

# Central London CCG

## Quality Improvement Programme 2017-2019

Philippa Mardon, Deputy Managing Director CL CCG

# 1. Context and Scope

- This pack has been developed to outline the identified Quality, Innovation, Productivity and Prevention (QIPP) Programme for Central London CCG 2017-2019
- Central London CCG have worked to develop these schemes in collaboration across NWL where applicable
- Some of these schemes are already in implementation and have the potential to deliver savings for our system, others are still under development
- This pack outlines;
  - Services areas
  - Options for delivery where known
  - Other potential areas for change

## 2. Central London CCG – Achievements

Central London CCG has successfully implemented a number of schemes where we will be monitoring the system efficiencies alongside the quality of the pathway from a patient perspective:

**Dermatology** - GPwSI (General Practitioner with Special Interest) led pilot launched on 1<sup>st</sup> July where patients are offered access to GP's with enhanced Dermatology skills in local practices; these GP's are supported by a Consultant who can advise on care or see patients with complex needs in a multi disciplinary team (MDT) environment.

**MSK & Pain Management** – A single point of access for all referrals which are triaged by subject matter experts who manage individualised care for all patients to ensure they see the right clinician at the right time as close to home as possible.

**Faecal Calprotectin** – Increased awareness of the appropriate use of this test for differential diagnosis of IBD and IBS will speed up diagnosis and ensure that treatment or further referrals are processed much faster than current practice. To ensure that GPs are aware of NICE recommendations on re-test intervals and red flag symptoms which may result in inappropriate requests for FC testing (dependent on age of patient).

### 3. Central London CCG – Pathways in development

- **Ophthalmology** – A self-referral approach for patients to see high street optometrists with minor eye conditions and cataracts.
- **Gynaecology/Urology** – Consultant triage, with care planning and advice & guidance, Continence services will be maintained as a community service being delivered as close to home as possible
- **Neurology** - the pathway is being developed from a NWL perspective, a focus on those pathways that may be delivered in a community setting. E.g. Parkinson
- **Gastroenterology** – Further work to develop a more streamlined pathway for patients
- **Cardiology** - the pathway is being developed from a NWL perspective, Consultant triage, with care planning and advice & guidance. GP Education to support keeping patients in primary care wherever possible.
- **Diabetes** – Central London CCG is part of a collaboration of CCGs which have been awarded funding to provide education within primary care so that patients can be cared for as close to home as possible. The development of a community led diabetes service will be rolled out in 2018-19
- **Cancer** - support primary care to increase participation in cancer screening at a local level

# 4. Community Dermatology

**Project :** Implementation of GP with Special Interest (GPwSI) Led Community Dermatology Pilot Service (CDS) is completed  
**Rationale:** The previous service experienced issues in responsiveness, recruitment and patient access. As a result the previous provider served notice.

Enhance GP resilience to improve the management of chronic disease in primary care, which aligns to *STP Domain 2: Enhancing quality of life for people with long-term conditions.*

Improve the clinical interface between primary and secondary care, which aligns to *STP Domain 4: Ensuring that people have a positive experience of care.*

