

QIPP SCHEME SUBMISSION 2013-14 (BRIEF OVERVIEW)

Commissioning Lead -	Chris Emerson																																
Clinical Lead -	Stuart Bourne																																
Prepared By -	Stuart Bourne/Sandy Purewal																																
1. Details of QIPP Scheme																																	
Title of Scheme -	Orthopaedic s QIPP Programme																																
Purpose of Scheme -	<p>To reduce orthopaedic demand through improved primary care management of patients with common orthopaedic conditions to optimise the services available in primary care such as physiotherapy, joint injections and medical management</p> <p>To enhance the care pathway for patients with orthopaedic conditions by the development of primary care based Integrated Clinical Assessment and Triage (ICAT) service, which will include the education of GPs to comply with the primary care orthopaedic referral guidelines</p>																																
Brief Description – (include key deliverables and what problem is being addressed)	<p>Key Deliverable:-</p> <ul style="list-style-type: none"> •To review elective orthopaedic demand to ensure activity is within regional and national benchmarks for the Redditch & Bromsgrove, Wyre Forest & South Worcester CCG population; •To manage elective activity within the financial resources available and to deliver the financial savings identified within the QIPP programme; •To develop an elective service specification for secondary care based orthopaedic services we wish to commission to ensure high quality and effective provision of healthcare to our patients; •To develop referral guidance, treatment thresholds and commissioning statements in relation to the treatments and services commissioned to ensure resources are directed to the areas with the greatest clinical need; •To maximise the potential within primary care to deliver services to avoid unnecessary/inappropriate referrals into secondary care and to enhance the services available within primary care through the development of integrated clinical assessment and triage (ICAT) services; •To improve the quality of services delivered and the overall patient experience through better access, more timely treatment and care closer to home. <p>What problems are being addresses:-</p> <p>The table below shows YTD variance of OP First Attendances by source of referral (compares Apr to Sept 11/12 to Apr to Sept 12/13)</p> <table border="1"> <thead> <tr> <th>Referral Description</th> <th>R&B</th> <th>SW</th> <th>WF</th> </tr> </thead> <tbody> <tr> <td>other - not initiated by the Consultant</td> <td>450</td> <td>-59</td> <td>222</td> </tr> <tr> <td>Consultant</td> <td>13</td> <td>152</td> <td>10</td> </tr> <tr> <td>A & E Department</td> <td>29</td> <td>-198</td> <td>33</td> </tr> <tr> <td>Specialist Nurse (Secondary Care)</td> <td>-5</td> <td>-12</td> <td>19</td> </tr> <tr> <td>Self-referral</td> <td>-2</td> <td>18</td> <td>7</td> </tr> <tr> <td>Allied Health Professional</td> <td>-6</td> <td>16</td> <td>-5</td> </tr> <tr> <td>GMP or GDP</td> <td>-116</td> <td>-154</td> <td>-30</td> </tr> </tbody> </table>	Referral Description	R&B	SW	WF	other - not initiated by the Consultant	450	-59	222	Consultant	13	152	10	A & E Department	29	-198	33	Specialist Nurse (Secondary Care)	-5	-12	19	Self-referral	-2	18	7	Allied Health Professional	-6	16	-5	GMP or GDP	-116	-154	-30
Referral Description	R&B	SW	WF																														
other - not initiated by the Consultant	450	-59	222																														
Consultant	13	152	10																														
A & E Department	29	-198	33																														
Specialist Nurse (Secondary Care)	-5	-12	19																														
Self-referral	-2	18	7																														
Allied Health Professional	-6	16	-5																														
GMP or GDP	-116	-154	-30																														

- 71% (450) increase in other initiated FA's for R&B
- 47% (222) increase in other initiated FA's for WF
- 14% (152) increase in Consultant initiated FA's for SW
- 8% (198) reduction in FA's initiated by A&E department for SW
- There has been a reduction in GP initiated FA's for all 3 CCG's
- 3% (19) increase in Specialist Nurse initiated FA's for WF
- 14% (16) increase in Allied Health Professional initiated FA's for SW

GP First attendance rates per 1000

The table below compares T&O first attendance rates per 1000 for each CCG

CCG	Attendance rate per 1000 (Apr - Sept 11)	Attendance rate per 1000 (Apr - Sept 12)	Variance
R&B	24.26	26.71	2.5
SW	22.89	22.45	-0.4
WF	23.66	26.01	2.3

There has been an increase in attendance rates per 1000 population for R&B & WF and a small reduction in SW


Analysis of OP orthopaedic referrals to secondary care services, illustrate a trend increase in recent months providers and commissioners are working collaboratively to map patients through their journey to ensure no unintended consequences of the redesigned pathway, ie additional interventions and delayed treatment.

