

NHS Vale of York Clinical Commissioning Group Financial Performance Report

Report produced: November 2015

Financial Period: April - October 2015

Summary of Key Financial Measures

Indicator	Year to Date				Forecast Outturn			
	Target £000	Actual £000	Variance £000	RAG rating	Target £000	Actual £000	Variance £000	RAG rating
Achieve planned surplus	2,301	1,184	(1,118)	A ↓	3,945	(1,101)	(5,046)	R ↓
Programme expenditure does not exceed programme allocation	258,072	257,212	860	A ↓	429,097	430,830	(1,733)	R ↓
Running costs expenditure does not exceed running costs allocation	4,361	4,037	323	G ↑	7,476	6,844	632	G ↑
Risk adjusted surplus					3,945	(3,998)	(7,942)	R ↓
QIPP delivery (see section 6)								
Better Payment Practice Code (Value)	95.00%	99.87%	4.87%	G ↑	95.00%	>95%	0.00%	G →
Better Payment Practice Code (Number)	95.00%	97.57%	2.57%	G ↑	95.00%	>95%	0.00%	G →
Cash balance at month end is within 1.5% of monthly drawdown	416	14	402	G				
CCG cash drawdown does not exceed maximum cash drawdown					431,368	431,368	0	G →

Note – The first 3 metrics correspond to those reported in Note 42 of the Annual Accounts, and represent the statutory duties of the CCG.

The full finance dashboard is presented in Appendix 1

Key Messages

- The CCG is now forecasting a year end deficit of £1.10m, which is £5.05m below plan. This position includes several significant variances which are detailed in section 3. The deterioration in forecast outturn of £1.45m compared to last month is due to a previously unknown cost pressure in Mental Health out of area placements.
- Further risks to this position of £6.76m have been reported with mitigations identified of £3.86m, leaving an unmitigated risk of £2.90m and a marginal improvement on Month 6. The CCG is therefore reporting a risk adjusted deficit of £4.00m against a planned surplus of £3.95m. Identified risks and mitigations are detailed in section 4.
- The October financial position has already been discussed with the NHS England Area Team, who are fully briefed on the forecast deficit and the further risks that remain. A draft financial recovery plan was submitted on 18th September and a further draft focusing on the recurrent underlying position going into 2016/17 is being developed for the end of November.

1. Red / Amber financial measures

- *'Achieve planned surplus'* - The red rating reflects the £5.05m forecast outturn variance from plan. This results in the CCG forecasting a deficit of £1.10m against a planned surplus of £3.95m. The year to date (YTD) position is a surplus of £1.18m but this is £1.12m short of the planned YTD surplus of £2.30m and is therefore rated amber.
- *'Programme expenditure does not exceed programme allocation'* – a red rating has been received for forecast outturn and an amber rating for year to date. Programme expenditure is forecast to be higher than allocation by £1.73m. This is offset by a forecast underspend on running costs of £0.63m.
- *'Risk adjusted surplus'* – a red rating has been received as the CCG's risk adjusted surplus is a deficit of £4.00m. This represents a £7.94m deterioration from plan. The variance is made up of £5.05m forecast outturn and £2.90m further unmitigated risk.

2. Key Actions

- 'Deep dive' into quarter 1 and 2 acute urgent care activity at main provider to analyse significant variances and provide clarity to systems resilience group and primary care – feedback to follow in December report.
- Joint working between Finance & Contracting and Innovation & Improvement teams to ensure monitoring arrangements are in place for QIPP schemes – this will be reflected in the development of section 6 of this report.
- The development of a first draft of the 5 year financial plan for 2016/17 onwards has commenced and will be completed during November.
- Produce updated financial recovery plan to reflect month latest financial position. This will also include the outline plans to deliver a recurrent, sustainable financial position and a system-wide approach to doing so.
- Further analysis of prescribing overspend – initial analysis is presented in appendix 2, with further areas of detailed investigation to follow.
- Development of practice information packs to be provided to GP practices containing details of acute activity and prescribing expenditure.

3. Forecast Outturn

The main variances within the 2015/16 forecast outturn at October month end are as follows.

Note - Adverse variances are represented as *(negative values)*, favourable variances as *positive values*

Description	Value	Commentary / Actions
Acute overspend (York Teaching Hospital NHS Foundation Trust - YTHFT)	(£6.42m)	Forecast overspend on contract of £7.60m, less application of contract penalties £1.28m. Additional funding for ambulatory care unit £0.10m. Discussions are on-going with YTHFT to align forecast outturn positions. See section 6 for further detail of acute activity.
Unallocated QIPP	(£3.84m)	Non delivery against total unallocated QIPP target of £9.92m. The remaining £6.07m represents the key risk to the forecast outturn

