

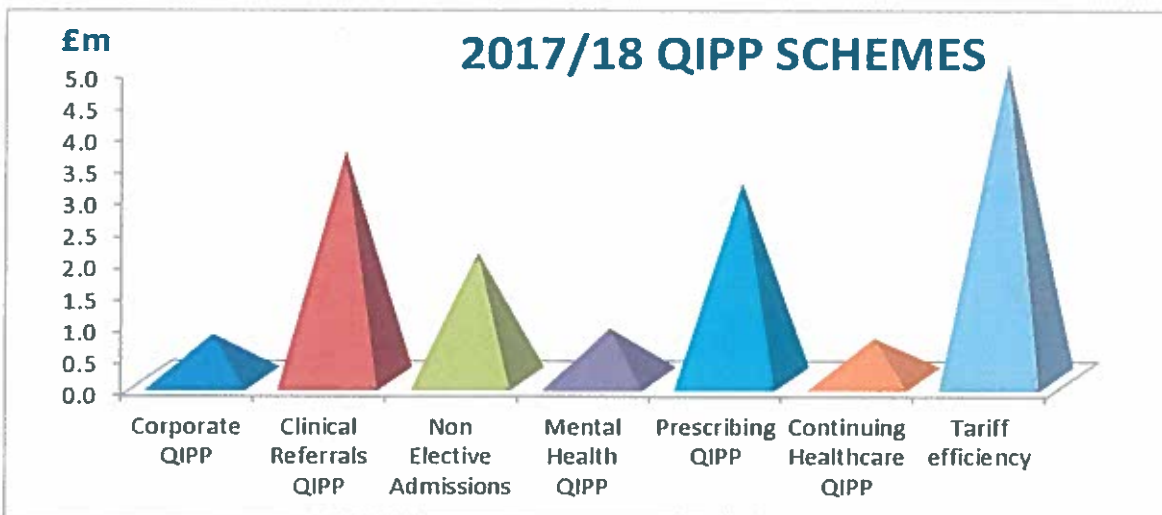
GOVERNING BODY – 5th July 2017	
Author	Keely Firth, Chief Finance Officer
The respective lead GPs, Executives and Officers are referenced in the Appendices attached for each Scheme.	
QUALITY IMPACT ASSESSMENTS (QIA) 2017-18	

1. INTRODUCTION

This paper informs Governing Body Members of the Quality Impact Assessments (QIAs) that have been completed to support the QIPP plans within the 2017/18 financial plan.

2. QUALITY, INNOVATION, PREVENTION AND PRODUCTIVITY (QIPP) SAVINGS

The table below sets out the QIPP assumptions for the forthcoming year totalling £16m. The tariff efficiency of £5m is hard wired into national prices therefore the providers has arranged for CCG colleagues to receive their QIAs which are signed off by the Medical and Nursing Directors.



3. QIA PROCESS

- (i) The CCG’s assessment screening tool requires judgement against all listed areas of risk in relation to quality. Each proposal is assessed whether it will impact adversely on patients, staff or other organisations.
- (ii) Where an adverse impact scores greater than the risk appetite relevant to that area, this will require a “stage two” impact assessment to be carried out, using the escalation proforma.
- (iii) Assessments are ranked as P (positive), N (negative) or N/A (neutral).

4. CONCLUSION

The work undertaken has given assurance that the QIPP programme sits within the organisation’s level of risk appetite. The schemes will be monitored and reported to governing body every month.

5. RECOMMENDATION

Governing Body Members are asked to review the following Appendices and approve the recommendations that no stage two assessments are required for 2017/18:

- (i) Clinical Referrals *Appendix A*
- (ii) Non Elective Admissions *Appendix B*
- (iii) Mental Health *Appendix C*
- (iv) Continuing Healthcare *Appendices D - G*
- (v) Medicines Management *Appendices H - J*

BRIEF DESCRIPTION OF SCHEME: *A range of clinical thresholds have been introduced to ensure compliance with clinical guidelines for treatment and reduce variation. Thresholds are in line with other thresholds implemented in other parts of the country.*

INTENDED QUALITY IMPROVEMENT OUTCOMES: *Where patients are treated in line with clinical guidelines, outcomes following surgery improve.*


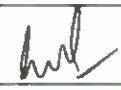

METHODS TO BE USED TO MONITOR QUALITY IMPACT: *Patient reported outcome measures and complaints to be monitored through the contract quality meeting on a quarterly basis.*

