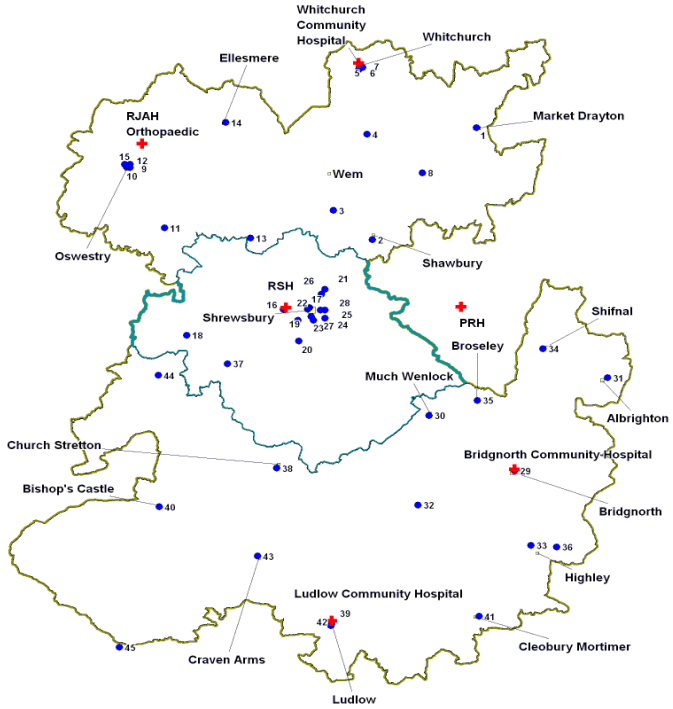
Shropshire County
Clinical Commissioning Group

# Shropshire County Clinical Commissioning Group

## QIPP Plan 2012/13



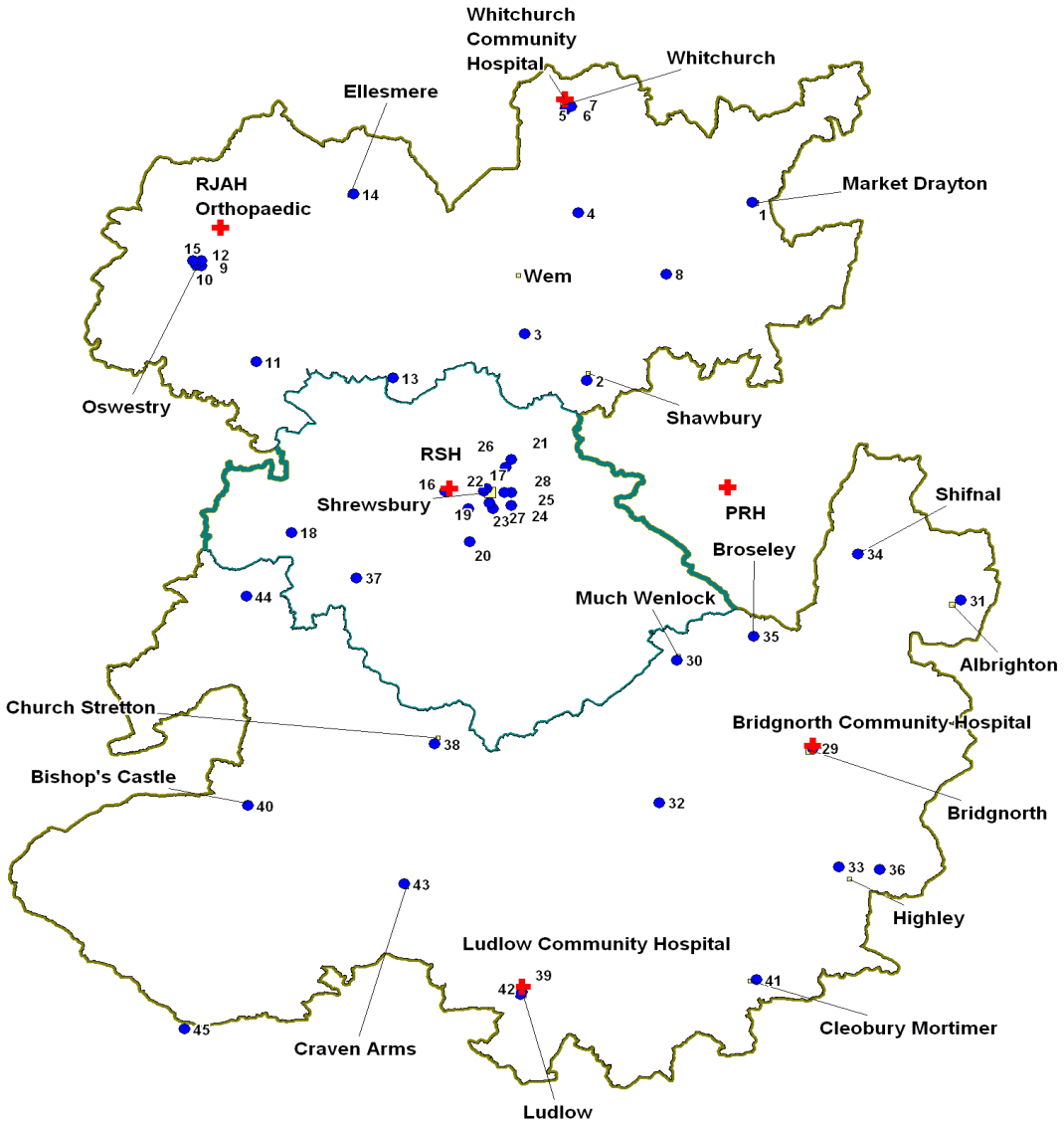

**Version:** Final 1.3
**Date:** 13 January 2012

# Contents

NHS
Shropshire County
Clinical Commissioning Group

# Shropshire County CCG – key facts

NHS
Shropshire County
Clinical Commissioning Group

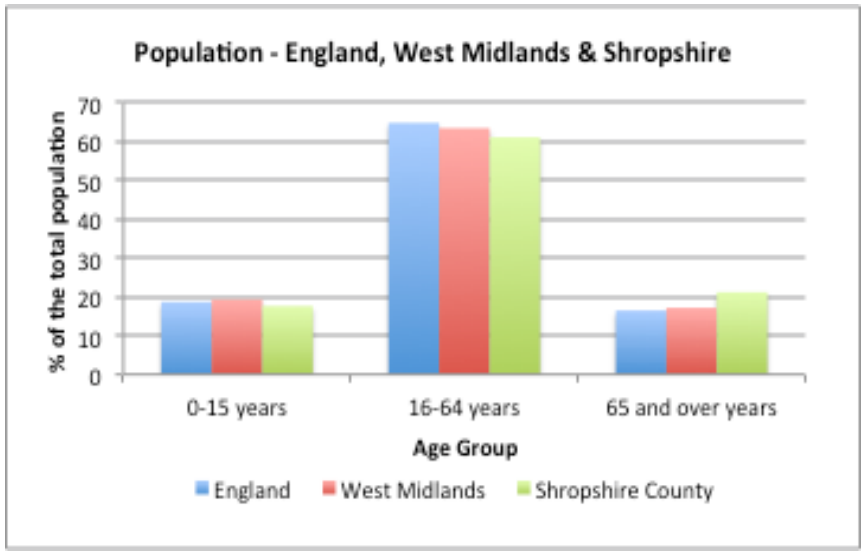



| CCG Area | No of practices | Hectares |
|---|---|---|
| North Shropshire | 15 | 93,524 |
| Shrewsbury and Atcham | 13 | 60,163 |
| South Shropshire | 17 | 166,043 |
| Total SCCCG | **45** | 319,730 |

| GP Responsible population at July 2011 | Males | Females | Persons |
|---|---|---|---|
| North Shropshire | 50,570 | 52,079 | 102,649 |
| Shrewsbury and Atcham | 46,962 | 48,113 | 95,075 |
| South Shropshire | 49,098 | 50,434 | 99,532 |
| Total | **146,630** | **150,626** | **297,256** |

# Shropshire County CCG – key facts

Shropshire has higher than average numbers of older people.




ONS projections suggest this age group will grow in Shropshire over the next 10 years by >30% (c.80,000 people).

Some 86,000 of the Shropshire population have at least one long-term condition (LTC) currently. Due to the aging population, the number of people in England with a long-term condition is set to rise by 23% over the next 25 years, affecting Shropshire more significantly.

This age group is the main driver of cost and activity in the NHS as they account for around 70% of overall health and care spend. They are disproportionately higher users of health services – representing 50% of GP appointments, 60% of outpatient and A&E attendances and 70% of inpatient bed days.

