NHS South Sefton Clinical Commissioning Group

NHS Southport and Formby Clinical Commissioning Group

NHS

‘Highway to Health’
Operational Plan
2018-2019

Staying **local & together**

together with you

Contents

1 Executive summary 3
2 2018-2019 planning guidance: refreshing NHS plans 4
3 The five year NHS Cheshire and Merseyside Healthcare Partnership plan 5
4 Better Care Fund 6
5 Sefton Health and Care Partnership (place based provision) 8
6 Nine 'must do' priorities 9
6.1 STPs 9
6.2 Finance 9
6.3 Primary care 9
6.4 Urgent and emergency care 13
6.5 Referral to treatment times and elective care 17
6.6 Implement national maternity review, Better Births 17
6.7 Cancer 17
6.8 Mental health 18
6.9 People with learning disabilities 21
6.10 Other commitments 21
7 Improving quality in organisations 23
8 RightCare 24
9 Operational Plan figures and rationale 26
9.1 Rationale 26
9.2 CCG Operational Plan refresh 2018-2019 28
9.3 Profiling 31
9.4 Trends 31
9.5 Demographic growth 42
9.6 Other growth 42
9.7 Counting, coding and policy changes 42
9.8 Transformation schemes 42
9.9 Alignment with other plans (CCG financial, activity, QIPP, STP, provider) 42
9.10 Affordability 46
9.11 NHS Constitution measures 47
9.12 CCG plans to meet the constitution measures – divergence from provider plans 49
9.13 Modelling and phasing of constitution measure plans 49
10 Commissioning Intentions 2018-2019 50
11 NHS Southport and Formby CCG QIPP plan 2018-2019 58

12 NHS South Sefton CCG QIPP plan 2018-2019 61
Appendix One – Health and wellbeing indicators in Sefton 64
Appendix Two – Cheshire and Merseyside model for place based care: 10-point plan 65

1 Executive summary

In October 2014, NHS England published its Five Year Forward View[1], which described how the future of the NHS needed to become more sustainable in order to survive the challenges which the system was anticipated to face over the next five years. The guidance called for a new approach to delivering health and social care services in an integrated manner with a focus on out of hospital care to allow them to focus on genuine acute care needs.

In 2017, NHS Southport and Formby Clinical Commissioning Group (CCG) and NHS South Sefton CCG approved their joint two year Operational Plan that had been developed to align to the vision set out in the Shaping Sefton Strategy *"start well, stay well, age well"*. Significant work has been done to date across primary, community and social care to develop our 'place based' offer, ensure the sustainability of our main acute providers and to ensure that the model of acute care delivery effectively meets the needs of our populations.

Our vision for future healthcare as set out in our Shaping Sefton Strategy remains the same:

"We want all health and care services to work better together – to be more joined up – with as many as possible provided in our local communities, so it is easier for you to get the right support and treatment first time, to help you live a healthy life and improve your wellbeing."

[1] https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

2 2018-2019 planning guidance: refreshing NHS plans

On 2 February 2018, NHS England and NHS Improvement issued the revised planning guidance[2] that reflected the changes that have been made since the two year guidance was issued in 2016.

The guidance set out the financial frameworks for commissioners and providers, the expectations from Sustainability and Transformation Partnerships (STPs) to continue to have a prominent role in planning and managing system-wide improvement efforts and restating the commitments set out in the NHS Five Year Forward View.

The CCGs refreshed their Operational Plan to align to the planning guidance and these were submitted to NHS England in April 2018.

The guidance set out very specific objectives for providers and commissioners where there is an expectation to see demonstrable progress against six key areas as set out below. However, the guidance still requires progress against all NHS Five Year Forward View objectives.

[2] Refreshing NHS Plans for 2018-19 (NHSE and NHSI) February 2018

3 The five year NHS Cheshire and Merseyside Healthcare Partnership plan

The NHS Cheshire and Merseyside Partnership (*hereinafter referred to as C&M*) footprint encompasses approximately 2.5 million people, 12 CCGs and local authority areas, nine acute trusts, five specialist trusts and six community and mental health providers. C&M continues to work to deliver the high level strategic transformational change areas, rationalising wider service provision and driving major network programmes.

There are now five place based systems operating at a level two status, each of which will focus on the transformation and collaboration of the local health economies. The priorities and change requirements from the 'places' are being fed upward into C&M. Locally a 'Sefton Health and Care Partnership' was created to oversee the development of a place based integrated care system.

4 Better Care Fund

NHS South Sefton CCG and NHS Southport and Formby CCG must agree a joint plan to deliver the requirements of the Better Care Fund (BCF) with Sefton Council for 2017-2018 and 2018-2019, via the Sefton Health and Wellbeing Board. The plan should build upon the 2016-2017 BCF plan, taking account of what has worked well in meeting the objectives of the fund, and what has not. CCGs are advised of the minimum amount that they are required to pool as part of the notification of their wider allocation. BCF funding should explicitly support reductions in unplanned admissions and hospital delayed transfers of care.

We have continued to work very closely with Sefton Council since our establishment in April 2013. As partners within the Health and Wellbeing Board, we have worked together with local people, communities and partners to develop a shared vision.

Together we are Sefton – a great place to be!
We will work as one Sefton for the benefit of local people, businesses and visitors.

Underpinning the Health and Wellbeing Board's vision is the promise that in commissioning and delivering services the different partners, stakeholders and organisations in Sefton will work together to seek to improve the health and wellbeing of everyone, with the resources available. The health and wellbeing indicators are available at Appendix One.

Our vision for integration is to deliver personalised coordinated care, health and wellbeing services with, and around, the person.

By working together and aligning our resources, we aim by 2020 to:

- Promote self-care, independence and help build personal and community resilience
- Improve the care, health and wellbeing of all Sefton residents
- Support people early to make the right choices to maintain or improve their own health and wellbeing
- Deliver personalised, co-ordinated care around the person and their family and/or carer
- Deliver integrated care at a locality level through a single point of access, a single integrated assessment and seven day working
- Narrow the gap between those communities with the best and worst health and wellbeing outcomes

Five themes have been identified to support the delivery of this vision:

1. Early intervention and prevention: including carers and carers' breaks, together with community equipment and disabled facilities
2. Community services transformation

3. Long term care / packages of care and care act
4. Intermediate care and reablement
5. Children and young people's mental health services.

The Better Care Fund contributes to the Five Year Forward View by supporting new models of care, seven day services and facilitating integrated working across the health and social care system. It also responds to the gaps identified within the Joint Strategic Needs Assessment, which took into consideration an extensive range of local views.

All three parties have developed a 'route map' to make this vision a reality. The submission of a joint BCF plan is part of a wider commitment to rapidly move towards a more integrated approach, both as commissioners and at provider level. Alongside this BCF pooled budget, will be the development of a much wider 'aligned' budget with robust integrated commissioning and governance arrangements to ensure practical steps towards achieving this vision are taken.

5 Sefton Health and Care Partnership (place based provision)

The Sefton Health and Care Partnership is a collaboration of local providers, including the voluntary, community and faith (VCF) sector and GP federations. The primary objective is to create seamless pathways of care that meet the needs of the local population and are aligned to our Shaping Sefton strategy. The partnership will propose models of care to the CCGs. The new modelling will incorporate the full pathway of care and ensure provision wraps around the individual, set within our localities.

The CCGs are working with the partnership to develop a model of delivery that is consistent with the guidance issued by C&M. The model of delivery is included at Appendix Two.

The commissioning team are supporting this development to ensure that any proposed model is designed based on appropriate commissioning intelligence and quality data. This will ensure that the offer can respond to the needs of the population.

Ultimate responsibility for the implementation of the Operational Plan, agreed outcomes and key performance indicators lies with the CCGs' Governing Bodies.

6 Nine ‘must do’ priorities

In 2016-2017, NHS England described nine ‘must do’ priorities. These remain the priorities for 2018-2019. These national and local priorities will be delivered within the financial resources in each year.

6.1 STPs

6.1.1 NHS Southport and Formby CCG and NHS South Sefton CCG have both fully signed up to the priorities and milestones agreed in the NHS Cheshire and Merseyside Healthcare Partnership.

6.2 Finance

6.2.1 ***Achieve local system control totals:*** The CCGs are required to be in financial balance in 2017-2018 and 2018-2019. The provider sector also needs to be in balance in 2017-2018 and 2018-2019. The CCGs, along with their system partners, are committed to delivering this priority but are aware of the significant pressure they are under.

The control totals for the CCGs are challenging, but still achievable with the right level of ambition. It is recognised the application of conventional modes of efficiency savings may not be enough, in which case the CCGs will need to ensure their saving plans are ambitious, enabling them to achieve this control total. The CCGs recognise that this may require them to make some difficult choices.

6.2.2 ***Moderate demand growth and demand reduction measures:*** The CCGs are committed to managing demand through the use of RightCare, development of community-based models of care (i.e. cardiology service) implementation of electronic referrals and advice and guidance, high intensity users’ pilot, integrated community-based services and self-care programmes. The schemes scheduled for implementation during 2018-2019 will reduce referrals, A&E attendances and non-elective admissions.

6.3 Primary care

6.3.1 ***Ensuring the sustainability of general practice:*** In April 2016, NHS England published the General Practice Forward View. Developed in partnership with the Royal College of General Practitioners and Health Education England, it details the role of general practice in the wider Five Year Forward View (2014). The GP Forward View clearly places a requirement on CCGs to support general practice transformation and the implementation of the GP Forward View. This has been re-enforced in the recent NHS England / NHS Improvement Planning Guidance (refreshing NHS Plans), 2018-2019.

NHS Southport and Formby CCG

In 2017-2018 we have worked with NHS England through a Joint Operational Group and Joint Commissioning Committee to support the transformational change of primary medical services, and implementation of the GP Forward View. Specific programmes of work have included:

- Supporting practices through the GP Resilience Programme to enable project work focusing on the elderly population either requiring support to remain living independently in their own homes, or in a care home setting
- Rolling out of IT – Patient Partner and Envisage screens for GP practices, and practices have been offered express access laptops which will enable GPs to work remotely
- Progressing e-consultations / online consulting to procurement stage
- An estates bid is in progress
- Commissioning a one year transformation programme through the Local Quality Contract in 2017-2018 from the CCG allocation of £3 per head of population. This provided practices with the opportunity to streamline prescribing processes and consider new ways of working with reference to the 10 high impact actions
- Developing a specification for enhanced access to primary care

In 2018-2019, this work will continue to enable the further development of primary medical care. The focus will be on:

- Supporting practices for the 2018-2019 GP Forward View programmes of work
- Procurement and mobilisation of enhanced access to primary care
- Further roll out of express access devices / Patient Partner and Envisage screens
- Mobilisation of e-consultations
- Developing programmes identified in the 'Workforce and workload' section

Local investment meets or exceeds minimum required levels: the CCG is committed to investing in general practice services.

Workforce and workload issues:

A Health Education England (HEE) workforce survey in 2017 had a return rate from 58 per cent of NHS Southport and Formby CCG practices and showed that 36 per cent of the total workforce are over the age of 55, and 57 per cent of GPs work part time.

NHS Southport and Formby CCG was part of a successful Cheshire and Merseyside wide bid for internationally recruited GPs to be placed in general practice.

A workforce steering group has been formed, which includes representation from across NHS England, the CCG and HEE to expand different skill mix models across general practice.

Priorities in 2018-2019 include:

- International recruitment programme
- Clerical and admin training (active signposting)
- Clinical pharmacy pilot which will see an expansion of pharmacists working in primary medical care
- Practice manager development
- Apex / Insight workload tool
- Productive general practice

Access:

Patient survey results published in July 2017 showed that 87 per cent of Southport and Formby patients described their experience of their GP surgery as good, compared to 85 per cent nationally.

The CCG is currently completing a procurement process to enable the mobilisation and service delivery of enhanced access to primary care to 100 per cent of the registered population by 1 October 2018.

Supporting general practice at scale:

- There are four geographical localities in Southport and Formby supported by a CCG Locality Manager. Each practice belongs to a locality and is clinically represented at scheduled bi-monthly locality meetings
- There is an active federation in Southport and Formby
- The CCG is supporting the development of primary care development network bids which will support local 'place based' integrated delivery systems

NHS South Sefton CCG

In 2017-2018, we have worked with NHS England through a Joint Operational Group and Joint Commissioning Committee to support transformational change of primary medical services, and implementation of the GP Forward View. Specific programmes of work have included:

- supporting practices through the GP Resilience Programme to enable project work within a locality to identify practice pressures and test solutions through a locality pilot
- rolling out of IT – Patient Partner and Envisage screens for GP practices, and practices have been offered express access laptops which will enable GPs to work remotely
- progressing e-consultations / online consulting to procurement stage
- an estates bid is in progress
- commissioning a one year transformation programme through the Local Quality Contract in 2017-2018 from the CCG allocation of £3 per head of population. This provided practices with the opportunity to streamline prescribing processes and consider new ways of working with reference to the 10 high impact actions
- developing a specification for enhanced access to primary care

In 2018-2019, this work will continue to enable the further development of primary medical care. The focus will be on:

- supporting practices for the 2018-2019 GP Forward View programmes of work
- procurement and mobilisation of enhanced access to primary care
- further roll out of express access devices / Patient Partner and Envisage screens
- mobilisation of e-consultations
- developing programmes identified in the 'Workforce and workload' section

Local investment meets or exceeds minimum required levels: the CCG is committed to investing in general practice services.

Workforce and workload issues:

A Health Education England (HEE) workforce survey in 2017 had a return rate from 53 per cent of NHS South Sefton CCG practices and showed that 36 per cent of the total workforce are over the age of 55, and 70 per cent of GPs work part time.

NHS South Sefton CCG was part of a successful Cheshire and Merseyside wide bid for internationally recruited GPs to be placed in general practice.

A workforce steering group has been formed which includes representation from across NHS England, the CCG and HEE to plan to expand different skill mix models across general practice.

Priorities in 2018-2019 include:

- International recruitment programme
- Clerical and admin training (active signposting)
- Clinical pharmacy pilot which will see an expansion of pharmacists working in primary medical care
- Practice manager development
- Apex / Insight workload tool
- Productive general practice

Access:

Patient survey results published in July 2017 showed that 84 per cent of south Sefton patients described their experience of their GP surgery as good, compared to 85 per cent nationally.

The CCG is currently completing a procurement process to enable the mobilisation and service delivery of enhanced access to primary care to 100 per cent of the registered population by 1 October 2018.

Supporting general practice at scale:

- There are four geographical localities in south Sefton supported by a CCG Locality Manager. Each practice belongs to a locality and is clinically represented at scheduled monthly locality meetings
- There is a newly formed federation in south Sefton
- The CCG is supporting the development of primary care development network bids which will support local ‘place based’ integrated delivery systems

Extended access (evening and weekends) at GP services

This indicator is based on the percentage of practices within a CCG which meet the definition of offering extended access; that is where patients have the option of accessing routine (bookable) appointments outside of standard working hours Monday to Friday.

Currently 15 out of 30 practices in south Sefton and 18 out of 19 practices in Southport and Formby are offering some extended hours, however the planning requirements include Saturday and Sunday and appointments outside core hours. No practices in either CCG are offering all three elements.

However, NHS England funding is expected in July 2018 which will be used to mobilise the provision of an extended access hub in order to meet the GP Forward View expectation of 100 per cent coverage by October 2018. An Enhanced Access working group has been established and a draft service specification has been drafted. Procurement discussions have taken place at Governing Body (in private, part two meetings at this early stage).

6.4 Urgent and emergency care

6.4.1 ***CCG contributions to the four hour A&E performance target including winter plans:*** NHS South Sefton CCG's and NHS Southport and Formby CCG's vision for urgent care is to put in place urgent and emergency care pathways that are recognisable and clear to patients, the public and healthcare professionals, providing the right care in the right place at the right time which optimises the resources available to us.

In order to achieve this, local CCGs will establish a 'whole system' approach, working collaboratively with partners towards a shared goal to ensure that patient flow and safety is maintained. NHS South Sefton CCG will work in collaboration with NHS Liverpool CCG and NHS Knowsley CCG, and NHS Southport and Formby CCG will work in collaboration with NHS West Lancashire CCG.

Integrated 24/7 urgent care access, clinical advice and treatment

Patients across Sefton now have access to the NHS111 online service for Merseyside, which went live in February 2018 – the first such service in the North West of England. This online triage service enables patients to enter symptoms and receive tailored advice or a call back from a healthcare professional.

In addition, the CCGs will build on the existing 111 Clinical Assessment Service (IUC CAS) delivered 24/7 from January 2018 to streamline and improve patient access to urgent care services. This will see further enhancements to ensure that over 50 per cent of callers to NHS 111 are transferred to a clinician concluding with either advice, a prescription or an appointment for further assessment or treatment.

It is planned that in the near future, the CAS code set will be expanded to include some 'Green 3 and 4' ambulance calls. Plans are also being developed to increase the range of clinical expertise accessible via virtual 'clinical hubs', with a mental health related CAS being a high priority. Once fully implemented, the benefits of this integrated service will include the assessment of all low acuity ambulance calls, clinical review and validation of all NHS 111 A&E dispositions and rapid access to GP advice for community health care professionals.

GP access

Additional access to pre-bookable evening and weekend appointments will be in place across Sefton by October 2018 to support continued provision of urgent care in primary care settings. This will support enhanced access to services for the populations and is expected to reduce inappropriate A&E attendances.

Standardisation of Urgent Treatment Centres (UTCs)

UTCs will enable a standardised, high quality urgent care offer to patients of all ages. Open at least 12 hours per day, 365 days per year – UTCs will be medically led, with a multidisciplinary clinical workforce treating minor illness, injury, and simple diagnostics. UTCs are designed to provide a clear service offer, combining both 'walk-in' access and booked appointments, whilst also providing an alternative location for ambulance services for patients who don't need to go to A&E.

