



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

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HEALTH SCRUTINY SUB-COMMITTEE

Meeting to be held on Wednesday 11 July 2012

Please see the attached report marked "to follow" on the agenda.

- 8 **NHS QUALITY, INNOVATION, PRODUCTIVITY & PREVENTION (QIPP)
PROGRAMME UPDATE (Pages 3 - 8)**

Copies of the documents referred to above can be obtained from
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Health Sub-Committee

Date of Meeting:	11th July 2012	Agenda Item No.	8
Title:	Quality, Innovation, Productivity & Prevention (QIPP) Programme Update		
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1 BACKGROUND

All NHS organisations are required to develop a QIPP plan, which describes the way in which the major national drivers towards shifts in the settings of care, improved quality of care, and greater productivity will be delivered locally. For Bromley this enables us to identify and release resources which can be reinvested in innovation and improved quality.

To inform the development of its QIPP Plan, Bromley Clinical Commissioning has carried out a review of its strategy for the coming three years. This process was informed by the JSNA, Health and Well Being Board priorities, Health Outcomes, and local provider risks and opportunities. A vision and Integrated Plan for the organisation has been developed which has defined our strategic goals and strategic objectives.

To implement these strategic objectives, seven programmes of work have been formed, as listed below:

Programme

- Planned Care
- Urgent Care
- Primary Care
- Long Term Conditions
- Women & Children
- Mental Health
- Corporate

These strategic programmes include the schemes set out in the QIPP Plan.

2 QIPP 2012-13

The QIPP plan is a year on year programme of work within which schemes have been devised in line with the agreed programmes of work. The QIPP programme for this year is challenging at £9.24M and is mainly predicated upon our ability to make contractual changes through activity shifts out of secondary care, moving care into the community where appropriate or through efficiency savings (e.g. reduction in follow up outpatient appointments). This presents our main challenge and effective management of our acute contracts in this financial year will be one of our main priorities.

We have, in addition, identified a number of new initiatives which will deliver improvements in clinical quality across a range of pathways, along with improved efficiency, shifting care closer to home for many patients.

Our planned care programmes continue to work hard to tackle shifting activity to more community based settings – for example, in Dermatology, Gynaecology and Musculoskeletal – and other pathways continue to be identified through work with stakeholder groups.

There is the added challenge this year of our main acute provider, SLHT, experiencing a significant period of change. Throughout this difficult time, Bromley CCG must ensure that our QIPP is delivered and that patients/service users continue to experience safe, effective and high quality services from all of our providers of care.

3 Longer Term QIPP

Bromley CCG's QIPP programme also describes longer term measures which will become deliverable throughout the planning period described in the Integrated Plan, and which will demonstrate real improvements in patient outcome measures for Bromley residents. Specifically, some of the longer term plans will include the more transformational programmes, such as our ProMISE programme (Proactive Management and Integrated Services for the Elderly) which, when fully rolled out across the Bromley area, we anticipate will contribute to high level savings through avoiding unplanned admissions for vulnerable and elderly patients. By working with our colleagues in Bexley and Greenwich (BBG) we can create additional synergy which will help deliver some of the more challenging aspects of QIPP in the medium – long term, for example redesign of patient pathways into more community based settings and decommissioning activity from acute providers. The BBG Programme Board will continue to own and develop larger transformational QIPP programmes, specifically in planned and urgent care, and for some schemes within Long Term Conditions and other programmes.

5 2012/13 QIPP Plan

The table below shows the 2012/13 QIPP Plan with identified schemes, values and a short description of each scheme.

