



**NHS South East Essex  
and NHS South West Essex**

## **APPENDIX 1**

PCT Board 26th May 2011  
SW Essex QIPPProgramme –  
Implementation

DRAFT – Subject to PCT Board review

# Glossary

ALOS	Average length of stay	Hq	Headquarters	OPCS	Office of Population Censuses
APMS	Alternative provider of medical services	HRG	Healthcare resource groupings	PA	Programmed activity
BCH	Brentwood Community Hospital	IAPT	Improving Access to Psychological Therapies	PACTWIN	Parent and Children Together, Win
BHRT	Barking Havering and Redbridge NHS Trust	IM&T	Information Management & Technologies	PBC	Practice Based Commissioning
BTUH	Basildon and Thurrock University Hospital NHS Foundation Trust	LD	Learning difficulties	PbR	Payment by results
C2C	Consultant to Consultant	LES	Local Enhanced Services	PCT	Primary Care Trust
CAGR	Compound annual growth rate	LGB	Lesbian, Gay and Bisexual	PCTMS	Primary Care Trust Medical Services
CFS	Chronic Fatigue Syndrome	LOS	Length of stay	PDS	Personal Dental Services
CHD	Coronary heart disease	M12	Month 12 of the financial year	PFI	Private Finance Initiative
CIP	Cost Improvement Program	M1	Month 1 of the financial year	PMO	Project management office
CMT	Corporate management team	ME	Myalgic Encephalomyelitis	PMS	Personal Medical Services
Commissioner	South West Essex PCT	MFF	Market forces factor	Q1	Quarter 1 of the financial year
COPD	Chronic Obstructive Pulmonary	MH	Mental Health	Q4	Quarter 4 of the financial year
CQUIN	Commissioning for Quality and	MSK	Musculoskeletal	QOF	Quality and Outcomes Framework
D&C	Dilatation and Curettage	NELFT	North East London NHS Foundation	RAG	Red Amber Green status
DES	Directed Enhanced Service	NES	National Enhances Services	SCG	Specialist Commissioning Group
DH	Department of Health	NHS PCC	NHS Primary Care Commissioning	Scriptswitch	Prescribing decision support software
DoF	Director of Finance	NICE	National Institute for Clinical Excellence	SE Essex	South East Essex
EoE	East of England	NSR	Non stock requisition	SEPT	South Essex Partnership NHS Foundation Trust
FM	Facilities Management	ONS	Office of National Statistics	SHA	Strategic Health Authority
FYE	Full year effect	OOH	Out of hospital	SHT	Southend Hospital NHS
GDS	General Dental Services	pa	per annum	SWE	South West Essex
GMS	General Medical Services			SWECS	South West Essex Community Services
				T+O	Trauma and Orthopaedic
				WTE	Whole Time Equivalent



## Contents



**NHS South East Essex  
and NHS South West Essex**

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- Month 1 (April 2011) scheme performance has been achieved mainly through schemes from 2010/11 continuing to deliver savings.
- Recurrent break even is predicted to be achieved by the end of Quarter 2 and this assumes all schemes are delivering at 100%. Contingency plans are still to be developed by Executive Directors.
- Contract discussions continue with BTUH. The PCTs ability to deliver the QIPP Program is dependent on a robust acute contract with BTUH
- The short month and the clustering process has meant some loss of pace and focus. The PCT is encouraged to refocus on the challenge ahead.
- Initial data for April 2011 suggests over-performance against the QIPP plan trajectory. The PCT needs to determine the various causes and take action.
- The PCT is strongly advised to share performance data with individual GPs and Consortia on a monthly basis with a view to agreeing a system-wide solution.
- Consortia development should be accelerated as a matter of urgency and appropriate support should be considered.
- The demand for emergency care requires a system-wide focus and approach to deliver quality of care and levels of activity that are sustainable,

Caroline Mitchell

Independent Turnaround Director



## 3. Executive Summary

### 2010/11

*On a monthly basis as part of preparing the full year outturn, the PCT prepares a forecast delivery of Turnaround schemes. The total value of the savings identified for 2010/11 is £23.4m. The forecast achievement to date is £25.6m – a 68% YTD yield. This is shown in section 5. key variances between forecast and the target relate to:*

*£8.4m relating to extended waits. The Referral Gateway – the impact of waits to a greater extent will be delivered within 2011/12 instead of 2010/11.*

*£1.5m relating to SCG (data validation) – Project failed to realise potential savings due to unforeseen challenges and insufficient project management resources. These issues are need to be addressed as a matter of urgency to deliver the savings identified for 2011/12.*

*£1.4m relating to Service Restriction Policy – implementation was delayed due to concerns raised by clinicians. Challenges have been agreed in principle for Q1 but remain in dispute for Q2,Q3 and Q4 and discussions are currently taking place with the Trust.*

*£0.8m relating to Acute Claims Validation (undertaken by BUPA) – contingent upon the challenge process.*

*0.7m relating to daycase to outpatient – challenges made.*

*£0.5m relating to CAMHS where the saving is regarded to be challenging in light of current expenditure run rates. Awaiting month 12 data.*

*£0.4m relating to Nursing and Residential Home review - delayed due to insufficient project resources which has been addressed for 2011/12.*

*£0.2m relating to C2Cs – Audits undertaken support challenges submitted and form part of the current contract negotiation process.*

#### **Performance at M12**

##### **Key Achievements**

*There have been a number of significant achievements in the month as follows:*

*HIV/AIDS realised saving of £0.7m against plan of £0.1m.*

*Frequent Flyers schemes exceeded savings targets at £0.4m for adult frequent flyers against a target of £0.2m.*





## 2011/12

On a monthly basis as part of preparing the full year outturn, the PCT prepares a forecast delivery of Turnaround schemes. The total value of the savings identified for 2011/12 is £45.2m. The forecast achievement to date is £43.7m – a 97% YTD yield. This is shown in section 5. key variances between forecast and the target for Month 1 relate to:

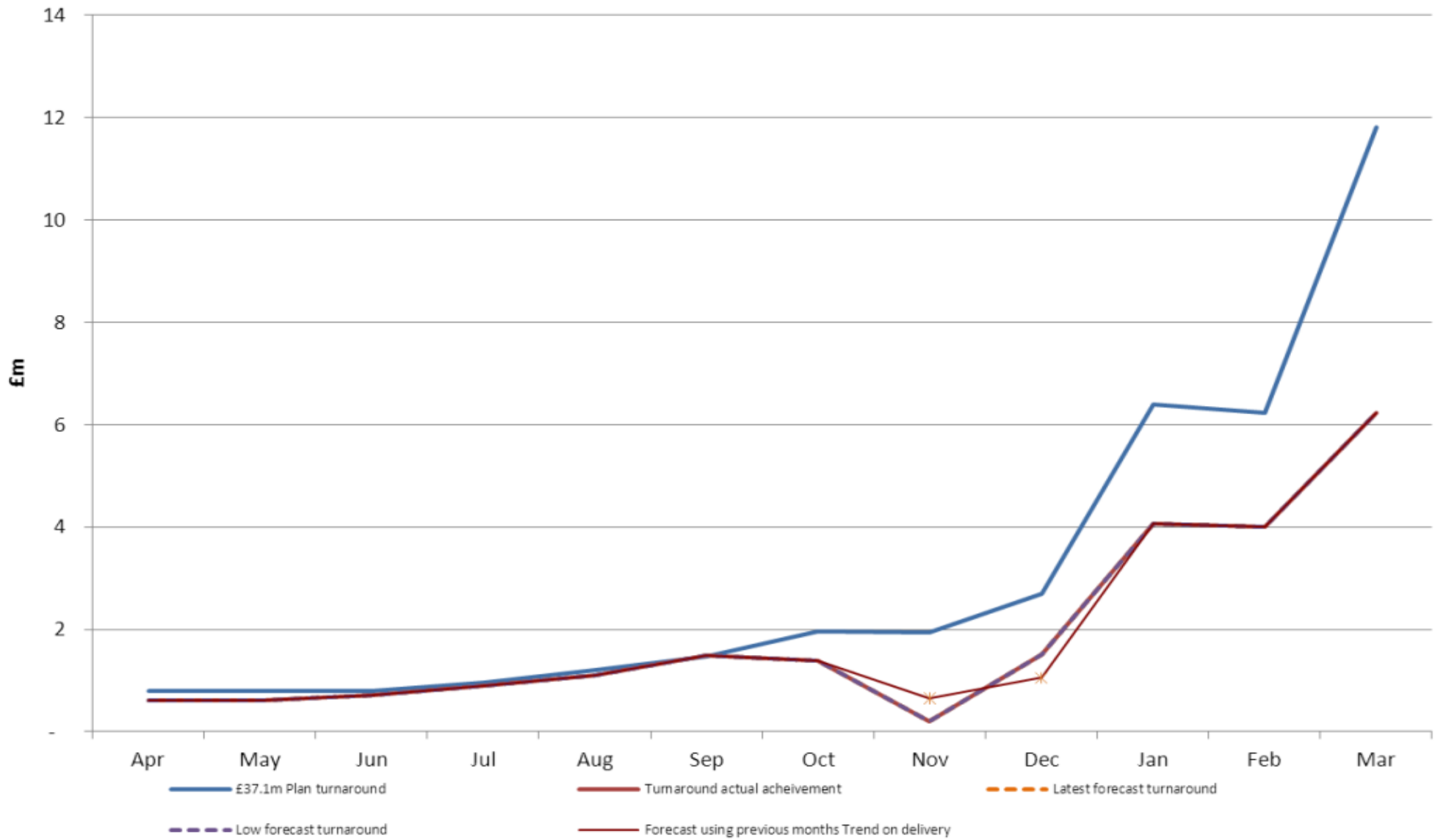
Referral Management Centre - £0.05m delivered vs plan of £0.1m.

