

# Governing Body

26 July 2017

<b>Details</b>	Part 1	✓	Part 2		Agenda Item No.	7a
Title of Paper:	QIPP Report June 2017					
Board Member:	Margaret O'Dwyer, Director of Commissioning and Business Delivery					
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Presenter:	Margaret O'Dwyer, Director of Commissioning and Business Delivery					
Please indicate:	For Decision		For Information	X	For Discussion	

## Executive Summary

<b>Summary</b>	<p>This paper provides an update on the progress against the development and delivery of the QIPP plan for 2017-18.</p> <p>It was presented and discussed at the Finance, Contracting and Procurement Committee in July.</p>					
<b>Risk</b>	High		Medium	✓	Low	
	<p>Though progress is taking place to identify and deliver sufficient schemes for 2017-18 there is a risk that an inadequate number of schemes will be developed and implemented.</p>					
<b>Recommendations</b>	<p>The Committee is requested to:</p> <ul style="list-style-type: none"> <li>note the content of the report and the developing QIPP plan for 17/18</li> </ul>					

## Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	
To deliver service re-design in priority areas through innovation	
To develop primary care to become excellent and high performing commissioners	
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners	
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning	
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system	X
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)	
Equality Impact Assessed?	Supports NHS Bury CCG Governance arrangements

## QIPP Report June Position 2017

### 1 Introduction

- 1.1 This paper provides an update on the current progress on developing QIPP schemes for 17/18.

### 2 Background

- 2.1 The CCG has adopted a new Business Delivery Framework for the management of QIPP schemes with a clear focus on the delivery of schemes that will result in significant quality improvements or financial savings.
- 2.2 The CCG has also embraced the RightCare methodology which aims to reduce unwarranted variation by the early engagement of clinicians and patients in service redesign. This approach will see a smaller number of more resource intensive schemes being the focus of the QIPP plan.
- 2.3 Due to the work undertaken over previous years it is recognised that the opportunities for simple, quick wins are limited. There is also recognition that a number of concepts have been incorporated into the Locality Plan as part of wider transformational change.
- 2.4 The QIPP challenge for 17/18 is £5.4m.

### 3 QIPP Current Position 2017-18

- 3.1 Financial values have been confirmed, QIPP tracker will be updated to this affect and available in the August 2017 report.

### 4 Project Assurance Group Update (June)

- 4.1 The following schemes are being monitored through the Project Assurance Group:
- **Clinically Appropriate Blood Testing**
- 4.2 This scheme consists of two phases. Phase 1 is being led by the primary care team with the aim of reducing tests for Vitamin D and ESR in primary care.
- 4.3 PAG were presented with a project plan detailing a targeted approach for addressing the surgeries that are showing high Vitamin D testing. The project plan was approved and PAG requested monthly updates detailing the effects of the intervention.
- 4.4 Further opportunities are to be sought and presented at PAG in Sept 2017. Data to be compared against peers, both within GM and wider and best practice to be presented as
- 4.5 Phase 2 is being led by the commissioning team and looks to reduce the volume of a wider range of blood tests being undertaken. An overview of the project and supporting project plan is not yet in place due to delays in engaging with colleagues at PAHT however, this has now been escalated to the managerial lead for resolution.

4.6 PAG have requested this is submitted to the July 2017 PAG however, it was also recognised from the discussion that there remains a level of uncertainty in respect to the opportunity for financial and qualitative benefits. This will be clarified within the update due.

- **Sub-Acute Rehab**

4.7 This scheme involves a review of the sub-acute rehab provision, appropriate use of this provision and length of stay.

4.8 This project was not reviewed at the June 2017 PAG due to the ongoing audit which is being completed during May and June 2017.

4.9 Highlight reports have been requested fortnightly and a full update is due at the July 2017 PAG.

- **High Cost Drugs**

4.10 Approved in February 2017, the aim of the scheme is to identify and deliver savings associated with the high cost drugs recharged to the CCG from Pennine Acute Hospital Trust (PAHT). This includes the implementation of the Blueteq© system.

4.11 This project was not reviewed at June 2017 PAG. An implementation plan with milestones is due to be available at the end of June 2017 (following written confirmation from PAHT) and so the project will be returned to PAG in July 2017.

