives that are expected to improve health outcomes and alleviate pressure from growing patient numbers on Chorley and Royal Preston hospitals.

The majority of this investment will fund the following improvement programmes:

• Building resilience in services particularly to meet seasonal peaks in demand
• Urgent care services, principally in providing out of hospital care either for patients following hospital treatment or for patients with care needs that can be met outside hospital
• Operating GP-led urgent care centres at Chorley and Preston hospitals to take pressure off overstretched accident and emergency services
• Investment in primary care to provide extended hours and broader services in GP practices
Health and social care economy

The Better Care Fund (BCF), previously referred to as the Integration Transformation Fund, was announced by the Government in June 2014. It provides an opportunity to transform local health and social care services so that people are provided with better integrated care and support.

During 2014/15 we worked with Lancashire County Council, Lancashire North CCG, West Lancashire CCG, East Lancashire CCG and Fylde and Wyre CCG to submit a joint 2015/16 Lancashire BCF plan.

Our first submission was rejected as it did not provide enough evidence that the plan was a joint across all the partners. We also had some governance issues for these plans around how we would pool the budgets under Section 75 joint governance arrangements between the CCGs and council.

A condition of accessing the money in the fund is that CCGs and councils must jointly agree plans for how the money will be spent, and these plans must meet certain requirements. We therefore worked together integrating the plans to re-submit in December.

After this submission we were advised that our plans were now very robust.

Read more about the BCF on page 65.

Premises, workforce and information technology

The CCGs operate from Chorley House based at Lancashire Business Park in Leyland.

We are tenants of this building, and pay a lease to the building owners, Lancashire County Council, through which we are also provided with building management and maintenance services.
Chorley and South Ribble CCG employs around 60 members of staff, who are seconded to Greater Preston CCG. We also procure a range of services from Midlands and Lancashire Commissioning Support Unit (CSU), which includes the support of around 20 ‘embedded’ members of staff that primarily serve the quality and contracting teams, plus a specific ‘locality team’ that focuses on medicines management for our CCG areas.

Our information technology support is also provided by the CSU, including infrastructure and hardware, software, telephony and on-going maintenance and support. This is delivered to the CCGs, and also to member GP practices.

Principle risks and uncertainties

Through 2014/15, the principal financial risks and uncertainties were:

- Cost pressures at NHS hospitals arising from higher than expected patient numbers admitted to meet an emergency or urgent care need
- Cost pressures arising from scheduled care being provided outside of NHS hospitals, that was displaced by urgent care patient numbers
- Higher than expected levels of complexity and patient numbers for those patients with packages of care arising from either physical or mental health needs
- Increasing drugs costs
- Delivery of efficiencies within hospitals

The CCGs managed these risks through a Governing Body Assurance Framework (GBAF) and risk reviews conducted regularly through an operation risk group. Mitigations to these risks were provided through the use of contingency funds, commissioning reserves and the deferral of non-urgent investment funds.
The CCGs are committed to an approach that identifies and takes appropriate action to minimise risk to patients, stakeholders and the organisations themselves through a comprehensive system of internal assurance and control, while providing maximum potential for flexibility, innovation and best practice in delivery of its vision, strategic objectives and operational commitments.

The CCGs refreshed their risk management strategy and policy in year, and use a variety of tools to monitor and assure themselves that its governance arrangements and systems of internal control are effective.

The GBAF provides evidence that the CCGs are systematically identifying strategic risks to achieving objectives. This provides a vehicle for the identification of assurances and controls to the principal risks identified and their effectiveness throughout the year.

Regular reporting to the Governing Bodies has taken place throughout 2014/15, with specific focus and review of areas considered to be of significant risk or where increased levels of assurance is required. Significant challenge and scrutiny on the overall GBAF report is provided by the Audit Committee.

These arrangements allow us to ensure that effective governance is in place in order to provide CCG-wide assurance to Governing Bodies that effective systems of internal control are evident. You can find out more about these areas in the CCGs’ annual governance statements which are available on the Chorley and South Ribble and Greater Preston websites.
Finance skills development

The CCGs were awarded ‘Towards Excellence Level 1 Accreditation’ in December 2014. This was a joint application along with six other Lancashire CCGs, which was a first. This was an excellent achievement which not only demonstrated continuous improvement and development of the finance function within our organisations but also a culture of collaborative working.

HFMA Award

The CCGs’ finance team was shortlisted for an HFMA (Healthcare Financial Management Association) award in the autumn of 2014 in the ‘Clinical Commissioning Group’ category.
Quality, research and innovation
Quality, research and innovation

Introduction

At the heart of everything we do is an ambition to make sure all local people benefit from high quality care and treatment.

A common definition of ‘quality’ in relation to health and care services covers:

- Care that is clinically effective - not just in the eyes of clinicians but in the eyes of patients themselves
- Care that is safe
- Care that provides as positive an experience for patients as possible

Alongside regular gathering of feedback, visits to services that we commission, and monitoring of service performance, we can also support quality improvements in services by making sure we are at the forefront of the latest insight, clinical guidance and research, and by also supporting innovation at all levels.

Strategy

We have a quality strategy, which was finalised in our first year of operation and takes into account the key recommendations of guidance such as The Francis Report, The Don Berwick Report and The Keogh Review.
Our strategy was reviewed during the year to make sure it reflects NHS England’s Five Year Forward View (October 2014), and revisions are due to be made to strengthen the focus on improving patient outcomes.

Throughout 2014/15, we have continued to work closely with the main providers we commission services from, and also with local GP practices and care homes to drive quality improvements in those services.

