

THURROCK BOARD MEETING

DATE- 30/04/14

Title of Report: Thurrock CCG QIPP and Commissioning report

Author:	Rahul Chaudhari
Presented by:	Raymond Arhin and Rahul Chaudhari
Committees previous consulted:	QIPP Committee
Executive Summary:	The paper aims to appraise the Board of monthly (March 14) progress and development of Thurrock's QIPP initiatives; and Commissioning updates on NELFT and BTUH contracts
Recommendation to the Board:	Board members are asked to note the actions and progress being made by the various QIPP work-streams
Financial Implications:	The QIPP plan forms part of the CCG's financial plan
Fit with CCG strategy/objectives:	Forms part of the CCG's 2013-14 Integrated Operational Plan
Risks identified:	Failure to deliver the full effect of the QIPP plans and the resultant pressure on the CCG's financial plan. Failure to adequately monitor the provider contracts will adversely affect CCG's commissioning vision
Resource Implications:	QIPP committee and various provider contract monitoring committees

Introduction

This paper aims

- to appraise the Board of progress and development of Thurrock's QIPP initiatives encompassing Medicines Management, Planned, Unplanned Care, Mental health and Paediatrics work programmes.
- To inform the board of the draft proposals for 14/15 QIPP schemes

CCG QIPP meetings (minutes of the meetings are attached)

Since the last board meeting the core QIPP committee met and signed off business cases for 14/15 QIPP projects. The committee is aware of the shortfall and the need to develop additional projects to cover for the slippage. In recognition of this a QIPP summit was also organised to explore potential transformational QIPP projects. Dr Bose presented data around medicine optimisation and it was agreed that the CCG needed to undertake a Diabetes service review

Key Updates

Performance

Delivery against unplanned care QIPP initiatives for the current reporting period (*February*) continues to be strong including:

- RRAS experienced sustained growth in activity in February; with 242 referrals received by the service (*compared to 192 referrals in January*). *Conversion from contact to assessment also continued to improve with 185 of the referrals resulting in an assessment; a conversion rate of 76% for February compared to January: 71%;*
- February saw a dramatic increase in the number of Primary Care MDT reviews undertaken; increasing to 184 patients being discussed (*88 new / 96 follow-up*); compared to 129 patients in January;
- Telehealth: *39 (of 54 units) were in active use in February; with the new clinical lead within NELFT encouraging referrals being taken from the Integrated Community Geriatrician service, Thurrock Day Hospital, Community Matrons, DCST and RRAS.*

Current Progress

As outlined within the previous month's Board paper, the CCG has been working in partnership with Basildon and Brentwood CCG (*acute commissioning lead*) to agree and monitor unplanned care initiatives within 2014/15. As well as negotiating a block-contract model for non-elective activity with BTUHFT, the CCGs have incentivised three key service improvements through associated CQUINs: i) Ambulatory Emergency Care, ii) Frail Elderly and iii) SystemOne Implementation.

- **Ambulatory Emergency Care & Frail Elderly service models:**

Clinical Commissioning Group

Service implementation for Ambulatory Emergency Care and Frail Elderly must be realised by the end of the second quarter of the financial year, in order for BTUH to achieve the associated payments.

The CCG is still awaiting receipt of the final business paper from BTUH; outlining the service model changes and timescales. Work is however being undertaken by BTUH in partnership with the CCGs in preparedness for the revised service models including:

- Pilot of a comprehensive discharge plan, with General Practice, encompassing an on-going care management plan to aid GP-led monitoring of their frail elderly patients; following a non-elective attendance / admission.
 - On-going review and implementation of community based and provided AEC pathways.
- **SystemOne**
BTUHFT are making steady progress in the adoption of SystemOne across the specialities; responding directly to the CQUINs.

EOL care-pathway

As part of the South West End of Life Working Group (SWEL) NHS Thurrock CCG hosted a workshop in April with all key providers of End of Life care to review and identify opportunities afforded through SystemOne adoption and implementation by all providers. The group explored the option of adopting SystemOne clinical protocols: which would prompt healthcare professionals to consider referring patients on to the end of life team. It was agreed this would be piloted with a few practices in both CCGs within south west Essex; before potentially rolling out across all SystemOne based practices. It is hoped that this initiative would facilitate earlier identification of patients in the last year of their life; thereby improving quality care for patients in Thurrock.

Paediatrics

Covered within Jane Foster's paper

Procurement

The current community provision contracts for ultrasound have expired; these have been extended until the service is re-procured. QIPP committee has approved the business case for re-procurement: Thurrock CCG will be leading on the procurement of this service for Thurrock and Basildon and Brentwood CCG .