4.12 Note there are no financial savings associated with this scheme in 2017/18.

- **Integrated Community Cardiology Service**

4.13 This is a new scheme which has been worked up and approved through the new Business Delivery Framework process in May 2017. The scheme will develop pathways in Cardiology identified due to poor patient outcomes against a high level of spend as an Integrated Community Cardiology Service.

4.14 The 5 conditions prioritised as key areas to be addressed are; chest pain, heart failure, syncope, valve disorder and atrial fibrillation

4.15 The project has proposed a 12 month pilot to support the implementation of an Integrated Community Cardiology Service and revised pathways.

4.16 Due to changes at PAHT, the project has been delayed. New leads have been appointed and a positive response has been received with a plan for bringing the project back on track.

4.17 Following the work undertaken with the new leads, the project lead will return an Implementation Plan (which will include timeframes for contract variations and financial evaluations) at the July 2017 PAG.

4.18 The project will not realise any savings this financial year. The pilot will allow us to further understand impact on quality, cost and outcomes and monitoring will be undertaken to ensure the project remains on track to deliver the anticipated annual savings of £600,000 from 2018/19 to 2021/22.

- **MSK**

- 4.19 This is a new scheme which has been worked up and approved through the new Business Delivery Framework process and is intended to re-design the current Pain Management Pathway within the MSK Service, commissioned from PAHT, to introduce a Stepped Bio-Psychosocial Model of Care. The service will be part of the Bury Integrated MSK service and will be provided in partnership with Pennine Care psychological services.
- 4.20 The revised pathway would see more patients being managed in tier 2 through a more holistic approach looking at their physical health needs and mental health needs and encouraging self-management/care.
- 4.21 Concerns were raised by the project lead in respect to additional patients currently on the pathway that were not accounted for within the original Project Feasibility Document, and the potential to adversely impact on the project in respect to timescales for moving all patients onto the new pathway.
- 4.22 Further work will be undertaken with support from PAHT, Finance and Contracting colleagues to understand this further with an update provided to the next PAG meeting.
- 4.23 A full Project Plan will also be presented at the July 2017 PAG.
- 4.24 The Committee is reminded that this project will not realise any savings this financial year. However is projecting anticipated savings of £1,047,461 from implementation through to 2021/22.

## **5 Project Development Group Update (June)**

- 5.1 The PDG reviewed a number of Project Brief's;

- **Neurological**

- 5.2 This brief looked at the work undertaken by RightCare which highlights that Bury is mainly performing better or on par with the Best 5 CCGs.
- 5.3 One of the areas in which Bury has been identified as a significant outlier is that of Tumours of the Nervous System. It has been noted that there is a high rate of both elective and non-elective admissions which has resulted in high spend within this pathway, (£344k difference for spend on elective admissions and £85k for non-elective admissions spend).
- 5.4 An in-depth review of the data showed that there are only 8 cases for elective admissions over a 3 year period. The overall Bury position stands out for the year 15/16 due to 1 complex procedure.
- 5.5 The data shows the figures following 2015/16 are much lower and therefore QIPP savings are unlikely.
- 5.6 A decision was made to not pursue this project, however during the proposed Cancer 'Deep Dive', neurological cancers will be further scrutinised. If opportunities are found, this will be re-presented at the PDG.

- **Trauma and Injuries**

- 5.7 A project brief was submitted to the May PDG where it was suggested that the main opportunities have been captured in the locality plan. The PDG requested the locality plan was cross referenced to confirm that this is the case.
- 5.8 Further cross reference and communication with the local authority has confirmed falls and fractures are extensively covered within the transformational plan.
- 5.9 The project will not be pursued as QIPP.

- **Complex Patients**

- 5.10 The project brief was postponed to the July meeting pending exploratory conversations with NHS Blackpool CCG and NWAS in respect to a similar scheme which has been successful in delivering improved outcomes for complex patients.

## **6 QIPP Plan for 2017/18**

- 6.1 Appendix 1 shows the QIPP concepts and schemes that are being progressed in 2017/18.
- 6.2 The Committee is also advised that following the circulation of report by NHS England detailing QIPP opportunities that have been progressed by CCGs in the East of England, a review is being undertaken to identify where these may be appropriate to explore further for NHS Bury CCG.
- 6.3 There is also a deep dive being undertaken on the Cancer Rightcare Pack to explore further local opportunity to improve efficiencies.