We also have a statutory duty to make arrangements to safeguard and promote the welfare of children and young people, and to protect adults who may be at risk of abuse.

This has been achieved by building open and transparent relationships with all of our providers, and by:

- Undertaking regular formal and informal quality visits to services
- Reviewing and commenting on the quality accounts of our providers
- Working with organisations and partners across the health economy to address issues of quality and monitor any action plans that are in place
- Working closely with care homes to monitor and improve the quality of care provided for our residents
- Reviewing regulatory body information from the Care Quality Commission (CQC) and Monitor

Highlight activity

During 2014/15 we:

- Ensured feedback and trends were monitored in a more integrated way across all teams in the CCGs, including ‘soft’ intelligence to help improve patient care.

- Facilitated the sharing of best practice across the local health economy in a number of ways, including through a specific project called ‘Making Safety Visible’.
• Improved quality and performance monitoring for providers with the use of dashboards to help make sure contractual requirements were being met.

• Made a range of systems much more robust, including the monitoring of serious incidents, and quality and performance schedules for smaller service contracts.

• Embedded effective measuring indicators into new service specifications and quality indicators into all service contracts.

• Took part in a range of Advanced Quality Alliance (AQUA) projects in relation to care homes and patient discharge from hospitals, and maintained close links with key organisations, such as the National Institute for Clinical Excellence (NICE).

• Reviewed and enhanced the reporting of quality issues through the governance of the CCGs via the Quality and Performance Committee.

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Quality monitoring

We use a Commissioning for Quality and Innovation (CQUIN) process to support providers to monitor quality internally, and also drive their own service improvements.

Improvement themes during 2014/15 included:

• Seven day working
• Quality improvement framework
• Care planning
• Workforce
• Equality delivery system
• Advancing quality
• Patient reported outcome measures
• Patient experience (friends and family test)
As at the end of December 2014, our three main providers, Lancashire Teaching Hospitals, Lancashire Care and Ramsey Health Care are expected to meet the main components of their agreed CQUIN schemes.

We are in the process of agreeing the CQUIN schemes for the 2015/16 financial year.

A range of announced and unannounced quality visits regularly take place at places where our patients receive care so we can be assured on the safety of services, and also so we can work with the providers to put action plans in place as needed.

Our main providers also report their performance to us on a regular basis using compliance reports and dashboards, which highlight areas of concern, and also give us assurance on how safety, effectiveness and patient experience is being achieved within their services.

The ‘friends and family test’ patient surveys also provide a key benchmark and insight into service quality, and also how staff working for the providers feel.

The initial results from Lancashire Teaching Hospitals are very encouraging as they scored higher than the England average for the care they provide, and also as a ‘recommended’ place to work.

The quality team works closely with the customer care teams, and between them they have developed a systematic process to collect and review soft intelligence from various sources such as NHS choices, patient opinion websites, the CCGs’ patient advisory group and complaints. During 2015/16 feedback from these processes will be reported to provide assurance to the public.
Continuing healthcare

NHS continuing healthcare (CHC) is ongoing health and social care for people with specific healthcare needs. It is arranged and funded solely by the NHS and is provided to individuals over the age of 18 to meet their needs that have arisen as a result of a disability, accident or illness.

As CCGs, we are guided by the National Framework for NHS continuing healthcare and NHS-funded nursing care (November 2012). This covers service eligibility and how we work locally.

Services commissioned by the CCGs include individual packages of care and support in people’s own homes, as well as nursing or residential placements, including specialist care settings. The CCGs also commission the Midlands and Lancashire Commissioning Support Unit (CSU) to provide a nursing team to assess, review and provide ongoing case management of individuals in receipt of continuing healthcare.

The CCGs have a statutory responsibility to ensure the quality and safety of care provided, as well as ensuring that the CSU follows the framework and guidance.

The CCGs are currently undertaking a review of the CHC service, including that provided by the CSU, to ensure that we are compliant with Department of Health guidance. We are also reviewing our partnership with Lancashire County Council to ensure that we are working together efficiently in a way that enables timely decision making and multi-disciplinary team assessments.

As of April 2014, anyone eligible for CHC who wants to have their care provided outside a care home setting is able to receive the money they need to pay for the services as a personal health budget in the form of a direct payment. This gives people a greater choice over how, when and who provides their care and support. Across both CCGs we currently have a total of six patients in receipt of a personal health budget.
Research and innovation

Research and innovation are both key enablers to help improve service quality and drive improvements.

The CCGs support clinical research, working closely with the Clinical Research Network in the North West to develop primary care research and offer GP practices research studies, and also with the Collaboration for Leadership in Applied Health Research and Care, providing access to information, research and evidence for use in service design activity.

We are now incorporating requirements for research readiness into service contracts so that providers have an obligation to facilitate research where appropriate, and we are also collaborating with universities to gain academic insight to support the design of high quality, patient-centred services.

Innovation has a vital role to play in fulfilling quality care for patients and releasing savings through productivity.

The CCGs support innovation in a number of ways, including:

- Having a system for innovation that continually scans for new ideas
- Connecting with local providers to share best practice and provide support where it is required
- Setting up systems to ensure innovation is supported at all stages
- Engaging with NHS Change Day to allow frontline staff to bring about changes they know will improve the services provided
In order to reduce pressures on emergency services, in January 2015 the CCGs funded a 12 month ‘frequent caller’ paramedic. This paramedic focuses on the individuals and care homes who have been identified as frequent callers by the CCGs.

It was hoped that spending time with these individuals and offering them alternative solutions and resources would reduce the number of inappropriate and unnecessary calls, as well as freeing up other paramedics for more urgent calls.

