

NHS Swale CCG

Integrated Performance Report

Month 2 2014/15 (July 2014)

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A) Introduction

This report details the key messages regarding NHS Swale CCG's achievement against the NHS Constitution, Outcomes Framework and delivery of QIPP plans. In addition it provides a summary of contract performance at Medway NHS Trust.

Information within this report covers the financial year 2014/15.

Key points of note are detailed in the Executive Summary. Actions and next steps to mitigate any performance concerns are detailed in the relevant section of the report.

B) Executive Summary

NHS Outcomes Framework

- The CCG is reporting improvements in performance or sustained levels of performance across the range of outcomes with the exception of:
 - Patient experience of GP out of hours services
 - Incidence of Healthcare associated infection - MRSA

NHS Constitution

- For the latest reporting month, May 2014, the CCG has achieved all, but five national targets; Category A Red 1 and 2 8 minute response times, A&E four hour waits, 31 day subsequent treatment (surgery) and 62 day to first treatment GP urgent cancer referral waits.
- For quarter one 2014/15, cumulative, the CCG is meeting all its national standards, except for A&E four hour waits (where two months of data exist).
- For the latest reporting month, May 2014, the CCG has met all, but three national supporting measures; 52 week waits, mixed sex accommodation and Ambulance Handovers.
- For quarter one 2014/15, cumulative, the CCG has met all, but two national supporting measures; 52 week waits and mixed sex accommodation.

Quality Premium

- The CCG is estimating its achievement against the Quality Premium payment to be 46.8%. This is unchanged from the previous month's report.

Provider Performance – Medway NHS Foundation Trust

- There are concerns around the sustainability of referral to treatment standards in a number of specialties, including Orthopaedics. Four hour A&E waits continues to remain below standard.

C) CCG Assurance Framework

BALANCED SCORECARD

The CCG Assurance Framework Balanced Scorecard (Q3) is presented below:

| | | |
|-----------------|---|-------------|
| Domain 1 | Are local people getting good quality care? | AMBER-GREEN |
| Domain 2 | Are patients rights under the NHS Constitution being promoted? | AMBER-RED |
| Domain 3 | Are health outcomes improving for local people? | AMBER-GREEN |
| Domain 4 | Are CCGs delivering services within their financial plans? | AMBER-GREEN |
| Domain 5 | Are conditions of CCG authorisation being addressed and removed (where relevant)? | NO RAG |

Performance for Domain 2 relates to the non-compliance against the A&E 4 hour target and mixed sex accommodation. Further detail in relation to A&E performance and mixed sex accommodation can be found in Section “F” of this report.

Performance for Domain 3 has deteriorated due to the case reported for incidence of healthcare associated infection (HCAI); further information can be found in the Quality & Safety report.

D) NHS Outcomes Framework

SCORECARD:

