

QIPP Delivery/Monitoring Update 2012/13

Paper to Note

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EXECUTIVE SUMMARY

The 5th February 2013 submission to the SHA was the last required submission of the transformational tracker for the year of 2012/13. We continue to report Amber in terms of performance.

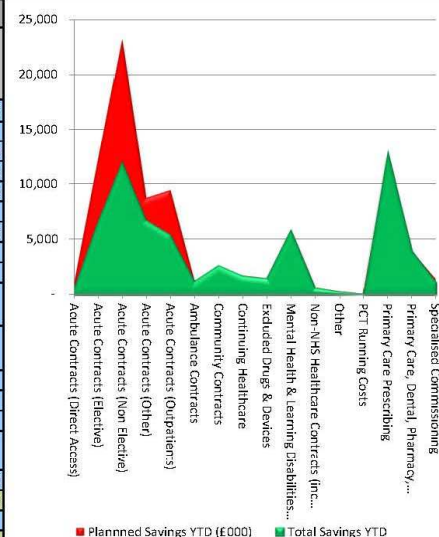
Original QIPP Schemes across Surrey have delivered £61m YTD at M10 against a YTD plan of £84M including planned savings associated to tariff and contract efficiencies. Financial recovery plans were put in place in October 2012 to mitigate the growing size of the saving requirement seen predominately through acute contracts. The PCT and CCGs continue to work closely to finalise year end deals with Acute providers. The report asks the Board to note the 2012/13 achievements made through the QIPP programme in Surrey and highlights key successes and lessons learnt by CCG's through 2012/13.

IMPLICATIONS

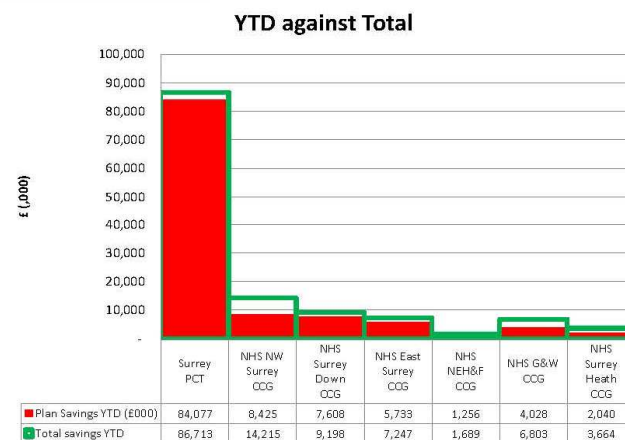
Health Impact	Improving quality and increasing prevention for the population.
Financial Implications	Cost savings requirement by CCG is paramount to delivering the control total in 2012/13
Legal Implications	Financial balance in a legal requirement driven through the achievement of QIPP
Equality impact	To ensure that all patients are able to access the best care in the most appropriate place regardless of demographics.
Reputational impact	Importance of having robust plans that deliver quality, innovation, productivity and prevention
Risk Register	Risk around failure to deliver and implications of workforce levels to deliver the required QIPP whilst transitioning to 5 CCG's.
Board Assurance Framework	Included

NHS Surrey QIPP Month 10 Financial Dashboard

	Surrey PCT			East Surrey			Farnham			G&W		
	Planned Savings YTD (£000)	Total Savings YTD	VAR	Plan YTD (£000)	Total	VAR	Plan YTD (£000)	Total	VAR	Plan YTD (£000)	Total	VAR
Acute Contracts (Direct Access)	582	395	(186)	160	4	(156)	30	30	(0)	102	72	(31)
Acute Contracts (Elective)	11,918	6,530	(5,388)	25	(83)	(108)	102	110	8	207	207	-
Acute Contracts (Non Elective)	23,229	11,837	(11,391)	3,740	1,732	(2,008)	444	389	(54)	1,115	744	(371)
Acute Contracts (Other)	8,693	6,657	(2,037)	963	673	(290)	187	45	(142)	9	1	(8)
Acute Contracts (Outpatients)	9,398	5,333	(4,065)	263	6	(257)	4	1	(3)	380	261	(118)
Ambulance Contracts	1,154	1,154	(0)	6	5	(0)	1	1	0	3	3	-
Community Contracts	2,375	2,588	213	(1,115)	(1,135)	(21)	7	2	(5)	33	10	(22)
Continuing Healthcare	1,635	1,633	(1)	242	242	0	66	66	(0)	291	291	-
Excluded Drugs & Devices	1,396	1,395	(1)	69	69	-	22	22	(0)	145	145	-
Mental Health & Learning Disabilities Contracts	5,771	5,771	(0)	219	218	(1)	61	61	(0)	276	276	-
Non-NHS Healthcare Contracts (inc reablement)	560	560	-	-	-	-	-	-	-	-	-	-
Other	214	214	0	-	-	-	-	-	-	-	-	-
PCT Running Costs	-	-	-	-	-	-	-	-	-	-	-	-
Primary Care Prescribing	11,923	12,703	780	928	932	4	267	267	(0)	1,216	1,216	-
Primary Care, Dental, Pharmacy, Ophthalmic	3,882	3,871	(11)	114	108	(6)	31	31	0	104	104	-
Specialised Commissioning	1,347	1,029	(318)	121	80	(41)	33	22	(11)	146	96	(50)
Identified since Original Plans 11/12	-	25,042	(22,406)	5,733	2,850	(2,884)	1,256	1,049	(207)	4,028	3,428	(600)
Total	84,077	86,713	2,636	5,733	7,247	1,514	1,256	1,689	433	4,028	6,803	2,776



