Item Number: 6

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

SHADOW GOVERNING BODY MEETING

NHS
Vale of York
Clinical Commissioning Group

Meeting Date: 1 November 2012

Report Sponsor:	**Report Author:**
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1. Title of Paper: NHS North Yorkshire and York Turnaround Initiatives: Quality, Innovation, Productivity and Prevention (QIPP) Programme

2. Strategic Objectives supported by this paper

5. Achieve financial balance

3. Executive Summary

The attached report, presented at the NHS North Yorkshire and York Cluster Board on 23 October, sets out the latest position on the Vale of York Clinical Commissioning Group's actions to accelerate QIPP delivery in 2012/13 to support delivering the financial control total.

4. Evidence Base

Not applicable

5. Risks relating to proposals in this paper

Any risks related to this paper would be included within the organisation's risk register.

6. Summary of any finance / resource implications

All financial implications in relation to items mentioned in this report are being actively managed and monitored by the appropriate department/group.

7. Any statutory / regulatory / legal / NHS Constitution implications

In line with statutory processes.

8. Equality Impact Assessment

Any actions would be subject to the appropriate Equality Impact Assessment.

9. Any related work with stakeholders or communications plan

NHS North Yorkshire and York Cluster has produced a communications plan.

10. Recommendations / Action Required

The Shadow Governing Body is asked to note the measures to support the CCG's implementation of the relevant elements of the NHS North Yorkshire and York financial recovery actions.

11. Assurance

The Shadow Governing Body will be provided with regular financial and transformational change updates.

VALE OF YORK CLINICAL COMMISSIONING GROUP

QUALITY, INNOVATION, PRODUCTIVITY, AND PREVENTION (QIPP) PROGRAMME

1. Introduction

The Vale of York Clinical Commissioning Group recognises the financial challenge within its locality and the wider health economy of North Yorkshire and York. The CCG is committed to improve the financial position and to work to reduce activity and spend. To support delivering statutory financial duties the CCG has developed a number of specific actions to build on existing QIPP schemes. These will further extend QIPP delivery as both corrective actions for the financial challenge in 2012/13 and as one of the foundations for the CCG's 4 year financial plan.

The CCG has identified a number of potential turnaround measures which are detailed below. These actions support the CCG's implementation of the relevant elements of the NHS North Yorkshire and York financial recovery actions, as presented at the NHS North Yorkshire and York Board meeting held in September 2012.

2. Referral Management and Clinical Thresholds

The King's Fund research into referral management (King's Fund 2010) suggests the most cost effective and clinically effective referral management strategies are those that are:

- Built around peer review and audit
- Supported by consultant feedback
- Based on clear referral criteria and evidence-based guidelines.

The analysis suggests that the greater the degree of intervention, the greater the likelihood that the referral management approach will not represent value for money. Thus, if this analysis is to be accepted, the use of large-scale stand-alone referral management services may not provide an effective solution.

The CCG has developed and implemented a number of initiatives relating to referral management during 2012/13, and these will continue to be monitored and reviewed at practice level. This work will be further supported by the following actions:

- All referrals into secondary care made by a Locum or Registrar in general practice to be signed off by a second GP.
- Implement referral review with a GP and Consultant reviewing all referrals in 4 specialties initially, Gynaecology, ENT, Pain, General Surgery. This will be further extended to include Rheumatology and Gastroenterology.

- This review to include compliance with thresholds and in particular procedures of limited clinical value.
- All referral thresholds to be re-circulated
- All referrals for MSK to be reviewed through the MSK service. With the exception of red flag to ensure compliance with hip and knee thresholds.
- Contract activity breakdown by practice which will enable practices to monitor individual performance against contract, supported by the CCG contracting team

The learning from the referral review work will be shared with GPs through the development work with practices and the GP Forum, with the aim of reducing variation.

3. Elective Activity

Patient Decision Aids (PDAs) are designed to help patients make difficult decisions about their treatments and medical tests. They are used when there is no clinical evidence to suggest that one treatment is better than another and patients need help in deciding which option will be best for them. Research shows that shared decision making is really effective in helping patients make informed choices about their healthcare and increase patients' awareness of the expected risks, benefits and likely outcomes.

