


## QIPP Summary Report – Innovation and Improvement

**Programme: Better Care Fund**

Clinical Lead	Programme Lead	Overall Status
Dr. Andrew Phillips	Paul Howatson	

### ***Key updates since Last Report***


12-May-2016

#### **Better Care Fund 2016/17**

At the time of writing neither the North Yorkshire or the City of York better care fund plans have been finalised and signed off. This is in part due to the fact that shared priorities for the population of the Vale of York have yet to be agreed, and in part due to financial pressures against the proposed plans. Under delivery of some of the schemes in 15/16 have contributed to the financial gap in return on investment/planned savings, and there is a need to identify further schemes which can address this across the health and social care economy. A deadline has been set for the beginning of June which, if not met, will result in a national escalation process. Further update will be provided at the meeting.

The East Riding of Yorkshire Council has now submitted its Better Care Fund plan to NHS England and is awaiting feedback.

**Programme: Cancer, Palliative & End of Life**

Clinical Lead	Programme Lead	Overall Status
Dr. Joan Meakins	Paul Howatson	

### **Key updates since Last Report**

12-May-2016

The preparatory work on improving palliative and end of life care co-ordination progresses well and a meeting with colleagues from York Trust is planned for 3rd June to gain agreement on transforming this within existing resources.

The Provider Alliance has also established a Last Year of Life Task and Finish Group with representatives from Primary/Secondary Care, CYC and Commissioners and a paper setting out the work to date, the scope of the work and work on developing a model has been shared with partners. It was acknowledged that last year of life care would still be provided in the Community by all providers working together and would draw on existing services, rather than setting up new ones, and that these would be provided within existing resources. The main aim is to remove duplication and improve communication between services. A number of colleagues from the Provider Alliance had visited Airedale to understand their model around a Telemedicine Hub giving advice to care homes and prisons and Goldline end of life care which gave direct access to senior nursing staff, who had access to individual patient records by ringing one number rather than going through 111. To be viable, this service will need to be delivered across the whole of Vale of York, including Harrogate and Scarborough. Mike Proctor was asked to lead this ongoing work at the April meeting of the Provider Alliance Board.

The historic activity and cost information relating to Continuing Healthcare Fast-will be used to identify potential impact from co-ordinating resources across the system. Once all information is collated, an update report will be provided for Senior Management Team in July 2016.

The 2 week wait pathway guidelines are being rolled out throughout the month of June from which point the Cancer Lead will move onto the next phase of the cancer programme around survivability. Practice visits to support this work are currently being planned for June, July and August.

Programme: Integrated Care

Clinical Lead	Programme Lead	Overall Status
Dr. Andrew Phillips	Lindsay Springall	

### Key Updates since Last Report

11-May -2016

A number of work streams contribute to the overall Integrated Care Work Programme. This month's highlights include:

**Community Equipment and Wheelchair Services Procurement:** The Pre-Qualification Questionnaire (PQQ) application process for bidders closed at the end of April 2016. Multiple bids were received both for Community Equipment Lot (Lot 1) and for Community Wheelchairs (Lot 2). PQQ Evaluation sessions took place by the panel on the 5th and 6th of May. Following assessment of bids, a number of providers of Community Equipment, and of Community Wheelchair Services have been invited to participate in the Invitation To Tender (ITT) stage of the procurement.

All commissioners (NHS Vale of York, NHS Harrogate and Rural District, NHS Hambleton, Richmondshire and Whitby, NHS Scarborough and Ryedale, NHS Airedale, Wharfedale and Craven and North Yorkshire County Council have approved proposed financial contributions/ model as developed by Vale of York. This allowed us to publish all ITT documentation on the 10th May, in accordance with project timescales.

ITT applications are due to be received on the 14th June 2016. ITT assessment panel meetings will take place in June/July. The contract will be awarded in August 2016 with new services, due to go live on the 1st December 2016. The project has been designed to both improve quality of services and make efficiencies across the system.


**Outcome Based Service Specifications for Community Services:** The development of an Outcomes Framework for Out of Hospital Care is almost complete – based on numerous workshops with provider partners that have taken place throughout the year and on conversations and workshops with the community on “what good looks like”. This was reviewed at the Integrated Community Care Programme Board on the 10<sup>th</sup> May, with the recommendation made that a final version be presented to SMT and subsequently to Provider Alliance for consideration. A supporting needs assessment is already being undertaken by public health to enhance the proposal for a locality delivery model that Provider Alliance are developing together with a profile of all out of hospital care expenditure (and how this has changed over the years). Work on this is expected to be complete by the end of May. The work on the development of a framework for out of hospital care will support the expansion of the Integrated Care Hubs and the realigning of service line budgets within existing community services contracts and the development of appropriate risk share/reward models.

