

Meeting: Governing Body			
Meeting Date	27 September 2017	Action	Receive
Item No.	8a	Confidential	No
Title	QIPP Report August 2017		
Presented By	Lisa Featherstone, Deputy Director of Business Delivery		
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Clinical Lead	Howard Hughes, Clinical Director and QIPP Clinical Lead		

Executive Summary
This paper provides an update on the progress against the development and delivery of the QIPP plan for 2017-18.
Recommendations
It is recommended that the Governing Body: <ul style="list-style-type: none"> note the content of the report and the developing QIPP plan for 17/18

Links to CCG Strategic Objectives	
To empower patients so that they want to, and do, take responsibility for their own healthcare. This includes prevention, self-care and navigation of the system.	<input type="checkbox"/>
To deliver system wide transformation in priority areas through innovation	<input type="checkbox"/>
To develop Primary Care to become excellent and high performing commissioners	<input type="checkbox"/>
To work with the Local Authority to establish a single commissioning organisation	<input type="checkbox"/>
To maintain and further develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning.	<input type="checkbox"/>
To deliver long term financial sustainability in partnership with all stakeholders through innovative investment which will benefit the whole Bury economy.	<input checked="" type="checkbox"/>
To develop the Locality Care Organisation to a level of maturity such that it can consistently deliver high quality services in line with Commissioner's intentions.	<input type="checkbox"/>
Supports NHS Bury CCG Governance arrangements	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	Yes
GBAF <ul style="list-style-type: none"> GBAF 6.1 	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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.						

Governance and Reporting		
Meeting	Date	Outcome
Finance, Contracting and Procurement Committee	21/09/2017	The Committee supported the presentation of the report to the Governing Body
	Click here to enter a date.	

QIPP Report August 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 At the current financial projections the QIPP achievement for 2017/18 will be £6,979, this value is lower than reported in July by £114,656. This value relates to the Persistent Pain Pathway scheme which was due to be shadowed monitored. The reasons for this non-achievement is discussed in 4.18.
- 3.2 Appendix 2 shows the current forecast financial achievement for the next 5 years.

4 Project Assurance Group Update (August)

- 4.1 The following schemes are being monitored through the Project Assurance Group:

- **Sub-Acute Rehab**

- 4.2 This scheme involves a review of the sub-acute rehab provision, appropriate use of this provision and length of stay. It is 16/17 scheme that continued on the tracker, though under the new BDF it became clear that the qualitative and financial benefits are not yet known. To gain an understanding of this it was agreed that an audit of the facilities would be undertaken.
- 4.3 An audit report was expected to be produced for the August PAG which would enable further analysis of qualitative and financial benefits to be undertaken. Due to unforeseen circumstances the report has been delayed until September. The PAG will

then consider the outcomes and make recommendations on the progression of the scheme.

- **Clinically Appropriate Blood Testing**

4.4 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. Phase 2 is being led by the commissioning team and looks to reduce the volume of a wider range of blood tests being undertaken in a clinical setting.

Phase 1

4.5 The latest data received from PAHT suggests a significant reduction in the use of ESR (60% drop resulting in a saving of approx. £8000 in Q1) and a reduction in Vitamin D testing (16% drop resulting in a potential saving of £7,500 in Q1). However, the GP clinical system (T-Quest) is suggesting an alternative test CRP which was not agreed with the project lead. Business Intelligence are reviewing what, if any, increase in CRP activity is taking place. Q2 data will be used to predict the savings of this scheme which will be presented at the October PAG.

Phase 2

4.6 Phase 2 of the project has now been scoped and the PAG felt there is potential to undertake targeted work on the following tests:

- Urine Analysis;
- IgE (immunoglobulin E);
- B₁₂ and Folate;
- Ferritin; and
- Full Blood Count

4.7 This would involve changes to T-Quest supported by targeted interventions at those GP practices showing significant variance in the frequency of testing with the aim to bring them to the CCG average.

4.8 An updated project plan was approved in the meeting. A key milestone is for the proposal to go to Clinical Cabinet in October for a wider clinical discussion and assurance that the changes will not result in undue harm. The predicted financial savings will be forecasted after this date, though it is expected to be around £100k.

- **High Cost Drugs**

4.9 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.

4.10 The requested project plan was received from PAHT, however this was unsatisfactory and has been returned to PAHT with a request for further detail. This was expected by the August meeting but is still outstanding. This has been raised to director level to speed up progress.