Lead GP: Dr A Barmade/Dr P Birks **QIPP Value:** £3.7m

Duty of Quality - Could the proposal impact be positive (P), negative (N), or neutral (N/A) on any of the following:	P/N or N/A	Risk Score (if N)	Comments; (include reason for Identifying impact as positive, negative or neutral)
<p>a) Compliance with NHS Constitution right to:</p> <ul style="list-style-type: none"> • Quality of Care and Environment • Nationally approved treatments/ drugs • Respect, consent and Confidentiality • Informed choice and involvement • Complain and redress <p>b) Partnerships</p> <p>c) Safeguarding children or adults</p>	<p>P</p> <p>P</p> <p>N/A</p> <p>N/A</p> <p>N</p> <p>N/A</p>	<p>9 →</p>	<p>a) Improved quality outcomes</p> <p>Patients to be treated in line with best practice clinical guidelines.</p> <p>Patient access their choice of treatment at the time of referral when their GP refers in line with clinical guidelines.</p> <p>b) GP consultant relationships, RCCG and TRFT relationships important in effective implementation. Risk of adversarial relations if not managed appropriately.</p> <p>c) No impact.</p> <p><i>Likelihood = 3, Impact = 3</i></p>
<p>NHS Outcomes Framework - Could the proposal impact be positive (P), negative (N), or neutral (N/A) on the delivery of the five domains:</p>			<p>Comments: (include reason for Identifying impact as positive, negative or neutral)</p>
<p>1. Preventing people from dying prematurely</p>	<p>P</p>		<p>Through introducing Clinical Thresholds the CCG is intending to ensure delivery of a robust and consistent level of quality care to the Rotherham population. Primary care management should seek to maximise the benefits of surgery and minimise complications when surgery is necessary. Being overweight or obese is associated with a higher risk of dying prematurely. Perioperative mortality and morbidity increases with BMI.</p>

2. Enhancing quality of life	P		Through introducing Clinical Thresholds the CCG is intending to ensure delivery of a robust and consistent level of quality care to the Rotherham population. Patients who do not meet the thresholds but who may have exceptionality due to certain genetic (Prader-Willi Syndrome) or endocrine disorders can apply to the Individual Funding Requests (IFR) panel in line with the IFR policy.
	N	9	Through introducing clinical thresholds it is acknowledged that some patient cohorts who have received care previously may not receive treatment or may have treatment delayed. <i>Likelihood = 3, Impact = 3</i>
3. Helping people recover from episodes of ill health or following injury	P		Patients meeting the best practice guidelines for treatment will receive timely care. There is evidence in published reports to support a correlation between obesity and complications following hip replacement surgery. Obesity has been found to be a specific risk factor for joint infection after total hip replacement.
4. Ensuring people have a positive experience of care	N/A		Through introducing Clinical Thresholds the CCG is intending to ensure delivery of a robust and consistent level of quality care to the Rotherham population.
5. Treating and caring for people in a safe environment and protecting them from avoidable harm	N/A		Patients will receive treatment in line with NICE guidelines
Access Could the proposal impact positively or negatively on any of the following:			
a) Patient Choice	N/A		a) Patients will have choice of where they receive treatment when they meet the criteria for doing so.
b) Access	N	9	b) Patients will access treatment in line with clinical guidelines but this may be later than they would have accessed treatment prior to the introduction of the thresholds. <i>Likelihood = 3, Impact = 3</i>
c) Integration	P		c) Pathways set clear criteria for referral from primary to community and secondary care services. Fosters joint working between primary and secondary care.

RECOMMENDATION: No stage two assessment required

Assessment completed by:	Sarah Lever	Position	Head of Contracting and Service Improvement (Acute and Community Services)
Signature:		Date	21 st April 2017
Clinical approval	Dr Barmade		
Signature:		Date	21 st April 2017
Reviewed by:	Ian Atkinson	Position	Deputy Chief Officer
Signature:		Date	21 st April 2017
Proposed frequency of review:	Six monthly		

BRIEF DESCRIPTION OF SCHEME: *A block contract has been agreed across urgent and emergency care services at The Rotherham Foundation Trust.*

Intended Quality Improvement Outcomes: *Patients will receive care in the right place at the right time, closer to home and with fewer admissions to hospital.*

Methods to be used to monitor quality impact: *A&E attendances, Emergency admissions and readmissions to hospital. Standardised mortality indicators. Patient experience – friends and family test.*