**Minor ailments service in community pharmacies:** The pilot has not seen the expected levels of activity in pharmacy predicted at the start of the pilot (only 0.36% of GP consultations have been seen by a pharmacy under the minor ailments service) and the Council of Representatives has agreed that this initiative should be combined with other prescribing projects rather than progressing as a separate scheme.

**Patient Transport Service:** A number of service improvement projects are linked to Patient Transport Services; these include projects for Renal, GP referral, Same Day Discharge and Private Ambulance Usage. Work continues to explore procurement timescales, for the future procurement of Patient Transport Services. For renal services, discussions are progressing well with partners on a pilot for a new transport model for patients attending renal services. The team is exploring other providers as an alternative to Yorkshire Ambulance Service and a plan for the pilot is due to come to SMT on 14<sup>th</sup> June.

**Areas of further exploration:** Opportunities relating to Community Podiatry Services, Respiratory (Rightcare) and the review of Specialist Nurses are all underway. These are being scoped as potential QIPP schemes for later in 16/17. The Community Podiatry review/options appraisal will be presented to Senior Management Team (SMT) on 31st May 2016.

**Programme: Mental Health & Learning Disabilities Transformation**

Clinical Lead	Programme Lead	Overall Status
Dr. Louise Barker	Paul Howatson	

**Key updates since Last Report**

12-May-2016

The final meeting of the Mental Health and Learning Disabilities Estates Programme Board will take place in June 2016. At that time consideration will be given as to the future governance arrangements for the development of a new inpatient unit for the Vale of York.

**Peppermill Court:** Work is on track for completion of the two twelve-bedded wards and a new Section 136 suite. Handover of the building is scheduled for the end of June/beginning of July with service users admitted by the end of July 2016.


**Acomb Garth:** Currently closed for refurbishment and will become an older people's assessment and treatment unit in September replacing Worsley Court.

**White Horse View:** Learning Disability service users have now moved out and the property is now surplus to the providers' requirement (i.e. void) with the void costs coming to the CCG. Finance colleagues are currently considering the CCG's position.

**IAPT:** Despite some initial actions and a remedial action plan developed by the new provider and implementing a new system, the CCG is not achieving the national metrics on access, recovery and both 6-week and 18-week referral to treatment. This has been escalated to the May Contract Management Board for further discussion with Tees, Esk and Wear Valleys NHS Foundation Trust.

**Primary Care coding for dementia:** Despite a national Direct Enhanced Service in 2015/16 the CCG's performance falls short of the national target of 67% by around 13%. The clinical lead has written to all GPs relating to some hints and tips to improve this. There is a small pilot project working with some targeted care homes to work closely with their principal practices relating to the recognising and recording of memory loss, cognitive impairment and dementia. This work will take place in June in York before extending it to some further homes identified by the local authority as requiring support.

Programme: Planned Care

Clinical Lead	Programme Lead	Overall Status
Dr. Shaun O'Connell	Andrew Bucklee	

### Key updates since Last Report

10-May-2016

**Neurology:** Financial values are currently being calculated by the finance team with the business case due to be presented to SMT on 21<sup>st</sup> June 2016.

**Bone Protection Service:** On track. The next milestones to be completed are:

- Audit Bone Protection Service (BPS) identification rates within practices (mid-May)
- Complete clinician feedback on service to date (end of June)
- Utilising learning from Year 1 and work with practices to improve delivery during 2016/17 (end of June)
- Progress report, with recommendations for future steps to ensure the success of the service to SMT( beginning of June)
- Refine the treatment/payment pathway to simplify it (end of June)

**Radiology:** On track. The next milestones to be delivered are:

- GP practices report into activity of radiology requests for previous 12 months via Solitan, provided by York Teaching Hospitals Foundation Trust (YTHFT) (end of May)
- GP guidelines to go on Referral Support Service (RSS) (acute, chronic LBP and non-traumatic hip pain) (end of May)
- Electronic requests - YTHFT to have in place a dedicated e-mail address for radiology requests and have produced X-ray, Ultrasound, CT and MRI request cards. The trust will send these to the CCG for GPs to comment on and up-dated versions will be produced (end of June).