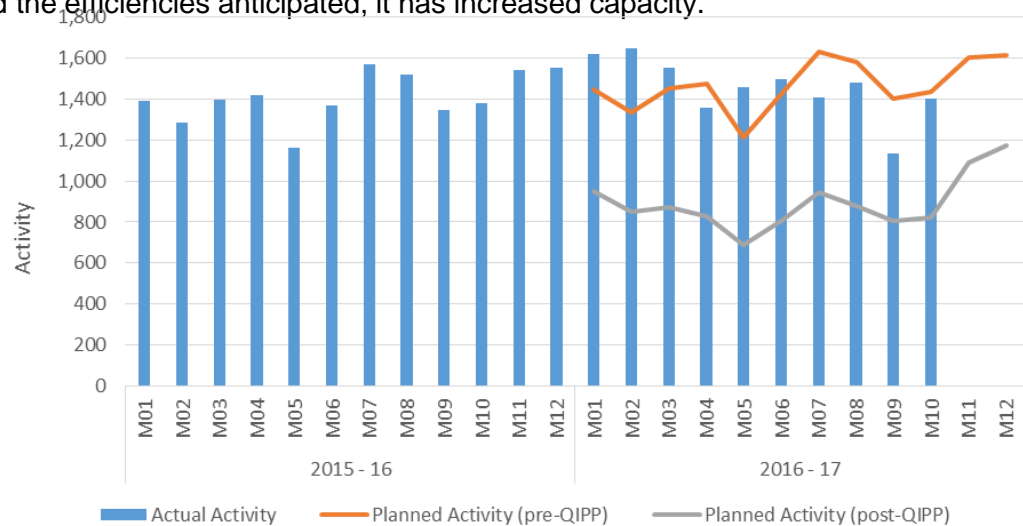
## Joint

**Working:** We have a shared pathway with CWHHE (Central, West, Hammersmith and Fulham, Hounslow and Ealing CCG) colleagues, CL has experienced GPwSI in place and several about to qualify – others will need to have a training programme in place.

## Current

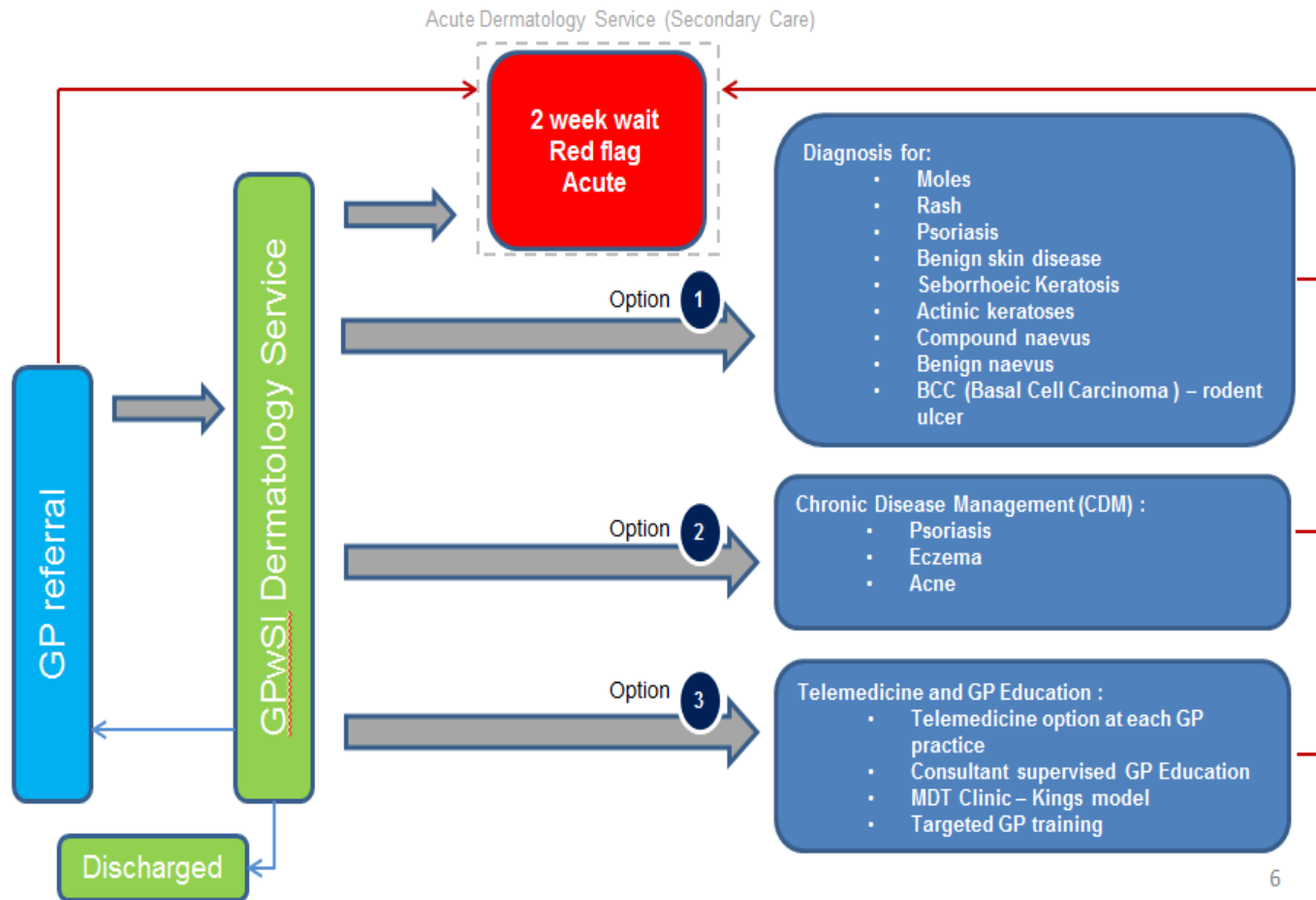
**Service:** The current service has not delivered the efficiencies anticipated, it has increased capacity.

