



Commissioning Support Services

Annual Report 2014/15

NHS
*Dorset
Clinical Commissioning Group*

Supporting people in Dorset to lead healthier lives

FOREWARD

I am delighted to share with you the Annual Report for our Commissioning Support Services (CSS). Our second year has seen notable progress and achievements made by the service in helping the CCG achieve its mission, aims and values in supporting people to lead healthier lives.

This year has seen many changes both within the commissioning support service and the CCG. We have shown how by having an internal service we can adapt quickly and respond to the changing needs of the CCG notably the establishment of the Clinical Services Review (CSR) and its Programme Management Office. We have worked closely with NHS England in preparation to take on Joint Commissioning of Primary Care. As a service we have continued to maintain quality and outcomes during this period whilst also supporting this huge transformational change process.



The commissioning cycle



This report summarises results from this year's CSS Key Performance Indicator (KPI) Dashboard, CSS Customer Survey, CSS Staff Survey and Financial Running Costs for the year. As well as looking at this year's results we have also reflected back on the outcomes from 2013/14 and looked at how these outcomes have been used throughout 2014/15 to improve the way we work as a support service.

I would like to take this opportunity to thank all the staff working within commissioning support services for their dedication and hard work through what has been a challenging and rewarding year.

Tim Goodson – Chief Officer

NHS Dorset Clinical Commissioning Group

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INTRODUCTION

Dorset CCG took the strategic decision to have its Commissioning Support Services integrated within the CCG.

We have continued to deliver as an organisation and have proved ourselves as both cost effective and successful in delivering excellent support enhanced by our local knowledge and previously established effective working relationships across the health community in Dorset.

The following pages demonstrate how we have developed and improved as a support service over the last 12 months, listened to feedback and views to challenge established working practices.

We have included results from the 2014/15 CSS Customer Survey and CSS performance dashboard and used these to inform areas for development during 2015/16. This will be a challenging year where we will be realigning our support services to work with the outputs from the transformational programmes currently underway, these being the Clinical Services Review (CSR), Better Together and Better Care Fund, and Systems Resilience.

We hope that this report is informative and useful in demonstrating how far we have come in the last year and where we see potential areas for development and change during 2015/16.



EXECUTIVE SUMMARY

There are many achievements to note within our second year of operation and there has been a lot of good work seen within our Clinical Commissioning Programmes (CCPs) and Locality Teams which have made a real difference to the health of the population of Dorset.

Some particularly interesting points to note in relation to CSS performance over the last 12 months are:

- we have helped the CCG achieve its [financial duties](#) for 2014/15 and delivered a total revenue surplus of £14.8m;
- we have commenced the [Clinical Services Review](#) and completed the review, analyse and design phase;
- we have increased our levels of [engagement with public and patients](#) with 3024 Twitter followers, 349 Facebook followers and 4924 Health Involvement Network members as of 31/03/2015;
- our [Workforce Team](#) have improved the support and resources available to staff during 2014/15, including increasing appraisal completion rates from 60% to 91% and conducting a full review of HR policies ensuring consistency for managers and staff.

For 2015/16 we are reviewing our CSS assurance processes to more closely align with the [commissioning cycle](#) as a means of assuring the quality and value for money that we provide as a service.

Our priorities for 2015/16 are to continue to focus on supporting the CCG to develop the following:

- Clinical Services Review;
- Better Together and Better Care Fund;
- Systems Resilience;
- Primary Care Development;
- Membership Engagements;
- Continuing Healthcare.

