

**Clinical Commissioning Group
Governing Body
Paper Summary Sheet
Date: 28 May 2013**

For: Decision Discussion Noting

Agenda item & Title	GOV/13/05/16 WWYKD Group – End of Year Review 2012/13
Purpose/Summary	<p>The purpose of this report is to provide an end of year review of:</p> <ul style="list-style-type: none"> • The WWYKD Operational Plan 12/13 and deliverables (the work undertaken by the WWYKD Group of practices, as set out the in WWYKD Operational Plan 12/13) • Performance against activity targets • How PBC LES and secondary care LES has been used
Link to CCG strategy	<ul style="list-style-type: none"> • Deliver improvements in the 10 principal health outcome indicators for Wiltshire • Contribute to community well-being by creating a sustainable healthcare system in terms of the models of care • Provide access to health services in line with best performance in England • Deliver all key NHS and LA health targets • Deliver financial balance and move to financial surplus to allow flexibility for innovation and development.
Human and Financial Resource Implications	<p>The work programme detailed will be resourced from the agreed funding arrangements for:</p> <ul style="list-style-type: none"> • PBC LES (£3.20 per capita) • Secondary Care LES (£2 per capita to support work streams, £2.01 per capita paid in 2013/14 for delivery) • Supported by the CCG management and support infrastructure, including GPCC Management Allowances (£2 per capita) • Saving targets agreed in conjunction with CCG

	Clinical Executive Team and Board
Risk Management implications	Risk assessment and mitigations articulated in work stream summary schedules
Equality Impact	No adverse impact identified
Consultation and Public Involvement	Discussion and agreement of work priorities with all practices via GP Forum, GP Executive and Locality Meetings. Public involvement at practice and locality level, and within CCC PPI strategy
Freedom of Information	Not exempt
Prioritisation Framework	Not applicable in the main as utilises existing resource streams.
Care Quality Commission (CQC) outcomes	<ul style="list-style-type: none"> • Respecting and involving people who use services • Consent to care and treatment • Care and welfare of people who use services • Meeting nutritional needs • Cooperating with other providers • Cleanliness and infection control • Management of medicines • Safety, availability and suitability of equipment • Assessing and monitoring the quality of service provision • Complaints • Records (in relation to data validation work) • Registered person: training • Financial position
Links to NHS Constitution rights and pledges	1, 2, 5 to 7, 9 to 21, 25 to 39
Legal Issues	None
Review of Progress	<p>The projects and ongoing work described in this report has been shared with CCG WWYKD management team and copied to CCG Project Management Office</p> <p>The work streams have been discussed and agreed via WWYKD GP Forum, GP Executive and Locality Groups</p>
Committee Process	This report is being recommended by: Chair of WWYKD Locality Group
Options/ Recommendations	N/A
Author (if different from the Sponsoring Director)	Andy Newton, WWYKD Projects Lead Andy Jennings, WWYKD Commissioning Manager
Sponsoring Director	Dr Helen Osborn, WWYKD Group Chair Mike Relph, WWYKD Group Director

1. Purpose

The purpose of this report is to provide an end of year review of:

- The WWYKD Operational Plan 12/13 and deliverables (the work undertaken by the WWYKD Group of practices, as set out the in WWYKD Operational Plan 12/13)
- Performance against activity targets
- How PBC LES and secondary care LES has been used

2. Context

The WWYKD Operational Plan 2012-13 was agreed by the WWYKD Group and Wiltshire CCC in early 2012, comprising 9 projects to be progressed during the year. These projects were to be resourced from PBC LES, Secondary Care LES and GPCC funding streams.

3. Operational Plan – Workstreams Update

The projects / workstreams described in the WWYKD 12/13 operational plan set out to:

- Involve all practices in strategic and practical commissioning issues
- Strengthen relationships between practices in the locality through working together on pathway development
- Strengthen cross agency working
- Deliver the requirements of the secondary care LES, PBC LES and QOF QP 6-14
- Deliver the Secondary Care LES activity budgets for 12/13

Progress with each of the 9 projects is as follows:

Summary	Achievements and Learning	Next Steps
Project 1 – Orthopaedics		
Addressing the high elective procedure rates for Hips and Knees, through development of a referral template, awareness raising in practices with all referrers, introducing Hip and Knee classes, and reduced physio waiting times.	Close working with providers and across all practices to agree approach and reduce physio waiting times. Referrals to hip/knee classes Use of template, both as education tool and checklist, in all practices. Scoring has been less effective. Measuring average age for procedure and activity changes	Monitoring, assessing impact and review. Continued awareness raising, especially of any positive evidence of impact. Increase awareness and use of hip/knee classes Ensure physio waiting times are reduced

Summary	Achievements and Learning	Next Steps	
Project 2 – Management of High Risk Patients			
<p>Encouraging engagement and development of initiatives for proactive management of high risk patients. Use of a Risk Stratification Tool.</p>	<p>Set up tool, IT system and monthly data to practices. All practices reviewing, familiarisation and possible use for some patients. Pilot proposal submitted for one Trowbridge practice for care co-ordinator. Use and development of Care of Elderly Community Consultant access service.</p>	<p>Agreement, development and implementation of Trowbridge Care Co-ordinator pilot. Familiarisation, engagement and ideas from practices Review within localities TPP development underway to add risk score to patient front screen</p>	
Project 3 – Referrals and Outpatients			
<p>Practices to use the Referral Support Service for all eligible referrals. Compliance with INNf and PA processes, monitoring and feedback on referral quality. Develop for Dermatology and Cardiology</p>	<p>Use of RSS at over 80% across WWYKD. INNf and PA monitored at point of referral. Referral data used for Orthopaedic monitoring Dermatology and Cardiology started.</p>	<p>Review data for INNf and PA procedures, and assess impact. ?Develop for advice and guidance ?Use for accurate monitoring of referral numbers by practice</p>	
Project 4 – Care Homes Project			
<p>Increasing continuity and consistency of care from practices to homes, with care plans in place for all patients and loaded onto ADAstra</p>	<p>All practices in WWYKD participating, most providing enhanced level of support to care homes (weekly contact in most cases). Data recording still in development. Admissions from care homes being recorded Specific issues with some homes being progressed</p>	<p>Follow up specific issues with homes with high levels of admissions Review of GP v Nurse led models Ensure all plans on ADAstra Development of Education and Support for care homes</p>	

