Gloucestershire Clinical Commissioning Group Shadow Board

AGENDA

Meeting to be held at 10am on Thursday 13th September 2012 in the Board Room, Sanger House, Brockworth, Gloucester GL3 4FE

No.	Item	Lead	Recommendation
1	Apologies for Absence	Dr Helen Miller	
2	Declarations of Interest	Dr Helen Miller	
3	Minutes of the Meeting held on Thursday 19th July 2012	Dr Helen Miller	Approval
4	Matters Arising	Dr Helen Miller	
5	Chair's Update	Dr Helen Miller	Information
6	GP Member Reports	Dr Helen Miller	Information
7	Future Commissioning of Carers Support Services	Jill Crook	Approval
8	Gloucestershire Clinical Commissioning Group Shadow Board Terms of Reference	Dr Helen Miller	Approval
9	Performance against Commissioning Report	Mary Hutton	Information
10	QIPP Programme Update	Mary Hutton	Information
11	Any Other Business (AOB)	Dr Helen Miller	
12	Public Questions	Dr Helen Miller	
Date and time of next meeting: Thursday 18th October 2012 at 2pm in Board Room at Sanger House			

Gloucestershire Clinical Commissioning Group (CCG)
Shadow Board

Minutes of the meeting held on Thursday 19th July 2012 in the Board Room, Sanger House, Gloucester GL3 4FE

Present:

Dr Andy Seymour	AS	Deputy Clinical Chair
Dr Shona Arora	SA	Director of Public Health
Dr Caroline Bennett	CBe	GP - North Cotswolds Locality
Dr Charles Buckley	CBu	GP - Stroud & Berkeley Vale Locality
Jill Crook	JC	Director of Nursing
Debra Elliott	DE	Director of Commissioning Development
Alan Elkin	AE	Non Executive Director
Malcolm Gerald	MGe	GP
Martin Gibbs	MG	GP – Forest of Dean Locality
Mary Hutton	MH	Director of Finance & Deputy Chief Executive
Hein le Roux	HLR	GP - Stroud & Berkeley Vale Locality*
Liz Mearns	LM	Medical Director
Rob Rees	RR	Non Executive Director
Nuala Ring	NR	Director of Human and Corporate Resources
Jan Stubbings	JS	Chief Executive
Dr Jeremy Welch	JW	GP - Tewkesbury Locality
Margaret Willcox	MWi	Commissioning Director Adults and Director of Adult Social Services

In attendance:

Pauline Edwards	PE	(Acting) Designated Nurse for Children in Care
Simeon Foreman	SF	Company Secretary
Emma Simpson	ES	Board Administrator
Mark Walkingshaw	MW	Locality Commissioning Director

There were 5 members of the public present.

1 Apologies for Absence

1.1 Dr Will Haynes, Dr Helen Miller.

2 Declarations of Interest

2.1 Agenda Item 7 – Rob Rees (provides services to Looked After Children).
Agenda Item 8 – MG, MGe, CBe, CBu (dispensing practices).

3 Minutes of the Meeting held on Thursday 21st June 2012

3.1 The minutes were approved as a true and correct record subject to an amendment on page 9 section 11.6 – the phrase "makes references to" was omitted.

4 Matters Arising

Item	Description	Response	Action with
10/11/11 Agenda Item 6 6.14	Members' Report	A meeting has taken place with the Assistant Director of Medicines Management and CBu. A proposal has been put forward to meet with the CCG in early January to look at the whole medicines strategy. It is difficult for pharmacists to deal with the complex issues and needs an action plan. It is on the timetable for a Thursday CCG development session in January. TM and MW will demonstrate new software and give an analysis of prescribing data. It was felt that a demo would be helpful. A report will come before the July formal meeting of the CCG. Dispensing practices – this topic is yet to come to CCG Shadow Board. A resources review scheme has been set up. Paper to come to Shadow Board in July regarding the agreed action plan and direction of travel. New software acquired by the Medicines Management Team which is helpful in capturing information regarding prescribing.	**Director of Commissioning Development** **July 2012** **July 2012** **Completed**

17.5.12 Agenda Item 11 11.3	QIPP Programme Update	It was agreed that QIPP themes will be broken down into months and the trajectory for the year will be brought to the next Shadow Board meeting.	**Director of Finance** **July 2012** **Completed**
21.6.12 Agenda Item 5 5.4	Non-Urgent Patient Transport Service – Procurement of the service in collaboration with NHS Swindon and the NHS Wiltshire and NHS BaNES Cluster	Clarification of the eligibility criteria to be circulated with the June Minutes	**Company Secretary** **July 2012** **Completed**

5 Chair's Update

5.1 A verbal update was given by the Deputy Clinical Chair.

5.2 It was noted that work is progressing across the health and social care community towards Gloucestershire Care Strategy.

5.3 Evidence has been submitted as required by the CCG for Wave 1 of the authorisation process. A site visit will take place on 20th September.

5.4 MH has been appointed to the post of Accountable Officer for the CCG. The post of Chief Finance Officer will be advertised on NHS Jobs soon. Job descriptions for GP liaison leads, nurse, secondary care doctor, lay members will be issued in August.

5.5 <u>Resolution</u> - The CCG noted the verbal update.

6 Dispensing Doctors

6.1 CBu introduced the report which reviews the arrangements for doctor prescribing and dispensing in Gloucestershire doctor dispensing practices.

6.2 A need for increased transparency and greater probity in this area of work on behalf of the CCG was outlined.

6.3 Key points outlined in the report included:

- Some practices prescribe more costly medicines and greater volumes, therefore there is a need for investigation.
- Escalation process in case of persistent overspend on prescribing budget.
- Root Cause Analysis (RCA) on prescribing which will be available to the public.
- 43% of overspend by 40% of practices.
- It was agreed that the missing map from Appendix 2 of the report would be circulated. **CBu**

6.4 <u>Resolution</u> - The CCG Shadow Board:

1. **Noted the paper as information and background to Dispensing Doctors.**
2. **Agreed to encourage all Dispensing Doctors to take part in the annual Dispensing Services Quality Scheme (DSQS).**
3. **Agreed to the escalation process described in section 5.1**

Pauline Edwards joined the meeting at 2.15pm.

7 Annual Health Report for Children in Care 2011/12

7.1 JW introduced the annual health report which is a statutory requirement of the Designated Doctor and Nurse for Children in Care.

7.2 Discussion took place on the Joint Ofsted and CQC Inspection which took place in December 2010. This found that the arrangements for meeting the health needs of looked after children were inadequate (as outlined on p9). It was noted that the CQC and the south West Strategic Health Authority have now declared themselves satisfied that appropriate action has now been taken.

7.3 The percentage of completed health assessments has fallen for 2010/11 to 70.4% from 81.8% in 2009/10.

7.4 Questions and discussion points included:
Out of area placements – it was noted that around 50 children are placed out of county. It was also noted that a greater number is placed in Gloucestershire by other authorities. Assurances are in place to make sure that health assessments are carried out.

7.5 Clarification was given on the role of the Independent Reviewing officer who is based at Jordan's Brook House and managed within the service. It is the remit of this role to ensure that the Care Plan is reviewed regularly.

7.6 The Shadow Board was informed that it was not considered effective to run satellite services in order to carry out health checks.

7.7 <u>Resolution</u> - The Board noted the good progress made in developing services to meet the needs of Children in care.

PE left the meeting.

8 NHS Dental Services in Gloucestershire

8.1 The Director of Commissioning Development introduced the report which updates the CCG on the provision of NHS Dentistry in Gloucestershire.

8.2 Discussion took place on the method of measuring the number of patients if people are no longer required to register. Shadow Board members were informed that a proxy measure is used. Retrospective analysis takes place of how many patients have accessed that service and how many units of dental activity (UDAs) have gone through the system in order to ascertain what the capacity is.

8.3 A question was raised regarding whether or not people know how to access NHS dentistry. It was agreed that a drive to encourage this could take place over the coming months. It was noted that there is currently more capacity than demand.

8.4 Less follow ups are taking place, particularly with regard to children. It was noted that the cost of £17.50 for Band 1 treatment still has implications for affordability for some people.

8.5 It was agreed information on out of hours capacity and demand would be circulated to the Shadow Board. **DE**

8.6 Concerns were raised about the loosening of controls on schools which prevent the consumption of "junk food" and high sugar food which has an impact on dentistry. It was noted that a presence needs to be made on the Schools Forum in order to influence headteachers.

8.7 <u>Resolution</u> - The Shadow Board noted the report.

9 Performance against Commissioning Report

9.1 The Director of Finance introduced the report, which was taken as read. The report provides a strategic overview of the financial and service performance issues by exception.

9.2 One area of previous concern was outlined to the Committee – the A&E performance target which is now green for April/May/June. The 8am meetings set up to address this issue will continue in order to make sure the change is sustainable.

9.3 It was noted NHSG has planned to deliver a surplus of £8.9m for the year 2012/13 against an anticipated revenue resource limit of £960.9m.

9.4 Areas of concern with regard to performance were outlined:

- Percentage of Trauma and Orthopaedic (T&O) admitted Pathways treated within 18 weeks
- Percentage of patients who have waited more than 6 weeks for one of the 15 key diagnostic tests
- Percentage of patients seen within 2 weeks of an urgent referral for suspected cancer

9.5 It was noted that additional non-recurrent activity has been commissioned to address the backlog. A musculo-skeletal programme will look at the pathway.

9.6 It was noted that endoscopy breaches increased in May which was in line with the agreed recovery trajectory. In June and July extra capacity had become available and the number of breaches had started to reduce.

9.7 The Committee heard that the illness of two breast cancer consultants had necessitated locum cover but that the two week target had been met in May and June.

9.8 <u>Resolution</u> - The Shadow Board noted the reported financial position for 2011/12 and the performance against the 2012/13 national targets and the actions taken to ensure that performance is at a high standard.

HLR joined the meeting at 14.47pm.

10 QIPP Programme Update

10.1 The CCG Shadow Board were provided with an update of progress against the QIPP themes and main programmes of work, identifying progress to date, key risks and proposed remedial actions.

10.2 The current progress against the QIPP themes in relation to the QIPP programme were highlighted in the Saving Plans for 2012/13 on Page 5 of the report. It was noted that there is a savings gap (in cash terms) of -£628k.

10.3 Brief discussion took place on planned quarterly phasing 2012/13 as outlined in the table on page 6 of the report.

10.4 <u>Resolution</u> - The Shadow Board noted the performance against planned QIPP programme and the proposed remedial actions.

11 Any Other Business

11.1 There was no other business.

12 Public Questions

12.1 It was confirmed that in relation to Item 6 Dispensing Doctors a report on the top level escalation strategy would be available to the public and issues with practice prescribing would be presented to Shadow Board in public.

13 Date and time of next meeting

13.1 Thursday 13th September 2012 between 2pm and 5pm in the Board Room at Sanger House.

13.3 The meeting closed at 2.58pm

Minutes Approved by the CCG Shadow Board.

Signed (Chair):_____ Date:_____

Matters arising from previous Gloucestershire Clinical Commissioning Group (Shadow Board) Meetings July 2012

Item	Description	Response	Action with
21.6.12 Agenda Item 7 7.2	Performance against Commissioning Report	Queries raised by Shadow Board members related to understanding the detail within the £1.1m offset at 5.11 and it was agreed that this information would be circulated. **To be re-circulated.**	**Deputy Director of Finance** **July 2012**
19.7.12 Agenda Item 6 6.3	Dispensing Doctors	Missing map from Appendix 2 of the report to be circulated to the Shadow Board.	**August 2012** **Director of Commissioning Development**
19.7.12 Agenda Item 8 8.5	NHS Dental Services in Gloucestershire	Information regarding out of hours capacity and demand to be circulated to the Shadow Board.	**August 2012** **Director of Commissioning Development**

Agenda Item 5

Gloucestershire Clinical Commissioning Group (Shadow Board)

Meeting Date	**13th September 2012**
Title	**Clinical Commissioning Gloucestershire (CCG) Shadow Board Chair's Report**
Executive Summary	This report outlines the key issues discussed by Clinical Commissioning Gloucestershire at its meetings in July and August 2012.
Key Issues	The key issues from July and August 2012 included: • Non-Urgent Patient Transport Service – Procurement of the service • Commissioning for Quality • Appointment of members to the CCG Governing Body • Your Health, Your Care Strategy Finance and Performance, QIPP and Practice Based Commissioning Budgets are standing items on the agenda for all Shadow Board meetings. The minutes of the July 2012 meeting are already included within these meeting papers.
Risk Issues: **Original Risk** **Residual Risk**	None
Financial Impact	None
Legal Issues(including NHS Constitution)	None

Impact on Equality and Diversity	None
Impact on Health Inequalities	None
Impact on Sustainable Development	None
Patient and Public Involvement	None
Recommendation	**This report is provided for information only**
Author	Dr Helen Miller
Designation	Chair, Clinical Commissioning Gloucestershire
Sponsoring Director (if not author)	

Agenda Item 5

Gloucestershire Clinical Commissioning Group (Shadow Board)

13th September 2012

Chair's Report

1 Introduction

1.1 This report outlines the key issues discussed by the CCG at its meetings in July and August 2012.

2 July 2012 CCG Meeting Report

2.1 The CCG met on 19th July 2012. Discussions are summarised below:

2.2 The CCG recognised the need to review the current Non-Urgent Patient Transport Service: Procurement of the service and consider commissioning a better service for patients going forward. The CCG Board formally agreed to participate in the procurement process and support option 1 in which one provider will be responsible for all PTS requirements and single point of contact for patients.

2.3 The CCG noted and approved the future arrangements for seeking assurance and reporting on the quality of commissioning services. The Terms of Reference for the Commissioning for Quality group were ratified and a report for 2011/12 commissioning for quality will be collated and bought back to CCG Shadow Board.

2.4 The CCG are pleased to announce the appointment of Mary Hutton as its new Accountable Officer following a national and local competitive recruitment process.

2.5 The CCG GP Chair and locality GP leads had to progress recruitment to this post during July in order to be able to move forward as a first wave Clinical Commissioning Group.

2.6 The CCG Chair and other CCG GPs on the appointment panel selected Mary because of her vision for developing a new clinically-led commissioning organisation and her extensive Board level experience (as Director of Finance, Deputy and Acting Chief Executive).

2.7 Mark Walkingshaw has been appointed to the post of Deputy Accountable Officer/Director of Commissioning Implementation and Linda Prosser as Director of Transformation & Service Re-Design. Following consideration of the essential contribution of the clinical programme approach to the future of the CCG, it was decided to appoint the role of Director of Transformation and Service Re-Design on a 6-month interim period. Cath Leech has been appointed as the Chief Finance Officer following interview selection process mid-August.

2.8 CCG have received applications for roles on the Governing Body for Lay Members (PPI and Business), Secondary Care Doctor and Nurse Representative. Interviews have been arranged for late August/early September.

2.9 Your Health, Your Care Strategy is now complete, although there is still a lot of work to do around Strategic Implementation Plan which forms part of the Strategy.

3 Recommendations

3.1 This report is provide for information only.

NHS Gloucestershire

Agenda Item 6

Gloucestershire Clinical Commissioning Group (Shadow Board)

Meeting Date	**Thursday September 13th 2012**
Title	**Gloucestershire Clinical Commissioning Group Shadow Board GP Member Reports**
Executive Summary	This report aims to provide the CCG Shadow Board with progress reports from local executives. Members are reminded that the CCG is a quasi-responsible committee using public funding. Currently it is shadow form and will take over the PCTs current functions from March 2013.
Key Issues	The aim of each locality GP member report is to: • Provide Board member assurance of wider GP engagement within the localities • Track delivery within localities (supported by financial and activity information provided by the PCT) • Highlight positive developments within the locality that the wider Board membership needs to be aware of • Raise any emerging issues of concern.
Risk Issues: Original Risk Residual Risk	None identified.
Financial Impact	The report includes financial activity within localities which impacts on financial position. The overall position is reflected in PCT Cluster Finance & Performance Report.
Legal Issues(including NHS Constitution)	None.

Impact on Equality and Diversity	None.
Impact on Health Inequalities	Report shows work within localities to address health inequalities.
Impact on Sustainable Development	None.
Patient and Public Involvement	Reports include updates on engagement.
Recommendation	The CCG Shadow Board is asked to note this paper.
Author	Mark Walkingshaw
Designation	Deputy Accountable Officer/Director of Commissioning Implementation
Sponsoring Director (if not author)	

Appendix 1

Gloucestershire Clinical Commissioning Group
(Shadow Board) GP Member Report for Stroud & Berkeley Vale

1 Achievements

1.1 Practice Visits largely completed in Stroud area and commencing in the Berkeley Vale area – well received.

1.2 Had initial meeting regarding the Stroud Model of Care with Reference Group looking at local options for future care – linking with Your Health Your Care.

1.3 On-going programme of Protected Learning Time – workshops on Ophthalmology (involving local Optometrists), Mental Health, Prescribing, Safeguarding and others.

1.4 Workplan developed and starting work on local implementation of new Diabetes model of care, looking at ICATS (Integrated care assessment and treatment service) at Stroud (already well established at Vale Hospital), developing a local public health programme.

1.5 Contributing to Community Hospital Programme workstreams.

2 Engagement

2.1 Regular Cluster meetings and PLT sessions with good practice representation at most.

2.2 Practice visits with excellent attendance of practice clinicians and managers.

2.3 Regular personal, telephone and email contact with local clinicians.

2.4 Executive Group lay members and practice managers help networking and the former are proving a good link into the local community.

3 QIPP Delivery

3.1 ICATS - assessment on-going.

3.2 ENT – new scheme.

3.3 Prescribing – good engagement and progress – early data looks promising.

3.4 Vale Hospital DVT Pathway.

4 Key Issues

4.1 Executive membership – we are still struggling to recruit clinicians to executive – not a unique or unusual situation but of concern.

4.2 Very crowded agenda at present with many initiatives, Consultations, new QP (Quality and Productivity) work, Community Hospital and Community Services proposed changes – all of which are excellent in themselves but making it very hard to sustain activity across all areas.

5 Next steps/milestones for locality work

5.1 To populate and implement Workplan.

5.2 To complete first round of practice visits and begin to timetable next round.

5.3 To try again to encourage suitable clinicians to join the Executive.

5.4 To evaluate present active locality projects and work and look for fresh ideas.

6 Latest locality financial position including QIPP delivery

6.1 Please see attached finance information.

7 Latest activity position – highlighting key variances against commissioned levels of activity.

7.1 See attached information.

Stroud & Berkeley Vale Locality Finance Report 2012/13 – Month 3

1. Overall Briefing Summary

The overall budget allocation for Stroud and Berkeley Vale in 2012/13 is £135m; £1.0m of this is the non recurrent support. The year to date position for the locality is showing an under-spend of £620k or 1.98%. Those practices with a variance of +/- 5% are highlighted in the below table.

	2012/13 Budget Total	Year to date budget	Year to date expenditure	Year to date variance	Year to date variance (if >5% and >£10,000)
	£	£	£	£	%
Locality Report	**135,413,925**	**31,274,004**	**30,653,646**	**-620,358**	**-1.98%**
Minchinhampton Surgery	8,257,696	1,921,764	1,907,680	-14,084	-0.73%
Rowcroft medical Surgery	12,095,540	2,795,658	2,729,635	-66,023	-2.36%
Frithwood Surgery	7,066,851	1,583,846	1,583,847	0	0.00%
The Orchard Medical Centre	8,228,908	1,921,573	1,930,588	9,016	0.47%
Hoyland House	5,867,739	1,376,793	1,413,960	37,167	2.70%
The Culverhay Surgery	7,282,635	1,655,416	1,472,613	-182,802	-11.04%
Locking Hill Surgery	11,202,778	2,590,124	2,590,786	662	0.03%
Beeches Green - Swindell	8,817,695	2,044,780	1,951,487	-93,293	-4.56%
Marybrook Medical centre	5,987,353	1,385,105	1,377,367	-7,738	-0.56%
The Chipping Surgery	8,863,087	2,009,520	1,829,156	-180,364	-8.98%
Uley Surgery	3,593,968	834,808	825,647	-9,161	-1.10%
Prices Mill Surgery	9,517,751	2,200,550	2,200,550	0	0.00%
High Street Medical Centre	6,222,351	1,450,416	1,500,551	50,135	3.46%
Acorn	4,698,047	1,075,940	1,026,714	-49,225	-4.58%
Walnut Tree	5,608,658	1,297,720	1,345,664	47,944	3.69%
Stroud Valleys Family Practice	5,079,344	1,178,575	1,223,008	44,432	3.77%
Frampton Surgery	4,873,333	1,136,397	1,101,945	-34,452	-3.03%
Regent Street Surgery	4,821,803	1,122,462	1,029,707	-92,754	-8.26%
St Lukes Medical Centre	3,666,830	836,890	779,423	-57,467	-6.87%
Stonehouse Health Clinic	3,661,556	855,667	833,317	-22,350	-2.61%

At month 3 £115k of the non recurrent support has been allocated to support practices:-

At month 3, 2 of the 6 surgeries have utilised this support.
Frithwood surgery £24k
Prices Mill Surgery £92k

Key locality variance – Specialities that have seen a significant change in activity across the locality compared to month 3 2011/12 levels.

Planned Care (Elective Inpatients):
Colorectal Surgery (increase)
Trauma & Orthopaedics (decrease)
Cardiothoracic Surgery (decrease); and
Gynaecology (decrease)
Please see section 2.1 for further details.

Unscheduled Care (Emergency):
Undefined Groups Emergency (increase)
Digestive System (decrease)
Respiratory System (decrease); and
Female Reproductive System and Assisted Reproduction (decrease)
Please see section 2.2 for further details.

Planned Care (Outpatient Activity):
Ophthalmology (increase)
Palliative Medicine (increase)
Endocrinology and Diabetic Medicine (increase); and
Cardiothoracic Surgery (decrease)
Please see section 2.4 for further details.

Relative financial position – specialities that have a higher spend per 1000 than the CCG average – by speciality

Planned Care (Elective Inpatients):
Cardiology £40,241
General Surgery £36,322
Colorectal Surgery £41,756; and
Trauma & Orthopaedics £124,741

Unscheduled Care (Emergency)
Opthalmology £53,136
Obstetrics £55,421
Paediatrics £98,717; and
Dermatology £93,634

Planned Care (Outpatient activity):
Cardiology £18,344
Dermatology £16,776
Trauma & Orthopaedics £26,386; and
Opthalmology £23,412

A further breakdown of these totals down to the 4 highest practices above the Gloucestershire CCG average can be found in appendix 1.

2. Financial position within Acute Commissioning

2.1 Elective

The Stroud and Berkeley Vale locality month 3 elective under spend is £597k. Once the QIPP requirement of £17k is factored in it is an under spend of £579k.

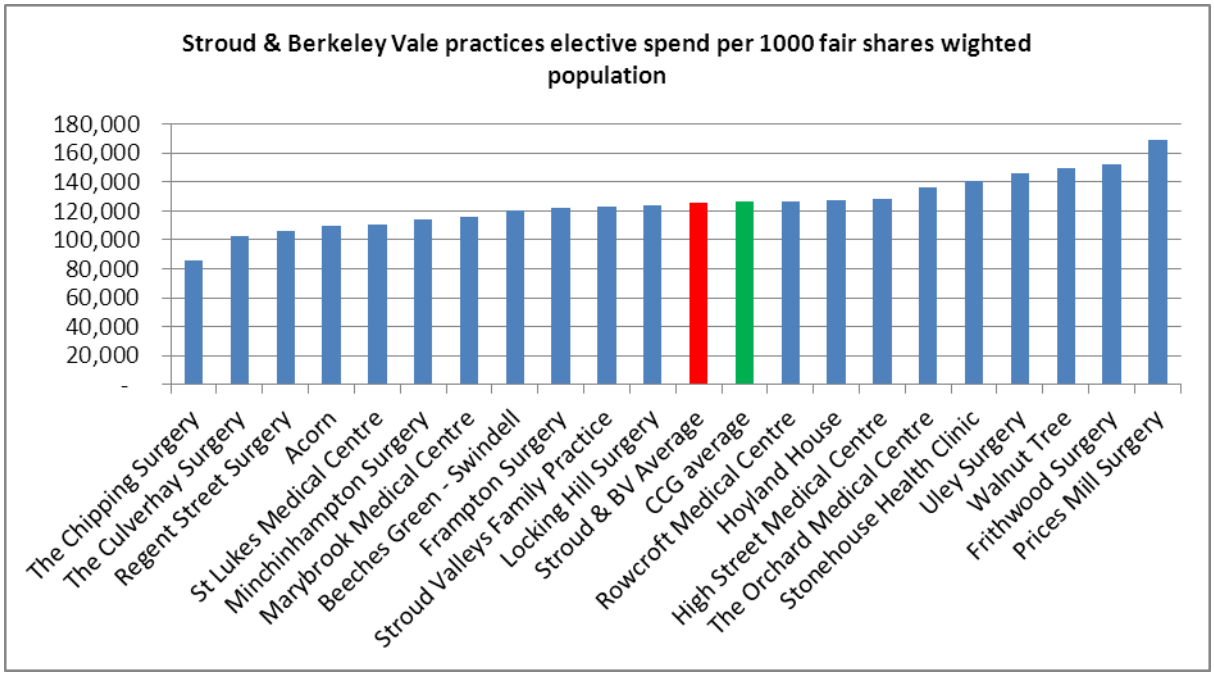
GHFT is showing a pre-QIPP under spend of £317k.