	2014/15 £'000 TOTAL	2014/15 £'000 Programme	2014/15 £'000 Running Costs
Total net operating costs for the financial year	955,641	938,951	16,690
Revenue Resource Limit	970,473	950,846	19,627
REVENUE SURPLUS	14,832	11,895	2,937

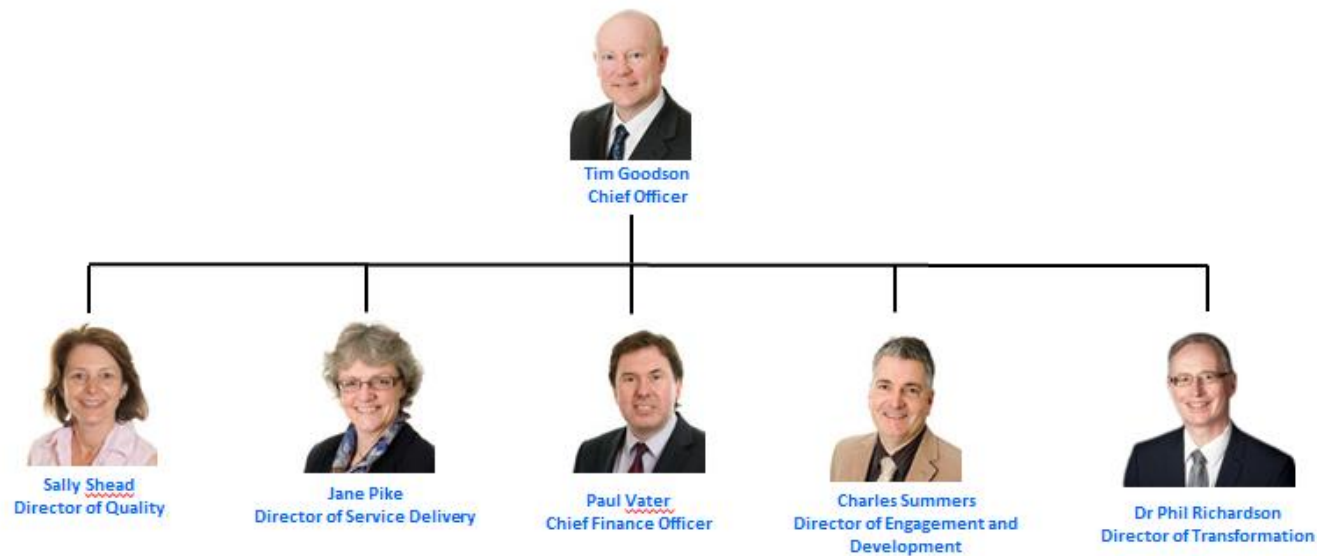
ORGANISING FOR DELIVERY

The Commissioning Cycle is integral to the way in which we work as a support service and we have made changes to our Commissioning Support Services' assurance process this year to align more closely to this.

Our KPI dashboard for 2015/16 will be focused on the area of the cycle each specific KPI delivers and whether this measures quality or quantity as an output. Our customer survey for 2014/15 had questions grouped by area of the cycle in order to try and make the questions more meaningful and for us to be able to clearly identify areas for improvement.

During 2014/15 we have [four established directorates](#) each of which is led by an executive director. In September 2014 we established a Clinical Services Review [Programme Management Office](#) (PMO) led by our Director of Transformation. The PMO has overseen and led the CSR supported by management consultants working alongside a dedicated team from our internal commissioning support services (CSS), directorates as follows:

- Quality;
- Service delivery;
- Finance and performance;
- Engagement and development.



SUPPORTING PERFORMANCE SCHEDULES – key performance indicators

During 2014/15 we have collated our KPIs on a quarterly basis and submitted to Directors Performance and bi-annually to Audit and Quality. We have looked at amber or red indicators at each submission and ensured that remedial action was implemented.

Some examples are:

- average response time to weekly testing of telecoms equipment, emergency on call bleep – matter highlighted at Directors with emails sent to all staff on call to reinforce the importance of a timely response. Improvement should be noted in Q1 2015/16;
- number of policy review deadline dates outstanding - 16 policy reviews outstanding against a target of 0. Urgency highlighted to get these reviewed as soon as possible. Improvement should be noted in Q1 2015/16;
- % of workforce score card areas reported as in line with both national and local benchmarks – appraisal - sustained programme throughout the year targeted at increasing appraisal levels including training sessions for conducting and receiving appraisals bringing result from 60% at Q1 to 80% by end of Q3 2014/15.

