Agenda Item No: **12**

Health and Wellbeing Board

6 November 2013

Report Title	Wolverhampton CCG Commissioning Intentions 2014/15
Cabinet Member with Lead Responsibility	Councillor Sandra Samuels Health and Wellbeing
Wards Affected	All
Accountable Strategic Director	Richard Young – Director of Strategy & Solutions - WCCG
Originating service	Wolverhampton Clinical Commissioning Group
Accountable officer	Richard Young Director of Strategy & Solutions - WCCG

Recommendations for action or decision:

The Health and Wellbeing Board is recommended to:

1. Considers the first draft of the list of CCG commissioning intentions
2. Notes the timeline and methodology for prioritisation / refinement.
3. Provides feedback to CCG on identifying priorities for 2014/15.

1.0 Purpose

1.1 To advise the Health & well-Being Board of the first draft of commissioning intentions from the Wolverhampton CCG for the financial year 2014/15 and the timeline for engagement with key stakeholders, including clinicians, partner organisations and patients and the public.

2.0 Background

2.1 The CCG is required to share commissioning intentions with providers at the beginning of October each year for the subsequent financial year. The attached schedule identifies the first draft of commissioning intentions for the contract year 2014/15. This is a 'long list' of possible commissioning intentions for 2014/15

3.0 Progress, options, discussion, etc.

3.1 The CCG is in the process of undertaking the first round of engagement and prioritisation discussions with key stakeholders, including patients and the public, clinicians and partner organisations. As a result of such discussions, this list will be refined in to a final set of commissioning intentions for presentation at the CCG Commissioning Committee.

3.4 The prioritisation will be undertaken using the framework that has been previously agreed by the Commissioning Committee, incorporating amendments in order to take account of public and patient feedback.

4.0 Financial implications

4.1 There are no direct financial implications relating to the development of the CCG commissioning intentions and their prioritisation.

5.0 Legal implications

5.1 There are no direct legal implications relating to the development of the CCG commissioning intentions and their prioritisation.

6.0 Equalities implications

6.1 There are no direct equalities implications relating to the development of the CCG commissioning intentions and their prioritisation.

7.0 Schedule of background papers

The proposed timelines for the engagement process is outlined in the table below.

Key Meetings	Month	Key Milestones
GP Locality meetings Practice Manager Meeting 12/9 Commissioning Committee 25/9	**September 2013**	
GP Partnership meeting (General meeting) 10/10 JEAG 17/10 Commissioning Committee 23/10 Public Event/AGM – TBA QIPP Board 18/10 (provider wish list) DDGs (provider wish list)	**October 2013**	Long List of Commissioning Intentions to Provider (inc. contract notices) Provider wish list expected (finance and activity modelling)
GP Locality Meetings – TBA Commissioning Committee 27/11 (final recommendation and provider wish list) Health and Well Being Board 6/11 DDDs (provider wish list)	**November 2013**	(finance and activity modelling)
Governing Body 10/12 (sign off)	**December 2013**	Short List of Commissioning Intentions to Provider (finance and activity modelling)
GP Locality meetings – TBA General Meeting – TBA Health and Well Being Board 8/01	**January 2014**	Finalise Negotiations (finance and activity modelling)
	February 2014	14/15 Finance plan to F&P
	March 2014	Governing body budget sign off Contract Sign off

CI Ref No:	Lead Manager	Contract Area:	Specific Contract:	Intention Type:	Service Area:	Speciality Area:	Description:
CI001	Mike Hastings	All	All	Contract	n/a	n/a	Data sharing into a longitudinal patient record – Acute, Primary Care, Mental Health, Social Services and Community data in one record
CI002	Sarah Southall	Community Services	RWT	Contract	Community	Continence	Review Continence Service specification to include and put in place realistic performance measures i.e. time to assessment, time to treatment. Urinary/faecal incontinence pathways to be revised against current NICE guidance.
CI003	Sarah Southall	Community Services	RWT	Contract	Community	District Nursing	Review District Nursing specifcation and working practices between community and primary care services to avoid gaps in service.
CI004	Maxine Danks	Mental Health	BCP	Contract	All	All	Current service provision from both RWT and BCFPT with regard to completion of checklists/Decision Support Tools which are integral to the process when considering individuals for NHS Continuing Healthcare are at present, of poor quality and do not adhere to the National Framework for NHS Continuing Healthcare (revised 2012).It has historically proved extremely difficult to engage the trusts with training that has been offered by the PCT/CCG to address this.Therefore following completion of a training programme that will have been completed 13/14 by the CCG it is imperative that in future attendance at training relating to this process is mandatory.This will be required of all nurses working within the acute trust at RWT, BCFPT and nurses band 6 or above working in district nursing services. Relation to existing Service/Community pathways, existing usage & how proposal shall add value: At present there is no specific training plan. This will be developed and delivered on a rolling programme by clinical members of the CHC team. Will ensure compliance with national process and reduce potential complaints regards process
CI005	Sarah Fellows	Mental Health	BCP	Contract	All	All	Service models and specifications - Commissioner and provider will work together to agree and sign off comprehensive service specifications in line with the contract sign off timetable.
CI006	Sarah Fellows	Mental Health	BCP	Contract	n/a	n/a	Review existing key Performance Indicators and develop more robust key performance measures for 2014/2015. This will include the introduction of financial penalities linked to local KPI's equivalent to a maximum of 1% of the total contract value.
CI007	Sarah Fellows	Mental Health	BCP	Contract	n/a	n/a	Contract Costing - Commissioners will agree with the provoder appropriate contract currencies and financial monitoring schedules for 2014/15. This will take into consideration, the current contract rebasing exercise together with national guidance for Mental health Payment by result. It should be noted however that commissioners will wish to contract within the current financial envelope (2013-14)
CI008	Dr Sinha	Mental Health	BCP	Development	n/a	n/a	To re-model / re-commission the Referral and Assessment Service to provide an all age Liaison Psychiatry service, with a RAID type model, and a separate / succinct all age Home Treatment / Crisis Resolution Service. To enable GPs to refer directly into all other components of secondary Mental Health Services, ending the single point of access. To commission Consultant Psychiatry sessions within all components of these services. To commission a Liaison Psychiatry Service that will respond to A&E within the 4 hour RWT target. This is to include staff resource for Section 136 MHA suite within the in-patient or Crisis / Home treatment Service Model. Relation to existing Service/Community pathways, existing usage & how proposal shall add value: There are existing service pathways for all of the above which will require re-modelling. Added value will concern speed of patient access / egress, improve compliance with national good practice models / implementation guides, more effective use of resources to meet KPIs and Vital Signs.
CI009	Dr Sinha	Mental Health	BCP	Development	n/a	n/a	Commission a more flexible approach and greater governance regarding the use of the cluster model as entry to services and care pathways, following the MH Strategy stocktake / review. Relation to existing Service/Community pathways, existing usage & how proposal shall add value: There are existing service pathways for all of the above which will require re-modelling. Added value will concern speed of patient access / egress, improve compliance with national good practice models / implementation guides, more effective use of resources to meet KPIs and Vital Signs.
CI010	Dr Sinha	Mental Health	BCP	Development	n/a	n/a	To agree a revised care pathway for Cluster 11 patients receiving depot medication within the Complex Care Team, within BCPFT, such as greater and more cost effective use of community depot clinics. Relation to existing Service/Community pathways, existing usage & how proposal shall add value: There are existing service pathways for all of the above which will require re-modelling. Added value will concern speed of patient access / egress, improve compliance with national good practice models / implementation guides, more effective use of resources to meet KPIs and Vital Signs.

