



South Worcestershire Clinical Commissioning Group

Operational Plan Narrative for 2014/15 and 2015/16

NHS South Worcestershire CCG

Introduction

The South Worcestershire CCG “Plan on a Page” is born out of a planning process that began more than 12 months ago. Upon formation of the CCG, the Clinical Leads expressed a desire to focus on a small number of priorities. The creation of four strategic priorities does not mean that other areas are forgotten, rather that these areas are the areas where the CCG Clinical Leads wanted to have the greatest impact.

Learning the lessons of the Francis enquiry, one priority was put above all others – **Improved Quality and Patient Safety** – CCG Clinical Leads have clearly stated that quality and safety comes first and will always be the primary focus on reviewing or changing services. The remaining three priorities – **Increasing independence** for the frail elderly and those living with a long term condition, **reducing health inequalities** and faster and better access to **urgent care** carry equal weight and shape the work programme of the CCG for the coming years.

During 2013/14, SWCCG conducted a series of **Corporate Strategy Days**, where the clinical leads and senior executives spent time away from the office to agree the mechanisms and programmes for delivering the 5 year strategic priorities. Arising from this day was the realisation that the CCG needed to invest in its capacity and capability to deliver transformational change programmes. Subsequently the CCG has revised its management structures and organisational arrangements to address this weakness. There is now:

- A transformation programme board that meets monthly
- An executive sponsor for transformation
- A newly created senior post – Head of Transformation
- Creation of two Transformation Project manager posts (to be recruited to)
- Establishment of a transformation delivery support fund to enable flexible resourcing of specific projects

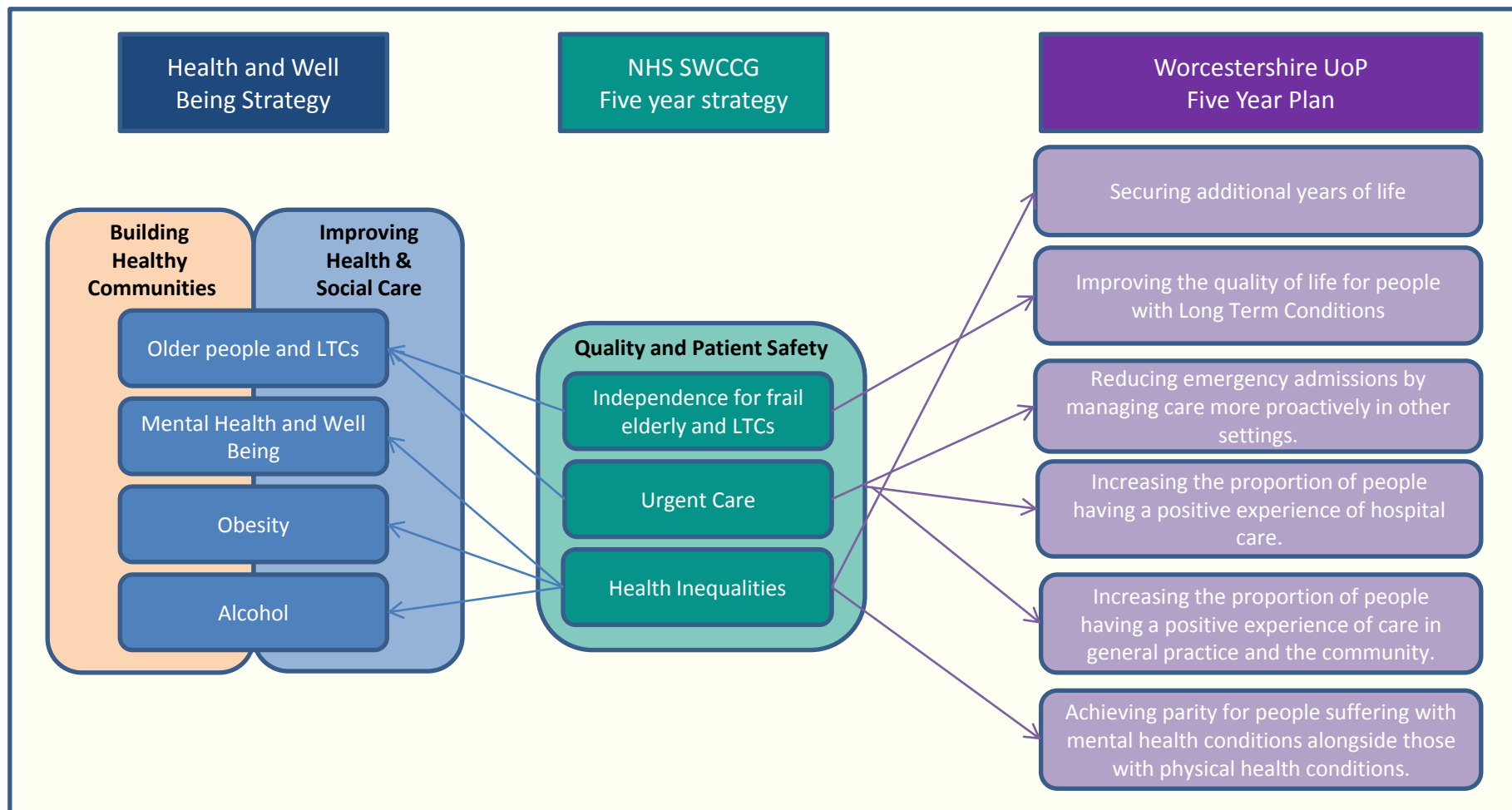
These changes put the CCG in a good position from which to deliver the long term strategic priorities and the 2 year operational plan. Underpinning these strategic priorities are a number of delivery plans. Some are county wide (for example the Urgent Care Strategy and the Well Connected Programme), some of joint with the other CCGs (for example the Quality Strategy and the Medicines Plan) and some are unique to South Worcestershire (for example the Community Strategy and the Primary Care Strategy).