Lead GP: Dr D Clitherow/Dr P Birks **QIPP Value:** £1.9m

	P/N or N/A	Risk Score (if N)	
Duty of Quality - Could the proposal impact be positive (P), negative (N), or neutral (N/A) on any of the following:			Comments: (include reason for identifying impact as positive, negative or neutral)
a) Compliance with NHS Constitution right to: <ul style="list-style-type: none"> • Quality of Care & Environment; • Nationally approved treatments/ drugs; • Respect, consent and confidentiality; • Informed choice and involvement; • Complain and redress 	P		a) The block incentivises the transformation of local services to reduce A&E attendances/ emergency admissions to hospital. Patients will receive care in the right place, right time and closer to home.
b) Partnerships	P		b) Arrangements have been agreed in partnership with TRFT and appropriate risk sharing arrangements. Fosters joint working and integration.
c) Safeguarding children or adults	P		c) Fosters joint working and integration.
NHS Outcomes Framework - Could the proposal impact be positive (P), negative (N), or neutral (N/A) on the delivery of the five domains:			Comments: (include reason for identifying impact as positive, negative or neutral)
1. Preventing people from dying prematurely	P		Approach incentivises transformation of services – integrated locality working, better prevention and community care which over the longer term will increase life expectancy and avoid exposure to hospital acquired infections.
2. Enhancing quality of life	P		Patients wish to be treated closer to home. Encourages shift to prevention and better primary and community care.
3. Helping people recover from episodes of ill health or injury	P		People recover better in their own homes with the right services delivered closer to home.
4. Ensuring people have a positive experience of care	P		Patient experience should improve. Monitoring patient experience indicators through Friends and Family Test.
5. Treating and caring for people in a safe environment and protecting them from avoidable harm	P		Safer to keep people out of hospital when they do not need acute medical care.

Access Could the proposal impact positively or negatively on any of the following:			
a) Patient Choice	N/A		a) No impact
b) Access	P		b) Incentivises transformation so that patients can access the right level of care
c) Integration	P		c) Fosters joint working and integration with community and primary care.
RECOMMENDATION: No stage two assessment required			

Assessment completed by:	Sarah Lever	Position	Head of Contracting and Service Improvement (Acute and Community Services)
Signature:		Date	21 st April 2017
Clinical approval	^{Birks} Dr Barnade		
Signature:		Date	21 st April 2017
Reviewed by:	Ian Atkinson	Position	Deputy Chief Officer
Signature:		Date	21 st April 2017
Proposed frequency of review:	Six monthly		

BRIEF DESCRIPTION OF SCHEME: *Across the two Dementia Wards (Fern and Brambles) at Woodland the demand for beds has reduced. This initiative is to realign the demand /capacity for dementia beds commissioned at Woodlands.*

INTENDED QUALITY IMPROVEMENT OUTCOMES: *Resources are realigned to reflect demand elsewhere in the system.*

METHODS TO BE USED TO MONITOR QUALITY IMPACT: *Pilot evaluation data set to be collected. This will provide both individual patient outcome data and overall pilot evaluation data.*

Lead GP:


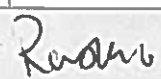


DR R Brynes

QIPP Value: £0.8m

	P/N or N/A	Risk Score (if N)	
Duty of Quality - Could the proposal impact be positive (P), negative (N), or neutral (N/A) on any of the following:			Comments (include reason for identifying impact as positive, negative or neutral)
a) Compliance with NHS Constitution right to: <ul style="list-style-type: none"> • Quality of Care and Environment • Nationally approved treatments/ drugs • Respect, consent and confidentiality • Informed choice and involvement • Complain and redress 	P		a) The re-commissioned pathway will provide an opportunity for patients with Dementia to optimise their recovery prior to returning to the community. The pathway should also reduce LOS in the Acute Hospital setting. b) The Ferns Ward has been vacant due to zero occupancy during the 2016/17 contract year. The CCG, RDASH and TRFT have worked in partnership to pilot the Ferns provision for an alternative cohort of patients. c) Additional provision is now in place to support people with dementia and their carers within the community.
b) Partnerships	N/A		
c) Safeguarding children or adults	P		
NHS Outcomes Framework - Could the proposal impact be positive (P), negative (N), or neutral (N/A) on the delivery of the five domains:			Comments: (include reason for identifying impact as positive, negative or neutral)
1. Preventing people from dying prematurely	P		The re-commissioned pathway aims to optimise recovery prior to returning to the community. The revised pathway should also reduce the length of stay on the Acute Hospital Wards. Treating patients with Dementia in a dedicated Dementia ward will maximise opportunity for recovery.
2. Enhancing quality of life	P		As above
3. Helping people recover from episodes of ill health or following injury	P		As above

4. Ensuring people have a positive experience of care	P		As above
5. Treating and caring for people in a safe environment and protecting them from avoidable harm	P		The Ferns Ward is a newly built Mental Health Ward which is seen as a high quality environment to treat patients with Dementia, especially when compared to the alternative of an Acute Hospital Ward.
Access Could the proposal impact positively or negatively on any of the following: a) Patient Choice b) Access c) Integration	N/A P		<ul style="list-style-type: none"> This will support the joint integration work between TRFT and RDASH including the Mental Health Investment Standard Agenda.

