Working together for a healthier Nottingham

Patient Prospectus
Contents

1. Introduction .................................................................................................................. 4
2. About commissioners and Nottingham City CCG .......................................................... 5
3. Local health and wellbeing ............................................................................................. 8
4. Our ambitions for local health services ....................................................................... 9
5. How we plan to spend our budget this year ................................................................. 12
6. What you can expect from us ....................................................................................... 13
7. How you can help us .................................................................................................... 15
8. Contact us .................................................................................................................... 15

APPENDIX: Expected rights and pledges from the NHS Constitution 2013/14
(subject to current consultation) ....................................................................................... 16
1. Introduction

We are delighted to present our Patient Prospectus for the year ending March 2014. It explains what we do as a Clinical Commissioning Group (CCG) and the ambitions we have for improving health services in Nottingham. It also outlines our relationships with our partners and how we work together to make sure that we are delivering the same goals locally.

One of our first steps was to work with patients, local people, GPs, clinicians and partners by listening to their views so we could develop our vision and priorities for local healthcare. Together, we have agreed steps to enable us to respond to those needs.

Our vision is clear: We believe that local healthcare services should revolve completely around the needs of patients and their carers. We will ensure that our patients are safe and that they receive the best possible care and treatment for them as individuals. We believe that our patients and their carers should have a positive experience of consistently high quality care which is delivered with compassion.

Not only will our services be of high quality, but they will also offer the best value for money, will involve minimal waste and will vary as little as possible across the City. Wherever sensible, services will be more joined-up with social care. This means that patients will experience a more seamless journey throughout their care and treatment.

Patients and carers will also feel well-informed in order to make appropriate choices about how to access and use local healthcare services. They will be involved in planning future healthcare services and will have a direct say in important discussions and decisions about how we plan and buy health services. Equally, we will support our member GPs, clinicians and staff so that they feel able to be innovative and to make continuous improvements for their patients.

From the most senior levels to the front-line, clinicians and staff from NHS commissioner and provider organisations will be clearly focused on the requirements of local people. We will be open, transparent and, above all, accountable to our population for delivering the things we say we will and for responding effectively to the needs of local people.

We continue to listen to people and act on their feedback, and encourage everyone to have a say about how we develop local healthcare services. If you have any ideas or comments to share, please get in touch with us using the contact details provided on page 15.

Dawn Smith
Chief Officer

Hugh Porter
Chair
2. About commissioners and Nottingham City CCG

Why clinical commissioning groups were introduced

Clinical Commissioning Groups (CCGs) were set up in response to the health reforms announced in 2010 by the current coalition government. These saw the transfer of the majority of healthcare commissioning from primary care trusts (PCTs) to clinically-led, membership organisations – clinical commissioning groups (CCGs).

Nottingham City CCG was authorised to operate as a statutory body from April 2013. Before this we operated as a shadow organisation, reporting to Nottingham City Primary Care Trust (PCT) from April 2011. Under this arrangement we had the responsibility of managing many areas of commissioning. This meant that by the time we launched our CCG we already had two years’ experience of commissioning local health services.

What NHS commissioners do

Being an NHS commissioner means we are responsible for planning and buying healthcare services that meet the needs of the local population. To do this well, we have to make sure we understand what health problems affect people living in Nottingham City. We then plan and buy services that will help local people the most, and we involve patients, carers, partners and others throughout the process.

We are responsible for making sure that the health care provided is of a high standard, that it continues to make important improvements, that it offers value for money and that arrangements are in place to make sure people are looked after in the best way possible.

We also work with partners to focus on areas which have health inequalities and to identify ways in which we can make improvements for the future. For example, we would take action to improve life expectancy if children born in one area of the City were not expected to live as long as children born in another, or if people living in Nottingham had a higher chance of dying from cancer than people living elsewhere in England.

Although our member GPs provide patient care within their practices, as a commissioner we do not directly provide any healthcare or treatment ourselves.

Services we do not commission

Our CCG is not responsible for some of the areas of health care that used to be commissioned by the former PCT. This is because of the changes made as a result of the Government’s reforms.