South Sefton residents have access to Litherland Walk in Centre and consideration is being given to its development as an Urgent Treatment Centre. This will need to be reviewed alongside neighbouring CCG plans and ensure best fit and use of resources in line with local need and geography.

Southport and Formby residents have access to Ormskirk's designated Urgent Treatment Centre which was in wave one of the national programme. Direct booking for appointments from NHS 111 has been available since March 2018 to stream appropriate activity away from the AED department. Skelmersdale Walk in Centre has been confirmed as a wave two site.

Improving flow for patients who require urgent or emergency care in hospital

NHS South Sefton CCG is working in partnership with NHS Liverpool CCG and NHS Knowsley CCG with Aintree University Hospital NHS Foundation Trust (AUH) as our acute provider. The Trust has several ongoing schemes to support improvements:

- SAFER roll out plan incorporating red to green
- Weekly Multi Agency Discharge Events (MADE) and patient flow review meetings with all providers, CCGs and local authority involvement
- External support from Ernst Young (EY) and the Emergency Care Improvement programme, focusing on systems and processes from front to back door
- Work is planned in collaboration with the Trust and local authority to undertake an evidence-based review of delayed transfers of care. This will inform our service improvement and development plans going forward

NHS South Sefton CCG is a member of the North Mersey A&E Delivery Board (AEDB) and the AEDB Operational Sub Group covering the Aintree and Royal Liverpool catchment areas. Work has been carried out to refresh our operational plans and identify actions and responsible partner organisations in improvement work across 2018-2019.

A&E performance at Southport and Ormskirk Hospital NHS Trust remains below expected average 80 per cent. The Trust has several ongoing schemes to support improvements:

- SAFER roll out plan incorporating red to green
- External support from EY and the Emergency Care Improvement programme, three rapid improvement events planned, focusing on systems and processes from front to back door
- Interim flow manger to support day-to-day operational issues
- Development of an integrated discharge team
- Opening of additional capacity within the emergency department

Improvements in ambulance response times and ending long ambulance handovers at hospitals

NHS South Sefton CCG and NHS Southport and Formby CCG work closely with NHS Liverpool CCG which acts as the Merseyside lead commissioning organisation for the overall North West ambulance contract with North West Ambulance Service (NWAS). The CCGs have taken a prominent role in supporting NWAS during implementation of the Ambulance Response Programme (ARP). This work aims to ensure prioritisation of time-critical responses for the most life-threatening conditions as well as setting response time standards for all patients – not just those in immediate need.

CCGs in north Mersey will continue to work closely with NWAS during 2018-2019 to offer a more clinically-focused response for patients. This will involve increasing the opportunities to utilise 'hear and treat' and 'see and treat' more effectively as an appropriate response to calls, whilst operating as part of a wider integrated urgent and emergency care system.

Locally, NHS South Sefton CCG is working on initiatives to reduce pressure on our ambulance and hospital systems with admission avoidance schemes and alternatives to transfer. We have an acute visiting scheme which focuses on care home residents along with our telehealth service with the aim of reducing care home AED conveyances.

We are also using our community provider Mersey Care NHS Foundation Trust to provide an alternative to transfer scheme with access to a wide range of services to support people at home or in step up care. This has the benefit of freeing up ambulance teams at an early stage from patients identified with low acuity. In 2018-2019 work will be carried out to explore how we can utilise our existing services to extend the range of options which support NWAS with alternatives to transfer. There will be a specific focus on work with Aintree to support improved ambulance handover times and patient flow at the front door.

NHS Southport and Formby CCG is exploring the commissioning of an acute visiting service to support community specialist paramedics to improve up take of 'see and treat'.

A redesign of the 'front door of AED' has provided a dedicated ambulance triage area, the implementation of 'fit to sit' and a review of where screens are located, to improve NWAS notification times.

As part of the redesign of the hospital layout, the identification of a new discharge lounge has been agreed with a focus on 'home for lunch'. This will give AED control of flow capacity earlier in the day, prevent 'surge demand' and protect flow-critical areas from being utilised as escalation areas.

Optimising hospital to home pathways

Working with community health and social care partners in the further development of the local Integrated Community Reablement and Assessment Service (ICRAS), the CCGs will ensure implementation of BCF plans, including the eight high impact changes for discharge. This will reduce assessment of longer term care needs in hospital settings and ensure patients are able to return to their usual place of residence or preferred setting of care in a safe and supported manner when admitted to hospital.

NHS South Sefton CCG's community provider, Mersey Care has been undertaking a review of all services which transferred to them in 2017. In 2018-2019 there will be a focus on service transformation and implementation of learning from the reviews to ensure that services are delivered effectively and efficiently to meet patient need. The North Mersey ICRAS service went live on 2 October 2017 and aims to deliver a discharge to assess model which will ultimately reduce the number of bed days in hospital once a patient is medically and therapy safe for discharge. There will be a need for close collaboration with the acute trust and local authority with our ICRAS developments providing the vehicle to harmonise access and service delivery. Whilst we will be seeking to optimise hospital to home pathways we will also be working to develop our community pathways and early intervention to prevent AED attendance and potential admission.

In Southport and Formby, this work will include the development of a multi professional frailty pathway. The pathway is designed for early identification and specialist assessment, advanced care planning and the development of locality community hubs. The hubs provide packages of care based on the needs of the frail patient in their preferred place of care.

Implementation of an integrated urgent care strategy to reduce delayed transfers of care

The ICRAS service aims to deliver a discharge to assess model, which will ultimately reduce the number of bed days in hospital once a patient is medically and therapy safe for discharge.

NHS South Sefton CCG and NHS Southport and Formby CCG launched an Integrated Community Reablement and Assessment Service (ICRAS), with phase one live on 2 October 2017. NHS Southport and Formby CCG commissioned additional beds to support Southport and Ormskirk Hospital NHS Trust's capacity over winter 2017-2018. We are reviewing future bed requirements for 2018-2019 to support step up (admission from primary care) and step down (admission from acute trust) patients.

NHS South Sefton CCG increased the number of intermediate care beds by 11 (+44 per cent) on 2 October 2017. This is additional capacity to provide step up (admission from primary care) and step down (admission from acute trust) support.

The CCGs' quality and urgent care operational teams visit Southport and Ormskirk Hospital and Aintree Hospital weekly to review and, where required, progress all Sefton Continuing Healthcare (CHC) and fast track referrals. Weekly delayed discharge teleconferences and bi-weekly MADE meetings continue to take place with all local CCGs and local authorities represented. SAFER ward rounds have been implemented to facilitate discharges. A frailty pathway is due to be implemented as part of the care for your programme at Southport and Ormskirk Hospital. Southport and Ormskirk and Aintree hospitals have implemented eight high impact changes for discharge, supported by a proactive and safe discharge Commissioning for Quality and Innovation (CQUIN), and a Quality Premium for CHC to reduce assessments in an acute setting.

6.5 Referral to treatment times and elective care

6.5.1 ***Referral to treatment times:*** The CCGs are committed to working with its local provider trusts to ensure that the 18 week referral to treatment standard continues to be achieved.

6.5.2 ***Patient choice and e-referrals:*** NHS Southport and Formby CCG will move to 100 per cent of GP referrals being made electronically by no later than October 2018. This will be done through the implementation of the e-Referral Service (ERS) and advice and guidance.

6.5.3 ***Streamline elective care pathways:*** Through its implementation of the e-Referral Service, NHS Southport and Formby CCG will reduce the number of inappropriate referrals into the acute system, by ensuring referrals are made to the most appropriate service. It will also reduce the number of internal consultant-to-consultant referrals.

The CCG is aiming for 100 per cent of GP referrals to a consultant-led service to be made electronically.

6.5.4 The musculoskeletal service and cardiology pilots will continue to reduce both the number of first outpatient attendances and follow ups.

6.6 Implement national maternity review, Better Births

6.6.1 The CCGs are supporting the full implementation of the national Saving Babies Lives Care Bundle by March 2019. We seek assurance from maternity providers via data collection and requesting information such as implementation of policies and procedures (for example: use of foetal weight charts, supporting mothers who smoke, seeking evidence of case note audits). Providers are also engaged within the Children and Maternity Vanguard developments regarding neonatal and maternity care.

6.6.2 The CCGs are committed to supporting improvements in safety towards the 2020 ambition to reduce still births, neonatal deaths, maternal death and brain injuries by 20 per cent and by 50 per cent in 2025.

6.7 Cancer

6.7.1 ***Implement the cancer taskforce report:*** The CCGs will work in partnership with all relevant stakeholders to deliver against the 62 recommendations outlined in the cancer taskforce report.

6.7.2 ***Improve one year survival rates:*** The CCGs will work with the Sefton Health and Care Partnership and CCGs across C&M to increase diagnostic capacity within secondary care trusts, therefore supporting early diagnosis and improving one year survival.

6.7.3 ***Ensure follow up pathways are rolled out, breast cancer and others:*** This includes risk stratification of patients as to their suitability for remote follow up and supported self-management. This is in place at all providers of breast services used by Southport and Formby patients.

6.7.4 ***All elements of recovery package are commissioned:*** In addition, NHS Southport and Formby CCG has decided to be the lead commissioner for the community-based Macmillan Cancer Information and Support centre in a phased approach from 2018 to 2020. The centre provides holistic needs assessments and bespoke rehabilitation packages.

6.7.5 ***Radiotherapy specification:*** This work is being undertaken by NHS England Specialised Commissioning.

6.7.6 ***Bowel screening:*** Public Health England (PHE) have lead responsibility for commissioning the bowel screening programme. The CCGs will continue to support this programme.

6.7.7 ***2018-2019 update:*** The CCGs will work closely with the Cancer Alliance and other stakeholders to share good practice in line with the **10 high impact changes** and ensure all eight waiting time standards are being achieved and continuous improvement is made to all steps along the pathways. It will also include preparation for the 28 days to diagnosis target from 2020. Work includes analysis of themes and trends from root cause analysis reports relating to breaches of the 62 day targets and harm reviews of patients waiting 104 days and longer for cancer treatment. The CCGs will ensure implementation of the new cancer waiting times system in April 2018 and closely follow the predicted impact on provider level performance. The CCG is already planning towards steps to meet the 62 per cent of cancer patients to be diagnosed at stage one and two. This is an area that Southport and Formby can improve significantly, although one year survival – which is considered to be a proxy measure for early diagnosis – is good for the CCG. A vague symptoms pathway will be piloted in Q2 of this year.

6.8 Mental health

6.8.1 ***Increasing Access to Psychological Therapies (IAPT):*** The CCGs recognise the challenging target for 2018-2019 and have submitted plans to meet the quarterly targets (4.2 per cent Q1-Q3 and 4.75 per cent in Q4) because CCGs are not permitted to plan to fail. Whilst the IAPT provider has a recovery plan in place, the CCGs will be working with our IAPT provider Cheshire and Wirral Partnership NHS Foundation Trust to develop a business case. This will enable additional capacity to be put in place to meet the new IAPT 19 per cent access target in the last quarter, which will include integrated working for patients with a long term condition. The business case will be considered by each CCG's Governing Body. The national target is for 50 per cent recovery rate but the CCGs' performance has varied during 2017-2018. Each Governing Body is considering additional funding requests which may contribute to improved performance in 2018-2019.

The national target is for 75 per cent of patients to be seen within six weeks, and 95 per cent within 18 weeks. Whilst the numbers of patients entering treatment is below expected, historic waiting time performance has been excellent for both CCGs. As the numbers of patients accessing the services increase, the waiting times may increase slightly, but it is anticipated they will remain within target. Therefore plans have been submitted which reflect meeting these targets.

6.8.2 ***Increase access to mental health services for children and young people:*** In 2017-2018 the CCGs developed and implemented the transformational plan for Child and Adolescent Mental Health Services (CAMHS) which became the THRIVE model for children and young people. This service also offers support and signposting, facilitating rapid access to eating disorder services for children and young people. The Mental Health Five Year Forward View (MH5YFV) requires that 35 per cent of children and young people with a diagnosable mental health condition receive treatment from an NHS funded community mental health service by 2020-2021 (subject to change as new prevalence rates to be released in 2018). The NHS Southport and Formby CCG access rate in 2017-2018 was 30.8 per cent and the NHS South Sefton CCG access rate was 23.3 per cent. The CCGs have provided additional investment to increase the capacity of the local specialist CAMHS service and will continue to grow provision in the local VCF (Voluntary, Community and Faith) to achieve this target.

The standards are that 95 per cent of children and young people (up to the age of 19) referred for assessment or treatment for an eating disorder should receive NICE approved treatment with a designated healthcare professional within four weeks, or within one week for urgent cases. Plans for 2018-2019 have been amended slightly to reflect 2017-2018 trends. Performance has been favourable in 2017-2018, albeit with the low numbers of referrals and performance is expected to continue.

6.8.3 ***Expand capacity of psychosis services:*** The access and waiting time standard requires that in 2018-2019 more than 53 per cent of people experiencing first episode psychosis will be treated with a NICE recommended package of care within two weeks of referral. Southport and Formby CCG currently reports that 81 per cent of patients who experience a first episode of psychosis begin treatment within two weeks, and exceed the national standard. For South Sefton CCG it is 83 per cent. The CCGs will aim to exceed the national standard over the next two years.

Improve access to individual placement support: Access to individual placement support for people with severe mental illness will need to increase by 25 per cent by April 2019 against the 2017-2018 baseline. The local mental health services will link in with the variety of local agencies / projects who are tasked with supporting people with mental health problems into employment, training, education and/or meaningful activities. Both CCGs were successful in securing wave one NHS England monies for 2018-2019 and 2019-2020 to enable Individual Placement Support (IPS) across Sefton. Recruitment of employment support advisors is underway and this will enhance the existing IPS provision.

6.8.4 ***SMI Physical Health Checks in 2018-2019:*** The CCGs are planning to develop a Local Quality Scheme (LQC) to enable the full range of interventions as per the guidance to be undertaken by primary care. SMI health checks are already undertaken (NHS Southport and Formby CCG: 40.1 per cent in 2014-2015 and NHS South Sefton CCG: 34.5 per cent in 2014-2015), however the planned LQC will reflect the new requirements for SMI health checks contained within the MH5YFV.

6.8.5 ***Improve community eating disorder service:*** It is recognised that the current commissioned community eating disorder service for adults is not fit for purpose. NHS South Sefton CCG and NHS Southport and Formby CCG intend to work with NHS Liverpool CCG to work up a new service proposal that may require a combination of service redesign and investment.

6.8.6 ***Reduce suicide rates:*** The CCGs are represented in the Sefton Suicide Prevention Group which is led by the Sefton Metropolitan Borough Council. The group also contains representatives from Merseyside Police, Mersey Care NHS Foundation Trust, Samaritans, Mersey Travel and other VCF partners. The group is working to an action plan which mirrors the key aims and objectives underpinning the 'No More Strategy'.

6.8.7 ***Ensure delivery of the mental health access and quality standards:*** The CCGs will ensure 24/7 access to community crisis resolution teams, home treatment teams and mental health liaison services in acute hospitals via local service redesign and application for central funding to increase the current provision. CORE 24 mental health liaison is in place until March 2019 to support the wider system through the winter and to allow the evaluation to take place. A business case asking for recurrent investment is expected to be presented to the AED Delivery Board in December 2018. The CCG is working with Mersey Care NHS Foundation Trust to commence the implementation of a fully compliant Crisis Resolution Home Treatment (CRHT) from October 2018.

6.8.8 ***Increase mental health spend:*** The CCGs will achieve the mental health investment standard in 2018-2019. There has been a planned increase of £263k for Southport and Formby, and £315k for South Sefton in mental health spend and excluding spend on learning disabilities and dementia.

6.8.9 ***Southport and Formby dementia services:*** The national standard is for CCGs to diagnose dementia in two thirds of the estimated local prevalence, and to maintain this every year. NHS Southport and Formby CCG exceeds the national standard but has seen a small reduction in the last two months in the numerator (due to patient deaths and transfers). Plans were submitted to consolidate performance in 2018-2019, planning 72 per cent for every month of 2018-2019. A lot of work has been undertaken in this area on data quality, and a shift in priority to supporting those patients with a diagnosis by focusing on care plans in 2018-2019.

6.8.10 **South Sefton dementia services:** The national standard is for CCGs to diagnose dementia in two thirds of the estimated local prevalence, and to maintain this every year. NHS South Sefton CCG has a challenging dementia work plan to increase diagnosis to consistently meet the 66.7 per cent target but in May 2018 the diagnosis rate was 62 per cent. The work plan also details targets to increase the number of care plans for patients once identified. The CCG is working with primary care to refresh dementia searches on practice registers. In 2018-2019, a pilot is being developed to manage reviews of dementia patients on anticholinesterase inhibitors drugs across mental health teams / community teams and primary care. The aim is to free up capacity in secondary care memory services.

6.8.11 **Out of area placements:** The CCGs aim to eliminate out of area placements for non-specialist acute care by 2020-2021. A trajectory has been set and agreed at STP level. Mersey Care NHS Foundation Trust has put in place robust bed management which has contributed to zero inappropriate out of area placements being made since November 2017. The implementation of a compliant CRHT from October 2018 will have a further positive impact on improving bed flows within adult mental health services.

6.8.12 **Liaison and diversion:** Mersey Care NHS Foundation Trust has long established liaison and diversion services in place (NHS England and CCG funded). Within the Merseyside Police force area covered by Mersey Care NHS Foundation Trust, 100 per cent of custody suites and courts are covered by liaison and diversion services. In addition, there is a triage car jointly staffed by NHS and Police is in place and for 2018-2019 the intention is to expand triage car coverage to include under 16s. A triage car has contributed to an ongoing reduction in S136 Mental Health Act detentions in police custody suites.

6.8.13 All commissioned mental health activity is recorded through the Mental Health Services Dataset.

6.9 People with learning disabilities

6.9.1 ***Transforming Care Partnership:*** Both CCGs and the local authority are active members of the local Transforming Care Partnership hub.