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		(see risks section below).
Prescribing	(£1.74m)	This represents a slight improvement from £1.85m in the previous report due to an underspend in August. The finance team continue to work with the CCG lead pharmacist to identify areas of increased spend and ascertain whether the forecast outturn is realistic.
Mental Health Out of Area placements	(£1.72m)	Following the move to the new mental health provider and an update to Apr-Sep information from the Partnership Commissioning Unit, the forecast on out of contract placements has increased by £1.45m (from £0.27m last month). This is made up of £0.95m cost pressure from October that is not part of the new contract and £0.76m prior to start of the new contract.
Acute overspends (secondary care and ambulance services)	(£1.01m)	Overspends with other providers (excluding YTHFT – see risks section). The total forecast overspend is split across several providers with the largest being Ramsay (£0.43m). All contracts continue to be monitored and activity reviewed by the contracting team, and managed through the appropriate channels.
Prior year brought forward pressures	(£0.63m)	Additional costs relating to 2014/15 above level of year end accruals.
Mental Health	(£0.37m)	£0.24m increased cost with Tees, Esk and Wear Valleys NHS Foundation Trust from Oct and £0.13m Specialist Rehab for Brain Injury.
Continuing Healthcare	£2.46m	The forecast underspend includes a non-recurrent benefit from reducing the local provision by an estimate of £1.00m.
Release of contingency	£1.97m	0.5% contingency as per national planning rules
Better Care Fund performance fund	£1.86m	
GP Innovation Fund	£1.26m	
Further contract adjustments	£1.01m	
Systems Resilience contingency	£0.64m	
Running costs underspend	£0.63m	All running costs have been reviewed and forecast outturn updated accordingly.
Primary Care Co-commissioning	£0.59m	£0.30m relates to release of 14/15 accruals relating to costs which will now not arise. £0.29m is an allocation increase to correct a shortfall in the 0.5% contingency which transferred with co-commissioning budgets. This was shown as a mitigation last month.
Uncommitted readmissions investment	£0.33m	
Better Care Fund social care scheme reduced investment	£0.30m	
Other programme overspends	(£0.38m)	
Total impact on planned surplus	(£5.05m)	

4. Risks and mitigations

The following risks and mitigations to the forecast outturn are identified as at October month end.

Risks

Description	Value	Commentary	Actions / mitigations
Acute contract overspends	£1.49m	Further acute overspends (in addition to those identified in forecast outturn).	Continue discussions with York regarding year end forecast outturn.
Further non delivery of unallocated QIPP target	£5.27m	October forecast outturn assumes non delivery of £3.84m against unallocated QIPP target of £9.91m. This leaves a remaining risk of £6.07m which is offset by £0.80m of identified schemes including biosimilar infliximab, review of community matrons and case managers, dermatology indicative budgets, DVT pathway and prescribing schemes.	Development of additional identified schemes including prescribing, biosimilar infliximab, dermatology indicative budgets, Deep Vein Thrombosis pathway.
Total	£7.37m		

Mitigations and contingencies

Description	Value	Commentary	Actions / mitigations
Better Care Fund	£3.38m	Social care schemes – reduced investment.	Further discussions with City of York Council and North Yorkshire County Council regarding release of Better Care Fund investment.
Contract management	£0.14m	Including private and NHS providers.	Acute contract management relating to 18 week performance.
Other mitigations	£0.34m	Further running costs underspends not in forecast outturn (£0.08m), savings from changes to commissioning support service (£0.13m), payment of Quality Premium for 14/15 (£0.13m).	Implement financial controls within CCG.
Total	£4.35m		

5. Balance sheet / other financial considerations

There are no material concerns with the CCG's balance sheet at 31st October 2015 and all key metrics (see page 1) are green.

However, the CCG's maximum cash drawdown reflects the planned surplus of £3.95m (i.e. this amount will not be drawn down). The maximum cash drawdown will therefore be adjusted for the reduced forecast surplus and the CCG will need to manage cash within the adjusted limit.

6. QIPP programme

6a. QIPP progress table

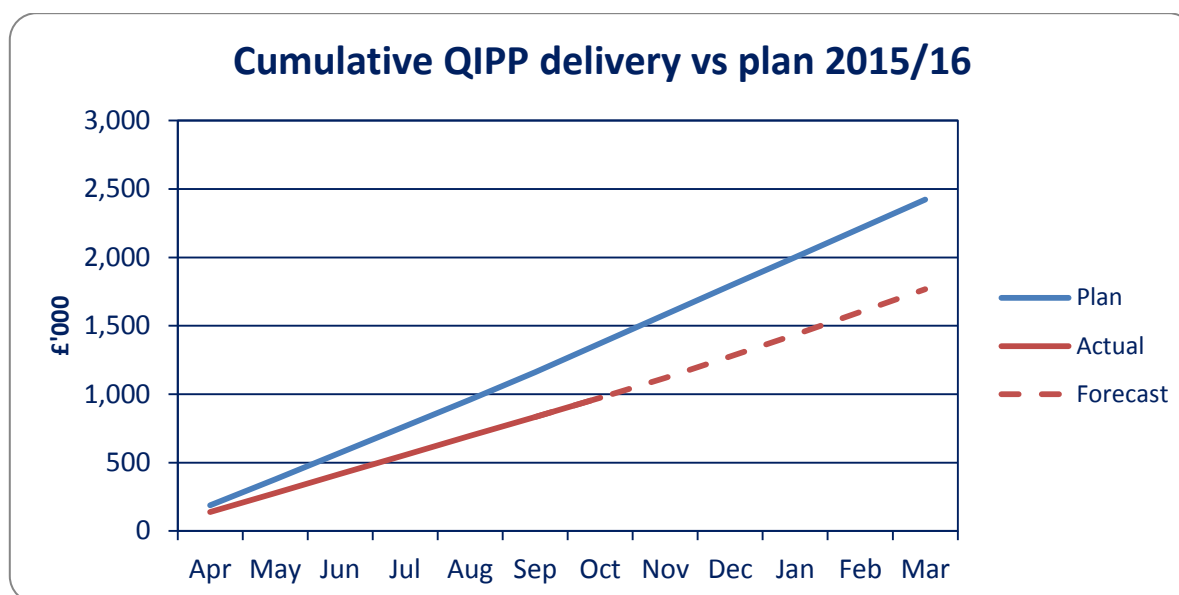
The finance and contracting team are currently working through QIPP schemes with the Innovation and Improvement team to ensure financial baselines are in place and to develop suitable monitoring. The table below reflects that this work is still in progress and some QIPPs show up to date financial information, however those coloured grey require further work and will be shown in the future reports.