List Validation - £0m delivered vs a plan of £0.01m - although all milestones have been delivered the financial phasing needs to be reviewed as savings will not be realised until July. This will not impact on the year end savings target.

Review of rent and rates - £0m delivered against a plan of £0.1m. This is due to ongoing negotiations with practices in relation to reimbursement of funds to the PCT.

# 4. 2010/11 Run Rate of Turnaround Programme

## Forecast Monthly Turnaround Programme





# QIPP Tracker for 2010/11

## M12 Performance

SUMMARY OF INITIATIVES - BY WORKSTREAM										
Workstream Scheme	Exec lead	Milestones:			Milestones	Annual 2010/11	Actual performance (£'m)			
		R	A	G			Due	Delivered	Variance	RAG
CSI Core	TA	6	2	12	R	(8.6)	(8.5)	(5.9)	2.6	R
SCG	TA	2	0	0	R	(1.5)	(1.5)	-	1.5	R
Planned Care *	TA	2	9	3	R	(3.7)	(2.9)	(0.7)	2.2	R
GP referral gateway	TA	0	3	5	A	(9.2)	(6.2)	(1.1)	5.2	R
Unplanned Care *	BS	1	1	2	R	(0.8)	(0.6)	(0.6)	0.0	G
Primary Care	MD	1	1	19	R	(3.9)	(3.9)	(4.0)	(0.1)	G
Community Hospitals	JM	0	0	1	G	-	(0.0)	-	0.0	R
SWECS	MD	0	0	4	G	(2.7)	(2.7)	(5.1)	(2.3)	G
Medicines Management	MD	0	2	11	A	(2.5)	(2.2)	(2.5)	(0.3)	G
Public Health	AA	0	0	2	G	(0.9)	(0.9)	(0.9)	(0.0)	G
Workforce	BS	0	0	3	G	(0.4)	(0.4)	(0.4)	-	G
Corporate	BS	0	1	11	A	(2.5)	(2.5)	(2.5)	(0.0)	G
Clinical Development, Quality and Innovation	BS	1	0	0	R	(0.5)	(0.5)	-	0.5	R
<b>TOTAL</b>		<b>13</b>	<b>19</b>	<b>73</b>		<b>(37.0)</b>	<b>(32.8)</b>	<b>(23.4)</b>	<b>9.4</b>	<b>R</b>

•We have delivered £23.4m savings against a £32.8m plan. This is 71% of our plan to date. Final achievement of acute and prescribing schemes will be known by June 2011.

•Performance against financial targets has been RAG rated as follows:

- Red = below 80% of target achieved
- Amber = at least 80% of target achieved
- Green = At least 95% of target achieved

•Performance against milestones has been RAG rated as follows:

- Green = All milestones achieved within timescales
- Amber = one milestone slipped by up to one week
- Red = more than one milestone slipped by more than one week

•The following pages comment progress made for all schemes and identify mitigating actions