6.9.2 ***Reducing inpatient activity:*** The CCGs will continue to have a lower rate of learning disability related admissions through active case management and use of CTRs. There have been zero learning disability related out of area placements in 2018-2019.

6.9.3 ***Improving access to healthcare:*** In 2018-2019, the CCGs will develop and implement an action plan to improve the take up and quality of annual physical health checks in primary care.

6.9.4 ***Improving access to health services, education and training of staff to reduce premature mortality*:** The Learning Disabilities Mortality Review (LeDeR) process has been established within the CCGs and is being embedded in the Mersey Care NHS Foundation Trust contract. The CCGs are working within the local Transforming Care Partnership hub to develop a new specification for community learning disability services.

6.10 Other commitments

6.10.1 ***NHS e-Referral Service (ERS) utilisation coverage:*** The ambition is that ERS utilisation coverage should be 100 per cent by end of Q2 2018-2019. Current (February 2018) rates are significantly low (NHS South Sefton CCG: 24 per cent and NHS Southport and Formby CCG: 53.2 per cent).

6.10.2 ***Electronic referrals:*** Aintree is undergoing a paper switch-off programme with NHS Digital, which will be fully implemented by August 2018. Paper switch-off occurred at Southport and Ormskirk Hospital in April 2018 and Aintree is on track for August 2018, with other Liverpool providers in May 2018. This is supported by a CQUIN in relation to all service being available on the e-Referral system and appointment slot issues minimised through alignment of appointment polling ranges with waiting times at specialty level; a re-launch and training for e-Referral with GP practices, and a communications plan. Significant data cleansing has been undertaken by providers in readiness for paper switch-off. This has reduced referrals as a high number of duplicate referrals have been identified (where both paper and electronic referral have been made, or referrals made to more than one specialty).

6.10.3 ***Personal Health Budgets (PHBs):*** Plans for 2018-2019 at this point have been submitted to meet the trajectory for 2018-2019. This requires a significant increase in new PHBs.

6.10.4 ***Percentage of children waiting more than 18 weeks for a wheelchair:*** All children requiring a wheelchair will receive one within 18 weeks from referral in 100 per cent of cases by Q4 2018-2019. NHS Southport and Formby CCG's plans are based on historic activity. NHS South Sefton CCG's commissioning arrangements have been clarified, with the contract holder being NHS England Specialised Commissioning team.

7 Improving quality in organisations

7.1.1 ***All organisations should implement plans to improve quality of care, particularly for organisations in special measures:*** The CCGs have robust processes and systems through which it understands the performance of its local providers. The CCGs work in partnership with their providers on this issue. The CCGs utilise a broad range of hard and soft data to understand quality performance, risk and improvement across all providers and uses contractual and other processes to drive improvements. The CCGs set a clear set of metrics including national and local metrics aimed at driving improvements in care quality and patient experience. Through excellent relationships, the CCGs are able to work in collaboration with providers to agree effective but reasonable and proportionate responses and improvements.

7.1.2 ***Drawing on the National Quality Board's (NQB) resources, measure and improve efficient use of staffing resources to ensure safe, sustainable and productive services:*** Based on the National Quality Board's tools, the CCGs receive regular staffing and other reports from providers through which we monitor staffing resources and the safety of services. These reports include all staff groups. The CCGs have a robust process through which vacancy levels, turnover, agency and locum staffing is reported and monitored through reporting to Clinical Quality Performance Groups (CQPGs).

7.1.3 ***Participate in the annual publication of findings from reviews of deaths to include the annual publication of avoidable death rates, and actions they have taken to reduce deaths related to problems in healthcare:*** The CCGs are involved through group membership and through receipt of reports and outcomes of mortality review processes across providers. The CCGs through contractual and quality processes is receiving and monitoring regular reports from mortality review groups within providers linking these findings to root cause analysis and other review processes from serious incidents and complaints. The CCGs through the CQPG process are ensuring themes and actions identified in mortality reviews route course analyses and complaints outcomes are implemented. The CCGs require clear action plans from providers, and monitor the delivery of these closely. The CCGs have also supported the engagement of local providers with the Learning Disability Mortality Reviews (LeDeR) and have recently completed and produced a multi-agency review in line with this process for a local patient. The CCGs are actively engaging relatives and families in the processes locally.

8 RightCare

RightCare delivery plans have been refreshed to reflect 2018-2019 Quality Innovation Productivity and Prevention (QIPP) plans. A summary of schemes planned for each programme our listed below.

Cardiovascular disease (CVD)

- **North Mersey joint programme:** The project has six pathway groups and an overarching delivery group. Pathways are: Chest Pain, Heart Failure, Heart Rhythm, Cardiac Imaging, Prevention and Rehab. The pathway review aims to reduce duplication, multiple transfers and service variation. RightCare methodologies are used to identify areas of the system that require improvements that will in turn reduce unnecessary elective and non-elective care. A diagnostics review is also included
- **Stroke pathway:** Work is also underway across North Mersey hyperacute unit and early discharge
- **Community heart failure IV service:** This service is to be developed in line with the British Heart Foundation evidence based on the Wirral model
- **Prevention and practice variation:** Hypertension scheme via practice nurse leads implementing templates primary care, British Heart Foundation training at GP education event for high blood pressure. We are working with public health to promote and encourage the NHS Health Check for over 40s. The primary care locality education programme is targeting practices using NHS England's variation packs
- **Prescribing – blood glucose testing:** QIPP scheme in place for 2018-2019.
- **Cardio community pilot:** Plans to extend the pilot for GP referral and clinical management across 2018-2019, to improve primary care management and reduce referrals to secondary care
- **Procedures of lower clinical value (PLCV):** New policies implemented to reduce unwarranted procedures

Respiratory

- **REACT programme:** Primary care training, mentorship, and case finding project focusing on practices with highest level of variation
- **North Mersey joint programme:** Pathways under review are: COPD/BE, Asthma, Sleep Apnoea, Home Oxygen, Breathlessness (as part of CVD redesign), redesign of respiratory outpatients including Asthma pathway, prevention and pulmonary rehabilitation
- **Telehealth:** 'My COPD' app to be rolled out to respiratory patients to support self-management
- **Prescribing:** Patient reviews focusing on inhaler prescribing in primary care.
- **Procedures of lower clinical value (PLCV):** New policies implemented to reduce unwarranted procedures
- **Winter plans:** Promoting flu / pneumonia vaccinations, ensuring discharge bundles are provided on discharge, introducing weekly 'hot slot' community clinics for GP referrals. Community team rapid response to avoid admissions

Neurological disorders

- **Community pain clinic:** Clinic to be developed to focus on patients to self-manage their condition, and a biopsychosocial model of health care
- **Walton Centre:** Work with the centre to improve data quality issues in order to support future scheme development

Gastroenterology

- **Updated upper GI (gastro-intestinal) pathways**: Pathways launched on the EMIS clinical system to support primary care management of patients, to reduce inappropriate referrals to secondary care - resulting in unnecessary scoping
- **GP education programme:** Working with Southport and Ormskirk Hospital NHS Hospital Trust

A new priorities area suggested for the next set of delivery plans is the frailty and falls programme.

9 Operational Plan figures and rationale

9.1 Rationale

9.1.1 This section captures and describes the planning rationale that has been employed for both NHS South Sefton CCG and NHS Southport and Formby CCG. It represents a chronological record of the work, assumptions, analysis and discussions undertaken and agreed by the respective Governing Bodies in arriving at the planning submissions.

9.1.2 This rationale has been used to derive the various requirements as prescribed through the NHS England 2018-2019 Operational Planning Guidance published on 2 February 2018.

9.1.3 The CCGs submitted their 2017-2019 operational plans in December 2016, and were further required to recalibrate their plans in July 2017 following a change to the national data source (SUS to SUS+). The 2018-2019 Operational Plan is therefore a refresh of the existing 2017-2019 plan.

9.1.4 The November 2017 budget announced additional NHS revenue funding of £1.6 billion for 2018-2019, which will increase funding for emergency and urgent care and elective surgery. In addition, for other core frontline services such as mental health and primary care, the Department of Health and Social Care (DHSC) is making a further £540 million available through the Mandate over the coming financial year. The updated guidance sets out how these funds will be distributed and the expectations for commissioners and providers in updating their operational plans for 2018-2019.

9.1.5 Organisations must continue to work together through STPs to develop system-wide plans that reconcile and explain how providers and commissioners will collaborate to improve services and manage within their collective budgets.

9.1.6 The increased CCG funding is expected to fund growth in activity in order to enable improved performance against a number of constitutional targets at a national level. These are summarised as follows:

Point of delivery	Growth expectation
Accident and Emergency	1.1%
Non-Elective Admissions: Zero day length of stay	5.6%
Non-Elective Admissions: 1+ day length of stay	0.9%
GP Referrals	0.8%
Other Referrals	Not stipulated
Outpatient Attendances	4.9%
Elective: Day case	3.4%
Elective: Ordinary	-0.5%

9.1.7 In addition, NHS England guidance requires a number of performance requirements linked to the growth assumptions above:

Performance area	CCG requirement
Mental health minimum investment standard	Continue to meet
Referral to treatment: waiting list	Waiting lists no higher in March 2019 than in March 2018
Referral to treatment: 52 week waits	50% reduction on 2017-2018
A&E four hour standard	90% September 2018 95% for 'most' providers March 2019
Integrated Urgent Care Strategy: reduction in beds occupied by delayed transfers of care	3.5% reduction
Integrated Urgent Care Strategy: reductions in length of stay	Reduction in stranded patient metrics and reduction in super stranded patients (length of stay over 21 days)
Cancer: waiting times	All eight standards to be met
Cancer: rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers	Implementation of the nationally agreed pathways
Cancer: staging and diagnosis following emergency admission	62% of cancer patients to be diagnosed at stage one or two
Cancer: diagnosis following emergency admission	Reduce the proportion of cancers diagnosed following an emergency admission
Maternity: Saving Babies Lives Care Bundle	Full implementation of Saving Babies Lives Care Bundle
Maternity: access to perinatal mental health services, safety, choice, personalisation and continuity of care	Increase all
Transforming care for people with learning disabilities	Reduce inappropriate hospitalisation, improve access to annual health check, ensure increased use of Care, Education and Treatment Review (CETR)
Primary care: extended access	100% coverage of the population by 1 October 2018

9.2 CCG Operational Plan refresh 2018-2019

9.2.1 ***The template:*** The template required CCGs to review the NHS England pre-populated 2017-2018 month eight based forecast outturn. CCGs were permitted to make adjustments if necessary, to reflect local intelligence and knowledge of activity and forecasting, and then create monthly CCG level activity plans across several points of delivery (POD) for both 2017-2018 and 2018-2019. Plans were required to consider non-recurrent activity changes, trend and demographic growth, transformational change and policy changes. Provider level plans were not required to be completed by CCGs for this planning round.

As in previous years, activity numbers were provided to CCGs and pre-populated in planning templates using the National Commissioning Data Repository (NCDR). CCGs have been unable to replicate their local data to this data source for a number of detailed technical reasons which have been raised with NHS England's area teams since the 2016-2017 planning round. CCGs do not have direct access to the NCDR data, instead it is provided to them by the North West Data Service for Commissioners Regional Office (NW DSCRO). The DSCRO is so far unable to successfully replicate and mirror the TNR for their 11 CCGs across Cheshire and Merseyside and make it available to us to use for planning. This is mostly due to issues with the Commissioner Assignment Method (CAM) which assigns activity to the relevant commissioner (CCG or NHS England). CCGs do not have access to this methodology to allow the process to be replicated.

9.2.2 ***Forecast outturn and profile methodology:*** NHS England's month eight based forecast outturn was tested against a number of CCG internal forecasting methodologies (straightforward twelfths and a seasonally profiled forecast, both of which were based on month nine of 2017-2018). Both of these CCG-generated methods resulted in forecast outturns different from NHS England's forecast outturns.

From the different forecasting methods, the most appropriate was selected for use, as demonstrated in the tables below. The forecasts chosen are highlighted in green.

NHS South Sefton CCG forecast outturn by point of delivery

Code	Activity line	NHS England forecast outturn	CCG forecast outturn	Diff
E.M.7	Total referrals (general and acute)	69,171	69,251	80
E.M.7a	Total GP referrals (general and acute)	41,358	41,169	- 189
E.M.7b	Total other referrals (general and acute)	27,813	27,893	80
E.M.8	Consultant-led first outpatient attendances	58,800	58,712	- 88
E.M.9	Consultant-led follow up outpatient attendances	132,383	132,694	311
E.M.10	Total elective admissions	25,036	23,759	- 1,277
E.M.10a	Total elective admissions - day cases	22,048	20,773	- 1,275
E.M.10b	Total elective admissions - ordinary	2,987	3,000	13
E.M.11	Total non-elective admissions	21,445	22,830	1,385
E.M.11a	Total non-elective admissions - zero day length of stay	7,562	8,166	603
E.M.11b	Total non-elective admissions - +1 day length of stay	13,883	14,665	781
E.M.12	Total A&E attendances excluding planned follow ups	105,326	104,784	- 542
E.M.18	Number of completed admitted referral to treatment pathways	6,164		
E.M.19	Number of completed non-admitted referral to treatment pathways	45,393		
E.M.20	Number of new referral to treatment pathways (clock starts)	57,380		

NHS Southport and Formby CCG forecast outturn by point of delivery

Code	Activity line	NHS England forecast outturn	CCG forecast outturn	Diff
E.M.7	Total referrals (general and acute)	55,824	54,627	- 1,197
E.M.7a	Total GP referrals (general and acute)	30,369	29,312	- 1,057
E.M.7b	Total other referrals (general and acute)	25,455	25,369	- 86
E.M.8	Consultant-led first outpatient attendances	43,014	41,895	- 1,119
E.M.9	Consultant-led follow up outpatient attendances	97,345	95,510	- 1,835
E.M.10	Total elective admissions	19,472	19,205	- 267
E.M.10a	Total elective admissions - day cases	16,549	16,289	- 260
E.M.10b	Total elective admissions - ordinary	2,923	2,915	- 7
E.M.11	Total non-elective admissions	14,483	14,131	- 352
E.M.11a	Total non-elective admissions - zero day length of stay	3,677	3,564	- 114
E.M.11b	Total non-elective admissions - +1 day length of stay	10,806	10,575	- 231
E.M.12	Total A&E attendances excluding planned follow ups	47,738	46,984	- 754
E.M.18	Number of completed admitted referral to treatment pathways	6,935		
E.M.19	Number of completed non-admitted referral to treatment pathways	33,147		
E.M.20	Number of new referral to treatment pathways (clock starts)	43,709		

9.3 Profiling

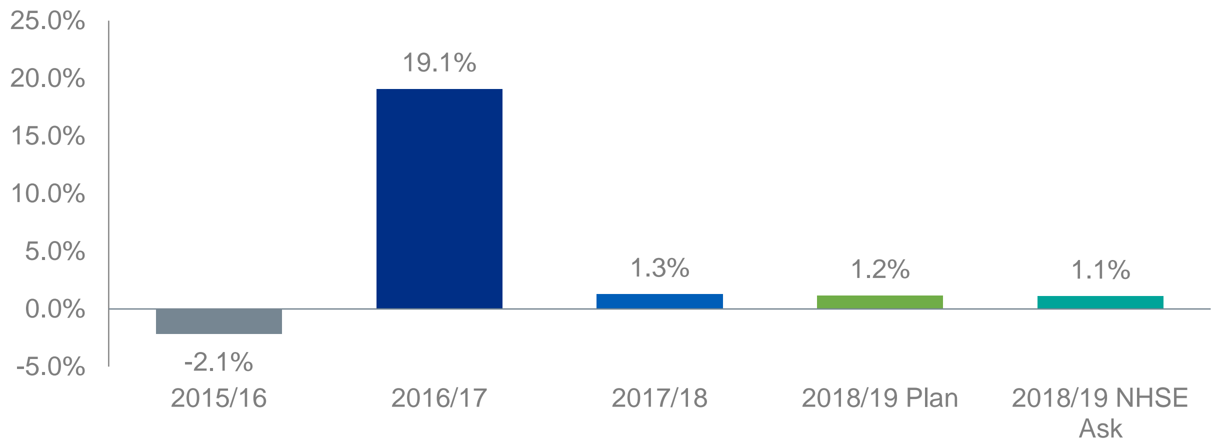
Seasonal profiles are based on activity trends from the last three financial years.