Summary	Achievements and Learning	Next Steps
Project 5 – A&E and Minor Injury Review		
All practices have reviewed A&E and MIU attendances Clear evidence that MIU use does not reduce A&E use	Discharge information issue highlighted. New form developed and agreed – currently being implemented by GWH	Roll out of new discharge forms. Review requirement for any further locality actions re MIU attendances, particularly in hours.
Project 6 – Local Radiology Provision		
Ongoing review of service and contractual position	Implementation of local access in Devizes with ISTC.	Possible development of increased community based diagnostic services for admission avoidance?
Project 7 – Finance and activity peer review		
Financial and activity information presented and discussed at locality level bi-monthly.	Localities address areas of concern, review each other's performance, and feedback issues to WWYKD Executive	Ongoing
Project 8 – Education and Development		
Part of practice engagement, linking education to commissioning priorities.	Local sessions underway in 2 localities on a regular basis, plus one off other sessions, including Dementia, ENT, Gynae, Stroke, Care of Elderly.	Ongoing

Summary	Achievements and Learning	Next Steps
Project 9 - Prescribing		
Prescribing generally below budget for 12/13. But still scope for development in some areas – pain, feeds, catheters, repeat prescribing	Work underway, being led by the Medicines Management Team	MMT to report

A more detailed update for each project is included at Appendix A

4. Performance against Activity targets

Overall, based on weighted M12 activity data, WWYKD has exceeded the activity targets set at the start of 12-13 by 0.5%.

The table at Appendix B summarises the end of year position.

5. PBC LES

The production of an agreed workplan (the 12-13 Operational plan) at the start of the year triggered payment. Payment was not dependant on delivery and achievement of the intended or anticipated outcomes, but was also dependant on the production of mid-year reviews and this end of year report.

6. Secondary Care LES

Activities WWYKD practices committed to, and have completed, the following actions, with the intention of increasing appropriate management of patients in the community, concurrently reducing referrals to secondary care:

- In-practice review of referrals and activity budget information, and RSS referral information
- Quality of patient information in referrals
- Practice to sign off locum referrals prior to sending
- Telephone access for paramedics and/or consultants to speak to a GP
- Improving GP support for patients and staff in nursing and residential homes Requests for emergency home visits

Further details are at Appendix C.

7. Breakdown of LES Expenditure

The breakdown of 2012/13 LES expenditure is shown at Appendix D

8. QOF QP 8, 11 & 14

The report on engagement and evidence across all WWYKD practices, submitted to the PCT QOF team in March 2013, provided detailed reports of the work undertaken at practice level on the following pathways.

It should be noted that QOF funding is not the vehicle for any costs attached to the associated development work, and that this must be met from elsewhere. Thus for example work on QP11, pathway 3, care home residents, was funded through the PBC LES. Therefore the list of pathways on which work was undertaken under the auspices of QOF is included here for completeness.

QP 8

- Pathway 1:* Use of the Referral Support Service for all suitable Orthopaedic, Ophthalmology, ENT, General Surgical, Urology and Gynaecology referrals
- Pathway 2:* Addressing threshold issues for Hip and Knee referrals
- Pathway 3:* Support compliance with INNf and Prior approval processes through use of RSS for all eligible referrals

QP 11

- Pathway 1:* Familiarisation and use of a Risk Tool
- Pathway 2:* COPD Admission Avoidance
- Pathway 3:* Care Co-ordination for Care Home residents

QP 14

- Focus 1:* MIU attendances, all ages
- Focus 2:* Frequent attenders, all ages
- Focus 3:* Frequent attenders at high risk of admission, all ages

9. Recommendations

The CCG Board is asked to:

- Approve the end of year review of the programme of work progressed by WWYKD practices during 2012/13
- Approve, on the basis that the required activity targets have been achieved, the release to WWYKD practices of the second half of the Secondary Care LES for 12/13.

Appendices:

- A. WWYKD Work Programme - detailed project reports
- B. Performance against activity targets
- C. Secondary care LES, completed practice actions
- D. Breakdown of LES expenditure

APPENDICES: WWYKD End of Year Review 12/13

- A. Detailed project reports
- B. Performance against activity targets
- C. Secondary care LES, completed practice actions
- D. Breakdown of LES expenditure

Appendix A: Detailed Project Reports

- 1. Orthopaedics (hips, knees)**
- 2. Management of High Risk patients**
- 3. Referrals and outpatients**
- 4. Locality Nursing / Residential homes support**
- 5. A&E and Minor Injury Review**
- 6. Local radiology provision**
- 7. Finance and activity peer review, and data validation**
- 8. WWYKD Education and Development (PLT sessions)**
- 9. Prescribing**

'Why are there REDs for some of the project items? Why should we be funding where something has not been achieved'?

- The green / amber / red milestones are purely for within WWYKD monitoring and communicating progress. They are a tool to help, not a performance management measure under which funding is allocated.
- The PBC plan for 12/13 highlighted all the areas and priorities for attention and work. It was not expected that all this would definitely be delivered - as things change and something become less do-able and other priorities take over. But achieving all this alongside authorisation has been a significant achievement.
- The payment is for engagement with these priorities and projects, funded on production of the plan and involvement in the commissioning agenda. Practices did not agree to be paid on the basis of delivery. This would lead to a project plan which only contained unambitious items which were easily achieved, to secure funding. This is not the basis for the PBC LES.