There are currently nine PDAs available, with a further twenty six expected to be published before the end of March 2013. In considering those aids currently available relating specifically to routine elective procedures, as a priority, the Vale of York CCG will work with both NHS and private providers to implement shared decision making through the use of patient decision aids for hips, knees and cataracts.

As further decision aids become available for other routine elective procedures these will also be implemented.

4. Outpatient Follow-up Appointments

As this is considered to represent a high-cost service area, this is a target area for the CCG to move to performance levels to the highest benchmarked standards.

For the last quarter of 2012/13, to support in year financial recovery, the CCG will commission activity at best practice levels.

The CCG has agreed an improvement trajectory in the 2012/13 contract and intends to commission at 1:1.5 for the whole of 2013/14. To support this improvement the CCG will:

- Provide GP clinical support to high-volume outpatient specialities to assist in safely and appropriately discharging patients back to primary

care. Where appropriate, to implement an open system as opposed to a booked system for follow up.

- Develop 'expert consulting' services for the major specialities providing GPs with non-face-to-face support to assist in patient management without follow-up.
- Agree specific procedures and patient types where routine follow-up will not be required and where patients can be discharged back to management in primary care.

5. Primary Care Prescribing

In 2010 primary care delivered significant efficiency gains through the '30 day' prescribing initiative. To support financial recovery in 2012/13 a similar scheme has been developed, targeting prescribing changes that will release significant resource. This will involve practices being supported by the Medicines Management Team and being provided with their own prescribing data and targets for specific drug switches, identifying the forecast efficiency gains.

The plan will take effect from early November 2012 and will form an on-going element of the 4 year QIPP programme.

6. Urgent Care Access

The CCG has worked jointly with York Teaching Hospitals Foundation Trust to develop an integrated urgent care centre. The walk in centre was transferred to York Hospital and integrated into A&E from 1 April 2012. Practices are engaged in a detailed review of attendances at Accident and Emergency (A&E) departments, as part of the delivery of the Quality and Productivity indicators with the Quality and Outcomes Framework (QOF). To further increase urgent care efficiency, the CCG is actively engaged in redesigning the urgent care pathways into the localities Minor Injury Units (MIU). The direct financial gains are likely to be small in 2012/13, but will form part of the longer-term efficiency programme.

7. Direct Access MRI and CT

There is significant variation in the use of direct access imaging between practices. The CCG will work with radiology colleagues at York Teaching Hospitals Foundation to Trust to reduce direct access referrals for MRI and CT. This will include a review of direct referrals and advice to GPs provided by a radiologist.

The CCG will work with the practices and colleagues in Radiology to monitor the impact of these actions in order to ensure the most efficient and cost effective pathways are in place and that tests are requested appropriately in line with best practice.

8. Financial Summary

The actions identified above are supported by detailed financial modelling of the likely impact. The overall financial summary of targeted actions is provided below:

Summary of Schemes	**Savings (£) £'000s**	**Timescale**
Referral Review and Clinical Thresholds	428	1 Dec - Mar
Shared Decision Making	561	1 Dec - Mar
Commission Top Decile Follow Ups	773	Q4
Primary Care Prescribing	200	1 Nov - Mar
MIU Opening Hours	100	1 Dec - Mar
Direct Access CT/MRI	12	Q4
TOTAL	2,074	

The CCG will coordinate actions with the other NHS North Yorkshire and York CCGs and will consider whether the current list of actions provide sufficient efficiency gains to achieve the required financial objective.

9. Conclusion

The Vale of York CCG is committed to supporting the PCT's financial position in 2012/13 and to taking the necessary actions to provide a sustainable financial framework for the CCG in its first years of operation. This is described in more detail within the CCG's 4-year financial plan. This includes recognition that if the CCG inherits its share of the current PCT deficit, and any other further in-year deficit incurred between now and the end of the financial year, significant efficiency gains will be required to bring the CCG into recurrent balance. To that end the CCG is not forecasting achievement of recurrent financial balance until the financial year of 2014/15 at the earliest.

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