Description of Schemes

Our Action Plan: FRP Domain - Medicines Management

Lead Senior Manager: Head of Medicines Management **Timescale for delivery: 2018/19**

Building on previously successful medicines optimisation programmes, the CCGs **Medicines Optimisation work plan for 2018/19** is planned to deliver a further **£3.8m savings** across both CCGs in 2018/19. The following is a summary of the main FRP Medicines Optimisation (MO) projects for 2018/19.

Polypharmacy reviews - £1.24m

We will continue with our Medicines Optimisation in Care Homes service to provide an annual medication review for all care home patients (residential and nursing care homes). We will also be supporting pharmacists working in GP practices and community Health services to reduce inappropriate polypharmacy.

Diabetes - £0.508m

We will continue to focus on reduction of inappropriate polypharmacy in diabetes and cost effective choices for Insulin needles and Blood Glucose Testing Strips.

Pain Management - £0.384m

We will continue our award winning work on individual reviews to reduce inappropriate use of opiates and other strong pain killers in Primary care.

Respiratory prescribing - £0.235m

We will continue to focus on increasing cost-effective formulary choices, stepping down therapy as appropriate and improving patient compliance with inhaled therapy. We will be realising efficiencies in prescribed oxygen costs through more regular reviews.

Nutrition - £0.129m

Prescribing support dietitian resource has been successful in improving prescribing over the last 2 years and will continue to support management of malnutrition in Primary care.

Our Action Plan: FRP Domain - Medicines Management

Lead Senior Manager: Head of Medicines Management **Timescale for delivery: 2018/19**

Cost effective drug choices - £0.108m

We will implement formulary changes to cost-effective drug choices within a therapeutic area.

Low Value Medicines - £0.413m

We will be supporting our GPs and patients with the de-prescribing of the 18 medicines identified nationally as **Low Value Medicines** for the NHS.

Self-care - £0.3m

We will implement the national **Self-care programme** to reduce GP prescribing of items that could be purchased over the counter. We will run public campaigns and supporting GPs and community pharmacists to work together on patient pathways for minor ailments.

Prescribing Support scheme - 0.483m

We will continue to be implement a local scheme to improve quality and reduce variability in prescribing practice. This along with other business as usual medicines management support e.g. Optimise Rx, electronic decision support tool delivers the remaining QIPP. Currently we have 100% engagement in these schemes.

Alongside these targets optimisation schemes we have a range of further system-wide priorities that support the ongoing optimisation of medicines use. We will be implementing the following:

- Following on from previous successes in **Antimicrobial stewardship,** we will be implementing further audits and peer review in Primary care to support implementation of the national Quality Premium indicators in this area.
- Building on the four local practices participation in the national pilot for **Clinical pharmacists in GP practices**, we will be working with local federations to recruit a further 8 pharmacists and 2 pharmacy technicians to the programme.
- We will be rolling out a **new web-based platform for the joint formulary** which will be accessible to clinicians across the health economy.
- We are supporting the **integration of local community pharmacy services,** such as, urgent supply of repeat medicines, treatment for minor ailments. This year we will be rolling out **Refer to Pharmacy** software where electronic discharge information from the hospital can be sent to Community pharmacists for patients who would like support with their medicines when they are discharged from hospitals.

Our Action Plan: FRP Domain - Planned Care

Lead Executive: Acting Director Performance and Delivery **Timescale for delivery: 2018/19**

The CCGs **Planned Care work plan for 2018/19** is planned to deliver **£7.437m savings** across both CCGs in 2018/19. The following is a summary of the main FRP Planned Care projects for 2018/19.

MSK Diagnostic Re-design - £0.6m

ESHT waiting times for diagnostics and the capacity within the service are currently under unsustainable pressure as a result of the number of requests received both internally and externally from primary care. In addition, the new MSK service contracts include all diagnostic testing and any requests for diagnostic testing outside of this programme are paid for by CCGs on an ad hoc basis. This project will reduce demand for diagnostic testing, supporting overall reduction of waiting times at ESHT and improve value for money. We have good system-wide management and clinical engagement and leadership for this project, giving us confidence in its reliability.