Further details on the key variances for Elective Care are shown below:-

Key locality variance – Specialities that have seen a significant change in activity across the locality compared to month 3 2011/12 levels.

Colorectal Surgery (£62k / 30 activity)
Trauma & Orthopaedics (-£113k / -59 activity)
Cardiothoracic Surgery (-£64k / -4 activity); and
Gynaecology (-£50k / -63 activity)

The below chart shows Stroud and Berkeley Vale practices elective spend per weighted 1,000 population alongside both CCG and the locality average. The practice with the highest elective spends per fair shares weighted 1,000 population is Prices Mill Surgery. The locality average elective spends per fair shares weighted 1,000 are below the CCG average.



2.2 Emergency

The Stroud and Berkeley Vale locality month 3 emergency over spend is £54k once the QIPP requirement of £92k is factored in it is an over spend of £147k.

GHFT has a pre-QIPP overspend of £224k which is partially offset by NBT under spend of £83k and UHBT under spend of £58k.

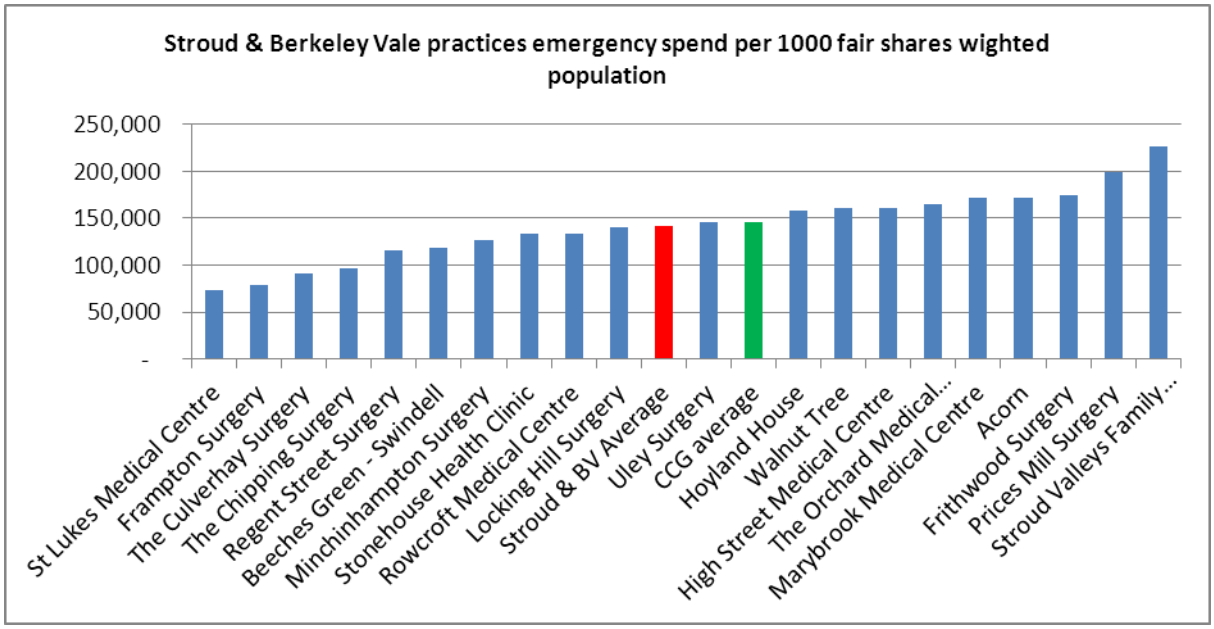
Further details on the key variances for Unscheduled Care are shown below:-

Key locality variance – Specialities that have seen a significant change in activity across the locality compared to month 3 2011/12 levels.

Undefined Groups Emergency (£211k / 112 activity)
Digestive System (-£140k / -2 activity)

Respiratory System (-£150k / -34 activity); and
Female Reproductive System and Assisted Reproduction (-£116k / -198 activity)

The below chart shows Stroud and Berkeley Vale practices emergency spend per weighted 1,000 population alongside both CCG and the locality average. The practice with the highest emergency spends per fair shares weighted 1,000 population is Stroud Valleys Family Practice. The locality average emergency spends per fair shares weighted 1,000 are below the CCG average.



2.3 Other Non Elective (Maternity & Transfers)

The Stroud and Berkeley Vale locality month 3 other non-elective spend is £63k below budget.

2.4 Outpatients

The Stroud and Berkeley Vale locality month 3 outpatients under spend is £187k once the QIPP requirement of £49k is factored in it is an under spend of £138k.

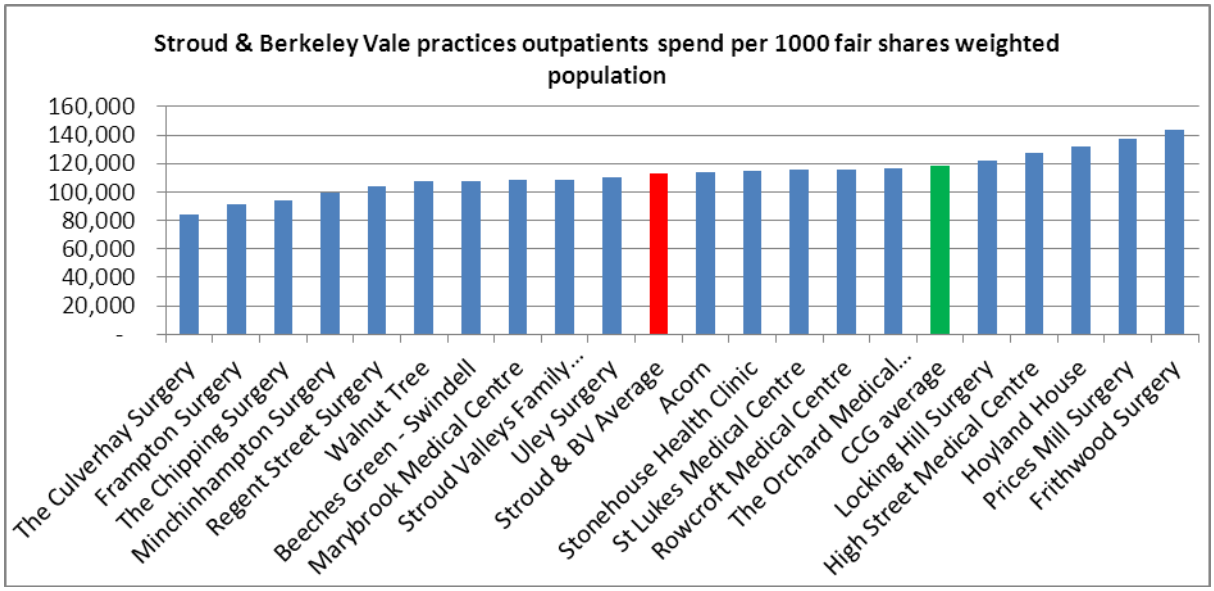
GHFT has a pre-QIPP under spend of £7k.

Further details on the key variances for Unscheduled Care are shown below:-

Key locality variance – Specialities that have seen a significant change in activity across the locality compared to month 3 2011/12 levels.

Ophthalmology (£19k / 36 activity)
Palliative Medicine (£10k / 52 activity)
Endocrinology and Diabetic Medicine (£8k / 29 activity); and
Cardiothoracic Surgery (-£11 / -37 activity)

The below chart shows Stroud and Berkeley practices outpatients spend per weighted 1,000 population alongside both CCG and the locality average. The practice with the highest outpatients spends per fair shares weighted 1,000 population is Frithwood surgery. The locality average outpatients spend per fair shares weighted 1,000 are below the CCG average.



2.5 A&E/MIU

The Stroud and Berkeley locality month 3 A&E/MIU over spend is £50k above budget.

3. Prescribing

The GP prescribing Stroud and Berkeley Vale locality month 3 year to date position including QIPP target is at breakeven. This is based on two month's actual activity. Positions will be updated once further data has been received.

Additional information for localities around their prescribing costs is sent out by NHS Gloucestershire Medicines Management Team.

4. Key messages and summary of recommendations

4.1 Cluster summary

The Stroud and Berkeley Vale locality commissioning under spend in 2012/13 has been contributed to by

Lower than anticipated Elective inpatient admissions in the first quarter at Gloucestershire Hospitals NHSFT and University Hospitals Bristol NHSFT. However it should be noted that the activity data was for April, May and June of this year and it is too early in the financial year to predict future trends and if QIPP targets will be achieved.

4.2 Using UKSH Activity

The year to date underutilisation of the block contract is £33k. £315k of activity has gone to UKSH. Any activity that goes to UKSH would result in savings against other providers.

Sadie Birch-Gavin
Management Accountant – NHS Gloucestershire

Stroud & Berkeley Vale Locality Finance Appendix Report 2012/13 – Month 3

Specialities that have a higher than Gloucestershire CCG Average spend per 1,000 broken down to the top 4 over average practices (Only top four specialties listed)

Planned Care (Elective Inpatients):

Cardiology	Minchinhampton Surgery	Hoyland House	The Orchard Medical Centre	Stroud Valleys Family Practice	Highest 4 Pracitice Total above NHSG Average	Stroud & Berkeley Vale Locality Total above NHSG Average
	£6,272	£9,393	£9,753	£14,823	£40,241	£55,570

General Surgery	Marybrook Medical Centre	Locking Hill Surgery	Prices Mill Surgery	The Chipping Surgery	Highest 4 Pracitice Total above NHSG Average	Stroud & Berkeley Vale Locality Total above NHSG Average
	£6,573	£7,384	£8,530	£13,835	£36,322	£62,141

Coloredstoral Surgery	Frithwood Surgery	Prices Mill Surgery	Hoyland House	Stonehouse Health Clinic	Highest 4 Pracitice Total above NHSG Average	Stroud & Berkeley Vale Locality Total above NHSG Average
	£8,417	£10,053	£10,156	£13,130	£41,756	£68,768

Trauma & Orthopaedics	Beeches Green - Swindell	Uley Surgery	High Street Medical Centre	Prices Mill Surgery	Highest 4 Pracitice Total above NHSG Average	Stroud & Berkeley Vale Locality Total above NHSG Average
	£20,681	£22,166	£23,060	£58,834	£124,741	£199,110

Unscheduled Care (Emergency Inpatients):

Ophthalmology	The Orchard Medical Centre	Uley Surgery	Acorn	Marybrook Medical Centre	Highest 4 Practice Total above NHSG Average	Stroud & Berkeley Vale Locality Total above NHSG Average
	£7,287	£10,164	£12,837	£22,848	£53,136	£71,676

Obstetrics	Prices Mill Surgery	Hoyland House	Locking Hill Surgery	The Orchard Medical Centre	Highest 4 Practice Total above NHSG Average	Stroud & Berkeley Vale Locality Total above NHSG Average
	£9,625	£10,063	£16,452	£19,281	£55,421	£80,938

Paediatrics	Acorn	Hoyland House	Prices Mill Surgery	Walnut Tree	Highest 4 Practice Total above NHSG Average	Stroud & Berkeley Vale Locality Total above NHSG Average
	£16,019	£26,285	£26,596	£29,817	£98,717	£129,640

Dermatology	Rowcroft Medical Centre	Minchinhampton Surgery	High Street Medical Centre	Frithwood Surgery	Highest 4 Practice Total above NHSG Average	Stroud & Berkeley Vale Locality Total above NHSG Average
	£21,180	£21,920	£22,102	£28,432	£93,634	£174,259

Planned Care (Outpatient Activity):

Cardiology	Minchinhampton Surgery	Frithwood Surgery	Hoyland House	Locking Hill Surgery	Highest 4 Practice Total above NHSG Average	Stroud & Berkeley Vale Locality Total above NHSG Average
	£3,883	£4,189	£4,652	£5,620	£18,344	£26,345

Dermatology	The Orchard Medical Centre	Frithwood Surgery	Prices Mill Surgery	Hoyland House	Highest 4 Practice Total above NHSG Average	Stroud & Berkeley Vale Locality Total above NHSG Average
	£3,245	£4,038	£4,629	£4,864	£16,776	£26,658

Trauma & Orthopaedics	Frithwood Surgery	High Street Medical Centre	Hoyland House	Prices Mill Surgery	Highest 4 Practice Total above NHSG Average	Stroud & Berkeley Vale Locality Total above NHSG Average
	£4,353	£4,471	£6,336	£11,226	£26,386	£30,924

Ophthalmology	Hoyland House	Regent Street Surgery	Prices Mill Surgery	Frithwood Surgery	Highest 4 Practice Total above NHSG Average	Stroud & Berkeley Vale Locality Total above NHSG Average
	£3,855	£5,265	£6,559	£7,733	£23,412	£40,720

Appendix 2

August 2012 - WORK UPDATE

CLINICAL PROGRAMMES:

The Clinical Programme approach is under development to allow clinical leadership across the full spectrum of care delivery.

MENTAL HEALTH:

The Clinical Programme Board for Mental Health has now been established and will meet on a quarterly basis with the first meeting scheduled for 18th September 2012. The Clinical Programme Board membership includes representation from 2Gether NHSFT, GHNHSFT, GCS; Local Authority, Service User Network lead and the Voluntary and Community sector.

A strategic vision document has been developed for the Programme Board which sets out the clinical commissioning priorities and work programme for mental health services during 2012/13, these include;

The need to meet improvements as detailed within the **NHS Operating Framework** for 2012/13 focusing on -

- Access to psychological therapies to meet at least 15 per cent of disorder prevalence, (10,298 adults in Gloucestershire) with a recovery rate of at least 50 per cent.
- During 2012/13 this will mean increased access for black and minority ethnic groups and older people, and increased availability of psychological therapies for people with severe mental illness and long term health problems;
- The physical healthcare of those with mental illness to reduce their excess mortality;
- Offender health, working in partnership with the National Offender Management Service; and
- Targeted support for children and young people at particular risk of developing mental health problems, such as looked after children.

The clinical programme approach has led to the establishment of three distinctive (time limited) working groups which the Clinical Programme Board will oversee and monitor.

Work stream 1.	Integrated clinical care pathway development for Non Psychotic, Psychotic, and Organic PbR based care clusters
Work stream 2.	Developing Intermediate Care Teams
Work stream 3.	Clinical pathway development for Neuropsychiatric & Developmental Disorder

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The Programme Board will oversee the implementation of the strategic initiatives for mental health services as set out and articulated in Gloucestershire's strategy Your Health, Your Care. The strategy initiatives include the following;

- Recovery focused care
- Mental health liaison services
- Mental Health housing and employment
- Physical and Mental Health Integrated Care Pathways

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It is anticipated that a clinical programme board will be established in the next few weeks. It is planned to have representation from 2gether NHS Trust, Gloucestershire Voices, Gloucestershire County Council and Clinical Commissioning Gloucestershire.

Work streams are already underway which are linked into Gloucestershire's "Your Health Your Care Strategy". The work will include a baseline analysis of needs and services, a review of health inequalities and care pathway design.

Kevin Elliott, (Senior Commissioning Manager) and Dr Martin Gibbs (CCG lead) are working with Learning Disabilities observatory; "Improving Health and Lives". Gloucestershire is one of 3 CCG's nationally to be pathfinders for this work. Work includes a review of the impact of annual Learning Disability health checks and the development of an outcomes tool in preparation for payment by results.

Clinical care managers continue to review all learning disability placements which are either partially or fully funded by NHS Gloucestershire. They are in position to implement the recommendations of the Care Quality Commission inspection programme, which was in direct response to the exposure of poor practice at Winterbourne View Hospital. NHS Gloucestershire had placed no-one in Winterbourne View Hospital.

GENITOURINARY

This programme will include renal medicine, urology, and sexual health and continence services. There are several work groups already established in this area and their ongoing work is encouraged, e.g. ……..

The Clinical Programme board will be established at a later date. There are some priority work streams in this area which need to progress, but there is a need for wider engagement to decide on the constitution of a board which will interact across a wide range of specialities and subspecialties.

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- Dr Martin Gibbs (GP/CCG lead) as chair.
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Topics for action will initially be:

1. Follow up of prostate cancer
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6. The use of Map of Medicine to promote care pathways across the whole health community.
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URINARY TRACT INFECTIONS GROUP

This was initially a piece of work led by Gloucestershire Hospitals NHS Foundation Trust, but has been adopted by the NHS Community in Gloucestershire.

The aims of the group are to develop a management pathway for Urinary Tract Infections in Gloucestershire, crossing the boundaries between Primary and Secondary Care.

The strategies are to link with infection control committees within the county via NHS Gloucestershire, the 2gether Trust, and the Acute Trust.

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PRACTICE PRESCRIBING BUDGETS

Appendix 2

Each practice is working with a support pharmacist.

QP 6-8 are being used to work on projects to address overspend against fair shares budget. The last 2 full cluster meetings have given time to discussing prescribing. Gloucestershire annual practice prescribing visits have been completed for all Forest of Dean practices.

Work to alter prescribing to generically available statins, angiotensin receptor blockers, and low cost glucose test strips will have a huge impact on the Forest of Dean budget with minimal, if any, impact on patient care. Individual practices have also agreed to work on other prescribing issues including dressings, antipsychotics and calcium channel blockers.

The Forest of Dean welcomes the move towards a Gloucestershire Formulary to consolidate consultant led prescribing to less products. This will improve safety, primary care confidence in prescribing new drugs, and the chance of remaining within budgetary restraints.

Rolling growth is reducing in all Forest of Dean practices already. Work so far will be considered in the QP review meeting on September 25th.

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Gloucestershire Clinical Commissioning Group (Shadow Board) GP Member Report August 2012

1 Achievements

HRH Prince Michael of Kent visited Moreton-in-Marsh on 8th May to formally open the new North Cotswolds Hospital.

Jubilee Lodge Care Centre, which includes the new Intermediate Care Unit jointly funded by Gloucestershire PCT and GCC was opened on July 11th by HRH Princess Michael of Kent on July 11th, after a delay in completion due to flooding during construction.

Contracts have been agreed and work started on a new outpatient facility in Bourton on the Water which will house outpatient clinics, Physiotherapy, Community Rooms etc.

All 5 practices peer reviewing all outpatient referrals and consequently outpatient spend and elective spend for North Cotswolds has reduced to below NHSG average.

2 Engagement

CCG constitution presented to all practices by Locality Shadow Board member at Locality PLT, as most locality practices had not attended initial event at the PCT. Almost every GP from North Cotswolds was present- including salaried GPs and regular locums. GPs now understand constitution and support CCG in its direction of travel. Feedback received on some issues which will be taken back to CCG. Clinical updates covered included- breast surgery, UKSH orthopaedic services, gynaecology and primary care endoscopy service.

The existing Locality Forum including members of the league of friends from both hospitals, voluntary organisations, GCC, Care Services has been engaged over the CCG developments and plans are being made to develop this group into one with more of a focus on Stakeholder

engagement and involvement for the North Cotswolds locality. Meetings are planned with GCC Members.

3 QIPP Delivery

Locality Schemes
Dr Tim Healy has successfully produced business care for a Primary Care Endoscopy service which has gone out to tender and the appointed provider is due to start undertaking work later this summer. This will positively impact on waiting lists, provide care closer to home and be more cost effective. Dr Healy is now developing the business case for an Inflammatory Bowel Disease Nurse-led community clinic to enable IBD patients who are relatively stable to be discharged from secondary care follow up and reviewed in a Community setting. This service would be best developed in conjunction with another cluster/s so any other clusters would be welcome to collaborate if they were interested.

UKSH Usage is around PCT average at 42% but below target of 100%

Community Hospital Direct admissions are at 45% which is well above PCT above but still below target of 60 %

INNF spend per 1000 population is exactly at PCT average of £3500

Spend per 1000 on emergency admissions for COPD, Diabetes, CHD and heart failure is around PCT average but below PCT target

Telehealth patients at 0.53 per 1000.

4 Activity Report

See below

5 Financial Position

2011/12

At year end 2011/12 overspend of £453K which equates to 1.59% overspend on £28.5 Million budget. From Month 11 to month 12 there was a significant improvement in the overspend position relative to other localities. The key drivers of the overspend were non-PBR variable services ,chemotherapy and excluded drugs, Quip savings requirements and prescribing.

The North Cotswolds performs well in areas of Elective spend per 1000 and Outpatient Spend- being below PCT average. Despite this areas where we benchmark high include haematology, dermatology, general surgery and upper GI. The following may help to reduce the spend in these areas:

- Re-instatement of haematology advise line (Countywide - in process of being negotiated)
- GPSI in Dermatology for North Cotswolds - currently all localities have GPSIs apart from Cotswolds. GHT are looking into providing this.
- Teledermatology - start using advise and guidance service on choose and book which is being piloted
- Community IBD follow up clinics - business case in preparation
- Primary care Endoscopy service - due to start in August
- Increased utilisation of UKSH - use encouraged by visit from UKSH to PLT session by surgeon and anaesthetist

Emergency spend is main issue for cluster with all practices benchmarking above NHSG average. The main areas that contribute to the overspend are hepatobilary and pancreatic, head and neck, musculoskeletal and nervous system.

The cluster and individual practices have auditing these admissions to look for avoidable causes, and all practices are signed up to the Primary Care Foundation work to look at primary care access and also to Telehealth. The North Cotswolds has a significantly higher proportion of very elderly patients and £70,000 of the overspend is orthopaedics which largely in our audits is found to be due to fractures or suspected fractures.

A patient education programme has started on a practice

basis to encourage patients to attend MIUs or call OOH rather than phone NHS Direct or 999. Also patients who visit A/E when it is thought to be inappropriate or on a frequent basis, may be contacted by their practice.

The roll out of PCT wide programmes such as community IV service and see and treat targets for GWAS will also hopefully impact.

2012/13

See Month 3 North Cotswold Locality Finance Appendix Report

Detailed analysis/ comment on these reports at Cluster/ practice level have not been carried out by the cluster as yet as reports only available last week.

6 Key Issues

Emergency admission spend needs to be reduced to below PCT average. Further work being done to look at the drivers behind this overspend. All practices participating in Primary Care Access work and a local patient education programme on services available as alternative to A/E planned for the Autumn including leaflet drop, articles in local publications etc Variations in prescribing costs between practices need to be understood and practices supported in reducing costs, as savings made by some practices are being lost as result of overspend by others.

All developments detailed above very positive but still a degree of disruption to normal services in Outpatients and Intermediate Care Unit beds, until facilities are fully operational.

Failure of countywide schemes to get off ground in certain areas means localities that bought into them and were relying on them are left exposed. Eg Ambulance service were supposed to be able to supply frequent caller lists down to practice level but information governance issues have meant this has not happened in 2011/12. Also community urgent

response has not been implemented in the North Cotswolds which may well have reduced emergency admissions. The situation with recruiting carers in the North Cotswolds continues to be very difficult given the high house prices and relatively low wages paid to carers and so patients may require admission as care is just not available in the community.

7 Next steps/milestones for locality work

The completion and opening of the refurbished and extended Outpatient facility in Bourton on the Water.
The cluster is also actively involved in increasing the Outpatient provision at both Bourton and Moreton and is in discussion with both NHS and private providers. The AQP work on diagnostics may also facilitate the supply of local imaging services provided by mobile units.

Further gastroenterology work to progress the IBD clinics.

Following audit of ophthalmology referral requested by opticians the Cluster is entering into discussion with a private provider who may be able to screen referrals and provide an intermediate service for the cluster.

8 Latest locality financial position including QIPP delivery

See report.

9 Latest activity position – highlighting key variances against commissioned levels of activity.

See report.

Dr Caroline Bennett
August 28th 2012.

Appendix 3

North Cotswold Locality Finance Report 2012/13 – Month 3

1. Overall Briefing Summary

The overall budget allocation for North Cotswold 2012/13 is £32m. The year to date position for the locality is showing an under spend of £37k or 0.5%. The table below shows practice variances.

Practice Variances

	2012/13 Budget Total	Year to date budget	Year to date expenditure	Year to date variance	Year to date variance
	£	£	£	£	%
Locality Total	£32,154,578	£7,454,163	£7,416,787	-£37,376	-0.50%
Well Lane Surgery	£6,664,172	£1,557,270	£1,555,401	-£1,869	-0.12%
Bourton and Northleach Surgeries	£10,642,476	£2,502,924	£2,532,748	£29,824	1.19%
Campden Surgery	£5,048,704	£1,165,095	£1,096,559	-£68,536	-5.88%
Mann Cottage	£4,614,405	£1,026,393	£977,097	-£49,296	-4.80%
The White House	£5,184,821	£1,202,480	£1,254,983	£52,502	4.37%

The following practices have additional Non-Recurring Support but to date this has not been utilised:

Mann Cottage - £192K

Key locality variances – Specialities that have seen an increase in activity across the locality compared to M3 2011/12 levels.

Planned Care – Elective – further details available in section 2.1:
Medical Oncology
Oral & Maxillo-Facial Surgery
Clinical Haematology
Cardiology

Planned Care – Outpatient – further details available in section 2.2:
Podiatry
Endocrinology & Diabetic Medicine
General Medicine
Colorectal Surgery

Unscheduled Care – Emergency – further details available in section 2.3:
Eyes and Periorbita
Skin, Breast & Burns
Haematology, Chemotherapy, Radiotherapy
Endocrine and Metabolic System
Nervous System

Appendix 3

Relative Financial Position - Specialities that have a higher spend per 1000 than the CCG Average – by speciality.