Across Chorley, South Ribble and Greater Preston, 82 callers were identified and by March 2015, 72 of these were being supported by the frequent caller paramedic. Complaints by frequent callers include acute medical conditions, mental health issues, falls, problems caused by long term conditions and dependencies, many of which can be dealt with using other channels.

Across South Lancashire, there was an average reduction in calls to 999 of 74% between January and March 2015 as a result of the district-wide frequent caller team.
Improving quality in care homes

Our CCGs commission nursing care that is provided to patients within a number of nursing and residential homes in our area, and because of this we undertake regular work to improve the quality and safety of care provided in those places of residence.

This includes monitoring the safety and effectiveness of care, and working closely with the homes to look at different ways that patient experiences can be improved.

Some of the quality activity with care homes currently underway includes:

• The set-up of a new ‘falls lifting’ service for homes
• Initiatives to improve the skills and knowledge of nurses working in care homes, such as increased levels of training
• Sharing of best practice through networks
• Leadership of a multi-agency ‘task and finish’ group to collaborate on developments
• Working with homes not performing as they should be to put action plans in place

In addition, a number of GP practices have started to work together on initiatives to improve care for patients in homes.

One example is Berry Lane Surgery and Stonebridge Surgery in Longridge, which have jointly employed an advanced nurse practitioner to coordinate care for patients in the seven care and nursing homes in the area, acting as a dedicated point of contact, case manager and specialist clinician.
The aims of putting the post in place were to:

• Provide local care and nursing homes with one key point of contact for on-going care and treatment for their residents

• Improve the quality and continuity of care in these homes

• Increase the involvement of carers in the planning and delivery of care

• Reduce the number of emergency admissions from care home patients

The work that has already been undertaken by the advanced nurse practitioner includes:

• Assessment visits

• Referrals and prescriptions

• Vaccinations and phlebotomy

• Confirmation of deaths and Do Not Attempt Resuscitation orders (DNARs)

• Urgent care plans

Evaluations on the initiative have already shown:

• Positive experiences from care home staff due to the post being in place

• An improvement in the quality of care for patients, including better and more appropriate end of life care

• Avoided and reduced hospital admissions, and reduced numbers of ambulance call outs
Involving you
Involving you

Introduction

As CCGs we are committed to listening to, and responding to, your experiences of local healthcare services.

Learning from and engaging with you will make sure that we plan, monitor and buy services that are high quality, safe and meet patient needs.

There are a variety of different ways in which we engage with a range of stakeholders to make sure they have an opportunity to have their say, which can in turn help us to influence future health plans for communities.

How have we engaged?

What follows is an overview of some of our engagement projects. We work closely with patients, the public, the community, voluntary and faith sector, staff and partner organisations. Below are a number of images from some of the engagement events we have held over the last year.
Introduction of an engagement framework

A structured engagement framework was introduced to ensure that patients, carers and members of the public have an opportunity to be involved, and that their feedback is part of our governance so it can inform service improvements.

The framework includes:

- **A Patient Advisory Group**, which is a core group of patients representative of our local population that scrutinises materials and plans, and provides public opinion and direction on a range of areas.

- **A Patient Voice Committee**, a formal sub-group of the CCGs' Governing Bodies, which provides assurance to our Governing Body members that patient voice in embedded into the work of the CCGs.

- **Involvement of a wider network of patients and the public as part of an ‘ownership council’, made up of people who want to regularly engage with us and contribute to decision-making.**

The framework has helped us to increase the number of people and types of groups we are able to engage with on a regular basis.
Five year strategic plan

In order to shape healthcare across our areas over the next five years, we carried out an extensive piece of engagement work to understand whether the plans we were putting in place regarding future healthcare were what was wanted and needed within our localities.

The activity included 3,000 conversations with patients and members of the public, and encompassed:

• Quantitative and qualitative methods of engagement
• A telephone survey of over 2,000 residents
• A wide-reaching online survey
• Face-to-face ‘fieldwork’ in supermarkets and in GP practice waiting rooms
• 22 focus groups with specific groups of patients and members of the public involving a total of 318 participants – the groups represented a wide range of sectors of the population, and also gathered views from vulnerable people and patients living with long term conditions

You can find out some of the results of this in the ‘you said, we did’ case study on page 59.

Service redesign

We actively involved patients and members of the public to gather views when setting up a range of new services, including:

• Community ‘direct access’ physiotherapy
• Community musculoskeletal triage, assessment and treatment
• Eating disorders
• Community dermatology

Focus groups were held to discuss plans and get patient advice on the developments of these services. Patients were also further involved in the procurement panels and selection process of the new providers.
How have we improved customer care?

For the first half of the 2014/15 year the CCGs’ customer care service was outsourced to Midland and Lancashire Commissioning Support Unit, with the different aspects of customer care handled by several teams.

From 1 September 2014 the CCGs brought the customer care service ‘in-house’.

The aim was to offer a more joined up, personalised and patient-centred service, with all elements of customer care being provided by one team. The CCGs’ customer care team look after:

- General enquiries received by post, telephone, email, website and social media
- Concerns and complaints
- Compliments
- Freedom of information requests (FOI)
- Enquiries from key stakeholders, including MPs
- Queries from GP practices

Some key service improvements we have made in this area include:

- More opportunities and methods for people to contact us, and more availability of ‘someone on the other end of a phone’
- Higher quality information and quicker responses for people
- Availability of easily accessible information online, included ‘frequently asked questions’ to provide information on requests we regularly receive under ‘Freedom of Information’
- An online web-based reporting form for GP practices to provide us with direct feedback to help inform service improvements
Future plans

Now that we have robust processes in place for making sure patient views are heard and responded to, be it through our engagement function or our customer care service, the next step is for us to improve the tracking of patient experience trends so we can triangulate the information and make sure that this insight is fed through the organisation and to our partners.