RECOMMENDATION: No stage two assessment required

Assessment completed by:	Kate Tufnell	Position	Head of Contracting and Service Improvement (Mental Health & LD)
Signature:		Date	21 st April 2017
Clinical approval	Dr Brynes		
Signature:		Date	21 st April 2017
Reviewed by:	Ian Atkinson	Position	Deputy Chief Officer
Signature:		Date	21 st April 2017
Proposed frequency of review:	Six monthly		

BRIEF DESCRIPTION OF SCHEME: *Robust application of national frameworks for Adults & Childrens' CHC, ensuring that all partner agencies meet individual legislative guidance for care provision needs.*

INTENDED QUALITY IMPROVEMENT OUTCOMES: *To provide assurance that the CCG is applying a consistent approach to assessment and decision making with partner agencies resulting in the most appropriate, cost effective package of care being in place for each individual.*

METHODS TO BE USED TO MONITOR QUALITY IMPACT: *A statistically significant audit of CHC assessments to be undertaken quarterly and reported to Audit and Quality Assurance Committee.*

Lead GP:




Dr J Page

QIPP Value: £0.2m

	P/N or N/A	Risk Score (if N)	
Duty of Quality - <i>Could the proposal impact be positive (P), negative (N), or neutral (N/A) on any of the following:</i>			Comments: (include reason for identifying impact as positive, negative or neutral)
a) Compliance with NHS Constitution right to: <ul style="list-style-type: none"> • Quality of Care and Environment • Nationally approved treatments/ drugs • Respect, consent and confidentiality • Informed choice and involvement • Complain and redress 	P		a) Applying a robust application process for Continuing Healthcare assessments supports a quality streamlined service and consistent decision making for assessed individuals.
b) Partnerships	P		b) Assessments are undertaken jointly with partner agencies to assure robustness of assessment and decision making, taking account of safeguarding issues.
c) Safeguarding children or adults	P		c) All assessments take into account and consider safeguarding issues.
NHS Outcomes Framework - <i>Could the proposal impact be positive (P), negative (N), or neutral (N/A) on the delivery of the five domains:</i>			Comments: (include reason for identifying impact as positive, negative or neutral)
1. Preventing people from dying prematurely	NA		Robust application of processes will ensure correct assessment of needs and identification of the most appropriate care provider or placement - promoting supportive care
2. Enhancing quality of life	P		Robust application of processes will ensure correct assessment of needs and identification of the most appropriate care provider or placement
3. Helping people recover from episodes of ill health or following injury	P		Robust application of processes will ensure that individuals have attained optimal rehabilitation services prior to assessment for Continuing Care – promoting dependence to independence
4. Ensuring people have a positive experience of care	P		Robust application of processes will ensure correct assessment of needs and identification of the most appropriate care provider or placement in a timely appropriate manner.

5. Treating and caring for people in a safe environment and protecting them from avoidable harm	P	Robust application of processes will ensure correct assessment of needs and identification of the most appropriate care provider or placement
Access Could the proposal impact positively or negatively on any of the following: a) Patient Choice b) Access c) Integration	P	The continuing care process should ensure that the patient is at the centre of the process by promoting choice, access to services and integration to joint agency provision including Personal Health Budgets

RECOMMENDATION: No stage two assessment required

Assessment completed by:	Alun Windle	Position	Deputy Chief Nurse
Signature:		Date	21 st April 2017
Clinical approval	Dr Page		
Signature:		Date	21 st April 2017
Reviewed by:	Sue Cassin	Position	Chief Nurse
Signature:		Date	21 st April 2017
Proposed frequency of review:	Six monthly		

BRIEF DESCRIPTION OF SCHEME: *Review and renegotiate high cost placements based on quality of provision and outcomes for patients that are not suitable for a Personal Health Budget.*

INTENDED QUALITY IMPROVEMENT OUTCOMES: *Assurance that the CCG is procuring care that meets the needs of its responsible patients in a fair and consistent way based on national and local frameworks and guidance and based on achievable outcomes.*

METHODS TO BE USED TO MONITOR QUALITY IMPACT: *A statistically significant audit of CHC assessments to be undertaken quarterly and reported to Audit and Quality Assurance Committee.*

Lead GP:



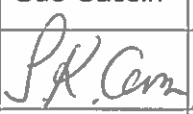
Dr J Page

QIPP Value: £0.2m

	P/N or N/A	Risk Score (if N)	
Duty of Quality - Could the proposal impact be positive (P), negative (N), or neutral (N/A) on any of the following:			Comments (include reason for identifying impact as positive, negative or neutral)
a) Compliance with NHS Constitution right to: <ul style="list-style-type: none"> • Quality of Care and Environment • Nationally approved treatments/ drugs • Respect, consent and confidentiality • Informed choice and involvement • Complain and redress 	P		a) Applying a quality review to high cost placements ensures that the CCG is procuring quality outcome based care based on needs of individuals through robust application of the NHS Rotherham Clinical Commissioning Group Continuing Care, Equality & Choice Policy
b) Partnerships	P		b) Many high cost placements are joint funded with the local authority, joint reviews with providers will be undertaken while applying mental capacity and best interest decisions where applicable for decisions regarding accommodation placements.
c) Safeguarding children or adults	P		c) All assessments take into account and consider safeguarding issues.
NHS Outcomes Framework - Could the proposal impact be positive (P), negative (N), or neutral (N/A) on the delivery of the five domains:			Comments: (include reason for identifying impact as positive, negative or neutral)
1. Preventing people from dying prematurely	P		The work stream ensures that provision of care is commensurate with health need and is relevant to achieving identified health and social care need outcomes
2. Enhancing quality of life	P		The work stream ensures that provision of care is commensurate with health need and is relevant to achieving identified health and social care need outcomes
3. Helping people recover from episodes of ill health or following injury	P		The work stream ensures that provision of care is commensurate with health need and achieve outcomes for assessed individuals – promoting dependence to independence

4. Ensuring people have a positive experience of care	P		The work stream ensures that provision of care is commensurate with health need and is relevant to achieving identified health and social care need outcomes
5. Treating and caring for people in a safe environment and protecting them from avoidable harm	P		The work stream ensures that provision of care is commensurate with health need and is relevant to achieving identified health and social care need outcomes
<p>Access</p> <p>Could the proposal impact positively or negatively on any of the following:</p> <p>a) Patient Choice</p> <p>b) Access</p> <p>c) Integration</p>	N	9	<p>On reviewing high cost placements there will be cases where the individual does not require the intensity of care provided.</p> <p>In such cases legal considerations will be required for Mental Capacity and 'Best Interest' assessments this may require individuals to remain in high cost provision and a risk to achieving the QIPP.</p> <p>Remaining in high cost placement is a risk to achieving QIPP but not to quality of the service delivered to the patient, the current risk is minimal based on the low amount of high cost placements that the CCG commission.</p> <p><i>Likelihood = 3, Impact = 3</i></p>

RECOMMENDATION: No stage two assessment required

Assessment completed by:	Alun Windle	Position	Deputy Chief Nurse
Signature:		Date	21 st April 2017
Clinical approval	Dr Page		
Signature:		Date	21 st April 2017
Reviewed by:	Sue Cassin	Position	Chief Nurse
Signature:		Date	21 st April 2017
Proposed frequency of review:	Six monthly		

BRIEF DESCRIPTION OF SCHEME: *Implementation of 24hr care assessment grids, to identify care responsibility between agencies.*

INTENDED QUALITY IMPROVEMENT OUTCOMES: *Resources are directed to individuals with a health assessed need.*

METHODS TO BE USED TO MONITOR QUALITY IMPACT: *A statistically significant audit of CHC assessments to be undertaken quarterly and reported to Audit and Quality Assurance Committee.*

Lead GP:




Dr J Page

QIPP Value: £0.1m

	P/N or N/A	Risk Score (if N)	
Duty of Quality - Could the proposal impact be positive (P), negative (N), or neutral (N/A) on any of the following:			Comments (include reason for identifying impact as positive, negative or neutral)
a) Compliance with NHS Constitution right to: <ul style="list-style-type: none"> • Quality of Care and Environment • Nationally approved treatments/ drugs • Respect, consent and confidentiality • Informed choice and involvement • Complain and redress 	N/A		a) The use of 24hr care grids in Continuing Healthcare assessments adds to the evidence of care need that the CCG should contribute to, they also identify care needs that should be provided by other responsible agencies to ensure the most appropriate care provision for all patients.
b) Partnerships	N/A		b) The implementation of grids supports all agencies and partnerships in identifying care needs of the individual being assessed and also supports robust partnership working ensuring best outcomes for individuals.
c) Safeguarding children or adults	N/A		c) Grids facilitate accurate recording of all care intervention, supporting recognition of care needs, including issues regarding safeguarding.
NHS Outcomes Framework - Could the proposal impact be positive (P), negative (N), or neutral (N/A) on the delivery of the five domains:			Comments (include reason for identifying impact as positive, negative or neutral)
1. Preventing people from dying prematurely	N/A		Grids are an additional tool to identify evidence of care needs and which agency is responsible for meeting the care needs of assessed individuals.
2. Enhancing quality of life	N/A		Grids are one tool of supporting evidence of care needs and how those care needs will be met.