Planned Care - Elective:
Trauma & Orthopaedics £31,839
Colorectal Surgery £13,294
Gynaecology £9,460
Gastroenterology £9,236

Planned Care - Outpatient:
Cardiology £12,720
Vascular Surgery £9,268
Clinical Haematology £8,193
General Medicine £7,922

Unscheduled Care - Emergency:
Musculoskeletal System £52,951
Cardiac Surgery and Primary Cardiac Conditions £44,098
Digestive System £39,135
Nervous System £31,911

A further breakdown of these totals down to the 4 highest practices above the Gloucestershire CCG average can be found in appendix 1.

2. Financial position within Acute Commissioning

2.1 Elective

The North Cotswold locality month 3 elective under spend is -£155k. Once the QIPP requirement of £4k is factored in it is an under spend of -£151k. (Compared to M2 underspend of -£108K excluding QIPP and -£105k including QIPP).

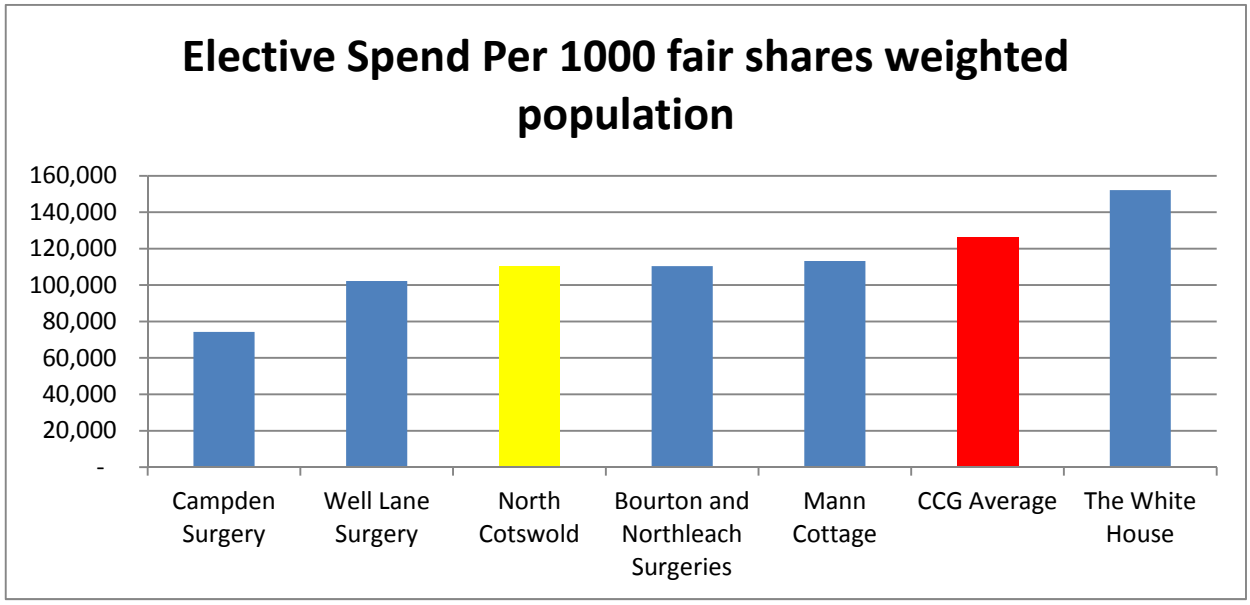
This position is currently being driven by underspends at:

GHFT – pre-QIPP under spend of -£106k (£102k under spend including of QIPP).
Univ Hosp Bristol – under spend of -£14k
Oxford Univ Hosp – under spend of -£30k

Further details on the key variances for Elective Care are shown below:-

Medical Oncology +£8k (+11 activity)
Oral & Maxillo-Facial Surgery +£16k (+4 activity)
Clinical Haematology +£3k (+7 activity)
Cardiology +£12k (+2 activity)

The chart below shows North Cotswold practices elective spend per weighted 1,000 population alongside both CCG and the locality average. The practice with the highest elective spend per fair shares weighted 1,000 population is The White House Clinic. The locality average elective spend per fair shares weighted 1,000 is **below** the CCG average.



2.2 Outpatients

The North Cotswold locality month 3 outpatients under spend is -£2k and once the QIPP requirement of £13k is factored in it is an over spend of -£11k. (Compared to M2 over spend of +£4k excluding QIPP and +£14k including QIPP).

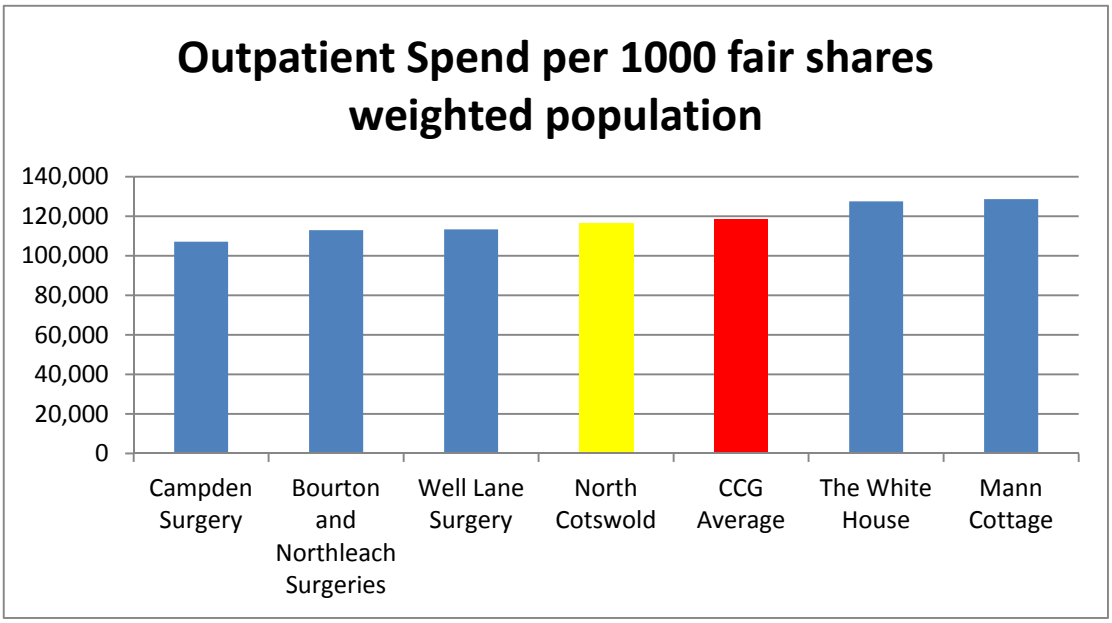
This position is currently being driven by the following organisations:

GHFT – pre-QIPP under spend of -£11k (+£1k over spend including QIPP).
GCS – has an over spend of +£12k.

Further details on the key variances for Unscheduled Care are shown below:-

Podiatry +£17k (+450 activity)
General Medicine +£9k (+48 activity)
Endocrinology & Diabetic Medicine +£6k (+46 activity)
Colorectal Surgery +£6k (+38 activity)

The chart below shows North Cotswold outpatients spend per weighted 1,000 population alongside both CCG and the locality average. The practice with the highest outpatients spend per fair shares weighted 1,000 population is Mann Cottage. The locality average outpatients spend per fair shares weighted 1,000 is **below** the CCG average.



2.3 Emergency

The North Cotswold locality month 3 emergency over spend is +£53k and once the QIPP requirement of £24k is factored in it is an over spend of +£77k. (Compared to M2 over spend of +£43k excluding QIPP and +£59k including QIPP).

This position is currently being driven by over spends at:

GHFT - has a pre-QIPP overspend of +£47k (+£72k over spend including QIPP)
Oxford University Hospitals – has a over spend of +£21k

Further details on the key variances for Unscheduled Care – Emergency are shown below:-

Eyes and Periorbita +£7k (+3 activity)
Skin, Breast & Burns +£29k (+7 activity)
Haematology, Chemotherapy, Radiotherapy +£20k (+6 activity)
Endocrine and Metabolic System +£5k (+3 activity)
Nervous System +£37k (+17 activity)

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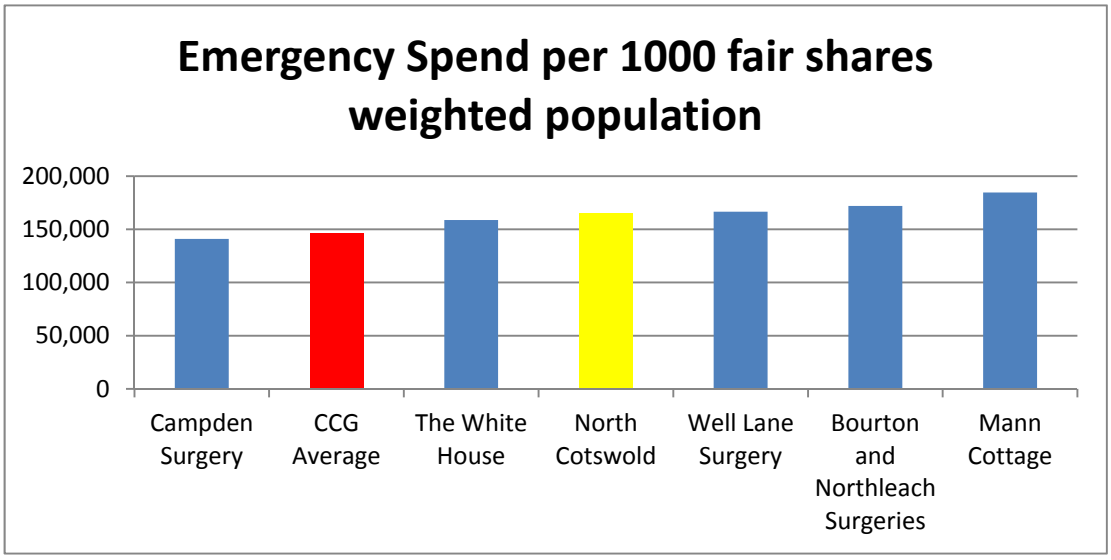


2.4 Other Non-Elective (Maternity & Transfers)

The North Cotswold locality month 3 other non elective under spend is -£43k compared with an under spend of -£9k at month 2.

2.5 A&E/MIU

The North Cotswold locality month 3 other non elective over spend is +£8k compared to +£7k at month 2.

3. Prescribing

The GP prescribing North Cotswold locality month 3 year to date position including QIPP target is at breakeven. This is based on two month's actual activity. Positions will be updated once further data has been received.

Additional information for localities around their prescribing costs is sent out by NHS Gloucestershire Medicines Management Team.

4. Key messages and summary of recommendations

4.1 Cluster summary

The North Cotswold locality under spend in 2012/13 has been contributed to by the Planned Care - Electives under spending and Unscheduled Care - Emergency is being over utilised for the first three months at Gloucestershire Hospitals NHSFT and University Hospitals Bristol NHSFT. However it should be noted that from the activity it is not possible to identify a trend.

4.2 Using UKSH Activity

The year to date underutilisation of the block contract is £33k. £37k of activity has gone through UKSH so far in 2012/13. Any activity that goes to UKSH would result in savings against other providers.

North Cotswold Locality Finance Appendix Report 2012/13 – Month 3

Specialities that have a higher average spend per 1000 than the CCG average spend per 1,000 – top 4 practices shown.

Planned Care (Elective Inpatients):

Trauma & Orthopaedics	Bourton and Northleach Surgeries	Campden Surgery	Mann Cottage	Well Lane Surgery	The White House	North Cotswold
	£0	£0	£0	£730	£31,109	£31,839

Colorectal Surgery	Bourton and Northleach Surgeries	Campden Surgery	Well Lane Surgery	Mann Cottage	The White House	North Cotswold
	£0	£0	£0	£6,481	£6,814	£13,294

Gynaecology	Campden Surgery	Mann Cottage	Well Lane Surgery	Bourton and Northleach Surgeries	The White House	North Cotswold
	£0	£0	£0	£1,233	£8,226	£9,460

Gastroenterology	Mann Cottage	Well Lane Surgery	Campden Surgery	The White House	Bourton and Northleach Surgeries	North Cotswold
	£0	£0	£162	£2,603	£6,470	£9,236

Planned Care (Outpatient Activity):

Cardiology	Well Lane Surgery	Campden Surgery	Mann Cottage	Bourton and Northleach Surgeries	The White House	North Cotswold
	£1,195	£1,211	£1,371	£3,162	£5,781	£12,720

Vascular Surgery	Campden Surgery	Bourton and Northleach Surgeries	Well Lane Surgery	The White House	Mann Cottage	North Cotswold
	£66	£536	£1,008	£3,138	£4,519	£9,268

Clinical Haematology	The White House	Well Lane Surgery	Campden Surgery	Mann Cottage	Bourton and Northleach Surgeries	North Cotswold
	£0	£505	£1,190	£3,211	£3,288	£8,193

General Medicine	Well Lane Surgery	Campden Surgery	Bourton and Northleach Surgeries	Mann Cottage	The White House	North Cotswold
	£0	£263	£795	£1,543	£5,322	£7,922

Unscheduled Care (Emergency Inpatients):

Musculoskeletal System	Mann Cottage	Well Lane Surgery	The White House	Campden Surgery	Bourton and Northleach Surgeries	North Cotswold
	£0	£0	£4,979	£6,865	£41,106	£52,951

Cardiac Surgery and Primary Cardiac Conditions	Bourton and Northleach Surgeries	The White House	Mann Cottage	Campden Surgery	Well Lane Surgery	North Cotswold
	£0	£0	£2,456	£8,055	£33,588	£44,098

Digestive System	Campden Surgery	Mann Cottage	Well Lane Surgery	The White House	Bourton and Northleach Surgeries	North Cotswold
	£0	£0	£4,378	£5,240	£29,517	£39,135

Nervous System	Campden Surgery	Mann Cottage	Well Lane Surgery	Bourton and Northleach Surgeries	The White House	North Cotswold

	£0	£0	£2,000	£7,238	£22,673	£31,911

Appendix 4

Gloucester locality update September 2012

Executive member changes:

Resignations:

Dr Jo Bayley to become Clinical director at Care services, Gloucester.
Dr Andy Seymour to become vice- clinical chair of CCG.
Dr Katy McIntosh to develop her Practice commitments.

We thank them all very much for their considerable contributions over the last few years.

Joining the Executive:

Dr Mike Roberts re-joins the team with his considerable locality and GP experience.
Dr Bob Hodges joins the team in October bringing his experience from the LMC as well as GP experience.

Welcome to you both and we hope to recruit a further locality GP over the coming weeks/ months.

Financial , referral and prescribing details are attached and show encouraging changes over the first months of the 2012-13 financial year as a result of hard work by Gloucester practices and their teams.

Ongoing projects:
MSKCAT and orthopaedics- continue across the city and Dr Haynes continues as Chair of the CCG Programme Board for the county.

Menstrual Disorders Service

Telehealth- further practices have joined the county wide project which is the largest in the country supporting patients with COPD (Chronic obstructive pulmonary disease), Heart failure, Ischaemic heart disease and Diabetes.

Peer Review- has been successfully rolled out as a Gloucester scheme and also as part of the county plan. This is being consolidated into the effective county scheme during 2012-13.

DVT Pathway- has extended to include the Practices across the city who

have taken up level 4 anti-coagulation, but continues to have problems for other practices due to changes in the anti-coagulation provision from the hospital.

PLT (Protected Learning Time) events have continued 3-4 times each year with commissioning and medical learning speakers presenting to 50-70 Gps and other members of the city's primary care teams. The locality's primary care teams also contributed their views and priorities to the county wide development **" Your Health, Your Care",** which brings together greater joined up planning between health, social care and the local authority within the broader strategy of the Health and Well-being Board.

Paediatric Advice service by Dr David Capehorn has now been broadened across the whole county.

Dermatology developments have now been incorporated into the county wide plans within the Programme Board for further rolling out over the coming months.

New Developments:

Community care for Gloucester is undergoing developments to optimise how the new Integrated Community Teams (based in multi-disciplinary hubs) link in with the wider health community. Workshops and other meetings are planned with Gps , district nurses and specialist nurse before wider engagement takes place.

Dr Will Haynes

CCG Lead for Gloucester
and Chair of Gloucester Locality Executive

Gloucester City Locality Finance Report 2012/13 – Month 3

1. Overall Briefing Summary

The overall budget allocation for Gloucester City in 2012/13 is £195m. £1.5m of this is the non recurrent support. At month 3 £275k has been allocated so support practices. The year to date position for the locality is showing an under-spend of £371k or -0.82%. Those practices with a variance of +/- 5% are highlighted in the below table.

	2012/13 Budget Total	Year to date budget	Year to date expenditure	Year to date variance	Year to date variance
	£	£	£	£	%
Locality Report	£195,329,701	£45,279,901	£44,908,593	-£371,307	-0.82%
Pavilion Family Doctors	£14,960,783	£3,469,533	£3,313,679	-£155,855	-4.49%
Bartongate Surgery	£11,477,982	£2,627,003	£2,512,180	-£114,823	-4.37%
Saintbridge Surgery	£9,818,228	£2,278,440	£2,180,358	-£98,081	-4.30%
College Yard and Highnam	£6,159,296	£1,392,253	£1,341,182	-£51,071	-3.67%
Hadwen Medical Practice	£19,353,184	£4,502,463	£4,360,919	-£141,544	-3.14%
London Road Medical Practice	£8,212,009	£1,870,021	£1,814,061	-£55,959	-2.99%
Gloucester City Health Centre	£10,737,081	£2,439,257	£2,403,653	-£35,604	-1.46%
Hucclecote Surgery	£11,572,981	£2,719,360	£2,695,026	-£24,333	-0.89%
Brockworth Surgery	£10,651,173	£2,438,043	£2,416,804	-£21,239	-0.87%
Heathville Road Surgery	£13,341,723	£3,086,127	£3,063,651	-£22,477	-0.73%
Barnwood Medical Practice	£7,663,160	£1,790,680	£1,795,131	£4,450	0.25%
Cheltenham Road Surgery	£9,889,341	£2,312,611	£2,318,711	£6,100	0.26%
Churchdown Surgery	£15,308,986	£3,624,172	£3,651,473	£27,301	0.75%
Longlevens Surgery	£7,255,830	£1,711,733	£1,727,332	£15,599	0.91%
Rosebank Surgery	£24,539,093	£5,696,499	£5,791,358	£94,859	1.67%
Matson Lane Surgery	£3,147,163	£730,795	£747,246	£16,451	2.25%
Kingsholm Surgery	£6,887,173	£1,589,123	£1,670,387	£81,264	5.11%
Quedgeley Medical Centre	£3,480,844	£810,533	£856,147	£45,614	5.63%
Gloucester Health Access Centre	£873,672	£191,254	£249,294	£58,040	30.35%

Key locality variances by specialty for:

Planned Care (Elective Inpatients):

Colorectal Surgery
Ophthalmology
Trauma & Orthopaedics

Unscheduled Care (Non Elective Inpatients):

Obstetrics
Diseases of Childhood and Neonates

Appendix 4

Respiratory System

Planned Care (Outpatient Activity):

Ophthalmology
Gynaecology
Palliative Medicine

Gloucester City Locality Finance Report 2012/13 – Month 3

2. Financial position within Acute Commissioning

2.1 Elective

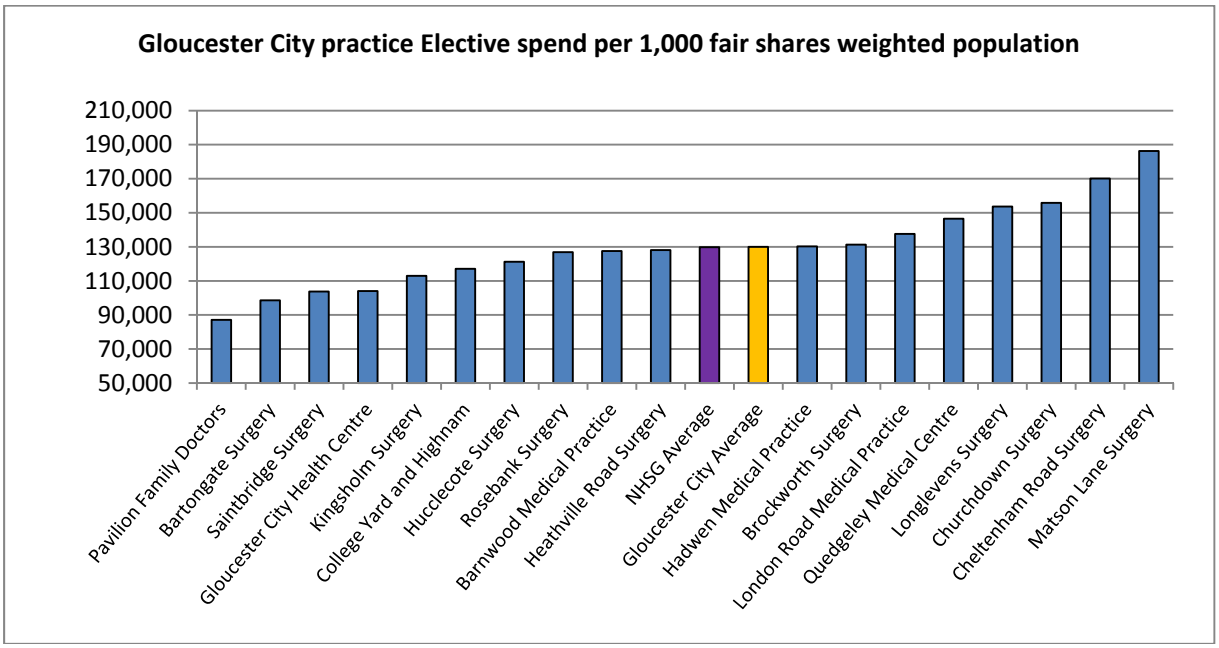
The Gloucester City locality month 3 elective under spend is £432k. Once the QIPP requirement of £26k is factored in it is an under spend of £407k. (Compared to -£361k at month 2)

GHFT is showing a pre-QIPP under spend of £421k.

Further details on the key variances between 2011/12 and 2012/13 for Elective inpatients Care are shown below:-

Planned Care (Elective Inpatients):
Colorectal Surgery (£78k / 19 activity)
Ophthalmology (68k / 90 activity)
Trauma & Orthopaedics (£61k / 87 activity)
Cardiology (-£43k / -17 activity)
Gynaecology (-£46k / -28 activity)

The below chart shows Gloucester City practices elective spend per weighted 1,000 population alongside both PCT and the locality average. The Gloucester City locality average on elective spends per fair shares weighted 1,000 are above the NHSG average. With a wide range



2.2 Emergency

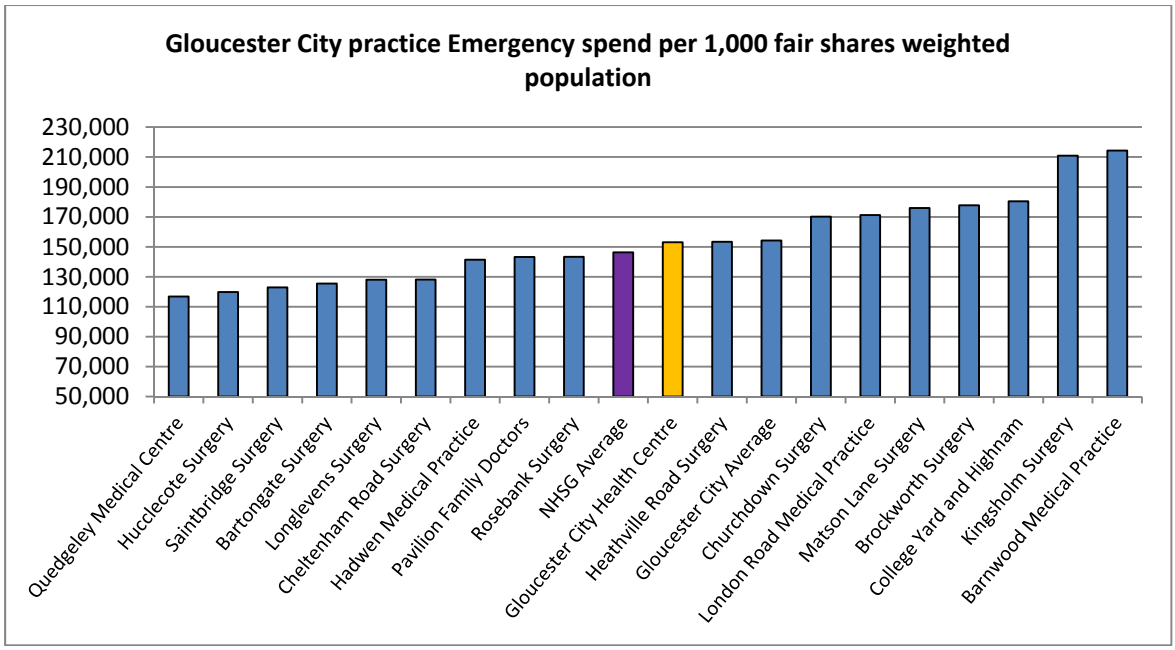
The Gloucester City locality month 3 emergency over spend is £204k once the QIPP requirement of £159k is factored in it is an over spend of £362k. (Compared to £327k at month 2)

GHFT has a pre-QIPP overspend of £343k which is partially offset by NBT under spend of £12k and UHBT under spend of £52k.