Scheme Name	Ref	YTD				Forecast Outturn				Comments
		Planned savings £000	Expected savings £000	Actual savings £000	RAG rating	Planned savings £000	Expected savings £000	Actual savings £000	RAG rating	
Prescribing - Dressings	PRE.04	8	0	0		50	5	5	A	Pilot now planned to start in new year in Selby area
Prescribing - Gluten Free Foods (Phase 1)	PRE.02	0	35	29	G	0	60	54	G	
Community Diabetes Team	PC.03	0	89	0	A	0	152	0	A	Savings on acute activity not evidenced in acute data
Community Diabetes Prescribing		58	58	0	R	100	100	0	R	Savings not yet identified through ePact - to be reviewed with Medicines Management
Deep Vein Thrombosis Pathways	PrC.02	0	0	0		0	17	17	G	Pathway and revised savings being finalised. Expected start date now Feb 16 (previously reported as Oct)
Prescribing - Medicines Management Schemes	PRE.06	146				250				
Prescribing - Medicines Management Facilitator	PRE.07	17				29				
Prescribing - Malnutrition / Oral Nutritional Supplements	PRE.03	15	0	0	A	53	31	31	A	Expected savings updated to reflect approved formulary and timescale. Formulary live but comms to go to practices in November
Prescribing - Stoma care & continence	PRE.01	25				49				
Community Pharmacy		9				16				
Dermatology indicative budgets		0	0	0		0	42	42	G	Updated for expected savings as per financial model and later start date - savings assumed from December
Continuing Healthcare efficiencies		361	361	361	G	619	619	619	G	
Elective orthopaedics procurement	PC.05	292	292	292	G	500	500	500	G	
Out of hours procurement	UC.04	292	292	292	G	500	500	500	G	
Local prices - Ramsay hip reconstructions		150	0	0	R	257	0	0	R	
Total identified QIPP		1,372	1,127	973		2,422	2,026	1,768		
Better Care Fund Schemes		4,119				7,128				
Unidentified QIPP		0				9,912				
Total QIPP requirement		1,372	1,127	973		19,462	2,026	1,768		

'Planned savings' is the saving included in the 2015/16 financial plan. 'Expected savings' are the most up to date savings and may be different from those included in the financial plan following development of a business case or changes to assumptions used in the financial plan.

6b. QIPP cumulative delivery

The graph below shows cumulative YTD and forecast QIPP delivery for all schemes above, against planned delivery as per the 2015/16 financial plan.



6c. QIPP commentary – red and amber schemes

Note that as per section 6a, work is on-going to quantify QIPP savings and integrate QIPP exception reporting into this report. Until this is complete, a QIPP highlight report covering all schemes is included in appendix 3.

- **Community Diabetes Prescribing** – Data from ePact has been reviewed but currently shows a small increase in cost across all blood glucose monitoring strips. Further analysis is underway to establish whether there are other factors affecting this data (for example growth).
- **Local prices – Ramsay hip reconstructions** – This scheme was included in planning as a local change to coding under discussion with Ramsay. However, it transpired that this would trigger other coding changes that would offset the savings.
- **Community Diabetes Team** – Some savings in acute activity have been evidenced however these are not of the magnitude expected and do not exceed the increased cost from the introduction of a Diabetes Local Enhanced Service in primary care. Anecdotal evidence is that diabetes clinic activity in secondary care has reduced materially and this has been queried with YTHFT to ensure that activity is being correctly coded and counted.
- **Prescribing – Malnutrition / Oral Nutritional Supplements** – A revised formulary has been agreed and has gone live with communications to primary care to follow. Savings are expected from November onwards. This scheme was originally included in the financial plan with a start date of September so the amber rating relates to a shortfall against YTD plan due to a later start date.
- **Prescribing – Dressings** – This scheme was included in the financial plan with a start date of October. A pilot scheme in Selby is now due to start in the new year.

