NHS
Thurrock
Clinical Commissioning Group

Core QIPP Meeting
23rd January 2014
The Thames Room, Civic Office
14.00-16.00

Present:	Dr R Arhin	Chairman of QIPP / GP Thurrock CCG
	Dr A Bose	GP Thurrock CCG
	Dr H Okoi	GP Thurrock CCG
	Helen Forster	CSU
	Mandy Ansell	Thurrock CCG
	Sue Holland	Mental Health Team
	Richard Narti	Mental Health Team
	Phillip Clark	Thurrock CCG
	Andrea Cronin	Thurrock CCG
	Gavin Mackenzie	CSU
	Siobhon Black	CSU
	Rahul Chaudhari	Thurrock CCG
	Dan Stoten	CSU
	Jonathon Andrews	CSU
	Ade Olarinde	Thurrock CCG
	Alana Stokes	Minutes
Apologies:	Dr A Deshpande	GP Thurrock CCG
	William Guy	Thurrock CCG
	James Buschor	Thurrock CCG
	Mary Tompkins	CSU

1.	**Welcome & Apologies**
	RA welcomed everyone to the meeting and introductions were made. The group were asked if there were any conflicts of interest to declare. None were raised. Apologies were given as stated above.
2.	**Minutes of the meeting held on 9th January 2014 and Action Log**
	The chair asked the Committee to point out any errors found in the previous meeting's minutes. No comments were made and the minutes were agreed as a true record.

	Action log: 1. HF advised that work is on-going for Paediatric activity scoping since the CQC bed closures. PC and JFT have also reviewed the workstream in a separate action. DS advised that the level of downwards trajectory for closures of beds would be a continuing focus.
3.	**QEB 13/14**
	The QEB update for 2013/14 was presented by GM. He explained the available data for the year to date. The Planned Care performance achieved saving percentage was reviewed. SB advised the group that the PMO team were waiting for the data from some months to be shared before the spreadsheet could be updated further. GM identified key areas that were lacking, as Nuffield Hospital and the GP in A&E scheme. Ade O queried why no month 7 data was present and SB answered that it would be made available by the next week. Unplanned Care data was reviewed including the planned figures versus the actual achievement. The focus was primarily around GP in A&E. The Mental Health schemes had achieved 95% and this was mainly contract activity. Medicines Management Script Switch initiative was noted to be bringing the percentage up, whilst Specials had been seen to be volatile and contributed to bringing down the achievement. GM advised that group that Mountnessing data was not included in the overview as no data was made available. Ade O clarified that no planned saving would be achieved for Mountnessing from the CCG. SB advised that the monthly report would be available in the next week. SB also explained that data for GP in A&E had not yet been shared with the PMO team and a request had been made to escalate this issue. RC updated the group to the fact that practice visits have begun and Dr Jones' practice had now agreed to use MDT reviews. GM discussed the forecast outturn and noted that the CCG contingency was not included. Ade O requested to see annual planned savings so as to show any gaps and suggested maybe revisiting some schemes that were not achieving as planned. SB offered for the "Lessons learned log" to be circulated for comments from the group.
4.	**QIPP 14/15**
	• *Prescribing* JA explained to the group that the QIPP 2014/15 goals for Prescribing would focus on optimising opportunities for next year with positive schemes from this year being repeated and missed opportunities being identified. Script Switch had been a positive scheme for 2013, as had the Diabetes pathway redesign and Respiratory scheme. JA advised that these achievements tie in to quality as well as financial savings. JA noted that Lipid lowering drugs (i.e. fish oils) had been identified and would be targeted for savings as Thurrock GPs tend to prescribe rather than advise patient to

eat fish etc. There is evidence that post MI patients only need for four years of Lipid lowering drugs, then they can stop. NICE have also revised their guidance. This scheme would possibly achieve a saving of £1.15m.

Another area for recovery of funds was identified as JA explained that the Hospital had charged some drugs to the CCG rather than NHS England.

Concerns were raised by HO regarding Script Switch swaps for some drugs that may be out of supply and how these gaps could be plugged. JA suggested that Script Switch could notify distributors to give assurance that supplies are available.

RA queried the potential risks that had been identified i.e. new oral anticoagulants. JA advised that the Prescribing team would be reviewing new risks for 2014 and would provide scoping details to this Committee.

JA explained that the forecast savings would be a "best guess" at this time as Stoma and Wound Care had both been noted to be liable to variation.

• *Mental Health*
SH advised the group that most finance for the Mental Health schemes would come from the SEPT contracts, which have been in negotiation in the last few weeks. Variance has been planned in proposed figures.

The possibility of ward closures has generated a review and possible pathway redesign as no savings would currently be made. This option had been marked as high risk and the timeframe is now believed to be much longer than the prospective timeframe that had been afforded.

MA clarified that Mountnessing data had not been included in savings.

HO queried if rehabilitation wards were to be closed because the need was not there. SH answered that the pathway redesign would be tested as it had not yet been scrutinised.

SH advised that all current figures for Mental Health savings are potential, and may not be very achievable in the given timeframe for 2014.

It was suggested that PBR data should be able to pass through IAPT and take resources. MA advised that this information is made available through GP leads and Dr Mohile is linked in the Mental Health workstream. Thurrock Mind has been put forward for redesign but new information has been received since this submission.

Ade O suggested it would be helpful to have summaries of all schemes and if a scheme is deemed feasible, some activity can be taken from the non-recurrent funding basis. Ade O updated the group that the Challenging Behaviour workstream had stalled after the patients were assessed. Mark Tebbs would give a further update to each CCG as legal discussions and consultation are now in progress.