NHS South Worcestershire CCG

Introduction

How NHS South Worcestershire CCG Strategy maps to the wider economy

For the population of South Worcestershire, our existing five year strategy sits at the heart of our service delivery plans and maps directly to both the Health and Well Being Strategy, particularly the theme of improving health and social care, and the NHS Outcomes being sought through the Worcestershire Unit of Planning strategy.



NHS South Worcestershire CCG

Introduction

The wider health and social care economy

SWCCG has a strong relationship with the other CCGs in Worcestershire and remains committed to joint working. Effective joint working is shown in the following areas:

- Single contracts with our two main NHS providers
- A single out of hours GP contract,
- A single Joint Commissioning Unit with the County Council
- A joint commissioning and contracts team
- A joint lead for urgent care
- A joint medicines management team
- A joint communications and engagement team
- A co-ordinated quality programme and quality support team
- A joint monthly management team

In addition to this local CCG focus, there is also the **Well Connected** Programme which supports the delivery of a number of the strategic priorities – in particular Independence and Urgent Care. SWCCG hosts the employment of the Programme Director and Clinical Lead.

During the past 24 months the CCG has been, and remains, an integral partner in the Future of Acute Hospital Services in Worcestershire (FoAHSW) review. We have been clear that our priority for the future configuration of acute services is to ensure sustainable high quality acute services for the whole of Worcestershire, not just our own resident population.

On patch we have two significant NHS providers – Worcestershire Acute Hospitals NHS Trust and Worcestershire Health and Care Trust. Both organisations are currently in the Monitor pipeline for Foundation Trust status. The CCG will support these applications only if we believe the ultimate achievement of foundation trust status will be the best outcome for our resident population.

NHS South Worcestershire CCG

NHS Outcome Framework Ambitions

Our plan on a page outlines the ambitions we have for the five headline measures of the NHS Outcomes Framework:

OA1: Reduce the number of potential years of life lost from conditions considered amenable to healthcare.

Baseline year – SWCCG is amongst the **best 30%** of CCGs for this measure. Our ambition is to achieve a year on year improvement of 3.2% taking us from 1,893 years lost down to 1,717 in 2015/16 and 1,557 by the end of the five year period. Achieving this level of improvement would take us to the position near the current top 10% for CCGs in England (as measured in the baseline year).

OA2: Improve the health related quality of life for people with long term conditions

Baseline year – SWCCG is amongst the **best 25%** of CCGs for this measure. Our ambition is to improve from 75.4 in the base year to 76.4 after 2 years and then on to 78.0 at the end of five years. Achieving this level of improvement would take us to the position of the current top 10% of CCGs in England (as measured in the baseline year).

OA3: Reduce the number of emergency admissions for conditions that should not require acute health care (composite measure)

Baseline year – SWCCG is amongst the **best 30%** of CCGs for this measure. Our ambition is to improve from 1,737.9 in the base year to 1,694.6 after 2 years and then down to 1,669 at the end of five years. Achieving this level of improvement would take us to the position of the current top 25% of CCGs in England. This ambition is significant given the demographic profile of our population.

OA4: Reduce the proportion of people reporting a poor experience of hospital care

Baseline year – SWCCG is amongst the **worst 30%** of CCGs for this measure and one where we wish to see significant improvement. Our ambition is to improve from 155.2 to 144.0 after 2 years and then down to 135.5 at the end of five years. Achieving this level of improvement would take us to the current position of 20% of CCGs in England – a dramatic improvement from the baseline year.

OA5: Reduce the proportion of people reporting a poor experience of care outside hospital in general practice and the community

Baseline year – SWCCG is amongst the **best 20%** of CCGs for this measure. Our ambition is to improve from 4.8 to 4.6 after 2 years and then down to 4.5 at the end of five years. Achieving this level of improvement should enable us to remain amongst the best performing CCGs in England.