3. Helping people recover from episodes of ill health or following injury	N/A		By effectively identifying needs with tools such as 24hr care, grids support effective management of care needs in promoting a move from dependence to independence.
4. Ensuring people have a positive experience of care	N/A		The use of tools such as 24hr grids promotes an effective quality assessment that patient and representatives can become involved in the assessments and allows an avenue of communication between individuals and nurses conducting assessments.
5. Treating and caring for people in a safe environment and protecting them from avoidable harm	N/A		By effectively identifying needs with tools such as 24hr care, grids support effective management of care needs in promoting a move from dependence to independence.
Access Could the proposal impact positively or negatively on any of the following: a) Patient Choice b) Access c) Integration	N/A		The use of tools such as 24hr Grids promotes an effective quality assessment that patient and representatives can become involved in the assessments and allows an avenue of communication between individuals and nurses conducting assessments.

RECOMMENDATION: No stage two assessment required

Assessment completed by:	Alun Windle	Position	Deputy Chief Nurse
Signature:		Date	21 st April 2017
Clinical approval	Dr Page		
Signature:		Date	21 st April 2017
Reviewed by:	Sue Cassin	Position	Chief Nurse
Signature:		Date	21 st April 2017
Proposed frequency of review:	Six monthly		

BRIEF DESCRIPTION OF SCHEME: *To review medium and high cost packages against the on-going implementation of personalisation, supporting the shift to the greater use of personal health budgets. This process in a small number of cases has provided evidence of improved quality of provision of care at a lower cost than historically commissioned packages of care. This personalisation process will be embedded which will support significant savings if the market is developed to respond to the demand.*

INTENDED QUALITY IMPROVEMENT OUTCOME/S: *Promotion of personalisation and to generate appropriate, cost effective care*

METHODS TO BE USED TO MONITOR QUALITY IMPACT: *The identification of cases and subsequent review against PHB support plan will be monitored by the CCGs PHB Working Group, CCG Operational Executive will receive periodical updates.*

Lead GP:




Dr J Page

QIPP Value: £0.2m

	P/N or N/A	Risk Score (if N)	
Duty of Quality - Could the proposal impact be positive (P), negative (N), or neutral (N/A) on any of the following:			Comments (include reason for identifying impact as positive, negative or neutral)
a) Compliance with NHS Constitution right to: <ul style="list-style-type: none"> • Quality of Care and Environment • Nationally approved treatments/ drugs • Respect, consent and confidentiality • Informed choice and involvement • Complain and redress 	P		a) The use of personalisation to promote effective care and generate cost effective care that meets the individuals assessed needs in new ways. This is achieved by offering people informed choice and involvement in managing their own budget and staff management via an individual personalisation plan.
b) Partnerships	P		b) The process of personalisation includes working closely with partner agencies to offer joint personal plans to wider groups of individuals including joint packages of care that would benefit from a personal health budget.
c) Safeguarding children or adults	N/A		c) Ensuring safeguarding issues or concerns are considered.
NHS Outcomes Framework - Could the proposal impact be positive (P), negative (N), or neutral (N/A) on the delivery of the five domains:			Comments (include reason for identifying impact as positive, negative or neutral)
1. Preventing people from dying prematurely	P		Promoting personalisation also supports independence and better quality of provision of services. This supports the maximum supportive packages in promoting health and moving from dependence to independence.
2. Enhancing quality of life	P		Personalisation offers bespoke packages of care based on personalised plans developed by the assessed individual and agreed with the CCG.

3. Helping people recover from episodes of ill health or following injury	P		Personalisation supports the maximum supportive packages in promoting health and moving from dependence to independence or achieving the full health potential for assessed individuals.
4. Ensuring people have a positive experience of care	P		Through personalisation offering bespoke packages of care based on personalised plans of care developed by the assessed individual and agreed with the CCG.
5. Treating and caring for people in a safe environment and protecting them from avoidable harm	P		Personalisation plans are agreed regarding meeting the health care needs of the person this also encompass the safety of provision of care including the environment that care is provided in. Contingency plans for when planned care eg Personal Assistants fails also accounted for.
Access Could the proposal impact positively or negatively on any of the following: a) Patient Choice b) Access c) Integration	P		Personalisation offers bespoke packages of care based on personalised plans of care developed by the assessed individual and agreed with the CCG. At the centre of all personalised plans are patient choice, varied access to service and integration with other providers