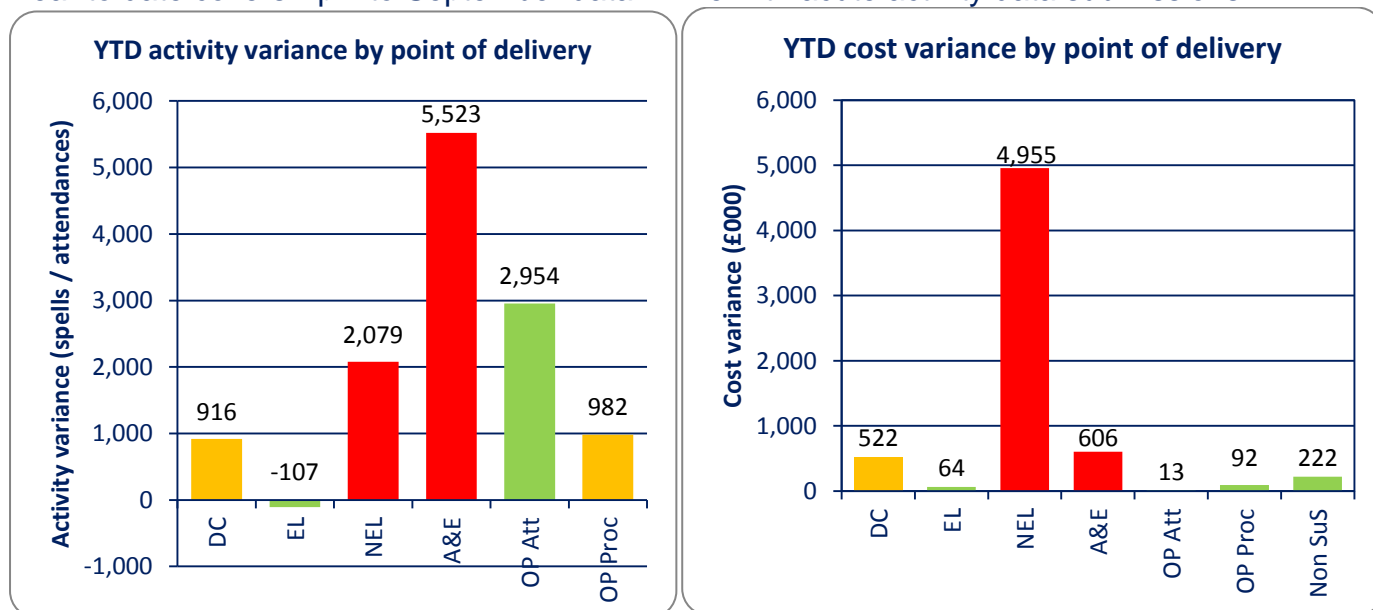
7. Secondary Care activity

7a. York Teaching Hospitals NHS Foundation Trust

The two graphs below show YTD activity and cost variance against plan by point of delivery (POD) with the CCG's main acute provider, York Teaching Hospital NHS Foundation Trust.

Variances are shown as red when they are 10% or more above plan, amber where 5-10% above plan and green where less than 5% above plan or below plan.

Year to date covers April to September data in line with acute activity data submissions.



Notes – April to August data is freeze, September is flex and may change when final freeze data is submitted. The cost graph excludes contract adjustments such as readmissions and marginal rate adjustments, penalties and CQUIN.

Non elective admissions are 15% above plan with an overspend against plan of £4.96m. This mainly relates to the Better Care Fund planned savings which were deducted from plan (£3.56m). Other overspends relates to Trauma and Orthopaedics (£0.53m), Cardiology (£0.25m) and General Medicine (£0.30m).

Accident and Emergency attendances are 17% above plan with an overspend against plan of £0.61m. This relates to the Better Care Fund planned savings which were deducted from plan (£0.70m).

The contracting team are undertaking a 'deep dive' review of quarter 1 and 2 data to further understand the significant variances in non-elective and accident and emergency activity. Feedback on this will follow in a future report.

7b. Other secondary care providers

Other secondary care providers are showing a YTD overspend of £1.26m in the April to October financial position, the majority of this being with Ramsay (£0.43m) and the remainder split across several other providers. £0.13m of the Ramsay variance relates to the local reconstruction procedure tariff QIPP (See section 6a).

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Appendix 1 – Finance dashboard