This way, the patient voice will truly help to drive improvements in the quality of care and the experiences people have.

Other key aims we have for involving people in 2015/16 include:

• Further strengthening our ownership council in terms of numbers and the types of people involved

• Increased collection of patient stories to help ‘tell the story’ of where improvements have been made or where things are not working as well as they should be

• Use of new technologies when engaging to open up more opportunities for people to get involved who otherwise wouldn’t have, such as young people and people who are housebound

• Improved database management so we can improve communications with our patients by making information more relevant and more targeted
Patient advisory group (PAG)

We have established a new patient forum, the Patient Advisory Group (PAG), which helps us to embed patient and public voice in the work we do. The group is made up of members of the public that represent the diversity of our local population.

The PAG tests patient literature, checks through our policies and plans, and gets involved in service re-design work. The group also promotes ideas and innovation, acting as a forum to raise issues relating to the services we buy, and works with us on our equality and diversity responsibilities.

The group also acts as a link into the CCGs for other groups, such as those in the community, voluntary, and faith sector, facilitating two way discussions between patients, communities and the NHS.

Patient champion award

The CCGs’ engagement and patient experience lead, Glenis Tansey, was awarded the prestigious accolade of Patient Champion of the Year by the NHS North West Leadership Academy.

As Charley Wilkinson, Head of Services at Galloway’s Society for the Blind said:

“Glenis has been pivotal in helping us to raise awareness of the needs of visually impaired people and constantly involves Galloways and our clients alike to ensure their views are taken into account.”

Pauline Ormerod, Co-chair of the Patient Advisory Group, added:

“Nothing is too much trouble for Glenis. I have always found her ready to listen and take on-board the views of patients and patient representatives and to go the extra mile to promote their involvement in the work of the CCGs.”
Children and young people take over day

We invited a group of young people to come and work with us for the day as part of the national young person’s take over day.

The aim of the day was to provide local young people with an understanding of what it is like to work in an NHS commissioning environment, and also for the CCGs to benefit from new ideas and suggestions from those attending that day.

The group, which included children with learning disabilities, managed our Twitter feeds for the day and provided us with suggestions for how we can better help young people access both information on health services, and also the services themselves.
You said, we did

We talked to people in our community to find out what they thought of local hospital, community and GP services. We did this by conducting telephone interviews, focus groups and workshops with people, and by carrying out an online survey.

Issues highlighted included planned and unplanned hospital care, community care and GP services, as well as topics such as transport and the experiences of patients with long term conditions.

We gathered people’s views in their own words and obtained a consensus on the overall opinions of communities, and used the results to help create our five year strategic plan.

The table that follows demonstrates some examples of what you said, and what we did...
<table>
<thead>
<tr>
<th>You said...</th>
<th>We did...</th>
</tr>
</thead>
<tbody>
<tr>
<td>“It would be great for CCGs to gain a deeper understanding of their communities”</td>
<td>We have set up a robust structure to help us ‘harness’ the patient voice more fully, and are tailoring our engagement to target a wide range of different audiences to help improve our understanding of issues and needs</td>
</tr>
<tr>
<td>“We’d like to get more involved with shaping services”</td>
<td>We have developed an operating process to make sure the patient voice is embedded into our cycle of commissioning local services, and will be using new technologies to make it easier for more people to get involved in different ways</td>
</tr>
<tr>
<td>“The needs of different groups such as those from BME backgrounds, disabled people or carers, are not always catered for”</td>
<td>We regularly undertake Equality Impact Assessments when any service change is suggested, and also work closely with our staff to raise awareness of these issues, so this can be taken into account during their day-to-day work</td>
</tr>
<tr>
<td>“Services need to improve communication with patients, especially when there are changes to services”</td>
<td>We will work with all of our providers to help improve communications with all patients, and will work more closely with GP practice patient participation groups (PPGs) to better understand communications issues in practices</td>
</tr>
<tr>
<td>“Waiting times to get an appointment with a GP, hospital, or community services need to be shorter”</td>
<td>All of our commissioning activity and service transformation programmes aim to address the issues of access, including waiting times, and we continually monitor the performance of this through our providers</td>
</tr>
<tr>
<td>You said...</td>
<td>We did...</td>
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<tr>
<td>---------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>“Booking appointments can be problematic”</td>
<td>One of our programmes of work will be to set up a new e-referral process, to improve the booking system for patients, and also for referrers such as GP practices</td>
</tr>
<tr>
<td>“It’s hard to know who to contact - I’d like a single point of contact”</td>
<td>Making pathways and communications easier for patients will be addressed through our service transformation programmes, although it’s not always possible for there to be only one point of contact for a service or health condition</td>
</tr>
<tr>
<td>“Co-ordination of care for people with long term conditions needs to be improved”</td>
<td>This is a priority for us, and at the heart of all our commissioning activity, and should be improved by the integrated neighbourhood teams that work closely with GP practices to support the most poorly patients</td>
</tr>
<tr>
<td>“There is an assumption that everyone has support at home or help from the community”</td>
<td>We know this is not the case, so a major part of our plans is to move more care closer to home and in the community, and also make sure that by understanding patients better we can make sure that useful lifestyle care and support is put in place</td>
</tr>
<tr>
<td>“There needs to be more information and support to help people look after themselves”</td>
<td>Self-care is a key part of our transformation programmes, and one of our objectives is to work more closely with patients, partners and providers to improve information and signposting</td>
</tr>
</tbody>
</table>
Working with our partners
Working with our partners

Making health services better for patients can only happen by ensuring that we work closely with partner organisations so that local health and care can be joined-up and co-ordinated.