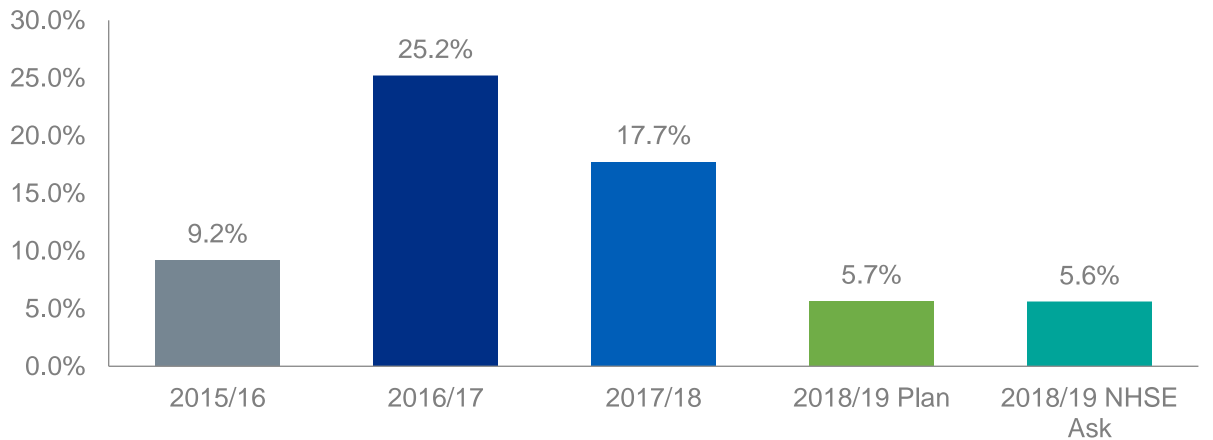
9.4 Trends

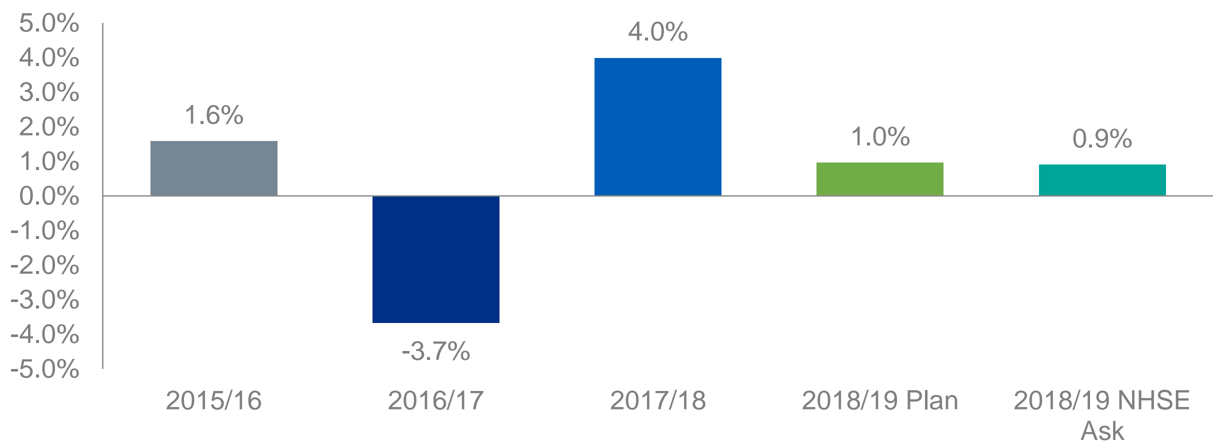
Activity trends over the past three years have been analysed and used to adequately profile seasonal activity over the year. Seasonal phasing is based on activity trends from the last three financial years. See the section above for detailed urgent care work streams contributing to winter plans. The A&E Delivery Board sub group recently discussed the idea of seasonal service specifications to create capacity within our services to meet winter demand. It was agreed to explore a capacity and demand exercise across north Mersey, driven by the AED exec. The delivery board and NHS England / NHS Improvement may also support this piece of work.

9.4.1 *NHS South Sefton CCG activity trends:*

- **Accident and Emergency** activity levels have been on a general increase with monthly peaks in 2017-2018 representing some of the highest monthly attendances seen over this reporting period. Cost increases have grown above the rate of activity; in part, this could be down to changes in tariff affecting the growth in cost. Although increased spend above the rate of activity has occurred each year, A&E four hour performance at the Trust remains below the 95 per cent standard and has decreased to 84 per cent in December 2017 – 71 per cent for type one activity only. July 2015 was the last time the 95 per cent target was achieved across the Trust. Plans have reflected this with an increase in A&E attendances applied based on the increases seen in 2017-2018.
- **Non-elective** trends have varied over the reporting period as a direct result of pathway changes applied at the Trust. The latest of these changes was implemented in September 2017 and has resulted in a notable increase in admission rates since (particularly for zero day length of stay). The average number of admissions for October to December 2017 has increased by approximately 17 per cent when compared to an average for April to September 2017. Whilst the CCG observed a pathway change to non-elective activity, a tariff has not yet been agreed. The CCG has made investments into community services and intermediate care in 2017-2018 to support the urgent care system.
- The CCG has planned for an increase in **non-elective** admissions of **zero day length of stay** close to the national 'ask' of 5.6 per cent and meeting the local DCO 'ask' of 16 April 2018. For **1+ day length of stay**, growth has been planned to almost meet the 0.9 per cent national expectation and meet the local DCO 'ask' of 16 April 2018.


NHS South Sefton CCG A&E All Types Attendance Growth
(Months 1-9 Comparison)
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
-5.0%
-2.1%
19.1%
1.3%
1.2%
1.1%
2015/16
2016/17
2017/18
2018/19 Plan
2018/19 NHSE Ask

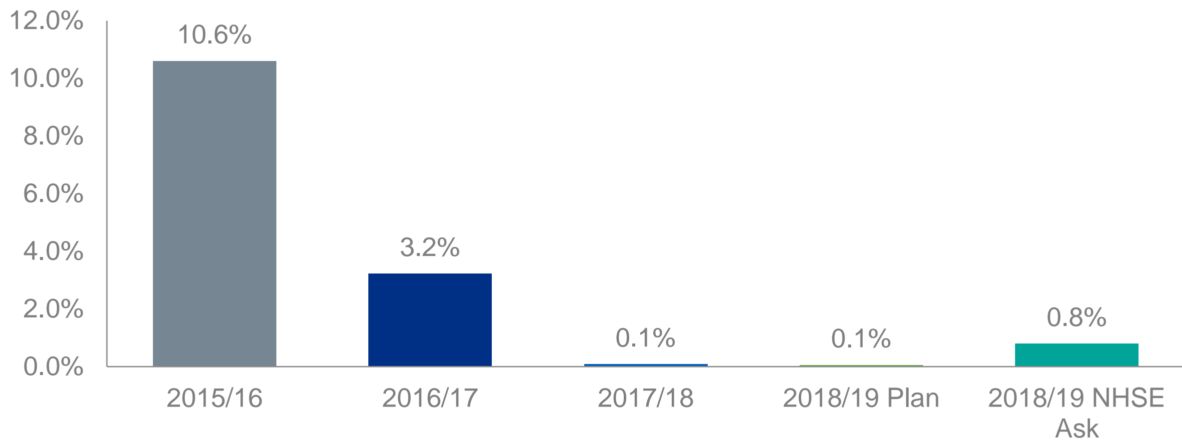

NHS South Sefton CCG Non-Elective 0 Length of Stay
Admissions Growth (Months 1-9 Comparison)
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
9.2%
25.2%
17.7%
5.7%
5.6%
2015/16
2016/17
2017/18
2018/19 Plan
2018/19 NHSE Ask

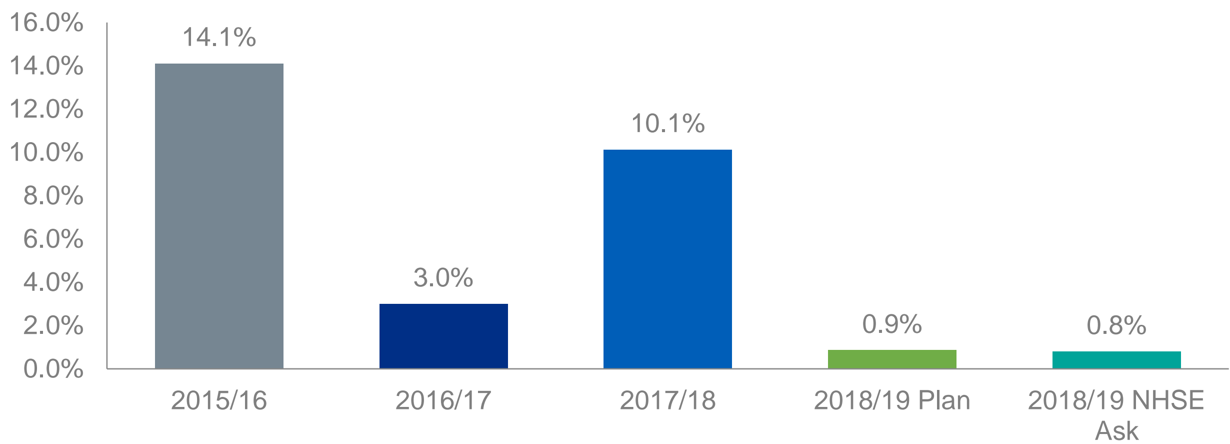

NHS South Sefton CCG Non-Elective 1+ Day Length of Stay
Admissions Growth (Months 1-9 Comparison)
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
-1.0%
-2.0%
-3.0%
-4.0%
-5.0%
1.6%
-3.7%
4.0%
1.0%
0.9%
2015/16
2016/17
2017/18
2018/19 Plan
2018/19 NHSE Ask

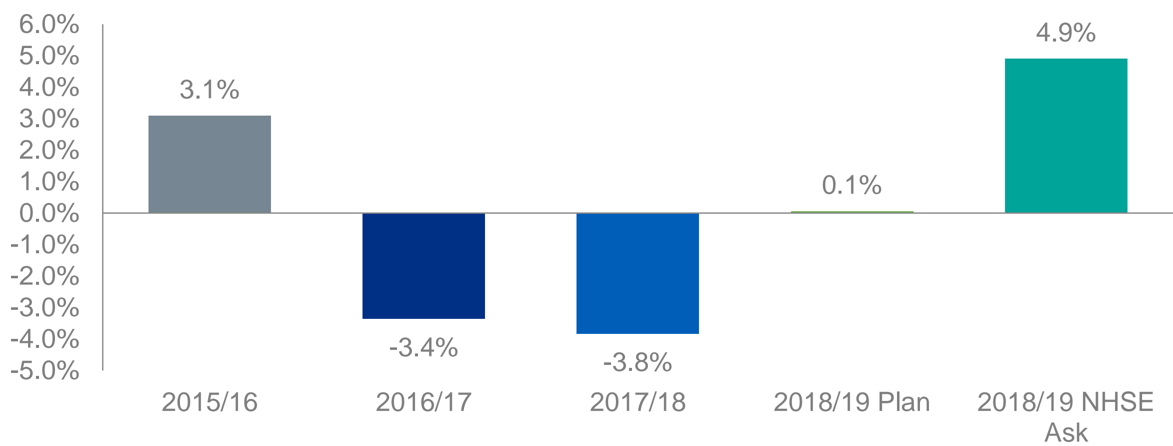
- **GP referrals** have remained flat over the past three years. This trend is expected to continue but further growth has been included to contribute to the national growth ‘ask’ of 0.8 per cent and has satisfied the local DCO ‘ask’.
- **Referrals from other sources** have increased but are expected to stabilise; therefore some growth has been included.

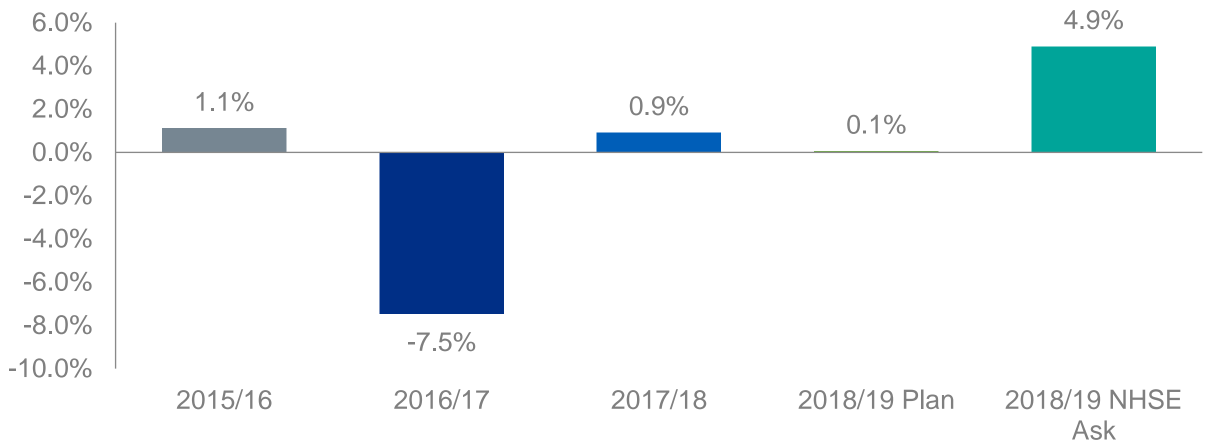
Key demand management schemes implemented in 2016-2017 and 2017-2018 have impacted as follows:

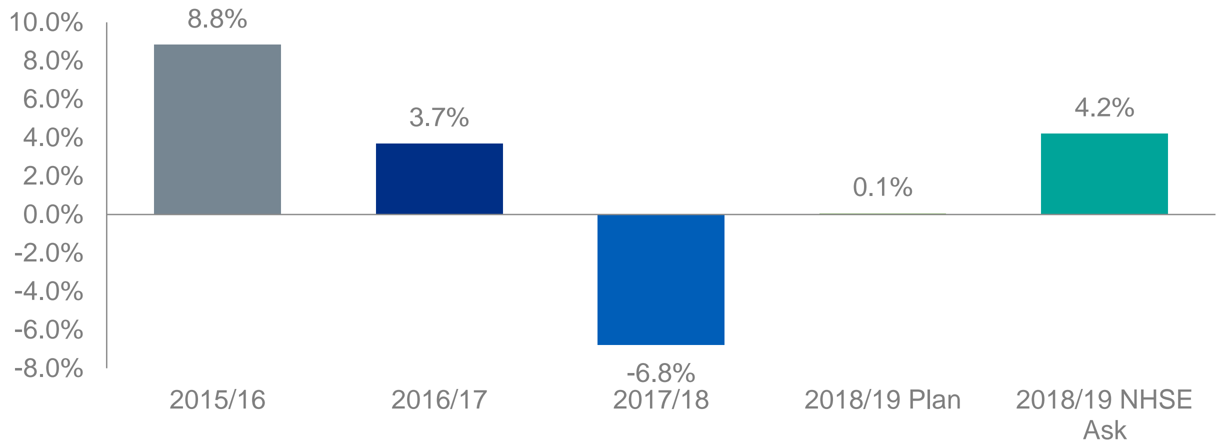
- **Referral management:** A Referral Optimisation and Support System (ROSS) developed for South Sefton following engagement with members on approaches to elective demand management. Key workstreams include an offer of advice and guidance services as an alternative to referral and promotion of pathways and protocols visible on the EMIS clinical system through EMIS protocols functionality.
- **Electronic referrals:** Aintree is undergoing a paper switch-off programme with NHS Digital, which will be fully implemented by August 2018. Paper switch-off at Aintree is on track for August 2018, Southport and Ormskirk in April 2018, and other Liverpool providers in May 2018. This is supported by a CQUIN in relation to all services being available on the e-referral system and appointment slot issues minimised through alignment of appointment polling ranges with waiting times at specialty level; a re-launch and training for e-referral with GP practices, and a communications plan. Significant data cleansing has been undertaken by providers in readiness for paper switch-off. This has reduced referrals as a high number of duplicate referrals have been identified (where both paper and electronic referrals have been made, or referrals made to more than one specialty).
- **Musculoskeletal Clinical Assessment Service (MCAS) redesign:** Redesign has led to significant reductions during 2017-2018 in referrals at Renacres, Southport and Ormskirk and Aintree in Trauma and Orthopaedics, especially in 2017-2018. These were non-recurrent impacts which are not expected to be repeated in 2018-2019
- Total **outpatient activity** and cost were on an upward trajectory between 2014-2015 and 2016-2017; however, a decrease has been evident in 2017-2018. December 2017 saw the lowest number of outpatients recorded since August 2014. This drop in 2017-2018 is partly as a result of reduced levels of GP referrals. Shifts between outpatient first attendances, outpatient follow ups and outpatient procedures have also been noted due to changes in national tariff and activity groupings. However, all areas saw a notable drop in activity during December 2017. **First outpatient** growth has been included to contribute to the national ‘ask’ of 4.9 per cent growth. This is despite the reducing trend. The DCO activity percentage growth required an additional 1,824 first outpatient attendances to be included in the plan (60,660 in total).
- For **outpatient follow ups**, growth of 0.14 per cent has been planned against 4.9 per cent national ‘ask’ based on trend, but meets DCO ‘ask’ of 16 April 2018. The DCO activity percentage growth required an additional 110 follow up outpatient attendances to be included in the plan (132,573 in total).
- Affordability of this additional growth in outpatients has been tested. An increase in non face-to-face activity at this level would be more affordable (average tariff £23) but this has not been accounted for in CCG financial plans meaning a misalignment at a very small level (estimate CCG activity plans and financial plans are aligned to 99.8 per cent accuracy). This also means that to meet the CCG Financial Plan, the CCG must underperform on the Activity Plan submitted.