•Detailed performance by scheme is shown in Appendix 1

# Appendix 1 - 2010/11 Performance by scheme

SUMMARY OF INITIATIVES - BY SCHEME											11/05/2011			
Workstream Scheme	Exec lead	Milestones: number of			Milestones	Annual Plan 2010/11	Actual performance (£'m)				F'cast	Best	Middle	Worse
		R	A	G			Due	Delivered	Variance	RAG				
<b>CSI Core</b>	TA													
Core contract		4	1	1	R	(1.1)	(1.0)	(0.7)	0.3	R	(0.7)	(0.7)	(0.7)	(0.7)
Core budget management		0	0	2	G	(0.3)	(0.3)	-	0.3	R	(0.0)	(0.1)	(0.0)	(0.0)
BTUH Actions		1	0	1	R	(0.3)	(0.3)	(0.2)	0.2	R	(0.2)	(0.2)	(0.2)	(0.2)
Mental Health		0	0	3	G	(4.2)	(4.2)	(1.9)	2.2	R	(1.9)	(2.4)	(2.2)	(1.9)
Diagnostics		0	1	2	A	(1.3)	(1.3)	(1.7)	(0.4)	G	(1.7)	(1.7)	(1.7)	(1.7)
Other		1	0	3	R	(1.3)	(1.3)	(1.3)	0.0	G	(1.3)	(1.3)	(1.3)	(1.3)
		6	2	12		(8.6)	(8.5)	(5.9)	2.6	R	(5.9)	(6.4)	(6.2)	(5.9)
<b>SCG</b>	TA													
SCG		2	0	0	R	(1.5)	(1.5)	-	1.5	R	-	(0.7)	(0.5)	-
		2	0	0		(1.5)	(1.5)	-	1.5	R	-	(0.7)	(0.5)	-
<b>Planned Care *</b>	TA													
Effective use of surgery		0	1	2	A	(1.5)	(1.1)	(0.4)	0.7	R	(0.4)	(1.5)	(0.9)	(0.4)
Referral redirection		2	0	0	R	(0.2)	(0.2)	(0.0)	0.2	R	(0.1)	(0.1)	(0.1)	(0.0)
Reducing Follow-up attendance		0	2	0	A	(0.7)	(0.6)	(0.2)	0.3	R	(0.4)	(0.4)	(0.4)	(0.3)
MF		0	0	1	G	(0.5)	(0.4)	-	0.4	R	-	-	-	-
Daycase to outpatient		0	6	0	A	(0.7)	(0.6)	-	0.6	R	-	(0.4)	(0.3)	-
		2	9	3		(3.7)	(2.9)	(0.7)	2.2	R	(0.9)	(2.4)	(1.6)	(0.7)
<b>GP referral gateway</b>	TA													
GP referral gateway		0	1	5	A	(0.8)	(0.6)	(0.5)	0.1	R	(0.2)	(0.7)	(0.5)	(0.3)
Extended waits		0	2	0	R	(8.4)	(5.6)	(0.6)	5.0	R	(2.0)	(1.5)	(1.0)	(1.0)
		0	3	5		(9.2)	(6.2)	(1.1)	5.2	R	(2.2)	(2.2)	(1.5)	(1.3)
<b>Unplanned Care *</b>	BS													
Frequent flyers		0	1	0	A	(0.3)	(0.2)	(0.4)	(0.2)	G	(0.4)	(0.4)	(0.4)	(0.4)
Nursing home		0	0	1	G	(0.3)	(0.2)	(0.1)	0.1	R	(0.1)	(0.1)	(0.1)	(0.1)
Palliative care		1	0	0	R	-	-	(0.0)	(0.0)	G	(0.0)	(0.0)	(0.0)	(0.0)
Other		0	0	1	G	(0.1)	(0.1)	(0.0)	0.1	R	(0.0)	(0.0)	-	0.0
		1	1	2		(0.8)	(0.6)	(0.6)	0.0	G	(0.6)	(0.6)	(0.5)	(0.5)
<b>Primary Care</b>	MD													
Community equipment		0	0	1	G	(0.5)	(0.5)	(0.7)	(0.2)	G	(0.7)	(0.7)	(0.7)	(0.7)
GP Contracting		1	0	7	R	(0.6)	(0.6)	(0.6)	(0.0)	G	(0.6)	(0.6)	(0.6)	(0.6)
Other non recurrent items		0	0	0	n/a	(1.1)	(1.1)	(1.0)	0.1	A	(1.0)	(1.0)	(1.0)	(1.0)
OOH Decommissioning and Service Reviews (nor		0	1	11	A	(1.4)	(1.4)	(1.4)	0.0	G	(1.4)	(1.4)	(1.4)	(1.4)
Other		0	0	0	n/a	(0.4)	(0.4)	(0.4)	-	G	(0.4)	(0.4)	(0.4)	(0.4)
		1	1	19		(3.9)	(3.9)	(4.0)	(0.1)	G	(4.0)	(4.0)	(4.0)	(4.0)
<b>Community Hospitals</b>	JM													
Community beds		0	0	1	G	(0.0)	(0.0)	-	0.0	R	-	-	-	-
		0	0	1		-	(0.0)	-	0.0	R	-	-	-	-
<b>SWECS</b>	MD													
SWECS Surplus		0	0	1	G	(2.0)	(2.0)	(4.3)	(2.3)	G	(4.3)	(4.4)	(4.4)	(4.4)
SWECS Decommissioning		0	0	3	G	(0.7)	(0.7)	(0.7)	-	G	(0.7)	(0.7)	(0.7)	(0.7)
Community Paeds		0	0	0	n/a	-	-	-	-	n/a	-	-	-	-
		0	0	4		(2.7)	(2.7)	(5.1)	(2.3)	G	(5.1)	(5.1)	(5.1)	(5.1)
<b>Medicines Management</b>	MD													
Acute prescribing		0	0	2	G	(0.8)	(0.6)	(0.6)	0.0	G	(0.8)	(0.8)	(0.8)	(0.6)
GP prescribing		0	2	7	R	(1.6)	(1.4)	(1.8)	(0.4)	G	(1.8)	(1.9)	(1.7)	(1.7)
Oxygen		0	0	1	G	(0.1)	(0.1)	(0.0)	0.1	R	(0.0)	(0.0)	(0.0)	(0.0)
Other		0	0	1	G	(0.1)	(0.1)	(0.1)	-	G	(0.1)	(0.1)	(0.1)	(0.1)
		0	2	11		(2.5)	(2.2)	(2.5)	(0.3)	G	(2.7)	(2.8)	(2.6)	(2.4)
<b>Public Health</b>	AA													
Public Health		0	0	2	G	(0.9)	(0.9)	(0.9)	(0.0)	G	(0.9)	(0.9)	(0.9)	(0.9)
		0	0	2		(0.9)	(0.9)	(0.9)	(0.0)	G	(0.9)	(0.9)	(0.9)	(0.9)
<b>Workforce</b>	BS													
Commissioner		0	0	1	G	-	-	-	-	n/a	-	-	-	-
SWECS		0	0	1	G	-	-	-	-	n/a	-	-	-	-
Other		0	0	1	G	(0.4)	(0.4)	(0.4)	-	G	(0.4)	(0.4)	(0.4)	(0.4)
		0	0	3		(0.4)	(0.4)	(0.4)	-	G	(0.4)	(0.4)	(0.4)	(0.4)
<b>Corporate</b>	BS													
Corporate		0	1	1	A	(0.1)	(0.1)	(0.1)	0.00	G	(0.1)	(0.1)	(0.1)	(0.1)
Estates	JM	0	0	9	G	(0.8)	(0.8)	(0.8)	(0.01)	G	(0.9)	(0.9)	(0.9)	(0.9)
Other	AP	0	0	1	G	(1.5)	(1.5)	(1.5)	-	G	(1.5)	(1.5)	(1.5)	(1.5)
		0	1	11		(2.5)	(2.5)	(2.5)	(0.01)	G	(2.5)	(2.5)	(2.5)	(2.5)
<b>Clinical Development, Quality and Innovat</b>	BS													
		-	-	-		(0.0)	(0.0)	(0.0)	-	R	(0.0)	(0.0)	(0.0)	(0.0)



# QIPP Tracker 2011/12

## Month 1

SOUTH WEST ESSEX - SUMMARY OF INITIATIVES - BY WORKSTREAM											
Workstream Scheme	Exec lead	Milestones:			Milestones	Actual performance (£'m)					
		R	A	G		2011/12	2012/13	Due	Delivered	Variance	RAG
Planned Care *	TA	9	11	27	R	(25.8)	(0.9)	(0.2)	(0.1)	0.0	R
Primary Care	IS	0	0	6	G	(1.7)	(0.1)	(0.1)	(0.1)	0.0	G
Medicines Management	IS	0	0	13	G	(2.2)	(0.9)	-	-	-	n/a
Public Health	AC	0	0	1	G	(0.3)	-	-	-	-	n/a
Unplanned Care *	IS	1	2	9	R	(6.7)	(3.1)	(0.1)	(0.1)	-	G
Mental Health	TA	0	3	5	A	(2.6)	-	(0.2)	(0.2)	-	G
Children & Young People	IS	1	1	8	R	(0.9)	(0.4)	(0.0)	(0.0)	-	G
Infrastructure	MH	2	1	7	R	(2.5)	(3.5)	(0.1)	(0.1)	-	G
Contract Adjustments	DS	0	0	3	G	(2.5)	-	(0.4)	(0.4)	-	G
<b>TOTAL</b>		<b>13</b>	<b>18</b>	<b>79</b>		<b>(45.2)</b>	<b>(8.9)</b>	<b>(1.1)</b>	<b>(1.0)</b>	<b>0.0</b>	<b>G</b>

- We have delivered £1.0m savings against a £1.1m plan. This is 96% of our plan to date. Final achievement of acute and prescribing
  - Performance against financial targets has been RAG rated as follows:
    - Red = below 80% of target achieved
    - Amber = at least 80% of target achieved
    - Green = At least 95% of target achieved
  - Performance against milestones has been RAG rated as follows:
    - Green = All milestones achieved within timescales
    - Amber = one milestone slipped by up to one week
    - Red = more than one milestone slipped by more than one week
- The following pages comment progress made for all schemes and identify mitigating actions
- Detailed performance by scheme is shown in Appendix 1





# Appendix 1 - M1 Performance by scheme

Note SUS & prescribing schemes data not yet available beyond month 11.