Further details on the key variances between 2011/12 and 2012/13 for Non Elective inpatients Care are shown below:-

Unscheduled Care (Emergency Inpatients):
Obstetrics (£172k / 226 activity)
Diseases of Childhood and Neonates (£136k / 137 activity)
Respiratory System (£104k / 25 activity)
Musculoskeletal system (-£64k / 2 activity)
Vascular System (-£72k / 29 activity)

The below chart shows Gloucester City practices emergency spend per weighted 1,000 population alongside both PCT and the locality average. The Gloucester City locality average on emergency spends per fair shares weighted 1,000 is above the NHSG average.



2.3 Other Non Elective (Maternity & Transfers)

The Gloucester City locality month 3 other non-elective over spend is £178k (Compared to £177k at month 2)

2.4 Outpatients

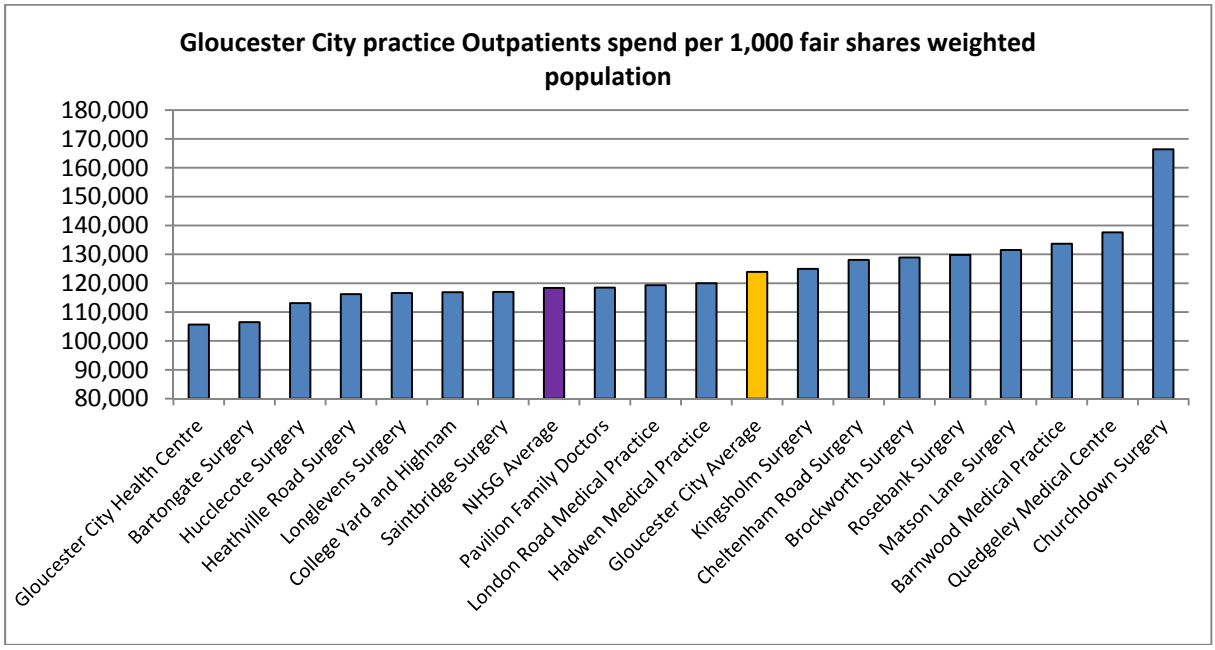
The Gloucester City locality month 3 outpatients under spend is £262k once the QIPP requirement of £89k is factored in it is an under spend of £172k. (Compared to -£34k at month 2)

GHFT has a pre-QIPP under spend of £195k.

Further details on the key variances for Unscheduled Care are shown below:-

Planned Care (Outpatients):
Ophthalmology (£56k / 605 activity)
Gynaecology (£31k / 182 activity)
Palliative Medicine (£21k / 101 activity)
Pain Management (-£31k / -196 activity)
Trauma & Orthopaedics (-£40k / -310 activity)

The below chart shows Gloucester City practices outpatients spend per weighted 1,000 population alongside both PCT and the locality average. The Gloucester City locality average on Outpatients spends per fair shares weighted 1,000 is above the NHSG average.



2.5 A&E/MIU

The Gloucester City locality month 2 A&E/MIU over spend is £6k. (Compared to £8k at month 2)

Appendix 4

3. Prescribing

The GP prescribing Gloucester City locality month 3 year to date position including QIPP target is at breakeven.

This is based on two month's actual activity. Positions will be updated once further data has been received and a profile produced by the PPA. (Prescription Pricing Authority)

Additional information for localities around their prescribing costs is sent out by NHS Gloucestershire Medicines Management Team.

4. Key messages and summary of recommendations

4.1 Cluster summary

The Gloucester City locality commissioning under spend in 2012/13 has been contributed to by the Planned Care Elective Admitted Care being under utilised for the first three months for Gloucestershire Hospitals NHSFT and University Hospitals Bristol NHSFT. However it should be noted we are only 3 months into the year, so the position needs to be monitored.

4.2 Using UKSH Activity

The year to date underutilisation of the block contract is £304k. £108k of activity has gone to UKSH. Any activity that goes to UKSH would result in savings against other providers.

Appendix 5

Cheltenham Locality Finance Report 2012/13 – Month 3

1. Overall Briefing Summary

The overall budget allocation for Cheltenham 2012/13 is £169m. The year to date position for the locality is showing an over spend of £113k or 0.29%. The table below shows practice variances.

Practice Variances

	2012/13 Budget Total	Year to date budget	Year to date expenditure	Year to date variance	Year to date variance (if >5% and >£10,000)
	£	£	£	£	%
Locality Total	**£168,898,287**	**£39,439,349**	**£39,551,864**	**£112,514**	**0.29%**
Underwood Surgery	£8,992,455	£2,067,250	£2,095,557	£28,306	1.37%
Winchcombe Medical Practice	£7,584,342	£1,791,748	£1,772,516	-£19,232	-1.07%
St Georges Surgery	£12,111,830	£2,813,579	£2,803,698	-£9,881	-0.35%
Sixways Clinic	£12,073,191	£2,850,276	£2,942,151	£91,875	3.22%
Yorkleigh Surgery	£10,156,891	£2,365,271	£2,299,225	-£66,046	-2.79%
Berkeley Place Surgery	£7,720,945	£1,795,338	£1,769,162	-£26,177	-1.46%
Portland Practice	£14,878,657	£3,484,857	£3,482,234	-£2,624	-0.08%
Sevenposts Surgery	£11,349,844	£2,664,157	£2,680,471	£16,314	0.61%
Leckhampton Surgery	£13,685,202	£3,221,344	£3,105,219	-£116,125	-3.60%
Overton Park Surgery	£12,583,545	£2,920,219	£2,923,042	£2,824	0.10%
Stoke Road Surgery	£11,406,812	£2,693,793	£2,729,590	£35,797	1.33%
Royal Well Surgery	£7,720,422	£1,793,985	£1,852,268	£58,283	3.25%
Corinthian Surgery	£10,547,028	£2,452,224	£2,457,521	£5,297	0.22%
St Catherines Surgery	£11,584,661	£2,688,367	£2,645,049	-£43,317	-1.61%
Royal Crescent Surgery	£8,320,983	£1,934,936	£1,984,081	£49,145	2.54%
Crescent Bakery Surgery	£6,897,827	£1,606,579	£1,653,821	£47,243	2.94%
Springbank Surgery	£1,283,650	£295,427	£356,259	£60,832	20.59%

The following practices have been given additional Non-Recurring Support in their budgets:

Sixways Clinic - £27K
Royal Crescent - £11K

At M3 both surgeries have utilised this support.

Key locality variances – Specialities that have seen an increase in activity across the locality compared to M3 2011-12 levels:

Planned Care – Elective – further details available in section 2.1:
Paediatrics
Clinical Immunology & Allergy
Plastic Surgery
Neurology

Planned Care – Outpatient further details available in section 2.2:
Other Specialities
General Medicine
Dietetics

Appendix 5

Endocrinology & Diabetic Medicine

Unscheduled Care – Emergency – further details available in section 2.3:
Endocrine & Metobolic System
Multiple Trauma, Emergency & Urgent Care & Rehab
Immunology, Infectious Diseases
Haematology, Chemotherapy, Radiotherapy

Relative Financial Position – Specialities that have a higher spend per 1000 than the CCG Average by speciality:

Planned Care - Elective:
Trauma & Orthopaedics £111,237
Colorectal Surgery£54,179
Gynaecology £73,230
Breast Surgery £58,376

Planned Care - Outpatient:
Trauma & Orthopaedics £79,546
Paediatrics £60,334
Vascular Surgery £54,145
General Medicine £45,400

Unscheduled Care - Emergency
Digestive System £156,086
Respiratory System £122,266
Nervous System £115,475
Urinary Tract and Male Reproductive System £91,373

A further breakdown of these totals down to the 4 highest practices that are above the Gloucestershire CCG average can be found at Appendix 1.

2. Financial position within Acute Commissioning

2.1 Elective

The Cheltenham locality month 3 elective under spend is -£103k. Once the QIPP requirement of £22k is factored in it is an under spend of -£81k. (Compared to M2 underspend of -£195k excluding QIPP and -£180k including QIPP).

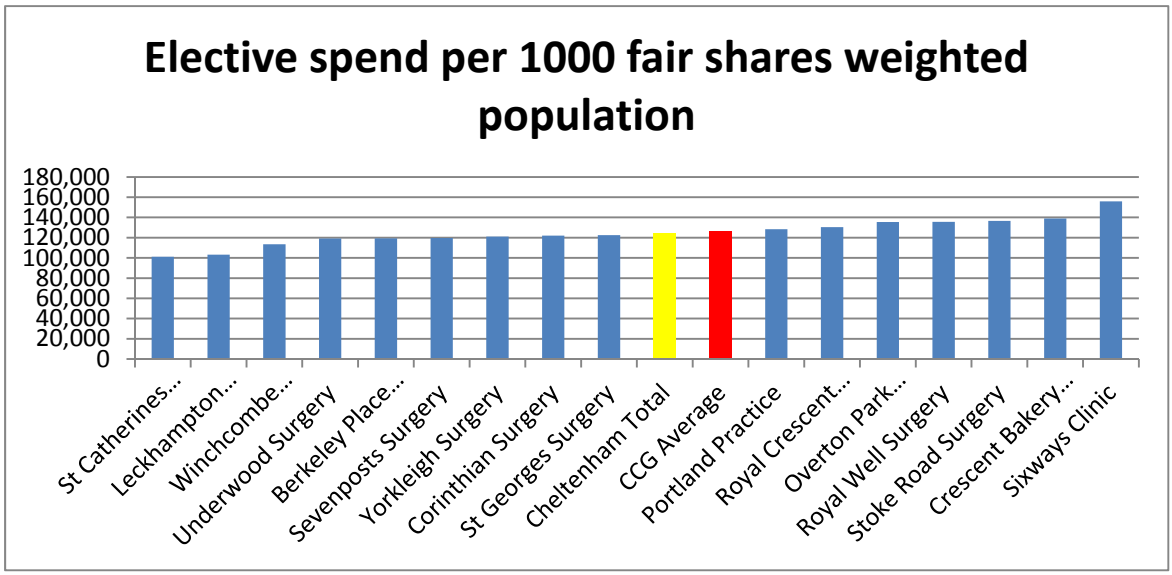
This under spend is being driven by the following organisations:

GHFT -£3k under spend pre QIPP (£19k over spend including QIPP)
North Bristol NHST -£23k underspend
University Hospitals Bristol NHSFT -£65k underspend
Winfield -23k underspend

Further details on the key variances for Elective Care are shown below:-

Paediatrics +£30k (+13 activity)
Clinical Immunology & Allergy +£15k (-2 activity)
Plastic Surgery +£14k (+5 activity)
Neurology +£10k (+12 activity)

The chart below shows Cheltenham practices elective spend per weighted 1,000 population alongside both CCG and the locality average. The practice with the highest elective spend per fair shares weighted 1,000 population is Sixways Clinic. The locality average elective spend per fair shares weighted 1,000 are **below** the CCG average.



2.2 Outpatients

The Cheltenham locality month 3 outpatients under spend is -£58k and once the QIPP requirement of £78k is factored in it is an over spend of +£20k. Compared to M2 over spend of +£18k excluding QIPP and +£72k including QIPP.

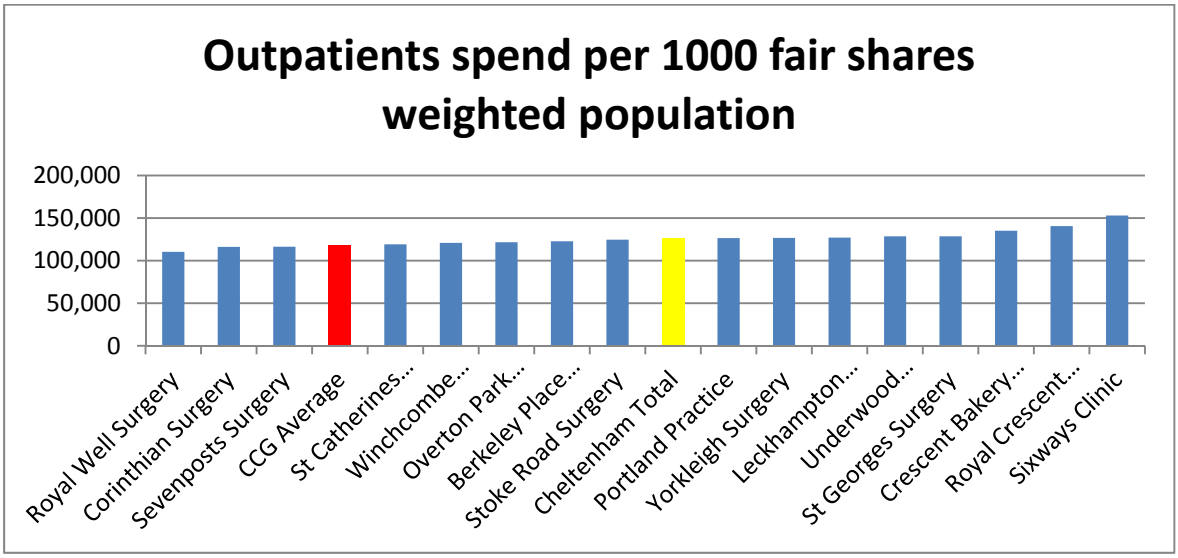
This position is being driven by the following organisations:

GHFT has a pre-QIPP under spend of -£35k (£43k over spend including QIPP).
University Hospitals Bristol NHSFT -£22k underspend
North Bristol NHST -£12k underspend
Winfield -£11k underspend
GCS +£26k underspend

Further details on the key variances for Outpatients are shown below:-

Other Specialities +£11K (+192 activity)
General Medicine +£50k (+341 activity)
Dietetics +£6k (+96 activity)
Endocrinology & Diabetic Medicine +£27k (+143 activity)

The chart below shows Cheltenham outpatients spend per weighted 1,000 population alongside both CCG and the locality average. The practice with the highest outpatients spend per fair shares weighted 1,000 population is Sixways Clinic. The locality average outpatients spend per fair shares weighted 1,000 are **above** the CCG average.



2.3 Emergency

The Cheltenham locality month 3 emergency under spend is -£55k once the QIPP requirement of 146k is factored in it is an over spend of +£91k. Compared to M2 over spend of +£109K excluding QIPP and +£206k including QIPP.

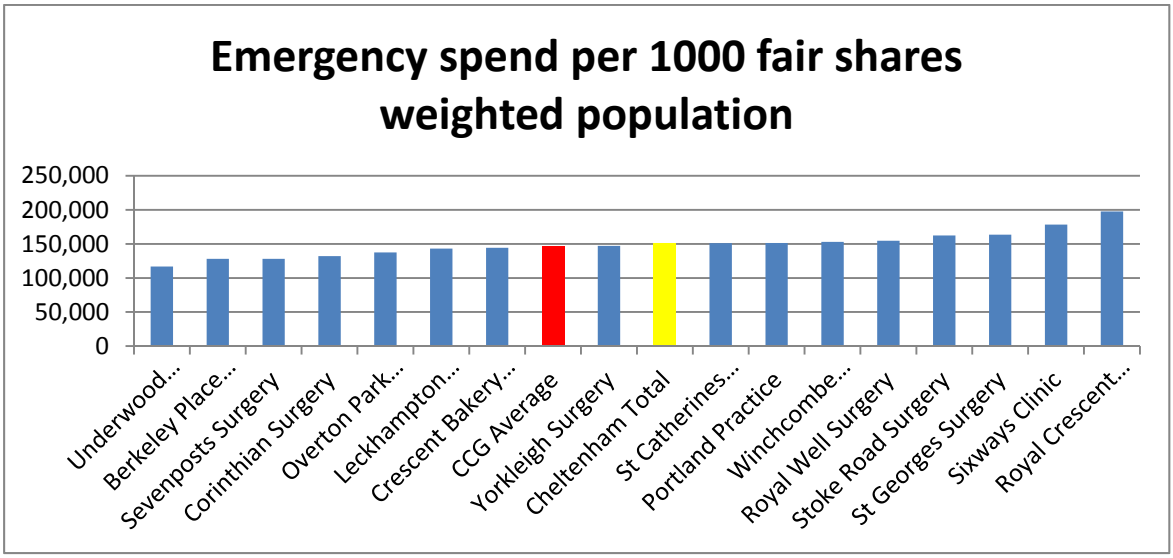
This position is being driven by the following organisations:

GHFT over spend of +£10k excluding QIPP and +£155 including QIPP
University Hospitals Bristol NHSFT -£33k under spend
North Bristol NHST +£22k over spend
GCS -£30k under spend

Further details on the key variances for Unscheduled Care are shown below:-

Endocrine & Metobolic System +£34k (+29 activity)
Multiple Trauma, Emergency & Urgent Care & Rehab +£53k (+5 activity)
Immunology, Infectious Diseases +£136k (+46 activity)
Haematology, Chemotherapy, Radiotherapy +£37k (+16 activity)

The chart below shows Cheltenham practices emergency spend per weighted 1,000 population alongside both CCG and the locality average. The practice with the highest emergency spend per fair shares weighted 1,000 population is Royal Crescent Surgery. The locality average emergency spend per fair shares weighted 1,000 are **above** the CCG average.



2.4 Other Non-Elective (Maternity & Transfers)

The Cheltenham locality month 3 other non-elective spend is £108k above budget compared to £46K at M2.

2.5 A&E/MIU

The Cheltenham locality month 3 A&E/MIU over spend is £2k above budget compared to £36K at M2.

3. Prescribing

The GP prescribing Cheltenham locality month 3 year to date position including QIPP target is at breakeven. This is based on two month's actual activity. Positions will be updated once further data has been received.

Additional information for localities around their prescribing costs is sent out by NHS Gloucestershire Medicines Management Team.

4. Key messages and summary of recommendations

4.1 Cluster summary

The Cheltenham locality over spend in 2012/13 has been contributed to by the Unscheduled Care area of Non Elective Care being over utilised for the first three months at Gloucestershire Hospitals NHSFT, Heart of England NHSFT and University Hospitals Bristol NHSFT. However it should be noted that the activity data was for April, May & June of this year and it is too early in the financial year to predict future trends and if QIPP targets will be achieved.

4.2 Using UKSH Activity

The year to date underutilisation of the block contract is £321k. £43k of activity has gone to UKSH. Any activity that goes to UKSH would result in savings against other providers.

Appendix 5

Cheltenham Locality Finance Appendix Report 2012/13 – Month 3

Specialities that have a higher average spend per 1000 than the CCG average spend per 1,000 – top 4 practices shown.

Planned Care (Elective Inpatients):

Trauma & Orthopaedics	**Crescent Bakery Surgery**	**Sixways Clinic**	**Stoke Road Surgery**	**Overton Park Surgery**	**Cheltenham**
	£10,510	£17,088	£34,256	£49,383	£111,237

Gynaecology	**Yorkleigh Surgery**	**Leckhampton Surgery**	**Stoke Road Surgery**	**Overton Park Surgery**	**Cheltenham**
	£7,791	£8,370	£9,515	£18,226	£73,230

Breast Surgery	**Sixways Clinic**	**Leckhampton Surgery**	**Berkeley Place Surgery**	**Yorkleigh Surgery**	**Cheltenham**
	£4,462	£9,382	£15,191	£19,133	£58,376

Colorectal Surgery	**Stoke Road Surgery**	**St Catherines Surgery**	**Sixways Clinic**	**Overton Park Surgery**	**Cheltenham**
	£10,524	£10,813	£11,261	£12,064	£54,179

Planned Care (Outpatient Activity):

Trauma & Orthopaedics	**Royal Crescent Surgery**	**Stoke Road Surgery**	**Crescent Bakery Surgery**	**Sixways Clinic**	**Cheltenham**
	£6,924	£7,131	£7,809	£22,443	£79,546

Paediatrics	**Sixways Clinic**	**Stoke Road Surgery**	**Portland Practice**	**St Georges Surgery**	**Cheltenham**
	£6,609	£6,648	£10,936	£14,479	£60,334

Vascular Surgery	**Sixways Clinic**	**Leckhampton Surgery**	**Portland Practice**	**St Catherines Surgery**	**Cheltenham**
	£6,751	£6,895	£7,346	£9,022	£54,145

Appendix 5

General Medicine	Leckhampton Surgery	Winchcombe Medical Practice	Stoke Road Surgery	Sixways Clinic	Cheltenham
	£4,887	£5,876	£7,065	£10,007	£45,400

Unscheduled Care (Emergency Inpatients):

Digestive System	Royal Well Surgery	Yorkleigh Surgery	St Catherines Surgery	St Georges Surgery	Cheltenham
	£15,084	£25,377	£30,564	£32,564	£156,086

Respiratory System	Royal Crescent Surgery	Corinthian Surgery	St Catherines Surgery	Sixways Clinic	Cheltenham
	£19,701	£19,789	£23,272	£32,952	£122,266

Nervous System	Sixways Clinic	Leckhampton Surgery	Portland Practice	Stoke Road Surgery	Cheltenham
	£13,886	£17,874	£18,186	£43,001	£115,475

Urinary Tract and Male Reproductive System	Yorkleigh Surgery	Royal Crescent Surgery	Leckhampton Surgery	Portland Practice	Cheltenham
	£7,937	£18,576	£19,284	£27,525	£91,373

Appendix 6

South Cotswold Locality Finance Report 2012/13 – Month 3

1. Overall Briefing Summary

The overall budget allocation for South Cotswold 2012/13 is £62M. The year to date position for the locality is showing an under spend of £399k or 3%. The table below shows practice variances.

Practice Variances

	2012/13 Budget Total	Year to date budget	Year to date expenditure	Year to date variance	Year to date variance (if >5% and >£10,000)
	£	£	£	£	%
Locality Total	**£62,372,312**	**£14,104,741**	**£13,705,601**	**-£399,140**	**-2.83%**
The Park Surgery	£9,511,343	£2,170,425	£2,114,952	-£55,472	-2.56%
Phoenix Surgery	£11,787,749	£2,676,379	£2,543,957	-£132,422	-4.95%
St Peters Road Surgery	£8,176,764	£1,873,092	£1,788,528	-£84,563	-4.51%
Avenue Surgery	£7,910,072	£1,816,943	£1,739,871	-£77,072	-4.24%
Romney House Surgery	£8,930,783	£2,069,229	£2,190,155	£120,927	5.84%
Hilary Cottage Surgery	£7,852,827	£1,709,804	£1,697,573	-£12,232	-0.72%
Lechlade Medical Centre	£4,915,426	£1,015,734	£916,326	-£99,408	-9.79%
Rendcomb Surgery	£3,287,348	£773,136	£714,240	-£58,896	-7.62%

The following practices been given additional Non-Recurring Support in their budgets:

The Park Surgery - £79K
Hilary Cottage - £32K

At M3 neither surgery has utilised this support.

Key locality variances – Specialities that have seen an increase in activity across the Locality compared to M3 2011/12 levels:

Planned Care – Elective – further details available in section 2.1:
Clinical Oncology
Dermatology
Plastic Surgery
Oral & Maxillo-Facial Surgery
Colorectal Surgery

Planned Care – Outpatient – further details available in section 2.2:
Podiatry
General Medicine
Midwife Episode
Palliative Medicine
Colorectal Surgery

Unscheduled Care – Emergency – further details available in section 2.3:
Mouth Head Neck & Ears
Skin, Breast & Burns
Haematology, Chemotherapy, Radiotherapy
Female Reproductive System & Assisted Reproduction

Relative Financial Position - Specialities that have a higher spend per 1000 than the CCG Average – by speciality.

Planned Care (Elective Inpatients):
Trauma & Orthopaedics £103,720
Upper Gastrointestinal Surgery £34,098
General Surgery £29,586
Plastic Surgery £20,919
Oral and Maxillo-Facial Surgery £20,350

Planned Care (Outpatient Activity):
General Medicine £17,802
Cardiology £17,240
General Surgery £15,999
Clinical Haematology £13,439

Unscheduled Care (Non Elective Inpatients):
Musculoskeletal System £63,457
Mouth Head Neck and Ears £50,306
Respiratory System £44,826
Haematology, Chemotherapy, Radiotherapy and Specialist Palliative Care £28,099
Skin, Breast and Burns £28,096

A further breakdown of these totals down to the 4 highest practices above the Gloucestershire CCG average can be found in appendix 1.

