

Wandsworth Clinical Commissioning Group Committee – 7 March 2012

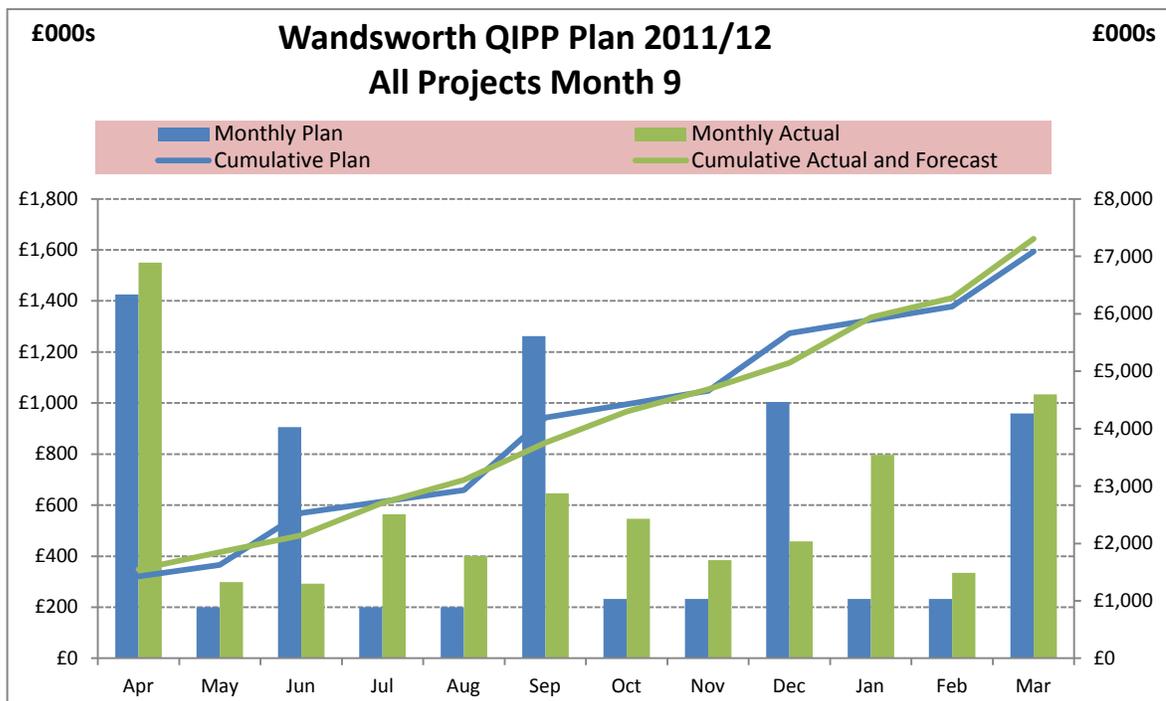
Quality, Innovation, Productivity and Prevention (QIPP) Programme Report

Introduction

1. The QIPP programme is a national Department of Health strategy which aims to improve the quality and delivery of NHS care while reducing costs to make £20bn efficiency savings by 2014/15.
2. The Wandsworth QIPP Programme encompasses 22 schemes and aims to deliver a total of £7,086,000 recurrent savings in 2011/12. This report provides a brief summary of the planned schemes and progress so far.
3. The first part of the report describes our overall progress against trajectory against the original planned schemes in month 9 (December).
4. The second part of the report provides more detail about some of the patient-level and activity impacts of our major schemes.
5. The final part of the report outlines the work underway to develop schemes for 2012/13.

Progress against planned schemes

6. The chart below summarises our performance at month nine against our planned trajectory, as well as our forecast savings for the remainder of the year. This shows that as at month nine the QIPP programme is has a year to date shortfall of £584k. The shortfall is due to savings from list cleansing being delivered at a different rate from that originally planned.
7. We are projecting a modest over performance of £222k on our £7.08k target at year-end due to the over performance of some of our existing schemes and the addition of new schemes.