With approximately 36% of the population living in rural areas, South Shropshire has the lowest population density in the County.

# Shropshire County CCG – GP Leadership

NHS
Shropshire County
Clinical Commissioning Group

GP leadership has exhibited itself through the following

- A willingness to address transformational change across the system through senior clinical leaders
- A building of relationships and trust between organisations, demonstrated through the urgent care network and work on patient pathways that is underway
- A maturing of clinician relationships  across the health economy – between the CCG board, member practices, community and secondary care clinicians – that is shown through a willingness to work together to improve quality and waste form the system and by individuals and groups understanding the impact that their actions can have on health system and amending behaviour
- A collective trust that has created an environment where risk can be shared
- An understanding that “behaviour matters” and that agreed actions need to be followed through and delivered

# Shropshire County CCG – Board

NHS
Shropshire County
Clinical Commissioning Group

## Shropshire County CCG – 'shadow' new system from April 2012

- The CCG Board is a sub-committee of the PCT Board with membership comprising: 7 GPs, 2 NEDs, COO, Dir of PH, CFO & Directors with responsibility for Commissioning & Quality (GPs having the voting majority at all times).
- Shropshire CCG was granted delegated authority from Shropshire County PCT on 27 September 2011.
- The CCG now has delegated commissioning responsibility for all health services for which, subject to legislation and authorisation, it will be responsible after April 2013.
- The new 'Shadow' system will be in place from April 2012; the Board & cluster team will operate to shadow the new system with the CCG taking on full delegated responsibilities for commissioning.

Board Membership:

| | |
|---|---|
| Dr Caron Morton | GP & Accountable Officer (designate) |
| Dr Bill Gowans | GP & Vice Chair |
| Dr Stephen James | GP |
| Dr Sal Riding | GP |
| Dr Julian Povey | GP |
| Dr Catherine Beanland | GP |
| Dr Peter Clowes | GP |
| Paul Tulley | COO |
| Donna McGrath | CFO |
| Professor Rod Thomson | DPH |
| Linda Izquierdo | ADoN&Q |
| Dr Julie Davies | DoC |
| Fran Beck | DoIC |
| Alan Healey | NED |
| William Hutton | NED |
| Bharti Patel-Smith | Head of Governance |

# Our Principles

NHS
Shropshire County
Clinical Commissioning Group

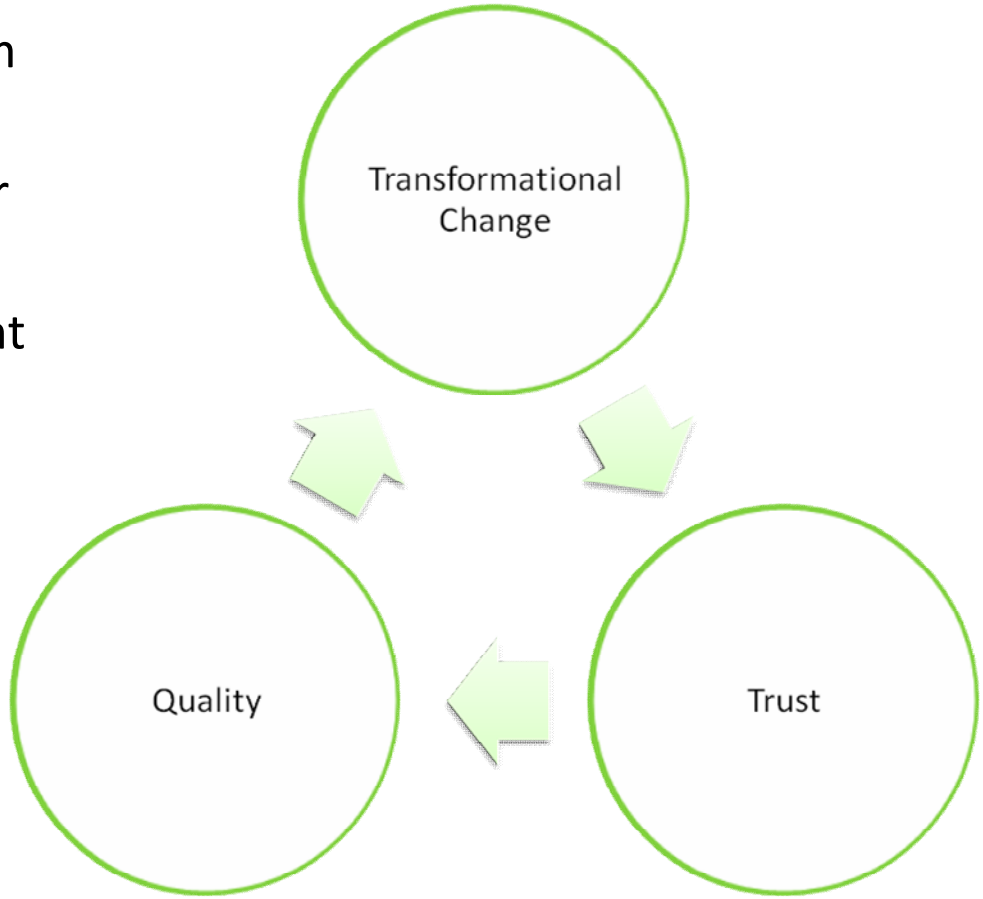
- A continually improving healthcare and patient experience
- Create a '*true*' membership organisation
- Financial sustainability
- Influence and lead the development of the local health economy
- Grow the leadership for future organisations

*These principles have been agreed by member practices and shared with patient groups. They will influence and shape our organisational development programme.*

# Our Emerging Strategy

What have clinicians contributed to system change:

- **Transformational change** as an enabler to replace transactional only processes
- Developing a framework of engagement based on **trust** across the health economy and public
- Commitment to consistently strive for improved **quality**, patient experience and empowerment



# Emerging Strategy - HWBB / JSNA

NHS
Shropshire County
Clinical Commissioning Group

- Shropshire County Health and Wellbeing Board has been established in shadow form, chaired by the leader of Shropshire Council.
- Stakeholder events have been held and the output from these will inform the principles to which the HWBB work
- The initial draft CCG plan will be presented to the HWBB for consideration and input on 17th January 2012
- A Joint Strategic Needs Assessment has been worked upon by the CCG and Local Authority which will inform the priority areas
- The work on the JSNA has been recognised regionally as good practice and has been shared with other PCTs and authorities

# Emerging Strategy – Joint Strategic Needs Assessment

NHS
Shropshire County
Clinical Commissioning Group

The development of the JSNA is being structured around the Marmot principles, which provide a shared frame of reference for setting priorities across the health and social care system in order to promote health and well being and to reduce health inequalities:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