■ Target met
 ■ within 5% of target
 ■ >5% away from target

| NHS Outcome Framework Domain and Indicator - 2013/14 (DGS) | | Period | National Average | Current Data | Previous Data | Direction |
|---|--|------------------|------------------|--------------|---------------|-----------|
| 1 - Preventing people from dying prematurely | | | | | | |
| 1a | Potential Years of life Lost (PYLL) from causes considered amendable to healthcare (rate per 100,000 population) | 2012 | 2060.8 | 1728.3 | 2073.9 | ↑ |
| 1.1 | Under 75 mortality from cardiovascular disease | 2012 | 65.5 | 71.9 | 71.8 | → |
| 1.2 | Under 75 mortality from respiratory disease | 2012 | 27.4 | 22.9 | 26.3 | ↑ |
| 1.3 | Emergency admissions from alcohol related liver disease | Oct 12 - Sept 13 | 24.7 | 37.7 | 36.6 | → |
| 1.4 | Under 75 mortality from cancer | 2012 | 123.3 | 118.3 | 132.9 | ↑ |
| 2 - Enhancing quality of life for people with long-term conditions | | | | | | |
| 2 | Health related quality of life for people with long term conditions | Jul 12-Mar 13 | 74% | 72% | 71% | → |
| 2.1 | Proportion of people feeling supported to manage their condition - PROXY MEASURE | Mar-Sep 13 | 64.0 | 62.1 | 63.8 | → |
| 2.3i | Unplanned hospitalisation from chronic ambulatory care sensitive conditions (adult rate per 100,000 population) | Oct 12 - Sept 13 | 788 | 783.5 | 773.1 | → |
| 2.3ii | Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s | Oct 12 - Sept 13 | 311 | 319.5 | 312.1 | → |
| 3 - Helping people to recover from episodes of ill health or following injury | | | | | | |
| 3a | Emergency admissions for acute conditions that should not usually require hospital admission | Oct 12 - Sept 13 | 1186.5 | 1175.1 | 1178.7 | → |
| 3b | Emergency readmission within 30 days of discharge from hospital | 2011/12 | 11.80% | 11.1% | 12.30% | ↑ |
| 3.1i | PROMs for elective procedures - hip replacement | 2011/12 | 0.41 | 0.44 | 0.37 | ↑ |
| 3.1ii | PROMs for elective procedures - knee replacement | 2011/12 | 0.29 | 0.28 | 0.29 | → |
| 3.1iii | PROMs for elective procedures - groin hernia | 2011/12 | 0.08 | 0.14 | | |
| 3.2 | Emergency admissions for children with lower respiratory tract infections (LRT) | Oct 12 - Sept 13 | 385.3 | 377.4 | 367.7 | → |
| 4 - Ensuring that people have a positive experience of care | | | | | | |
| 4aii | Patient experience of GP out of hours services - PROXY MEASURE | Mar-Sep 13 | 67.5% | 57% | 65.5% | ↓ |
| 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm | | | | | | |
| 5.2i | Incidence of health care associated infection: MRSA (rate per 100,000 population) - PROXY MEASURE | 04/13 - 12/13 | 1.8 | 1.9 | 0 | ↓ |
| 5.2ii | Incidence of health care associated infection: Cdifficile (rate per 100,000 population) - PROXY MEASURE | 04/13 - 12/13 | 27.9 | 24.3 | 28 | ↑ |

Please note that the NHS Outcomes reported have been updated in some incidences with proxy measures in order to have a more timely position with which to assess CCG achievement. In these cases the data used may not match exactly to the national measurement methodology, but gives a good indication of trend.

Proxy reporting for the suite of emergency admission outcomes is being developed by the CCG/KMCS and will be ready for the next report.

Based on the proxy measures and the outcomes based upon timely nationally published data the CCG is reporting improvements in performance or sustained levels of performance across the range of outcomes with the exception of:

- Patient experience of GP out of hours services
- Incidence of Healthcare associated infection - MRSA

Actions:

- The outcomes will continue to be monitored and more timely proxy measures identified to improve reporting.
- Patient engagement forums through the process of re-commissioning of Out of Hours services will identify why patient experience has reduced and highlight possible mitigation.