At 31/03/2015 we had:

- 81.6% (44) green rated as being complete or on target;
- 11% (6) amber rated as being slightly behind target;
- 3.7% (2) red rated as being significantly behind target;
- 3.7% (2) where there is no data available for Q4.

This demonstrates 50 out of 54 KPIS being either on or close to target, evidencing the hard work put in throughout the year to achieve as much as we can as a service.

In 2015/16 we have aligned the CSS KPIs with the Commissioning Cycle as central to the process for the services we provide with focus on qualitative rather than quantitative indicators.

SUPPORTING PERFORMANCE SCHEDULES – Key Performance Indicator Dashboard Results 2014/15

FUNCTIONAL AREA BY DIRECTORATE	KEY PERFORMANCE INDICATOR	QTR 1			QTR 2			QTR 3			QTR 4			TARGET	FREQUENCY	SELF ASSESSED RAG
		Denominator	Number	%	Denominator	Number	%	Denominator	Number	%	Denominator	Number	%			
Finance and Performance																
Business intelligence	Counting and coding: Number of coding challenges that have been successful and value (£)	33	£1,723,995		23	£1,805,634		17	£1,495,709		12	£1,280,883		N/A	Quarterly	
Business intelligence	% of locality, CCPs, workstreams, collaborative, contract monitoring, provider information meetings attended by BI team member	96	96	100%	96	96	100%	96	96	100%	96	96	100%	90%	Quarterly	
Provider and contract management	Total number of 2014/15 contracts signed: regulated (excluding primary care, cumulative)	26	15	58%	26	21	81%	26	26	100%	26	26	100%	100%	Annual	
Provider and contract management	Total number of 2014/15 contracts signed: primary care (cumulative)	100	99	99%	100	100	100%	100	100	100%	100	100	100%	100%	Annual	
Provider and contract management	Total number of 2014/15 contracts signed: non-regulated (cumulative)	63	27	43%	63	60	95.20%	73	70	95.90%	71	71	100%	100%	Annual	
Procurement and market management	Number and value of projects procurement team support (cumulative)	22	£14.5m		31	£15.17m		37	£18.23M		45	£23.99M		N/A	Quarterly	
Procurement and market management	Average time taken from decision to procure to contract signature		21 weeks			18 weeks			18 weeks			18 weeks		26 weeks	Quarterly	
Procurement and market management	Number of successful procurement challenges	0	0		0	0		0	0		0	0		N/A	Quarterly	
Financial business intelligence	% of CCP, Locality steering/executive group and cluster meetings attended by Finance BI	57	57	100%	28	27	96.4%	19	19	100%	12	11	91.70%	90%	Quarterly	
Financial business intelligence	Number of budget managers that have received budget management & SBS training or refresh	219	8	3.7%	219	17	7.8%	219	47	21.50%	219	316	144.30%	90%	Annual	
Financial business intelligence	Management accounts reporting submitted according to NHS England's timetable using ISFE	8	8	100%	8	8	100%	13	13	100%	14	14	100%	100%	Monthly	
Core Finance	Number of invoices processed within 30 days as a % of whole	7,795	7,647	98.10%	16,958	16,646	98.16%	25,079	24,599	98.09%	32,474	31,878	98.16%	95%	Monthly	
Core Finance	Financial Statements draft and final submitted according to NHS England's timetable	2	2	100%										100%	Annual	
Core Finance	Reconciled and reviewed control accounts	73	51	69.80%	63	62	98.41%	69	69	100%	92	92	100%	100%	Monthly	

SUPPORTING PERFORMANCE SCHEDULES – Key Performance Indicator Dashboard Results 2014/15

