

Meeting: Governing Body			
Meeting Date	28 March 2018	Action	Receive
Item No.	11b	Confidential	No
Title	QIPP Report January Position 2018		
Presented By	Margaret O'Dwyer, Director of Commissioning and Business Delivery		
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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"> • Receive and note the content of the report

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 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 <i>[Insert Risk Number and Detail Here]</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input 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>						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input 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>						
Are there any financial Implications?	Yes	<input 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 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 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 type="checkbox"/>	N/A	<input type="checkbox"/>
<i>If you have ticked yes provide details here. If you are unsure seek advice from Lynne Byers about the risk register.</i>						

Governance and Reporting		
Meeting	Date	Outcome
Finance, Contacting and Procurement Committee	15/02/2018	Report discussed.

QIPP Report January Position 2018

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 remains at £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 Data pertaining to quarter 2 activity continues to show a positive outcome with the number of requested ESR tests remaining at the reduced level with no increase in alternative tests being reported.

- 4.4 The scheme has seen the following differences through the data reported:
- an average of 770 ESR tests per month for the period April 17 – November 17 (inc) compared to 1794 tests for the same period 2016-17;
 - an average of 503 Vitamin D tests per month for the period April 17 – November 17 (inc) compared to 668 tests for the same period 2016-17.

4.5 These figures suggest a 57% reduction in ESR and 25% reduction in Vitamin D testing, suggesting the scheme remains on track to deliver the £110k cost reduction during the reporting period.

4.6 The scheme will be monitored through business as usual with a final update provided to the PAG in May 2018 once full year data is available. Any changes out with the current trend will be notified immediately through completion of a highlight report.

- **Phase 2**

4.7 Similar to Phase 1, this scheme will see the implementation of changes to the T-Quest system, which would require Primary Care to actively, rather than routinely, request three blood tests.

4.8 Funding of £11k has been approved through the CCG, which will be met by the NES CCGs and PAHT with a view to delivering an estimated £30k cost reduction on blood tests for Bury CCG alone.

4.9 The PAG requested that confirmation is sought from PAHT, who will commission the work on behalf of the CCG, for a date to be agreed for completion of this work as any opportunities are dependent on the changes at system level.

- **High Cost Drugs**

4.10 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.

4.11 The project remains on track with high assurance of delivery. The most recent quarterly meeting with PAHT, which the Director of Commissioning and Business Delivery supports, had taken place prior to the PAG meeting where it was reported there has been faster than anticipated transfer and that adoption of biosimilars for two of the drugs exceeded 90%.

4.12 It was agreed the changes would be considered against the finance projections, which had only been received from PAHT in the week prior to the meeting and these would be updated through a highlight report to the PAG meeting in February.

- **Medicines optimisation - Invest to Save**

4.13 Whilst this is a live scheme, it should be noted that the Medicines Optimisation budget was reduced by the value of the opportunity identified at the start of the financial year, and therefore the scheme is reported through the QIPP tracker as having delivered. It

should be noted that figures available at Month 8 show the scheme over-performing by 37%.

- 4.14 The PAG sought assurance on the overall level of risk, and whilst it is noted that there are other pressures in the system which are captured on the CCG's risk register, there was nothing specific to this scheme. Monitoring will continue and any areas of concern will be highlighted accordingly, however it was agreed that the scheme is Business as Usual with a further update expected once financial and activity data for the full year is available.

- **Integrated Community Cardiology Service**

- 4.15 As outlined in the last report, the financial opportunities associated with the project for 2018/19 onwards continue to be reviewed and the following timeline (all dates refer to end of period) has been notified to the PAG Chair:

- January - Clinical review of activity from associate contracts to isolate what should be included in the new model
- February - Full reconciliation of 2017/2018 HRG4+ for new costed model
- February - Agreement on what diagnostics are appropriate for repatriation and if the existing facilities are adequate for new activity
- March - new costed pathways to be shared
- April - value for money assessment on new model to be completed, including any double funding requirements, and appropriate approval obtained
- May – new model implemented

The final opportunities are predicated on delivery of an improved pathway. A full pilot of consultant triage has been in place since October, with the new heart failure pathway commencing on 24th January 2018 and advice and guidance being piloted with a small cohort of practices from 1st February in advance of a planned full roll out to GPs in March. Briefing sessions are being delivered to Sector Meetings throughout February 2018. Feedback from the initial pilot which commenced in October is positive.