# Emerging Strategy - HWBB

NHS
Shropshire County
Clinical Commissioning Group

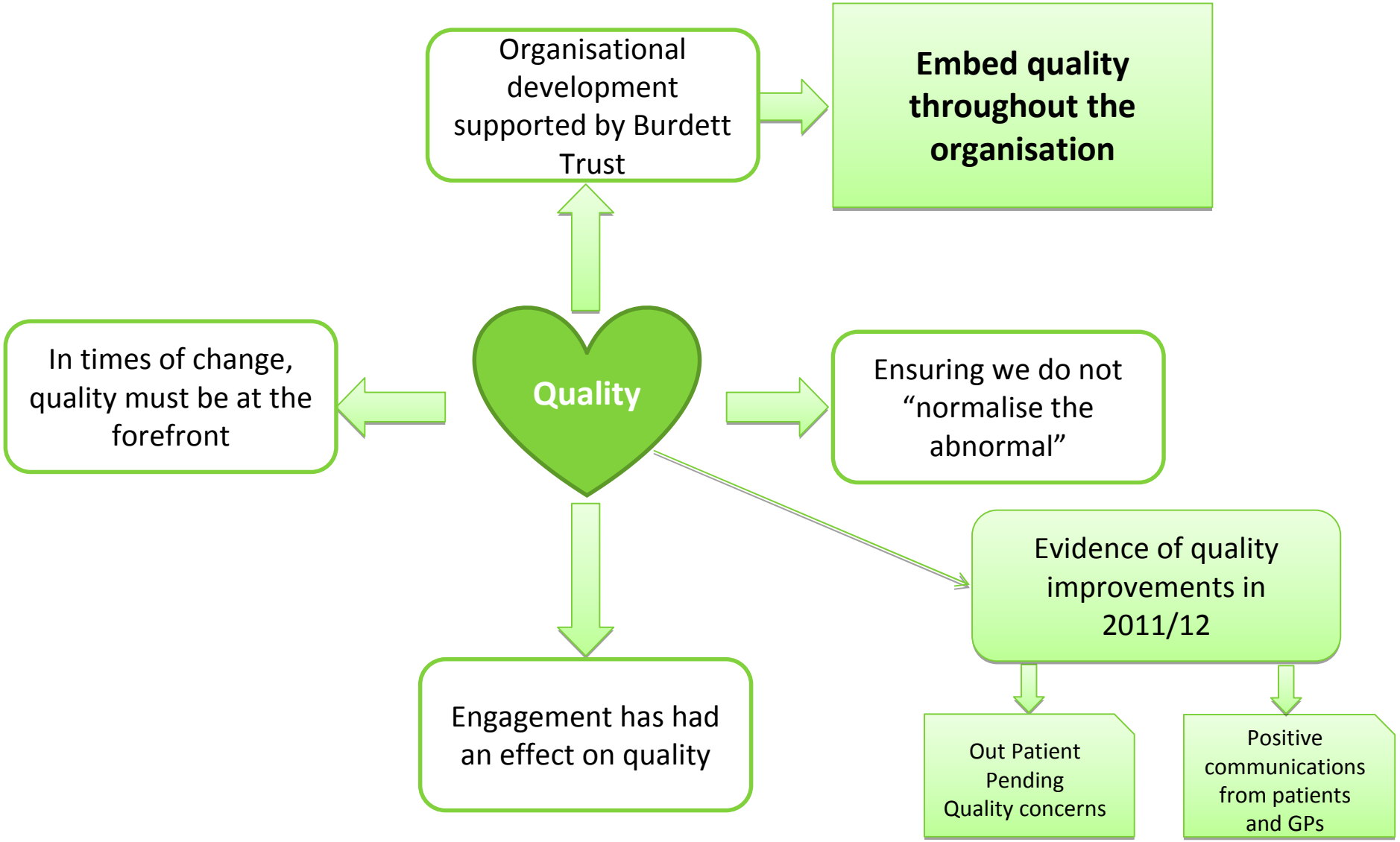
- Shropshire HWBB is well established with good engagement from the Council, CCG and PCT.
- In line with the findings from the LGID Peer challenge pilot, the data for the JSNA is being mapped against Marmot themes in line with latest guidance
- Engagement has been undertaken with a wide range of statutory, business and Third Sector stakeholders, with more events are planned
- Work underway to identify local 'softer' intelligence for use in local areas
- Likely priorities emerging from JSNA include:
  - Accessibility of prevention , screening & treatment services in rural settings
  - Our ageing population, particularly in the over 75 years cohort
  - Health inequalities, particularly in men
  - Reduction of obesity and related lifestyle risk factors in children and adults
  - Long term conditions and their impact on services, particularly cancer, CVD and diabetes.

# Emerging Strategy – JSNA, Future Themes

NHS Shropshire County Clinical Commissioning Group

- The JSNA will evolve and change over time, it is not an immediate process
- Future vision for Shropshire JSNA:
  - Broader than traditional health and social care information (Marmot themes incorporate wider determinants) and will be web based to enable easier access and updating.
  - To provide an information resource for all strategic plans across different partners from the statutory and community/voluntary sector
  - Be more interactive and user friendly for different audiences
  - Inclusion of Town and Parish Plans and local needs assessments, e.g. GP surgery data.
  - Enable input from different stakeholders – the potential for people and stakeholders to shape future priorities more effectively, e.g. Chambers of Commerce and Job Centre Plus

# Emerging Strategy - outcomes, quality and patient experience

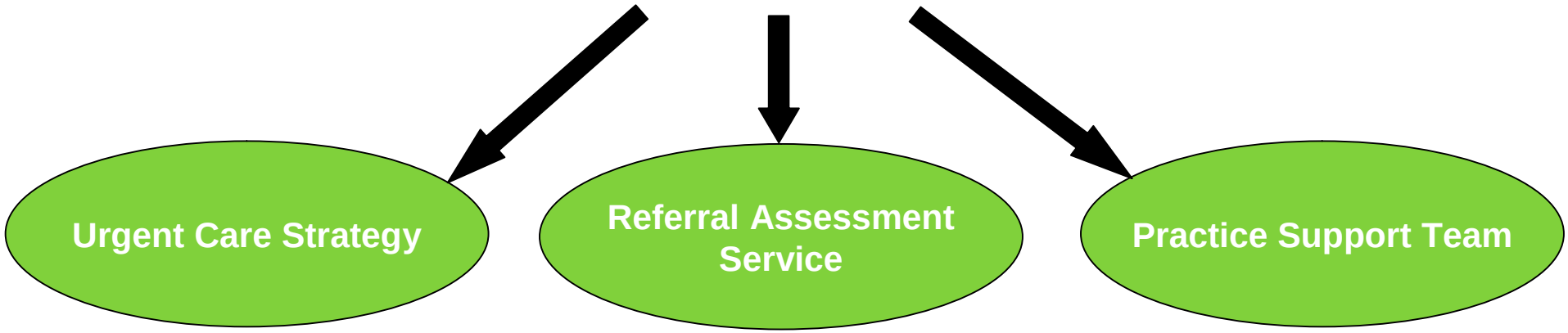


# Emerging strategy - adding value through clinical leadership

NHS
Shropshire County
Clinical Commissioning Group

Since its formation in April, the CCG has been starting to establish its way of working, developing relationships with member practices and the wider clinical community.

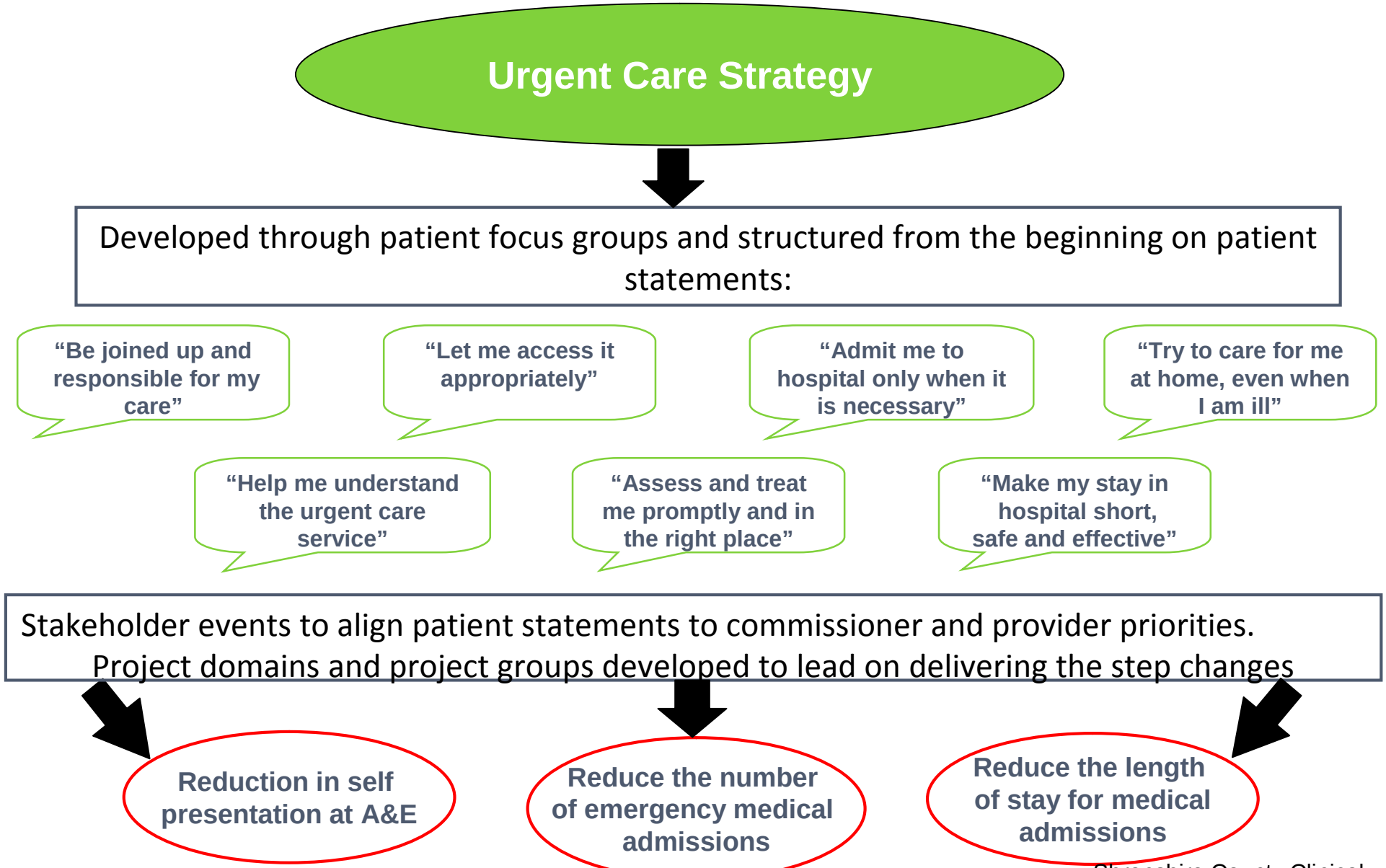
It has led strategy development in urgent care, tackled complex waiting time problems and started to work with GP practices on their local commissioning issues.