	NW Surrey			Surrey Downs			Surrey Heath		
	Plan YTD (£000)	Total	VAR	Plan YTD (£000)	Total	VAR	Plan YTD (£000)	Total	VAR
Acute Contracts (Direct Access)	209	209	0	12	12	(0)	68	68	0
Acute Contracts (Elective)	474	287	(187)	70	55	(16)	218	307	89
Acute Contracts (Non Elective)	1,256	658	(598)	2,957	868	(2,088)	450	525	75
Acute Contracts (Other)	2,122	2,290	168	1,304	329	(975)	3	20	17
Acute Contracts (Outpatients)	816	24	(792)	995	173	(822)	342	3	(339)
Ambulance Contracts	9	9	0	8	8	(0)	2	1	(0)
Community Contracts	69	18	(51)	(540)	(213)	326	15	-	(15)
Continuing Healthcare	507	506	(0)	399	400	0	130	129	(1)
Excluded Drugs & Devices	144	144	(0)	108	108	(0)	41	41	(0)
Mental Health & Learning Disabilities Contract	393	394	1	319	319	(0)	108	109	0
Non-NHS Healthcare Contracts (inc reablement)	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
PCT Running Costs	-	-	-	-	-	-	-	-	-
Primary Care Prescribing	1,953	2,762	809	1,586	1,570	(17)	534	534	(0)
Primary Care, Dental, Pharmacy, Ophthalmic	220	219	(1)	189	186	(3)	64	61	(2)
Specialised Commissioning	254	167	(87)	200	109	(91)	65	26	(39)
Identified since Original Plans 11/12	-	7,687	(738)	7,608	3,922	(3,686)	2,040	1,825	(216)
Total	8,425	14,215	5,790	7,608	9,198	1,590	2,040	3,664	1,624



QIPP 2012/13 Reporting

The table above outlines the M10 YTD performance for Surrey and also by individual CCG's. As highlighted through the graph in the top right hand corner savings against plan have under-performed within those areas targeted at acute activity. Without caps and collar in place to share the risk with acute providers in 2012/13 that supported performance in 2011/12 the PCT and CCG's have struggles to maintain contracts within budget levels.

We are proud of the work that has gone into implementing systems to reform unplanned care through 111 the DOS and the implementation of virtual ward models into all areas of Surrey. These are significant building blocks that will support real change in clinical commissioning. The Tier 2 review commissioned by NHS Surrey has concluded and individual reports will be available to CCG's shortly to influence and advise commissioning of planned care services through 2013/14 and beyond.

Joint projects with SCC and Community providers have established and strengthened operational relationship to support the provision of best practice care for Surrey patients. We strongly hope that pilot sites for telehealth and care are proof of concept and continue to be supported by CCG's to ensure that patient can manage their care at home. 2012/13 has brought wide spread awareness of people living with Long Terms Conditions and CCG's have taken forward the mantel in planning for 2013/14 to ensure that resources are directed to those to enable self management and education.

CCG's have become better educated on those 'at risk' within their patient population and the desire is that progress is made to embed the utilisation of risk stratification tools and electronic registers.

Below are some highlight from CCG's on successes and lessons learnt:

Surrey Heath Clinical Commissioning Group

Achievements:

- Usable dashboards in place to support projects/reduce variation have been developed quickly where dedicated resource is identified e.g. Quality Observatory dashboards to SHCCG.
- Implementation of good practice/worked examples from elsewhere has given more confidence that savings will be realised e.g. medicines management nursing home prescription reviews.
- Partnership working with providers where there are win/wins are possible to find e.g. virtual ward project manager from Virgin, pathology information from Partnership Pathology for dashboard.

Lessons Learnt:

- Alignment of incentives (CQUIN & Local primary care incentives) & QIPP are really important for delivery.
- Better use could be made of contractual levers & there are development needs both for CCG's & CSU's in this area.
- The need to plan for more than 100% of target to allow for slippage.
- The need to have more than 1 year QIPP plans /rolling programme and start early.
- The need to have transformational workstreams going alongside more project based QIPP so that within time systems wide change can be achieved. Sharing project resource to support transformational planning supports buy-in from providers & commissioners.