	YTD Position			Forecast Outturn		
	Cumulative To Date			Forecast Outturn		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Commissioned Services						
Acute Services						
York Teaching Hospital NHS FT	100,593	105,483	(4,890)	173,830	180,253	(6,424)
Yorkshire Ambulance Service NHS Trust	7,715	7,591	124	13,225	12,982	244
Leeds Teaching Hospitals NHS Trust	4,826	4,779	47	8,305	8,443	(138)
Hull and East Yorkshire Hospitals NHS Trust	1,276	1,224	52	2,220	2,110	110
Harrogate and District NHS FT	721	822	(101)	1,241	1,416	(175)
Mid Yorkshire Hospitals NHS Trust	1,056	1,108	(52)	1,804	1,918	(114)
South Tees NHS FT	671	737	(67)	1,160	1,222	(62)
North Lincolnshire & Goole Hospitals NHS Trust	385	404	(19)	655	687	(32)
Sheffield Teaching Hospitals NHS FT	117	129	(13)	200	213	(13)
Non-Contracted Activity	1,601	1,849	(247)	2,745	2,993	(247)
Other Acute Commissioning	55	55	0	94	94	0
Ramsay	4,662	4,969	(307)	8,008	8,442	(434)
Nuffield Health	2,138	2,111	27	3,641	3,595	46
Other Private Providers	383	513	(130)	656	855	(199)
Systems Resilience	875	832	43	1,235	1,193	43
Sub Total	127,075	132,608	(5,533)	219,020	226,416	(7,396)
Mental Health Services						
Leeds & York Partnerships NHS FT	15,152	15,152	(0)	15,152	15,152	0
Humber NHS FT	580	594	(14)	994	1,008	(14)
Tees Esk and Wear Valleys NHS FT	3,607	3,640	(32)	18,801	19,038	(236)
Specialist Services	3,750	4,749	(1,000)	4,274	6,124	(1,850)
Non-Contracted Activity - MH	87	178	(91)	149	240	(91)
Other Mental Health	90	83	7	90	83	7
Sub Total	23,266	24,396	(1,130)	39,461	41,645	(2,184)
Community Services						
York Teaching Hospital NHS FT - Community	11,477	11,531	(54)	19,658	19,729	(71)
York Teaching Hospital NHS FT - MSK	1,296	1,202	94	2,222	2,091	131
Harrogate and District NHS FT - Community	2,608	2,764	(155)	4,471	4,685	-214
Humber NHS FT - Community	609	609	(0)	1,044	1,045	0
Hospices	685	685	1	1,175	1,174	0
Longer Term Conditions	204	208	(4)	350	354	(4)
Other Community	65	73	(7)	112	119	(7)
Sub total	16,945	17,071	(126)	29,033	29,197	(164)
Other Services						
Continuing Care	13,804	13,181	623	22,948	20,486	2,462
Funded Nursing Care	2,144	2,129	16	3,676	3,649	27
Patient Transport - Yorkshire Ambulance Service NHS Trust	1,024	1,023	1	1,755	1,754	1
Voluntary Sector / Section 256	450	449	1	771	770	1
Non-NHS Treatment	379	484	(106)	631	796	(165)
NHS 111	396	396	0	678	678	0
Better Care Fund	8,906	7,698	1,207	14,874	12,632	2,242
Other Services	106	268	(162)	182	393	(210)
Sub total	27,208	25,628	1,580	45,516	41,158	4,358

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	YTD Position			Forecast Outturn		
	Cumulative To Date			Forecast Outturn		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Primary Care						
Prescribing	28,735	29,739	(1,004)	49,384	51,122	(1,738)
Local Enhanced Services	792	783	9	1,359	1,367	(8)
Oxygen	164	133	31	282	227	54
Primary Care IT	613	606	7	1,050	1,050	0
Out of Hours	2,043	2,045	(2)	3,502	3,451	51
GP Innovation Fund	436	411	25	436	411	25
Sub Total	32,783	33,717	(934)	56,013	57,627	(1,615)
Primary Care Co-Commissioning	23,628	23,164	464	40,506	39,921	585
Running Costs	4,361	4,037	323	7,476	6,844	632
Trading Position	255,267	260,622	(5,355)	437,024	442,808	(5,785)
Prior Year Balances	0	627	(627)	0	627	(627)
Reserves	3,048	0	3,048	3,544	307	3,237
Contingency	1,817	0	1,817	1,972	0	1,972
Unallocated QIPP	0	0	0	(9,912)	(6,068)	(3,844)
Reserves	4,865	627	4,238	(4,396)	(5,134)	739
Financial Position	260,131	261,249	(1,118)	432,628	437,674	(5,046)
Surplus	2,301	0	2,301	3,945	0	3,945
Overall Financial Position	262,433	261,249	1,184	436,573	437,674	(1,101)

Appendix 2 – Prescribing expenditure

As described in the October financial performance report, the finance team are working with the CCG prescribing leads to further analyse prescribing costs. The current prescribing forecast outturn is £1.74m over plan, so the initial focus is to identify and further explore areas of materially increased expenditure.