Month	Actual Activity	Planned Activity (pre-QIPP)	Planned Activity (post-QIPP)	Planned Reduction	Actual Reduction
Apr-16	1,617	1,446	949	-498	171
May-16	1,649	1,335	850	-485	314
Jun-16	1,551	1,453	872	-581	98
Jul-16	1,356	1,473	830	-644	-117
Aug-16	1,460	1,210	688	-522	250
Sep-16	1,498	1,425	808	-618	73
Oct-16	1,407	1,632	943	-689	-225
Nov-16	1,479	1,582	881	-701	-103
Dec-16	1,136	1,400	806	-594	-264
Jan-17	1,401	1,434	821	-613	-33
Feb-17		1,603	1,091	-512	
Mar-17		1,616	1,175	-442	
<b>Grand Total</b>	<b>14,554</b>	<b>17,610</b>	<b>10,713</b>	<b>-6,898</b>	
<b>YTD</b>	<b>14,554</b>	<b>14,391</b>	<b>8,447</b>	<b>-5,944</b>	<b>163</b>



## 4. Community Dermatology Pathway

The following pathway has been co-produced with clinicians and patients. To develop a best practice pathway that provides care for the patient in the right place at the right time

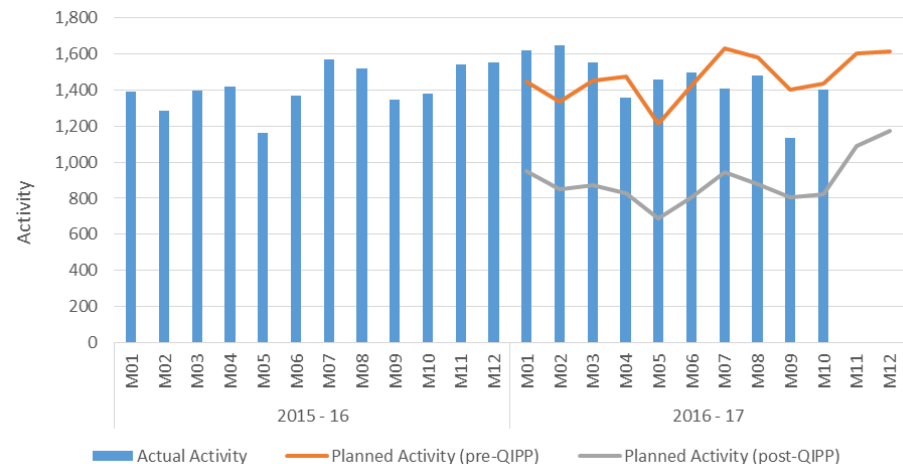


6

# 5. Community Ophthalmology

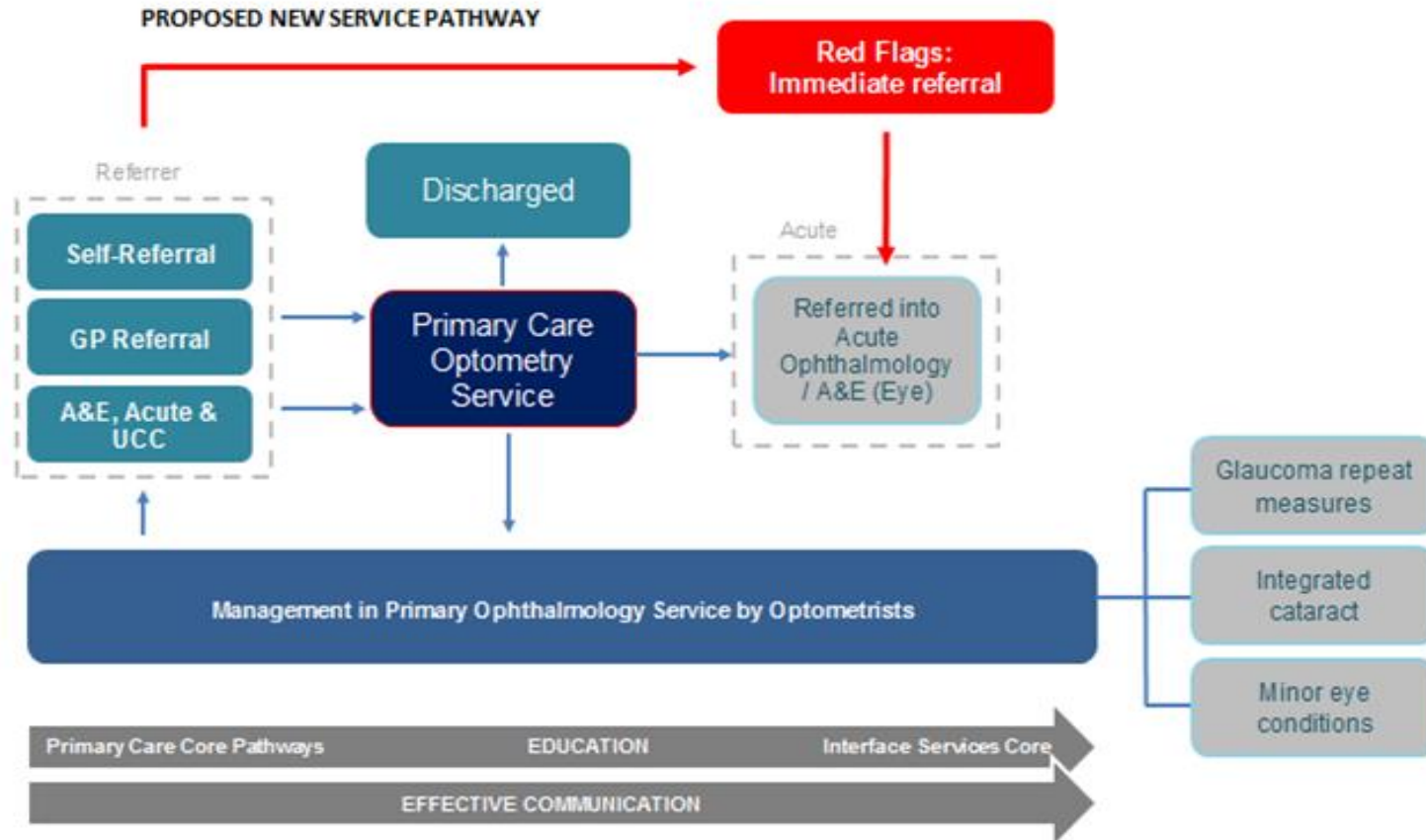
- Project:** Establishment of a primary eye care service pilot delivered by Community Optometrists has been agreed and implementation is underway.