## **7 Recommendations**

- 7.1 The Committee is requested to:
- note the content of the report and the developing QIPP plan for 17/18

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**July 2017**

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## Appendix 1 : QIPP Plan

Scheme Title	Progress	Workstream	Priority	Brief description of scheme	Date Project Brief Expected	Date PFD Expected
Integrated Community Cardiology Service	Live Scheme	Elective Care	Medium	Introduction of 5 clinical pathways: <ul style="list-style-type: none"> <li>• Chest Pain</li> <li>• Heart Failure</li> <li>• Syncope</li> <li>• Valve Disorder</li> <li>• AF</li> </ul>		
Clinically appropriate blood tests	Live Scheme	Elective Care/Primary Care		The first phase, which is currently underway concerns specific tests - Vitamin D deficiency and ESR (erythrocyte sedimentation rate). New local guidance was drafted and communicated to GPs. Monitoring is underway. This project brief concerns 'Phase 2'. Phase 2 proposes to extend the scheme to a range of other tests including: TSH, B12 & Folate, Ferritin, HbA1c, Troponin, D-dimer, Urea.		
Sub-acute rehab	Live Scheme	Urgent Care		This is just the sub-acute element of the 16/17 intermediate care scheme. It covers the use of step-down beds		
High Cost Drugs	Live Scheme	Medicine Optimisation		The aim of the scheme is to identify and deliver savings in the High Cost Drugs recharged to the CCG from Pennine Acute Trust.		
Persistent Pain Pathway	Live Scheme	Elective Care	Low	To implement a revised pathway for the management of patient with persistent pain, subsequent work has been undertaken with PAHT to review the proposed local pathway against the national back pain pathway, to ensure these are aligned where appropriate, recognising that not all elements could be implemented at this stage.		
Property Costs Review	Project Brief	Finance	Medium	To review and challenge current estate costs	Jul-17	
Cancer	Project Brief	PDG	Medium	To review remaining areas of cancer which are not covered by the Transformational / Locality plan	Jul-17	
Complex Patients	Project Brief	Urgent Care	Medium	To scope and undertake a piece of work to reduce the health care needs of a set of 'complex patients'. Complex patients are the top 2% of patients which the CCG spends the most on for inpatient admissions.	Jul-17	
Rightcare: Respiratory	Project Brief	Medicine Optimisation	Medium	Medicines Optimisation for Respiratory to review data for possible QIPP scheme	Jul-17	
Rightcare: Cancer	Project Brief	Medicine Optimisation	Medium	Medicines Optimisation for Cancer to review data for possible QIPP scheme	Jul-17	
Review Rheumatology Pathway	Project Brief	Elective Care	Low	Review of the rheumatology pathway	Aug-17	
Maternity	Project Brief	Women and Children	Low	To review the RightCare data to see if there are potential savings/quality improvements that could be made to the Maternity pathway.	Aug-17	
Respiratory	Project Brief	Elective Care	Low	To review the RightCare data to see if there are potential savings/quality improvements that could be made to the Respiratory pathway.	Aug-17	
Fragility Fractures and Osteoporosis	Project Brief	Elective Care	Low	Do further work to analysis fragility fractures and osteoporosis in relation to the right care findings and the overutilisation of DEXA imaging	Sep-17	
Gastro-Intestinal Pathway Design	PFD	Elective Care	Low	Implement pathways for Chronic constipation, Chronic Diarrhoea and IBS/Functional Bowel Disease Pathway, Dyspepsia/GORD pathway, Suspected IBD pathway, Review and management of ascites - ambulatory care model for ascetic drains and Abnormal LFTs Pathway		Sep-17
Review of Endocrine Data	Project Brief	Elective Care	Low	Obtain a more detailed breakdown of endocrine data using Dr Foster and Right Care Data	Apr-18	
CVD - Rightcare	Project Brief	Elective Care	Low	Further analysis to be done of the Right Care data for CVD to inform next priority area after CHD	Apr-18	