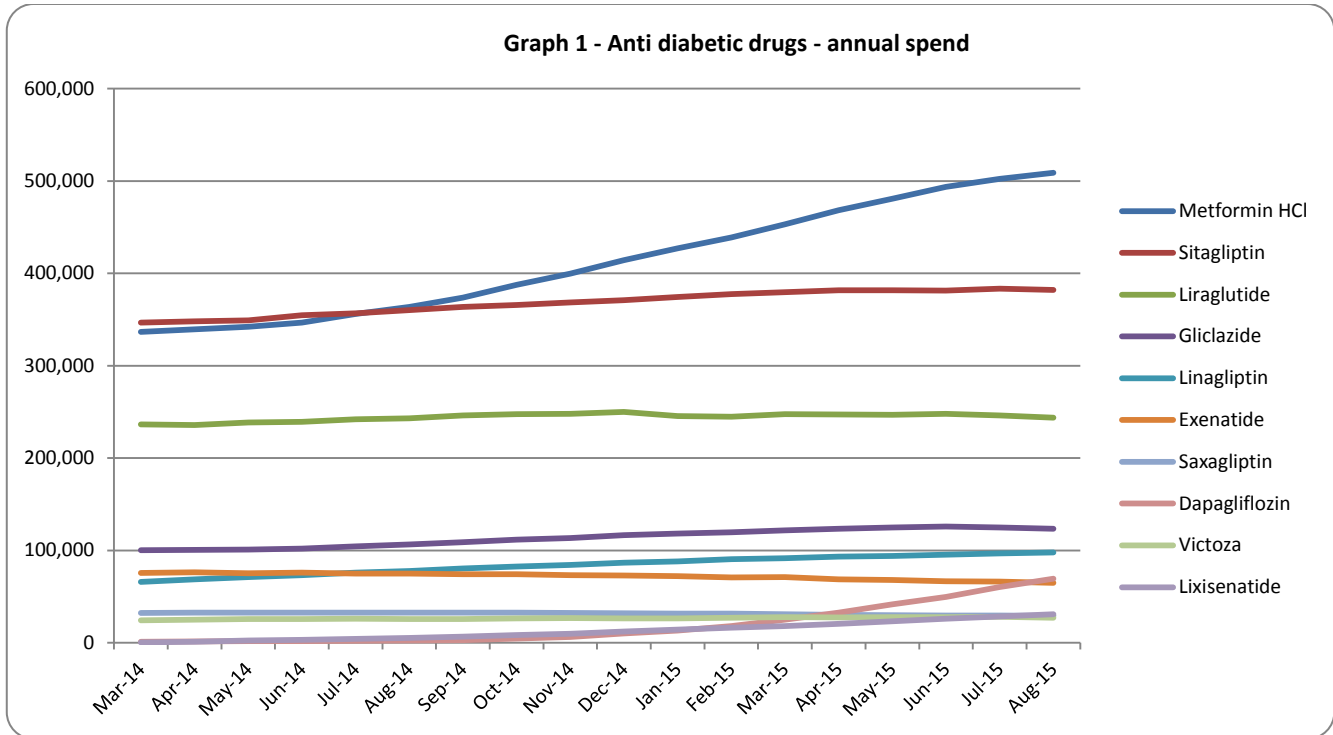
By comparing annual spend up to August 2014 against annual spend up to August 2015 this has highlighted some areas to look at in more detail. The initial comparison was carried out using data from ePact at the British National Formulary (BNF) category level. The table below shows spend for each year and the difference year on year.

BNF chapter	Year to Aug 14 (£)	Year to Aug 15 (£)	Difference (£)	Difference (%)
Corticosteroids (Respiratory)	3,759,276	3,906,702	147,427	4%
Control Of Epilepsy	2,719,816	2,922,615	202,799	7%
Opioid Analgesics	1,796,417	1,831,883	35,466	2%
Insulin	1,492,178	1,602,965	110,787	7%
Antidiabetic Drugs	1,391,954	1,668,961	277,007	20%
Enteral Nutrition	1,202,204	1,280,124	77,920	6%
Lipid-Regulating Drugs	1,121,691	1,180,828	59,137	5%
Antimuscarinic Bronchodilators	1,051,818	1,115,277	63,459	6%
Non-Opioid Analgesics And Compound Prep	978,022	1,106,039	128,016	13%
Diabetic Diagnostic & Monitoring Agents	963,091	971,792	8,701	1%
Drugs for urinary frequency, enuresis and incontinence	909,596	1,009,569	99,974	11%
Renin-Angiotensin System Drugs	796,228	770,323	-25,905	-3%
Calcium-Channel Blockers	722,053	744,140	22,088	3%
Thyroid Hormones	674,866	774,292	99,427	15%
Hormone Antagonists	680,276	716,683	36,407	5%
Foods For Special Diets	690,929	710,908	19,979	3%
Adrenoceptor Agonists	691,285	698,509	7,224	1%
Dopaminergic Drugs Used In Parkinsonism	638,579	756,337	117,758	18%
Proton Pump Inhibitors	650,765	691,023	40,258	6%
Oral Anticoagulants	399,823	856,910	457,087	114%
Dummy Paragraph (210200)	528,746	598,816	70,070	13%
Vaccines And Antisera	583,876	618,634	34,759	6%
Beta-Adrenoceptor Blocking Drugs	574,259	513,146	-61,114	-11%
Emollients	509,488	546,775	37,287	7%
Aminosalicylates	502,672	532,107	29,435	6%
Antiplatelet Drugs	481,135	512,087	30,953	6%
Tricyclic & Related Antidepressant Drugs	434,522	558,043	123,522	28%

Initial areas for further analysis are coloured blue in the table above and cover the top three percentage increases. Further detail on these three areas follows.