NHS South Worcestershire CCG

Other Performance Measures

IAPT

Achieving the 15% target for IAPT provision in 2014/15 is a significant challenge for SWCCG because we started from a very low baseline. By the end of 2012/13 we will be achieving a little over 6.5%. Based on our current modelling and the significant additional investment being focused in this area, we are confident of achieving a recurrent quarterly position at the end of 2014/15 which is equivalent to 15%. We then hope to maintain that 15% level going forward into 2015/16. In terms of recovery rates, our baseline performance is 50% in 2013/14 and we aim to maintain this in 2015/16.

Dementia

We are committed to achieving the 67% dementia diagnosis rate by the end of 2014/15 and then maintaining that going forward.

C-difficile

We have invested heavily in quality and patient safety, including the employment of a community infection control nurse. Our improved performance on C-diff incidents is a reflection of the strong work undertaken in this area. In the 12 months up to November 2012 there were 122 reported incidences in South Worcestershire, we aim to reduce this as far as possible but recognise that complete eradication will be impossible in the short term. In 2014/15 our ambition is to ensure that there are no fewer than 70 cases. This is equivalent to a reduction of more than 42% over the time period.

Our local Quality Premium indicator

We have selected Reduced Mortality in <75s as our local indicator. It is an area where our performance declined last year and we want to ensure a strong focus on returning to the previously high levels of performance. In 2012/13 there were 72 reported deaths, we aim to reduce this figure to 65 in 2014/15 and will support this improvement through our targeted work on COPD and Asthma, which have both been QIPP schemes in 2013/14.

NHS South Worcestershire CCG

NHS Constitution

NHS Constitution Pledges - Referral to Treatment Times

We have experienced performance challenges in this area during 2013/14 and we are determined to return to consistent achievement of this target in 2014/15 and beyond. A significant contributory factor to the underperformance this year has been the long waits in some specialties at our main provider. There are a number of remedial actions that are being put in place in the short and long term. Ultimately the long term strategy is two fold, firstly to transform the urgent care system to reduce emergency admissions and thus free up elective capacity and secondly, to introduce alternative primary care and community based pathways for common specialties such as Dermatology, ENT and Urology to reduce pressure on secondary care provision. With the short and long term actions in place we expect RTT times to meet target in 2014/15.

NHS Constitution Pledges – A&E Waiting Times

There is radical change planned in the Worcestershire Health and Social Care economy from April 2014 onwards. This is outlined in the agreed health and care economy wide Urgent Care Strategy. The focus on reducing admissions, focusing on specialist care and improving in-hospital and out of hospital flow is all about being in a position routinely achieve the 95% access standard going forward.

NHS Constitution Pledges – Ambulance Response Times

This is a significant issue for rural economies such as South Worcestershire. The service provider (West Midlands Ambulance Service) achieves the targets for Red 1, Red 2 and Green response times across the 22 constituent CCGs and this the statutory requirements incumbent on them. However, there are a number of rural CCGs where the standard is not met and this is an area of concern that we are currently addressing and expect to be resolved for 2014/15 onwards.

NHS Constitution Pledges – Diagnostics, Cancer, Stroke and Mental Health

We are achieving all of these standards in 2013/14 and plan to continue doing so in 2014/15. With regard to Stroke Performance, following the reconfiguration of services in Worcestershire, our ambition is to see 100% compliance with the standard for people who receive the majority of their care on a specialist stroke ward, rather than the 90% national standard.

NHS South Worcestershire CCG

NHS Constitution

Provider Cost Improvement Plans

This is an area of significant concern and we are working closely with our providers to address these concerns. At the time of producing this plan, we have not received a full suite of our providers plans to deliver cost improvements in 2014/15. However, we have established a clear and robust process for receiving and reviewing them when they are produced. The process for both providers involves:

- Provider self review of the Quality and Equality Impact Assessments (QEIAs) of the changes they propose, with sign off by their own Executive Nurses.
- Review of the QEIAs at the joint provider / CCG monthly Clinical Quality Review meetings
- Following these meetings, approval (or otherwise) by the CCG Executive Nurse regarding the potential impact of the CIP on service delivery.
- Report by the CCG Executive Nurse to the CCG Quality, Performance and Resources committee.

The determining factor in our ability to self certify against this statement is provision of the plans by providers.

Hospital Infections

As previously identified, we have invested heavily in quality and patient safety and the eradication of avoidable infections is a key priority of the CCG. Substantial progress has been made to reduce C-diff infection rates in 2013/14 and we aim to maintain this improvement going forward. However, in 2013/14 there have been four reported cases of MRSA in South Worcestershire. Our plan for next year is to maintain a zero tolerance position.