Thurrock CCG 2013-14 QIPP performance based on Feb data

Key risks- Section 251 around information governance continues to remain a risk in terms of data reporting.
QIPP Financial Performance Rating

Green >= 95% of plan	Workstream	13/14 Planned Savings	Current Month				YTD Performance				Forecast Outturn	Schemes included and YTD data months					
			Planned Savings	Actual Savings	Variance	% Savings Achieved	Planned Savings	Actual Savings	Variance	% Savings Achieved							
Amber/Green >= 80% of plan	Savings	Planned Care	(1,240,903)	(102,011)	(156,242)	(54,231)	153%	(938,866)	(958,516)	(19,650)	102%	(903,772)	Practice Level Referral Management M1 to M9 Consultant to Consultant BTUH M1 to M12 Fortis RMC M1 to M12 SRP M1-M6 Accupuncture M1 to M10 Nuffield MRI M1 to M10 Paediatrics Best Practice Tariff M1-M12				
Amber/Red >= 50% of plan			Unplanned Care	(1,475,108)	(119,733)	(42,333)	77,401	35%	(1,289,562)	(758,804)	530,759	59%	(869,341)	EEAST-Impact of Reduced Unplanned Care+ Decommission Admissions Avoidance Car M1 to M12 Primary Care MDT Reviews M1 to M10 GP in A&E M1 to M10 Telehealth M1 to M10			
Red <= 50% of plan				Mental Health	(468,390)	(48,361)	(36,123)	12,238	75%	(412,140)	(368,932)	43,208	90%	(377,869)	Dementia Challenging Behaviour M1 to M12 MCH M1 to M12(commenced in M5) Out of Area M1-M5 Crisis Redesign (Inc RAID) M1 to M10 (commencing M5)		
Savings					Medicines Management	(946,000)	(78,833)	(63,368)	15,465	80%	(788,333)	(566,391)	221,942	72%	(679,669)	Dietetics/ Oral Nutritional Supplements M1 to M10 Scriptswitch M1 to M10 Respiratory M1 to M10 Diabetes/ Insulins M1 to M10 Specials M1 to M10 Care Homes/Mental Health M1 to M10 Stoma M1 to M10 Lipid Lowering M1 to M10 Woundcare M1 to M10 assumed to be achieved to plan pending validation of the apparent extra saving achieved Misc savings M1-M10	
						Paediatric Services	(306,768)	(25,564)	(25,564)	0	100%	(306,768)	(306,768)	0	100%	(306,768)	CAMHS NCA M1 to M12
						Contract Reductions	(1,405,382)	(117,115)	(117,115)	0	100%	(1,405,382)	(1,405,382)	0	100%	(1,405,382)	Price Deflator (NELFT & SEPT) Non Acute 1.3% M1 to M12 Price Deflator Acute 1.1% M1 to M12
						Total	(5,842,551)	(491,617)	(440,745)	50,872	90%	(5,141,052)	(4,364,793)	776,259	85%	(4,542,801)	
								(485,628)	(432,039)	53,589	Previously	(5,043,219)	(4,331,105)	698592.1448	Forecast Planned	(4,542,801)	
													Planned Savings	(6,332,551)			
												Variance	(1,789,750)				

TABLE 2
THURROCK CCG - 2013/14 CCG QIPP Workstream Savings Summary (Non-Validated Figures)

Savings	Workstream	13/14 Planned Savings	Current Month				YTD Performance				Schemes included and data months	
			Planned Savings	Actual Savings	Variance	% Savings Achieved	Planned Savings	Actual Savings	Variance	% Savings Achieved		
Savings	Planned Care	(65,000)	(6,205)	0	0	0	(52,782)	0	0	0	0	Consultant to Consultant non BTUH M1 to M10 Dermatology M1 to M10
	Unplanned Care	(400,000)	(34,800)	0	0	0	(334,000)	0	0	0	0	DIST Service M1-M10-notional
	Mental Health	(25,000)	(5,000)	0	0	0	(15,000)	0	0	0	0	Dementia Care Line
	Total	(490,000)	(46,005)	0	0	0%	(401,782)	0	0	0	0	

(6,332,551)

QIPP 2014/15.

Table below gives a summary of the identified QIPP schemes for 14/15. Officers are currently working on developing additional schemes to cover for any in year slippage.

Work stream	Savings
Planned care	£1.69m
Unplanned care	£0.62m
Paediatrics	£0.39m
Mental health	£0.87m
Medicines management	£1.14m
Community services	£0.37m
Other schemes and contract/budget reviews	£0.92m
Total	£6.0m