4.11 Note there are small financial savings associated with this scheme in 2017/18.

- **Integrated Community Cardiology Service**

4.12 This scheme will develop pathways in Cardiology identified due to poor patient outcomes against a high level of spend as an Integrated Community Cardiology

Service. The 5 conditions prioritised as key areas to be addressed are; chest pain, heart failure, syncope, valve disorder and atrial fibrillation. The project has proposed a 12 month pilot to support the implementation of an Integrated Community Cardiology Service and revised pathways.

- 4.13 Work is ongoing within the project and an updated project plan was presented at the meeting which will be used to monitor the progress of the project at PAG. The project is currently on track.
- 4.14 It should be noted that 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.

- **Persistent Pain Pathways**

- 4.15 The scheme 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.
- 4.16 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.
- 4.17 The project was reported at PAG as being on track.
- 4.18 Since the PAG a highlight report has been submitted that shows that the original forecasted finances have changed, which were being shadowed monitored in 2017/18. The previous action plan was developed based an estimated dates at the time the PFD was being submitted and as the project is now live the plan has been updated to reflect a more accurate current position. The revised finances are shown in appendix 2.

5 Project Development Group Update (August)

The PDG reviewed one Project Feasibility Document:

- **Medicines Optimisation**

- 5.1 The Medicines Optimisation Team presented the schemes that they will undertake in 2017/18. The schemes comprise of several elements, but will be monitored via the PAG as one overarching the scheme known as 'Medicines Optimisation- Invest to Save'.
- 5.2 The scheme involves the following components:
- Baby milk review
 - Pregabalin switch
 - Buprenorphine review
 - Dicycloverine review
 - Carbocisteine review
- 5.3 The schemes are predicted to save a total of £288,580 in 17/18.

The following project briefs were also reviewed:

- **Rheumatology Pathway**

5.4 This project has suggested that a review of the pathway takes place to ensure patients are identified at an earlier stage. The project is unlikely to result in financial savings but will impact positively on patient outcomes.

5.5 The project feasibility document will be presented to PDG in December 2017.

- **Respiratory**

5.6 This project brief was based on a review of the RightCare Respiratory Focus Pack April 2016. Though a few potential areas were highlighted the PDG felt there was insufficient information to make an informed decision with regards to progress. An updated project brief will be presented in September.

6 QIPP Plan 2017-21

6.1 To help develop future QIPP plans a Framework has been developed to provide a focus on QIPP development. This is contained in Appendix 3 the framework is a live document to support forward planning for the CCG.

6.2 A review has also taken place of the NHS England Midlands and East menu of opportunities copy of this review is attached in Appendix 4. A small number of schemes will be presented as concepts at the October PDG.

7 Deep Dives

7.1 As part of the QIPP Framework a number of Deep Dives have been planned into the RightCare packs. These take a MDT approach to review the full pathway for opportunities, prior to involving wider clinicians.

7.2 A deep dive into cancer has commenced with the final results due to be reported in the September position report.

7.3 A mental health deep dive is due to commence in September.

8 QIPP Plan for 2017/18

8.1 Appendix 1 shows the QIPP concepts and schemes that are being progressed in 2017/18.

9 Recommendations

9.1 The Committee is requested to:

- note the content of the report and the developing QIPP plan for 17/18.