Friends and Family Test

We have plans in place to ensure the nationally set objective for the Friends and Family Test is met in 2014/15 and 2015/16.

Health and Well Being Board

We are attending the public Health and Well Being Board on 11th March where we will sought endorsement from the board on the areas of medication error reporting and selection of local Quality Premium indicators.

NHS South Worcestershire CCG

Planned Activity Levels

Activity Level	2013/14	2014/15	2015/16
Planned care - Elective admissions – ordinary admissions	6,344	6,275 (-1.1%)	6,238 (-0.6%)
Planned care - Elective admissions – day cases	31,910	31,405 (-1.6%)	31,157 (-0.8%)
Outpatients - GP written referrals - general and acute	56,074	51,879 (-7.5%)	50,582 (-2.5%)
Outpatients - First attendances following a GP referral	43,541	41,274 (-5.2%)	40,572 (-1.7%)
Outpatients – all first outpatients	74,538	70,751 (-5.1%)	69,518 (-1.7%)
Outpatients - All subsequent attendances	158,665	150,244 (-5.3%)	144,392 (-3.9%)
Emergency Admissions - Non elective admissions	25,435	23,988 (-5.7%)	22,109 (-7.8%)

In order to deliver our QIPP programme, create the better care fund and address the financial challenges that the CCG faces in the coming years, we need to achieve activity reductions across all key areas of demand. The table above identifies the scale of this challenge.

Delivery of these challenging demand reductions will centre around a number of key themes:

- **Planned Care** – implementation of revised policies around surgical thresholds, procedures of limited clinical value and realising the benefit of the revised ICATS service for orthopaedics.
- **Outpatients** – by addressing unwarranted variation across practices and specialties through successful implementation of our Improving Quality and Supporting Practices (IQSP) initiative and the Locality Commissioning Fund (LCF).
- **Emergency Admissions** – Through successful implementation of the urgent care strategy, significant investment in integrated community teams and alternative pathways and through the further reductions in unwarranted variation in GP emergency admissions through IQSP and the LCF.

NHS South Worcestershire CCG

QIPP – 2014/15

Introduction

The QIPP challenge in 2014/15 is £9.0m, which is equivalent to 2.9% of the CCG expenditure. This is a significant stepped increase from the requirement in 2013/14 of £6.9m, with the difference primarily attributable to recurrently account for the specialised services adjustments of £4.2m, the requirement to set aside £1.5m for a package of services to enable GPs to undertake their accountable GP role and the need to create an additional 0.5% transformation resource.

The 2014/15 programme is identified, with a small gap to close of less than £300k. Most of the schemes are already established and supported by existing business cases or project plans. Some other schemes need to be developed and refined and their impact has been profiled in the plans accordingly.

In 2015/16 the QIPP requirement reduces to £7.9m, the reduction resulting from not being required to set aside 1.0% for the Call to Action fund, but we are required by regional guidance to increase the transformation fund by a further 0.5% to 2.0%. The vast majority of the 2015/16 programme will be about delivering the benefits of the Better Care Fund investments and will be seen in reduced emergency admissions.

2014/15 Areas of Focus

Acute Trusts	Emergency admissions
	Outpatients and electives
	Diagnostics and support
Cross Sector	Prescribing review
	Continuing health care
Ambulance	Emergency demand
	Patient transport
Community Trust	Community services
	Jointly commissioned services
Other Areas	GP prescribing

2015/16 Areas of Focus

Acute Trusts	Better Care Fund
	Other emergency admissions
	Outpatients and electives
	Primary care pathways
Cross Sector	Tissue viability
	Self care / tele care
	Loneliness
	Continuing health care
Community Services	From hospital to community
	Mental health market testing
Primary Care	GP prescribing
	Enhanced services

QIPP Planning Process

A structured approach has been taken to developing the QIPP programme, including liaison with providers. In terms of the acute trust impact, our activity targets and assumptions have been shared as part of the contracting process and our providers are developing their own plans on the basis of these. For example, we have agreed to plan on the basis of a 15% reduction in emergency admissions over two years and we have agreed the assumptions for outpatients and electives.

The development of the acute trust QIPPs has been clinically led. At the start of January 2014 there was a clinician to clinician workshop involving the CCG Board Members and Acute Trust Clinical Directors to review and discuss the QIPP challenge. Following on from this workshop, GPs and Clinical Leads have “paired up” to develop plans to address the challenges.

This approach has led to the GP in Reach to the Acute Medical Unit, agreement to develop the Urgent Care Centre, a number of policy and procedure changes relating to Pathology and other diagnostic testing and agreement to revise specific pathways for outpatients and electives.

A similar workshop based approach has been taken with Worcestershire Health and Care Trust. Three workshops of senior executives have taken place so far through January and February. The aim of these workshops has been to bridge the divide between provider CIPs and commissioner QIPPs to recognise that mutually beneficial and agreed plans, particularly in a block contract based environment, are the only way of achieving cost reductions that minimise impact on services.