RECOMMENDATION: No stage two assessment required

Assessment completed by:	Alun Windle	Position	Deputy Chief Nurse
Signature:		Date	21 st April 2017
Clinical approval	Dr Page		
Signature:		Date	21 st April 2017
Reviewed by:	Sue Cassin	Position	Chief Nurse
Signature:		Date	21 st April 2017
Proposed frequency of review:	Six monthly		

BRIEF DESCRIPTION OF SCHEME: *The introduction of a range of a range of branded generic drugs*

INTENDED QUALITY IMPROVEMENT OUTCOMES: *Branded generic drugs are drugs that are widely prescribed. However, on occasions, prescribing a drug by a particular brand name instead of the generic drug name can be considerably more cost effective. A limited range of switches to branded generics has been introduced during 2016-17. The majority of CCGs prescribe branded generics.*


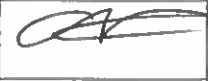
METHODS TO BE USED TO MONITOR QUALITY IMPACT: *Branded generic drugs are regulated in the same way as any other medication ie their inclusion in the drug tariff guarantees the quality of the product.*

Lead GP:

Dr A Gunasekera

QIPP Value:£0.75m

	P/N or N/A	Risk Score (if N)	
Duty of Quality - <i>Could the proposal impact be positive (P), negative (N), or neutral (N/A) on any of the following:</i>			Comments (include reason for identifying impact as positive, negative or neutral)
a) Compliance with NHS Constitution right to: <ul style="list-style-type: none"> • Quality of Care and Environment • Nationally approved treatments/ drugs • Respect, consent and confidentiality • Informed choice and involvement • Complain and redress b) Partnerships c) Safeguarding children or adults	N/A		Patients are still receiving the same active medication. Patients tend to prefer the branded generic product as they receive a consistent product each month, whereas when prescribed generically although the active content of the preparation is the same the colour and shape can alter.
NHS Outcomes Framework - <i>Could the proposal impact be positive (P), negative (N), or neutral (N/A) on the delivery of the five domains:</i>			Comments (include reason for identifying impact as positive, negative or neutral)
1. Preventing people from dying prematurely	N/A		No active change to medication only a particular brand has been specified.
2. Enhancing quality of life	N/A		No active change to medication only a particular brand has been specified.
3. Helping people recover from episodes of ill health or following injury	N/A		No active change to medication only a particular brand has been specified.
4. Ensuring people have a positive experience of care	N/A		No active change to medication only a particular brand has been specified.
5. Treating and caring for people in a safe environment and protecting them from avoidable harm	P		Specifying a particular brand can improve patient's ability to recognise a particular medication potentially increasing patient's awareness of their medication.

<p>Access Could the proposal impact positively or negatively on any of the following:</p> <p>a) Patient Choice b) Access c) Integration</p>	<p>N/A</p>		<p>Only one query has been received regarding specifying a branded product. The patient complained that the new brand of their analgesic caused allergy. The new brand was identical to the original brand except it that it contained fewer excipients, it is recognised that the original brand has street value.</p>
<p>RECOMMENDATION: No stage two assessment required</p>			
<p>Assessment completed by:</p>	<p>Stuart Lakin</p>	<p>Position</p>	<p>Head of Medicines Management</p>
<p>Signature:</p>		<p>Date</p>	<p>21st April 2017</p>
<p>Clinical approval</p>	<p>Dr Gunasekera</p>		
<p>Signature:</p>		<p>Date</p>	<p>21st April 2017</p>
<p>Reviewed by:</p>	<p>Keely Firth</p>	<p>Position</p>	<p>Chief Finance Officer</p>
<p>Signature:</p>		<p>Date</p>	<p>21st April 2017</p>
<p>Proposed frequency of review:</p>	<p>Six monthly</p>		

BRIEF DESCRIPTION OF SCHEME: Working with practices to redesign their systems/processes for patients ordering medicines

INTENDED QUALITY IMPROVEMENT OUTCOMES: Improved systems for patients ordering their medication. Increased utilisation of on-line ordering, electronic prescription systems (EPS) and electronic repeat dispensing eRD.

1. Improved systems for practices in processing repeat prescriptions
2. Reductions in unwanted medicines/waste

METHODS TO BE USED TO MONITOR QUALITY IMPACT:

1. Extensive patient engagement exercises have been undertaken and the redesign of practice medicine ordering systems have been led by patient responses
2. The patient engagement exercises will continue to ensure that the system changes are working for patients and that no patient is disadvantaged.
3. Percentage of patients ordering their medication online.
4. EPS and eRD utilisation rates.
5. Prescription rates for key areas will be monitored to ensure that patients are accessing the regular medication whilst prescription rates for items that have been identified as driving waste decrease.