SUMMARY OF INITIATIVES - BY SCHEME												11/05/2011				
Workstream Scheme	Exec lead	Milestones: number of initiatives			Milestones	Delivery	Annual Plan		Actual performance (£'m)				Forecast Based on Tips Received	Best	Middle	Worse
		R	A	G		2010/11	2011/12	2012/13	Due	Delivered	Variance	RAG				
<b>Planned Care *</b>	TA															
Daycase to Outpatient		0	6	0	R	-	(1.4)	-	-	-	-	n/a	(1.8)	(1.8)	(1.3)	(0.3)
GP referral reduction		1	0	4	R	(0.3)	(1.7)	-	-	-	-	n/a	(1.6)	(1.6)	(1.2)	(0.3)
Effective use of surgery		1	0	1	R	(0.2)	(4.4)	-	-	-	-	n/a	(3.1)	(3.1)	(2.3)	(0.8)
Reducing Follow-up attendance		2	1	0	R	(0.2)	(4.4)	-	-	-	-	n/a	(6.0)	(6.0)	(4.5)	(1.1)
SCG		2	0	2	R	(0.1)	(2.7)	-	-	-	-	n/a	(0.9)	(0.9)	(0.7)	(0.2)
GP referral gateway		0	0	1	G	(0.2)	(1.6)	-	(0.1)	(0.0)	0.04	R	(1.2)	(1.2)	(0.9)	(0.2)
Shift activity into the community		0	0	3	G	(0.0)	(0.5)	(0.8)	-	-	-	n/a	(0.8)	(0.8)	(0.6)	(0.2)
Core Contract		3	3	1	R	(0.7)	(5.8)	-	-	-	-	n/a	(6.2)	(6.2)	(4.7)	(1.2)
Diagnostics		0	1	2	A	(1.7)	(1.1)	-	-	-	-	n/a	(0.9)	(0.9)	(0.7)	(0.2)
Long Term Conditions		0	0	1	G	(0.0)	(0.1)	-	-	-	-	n/a	(0.1)	(0.1)	(0.1)	(0.0)
Prevention		0	0	1	G	-	-	-	-	-	-	n/a	(0.2)	(0.2)	(0.2)	(0.0)
Stroke		0	0	1	G	-	(0.8)	-	-	-	-	n/a	-	-	-	-
Decommissioning (Non SWECS)		0	0	3	G	(0.0)	(1.1)	-	(0.1)	(0.1)	-	G	(0.9)	(0.9)	(0.7)	(0.2)
SWECS		0	0	7	G	-	(0.3)	(0.1)	(0.0)	(0.0)	-	G	(0.6)	(0.6)	(0.4)	(0.1)
		9	11	27	R	(3.5)	(25.8)	(0.9)	(0.2)	(0.1)	0.0	R	(24.4)	(24.4)	(18.3)	(4.6)
<b>Primary Care</b>	IS															
GP Contracting		0	0	5	G	(0.5)	(1.5)	-	(0.1)	(0.1)	0.01	A	(1.6)	(1.6)	(1.2)	(0.3)
OOH Decommissioning and Service Reviews		0	0	1	G	-	(0.2)	(0.1)	(0.0)	(0.0)	-	G	(0.2)	(0.2)	(0.1)	(0.0)
		0	0	6	G	(0.5)	(1.7)	(0.1)	(0.1)	(0.1)	0.0	G	(1.8)	(1.8)	(1.3)	(0.3)
<b>Medicines Management</b>	IS															
Acute prescribing		0	0	2	G	(0.6)	(1.2)	-	-	-	-	n/a	(1.2)	(1.2)	(0.9)	(0.2)
GP prescribing		0	0	7	G	(1.7)	(0.7)	(0.1)	-	-	-	n/a	(1.2)	(1.2)	(0.9)	(0.2)
Oxygen		0	0	1	G	(0.0)	(0.3)	-	-	-	-	n/a	(0.3)	(0.3)	(0.2)	(0.1)
Appliance/Med Review/Multi Disp Team		0	0	3	G	-	-	(0.8)	-	-	-	n/a	-	-	-	-
		0	0	13	G	(2.4)	(2.2)	(0.9)	-	-	-	n/a	(2.7)	(2.7)	(2.0)	(0.5)
<b>Public Health</b>	AA															
Public Health		0	0	1	G	(0.2)	(0.3)	-	-	-	-	n/a	(0.2)	(0.2)	(0.2)	(0.0)
		0	0	1	G	(0.2)	(0.3)	-	-	-	-	n/a	(0.2)	(0.2)	(0.2)	(0.0)
<b>Unplanned Care *</b>	IS															
Frequent flyers		0	0	1	G	(0.4)	(1.1)	-	-	-	-	n/a	(1.1)	(1.1)	(0.8)	(0.2)
Nursing home		1	0	0	R	(0.1)	(1.3)	-	-	-	-	n/a	(1.3)	(1.3)	(1.0)	(0.3)
End Of Life		0	1	0	A	(0.0)	(1.4)	-	-	-	-	n/a	(1.1)	(1.4)	(1.1)	(0.3)
Frail Elderly Falls Prevention		0	0	1	G	-	(0.3)	-	-	-	-	n/a	-	-	-	-
Dementia Management		0	1	0	A	-	-	-	-	-	-	n/a	-	-	-	-
SWECS		0	0	6	G	-	(1.2)	(1.2)	(0.1)	(0.1)	-	G	(1.7)	(1.7)	(1.2)	(0.3)
LTC Emergencies		0	0	1	G	-	(1.4)	(1.9)	-	-	-	n/a	-	-	-	-
		1	2	9	R	(0.5)	(6.7)	(3.1)	(0.1)	(0.1)	-	G	(5.2)	(5.5)	(4.2)	(1.0)
<b>Mental Health</b>	RP															
Mental Health		0	3	5	R	(0.1)	(2.6)	-	(0.2)	(0.2)	-	G	(2.2)	(2.2)	(1.7)	(0.4)
		0	3	5	R	(0.1)	(2.6)	-	(0.2)	(0.2)	-	G	(2.2)	(2.2)	(1.7)	(0.4)
<b>Children &amp; Young People</b>	IS															
Children & Young People		1	1	8	R	(0.2)	(0.9)	(0.4)	(0.0)	(0.0)	-	G	(0.8)	(0.8)	(0.6)	(0.1)
		1	1	8	R	(0.2)	(0.9)	(0.4)	(0.0)	(0.0)	-	G	(0.8)	(0.8)	(0.6)	(0.1)
<b>Infrastructure</b>	JM															
Corporate		2	0	1	R	(0.0)	(0.6)	(3.1)	-	-	-	n/a	-	-	-	-
Estates		0	0	6	G	(0.4)	(1.1)	(0.4)	(0.1)	(0.1)	-	G	(1.1)	(1.1)	(0.8)	(0.2)
Clustering		0	1	0	A	-	(0.9)	-	-	-	-	n/a	(0.9)	(0.9)	(0.7)	(0.2)
		2	1	7	R	(0.4)	(2.5)	(3.5)	(0.1)	(0.1)	-	G	(2.0)	(2.0)	(1.5)	(0.4)
<b>Contract Adjustments</b>	DS															
SWECS - Surplus		0	0	1	G	-	-	-	(0.1)	(0.1)	-	G	(1.4)	(1.4)	(1.1)	(0.3)
SWECS - Workforce		0	0	1	G	-	(2.5)	-	(0.1)	(0.1)	-	G	(1.7)	(1.7)	(1.3)	(0.3)
SWECS - HIMP		0	0	1	G	-	-	-	(0.1)	(0.1)	-	G	(1.3)	(1.3)	(1.0)	(0.2)
		0	0	3	G	-	(2.5)	-	(0.4)	(0.4)	-	G	(4.4)	(4.4)	(3.3)	(0.8)
						(7.8)	(45.2)	(8.9)	(1.1)	(1.0)	0.0		(43.7)	(44.1)	(33.0)	(8.3)

Monitored via management Accounts

YTD yield: 96%

97%

Gipp Scheme Total  
10-11 In year Bud Adj & NR

<u>(15.0)</u>	<u>(55.7)</u>	<u>(17.8)</u>
<u>(7.8)</u>		
(22.8)		

# 5. M1 Performance – Referral Gateway/Extended waits

## Current Position

### Total patients not yet booked up to 12th May 2011

- There is a total 6367 referrals not yet booked (this includes all patients urgent and routine) on the system and approximately 400 (2-3 days' worth) routine referrals not yet on the system making total approximately 6767 not yet booked down from 7300 on Thursday 5<sup>th</sup> May
- Backlog of urgent now up to date – booking within 48 hours (1 days' worth)
- Not all of the above patients have waited 14 weeks
  - 2617 will be referrals from March = 10 – 13 week waits
  - 2565 will be referrals from April = 6-9 weeks waits
- Current wait time is 13/14 weeks for routine appointments being booked this is reducing quickly
- All patients referred in January have been booked or transferred for appointment to providers through EMC. Currently booking patients up to 31<sup>st</sup> January 2011
- 280 referrals transferred to BHR for booking.
- 80 referrals transferred to independent sector

### Consultant to Consultant Referrals

- A total of 280 C2C referrals received from the 1<sup>st</sup> April to date
- Appropriateness of referrals in some areas is currently being reviewed with the Trust.