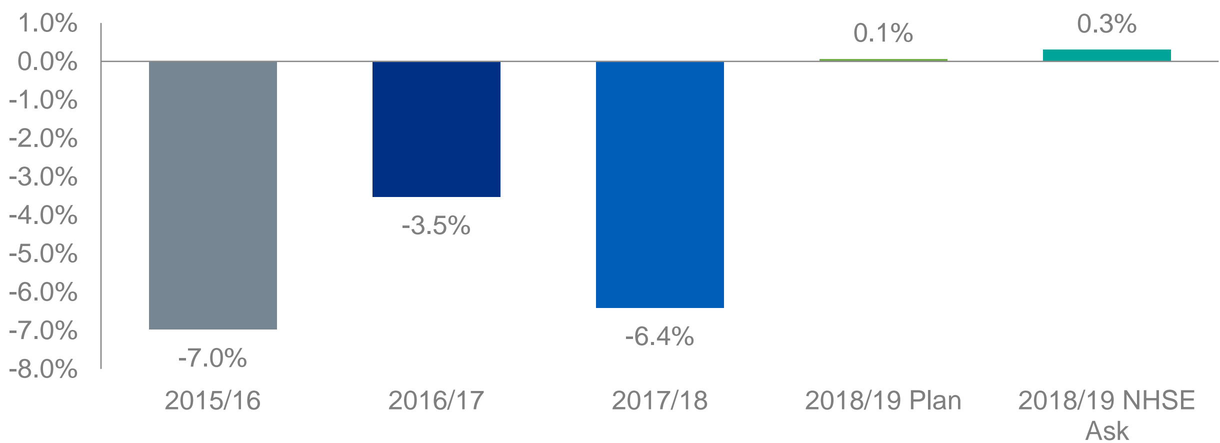

NHS South Sefton CCG GP Referrals Growth
(Months 1-9 Comparison)
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
10.6%
3.2%
0.1%
0.1%
0.8%
2015/16
2016/17
2017/18
2018/19 Plan
2018/19 NHSE Ask


NHS South Sefton CCG Other Referrals Growth
(Months 1-9 Comparison)
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
14.1%
3.0%
10.1%
0.9%
0.8%
2015/16
2016/17
2017/18
2018/19 Plan
2018/19 NHSE Ask


NHS South Sefton CCG Outpatient First Attendance Growth
(Months 1-9 Comparison)
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
-1.0%
-2.0%
-3.0%
-4.0%
-5.0%
3.1%
-3.4%
-3.8%
0.1%
4.9%
2015/16
2016/17
2017/18
2018/19 Plan
2018/19 NHSE Ask

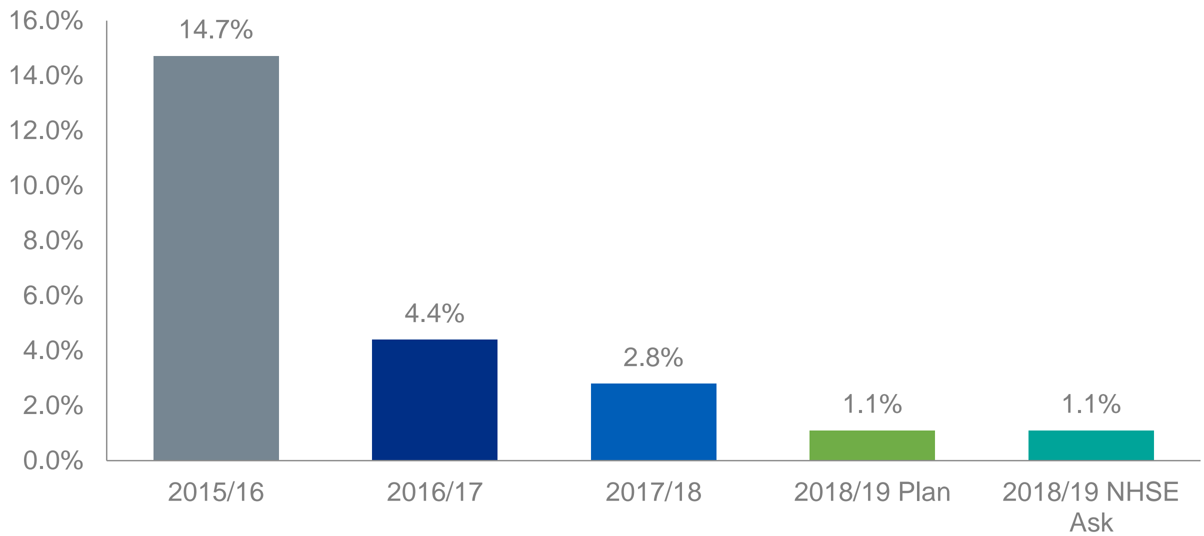

NHS South Sefton CCG Outpatient Follow Up Attendance Growth (Months 1-9 Comparison)
6.0%
4.0%
2.0%
0.0%
-2.0%
-4.0%
-6.0%
-8.0%
-10.0%
1.1%
-7.5%
0.9%
0.1%
4.9%
2015/16
2016/17
2017/18
2018/19 Plan
2018/19 NHSE Ask

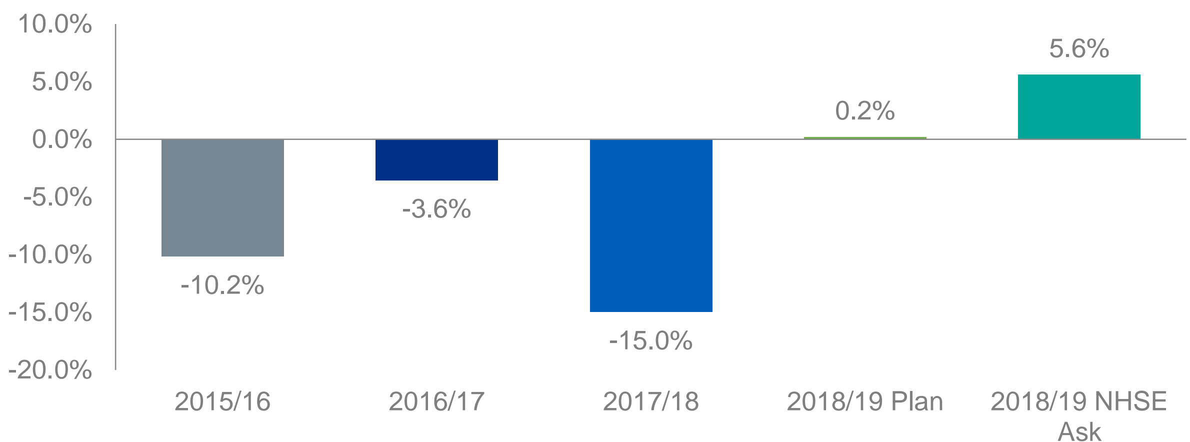

NHS South Sefton CCG Day Case Growth (Months 1-9 Comparison)
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
-2.0%
-4.0%
-6.0%
-8.0%
8.8%
3.7%
-6.8%
0.1%
4.2%
2015/16
2016/17
2017/18
2018/19 Plan
2018/19 NHSE Ask

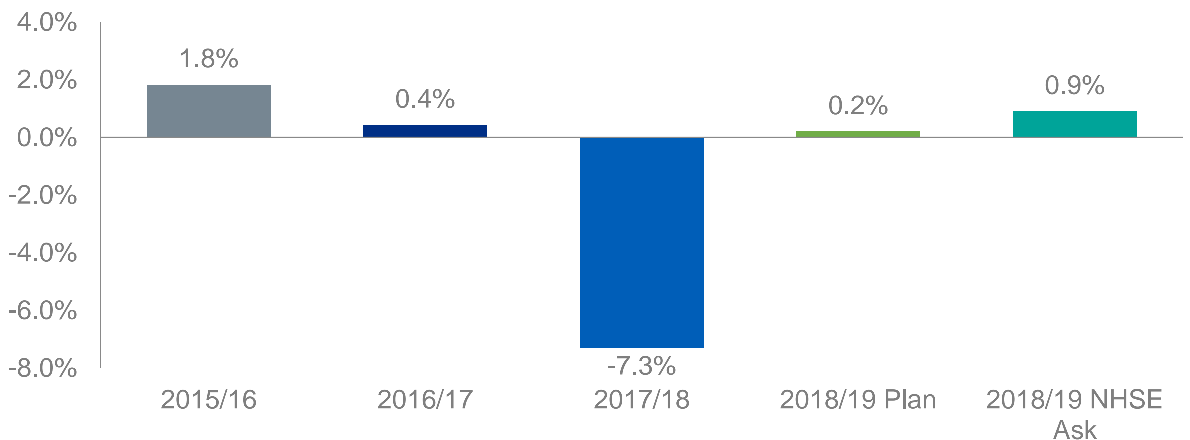

NHS South Sefton CCG Elective Admissions Growth (Months 1-9 Comparison)
1.0%
0.0%
-1.0%
-2.0%
-3.0%
-4.0%
-5.0%
-6.0%
-7.0%
-8.0%
-7.0%
-3.5%
-6.4%
0.1%
0.3%
2015/16
2016/17
2017/18
2018/19 Plan
2018/19 NHSE Ask

9.4.2 ***NHS Southport and Formby CCG activity trends:***

- **Accident and Emergency** activity trend shows an increase of two per cent between 2016-2017 and 2017-2018 for all A&E types but less than one per cent for type one. As part of contract negotiation, the CCG agreed to meet halfway with Southport and Ormskirk Hospital NHS Trust with growth expectations. Activity levels have increased year on year, with peaks in 2017-2018 – the highest seen over the three year period. A&E four hour performance at the Trust remains below the 95 per cent standard and has decreased to 80 per cent in December, 69.5 per cent for type one activity only. August 2015 was the last time the 95 per cent target was achieved across the Trust.
- A downward trend across three years has been noted for **non-elective admissions** with activity falling year on year. 2017-2018 figures have seen a sustained decrease, as shown by a statistical step change downward when plotted on a run chart. No significant growth is expected in 2018-2019. Note that the GP Admissions Unit (GPAU) data does not flow through SUS; were this to change in 2018-2019, activity would appear to increase immensely against plan.
- For **zero day length of stay admissions,** demographic growth has been applied to contribute towards the national ‘ask’ of 5.6 per cent and meets local DCO ‘ask’ of 16 April 2018 despite a reducing trend.
- For **1+ day length of stay admissions**, demographic growth has been applied contributing to the national growth expectation of 0.9 per cent despite the reducing trend in activity.


NHS Southport and Formby CCG A&E All Types Attendance Growth (Months 1-9 Comparison)
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
14.7%
4.4%
2.8%
1.1%
1.1%
2015/16
2016/17
2017/18
2018/19 Plan
2018/19 NHSE Ask


NHS Southport and Formby CCG Non-Elective 0 Length of Stay Admissions Growth (Months 1-9 Comparison)
10.0%
5.0%
0.0%
-5.0%
-10.0%
-15.0%
-20.0%
-10.2%
-3.6%
-15.0%
0.2%
5.6%
2015/16
2016/17
2017/18
2018/19 Plan
2018/19 NHSE Ask

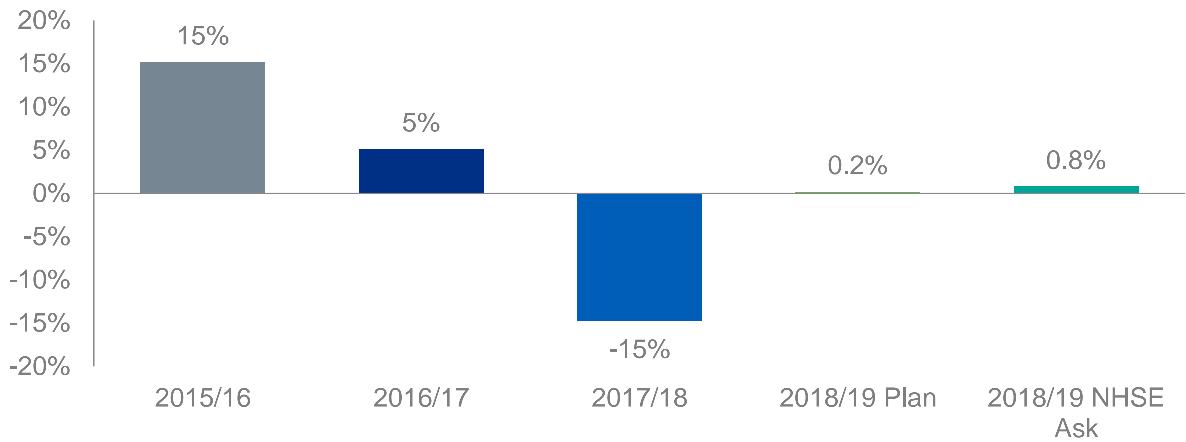

NHS Southport and Formby CCG Non-Elective 1+ Day Length of Stay Admissions Growth (Months 1-9 Comparison)
4.0%
2.0%
0.0%
-2.0%
-4.0%
-6.0%
-8.0%
1.8%
0.4%
-7.3%
0.2%
0.9%
2015/16
2016/17
2017/18
2018/19 Plan
2018/19 NHSE Ask

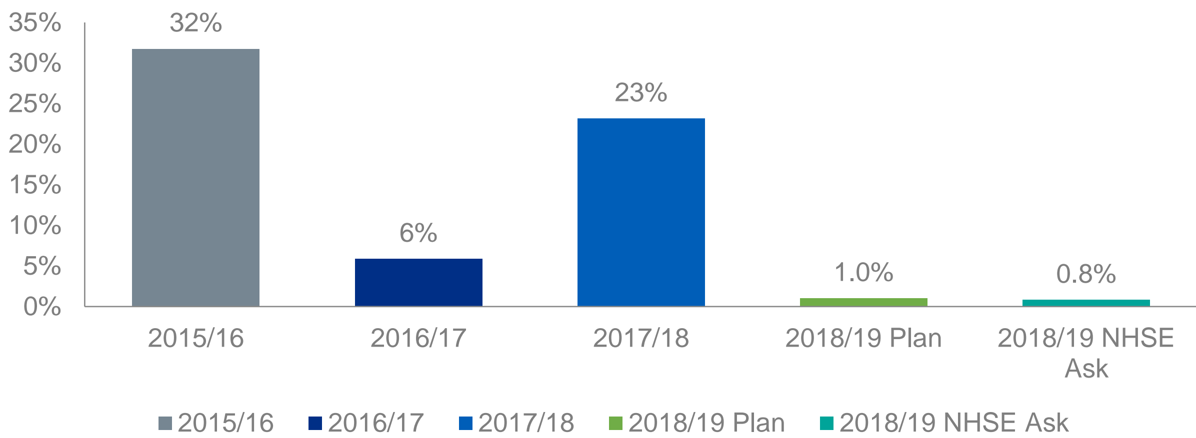
- A significant reduction in **GP referrals** has been seen during 2017-2018. This is likely to plateau in 2018-2019; however, the CCG has planned activity to almost meet the NHS England growth 'ask' of 0.8 per cent and meeting the local DCO 'ask' of 16 April 2018. Referrals from other sources have increased; however, these are not anticipated to grow any further in 2018-2019 therefore demographic growth of 0.2 per cent only.

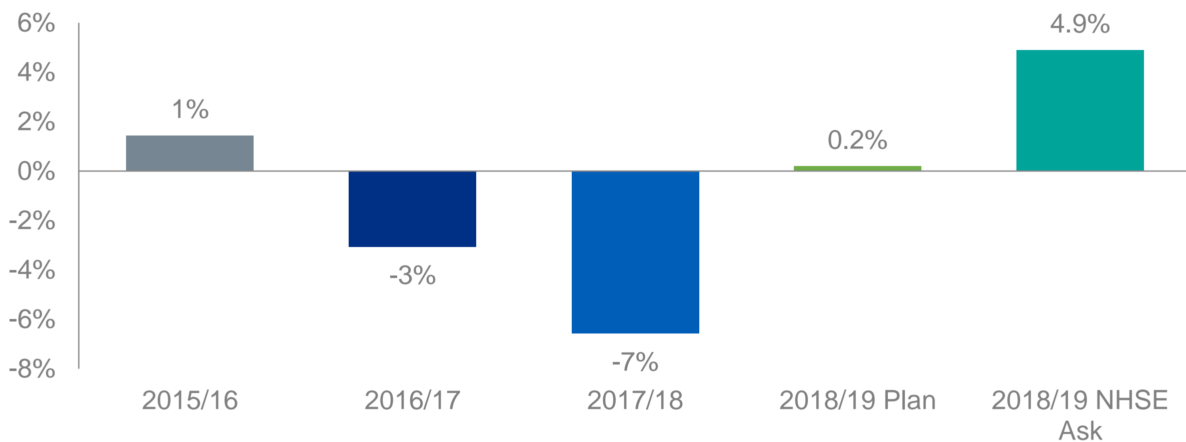
Significant work in 2017-2018 has driven down demand and we expect that this groundwork means there should be limited increases in 2018-2019. Despite growth in 'Other' referrals, outpatient first and outpatient follow up appointments have not increased in line. Key demand management schemes implemented in 2016-2017 and 2017-2018 have impacted as follows:

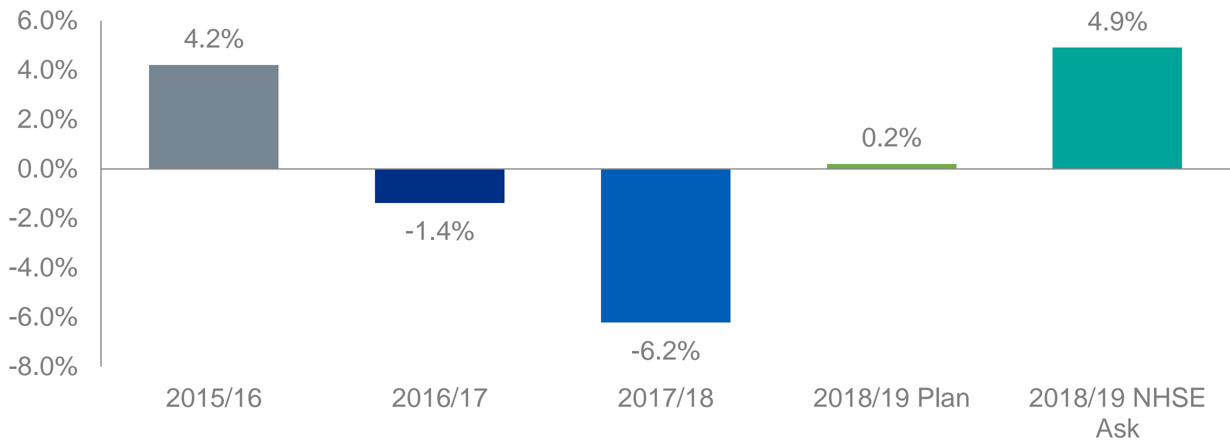
- **Referral management phase one:** Under phase one Referral Management Scheme (RMS) returns incomplete referrals back to GPs (average 175 per month). Patients may then be re-referred, but anticipate a residual level of referrals at year end of around 150.
- **Referral management phase two:** Clinical triage for dermatology has seen a significant shift of activity from secondary care to the community sector. Around 80 per cent of secondary care new dermatology referrals have been avoided.
- **Electronic referrals:** Significant data cleansing has been undertaken by providers in readiness for paper switch-off. This has reduced referrals as a high number of duplicate referrals have been identified (paper and electronic referral, referral to more than one specialty).
- **Southport and Formby GP Federation:** A federation pilot has been extended to provide cardiology services in primary care (e.g. Pre-op ECG) service. We expect an additional 200 GP referrals to flow through the service in 2018-2019 above current year levels.
- **Winter pressures:** NHS Improvement requested a cessation of planned care activity during winter.
- **Musculoskeletal Clinical Assessment Service (MCAS) redesign:** Service redesign has led to significant reductions in referrals at Renacres, Southport and Ormskirk and Aintree in Trauma and Orthopaedics.
- **Provider issues:** Issues at Southport and Ormskirk during the early months of 2017-2018 are much more difficult to quantify – these include the cyber attack, theatre decontamination issues and staffing issues.
- **Blueteq and Prior Approval:** Implementation and use has required significant work at the Trust and by CCG, however the system is working as planned and the CCG only pays for procedures of lower clinical value with Blueteq coding. We have seen a significant reduction in electives resulting from MCAS redesign and introduction of Blueteq.
- Total **outpatient activity** and cost both show a downward trajectory over the past three years with the latest figures for 2017-2018 detailing a statistical drop as indicated by the step change. This sustained drop in 2017-2018 is as a result in part, to the demand management schemes described above.
- Growth in **first outpatients** has been planned to almost meet the national 4.9 per cent NHS England growth 'ask' and meet the local DCO 'ask' of 16 April 2018. This additional growth is despite a decreasing trend, based on large reductions in referrals as described above and as a result of CCG demand management schemes in 2016-2017 and 2017-2018. The DCO activity percentage growth required an additional 1,337 first outpatient attendances to be included in the plan (44,753 in total).