- Public health services have transferred to Nottingham City Council. These services include responsibility for prevention and health promotion, such as sexual health, smoking cessation and initiatives to target obesity and misuse of alcohol and drugs. The Council also has responsibility for planning and buying public health services for children aged five to nineteen. From April 2015 it will also commission services for children aged less than five years old. As with the NHS, these services are free at the point of delivery. We work very closely with the Council to improve the quality of health and health outcomes.

- NHS England is now responsible for buying and planning primary care, and for managing contracts with GPs, pharmacists, opticians and dentists. It also commissions specialised services such as renal transplant and neo-natal intensive care services.
An organisation led by local clinicians

The major difference between our CCG and the former PCT is that GPs and other clinicians now play a far greater leadership role in commissioning, and they have more responsibilities than before.

We are a dynamic, clinically-led organisation, made up of 62 GP member practices and more than 200 GPs. The CCG is led by our GP practice members for the benefit of the people we serve. We are accountable to local people, and we report to NHS England.

Our Chair is a GP, and three more GPs sit on our Governing Body, together with a secondary care doctor from outside Nottingham, and an independent nurse. A fourth practising GP also attends Governing Body meetings as an advisor. All but one of our lead clinicians also regularly see and treat patients.

The local Director of Public Health attends our Governing Body meetings and is a key advisor to our leadership team. We also have a Clinical Council, which is made up of GPs who have been appointed from each of our four practice clusters (groups of practices that work together). The Clinical Council is responsible for providing clinical leadership and advice to the Governing Body on the development and delivery of our vision and strategy. A leading GP sits on each of our strategic programmes, and we hold regular cluster meetings and training and development sessions to ensure the involvement of all GPs and other practice staff.

Experienced and professional commissioners

Although we are relatively new as an organisation, GP member practices have worked together across Nottingham City for many years, whether in practice-based commissioning, or in the development of new services and initiatives. Our networks and relationships with partners, in particular Nottingham City Council (including public health and social care), are well-established and we continue to build on these as a CCG. Our geographic boundary is the same as that of Nottingham City Council and of the former Nottingham City PCT. For these reasons, we know and understand the health needs and challenges of our local population very well.

Our main providers

The CCG commissions health care for its population from a number of providers.

Our main acute care provider is Nottingham University Hospitals NHS Trust, which looks after the vast majority of our hospital admissions (17 people in every 20).

For mental health and learning disabilities, our key provider is Nottinghamshire Healthcare NHS Trust.

Nottingham CityCare Partnership provides many of our community-based services, including community nursing and the NHS walk-in centre on London Road.

We also commission services from NHS organisations outside our area and from independent and voluntary organisations, for example Nottingham Woodthorpe Hospital, Circle, BMI The Park Hospital, Age UK, and Self Help Nottingham.
Our partners

We know that we need to work with organisations and groups to make the greatest difference to the health and wellbeing of local people. For example, a person recovering from a stroke may need services both from community nursing (provided by the NHS), and from social care (provided by Nottingham City Council).

There are also many wider factors which impact on people’s health and wellbeing, in both the short and the long term. If we do not work with partners today to help prevent poor health, more people will develop illnesses in the future and need our services when this could have been avoided. Obvious examples are smoking, eating unhealthily or drinking alcohol. However, other factors such as poor housing, unemployment and low income are also known to have a direct knock-on effect on a person’s health.

For these reasons, and because we know that working with other organisations can unlock opportunities to do things better, on a larger scale, and more efficiently, we work with a range of partners. Our key partners are shown in the table below (figure 1).