### Offer of Additional Providers

- Processes and policies in place for offers to Private sector providers
- Overtime has started on Saturday 30<sup>th</sup> April and on-going for future weeks includes evenings and weekends

### Plan for the reduction of the 6767 (7200 as at 5<sup>th</sup> May)

A proposed plan has been developed and circulated to Fortis for discussion

- Plan A - Based on current staffing capacity and overtime – backlog for booking would be reduced to 596 (5 days' worth of referrals) by end August 2011
- Plan B would include current capacity, overtime and additional temporary resource for a few weeks (3WTE x 4 Weeks or alternative scenario) would reduce the backlog to target level 500 by 29<sup>th</sup> July 2011. This would be the preferred option and is currently being costed by Fortis
- The plan will be to reduce booking to 450 – 500. So all referrals will be booked within 48 – 72 hours of receipt, however wait time will be dependent on the agreed polling rates per speciality between NHS SWE and BTUH and other providers, this is currently under discussion

**Booking Information as at 10.05.11**

	<b>Dec-10</b>	<b>Jan-11</b>	<b>Feb-11</b>	<b>Mar-11</b>	<b>Apr-11</b>	<b>Total</b>
Original data as at Month						
Total referrals into Fortis includes	1687	3130	3948	4292		13057
Total urgent booked C&B (within 5 days)	1153	717	1233	1297		4400
Sub total left	534	2413	2715	2995		8657
Total not booked (held at 14 weeks as	420	2140	2333	2642		7535
Other - ? Cancelled / Returned to	114	273	382	353		1122
Position as at 5th May 2011 (10th May						
Total referrals into Fortis includes	1687	3130	3948	4292		13057
Total urgent & routine booked	1515	2525	1365	1327		6732
Sub total left	172	605	2583	2965	0	6325
Total not booked (held at 14 weeks as	0	268	2232	2617		5117
Other - ? cancelled / returned to	172	337	351	348	0	1208
Extended wait routine referrals position						
total routine held at 14 weeks (original	420	2140	2333	2642		7535
total not booked as at May 10th	0	268	2232	2617		5117
total booked as at 10th May	420	1872	101	25	0	2418
Returns / cancellations as a percentage	10%	11%	9%	8%		9%
Currently Booking all patients up to						
ECN Fast Track Referrals Transferred to						
Referrals Transferred to BHR - Queens	263					
Transfers to Independent Providers	80					
Total	343					

## **Performance update: key changes and issues**

### **- week ending 20.05.11**

**A&E:** *BTUH last week improved to 99.37% overall - all days above 98%, with 1 at 100%. Continuing to monitor this closely and to work through the implications of the new A&E clinical indicators.*

**RTT** *waiting time indicators updated to March. On commissioner basis within target, but showing RTT admitted median as amber in light of the backlog at BTUH. Future improvement trajectory being confirmed.*

**Cancer waits** *updated to March – all on track year to date.*

**Bowel screening age extension** *data received for Q1 – 68.2%, above EoE average of 58.8%.*

**Choose & Book.** *Week ending 13.05.11 SW Essex improved further to 49%, 8th in EoE .*

**Four-week smoking quitters** *2010/11 total YTD 3,253 @ 17.05.11, with more data to come, so 2010/11 target of 3,244 has been exceeded.*

**Personal health plans** *refreshed to year end – substantial additional numbers exceeding original trajectory although short of SHA expectations and this area subject to further negotiation.*

**Chlamydia screening** *data updated to March. Still well below trajectory but further numbers to be collated.*

**Annual Accountability Review** *being held 24.05.11. Briefing paper comments submitted and final pack received*

2011-12 M1 Performance Planned Care

5. M1 Performance

	Scheme	Financial RAG	YTD Performance		Milestone RAG	Issue	Mitigation	Annual Target		
			Forecast	Actual				11/12	Forecast 11/12	12/13
Planned Care	SEE (PC1a) Referral management centre		£0.1m		Green	<ul style="list-style-type: none"> <li>•Three out of four of the cluster group have a peer review / referral management process in place. Need to consider whether Fortis Referral Management Centre contact is to continue for South East Essex, as the quality of referring in this area has improved to an extent that it may not be cost effective to continue with the current model. Peer review mechanisms have been established in Castle Point and due to commence in June for Enterprise. Southend and Thorpe are committed to do the same.</li> <li>• 5% reduction target highlighted as a risk by consortia. Project Lead has validated their concern but suggests that Castle Point</li> </ul>	<ul style="list-style-type: none"> <li>•Assess performance and long term sustainability of Fortis Gateway.</li> <li>•Need to review performance at the end of quarter one to establish whether 5% target is at risk.</li> </ul>	£1.7m	£1.7m	
	SWE (PC1a) Referral management centre	Red	£0.1m	£0.05m	Green	<ul style="list-style-type: none"> <li>•Significant number of patients requiring booking to prevent 18 week breaches.</li> <li>•Inappropriate C2C referrals sent to Fortis.</li> </ul>	<ul style="list-style-type: none"> <li>•Intensive Support Team visited the PCT on the 12th May re 18 week breaches and extended waits. No areas of concern have been raised to date and the PCT is currently validating the booking of patients to ensure that the risk of patients breaching 18 weeks is minimised . Queens agreed to contact all NHS patients that have co-morbidities to book them. Any patients wishing to be treated by BTUH will be referred back to Fortis for booking.</li> </ul>	£1.2m	£1.6m	