FUNCTIONAL AREA BY DIRECTORATE	KEY PERFORMANCE INDICATOR	QTR 1			QTR 2			QTR 3			QTR 4			TARGET	FREQUENCY	SELF ASSESSED RAG
		Denominator	Number	%	Denominator	Number	%	Denominator	Number	%	Denominator	Number	%			
Quality																
Quality and patient safety	Number of unannounced visits to providers carried out		7			8			10			2		6	Quarterly	
Quality and patient safety	Number of quality reports issued to committees/groups		40			48			22			70		N/A	Quarterly	
Quality and patient safety	Number of new risks added to register		5			4			3			8		N/A	Quarterly	
Quality and patient safety	Number of risks removed from register		10			13			4			10		N/A	Quarterly	
Quality and patient safety	Number of GP queries processed (Niggles System)		144			155			52			61		N/A	Quarterly	
Quality and patient safety	% of Local Safeguarding Childrens and Adults Boards attended	4	4	100%	4	4	100%	4	4	100%	4	4	100%	100%	Quarterly	
Quality and patient safety	Number of Care Home Monitoring Visits Undertaken		45			50			47			59		25	Quarterly	
Quality and patient safety	Number of six monthly safeguarding reports submitted to CCG Governing Body		1			0			2			0		2 per year	6 monthly	
Quality and patient safety	Number of policy review deadline dates outstanding		0			9			9			16		0	Quarterly	
Customer Care	% of complaints acknowledged within 3 working days of receipt by customer care	60	60	100%	61	60	98%	34	33	97.50%	66	65	98.50%	100%	Quarterly	
Customer Care	% of complaints processed within the quarter				61	61	100%	35	35	100%	66	66	100%	100%	Quarterly	
Quality and patient safety	% of quality team representations at contract review meetings	12	12	100%	12	12	100%	12	12	100%	12	12	100%	100%	Quarterly	
Medicines management	Number of newsletters issued to prescribers around policy and legislation		4			2			3			3		10	Annual	
Medicines management	Number of GP visit reports (cumulative)		33			92			99			100		100	Annual	
Medicines management	Number of action plans produced following GP visits (cumulative)		33			92			99			100		100	Annual	
Medicines management	Number of reports to medicines optimisation group produced		10			9			9			9		N/A	Quarterly	
Medicines management	% of NICE guideline/technology appraisals with a commissioning statement within 3months of release	1	1	100%	2	2	100%	3	3	100%	4	4	100%	100%	Quarterly	
Information Governance	% of Freedom of Information requests responded to within timescale	84	75	90%	71	69	97%	71	67	95%	75	71	94.70%	100%	Quarterly	
Information Governance	% of Data Protection Act and Access to Health Records requests responded to	6	6	100%	5	5	100%	4	4	100%	5	5	100%	100%	Quarterly	

FUNCTIONAL AREA BY DIRECTORATE	KEY PERFORMANCE INDICATOR	QTR 1			QTR 2			QTR 3			QTR 4			TARGET	FREQUENCY	SELF ASSESSED RAG
		Denominator	Number	%	Denominator	Number	%	Denominator	Number	%	Denominator	Number	%			
Review, Design and Delivery																
Review, Design and Delivery	Number of delivery plan (ADP) projects on target	44	42	95.5%	44	41	93%	23	23	100%	23	22	95%	90%	Quarterly	
Continuing healthcare	% of personal health budgets taken up (domiciliary, cumulative)	212	80	38%	212	88	42%	212	95	45%	212	97	46%	50%	Annual	
Continuing healthcare	Number of CHC contracts issued	299	299	100%	299	299	100%	299	299	100%	299	299	100%	100%	Annual	
Continuing healthcare	Number of CHC cases that have breached the 28 day National Framework Guidance	449	60	13.3%	490	51	10.4%	480	30	6.25%	496	60	12%	0%	Monthly	

SUPPORTING PERFORMANCE SCHEDULES – Key Performance Indicator Dashboard Results 2014/15