NW Surrey Clinical Commissioning Group

During 2012/13, NW Surrey CCG has been working towards delivering a £14.636m QIPP savings programme. As of December 2012 our reported position was:

- 93% of the total QIPP programme had been delivered as planned for this stage in the year.
- 70% of the 62 programmes have delivered more than 97% of their plan. These programmes include medicine management /optimisation, reductions in hospital deaths, reducing excess bed days, reducing LOS for people with dementia, dental and learning disability repatriation. Our new Virtual ward programme has delivered on 79% of the planned savings
- 28% of the 62 programmes have not have delivered as planned. These programmes include reductions in referrals into ASPH and reduction in surgical interventions.

Surrey Downs Clinical Commissioning Group**Achievements:**

- Clinical leadership of the Virtual Ward to enable the development of out-of-hospital care
- The development of longer term plans for system transformation such as dementia screening to meet the future health needs of our population

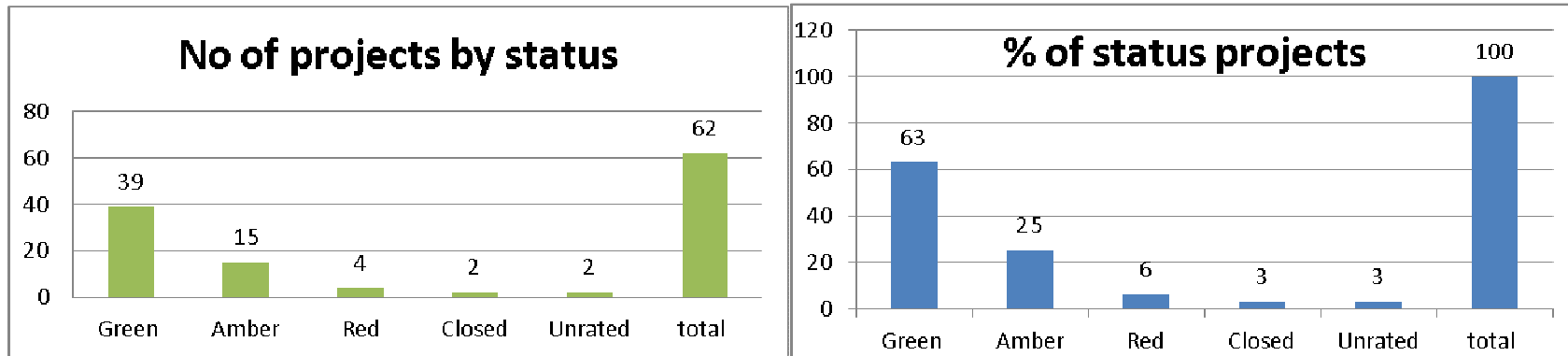
Learning:

- Set realistic trajectories for project and financial delivery against the QIPP challenge at the start of the year

Guildford & Waverley Clinical Commissioning Group

There are at present 62 listed QIPP projects in the CCG programme of which:

- 39 are Green = 63% of total projects
- 15 are Amber = 25% of total projects
- 4 are Red = 6% of total projects
- 2 are closed = 3% of total projects
- 2 are ungraded = 3% of total projects



There are the following 7 Workstreams within the QIPP programme, with an allocated Commissioning Lead managing the programmes:

- Children's and Maternity – 1 project.
- Mental Health & LD – 5 projects all projected to deliver on financial target & Quality outcomes.
- Planned care – all live projects are on track to deliver 70% of original target.
- Unplanned care – all on track for delivery – forecasting over delivery on projects.

- Cancer care – all 12 projects on projected delivery.
- Medicine Management- delivered on all 4 projects.
- Primary Liaison - all projects are forecasting delivery against targets.

Lessons Learnt:

There has been no formal lessons learnt exercise, this is planned for end of March 2013 – but informally there are weekly meetings structured to afford each Workstream to share challenges and lessons learnt – to inform the QIPP programme for 2013-14.

The general theme- challenges from these are:

- Availability of timely data analysis- with associated business intelligence.
- Central shared risk identification of projects
- Resources – skills – project management- conflict with Business as usual demands – priorities.
- Acute- stakeholder ownership engagement

Final Thoughts

2012/13 has been a challenging year with many great successes large and small. Ground work has been done to create real change in the way that care is delivered for Surrey patient. Continued focus is required to get the right information to inform decision making and to utilise technology to support transformational change. Through a period of uncertain and transition staff have remain dedicated to project delivery supported by strong CCG clinical leads. CCG's will need to continue to ensure that they work collaboratively across larger areas that their population catchment through coming years to ensure that large scales transformational change can truly be delivered.

The Board is as to NOTE the following:

1. The M10 QIPP delivery position YTD
2. The successes delivered through the QIPP programme
3. The lessons learnt and captured here by CCG's
4. And give thanks to all the hard work of individuals through 2012/13

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