We are committed to working with our partners at every step of the way, be it with other CCGs, NHS and non-NHS providers, local authorities, the voluntary and community sector, or regulatory bodies.

At a national level this has included Chorley and South Ribble CCG Chair, Dr Gora Bangi’s involvement with NHS Clinical Commissioners as a board member. NHS Clinical Commissioners is the membership organisation of CCGs, which provides strategic direction for the health service and influences and lobbies national bodies, government and parliament.

At a regional level, we work with Lancashire County Council and neighbouring CCGs to contribute to the delivery of the county’s health and wellbeing strategy.

We do this in a range of ways, including:

- Collaboration through a Lancashire-wide Joint Officers’ Working Group, which is a sub-committee of the Lancashire Health and Wellbeing Board.

- Leadership role on the Lancashire Health and Wellbeing Board – the 2014/15 Chair of Greater Preston CCG, Dr Ann Bowman, was its Vice-Chair, a role that will be continued by the new Chair, Dr Dinesh Patel.
• County-wide strategic leadership by our Chief Officer, Jan Ledward, for the re-submission of the Better Care Fund, which was not approved when it was first submitted, but has now been approved without any conditions.

As well as making sure we have on-going input into strategic county-wide issues, we also host Lancashire Clinical Commissioning Groups’ Network, where CCGs come together to make a range of county-wide decisions, which includes dealing with issues such as clinical policies, medicines management and the collaborative commissioning of some specialised services.

At a local health and social care economy level, we lead a Clinical Senate, which has a membership made up of Chairs, Chief Executives, Executive Officers and Clinical Directors of all commissioning and providing organisations, including the local hospital and community providing trusts, the regional ambulance service and the county council.

Key priorities for the Clinical Senate during 2014/15 have included a system-wide urgent care transformation programme, and leading activity to help local services deal with pressures.
Lancashire’s Better Care Fund

Lancashire residents will see more integrated health and social care services following an agreement that was signed on 1 April 2015.

The agreement, between Lancashire County Council and local NHS clinical commissioning groups, marks the first step in Lancashire’s £89m Better Care Fund plan to improve services.

This means that for the first time the county council and NHS organisations will have access to a budget they can use to fund specific joint health and social care projects. The aim is to make local health and social care services much more joined-up, providing patients with more choice and better access, particularly for those with long term conditions or complex care needs.

The Better Care Fund plans are led by Lancashire Health and Wellbeing Board. The board represents the organisations involved in health and social care across the county, and has a key remit to improve the health and wellbeing of the local population and reduce health inequalities.

The performance of the plans will be monitored against a range of indicators, including:

- A reduction in the number of unplanned admissions into hospitals
- A reduction in the number of people whose discharge from hospital is delayed
- A reduction in people being admitted to nursing and residential homes
- An increase in the number of people remaining in their home after accessing rehabilitation or reablement services
Health Business Awards

We were shortlisted for a ‘collaboration’ award in 2014 at the Health Business Awards for our partnership working around the system-wide urgent care transformation programme, which includes equal partnership and delivery responsibilities for both the CCGs and other local health and care commissioners and providers.

The same area of focus was also entered in the ‘clinical commissioning’ category, which we won!
Developing primary care services
Developing primary care services

High quality, accessible services within a primary care setting are vital to make sure that patients can access health services through what is often the gateway to getting a diagnosis or being referred for treatment or care.

A number of key developments have taken place within primary care, which are outlined below. You can also read about how we have improved access to GP appointments for our local residents, and also how we have developed a strategy to ensure that GP services continue to be sustainable in the future.

Key developments

Direct access to diagnostics:

A number of services have been redesigned to allow GP practices to refer directly to diagnostics rather than a patient needing to be seen by a hospital consultant first.

The services with ‘direct access to diagnostics’ include MRI scans for knee problems, CT scans, nerve conduction studies, and diagnostics for suspected prostrate and colorectal cancers.

Identifying high risk patients

GPs now have access to a ‘risk stratification’ system called RAIDR, which stands for ‘reporting analysis and intelligence delivering results.’

This system enables practices to determine which of their patients may be at a high, medium or low risk of being admitted into hospital, and means that early interventions can be put in place to try and prevent this from happening.
Multi-disciplinary team meetings

Patients who may be at a high risk of being admitted to hospital, either due to having a long term condition, having multiple illnesses, or due to their age, are looked after by a local integrated neighbourhood team (INT).

The INT consists of various community health care professionals including district nurses, community matrons, occupation health therapists, physiotherapists, mental health practitioners and social care representatives.

GP practices manage ‘multi-disciplinary’ team meetings, bringing together the healthcare professionals involved in a patients care, where they can discuss these high risk patients. The aim is to proactively support these patients in their usual place of residence.

In the future

In 2015/16 the CCGs take on full delegated responsibility for the commissioning of GP services (NHS England will continue to performance manage GPs). Our hope is that this will enable us to achieve our vision of making all services, whether they are based in or out of hospital, much more joined-up and patient-centred.
Increasing access to GP appointments

To help reduce pressures on key urgent and emergency care services in the winter, local residents were given the opportunity to access an increased number of GP appointments at evenings and weekends.

Across the area, 50 GP practices offered extended opening hours, with some staying open until 8pm in the week, and others offering Saturday and Sunday morning appointments.