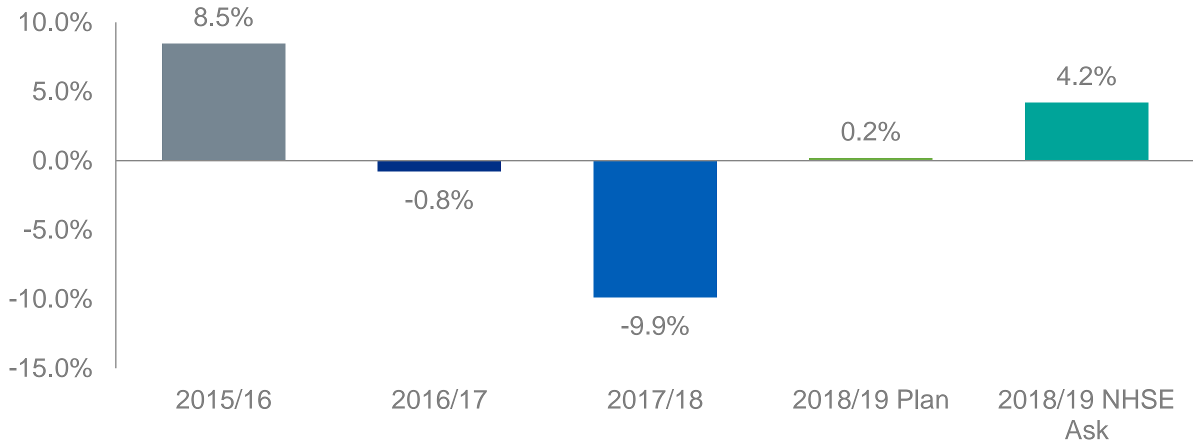
- Growth in **follow up outpatients** has been included to contribute towards a national growth 'ask' of 4.9 per cent and meet local DCO 'ask' of 16 April 2018. The trend is -11 per cent between 2016-2017 and 2017-2018. The DCO activity percentage growth required an additional 81 follow up outpatient attendances to be included in the plan (98,283 in total).
- Affordability of this additional growth in outpatients has been tested. An increase in non face-to-face activity at this level would be more affordable (average tariff £23) but this has not been accounted for in the CCG's financial plans meaning a misalignment at a very small level (we estimate CCG financial plans and activity plans are aligned to 99.8 per cent accuracy). This also means that to meet the CCG Financial Plan, the CCG must underperform on the Activity Plan submitted.
- **Day case** plans are for growth which goes some way towards a national 'ask' of 3.4 per cent and meets the local DCO 'ask' of 16 April 2018 despite a decrease in trend. **Elective** plans are again close to the national 'ask' of -0.5 per cent and meeting local DCO 'ask' of 16 April 2018.
- **Day case** activity levels and spend over the past three years has reduced with 2017-2018 seeing the lowest levels, a decrease of 7.8 per cent for the same period in 2016-2017. The effects of joint health and reductions in GP referrals are the main causes for the reduction. Since December 2016, a sustained reduction in both cost and activity has occurred. There has been no indication of GP referrals increasing to previously seen levels. The Trust are also consistently achieving 92 per cent or greater for referral to treatment).
- In terms of **elective admissions**, activity and cost have a downward trend with cost showing a statistical step change from March 2017 onwards, indicating a sustained reduction. The effects of joint health and reductions in GP referrals are the main causes for the reduction. Significant levels of reduction in 2017-2018 are noted when comparing the same period in 2016-2017. Only one month in 2017-2018 reported activity above the median and above planned levels. Referral to treatment targets were consistently achieved across the Trust.

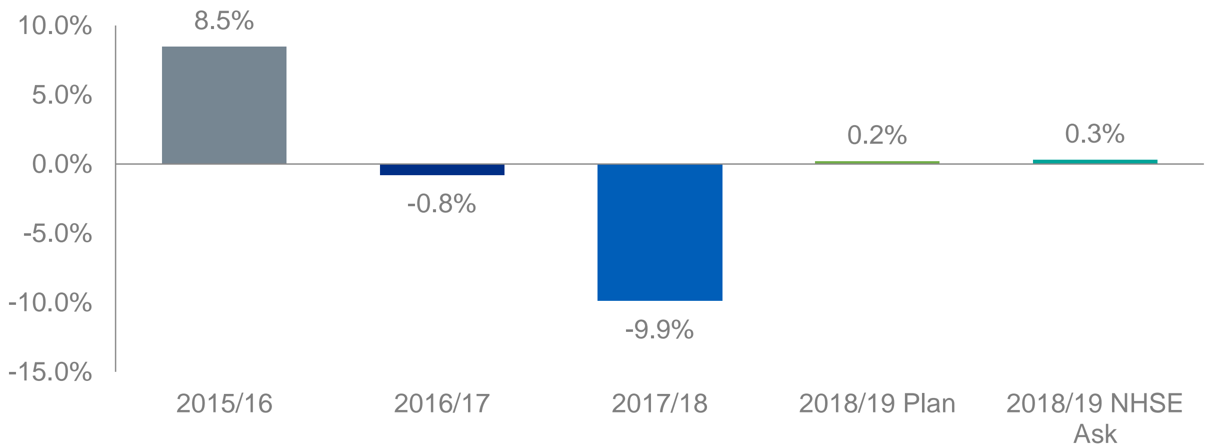

NHS Southport and Formby CCG GP Referrals Growth
(Months 1-9 Comparison)
20%
15%
10%
5%
0%
-5%
-10%
-15%
-20%
15%
5%
-15%
0.2%
0.8%
2015/16
2016/17
2017/18
2018/19 Plan
2018/19 NHSE Ask


NHS Southport and Formby CCG Other Referrals Growth
(Months 1-9 Comparison)
35%
30%
25%
20%
15%
10%
5%
0%
32%
6%
23%
1.0%
0.8%
2015/16
2016/17
2017/18
2018/19 Plan
2018/19 NHSE Ask


2015/16
2016/17
2017/18
2018/19 Plan
2018/19 NHSE Ask
NHS Southport and Formby CCG Outpatient First Attendance
Growth (Months 1-9 Comparison)
6%
4%
2%
0%
-2%
-4%
-6%
-8%
1%
-3%
-7%
0.2%
4.9%
2015/16
2016/17
2017/18
2018/19 Plan
2018/19 NHSE Ask


NHS Southport and Formby CCG Outpatient Follow Up Attendance Growth (Months 1-9 Comparison)
6.0%
4.0%
2.0%
0.0%
-2.0%
-4.0%
-6.0%
-8.0%
4.2%
-1.4%
-6.2%
0.2%
4.9%
2015/16
2016/17
2017/18
2018/19 Plan
2018/19 NHSE Ask


NHS Southport and Formby CCG Day Case Growth (Months 1-9 Comparison)
10.0%
5.0%
0.0%
-5.0%
-10.0%
-15.0%
8.5%
-0.8%
-9.9%
0.2%
4.2%
2015/16
2016/17
2017/18
2018/19 Plan
2018/19 NHSE Ask


NHS Southport and Formby CCG Elective Admissions Growth (Months 1-9 Comparison)
10.0%
5.0%
0.0%
-5.0%
-10.0%
-15.0%
8.5%
-0.8%
-9.9%
0.2%
0.3%
2015/16
2016/17
2017/18
2018/19 Plan
2018/19 NHSE Ask

9.5 Demographic growth

Growth calculations have included modest increases to reflect 0.06 per cent demographic growth for NHS South Sefton CCG and 0.2 per cent demographic growth for NHS Southport and Formby CCG. Demographic growth is based on the projected population growth for 2017-2018 (NHS England figures used to generate CCG allocations).

9.6 Other growth

In an attempt to meet NHS England prescribed national activity growth expectations, described above in Section 1.7, extensive discussions took place internally and externally with providers and other commissioners. Ultimately the CCGs needed to balance the national growth expectations against affordability with extensive internal analysis to understand this. This has resulted in activity submissions which either meet or are close to the national 'ask' and NHS England, Cheshire and Merseyside have thus far signalled satisfaction with CCG activity growth.

9.7 Counting, coding and policy changes

After consultation with CCG leads in planned and unplanned care, contracts and other commissioning leads, there are no significant counting, coding or policy changes to account for in the CCGs' joint Operational Plan.

9.8 Transformation schemes

A number of transformational schemes are planned for implementation in 2017-2018 and 2018-2019. These have not been accounted for in CCGs' activity planning submissions as the transformation schemes result in negative growth in activity, contrary to the NHS England expectations for growth. Transformation schemes are however accounted for in CCGs' financial plans, which have been reviewed by Mersey Internal Audit Agency (MIAA).

Transformation schemes have been presented to and agreed at Quality Innovation Productivity and Prevention (QIPP) Committee (a sub group of each CCG's Finance and Resource Committee). All schemes are based on best practice, evidence from academic literature, and activity and financial impacts have been modelled. Once these have been agreed, schemes are added to the CCGs' QIPP dashboards and monitored on a monthly basis to assess progress and measure impact.

9.9 Alignment with other plans (CCG financial, activity, QIPP, STP, provider)

Whilst providers have been fully engaged in the planning process and have agreed to the principles within the CCGs' Activity Plan and Financial Plan submitted, there is likely to be some divergence between separate organisational plans (CCG and provider). These are for technical reasons meaning there are fundamental differences between footprints and baselines that hinder triangulation between CCG finance, CCG activity and provider plans:

- **Footprint:** CCG activity plans are required on CCG basis only, with no requirement to breakdown by trust. CCG financial plans are mostly on a CCG basis with some provider breakdowns. Provider plans are on a provider footprint but the provider contract plan does split by CCG.
- **Baseline:** The CCGs' Activity Plan growth is calculated from a month nine forecast outturn starting point. CCGs could make an adjustment to in their first draft plan submission but were not permitted any further adjustments for final submission. The CCGs' finance baseline was also month nine, so aligned to activity in early drafts but changed to month 12 forecast outturn for final submission. Provider activity plans should also be based on a prepopulated month nine forecast outturn which providers may edit. The starting point for draft provider financial plans according to provider guidance was month nine, with a suggestion that this may be updated for final plans.
- **Growth calculation:** The NHS England activity growth 'ask' of CCGs was based on comparison of CCG 2017-2018 forecast outturn compared to the 2018-2019 plan. For agreement of provider and CCG contracts, growth has been calculated as the difference between the 2017-2018 contract plan and the 2018-2019 contract plan.

9.9.1 ***NHS South Sefton CCG alignment:*** Acting As One (AAO) finance directors met on 26 February 2018 and agreed that for the purpose of draft planning submissions, under the AAO arrangements the core financial values would remain consistent with those that are already agreed. However, activity plans were updated to more closely resemble the reality of recent pathway changes in urgent care and other areas such as spinal services and dermatology at Aintree University Hospital Trust.

Directors met again throughout March to discuss how to factor the national growth assumptions into the final plans following instruction from NHS England and NHS Improvement to uplift plans in line with national growth expectations.

The NHS South Sefton CCG view was that:

- Referral activity has been flat (GP referrals have reduced, whilst referrals from other sources have increased). This was not expected to change in 2018-2019
- Outpatient activity has reduced: 3.8 per cent reduction in 2017-2018 outpatient activity compared to 2016-2017
- Elective activity in 2017-2018 is 9.8 per cent below 2016-2017 levels
- Improved RightCare performance across most specialties
- Strong referral to treatment performance over the last two years, noting seasonal reduction in winter
- Market share suggests shifts from Southport and Ormskirk to other NHS providers including Aintree, with the independent sector share reducing slightly
- Recognised growth in A&E attendances
- Non-elective activity is complicated by changes to pathways without agreed tariff. 17 per cent growth in zero day length of stay activity in 2017-2018 compared to 2016-2017, whilst 1+ day length of stay activity has grown by four per cent in 2017-2018 compared to 2016-2017

For the Acting As One contract and the NHS South Sefton CCG planning submission, the following principles were agreed:

- An additional uplift with AAO providers of 0.6 per cent on top of the one per cent agreed for 2018-2019 in the original 2017-2019 planning round

- 0.39 per cent immediately available to all AAO providers with 0.21 per cent held in abeyance locally for investment across providers dependent upon local priorities
- This uplift has been agreed with providers to target urgent care points of delivery, particularly zero day admissions

Despite the technical issues described above, CCG and provider teams have worked closely to understand the differences and understand that the principles are the same; both the CCG and Aintree University Hospital Trust have agreed to shift activity and finance from planned care points of delivery (where parties have agreed they do not anticipate any further growth in 2018-2019) to unplanned care points of delivery to reflect changes in activity seen in 2017-2018.

Within unplanned care both the CCG and Trust have apportioned the majority of this shift into zero day length of stay non-elective admissions with a lesser increase in 1+ day non-elective admissions and a smaller still increase in A&E activity to meet the NHS England growth 'asks' as closely as possible within the permitted CCG funding allocation. This involved identifying the AAO financial uplift from planned care points of delivery and applying to unplanned care, then calculating using average tariff the amount of extra activity that could realistically be commissioned.

NHS South Sefton CCG – summarised aligned financial plans and activity plans

Point of delivery	NHS England growth expectation (%)	CCG aligned activity and finance growth (%)	Activity value	Financial value (£m)
Accident and Emergency	1.1%	0.97%	106,347	£7.998m
Non-elective admissions: zero day length of stay	5.6%	5.12%	8,584	£15.505m
Non-elective admissions: 1+ day length of stay	0.9%	0.82%	14,785	£23.285m
GP referrals	0.8%	0.72%	41,655	N/A
Other referrals	Not stipulated	0.01%	27,894	N/A
First outpatient attendances	4.9%	3.20%	60,660	£8.432m
Follow up outpatient attendances	4.9%	0.14%	132,573	£9.140m
Elective: day case	3.4%	0.06%	22,061	£13.126m
Elective: ordinary	-0.5%	0.06%	3,001	£9.241m

9.9.2 ***NHS Southport and Formby CCG alignment:*** Discussions during regular contract meetings across the planning period have been held between directors of finance from NHS Southport and Formby CCG and Southport and Ormskirk Hospital NHS Trust. Draft CCG financial plans and activity plans were used by directors throughout March when they met to discuss how to factor the national growth assumptions into the final plans.

The NHS Southport and Formby CCG view was that:

- Referral activity has remained flat overall (whilst GP referrals have reduced, referrals from other sources increased). This overall level of activity is not expected to change in 2018-2019
- Outpatients reduced: 12 per cent reduction in 2017-2018 outpatient activity compared to 2016-2017
- Elective activity in 2017-2018 is 7.3 per cent below 2016-2017 levels
- Improved RightCare performance across most specialties
- Strong referral to treatment performance over the last two years, noting a seasonal reduction in winter
- Market share suggests shifts from Southport and Ormskirk to other NHS providers, independent sector share reducing slightly
- A&E type one attendances increased by less than one per cent in 2017-2018
- Non-elective activity was complicated by the changes to GP Admissions Unit (GPAU) activity during the last two years. Analysis showed that non-elective activity has reduced whilst GPAU activity has increased for both first and follow up attendances
- The CCG has disputed the inclusion of GPAU follow ups and has estimated that around 1,600 take place each year. If this activity is transferred to outpatient first or follow up, it would still leave a reduction in outpatients for 2017-2018 compared to 2016-2017
- The analysis showing total non-elective and first GPAU activity identifies an overall reduction of 5.1 per cent in 2016-2017 when compared to 2017-2018

In terms of contract agreement, 0.2 per cent demographic growth was included in the initial CCG contract offer to Southport and Ormskirk Hospital NHS Trust. There was limited evidence to support additional growth beyond this level of activity increase. NHS Southport and Formby CCG costed up additional activity requested by the Trust based upon the Trust's revised activity growth projections and valued that additional activity at less than the value Southport and Ormskirk Hospital NHS Trust requested, leaving an estimated gap of £620,000.