Scheme	Financial RAG	YTD Performance		Milestone RAG	Issue	Mitigation	Annual Target		
		Forecast	Actual				11/12	Forecast 11/12	12/13
SWE (PC1b) (i) Increase in ambulatory care outpatient procedures and decrease in day case activity.		£0.1m	-	Amber	<ul style="list-style-type: none"> <li>Proposal represents national guidance regarding the appropriate charging of procedures as Daycase or lower Outpatient procedure tariff depending on setting/bed usage.</li> </ul>	<ul style="list-style-type: none"> <li>Correspondence with Trust continues. Further letter sent 26/04 reaffirming PCT approach, outcome of clinical discussions, views of SHA PBR lead and PCTs proposals for appropriate classification and charging.</li> <li>Appropriate schedule for 11/12 contract prepared.</li> <li>Successful 10/11 challenge key to achieving 10/11 savings target.</li> <li>Challenges remain part of current contract negotiations and amount to £0.6m.</li> </ul>	£1.4m	£1.8m	
SWE (PC1b) (ii) Review outpatient services for Brentwood Community Hospital		£0m	-	Amber	<ul style="list-style-type: none"> <li>Estates savings target of £0.5m linked to moving activity into BCH.</li> </ul>	<ul style="list-style-type: none"> <li>Project workbooks drafted and currently being reviewed by Associate Director lead. Pathways included are T&amp;O and pain management, ENT, Gynaecology, Rheumatology, Dermatology, endoscopy, Urology, Cardiac and Gastroenterology. Although planned savings under infrastructure as Estates utilisation savings, the lead has suggested further savings might be identified during the pathway redesign process.</li> </ul>	-	-	
SEE (PC1c) Implement new community based MSK service		-	-	Green	<ul style="list-style-type: none"> <li>n/a</li> </ul>	<ul style="list-style-type: none"> <li>All milestones on track and savings to be realised from July 2011.</li> </ul>	£0.1m	£0.1m	
SWE (PC1c) Implement new community based MSK service		£0.1m	-	Amber	<ul style="list-style-type: none"> <li>Project milestones implemented, data awaited in respect of identifying savings realised.</li> </ul>	<ul style="list-style-type: none"> <li>Data requested, lead confirmed that should be received by the 18th May.</li> </ul>	£1.5m	£1.5m	
SEE (PC1c) (i) Carpal Tunnel		-	-	Green	<ul style="list-style-type: none"> <li>n/a</li> </ul>	<ul style="list-style-type: none"> <li>Project completed, monitoring</li> </ul>	£0.02m	£0.02m	
SEE (PC1c) (ii) Podiatric Surgery				Green	<ul style="list-style-type: none"> <li>n/a</li> </ul>	<ul style="list-style-type: none"> <li>Project completed, monitoring savings.</li> </ul>	£0.1m	£0.1m	£0.1m
SWE (PC1c) (ii) - Podiatric Surgery		£0m	-	Green	<ul style="list-style-type: none"> <li>n/a</li> </ul>	<ul style="list-style-type: none"> <li>Project implemented - data awaited to confirm activity shift. Savings to be realised from June 2011.</li> </ul>	£0.1m	£0.1m	
SWE (PC1d) (i) - Reduction in inappropriate A&E referrals to outpatients			-	Amber		<ul style="list-style-type: none"> <li>LES being re-established in relation to suture removal to prevent patients being sent to A&amp;E for suture removal. New scheme for 2011/12</li> </ul>	-	-	

	Scheme	Financial RAG	YTD Performance		Milestone RAG	Issue	Mitigation	Annual Target		
			Forecast	Actual				11/12	Forecast 11/12	12/13
Planned Care	SWE (PC1d) (ii) Reduction in inappropriate C2C referrals to outpatients		£0.03m	-	Amber	•BTUH have challenged the proposed Consultant to Consultant protocol have produced counter proposal based on a list of what would be excluded.	•Case note audit completed. Lead suggested 22% of firm challenges (original plan 10%) with a further 65% of queries to be raised. Letter sent by Tom Abell outlining challenges raised supported by old protocol. Challenges raised supported by old protocol. Consultant to Consultant protocol implemented from April 2011. C2C paper referrals now going through the Referral Management Centre. LES being re-established in relation to suture removal to prevent patients being sent to A&E	£0.4m	£0.4m	
	SWE (PC1e) - Reduction in new to follow up ratios		£0m	-	Amber	•Specialty proposals re: action required in primary care to support earlier discharge received from 4 specialties LES linked in most cases Volume of F/U attendances shows week on week progressive reduction since end of January through March aside from more significant weather linked reductions in December. Activity reduction matched by cost reduction.	•Challenges made, awaiting outcome of contract negotiation process. System PMO established with BTUH and reduction in new to follow up ratios included as priority area.	£5.6m	£3.9m	
	SEE (PC1f) - Prostate cancer follow up in the community		-	-	Green	•LES in place to deliver need to share with SWE.	•Shared with SWE lead for consideration.	£0.05m	£0.05m	
	SWE (PC1f) - Prostate cancer follow up in the community		£0m	-	Red	•Initial response from SWE GPs suggests that they do not wish to participate in this scheme.	•Lead continues to pursue and LES currently being rolled out in SEE is to be shared with SWE to consider taking this forward. Savings not yet identified as new scheme.	-	-	



	Scheme	Financial RAG	YTD Performance		Milestone RAG	Issue	Mitigation	Annual Target		
			Forecast	Actual				11/12	Forecast 11/12	12/13
Planned Care	SWE (PC1h) –Consultant Led Haematology based within the community Savings in 2012/13		£0m	-	Green	•Benchmarking indicates that NHS SWE and BTUH are outliers for Clinical Haematology expenditure. Additionally whilst there is an Anticoagulation LES in place the uptake is not high. However due to the paucity of the data it is still not clear what areas of Clinical Haematology are high, but the assumption is Anticoagulation due to this tending to be a significant part of the specialty and the volume of follow-ups generated. Based on benchmarking, up to £800k could be saved in BTUH costs	•Project commenced and savings to be identified once scoping exercise and analysis of benchmarking date is completed. Anti-coagulation element of this project relates to SWE only.	-	-	
	SEE (PC1j) - Review Dermatology provision in Community		-	-	Red	•Project lead stated that the project is currently at risk as the approaches being undertaken by SE and SWE are not consistent and BTUH is struggling to accommodate the differences required. A further risk has been highlighted in respect of business cases being encouraged from consortia's in relation to dermatology, this is also an issue with carpal tunnel, as these are not necessarily in line with the PCT's service restriction policy.	•QIPP/Turnaround Board to consider whether it is appropriate to take this project forward on a South Essex basis. •Caroline Mitchell to meet with Saul Spevack in relation to business case processes.	£0.2m	£0.2m	
	SEE (PC1k) – Gynaecology – outpatients		-	-	Green	•n/a	•Project implemented, monitoring data to identify savings realised.	£0.2m	£0.2m	
	SEE (PC1l) – ENT		-	-	Green	•Project milestones on track, service spec developed and tender to be re-issued.	•Glen Gooch to include in Procurement workplan.	£0.06m	£0.06m	
	SEE (PC1m) – Neurology Pathways		-	-	Green	•Review undertaken of British Association for the Study of Headaches guidelines and information sent out to GPs.	•Audit required to follow up compliance - scheduled for August 2011.	£0.02m	£0.02m	
	SEE (PC1n)(i) – Respiratory Care - COPD		-	-	Green	•n/a	Pathway re-design undertaken and review to be undertaken by Oct 2011.	£0.2m	£0.2m	
	SEE (PC1n) (ii) - Respiratory medicine outpatient services		-	-	Green	•n/a	•Project implemented and service redesigned. Contract variation with CHC completed.	£0.09m	£0.09m	

	Scheme	Financial RAG	YTD Performance		Milestone RAG	Issue	Mitigation	Annual Target		
			Forecast	Actual				11/12	Forecast 11/12	12/13
Planned Care	SEE (PC1p) – Diabetes Specialist Care in the Community (TA: 91)		-	-	Green	•n/a	Milestones completed, awaiting data to monitor savings.	£0.2m	£0.2m	
	SWE (PC1p) – Diabetes Specialist Care in the Community (TA: 91)		£0.4m	-	Green	1. Outpatient shift - 1733 units of activity shifted into community saving £203k (BTUH see clinic codes list in operational metrics) 2. Reduction in inpatient activity -79 units at average contract price of £2,422 (total £191k) 3. Prescribing savings - Blood Glucose strips £113k (on circa £1m annual spend) 4. Disbanding Diabetes network - saving £69k from 2010/11 budget) 5. Disbanding existing primary care LES (£250k - Primary Care Budget) 6. Offset by implementing new	•Project implemented - April data awaited to confirm savings achieved.	£0.8m	£0.8m	
	SWE(PC1q) – Ophthalmology		-	-	Amber	•Initial savings target felt to be unrealistic.	•Further review of current activity currently being undertaken and milestones being reviewed.	£0.3m	£0.1m	
	SWE (PC1r) Other Adult Community Service Decommissioning (TA: 246, 222, 188 & 187) a) Coach House	Green	£0.06m	£0.06m	Green	•n/a	•All milestones implemented and BTA signed.	£0.7m	£0.7m	
Planned Care	SWE (PC1r) Other Adult Community Service Decommissioning (TA: 246, 222, 188 & 187) b) Outlook Care		-	-	Green	•n/a	•All milestones implemented and BTA signed.	£0.3m	£0.1m	
	SWE (PC1r) Other Adult Community Service Decommissioning (TA: 246, 222, 188 & 187) c) CFS	Green	-	-	Green	•n/a	•All milestones implemented and BTA signed.	£0.05m	£0.04m	
	SWE (PC1r) Other Adult Community Service Decommissioning (TA: 246, 222, 188 & 187) d) Continuing Care Saving		-	-	Green	•n/a	•All milestones implemented and BTA signed.	£0.1m	£0.1m	
	SWE (PC1r) Other Adult Community Service Decommissioning (TA: 246, 222, 188 & 187) e) COPD Comm. Team	Green	-	-	Green	•n/a	•All milestones implemented and BTA signed.	£0.06m	£0.06m	