E) NHS Constitution

SCORECARD: MAY 2014/15

| Indicators | Level | Target | Period | Monthly Performance | Q1 - YTD |
|--|-----------|--------|--------|---------------------|----------|
| Referral to treatment - admitted patients within 18 weeks | Swale CCG | 90% | May-14 | 91.60% | 90.88% |
| Referral to treatment - non-admitted patients within 18 weeks | Swale CCG | 95% | May-14 | 97.15% | 97.31% |
| Referral to treatment - incomplete pathways less than 18 weeks | Swale CCG | 92% | May-14 | 94.95% | 94.67% |
| Diagnostic waiting times - six week breaches | Swale CCG | 99% | May-14 | 99.81% | 99.63% |
| Emergency access - A&E 4 hour waits | MFT | 95% | May-14 | 84.38% | 88.91% |
| Cancer - two week wait from urgent referral | Swale CCG | 93% | Apr-14 | 95.53% | 95.53% |
| Cancer - two week wait for breast symptom referral | Swale CCG | 93% | Apr-14 | 93.10% | 93.10% |
| Cancer - 31 day diagnosis to treatment | Swale CCG | 96% | Apr-14 | 100.00% | 100.00% |
| Cancer - 31 day subsequent treatment (Surgery) | Swale CCG | 94% | Apr-14 | 90.00% | 90.00% |
| Cancer - 31 day subsequent treatment (Anti-cancer drug regime) | Swale CCG | 98% | Apr-14 | 100.00% | 100.00% |
| Cancer - 31 day subsequent treatment (Radiotherapy) | Swale CCG | 94% | Apr-14 | 100.00% | 100.00% |
| Cancer - 62 day urgent referral to first treatment | Swale CCG | 85% | Apr-14 | 81.82% | 81.82% |
| Cancer - 62 day screening referral to first treatment | Swale CCG | 90% | Apr-14 | 100.00% | 100.00% |
| Cancer - 62 day consultant upgrade referral to first treatment | Swale CCG | n/a | Apr-14 | 100.0% | 100.00% |
| Ambulance response - category A all calls in 8 minutes (Red 1) | SECAMB | 75% | May-14 | 73.01% | 75.60% |
| Ambulance response - category A all calls in 8 minutes (Red 2) | SECAMB | 75% | May-14 | 73.82% | 76.30% |
| Ambulance response - category A all calls in 19 minutes | SECAMB | 95% | May-14 | 96.81% | 95.70% |
| Supporting Indicators | Level | Target | Period | Performance | Q1-YTD |
| Mixed sex accommodation breaches | Swale CCG | 0 | May-14 | 8 | 8 |
| Operation cancelled on or after day of admission | Swale CCG | 0 | | Quarterly Reporting | |
| Operation cancelled 2nd time | Swale CCG | 0 | | Quarterly Reporting | |
| Care Programme Approach 7-day follow up | KMPT | 95% | | Quarterly Reporting | |
| Zero tolerance to over 52 week waiters | Swale CCG | 0 | May-14 | 4 | 6 |
| Emergency access - A&E 12 hour waits from decision to admit | MFT | 0 | | 0 | |
| Ambulance Handover Compliance* | SECAMB | 100% | Apr-14 | 80.20% | 80.2% |

SUMMARY:

For the latest reporting month, May 2014, the CCG has breached five national standards, and two supporting measures. The failing national standards are SECAMB Category A Red 1 and Red 2 8 minute response times, A&E four hour waits, 31 day subsequent treatment (surgery) and 62 day to first treatment GP urgent cancer referral waits.

The supporting measure failures are for 52 week waiters, mixed sex accommodation and Ambulance Handovers, although it should be noted that the latter does not form part of the CCG Assurance Framework delivery dashboard and assurance conversations with the Area Team / NHS England.

The CCG Assurance process continues to be run on a quarterly basis, and for the cumulative position for Quarter one of 2014/15, where at least two months of data exists, the CCG is meeting all its national standards, except for A&E four hour waits, and failing two of the supporting measures: 52 week waits and mixed sex accommodation.

A&E FOUR HOUR WAITS:

For the latest reporting month, May 2014, Medway Foundation NHS Trust (MFT) failed the 95% standard achieving 84.38%. From latest SITREPs performance for the week ending 6th July, achievement is at 89.27%, which is an improvement as the average for the past four weeks has only been at 84.61%.

Whilst Swale, from unvalidated data, appears not to have seen a greater level of admissions as a result of pressures in A&E, the Trust as a whole is seeing an increase, after a drop in the levels of admissions of 9.2% in 2013/14. During 2013/14 the average admissions per day from A&E was 29, this has increased in the year to date to 37 admissions via A&E. The growth can be seen back to January and Swale with the lead commissioner, NHS Medway, are working with the Trust to understand this growth, including a direct link to the winter ward.

The pressure in the system, caused by a high level of agency staffing, lack of middle grade doctors and use of locums, and the general operational issues through the Trust, will all potentially reduce the threshold for admission.

In recent months there has been an evidenced increase in the numbers of patients attending from their GP and will be part of an audit at the end of July.