2. Financial position within Acute Commissioning

2.1 Elective

The South Cotswold locality month 3 elective under spend is -£140k. Once the QIPP requirement of £7k is factored in it is an under spend of -£133k. (Compared to M2 underspend of -£76k excluding QIPP and -£72k including QIPP).

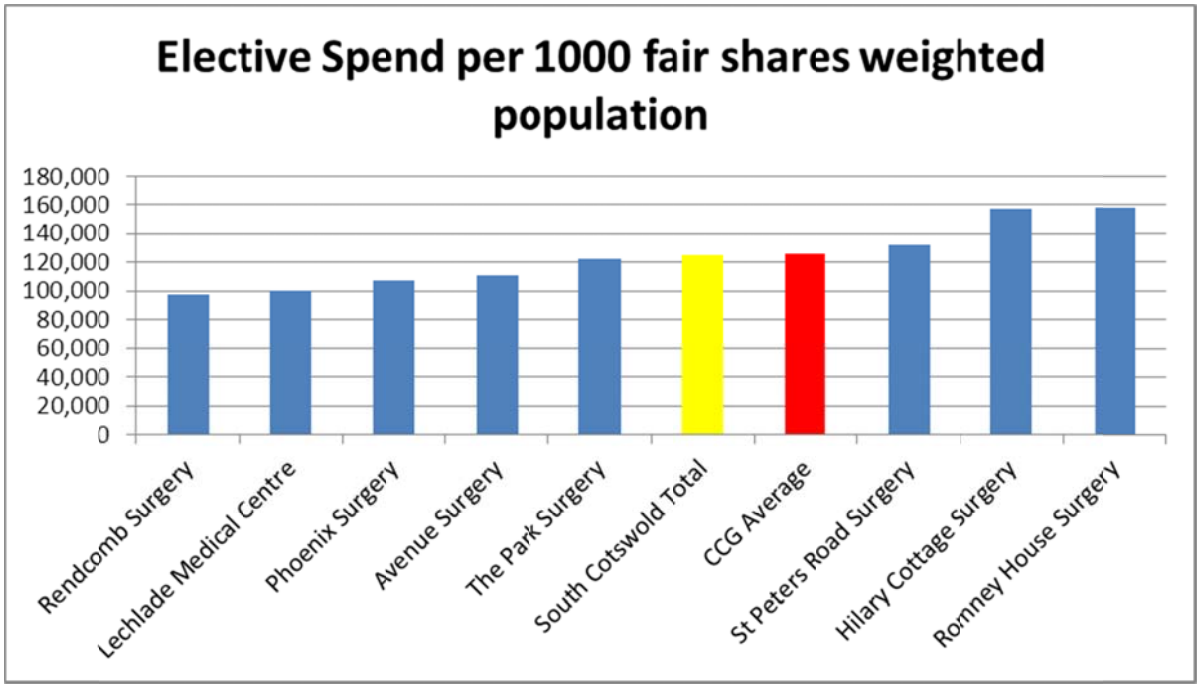
This position is being driven by the following organisations:

GHFT -£118k pre QIPP (-£111k under spend including QIPP)
University Hospitals Bristol NHSFT -£24k
GCS -£12k
Winfield -£22K
Great Western Hospital NHSFT +£37k

Further details on the key variances for Elective Care are shown below:-

Clinical Oncology +£6k (-12 activity)
Dermatology +£5k (+3 activity)
Plastic Surgery +£23k (+1 activity)
Oral & Maxillo-Facial Surgery +£28k (+5 activity)
Colorectal Surgery +£43k (+35 activity)

The below chart shows South Cotswold practices elective spend per weighted 1,000 population alongside both CCG and the locality average. The practice with the highest elective spend per fair share weighted 1,000 population is Romney House Surgery. The locality average elective spend per fair shares weighted 1,000 are **below** the CCG average.



2.2 Outpatients

The South Cotswold locality month 3 outpatients under spend is -£38k and once the QIPP requirement of £21k is factored in there is an under spend of -£17k. (Compared to M2 over spend of +£5k excluding QIPP and +£19k including QIPP).

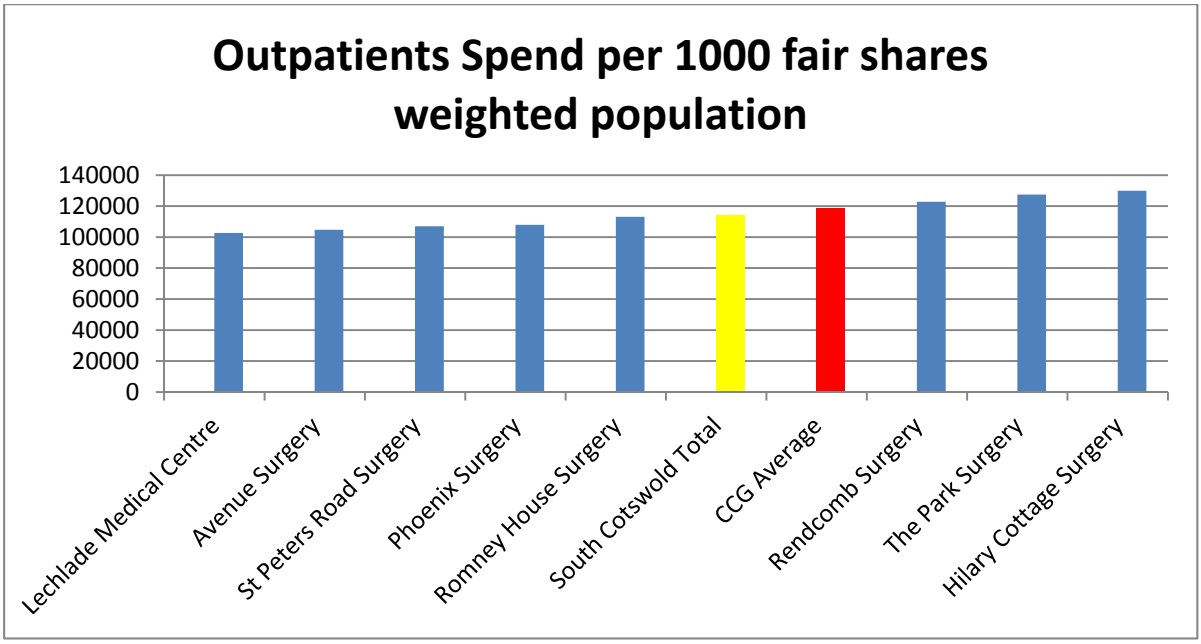
This position is being driven by the following organisations:

GHFT has a pre-QIPP under spend of -£38k (-£18k under spend including QIPP).
University Hospitals Bristol NHSFT -£12k

Further details on the key variances for Outpatients are shown below:-

Podiatry +£4k (+107 activity)
General Medicine +£27k (+212 activity)
Midwife Episode +£10k (+79 activity)
Palliative Medicine +£3k (+16 activity)
Colorectal Surgery +£4k (+37 activity)

The chart below shows South Cotswold outpatients spend per weighted 1,000 population alongside both the CCG and the locality average. The practice with the highest outpatients spend per fair shares weighted 1,000 population is Hilary Cottage Surgery. The locality average outpatients spend per fair shares weighted 1,000 are **below** the CCG average.



2.3 Emergency

The South Cotswold locality month 3 emergency under spend is -£155k once the QIPP requirement of £34k is factored in it is an under spend of +£121k. (Compared to M2 under spend of -£68K excluding QIPP and -£46k including QIPP).

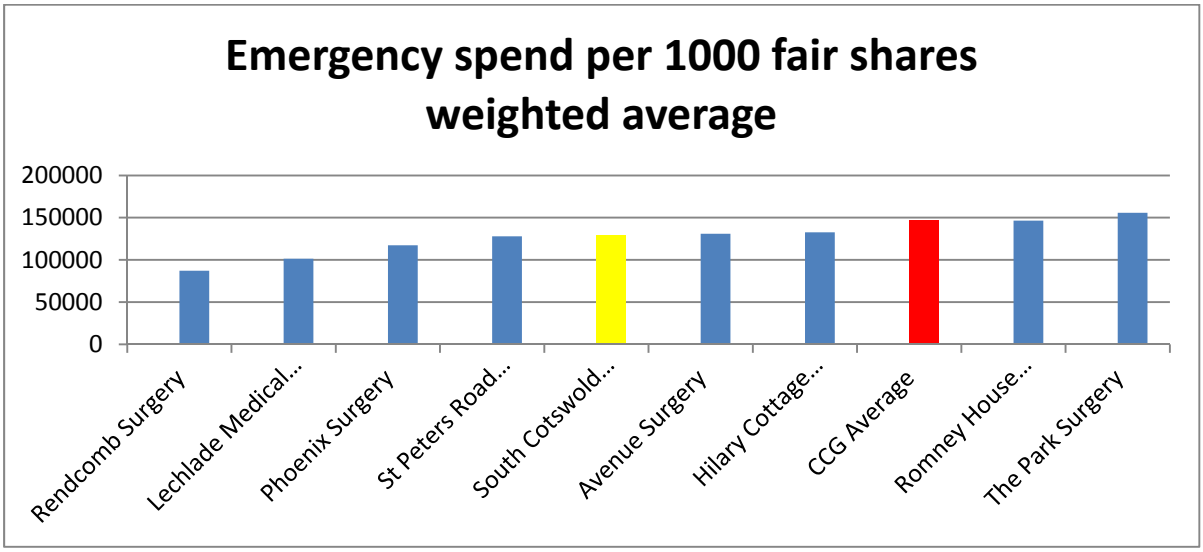
This position is being driven by the following organisations:

GHFT -£66k excluding QIPP and -£32k including QIPP
University Hospitals Bristol NHSFT -£17k
Great Western Hospital NHST -£22k
Oxford University Hospitals NHSFT -£15k
GCS -£44k

Further details on the key variances for Unscheduled Care - Emergency are shown below:-

Mouth Head Neck & Ears +£51k (+6 activity)
Skin, Breast & Burns +£31k (+16 activity)
Haematology, Chemotherapy, Radiotherapy +£17k (+1 activity)
Female Reproductive System & Assisted Reproduction +£24k (+4 activity)

The chart below shows South Cotswold practices emergency spend per weighted 1,000 population alongside both CCG and the locality average. The practice with the highest emergency spend per fair shares weighted 1,000 population is The Park Surgery. The locality average emergency spend per fair shares weighted 1,000 are **below** the CCG average.



2.4 Other Non Elective (Maternity & Transfers)

The South Cotswold locality month 3 other non-elective spend is £18k above budget compared to £9K at M2.

2.5 A&E/MIU

The South Cotswold locality month 3 A&E/MIU over spend is £20k above budget compared to £12K at M2.

3. Prescribing

The GP prescribing South Cotswold locality month 3 year to date position including QIPP target is at breakeven. This is based on two month's actual activity. Positions will be updated once further data has been received.

Additional information for localities around their prescribing costs is sent out by NHS Gloucestershire Medicines Management Team.

4. Key messages and summary of recommendations

4.1 Cluster summary

The South Cotswold locality under spend in 2012/13 has been contributed to by the Planned Care area of Elective Care and the Unscheduled Care area of Emergency being under spending at M3 at Gloucestershire Hospitals NHSFT and GCS. However it should be noted that the activity data was for April, May & June of this year and it is too early in the financial year to predict future trends and if QIPP targets will be achieved.

4.2 Using UKSH Activity

The year to date underutilisation of the block contract is £20k. £157k of activity has gone to UKSH. Any activity that goes to UKSH would result in savings against other providers.

Appendix 6

South Cotswold Locality Finance Appendix Report 2012/13 – Month 3

Specialities that have a higher average spend per 1000 than the CCG average spend per 1,000 – top 4 practices shown.

Planned Care (Elective Inpatients):

Trauma & Orthopaedics	The Park Surgery	St Peters Road Surgery	Hilary Cottage Surgery	Romney House Surgery	South Cotswold
	£0	£9,473	£36,596	£57,650	£103,720

Upper Gastrointestinal Surgery	Romney House Surgery	The Park Surgery	Avenue Surgery	St Peters Road Surgery	South Cotswold
	£0	£3,424	£10,573	£20,101	£34,098

General Surgery	The Park Surgery	Romney House Surgery	Hilary Cottage Surgery	Lechlade Medical Centre	South Cotswold
	£2,508	£6,015	£7,855	£10,577	£29,586

Plastic Surgery	St Peters Road Surgery	Phoenix Surgery	Avenue Surgery	Hilary Cottage Surgery	South Cotswold
	£1,854	£3,465	£3,679	£11,921	£20,919

Oral and Maxillo-Facial Surgery	St Peters Road Surgery	Hilary Cottage Surgery	Phoenix Surgery	The Park Surgery	South Cotswold
	£1,824	£2,888	£6,238	£9,400	£20,350

Unscheduled Care (Emergency Inpatients):

Musculoskeletal System	Hilary Cottage Surgery	The Park Surgery	Avenue Surgery	St Peters Road Surgery	South Cotswold
	£7,364	£10,645	£16,437	£29,011	£63,457

Mouth Head Neck and Ears	Avenue Surgery	Lechlade Medical Centre	Rendcomb Surgery	Phoenix Surgery	South Cotswold
	£5,001	£8,041	£12,275	£23,239	£50,306

Appendix 6

Respiratory System	The Park Surgery	Avenue Surgery	Romney House Surgery	Lechlade Medical Centre	South Cotswold
	£0	£11,248	£12,716	£20,863	£44,826

Haematology, Chemotherapy, Radiotherapy and Specialist Palliative Care	St Peters Road Surgery	Hilary Cottage Surgery	The Park Surgery	Romney House Surgery	South Cotswold
	£0	£2,307	£12,874	£12,918	£28,099

Skin, Breast and Burns	Avenue Surgery	Lechlade Medical Centre	Phoenix Surgery	Hilary Cottage Surgery	South Cotswold
	£842	£6,281	£6,831	£14,142	£28,096

Planned Care (Outpatient Activity):

General Medicine	Lechlade Medical Centre	Phoenix Surgery	The Park Surgery	Hilary Cottage Surgery	South Cotswold
	£1,488	£2,896	£5,715	£5,745	£17,802

Cardiology	Avenue Surgery	Lechlade Medical Centre	The Park Surgery	Hilary Cottage Surgery	South Cotswold
	£2,169	£2,265	£4,919	£5,964	£17,240

General Surgery	The Park Surgery	Romney House Surgery	Lechlade Medical Centre	Hilary Cottage Surgery	South Cotswold
	£1,192	£3,094	£3,886	£7,721	£15,999

Clinical Haematology	Avenue Surgery	St Peters Road Surgery	Hilary Cottage Surgery	The Park Surgery	South Cotswold
	£1,316	£2,394	£4,136	£5,233	£13,439

Appendix 7

Tewkesbury Locality Finance Report 2012/13 – Month 3

1. Overall Briefing Summary

- Practice Variances

	2012/13 Budget Total	Year to date budget	Year to date expenditure	Year to date variance	Year to date variance
	£	£	£	£	%
Locality Total	**46,391,533**	**10,776,088**	**10,927,756**	**151,668**	**1.41%**
Staunton	6,463,422	1,489,836	1,469,802	-20,034	-1.34%
Church Street	14,721,807	3,448,354	3,619,661	171,307	4.97%
Newent	11,908,374	2,785,529	2,742,563	-42,966	-1.54%
Watledge	7,757,158	1,818,784	1,890,223	71,439	3.93%
Jesmond House	5,540,772	1,233,584	1,205,507	-28,078	-2.28%

-**Non-Recurrent Support**

Additional non-recurrent support currently not being required by any Practice

-Key Activity increases compared to month 3 2011/12 :

Planned Care:

Electives – Ophthalmology & Upper Gastrointestinal Surgery
Outpatients – Ophthalmology & General Medicine

Unscheduled Care:

Emergency – Digestive System & Hepatobiliary and Pancreatic System

Please see section 2 below for more details.

-**Relative Financial Position–specialties where spend is significantly above CCG average**

Planned Care:

Electives – Trauma & Orthopaedics, Vascular Surgery & Gynaecology
Outpatients – Trauma & Orthopaedics, General Medicine & Vascular Surgery

Unscheduled Care:

Emergency – Digestive System, Hepatobiliary & Pancreatic System & Cardiac Surgery

A further breakdown to Practice level is available in Appendix 1

2. Financial position within Acute Commissioning

2.1 Elective

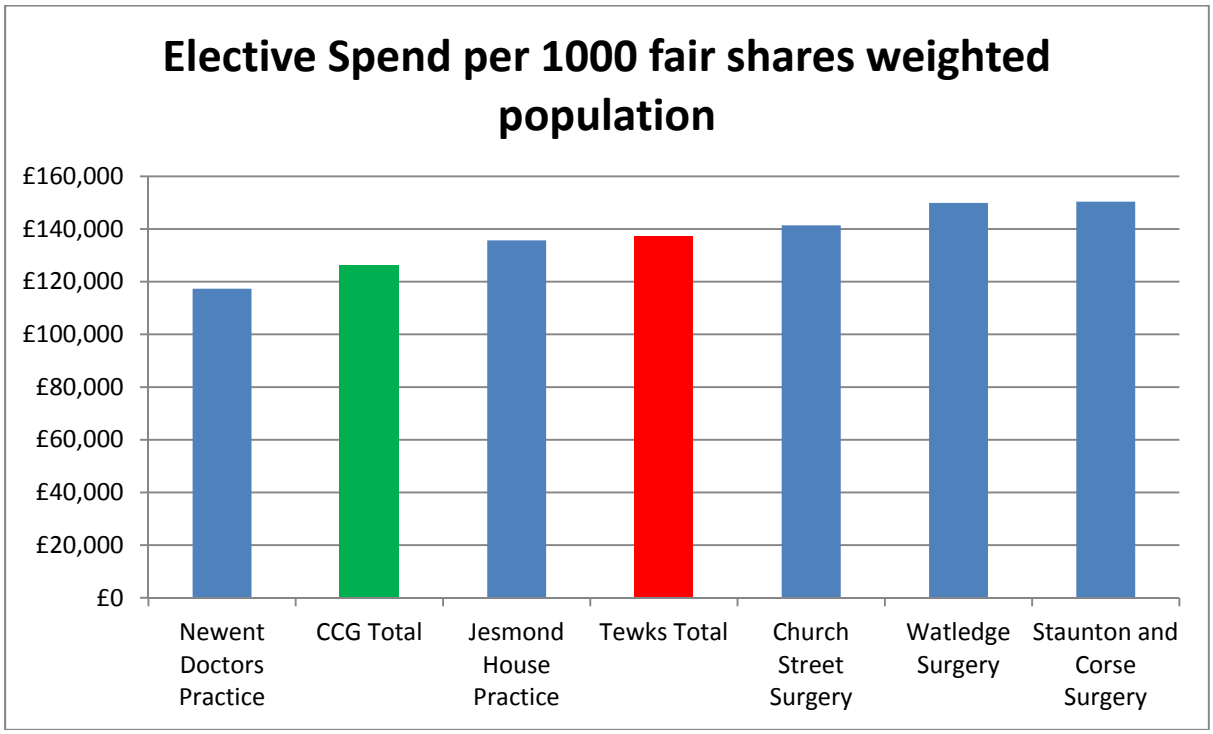
The Tewkesbury locality month 3 elective under spend is £64k below the pre-QIPP budget (a deterioration of £14k from month 2) but once the requirement to make additional QIPP savings is factored in the under spend reduces to £58k.

GHFT is showing a pre-QIPP under spend of £46k.

Within this position the below specialties show increase in spend compared to 2011/12:-

- Ophthalmology £30k (Activity 39)
- Upper Gastrointestinal Surgery £33k (Activity 8)

The below chart shows Tewkesbury practices elective spend per weighted 1,000 population alongside both CCG and Tewkesbury average. The practice with the highest elective spend per fair shares weighted 1000 population is Staunton. The Tewkesbury average elective spend per fair shares weighted 1000 is above the CCG average.



2.2 Emergency

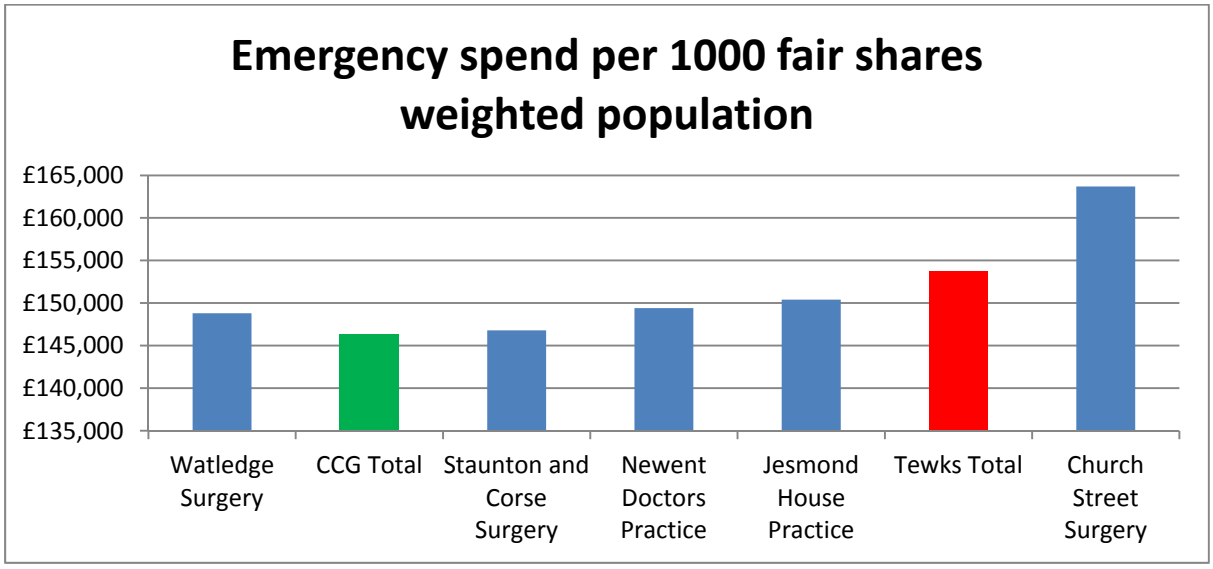
The Tewkesbury locality month 3 emergency under spend is £154k above the pre-QIPP budget (a £63k deterioration from month 2) but once the requirement to make QIPP savings is factored in it is an over spend of £189k.

GHFT has a pre-QIPP over spend of £172k.

Within this position the below specialties show increase in spend compared to 2011/12:-

- Digestive System £113k (37 activity)
- Hepatobiliary and Pancreatic System £51k (12 activity)

The below chart shows Tewkesbury practices emergency spend per weighted 1,000 population alongside both CCG and Tewkesbury average. The practice with the highest emergency spend per fair shares weighted 1000 population is Church Street. The Tewkesbury average emergency spend per fair shares weighted 1000 is above the CCG average



2.3 Other Non Elective (Maternity & Transfers)

The Tewkesbury locality month 3 other non-elective over spend is £44k (a deterioration of £16k from month 2)

2.4 Outpatients

The Tewkesbury locality month 3 outpatients under spend is £17k below the pre-QIPP budget (an improvement of £19k from month 2) however once the requirement to make further QIPP savings is factored in it is an over spend of £2k.

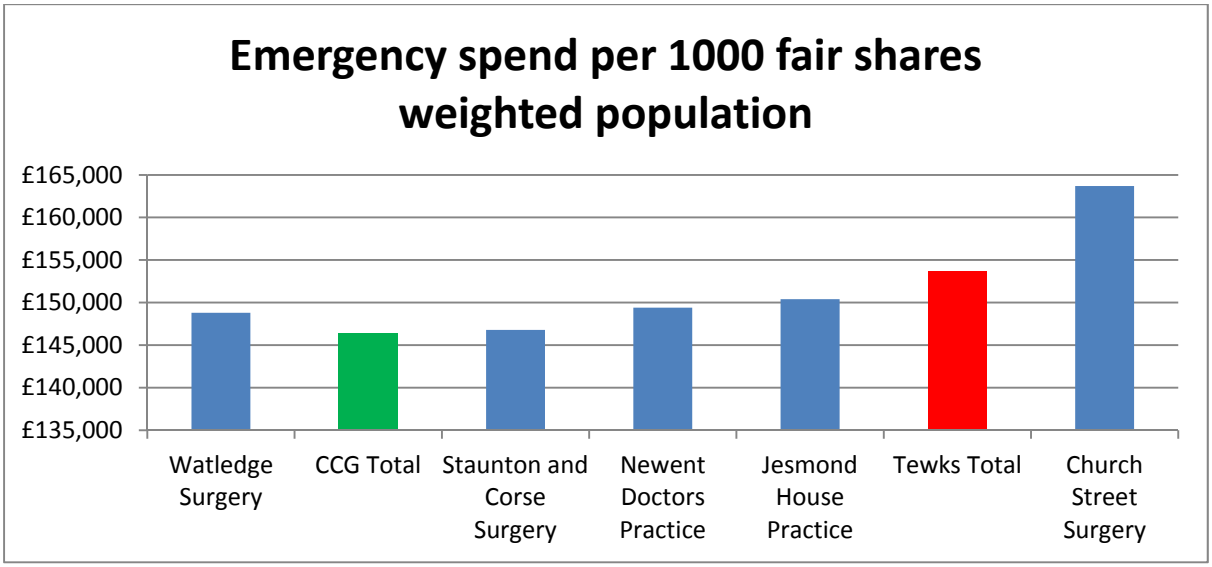
GHFT has a pre-QIPP over spend of £7k.

