

THURROCK BOARD MEETING

DATE- 26/02/14

Title of Report: Thurrock CCG QIPP and Commissioning report

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Committees previous consulted:	QIPP Committee
Executive Summary:	The paper aims to appraise the Board of monthly (Jan 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



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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)

Core QIPP

The QIPP members were presented with the current performance on the 13/14 QIPP projects and year end forecast delivery. The committee also discussed 14/15 projects by workstream in detail and agreed further work needed to be done to firm up the projects. The group was also presented with some details around key transformational projects which are likely to have both quality and financial impact for next year. These projects include MSK, emergency ambulatory and Frail/elderly pathway redesign, and Respiratory service review including formulary review.

Stakeholder QIPP

Providers were requested to do a presentation on 13/14 achievements with regards to service provision and potential QIPP projects for 14/15. There was representation from all stakeholders and the discussions did highlight that joint projects developed involving multiple stakeholders were more beneficial in driving up the quality of care for the local population.

On exceptionality the clinical leads also discussed the new proposed SRP and have virtually agreed to recommend the board to endorse the policy. The policy once agreed will be embedded within the provider contracts for next year.

Key updates-

Practice visits:

18 practices were identified for practice visits of which 17 practice visits have been completed. These visits went well and key actions were agreed specific to the practices. Following practice visits we have noticed an uptake from practices that have previously refrained from taking part

Winter Pressure:

COPD reviews are underway by the community COPD team for patients with MRC level 3 and above. Patient passport/booklets have been delivered to both the community COPD team and the respiratory team in BTUH.

MSK

Since the last update 3 work streams have been established, to implement the new model
Clinical work stream
Finance and technical
MSK project Board.

The Clinical work stream is chaired between Dr Deshpande and Dr Raja while the MSK project board is co chaired by Dr Deshpande alongside Basildon and Brentwood CCG clinical lead. Three areas have been prioritised for implementation from 1st April and these are effective triaging of MSK referrals, Rheumatology formulary and Spinal pathways.

Respiratory service review

The review group has identified key gaps in current service provision; discussions are underway with the providers to implement new model of care for COPD patients in line with the outcome of the review. This is currently being driven through the respiratory network.

Medeanalytics

The CCG has identified a mede champion to work with the practices and raise monthly challenges on the acute care data. This will be initially trialled on a pilot basis before a full roll out to all practices.

UnPlanned care

Primary Care MDTs

14 MDTs took place in January, 137 patients were discussed and positive feedback has been received from GPs and good attendance from all stakeholders was noted. Efforts are underway to ensure practices achieve a minimum of 4 MDTs to qualify for their QoF points.

Teleheath

Currently 40 devices in use, team is working with GPs, community geriatrician, specialist services for identifying suitable patients. This is also being promoted through MDTs

RRAS

Service remains busy with 7 day working pattern now in place, Mon- Fri 9am- 9pm, Saturday, Sunday and bank holidays 9 am – 5 pm. The service has had 235 referrals in January 2014, of which 7 resulted in admission to secondary care and 1 admission to day hospital.

Paediatrics

Sickle Cell – meeting undertaken with Community to understand any gaps in service experienced by the services. Draft spec / requirements drawn up and meeting currently being arranged with Community and Acute colleagues to drive this forward.

- High Impact Pathways – acute colleagues undertaking an audit (in tandem with SE Essex) and will have data back with us by Children’s CEG in March (19th)

CAMHS – Stakeholder events being held throughout February to discuss potential future model

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Thurrock CCG 2013-14 QIPP performance based on Jan data

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

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	Planned Care	(1,014,903)	(105,350)	(64,782)	40,569	61%	(716,541)	(510,979)	205,561	71%	(397,934)	Practice Level Referral Management M1 to M6
Amber/Red >= 50% of plan												Consultant to Consultant BTUH M1 to M10
Red <= 50% of plan	Unplanned Care	(1,201,299)	(121,148)	(66,910)	54,238	55%	(1,043,684)	(665,606)	378,078	64%	(1,202,879)	Fortis RMC M1 to M10
												SRP M1-M6
	Mental Health	(368,390)	(48,361)	(42,680)	5,681	88%	(327,918)	(339,283)	(11,365)	103%	(433,094)	Accupuncture M1 to M8
												Nuffield MRI M1 to M8
	Medicines Management	(871,000)	(78,833)	(39,173)	39,661	50%	(630,667)	(452,688)	177,979	72%	(679,032)	Paediatrics Best Practice Tariff M1-M10
												EEAST-Impact of Reduced Unplanned Care+Decommission Admissions Avoidance Car M1 to M10
	Paediatric Services	(306,768)	(25,564)	(25,564)	0	100%	(255,640)	(255,640)	0	100%	(306,768)	Primary Care MDT Reviews M1 to M7
												GP in A&E M1 to M8
	Contract Reductions	(1,405,382)	(117,115)	(117,115)	0	100%	(1,171,152)	(1,171,152)	0	100%	(1,405,382)	Telehealth M1 to M8
												Dementia Challenging Behaviour M1 to M10
	Total	(5,167,742)	(496,372)	(356,224)	140,148	72%	(4,145,601)	(3,395,348)	750,253	82%	(4,425,089)	MCCH M1 to M10 (commenced in M5)
												Out of Area M1-M5
												Crisis Redesign (Inc RAID) M1 to M6 (commencing M5)
												Dietetics/ Oral Nutritional Supplements M1 to M8
												Scripts/switch M1 to M8
												Respiratory M1 to M8
												Diabetes/ Insulins M1 to M8
												Specials M1 to M8
												Care Homes/Mental Health M1 to M8
												Stoma M1 to M8
												Lipid Lowering M1 to M8
												Woundcare M1 to M8 assumed to be achieved to plan pending validation of the apparent extra saving achieved
												Misc savings M1-M8
												CAMHS NCA M1 to M10
												Price Deflator (NELFT & SEPT) Non Acute 1.3% M1 to M10
												Price Deflator Acute 1.1% M1 to M10
							Previously (4,006,344)	(3,342,196)		Forecast Planned (4,425,089)		
												Planned Savings (6,332,551)
												Variance (1,907,462)

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	
Planned Care	(291,000)	(5,780)	0	0	0	(37,568)	0	0	0	0	Consultant to Consultant non BTUH M1 to M8
											Dermatology M1 to M8
Unplanned Care	(32,800)	0	0	0	(267,200)	0	0	0	0	DIST Service M1-M8-notional	
Mental Health	(5,000)	0	0	0	(5,000)	0	0	0	0	Dementia Care Line	
Total	(291,000)	(38,580)	0	0	0%	(304,768)	0	0	0		

Vision Statement: The Health and care experience for the people of Thurrock will be improved as a result of our working effectively together.



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QIPP 2014/15.

QIPP target for next financial year is £8.7m. Likely QIPP savings by work streams identified so far have been summarised below. Details of the various projects underpinning these savings will be presented once business cases for the projects have been developed.

Work stream	Savings
Planned care	£2.2m
Unplanned care	£1.6m
Paediatrics	£0.3m
Mental health	£1m
Medicines management	£1.3m
Other schemes	£0.9m
Total	£7.3m