Ambulance conveyances appear to have been sustained at their high levels of 2013/14, with an average of 90 ambulances a day, but at the same time SECAMB to MedOCC pathway utilisation has increased which suggests an overall growth in demand.

Actions:

- An audit of A&E attendances with a particular focus on how patients are presenting, looking at pathway utilisation, GP referrals, and alternative pathways.
- Close monitoring of admissions as the Medway IDT expands, having more of a front end presence. What is the impact of working more closely with clinicians to avoid admissions.

AMBULANCE CATEGORY A RED 1 AND 2, 8 MINUTE / CATEGORY A 19 MINUTE RESPONSE TIMES:

As reported last month, concerns regarding SECAMB's ability to maintain performance in its three national standard KPIs has proved correct and all three failed in May 2014. It should be noted that cumulative quarterly performance is still within the national target, but combined with the failure of this target during 2013/14 there is on-going concern that actions are not in place to mitigate the under-performance within the 2014/15 contract, recognising that it is yet to be signed.

Action: As part of the contract it is expected that SECAMB will produce an improvement plan for Red1 and 2 targets. In the meantime the CCG is able to apply financial penalties for non-achievement of these targets.

52 WEEK WAITS:

In May 2014, the CCG reported nine 52 week waiters, 8 at Kings College Hospital and 1 at UCLH. The CCG awaits a report via KMCS for the UCLH breach. The King's breaches remain in the specialties of General Surgery, Gastroenterology and Neurosurgery and the reasons for the breaches have been outlined in previous months' reports. Kings have given assurances that no patient harms have occurred as a direct result of the long waits and the Quality team are reviewing whether the statement provided gives the CCG assurance on patient harms. In addition the CCG continues to liaise with Kings regarding the status of its patients and the achievement of the recovery plan as outlined in last month's report.

It should be noted that Kings have applied for additional monies via the recent national process for RTT additional activity plans. Most of the activity relates to specialist services and so the impact on the CCG's contract is minimal.

Actions:

- CCG to review the Kings statement on patient harms and if required go back to the Trust to seek further assurance.
- CCG to continue to liaise with Kings regarding the achievement of the recovery trajectory and position statement on Swale long waiting patients.

ADMITTED REFERRAL TO TREATMENT TIME STANDARD:

Last month it was reported that Swale had failed the RTT admitted target, however revised national figures now report achievement of the standard at 90.07%. Despite this there are obviously still issues at certain providers as reported last month that still require investigation.

Whilst the CCG still awaits information regarding Plastic Surgery at Queen Victoria Foundation Trust, it should be noted that the national directive for additional RTT activity and funding has resulted in Swale CCG receiving additional funding of £329k, of which £229k is allocated to Medway Foundation Trust. This should help to alleviate the issues within Orthopaedics in particular where the Trust plans to utilise weekend working and Independent Sector providers to extend capacity in July and August in order to reduce their backlog of over 16 week waiters.

CANCER WAITS:

Whilst the CCG has breached two cancer waiting times standards it should be noted that due to the very small number of patients concerned only a combined total of three breaches has caused the failure in these standards. As such the CCG will continue to monitor these standards, but have not allocated specific actions for rectification prior to evidence of a continued underlying trend.

F) Quality Premium

Against the pre-qualifying criteria and Quality Premium national and local measures the CCG is estimated to achieve 46.8% of the available payment. This represents no movement from the position detailed in last month's report.

The tables have been updated to include delivery information against the CCG's three local priorities which were submitted to the Area Team as evidence of its achievement. Previous information was based upon the CCG's self-certification submission for quarter 4 which indicated that all local priorities had been achieved.

The Area Team will now make an assessment as to whether the information supplied by the CCG is sufficient as evidence.

The Quality Premium is intended to reward CCGs for improvements to the quality of the services that they commission and for associated improvements in health outcomes.

The Quality Premium will be paid to CCGs in 2014/15, based on the quality of health services in 2013/14. This will be based upon four national measures and three local priorities.