Figure 1: NHS Nottingham City CCG’s main partners and providers

<table>
<thead>
<tr>
<th>Key partners</th>
<th>Key providers (commissioned by us)</th>
</tr>
</thead>
</table>
| **Neighbouring CCGs:**  
- Nottingham North and East  
- Nottingham West  
- Rushcliffe  
- Mansfield and Ashfield  
- Newark and Sherwood  
- Erewash  
- NHS England  
- Nottingham City Council (including social care and public health) | **Where most of our patients go:**  
- Nottingham University Hospital NHS Trust (acute hospital services)  
- Nottinghamshire Healthcare NHS Trust (mental health and learning disability services)  
- Nottingham CityCare Partnership CIC (community services)  
- East Midlands Ambulance Service (EMAS)  
**Other providers:**  
- Sherwood Forest Hospitals NHS Foundation Trust (acute hospital services)  
- County Health Partnerships (community services)  
- Independent, e.g. Circle, BMI The Park Hospital, Woodthorpe Hospital  
- Voluntary, e.g. Age UK, Self Help Nottingham  
**Primary care providers (commissioned by NHS England)**  
- 62 GP practices  
- 65 community pharmacies  
- 46 dental/orthodontic practices  
- 35 opticians |
3. Local health and wellbeing

Working with other partners such as ourselves, the Public Health department studies the health and wellbeing of the local population in great detail. Every year a local report, called the ‘Joint Strategic Needs Assessment’ (JSNA), is updated to provide the latest health and wellbeing information. It includes the backgrounds and circumstances of local people, such as employment status, income levels, age, ethnicity, and areas of deprivation (areas or groups where people experience low levels of income, higher unemployment and crime and poorer education, environment, health and access to housing).

The JSNA is important to us because it informs our commissioning decisions and plans for physical and mental health and wellbeing. We assess the current, and future health and care needs of the local population, and decide how best to use our budget to meet them.

The JSNA is extremely detailed and can be found online at www.nottinghaminsight.org.uk.

Some of the key facts and figures from the JSNA are listed below.

### Key facts from the JSNA at a glance:

- 306,700 people live in the Nottingham City area, and 340,000 patients are registered with City GPs
- One person in three is aged 18 to 29 years
- Just over one person in six is a full-time university student
- One person in four is from a black or minority ethnic background
- More than one in five of all school children have a first language that is not English
- Two in three areas are in the top 20 per cent most deprived in England
- People living in the poorest wards (e.g. St Ann’s and Arboretum) are living on average ten years less than those in the most affluent ward (Wollaton West)
- The biggest killers are cancer, respiratory disease and cardiovascular disease (e.g. strokes and heart attacks)
- One in four local people dies from cancer, and survival rates are poorer than the national average
- In 2010, Nottingham had the third highest percentage of people who smoke in England
- One in twenty deaths in the City is alcohol-related and there are rising numbers of alcohol-related hospital admissions.
- One in ten local 999 calls are from older people who have had a fall
- Nearly half of our older people have at least one long-term condition, such as dementia, diabetes or respiratory disease, and many have more than one
- At any given time, at least one person in ten in hospital has diabetes
- 46,000 people have common mental health problems (e.g. depression)
- Around 6,000 people aged 18 years or more have a learning disability
- An estimated 8,700 people have a severe disability of some kind
- Nearly 11,000 children aged under 18 attended A&E in 2012 because of accidental injury; most under-fives’ injuries related to falls and burns
- Nearly one person in ten is providing care for a family member or friend who is elderly, disabled or in poor health.
4. Our ambitions for local health services

We have a clear vision for local health services, and we involved local people in developing it. It guides everything we do and is:

“We will work together with compassion and caring to improve health outcomes and end health inequalities through the provision of high quality, inclusive and value-for-money services that are patient-centred.”

Our strategic priorities

We have identified six strategic priority areas where we intend to make stepped changes over the next three years. These address the most significant needs of our local population, and are based on:

- Information about population health and outcomes, including the local JSNA
- What patients, carers and local people have told us is important to them
- Information and feedback from member practices, GPs and other clinicians, providers (such as hospitals or community services) and partners
- National, regional and local priorities, including the NHS Outcomes Framework

The six priorities are set out in the diagram below. Delivering the sixth priority, ‘developing an effective and efficient urgent care system’, will help to support many of the changes within the other five areas. All priorities are of equal importance.