The initiative received good feedback from patients and practice staff alike. Many patients stated that had the appointments not been available they would have attended A&E or an urgent care centre instead.

While the extended opening times were initially set up to run between October 2014 and March 2015, this scheme is now being continued until at least September 2015 before it is reviewed again.
Caring for patients outside of hospital wherever possible is important, not only because it is best for the patient, but also because it will help to make sure that health services can continue to be high quality, safe and sustainable in the future.

Having high quality and accessible primary care services is essential to delivering this vision for more ‘out of hospital’ care, but in Chorley, South Ribble and Greater Preston there are a number of challenges in relation to GP services that could become a threat to this.

We know that we have a below average number of GPs per head of population, which is exacerbated by the fact that we have a high number of GPs on the cusp of retirement. We also have increasing numbers of people to look after, not only due to people living longer, but also because of housing plans locally meaning that there is likely to be an increase of people moving to the area.

With these issues in mind, the local Clinical Senate commissioned a piece of work to find out what the ‘state of the nation’ was in relation to local GP services.

Following extensive qualitative and quantitative research, a baseline report on primary care was produced, which provided a wide range of robust information, data and evidence, and a much clearer picture the situation.

The report highlighted a real case for changing GP services, and a number of key principles for redesigning primary care for the future, including suggestions of more collaboration amongst GP practices, and ideas of how primary care pressures can be better managed.

This review will inform our primary care development strategy and activity moving into 2015/16.
Our people
Our people

We have one management and staff team that works across both CCGs, which means that we are able to plan local health services, which are fair and equal, across a relatively large area and population.

Our staff are employed by NHS Chorley and South Ribble CCG and seconded to NHS Greater Preston CCG. We have around 60 employees.

We also utilise a range of support from NHS Midlands and Lancashire Commissioning Support Unit, some of which comes from a hub team, and some of which is provided by ‘embedded’ staff teams based with the CCGs at its head office base at Chorley House in Leyland.

Our employees are supported with a range of human resources policies, from flexible working to performance management and encouraging positive attendance. Any new policies that relate to staff or HR are opened up to consultation, and are approved by a Lancashire Staff Partnership Forum that includes trade union representatives. These policies are also then ratified by the CCGs’ Remuneration Committees.

To make sure that staff are well supported and that people’s talent is well-managed to help them progress, during the year we implemented a programme of organisational development activity.

This encompassed a range of key training workshops, covering issues such as values and behaviours, customer experience and performance management.
Staff were involved in developing organisational values and competencies, and were also given the opportunity to provide input into the CCGs’ strategic and corporate objectives at a dedicated away day.

We have also set up a new appraisals and reviews process, which launched in January 2015, to ensure that at all times staff will know what their personal objectives and development goals are, and also how the work they do fits into the CCGs’ vision and objectives. To date, 70% of staff have a finalised performance plan in place for the financial year.

A staff survey was undertaken in January 2015, which 90% of staff responded to.

High level results from the survey showed that:

- The majority of staff feel well engaged with the CCGs
- There are opportunities for managers to further help improve staff understanding of the corporate objectives and how they relate to their day-to-day roles
- Communication channels are working well, but could still be improved even further
- There are opportunities to improve the working environment, in particular in relation to noise and break and rest room facilities
- Staff feel valued
- The employee/manager relationship can be improved further
Scores related to the way individuals feel were as follows:

• 90% of respondents agree they have the tools to do their job effectively

• 71% of respondents agree they have enough opportunities to contribute to the decisions that affect them

• 63% agree their manager helps them to understand how corporate objectives relate to their role

• 61% agree that their immediate manager inspires them

Overall, there is a balanced view from staff regarding what it feels like working in the CCGs, and the descriptive words given below provide indications that some are enjoying work and some feel there are more opportunities to improve things...
You can find out more about our staff by viewing our ‘workforce profile’ in the equality report which is available on our website.

A programme of talent management and succession planning has also been implemented for our CCG Governing Body members, which has included a range of key training and development sessions, and a number of successful elections to ensure that the Governing Bodies continue to have a full complement of members representing local practices in decision-making.

This development activity will continue into 2015/16, alongside a new Governing Body member performance management process, that includes 360 degree appraisals and regular one-to-ones with the CCG Chairs. This will ensure that those serving on the Governing Body are given the tools, skills and knowledge they need to deal with some of the ever-increasing responsibilities coming to the CCGs.
Improved communications channels

Since the CCGs formed we have delivered a variety of communications to a wide range of audiences.

Our communications services used to be externally resourced, but from the summer of 2014, a new in-house team joined the CCGs to deliver high quality, bespoke and targeted communications activity to our stakeholders.

The team is responsible for internal and external communications, media relations, digital, social media, design, marketing and publications and event planning.

The highlights

• The number of visitors to the CCG websites has tripled over the past 12 months, and the level of activity of each individual user has doubled, which leads us to believe that the websites are usable and useful.

• The websites also gained AA (WCAG) compliance, which means they are fully accessible for all.

• The CCGs’ Twitter feeds have seen follower numbers double in the last 12 months.

• 90% of CCG staff completed a staff survey, and 82% of respondents felt that internal communications are working well, with many finding communications ‘honest and open’.
Providing the news

To make sure we keep people informed, we launched a range of e-newsletters during 2014/15.

• Employees are crucial to delivering the vision of the CCGs, and receive a bulletin every Monday called ‘Our Week’ with key information and updates.

• CCG members are a vital gateway to a better informed GP network, so every month GPs and practice managers receive ‘Newsbeat’, featuring strategic and operational information, and news on key training and events.