Within this position the below specialties show increase in spend compared to 2010/11:-

- Ophthalmology £18k (177 activity)
- General Medicine £17k (145 activity)

The below chart shows Tewkesbury practices outpatients spend per weighted 1,000 population alongside both CCG and Tewkesbury average. The practice with the highest outpatients spend per fair shares weighted 1000 population is Staunton. The Tewkesbury average outpatients spend per fair shares weighted 1000 is below the CCG average.

Appendix 7



2.5 A&E/MIU

The Tewkesbury locality month 3 A&E/MIU over spend is £3k above budget.

3. Prescribing

The Tewkesbury locality month 3 practice prescribing under spend is at break-even.

Further prescribing data is circulated by the medicines management team.

4. Key messages and summary of recommendations

4.1 Cluster Over spend

The Tewkesbury locality commissioning over spend pressure in 2011/12 was contributed to by not being able to meet the elective and outpatient QIPP targets at GHNHSFT. NHS Gloucestershire requires further recurrent QIPP savings to be made in 2012/13 to provide financial stability.

4.2 Using UKSH Activity

The year to date underutilisation of the block contract is £94k. £7k of activity has gone to UKSH. Any activity that goes to UKSH would result in savings against other providers.

Chris Trout
Finance Manager – NHS Gloucestershire

Appendix 7

Appendix 1

Specialities that have a higher than Gloucestershire CCG Average spend per 1,000 broken down to the top 3 over average practices (Only top three specialties listed)

Planned Care (Elective Inpatients):

Trauma & Orthopaedics	Church Street Surgery	Jesmond House Practice	Watledge Surgery	Total
	£33,729	£9,593	£22,976	£66,298

Vascular Surgery	Church Street Surgery	Jesmond House Practice	Staunton and Corse Surgery	Total
	£16,947	£9,277	£4,563	£30,787

Gynaecology	Jesmond House Practice	Staunton and Corse Surgery	Watledge Surgery	Total
	£1,380	£4,422	£17,913	£23,715

Unscheduled Care (Emergency Inpatients):

Digestive System	Church Street Surgery	Newent Doctors Practice	Staunton and Corse Surgery	Total
	£17,984	£31,493	£17,823	£67,300

Hepatobiliary and Pancreatic System	Church Street Surgery	Staunton and Corse Surgery	Watledge Surgery	Total
	£25,848	£3,898	£15,782	£45,528

Cardiac Surgery and Primary Cardiac Conditions	Jesmond House Practice	Newent Doctors Practice	Total
	£5,067	£31,178	£36,245

Planned Care (Outpatient Activity):

Trauma & Orthopaedics	Church Street Surgery	Jesmond House Practice	Staunton and Corse Surgery	Total
	£5,878	£2,441	£13,052	21,371

Appendix 7

General Medicine	Church Street Surgery	Jesmond House Practice	Watledge Surgery	Total
	£10,777	£1,662	£5,996	18,435

Vascular Surgery	Church Street Surgery	Staunton and Corse Surgery	Watledge Surgery	Total
	£6,988	£4,169	£2,296	13,453

Agenda Item 7

Gloucestershire Clinical Commissioning Group (Shadow Board)

Meeting Date	**13 September 2012**
Title	**Future commissioning of services to support carers.**
Executive Summary	This paper outlines proposals for the future commissioning of services to support carers in Gloucestershire for discussion. The paper describes the national drivers that influence carers commissioning and the financial benefits of continued investment in carers support. The paper sets out current arrangements for the commissioning of carers support services in Gloucestershire and presents proposals for the future. Following discussion at Gloucestershire's Joint Commissioning Partnership Board (JCPB), the preferred option is for jointly funded and commissioned (NHS and Local Authority) carer support services.
Key Issues	Agreeing, in principle, future funding for commissioning of carers support services. Agreeing, in principle, future arrangements for the commissioning of carers support services. Agreeing arrangements for on-going CCG clinical involvement in commissioning of carers support services.

Risk Issues: **Original Risk** **Residual Risk**	Failure to secure robust and sustainable arrangements for commissioning of carers support services could lead to inadequate support for carers. This could result in increased break down of caring arrangements leading to increased pressures and escalating costs on statutory health and care services. Likelihood Severity Risk Score 3 4 12 1 4 4
Financial Impact	CCG commitment to continued carers support funding at current levels (approximately £1.06 million per year) for the next 5 years (approximately £5.3 million in total). Significant cost avoidance for health and care due to caring roles being maintained for longer. It is calculated that in Gloucestershire, the estimated 61,500 carers, provide savings for the county's health and care services of approximately £997.2 million per year. Improved cost effectiveness through joint commissioning, resulting in reduced duplication in the commissioning of services and management of contracts.
Legal Issues(including NHS Constitution)	Establishing joint funding arrangements for carers commissioning between NHS Gloucestershire (NHSG) [CCG from 1 April 2013] and Gloucestershire County Council (GCC) through a Section 75 Agreement.
Impact on Equality and Diversity	Equality Impact Assessment completed. All carers including adult carers, parents

	caring for children with disabilities and children and young people with caring responsibilities will be included in the carers commissioning strategy. All identified impacts on individual groups are considered to be either positive or neutral.
Impact on Health Inequalities	The carers support contract specification will include requirements to focus support for those carers in the greatest need.
Impact on Sustainable Development	The carers support contract specification will encourage collaborative working arrangements between voluntary and community sector providers in order to establish an infrastructure of support which is mutually beneficial and more resilient than current arrangements. The contracts awarded will be for a longer period than is currently the case, allowing for greater stability for providers and service users.
Patient and Public Involvement	Extensive engagement with local carers has been undertaken in relation to the types of services that are beneficial in supporting their caring role. Specific consultation with a broad range of carers during August 2012 in relation to how and where carers support should be delivered.
Recommendations	The Gloucestershire Clinical Commissioning Group (Shadow Board) is asked to: 1. Agree in principle to continue to fund carers' support services at current levels.

	2. Agree in principle the JCPB decision for carers' services to be jointly commissioned between NHSG [CCG from 1 April 2013] and GCC, and led by GCC. 3. Agree in principle to support the JCPB decision that a joint NHSG and GCC carers' support budget should be established, managed by GCC. 4. Agree in principle to extending the existing NHSG [CCG from 1 April 2013] carers' support contracts and grants for 6 months from 1st April to 30th September 2013. 5. Nominate a CCG member as Carers' Clinical Lead to join the Carers Commissioning Project Group and participate in the development of the new service specifications and the tendering process.
Authors	Becky Parish Richard Thorn
Designation	Deputy Director, Public and Patient Involvement, NHSG Carers Lead Business Manager, Clinical Development
Sponsoring Director (if not author)	Jill Crook Director of Nursing

Agenda Item 7

Gloucestershire Clinical Commissioning Group
(Shadow Board)

13 September 2012

Future commissioning of services to support carers

1 Introduction

1.1 This paper outlines proposals for the future commissioning of services to support carers in Gloucestershire. It seeks 'in principle' agreement from Clinical Commissioning Gloucestershire to a set of Recommendations set out in Section 7 of this paper.

2 National drivers

2.1 The *National Carers Strategy: Carers at the Heart of 21st Century Families and Communities* (2008) defines a carer as someone who '… spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems'.

2.2 The National Carers' Strategy was refreshed in 2010 with the publication of *Recognised, Valued and Supported: Next Steps for the Carers Strategy.* The national strategy outcomes are that by 2018:

- Carers are respected as expert care partners and will have access to the integrated and personalised care they need to support them in their caring role.
- Carers will be able to have a life of their own alongside their caring role.
- Carers will be supported so that they are not forced into financial hardship by their caring role.
- Carers will be supported to stay mentally and physically well and treated with dignity.
- Children and young people will be protected from inappropriate caring and have the support that they need to learn, develop and thrive and to enjoy positive childhoods.

2.3 The *NHS Operating Framework 2012/13* includes specific requirements in relation to carers. It states that 'PCT Clusters need to agree policies, plans and budgets with local authorities and voluntary groups to support carers' and that plans should:

- be explicitly agreed and signed off by both local authorities and PCT Clusters;
- identify the financial contribution made to support carers by both local authorities and PCT clusters and any transfer of funds from the NHS to local authorities;
- identify how much of the total is being spent on carers' breaks; and
- identify the indicative number of breaks that should be available within that funding.

2.4 These national documents highlight the vital role played by carers in supporting the health and care system, demonstrating the importance of continued investment in services that support carers to help them continue to care.

2.5 Evidence shows that commissioning and providing appropriate levels and quality of carer support, particularly preventative services and early intervention, leads to reduced costs for statutory services, due to caring roles being maintained and the need for higher cost interventions for cared for people being delayed or avoided. Research undertaken by Carers UK and the University of Leeds estimates that the total economic value of the contribution made by carers in the UK is £119 billion per year. The methodology used to calculate this figure is based on the number of unpaid hours of care provided by carers, multiplied by a unit cost for replacement care of £18 per hour. This unit cost is based on NHS Information Centre estimates of the average cost of providing one hour of home care to an adult.

3 Current local arrangements and future investment

3.1 NHS Gloucestershire (NHSG) and Gloucestershire County Council (GCC) currently commission carers' support services via a series of block contracts and grants. These arrangements involve a range of small and medium scale local voluntary organisations and larger regional or national service providers. GCC also provide some in house services for carers, good

examples of which are the Positive Caring Programme which provides practical training for carers, and the Carers Emergency Service.

3.2 The current arrangements have resulted in the development of some good quality and valued services, however they have also led to some inconsistencies and duplication in provision, and have not allowed suitable flexibility to meet the changing needs of carers. Therefore, there is a need to consider the best way forward for the future commissioning of more responsive services to support carers.

3.3 Currently NHSG and GCC invest a total of approximately £2.8 million in specific carers support services, with NHSG investing approximately £1.06 million and GCC investing approximately £1.72 million. Current block contracts and grants for both NHSG and GCC are due to expire at the end of March 2013. Current plans for the development of carers support services are based on the principle of continued funding at this level for the next 3 to 5 years by both organisations. The national policy drivers and financial benefits in terms of costs avoided make a compelling case for this continued investment.

3.4 In Gloucestershire the estimated 61,500 carers provide savings for the county of about £997.2 million per year. Therefore from a financial perspective it is in the interests of NHSG (CCG from 1 April 2013) and GCC to continue to support carers so that they can continue in their caring roles, as the costs avoided by doing so are significant. Without proper carer support there is a risk of increased incidents of carer breakdown which will result in increased costs for health and social care services both in terms of the provision of substitute care for the cared for, and in terms of the healthcare costs to care for the carer.

3.5 Continued investment in carers support services supports the delivery of a range of local strategic plans, including:

- *Your Health, Your Care*
- The Health and Wellbeing Strategy
- *Living Well*

3.6 This report seeks CCG support in principle for continued funding for carers support services at current levels (please refer to

Recommendation 1). A similar report is due to be presented to GCC Cabinet later this month seeking the same commitment from GCC.

4 New approach to commissioning carers support services

4.1 The Joint Commissioning Partnership Board (JCPB) has considered options for the future arrangements for commissioning of carers support services. Possible options include:

- Extension of existing block contract and grant arrangements.
- Two separate processes with NHSG and GCC re-commissioning and re-tendering services individually.
- Services jointly commissioned with aligned budgets.
- Services jointly commissioned with joint budgets managed by the NHS.
- Services jointly commissioned with joint budgets managed by GCC.

4.2 The JCPB concluded that the best approach for future commissioning of carers support services would be to combine budgets and to commission the services jointly. This joint approach would provide an opportunity to ensure that the services can better meet the needs of carers and ensure the services are more cost effective, through avoidance of duplication in the commissioning of services and reduced management of contracts. The JCPB also agreed that GCC should lead on carers commissioning, given their larger financial contribution and their in-house carers support infrastructure. Although GCC have the identified lead role, the commissioning of carers support services will be undertaken in partnership between GCC and NHSG to ensure that both organisations priorities are delivered.

4.3 This report seeks CCG agreement in principle to the approach to carers commissioning agreed at the Joint Commissioning Partnership Board (please see **Recommendations 2 and 3**)

5 Carers Commissioning Strategy

5.1 The views of carers have been sought and have been used to inform the proposed future direction for carers support services in Gloucestershire. Carers have identified that the following services

are particularly beneficial in supporting their caring role:

- Breaks from caring
- Emotional support
- Appropriate advice, information and advocacy
- Services to maintain carers health and wellbeing
- Practical caring skills and support to look after themselves
- Support for young people with caring responsibilities

5.2 During August 2012 NHSG and GCC have been consulting with a broad range of carers from across the county seeking the views on the future delivery of carers support services. This consultation has focused on how and where support should be delivered, rather than on what support should be delivered.

5.3 The information gathered from carers, along with the key requirements as set out in the National Carers Strategy and NHS Operating Framework, is being used to develop a joint Carers' Commissioning Strategy for Gloucestershire. The strategy aims to provide a strategic framework for the future commissioning of carers support to deliver agreed joint priorities.

5.4 The strategy will set out a joint aspiration for carers in which carers are supported in their caring role through accessible advice and guidance and good quality services that offer value for money.

5.5 The strategy will offer an opportunity to develop existing valued services (such as information and advice, and provision of short breaks) and also an opportunity to address some gaps in current service provision, particularly:

- The development of Individual Budgets for carers to give individuals more choice, independence and control over the support that they receive (whilst maintaining essential core universal services).
- GP Practice based support. The detailed service specification for this will need to be developed.
- Emotional support (including counselling, befriending, and support groups)

5.6 The draft Joint Carers' Commissioning Strategy will be presented to the next CCG meeting, and to GCC Cabinet, in October 2012.

6 Next steps: service specifications and procurement

6.1 The next step is the development of the detailed service specifications for the future carers support services. This work will be led by the Carers Commissioning Project Group, which includes key commissioning representatives from NHSG and GCC.

6.2 A tendering exercise will then be undertaken following European Union procurement requirements, beginning in March 2013 with the aim of awarding contracts at the end of July 2013. The tendering exercise will be managed by GCC, with members of the Carers Commissioning Project Group, including carer representatives, NHS and local authority commissioners, all fully involved at all stages of the process. The new contract arrangements will be more specific with regard to the outcomes expected from the service ensuring the delivery of high quality services that offer real value for money.

6.3 It is proposed that contracts be awarded for a 3 year period, with an optional 2 year extension period. This will ensure that there is suitable time for transition and provide organisations with the stability and time required to provide robust services and to work with carers to develop these services further.

6.4 As the new contracts will not be awarded until July 2013 (go live from September 2013), and the existing contracts and grants will expire at the end of March 2013 there will be a gap in provision. In order to address this issue it is proposed that existing NHSG and GCC contract and grants are extended to cover the interim period (please see **Recommendation 4**).

7 On-going CCG involvement

7.1 It is proposed that a member of the CCG should be identified to be the clinical lead for carers to work with the NHSG carers lead, join the Carers Commissioning Project Group and participate in the next steps described above (please see **Recommendation 5**). The CCG carers clinical lead would also have a specific role in influencing the development of the specification for the GP practice based carers' support to ensure that this is fit for purpose and deliverable within GP practices.

8 Recommendation(s)

8.1 The Gloucestershire Clinical Commissioning Group (Shadow Board) is asked to:

1. Agree in principle to continue to fund carers' support services at current levels.

2. Agree in principle the JCPB decision for carers' services to be jointly commissioned between NHSG [CCG from 1 April 2013] and GCC, and led by GCC.

3. Agree in principle to support the JCPB decision that a joint NHSG and GCC carers' support budget should be established, managed by GCC.

4. Agree in principle to extending the existing NHSG [CCG from 1 April 2013] carers' support contracts and grants for 6 months from 1st April to 30th September 2013.

5. Nominate a CCG member as Carers' Clinical Lead to join the Carers Commissioning Project Group and participate in the development of the new service specifications and the tendering process.

Agenda Item 8

Gloucestershire Clinical Commissioning Group (Shadow Board)

Meeting Date	**Thursday September 13th 2012**
Title	**Gloucestershire Clinical Commissioning Group (Shadow Board) Draft Terms of Reference (TOR)**
Executive Summary	The updated draft TOR were circulated to the Committee via email earlier in 2012 after being brought to the Committee first in August 2011.
Key Issues	The purpose of the CCG Shadow Board is to embed clinical leadership at the heart of commissioning in Gloucestershire, supporting transformation to the new model of Clinical Commissioning set out in the NHS White Paper "Equity and Excellence; Liberating the NHS".
Risk Issues: **Original Risk** **Residual Risk**	Current Terms of Reference may not reflect developments in national policy or the direction of work of the CCG in Gloucestershire. C = 3 x L = 2 Risk = 6 C = 2 x L = 1 Risk = 2
Financial Impact	None.
Legal Issues(including NHS Constitution)	Terms of Reference should reflect principles and requirements of both the CCG and NHS Constitutions.
Impact on Equality and Diversity	None.
Impact on Health	None.

Inequalities	
Impact on Sustainable Development	None.
Patient and Public Involvement	None.
Recommendation	The CCG Shadow Board is asked to consider whether the CCG Terms of Reference are correct and if not, to identify a process for review and approval of a revised version.
Author	Simeon Foreman
Designation	Company Secretary
Sponsoring Director (if not author)	

Gloucestershire Clinical Commissioning Group Shadow Board

Terms of Reference

1 Purpose

1.1 The purpose of the Clinical Commissioning Group Shadow Board (CCGSB) will be to embed clinical leadership at the heart of commissioning in Gloucestershire, supporting transformation to the new model of Clinical Commissioning set out in the NHS White Paper "Equity and Excellence; Liberating the NHS".

1.2 The Committee through its work will focus on:

- Put patients at the heart of everything it does;
- Continuously improve those things that really matter to patients - the outcome of their healthcare;
- Empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services

1.3 The CCGSB will be a formal sub-committee of the NHS Gloucestershire Primary Care Trust (PCT) Board and will work within an agreed Scheme of Delegation.

2 Constitution

2.1 The Cluster Board of NHS Gloucestershire and NHS Swindon resolved to establish a Shadow Board to be known as the Clinical Commissioning Group Shadow Board (CGGSB).

2.2 The CCGSB will report to and be accountable to the Cluster Board, operating within the Scheme of Delegation approved by the Cluster Board until the PCT's are disestablished and will then report to and be accountable to the NHS Commissioning Board.

2.3 The CCGSB will fulfil the responsibilities of the Professional Executive Committee (PEC) and conform to the membership, procedure and administration regulations published by the Secretary of State in regards to the Executive Committee.

2.4 The CCGSB is an interim arrangement during the transition period between the prevailing PCT's and the establishment of the full GP Commissioning Consortia anticipated to be in place at April 2013.

2.5 The Chair of the CCGSB will be appointed as a full member of the Cluster Board.

2.6 These Terms of Reference follow the principles, guidelines and reforms outlined in Liberating the NHS legislative framework and the emerging Health and Social Care Bill 2011.

3 Role

3.1 The role of the CCGSB is to lead the development and delivery of commissioning and be accountable for decisions and actions within its delegated powers.

3.2 The CCGSB is responsible for the commissioning of health services.

3.3 The CCGSB will be responsible for leading the Quality Innovation Productivity and Prevention (QIPP) Clinical Executive in the delivery of the QIPP work programme.

3.4 The CCGSB will implement and monitor a programme of engagement of all its practice members to support the delivery of commissioning plans and in the short term the QIPP work programme. This programme will include mechanisms to challenge and support practices to implement best practice which help delivers commissioning plans of the consortium.

3.5 This active engagement of practices will combine a strong

educational role and also develop an approach to exploring with and holding member practices to account for referral, prescribing and other clinical behaviours.

3.6 In addition the CCGSB will provide the continuity of decision making through the transition period for commissioning as PCTs are dis-established and Clinical Commissioning Groups are established.

3.7 The CCGSB will utilise the power it derives from its clinical leadership to lead and communicate well with clinicians across the health community.

3.8 The CCGSB will also develop effective communication methods to involve and disseminate its decisions to all stakeholders in the health community.

3.9 In line with the Health and Wellbeing Partnership arrangements where health adult social care and housing are integrated, the CCGSB is also expected to have regard to relevant service developments within the pooled and aligned budgets of that partnership.

4 Function & Objectives

4.1 The functions and objectives of the CCGSB can be categorised as follows:

4.2 Provide and exercise clinical leadership on behalf of the Cluster Board and management team shaping ideas for services and service pathways at an early stage.

4.3 To set the overarching framework, direction and environment for clinical commissioning.

4.4 To work with the emerging Health and Wellbeing Board to ensure the effective transition to clinical commissioning.

4.5 To lead specified elements of commissioning – commission effective care to meet the health needs of the population, and maximise clinical engagement in commissioning and contract plans for the local health economy.

4.6 To support NHS Gloucestershire in delivery of the 2011-2012 Operating Framework and associated NHS Gloucestershire Operational Plan/QIPP programme.

4.7 To work with NHS Gloucestershire to assign appropriate operational staff support to the Clinical Commissioning Group.

4.8 To support organisational development, education and training for members of primary care and in particular to develop commissioning awareness through a specified programme of development

4.9 Develop a programme of regular practice visits to all practice members to embed a deepening involvement in the health commissioning agenda and to facilitate support to implement commissioning plans.

4.10 Contribute to and influence the development of vision and strategic goals

4.11 Act as clinical champions and innovation leaders.

4.12 Provide recommendations to the Cluster Board in all clinical areas.

4.13 Assist in all aspects of clinical governance in both commissioned and provided services.

4.14 Act as champions for clinical networks and clinical strategy developments, Map of Medicine pathway developments and implementation of NICE Clinical Quality Standards, Technology Appraisals and where locally appropriate and practical NICE Clinical Guidelines.

4.15 Act as custodians of clinical appraisal, revalidation and performance.

4.16 In conjunction with Gloucestershire County Council develop joint strategies across the partnership for health, housing and social care.

4.17 Monitor performance of the commissioning agenda and service delivery.

4.18 Develop and utilise public health and needs assessment information and outcomes to improve the quality of services and address inequalities. This will require strong engagement, direction and relationship building with the new Public Health Service which will be based in the Local Authority.

4.19 Assure patient and public involvement in commissioning development and health planning.

4.20 Responsible for Integrated Governance within commissioning in terms of Activity, Quality, Risk, Finance and Assurance.

5 Specific Duties

5.1 The CCGSB will undertake the following specific duties which have been delegated by the Cluster Board: and prepare for further delegation of authority once competent and capable to execute these responsibilities.

5.2 **Responsibility for negotiation and performance of provider contracts:-**

5.2.1 To work with clinicians in acute and community and other provider services to support the delivery of QIPP in line with agreed contracts.

5.2.2 To increase integrated working and reduce expenditure in acute and community care in line with agreed QIPP plans. This might include pathway redesign for key clinical pathways for example in areas such as urgent care.

5.2.3 To ensure that services are of high quality and are safe, effective, improve outcomes and ensure a good experience for the patient/user.

5.3 **Responsibility for management of primary care**

referrals:-

5.3.1 To ensure a robust referral management process across all practices and PCT Clusters.

5.3.2 To ensure there is clinical commissioning education built in for all GP practices, and targeted support where most needed.

5.3.3 To undertake a peer review approach, but with clear measures of escalation for poor performance.

5.4 **Responsibility for Prescribing:-**

5.4.1 To ensure that there is a systematic assurance that value for money switches are being made by all practices.

5.4.2 To promote pro-active medicines management.

6 Authority

6.1 The CCGSB is authorised by the Cluster Board to address any activity within its Terms of Reference, as set out in the Scheme of Delegation and adhering to standing orders, standing financial instructions and relevant codes of conduct.

6.2 The CCGSB is authorised to seek any information it requires and all employees are directed to co-operate with any request made by the GPCCSB.

7 Membership

7.1 Members of the Committee are:

- GP Chair of GPCCSB
- GP Vice Chair
- Executive Directors and 1 Lay Member
- GP Member - Gloucester
- GP Member - Cheltenham
- GP Member – Forest of Dean
- GP Member- Stroud

- GP Member - North Cotswolds
- GP Member - South Cotswolds
- GP Member – Tewkesbury
- Chief Executive Officer (PCT Accountable Officer)
- Director of Finance
- Director of Commissioning Development
- Director of Nursing
- Medical Director
- Director of Public Health
- Director of Human and Corporate Resources

7.2 Other clinical members may be co-opted to the GCCGSB as required.

7.3 The CCGSB shall invite the attendance in an advisory capacity of any person with specialist knowledge in respect of any matter under consideration.

7.4 The Company Secretary will ensure secretarial support is provided and will be in attendance at meetings.

8 Quoracy

8.1 A Quorum will be reached when at least 7 members. The attendees should include specifically the Chair or Vice Chair, the Chief Executive or Deputy, the Director of Finance (or deputy), a Non Executive Director and 3 GP members.

8.2 The Chief Executive (or deputy) will reserve the right to refer a decision to the Cluster Board should an item or issue arise where it is judged that Board approval would secure essential corporate governance.