In addition there are two pre-qualifying criterion:

- A CCG manages within its total resource envelope for 2013/14, and does not exceed the agreed level of surplus drawdown.
- The total payment for a CCG (based on the seven national/local measures) will be reduced if its Providers do not meet the NHS Constitution rights and pledges for patients in relation to four key areas. Each failure will result in a 25% reduction to the available Quality Premium payment.

Please note NHS England reserves the right not to make any Quality Premium payment in the case of serious quality failures i.e. if the Care Quality Commission judge a provider, from whom the CCG commissions services, is in serious breach of its registration requirement.

QUALITY PREMIUM MEASURES:

| Indicator | Target | Value Towards Quality Premium | Period | Performance | Predicted Quality Premium Achievement |
|---|---|-------------------------------|------------------|--|---------------------------------------|
| National Measures | | | | | |
| Potential Years of Life Lost from cause considered amenable to Healthcare; adults, children and young people | 3% reduction 2014 cf. 2013 | 12.50% | 2012 cf. 2011 | -16.7% | 12.5% |
| Avoidable Emergency Admissions Composite Measure | Reduction or 0% change 2013/14 cf. 2012/13 | 25% | Oct-12 to Sep-13 | All four measures are maintaining previous levels of performance | 0.00% |
| Friends and Family Test | Improvement in average FFT Score for Inpatients and A&E - Q1 2014/15 cf. Q1 2013/14 | 12.50% | Q4 v Q1 2013/14 | Q4 - 21.3% | 12.50% |
| Incidence of MRSA and Cdiff | No cases of MRSA and Cdiff is below threshold | 12.50% | Apr-Mar 2013/14 | MRSA Cases - 2 Cdiff Cases 26 cf. 30 Target | 0% |
| Local Priority Measures | | | | | |
| Percentage of people on the hypertension disease register who have a face to face cardiovascular risk assessment (QOF Indicator PP1)* | 50% | 12.50% | Apr-Mar 2013/14 | 60.20% | 12.50% |
| No. of people identified through risk stratification as at highest risk of hospital admission who have an anticipatory care plan produced by a multi-disciplinary team* | 300 | 12.50% | Apr-Mar 2013/14 | 366 | 12.50% |
| Patients included on an End of Life Register as a proportion of predicatable deaths* | 25% / 199 People | 12.50% | Apr-Mar 2013/14 | 35% / 282 patients | 12.50% |
| Predicted Quality Premium Achievement | | | | | 62.5% |

* Local priorities have been assessed as achieving within the 2013/14 Quarter 4 CCG Self-Certification. Data providing evidence of that achievement will need to be agreed with the Area Team prior to the end of September 2014.

PRE-QUALIFYING CRITERIA:

| Indicator | Target | Period | Level | Performance | Impact on Level of Quality Premium Available |
|--|--------|----------------|--------|--------------|--|
| Patients on Incomplete Non-emergency pathways Waiting Less than 18 Weeks | <92% | Apr-Mar 13/14 | CCG | 94.4% | 25% |
| Patients should be admitted, transferred or discharged, within 4 hours of their arrival at an A&E department | >95% | Apr- Mar 13/14 | MFT | 88.8% | 0% |
| Maximum 62 day wait from urgent GP Referral to first definitive treatment for cancer | >85% | Apr-Mar 13/14 | CCG | 90.1% | 25% |
| Cat A Red 1 Ambulance calls resulting in an emergency response arriving within 8 Minutes | >75% | Apr- Mar 13/14 | SECAMB | 76.8% | 25% |
| | | | | Total | 75% |

