NHS Rotherham Clinical Commissioning Group

Operational Executive – n/a

Strategic Clinical Executive – n/a

GP Members Committee (GPMC) – n/a

Clinical Commissioning Group Governing Body - 6 February 2019

QUALITY, INNOVATION, PREVENTION AND PRODUCTIVITY (QIPP) REPORT 2018/19

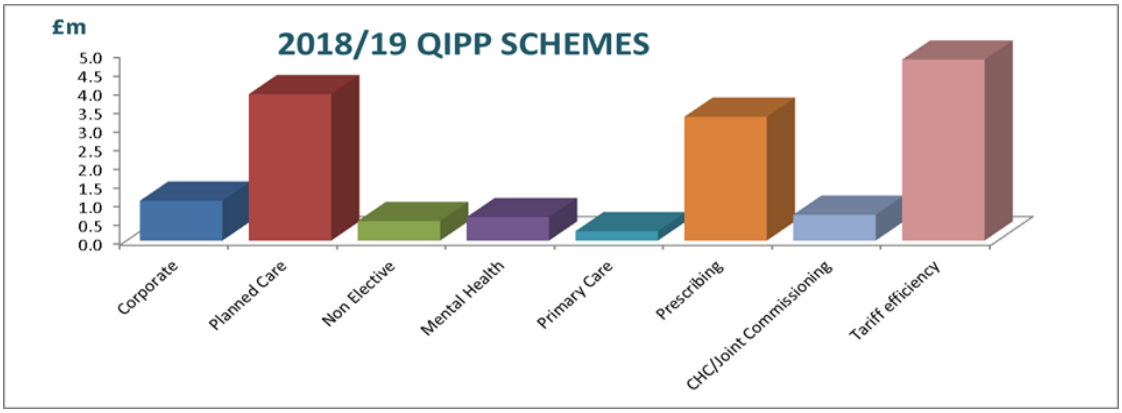
Lead Executive:	**Wendy Allott**
Lead Officer:	**Joanne Sarsby**
Lead GP:	**Jason Page**

Purpose:

To inform members of the progress on the CCG's QIPP plans to date and the projected outturn.

Background:

The table below sets out the QIPP assumptions for the year, totalling £15.2m. The tariff efficiency of £4.8m is hard wired into national prices and contracts with the secondary care providers.



Analysis of key issues and of risks

The ability for the CCG to deliver the national planning objectives and the national financial requirements for 2018-19 will be challenging but achievable.

Areas where the schemes are most challenging are predominantly continuing healthcare, high cost patients and the acute care contracts. Whilst the efficiency intentions are logical and clinically justified, the pace at which both the CCG and providers are able to reduce costs at the required levels remains a challenge in 2018-19.

Patient, Public and Stakeholder Involvement:

Quality Impact Assessments were completed and approved at the Governing Body in April.

Equality Impact:

N/A

Financial Implications:

The current plan is on track with an additional QIPP forecast to be delivered of £1.4m.

Human Resource Implications:

N/A

Procurement Advice:

N/A

Data Protection Impact Assessment:

N/A

Approval history:

The financial plan was approved at the Governing Body in April.

Recommendations:

Members are asked to note the position to date, the forecast outturn and the narrative to support the performance of the schemes.

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Area	Scheme	Planned Savings	Year to Date Actuals	Actual Savings FOT	Lead GP	Lead Officer	Lead Exec	Financial Rating: Year To Date Position	Financial Rating: Forecast Outturn Position	Operational Rating: Year To Date Position	Operational Rating: Forecast Outturn Position
Acute	Reduce growth rate in planned care using top tips and clinical referral management schemes	(3,343)	(3,139)	(3,923)	Dr Birks	J Tuffnell	Ian Atkinson				
	Reduce growth rate in A&E, assessments & non elective admissions	(575)	(522)	(667)	Dr Birks	J Tuffnell	"				
	Excluded Drugs - Optimisation of biosimilar medicines	(500)	(375)	(500)	Dr Birks	J Tuffnell	"				

Notes:
Although the finance rating for forecast outturn is green, operationally this is judged to be amber due to the fact that whilst interventions are in place the planned reductions are not fully realised. Work has been undertaken as part of 2019/20 planning to reflect the extent to which reduction in activity growth levels have not been

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Intermediate Care	Development of "Homefirst" support to promote self-management and independence	(300)	0	0	Dr Barmade	C Smith	Ian Atkinson				

Notes: Rotherham placed based workstream continues to progress with partners.

Area	Scheme	Planned Savings	Year to Date Actuals	Actual Savings FOT	Lead GP	Lead Officer	Lead Exec	Financial Rating: Year To Date Position	Financial Rating: Forecast Outturn Position	Operational Rating: Year To Date Position	Operational Rating: Forecast Outturn Position
Mental Health	Reduction in demand for Ferns	(250)	(188)	(250)	Dr Byrnes	K Tufnell	Ian Atkinson				

Notes: Contract with RDASH agreed and reflects current clinical activity in this area.