Amy Lepiorz

Deputy Director of Primary Care / QIPP Lead

September 2017

Lisa Featherstone

**Deputy Director of Business Delivery
September 2017**

**Sufya Koli
Project Support Officer
September 2017**

Appendix 1 : QIPP Plan

Scheme Title	Progress	Workstream	Priority	Brief description of scheme	Date Project Brief Expected	Date PFD Expected	Project Lead	Clinical Lead	Managerial Chair	Governing Body Lead	Finance Lead	Business Intelligence Lead
Integrated Community Cardiology Service	Live Scheme	Elective Care	Medium	Introduction of 5 clinical pathways: • Chest Pain • Heart Failure • Syncope • Valve Disorder • AF			C Tickle	Fin McCaul	K Richardson	M O'Dwyer	S Beswick	D Goldstone
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.			M Hargreaves / R Schofield	Calh Fines	C Tickle	H Hughes	H Griffin	T Edge
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			N Begum	V Myle	D Latham	V Myle	G Throup / K Red	D Goldstone
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.			J Tilstone	N Saleem	A Lepioz			
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.			C Tickle	D Cooke	K Richardson	M O'Dwyer	C Marshall	
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.	Sep-17		U Darsot	F McCaul	C Tickle	K Patel	C Marshall	D Goldstone
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.	Sep-17		I Trafford	C Fines	D Latham	K Patel	C Marshall	D Goldstone
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		U Darsot	D Cooke	C Tickle	M O'Dwyer		G Williams
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	A Goodall	D Cooke	C Tickle	M O'Dwyer	C Marshall	D Goldstone
Mental Health Rehab & Recovery Model	Concept Stage		Low	Redesign of the mental health rehab and recovery pathway alongside the LA and supported housing.	Oct-17				K Richardson			
Enhanced Hospice at Home	Concept Stage		Low	Creation of an hospice at home service to minimise the number of deaths in acute of community settings	Oct-17				K Richardson			
Integrated Care Practitioners (linked to primary care)	Concept Stage		Low	Integrated Care Practitioners in Primary Care. Work with older people whose long term health conditions (LTCs) are affecting their sense of wellbeing and putting them at risk of unplanned hospital admission. Working as part of the GPs' Multi-Disciplinary Teams will work alongside people to help them identify and achieve goals that will improve their sense of wellbeing.	Oct-17				K Richardson			
Tele-Dermatology	Concept Stage		Low	Introduction of tele-dermatology for tele-lesions	Oct-17				K Richardson			
Epilepsy	Concept Stage		Low	The appointment of a specialist epilepsy nurse will lead to patients with epilepsy being more stable in the community with improved self-management. This will lead to reductions in A&E attendances and subsequent emergency admissions.	Oct-17				K Richardson			
WSH Ratios, Admissions and DTOCs	Concept Stage		Low	To contract for better than average ratio's within 1st outpatient to follow up appointments, C2C etc. Contracting for a first to follow up appointment ratio in line with Better Care Better Value.	Oct-17				K Richardson			
Review Rheumatology Pathway	PFD		Medium	Review of the rheumatology pathway		Dec-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		C Tickle	Fin McCaul	K Richardson	M O'Dwyer		D Goldstone
Complex Patients - High intensity users: Investment into the NWAS Freq User team	Project Brief	Urgent Care	Low	(Following the options presented at the July 2017 PDG) To scope the affects of additional investment into NWAS Frequent Caller Team to increase capacity to work with Bury frequent callers	Jan-19		I Trafford		D Latham		C Marshall	G Williams

Appendix 2: QIPP Financial Performance for 2017/18

Reference	Scheme Title	Progress	Workstream	Status	Brief description of scheme	Scheme Status (Financial RAG Rating)	Forward planning				
							2017/18 FYE £	2018/19 FYE £	2019/20 FYE £	2020/21 FYE £	2021/22 FYE £
MSKEC-01.001	Persistent Pain Pathway	PFD	Elective Care	Live QIPP	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.	On Track	-	94,786	-	-	-
CVDEC-01.001	Integrated Community Cardiology Service	PFD	Elective Care	Live QIPP	Following agreement by the QIPP Governance Panel in June 16 to progress plans to develop an Integrated Community Cardiology Service, PAHT and PCFT were approached to work with the CCG to develop patient pathways for this service. Both trusts identified key members of their managerial and clinical team to work with the CCG and PAHT have been identified as the lead provider for this project.	On Track	-	400,000	-	-	-
16/17MM005	High Cost Drugs	PFD	Medicine Optimisation	Live QIPP	The aim of the scheme is to identify and deliver savings in the High Cost Drugs recharged to the CCG from Pennine Acute Trust.	On Track	6,979	206,396	91,394	-	-
16/17EC014b	Clinically Appropriate Blood Testing	PFD	Elective Care	Live QIPP	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.	On Track	-	-	-	-	-
16/17UC003	Sub Acute Rehab	PFD	Urgent Care	Live QIPP	Review of consultant cover, sub-acute rehabilitation, and crisis bed usage	Behind Schedule					
							6,979	701,182	91,394	-	-