**Ophthalmology:** (Implementation of Review Recommendations): On track.

The next milestones to be delivered are:

- Completion of Task & Finish Group work (glaucoma, post cataract care, minor eye care conditions & low vision services) through option appraisals presented to Ophthalmology Programme Board with recommendations for next steps (mid-May)
- From above, determine proposal to be presented to SMT (end of June)

**RSS:** On track. The next milestones to be delivered are:

- 2016/17 Project Plan agreed by Referral Support Service (RSS) Operational Group (mid-May)
- Complete transition of RSS Team from Triune Court to West Office (end of May)
- Begin process of expanding number of services reviewed with guidelines (cardiology, gastro-intestinal, endocrinology) (beginning of June)
- Begin development of service specifications for administration and reviewing in preparation for market testing (end of June)

**ENT/Audiology:** On track. Project added to YTHFT Service Development Improvement Plan. The next milestones to be delivered are:

- YTHFT to provide their Business case and Project plans for delivery to the CCG (end of May)

**RightCare: Established project priorities at SMT meeting on May 10<sup>th</sup> as concentrating on the specialties of MSK, Circulation and Gastroenterology** The next milestones to be delivered:

- MSK:
  - Use the local datapack CCG clinical view on potential areas that can be taken out of acute care (mid May)
  - Receive Musculo Skeletal Focus Pack from RightCare to identify benchmarking information from 10 CCG peers
  - Contact CCGs that have better performance to learn from their performance (end of May)
  - Arrange a joint clinical meeting to discuss local data and benchmarking information to identify potential alternative care pathways (beginning of June)
- Circulation and Gastroenterology
  - Scope out the projects to align with the MSK project (mid-May)
  - Meet with RightCare Relationship Manager to identify potential areas for improvement via local datapacks (mid-May)
  - Discuss local datapacks with identified CCG Clinical Lead (end of May)
  - Receive Focus Packs from RightCare to identify benchmarking information from 10 CCG peers (end of June)
  - Contact CCGs that have better performance to learn from their performance (end of May)
  - Arrange a joint clinical meeting to discuss local data and benchmarking information to identify potential alternative care pathways (mid-July)

Programme: Prescribing

Clinical Lead	Programme Lead	Overall Status
Dr. Shaun O'Connell	Laura Angus	

### Key updates since Last Report

10-May-2016

The Lead Pharmacist and GP Prescribing Lead have been focussing efforts on the model of the Virtual Clinical Network (VCN) holding an indicative budget for prescribing. A meeting with the VCN on 28<sup>th</sup> April has made it apparent that this model is not currently an option. Other options to implement various policies and guidance to reduce prescribing spend are being explored including:

- Guidance for Managed Repeats (reduces medication waste),
- Prescribing for clinical need (no over the counter -OTC medication),
- Limiting prescribing branded medication for clinical reason (reduces spend on costly branded medication),
- All Practices to use Optimise Rx.

All of the above proposals have been added to covalent as new policies and further consultation with practices is ongoing. The aim is to bring these to governing body for sign off at the next meeting.

Therapeutic switches and OptimiseRx are delivering financial savings - £32k year to date and on track to deliver the full year effect saving of £400k. . with significantly more to be delivered across the remainder of the year

Branded generics continue to remain a risk, especially due to the failure to develop the indicative budget model for prescribing. The Lead Pharmacist is currently drafting an incentive scheme for branded generics to minimise the risk to QIPP delivery with proposals due to come to SMT on 7<sup>th</sup> June.


All other projects are on track including: stoma and continence, gluten free, dressings, sip feeds.

**Oral Nutritional Supplements (Sip feeds):** On Track. Overall expenditure is on a downward trajectory. Next milestones are:

- OptimiseRx issues with not triggering to be rectified by the end of May
- Dietitian GP practice audit report to be finalised and recommendations disseminated to practices by June
- Dietitian to continue working with MMT to complete patient reviews and care home training and provide a progress update by the end of July.
- Oral Nutritional Supplements formulary to be updated due to product name changes by the end of June



**Programme: Primary Care Reform**

<b>Clinical Lead</b>	<b>Programme Lead</b>	<b>Overall Status</b>
Dr. Emma Broughton	Shaun Macey	

**Key updates since Last Report**

10-May-2016

Further to the Governing Body Workshop on 5th May 2016, the Primary Care Programme will need to be reviewed to ensure that it remains aligned with the CCG's overall strategy and priorities for 2016/17, and that plans are developed to identify and deliver the key priorities. Much of this is centred on the development and wider roll out of Integration Hub models across Vale of York Practices, and this work will have strong links into other programme areas including integration, planned care, urgent care and prescribing.