WWYKD PBC / GPCC group - Project 1	
Project Title	Orthopaedics (hips and knee pathway)
Reference	<i>WWYKD Project No. 1 (2012-13)</i>
In QIPP	<i>Orthopaedics reduction</i>
In QOF	<i>QP 6,7,8 (referrals)</i>
Background	<p>Wiltshire benchmarks high for the incidence of total hip and total knee replacements.</p> <p>NHS Comparators shows much higher costs for elective orthopaedic care in WWYKD than B&NES, despite using the same main provider.</p> <p>Small differences in Orthopaedic pathways have the large financial impact</p> <p>Detailed development and discussion with practices and providers in 11/12 has led to a standard referral template, and developing new pathways for access to alternative therapy for patients who might not yet need referral to secondary care.</p>
Existing care pathways.	<p>Consistent use of Orthopaedic Hip and Knee referral template across all practices.</p> <p>Access to alternatives pathways limited, especially physiotherapy waiting times, and inconsistent access to specialist physiotherapy services.</p>
Current Situation	<p>WWYKD referral template in place, and should be increasingly used for all hip and knee referrals</p> <p>Specialist physiotherapy services do not cover all practices, and access is dependent on GP knowledge of the service. Waiting times for general services are long.</p> <p>WWYKD is working with the physiotherapy service to integrate specialist physio into the pathway, and include an option for hip and knee classes</p>
Actions 12/13	<p>All referrers to be working to Hip and Knee templates and pathway</p> <p>Set up physiotherapy hip and knee classes, and work with current provider to improve access to general physiotherapy services</p> <p>Peer group support and monitoring through locality meetings</p> <p>Raised awareness of threshold issues and management without onward referral where possible</p>
Measures	<p>Delivery of planned level of savings and activity budget for Orthopaedics (10% by April 2013, measured against 10/11 level, excluding impact of non-recurring waiting list reductions)</p> <p>Agreement and implementation of pathways providing alternative to referral, including hip and knee classes for threshold patients</p>

Monthly progress summary report: Project 1 - Orthopaedics (hips and knees)

Month: March 2013

MILESTONES			
	Due	Progress	Status
Agree pathways for alternative referral routes – specialist physiotherapy and hip/knee classes	May 2012	Done – set up and agreed hip and knee classes, with maximum 4 week access from referral to enrolment.	G
Review use of pathway across WWYKD practices, and collation of data from referral template	May 2012	Data collated and GP reviewed – gradual uptake across practices. Good referrals generally – biggest pathway gap is physio waiting times	G
Working with current provider to reduce waiting time to general physiotherapy	Ongoing	Lower waits commissioned from April 2013	G
Review progress, monitor impact and report	June 12, Sept 12, Dec 12	Review undertaken – see separate sheet	G
Evaluate and agree additional measures / schemes if required	June 12	See analysis sheet summary	G

Actions			
Complete	This month	Next month	3-6 months
<ul style="list-style-type: none"> Hip and Knee template in place, Hip and knee classes in place with 4 week wait Evaluation undertaken 	<ul style="list-style-type: none"> Report 	<ul style="list-style-type: none"> Obtain data on use of classes Ensure physiotherapy wait reduction 	<ul style="list-style-type: none"> Review progress, referral and activity data

RISKS		
Risk	Rating (G,A,R)	Mitigation
Practice ownership	G	Use of localities and GP forum
Practice implementation	G	Ensure leads on board Use of RSS to monitor
No impact on activity	A	Monitor and evaluate
Physio wait significant bottle neck, does not improve	A	Take forward in commissioning intentions and contract monitoring

WWYKD Orthopaedic Project information (March 2013)

Note: These details are in addition to the overall financial and activity position for WWYKD, which is available separately. The information below is the more specific information supporting the WWYKD Orthopaedic project.

- 34% of eligible Hip and Knee referrals with templates completed. (Information about the threshold issues continue to be raised in practices and re-promotion of template use in progress).
- The majority of the referrals are judged to be appropriate and good quality
- Oxford Scores are confusing and rarely used (recommended now not required)
- Only a minority of patients had been to physiotherapy before referral (long waits now being addressed)

WWYKD Hip and Knee Replacement Procedure Rates

Provider	10/11	11/12	April 12 to Jan 13	12/13 Forecast
HIP				
GWH	70	73	80	74
RUH	96	105	54	96
SFT	68	64	21	65
Bath Clinic	13	45	2	25
The Ridgeway	2	1	18	2
Circle Bath	-	18	24	22
Emerson's Green	39	34	21	29
New Hall	14	14	14	25
Other	20	18		17
Hip Total	322	372	296	355
KNEE				
GWH	61	59	58	70
RUH	59	91	73	88
SFT	48	56	44	53
Bath Clinic	20	37	20	24
Sarum Road	-	1	-	-
The Ridgeway	1	2	-	-
Circle Bath	-	18	13	16
Emerson's Green	31	33	32	38
Horton	1	-	1	1
New Hall	44	17	13	16
Other	17	16	9	11
Knee Total	282	330	263	316
WYKD Hip / Knee Totals	604	702	559	671

Average age for Hip and Knee procedures

- Average age for Hip/Knee procedures shows an increase at RUH and overall for WWYKD (note average age for these procedures is lower in Wiltshire than national average)

Provider	Hip			Knee		
	10/11	11/12	12/13 M1-10	10/11	11/12	12/13 M1-10
GWH	68.5	67.4	66.9	70.8	65.7	68.0
RUH	69.1	69.4	69.9	69.3	69.3	69.5
SFT	70.5	72.4	70.6	68.3	70.2	70.0
BMI Bath Clinic	68.6	67.2	68.6	70.0	68.6	67.2
BMI Sarum Road Hospital					68.0	
BMI The Ridgeway Hospital	68.0	63.0	65.0	62.0	46.0	
Circle Bath		69.0	68.6		68.3	67.1
Emerson's Green	69.4	69.3	68.4	67.5	70.2	70.3
Horton				61.0		75.0
New Hall Hospital	64.9	63.6	67.4	68.3	67.8	68.1
Other	61.9	60.8	60.4	65.1	69.1	66.2
Total	68.6	68.6	68.5	68.8	68.5	68.9