Anti-diabetic Drugs

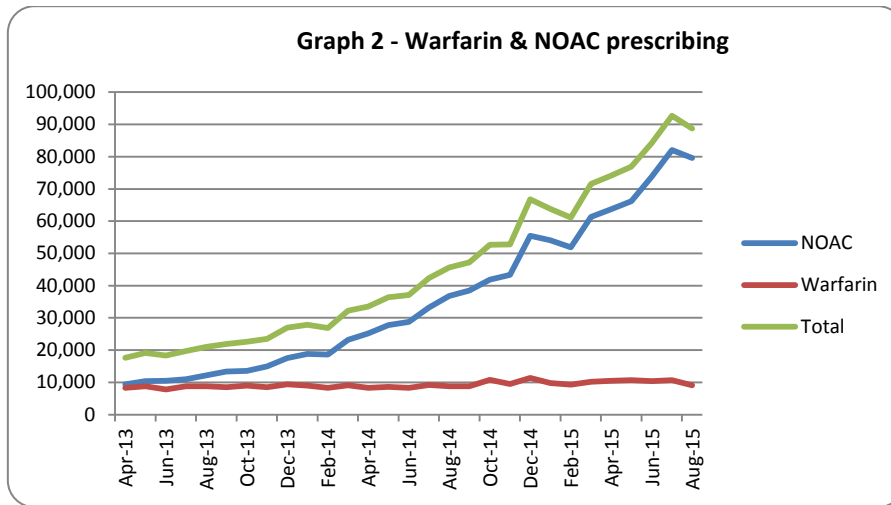
Graph 1 below shows annual spend on anti-diabetic drugs (this is represented as a moving annual total, which covers the 12 months up to the month shown on the bottom axis – by representing data in this way seasonal and monthly variations are removed).



The most significant increase is spending on Metformin Hydrochloride. Further analysis on Metformin expenditure by presentation shows that the most significant increases when comparing annual spend to August 2014 against annual spend to August 2015 are in 500mg non modified release tablets (£101k, 56%), 500mg modified release tablets (£14k, 12%) and 500mg/5ml oral solution (£22k, 397%). There are no material decreases in expenditure in any presentation. For most preparations, the growth in items dispensed is in line with the growth in cost. However, for 500mg non modified release tablets the number of items dispensed has increased by 4% compared to the cost increase of 56%. This indicates an increase in price, which is evidenced in the national Category M prices. The price for a 28 tablet pack is £1.58 in the 2015/16 quarter 2 price list compared to £1.16 at the same point last year – an increase of 36%. The earliest available price list from the NHS Business Services Authority is for 2013/14 quarter 3 – this gives a price of £0.86 for the same product.

Oral Anti-Coagulants

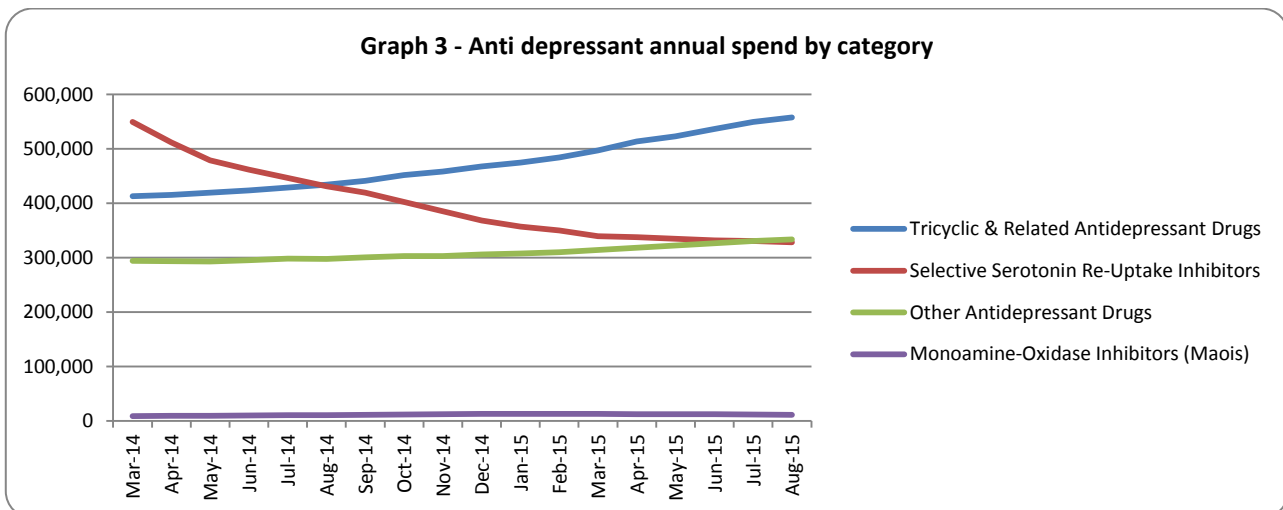
Graph 2 shows spend on Warfarin and Novel Oral Anti-Coagulants (NOACs – including Apixaban, Dabigatran and Rivaroxaban).



This shows a significant increase in use of NOACs. Comparing the figures for warfarin and NOACs against budget indicates an overspend of £196k for April to August and a forecast overspend of £481k.

Tricyclic & Related Antidepressant Drugs

Graph 3 shows annual spend (moving annual total) on anti-depressants by category. This shows a corresponding decrease in spend on selective serotonin re-uptake inhibitors (SSRIs).



Overall expenditure on anti-depressants has increased by £56k per annum between August 2014 and August 2015 (4.8%). Increased spend on tricyclic anti-depressants is mainly on Amitriptyline and Nortriptyline while the main reduction in SSRI spend is on Sertraline. The two graphs below show annual spend by drug for tricyclic anti-depressants and SSRIs.

Further Actions

The areas highlighted above will continue to be investigated with the CCG prescribing leads and mitigating actions identified where possible. The team will continue to monitor spend in these areas. Further analysis will be carried out on other areas of increased spend over the coming months. Spend by practice will also be analysed and this will be included in the development of practice information packs (see section 2, main report).