- Rationale:** There is an opportunity to improve the patient experience and reduce costs by improving the role of Local Optometrists
- Joint Working:** Shared proposal with all our partners, Hounslow have just gone live with a similar service to the one we have in place. Ealing also keen to develop a similar service.
- Current Service:** The current service has not achieved the QIPP targets attached to it, and therefore this has highlighted an opportunity for re-design.

Month	Actual Activity	Planned Activity (pre-QIPP)	Planned Activity (post-QIPP)	Planned Reduction	Actual Reduction
Apr-16	1,617	1,446	949	-498	171
May-16	1,649	1,335	850	-485	314
Jun-16	1,551	1,453	872	-581	98
Jul-16	1,356	1,473	830	-644	-117
Aug-16	1,460	1,210	688	-522	250
Sep-16	1,498	1,425	808	-618	73
Oct-16	1,407	1,632	943	-689	-225
Nov-16	1,479	1,582	881	-701	-103
Dec-16	1,136	1,400	806	-594	-264
Jan-17	1,401	1,434	821	-613	-33
Feb-17		1,603	1,091	-512	
Mar-17		1,616	1,175	-442	
<b>Grand Total</b>	<b>14,554</b>	<b>17,610</b>	<b>10,713</b>	<b>-6,898</b>	
<b>YTD</b>	<b>14,554</b>	<b>14,391</b>	<b>8,447</b>	<b>-5,944</b>	<b>163</b>