Clinically Effective Commissioning - £0.3m

In 2017/18 the CCGs participated in the Clinical Effective Commissioning (CEC) programme as part of the STP to reduce variation in Low Priority Procedures (LPPs), ensuring that NICE Guidance is applied in a uniform way and identifying further LPPs that may need to be included in the programme in the future. This project will ensure that we as a place-based system, as part of the CEC programme, are robustly applying existing policies and only approving procedures that meet agreed criteria. In doing so we plan to deliver £0.3m of savings this year, with further opportunities in years 2 and 3 of our plans. Effectively implementing our policies in this area will mean that we:

- Make the best use of finite resources for our population by allowing funding to be concentrated on treatments which result in the most health gain.
- Offer better treatment access to patients with a high clinical priority by reducing inappropriate referrals / admissions to the waiting lists.
- Ensure that procedures of limited effectiveness are not commissioned, thereby preventing potential harm without benefit for our population.

Our Action Plan: FRP Domain - Planned Care

Lead Executive: Acting Director Performance and Delivery **Timescale for delivery: 2018/19**

Diabetes Pathway Re-design - £0.054m – 2018/19

Locally, there is wide variation in the prevalence of diabetes and the care offered, which is provided using a traditional medical model with little integration between primary and secondary care. We have conducted a whole system pathway review and identified the following issues: local people have poor outcomes, with higher than expected complications and rates of amputation; there is a wide variation in the quality of diabetes care offered within primary care; coordination between primary and secondary care is inconsistent yet essential for complex patients; non-elective spend and primary care prescribing is high and many patients don't receive an annual foot check or retinal screening; limited access to rapid foot assessment; lack of support for patients to enable them to self-manage. The re-design will deliver two key services to support diabetics: an Integrated Diabetes Service including diabetes self-management education (DSME), and an Urgent Access Diabetic Foot Clinic. It is anticipated that this project (when fully delivered) will reduce impact of complications by 29% and amputation rates by 38% within 3 years, whilst reducing system-wide costs which are considerable both for initial treatment and on-going social care costs (for example housing adaptations estimated to be in the region of £15k per patient per year). The benefits of this programme will continue on years 2 and 3 of our plans.

Reduced Referral Variation - £0.283m

Our review of benchmarked referral data shows that there is a range of unwarranted GP referral variation across different GP practices within the same geographical locality for the same CCG. We have begun appreciative enquiry engagement sessions and shared learning exercise with our GPs aimed at bringing referral rates in line with the weighted CCG average. This is planned to deliver: a reduction in unwarranted variation in GP referrals measured by first attendance outpatient data where there is no subsequent follow up or procedures. Through education and training and improved availability of consultant advice and guidance, this project will also increase skills within primary care and foster closer working between primary and secondary care, improving the quality of care and experience for the patient. Targeted work will continue as part pf our plans on years 2 and 3 with further benefits to be realised.

iMSK Prime Provider - £0.5m

The iMSK triage service for Hastings and Rother is showing a reduction in Secondary care costs of £500k per annum based on activity last year and this year. This will be tracked for the remainder of the year

Changes to MSK contract - £1.2m

The value of our contract with Sussex Musculoskeletal (MSK) Partnership in Eastbourne Hailsham and Seaford CCG area is being implemented in line with the reduction in costs in MSK service provision already planned as part of existing transformation of MSK services.

Changes to out of area acute and independent sector contracts - £4.2m

We are reviewing our London and Independent Sector contracts, with the intention of repatriating activity locally where possible. In addition, we are reviewing all non-contractual activity to ensure that this is appropriate and meets the needs of our population and have identified opportunities to release funding.