8. Appendix one (p.4) lists all our planned schemes, details performance by scheme at month nine and rates our projected performance at year-end. Our year-end projection is still tentative as it is based on the risks and projections we have identified. The ratings will be adjusted as we receive more data and review planned actions.
9. The list cleansing project was scheduled to deliver the bulk of activity in December 2011. This activity is now confirmed and savings for this project are secured.
10. Acute challenges for high cost drug and effective commissioning have been made. The outcome will be known towards the end of the financial year and are planned for March 2012. ACU progress reports on these challenges are positive therefore we expect to achieve our planned savings.

12/13 QIPP Plan

11. The 2012/13 QIPP programme has now been submitted for the Operating plan. The QIPP challenge for 12/13 is confirmed at £10.9 mill (over and above the recurrent £7.1 mill saving for 11/12). A schedule of projects and savings is contained in appendix 2 (p.5)
12. The QIPP steering group is in the process of reviewing Project Initiation Documents for each of the schemes and this work will be finalised at the March meeting.
13. Following engagement with key stakeholders, we will be focusing on three areas for large-scale change in 12/13, which we anticipate will deliver a significant portion of the QIPP programme over the next three years – Alcohol, Bone Health & Falls and Sexual Health. Although savings are anticipated for these areas in 12-13, due to the complex nature of the work involved, the bulk of savings will be evidenced in years 2013 – 2015. However, the quality and prevention aspects of the work will be evident much sooner.
14. As well as efficiency savings the qualitative aspects of these projects will be monitored and where possible estimates made on the social return on investment.
15. Progress on these projects is provided below together with information on some of the other new projects.

Alcohol

16. A business case is being developed for consideration at Management Team and the CCG. The alcohol focus will be on the following areas:
17. Increasing Primary Care engagement in the Alcohol Harm Reduction Agenda - an expansion of fresh start clinics to 3 sites and will include brief interventions and group support. It will also provide an alcohol harm reduction training program for general practice and other staff and clinicians.
18. Reducing Alcohol related Hospital Admissions and Improving Clinical Outcomes - a continuation of the assertive outreach for repeat hospital attenders and Alcohol Liver Disease support and Liaison Nurse. This is supported with a CQUIN and clear pathways into community alcohol services. The availability of primary care and community services to support this work is key to its ongoing success.
19. Reducing health and behavioral risk in higher risk populations - an assertive outreach project for higher risk drinkers identified in caseloads of criminal justice services, street drinkers and homeless coupled with satellite health screening clinics for street drinkers.
20. Further work with the Council is being discussed as part of the programme to identify and reduce the alcohol related risk to families and children.

Bone Health & Falls

21. Following a stakeholder workshop in early February a business case is being prepared which will pull all strands of bone health and falls together in one comprehensive strategy. It will outline the care pathways required to effectively manage bone health, falls and resulting fractures, and outline the service requirements at each stage of the pathway.
22. Models from other trusts in England will inform the work and be used as a base from which to estimate savings. Savings and quality improvements are expected through a reduction in admissions related to falls.
23. The business case is scheduled for delivery in March.

Sexual Health

24. Following the paper presented to CCG on the re-organisation of sexual health services, a project manager has been engaged to develop an action plan and business case for service redesign.
25. The project manager is currently in the process of reviewing the sexual and reproductive health services across Wandsworth and matching those to the needs as defined in the JSNA. This will identify gaps and opportunities and inform the proposed service models.
26. The introduction of a new tariff for combined sexual health services in the next financial year could complicate cost and saving calculations. A London wide group has been formed to look at cost models to ensure accuracy.

Pelvic Floor Clinic

27. Following collaboration with St Georges a new incontinence pathway has been agreed and a nurse consultant clinic supported by a multidisciplinary team (MDT) will begin in April.
28. Despite the possibilities of an increase in the follow up rate (as some referrals will need to go to MDT and then on to specialist consultant), savings will be made through a reduced tariff and a significant improvement in the patient experience is expected through quicker referral to the correct specialty.
29. A patient pathway audit prior to the start of the service has been carried out which will be repeated in 18 months and compared.