Figure 2: Our strategic priorities 2013-2016

Our six priorities, and how we will deliver them and measure our successes in each area, are described in detail within our three-year strategy. This can be downloaded from http://bit.ly/CCG-strategy. Our work in these areas is over and above the standard NHS obligations we have to deliver, such as those outlined within the NHS Constitution, the NHS Outcomes Framework, and other national and local priorities.
**NHS Outcomes Framework**

We are equally committed to delivering our responsibilities as set out within the NHS Outcomes Framework. We have arrangements in place as part of our day-to-day activities to meet the five domains of care, which are shown in figure 3 over the page.

Each domain features a set of indicators so that NHS organisations can be assessed on how well we are meeting our responsibilities. These include key improvement areas, and there are 60 indicators in total.

**Health and Wellbeing Board**

As the main commissioner of local healthcare services, we play a key leadership role in the Nottingham City Health and Wellbeing Board. This Board brings together local partner organisations including Nottingham City Council, Nottinghamshire Police, Nottinghamshire Fire and Rescue Service, Nottingham University Hospitals NHS Trust, Nottingham CityCare Partnership CIC, Nottinghamshire Healthcare NHS Trust, the voluntary sector and local businesses. Together we address City-wide issues where a collaborative approach between partners is essential.

As part of the Health and Wellbeing Board we work to address four key priorities as shown in figure 3 over the page.

Through our involvement in this partnership we are also able to contribute to and influence the management of the many wider issues affecting health and wellbeing, such as developing better housing, addressing issues with crime, alcohol and drugs, and helping to enable a safer Nottingham. These aspects will help significantly towards reducing the health inequalities within the City.

**Shared priorities across Nottinghamshire**

We share a lot of our work with neighbouring CCGs across Nottinghamshire and the surrounding areas. This helps us to make the best use of our resources. We have worked together with our partner CCGs to develop a set of joint commissioning intentions which we will deliver together. We are also a member of a county-wide strategic leadership group which brings together partners from across the local public sector to develop services across Nottinghamshire to offer higher quality and better value for money.

**Alignment of priorities**

In developing our strategic priorities, we have been careful to make sure that they support our NHS requirements as well as the priorities of our partners, and vice versa. Partners have shared and agreed each other’s priorities through the Health and Wellbeing Board. This means we are confident that we are all working together towards the same goals. The following diagram shows the various priorities and how they fit together.
Figure 3: NHS Nottingham City CCG priorities and how they fit with other key priorities

**Shared Nottinghamshire CCG Commissioning Intentions**
- Improve primary care services
- Improve mental health services
- Strengthen community services through joint commissioning
- Improve acute performance
- Improve ambulance response times and community support

**Nottingham City CCG Priorities**
1. Improving mental health outcomes
2. Early detection and improved outcomes for people with cancer
3. Enhancing the quality of life for people with long-term conditions
4. Improving the health and wellbeing of the frail and elderly
5. Improving the health and wellbeing of children, young adults and students
6. Developing an effective and efficient urgent care system

**Nottingham City Health and Wellbeing Board Priorities**
- Integration: supporting older people
- Early intervention: helping to create a safe environment, building strong communities that improve wellbeing and mental health
- Changing culture and systems: *Priority Families*
- Prevention: Nottingham Plan - *Healthy Nottingham* (with a focus on alcohol)

**NHS Outcomes Framework**
- Preventing people dying prematurely
- Treating people in a safe environment and protecting them from avoidable harm
- Helping people to recover from episodes of ill health or following injury
- Enhancing the quality of life for people with long-term Conditions
- Ensuring that people have a positive experience of care
5. How we plan to spend our budget this year

We are given a fixed budget to spend by NHS England. Our budget is linked to the size of the local population and to levels of deprivation, which help to define the extent of local healthcare need.

The following chart shows how we will allocate our budget to various health providers and to other activities during the year ending March 2014.

Figure 4: 2013/14 CCG expenditure by contract
6. What you can expect from us

Our values describe the approach we will take to all of our commissioning activities. They reflect what local people, GP member practices, staff and our partners have told us are the aspects most important to them. They will help us to be an organisation which operates in a way that best meets the expectations of the population we serve.