Through this work, we are learning how to engage frontline clinicians in commissioning on a practical day to day level and across the county achieving large scale change.

# Emerging strategy - adding value through clinical leadership

NHS
Shropshire County
Clinical Commissioning Group



# Emerging strategy - adding value through clinical leadership

NHS Shropshire County Clinical Commissioning Group

**Set up a Referral Assessment Service**

Aims:
- Improving electronic referral flows
- Support patient choice
- Support capacity issues in SaTH
- Improve the capture of referral data
- Support movement of patients through the system

Interest shown from NHS Telford and Wrekin in creating a **whole health service system**

Nine people working in RAS (five re-deployed, four appointments)

Two thirds of patients on long waits moved to alternative providers

**4000 plus referrals dealt with**

**Positive patient and GP practice response** to new way of working

Electronic referral database that reports real time data

Patients

Secondary Care

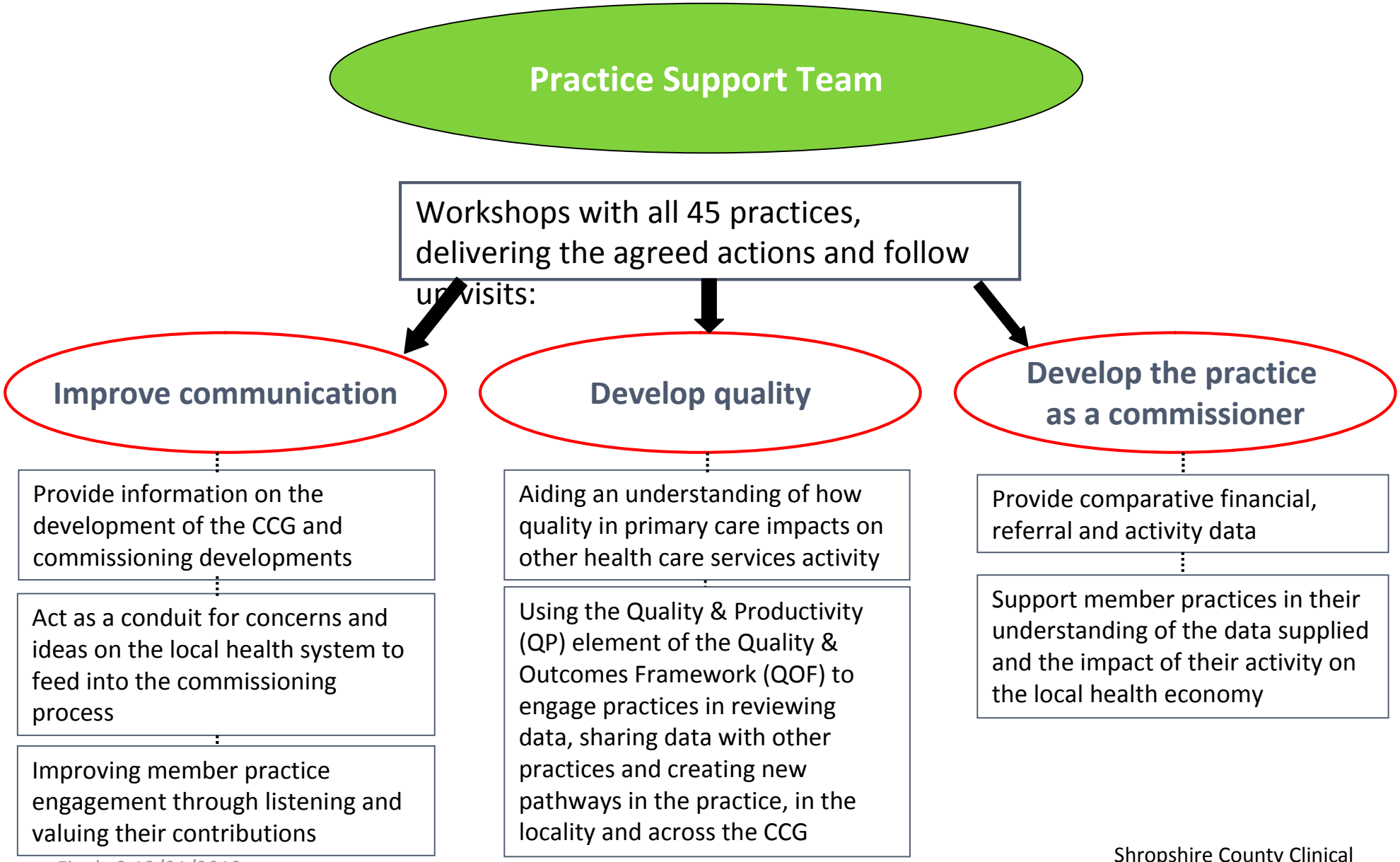
Community Services

GP Practices

ENGAGEMENT ACROSS THE LOCAL HEALTH ECONOMY

# Emerging strategy - adding value through clinical leadership

NHS
Shropshire County
Clinical Commissioning Group



# Emerging strategy - adding value through clinical leadership

NHS
Shropshire County
Clinical Commissioning Group

**Clinical leadership is adding value by:**

- Re-connecting the disconnect between managers and clinicians
- Focussing on relationships, behaviour and process, built around patient pathways and involving front line staff across organisations
- Building consensus on what the future could look like and being brave enough to make "step change" routine
- Bringing to the job of commissioning a real life knowledge of the patient pathways and experience of using them in their daily lives
- Bringing a wider range of styles, skills and experiences to commissioning of services
- Challenging traditional ways of doing business

# Emerging strategy: A healthy system – mental health

NHS
Shropshire County
Clinical Commissioning Group

The Local Health Community across Shropshire, Telford and Wrekin have agreed a business case with the Shropshire and Staffordshire Mental Health Foundation Trust for the development of a wide range of community mental health services and the provision of new acute in-patient mental health facilities to replace the Victorian asylum. This was after wide public consultation and part of a wider mental health strategy.

This service re-design and implementation is now taking place and due to be completed in March 2013. The completion of the new in-patient unit, The Redwood Centre, is due in late Summer 2012. The QIPP elements of the business case were agreed and signed off as part of the business plan and is now going forward.

- There is effective governance relating to the modernisation programme and monitored through existing contract meetings and service reviews.
- Commissioners are focussing on wider QIPP redesign such as reducing out of area placements.
- The CCG will work to improve Mental Health Liaison with acute providers to support reductions in unscheduled care costs.

Artist's impression of the new Redwood Centre

# Emerging strategy – working with member practices

NHS
Shropshire County
Clinical Commissioning Group

All of our GP practices have signed up to a **Compact** that was built on the agreed ethos, principles and vision that was set out collectively at a countywide meeting held at The Albrighton Hall Hotel on 25th November 2010.

The Compact is a framework on which delivery of Transition Board function, accountability and assurance is set out. A task and finish group has been established to look at how the CCG will work as a membership organisation of its 45 GP practices.

3 locality groups have been established that support the local engagement of practices with the work of the CCG.

