

QIPP Programme Update

Report to the Social Care Health and Housing Overview and Scrutiny Committee

Andrew Moore

Chief Operating Officer, BCCG

November 2015



Background

The Social Care Health and Housing Overview and Scrutiny Committee has requested an update on the progress that Bedfordshire Clinical Commissioning Group (BCCG) has made in stabilising finances and in particular further detail on the content and progress of the 2015-16 Quality, Innovation, Productivity and Prevention (QIPP) Programme which is critical to BCCG's financial position.

Current Financial Position (to 31 October 2015)

For the first seven months of the financial year (to 31 October 2015) BCCG is £86k ahead of plan. BCCG is on track to deliver its agreed £20m deficit position by the end of the year. The forecast turnover for the year is £512m, including the agreed £20m deficit. There are cost pressures on BCCG including over-budget spending on hospital (acute) care, which are offset by under-budget spending in non-hospital costs.

One of the key assumptions and therefore risks underpinning this position is that the CCG must deliver savings via QIPP of £16m for the full financial year.

What is QIPP?

QIPP is an approach to improving the efficiency of NHS Services so that resources can be reinvested to services and continually improve the quality of and access to care for our patients.

QIPP Programmes are not mere cost cutting exercises and BCCG has a detailed governance process that ensures that the schemes which are selected and put in place take account of:

- Quality Impact Assessment (QIA)
- Equality Impact Assessment (EqIA)
- Where relevant a Substantial Patient Impact, a consultation process

The CCG runs a multistage gateway approach to managing the QIPP Programme. The gateway process enables BCCG to have access to a standardised real-time assessment of each scheme, which will in-turn hopefully increase the chances of successfully delivering projects – the documents generated for each project (in addition to the checks listed above) include:

- Project Plan
- Risk Register
- Scheme Financials
- KPIs
- Stakeholder Matrix

Each QIPP Project has a BCCG Executive Sponsor and an assigned project manager.

The Project Managers report through the BCCG Project Management Office (PMO) and the Executive Sponsors and Project Managers meet fortnightly to consider progress, risks and issues as a QIPP Board.

BCCG have commenced the early scoping work for 2016-17 QIPP schemes.

The 2015-16 QIPP Challenge

BCCG set an initial QIPP target of £11m in early planning for 2015-16 and this assumption drove initial project scoping and planning in early 2015. As the full extent of BCCG's financial position became clear in April and May 2015, the target was increased to £16m and this led to a need to add additional projects to the Programme. BCCG has now identified the required £16m of projects and has progressed them to the point that there is a reasonable degree of confidence that the forecast will be met.

The schemes added in the latter round of planning are typically expected to deliver benefits in the later part of the financial year.

Detail of the projects and value of the targeted savings is below:

Bedfordshire CCG - Quality, Innovation, Productivity & Prevention (QIPP)

Savings Overview as of November 2015

Area of Efficiency	In-year Efficiency Target £'000	Description of Efficiency
Medicines Management	2,221	The majority of efficiencies this year will be achieved by switching expensive branded drugs to cheaper unbranded equivalents. The team have also brought in a new IT system which helps identify patients with long term conditions such as asthma and diabetes who are due for review of their medicines to help prevent their condition getting worse, in some cases avoiding patients being taken to hospital as a result.
Continuing Healthcare	4,062	The Continuing Healthcare (CHC) team are continuously reviewing patients' care packages and placements to ensure all patients who are CHC eligible have access to the right care for their specific needs. In year, the CHC Team have improved processes and aligned policies to national standard. The CHC team continue to improve the quality and safety of care packages and placements, whilst minimising spend and improving patient experience.
Reduction in IVF Cycles	505	BCCG reviewed and refreshed its IVF Policy and worked with its providers to ensure patients get the highest quality, and most appropriate treatment, whilst minimising spend. This has meant reducing the number of IVF treatments available to NHS patients from three to one.
EEAST (East of England Ambulance Service Trust) Training	696	The East of England Ambulance Service (EEAST) has been delivering specific End of Life (EOL) training for their ambulance crews, with the aim of increasing confidence in dealing with EOL patients, especially around the difficult discussions with families and carers. The training has resulted in a higher number of patients having a choice in their care pathway which has led to more patients (where appropriate) utilising the Partnership for Excellence in Palliative Support (PEPS) care pathway and staying in their homes rather than being taken to hospital.

Decommissioning	2,175	BCCG reviewed a number of services to ensure providers were offering value for money. As a result of the review the Short Stay Medical Unit (SSMU) in Houghton Regis, and the Telehealth Services in Primary Care were both stopped as they did not offer value for money.
Elective Care	1,314	Elective care is planned care, non-emergency care, including scheduled operations and outpatient appointments. BCCG continues to review its processes and procedures for planned care to ensure patients have access to the most appropriate care, whilst the organisation achieves the greatest value for money. In addition BCCG continues to support GP Practices in Primary Care to ensure patients receive the appropriate care in the best place for them.
Non-Elective Care	767	Non-Elective Care is unplanned care which includes emergency care. BCCG continues to work on ensuring more patients receive appropriate care in Primary Care or Community Care which will result in less patients being unnecessarily treated in a hospital environment. BCCG has worked with GPs to develop ways of managing people with particular Long-Term Conditions to avoid the need for unplanned hospital visits.
Improving Value through Contracting	1,302	The Contracting team are continuously reviewing, renegotiating and challenging our provider contracts to ensure patients receive the highest quality of care whilst the organisation retains the greatest value for money. The contracting team have been successful in securing reductions in price from a number of providers.
Mental Health & Learning Disability	1,945	The Mental Health (MH) & Learning Disability (LD) team have made a number of changes within services to improve patient care and obtain greater value for money. The largest of these is to change to a new MH & LD services contract, which now is being run by East London Foundation Trust (ELFT). Since ELFT began to look after the services a number of additional improvements have enhanced MH and LD patient care in Bedfordshire, including treating a greater number of patients within Bedfordshire facilities.
Non-Clinical Discretionary Spend	674	BCCG reviewed its entire discretionary spends areas for effectiveness and value for money. As a result of the review a number of opportunities to reduce discretionary spend were identified and actioned, including improving finance processes and renegotiating supplier contracts
Community Services	125	BCCG continues to review community spend, and where possible identify areas of opportunity for improving patient care whilst reducing overall spend.
Estates	220	BCCG continues to review its estates or property for appropriateness and value for money. As a result of the review a number of estates or property opportunities were identified.
TOTAL	16,006	