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QIPP – 2014/15

A detailed breakdown of the proposed QIPP programme is included below. There are a total of 39 projects covering 32 areas of focus within 10 key programme areas. 37% of the QIPP programme by value is targeted through reducing emergency admissions in acute settings. The next biggest area is 17% targeted through reductions in GP prescribing expenditure. A comprehensive risk assessment of the QIPP programme has been undertaken, as per the following page:

Programme Area and Focus		Value
Reducing Emergency Admissions	Paediatric emergencies	£201k
	GP with the ambulance service	£751k
	Integrated community teams	£1,016k
	Social Impact Bond	£100k
	Falls response service	£34k
	Cellulitis	£89k
	Care Homes	£321k
	End of Life Care	£39k
	Diabetes	£30k
	DVT pathway	£50k
	Urgent Care Centre	£750k
A&E Attendances	Reducing A&E Attendances	£124k
Outpatients	GP referrals for first outpatient appointments	£450k
	Outpatient follow ups	£150k
	Consultant to Consultant referrals	£100k
Planned Care	Orthopaedics reductions via ICATS	£250k
	Procedures of low clinical value, revised surgical thresholds, pre-operative assessments	£150k
	Community pathways and reductions through reduced demand	£169k
Other acute sector savings	Acute prescribing (shared savings)	£150k
	Data quality and contract management	£250k
	Support services, diagnostics and others	£150k
Ambulance services	Reduced activity and patient transport	£75k
Community Services	Outpatient referrals	£50k
	MIUs	£25k
	Community beds reduction	£125k
	Integration of community teams	£100k
	Physiotherapy	£200k
	Prescribing (shared savings)	£50k
	ICATS running costs, pathway compliance and MRI scan reductions	£200k
Joint commissioning unit	Mental health placements, section 75 efficiencies	£800k
GP Prescribing	Programme of efficiency gains, IQSP and LCF	£1,500k
Continuing Healthcare	Implementation of cost cap, regular review of cases and market management	£550k
Total		£9,000k

NHS South Worcestershire CCG

QIPP – 2014/15

The risks associated with the QIPP programme have been identified and scored, with project leads charged with identifying mitigating actions to reduce the risks wherever possible. We recognise that it will not be possible to mitigate all risks and where that is the case a robust risk management process will be applied.

The risk scoring criteria applied in identifying these risks are:

<u>A) Development Stage</u> 1 = Developed and in Place 2 = Qualified (being developed, near complete) 3 = Identified (being developed, early stages) 4 = Not identified (gap)	<u>B) Partner buy in</u> 1 = Not required / secured with confidence 2 = Some difficulties to overcome 3 = Significant difficulties 4 = Partners may actively oppose	<u>C) CCG delivery control</u> 1 = CCG control centrally 2 = CCG rely on member practices 3 = Reliant on external partners 4 = Reliant on multiple external partners	<u>D) Delivery complexity</u> 1 = Straightforward 2 = Some difficulties but not fundamental 3 = Complex, but key issues identified 4 = Highly complex with multiple challenges	<u>E) Public interest</u> 1 = None expected 2 = Some but not significant 3 = Moderate that may delay implementation 4 = Significant that may put implementation at risk
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Each individual project has been assessed against each criteria, with the scores being combined to create the following groupings:

- 5 to 8 = Low risk
- 9 to 12 = Moderate risk
- 13 to 16 = High risk
- 17 to 20 = Very high risk

Assessment	Number of projects	Value of projects
Low risk	5	-1,211,145
Moderate risk	21	-4,716,971
High risk	11	-2,605,000
Very high risk	3	-466,884
Total	40	-9,000,000

The risk strategy that the CCG will apply is to:

- Reduce risks in groups A and B by developing robust schemes and securing partner buy in through the process.
- Mitigate risks in groups C and D through engagement of delivery partners, robust project management and deployment of an effective QIPP PMO and QIPP review board.
- Accept and manage risks in group E through a communications and engagement plan and maximising the role of our existing public and patient involvement.

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QIPP – Acute Services - Reducing Emergency Admissions

In 2014/15 the majority of the QIPP programme is focused on a small number of programmes:

- **Putting Primary Care at the heart of Urgent Care (value £1.702m)** – The programme is made up of 3 significant projects and a number of peripheral/contributory schemes:
 - **GP with WMAS** is a scheme that has been operating during 2013/14 and monitoring demonstrates that it is likely contributed to avoiding 800 A&E attendances and 460 emergency admissions this year. It is anticipated that this level of recurrent impact will continue and a QIPP target of 350 avoided admissions with a value of **£751k** has been identified. This scheme is funded from recurrent funds for six months and from the winter plan for the remaining six months.
 - **Urgent Care Centre** - During January 2014, agreement was reached with Worcestershire Acute Trust to pilot an Urgent Care Centre from the end of March 2014 on the WRH site. A full business case will be developed during the pilot exercise, but the initial emphasis is to avoid 60 emergency admissions in Q1, 100 in Q2 and 120 in each of Q3 and Q4. This will equate to 400 avoided admissions at an expected financial value of **£750k**. An allocation from the 1.5% transformation fund will finance this in year 1 with the expectation that it will become self financing in the longer term.
 - **Paediatric Emergency Pathway** - During January 2014 a pilot exercise began with a GP employed to provide a afternoon / evening community paediatric monitoring service for cases where an admission may be avoidable by having a evening review after general surgeries have closed. The initial business case for the pilot indicated that 275 admissions (children admitted from home and discharged back to home with an overnight stay) could be avoided during the course of the year. This would be equivalent to a financial saving of **£201k**. This scheme is currently being funded from recurrent CCG resources.
- **Community Services Integrated Teams (value £1.016m)** - In July 2013 SWCCG Governing Body approved a business case for £1.3m to invest in 24 hour Enhanced Care Teams to support the CCG strategy to reduce emergency admissions and provide more care in the community. The development of the business case was supported by Deloitte and based on strong national evidence, local activity analysis and a local prioritisation exercise with member practices. It identified that the investment should result in a 20% reduction in admissions in the target group of HRGs, equivalent to 470 in activity and financial savings of £1.016m. Despite not fully recovering the investment, the Governing Body were convinced that the quality benefits of the business case, supported by the impact that it would have on reducing pressure on acute emergency services, the consistency with our stated strategy around urgent care and independence and the ability to support the Well Connected / Integration Strategy justified the investment. Recruitment to the teams started in November and they will be fully operational by the start of the year.

NHS South Worcestershire CCG

QIPP – Acute Services - Reducing Emergency Admissions

Other significant projects making up the “Reducing Emergency Admissions” programme include:

- **Care Homes (value £321k)** – During 2013/14 SWCCG has been pursuing a programme of quality improvements with care homes. This involves ensuring that all care home residents have a care management plan, improving the links between care homes and GP practices and ensuring that consideration is always given to making a call to a GP before dialling 999. During 2013/14 this project has successfully resulted in a substantial fall in the number of emergency admissions from care homes. In 2012/13 there were 1,067, in 2013/14 this is expected to reduce to just over 900 and in 2014/15 it is forecast that with the further work undertaken at the end of 2013/14 this can be further reduced to 800.
- **Social Impact Bond on Loneliness (value £100k)** – During 2013/14, SWCCG Governing Body agreed to take part in the development of a Social Impact Bond with Social Finance to focus on reducing the reliance on NHS provided services by tackling loneliness and rural isolation. There is a minimal upfront cost required from the CCG (which is being funded non-recurrently from revenue) and there is a performance related payment made to the provider from the savings they deliver as part of the bond. The approach has been through a due diligence process and is supported by strong national evidence.

There are a number of other smaller schemes (under £100k) that contribute to the “Reducing Emergency Admissions” programme:

- **Cellulitis (£90k)** – through enforcement of our 7 day extended IV therapy specification, it is expected that the number of admissions for patients with cellulitis will fall from the expected level in 2013/14 of 248, to less than 200 in 2014/15.
- **End of Life (£39k)** – continued impact of the long term end of life programme is expected during 2014/15, with the number of hospital deaths falling to 710 from the 769 in 2012/13 and the 721 expected in 2013/14. This will equate to approximately 35.5% of all deaths (excluding external cause) being in an acute hospital, in line with the level perceived possible when the £1.7m investment in end of life care was made in 2011/12.
- **DVT Pathway (£50k)** – This is a new scheme for 2014/15 which will be developed with a view for implementation from the end of the summer 2014. The principle behind the scheme is to purchase 3-4 Venometer V3 machines for use in primary care that can be used in suspected cases of DVT rather than sending patients in for an acute assessment. A business case is to be developed, but based on evidence elsewhere it is anticipated that £50k part year savings will be achievable.
- **Falls Response Service (£34k)** a funded service in 2013/14 that will have full impact in 2014/15.
- **Diabetes admissions (£30k)** a new scheme for 2014/15 are the other QIPP schemes that make up this programme.
- **Epilepsy nurses (£15k)**

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QIPP – Acute Services - Reducing Emergency Admissions

Reducing A&E attendances is a major part of the urgent care strategy. In 2014/15 it is anticipated that there will more than 1,200 fewer Type 1 A&E attendances at WRH than in 2013/14 because:

- Enhanced working between MIUs and A&E will reduce the referral-on rate between the two services.
- Improvements to the directory of services and enhanced working arrangements between MIUs and local GP practices will enable the ambulance service to convey more patients to MIUs.
- Potential to use community hospitals and GP practices as ambulance treatment centres will reduce the need for conveyance to A&E.
- Establishing the Urgent Care Centre and re-establishing the GP direct admission rights to MAU will reduce the need for GPs to send patients through A&E when they are in need of admission.
- Coordinated working through SW Healthcare (a federation of 31 GP practices in South Worcestershire) should improve access to primary care, particularly if their bid for challenge funding to support 8-8 7 day working is successful.