**The Compact sets out**

The **Transition Board**'s responsibilities:

- Shared Principles
- Foster Excellence
- Leadership
- Education

**GP Member** responsibilities:

- Shared Principles
- Supporting the Transition Board
- Leadership
- Education

# Emerging strategy – working with patients and the public

NHS
Shropshire County
Clinical Commissioning Group

Working with our patients and the public has been central to the operation of the CCG to date

*We asked **patients** what they needed to be able to participate fully:*

Develop and support a network of patient voices from a variety of sources for quicker access to views

**Example**

- Supported the creation of new GP patient groups – 40 patient groups established
- Utilise existing strong networks e.g. voluntary sector assembly

Supporting involvement through information and education, providing patients' representatives with greater knowledge

**Example**

QIPP workshop to inform patients about the process so they have can participate and scrutinise our work from a better foundation of knowledge

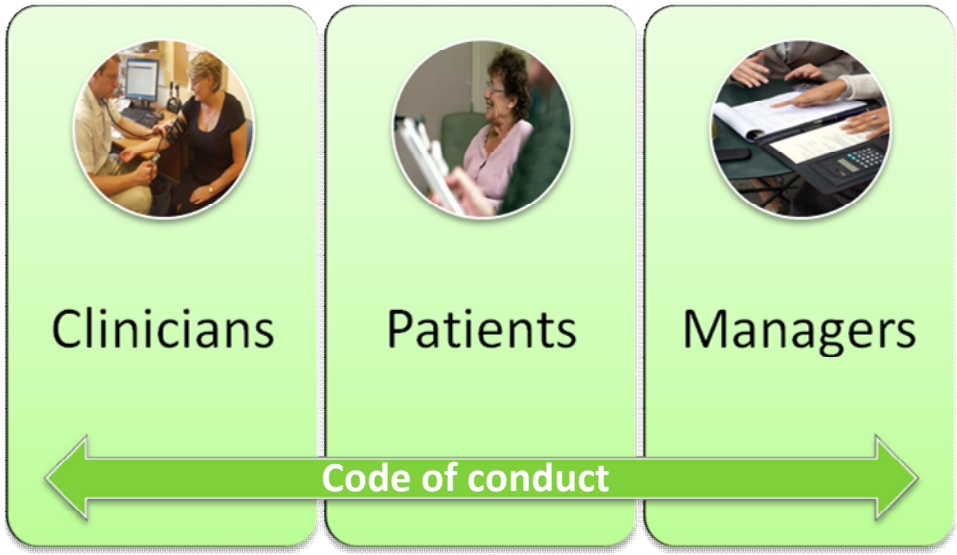
Start with the patient view and encourage patients to influence the direction of projects

**Example**

- Urgent Care strategy focus groups
- Scheduled Care re-design: patients reps sit as equals on the steering group, guiding direction with objective observation

# Working with patients

- 40 of the 45 practices in Shropshire have patient participation groups
- These groups come together in the localities and as a Shropshire Patients' Group that informs the work of the CCG




- The Shropshire Patients' Group and Shropshire County Clinical Commissioning Group have agreed a Code of Conduct for commissioning in partnership as the basis for a productive relationship
- There are 10 principles that apply to all participants involved in joint working (extract below):

***1***. *Collective responsibility for local healthcare decisions*
***2.*** *Use experiences and opinions to inform meetings*
***3.*** *Trust each other enough to respect views*
***4***. *Individual experiences and stories as valid as research*
***5.*** *Use language that empowers other people's contributions*
***6.*** *Attitudes and behaviours that show we are all in this together*
***7.*** *Discuss the boundaries of confidentiality for the specific meeting*
***8.*** *Discussion focused on the objectives of the meeting*
***9.*** *Come to meetings prepared*
***10.*** *Adhere to methods available for conflict resolution*

# Emerging strategy: A healthy system – collaboration & partnership

NHS Shropshire County Clinical Commissioning Group

Collaboration and partnership across Shropshire is emerging as organisations change and develop. The strategy will mature over the coming months. The CCG is working closely with the newly formed HWBB to make this a reality.

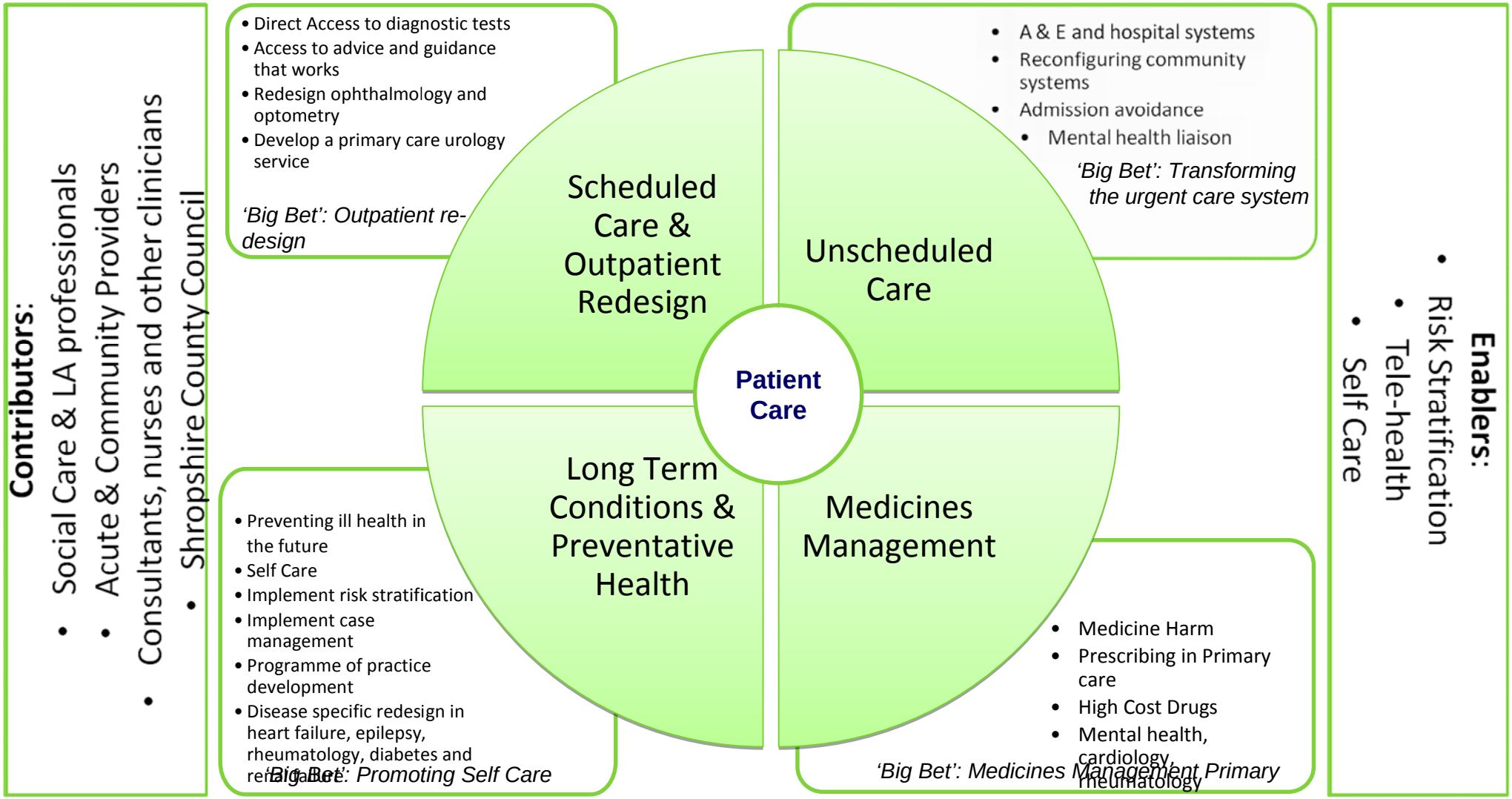
# QIPP Priorities

NHS
Shropshire County
Clinical Commissioning Group

- Our QIPP programme has been developed in broad consultation and balances the need for providing effective healthcare at the point of need with value for money and efficiency in execution. Where investments have been required to gain longer term returns these have been factored in and considered at Board level. As with our philosophy with healthcare in our area we have the patients' needs at the heart of our considerations when formulating our QIPP programme.
- We work in a wide and productive partnership with contributors to our QIPP programme ensuring those most directly able to effect change in the delivery, management or oversight of our provision are fully engaged.
- Our priorities for our QIPP programme have been developed with local clinical knowledge and benchmarking and reflect the needs of our area now and in the future, these are:
  - Medicines Management
  - Scheduled Care and Outpatient Redesign
  - Unscheduled Care
  - Long Term Conditions

# Our QIPP programme on a page

NHS Shropshire County Clinical Commissioning Group



# Medicines Management

NHS
Shropshire County
Clinical Commissioning Group

**Now: We have**

- Instigated a patient reference group for medicines optimisation to be champions within their local communities on good outcomes and reducing waste where medicines are used
- Seen a step change in genuine clinical involvement in medicines management, with each locality involved in the development of a CCG formulary
- Developed robust monthly prescribing information packs which are actively used by practices and locality meetings
- Continued to reduce prescribing spend year on year