G) Provider Performance – Medway NHS Foundation Trust

NHS CONSTITUTION:

| Indicators | Level | Target | Period | Monthly Performance | Q1 - YTD |
|--|--------------|---------------|---------------|---------------------|---------------|
| Referral to treatment - admitted patients within 18 weeks | MFT | 90% | May-14 | 91.24% | 91.24% |
| Referral to treatment - non-admitted patients within 18 weeks | MFT | 95% | May-14 | 97.75% | 97.75% |
| Referral to treatment - incomplete pathways less than 18 weeks | MFT | 92% | May-14 | 96.42% | 96.42% |
| Diagnostic waiting times - six week breaches | MFT | 99% | May-14 | 99.83% | 99.83% |
| Emergency access - A&E 4 hour waits | MFT | 95% | May-14 | 84.38% | 88.91% |
| Cancer - two week wait from urgent referral | MFT | 93% | Apr-14 | 93.03% | 93.03% |
| Cancer - two week wait for breast symptom referral | MFT | 93% | Apr-14 | 94.12% | 94.12% |
| Cancer - 31 day diagnosis to treatment | MFT | 96% | Apr-14 | 96.70% | 96.70% |
| Cancer - 31 day subsequent treatment (Surgery) | MFT | 94% | Apr-14 | 95.00% | 95.00% |
| Cancer - 31 day subsequent treatment (Anti-cancer drug regime) | MFT | 98% | Apr-14 | 100.00% | 100.00% |
| Cancer - 31 day subsequent treatment (Radiotherapy) | MFT | 94% | Apr-14 | | |
| Cancer - 62 day urgent referral to first treatment | MFT | 85% | Apr-14 | 92.63% | 92.63% |
| Cancer - 62 day screening referral to first treatment | MFT | 90% | Apr-14 | 100.00% | 100.00% |
| Cancer - 62 day consultant upgrade referral to first treatment | MFT | | Apr-14 | 100.00% | 100.00% |
| Supporting Indicators | Level | Target | Period | Performance | Q1-YTD |
| Mixed sex accommodation breaches | MFT | 0 | May-14 | 29 | 29 |
| Operation cancelled on or after day of admission | MFT | 0 | | Reported Quarterly | |
| Operation cancelled 2nd time | MFT | 0 | | Reported Quarterly | |
| Zero tolerance to over 52 week waiters | MFT | 0 | May-14 | 0 | 0 |
| Emergency access - A&E 12 hour waits from decision to admit | MFT | 100% | | 0 | 0 |

The Trust has reported breaches in two targets; A&E four hour waits and mixed sex accommodation. All other targets have been achieved for the months of April/May 2014/15.

Actions and mitigations are included within the CCG NHS Constitution section of this report and the Quality Report.

CONTRACT PERFORMANCE:

Please note that SUS data is not yet available to the CCG for 2014/15. As such information within this section has been drawn from both real time data and the Trust's performance report. Therefore it is an indication of CCG performance and can only be used to highlight key trends.

NON-ADMITTED AND ADMITTED ELECTIVES:

From real time data, comparing April to June 2014 to the same period in the previous year, outpatient activity is showing a growth rate of -0.2%, daycases 11.0% and inpatients -0.4%.

Whilst this may convert to favourable contract financial performance, the CCG will need to understand the impact on waiting lists and also Referral to Treatment Times (RTT) and backlogs, given the issues of capacity and RTT performance highlighted within the NHS Constitution section of this report.

Actions:

- When SUS data is available IPM to review the contract performance in admitted and non-admitted electives and triangulate this with referrals, waiting lists and RTT performance.

UNSCHEDULED CARE:

From real time data, comparing April to June 2014 to the same period in the previous year, total unscheduled care discharges are showing a growth of -3.5%. This is mirrored in both long and short stays, with long stay, over one day length of stays down by -3.6% whilst short stays are down -3.3%.

Accident and Emergency attendances have grown by 5.0%, or 175 attendances year on year. The volume of discharges are down by 64 which would suggest that activity arriving into the Emergency Department is not of a higher acuity.

Actions:

- The A&E audit at the end of July will review how patients are presenting to the Emergency Department to help to understand the growth in A&E attendances.

H) Programme Management

QIPP UPDATE

At the time of writing this report SUS data was not available to allow the monitoring of the delivery of the QIPP schemes in 2014/15. As such this section of the report focuses on providing an update on the programme areas in terms of their implementation, highlighting on an exception basis any risks to delivery at this stage.