FUNCTIONAL AREA BY DIRECTORATE	KEY PERFORMANCE INDICATOR	QTR 1			QTR 2			QTR 3			QTR 4			TARGET	FREQUENCY	SELF
		Denominator	Number	%	Denominator	Number	%	Denominator	Number	%	Denominator	Number	%			
Engagement and Development																
Engagement and Communication	Number of followers on twitter (cumulative)		2058			2321			2640			3024		3000	Annual	
Engagement and Communication	Number of hits to website campaign pages (cumulative)	2	1110		5	2290		4	5079		3	6256		3600	Annual	
Engagement and Communication	Number of attendees at participation events	25	455		23	554			138		6	387		N/A	Quarterly	
Engagement and Communication	Number of attendees at participation events rating them as good or excellent				7		80.3%				217	138	63.6%	85%	Quarterly	
Engagement and Communication	Number of press statements issued and number converted to being published		95 and 34			94 and 44			30 and 79			16 and 74		>215 pa and > 188 pa	Annual	
Engagement and Communication	Number of people registered on our Health Involvement database (cumulative)		2413			2627			4230			4924		2800	Annual	
Organisational development	% of workforce score card areas reported as in line with both national and local benchmarks (Absence/turnover/vacancy/mandatory training compliance/appraisal completion)			60%			60%			80%	5	4	80%	80%	Quarterly	
Organisational development	Total internal and external training sessions held		4			4			15			38		N/A	Quarterly	
Organisational development	Number of staff rating internal and external training events as good or higher (learner, manager/department, customer)			96%			100%			97%			100%	85%	Quarterly	
Organisational development	Total CCG development workshops held		2			2			2			1		6	Annual	
Organisational development	Satisfaction scores rated as met or exceeded expectations for CCG development events held			85%						75%				85%	Quarterly	
Organisational development	Total membership events held		1			0			1			1		4	Annual	
Organisational development	Satisfaction scores rated as met or exceeded expectations for membership events held			94%						93%			85%	85%	Quarterly	
Organisational development	Total staff engagement events held (all staff events, directorate events)		0			2			1			2		N/A	Quarterly	
Organisational development	Satisfaction scores rated as met or exceeded expectations for staff engagement events held						86%			100%				85%	Quarterly	
Strategy and Planning (EPRR)	Number of Emergency Planning Resilience and Response exercises: table top and communications		1			1			2			1		3	Annual	
Strategy and Planning(EPRR)	Average response time to weekly testing of telecoms equipment, emergency on call bleep		51			4.64			14			14		<5 minutes	Quarterly	

SUPPORTING PERFORMANCE SCHEDULES – customer satisfaction survey 2013/14 - reflections

Following last year's survey, results and specific feedback were given to our four directors in order to help inform directorate development during 2014/15. Key areas for improvement across the organisation were noted as:

- the quality and quantity of meaningful membership engagement;
- the need for ensuring the organisation truly was and felt like it was GP led by members;
- reinforcing provider and contract management;
- ensuring provision of regular feedback and updates;
- the CSS to be more visible and working with locality leads and CCP chairs to raise awareness of the role and work of the CSS and how to connect with them;
- raising awareness and knowledge of the NHS Constitution and national contract;
- clinicians to be more empowered.

Improvement measures undertaken:

- [increased membership engagement](#); for example individual practice visits offered to each practice and undertaken with 36 conducted by the end of March 2015;
- [increased promotion of the NHS Constitution](#) amongst staff and the public with awareness campaign launched via web pages and twitter as well as inclusion of the constitution within staff induction materials;
- [regular feedback and updates provided](#) via desk top news window, weekly staff and GP Bulletins as well as weekly CSR updates;
- CSR programme directed by CSS but [led strongly by clinicians](#) with wide ranging clinical input both from our membership and other clinicians across Dorset's health community. Clinical Working Groups leading the process for developing new models of care with five Clinical Working Groups held with 645 attendees with between 100 and 150 clinicians attending each event;
- GP leads in place for each contract who are invited to attend contract review meetings.
- CSS engaging widely and working with leads and chairs.