# 5. Community Ophthalmology Pathway

The following pathway has been co-produced with clinicians and patients. To develop a best practice pathway that provides care for the patient in the right place at the right time





# 6. Community Gynaecology

**Project:** Re-design the current service to remove the community service with triage at front door of acute and e-referral advice & guidance in place

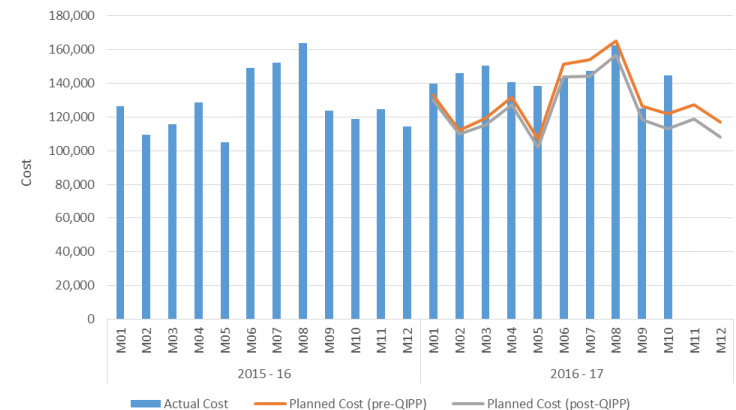
**Rationale:** Re-provide the Continence Service a a tri-borough community provision.  
Re-design the care pathway to facilitate an improved service delivery model.  
Streamlining patient access to care.

**Joint Working:** This is a CL only service, once the pathway is finalised we will share with colleagues

**Current Service:** The current service has not realised the efficiencies identified in the business case

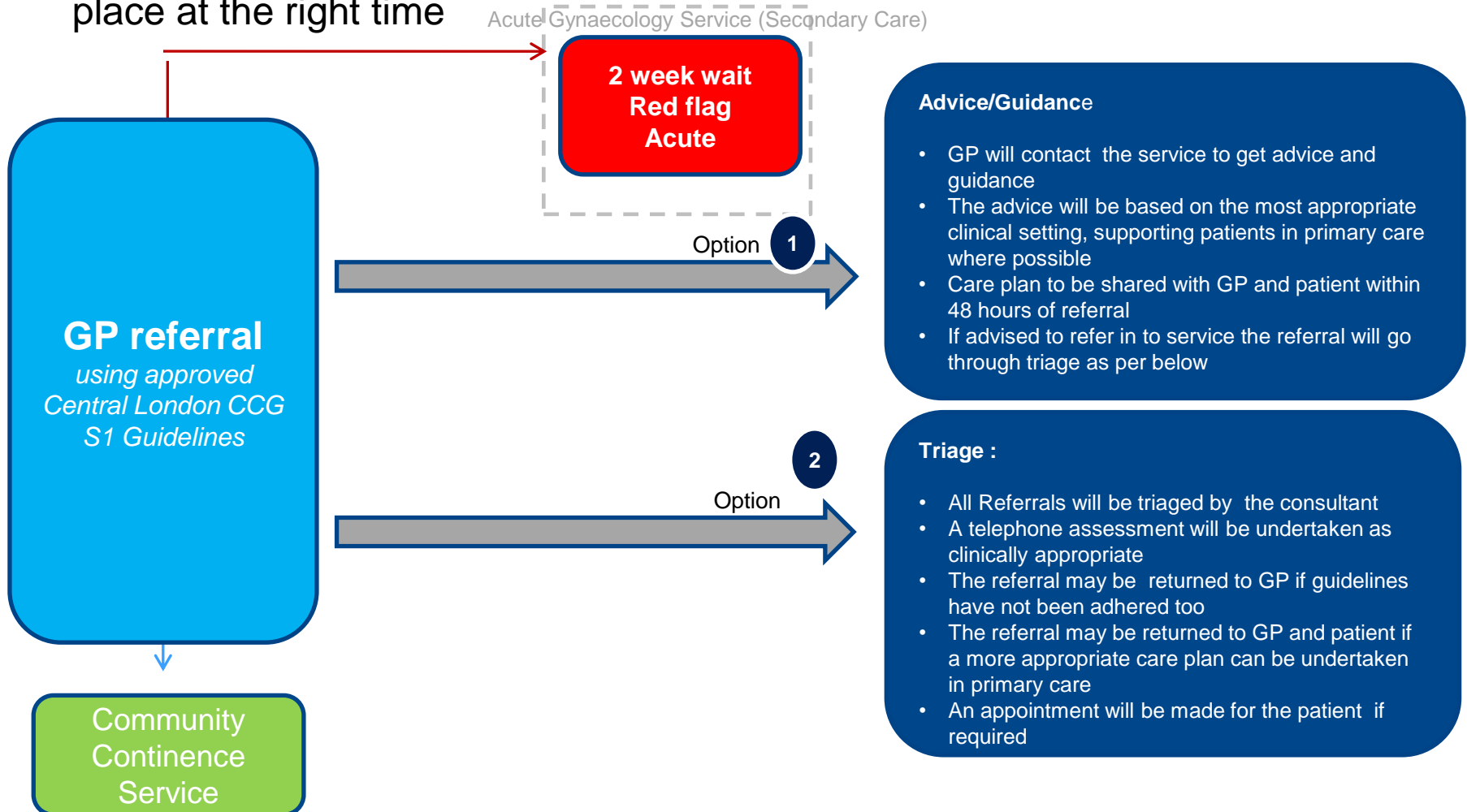
Acute and Community Cost for Urology and Gynaecology QIPP Schemes