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Learning Disabilities	Non Contract/Out of Area packages	(374)	(281)	(374)	Dr Page	D Waldie	S Cassin				

Notes: The current packages provided are being reviewed regularly to ensure that they reflect the needs of the individuals. This includes alternative provision where appropriate. There is high cost (low volume) growth in this area and the current budget is under significant pressure.

Area	Scheme	Planned Savings	Year to Date Actuals	Actual Savings FOT	Lead GP	Lead Officer	Lead Exec	Financial Rating: Year To Date Position	Financial Rating: Forecast Outturn Position	Operational Rating: Year To Date Position	Operational Rating: Forecast Outturn Position
Primary Care	Rationalisation of void estate	(250)	(188)	(250)	Dr Gunasekera	J Tuffnell	C Edwards				

Notes: The savings will be made this year due to the review of estates costs for primary care where there are central charges. The Primary Care Committee have a workstream to ensure that there are savings which are recurrent and possibly in the region of £0.5m for the start of 2019/20.

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Prescribing	Prescribing cost reductions:	(935)	(1,270)	(1,693)	Dr Holden	Stuart Lakin	Wendy Allott				
	Pathway redesign:	(1,435)	(1,076)	(1,435)	Dr Holden	Stuart Lakin	"				
	Applying guidance	(150)	(126)	(169)	Dr Holden	Stuart Lakin	"				
	Effective use of Medicines	(500)	(194)	(259)	Dr Holden	Stuart Lakin	"				
	Primary care and Secondary care interface:	(300)	(77)	(150)	Dr Holden	Stuart Lakin	"				

Notes:

Prescribing cost reductions:	Working from seven months data the planned cost reduction programme is on schedule. The issue of continued volatility in the pharmaceutical market and drugs being declared NCSO (No cheaper stock obtainable) can potentially adversely affect this work programme.
Pathway redesign:	Nutrition, continence stoma and wound care have all been transferred to dietetic or nurse led services. The procurement exercise to re-tender the nutrition contract is on schedule. It is anticipated that these services will continue to deliver cost efficiencies throughout 2018-19.
Applying guidance	The outcomes of the three NHSE consultations (Drugs not to routinely prescribe on the NHS, Over the counter medication and Gluten Free) will be introduced across Rotherham during 2018/19. MM work plans incorporate the recommended outcomes. A self-care campaign has been launched in Rotherham.
Effective use of Medicines	All Rotherham practices have stopped third party ordering and this is estimated to have saved 2 million in 2017/18. The successful recruitment of 3 additional pharmacy technicians will enable the medicines waste programme to be rolled out to care homes and for additional waste issues to be addressed.
Primary care and Secondary care interface:	The launch of additional biosimilar drugs has the potential to generate cost efficiencies during 2018/19. The prediction is based on the uptake of previous biosimilar drugs.

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CHC	Review of CHC cases against frameworks and legislation	(388)	(291)	(388)	Dr Page	Alun Windle	Sue Cassin				

Notes:

- The financial rating is judged as amber as growth in demand is generating costs that are higher than the interventions in place to minimise the costs of existing
- A detailed audit and review of cases is in progress to identify opportunities to improve quality and increase cost reduction. For example improvements to the market provision of specialist providers.
- Stronger joint working across Rotherham would be beneficial as would a workstream to explore ICS wide commissioned services.
- Joint reviews of high cost placements with the Local Authority for children have been completed. Adults have been agreed in principle for joint reviews to take place and an action was agreed for the RMBC/RCCG Joint Strategic Group to progress joint assessments, procurement and quality assurance.
- Partners to consider whether the capacity and resource of LD CHC is in the most suitable place and whether a change in this area could improve quality and effectively manage care and costs in this area.

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Running Costs / Corporate	Reductions in running costs - various schemes	(560)	(726)	(983)	Dr Cullen	Ian Atkinson	C Edwards				
	Slippage on developments	(500)	(575)	(700)	Dr Cullen	Ian Atkinson	C Edwards				

Notes:

There have been changes to the workforce which has reduced the running costs quantum. The slippage on developments is non recurrent and relates predominantly to the additional running costs attributable to the new Waverley development which will not be live until 2019. The funding has been ringfenced for this purpose recurrently.

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Tariff Efficiency	Tariff Efficiency through prices	(4,818)	(3,613)	(4,818)	N/A	N/A	N/A				

Notes: The reductions are inherent within the prices applied through the national tariff rules and agreed via the contracts with providers.

KEY	
Planned savings to date achieved FOT savings expected to be achieved Operational delivery of scheme on track Scheme expected to fully deliver operationally by year end	
Planned savings to date not achieved but no current significant concern FOT savings may not be achieved but not a significant concern Operational delivery slightly off track but no current significant concern Scheme may not deliver fully by year end but not considered to be a significant concern	
Planned savings to date not achieved FOT savings not expected to be achieved Operational delivery off track Scheme not expected to deliver at year end	
Cannot be rated see narrative	