Scheme	2012/13 Value £'s	Description
Anti-Coag	383,000	Recommissioning anti coagulation as a community service through an Any Qualified Provider procurement
Cardiology	250,000	There is an issue regarding Cardiology activity for Bromley patients. Some patients are transferred between hospitals for treatment that cannot be provided locally, they are then, in some cases, transferred

		back to SLHT for recuperation. SEL Cluster are working with SLHT to ensure that a comprehensive cardiology service can be provided within the trust, or that a tariff share arrangement is agreed with Kings Healthcare. SEL Cluster leads the contracting for both organisations
Dermatology	527,000	Further roll out of the dermatology triage and community based provision, procured through an Any Qualified Provider route
Extend MSK	107,000	Enhancement of current MSK service to further reduce referrals into secondary care. Various initiatives including; class based physiotherapy follow ups, CQUINs for outlying practices and an independent audit of clinical triage decisions
Gynaecology	801,000	Further roll out of the gynaecology triage and community based provision, procured through an Any Qualified Provider route
Integrated Care Elderly IP	427,000	The scheme is part of the ProMISE programme, a joint initiative with LBB, and focuses on keeping the frail elderly out of hospital. It is estimated that each practice joining the programme will avoid a least one admission per month
IVF	200,000	In 2010-11 Bromley transferred the provision of its IVF service to GSTT. During that year, and in 2011-12 GSTT managed a significant backlog of cases brought from the previous provider. It is expected that activity will revert to more realistic levels following careful management of the backlog cases
Minor Oral Surgery	670,000	Re-commissioning minor dental procedures with local dental practitioners, as an alternative to unnecessary hospital based procedures
SLHT Performance Metrics & Kings & GSTT OP first to follow up	2,371,000	SLHT has agreed to a range of performance metrics and coding/counting practice as part of the 2012-13 contract. The achievement of these has a financial impact of £2,115k for Bromley in 2012-13. Also included in this figure is the project for the ratio of outpatient first attendances to follow up attendances which is defined in contracts with acute providers. In the event that the agreed ratios are exceeded commissioners expect a reduced charge. This part of the project scheme covers Kings and GSTT
Ophthalmology (PEARS)	28,000	Commission service with local Ophthalmologists to reduce the need for hospital referrals
UCC Front End of A&E - Enhanced Savings	1,050,000	The project is to procure a fully functioning UCC that will be able to treat all cases under Category 2 & 3 (LAS criteria) and a fully worked out joint clinical protocol between ED and UCC lead clinicians, to extend the percentage of A+E attenders seen in UCC
Bereavement Counselling	100,000	The PCT is re-commissioning a bereavement service run by one provider in future across the Borough as opposed to the current two service providers. The new service is expected to be in place by October 2012
Substance Misuse	200,000	In 2011-12 Substance Misuse services were re-commissioned. This represents the full year effect of the saving achieved against the original cost.
Urgent Care Centre	125,000	This project is to coordinate the management of the UCCs at PRUH and Beckenham Beacon pending the full procurement of the service
Estates Rationalisation	888,000	Reduction in running costs and capital charges resulting from the rationalisation of office and clinical locations agreed as part of the creation of Bromley Healthcare, and back office reorganisations.
Prescribing efficiency	1,118,000	The prescribing team have an established track record of working with practices and across the primary-secondary care interface on medicines optimisation. The QIPP plan for 2012/13 covers a number of initiatives

		including; procure and implement National Prescribing Centre (NPC) asthma therapeutic training, a programme of targeted practice based work to support the cost improvement plan for all practices, repatriation of immunosuppressants to secondary care and a review of the home oxygen contract and monitoring thereafter
TOTAL	9,245,000	

Glossary

BBG – Bromley, Bexley & Greenwich

CCG – Clinical Commissioning Group

ED – Emergency Department

GSTT – Guy’s and St Thomas’ NHS Foundation Trust

LAS – London Ambulance Service

MSK – Musculoskeletal

Ophthalmology (PEARS) – Primary Eye Acute Referral Service

ProMISE - Proactive Management and Integrated Services for the Elderly

PRUH – Princess Royal University Hospital

QIPP - Quality, Innovation, Productivity & Prevention

SEL Cluster – South East London Cluster

SLHT – South London Healthcare NHS Trust

UCC – Urgent Care Centre

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