WWYKD PBC / GPCC group - Project 2	
Project Title	Management of High Risk Patients
Reference	WWYKD Project No. 2 (2012-13)
In QIPP	<i>Non-elective admissions</i>
In QOF	<i>QP 9, 10,11 (admissions) and 12,13,14 (attendances)</i>
Background	<p>Proactive management of high risk patients is key to delivery of QIPP, managing increasing demand for services</p> <p>Risk stratification tools give practices a consistent approach to identifying high risk patients, and applying appropriate proactive intervention to minimise the risk of admission</p>
Existing care pathways.	No single, consistent pathway across all WWYKD practices. All practices will undertake proactive care planning, but mechanisms for identifying patients vary.
Current situation	<p>WWYKD has reviewed 2 risk stratification tools, and recommended the Devon tool, which is being developed by the PCT</p> <p>Once a pilot tool is available, WWYKD will develop a scheme for practices to implement in 12/13.</p> <p>WWYKD working closely with LA re access too Step up Care beds to help support most at risk patients</p>
Actions for practices	<p>Working to develop a practical, workable scheme</p> <p>Implementation of the scheme in the practice, with agreed number of care plans in place by March 2013 (agree number at individual practice level).</p>
Measures	<p>Care plans in place for high risk patients once care co-ordinators etc. in place</p> <p>Reduction in admissions from high risk groups (to be determined, e.g. long term conditions, elderly) by x% once care co-ordinators etc. in place</p> <p>Manage emergency admissions at 10/11 levels less QIPP, as achieved in 11/12.</p>

Monthly progress summary report: Project 2 – Mgt of high risk patients

Month: March 2013

MILESTONES			
	Due	Progress	Status
Setting up the IT system and support, and pilot	May 2012	Complete, piloted in Trowbridge	G
Development of scheme for WWYKD practices	June 2012	Complete and rolled out to all practices	G
Roll out and implementation of scheme across 80% of WWYKD practices	July 2012	Initial scheme to review cases in place, and being reviewed in locality groups	G
Scheme start	Sept 2012	Pilot starting April 2013 for Bradford Road – care co-ordinator	G
Review progress, monitor impact and report	Mar 13	Picked up as part of community transformation project	G
Further development / roll out	Apr 13		

Actions			
Complete	This month	Next month	3-6 months
<ul style="list-style-type: none"> • Risk tool agreed and purchased from Devon PCT • Local adaptation of tool complete • Data pilot in Trowbridge • Roll out of tool across all WWYKD practices 	<ul style="list-style-type: none"> • All practices checking tool, learning and identifying actions • Implement pilot scheme in Trowbridge 	Links between Risk Tool and TPP	<ul style="list-style-type: none"> • All practices, through localities, engaged with start of care co-ordinators and community transformation project

RISKS		
Risk	Rating (G,A,R)	Mitigation
IT issues and data issues with secondary care	G	Liaise closely with PCT IT development
IT tool not practical for use by practices	G	Pilot tool in 4 x practices prior to roll out across all of WWYKD
Practices workload issue – not able to take on additional project	A	Developing as part of wider community transformation project – on-going review within CCG
Project does not have an impact on admissions	A	Ensure evidence base to this approach. Obtain further information from Devon

WWYKD PBC / GPCC group - Project 3	
Project Title	Referrals and Outpatients
Reference	<i>WWYKD Project No. 3 (2012-13)</i>
In QIPP	
In QOF	<i>QP 6,7,8 (referrals)</i>
Background	<p>Use of RSS is a key part of WWYKD strategy to support GPs in use of pathways, pre referral advice, monitoring referral quality, compliance with INNf and PA at the beginning of the referral pathway.</p> <p>Options can be developed for pre referral intervention and support (e.g. guidelines, educative feedback, advice and guidance services).</p>
Existing care pathways.	<p>All WWYKD practices using RSS for majority of suitable surgical referrals – compliance with INNf and PA requirements at the point of referral</p> <p>Referral quality being monitored with feedback to practices</p>
Current Situation	<p>Pre-referral intervention and support to be developed in 2012/2013 – e.g. advice and guidance for Paediatrics, ENT, Dermatology.</p> <p>Further summary feedback to practices on referral quality and INNf compliance.</p> <p>Access to local diagnostic facilities key to delivery, and requires review in 2012/13</p>
Actions for practices	<p>Continued use by practices, and peer group support and monitoring through locality meetings</p> <p>Practices to continue to sign off locum referrals prior to sending</p> <p>Working with WWYKD in developing advice and guidance services</p> <p>?Working with PCT re reducing C2C referrals</p> <p>Responding to feedback and improving referral quality, INNf and PA compliance</p>
Measures	Reduction in INNf / PA procedures? Baseline?

Monthly progress summary report: Project 3 – Referrals and outpatients

Month: March 2013

MILESTONES			
	Due	Progress	Status
Continued 80% practice support for use of RSS at >80% eligible referrals	Review, ongoing	Complete and in place – high use of RSS across WWYKD practices	G
Report on compliance with INNf and PA policies and impact of RSS use	June 2012	Report received – but not clear and actual INNf use per practice does not seem accurate – clarity sought	G
Agee speciality and approach for development of advice and guidance	Mar 2012	Not developed yet. ?Model to be developed. Review implementation for 2013/14	R
Develop use of RSS for medical specialities (e.g. one of Diabetes, Dermatology, Cardiology)	July 2012	For full implementation in January 2013	G
Review local diagnostic facilities and identify actions required	July 2012	Not undertaken yet due to capacity constraints – ?2013/2014	R
Further development / roll out	Apr 13	Dermatology and Cardiology	G