Lead GP:



Dr A Gunasekera

QIPP Value: £2.25m

	P/N or N/A	Risk Score (if N)	
Duty of Quality - Could the proposal impact be positive (P), negative (N), or neutral (N/A) on any of the following:			Comments (include reason for identifying impact as positive, negative or neutral)
a) Compliance with NHS Constitution right to: <ul style="list-style-type: none"> • Quality of Care and Environment • Nationally approved treatments/ drugs • Respect, consent and confidentiality • Informed choice and involvement • Complain and redress b) Partnerships c) Safeguarding children or adults	N/A		This work programme is designed to improve the patients experience in ordering their medication whilst reducing waste. It will involve maximising the functionality of NHS prescribing IT systems. Improvements in managing repeat prescribing processes should reduce medicines waste and improve cost effectiveness. The CCGs MMT have worked with all practices to ensure that their repeat prescription ordering system accommodates vulnerable patients and that no patient is excluded from ordering their medication.
NHS Outcomes Framework - Could the proposal impact be positive (P), negative (N), or neutral (N/A) on the delivery of the five domains:			Comments: (include reason for identifying impact as positive, negative or neutral)
1. Preventing people from dying prematurely	N/A		No active change to medication and anticipated improvements to medication safety.
2. Enhancing quality of life	N/A		No active change to medication and anticipated improvements to medication safety

3. Helping people recover from episodes of ill health or following injury	N/A		No active change to medication and anticipated improvements to medication safety
4. Ensuring people have a positive experience of care	N/A		No active change to medication and anticipated improvements to medication safety
5. Treating and caring for people in a safe environment and protecting them from avoidable harm	N/A		No active change to medication and anticipated improvements to medication safety
Access Could the proposal impact positively or negatively on any of the following: a) Patient Choice b) Access c) Integration	N	3	The programme will promote to patients the numerous options for them to order and manage their repeat prescription. However, the option of having the pharmacist order their medication has been removed. <i>Likelihood = 3, Impact = 1</i> Pharmacist ordering has been observed to cause some patient safety concerns and be a factor in causing medicines waste.

RECOMMENDATION: No stage two assessment required

Assessment completed by:	Stuart Lakin	Position	Head of Medicines Management
Signature:		Date	21 st April 2017
Clinical approval	Dr Gunasekera		
Signature:		Date	21 st April 2017
Reviewed by:	Keely Firth	Position	Chief Finance Officer
Signature:		Date	21 st April 2017
Proposed frequency of review:	Six monthly		

BRIEF DESCRIPTION OF SCHEME: *The CCG's Medicines Management Team (MMT) annual work plan.*

INTENDED QUALITY IMPROVEMENT OUTCOMES:

Improved patient experience/care, adherence to national or local guidelines.

Methods to be used to monitor quality impact: *Prescribing data EPACT*



Lead GP:

Dr A Gunasekera

QIPP Value:

£0.15m

	P/N or N/A	Risk Score (if N)	
Duty of Quality - <i>Could the proposal impact be positive (P), negative (N), or neutral (N/A) on any of the following:</i>			Comments (include reason for identifying impact as positive, negative or neutral)
a) Compliance with NHS Constitution right to: <ul style="list-style-type: none"> • Quality of Care and Environment • Nationally approved treatments/ drugs • Respect, consent and confidentiality • Informed choice and involvement • Complain and redress b) Partnerships c) Safeguarding children or adults	P		The completion of each project will: <ul style="list-style-type: none"> • Improve patient care • Improve adherence to recognised evidence based guidelines • Reduce cost/waste
NHS Outcomes Framework - <i>Could the proposal impact be positive (P), negative (N), or neutral (N/A) on the delivery of the five domains:</i>			Comments: (include reason for Identifying impact as positive, negative or neutral)
1. Preventing people from dying prematurely	P		Implementation of evidence based practice
2. Enhancing quality of life	P		Implementation of evidence based practice
3. Helping people recover from episodes of ill health or following injury	P		Implementation of evidence based practice
4. Ensuring people have a positive experience of care	P		Implementation of evidence based practice
5. Treating and caring for people in a safe environment and protecting them from avoidable harm	P		Implementation of evidence based practice
Access <i>Could the proposal impact positively or negatively on any of the following:</i>			
a) Patient Choice b) Access c) Integration	N/A		Patient choice may be compromised as patients are switched to products/drugs that are supported by a strong evidence base, however, patients do not always view this positively.

RECOMMENDATION: No stage two assessment required			
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