With a typical A&E attendance costing around £102.50 each, this reduction would be equivalent to more than **£124k**.

NHS South Worcestershire CCG

QIPP – Acute Services - Elective and planned care

The programme to reduce elective and day case procedures is worth **£550k** with the majority being associated with Orthopaedics:

- **Orthopaedics (£250k)** – SWCCG remains an outlier for similar CCGs in terms of orthopaedics referrals and spend. To tackle this, in January 2014, SWCCG procured a revised Integrated Care and Treatment Service (ICATS) for managing orthopaedic referrals and reducing unnecessary secondary care referrals. This new service will operate from April 2014 and is expected to reduce first outpatient referrals which in turn will lead to fewer follow ups and a lower number of operations.
- **Procedures of Low Clinical Value, surgical thresholds and pre-operative assessments (£150k)** – SWCCG is an outlier on the national comparative tools for procedures of local clinical value that are likely to be aesthetic in nature. A review of the policy is planned for 2014/15 and it is anticipated that there will be some in year impact. Other areas identified by GPs as an area for focus is on reviewing surgical thresholds for procedures such as carpal tunnel and by enforcing the new pre-operative assessment policy more effectively.
- **Community pathways and demand management (£168k)** - There are a number of other policy that are being revised for 2014/15 which are expected to deliver commissioner QIPP benefits when introduced through either directing the treatment to an alternative lower cost pathway (for example vasectomies through enhanced services rather than acute referral) or through more robust demand management.

NHS South Worcestershire CCG

QIPP – Acute Services - Outpatients

The programme to reduce outpatient referrals and follow up contributes **£700k** to the QIPP programme. It is built around two key initiatives that have been developed and implemented in 2013/14 and a number of transactional contract negotiation issues:

- **Improving Quality, Supporting Practices** – All 32 practices in South Worcestershire take part in a peer review programme which involves three visits per year. The programme during these visits is focused on three key areas – reducing avoidable emergency admissions, efficient medicines spend and reducing avoidable outpatient referrals. Analysis of variation across SWCCG practices shows that by all practices following the established alternative pathways, applying an in-house peer review of referrals from locums and registrars and by more widespread of GPs with Special Interests at a locality level, then a 10% reduction in first outpatient attendances is possible. It is recognised that this level of reduction is not achievable immediately, but a 5% reduction in year 1 (given that 3 IQSP visits will have been completed in each practice) is realistic. For GP referrals to consultants in the top 10 specialties alone this equate to 1,275 fewer appointments, with a value of £215k. If all specialties are included and referrals to nurse led clinics then savings of £450k are possible.
- **Locality Commissioning Framework** – This was approved and introduced by SWCCGs Governing Body in November 2013. The principle is to incentivise GP practices to support the delivery of the CCG QIPP target by returning resource to them to spend on locally specified priorities. To be able to access the fund practices have to comply with a set of pre-determined criteria, which includes following agreed outpatient pathways resulting in fewer secondary care referrals where it is safe to use an alternative community pathway.
- **Contractual issues** - As a result of fewer first appointments being made, we will also expect to see a corresponding (but smaller) increase in follow up appointments. Additionally, by negotiating revised follow up thresholds, identifying specific opportunities to refer back to primary care earlier and by specifying changes to the consultant to consultant referral criteria (particularly in areas such as Audiology/ENT and within Ophthalmology) it is anticipated that a further £250k can be saved from expenditure on Outpatients.

NHS South Worcestershire CCG

QIPP – Acute Services - other areas of focus

In addition to the significant programme areas identified, the following QIPP savings are being pursued:

- **Data quality / coding (£250k)** – Through employment of a contracting specialist we have identified a number of contracting errors during 2013/14. In 2014/15, continuation of this work is expected to identify a further £250k.
- **Diagnostics (£150k)** – As part of the clinical reviews following the January joint QIPP workshop there is a specific project being developed around reducing pathology tests. It is anticipated that this will deliver joint benefits to both the provider and commissioner and savings of £150k are anticipated.
- **Ambulance Conveyances (£50k)** – During 2013/14, as a result of the work being undertaken as part of the Reducing Emergency Admissions programme, we have seen a significant fall in the number of ambulance conveyances. As this work continues through into 2014/15 we expect to realise a further benefit, expected to be around 250 fewer calls based on 2013/14 analysis. At £199 per call this would be equivalent to just under £50k.
- **Patient Transport (£25k)** – In 2014/15 we will cease paying the charge of £25k to Health Trust Europe to manage the patient transport contact and instead will do this through our in house contract management team.
- **Prescribing (£150k)** – There is a countywide review of prescribing currently being undertaken that is likely to lead to mutually beneficial reductions in medicines expenditure. It is anticipated that the commissioner benefit from this review may be up to £150k.