QIPP Category –
 (please select from the dropdown)

Planned Care

Impact of Scheme –

	Activity	Financial Value (£)
<u>Redditch & Bromsgrove CCG :</u>		
Before implementing the scheme	9987 (12/13 FY est based on mth7)	-642 1st OPAs = £87,954
After implementing the scheme	9345 (i.e. 6.43% reduction on 12/13 outturn)	
<u>Wyre Forest CCG :</u>		
Before implementing the scheme	6326 (12/13 FY est based on mth7)	-406 1st OPAs = £55,622
After implementing the scheme	5920 (i.e. 6.42% reduction on	

		12/13 outturn)																																	
2. Savings Anticipated																																			
Source of Savings - (please cross out the relevant box)	<input type="checkbox"/> Transactional Productivity and Contractual Efficiency Savings <input checked="" type="checkbox"/> Transformational Service Re-design and Pathway Changes																																		
Amount – (Quantify the savings and briefly sharing the modelling for both CCG's)	The QIPP T&O elective activity target is the basis for calculating the T&O 1stOPA targets. Each CCGs 1stOPA:elective admission ratio is calculated, and then applied to the 13/14 QIPP elective activity target to generate the corresponding number of 1 st OPAs expected in 13/14. This is based on the principle that the ratio of elective admissions to 1 st OPAs should match historic patterns as elective activity decreases. Table 1 below shows how the T&O 1stOPA reduction targets are calculated for each CCG.																																		
	Table 1 <table border="1"> <thead> <tr> <th></th> <th></th> <th>R&BCCG</th> <th>WFCCG</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>Est no. electives 12/13</td> <td>2909</td> <td>1901</td> </tr> <tr> <td>b.</td> <td>Est no. 1st OPAs 12/13</td> <td>9987</td> <td>6326</td> </tr> <tr> <td>c.</td> <td>1st OPA:Elective ratio 12/13 = (b/a)</td> <td>3.43</td> <td>3.33</td> </tr> <tr> <td>d.</td> <td>Target no. electives 13/14</td> <td>2722</td> <td>1779</td> </tr> <tr> <td>e.</td> <td>Target no. 1stOPAs 13/14 = (d*c)</td> <td>9345</td> <td>5920</td> </tr> <tr> <td>f.</td> <td>Reduction from 12/13 (number) = (b-e)</td> <td>642</td> <td>406</td> </tr> <tr> <td>g.</td> <td>Reduction from 12/13 (%) = (f/b)</td> <td>6.43%</td> <td>6.42%</td> </tr> </tbody> </table>					R&BCCG	WFCCG	a.	Est no. electives 12/13	2909	1901	b.	Est no. 1st OPAs 12/13	9987	6326	c.	1st OPA:Elective ratio 12/13 = (b/a)	3.43	3.33	d.	Target no. electives 13/14	2722	1779	e.	Target no. 1stOPAs 13/14 = (d*c)	9345	5920	f.	Reduction from 12/13 (number) = (b-e)	642	406	g.	Reduction from 12/13 (%) = (f/b)	6.43%	6.42%
		R&BCCG	WFCCG																																
a.	Est no. electives 12/13	2909	1901																																
b.	Est no. 1st OPAs 12/13	9987	6326																																
c.	1st OPA:Elective ratio 12/13 = (b/a)	3.43	3.33																																
d.	Target no. electives 13/14	2722	1779																																
e.	Target no. 1stOPAs 13/14 = (d*c)	9345	5920																																
f.	Reduction from 12/13 (number) = (b-e)	642	406																																
g.	Reduction from 12/13 (%) = (f/b)	6.43%	6.42%																																
Type of Net Savings - (please cross out the relevant Box and state the relevant amounts)	Redditch & Bromsgrove CCG : <input checked="" type="checkbox"/> Recurrent <input type="checkbox"/> Non-Recurrent Total	Original Savings £ 1,000,000 £ 1,000,000 £ 2,000,000	Investment (if any) £ 1,000,000 £ 0 £ 1,000,000	Net Savings £ 0 £ 1,000,000 £ 1,000,000																															
	Wyre Forest CCG : <input checked="" type="checkbox"/> Recurrent <input type="checkbox"/> Non-Recurrent Total	£ 1,000,000 £ 1,000,000 £ 2,000,000	£ 1,000,000 £ 0 £ 1,000,000	£ 0 £ 1,000,000 £ 1,000,000																															
3. Relevant Contacts and Resources																																			
Please include contacts of relevant individuals to the scheme and links to documents where relevant	<div style="text-align: center;">  QIPP5 Orthopaedics with 2012-13.xlsx QIPP Tracker tool </div>																																		

	<p>Evaluation of the three Musculoskeletal Integrated Clinical Assessment and Treatment services (ICATs) took place in November 2012 demonstrating further analysis of the care pathway is required. ICAT services will be competitively tendered during the early part of 2013/14 in preparation for contract award by October 2014</p> <p>The orthopaedic group will review further opportunities to utilize ICAT services to possibly include rheumatology and pain management referrals.</p> <p>Modelling orthopaedic activity using NHS comparators benchmarking indicates that the orthopaedic plan should be reduced by 4% to deliver the required QIPP savings.</p>
--	---