Draft

1.0 Contents

[1.0 Introduction](#)..... 2

[2.0 Financial Gap](#)..... 2

[3.0 QIPP 2017-2021](#)..... 2

[4.0 Prescribing Opportunities](#)..... 3

[5.0 Efficiency Savings](#)..... 3

[6.0 RightCare Opportunities](#)..... 4

[7.0 Ad-hoc Ideas](#)..... 6

[8.0 Timeframes](#)..... 6

[9.0 Live QIPP Projects](#)..... 6

[10.0 Appendix 1](#)..... 7

DRAFT

2.0 Introduction

- 2.1 This QIPP Plan describes the CCG's planned approach to its Quality, Innovation, Productivity and Prevention (QIPP) Programme between 2017 and 2021.
- 2.2 The plan is not an extensive description of schemes that will be implemented in the coming years. Instead it describes the planned approach that will be taken to identify schemes to meet the CCG's QIPP targets between 2017- 2021.
- 2.3 The detailed operational processes on how schemes will be developed and monitored are described in the Business Delivery Framework: Project Development and Assurance (BDF).
- 2.4 The planned approach articulated in this plan, along with the BDF are designed to ensure potential QIPP ideas are prioritised appropriately and appropriate focus and support is given to a small number of schemes to maximise opportunities.

3.0 Financial Gap

- 3.1 Historically, QIPP has been put in place to bridge the financial gap however with the current Locality Plan and transformation schemes the importance of QIPP in this regard will diminish.
- 3.2 The original principles of QIPP are still a priority and are to be embedded throughout the organisation; complementing the RightCare approach of reducing unwarranted variation and improving services for our population.

4.0 QIPP 2017-2021

- 4.1 The CCG's QIPP requirements for 2017-2021 are shown in the table below:

	2017/18	2018/19	2019/20	2020/21
Organisation Gap	£5.4m	£4m		
Locality Plan- CCG efficiency		£1.3m (minimum delivery)	£1.3m	£1.8m

- 4.2 This is the organisation gap as per our submitted plans. QIPP achievement in prior years has been limited, however this needs to be maximised together with non-recurrent mitigations to deliver financial balance.
- 4.3 As the locality plan is being mobilised and delivered the majority of the CCG deficit will be addressed through transformation, however there is an expectation that the CCG will deliver a level of efficiency to contribute to overall locality financial balance.
- 4.4 In 2017/18, the £5.4m represents the organisation's gap without considering any financial benefits which may be achieved from the locality plan. Any recurrent savings which are not made in this year will be added to the 2018/19 QIPP target.

- 4.5 After 2017/18 the QIPP targets exclude opportunities articulated in the transformation schemes.
- 4.6 There are three main areas of focus for the QIPP plan:
- Mitigation of growth in prescribing costs
 - Opportunities from the NHS RightCare programme, outside of the transformation schemes
 - Ad-hoc ideas that come from other sources, such as other CCGs
- 4.7 A key consideration in the development of plans is the balance between 'quick wins' - those projects that will deliver savings and quality improvements within 1 to 2 years; and those where the benefits will not be realised until the medium (3-5yrs) or longer term (6+yrs).
- 4.8 The agreement of a block contract between the CCG's two main providers limits the opportunities that can be realised in 2017/18, but increases the importance of ensuring schemes are demonstrating their viability prior to any future negotiations.
- 4.9 Opportunities for quality improvements and financial savings should always be considered when contracts are renegotiated and pathways redesigned. This should be considered business as usual for those colleagues involved and therefore outside of the BDF whilst still contributing to the financial gap.

5.0 Prescribing Opportunities

- 5.1 Whilst recognising the CCG's strong performance with regards to prescribing there may still be opportunities for efficiencies.
- 5.2 A target of growth mitigation of £300k+ per financial year has been given to this area. This target reflects the fact that nationally prescribing costs are increasing and therefore significant work needs to take place for prescribing costs to remain within budget.
- 5.3 It is likely that the achievement of this target will comprise of several smaller schemes. These schemes should be scoped and in Quarter 3 and 4 of the preceding financial year to ensure they commence at the beginning of the following financial year.
- 5.4 The design and delivery of schemes is part of business as usual for the Medicines Optimisation Team. A light touch project management approach will be adopted with the monthly reporting of the total achievement to be provided in line with the BDF.

6.0 Efficiency Savings

- 6.1 Running cost savings should be achievable through improved utilisation of estates during 2017/18. Further opportunities are likely to be achieved as the CCG integrates with the Local Authority as part of the One Commissioning Organisation.
- 6.2 A target of £100-200k per financial year has been given to this area.