Community Dental Service

30. The Community Dental Service contract across the cluster has been renegotiated and the contract awarded at a lower rate than Wandsworth had previously been paying.
31. The eligibility criteria have been reviewed in line with NICE guidance, and it is likely that there will be a cohort of patients deemed ineligible who will be repatriated back to general dental services.
32. This in turn will free up capacity for additional patients and so increase the productivity of the service.

Appendix 1 – Details of planned QIPP schemes including projected year-end RAG rating

QIPP Category	NET FOT (£000s)	NET FOT (RAG RATED) (£000s)	Variance	Delivery Lead	Flash Report Included New target for blue rated projects (£000)
GP List Cleansing	£2,117	£1,119	-£998	RE	£1,000
Forensics	£690	£877	£188	OP	
GP Referrals	£538	-£20	-£558	CT	Moved into 12-13 programme
Estimated Drug Savings 2011/12	£405	£1,000	£595	NB	
Community Urgent Care Commissioning/VW	£384	£310	-£74	DH	
Continuing Care (mitigation)	£250	£1,032	£782	JH	
High Cost Drugs / Devices	£246	£246	£0	RE	
Sir Jules Thorne Court	£234	£0	-£234	AK	Moved into 12-13 programme
DAAT : Drugs And Alcohol	£201	£201	£0	HS	
RSH Sexual Health	£162	£136	-£26	DH	£94k
Dawes House/Ronald Gibson House	£150	£0	-£150	AK	Moved into 12-13 programme
Falls Management	£153	£383	£230	BK	
Mental Health HCP	£200	£472	£272	PC	
Effective Commissioning	£130	£130	£0	RE	
Other Contractual Savings	£1,226	£1,255	£29	-	
Alcohol Related Admissions	£0	£137	£137	MP	£83
Home oxygen	£0	£0	£0	AR/DT	£50
Queen Mary's	£0	£30	£30	DH/JF	£20
Diabetes	£0	£0	£0	SC	£10
Pelvic floor clinic	£0	£0	£0	DH	£10
Totals	£7,086	£7,308	£222.4		

Green: Performing to plan or above
Amber: Risks identified to delivery against plan
Red: Currently underperforming or unlikely to deliver against plan
Blue: Testing of original assumptions has resulted in new, lower target being set
Black: Scheme cancelled and moved to 12/13

Appendix 2: QIPP plans for 2012-13

Scheme	Description	Total £,000
Intermediate care	Renegotiation of contract with provider as part of a larger review of intermediate services.	432.8
GP Referrals	A programme combining peer review, training and IT support for GPs to assess and review secondary care referrals.	265.5
Acute KPIs	Improving acute performance on indicators such as first to follow up ratios	952.4
Management Cost savings - Community Services.	Management reductions in Community Services	200.0
Diabetes	The shift of appropriate patients from secondary to primary care for monitoring.	90.0
Community Dental	Contract renegotiation across the cluster for Community Dental Services.	100.0
24 hour ABPM	Ambulatory blood pressure monitoring in primary care for patients with suspected hypertension	112.5
Reduction in running costs	Savings made through the relocation of the PCT office staff	540.0
Urgent Care Centre	Urgent Care centre at the front of St George's A&E department.	301.5
Pelvic Floor	Shift from consultant led clinics to nurse consultant clinics supported by multidisciplinary teams.	27.0
Alternative Care Pathways	London Ambulance Service following alternative care pathways transporting patients to alternative primary care and community services rather than to A & E.	233.0
Projects Carried over	Combined total for projects started in 2011-2012 and carried over to 12-13, for example, continuing care assessments, forensics and mental health assessments, list cleansing, high cost drugs and devices, community ward and dental UDAs.	6028.8
New projects	This includes the expanded programmes for alcohol, sexual health and falls & bone health and other projects yet to be scoped.	1595.5
Total		10879.0