**2012/13: We will**

- Support practice, locality and CCG level service redesign in scheduled and unscheduled care
- Continue to develop and implement a CCG-wide drugs formulary (linked to GP computer systems) integrated into other strategies for long term conditions
- Continue to give practical support to GP practices in 'better-value' drug changes
- Continue to ensure robust and appropriate data and health intelligence is provided to practices, localities and CCG on medicines prescribed
- Continue to support care homes around medicines optimisation and consolidate further clinical support - especially in relation to prescribing and education on dementia care (reducing anti-psychotic prescribing by two thirds as per NHS Operating Framework)
- Save £1.5 million on drugs bill
- Continue the development of our patient reference group for medicines optimisation and work with the champions to continue reducing waste in medicines

**Future Vision: We aspire to**

- Use medicines that are cost effective, offer good quality outcomes and have a strong evidence base
- Work with patients to enable high patient compliance to taking the medicines prescribed and a greater understanding of their effects
- See medicines management as an integral part all sectors of the health economy, with opportunities to vire funds between medicines usage into service development (where an alternative is possible through service redesign)
- Minimise the instances of medicine related admissions through understanding and managing risk

# Medicines Management – QIPP Schemes

NHS
Shropshire County
Clinical Commissioning Group

| Project Name | Project Ref | Project Owner | 2012/13 gross saving | 2012/13 new investment (TBC) | 2012/13 Net Saving |
|---|---|---|---|---|---|
| Reducing medicines related admissions to hospital (HARMS) | MM1 | Trish Campbell | (390) | | (390) |
| Medicines Management Primary, including Practice Support Team advice and guidance | MM2 | Tracy Savage | (1,957) | 45 | (1,912) |
| **Total** | | | **(2,347)** | **45** | **(2,302)** |

# Scheduled Care and Outpatient Redesign

NHS
Shropshire County
Clinical Commissioning Group

**Now: We have**

- Established a referral assessment service for 5 specialties
- Reviewed referrals into 9 specialities to inform the programme of pathway redesign and its impact
- Supported the Acute Trust in finding solutions to the mismatch of capacity and demand
- Developed clinical relationships for the future
- Implemented new pathways in cardiology incorporating advice and guidance and access to diagnostics

**2012/13: We will**

- Evaluate the referral assessment service and extend (as appropriate)
- Introduce additional procedures of Limited Clinical Value based on the Herefordshire model
- Complete 3 further referral reviews and extend to include reviews of follow up
- Embed the consultant to consultant policy
- Further develop access to advice and guidance, diagnostics and community clinics
- Introduce a community based system for pre-operative assessments
- Continue the work of the Practice Support team to support practices in alternatives to referral

**Future Vision: We aspire to**

- Only ask patients to attend hospital when there is no alternative in the community or through the use of technology
- Consultants working to offer advice, guidance and support to patients and primary care clinicians on how to best treat patients
- Commission services that are as efficient as the top 10% nationally
- Engage with patient stakeholders to help make the system easier for patients to navigate and understand
- Commission services that have a strong evidence base, are equitable and offer choice to the whole of our population

# Scheduled Care and Outpatient Redesign – QIPP Schemes

NHS
Shropshire County
Clinical Commissioning Group

| Project Name | Project Ref | Project Owner | 2012/13 gross saving | 2012/13 new investment (TBC) | 2012/13 Net Saving |
|---|---|---|---|---|---|
| Procedures of Low clinical value and planned care reductions | SC1 | Paul Haycox | (250) | | (250) |
| ECG / MIU Decommissioning (Bridgnorth, Ludlow & Whitchurch) | SC2 | Lorraine Tomlinson | (153) | | (153) |
| Outpatients re-design | SC3 | Wendy Southall | (398) | 141 | (257) |
| **Total** | | | **(801)** | **141** | **(660)** |

# Unscheduled Care

NHS
Shropshire County
Clinical Commissioning Group

**Now: We have**

- Involved patients in shaping the heart of the urgent care strategy through patient statements
- Developed and aligned stakeholder priorities around the patient statements
- Co-produced an urgent care strategy across the Local Health Economy
- Created 19 project groups with a clinical leader, project manager and members representing all stakeholders
- Created a change culture, that is backed with a project structure, sound metrics and financial modelling
- Commenced delivery of a patient led education campaign; revised pathways; a prototype ambulatory care model; primary care audit; a prototype communications hub

**2012/13: We will**

- Work together to 'join up' the urgent care service across the county
- Reduce the number of A&E attendances
- Reduce the number of emergency medical admissions
- Introduce ambulatory care
- Improve systems and processes around discharge to increase the number of patients seen, treated and discharged within 72 hours
- Ensure we do the 'basics' extraordinarily well

**Future Vision: We aspire to**

- Embed the assumption that an unplanned admission for an underlying condition is a system failure
- Transform urgent care so that services are designed around the patient, not the organisation
- Reduce the need for so many hospital beds by improving the efficiency of the whole service
- Increase the amount and range of care offered in the community
- Full equity of access to care
- More responsible use of resources

# Unscheduled Care – QIPP Schemes

NHS
Shropshire County
Clinical Commissioning Group

| Project Name | Project Ref | Project Owner | 2012/13 gross saving | 2012/13 new investment (TBC) | 2012/13 Net Saving |
|---|---|---|---|---|---|
| 10% Reduction in presentation in A & E | US1 | Carol McInnes | (170) | 45 | (125) |
| Reduce emergency admissions on selected HRGs by 20% | US2 | Carol McInnes | (1,228) | TBC | (1153) |
| Move from non-elective admissions to AEC (Ambulatory Care) | US3 | Carol McInnes | (865) | TBC | (865) |
| Reduction of discharge days from 3 to 2 | US4 | Carol McInnes | (1,500) | TBC | (1,500) |
| 50% decrease in excess bed days for frail & vulnerable patients | US6 | Carol McInnes | (290) | 113 | (177) |
| 50% decrease in excess bed day payments for remaining HRGs | US8 | Carol McInnes | (105) | 38 | (67) |
| Cost Control / non-recurrent CIP | | Donna McGrath | (1500) | | (1500) |
| **Total** | | | **(5658)** | **196+** | **(5,387)** |

# Long Term Conditions

NHS
Shropshire County
Clinical Commissioning Group

**Now: We have**

- GP practices catalysing networks of local people to support the communities' health and care
- Developed a health economy vision for the use of assistive technology
- Further refined services in the community to treat patients in their own home to avoid hospital admissions
- Introduced a system of health checks for patients in primary care
- Began to review services and whether they meet the needs of patients and the future vision
- Supported primary care to improve management of patients with long term conditions through the best use of the Quality and Outcomes Framework
- Programmes for prevention in alcohol, smoking and obesity

**2012/13: We will**

- Agree a final future commissioning model with all stakeholders for the management of long term conditions
- Test this model across communities to improve integration, quality and cost effectiveness of care
- Learn from, and build on, existing networks so that **every** practice community has the foundation on which to further grow patient networks to support patients with long term conditions
- Embed risk stratification through practices and community services
- Expand the engagement and involvement of local people in the Compassionate Communities initiative

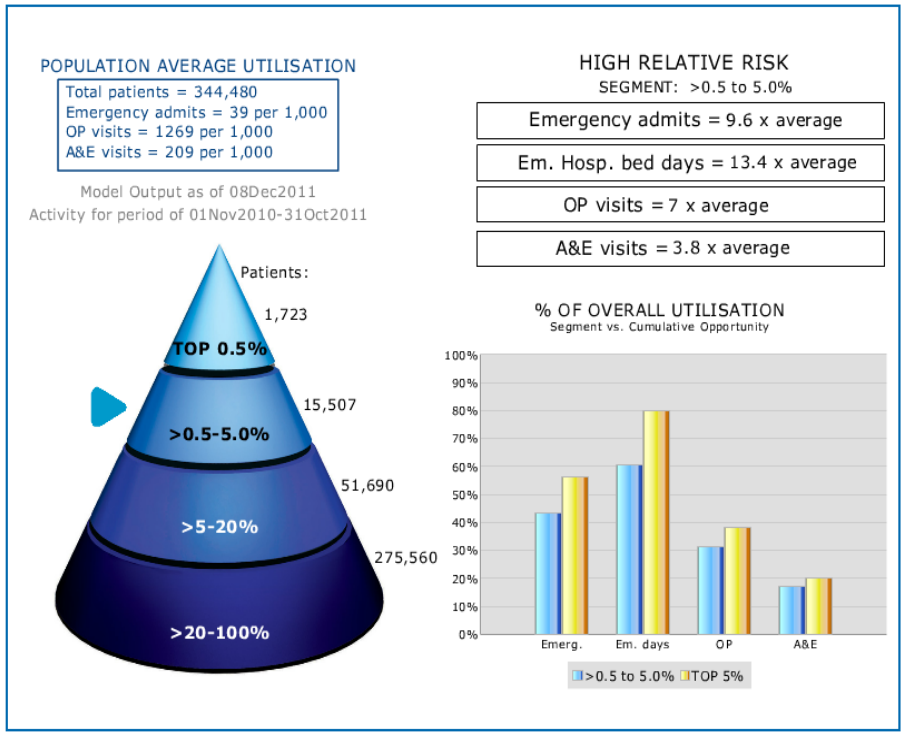
**Future Vision: We aspire to**

- Re-balance the investment between preventing and treating illness
- Optimise care for those most at risk
- Increase capacity and skills in primary care so that patients receive the care they need in the most appropriate place
- Support people to help themselves, and others in the community, through local networks
- Use technology to bring expert opinion into the community
- Empowering patients to remain at home