9 Conflict of Interest

9.1 It must be transparency and clear accountability to the Board. Members of the Committee must declare an interest and exclude themselves from decisions but not necessarily discussions on matters where they might benefit financially.

9.2 Recommendations to the Board should highlight where there have been registered conflicts of interest.

10 Tenure

10.1 In recognition of the interim status of the CCGSB members will be offered a 1 year term.

11 Frequency of meetings

11.1 Meetings shall take place monthly.

12 Accounting/Reporting/Key Relationships

12.1 The CCGSB shall request and review reports from GP practices, Public Health, the NHS Gloucestershire Senior Leadership Team and the GP Locality Commissioning Executive teams. They may also request specific reports relating to individual functions within the organisation as they may be appropriate to the overall arrangements.

12.2 The CCGSB will ensure that effective mechanisms are in place to maximise positive relationships and influence on the Overview and Scrutiny Committee, Health Watch and the new Health and Wellbeing Board.

12.3 The CCGSB shall be supported administratively by the Company Secretary's office, whose duties in this respect will include:

- Agreement of agenda with Chairman and attendees and collation of papers
- Taking the minutes and preparing Reports to the Cluster Board
- Keeping a record of matters arising and issues to be carried forward
- Advising the CCGSB on pertinent areas

13 Confidential / Sensitive Items

13.1 The minutes of the CCGSB meetings will be presented to the Board meeting in public.

13.2 However, where there is a need to hold a confidential meeting to discuss issues which would be prejudicial to the public interest, a private meeting will be held. A confidential minute of the meeting will be taken and presented to the Cluster Board Meeting in Private.

14 **Review**

14.1 The Terms of Reference for the CCGSB will reviewed on an annual basis with recommendations made to the Cluster Board for any amendments.

14.2 Due to the uniqueness of the CCGSB and the transition period the Terms of Reference are to be reviewed in three months time in the first instance.

Version 2 (December 2011)

Agenda Item 9

Gloucestershire Clinical Commissioning Group (Shadow Board)

Meeting Date	**13th September 2012**
Title	**Performance against Commissioning Report**
Executive Summary	This integrated performance report provides Gloucestershire Clinical Commissioning Group (GCCG) with a strategic overview of the financial and service performance issues by exception. This report sets out the Financial and QIPP position is as at the end of July 2012. The Commissioned Service Performance position is dependent upon the availability of the data.
Key Issues	These are set out in the main body of the report
Risk Issues: Original Risk Residual Risk	All risks are identified within the relevant section of the report.
Financial Impact	Not meeting key financial targets
Legal Issues (including NHS Constitution)	Compliance with the NHS Constitution as part of the 18 week referral to treatment commitment
Impact on Equality and Diversity	Not Applicable.
Impact on Health Inequalities	The are no direct health and equality implications contained within this report
Impact on Sustainable Development	The are no direct sustainability implications contained within this report
Patient and Public Involvement	The Health, Community & Care Overview and Scrutiny Committee receive a report of performance against key targets.
Recommendation	The GCCG is asked to:

	• Take note of the reported financial position for 2012/13 • Take note of the performance against the 2012/13 national targets and the actions taken to ensure that performance is at a high standard.
Author & Designation	Roy Hewlett , Assistant Director Performance & Planning Steve Perkins, Head of Financial Planning
Sponsoring Director (if not author)	Mary Hutton, Director of Finance

Gloucestershire
Swindon

Agenda Item 9

Gloucestershire Clinical Commissioning Group
(Shadow Board)

September 2012

Performance against Commissioning Report

1 Introduction

1.1 This report sets out NHS Gloucestershire (NHSG) 2012/13 Financial position as at the 31st July 2012 and Commissioned Service performance dependent upon the availability of the data. It is broken down into two sections covering performance relating to the key commissioning service targets and financial positions of NHSG.

1.2 Only those areas of performance assessed as being at significant risk of failure at year end, or other issues that engendered concerns throughout the year, for which the Board need to be made aware of, are included in the report. The full summary of performance is included in Appendix 3.

1.3 The supporting appendices provide a full analysis of the PCT's Finance position, progress against individual QIPP programmes and performance against our Commissioning performance targets. The 2012/13 commissioning performance scorecard (appendix 3) provides an integrated report describing the performance of NHSG and NHSS in the same report. The scorecard covers the 2012/13 Operating Framework targets, NHS Constitution commitments and key 'local offer' commitments.

2 Performance

2.1 A full overview of current performance of the Cluster against the national and key local targets is given in appendix 3 that is ordered in the following overarching themes;

- Unscheduled Care
- Planned care
- Primary and Community Care
- Public Health
- Mental Health and Learning Disabilities
- Quality

All indicators are RAG rated, based on the *2012/13 NHS Performance Framework* thresholds. In addition to this Year To Date and Year End Forecast positions are given to aid quantifying the level of risk.

2.2 The overall level of performance is very good and a summary is given in the table below. This shows that of the total of 49 indicators reported on in July; 39 were rated Green (79.6%), 8 Amber (16.3%) and just 2 Red (4.1%).

Breakdown of current year to date performance by RAG status of indicator			
	Green	Amber	Red
NHS Gloucestershire	39	8	2
Percentage	79.6%	16.3%	4.1%

NHS
Gloucestershire
Swindon

2.3 Areas where performance has been particularly good include:

- The 4 hour A&E target is being met by all providers within the cluster. There has been a significant improvement in 4 hour A&E performance at GHNHSFT where the target was achieved in May and June for the first time in 10 months.
- Both Cat A8 and A19 performance targets have been achieved throughout the year and within Gloucestershire.
- Patients are able to receive treatment for Community Services in Gloucestershire within 8 weeks of referral. These are some of the best access times in the country.
- VTE risk assessment target has been consistently met within GHNHSFT.

2.4 The table below provides a fuller position statement for all the Red and significant Amber rated indicators. This table outlines current performance, identifies the issues leading to that performance and mitigating actions being taken to recover performance. The table may also include an update on other areas that may currently be performing well but have historically been the cause of concern, an example of this would be the 4 hour A&E target performance.

Ref	PCT	Indicator	Status	Issue	Mitigating Action
Planned Care					
PHQ19	NHS Glos	At least 90% of Trauma & Orthopaedic admitted RTT pathways should be treated within 18 Weeks	**RED YTD** 76.8% in June, this target has never been achieved.	GHNHSFT have had a persistent backlog of between 200-300 T&O patients that have already waited more than 18 weeks. The bulk of this backlog needs to be cleared, and the average waiting time reduced, to enable the target to be achieved sustainably.	A formal Performance Meeting to review the T&O recovery plan is being held on 29th August. 4 consultants are changing their working patterns to reduce number of outpatient sessions and increase theatre sessions and enable the longer wait patients to be treated Patients waiting extended times to be offered alternative providers for their surgery New Referrals into Orthopaedics have reduced by 15% at month 4 which will help with GHT capacity pressures.
PHQ22	NHS	Not more than	**AMBER YTD**	GHNHSFT have not	A further Performance

Ref	PCT	Indicator	Status	Issue	Mitigating Action
	Glos	1% of patients should have waited more than 6 weeks for one of the 15 key diagnostic tests	5.3% in July (363, 348 of which were at GHNHSFT and all for endoscopy procedures).	had sufficient capacity to meet demand and clear the waiting list backlog (currently GHNHSFT 38 cases behind trajectory in July). The situation worsened following the departure of a locum and Clinical Fellow. Despite providing an additional 500 scopes between June and July GHNHSFT will not be able to clear the backlog by August as agreed in their recovery plan.	Management Meeting is being arranged with GHNHSFT at which they will be requested to submit a revised recovery action plan. Failure to achieve the agreed milestones may result in further financial penalties. On-going actions to increase capacity include: - Use of an Independent Provider (Prime Diagnostics) to run weekend lists - Two locums started work, one in June and August - Additional evening sessions
PHQ22	NHS Swindon	Not more than 1% of patients should have waited more than	**AMBER YTD** 2.8% in July (64 breaches of	Performance has improved in comparison to June (90 breaches).	Formal Performance Meeting was held on 08 August 2012. A locum is now in place as

Ref	PCT	Indicator	Status	Issue	Mitigating Action
		6 weeks for one of the 15 key diagnostic tests	which 57 were at Great Western Hospitals NHS Foundation Trust – GWH, 50 of the breaches was for Endoscopic procedures.	Endoscopy continues to be the main cause of breaches whilst there have been a small number of Echocardiographs in July	well as providing extra sessions. Assurances given that no breaches will occur from the 1st October.
PHQ24	NHS Glos	At least 93% of patients should be seen within 2 weeks of an urgent referral for suspected cancer	**AMBER YTD** 91.0% in June	Forty three (48.3%) of the breaches were due to patient choice. Patients who have an endoscopy as first appointment are waiting longer than 2 weeks	NHSG has requested a Performance Management Meeting to gain assurances and develop a robust action plan to deliver achievement of this standard. Work is underway to look at breaches due to patient choice. Actions indicated above (Ref: PHQ22) to deliver increased capacity in endoscopy will aid improvement in this standard.

Ref	PCT	Indicator	Status	Issue	Mitigating Action
PHQ25	NHS Glos	At least 93% of patients should be seen within 2 weeks of an urgent referral for breast symptoms where cancer is not initially suspected	**RED YTD** 100% in June 87.6% YTD	Poor performance in April, due to Breast Consultant unavailability, has impacted on YTD performance.	Breast Consultant locum is now in place and as a result the target was achieved in May and June; and early data shows compliance for July and August
PHQ03	NHS Glos	At least 85% of patients receiving first definitive treatment for cancer should be seen within 62 days from an Urgent GP referral	**AMBER YTD** 79.6% in June	Main theme for underperformance has been patients not having all diagnostic tests in time. Urology has been a particular specialty which has seen the majority of breaches in Q1.	NHSG has issued a Performance Notice and will conduct a Performance Management Meeting to understand the actions being taken to deliver the performance standards. GHNHSFT has submitted an action plan primarily around Urology patients with the following actions: - Increase theatre capacity (inc. evening & weekend sessions) - Review of clinical staffing

Ref	PCT	Indicator	Status	Issue	Mitigating Action
					rota's - Employment of a Consultant and Clinical Fellow
Primary and Community Care					
PHQ31_04	NHS Swindon	Proportion of patients who are eligible are offered a health check	**AMBER YTD** 3.3% in Q1	Targets underachieved due to numbers of patients invited by GP Practices	Actions include: - Raising public awareness through a range of promotional activity - Working with individual GP practices providing support - Increasing community outreach by introducing additional opportunistic 'clinics' at local libraries and shopping centres - Increase the number of frontline staff to sign post eligible people and qualified staff to administer health checks - Computerisation of the Swindon NHS Health
PHQ31_05	NHS Swindon	Proportion of patients who are eligible receive a health check	**AMBER YTD** 1.4% in Q1		

Ref	PCT	Indicator	Status	Issue	Mitigating Action
					Check system to ensure a robust and efficient process
LO1	NHS Glos	The average wait to be seen by the Adult Physiotherapy Service should be within 2 weeks	**AMBER YTD** 2.7 in June	Gloucestershire Care Services (GCS) believe that the main problem is long waits in the Stroud Locality.	GCS have submitted an action plan which includes: - Recruitment of a total of 5 locums (2 physios, 3 podiatrists) - Increasing permanent staffing capacity to managing the increased levels of activity - Permanent staff expected to be in place by November (2.0WTE for Podiatry and 1.4WTE for Physiotherapy) - GCS expect performance to be attained in both specialities from week commencing 17th September 2012. A Performance
LO3	NHS Glos	The average wait to be seen by the Podiatry Service should be within 2 weeks	**AMBER YTD** 2.9 in June	Through a combination of an increase in activity and staff shortages a backlog has built up that has led to increased average waits.	

Ref	PCT	Indicator	Status	Issue	Mitigating Action
					Management Meeting is being held on 30th August 2012 to review the action plan.
Improving Access to Psychological Therapies (IAPT)					
PHQ13_5	NHS Glos	The proportion of people who have depression and/or anxiety disorders who receive psychological therapies	**AMBER YTD** 1.7% in Q1 against a plan of 2.2%	This target was achieved in 2011/12. 2gether NHS Foundation Trust have stated that the dip in performance is due to not all patients being asked to complete a baseline questionnaire. This is imperative if patients are to be counted for both aspects of these targets.	NHSG is working closely with 2gNHSFT to address performance issues with the Trust providing an action plan for the end of August
PHQ13_6	NHS Glos	The proportion of people who complete therapy who are moving towards recovery	**AMBER YTD** 41.4% in Q1 against a plan of 50%		
Quality					
PHQ28	NHS Glos	Number of C.Diff infections (Health Community)	**AMBER YTD** 24 against target of 16 in June	Despite improved performance in recent months the June figure was above the	NHSG is working with Primary Care and all health care providers to ensure that anti-biotic prescribing

Ref	PCT	Indicator	Status	Issue	Mitigating Action
			YTD 13 over Plan	agreed ceiling level. No specific themes can be identified to account for the increase; however similar levels of increases have been experienced in other health communities.	are within guidelines and that RCAs (Root Cause Analysis) are carried out where clinical concerns exist. NHSG will be part of a South West review group of community infections, to further understand the increases seen across the South West in July.

3 NHSG Revenue Financial Position 2012/13 – Overview

3.1 NHS Gloucestershire (NHSG) has planned to deliver a surplus of £8.9m for the year 2012/13 against an anticipated revenue resource limit of £962.7m. Appendix 1 shows the income and expenditure position for the year. Appendix 2 illustrates the position for expenditure and outturn variance.

3.2 The income and expenditure year to date position at 31st July 2012 is a surplus of £3.0m. This is in line with the planned year end position of £8.9m surplus. Table 1 below identifies the key variances at Month 04:

3.3

Programme area	Forecast Outturn Variance £'m
Healthcare Providers	(2.9)
Primary Care & Prescribing	(0.9)
Admin & Provisions	0.0
Reserves	12.7
Total	8.9

3.4 Gloucestershire Hospitals NHSFT – Contract overview

3.5 The Month 4 overall year to date position is £1.1m overspent (£0.9m at month 3). GHFT data available at month 4 reporting is complete up to month 3. The following report is based on extrapolation of the month 3 data.

3.6 At this stage in the contract year there are significant variables with assumptions included that will affect the eventual full year contract outturn position. The biggest variable is the £12.3m of planned QIPP (quality, innovation, productivity, prevention) savings within the contract to be achieved.

3.7 A contract forecast outturn overspend of £5.4m (£2.6m at month 3) is reported. Key issues generating the overspend increase are Emergency admissions and Excluded drugs

(Lucentis).

3.8 This reported position currently assumes the majority of QIPP is achieved. Assessment of 'actual' scheme delivery will be taking place as we progress through the year.

3.9 A summary of the significant variances along with an explanation of the issues and mitigating actions are given in the table below.

Finance Section - exceptions based on significant overspend variances in the NHSG outturn variance

(Sign convention – a positive value indicates an underspend, negative (-) value indicates an overspend)

Budget area	YTD Variance	Forecast Variance	Issue / Financial Risk	Mitigating Actions
Secondary Health Care Provision				
Planned Care				
GHFT contract – Excluded Drugs	-£0.3m	-£1.0m	Lucentis Drugs activity is 8% year to date above activity plan at Month 3.	Discussions are currently taking place around supplier discount rate on Lucentis. Ongoing assessment of activity trend increase to validate if this growth rate continues or levels
Unscheduled Care				
GHFT contract – Emergency admissions	-£2.1m	-£6.4m	The current forecast overspend is based on a review of previous year trends that suggests that the variance will stabilise after the first half of 11/12.	Work is continuing to understand root causes of the variance and identify any issues that can be addressed.

Budget area	YTD Variance	Forecast Variance	Issue / Financial Risk	Mitigating Actions
			If it continues to escalate through the second half year there is another £3m risk.	
GHFT contract – Maternity/other Non-Elective admissions	-£0.33m	-£1.1m	Increased Obstetric admissions trend above planned levels	This variance is being reviewed. Indication is that the numbers of births have not significantly increased but complexity of births (e.g. increased c-sections) and levels of non-delivery admissions have increased resulting in this variance.
Other Contractual				
GHFT contract – QIPP delivery	-£1.3m	-£3.6m	Reported forecast position currently includes £8.7m of the £12.3m QIPP requirement as 'assumed' contract benefit. i.e. £3.6m lower delivery than the contract plan.	Planned Care and Unscheduled Care programme leads will be reviewing each scheme delivery assumption and potential for additional schemes on an ongoing basis.

Budget area	YTD Variance	Forecast Variance	Issue / Financial Risk	Mitigating Actions
			This level of assumed benefit includes £5.9m that is expected to be met either by scheme success or by GHFT share of risk. The planned benefit is profiled as being delivered later in the financial year and overall scheme delivery will be reviewed each month.	
Out Of County Contracts			At month 4, year to date variances are not significant enough to imply any reliable forecast of the variance. Small variances extrapolate to a forecast underspend but information issues in the two main Bristol providers suggest that this is not reliable.	We are in contact with UHBT and NBT to understand the impact of the information problems and changes to their cumulative position.
Specialist Commissioning				
Specialised			First report indicates a	We will work through

Budget area	YTD Variance	Forecast Variance	Issue / Financial Risk	Mitigating Actions
Commissioning			forecast underspend of £0.4m, based on month 2 data. Volatility of specialised services, suggest this is too early to base a forecast on a relatively small year to date underspend.	SCG information to unpick straight line variances as they arise and keep in close contact with them in relation to their QIPP delivery.
Non Acute				
Continuing Healthcare (CHC)	£0.9m	£3.0m	As at month 4, low placement numbers and associated costs have resulted in a significant forecast under spend. Placement numbers are the lowest they have been since October 2008. CHC budgets were reduced by £2.2m for 12/13 due to significant QIPP achievement in 11/12. The £3.0m forecast under spend is against this rebased budget.	Continual close monitoring in conjunction with Funded Nursing Care placement numbers and costs, which are likely to rise as CHC costs fall. At present however, there is only a small YTD overspend reported against FNC.
Funded Nursing Care (FNC)	-£0.1m	-£0.3m	Reduction in CHC eligibility has led to increased pressure	See above (CHC)

Budget area	YTD Variance	Forecast Variance	Issue / Financial Risk	Mitigating Actions
			on FNC budget.	
Mental Health	-£0.11m	-£0.35m	A final position is being agreed around the transfer of Adult Mental Health and Joint Funded Mental Health budgets to 2GFT this year. This will have an impact on the forecast when this is finalised. There are currently a large number of Eating Disorder (ED) placements in out of county placements, if this number continues the financial pressure on the ED budgets could rise.	Process underway to agree position around transfers. Ongoing placement reviews in ED.
Learning Disabilities	-£0.43m	-£0.5m	£1.5m reduction in budget has left a potential financial pressure around Joint Funded placements in particular.	Discussions around additional Social Transfer related funding are taking place in hope of mitigating risk of pressure in this area.

Budget area	YTD Variance	Forecast Variance	Issue / Financial Risk	Mitigating Actions
Acquired Brain Injury	£0.17m	£0.5m	Placement numbers have reduced from 4 to 1 since the beginning of the year.	
Primary care				
Community Pharmacy	£-0.32m	£-0.9m	Overspend relates to previous year cost pressure. Pattern of spend from previous years indicates claims will be higher as the year progresses.	Ongoing monitoring and liaising with medicines management team
Dental	£0.49m	£1.0m	Dental Budget continues to under spend against budget. Higher dental income in month 4 contributing to higher under spend in month.	Ongoing monitoring and liaising with Primary care team.

4 Recommendations

4.1 The Board is asked to:

- **Take note of the reported financial position for 2012/13**
- **Take note of the performance against national targets and the actions taken to ensure that performance is at a high standard.**

5 Appendices

5.1 Appendix 1: NHSG Income and expenditure position for 2012/13 as at month 4
Appendix 2: NHSG Year to date expenditure and Outturn variance at month 4
Appendix 3: NHSG Performance Scorecard
Appendix 4: NHSG Capital programme 2012/13 at month 4
Appendix 5: NHSG Better Payment Practice Code
Appendix 6: NHSG Cash Reconciliation
Appendix 7: NHSG Balance Sheet

NHS Gloucestershire 2012/13 Integrated Performance Scorecard

Target	Principal Delivery Targets		2011-12 Outturn	Apr 2012	May 2012	Jun 2012 Q1	Jul 2012	Aug 2012	Sept 2012 Q2	Oct 2012	Nov 2012	Dec 2012 Q3	Jan 2013	Feb 2013	Mar 2013 Q4	Year to date	Year end forecast	Perf. Measured
Unscheduled Care																		
Accident & Emergency																		
PHQ23	**4-hour A&E target** - Percentage of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	C
		GRH	94.5%	94.5%	98.0%	97.6%	95.8%									96.6%		
		CGH	90.5%	92.1%	97.5%	96.3%	96.8%									95.5%		C
		GHNHSFT total	92.8%	93.5%	97.8%	97.0%	96.2%									96.1%		
		GCS - MIU	99.9%	99.9%	99.9%	100.0%	99.9%									99.9%		C
Ambulance																		
PHQ01	**Cat A 8 min response** - The percentage of Category A incidents, which resulted in an emergency response arriving at the scene of the incident within 8 minutes.	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	**C**
		GWAS	75.6%	76.2%	77.2%	79.7%	77.4%									77.6%		
		Glos only	76.5%	77.7%	78.6%	79.1%	78.5%									78.5%		
PHQ02	**Cat A 19 min response** - The percentage of calls resulting in an ambulance arriving at the scene of the incident within 19 minutes.	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	**C**
		GWAS	95.6%	96.6%	96.4%	96.2%	95.6%									96.4%		
		Glos only	95.5%	95.9%	95.9%	96.0%	95.6%									95.8%		
Planned Care																		
Acute Care Referral to Treatment																		
PHQ19	Percentage of admitted pathways treated with in 18 Weeks	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	C
		Actual	90.9%	91.4%	91.2%	87.8%	94.0%									91.2%		
PHQ20	Percentage of non - admitted pathways treated within 18 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	C
		Actual	98.3%	97.9%	98.4%	98.3%	98.3%									98.3%		
PHQ19	Percentage of Trauma & Orthopaedic admitted Pathways treated within 18 Weeks	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	C
		Actual	80.3%	81.3%	80.9%	76.8%	87.0%									81.4%		
PHQ21	Percentage of incomplete Pathways that have waited less than 18 Weeks	Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	C
		Actual	94.1%	94.9%	95.3%	94.7%	94.2%									94.8%		
Diagnostics																		
PHQ22	Percentage of patients who have waited more than 6 weeks for one of the 15 key diagnostic tests	Target	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	C
		breaches	1,608	150	361	443	363									1,317		
		Performance	2.3%	2.3%	5.4%	6.3%	5.3%									4.9%		
Cancer Waits																		
PHQ024	Percentage of patients seen within 2 weeks of an urgent referral for suspected cancer	Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	C
		breaches	932	150	136	89										375		
		Performance	92.2%	85.6%	89.1%	91.0%										88.5%		
PHQ25	Percentage of patients seen within 2 weeks of an urgent referral for breast symptoms where cancer is not initially suspected	Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	C
		breaches	165	45	3	0										48		
		Performance	88.5%	64.3%	97.8%	100.0%										87.6%		
PHQ06	Percentage of patients receiving first definitive treatment within 31 days of a cancer diagnosis	Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	C
		breaches	25	0	2	2										4		
		Performance	99.1%	100.0%	99.3%	99.1%										99.5%		
PHQ07	Percentage of patients receiving subsequent treatment for cancer within 31 days where that treatment is surgery	Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	C
		breaches	3	0	0	0										0		
		Performance	99.4%	100.0%	100.0%	100.0%										100.0%		
PHQ08	Percentage of patients receiving subsequent treatment for cancer within 31 days where that treatment is an Anti-Cancer Drug Regime	Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	C
		breaches	0	0	0	0										0		
		Performance	100.0%	100.0%	100.0%	100.0%										100.0%		
PHQ09	Percentage of patients receiving subsequent treatment for cancer within 31 days where that treatment is a Radiotherapy Treatment	Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	C
		breaches	0%	0%	0%	0%										0%		
		Performance	100.0%	100.0%	100.0%	100.0%										100.0%		
PHQ03	Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer	Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	C
		breaches	180	16	19	19										54		
		Performance	86.0%	84.8%	86.3%	79.6%										84.0%		
PHQ04	Percentage of patients receiving first definitive treatment for cancer within 62 days from an NHS Cancer screening service	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	C
		breaches	8	1	1	0										2		
		Performance	96.9%	95.5%	96.3%	100.0%										97.0%		