**Involving Others**
*We will actively involve patients and the public, carers, community groups, clinicians and partners in everything that we do*

**Being Responsive**
*We will understand and respond fairly to the changing needs of our diverse population*

**Improving Quality**
*We will continually improve the quality of services through collaborative, innovative and clinically-led commissioning*

**Promoting Education and Development**
*We will support and encourage the education, training and development of the local workforce*

**Securing Value for Money**
*We will secure high quality, cost-effective and integrated services within available resources*

Involving local people in our organisation

At NHS Nottingham City CCG, we believe that high-quality commissioning can only happen when patients, carers and members of the public are at the heart of the decision-making process. To improve local health services, it is crucial that we understand their experiences of services and involve them as partners in the design, delivery and commissioning of services.

We have established the Nottingham City Health and Social Care Network together with Nottingham City Council. This Network includes several hundred members from our former ‘Citizens Health Panel’. These members are directly representative of local people, and are actively engaged in the developments and activities of the CCG. For example the Citizen’s Health Panel was directly involved in developing our strategy and our vision, values and priorities.

Our People’s Council brings together patients, carers and local people who are representative of the patient groups and communities we serve. Its members review commissioning plans, service developments and other quality information and provide feedback on healthcare services to make sure that our patients inform our decisions and remain at the heart of everything that we do.

The lay members appointed to our Governing Body and its committees ensure a continual external voice in our decision-making at Board level, and we work closely with Nottingham Healthwatch, which has replaced the Nottingham City Local Involvement Network (LINk).
The NHS Constitution

As well as our own local values, we are committed to upholding the NHS Constitution. The Constitution is bound by law and sets out clearly what patients, the public and staff can expect from the NHS, and in return what the NHS expects from them. As an NHS Commissioner, we are responsible for doing everything possible to meet the promises set out within the Constitution.

The NHS Constitution includes principles and values, patient rights, and pledges which must be met. These include accessing health records, having a choice about where and how a patient can have their care, and waiting no more than two weeks to see a hospital doctor if a patient’s GP is concerned about the possibility of cancer.

Principles and values are set out below, and the specific rights and pledges can be found at the end of this document on pages 16 and 17, together with a number of additional targets which have been set by NHS England for 2013/14.

NHS Principles

1. The NHS provides a comprehensive service, available to all
2. Access to NHS services is based on clinical need, not an individual’s ability to pay.
3. The NHS aspires to the highest standards of excellence and professionalism
4. NHS services must reflect the needs and preferences of patients, their families and their carers.
5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.
6. The NHS is committed to providing best value for taxpayers’ money and the most effective, fair and sustainable use of finite resources.
7. The NHS is accountable to the public, communities and patients that it serves.

NHS Values

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

To find out more about the NHS Constitution, please visit www.nhs.uk/NHSConstitution.
7. How you can help us

The NHS is a vital resource for people across the Country. Everyone can play a part in helping to make the NHS work more effectively. Here are some ways that you can help us to make sure that resources are used in the best way possible:

- Recognise that you can make a significant contribution both to your own health and well-being, and to that of your family, and take personal responsibility for it.
- Register with a local GP practice.
- Follow courses of treatment that you have agreed to.
- Keep GP and hospital appointments – or if you have to cancel, do so in good time.
- Give us feedback – good and bad – about treatment you have received.
- Always treat NHS staff and other patients with respect.

8. Contact us

NHS Nottingham City CCG is keen to involve patients, carers, members of the public and community groups in the planning and evaluation of local healthcare services.

To become a member of our Nottingham City Health and Social Care Network, or to share your comments and suggestions, please contact our Engagement Co-ordinator:

Telephone:  0115 883 9320
Email:  patientexperienceteam@nottinghamcity.nhs.uk
Visit:  www.nottinghamcity.nhs.uk for an online application form
Write to:  1 Standard Court
          Park Row
          Nottingham
          NG1 6GN

www.nottinghamcity.nhs.uk

Please contact us using the details above if you would like this document in large print or another format – including translations.
The following tables include the thresholds NHS England will apply when assessing an organisation’s performance.