# Long Term Conditions – using risk stratification

NHS Shropshire County Clinical Commissioning Group

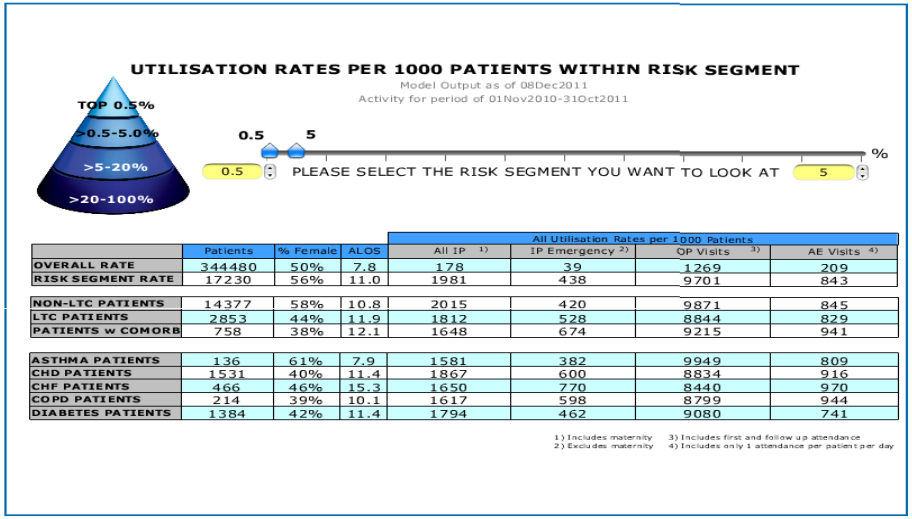
**Shropshire (5M2)**




The CCG is using Risk and Utilisation rate reports based on the latest Shropshire data to help appraise the population and plan for optimising resources. Some data issues mean more accurate information will be available early in 2012. By applying further analysis it makes it possible to design interventions in response to the information.

## Utilisation Rates

**Shropshire (5M2)**




| | Patients | % Female | ALOS | All Utilisation Rates per 1000 Patients: All IP 1) | IP Emergency 2) | OP Visits 3) | AE Visits 4) |
|---|---|---|---|---|---|---|---|
| OVERALL RATE | 344480 | 50% | 7.8 | 178 | 39 | 1269 | 209 |
| RISK SEGMENT RATE | 17230 | 56% | 11.0 | 1981 | 438 | 9701 | 843 |
| NON-LTC PATIENTS | 14377 | 58% | 10.8 | 2015 | 420 | 9871 | 845 |
| LTC PATIENTS | 2853 | 44% | 11.9 | 1812 | 528 | 8844 | 829 |
| PATIENTS w COMORB | 758 | 38% | 12.1 | 1648 | 674 | 9215 | 941 |
| ASTHMA PATIENTS | 136 | 61% | 7.9 | 1581 | 382 | 9949 | 809 |
| CHD PATIENTS | 1531 | 40% | 11.4 | 1867 | 600 | 8834 | 916 |
| CHF PATIENTS | 466 | 46% | 15.3 | 1650 | 770 | 8440 | 970 |
| COPD PATIENTS | 214 | 39% | 10.1 | 1617 | 598 | 8799 | 944 |
| DIABETES PATIENTS | 1384 | 42% | 11.4 | 1794 | 462 | 9080 | 741 |

1) Includes maternity 3) Includes first and follow up attendance
2) Excludes maternity 4) Includes only 1 attendance per patient per day

*All figures are indicative only*

# Long Term Conditions - QIPP Schemes

NHS
Shropshire County
Clinical Commissioning Group

| Project Name | Project Ref | Project Owner | 2012/13 gross saving | 2012/13 new investment (TBC) | 2012/13 Net Saving |
|---|---|---|---|---|---|
| **Upstream Interventions:** | | | | | |
| Brief Interventions in Alcohol | LT1 | Rod Thomson | (50) | | (50) |
| Obesity - Tiers 1 & 2 | LT2 | Rod Thomson | (100) | | (100) |
| Self Care | LT3 | Rod Thomson | (277) | | (277) |
| Smoking cessation / tobacco control | LT4 | Rod Thomson | (150) | | (150) |
| **Long Term Conditions:** | | | | | |
| Continuing Healthcare - Case Reviews and Price Negotiation | LT5 | Chris Morris | (1,160) | | (1,160) |
| **Total** | | | **(1,737)** | **-** | **(1,737)** |

# Preventive Health

NHS
Shropshire County
Clinical Commissioning Group

**Now: We have**

- Supported implementation of the NHS Health Check within GP practices
- Established the Help2Slim Tier 2 weight management programme in primary care
- Developed plans for commissioning Tier 3 weight management services
- Exceeded quitter targets through the NHS stop-smoking services
- Commissioned community brief interventions for alcohol misuse
- Introduced the physical activity pathway 'Let's Get Moving' into practices
- Supported the Abdominal Aortic Aneurysm Screening Programme and the NAEDI lung cancer prevention initiative

**2012/13: We will**

- Use population risk factor modelling to predict future CVD-related hospital activity and care costs
- Incentivise enhanced recording of risk factors in primary care, and intervention 'beyond QOF'
- Provide public health support at practice level, including analysis of population health risk
- Complete the full rollout of the NHS Health Check programme
- Expand the alcohol harm reduction programme
- Develop an evidence-based Payment by Results tariff for weight management services
- Support the Healthy Living Pharmacies pathfinder project