6.3 Potential opportunities for efficiency savings will be reviewed in Quarter 4 of the preceding financial year.

7.0 RightCare Opportunities

7.1 The CCG is committed to adopting the RightCare approach. As part of this approach RightCare data packs are reviewed by commissioning and clinical leads to identify potential areas of further exploration.

7.2 The 'Commissioning for Value- Where to Look, January 2017' has identified an opportunity to the value of £6.1m along with a number of quality improvements. The quantitative and qualitative benefits of tackle any kind of unwarranted variation should not be overlooked.

7.3 In 2017/18 an initial view of all the 'top spend and/or outcomes' areas identified in the 'Commissioning for Value- Where to Look, January 2017' took place. This is a high level view to identify any significant opportunities. Below is the timetable for these reviews:

Concept Area	Project Brief Due
RightCare - GI	Feb-17
RightCare - Endocrine	Feb-17
RightCare - Cancer	Feb-17
RightCare - Circulation	Feb-17
RightCare -MSK	Feb-17
RightCare - T&I	May-17
RightCare - Neurological	May-17
RightCare - Mental Health	May-17
RightCare - Complex Patients	May-17
RightCare - Respiratory	Sep-17
RightCare - Maternity	Sep-17

7.4 RightCare data packs are released sporadically throughout the year. There will be a target to review new packs for high level opportunities within 8 weeks of publication.

7.5 Opportunities identified will be prioritised in line with the BDF and added to the forward plan. Part of the prioritisation process will be to discuss the time when full project feasibility/project implementation will take place.

7.6 Planned deep dives of RightCare Focus packs will start to take place over the next 5 years. These are a focused look at the latest data, including data held locally. The aim of these deep dives is to drill down into the potential opportunities which in isolation may not lead to significant benefits, but as a whole do.

7.7 The deep dive sessions will take place over a quarter with the aim of identifying potential schemes. Below is the timetable for these reviews, though these are subject to change:

Opportunity / Schemes	Quarter	Year
Cancer	Q2	2017 – 18
Mental Health	Q3	2017 – 18
Musculoskeletal (MSK)	Q1	2018 – 19
Circulation	Q2	2018 – 19
Gastrointestinal (GI)	Q3	2018 – 19
Respiratory	Q1	2019 – 20
Neurological	Q2	2019 – 20
Trauma & Injuries (T & I)	Q3	2019 – 20
Maternity	Q1	2020 – 21
Endocrine	Q2	2020 – 21
Cancer	Q3	2020 – 21
Mental Health	Q1	2021 – 22
Musculoskeletal (MSK)	Q2	2021 – 22
Circulation	Q3	2021 – 22

7.8 The deep dives will help firm up our true potential QIPP through RightCare. The aim of the deep dives are not to question the validity of the data, but for colleagues to come together to ask questions around what the data is telling us, seek answers with the aim of getting a truer understanding of the RightCare opportunities.

7.9 It is recognised that some of the identified opportunities may be linked to public health indicators (e.g. cancer prevalence) that will take some years to reverse. Some appear to be linked to inpatient activity within Bury that is delivered at our comparator CCGs as outpatient activity (and thus not counted for RightCare purposes). In these cases the potential is much reduced.

7.10 In advance of the deep dives, it is difficult to understand the potential savings but it is unlikely that more than £4m can be realised within 5 years. However, it is advisable to give targets to those working on schemes, even at a preparatory stage to help focus planning and to link these targets to our 5 year QIPP plan.

7.11 With this in mind it is proposed that RightCare will deliver savings as follows:

- Year 1- £200k

- Year 2- £800k
- Year 3- £1m
- Year 4- £1m
- Year 5- £1m

8.0 Ad-hoc Ideas

8.1 This plan recognises that ideas and opportunities for QIPP schemes may come from other sources, such as other CCGs, throughout the year. Through the tracking and monitoring process (via the QIPP Tracker) opportunities realised, progressed, held and rejected will be recorded.

9.0 Timeframes

9.1 In order to maximise the impact schemes have it is important that they are identified and developed prior to the start of the financial year. Therefore a clear plan articulating the tasks needed to take place throughout the year is shown below:

Quarter	Task(s)
Q1	Project implementation Deep Dive
Q2	Deep Dive Project Development
Q3	Deep Dive Identification of MO* schemes Project Development
Q4	Identification of MO* schemes Identification of efficiency savings PFD review and approval for the following financial year

**MO = Medicines Optimisation*

9.2 This timetable is not restrictive and is not designed to halt the progression of viable schemes that may be identified outside of this timeframe. The purpose is to identify dedicated planning time to schemes.