URGENT CARE

There are a total of eight schemes of which 5 have a financial QIPP allocated to them, totalling £744k of savings. Of these schemes seven are rated as on plan and only one is flagged as amber.

- a. JAS01 Support to Nursing and Residential Homes (Amber): Whilst implementation of this project is rated as green with the care home facilitator in post, on-going Information Governance issues cause the project to be amber overall. This prevents the production of the care homes dashboard which would be used to monitor the overall impact of the project. In the interim a manual report form the care home facilitator will be used to assist in financial modelling of the delivery of the project. The scheme has £125k of savings identified.

Actions:

- Liaise with IPM to evaluate the options available to identify care home patients.

PLANNED CARE

There are a total of seven schemes of which have a financial QIPP allocated to them, totalling £566k of savings. Of these schemes one is rated Red, and six are Amber.

- a. Polysomnography (Amber): Rated amber due to the late commencement of the service in early August rather than as planned in June. The delay has been caused by the refurbishment of rooms to allow study to commence.
- b. Direct Access Pathology Pricing (Red): There was an expectation in planning that the block contract for Medway Foundation Trust pathology could be reduced by £150k. Whilst the contract is not yet signed this is not going to be implemented and so will not realise any savings in 2014/15.

- c. Ophthalmology – Repeat pressures scheme and PEARS (Amber): rated amber due to the delay in the primary eye assessment and referral scheme. Whilst six optometrists in Swale have been trained and assessed the outcome of that is awaited.
Action: The PEARS service in Medway has been notified to treat Swale patients to ensure that the expected level of reduction in outpatient appointments to Maidstone and Tunbridge Wells NHS Trust is achieved while we await the commencement of the Swale service.
- d. Ear Microsuction Service (Amber): A General Practitioner has been identified as an interested party in offering this service. However the lead commissioner is struggling to get engagement from Medway Foundation Trust given the current organisational difficulties the Trust is experiencing.
- e. Outpatient Improvement Programme (Amber): This comprises of two schemes, the first to achieve a reduction to the block in outpatients (£180k saving) within the Medway Foundation Trust contract, and the second to set follow-up outpatient rates in the contract (£198k saving). Again, whilst the contract is not signed the 2014/15 contract is based on outpatients being charged on a cost per case basis. However the combined scheme remains amber rated as the move to cost per case would be offset by the contractual follow-up rates and so the net position will not be known until the contract is agreed and monthly monitoring commences.
- f. Anticoagulation Service (Amber): This is an AQP procurement planned to increase the provision within community and primary care with an associated reduction in the Medway Foundation Trust block, to deliver a zero net impact. Community contracts have now been issued and the Boots pharmacy service commencement is imminent. However the latter has been delayed due to the lack of access to pathology results.

MENTAL HEALTH

There are a total of nine schemes of which have a financial QIPP allocated to them, totalling £80k of savings, however that is net of £388k in investments. Of these schemes and three are rated Amber and the rest are on plan.

- a. ADHD All Age Pathway (Amber): This is a two year project with scoping occurring in 2014/15 and potential procurement in 2015/16. The scheme has been delayed, but the CCG has been notified that a project manager has been identified and will commence the start-up of the project on 7th July. There are no identified QIPP savings in 2014/15.
- b. Review Substance Misuse Service (Amber): Whilst there are no savings identified in the Mental Health programme there will be associated savings identified within the Prescribing QIPP schemes. The service has been in place for nine months, however the level of referrals is not yet at planned levels in order to reduce prescribing savings.

Actions:

- A revised pathway is currently being completed by the provider to simplify the referral process in case this is causing a blockage.
- The CCG and provider (Turning Point) to meet with all participating practices to advice of revised pathway.

- c. Urgent Care Pathway Review (Amber): A local CQUIN has been developed, based on a North-East England model, regarding reconfiguration of the crisis team and their urgent response. The purpose being to reduce A&E attendances at Medway Foundation Trust, reduce ambulance conveyances, reduce Mental Health inpatient admissions, improve patient care, response times and access to service by GP and patient. This scheme is rated amber as the local CQUIN has not been agreed related to system redesign.