Our Action Plan: FRP Domain - Urgent Care

Lead Executive: Urgent Care System Improvement Director **Timescale for delivery: 2018/19**

Our Urgent Care FRP programme builds on transformation work already underway aimed at making best use of our resources whilst improving performance against NHS constitutional standards and the experience for local people. For our 2018/19 FRP, this transformation activity is planned to deliver **£3.3m of savings** focussed on three key areas:

- Reduction Excess Bed days at ESHT
- Targeted spend to support winter at ESHT
- Primary Care Streaming at ESHT

Reduce Excess Bed days – *Improving Patient Flow project: £1m – 2018/19*

During 2017/18 we implemented a Patient Flow Improvement project that yielded the a wide range of benefits including, a reduction of Delayed Transfers of Care (DTOCs) from between 7.3% to 7.6% in Q4 of 2016/17 to between 1.1% and 1.7% in Q4 of 2017/18; a reduction in acute Non Elective length of stay by over 1 day per episode; a reduction in stranded and super stranded patients in acute beds. The implementation of this project has delivered a wide range of system improvements and improvements to hospital flow. The project interventions include the introduction of the following:

- Ambulatory and acute assessments at Eastbourne District General Hospital from December 2017
- Multi Agency Discharge Events (MADE) and enhanced discharge control
- Discharge to assess
- System-wide work to improve patient flow

Delivery began in October 2017, with a impact on spend falling into the last four months of 2017/18. The £1m FRP for 2018/19 is the full year effect of this project delivery, moving into business as usual, giving us significant confidence in our ability to deliver this sum.

Our Action Plan: FRP Domain - Urgent Care

Lead Executive: Urgent Care System Improvement Director **Timescale for delivery: 2018/19**

Targeted spend to support winter at ESHT - *£1.5m 2018/19*

In line with system-wide guidance from NHSE and NHSI, we are working with ESHT to agree our winter 2018/19 proposals that will include action to ensure that we have robust arrangements in place to ensure well managed system service capacity (including beds) supported by action to ensure 7 day flow enabled by workforce redesign.

Primary Care Streaming - *£0.8m 2018/19*

In 2017/18 we allocated a budget of £1.6m to the introduction of Primary Care Streaming of patients who attend A&E to support service provision in meeting the need of individual patients. Analysis modelled 21.9% of A&E attendances to be streamed to the service, however the actual monthly usage in Q4 of 2017/18 was 2.76%. Reflecting this experience, we are reviewing our Primary Care Streaming and funding options to understand the true cost of the service; the best way to structure funding for this; and the contract model to incentivise the primary care streaming model and optimise its use. Our review will focus on outcomes that will support genuine provider costs; agreement of a contract that enables the model to succeed; and re-designs the access criteria to broaden the group of patients who will be eligible for the service.

High Intensity User Service - £492k 2018/19

There is currently no focused management of High Intensity Users using a key worker approach. This project is one of two projects to address the emerging upward trends in Urgent and Emergency Care. The ESBT system has seen an overall 6.1% increase in A&E attendances (6.2% for ESHT attendances) in 2017/18 compared to the national increase of 2%. In addition ESBT has seen an increase in non-elective emergency admissions of 13.4% (14.7% for ESHT admissions) compared to the national increase of 4%. The ESBT CCGs Urgent Care team commenced a system wide urgent and emergency (UEC) demand driver diagnostic, which commenced in May 2018 to better understand what is driving the increases in demand across the system.

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Our Action Plan: FRP Domain - Urgent Care

Lead Executive: Urgent Care System Improvement Director **Timescale for delivery: 2018/19**

High Intensity User Service - £429k 2018/19 – cont'd

A High Intensity User (HIU) service (developed by NHS Blackpool CCG) offers a robust way of reducing frequent user activity to 999, NHS 111, A&E, GP contacts and hospital admissions, freeing up front line resources to focus on more clients and reduce costs. It uses a health coaching approach, targeting high users of services and supports the most vulnerable clients within the community to flourish, whilst making the best use of available resources. The results for the patient cohort included were as follows:

- 999 calls were down by 89%
- A&E attendances down by 93%
- Admissions were down by 82%
- 98% reduction in self-harm incidences
- 44% reduction in police calls for the client cohort.