In addition to standardisation of GP pathway models and consistent clinical approaches for Integration Hubs, the CCG will need to consider wider engagement and market development exercises for all Providers that are involved in the development of Integration Hubs and the provision of care closer to home. A key requirement for General Practice will be the development of an agreement around the 'core offer' that all Practices deliver as part of their standard contract.

Underpinning this will be national programmes around infrastructure, and it is essential that the CCG also focuses on longer term strategic planning around the sustainability of General Practice through the Primary Care Transformation Fund (premises), Local Digital Roadmaps (IT enablers), and a view around how workforce and skill mix can be developed in out of hospital settings. Key updates as follows:

**DVT** – Delivery is rated as Amber as original plans for VCN to manage this pathway are not likely to be realised this year.

**Anticoagulation** - Delivery is rated as Amber as original plans for VCN to manage this pathway are not likely to be realised this year. It is suggested that the Anticoagulation pathway is discussed at Council of Representatives

**Estates and Technology Transformation Fund** - With the new guidance recently issued, NHS England has extended the deadline for applications to the end June 2016. Practices have been asked to submit any revised or additional applications to the CCG by 20th May. The suggested prioritised list of schemes for support will be taken to Primary Care Commissioning Committee on 2nd June for approval before submission to NHS England during June.

**Local Digital Roadmaps (LDR)** - NHS England deadline is the end June 2016. The CCG needs to clarify the governance structures that will oversee the development of the roadmap and provide sign-off for submission to NHS England. Shaun Macey is planning to convene a meeting of local clinicians to agree the main 'capabilities' that need to be delivered through LDR.

Programme: Urgent Care

Clinical Lead	Programme Lead	Overall Status
Dr. Andrew Phillips	Becky Case	

### Key updates since Last Report

10-May-2016

The final quarter review of the System Resilience schemes has been completed and [UPDATE BY WHEN?]. Information about the various schemes was shared with SMT and Quality & Finance meetings and it was agreed to continue with those recommended for continuation by UCWG. Support will be given for schemes where they will not continue. Additional queries will be required in some cases.

The Emergency Department Front Door (EDFD) programme is on-going; new pathways and patient communications have been designed and the specification is being finalised. CCG financial information has been shared, although there is some concern that YTHFT as partners will need to implement the scheme at risk. There is also concern about the level of support from primary care who will need to be supportive of GP staff working in a new way.

Next milestone:

Business case to SMT on the 24th May for approval to commence an EDFD pilot project starting on the 1<sup>st</sup> July 16

ECIP are continuing to support work on Acute Frailty; a report is due out by the end of May to be shared with commissioners. Additionally they are supporting discrete pieces of work on topics such as the Trusted Assessor model and increasing throughput on Discharge to Assess.

**Trusted assessor model:** potential solutions are being explored to ensure discharges, particularly relating to patients in care homes, are expedited whilst remaining safe. Next key actions:

- YTHFT auditing discharges to care homes during May
- Data analysis of care home population and excess bed days.
- YTHFT representation agreed to attend the next care home meeting (July)

Other smaller projects are continuing to progress well; progress has been made on implementing the dressings work, stoma and continence, review of Patient Transport and management of UCPs to a wider scope.

### Stoma & Continence Prescribing & Cobweb

**Continence:** The implementation of the Cobweb ordering system is progressing with 2 GP practices (York Medical Group / Jorvik & Gillygate Practices) for continence prescribing initially. A further 10 practices have come forward to take part in the pilot and this will be rolled out within the next 3-4 months.

Next milestones:-

- Commence Cobweb from 1<sup>st</sup> June 2016
- Roll out Cobweb to other practices (3-4month timescale)

**Stoma** - Cobweb will be implemented for stoma prescribing following discussion with YTHFT regarding the community nursing. SMT has approved the upfront investment to bring the community stoma nursing provision back in house (i.e: YTHFT)