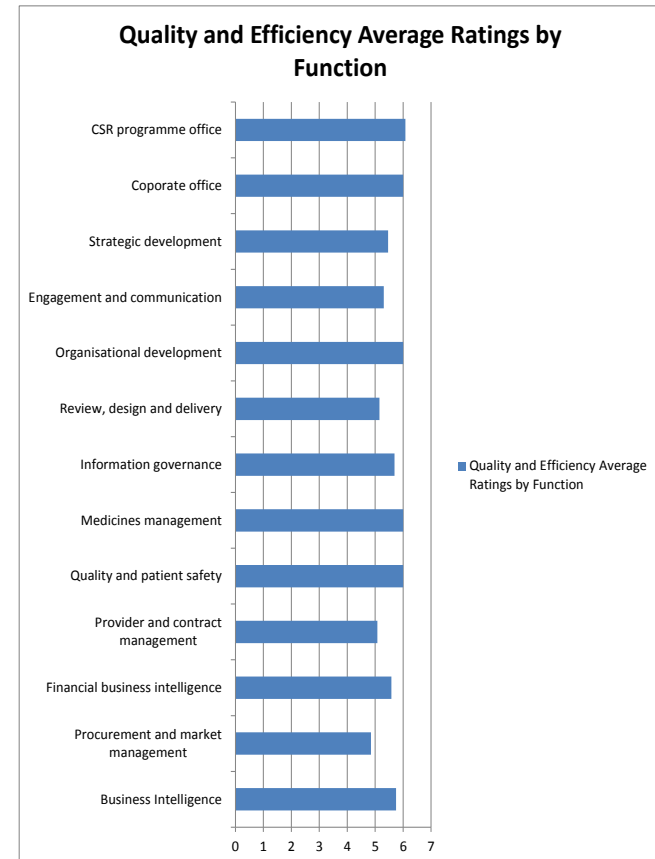
SUPPORTING PERFORMANCE SCHEDULES – customer satisfaction survey 2014/15 results and actions to take forward

This year's survey was sent to Locality Leads, Locality Deputies, Clinical Working Group Chairs and Clinical Commissioning Programme Chairs and ran for 3 weeks, results are summarised below.

The overall average rating to “how do you rate the overall quality and efficiency of Commissioning Support as a whole” was averaged at 5.31 out of 7 (75.9%); the lowest rating being 3 and the highest 7. Comparison can be made to last years' results to this question which saw an average of 7.57 out of 10 (75.7%); the lowest rating being 6 and the highest 9. This shows a marginal increase in satisfaction with services provided from 75.7% to 75.9% giving a rise of 0.2%.

From the feedback received, both average scores and written comments, areas for potential development and improvement can be summarised as:

- increase membership involvement and engagement in setting organisational priorities;
- increasing level and availability of information to membership around contracting processes, including provider contracts;
- ensuring membership have influenced and are involved in decision making and producing feedback to demonstrate where this has happened;
- increasing membership awareness of decision making processes and relevant contacts;
- increasing opportunities for involvement with service redesign for membership;
- increase leadership and direction given by locality management team and ensure they are more visible within the locality;
- extensive feedback provided on support required localities in developing their Primary Care offer which needs to be taken forward.



Please note change in rating scale from being out of 10 in 2013/14 results to out of 7 in 2014/15 results to reduce the impact of centre tendency.

SUPPORTING PERFORMANCE SCHEDULES – Staff Survey

The staff survey was introduced this year and has provided a useful insight for areas of development during 2015/16 in order to make us a better service and a better place for our staff to work.

There were some very positive responses with questions such as ‘I am satisfied with the quality of care I give to patients/service users’ and ‘my manager supports me to receive training, learning or development’ scoring 80% or above on level of satisfaction.

We have used the results to identify areas of work which will inform development during 2015/16 which are list below.

Personal Development:

- design and develop a formal succession planning programme;
- provide coaching and mentoring opportunities;
- design and develop a feedback system for unsuccessful applicants;
- design and develop a formal shadowing programme to enhance awareness of work areas across CCG.

Team and role:

- provide guidance on holding effective 1:1 meetings with staff’.