9.3 It is also identified that 2017 – 18 will continue to focus on the high level reviews.

9.4 A review of 2016 - 17 activity data across workstreams will be completed over Q2 and Q3 of 2017 for future QIPP opportunities. This will then be repeated each year.

10.0 Live QIPP Projects

10.1 As part of the approved QIPP schemes for 2017 – 18 there are 5 projects that propose indicative savings over 5 years contributing to the QIPP plan.

10.2 At this time, the live QIPP Projects are:

- Sub-Acute Rehabilitation
- Clinically Appropriate Blood Testing (Phase 1 & Phase 2)

- Integrated Community Cardiology Service
- Persistent Pain Pathway
- High Cost Drugs

10.3 The future savings are captured on the QIPP Tracker (see Appendix 1)

11.0 Appendix 1

Link to QIPP Tracker: [QIPP Tracker](#)

(Please note: the QIPP tracker is still in its development stage)

Project Development Group

Review of the NHS England Midlands and East 'Menu of Opportunities'

08 August 2017

Details	Part 1	✓	Part 2		Agenda Item No.	
Title of Paper:	Review of the NHS England Midlands and East 'Menu of Opportunities'					
Board Member:	Margaret O'Dwyer, Director of Commissioning and Business Delivery					
Author:	Sufya Koli, Project Support Officer					
Presenter:	Sufya Koli, Project Support Officer					
Please indicate:	For Decision		For Information	X	For Discussion	

Executive Summary

Summary	This paper provides information on the potential QIPP opportunities following review of 'NHS England Midlands and East Menu of Opportunities May 2017'					
Risk	High		Medium	X	Low	
	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.					
Recommendations	The Committee is requested to: <ul style="list-style-type: none"> note the content of the report 					

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

1 Introduction

9.2 This paper provides information on the potential QIPP opportunities for Bury CCG following a review of 'NHS England Midlands and East Menu of Opportunities May 2017' (Appendix 1).

9.3 The 'Menu' consists of a list of potential QIPP scheme which have been implemented in the Midlands and East area.

2 Review of the 'Menu of Opportunities'

2.1 The Project Support Officer has led a review of the 'Menu'. They have worked with the relevant members of staff across the different work streams in order to assist with identifying areas of opportunity within their specialty areas.

2.2 For each opportunity the staff member advised if this piece of work has already taken place; if it is scheduled to take place; or if this is a new area to explore in line with the Business Delivery Framework. The outcome of each conversation has identified the opportunities NHS Bury CCG may explore.

2.3 In total a 144 schemes were reviewed.

3 Opportunities identified

The review identified a limited number of areas which have not/are not currently being explored. These are listed below along with the brief description of the scheme:

- **Mental Health**

3.1 Mental Health Rehab & Recovery Model

Redesign of the mental health rehab and recovery pathway alongside the LA and supported housing.

- **Acute**

3.2 Enhanced Hospice at Home

Creation of an hospice at home service to minimise the number of deaths in acute of community settings

3.3 Integrated Care Practitioners (linked to primary care)

Integrated Care Practitioners in Primary Care. Work with older people whose long term health conditions (LTCs) are affecting their sense of wellbeing and putting them at risk of unplanned hospital admission. Working as part of the GPs' Multi-Disciplinary

Teams will work alongside people to help them identify and achieve goals that will improve their sense of wellbeing.

3.4 Tele-Dermatology

Introduction of tele-dermatology for tele-lesions

3.5 Epilepsy

The appointment of a specialist epilepsy nurse will lead to patients with epilepsy being more stable in the community with improved self-management. This will lead to reductions in A&E attendances and subsequent emergency admissions.

- **Direct Access**

3.6 WSH Ratios, Admissions and DTOCs

To contract for better than average ratio's within 1st outpatient to follow up appointments, C2C etc. Contracting for a first to follow up appointment ratio in line with Better Care Better Value.

4 Next Steps

4.1 At this stage the potential viability of the concepts has not been assessed. The identified opportunities will be presented for prioritisation at the Project Development Group in September 2017 in line with the Business Delivery Framework

5 Recommendations

5.1 The Committee is requested to:

- note the content of the report and the developing QIPP opportunities

Appendix

Menu of Opportunities Paper: [Menu of Opportunities v. 01 120517.pdf](#)

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July 2017