• Local communities can give key insight to help us improve services, and we created ‘Health Matters’ to give them additional information to find out about the work of the CCGs and get involved in areas that interest them.

Continually developing

We continue to improve our communications by regularly asking people what they think of our channels.

During 2015/16 we plan to increase the volume of proactive public relations and media relations we undertake, expand our social media activity even further, implement a new stakeholder relationship management system to allow us to utilise targeted email marketing, and implement a range of technology-driven enhancements, such as online chat functions.
Looking ahead to the 2015/16 year, we want to develop a new health system that delivers high quality, sustainable health and care, which has the following principles:

- Citizen inclusion and empowerment
- Wider primary care, provided at scale
- A modern model of integrated care
- Access to the highest quality urgent and emergency care
- A step change in the productivity of elective care
- Specialised services concentrated in centres of excellence

We are driven by the strategic priorities that were introduced as part of our five year strategic plan:

- Improve quality through more effective, safer services which deliver a better patient experience
- Commission care so that it is integrated and ensures an appropriate balance of provision between acute and primary provision
- Be a financially sustainable health economy
- Ensure patients are integral to the planning and management of their own care and that their voice is captured in the commissioning process
- CCG seen as the system leader and well run clinical commissioning group

2014/15 has seen increases in demand nationally and locally, and this has placed real pressure on hospital services. To respond to these demands, we need to increase the pace and scale of transformational change, invest our limited resources wisely, empower patients and fully engage our communities.
We will continue to work collaboratively with our partners to deliver bold changes to health services to ensure local people continue to receive high quality and safe healthcare in the future.

This transformation will be realised by the delivery of five key areas, which are outlined below. We will monitor the delivery of these areas using a range of integrated performance reports, which as well as tracking progress will monitor any associated risks and key performance indicators.

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Primary care

The aim here is to increase capacity and improve the quality and consistency of primary care services offered, by making primary care the solid foundation on which integrated and joined-up models of care are built.

We will do this by:

- **Co-commissioning GP services** – we have full delegated responsibility for commissioning primary care, which means we can lead local decision-making, deploy resources to the right areas, and work with primary care to develop better ‘out of hospital’ services that are based around the needs of the population.

- **Improving information technology (IT)** – integrating GP IT systems will enable generalist and specialist services to work together in a more integrated way and support the development of seamless systems of care to improve outcomes and experiences for patients.

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Elective care

It is vital that we reduce the number of unnecessary and lengthy stays for patients in hospital, and we can only do that by improving elective (planned) care that is closer to home, more accessible, and focused on prevention and improved patient experiences.
We will do this by:

• **Implementing a new ‘e-referral’ service** – this new system will be the key to reducing the number of people that do not attend their appointments, reducing the number of costly consultant-to-consultant referrals, and will also help to inform on-going service change and improvements.

• **Reviewing services** – this will help to make sure that the right services are provided in the right place, and at the right time. Some key areas outlined for review are foot screening services for patients with diabetes, as well as cancer and cardiology pathways.

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**Urgent care**

While we work to make sure more care can be provided out of hospital, hospital services themselves need to be resilient and high quality, and able to cope at high pressure times, such as during the winter season.

We will do this by:

• **Improving access to urgent (non-emergency) care services** – continuing to ensure that patients can access high quality urgent care services that sit at the ‘front end’ of A&E at our two main hospital sites is at the heart of making sure that emergency services are kept free for those with life threatening illnesses or injuries. Construction of a purpose-built urgent care facility at Chorley Hospital is due to be completed in the summer of 2015, and plans are taking place to redesign some of the facilities at Royal Preston Hospital to the same aim, which is to continue to reduce inappropriate attendances at A&E and provide an easy-to-access service that is responsive to patient needs.

• **Increasing the flexibility of ‘step up, step down’ beds** – making sure that, where appropriate, patients can be looked after in beds outside of hospital can help reduce the pressure on secondary or acute care. By ‘stepping down’ patients from hospital, or ‘stepping up’ patients from their home or the community, the ‘flow’ of patients can be improved, meaning that hospital beds will be protected for those most at need, and that fewer elective (planned) operations are cancelled. It will also promote faster recovery and discharge of patients, and reduce the need for residential or domiciliary care in the longer term.
Mental health

A key priority is the implementation of ‘parity of esteem’, which is a commitment to treating mental health issues with the same importance as physical health.

We will do this by:

- **Developing a ‘single point of access’** – having a single point of access where patients can be initially referred to a consultant for assessment and triage will make sure that the patient is directed to the most appropriate service, quickly.

- **Improving diagnosis of dementia** – early diagnosis of dementia is important as it means that patients with the illness can have the best treatment so that they can live a good quality life. Putting in place specialist dementia nurses in the community and working closely with GP practices to help identify patients with suspected dementia will be key to improving in this area.

Collaborative commissioning

Working in partnership with other commissioning organisations is the only way to commission efficient and effective specialist healthcare, particularly when a service needs to be managed across the whole of Lancashire.

We will do this by:

- **Reviewing services** – focusing on the implementation of a new Lancashire-wide stroke service, and also the redesign of vascular services, which will have a real benefit for patients locally and across the county.

- **Increasing access to Child and Adolescent Mental Health Services (CAMHS)** – collaborating to make sure there is 24/7 access to CAMHS will realise significant improvements in the mental health support available for young people. Provision of specialist services for over 16s and services for patients with learning disabilities will also be included in this work.