Health, Wellbeing and Safety:

- appointing a dedicated Welfare Officer who is a point of contact for staff to raise concerns in confidence;
- provide specific development to managers on creating a positive, inclusive working environment and the skills to spot and address areas of concern;
- continue to have a dedicated item on the Our Voice: Our Forum agenda (our dedicated staff forum) on work environment and facilities, responding to queries and concerns promptly.

SUPPORTING PERFORMANCE SCHEDULES – Directorate running costs per head of the population

Directorate	£	Total £ per Capita	%
Accountable Officer	1,036,400	£1.39	5.55%
GP Deputy Locality Chairs	759,640	£1.02	4.06%
QUALITY	1,700,526	£2.27	9.10%
Information governance	175,775	£0.24	0.94%
Patient safety and risk	479,888	£0.64	2.57%
Quality improvement	532,757	£0.71	2.85%
Medicines management	512,106	£0.69	2.74%
MCA team (100% programme)	0	£0.00	0.00%
SERVICE DELIVERY	4,556,979	£6.10	24.38%
Review Design and Delivery West Dorset	1,768,700	£2.37	9.46%
Maternity, Reproductive & Family Health	503,326	£0.67	2.69%
General Medical & Surgical team	445,763	£0.60	2.39%
Individual Patient Treatment Services	113,858	£0.15	0.61%
Primary Care & Locality Commissioning Management	663,217	£0.89	3.55%
Deputy Administration	42,536	£0.06	0.23%
Review Design and Delivery Mid Dorset	950,258	£1.27	5.08%
Musculoskeletal & Trauma Team	380,587	£0.51	2.04%
Cancer and EoL Team	261,385	£0.35	1.40%
Patient Contact Centre	200,744	£0.27	1.07%
Choose and Book Team	52,040	£0.07	0.28%
Deputy Administration	55,502	£0.07	0.30%
Review Design and Delivery East Dorset	1,838,021	£2.46	9.83%
CVD, Stroke and Diabetes	335,031	£0.45	1.79%
Mental Health and Learning Disabilities	380,380	£0.51	2.04%
Personal health budgets and telehealth (100%programme)	0	£0.00	0.00%
Personalisation, continuing healthcare and funded nursing care	1,122,610	£1.50	6.01%

Directorate	£	Total £ per Capita	%
FINANCE AND PERFORMANCE	2,282,098	£3.05	12.21%
Finance, Contracting and Procurement	1,280,387	£1.71	6.85%
Financial reporting and management accounts	221,488	£0.30	1.19%
Financial accounts	334,719	£0.45	1.79%
Procurement	195,526	£0.26	1.05%
Financial planning and management	215,600	£0.29	1.15%
Contracting-regulated activities	133,601	£0.18	0.71%
Contracting-primary care services and non-regulated activities	179,453	£0.24	0.96%
Performance and Informatics	1,001,711	£1.34	5.36%
Business intelligence information - contracting	283,035	£0.38	1.51%
Business intelligence information - development	218,816	£0.29	1.17%
Performance intelligence information - contracting	134,800	£0.18	0.72%
Performance intelligence information - development	106,316	£0.14	0.57%
IM&T	258,744	£0.35	1.38%
ENGAGEMENT AND DEVELOPMENT	1,260,624	£1.69	6.74%
Strategic Development and Engagement	723,771	£0.97	3.87%
Engagement and Communications	471,988	£0.63	2.53%
Strategic development and assurance	251,783	£0.34	1.35%
Organisational Development	536,853	£0.72	2.87%
Workforce/organisational development	205,823	£0.28	1.10%
Learning and development	215,129	£0.29	1.15%
Facilities	115,901	£0.16	0.62%
IM&T non pay expenditure	460,000	£0.62	2.46%
NHS Property Services charges	1,030,000	£1.38	5.51%
Dorset CCG corporate non pay	3,603,733	£4.82	19.28%
Running cost saving	2,000,000	£2.68	10.70%
TOTAL	18,690,000	£25.00	100%

Note: Executive Directors are included within Accountable Officer; Deputy Directors have been apportioned using staff costs as allocation driver/methodology

- In 2014/15 Dorset CCG was allocated £937,000 for Quality Premium which was added to Running Cost allocation
- This £937,000 has been spent within the Programme Area on clinical health care provision.
- The actual costs for running cost were £16,690,000 as we delivered £2,000,000 saving and invested £937,000 quality premium into clinical services.