Following further negotiations, NHS Southport and Formby CCG agreed with Southport and Ormskirk Hospital NHS Trust to split the difference with regards to growth expectations and recognise the risk that activity would be paid for under an agreed payment by results (PbR) contract. Furthermore, Southport and Formby CCG signalled an intention to target investment in local schemes including an integrated discharge planning team, frailty model and review of bed base to support the hospital rather than agree investment in additional activity for planning purposes.

NHS Southport and Formby CCG – summarised aligned Financial Plan and Activity Plan

Point of delivery	NHS England growth expectation (%)	CCG aligned activity and finance submission (%)	Activity value	Financial value (£m)
Accident and Emergency	1.1%	0.5%	47,973	£7.964m
Non-elective admissions: zero day length of stay	5.6%	1.4%	3,729	£6.003m
Non-elective admissions: 1+ day length of stay	0.9%	0.4%	10,848	£17.937m
GP referrals	0.8%	0.6%	30,551	N/A
Other referrals	Not stipulated	0.2%	25,506	N/A
First outpatient attendances	4.9%	4.0%	44,754	£5.290m
Follow up outpatient attendances	4.9%	1.0%	98,283	£6.941m
Elective: day case	3.4%	2.3%	16,927	£10.766m
Elective: ordinary	-0.5%	-0.3%	2,913	£8.262m

9.10 Affordability

Enhanced joint working internally between finance, contracting and business intelligence teams has led to even greater alignment between financial plans and activity plans this year. Further work has been undertaken this year to understand affordability of the national growth expectations.

NHS South Sefton CCG and Aintree University Hospital Trust agreed to shift activity and finance from planned care points of delivery (where parties have agreed they do not anticipate any further growth in 2018-2019) to unplanned care points of delivery to reflect changes in activity seen in 2017-2018. Within unplanned care both the CCG and Trust have apportioned the majority of this shift into zero day length of stay non-elective admissions with a lesser increase in 1+ day non-elective admissions and a smaller still increase in A&E activity to meet the NHS England growth 'asks' as closely as possible within the permitted CCG funding allocation. This involved identifying the AAO financial uplift from planned care points of delivery and applying to unplanned care, then calculating using average tariff the amount of extra activity that could realistically be commissioned.

Both NHS South Sefton CCG and NHS Southport and Formby CCG received a request in the later stages of the planning round from NHS England, Cheshire and Merseyside to increase growth in first and follow up outpatients, despite a reducing trend. The requested activity growth required for NHS South Sefton CCG an additional 1,824 first outpatient attendances to be included in the plan (60,660 in total) and 110 follow up outpatient attendances to be included in the plan (132,573 in total). For NHS Southport and Formby CCG, the requested activity growth required an additional 1,337 first outpatient

attendances to be included in the plan (44,753 in total), and an additional 81 follow up outpatient attendances to be included in the plan (98,283 in total).

Affordability of this additional growth in outpatients was tested. An increase in non face-to-face activity at this level was deemed more affordable (average tariff £23) but this was not accounted for in CCG financial plans, meaning a misalignment at a very small level (estimate CCG activity plans and financial plans are aligned to 99.8 per cent accuracy). This also means that to meet the CCG Financial Plan, the CCGs must underperform on the activity plans submitted.

9.11 NHS Constitution measures

9.11.1 ***Affordability to meet constitution targets:*** Activity is deemed to be both affordable and sufficient to meet the NHS constitutional standards. North Mersey CCGs' approach to Acting As One for provider contracts have agreed a block contract arrangement. Such an arrangement allows for further activity to be commissioned should the need arise. However, confidence remains high that demand will be managed sufficiently to permit planned activity levels that are manageable enough to meet the constitution targets. The NHS England RTT Stress Test report is monitored monthly by the CCGs, supplemented by local weekly referral to treatment data flows which allow deteriorating performance to be identified quickly.

9.11.2 ***NHS South Sefton CCG RTT performance:*** RTT was not achieved at CCG level in December 2017-2018. This was due to declining performance at Royal Liverpool and Broadgreen over a number of months, and more recently December RTT performance at Aintree. During December there was significant pressure on the Aintree hospital bed base which resulted in the cancellation of routine elective cases to accommodate medical outlying patients. The underperformance also correlates closely with the commencement of the theatre refurbishment programme. Aintree University Hospital NHS Trust actions include waiting list initiatives and recruitment of additional staff. RTT performance is expected to improve in the short term, recovery expected June 2018. Some issues in particular specialties require longer term work to resolve, for example North Mersey Joint Dermatology Review. RTT total incomplete pathways have been revised to reflect the average of the last two years, and pathways under 18 weeks revised to meet the 92 per cent target given current underperformance. The CCG commits to the planning expectation that the RTT waiting list, measured as the number of patients on an incomplete pathway, will be no higher in March 2019 than in March 2018.

NHS South Sefton CCG saw one patient wait more than 52 weeks for treatment in 2017-2018 (as at month 11). This patient was a specialist commissioning patient who breached the 52 week threshold in October 2017. Therefore the trajectory for 2018-2019 is for there to be no patients waiting 52 weeks for treatment to meet the national expectation.

9.11.3 ***NHS Southport and Formby CCG RTT performance:*** RTT targets are consistently achieved for NHS Southport and Formby CCG and the main providers of planned care activity for the CCG's patients. Some providers in the area have some of the shortest clearance times nationally (particularly iSight and Renacres). RTT total incomplete pathways have been revised to reflect the average of the last two years, and pathways under 18 weeks revised to meet the 92 per cent target given the current trend. The CCG commits to the planning expectation that the RTT waiting list, measured as the number of patients on an incomplete pathway, will be no higher in March 2019 than in March 2018.

One NHS Southport and Formby CCG patient was reported as waiting more than 52 weeks for treatment from referral in 2017-2018 (as at month 11). Therefore, plans for 2018-2019 are to reduce to zero.

9.11.4 ***Review of clock starts:*** In previous years, NHS England colleagues have fed back from previous planning submissions that when RTT clock starts were reviewed alongside referrals, it revealed a disparity between the number of first outpatients and clock starts, noting they would not expect to see a higher number of clock starts than first outpatient appointments. On review of local data, clock starts historically are higher than first outpatient appointments but lower than referrals. It is believed that there are a number of legitimate reasons why clock starts may be higher than outpatient first appointments:

- First outpatient plans are required to be calculated for consultant-led general and acute specialties only. This omits maternity and obstetrics activity, some mental health activity and non-consultant-led activity so is bound to be a lower figure than clock starts which are all specialties and all staff groups (not only consultant-led).
- It is known that clinicians at some local providers, particularly in specialties that require diagnostics, request a procedure prior to first outpatient. For example, Aintree gastroenterology consultants review referrals received, then prior to seeing them for the first time send the patient for a day case scope (i.e. a clock start) prior to ever seeing them in an outpatient clinic. This is agreeable as it avoids an additional follow up (otherwise a patient would be seen at first outpatient, have a day case scope, then come back for a follow up to see the consultant). This is also played out in other specialities such as trauma and orthopaedics, respiratory, dermatology, gynaecology etc.
- Not all electives or clock starts are carried out after outpatient activity either; some will be as a result of an A&E attendance or a non-elective admission e.g. with a fracture that needs a plate to repair, the procedure cannot take place until swelling reduces which could be a weeks after the initial A&E attendance.
- Time lags between referral and first outpatient.
- A referral management system may filter referrals away from consultant led general and acute activity (e.g. physiotherapy, MCAS).
- Identification rules, where the clock start is recorded against the CCG, but the first attendances is specialised services activity.

Therefore, plans have not been adjusted in line with the NHS England expectation of lower clock starts than first outpatient attendances.

9.12 CCG plans to meet the constitution measures – divergence from provider plans

Whilst the two CCG planning templates plan to meet the constitution targets, as was the case in 2016-2017, providers may agree different trajectories for constitution measures with NHS Improvement meaning CCG and provider constitution measure plans may not align and highlight a risk.

9.13 Modelling and phasing of constitution measure plans

Plans were required for the NHS Constitution measures (diagnostic wait times, referral to treatment times, cancer metrics, four hour A&E performance) by month and CCG. The constitution measure plans are based on the latest 12 months' performance but with a wider analysis of three years' historic performance.

10 Commissioning Intentions 2018-2019

Commissioning intentions are made within the strategic context of the policy and priorities set out in the NHS England Five Year Forward View and the NHS Cheshire and Merseyside Five Year Forward View.

Within NHS Cheshire and Merseyside there will be increased focus on using RightCare and Getting it Right First Time (GIRFT) to shape future delivery of healthcare services that are clinically and financially sustainable. The CCG expects an increased focus in these areas in 2018-2019 together with improved reporting requirements to support Programme Board delivery requirements working at a Cheshire and Merseyside level.

Reducing cost of services QIPP / CIP schemes

Delivery of the CCGs' Quality, Innovation, Productivity and Prevention programmes (QIPP) and provider Cost Improvement Programmes (CIP) is optimised where there is a coordinated effort across the system with commissioners and providers working more closely to ensure that cost reduction programmes are aligned.

Taking intentions forward in contracts

The following table details each of the CCGs commissioning intentions, identifying applicable providers, where QIPP schemes and naming the relevant CCG leads.

Category	Applicable to providers	Description
Elective care delivery	Acute, independent sector	**E-referrals** – Providers should increase availability of slots for GPs to increase e-referral use in line with national targets. Discussions will be taken forward with providers on implementing national and contract requirements.
Elective care delivery	Acute	**Advice and guidance** – The CCGs expect to see reduction in referrals linked to Commissioning for Quality and Innovation (CQUIN) compliance and will work with other local commissioners and in accordance with national guidance on any arrangements for a local tariff.
Elective care delivery	Acute, independent sector	**British Association of Day Surgery (BADS)** – The CCGs will identify where providers are outliers in undertaking day cases compared to peers who undertake the same procedure as outpatients. Clinical and managerial leads will work with providers in agreeing clinically excluded specialties and procedure level reductions. Activity Planning Assumptions will reflect BADS. Examples of procedures currently undertaken as day cases include venesection and excision of lesions.
Elective care delivery	Acute, independent sector	**New: follow up outpatient ratios** – CCGs will review current activity levels as well as first to follow up rates with a view to reducing current levels across a number of specialties which are outliers. Where clinically appropriate, CCGs will work with providers to introduce telephone consultations to reduce the need for unnecessary face-to-face contacts.

Category	Applicable to providers	Description
Elective care delivery	Acute, independent sector	**Consultant: consultant referrals** – Commissioners will strengthen monitoring of the policies to ensure compliance, focussing on particular specialties. CCGs will not fund activity undertaken outside the policy. Providers will be asked for evidence that they have disseminated the policy within their organisations and that departments are aware of the requirements.
Elective care delivery	Acute, independent sector	**Commissioning policy (Prior Approval Scheme)** – Further to the Merseyside review, an updated policy will be incorporated into contracts. The CCGs will continue to strengthen arrangements around compliance with the policy via Blueteq and will not fund activity that does not have a prior approval authorisation code.
Elective care delivery	Acute, independent sector	**Merseyside Any Qualified Provider (AQP)** – Contracts are currently in place for audiology, musculoskeletal (MSK) services and podiatry. CCGs have previously opened the AQP window every year, this has been a resource intensive exercise and the numbers of providers being qualified to provide the service does not equate to the costs incurred. Merseyside CCGs have collectively agreed that it would not be in the best interests of patients or the local health economy if resources were spent in further extending the number of providers when there is already patient choice for these services. The annual opening of the window has been suspended pending any review of these AQP services and interdependent services within the new community landscape. AQP contracts are due to expire in October 2018 and the CCGs will be reviewing commissioning arrangements alongside other Merseyside CCGs. • AQP Audiology: The CCGs are reviewing pathways initially within Southport and Formby CCG with a view to developing a model that will more appropriately meet patient needs. • AQP Podiatry: South Sefton CCG is looking to review the current service specification particularly where patients are identified as having long term needs. • AQP MSK: The CCGs are reviewing and updating service specifications in light of service developments elsewhere such as Musculoskeletal Clinical Assessment Service (MCAS) and STarT Back pathways.
Service changes and developments	S&O	**Orthopaedics: Southport and Formby CCG MCAS service redesign** – The CCG wishes to further build on the musculoskeletal service model provided through joint health and to see continued improvement in the service, including implementation of further elements of the service specification such as: • Consultant: Consultant referral activity, including A&E. Southport and Formby CCG would like to work with Southport and Ormskirk Hospital NHS Trust to develop pathways that support the patient's journey to the most appropriate place of care, and fully utilising joint health as the first point of contact for all elective orthopaedic activity. • Self-referral to physiotherapy fully implemented across Southport and Formby CCG by no later than 10 April 2018. • Academic Health Science Network (AHSN) funded Citrus suite programme to be fully functional by 10 April 2018.

Category	Applicable to providers	Description
Service changes and developments	Acute	**Cancer: Breast service (surveillance mammograms) Southport and Ormskirk Hospital NHS Trust** – Legacy breast cancer patients will be offered choice on where to have future annual surveillance mammograms from 2018. The CCG will explore options for ongoing prosthetic supply.
Service changes and developments	S&O	**Cancer follow ups and holistic needs assessments at Southport and Ormskirk Hospital NHS Trust** – Commissioners will only fund one Holistic Needs Assessment (HNA) appointment with the expectation that subsequent follow ups will be conducted at Macmillan centre.
Service changes and developments	Acute, independent sector	**Gastroenterology review across both CCGs** – NHS South Sefton CCG and NHS Southport and Formby CCG both have higher rates of gastroscopy than peer CCGs. NHS South Sefton CCG has the seventh highest spend on non-elective gastro-intestinal (GI) admissions in England. The CCGs would like to work with acute trusts to investigate a number of areas within the GI cohort of conditions to identify cause and review pathways.
Service changes and developments	Acute, independent sector	**Dermatology** – A strategic review of the current dermatology service landscape within Merseyside and Warrington has been undertaken with clear opportunities identified to redesign care across the whole pathway which will meet the challenges placed from growing demand and workforce shortages and provide improved quality, efficiency and patient experience.
Service changes and developments	Acute	**Stroke** – The Cheshire and Mersey Stroke Case for Change will impact on providers' activity in 2018-2019.
Service changes and developments	Acute, community	**Community deep vein thrombosis (DVT)** – NHS Southport and Formby CCG would like to develop a community based DVT service. The aim is to improve patient experience and reduce activity through the A&E department (AED) and create capacity within the AED to create flow-critical areas.
Service changes and developments	Acute, community, primary care	**Respiratory and cardiology** – Commissioners to explore opportunities for referral management and treatment options to ensure referrals to secondary care are appropriate – similar to cardiovascular disease (CVD) pilot in NHS Southport and Formby CCG. Following pathway review an operational board will be put in place to look at cost reduction/ increase of proposed pathway changes. Cost implications to be agreed by each participating CCG and implementation plans to follow.
Service changes and developments	Acute, community	**NHS South Sefton CCG spirometry service** – Commissioners have commenced work on reviewing the pathway and will be developing new pathways based on the review proposals.

Category	Applicable to providers	Description
Service changes and developments	Acute, community	**NHS South Sefton CCG spirometry service** – Commissioners have commenced work on reviewing the pathway and will be developing new pathways based on the review proposals.
Service changes and developments	Acute, community	**NHS Southport and Formby CCG community cardiology service** – Commissioners will review and assess the community cardiology pilot and confirm commissioning arrangements from 2018-2019.
Service changes and developments	Acute, community	**Pain management** – Commissioners are working on a redesign of the current service within NHS Southport and Formby CCG and developing a new service within NHS South Sefton CCG. Providers will be expected to comply with relevant NICE guidance.
Service changes and developments	Acute, community	**Rheumatology** – Commissioners will be looking to expand MCAS/joint health redesign to include the rheumatology clinical assessment service.
Service changes and developments	Community, primary care	**Phlebotomy** – Adult services are commissioned as part of the community services contract and in primary care. Commissioners will be reviewing to ensure activity is taking place in accordance with contract arrangements. Southport and Formby CCG will look at a model of care to provide paediatric phlebotomy – reviewing services to ensure the service meets patients' needs.
Service changes and developments	Acute, primary care	**Trans-anal irrigation –** Commissioners will review the service when NICE guidance is released next year.
Service changes and developments	Acute, community, primary care, third sector	**End of life (EOL)** – Commissioners will aim for EOL to have a high profile across all settings focussing on urgent care and chronic disease management e.g. heart failure, chronic obstructive pulmonary disease (COPD), along with frailty and care of our elderly population. Commissioners will look to a greater and sustained focus on care, planning and holistic care through: • Coordinator role across all providers. A single point of access for all related EOL issues and matters. • Review the current discharge planning system to prevent unnecessary delays in discharges and how this relates to Continuing Healthcare (CHC) funding to ensure high quality and timely discharges at any time including weekends and bank holidays. • Exploring technology in the support of patients e.g. telemedicine. • A locally agreed Local Quality Contract (LQC) which supports Gold Standard Framework (GSF) and quality indicators beyond the scope of Quality and Outcomes Framework (QOF) with support from a GSF lead in each locality who also assists and supports care planning. • Continuing to support and encourage positive change in our care homes through the funding of Care Home Innovation Programme (CHIP). • Reviewing the use of branded EOL drugs