ACTIONS			
Complete	This month	Next month	3-6 months
<ul style="list-style-type: none"> • >80% RSS use for referrals • INNf processes in place • RSS supporting referral quality, choice, pathway compliance • Implemented Dermatology and Cardiology 	<ul style="list-style-type: none"> • Advice and Guidance proposal? 	<ul style="list-style-type: none"> • Agree proposal for advice and guidance at RSS stage? • Agree approach for diagnostic facilities review, or remove from project 	<ul style="list-style-type: none"> Review of local diagnostic facilities Implement A&G pilot in a speciality?
RISKS			
Risk	Rating (G,A,R)	Mitigation	
RSS capacity and PCT support	G	Review with PCT, WWYKD and RSS team Resource as required	
Practice implementation	G	Ensure leads on board Use of RSS to monitor	
No impact on activity	A	Monitor and evaluate	

WWYKD PBC / GPCC group - Project 4	
Project Title	Locality Nursing / Residential homes support
Reference	<i>WWYKD Project No. 4 (2012-13)</i>
In QIPP	<i>Non Elective admissions</i>
In QOF	<i>QP 9, 10,11 (admissions)</i>
Background	<p>This project is a response to the national evidence supporting the closer working and proactive management of pts in care homes to reduce admissions to secondary care from homes.</p> <p>Project has been developed and started in 2011/2012. This year the focus is on establishing the relationships with homes, the approach in practices and starting to be able to demonstrate the impact. In 12/13, the project will also develop practice support for step up beds.</p>
Existing care pathways.	<p>WWYKD Care Homes project in 2011/12 – set up the scheme covering all WWYKD practices and care/residential homes in WWYKD.</p> <p>Three levels of engagement by practices. Some homes covered at level A (care co-ordination plans in place, and annual medical review for all patients), most at level B (increased continuity and consistency of care through weekly practice contact), and some at level C (education and MDT meetings with care home staff).</p>
Current Situation	<p>All practices signed up to the project, and started between January 2012 and April 2012. Links between the practice and homes, community staff and pharmacist to be developed. Reporting and monitoring impact through locality groups</p> <p>Working with Council to provide clinical support for Step Up / Down STAR beds in WWYKD localities as an extension of this project.</p>
Actions for practices	<p>Integrate the project into normal practice working</p> <p>Care plan reviews to link with pharmacy and community nursing care reviews</p> <p>All care plans loaded onto ADASTR</p> <p>Plans with every home for increased continuity and consistency of care from the practice</p> <p>Support and training to care homes to manage patients' care plans.</p> <p>Quarterly reporting from practices to WWYKD locality meetings</p>
Measures	<p>Reduce non elective admissions measured against 2011/12 levels by X% by April 2013. <i>OR reduce non elective admissions from care homes by X%. (problem in terms of reliable base data as currently manual collection)</i></p> <p>50% of care home residents to have care co-ordination plan by April 2012 and 90% by December 2012, in designated care homes</p> <p>90% of designated care home residents to have care plan entry on Adastr by November 2012</p> <p>All care home residents to have 6 or 12 monthly review of medication with designated lead GP and support pharmacist</p> <p>To undertake audit of care home admission by home and discuss this on quarterly basis at locality</p> <p>To increase number of patients dying in place of choice by 20% by April 2013</p> <p>Reduce LOS in acute hospital though supporting more timely discharge</p>
Data	<p>909 residents at over 30 care homes across WWYKD. Variable project starts between December 11 and April 2012. Most January 2012.</p> <p>Updates on number of care plans in place and homes covered in April locality meetings</p> <p>Monitoring admissions from care homes, and actual v preferred place of death</p>

Monthly progress summary report: Project 4 – Locality Nursing / Residential homes support
Month: March 2013

MILESTONES			
	Due	Progress	Status
All practices undertaking level A,B or C projects with care homes - projects established and robust	May 2012	Complete, reviewed in localities every 2 months	G
Working with Wilts Council to develop clinical support for STAR beds as part of this project	August 2012	Completed – rolling out, successful practice sign up so far	G
Identify community nurse and pharmacist to work with each practice covering the majority of homes	June 2012	Pharmacist identified. Community Nurse not in place / or identifiable in all localities.	G
90% of residents with plans on Adastra	Nov 2012	Achieved – confirmed by practices but IT reporting not yet in place	G
Quarterly reporting to locality meetings	Ongoing	Complete to date	G
Practices delivering Level C projects have education and MDT plans in place	June 2012	Plans confirmed in November 2012 localities	G
Review progress, monitor impact and report	Sept 2012	Ongoing. Data fields being developed. ?data needs improvement	A
Review roll out of principles of the project for pts in own homes	Oct 2012	Now part of care co-ordination and CTProject	G
Further development, roll out	Mar 13	?include in Wilts LES / SLA	G

ACTIONS			
Complete	This month	Next month	3-6 months
<ul style="list-style-type: none"> All Practices starting visits and documentation reviews Melksham nurse appointed 	<ul style="list-style-type: none"> Develop data recording, in particular place of death 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Integration with care co-ordination, risk tools and taking the principles to ‘at home’ care

RISKS		
Risk	Rating (G,A,R)	Mitigation
Numbers too small to monitor and notice impact. Impact does not justify investment.	A	Measure impact across selected homes across all WWYKD area.
Hard to measure and quantify impact. Hard to compare to a baseline.	A	Measures
Different approaches and level of commitment from different practices	G	Peer review and reporting at locality meetings

WWYKD PBC / GPCC group - Project 5	
Project Title	A&E and Minor Injury Attendances review
Reference	WWYKD Project No. 5 (2012-13)
In QIPP	Secondary Care resources, A&E attendances
In QOF	QP 12,13,14 (attendances)
Background	<p>Review required of use of MIU, practices and A&E for primary care type presentations.</p> <p>Specific issues re: use of Trowbridge MIU to be address, including links with practices, times of attendances, alternative access to practices etc.</p>
Existing	<p>Review of data required on locality basis.</p> <p>Suggestion that distance from A&E ensures A&E attendance is low, but MIU use to be reviewed</p>
Current Situation	<p>Practice level referral data and analysis required</p> <p>MIU attendance information required, covering time of attendance, practice, case mix etc.</p>
Actions for practices	<p>Analysis and review of data</p> <p>Development of locality action plans for 12/13</p>
Measures	<p>MIU and A&E attendances by practice</p> <p>Attendance costs</p>