Appendix 3 – QIPP highlights report

Better Care Fund

Evidence suggests a slowdown in NEL admissions for specific patient cohorts managed through the Integration Hubs. However, the overall picture is clouded by multiple data sources and data sets. A meeting has been arranged to agree an approach so that this issue can be resolved. Work is also in hand to develop a whole system dashboard which will more accurately reflect wider issues across the system.

Cancer, Palliative & End of Life

The improved performance of the Trust did not meet the 62 day target by 0.6% and consequently a further request came in from NHS England regarding an improvement plan. A date is set in the diary 12/01/2016 for a GP education evening on palliative care at the Pavilion Hotel in Fulford. Work continues on the 2 week wait referrals guidance and the cancer commissioners group are due to meet at Malton Community Hospital in December.

Integrated Care

Following the community services review meeting on 10/11/2015, outline strategic plans were agreed and will be worked into a full Project Initiation Document. Commissioning intentions have also been formally notified to Harrogate and District NHS Foundation Trust regarding equipment services and notice has been given on the current contract. The procurement will have a go live date of 01/12/2016. On-going improvement works continue with the providers of the current wheelchair contract facilitated by NHS-IQ and a second event has recently been held with service users and clinicians to scope the rapid improvement work.

Mental Health & Learning Disabilities Transformation

The mental health estates programme board will continue for a short period until the short term interim options for provision of safe and effective services for inpatient, outpatient, S136 and ECT are approved by the CCG. After this time MH & LD Estates will be an agenda item on the Mental Health and Learning Disability Strategy Board to update on the progress of the interim options and the MHEPB will then formally discontinue. Works will then be undertaken between the new provider and NHS Property Services to expedite the delivery of the desired long term solution of a new mental health facility for the Vale of York.

Planned Care

The biggest impact will be the CCG taking on the Referral Support Service work and team from the Commissioning Support Unit in the coming months. A project team has been set up to oversee the transition process, led by the Innovation & Improvement Team. The work required to successfully implement the transition may have an effect on the capacity of the team in respect of taking on new projects for the next few months.

Neurology: York Health services NHS Foundation Trust Neurology directorate have been asked to cost up the models and to meet with CCG to discuss on November 22nd. It has been agreed that similar models for Parkinson's Disease and Motor Neurone Disease be developed by the New Year.

Radiology: A radiology Meeting with York Teaching Hospital(YTH) took place on 30/10/15. It was agreed that discussions with the neuro-surgeons should take place for signs/symptoms/examinations and what constitutes appropriate referrals to better inform primary care. The team have also requested the radiology administrative team to collate a months' worth of GP requests for Cervical Spine MRI for audit.

It was also agreed to discuss the possibility of electronic referral, by e-mail initially, with the IT team at YTH. This will also be raised at the November meeting of the Planned Care System Resilience Group (SRG).

MSK Tender: Following issues identified through our due diligence process and our subsequent decision to implement our right not to award a contract, we can confirm that we will not proceed with the formal award of the above contract. Interim arrangements have been put in place to maintain service provision for patients with the current provider – York Trust. We will be looking to commence a new procurement process early in the New Year starting with a series of detailed engagement exercises with potential providers, Primary Care and members of the public to help inform the revised specification.

Ophthalmology: The Low Vision Working Group has been tasked with completing the service specification for a proposed community service. The Innovation and Improvement Team are currently preparing a first draft for discussion with collaborative partners. A Health Needs Assessment has been completed and will be discussed at the November Ophthalmology Programme Board to confirm recommendations of Review and to allow further working groups to be set up. The first draft of the revised Cataract Surgery Specification is to be discussed with YHFT clinical staff in November.

Prescribing

The therapeutic switch programme and Optimise Rx roll out are achieving savings as expected. However, the concerns regarding the use of branded generics are still on-going and could have significant impact on the savings achieved. The Lead Pharmacist and GP Prescribing Lead are looking at ways to address these concerns in order to ensure the full success of the therapeutic switches and Optimise Rx. All the other prescribing projects are progressing. It is recognised that the majority of savings on these projects will be achieved in 2015/16. A full list of future potential QIPP ideas has been provided for scoping/consideration.

Primary Care Reform

The CCG continues to work on developing its engagement strategies with General Practice in partnership with Council of Representatives. This work is underpinned by Primary Care Co-Commissioning and requires a vision for General Practice to be co-produced by the CCG and VoY Practices. Key enabling themes to support the delivery of new models of care - and the shift of activity and spend from acute to community based services - are premises, provider models, workforce skill-mix, and IT/informatics.

Urgent Care

The Urgent Care Programme is made up of a number of projects supporting the Urgent Care Pathways, as well as linking to System Resilience and the Task and Finish Groups setup via the Unplanned Care Working Group. Current Urgent Care projects are progressing well. The main OOH provision has now been in place for 6 months and is operationally meeting its targets.

Summary

Work continues on prioritisation of the current projects list and this will be finalised later this month. There has been a focus on future QIPP schemes which have worked in other areas. These have been compiled into a long list of potential schemes which will be reviewed in conjunction with primary care colleagues for further exploration and prioritised in terms of size and scale of potential savings at the CCG workshop on 24th November.