- This approach has been replicated across the country and is now live in 41CCGs with another 15 CCGs going live in the next quarter to support winter pressures (as well as Spring, Summer and Autumn).

Our Action Plan: FRP Domain - Urgent Care

Lead Executive: Urgent Care System Improvement Director **Timescale for delivery: 2018/19**

5 A&E Pathways Review - £491k 2018/19

To redesign the pathways for urgent care patients who frequently attend A&E to ensure better management of acute exacerbation and better outcomes. Part 1: to optimise existing pathways during 8am -10pm, identifying if and where any additional investment could result in reduced costs. Part 2: to define pathways required out of hours (10pm – 8am), and make the case for additional investment required. This may include; Referral management and triage, Enhanced night services. Part 3 Frailty and Enhanced Health in Care Homes. To ensure that the frailty needs of patients on these pathways are assessed and managed and that best practise initiatives from the EHCH vanguard sites are considered.

Currently calls to 999 for patients often result in conveyancing to A&E as there are limited consistent alternative pathways for the following conditions:

UTI

Blocked catheters,

Pneumonia / influenza,

Non–injury Falls

Cellulitis.

(see analysis for 2017/18 in Appendix A)

There is a cohort of these patients who live in residential care and nursing homes who are conveyed to A&E and admitted as non-elective admissions with the above conditions.

Our Action Plan: FRP Domain - Community

Timescale for delivery: 2018/19

The CCGs **Community work plan for 2018/19** is planned to deliver **£2.76m savings** across both CCGs in 2018/19. The following is a summary of the community projects contributing to the 2018/19 FRP:

Continuing Healthcare/Funded Nursing Care - £1m in 2018/19: Lead Executive – Acting Director of Performance and Delivery

Our review of the benchmarking data indicated that we are an outlier for Funded Nursing Care and under some of the benchmarking, also for Continuing Health Care. This project focusses on avoiding growth by maintaining a good grip on our budgets in this area (CHC contracts have been maintained at the same value of £25M over the past 3 years). This includes continuation and further tightening of our: regular case review programme; invoice validation and check-against-care process; robust, consistent and transparent application of the national CHC framework and adherence to the CCG CHC policy; ensuring fair and equitable process supported by good governance and continual review for service efficiencies; continued working with the source and purchasing team; patients and carers satisfaction survey and feedback mechanisms; and a case management review programme which can result in an increase or a decrease in care package in response to changing individual needs including factoring in sustainability

Continuing Healthcare High Cost Package Review - £800k 2018/19 - Acting Director of Performance and Delivery

To ensure equitable application of the CHC Provision Policy, CHC undertake to ensure patients not only continue to meeting eligibility requirements but receive packages of care in line with said Policy. As a result of capacity within the existing team, whilst reviews have been undertaken, capacity issues have prevented meaningful reviews to be completed and followed through where historic and complex issues have prevented changes in care delivery. Working across the three East Sussex CCGs CHC have identified in between 70 -90 patients on high cost packages that require application and consideration of the CHC Provision of Care Policy. The needs of the patient and their current packages are reassessed to determine appropriate provisions and funding of care.

Our Action Plan: FRP Domain - Community

Timescale for delivery: 2018/19

The CCGs **Community work plan for 2018/19** is planned to deliver **£2.76m savings** across both CCGs in 2018/19. The following is a summary of the community projects contributing to the 2018/19 FRP:

Extended Primary Care Access - £0.1m: Lead Executive – Urgent Care System Improvement Director

We are currently out to procurement for this service. Working with the 111 programme team (Sussex-wide), we have identified opportunities for patients who will use the new service to be redirected to away from A&E to the extended access service via direct booking. We have modelled the service impact of this urgent care re-design to amount to a reduction two patients per day from A&E beginning in November 2018.

Cost reduction in non-acute budgets (excluding Mental Health and Primary Care) - £1.5m: Lead Executive – Chief Finance Officer

Better Care Fund Budget realignment and tighter controls, CCG corporate budget capping and decommissioning of proven ineffective community contracts