

Royal Free London NHS Foundation Trust

Programme Area	Services	Commissioning Intention
Cancer	Risk Stratification of Prostate Cancer	Prostate cancer patients will be discharged to their GP for the management of their prostate cancer.
Planned Care	Management of patients post prostate Cancer treatment.	Decommission routine follow ups from secondary care for specific cohort of patients, and recommission from primary care via a Locally Commissioned Service (LCS)
Long Term Conditions	Cardiology - End to End Pathway	Implementing an End-to-End Cardiology pathway that includes a community-based heart functioning improvement service, which went live on the 6th June 2016.
Long Term Conditions	MSK - procure new pathway model	The Right Care Value pack has identified Barnet as an outlier, a review of the pathway is currently underway and it is anticipated that a new model of care will be procured.
Long Term Conditions	Neurology	Develop a fully integrated model of care with dedicated Multi-Disciplinary Teams (MDT) working as a system, in community settings, to deliver a responsive and tailored health care service to people with neurological conditions across Barnet. The aim would be to reduce unplanned and avoidable admissions to hospital and to improve medicine's management through changes to prescribing practice
Integrated Care	Discharge to Assess	Ensure the onward care of a patient is prioritised by moving patients out of an acute bed, and moved on to the patients most suited onward care journey in a reasonable timeframe. Important features include the trusted assessment between health and social care, in-house reablement and rehabilitation, and care co-ordinators to support patients and their families throughout the discharge process

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Integrated Care	Frailty Pathway	Development of Frailty pathway including review of Rapid Response services and locality based Integrated Teams
Integrated Care	Stroke Services	NCL-wide review of the end-to-end stroke services pathway and a focus on enhanced community capacity (Early Supported Discharge) with an increased skill base. This will include a reduction in Level 3 inpatients, some of which is already taking place at Edgware Community Hospital, where bed capacity is being used for general rehabilitation.
Integrated Care	Tissue Viability	A review of the current pathway as identified a number gaps in primary care provision. 1. New model will support the delivery of care in a community setting. 2. Enable the reduction of unscheduled attendances to A&E due to wound care breakdown. The model will introduce chronic wound care hubs bridging the gap in service provision between primary, community and acute care
Children and young People	Community Paediatrics	Current service specification with RFH is out of date and needs reviewing in the light of new legislation for SEND. The new timeframes in particular, will put pressure on the community paediatrics pathway.
Children and young People	Enuresis and Continence Management	Review of existing service available within primary care, provided by CLCH and RFL to understand what is currently available, the gaps, improve the pathway and possibility of recommissioning from one provider or supporting primary care to provide.
Children and young People	Orthoptics	Move to an integrated service model. On hold. Decommission CLCH and Royal Free. Re-specify and procure during 2017/18
Children and young People	Epilepsy services	To undertake an in-depth review with the intention of enhancing the existing Epilepsy service in line with population

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		growth and NICE guidance
Children and young People	Respiratory services	To undertake an in-depth review with the intention of developing and commissioning of a Children's Asthma service
Children and young People	Allergy services	To develop a Children's Allergy service
Children and young People	Paediatric diabetes	To undertake an in-depth review with the intention of enhancing the existing diabetes service in line with population growth.
Children and young People	Palliative care	To review as to the future needs of Children's that require palliative care
Planned Care	Chronic Kidney Disease (CKD) acute service	To commission a community element to the RFL CKD service including triage and nurse led clinics.
All Areas	All Services	Enablement of Care Integrated Digital Records (CIDR) services across all local health and social care providers. This includes the continual evolution of data sharing for clinical and social care information - access to data at the point of care (part of FYFV - Digital by 2020) All Providers will need to be able to share patient records digitally (their IT systems will have open API capabilities enabled)
Primary Care	Commission anticoagulation services from GPs/Barnet Federation	Support the development of the Barnet GP Federation to deliver list based services to the Barnet Population,
Primary Care	Provision of 7 day 8-8 services out of hours	Commission the Barnet GP Federation to provide additional appointments both bookable and urgent from 6.30-8.00pm Monday to Friday and 12 hours per day on Saturday and Sundays in the 3 Barnet

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		Localities
Primary Care	Commission a new Local Commission Service	Commission one universal local commissioned service from Barnet GP practices/service provider(s) that supports the requirements of the Transforming Primary Care - SCF and health needs of the Barnet population
Primary Care	Future commissioning of existing Local Commissioned Services from GP Practices	Consider decommissioning the following LCSs from Barnet GPs: Anti-coagulation, End of Life Care, Looked After Children (LAC), homeless, methotrexate and medicines management. Conditional on reprovision of services as part of a universal LCS
Urgent and Emergency Care	Walk-In Centre	Review of the Walk-in Centre service commissioning arrangements as part of the wider urgent care review and the Finchley Memorial Hospital development to enhance primary care service
Urgent and Emergency Care	A&E attendance reduction and admission avoidance	To reduce the numbers of patients entering emergency departments (EDs), and to reduce hospital admissions where possible for those whose health needs can be more appropriately met outside of an acute setting. To support these patients to receive the right care in the right place by informing them simply of where they can access the most relevant services to them outside of an ED setting.