Month	Actual Cost	Planned Cost (pre-QIPP)	Planned Cost (post-QIPP)	Planned Reduction	Actual Reduction
Apr-16	£139,839	£132,963	£129,878	−£3,085	£6,876
May-16	£146,221	£112,049	£109,784	−£2,265	£34,173
Jun-16	£150,650	£119,399	£115,233	−£4,167	£31,251
Jul-16	£140,752	£131,716	£127,107	−£4,609	£9,036
Aug-16	£138,312	£106,865	£102,006	−£4,859	£31,447
Sep-16	£143,109	£151,209	£143,785	−£7,424	−£8,099
Oct-16	£147,409	£154,160	£144,039	−£10,121	−£6,751
Nov-16	£162,735	£165,278	£156,769	−£8,509	−£2,543
Dec-16	£125,150	£126,212	£118,372	−£7,840	−£1,062
Jan-17	£144,543	£121,832	£113,109	−£8,722	£22,711
Feb-17	£0	£127,373	£118,948	−£8,425	
Mar-17	£0	£117,241	£108,019	−£9,222	
<b>Grand Total</b>	<b>£1,438,721</b>	<b>£1,566,296</b>	<b>£1,487,050</b>	<b>−£79,246</b>	
<b>YTD</b>	<b>£1,438,721</b>	<b>£1,321,681</b>	<b>£1,260,082</b>	<b>−£61,599</b>	<b>£117,040</b>



## 6. Community Gynaecology Pathway

The following pathway has been co-produced with clinicians and patients. To develop a best practice pathway that provides care for the patient in the right place at the right time



## 7. Mental Health – Current Schemes

As part of the Mental Health Programme there are the following schemes being delivered;

### Placements

– working to repatriate patients who have been placed out of sector, monitoring and maintaining appropriate levels of care

### Personality Disorder

– to review and redesign of current pathway due to complexity for patients

### Acute

– work with our current provider to map and understand how the pathway will support the system and patients to navigate more easily

### Psychiatric Liaison Services

– review current provision to ensure that the system is supported and receiving value for money

### IAPT

– increased provision for people with long term mental health needs, consolidation of current service provision

## 8. Community Services – Current Schemes

As part of the Community Services Transformation Programme there are the following schemes being delivered;

### Falls

– working with our current provider to redesign the falls service for further integration with other services, and to reduce duplication

### End of Life

– map current utilisation to assess value for money, and identify any efficiencies that can be made

### Community Nursing

– review and working to realign case management function to find system efficiencies

### Diabetes

– review current provision to identify opportunity to improve service and identify any efficiencies that can be made

### Intermediate Care

– realign bedded provision based on population need, and to identify any efficiencies that can be made

## 9. Next Steps

- Planning for 2018-19 to include new opportunities and areas for service transformation including;
  - Sleep Apnoea pathway
  - Community Radiology
  - Pathology
  - Haematology pathway
  - Orthotics
- Evaluate the pilots of models of care currently transformed in 2017-18
  - Dermatology
  - MSK
  - Ophthalmology
- Embed co-production as a way of learning from patients to further improve pathways