<table>
<thead>
<tr>
<th>Description of NHS Constitution right or pledge</th>
<th>Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Referral To Treatment waiting times for non-urgent consultant-led treatment</strong></td>
<td></td>
</tr>
<tr>
<td>Admitted patients to start treatment within a maximum of 18 weeks from referral</td>
<td>90%</td>
</tr>
<tr>
<td>Non-admitted patients to start treatment within a maximum of 18 weeks from referral</td>
<td>95%</td>
</tr>
<tr>
<td>Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral</td>
<td>92%</td>
</tr>
<tr>
<td><strong>Diagnostic test waiting times</strong></td>
<td></td>
</tr>
<tr>
<td>Patients waiting for a diagnostic test should have been waiting no more than six weeks from referral</td>
<td>99%</td>
</tr>
<tr>
<td><strong>A&amp;E waits</strong></td>
<td></td>
</tr>
<tr>
<td>Patients should be admitted, transferred or discharged within four hours of their arrival at an A&amp;E department</td>
<td>95%</td>
</tr>
<tr>
<td><strong>Cancer waits – two-week wait</strong></td>
<td></td>
</tr>
<tr>
<td>Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP</td>
<td>93%</td>
</tr>
<tr>
<td>Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)</td>
<td>93%</td>
</tr>
<tr>
<td><strong>Cancer waits – 31 days</strong></td>
<td></td>
</tr>
<tr>
<td>Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers</td>
<td>96%</td>
</tr>
<tr>
<td>Maximum 31-day wait for subsequent treatment where that treatment is surgery</td>
<td>94%</td>
</tr>
<tr>
<td>Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen</td>
<td>98%</td>
</tr>
<tr>
<td>Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy</td>
<td>94%</td>
</tr>
<tr>
<td><strong>Cancer waits – 62 days</strong></td>
<td></td>
</tr>
<tr>
<td>Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer</td>
<td>85%</td>
</tr>
<tr>
<td>Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers</td>
<td>90%</td>
</tr>
<tr>
<td>Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers)</td>
<td>No standard set</td>
</tr>
</tbody>
</table>
### Description of NHS Constitution right or pledge (continued)

<table>
<thead>
<tr>
<th>Description of measure</th>
<th>Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category A ambulance calls</strong></td>
<td></td>
</tr>
<tr>
<td>Category A calls resulting in an emergency response arriving within 8 minutes (standard to be met for both Red 1 and Red 2 calls separately)</td>
<td>75%</td>
</tr>
<tr>
<td>Category A calls resulting in an ambulance arriving at the scene within 19 minutes</td>
<td>95%</td>
</tr>
<tr>
<td><strong>Mixed Sex Accommodation Breaches</strong></td>
<td></td>
</tr>
<tr>
<td>Minimise breaches</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Cancelled Operations</strong></td>
<td></td>
</tr>
<tr>
<td>All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient’s treatment to be funded at the time and hospital of the patient’s choice.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Mental health</strong></td>
<td></td>
</tr>
<tr>
<td>Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within seven days of discharge from psychiatric inpatient care during the period</td>
<td>95%</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Description of measure</th>
<th>Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Referral To Treatment waiting times for non-urgent consultant-led treatment</strong></td>
<td></td>
</tr>
<tr>
<td>Zero tolerance of over 52 week waits</td>
<td>Zero</td>
</tr>
<tr>
<td><strong>A&amp;E waits</strong></td>
<td></td>
</tr>
<tr>
<td>No waits from decision to admit to admission (trolley waits) over 12 hours</td>
<td>Zero</td>
</tr>
<tr>
<td><strong>Cancelled operations</strong></td>
<td></td>
</tr>
<tr>
<td>No urgent operation to be cancelled for a second time</td>
<td>Zero</td>
</tr>
<tr>
<td><strong>Ambulance handovers</strong></td>
<td></td>
</tr>
<tr>
<td>All handovers between ambulance and A &amp; E must take place within 15 minutes and crews should be ready to accept new calls within a further 15 minutes. Financial penalties, in both cases, for delays over 30 minutes and over an hour.</td>
<td>N/A</td>
</tr>
</tbody>
</table>