NHS Gloucestershire 2012/13 Integrated Performance Scorecard

Target	Principal Delivery Targets		2011-12 Outturn	Apr 2012	May 2012	Jun 2012 Q1	Jul 2012	Aug 2012	Sept 2012 Q2	Oct 2012	Nov 2012	Dec 2012 Q3	Jan 2013	Feb 2013	Mar 2013 Q4	Year to date	Year end forecast	Perf. Measured
Primary and Community Care																		
Primary care																		
PHQ31_04	Percentage of people eligible for the NHS Health Check programme who have been offered an NHS Health Check	Target	18.0%			5.0%			5.0%			5.0%			5.0%	5.0%	20.0%	C
		Actual	23.6%			5.6%										5.6%		
PHQ31_05	Percentage of people eligible for the NHS Health Check programme that have received an NHS Health Check	Target	6.1%			1.7%			1.7%			1.7%			1.7%	1.7%	6.7%	C
		Actual	9.1%			2.2%										2.2%		
Community care																		
Local 2 Week Offers																		
LO1	Average wait to be seen by the Adult Physiotherapy Service	Target (weeks)	2	2	2	2	2	2	2	2	2	2	2	2	2	2		M
		Ave wait (weeks)	2.6	2.7	2.3	2.7										2.7		
		Max wait (weeks)	7	11	10	12	9									12		
LO2	Average wait to be assessed for a wheelchair by the Specialist and Non-Specialist wheelchair Service	Target (weeks)	2	2	2	2	2	2	2	2	2	2	2	2	2	2		M
		Ave wait (weeks)	0.9	1.3	0.6	0.5										0.5		
		Max wait (weeks)	6	7	5	5	7									5		
LO3	Average wait to be seen by the Podiatry Service	Target (weeks)	2	2	2	2	2	2	2	2	2	2	2	2	2	2		M
		Ave wait (weeks)	2.4	2.8	2.5	2.9										2.9		
		Max wait (weeks)	7	9	12	10	14									10		
LO4	Average wait to be seen by the Children's Occupational Therapy Service	Target (weeks)	2	2	2	2	2	2	2	2	2	2	2	2	2	2		M
		Ave wait (weeks)	1.5	1.2	1.0	1.0										1.0		
		Max wait (weeks)	3	5	3	3	3									3		
LO5	Average wait to be seen by the Children's Physiotherapy Service	Target (weeks)	2	2	2	2	2	2	2	2	2	2	2	2	2	2		M
		Ave wait (weeks)	1.1	1.3	1.1	1.3										1.3		
		Max wait (weeks)	6	6	6	6	6									6		
LO6	Average wait to be seen by the Children's Speech and Language Therapy Service	Target (weeks)	2	2	2	2	2	2	2	2	2	2	2	2	2	2		M
		Ave wait (weeks)	1.9	2.0	1.9	1.8										1.8		
		Max wait (weeks)	9	7	8	6	6									6		
Community Care Referral to Treatment																		
Paediatric																		
AMB 01	Percentage of patients referred to the Paediatric Speech and Language Therapy Service who are treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	C
		Actual	97.0%	98.0%	99.0%	98.0%										98.3%		
AMB 02	Percentage of patients referred to the Paediatric OccupationalTherapy Service who are treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	C
		Actual	97.0%	95.0%	97.0%	96.0%										96.0%		
AMB 03	Percentage of patients referred to the Paediatric Physiotherapy Service who are treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	C
		Actual	99.0%	100.0%	100.0%	100.0%										100.0%		
Adult																		
AMB 04	Percentage of patients referred to the Adult Speech and Language Therapy Service who are treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	C
		Actual	96.0%	100.0%	99.0%	97.0%										98.7%		
AMB 05	Percentage of patients referred to the Podiatry Service who are treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	C
		Actual	97.0%	98.0%	97.0%	96.0%										97.0%		
AMB 06	Percentage of patients referred to the Adult Occupational Therapy Service who are treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	C
		Actual	96.0%	98.0%	96.0%	99.0%										97.7%		
AMB 07	Percentage of patients referred to the Adult Physiotherapy Service who are treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	C
		Actual	99.0%	98.0%	95.0%	92.0%										95.0%		
Specialist Nurses																		
AMB 08	Percentage of patients referred to the Parkinson Nursing Service who are treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	C
		Actual	99.0%	100.0%	100.0%	100.0%										100.0%		
AMB 09	Percentage of patients referred to the Diabetic Nursing Service who are treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	C
		Actual	100.0%	98.0%	100.0%	100.0%										99.3%		

NHS Gloucestershire 2012/13 Integrated Performance Scorecard

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Public Health																		
PHQ30	Number of clients to the NHS Stop Smoking Service who report that they are not smoking 4 week after setting a quit date	Target	3,950			766			1,506			2,272			3,505		3,505	C
		Actual	4,003															
Mental Health and Learning Disabilities																		
Adults of Working Age																		
PHQ12	Proportion of those patients on a Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days	Target	95%			95%			95%			95%			95%	95%	95%	C
		Actual	100.0%			100.0%										100.0%		
PHQ11	Number of home treatment packages delivered by Crisis Team	Target	939			255			483			711			939	255	939	C
		Actual	1,844			401										401		
PHQ10	The number of new cases of psychosis served by the Early Intervention Team	Target	70			18			36			53			70	18	70	C
		Actual	85			23										23		
Improving Access to Psychological Therapies (IAPT)																		
PHQ13_5	The proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Target	3.9%			2.2%			2.3%			2.5%			2.6%	2.2%	9.6%	C
		Actual	4.8%			1.7%										1.7%		
PHQ13_6	The proportion of people who complete therapy who are moving towards recovery	Target	N/A			50.0%			53.8%			53.6%			53.3%	50.0%	52.8%	C
		Actual	50.2%			43.8%										43.8%		
Quality																		
Quality Indicators																		
PHQ26	Eliminate mixed-sexed accommodation breaches at all providers sites	GHT	393	33	0	0	6									39		C
		GCS	0	0	0	0	0									0		C
		2gether	0	0	0	0	0									0		C
PHQ29	Percentage of all adult inpatients who have had a VTE risk assessment	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	C
		GHNHSFT	92.9%	94.5%	94.0%	92.9%										94.3%		
		GCS	95.8%	98.1%	97.8%	94.9%										98.0%		
Cleanliness and HCAIs																		
Methicillin Resistant Staphylococcus Aureus (MRSA)																		
PHQ27	Number of MRSA infections (Health Community)	Glos HC target	14	1	1	1	1	0	0	0	0	0	0	0	0	4	4	C
		Glos HC actual	10	0	2	0	2									4		
PHQ27	Number of post 48 hours MRSA infections post 48 hours (Acute Trust)	GHNHSFT target	5	1	0	0	0	0	0	0	0	0	0	0	0	1	1	C
		GHNHSFT actual	3	0	0	0	0									0		
Clostridium Difficile (C.Diff)																		
PHQ28	Number of total C Diff infections (Health Community)	Glos HC target	182	19	16	13	16	13	11	11	11	11	22	20	19	64	182	C
		Glos HC actual	279	18	16	19	24									77		
PHQ28	Number of post 48 hour C Diff infections (Acute Trust)	GHNHSFT target	73	9	8	5	5	5	5	5	6	6	6	6	7	27	73	C
		GHNHSFT actual	92	6	6	6	8									26		

Notes
PHQ 2012/13 NHS Operating Framework commitments
EC Existing commitment
AMB Strategic Health authourity Ambition objective
Local Local target
LO Local offer to Gloucestershire Health Community to reduce waiting times

Key to RAG status
Green On or above plan
Amber Below plan
Red Significantly below plan

Key to 'performance measured'
C = assessed on cumulative performance against plan
M = Figure as at end of month

Key to abbreviations
GNHSFT - Gloucestershire Hospitals NHSFT
GCS - Gloucestershire Care Services
GWAS - Great Western Ambulance Service

Agenda Item 10

Gloucestershire Clinical Commissioning Group
(Shadow Board)

Meeting Date	**Thursday 13th September**
Title	**QIPP Programme Update**
Executive Summary	This paper provides the GCCG with an update of progress against the QIPP themes and main programmes of work, identifying progress to date, key risks and proposed remedial actions.
Key Issues	NHSG has planned to deliver a surplus of £8.9m for the year 2012/13.
Risk Issues: **Original Risk** **Residual Risk**	**Risk:** Non delivery of saving and service redesign plans. **Addressed by:** Close working with the Project Management Office. Identification of additional saving schemes and slippage within other service area budgets. **Current rating:** 15 **Risk:** QIPP programme benefits realisation shifts. **Addressed By**: Project management and performance data utilised to predict benefits realisation, reduce level of risk within assumption. Work programmes continue to drive harder on savings delivery in year. **Current Rating**: 8
Financial Impact	Not meeting key financial targets.
Legal Issues(including NHS Constitution)	Not applicable.
Impact on Equality and Diversity	Not applicable.

Impact on Health Inequalities	Not applicable.
Impact on Sustainable Development	No sustainable development issues are highlighted by the report.
Patient and Public Involvement	Not applicable.
Recommendation	The GCCG are asked to take note of the performance against planned QIPP programme and the proposed remedial actions.
Author	Kelly Matthews
Designation	PMO Lead
Sponsoring Director (if not author)	Mary Hutton

Agenda Item 10

Gloucestershire Clinical Commissioning Group
(Shadow Board)

Thursday 13th September 2012

QIPP Programme Update

1 Introduction

1.1 NHS Gloucestershire has a requirement to deliver £29.8m recurrently from its QIPP programme, to ensure financial stability moving into 2012/13. NHS Gloucestershire are currently developing QIPP plans to support the planned delivery of a surplus £8.9m in 2012-13. To achieve this position commissioner QIPP schemes are being delivered in conjunction with local providers to ensure whole system reform. To support this change NHSG has identified a source of invest to save funding and maintains uncommitted headroom to pump prime service change.

1.2 This paper and supporting appendices sets out the key progress to date, key risks and proposed remedial actions and provides an overview of the 2012/13 QIPP programme currently being developed.

2 QIPP Programme Overview

2.1 QIPP Themes

2.2 The QIPP programme covers the breadth of the commissioning agenda and all themes are underpinned by a core principle of care closer to home, in line with the organisational strategy.

2.3 The rolling QIPP programme continues to build on 2011-12 and has been split into the following themes and programmes.

2.4

QIPP Theme	Programme
Unscheduled Care & Long Term Conditions (Including Community Care)	• System wide change • Pathway Development (Assessment, Diagnostics and Ambulatory Care) • Self-Care Management and Prevention. • Community Provision

Planned Care	• Contract Strategy • Service Strategy (including use of clinical programme approach) • Demand Management
Reducing variability in Primary Care	• General Medical Services • Optometry • Dental
Prescribing	• Best Practice • Waste Medication • Medicine Optimisation • GP Dispensing • Joint Formulary
Mental Health and Learning Disabilities Services	• Improve services for clients with challenging behaviour • Improving Health Inequalities • Out of County (OOC) Placements • Eating Disorders • Access to Psychological Therapies
Continuing Healthcare	• End of Life (EoL) Domiciliary Care Procurement • Testing Eligibility • Reducing Referrals
Non Clinical	• Estates • Back Office

2.5 The supporting appendices provide a detailed overview of the programme and individual projects.

3 Finance

3.1 Savings Plan 2012/13

3.2 Against a requirement to deliver £29.8m worth of savings in 2012/13, across the QIPP programme plans are in place to deliver £30.5m of cashable savings, as shown in table below. *(Note: all figures are shown in £000's in all tables)*

3.3

Theme	Target Savings	Planned Savings (Rec)	Planned Savings (Non Rec)	Grand Total	Savings Gap (In Cash Terms)
Unscheduled Care / Long Term Conditions	£5,043	£4,252	£791	£5,043	£0
Planned Care	£5,691	£5,547	£50	£5,597	-£94
Prescribing	£7,526	£7,526	£0	£7,526	£0
Primary Care	£1,500	£0	£1,500	£1,500	£0
Community Care	£3,000	£3,109	£0	£3,109	£109
Mental Health	£1,200	£850	£0	£850	-£350
Learning Disabilities	£2,500	£2,500	£0	£2,500	£0
Continuing Health Care	£2,200	£2,200	£0	£2,200	£0
Non Clinical	£1,150	£0	£650	£650	-£500
Contract Contributions	£0	£1,523	£0	£1,523	£1,523
Grand Total	**£29,810**	**£27,507**	**£2,991**	**£30,498**	**£688**

3.4 The over planning of savings allows for risk mitigation in relation to shifts in the potential realisation. Alongside the savings shown above further benefits in relation to avoiding growth equates to an additional £1.8m of benefit.

3.5 Based on the application of assumed timescales for delivery of individual QIPP schemes, the table below demonstrates expected phasing of savings delivery by quarter throughout 2012/13. As can be noted from the quarterly profiles above significant delivery is required from quarter 2 onwards.

3.6

Theme	Q1	Q2	Q3	Q4
Unscheduled Care / Long Term Conditions	£556	£1,449	£1,589	£1,448
Planned Care	£220	£1,382	£1,973	£2,023
Prescribing	£4,132	£1,132	£1,132	£1,132
Primary Care	£0	£0	£750	£750
Community Care	£750	£786	£786	£786
Mental Health	£0	£0	£175	£675
Learning Disabilities	£0	£833	£833	£833
Continuing Health Care	£1,750	£150	£150	£150
Non Clinical	£0	£0	£0	£650
Contract Contributions	£381	£381	£381	£381
Grand Total	**£7,788**	**£6,113**	**£7,769**	**£8,828**
	26%	*20%*	*25%*	*29%*

3.7 Savings Position as at end July 2012.

3.8 At month 4 the projected savings delivery within 2012/13 is £27.2m of cashable savings, as shown in the table below.

3.9

Theme	Target Savings	Assumed Savings (Rec)	Assumed Savings (Non Rec)	Assumed Grand Total	Savings Gap (In Cash Terms)
Unscheduled Care / Long Term Conditions	£5,043	£2,309	£1,396	£3,705	-£1,338
Planned Care	£5,691	£4,139	£25	£4,164	-£1,528
Prescribing	£7,526	£7,526	£0	£7,526	£0
Primary Care	£1,500	£0	£1,426	£1,426	-£75
Community Care	£3,000	£2,487	£0	£2,487	-£513
Mental Health	£1,200	£675	£0	£675	-£525
Learning Disabilities	£2,500	£2,000	£0	£2,000	-£500
Continuing Health Care	£2,200	£3,080	£0	£3,080	£880
Non Clinical	£1,150	£0	£590	£590	-£560
Contract Contributions	£0	£1,500	£0	£1,500	£1,500
Grand Total	**£29,810**	**£23,716**	**£3,436**	**£27,152**	**-£2,658**

3.10 The gap from financial requirement can be addressed with non recurrent contingent resources.

3.11 The mitigating actions to address the projected £2.7m shortfall on a recurrent basis can be noted as:

1) Continue to increase the planned savings position to over plan beyond requirement; building in contingency for slippage in scheme delivery.
2) Review of in year delivery to assess if the benefits realisation from existing projects can be increased.
3) There is a focus on understanding the increased unscheduled care acute admissions; to ensure QIPP programmes are in place to effectively impact upon the increased spend and ensure services are developed to care for people at right time, in right place.
4) The Your Health, Your Care strategic implementation plan is

modelling the impact from the priority areas for change, including key components of the QIPP programme, over the next 5 years to ensure recurrent change into 2013/14 and beyond.

4 Current Key Risks and Proposed Remedial Actions

4.1 The key risks from across the QIPP programme can be noted within the table below, alongside their remedial actions:

4.2

Key Risks	(L) (1-5)	(C) (1-5)	Total	Remedial Actions
Insufficient plans for reassurance regarding financial stability moving into 2012/13.	3	5	15	Director leadership at theme level, further projects in development for additional saving. Contingency and non-recurrent slippage identified to support delivery of control total. Further ideas under development.
Insufficient engagement across the health community with regards to savings plans.	2	4	8	Theme directors responsible for ensuring contractual engagement, QIPP health community groups in place to ensure senior clinical, management and financial sign up. Joint approach to inclusion in contracts for 2012/13. Alignment to Gloucestershire Strategy for Care.
Insufficient detail to map impact in relation to workforce and provider capacity.	3	4	12	Business case process requires that all projects are fully scoped for service outcomes including workforce and bed impact. Routine performance management of both business case preparation and project implementation ensures consistent and targeted focus on these areas. The Resources Steering Group routinely review system workforce and capacity

				impacts as part of the strategic review for the health community operating framework and plan.
Signification proportion of 2012-13 business cases still under development with no planned go live date.	2	4	18	Focus pieces of work across Gloucestershire Health Community to progress development of business case.

5 QIPP Programme Updates

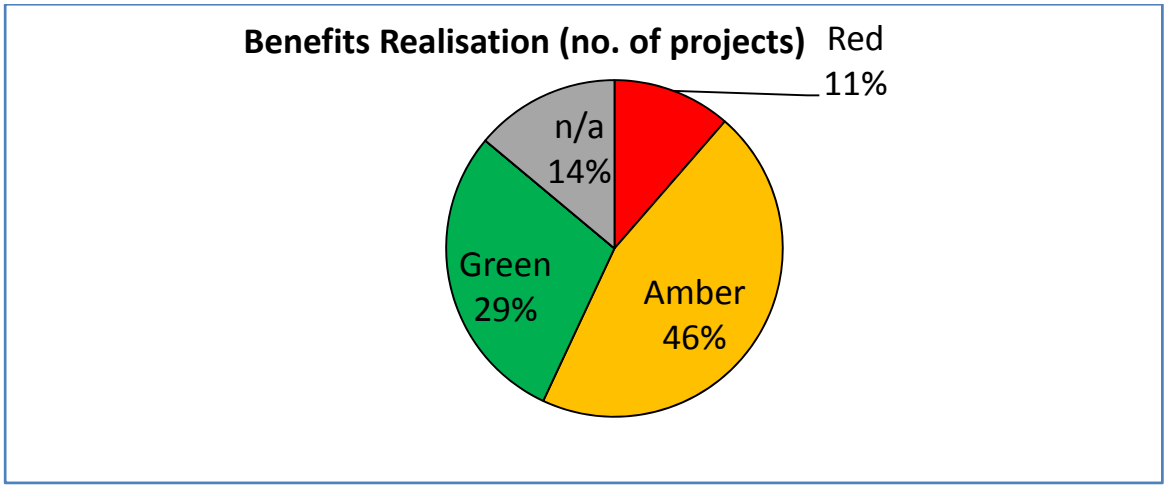
5.1 A robust programme management process has been developed to ensure governance mechanisms are in place to performance manage delivery.

5.2 Programmes and projects are assessed in relation to the following 2 perspectives:

- Project Management. Robustness of project plan and ability to deliver against key milestones for implementation.
- Benefits realisation. Ability to deliver financial outcome as proposed within the original project plan assumptions.

5.3 Currently there are 71 QIPP projects included within the programme, assigned as Raised, Open (Implementation) and Open (Performance Management) of which the % assessed as red, amber of green rating for project management are shown in the chart below.

5.4



5.5 Since the previous report the projects assessed as green have remained at 29%, amber risk rating has decreased to 46% (from 50%) and a subsequent slight increase in red schemes to 11% (from 9%).

5.6 The current highlight programme report is attached within appendix A, detailing:

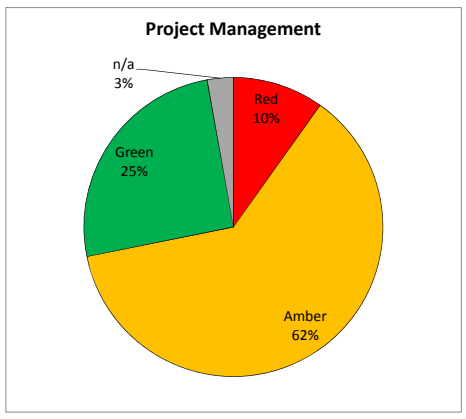
- Key Achievements
- Red or significant amber risk programme areas and mitigating actions.

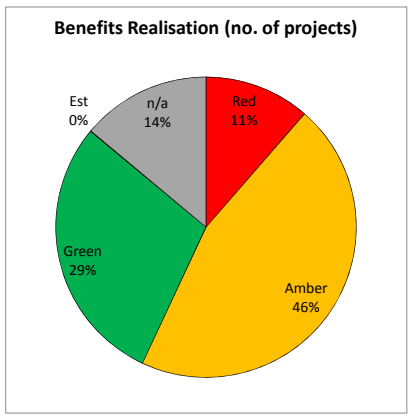
6 Supporting Documents

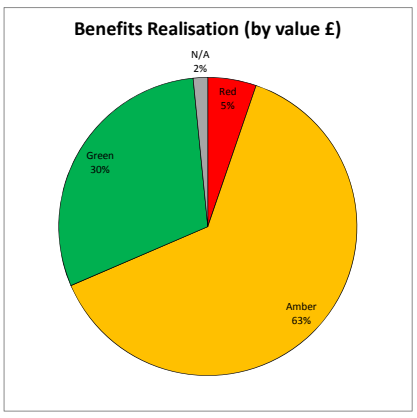
6.1 Appendix 1: QIPP Highlight Performance Report (August 2012)

Programme Management Office

QIPP Highlight Performance Report August 2012
Overview







Key		
Project Status:	**Green**	Project documentation well developed programme of work on track.
	Amber	Further work required within project documentation, some slippage in milestones.
	Red	Limited project documentation completed or project implementation delayed.
Benefits Realisation:	**Green**	KPIs on track, high level of confidence in ability to deliver outcome, contract mechanisms are in place.
	Amber	The scheme is on track but concerns around benefits to be realised.
	Red	Limited or no confidence in delivery of outcome.

Red Programme	**Reasons and Actions**
Planned Care	(Red rating based on both project management and benefits realisation assessment, dependent on size, priority and complexity of workstream)
Consultant to Consultant Referrals	Consultant to Consultant Referral Policy under discussion, however NHS Gloucestershire programme lead is currently exploring opportunity across all 'other' referrals and not specifically consultants.
Community IV Service (Planned Procedures)	Operational pathway issues flagged by GHNHSFT and require further provider to provider (GCS to GHNHSFT) conversation to resolve issues. Scheme implementation delay and secondary care pathway issues will have significant impact upon activity as the service and benefits realisation commenced in November 2011. Ongoing performance management of scheme monitored by NHSG & GCS QIPP Performance Operational Group. Performance data at year end of 2011/12 showed limited impact.
Significant Amber Risks	
Telehealth (LTC Theme)	As at 30th August 2012, 450 patients have been referred to telethealth within the county - the deployment of units across Gloucestershire remains challenging. A robust communication and engagement plan is in place and will be need to be further developed throughout 2012-13 in order to reach 2000 unit deployment trajectory. Additional resource has been agreed to support clinical engagement.
T&O Programme	A significant risk share (GHNHSFT) has been agreed for the 2012-13 T&O Pathways Programme, which has resulted in the programme moving from red to amber risk rating for benefits realisation. However NHSG are committed to developing a joint programme with GHNHSFT to deliver the required efficiencies and performance targets. The 2012-13 programme with align 18wk RTT to pathway development. Generic MSK pathway mapping events took place in July and a draft generic pathway was developed; further details of each step are currently being worked up and feedback gathered from clinicians across the community. A spinal pathway workshop was held on 25th July 2012 and where gaps in the current pathway were identified and seperate workstreams developed to analyse and work up potential future options.
Dermatology	As part of the clinically led programme strucuture in place by CCG, a Dermatology programme is under development. The component projects include Demand Management, work on Primary Care DES, Advice & Guidance, Interface Services (both equity of provision and alignment) and clinical guidelines (including specific pathway re design). A programme team has been established led by Dr Andy Seymour. Key programme outcomes to date include Dermatology Advice & Guidance and an Interface Service for Tewkesbury went live in June 2012. A Gloucester City GPSI Dermatology Service trial has been to market an a preferred provider appointed - aiming for service go live in October 2012. The Clinical Programme Board continue to develop a health community approach to thedesign and implementation of a future intermediate tier model, with an aim to implement during 2013/14.
Enhanced Community Provision	The Enhanced Community Provision Programme equates to a significant part of the unscheduled care programme in 2012-13, with a two thirds risk share to NHSG. Projects within the programme include Living Well, case management and Use Of Community Hospital Beds. Increased emergency activity places a pressure on the work programme, underlying cause analysis is currently being undertaken.

Green Programme	**Key Achievements**
Planned Care	(Red rating based on both project management and benefits realisation assessment, dependent on size, priority and complexity of workstream)
GP Peer Review	GP Peer Review (3 specialty min.) went live countywide in November 2011, with all practices in the county signed up to a form of peer review (in house design or NHSG QoF QP Scheme). Performance data (Nov -11 to July - 12) indicates a 9.7% reduction in GP referrals and a 6.9% reduction in first outpatient attendances (including waiting list impact). The 12-13 scheme aims to expand to all practices peer reviewing all specialty referrals under a LES, within which currently 86%. Only 1 practice is still to sign up to any form of peer review.
Unscheduled Care	
ADU	ADU went live at CGH in November 2011 and currently offers the following services: DVT, Infusions and PE's (where appropriate). The 2012-13 scheme looks to expand ADU's to cover all ambulatory care pathways, scheduled for October 2012.
Community IV Therapies (Unplanned Procedures)	Service commenced 1st November 2011 and provides countywide access to IV therapy in the community. Primary Care clinical feedback has remained positive.
Respiratory - Pulmonary Rehab	Service commenced 1st November 2011 and Pulmonary Rehabilitation courses are available to patients across the county.
Learning Disabilities	
LD Liaison Nurses	LD Liaison Nurses contract extended and in place from March 2011. In year benefits realisation to be monitored via nurse led data capture and develop business case for permanent service with GHFT.
Joint Funding & CHC Reviews (Learning Disabilities Theme)	GCC and NHSG Joint Funding Policy and Criteria was agreed at the Joint Commissioning Partnership Executive on 24th July 2012.