Monthly progress summary report: Project 5 – A&E and MIU review

Month: March 2013

MILESTONES			
	Due	Progress	Status
Development of information and data to understand current position	April 2012	Significant data issues revealed – now working with MIU to provide better information to practices Revised date for improved information to practices – GWH implementing in April 2013 Not yet in place (March 2013)	A
Practice and locality analysis	May 2012	Undertaken with available data	G
Develop locality action plans for 12/13	June 12	Plans for practices to check frequent attenders and any appropriate proactive action	G
Initiate locality actions, monitoring and review	July – March 2013	?confirm any larger scale project to address use of MIU and practice services? <i>Not priority for CCG currently.</i> <i>Action not therefore progressed</i>	

ACTIONS			
Complete	This month	Next month	3-6 months
<ul style="list-style-type: none"> Data developed, and reviewed by all practices, and peer discussion undertaken at locality mtgs 	<ul style="list-style-type: none"> Finalise the patient discharge information from MIUs. All developed – GWH to implement April 2013 		Agree any development of larger project re: MIU and practice access?

RISKS		
Risk	Rating (G,A,R)	Mitigation
Information and data inconclusive. Required fields not collected or available from MIU provider	G	Obtain and review early
Local and political sensitivities re: access to local services	A	Localities to develop realistic options which can be implemented and supported

WWYKD PBC / GPCC group - Project 6	
Project Title	Local Radiology Provision
Reference	WWYKD Project No. 6 (2012-13)
In QIPP	Secondary Care resources, supports other pathways
In QOF	Supports QP 12,13,14 (attendances)
Background	Access to local Radiology services is essential for supporting patients in primary care
Existing	<p>Concern in 11/12 with reductions in service, complicated contractual arrangements with different providers and equipment issues.</p> <p>Services currently available across all localities, although still reduced in some areas. Most sites do not have digital technology and electronic transfer of information limited</p>
Current Situation	<p>Block contracts and varying arrangement across all 3 trusts</p> <p>Concern re lack of clarity about required service level in acute trust contracts</p> <p>Reduced services leading to inability to manage some pts in primary care</p>
Actions for practices	<p>In localities, to update WWYKD on current services</p> <p>In localities, to work with WWYKD to ensure commissioning and delivery of the required service at an agreed specification (not currently available)</p>
Measures	To be determined – to include appropriate access to local service

Monthly progress summary report: Project 6 – Local Radiology Review

Month: March 2013

MILESTONES			
	Due	Progress	Status
Determine current contractual position	April 2012	Some work undertaken with RUH re community services, but no detailed analysis undertaken	A
Obtain information regarding current use of community radiology services	May 2012	<i>NOT UNDERTAKEN IN 2012/2013 due to management resource constraints - possible for 2013/14 if CCG priority.</i>	
Agree specification for services with providers	June/July 2012		
Initiate locality actions, monitoring and review	July – March 2013	Local access pilot in Devizes with 2 practices, using ISTC provider underway	G

ACTIONS			
Complete	This month	Next month	3-6 months
			<ul style="list-style-type: none"> • Obtain data and analysis • Practice and locality review • Develop locality action plans • Implement and review

RISKS		
Risk	Rating (G,A,R)	Mitigation
Contract positions inflexible and complex (e.g. block arrangements and historical service provision)	A	
Desired service specification unaffordable within current costs for community radiology	G	

WWYKD PBC / GPCC group - Project 7	
Project Title	Finance and Activity Peer review and data validation
Reference	WWYKD Project No. 7 (2012-13)
In QIPP	Secondary Care resources - contract and activity management
In QOF	
Background	<p>Peer review and peer benchmarking of finance and activity information is an effective method of engaging practices and minimising outlying performance by individual practices.</p> <p>Targeted audit helps identify commissioning priorities</p> <p>Majority of practices sharing one IT system allowing for shared reporting, templates and cover arrangements</p>
Existing	<p>During 2011/2012 locality groups have started reviewing budget, activity and benchmarking data within localities and across WWYKD</p> <p>Enhanced TPP Support in place for practices</p>
Current Situation	<p>Data and information is provided by PCT finance team.</p> <p>Limited reporting and comparison reporting is available via the PBC Web Tool.</p> <p>Further development of the budget required to provide a more realistic estimated live position each month, allowing for end of year changes in monthly predictions. Dedicated work with other local groups to enhance.</p>
Actions for practices	<p>Bi-monthly review of activity and finance information within the practice.</p> <p>Internal practice audits and deep dive investigations encouraged, with feedback on learning to locality groups</p> <p>Support WWYKD audits. Possible audit areas to include:</p> <ul style="list-style-type: none"> - First OP attendances - C2C attendances - Categorisation of admissions - Zero LOS review - Review of patients with stays in excess of 14 days
Measures	<p>Locality peer reviews in place bi-monthly</p> <p>Early identification of outlying performance issues, and delivery of WWYKD activity and financial budgets within available resources.</p>

Monthly progress summary report: Project 7 – Finance and Activity Peer review and data validation

Month: March 2013

MILESTONES			
	Due	Progress	Status
Locality bi monthly peer review of finance and activity in place for all 4 localities	April 2012	In place from September 2013	G
Work with PCT to develop reporting of management and activity information (e.g. through PBC Tool)	June 2012	New system in implementation and roll out	G
Develop live financial reporting to include projections and adjustments for end of year position within monthly budgets	July 12	<i>Not possible or required this year – removed from project</i>	
Ongoing development of WWYKD TPP templates and shared reporting mechanisms	Ongoing	Developed for Care homes pilot and Orthopaedic pathway	G
Localities to address areas of concern, agreeing actions and reporting back to WWYKD	Ongoing	Ongoing in locality groups	G
Undertake WWYKD wide audit work	Ongoing	Detailed report provided to CCG on full set of data challenges March /April 2013	G