Category	Applicable to providers	Description
Children and maternity		**Child and Adolescent Mental Health Services (CAMHS)** – The CCGs will be reviewing current provision, costings, and pathways. Potential increase in activity related to requirements within the Five Year Forward View.
Children and maternity		**Special Educational Need (SEND)** – The CCGs will be working with providers on the implementation of new arrangements within the contracts including potential to ensure compliance with the new SEND requirements.
Children and maternity		**Neuro disability** – The CCGs will be working with providers on implementation of a revised autism spectrum disorder (ASD) pathway to facilitate improvement in waiting times and time for diagnosis.
Urgent care		**Seven day services** – Providers should work to national timelines on implementation of seven day services, the aim of which is to reduce variation in weekend service provision and improve sustainability; proactively plan and manage pressure surges.
Urgent care		**Integrated Community Reablement and Assessment Service (ICRAS)** – Commenced on 2 October 2017. Commissioners expect providers to continue to work to the model and agree to work to the proposed performance metrics for the service.
Urgent care		**Primary care streaming** – Providers should work collaboratively to bridge the gap between secondary, primary and community service provision to identify patients who do not require acute hospital admission. The aim of which is to reduce pressure on AED, create improved patient flow in accordance with best practice guidelines and improve performance of the 95 per cent four hour AED target.
Urgent care	Acute	**Frailty model at Southport and Ormskirk Hospital NHS Trust** – The integrated frailty pathway incorporates identifying frailty and preventing crisis, managing crisis and supporting patients living with frailty. The service will be fully integrated with primary care team, health and social care, community support and the acute trust. The aim of the service is to manage the patients proactively and ensure that patients receive the right care, in the most appropriate setting to meet their needs.
Urgent care	Acute	**30 day readmissions rule** – CCGs will be looking to working with providers to implement the 30 day readmissions rule as set out in the National Tariff. The rule provides an incentive for hospitals to reduce avoidable unplanned emergency readmissions within 30 days of discharge.
Community services	Community	NHS Southport and Formby CCG and NHS South Sefton CCG have both secured new providers for community services. Now that the 'safe-landing' period is complete, the CCGs will now work with providers to focus on the following: • Transformation work • Community service activity plans and baselines

Category	Applicable to providers	Description
Community services (continued)		• Community service waiting times • Long term conditions (LTC) • Personal Health Budgets (PHB) • End of life (EOL) • Key performance indicators (KPI) and outcome development.
Mental health	Mental health	**Improving Access to Psychological Therapies (IAPT)** – Delivery model to meet new targets: in order to achieve the increased national access target, commissioners require providers to move to a delivery model consisting of 40 per cent group therapy: 60 per cent one-to-one therapy.
Mental health	Mental health	**Dementia care home liaison: reviewing existing provision to support avoidable admissions to hospital** – Commissioners to redesign the dementia care home liaison service pathway and ensure that it has close working links with the community service and inpatient providers to support avoidable admissions to hospital
Mental health		**Learning disabilities** – Commissioners to work with Mersey Care NHS Foundation Trust in the localisation of the standard Cheshire and Merseyside Transforming Care Partnerships (TCP) / STP service specifications for community services and learning disability inpatient beds.
Medicines management	Acute	**Biosimilar drugs** – Where a biological drug is required and there is a biosimilar available, commissioners expect all providers to use the cheapest available biological for new patients. For existing patients, all providers are required to switch patients to the most cost effective. Where new opportunities are identified or become available, commissioners will work with providers to agree migration and may consider gain-sharing on a drug by drug basis to support this process. 90 per cent of new patients being on the best value biological medicine within three months of product launch and 80 per cent of existing patients within 12 months or sooner if possible. The commissioners' approach for gain share arrangements is as follows: • Gain shares will be based on the original price of original drug for measurement purposes. • The gain share is shared on 50/50 basis for 18 months, in line with previous local agreements.
Medicines management	Acute	CCGs require Bluteq to be in place within providers to maximise clinical safety and subsequent cost efficiencies for a range of payment by results excluded drugs and other drugs or appliances to be recharged to the CCG. Specialities to be agreed between the CCG and provider. In specialities where Blueteq is not utilised, a mechanism to provide assurance to the CCG relating to the use of HCDs to be agreed. The cost reductions achieved are to be included in the gain share. Internal costs of Blueteq implementation are to be met via the provider's part of the gain share. CCGs will only pay where a valid authorisation code is entered on the system with effect from 1 April 2018 for agreed specialities.

Category	Applicable to providers	Description
Medicines management		The NHS England Specialised Commissioning approach as set out in the 5 September 2017 letter is noted. It is the CCGs' expectation we will pay lowest market price for excluded payment by result drugs with effect from April 2019 (or 18 months after the gain share is introduced).
Medicines management		CCGs will only pay for excluded drugs and devices at the cost incurred by the provider and will not accept any additional cost incurred by the provider. Discussions between the CCG and provider to take place to understand any additional charges and rationale for them.
Medicines management		Providers are expected to adhere to and work within the approved formulary issued by the Area Prescribing Committee and ratified by the CCGs.
Medicines management		CCGs require that any initiation of red drugs for new patients are dispensed and supplied to patients by the hospital pharmacy or homecare arrangements. It is the intention of the commissioners that by agreement and during 2017-2018, CCG prescribers will cease to prescribe red drugs for all existing / historic patients and that hospital pharmacy or homecare arrangements should be in place to ensure appropriate supplies to patients.
Medicines management		Where providers undertake a change to a service or pathway, a full assessment of medicines management cost and consequences should be set out and agreed with the commissioner before changes are enacted. The CCGs reserve the right to decline payment if this process is not adhered to.
Medicines management		Where hospital pharmacies are seeking cost efficiencies within their services, commissioners will require assurance that costs are not passed on to other parts of the health economy such as community or primary care without agreement from the commissioner.
Medicines management		CCGs will seek assurance that all CMU and PAS prices are applied to drugs monitoring and are effective immediately after their release date.
Medicines management		Providers are required to outline any drugs where VAT is not being paid.
Medicines management		CCGs would like to work with providers in consideration of a local arrangement for outpatient prescribing to relieve pressure from primary care and improve patient experience.
Local prices	Aintree	**Heart failure** – Commissioners wish to review pricing and agree new tariff following HRG4+ / review of current heart failure pathway and cost model.

Category	Applicable to providers	Description
Local prices	Acute, independent sector	**Planned procedures not carried out (PPNCO)** – Review current local costs to reduce PPNCO for medical or patient reasons closer in line with other providers within the health economy. For admissions classed as PPNCO for 'other' or 'unspecified' reasons, to move to a zero tariff.
Local prices	Acute, independent sector	**Age-related macular degeneration (AMD)** – CCGs within Cheshire and Merseyside have been collectively reviewing AMD services and have been working collaboratively with providers. CCGs will be exploring options for more appropriate and consistent tariffs, including a year of care tariff which has benefits in facilitating flexibility around pathways. Where new tariffs are less than existing charges, the CCGs may be willing to explore transitional arrangements, for example the Acting As One arrangement in North Mersey facilitates a transitional period in 2018-2019 for implementation in 2019-2020.
Local prices	Acute	**Paediatric Assessment Units (PAUs)** – CCGs will review tariff arrangements for zero day length of stay at PAUs.
Local prices	Acute	**Ambulatory Care Unit (ACU) at Southport and Ormskirk Hospital NHS Trust** – NHS Southport and Formby CCG will work with the Trust in reviewing the pathway and local tariffs. The aim will be to have better use and uptake of ACU and GP Admissions Unit (GPAU) with development of integrated ambulatory care pathways in collaboration with primary care teams to encourage proactive management of ambulatory conditions with the aim of reducing avoidable admission.

11 NHS Southport and Formby CCG QIPP plan 2018-2019

Project Area	Description
SCHEME 1: ELECTIVE CARE PATHWAYS	
RightCare – Gastroenterology	Reduction of elective spend, streamlining elective attendance and reduce follow up attendances where appropriate.
RightCare – Respiratory	REACT – respiratory education. Primary care training via specialist nursing team through protected learning time and targeted sessions with poor performing practices. Provision of patient review clinics and including diagnostics. • Aims to reduce non-elective COPD admissions • Reduce variation across primary care • Improve diagnosis of respiratory conditions • Improve quality and outcomes.
Cataracts policy	Implement a strengthened access policy for elective cataract surgery based on visual acuity and lifestyle factors – for second eye procedures.
Vanguard – Neurology (Headache)	Implementation of new headache pathway to improve management in community and primary care.
RightCare – CVD – Community Cardio Scheme	To implement community-based clinical sessions providing triage, assessment and face-to-face consultations with a GP with Special Interest (GPwSI) in Cardiology.
RightCare – Neurology (Pain Management Clinic)	To implement community-based clinical sessions providing triage, assessment and face-to-face consultations with a GPwSI in Cardiology.
SCHEME 2: MEDICINES OPTIMISATION	
Individual patient reviews (annual savings)	Review of patient medication to ensure optimisation.
RightCare – Respiratory – IPR Savings	Ongoing reviews – links to respiratory care QIPP scheme above.
Blood glucose variance to previous financial year	Review the use of blood glucose monitoring strips – produce plan including joint working with industry for switching strips.
Rebates (Seretide)	Ongoing review of rebate opportunities for various drugs as identified by the Medicines Management team.

Project Area	Description
Optimise savings / avoidance (actuals)	Ongoing review of rebate opportunities for various drugs as identified by the Medicines Management team.
Optimise savings / avoidance (actuals)	Ongoing work to maximise returns via optimise prescribing support messages to patients.
Gluten free spend	Reduce spend in this area – subject to equality impact and quality impact assessments.
Over the counter	Reduce spend in this area – policy to be launched – Medicines for self-care / minor ailments.
Dermatology	Working with Pan Mersey Area Prescribing Committee (APC) on further cost-effective choices.
Wound care	Review to ensure that the most cost effective and safe procedures are operating in this area.
High cost drugs and biosimilars	Ongoing review of opportunities to reduce spend on high cost drugs.
Restricted items	Practice level reviews to ensure Pan Mersey APC statements are implemented.
Avastin / Lucentis (NHS England)	The CCG has earmarked the use of Avastin instead of Lucentis for age-related macular degeneration (AMD) – the CCG is looking for national NHS England support noting challenges made by North Eastern CCGs, to help deliver savings through change of guidance.
SCHEME 4: DISCRETIONARY EXPENDITURE	
Internal QIPP – reducing operational spend	Review all areas of internal spend to ensure cost effective practice and eliminate any areas of waste.
Estates	Review spend on estates to identify opportunities for cost reduction.
SCHEME 5: URGENT CARE SYSTEM REDESIGN	
CAS – GP streaming	Ongoing work with the Trust around implementing clinical streaming on entry to A&E.
High intensity users	Effective management of high intensity users of local emergency and primary care services. The scheme aims to: • reduce non-elective activity in secondary care • reduce elective activity in secondary care • improve patient outcomes and the number of patients self-managing their condition • additional primary care resilience.

Project Area	Description
RightCare – My COPD Telehealth and REACT	The REACT scheme focuses on reducing practice variation in COPD care. 'My COPD' is an app which provides a platform for patients to self-manage their condition – as a consequence, reducing the frequency of health service utilisation.
Vanguard – Neurology (Headache)	Implementation of new headache pathway to improve management in community and primary care.
Frailty Pathway	The scheme aims to develop an integrated community Frailty Service to improve access to specialist frailty review, improve patient flow through acute providers, reduce the proportion of routine referrals and increase the proportion of frail elderly patients who die in their preferred place.
Falls – NHS England Phase 4 support	Improve falls pathway.
SCHEME 7: OTHER SCHEMES	
Unidentified QIPP – pipeline schemes	The CCG will continue to review all schemes currently in the pipeline.
Provider non-payment by results review	Review of areas of activity with local tariff to ensure cost effectiveness and efficiency of operation.
CQUIN underperformance	Ongoing monitor of CQUIN performance to ensure provider delivery and effective use of CCG funds.
Contract challenges	Application of financial sanctions for breaches in national quality standards.
LQC underperformance	Review of implementation and delivery of local quality contract in primary care. Assumes 90 per cent performance as seen in previous years.
Additional NHS growth funding	Set aside in CCG reserves.
Prior year benefit in 2018-2019 – expert determination	Non-recurrent benefit of release of prior year provision in 2018-2019.

12 NHS South Sefton CCG QIPP plan 2018-2019

Project Area	Description
SCHEME 1: ELECTIVE CARE PATHWAYS	
RightCare – Musculoskeletal Clinical Assessment Service (MCAS)	
RightCare – Neurology (pain management clinic)	To implement community-based clinical sessions providing triage, assessment and face-to-face consultations with a GP with Special Interest (GPwSI) in Cardiology.
RightCare – Gastroenterology	Reduction of elective spend, streamlining elective attendance and reduce follow up attendances where appropriate.
Cataracts policy	Implement a strengthened access policy for elective cataract surgery based on visual acuity and lifestyle factors – for second eye procedures.
Headache	Implementation of new headache pathway to improve management in community and primary care.
Advice and guidance	As per mandated requirements from NHS England to seek advice to support the management of referrals.
SCHEME 2: MEDICINES OPTIMISATION	
Individual patient reviews (annual savings)	Review of patient medication to ensure optimisation.
RightCare – Respiratory – individual patient review savings	Ongoing reviews – links to respiratory care QIPP scheme above.
Blood glucose variance to previous FY	Review the use of blood glucose monitoring strips – produce plan including joint working with industry for switching strips.
Rebates (Seretide)	Ongoing review of rebate opportunities for various drugs as identified by the Medicines Management team.
Optimise savings / avoidance (actuals)	Ongoing work to maximise returns via optimise prescribing support messages to patients.
Gluten free spend	Reduce spend in this area – subject to equality impact and quality impact assessments.

Project Area	Description
Over the counter	Reduce spend in this area – policy to be launched – Medicines for self-care / minor ailments.
Dermatology	Working with Pan Mersey APC on further cost-effective choices.
Wound care	Review to ensure that the most cost effective and safe procedures are operating in this area.
High cost drugs and biosimilars	Ongoing review of opportunities to reduce spend on high cost drugs.
Restricted items	Practice level reviews to ensure Pan Mersey APC statements are implemented.
Avastin / Lucentis (NHS England)	The CCG has earmarked the use of Avastin instead of Lucentis for age-related macular degeneration (AMD) – the CCG is looking for national NHS England support noting challenges made by North Eastern CCGs, to help deliver savings through change of guidance.
SCHEME 4: DISCRETIONARY EXPENDITURE	
Internal QIPP – reducing operational spend	Review all areas of internal spend to ensure cost effective practice and eliminate any areas of waste.
Estates	Review spend on estates to identify opportunities for cost reduction.
SCHEME 5: URGENT CARE SYSTEM REDESIGN	
Falls prevention	Improving falls pathway.
High intensity users	Effective management of high intensity users of local emergency and primary care services. The scheme aims to: • reduce non-elective activity in secondary care • reduce elective activity in secondary care • improve patient outcomes and the number of patients self-managing their condition • additional primary care resilience.
RightCare – My COPD Telehealth and REACT	The REACT scheme focuses on reducing practice variation in COPD care. 'My COPD' is an app which provides a platform for patients to self-manage their condition – as a consequence, reducing the frequency of health service utilisation.
AVS (Acute Visiting Scheme)	

Project Area	Description
Falls – NHS England Phase 4 support	Improve falls pathway.
Telehealth	Supporting patients in care homes.
Integrated heart failure	Development of a community-based service.
Cancer	
SCHEME 7: OTHER SCHEMES	
Contract challenges	
Unidentified QIPP – pipeline schemes	
Additional NHS growth funding	

Appendix One – Health and wellbeing indicators in Sefton

Appendix Two – Cheshire and Merseyside model for place based care: 10-point plan

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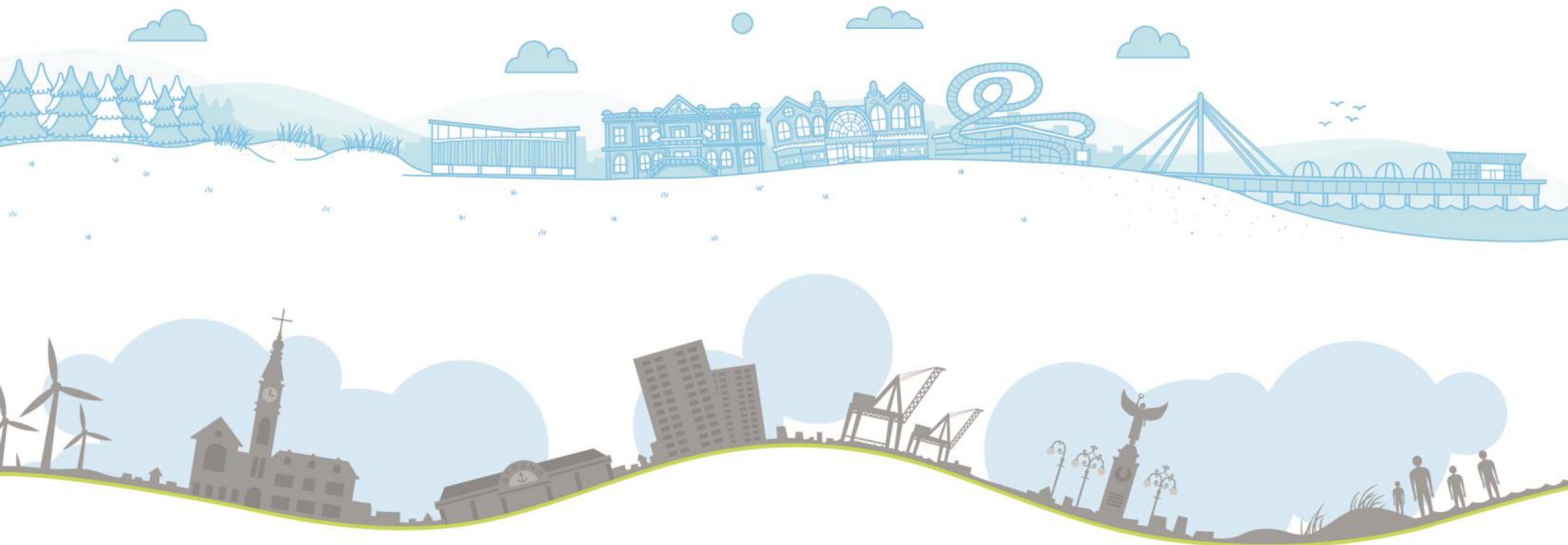
On request this report can be provided in different formats, such as large print, audio or Braille versions and in other languages.



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