To find out more about our plans for 2015/16 and for more detail on the key delivery areas, please see our two year operation plan, which is published on our CCG websites.
Big White Wall

Big White Wall is the name of a safe, online community of people who are anxious, down or not coping, who support and help each other by sharing what’s troubling them. It’s a system that the CCGs have commissioned to support people with mild to moderate mental health issues, and they can discuss these and access tailored online support.

Available 24/7, Big White Wall is completely anonymous, so patients can express themselves freely and openly. Professionally trained professionals, known as ‘Wall Guides’, are also online in the community to ensure the safety and anonymity of all members.

We are committed to providing services to help anyone suffering with mental health illnesses, and while in 2014/15 this service has been launched on a relatively small scale, we will continue to review this to see how we can use this, and other initiatives, to further support people with less severe mental health issues.
Glossary of terms
Glossary of terms

Ambulatory care
A patient-focused service where some conditions may be treated without the need for an overnight stay in hospital.

Better Care Fund (BCF)
A £3.8 billion pooled budget for health and social care. It aims to provide better outcomes for people who use health and social care services by helping to ensure that those services are integrated.

Care providers
The main care providers in this area are Lancashire Teaching Hospitals (Chorley and South Ribble Hospital and Preston Royal Hospital); Lancashire Care Foundation Trust and Ramsay Health Care at Euxton Hall, Fulwood Hall and Renacres Hospital.

Care Quality Commission (CQC)
Checks if health care services are meeting the national standards.

Clinical senate
Are a source of independent, strategic advice and guidance commissioners and other stakeholders to assist them to make the best decisions about healthcare for the population they represent.

Commission
The process of planning, agreeing and monitoring services. Services range from a health-needs assessment for a population, through the clinically-based design of patient pathways, to service specification and contract negotiation or procurement, with continuous quality assessment.

Commissioning for quality and innovation (CQUIN)
The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers’ income to the achievement of local quality improvement goals.

Commissioning Support Unit (CSU)
CSUs provide commissioning support services to NHS commissioners, including local Clinical Commissioning Groups (CCGs), NHS England, acute trusts and local government.

Elective care
Care that is provided at a planned or prearranged time rather than in response to an emergency.
End of life care
What you can expect from health providers at the end of your life, including palliative care to control pain and other symptoms and to offer psychological, social and spiritual support.

Equality Delivery System (EDS)
Helps local NHS organisations to focus on their local populations to review and improve their performance for people with characteristics protected (Equality Act 2010).

Friends and Family Test (FFT)
Enables healthcare services to report if patients and carers would recommend their services to their friends and family members.

Health economy
The health economy focuses on efficiency, effectiveness, value, and behaviour in the management of health and healthcare.

Health inequalities
Health inequality is the differences in the quality of health and healthcare across different populations, such as the “presence of disease, health outcomes, or access to health care” across different age groups, people with disabilities, gender (including gender reassignment), cultures (race and religion), sexual orientation and socioeconomic groups.

Healthcare associated infections
Infections that are acquired in a hospital or other healthcare setting, such as a hospice or care home, or as a result of a healthcare intervention or procedure.

Long term conditions
Long term or chronic conditions are illnesses that cannot be cured and that people live with for a long time, such as diabetes, heart disease, dementia and asthma.

Major incidents
The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident.

Monitor
The sector regulator for health services in England. It is a non-departmental public body of the United Kingdom government.

Never Events
Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

NHS England
Previously known as the NHS Commissioning Board, it has overall responsibility for the NHS commissioning budget. The main aim of NHS England is to improve the health outcomes for people in England. It will set the overall direction and priorities for the NHS as a whole.
NHS England Local Area Team
NHS Local Area Teams have a core function of CCG development and assurance; emergency planning, resilience and response; quality and safety, partnerships, configuration and system oversight.

NHS Leadership Academy
A Centre of Excellence and beacon of best practice on leadership development, owned by the NHS and working for all those involved in NHS funded care.

Operational delivery plan
The CCG plan reflects and builds upon our three to five year integrated plan and sets out the work we are undertaking in collaboration with our partners in neighbouring CCGs and local and District Councils.

Ownership council
Enables members of the public who live or work in the area to give their views on local health services in the area.

Peer groups
A group of people of approximately the same age, status, and interests.

Primary care
Is health care that is provided in the community for people making an initial approach to a medical practitioner or clinic for advice or treatment.

Public Health England (PHE)
Works with national and local government, industry, and the NHS, to protect and improve the nation’s health and support healthier choices. PHE is addressing inequalities by focusing on removing barriers to good health.

Quality accounts
A report about the quality of services by an NHS healthcare provider. Quality accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.

Quality visits
Are visits undertaken by key members of the CCG to check the quality of care within the provider environment by walking around the services doing observation checks and talking to staff.

Secondary care
It may be unplanned emergency care or surgery, or planned specialist medical care or surgery. If you go to hospital for planned medical care or surgery, this will usually be because your GP, or another primary care health professional, has referred you to a specialist.
Step down
When a person is discharged from hospital to a rehabilitation unit to receive help and support to enable them to return home.

Step up
When a person is admitted to a place of care from home because they have health problems that require short term nursing help and support.

Urgent care
Fast access to health advice or medical treatment without the need for an appointment or referral. For conditions that are urgent but not life-threatening and minor injuries such as cuts, sprains and small fractures.

Urgent care services
Accident and emergency departments, major trauma services, ambulance services, minor injuries units, walk in centres and NHS 111 services.
Contact us
Contact us

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اردو

اس دستاویز کی کاپی کسی دیگر فارمیٹ جنسی دیگر زبان نیں، بہت حروف يا آذیو مین حاصل کریں کے لیے برائی مہربانی مندرجہ ذیل پریم سے رابطہ کریں:

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