The project will continue to provide monthly highlight reports to the PAG.

- **Persistent Pain Pathways**

- 4.16 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.
- 4.17 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.
- 4.18 The project continues to be reported as being on track, and whilst the minor delay to the go live date for the pathways previously reported as June 2018 remains on track,

there is increasing concern with regards to the availability of the estate from which the new service can be delivered. One room has been identified at FGH, however this is insufficient as a further 4 – 5 rooms are required within the same setting to ensure seamless transfer of patients along the pathway. Without appropriate locations identified, there is also a risk that recruitment to key posts could be undertaken but without the ability to deliver the service. Colleagues are currently considering options in order to mitigate the risk, however it was agreed that the risk should be added to the CCGs risk register.

4.19 The project will continue to be reported monthly to PAG.

- **Gastro-intestinal Pathways**

4.20 As previously reported, the financial opportunities associated with this project were expected to be presented to the January PAG, however guidance was sought on the level of detail required.

4.21 The modelling continues to be explored, however there is nothing available that reflects the approach being adopted locally that can be used as a guide. The national activity modelling template (NICE 2013) does not encompass all age groups, which is the proposed approach being adopted by Bury. Feedback from the RightCare Business Partner, which is supported by the Clinical Lead, has also indicated that opportunities for savings are limited and that emphasis on the granularity of financial opportunities to be realised should be proportionate, particularly when the intrinsic view is that this is the right thing to do from a quality outcome perspective.

4.22 Conversations in respect to Faecal Calprotectin (FCP), which is the one area to be reviewed under this project, have taken place through all CCG sector meetings and also with PAHT.

4.23 There will be an associated cost with the introduction of the test, however the PAG asked the project lead to explore with support from financial colleagues, whether the test could be undertaken as cost neutral for the initial year due to the likely reduced activity in the following year. This may present some challenge due to the limited demand modelling and also as the test will be undertaken through the SRFT laboratories.

4.24 A deep dive of the Digestive Pathway is scheduled within the next 6-8 weeks, led across the NES, which will bring Primary and Secondary Care colleagues together to map the optimum pathway.

4.25 The PAG supported that no further detailed analysis should be undertaken on the modelling, requested an update on the outcome of the deep dive and that assurance is provided on both the cost and capacity to deliver any new pathway.

- **Haematological Cancer**

4.26 Opportunities associated with this area of work were originally identified through review of RightCare data which indicated NHS Bury CCG were an outlier in respect to procedures undertaken and associated cost.

- 4.27 Initial benchmarking identified that the issue was wider than Bury CCG and appeared to be specific to arrangements within PAHT. Following further discussions, NES colleagues are now working alongside Bury and PAHT to understand the particular nuances.
- 4.28 A high level audit has indicated that there is a potential opportunity of £500k to be realised, however further detail is required.
- 4.29 NES commissioners have commissioned GMSS Utilisation Management Team to undertake a more thorough and in-depth audit, which will take approximately 6-8 weeks to complete.
- 4.30 This scheme remains a business as usual area of work, as it relates to contract management and challenge rather than service re-design, however its overarching project plan and progress updates will be monitored through PAG.

5 Project Development Group Update (January)

- 5.1 There was no PDG scheduled for January.

6 Recommendations

- 6.1 The Committee is requested to:
- note the content of the report

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

Lisa Featherstone
Deputy Director of Business Delivery
February 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.			
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 pregablin 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.	Apr-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 	On Track	288,580	-	-	-	-
								486,476	230,474	567,263	-	-