

Meeting: Governing Body			
Meeting Date	24 January 2018	Action	Receive
Item No.	12b	Confidential	No
Title	QIPP Report		
Presented By	Margaret O'Dwyer, Director of Commissioning and Business Delivery		
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Clinical Lead	Howard Hughes, Clinical Director		

Executive Summary
This paper provides an update on the progress against the development and delivery of the QIPP plan for 2017-18.
Recommendations
The Governing Body are asked to 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 checked="" type="checkbox"/>
To deliver system wide transformation in priority areas through innovation	<input checked="" type="checkbox"/>
To develop Primary Care to become excellent and high performing commissioners	<input checked="" type="checkbox"/>
To work with the Local Authority to establish a single commissioning organisation	<input checked="" type="checkbox"/>
To maintain and further develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning.	<input checked="" 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 checked="" type="checkbox"/>
Supports NHS Bury CCG Governance arrangements	<input 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:	
GBAF Risk 6.1 – Inability to identify sufficient QIPP Programmes	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
Are there any conflicts of interest arising from the proposal or decision being	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

requested?						
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input 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 type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
<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>						

Governance and Reporting		
Meeting	Date	Outcome
Finance, Contracting and Procurement Committee	18/01/2018	Report discussed.

QIPP Report - December 2017 Position

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 adopted a Business Delivery Framework in January 2017 for the management of QIPP 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 £486,476.

3.2 Appendix 2 shows the current forecast financial achievement for the next 5 years.

4 Project Assurance Group Update (December)

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. 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**

4.3 The scheme remains on track to deliver an estimated £110k reduction over the year.

4.4 Analysis of the Quarter 2 data, which was only received in late November, will be presented to the PAG at its January meeting.

- **Phase 2**

4.5 The project continues to move forward, although changes to the T-Quest system are required for any further progress to be made. These have been authorised and the financial opportunities will be included in the tracker from April 2018.

- **High Cost Drugs**

4.6 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 and switching from certain drugs to biosimilars which are clinically appropriate and more cost effective.

4.7 The project is on track with high assurance of delivery. Quarterly meetings have been set up with PAHT, which the Director of Commissioning and Business Delivery will support for the next 12 months of the project

- **Integrated Community Cardiology Service**

4.8 The financial opportunities associated with the project for 2018/19 onwards continue to be reviewed and will be notified to the PAG at the earliest opportunity.

4.9 Work continues with PAHT to mobilise the pathways and ensure that patient engagement remains central to the pathway development. Bury CCG has challenged the limited clarity on implementation timeframes and a commitment from PAHT has now been received that these will be agreed,

- **Persistent Pain Pathways**

4.10 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.

4.11 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.

4.12 The project continues to be reported as being on track although there has been a minor delay to the go live date for the pathways which is now reported as June 2018. Work continues on the transition plan, with a more detailed review of patient level data being undertaken to ensure alignment with the financial modelling.

- **Medicines Optimisation**

4.13 The Medicines Optimisation Team is undertaking a number of schemes in 2017/18. The schemes comprise of several elements, but will be monitored via the PAG as one overarching scheme known as 'Medicines Optimisation- Invest to Save'.

4.14 There is no change from the last reported position. All five schemes are live and remain on track, however due to other pressures in the prescribing budget it is unlikely that true savings will be made.

4.15 Work will be undertaken to consider the schemes that will be included in the 2018-19 Medicines Optimisation programme.

- **Gastro-intestinal Pathways**

4.16 As previously reported, the financial savings associated with this project are expected to be presented to the January PAG.

5 Project Development Group Update (December)

The following PFD was reviewed at the PDG:

- **Rheumatology Pathway**

5.1 This project proposes to redesign the rheumatoid arthritis pathway. The PDG felt that further information was required in order to understand the potential benefits of this project. A revised PFD will be submitted in February 2018.

6 Recommendations

6.1 The Committee is requested to:

- note the content of the report

Amy Lepiorz
Deputy Director of Primary Care / QIPP Lead
January 2018

Lisa Featherstone
Deputy Director of Business Delivery
January 2018

Appendix 1: QIPP Plan

Scheme Title	Progress	Workstream	Brief description of scheme	Date Concept Sheet Expected	Date Project Brief Expected	Date PFD Expected
Integrated Community Cardiology Service	Live Scheme	Elective Care	Introduction of 5 clinical pathways: <ul style="list-style-type: none"> • Chest Pain • Heart Failure • Syncope • Valve Disorder • AF 			
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	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.			
Gastro-Intestinal Pathway Design	Live Scheme	Elective Care	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			
Medicine Optimisation - Invest to save 17/18	Live Scheme	Medicine Optimisation	This involves several medicines optimisation schemes, including baby milk, carbocisteine, dicycloverine, buprenorphine reviews and pregabalin switches			
Tele-Dermatology	Concept Stage	Elective Care	Introduction of tele-dermatology for tele-lesions		Apr-18	
Epilepsy	Concept Stage	Urgent Care	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.	Feb-18		
Dermoscopy	Concept Stage	Elective Care	A dermatoscope with training made available to GPs, can help properly examine and diagnose dermatology conditions further. This can then allow some conditions to be treated within primary care.	Feb-18		
WSH Ratios, Admissions and DTOCs	Concept Stage	Elective Care	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.	Feb-18		
Review Rheumatology Pathway	PFD	Elective Care	Review of the rheumatology pathway			Feb-18
Respiratory	PFD	Elective Care	To review the RightCare data to see if there are potential savings/quality improvements that could be made to the Respiratory pathway.			Feb-18
Review of Endocrine Data	Project Brief	Elective Care	Obtain a more detailed breakdown of endocrine data using Dr Foster and Right Care Data		Apr-18	
CVD - Rightcare	Project Brief	Elective Care	Further analysis to be done of the Right Care data for CVD to inform next priority area after CHD		Apr-18	
Complex Patients - High intensity users: Investment into the NWAS Freq User team	Project Brief	Urgent Care	(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	

Appendix 2: QIPP Financial Performance for 2017/18

Reference	Scheme Title	Progress	Workstream	Priority	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	Medium	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	-	76,000	190,000	-	-
GIEC-01.001	Gastro-Intestinal Pathway Design	PFD	Elective Care	Low	Live QIPP	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						
CVDEC-01.001	Integrated Community Cardiology Service	PFD	Elective Care	Medium	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.	Unlikely to Deliver Target	-	-	-	-	-
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	88,192	154,474	377,263	-	-
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. July figure £31k is cumulative savings Apr-Jul	On Track	109,704	-	-	-	-
MedOps	Medicine Optimisation - Invest to save 17/18	PFD	Medicine Optimisation		Live QIPP	This involves several medicines optimisation schemes, including baby milk, carbocisteine, dicycloverine, buprenorphine reviews and pregabalin switches <ul style="list-style-type: none"> o Baby milk review o Pregabalin switch o Buprenorphine review o Dicycloverine review o Carbocisteine review 	Behind Schedule	288,580	-	-	-	-
								486,476	230,474	567,263	-	-