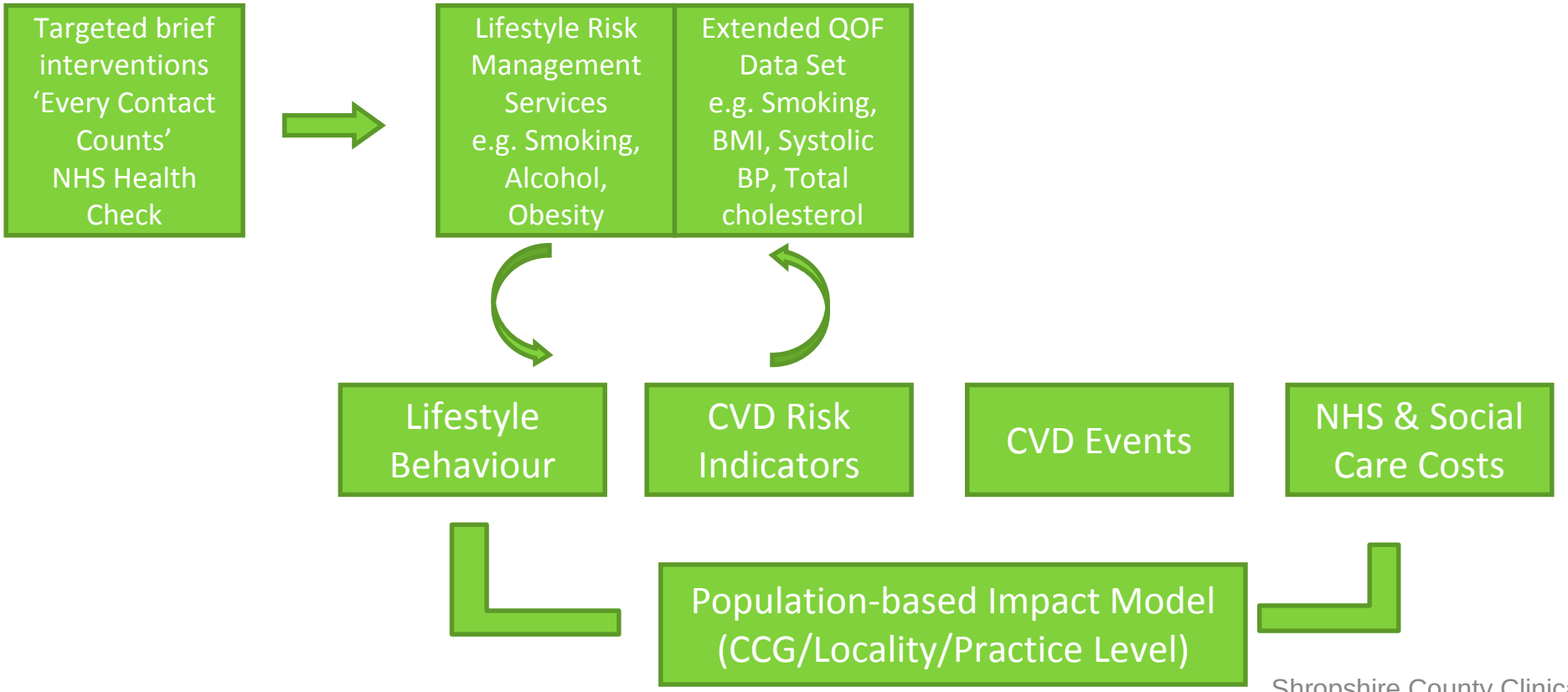
**Future Vision: We aspire to**

- Deliver on 'Every Contact Counts'
- Provide access to a full range of services that support health-related behaviour change
- Target interventions to minimise health inequalities
- Invest in children and families as a key means of improving future health
- Focus on healthy life expectancy (including years free from disability)
- Work closely with Shropshire Council, patient participation groups, the community sector and other key partners
- Ensure that savings made through upstream investment are re-invested in prevention initiatives where possible

# Preventive Health – Predictive Modelling

NHS
Shropshire County
Clinical Commissioning Group

The CCG is working with Public Health colleagues on a population risk management programme, targeting risk factors for CVD and long-term conditions. Modelling is being used to predict the impact of changes in risk factors on hospital admissions and long-term care costs. This complements the risk stratification programme, and will help the CCG to plan longer-term investment in prevention (over a 5 year period).



# Preventive Health – Every Contact Counts

NHS
Shropshire County
Clinical Commissioning Group

The CCG is working with Public Health colleagues to ensure that 'Every Contact Counts' in the NHS. This means making preventive health core business for health and allied professionals, and ensuring that no appropriate opportunity for raising lifestyle issues and referring to support services is missed.

There will be a particular focus on tackling the four main lifestyle risk factors: smoking, alcohol, diet and physical activity. Approximately 80% of heart disease, stroke and diabetes, and 35% of cancer, is attributable to these risk factors.

> "This is potentially one of the great challenges of our generation – how we can create a public health service, not just a national sickness service."
>
> (Public Health White Paper, 'Healthy Lives, Healthy People')

# Activity Plans and growth assumptions

NHS
Shropshire County
Clinical Commissioning Group

**Activity**

| | Baseline | 2012/13 Growth | Post QIPP Growth % | QIPP Change |
|---|---|---|---|---|
| Acute - Outpatients | | 1.4% | | -1,706 |
| Acute - Elective and Day Case | | 1.4% | | -3,544 |
| Acute - Non-Elective | | 1.4% | | -384 |
| Excess Bed Days | | | | -4,824 |
| Acute - Other | | 1.4% | | |

**Finance**

| | Baseline | Demand Growth 2012/13 | | QIPP Scheme impact |
|---|---|---|---|---|
| | £'000 | % | £'000 | |
| Prescribing | 53,423 | 2.0% | 1,068 | |
| Mental Health and Learning Disability | 35,205 | 0.0% | 0 | |
| Continuing Care | 28,612 | 4.0% | 1,144 | |
| Acute - Outpatients | 30,702 | 1.4% | 414 | |
| Acute - Elective and Day Case | 50,846 | 1.4% | 686 | |
| Acute - Non-Elective | 56,946 | 1.4% | 769 | |
| Acute - A&E | 5,330 | 1.4% | 72 | |
| Acute - Other | 38,189 | 1.4% | 516 | |
| Ambulance Services | 8,625 | 3.1% | 267 | |
| Community Services | 51,167 | 0.6% | 307 | |
| Other Commissioning Expenditure | 7,609 | 1.4% | 86 | |
| Other | 4,300 | 0.0% | 0 | |
| **Total** | **370,954** | | **5,330** | |

# 2012/13 CCG Financials

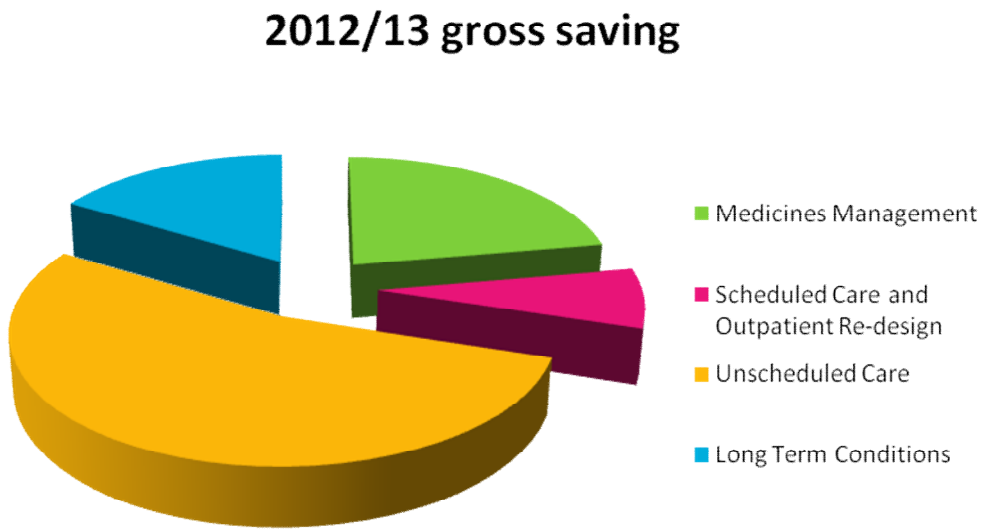
NHS
Shropshire County
Clinical Commissioning Group

| | £m |
|---|---|
| CCG Allocation | 346,027 |
| CCG 1st draft planned Expenditure* | 356,570 |
| Savings requirement / 'gap' | (10,543) |
| QIPP Schemes (Gross Saving): | (10,543) |
| Forecast Outturn | 0 |

* Includes investment funds for potential investment in QIPP schemes

# 2012/13 QIPP Schemes (summary)

| Priority Area | 2012/13 gross saving | 2012/13 new investment (TBC) | 2012/13 Net Saving |
|---|---|---|---|
| Medicines Management | - 2,347 | 45 | - 2,302 |
| Scheduled Care and Outpatient Re-design | - 801 | 141 | - 660 |
| Unscheduled Care | - 5,658 | 196 | - 5,462 |
| Long Term Conditions | - 1,737 | - | - 1,737 |
| **QIPP Scheme Total** | **- 10,543** | **382** | **- 10,161** |



# Delivering the QIPP Plan

NHS
Shropshire County
Clinical Commissioning Group

- We are taking a whole organisation approach to the delivery of the QIPP, including member practices.
- A programme management approach is embedded within the organisation.
- This approach is well advanced for unscheduled care and medicines management.
- It is developing in scheduled care and Long Term Conditions.
- Each priority area has a named clinical lead and a named managerial lead.
- The overall programme monitoring system has been overhauled to ensure improved monitoring linked to contractual performance and to support clearer reporting across the LHE.

# Delivering the QIPP Plan – Milestones

NHS
Shropshire County
Clinical Commissioning Group

| Month | Milestone |
|---|---|
| Jan | Approve QIPP Plan, circulate to localities, constituent practices and HWBB |
| Mar | Finalise QIPP Plan, agree investments and QIPP schemes<br>Finalise monitoring system |
| Jul | Deep dive assessment of performance |
| Sept | Formal review of plan progress with CCG Board |
| Dec | Interim review of performance<br>Begin 2013/14 planning |
| Apr | Assessment of full year performance |

# Developing the CCG

NHS
Shropshire County
Clinical Commissioning Group

An Organisational Development (OD) plan is being drafted for the CCG currently (due 20th January). This document will outline the key elements and activities necessary for the CCG to become fully effective. Included in the plan will be the operational areas relevant to ensuring the successful delivery of the QIPP plan and, where relevant, this plan will revised and updated to reflect the OD plan.

This plan will be shared and approved within the CCG to ensure full buy in, agreement and commitment to its contents.