RN noted there would likely be no financial impact of any schemes for 2013/14 but the three categories of schemes would impact in 2014/15.

Ade O suggested feedback be established as Thurrock CCG do not lead on the Mental Health contract. A representative was also suggested for the weekly SEPT contract teleconference.

PBR was noted to be a QIPP saving for the future, like Mental Health.

Action: RC requested a breakdown for inclusion in the report (to go to Board).

• *Paediatrics*
The Paediatric presentation was given by HF and it was discussed that the CCG no longer have to fund the placement for kids as it sits with the LA. HF suggested a phased approach rather than destabilise the LAC children involved by pulling out. It was identified that the positions of 13 of the children may be eligible for removal of funding and 3 would be coming up to transition. A phased approach would be preferable as well as possible reconfigured into another fund or plan. DS noted that transformation focus would be on quality and not on financial savings.

The part year effect from September pathways was reviewed and DS agreed to provide figures for the Committee. DS also highlighted the current Sickle Cell position and advised that it would be part of a quality QIPP to repatriate the workstream to Thurrock. HO advised that the final version of the Sickle Cell survey was available to be distributed at the next CEG meeting for practices to pass on to Sickle Cell patients, as BTUH does not have a full list. DS commented that the survey would test the demand for a service at BTUH and get the patient voice.

DS advised the group that the CAMHS redesign would not release any savings until 2015/16.

Equipment had been reviewed for potential savings but information was needed from the whole of Essex. There would be a potential saving from VAT and DS would update the Committee as more information is available. PC suggested that NELFT have not always paid VAT so a saving may not be possible.

Ade O requested DS provide a brief summary of schemes and values (including quality, not just financial savings) to be submitted by the following day.

Action: RC to share spreadsheet with DS for population

HO raised a query regarding PAU doctors' referrals to A&E doctors for children attending A&E, and if the charges were made twice. RC agreed to follow up and report back to the Committee.

• *Unplanned Care*
The group were updated on the Unplanned Care position by PC. It was recommended the performance from this year be sustained for the future and the SUS data would need to be viewed.

PC advised that BBCCG and Thurrock CCG have been negotiating with BTUH for an acute contract for the next year. High impact pathways and work with community consultants would be on-going.

PC noted the intentions of NELFT to challenge BTUH on the repatriation of some pathways. A block contract for the Ambulatory Care pathway was also suggested.

PC proposed that some workstreams from BTUH be repatriate to Primary Care and the day hospitals after a review of activity from the first appointment and subsequent follow-ups.

NELFT have agreed to look at all pathways and answer;
• What they can safely and clinically do.
• What they can never do.

The current Unplanned Care overspend was reportedly dominated by activity from BTUH, so negotiations are on-going to agree a block contract.

PC advised that MDT reviews must continue as well as the Community Geriatrician scheme.

AB commented on a case where three paramedic attendances and a GP home visit had been made to a patient in need of respite care.

HO discussed concerns regarding the COPD and RRAS teams and suggested there may be a manpower issue.

• *Planned*
The Planned Care QIPP update was share by RC and he highlighted the focus on transformation schemes, including the MSK block contract. This would be implemented from 1st April 2014.

The Consultant 2 Consultant would be shared and the policy would be strengthened. There was discussion of the proposed decommissioning of Nuffield diagnostic service and the group agreed to decommission this service as it will be provided under the BTUH block

Service Restriction Policy was noted as being raised across four CCGs and would be implemented from 1st April 2014. Challenges would be raised to ensure compliance with policy.

Blood Pressure monitoring had been proposed for decommissioning from BTUH for 14/15

Two Dermatology services were discussed along with Basildon's provided consultant services and the contract was noted to be ending on the 31st March 2014. A suggestion had been made to return to the market and include Paediatric Dermatology for an overall cost reduction which will only be a Gpswi provided service.

RC updated the Committee that the Diabetes pathway redesign had been held up by restrictions on information access.

The Respiratory review was noted for a 2014/15 timeframe as more modelling would be complete to strengthen the proposed figures.

RA raised an issue with MRI decommissioning at Nuffield as the Basildon emergency timeframe in this pathway was noted to be slower.

PC made a request for the whole Basildon Hospital team to return to the Stakeholder meeting for an update and suggested a case study be presented for long waits in emergency MRI cases. RC advised Most activity had been seen to be from Tier 2 as opposed to GP. RC clarified that if GPs wanted to reprocure for the contract for GP referral only, the whole service would have to be contracted. MA commented that KPIs with Basildon had improved. It was agreed to decommission the Nuffield service

	RC discussed Ultrasound Procurement and whether the contract should be allowed to lapse or if it should be reprocured with robust KPIs in place. The spec had been taken to hospitals to stop double payments, after patients were being re-scanned at hospital once they had been referred after an initial scan. Compliance would be needed in the current pathway, to transfer images to the hospitals so no double payments would be required. RA noted that Haematology should be added to the list of savings (on top of what had been included for decommissioning iron injections). RC requested the Committee make a decision regarding Paediatric Dermatology and it was agreed to go out to market. **Agreed by all**
5.	**AOB**
	No other business was raised. The next QIPP Stakeholder meeting on the 6th February 2014 was discussed. It was agreed that all Stakeholders would need to attend and answer specific questions of performance and quality. "What went well?" and "What could have gone better?" were agreed as the base questions for Stakeholders to consider when updating the Committee. • BTUH would be requested to update on the Frail Elderly Service and Paediatrics in the community. • NELFT would be requested to run through reablement schemes. • Thurrock Council would be requested to update on reablement schemes.
	Date of the next meeting
	Next Stakeholder Meeting to be held on 6th February 2014 at 14.00 at The Civic Offices, Grays.