

<b>Subject:</b>	QIPP Report
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<b>Submitted To:</b>	NHS Norwich CCG Governing Body Tuesday 24 <sup>th</sup> March 2015
<b>Purpose of Paper:</b>	Discussion and Information
<b>Summary:</b> This report provides an update on the QIPP Programme at month eleven. It details progress against work programmes and individual schemes within the QIPP Plan.	
<b>Recommendation:</b> Governing Body is asked to: <ol style="list-style-type: none"> <li>1. Note the report; and</li> <li>2. Discuss progress to date, risk to delivery, plans to address delivery of initiatives, and plan for the 2015/16 QIPP Plan.</li> </ol>	

## 1. Introduction

The purpose of this report is to provide the Governing Body with an update on the QIPP (Quality, Innovation, Productivity, and Prevention) Programme for 2014/15 and 2015/16. It describes achievement to date, progress of initiatives, and outlines the QIPP Plan 2015/16.

## 2. Achievement to date

The QIPP Programme at month eleven is £577k behind plan as per the Two Year Financial Plan. It has achieved £4,155k against a plan of £4,732k resulting in the variance of £577k. This is due to increasing activity and costs in pathology, GP referrals to secondary care, continuing healthcare; delays to the MSK Pathway redesign project and cataract redesign project; and reduced forecast in running costs. The yearend forecast has improved since month nine as illustrated in Table 1.

Table 1: Comparison of actual and forecast position between month nine and eleven

Position at Month	2014/15 Original Plan	YTD Planned Savings	YTD Actual Savings	YTD Variance	Forecast Savings	Forecast Variance
Nine	5,334k	3,551k	2,752k	799k	3,753k	1,581k
Eleven	5,334k	4,732k	4,155k	577k	4,448k	886k

The plan's unidentified element was reduced to zero in month nine from a starting position of £1,084k.

### 3. QIPP Plan Initiatives

The QIPP Programme is delivered through the QIPP Plan 2014/15. It is made up of initiatives grouped under the following work programmes:

- Unplanned Care
- Planned Care
- Prescribing
- Non-Acute
- Integrated Care
- Other.

Progress against these work programmes, and their constituent initiatives are monitored by the QIPP Group, and Finance Committee. The table in the appendix illustrates the position at month eleven, including ratings for progress and risk.

Given that the unidentified element of the plan has been eliminated, the focus remains to ensure delivery of initiatives to plan and identifying further initiatives to support achievement of the 2014/15 QIPP target of £5.3m

### 4. QIPP Plan 2015/16

The target for the QIPP Plan 2015/16 increased to £10m. With the additional surplus we are able to carry forward of £2.3m, less the £0.5m set aside for primary care efficiencies, the net QIPP target for 2015/16 is £8.2m. This will be delivered through a mixture of transactional and transformational initiatives grouped under work programmes, as described below.

Unplanned Care Work Programme includes: Local Commissioned Service with primary care to support Care Homes with named GP; community service to provide intravenous therapy; rapid response service to support patients in their homes and avoid admission to hospital; and the urgent care centre to support and divert patients from Accident and Emergency.

Planned Care Work Programme includes: piloting treatment of cataracts and glaucoma in the community; direct access to radiology for minor injuries; Local Commissioned Service with primary care to provide medical monitoring of patients with eating disorders; continued roll out of Telederm service to GP practices; use of CQUIN to support education within primary care pathology contract; managing demand for secondary care through range of schemes with primary care (e.g. peer review, Medibites, and prior approval); and continuous review of clinical procedures through the Clinical Policy Development Group.

Prescribing Work Programme includes: primary care initiative that focuses on optimising medication usage, switching to more cost effective drugs and treatments; and reduction of wastage. Acute high cost drugs initiative that is based on national drive to switch from Lucentis to Avastin for secondary care treatment of wet Age-related macular degeneration (AMD).

Non-Acute Work Programme includes: improving value of continuing health care packages; tackling variation with GP practices for patients with long term conditions (e.g. Cardio Vascular Disease); working with Norfolk Constabulary on Section 136 Suite; and supporting palliative care patients to die in their place of choice.

Integrated Care Programme includes: admiral nurse to support the carers of patients with dementia; expansion of community heart failure nurse service to support patients to manage their conditions and avoid admission to hospital; introduction of seven day case management to support patients at risk of admission to hospital; redesign of our intermediate care services to support patients stepping down from hospital to return home, and as a step

up to avoid admission; improved out of hospital care coordination to support patients; continued focus on community equipment to support patients to maintain independence and be discharged from hospital; and focus on patients with learning disabilities to ensure discharged from Assessment and Treatment Units.

Other Work Programme includes: efficiency savings from our contract with Commissioning Support Service; and challenges to providers as per contracts (e.g. clinical coding) to ensure we are only paying for care delivered to our registered population.