NEXT STEPS

The contents of this report will be a valuable asset to us in helping to inform the further development of the commissioning support services we provide during 2015/16.

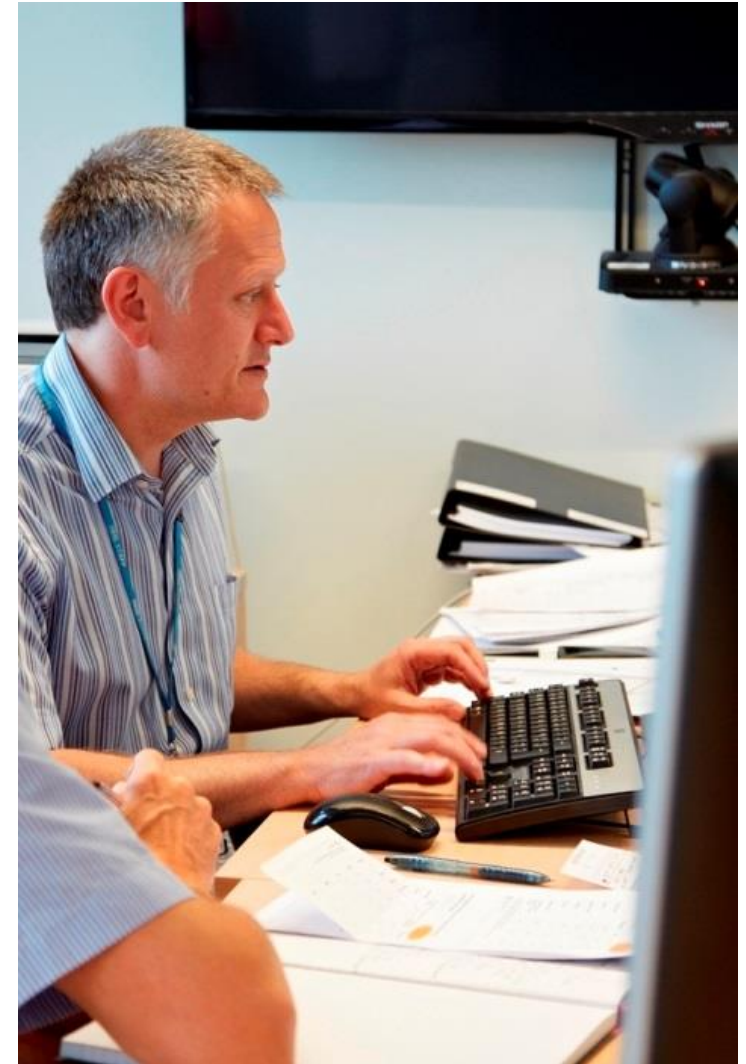
Over the next year we will be focussing on key areas of development as a service as indicated by the customer survey. This includes:

- further strengthening engagement and communications with our membership, ensuring that they are involved with setting organisational priorities and service redesign;
- maximising the extent to which our membership feel well informed about all the work we are undertaking.

We will also be looking to improve as a place to work, looking to build on the brilliant work undertaken by workforce in 2013/14 and taking forward initiatives based on the outcomes of this year's staff survey. This will include:

- a strong focus on the personal development of our staff, creating opportunities for coaching and mentoring as well as a formal shadowing programme;
- working towards increasing the health, wellbeing and safety of our staff in the work place with the appointment of a dedicated Welfare Officer as well as providing specific development to managers on creating a positive, inclusive working environment and the skills to spot and address areas of concern.

The CSS will continue to develop and improve its in house support services in order to better support the CCG in providing an excellent commissioning service for the population of Dorset.





WHO TO CONTACT FOR FURTHER INFORMATION

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Facebook: www.facebook.com/NHSDorsetCCG