	Scheme	Financial RAG	YTD Performance		Milestone RAG	Issue	Mitigation	Annual Target		
			Forecast	Actual				11/12	Forecast 11/12	12/13
Planned Care	SWE (PC1r) Other Adult Community Service Decommissioning (TA: 246, 222, 188 & 187) f) Risky Behaviour	Green	-	-	Green	•n/a	•All milestones implemented and BTA signed.	£0.02m	£0.02m	
	SEE (PC1s) Heart Failure Pathway (TA: 145)		-	-	Green			£0.03m	£0.03m	
	SWE (PC1s) Heart Failure Pathway (TA: 145)		-	-	Green	•BTUH advised that they are not providing this service.	The lead is looking into developing a scheme to commission services in the community as potential for savings to be made in relation to admissions. This is likely to go ahead as a pilot.	£0.1m	£0.1m	
	SWE (PC2a) Pathology		-	-	Amber	•BTUH prices are significantly higher than other providers in the area and initial scoping work suggests that savings could be in the region of £2m. The initial savings plan was for £0.6m.	•Director of Commissioning liaising with BTUH in relation to prices and whether a competitive model could be provided locally. •Service spec. currently being developed to test the market.	-	-	
	SWE (PC2b) – Radiology & Direct Access Diagnostics		£0.05m	-	Green	•n/a	All milestones on track. BTUH agreed to provide ultrasound in the community at £35 compared to £45 in the Acute.	£0.5m	£0.4m	
	SWE (PC3a) – Review of PCT’s Service Restriction Policy		-	-	Red	Agreement has been reached with BTUH Pain Management , Spinal and Orthopaedic consultants regarding their issues on the SRP. The policy has been updated to reflect their concerns and there will be an ongoing review with BTUH clinicians and the Public health team re MSK	The Service Restriction Policy contract variation is awaiting final sign off by the Trust. Laminated sheet sent to all GPs highlighting the areas restricted in the Service Restriction Policy. The referral gateway is now enforcing the service restriction policy. Data analysis demonstrates implementation taking effect. Contract variation to be signed by Trust. Q1 challenges agreed but Q2, Q3 and Q4 currently in dispute. Clinical support required to monitor OPCS codes in terms of implementation of policy.	£4m	£3m	
	SEE (PC3d) - Atrial Fibrillation management in Primary care		-	-	Green	•n/a	•Milestones on track.	£0.02m	£0.02m	

	Scheme	Financial RAG	YTD Performance		Milestone RAG	Issue	Mitigation	Annual Target		
			Forecast	Actual				11/12	Forecast 11/12	12/13
Planned Care	SEE (PC3e) - Urology		-	-	Green	•4 potential providers, need to consider cystoscopy for incorporation at a later date .	•Scope up inclusion of cystoscopy- once project fully implemented additional savings.	£0.03m	£0.03m	
	SEE (PC3f) - Oral surgery outpatient services		-	-	Amber	•Meeting to be held to with Linda Dowse to arranged audit to be undertaken at SUHFT. SUHFT agreed audit scope.	•Lead to confirm data of audit once meeting held. Potential issue relating to capacity of audit team to undertake growing number of audits - issue raised with Executive Team	TBC	TBC	
	SWE (PC3g) - Individual Funding Review		-	-	Red	•Although all milestones have been carried out there has been no data received to identify whether the planned savings for 2010/11 have been realised. Therefore milestones for 2011/12 need to be refreshed.	•PMO to work with lead to identify a means of validating this activity.	£0.08m	£0m	
	SEE (PC3h) - Fracture Liaison Nurse		-	-	Green	•Agreement for contract variation agreed with SUHFT and service spec completed.	•Contract variation currently being drafted and waiting for signature.	£0.04m	£0.04m	
	SEE (UPC5a) – High Quality Stroke Services in SWE		-	-	Green	•Additional member of staff recruited to undertake face to face assessments in the community and improve patient care pathway.	•Milestones on track.	£0.02m	£0.02m	
	SWE (UPC5b) – Unbundling stroke and fracture neck of femur pathway costs. (TA: 200)		-	-	Red	•BTUH have expressed concern that amendments to the care pathway may not result in length of stay <7 days.	•Director of Commissioning currently liaising with BTUH to provide assurance that the pathway redesign will meet national requirements. Stroke has been identified as an area to be overseen by the system PMO.	TBC	TBC	
	SWE (PC4b) (i)–PCTMS Efficiencies		-	-	Amber	•Efficiencies is not delivering due to problems in recruiting substantive GPs and impact of late submission of 09/10 invoices.	Initiative to co-ordinate GPs to cover vacant shifts across South Essex delayed due to lack of admin support. Admin support required amounts to 2 days a week for 8 weeks based in Basildon. PMO to try to identify resource from within the PCT.	£0.1m	£0m	
	SWE (PC4b) (ii)–PCTMS Tendering	Green	-	-	Green	•n/a	•All milestones completed, or on track. Contract handover scheduled to be completed by the 30th June 2011.	£0.3m	£0.3m	
	SEE (PC4d )- Reduction in Enhanced Services Budget.		-	-	Amber	Milestones on track but workbook awaiting sign off from Finance lead.	Completed workbook to be submitted by 23rd May 2011.	£0.06m	£0.06m	

	Scheme	Financial RAG	YTD Performance		Milestone RAG	Issue	Mitigation	Annual Target		
			Forecast	Actual				11/12	Forecast 11/12	12/13
Primary Care	SWE (PC4d )- Reduction in Enhanced Services Budget.	Green	£0.1m	£0.1m	Green	•n/a	•All milestones completed, or on track. Contract handover scheduled to be completed by the 30th June 2011. Actions currently in train include roll out of electronic claims system to all practices, sample audits being undertaken from outliers, business case being developed to submit to EQUIP with a view to recommission EQUIP to undertake audits of 10/11 enhanced service claims from July 2011.	£1.1m	£1.1m	
	SWE (PC4h) – Review rent / rates	Red	£0.01m	£0m	Green	•n/a	•All milestones completed.	£0.01m	£0.01m	
	SWE (PC4i) – Non-urgent patient transport.		£0.01m	-	Amber	•Issue raised in relation to obtaining data from Thames Ambulance Service.	Project lead advised that they have met with the service to address this issue. Ambulance contract now hosted by Norfolk PCT.	£0.1m	£0.1m	
	SEE (PC5a) – Review prescribing of high cost medicines from the Acute Trust. Ensure invoice validation is carried out more effectively		-	-	Red	•SEE PCT received an unexpected invoice for £1.2m at year end relating to high cost drugs that SUHFT have advised the PCT should have been charged for throughout the year.	•Meeting held with Director of Pharmacy at SUHFT to ensure protocols for High cost Drugs are being utilised. NICE proforma must be completed before drugs can be used. Audit to be undertaken on two main drugs that caused the overspend. There are currently no savings identified against this but a need to ensure plans are in place to manage this issue and prevent recurrence of overspend during 2011/12.	£0m	£0m	
	SWE (PC5a) – Review prescribing of high cost medicines from the Acute Trust. Ensure invoice validation is carried out more effectively		£0.1m	-	Amber	•Awaiting outcome of challenge process.	•Included in contract negotiations process.	£1.1m	£1.1m	
	SEE (PC5c) – Cost savings made on medication reviews undertaken in care homes. (TA: 151)	Green	-	£0.01m	Green	Milestones implemented and work taking place but further savings could be made if additional capacity was available.	•Project lead secured additional support.	£0.1m	£0.1m	