# Appendix

Work Programme	Initiative	QIPP Reference	2014/15 Original Plan	2014/15 Planned Savings	YTD			Forecast		Progress Rating (key below)	Risk Rating (key below)	Comments on RAG rating
					Planned Savings	Actual Savings	Variance	Savings	Variance			
Unplanned Care	Emergency Admissions - zero growth	I	250	250	208	(0)	(209)	(0)	(250)	A	R	Emergency admissions higher than forecast.
	Activity Reduction due to:											
	<u>1) Healthy Norwich</u>											***Progress Rating to be complete for each scheme
	(a) Alcohol misuse											
	* Implementation of Norwich Alcohol Strategy									A		Norwich Locality Board to discuss how to progress at January meeting.
	<u>2) Your Norwich (formerly Integrated Care)</u>											
	(a) Primary Care Development											
	* Enhanced Primary Care for Care Homes									G		Enhanced service will be offered to GP Practices in March 2015 with view to go live in April 2015.
	(b) Integrated Community Services											
	* Risk Stratification									G		Training of GP Practices to take place during April - delay agreed with Executive Committee as March is a busy time of year for Primary Care.
	* Expansion of Case Management to 7 Day Working									G		Considered by Out of Hospital Care Task & Finish Group. Service description agreed by the Group which covers 7 day working. This is now part of 2015/16 contract negotiation.
	* 7 Day Social Care Assessment & Care Management									G		Milestones report by Head of Integrated Commissioning as on track.
	* Integrated Falls Management									G		Milestones reported by Integrated Commissioning Manager as on track.
	* Integrated Heart Failure Service									G		Procurement for community heart failure service is on track with view to commencing new enhanced service from July 2015.
	<u>3) Operation Domino</u>											
	(a) Access											
	* Urgent Care Unit										G	
(b) System Flow												
* Clinical Decision Unit										G		Milestone reported by Director of Clinical Transformation as on track.
(c)												
* Increased community clinical capability - IV Therapy										G		The model of service funded by CQUIN will continue for the next few months while the CCG agrees Norwich specific model with NCH&C and NNUH.
* Increased community clinical capability - Rapid Response										G		Design/mobilisation commenced with two GP Practices.
<b>Sub-total</b>			250	250	208	(0)	(209)	(0)	(250)			

Work Programme	Initiative	QIPP Reference	2014/15 Original Plan	2014/15 Planned Savings	YTD			Forecast		Progress Rating (key below)	Risk Rating (key below)	Comments on RAG rating	
					Planned Savings	Actual Savings	Variance	Savings	Variance				
Planned	Lucentis D/C to O/P	B	340	340	312	334	22	363	23	G	G	Performance exceeding plan.	
	Pathology	F	687	687	630	251	(378)	273	(414)	G	R	Pathology activity higher than forecast.	
	GP referrals to Secondary Care	G	184	356	317	115	(202)	115	(241)	A	R	GP referrals growth to secondary care higher than forecast.	
	<i>Activity Reduction due to:</i>												
	* TeleDerm	E									A	A	Project at procurement stage of plan.
	* Peer Review	n/a									G		Tracking impact of Peer Review Programme on referrals and activity. Currently reviewing respiratory; next is suspected cancer referrals.
	* Clinical Thresholds	L									A	A	Process to continuously review 'Non-Routine Treatments and Treatment Thresholds Policy', approved in December 2014.
	* Prior Approval	n/a									G		Monitoring system in place
	MSK Pathways Redesign	D	224	224	187	0	(187)	0	(224)	A	R	(a) hip and knee policy being reviewed. (b) Public Health and Attain have completed the review of physiotherapy and orthopedic triage; short, medium and long term plans are now in discussion for implementation.	
	DA Radiology	Q	0	12	9	9	0	12	0	G	G	Communication with GP's completed. Will review data in 3 months (March 2015) to assess impact.	
	Cataracts	N	0	59	50	0	(50)	10	(50)	A	R	Pilot to be reviewed in October 2015 to support 2016/17 contract negotiations.	
Contract Challenges	Z	0	0	0	250	250	250	250	G	G			
Provider Invoice Challenges	S	0	0	0	33	33	47	47	G	G			
<b>Sub-total</b>			1,435	1,678	1,503	991	(512)	1,069	(609)				
Prescribing	Prescribing - Various	H	843	843	773	713	(59)	784	(59)	G	G	Maintained risk rating at green as expected planned savings to be achieved at year end.	
<b>Sub-total</b>			843	843	773	713	(59)	784	(59)				

Non-Acute	Continuing Healthcare - Various	C	1,300	1,300	1,083	823	(260)	823	(477)	A	R	Steering Group in place to develop, control and monitor plan.
	CHC Desktop Review	O	0	150	125	671	546	785	635	G	G	
	Individual Patient Placements	P	0	303	282	283	1	304	1	G	G	
	PTCAAS Extension	K	0	13	11	11	0	13	0	G	G	
<b>Sub-total</b>			1,300	1,767	1,502	1,788	286	1,925	158			
Integrated Care	Intergrated Community Equipment Service (ICES) - Clinical Advisor	M	0	5	4	0	(4)	1	(4)	A	A	Clinical Consultant started in post 1st December. Areas of work being undertaken to review specials process, usage of recycled specials, better use of alternative items, review of catalogue and low-value items, non-recyclable items.
	Intermediate Care Beds	X	0	103	103	175	72	191	88	G	G	
<b>Sub-total</b>			0	108	107	175	68	191	84			
Other	Running Costs - CSU Charges	J	85	352	330	179	(151)	142	(210)	A	R	Additional cost in supporting the QIPP & transformational programmes.
	Clinical Academic Reserve	A	337	337	309	309	0	337	0	G	G	Completed.
<b>Sub-total</b>			422	689	639	488	(151)	479	(210)			
<b>Unidentified</b>			1,084	0	(0)	0	0	0	0	G	G	
<b>TOTAL PLANNED SAVINGS</b>			<b>5,334</b>	<b>5,334</b>	<b>4,732</b>	<b>4,155</b>	<b>(577)</b>	<b>4,448</b>	<b>(886)</b>			

#### Key to RAG ratings

#### Progress Rating

RED	Behind schedule
AMBER	Work not yet due to start/some elements behind schedule
GREEN	Work on schedule

#### Risk Rating

RED	Significant unmitigated risk to delivery
AMBER	Some unmitigated risk to delivery/ evidence for savings not yet established
GREEN	Risks are mitigated