ACTIONS			
Complete	This month	Next month	3-6 months
<ul style="list-style-type: none"> Regular locality reviews of finance and activity information 	<ul style="list-style-type: none"> Ongoing 		

RISKS		
Risk	Rating (G,A,R)	Mitigation
Financial data cannot easily provide real, up to date and adjusted details to demonstrate actual position each month	A	Feedback concerns and issues to finance department, and develop reporting and adjustments together

WWYKD PBC / GPCC group - Project 8	
Project Title	WWYKD education and development
Reference	WWYKD Project No. 8(2012-13)
In QIPP	
In QOF	
Background	Education support to practice staff is an effective way of engaging practices in the commissioning agenda, raising quality of care and encouraging consistency of practice across WWYKD.
Existing care pathways.	Some localities have started trialling education sessions for practices, covering ENT and Back surgery.
Current Situation	<p>WWYKD can support a PLT approach for education and engagement, following a programme which supports the commissioning agenda. E.g. sessions for all referrers on the role of the specialist MSK physiotherapy service in reducing hip and knee intervention rates.</p> <p>Locality or WWYKD PLT learning programme to be developed</p>
Actions for practices	Practice involvement in setting up a programme, agreeing priorities through locality group.
Measures	<p>Agreement of locality approach</p> <p>Set up suitable programme supporting commissioning agenda</p> <p>Supports and enables delivery of QIPP and targets across all other projects</p>

**Monthly progress summary report: Project 8 – WWYKD Education and Development programme
March 2013**

MILESTONES			
	Due	Progress	Status
Agree locality and/or WWYKD wide education programme approach, supporting delivery of commissioning agenda and QIPP	May 2012	Agreed and in place for Devizes (small group learning) and Melksham (consultant led sessions). Trowbridge, Westbury / Warminster still to be agreed, if required	G
Set up programmes in localities – agree administrative arrangements	July 2012	In place in Devizes and Melksham	G
Delivery of 6 months of programmes, achieving good engagement and feedback from practices	Jan 2013	Mixed uptake and interest across the localities.	A

ACTIONS			
Complete	This month	Next month	3-6 months
<ul style="list-style-type: none"> In place in 2 of 4 localities PLT approach agreed 	<ul style="list-style-type: none"> Agree next steps at each locality meeting 	<ul style="list-style-type: none"> Agree approach for each locality 	<ul style="list-style-type: none"> Undertake one WWYKD wide session, linked to work programme – booked motivational interviewing 15th May

RISKS		
Risk	Rating (G,A,R)	Mitigation
Practices overloaded and not able to engage	A	Use of PLT

WWYKD PBC / GPCC group - Project 9	
Project Title	Prescribing
Reference	WWYKD Project No. 7 (2012-13)
In QIPP	
In QOF	
Background	WWYKD has relatively low prescribing but medicines management team and WWYKD practices have identified areas where there is further scope for reduction in spend whilst maintaining appropriate quality indicators.
Existing care pathways.	Locality peer review of prescribing activity and finances every 2 months
Current Situation	<p>WWYKD has identified the following areas for priority focus in 2012/2013:</p> <ol style="list-style-type: none"> 1. Pain management and prescribing of patches according to NICE guidance 2. Feeds – best practice of “food first” and use of formulary 3. Catheters – review 4. Repeat Prescribing Protocols and Reduction of Waste 5. Prescribing for AMD – Lucentis/Avastin – subject
Actions for practices	Work will be led by Medicines Management team and WWYKD Executive.
Measures	To be developed with HOMM
Finances	<p>Prescribing work to deliver £0.75M in efficiency savings in 2012/13</p> <p>Requires up to £0.1m of Invest to Save</p>

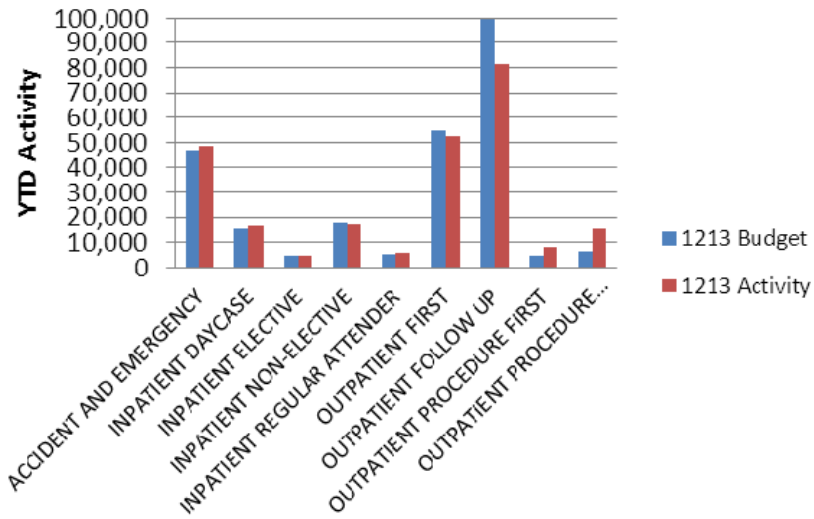
APPENDIX B – Performance against activity targets

Context: Activity targets were set at the start of the year. These were based on 11/12 outturn, adjusted to reflect demographics, and the allocation of reserves. These activity figures were then weighted by activity type (A&E, inpatient daycase, outpatient first, etc) to create a common currency that standardises (i.e. creates equivalent values) per type of activity. Actual performance is then measured against the activity target, (comprising all activity types aggregated together), using these weighted values. The weighted variance total is thus the key figure, and this shows that the activity targets set at the start of 2012/13 were exceeded by 0.5%.