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QIPP – Community Services

The following savings are expected to be realised from the contact with Worcestershire Health and Care Trust in 2014/15:

- **New ICATS contract (£200k)** – Through tighter specification of the ICATS pathway (with regards to use of MRI and number of Physiotherapy appointments paid for), the annual value of the new contract in 2014/15 will be £200k lower than the outturn on the old contract in 2013/14.
- **Other Physiotherapy (£200k)** – Through introducing revised referral protocols, managing service capacity down and applying a watch and wait policy, it is anticipated that £200k will be saved from the current £1.2m expenditure on non-ICATS physiotherapy.
- **Community Hospital Bed Capacity (£100k)** – Through reducing funded capacity during the summer months when bed occupancy rates are typically less than 80% it is anticipated that commissioner savings of £100k will be achievable from the block contract.
- **Integrated community teams (£100k)** – Through further integration of the vast array of individual specialist teams into a smaller number of integrated teams, efficiencies in both clinical time and management costs can be achieved through a reduction to the block contract.
- **Minor Injury Unit Opening Hours (£25k)** – Through standardising MIU opening hours (as per the urgent care strategy) we are in the process of agreeing a share of the saving between commissioner and provider.
- **Outpatients (£50k)** – This is the value of the saving we expect to realise from outpatient appointments provided by Worcestershire Health and Care Trust as a result of the IQSP and LCF initiatives previously referenced.
- **Prescribing (£50k)** – These are the savings expected to be realised from the Worcestershire Health and Care Trust contract relating to the countywide review of prescribing currently being undertaken.

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QIPP – Primary care and other schemes

The following savings are expected to be realised from other schemes:

- **GP Prescribing (£1.5m)** – There are a number of actions that have been introduced during 2013/14 that are expected to realise GP Prescribing cost reductions in 2014/15:
 - Improving Quality, Supporting Practices peer reviews – focus on lower cost alternatives, reducing low prescriptions of low impact drugs.
 - Locality Commissioning Framework reviews and monthly reporting.
 - Dispensing Practices review to identify sharing of good practice to reduce the cost of prescribing
 - Scriptswitch (introduced in the November 2013)
 - Prescribing Top Tips in the CCG weekly newsletter to highlight drug cost changes in year.
 - Prescribing waste review
- **Continuing Health Care (£550k)** – A comprehensive review is being undertaken jointly with Worcestershire County Council to examine the management and application of continuing health care, funded nursing places and personal budgets. Based on comparisons to other similar CCGs (Prospering Small Towns – group c), it is expected that significant savings will be realised. A new CCG post has been created, which includes a specific focus on delivering QIPP in this area.
- **Joint Commissioning Unit (£800k)** – A total of £800k has been removed from the section 75 agreement. The Joint Commissioning Unit is pursuing efficiencies across their portfolio to deliver the same service level within their reduced budget.

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QIPP – Plan for 2015/16

The initial financial planning assumptions for 2015/16 identify the need for a QIPP programme of £7.9m. The initial plans for meeting this amount are outlined below:

Programme Area and Focus		Value	Comments
Reducing Emergency Admissions	Better Care Fund	£4,470k	Improved integration and community support resulting in fewer emergency admissions through realising the benefits of the £37m integration fund
	Long Term Conditions	£600k	Comprehensive review being undertaken in 2013/14, leading to revised specifications and pathways across primary, secondary and community care
	Social Impact Bond	£50k	Second year of impact on the social impact bond for loneliness
	Urgent Care Centre	£300k	Second year impact of new scheme, realising the full year impact and extended scope of coverage
	7 day working	£200k	Fewer admissions due to increased senior cover at weekends plus benefits of the Call to Action investments and the accountable GP impact
Reducing A&E attendances		£45k	Savings from the A&E element of the emergency admission avoidance projects
Outpatients	Demand management – GP referrals	£240k	Continuing impact of IQSP programme and impact of Locality Commissioning Fund
	Demand management – Follow ups	£80k	Reduced follow ups associated with fewer GP first referrals
Continuing Healthcare	Continuing Health Care	£515k	Continuation of impact from review undertaken during 2014/15
Joint Commissioning	Mental health market testing	£103k	Review of the range of mental health services with a view to an integrated acute, community and primary care procurement.
Primary Care	Prescribing	£988k	Continuation of benefits from IQSP and LCF
	Enhanced services review	£309k	Complete comprehensive review of the impact of all enhanced services with a view to decommissioning of lower impact areas.
Total		£7,900k	