	Scheme	Financial RAG	YTD Performance		Milestone RAG	Issue	Mitigation	Annual Target		
			Forecast	Actual				11/12	Forecast 11/12	12/13
Primary Care	SWE (PC5c) – Cost savings made on medication reviews undertaken in care homes. (TA: 151)		£0.01m	-	Green	•Issue identified in relation to obtaining data from individual undertaking the reviews in a timely manner as their time is spent undertaking the review and not feeding back.	•Project commenced and hours extended to improve frequency of data returns. Initial review suggests savings are already being realised.	£0.2m	£0.1m	
	SEE (PC5e) – Review prescribing arrangements in relation to wound care products. (TA: 51.5)		-	-	Green	•Currently awaiting outcome of SW pilot before commencing project.	•Once success in SWE identified SE can be included without further procurement process, a as set up by Procurement Team to roll out	TBC	TBC	
	SWE (PC5e) – Review prescribing arrangements in relation to wound care products. (TA: 51.5)		£0.02m	-	Amber	•Project commenced but concern raised that demand may increase as the ordering process is far simpler and does not prevent the same individual from ordering more than once on the same day.	•Data being monitored on a weekly basis by Ashley King until project team are confident that risks identified will not be realised. Monitoring will then reduce in frequency but will remain part of the ongoing monitoring process.	£0.3m	£0.2m	
	SEE (PC5f) – Establish practice based pharmacist support to undertake medication reviews. (TA: 150)	Green	-	£0.01m	Green	•Project commenced but felt greater impact could be made on savings with additional capacity.	•Additional capacity secured with the practice based pharmacist support working an additional day per week.	£0.04m	£0.04m	
	SWE (PC5f) – Establish practice based pharmacist support to undertake medication reviews. (TA: 150)		£0.2m	-	Amber	•Issue identified in relation to obtaining data from individuals undertaking the reviews in a timely manner as their time is spent undertaking the review and not feeding back.	•Medicines management team currently training a further two individuals to undertake reviews. Training takes around 6 weeks to complete but this should not impact on the financial phasing of the project. Lead also spending an afternoon with GPs though Time To Learn session led by Dr. Peter Martin, to seek further support from GPs	£0.2m	£0.1m	
	SEE (PC5g) – Identify new savings opportunities for scriptswitch including generics, branded modified release, BCBV and other drugs. (TA: 153)	Green	-	£0.02m	Green	•By June there will be 90% of practices using Scriptswitch in South East Essex.	Continue to promote to remaining practices, aiming for 100%.	£0.2m	£0.2m	

	Scheme	Financial RAG	YTD Performance		Milestone RAG	Issue	Mitigation	Annual Target		
			Forecast	Actual				11/12	Forecast 11/12	12/13
Primary Care	SWE (PC5g) – Identify new savings opportunities for scriptswitch including generics, branded modified release, BCBV and other drugs. (TA: 153)		£0.02	-	Amber	•Aiming to exceed 60% of practices using Scriptswitch by the end of May, working towards 75% uptake by end of June. QOF re-write and the time required by practices is preventing dates going into their diaries to discuss this.	•Working group to be established to set up relationship managers to set up relationship managers with all practices and identify appropriate information sharing mechanisms. GPs, Finance, Information, Prescribing, Contracting to meet by the end of May.	£0.02m	£0.3m	
	SWE (PC5h) – Implementation of Prescribing Waste Reduction policy.		£0.01m	-	Green	•Stocktake of patient's drugs required.	•28 day prescribing policy in place and technician going out to patient's homes with community teams to undertake a survey with the patient in relation to medication stocks that they have. Medicines Management Team to feedback outcome of review to practices in relation to the stocks held by patients.	£0.1m	£0.1m	
	SEE (PC5i) – Undertake nutritional review by MDT, including a Dietician to ensure appropriate prescribing of sip feeds and reduce the volume and cost of prescribing, particularly in care homes.	Green	-	£0.01m	Amber	Project commenced, issue raised in relation to securing dietician support to take this forward as in the SW.	Project lead secured support as an interim measure from pharmaceutical company to provide training to care homes free of charge. Includes training staff on how to liquidise food.	TBC	TBC	
	SWE (PC5i) – Undertake nutritional review by MDT, including a Dietician to ensure appropriate prescribing of sip feeds and reduce the volume and cost of prescribing, particularly in care homes.		£0.1m	-	Green	•Dietician's contract expires in August.	•Lead to feed into consultation discussions need for internal dietician support. Work undertaken by dietician to date is realising significant savings. This is also a requirement for SEE.	£0.2m	£0.1m	
	SWE (PC5j) – Reduction in oxygen prescribing, following clinical assessment and prescription alterations at patient level for		£0.03m	-	Green	•n/a	•All actions taken during 2010/11. Savings being monitored against plan.	£0.3m	£0.3m	
	SEE (PC5l) - Special Medicines Review (including creams previously PC5d)	Green	-	£0.02m	Green	•Issue highlighted by lead that LPC is not is support of this scheme as it takes income away from pharmacists.	•Practice based pharmacist making changes at source.	£0.3m	£0.3m	

Scheme	Financial RAG	YTD Performance		Milestone RAG	Issue	Mitigation	Annual Target		
		Forecast	Actual				11/12	Forecast 11/12	12/13
SWE (PC5l) - Special Medicines Review (including creams previously PC5d)		-	-	Green	•n/a	•All milestones completed but need identified to continue working with GPs and pharmacists to ensure patients are fully briefed of any changes made to medicines prescribed to prevent complaints.	TBC	TBC	
SEE (PC5m) - Work with secondary care consultants to initiate and where practicable switch patients from current agents to Triptorelin.		-	-	Amber	•Letter to be sent out from consultant re triptorelin requesting GPs to switch to alternative. Meeting held with Primary care lead re LES for Zolidex (new scheme).	•Letter to be sent out by 23rd May 20	TBC	TBC	







	Scheme	Financial RAG	YTD Performance		Milestone RAG	Issue	Mitigation	Annual Target		
			Forecast	Actual				11/12	Forecast 11/12	12/13
Unplanned Care	SEE (UPC3a (i) - Reduction of increased high levels of A&E admissions by increasing productivity and efficiency of Admission Avoidance service and reducing unnecessary admissions for patients with LTCs. (TA: 230)									
	SWE (UPC3a (i)- Reduction of increased high levels of A&E admissions by increasing productivity and efficiency of Admission Avoidance service and reducing unnecessary admissions for patients with LTCs. (TA: 230)		-	-	Green	•To pilot front end A&E primary care services.	•ECP saving on average of 19 admissions per week. Meeting with BTUH on the 19th May to establish the Task and Finish Group for commencement.	£1.3m	£1.3m	
	SEE (UPC3a) - Reduction of increased high levels of A&E admissions by increasing productivity and efficiency of Admission Avoidance service and reducing unnecessary admissions for patients with LTCs. (Falls Car) (TA: 230)									
	SWE (UPC3c) - Increase the number of frequent flyers who are case managed. (TA: 83)			-	Green	•NELFT are currently case managing 330 adults and 30 paed and reduced the admissions on average by 1 patient. Plan in place to target the top 200 frequent fliers of over 8 admission and reduce those by 7. Receiving data on patients being case managed but need evidence to identify that those patients being case managed have actually had fewer admissions.	•Currently working with PCT and Community information to obtain the required data. The likelihood is that SUS flex data will be used as an indicator.	£1.1m	£1.1m	