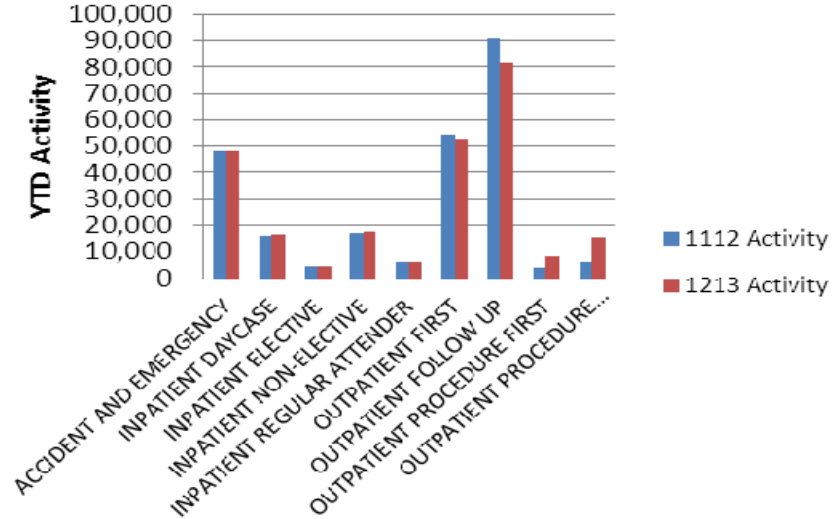
WWYKD Summary at Month 12 1213

Description	Actual Against Budget				Reserves			Weighted Variance			1112 vs 1213 Comparison			
	1213 Budget	1213 Activity	YTD Budget Variance	% Against Budget	Reserves (M12 Proportion)	YTD Budget Variance + Reserve	%	Weighting	Weighted YTD Variance	Weighted % Against Budget	1112 Activity	1213 Activity	YTD Activity Variance	%
ACCIDENT AND EMERGENCY	46,921	48,433	-1,512	-3%	2,438	926	2%	0.11	102	0%	48,556	48,433	123	0%
INPATIENT DAYCASE	15,339	16,788	-1,449	-9%	6	-1,443	-9%	1.00	-1,443	-9%	16,247	16,788	-541	-3%
INPATIENT ELECTIVE	4,749	4,612	137	3%	15	152	3%	3.67	559	12%	4,953	4,612	341	7%
INPATIENT NON-ELECTIVE	17,837	17,477	360	2%	38	398	2%	2.63	1,046	6%	17,357	17,477	-120	-1%
INPATIENT REGULAR ATTENDER	5,386	6,143	-757	-14%	245	-512	-10%	0.11	-56	-1%	6,425	6,143	282	5%
OUTPATIENT FIRST	54,517	52,739	1,778	3%	315	2,093	4%	0.17	356	1%	54,565	52,739	1,826	3%
OUTPATIENT FOLLOW UP	99,698	81,652	18,046	18%	9,766	27,812	28%	0.09	2,503	3%	90,680	81,652	9,028	11%
OUTPATIENT PROCEDURE FIRST	4,629	8,237	-3,608	-78%	924	-2,684	-58%	0.19	-510	-11%	4,401	8,237	-3,836	-47%
OUTPATIENT PROCEDURE FOLLOW UP	6,305	15,473	-9,168	-145%	1,536	-7,632	-121%	0.17	-1,297	-21%	6,353	15,473	-9,120	-59%
Total	255,381	251,554	3,827	1.5%	15,284	19,111	7%		1260	0.5%	249,537	251,554	-2,017	-0.8%

1112/1213 YTD Budget vs Actual comparison



1112/1213 YTD Activity comparison



Appendix C - Secondary Care LES, completed practice actions

1.	In practice review of referrals and activity budget information, and RSS referral information <ul style="list-style-type: none">➤ Review in practice and report to locality group➤ Practice to use PBC Web tool➤ WWYKD provided comparator information to practices in July 2012
2	Quality of patient information in referrals <ul style="list-style-type: none">➤ RSS to feedback to practices individually throughout the year, issues fed to locality group➤ Practices to action accordingly, and report on actions to locality
3	Practice to sign off locum referrals prior to sending
4	Telephone access for paramedics and/or consultants to speak to a GP <ul style="list-style-type: none">➤ Offer the service 8am to 6.30pm via a non-patient telephone line➤ Ensure front desk staff are aware of requirements
5	Improving GP support for patients and staff in nursing and residential homes <ul style="list-style-type: none">➤ Involvement in locality project as required. Practice to support as required (locality project funded through PBC LES)➤ Provision of information and support to the project as required
6	Requests for emergency home visits <ul style="list-style-type: none">➤ Ensure that requests are reviewed within 60 minutes, and respond where appropriate

Appendix D: Breakdown of LES Expenditure

12/13 Resources			
Description	PBC LES	Secondary Care LES	Payment mechanism
Board, Executive and Locality Groups			Paid by PCT from GPCC £2
PBC LES (£3.20)	£528,000		Part to practices, part to WWYKD
Secondary Care LES 11/12 50% achievement (£2)		£330,000	Paid to practices
Secondary Care LES 12/13 50% (£2.01)		£330,000	Paid to practices
12/13 Spend			
Secondary Care LES 11/12 50% achievement (£2)		£330,000	Paid to practices for achievement of secondary care LES budget 11/12
Secondary Care LES 12/13 50% (£2)		£330,000	Paid to practices on delivery of plan for secondary care LES practices actions (see WWYKD operational plan 12/13)
PBC LES spend on Delivery of WWYKD Operational plan 12/13			
Audit and data validation highlighting £5M data challenges	£165,000		£1 per capita paid to practices from PCT for validation work
WWYKD Contribution towards RSS in 12/13	£15,000		
General Management and Finance Support for delivery of plan	£100,000		WWYKD employment of Mary Connor, Andy Newton, Sue Barnard, Sylvie Sokol (IT development)
Secretariat	£10,000		Admin and finance (inc Alda Sinclair)
Care home pilot	£200,000		Paid to practices on delivery. Supports 1000 care home residents at £200 per patient
Public health projects	£30,000		Paid to practices for Health check follow ups, motivational interviewing training, WWYKD education events
<i>Total</i>	<i>£520,000</i>		