CI Ref No:	Lead Manager	Contract Area:	Specific Contract:	Intention Type:	Service Area:	Speciality Area:	Description:
CI011	Dr Sinha	Mental Health	BCP	Development	n/a	n/a	To review the Well-Being Service specification / model to re-specify the succinct elements of the service, i.e. Wolverhampton Healthy Minds (IAPT) and Well-Being to ensure succinct pathways for clusters 0-3 and 4-7 and to ensure best use of the initiation of Consultant Psychiatry sessions within this service as a priority. To review the IAPT element of the service to ensure that the service meets all KPIs. Relation to existing Service/Community pathways, existing usage & how proposal shall add value: There are existing service pathways for all of the above which will require re-modelling. Added value will concern speed of patient access / egress, improve compliance with national good practice models / implementation guides, more effective use of resources to meet KPIs and Vital Signs.
CI012	Dr Sinha	Mental Health	BCP	Development	n/a	n/a	To work with BCPFT to develop the service model / draft specification for the Young Person's Service (ages 14-25) and scope the impact and pathways regarding Adult Services, including the Early Intervention Service. Relation to existing Service/Community pathways, existing usage & how proposal shall add value: There are existing service pathways for all of the above which will require re-modelling. Added value will concern speed of patient access / egress, improve compliance with national good practice models / implementation guides, more effective use of resources to meet KPIs and Vital Signs.
CI013	Dr Sinha	Mental Health	BCP	Development	n/a	n/a	To work with BCPFT to develop the service model / draft specification for the 'traditional CAMHS Service' (ages 0-14) and scope pathways with other services including the Early Intervention Service. Relation to existing Service/Community pathways, existing usage & how proposal shall add value: There are existing service pathways for all of the above which will require re-modelling. Added value will concern speed of patient access / egress, improve compliance with national good practice models / implementation guides, more effective use of resources to meet KPIs and Vital Signs.
CI014	Dr Sinha	Mental Health	BCP	Development	n/a	n/a	Review Consultant Psychiatry input / sessions across the whole service model. Relation to existing Service/Community pathways, existing usage & how proposal shall add value: There are existing service pathways for all of the above which will require re-modelling. Added value will concern speed of patient access / egress, improve compliance with national good practice models / implementation guides, more effective use of resources to meet KPIs and Vital Signs.
CI015	Dr Sinha	Mental Health	BCP	Development	n/a	n/a	Review all Older Adults service provision/ service specifications. Relation to existing Service/Community pathways, existing usage & how proposal shall add value: There are existing service pathways for all of the above which will require re-modelling. Added value will concern speed of patient access / egress, improve compliance with national good practice models / implementation guides, more effective use of resources to meet KPIs and Vital Signs.
CI016	Dr Sinha	Mental Health	BCP	Development	n/a	n/a	Liaise with Commissioning Colleagues in Sandwell and West Birmingham CCG to identify opportunities for collaborative commissioning regarding all of the above. Relation to existing Service/Community pathways, existing usage & how proposal shall add value: There are existing service pathways for all of the above which will require re-modelling. Added value will concern speed of patient access / egress, improve compliance with national good practice models / implementation guides, more effective use of resources to meet KPIs and Vital Signs.
CI017	Maxine Danks	Mental Health	BCP	Dis-investment	n/a	CHC Assessment Team	Historically Wolverhampton PCT/CCG have commissioned provider services to deliver the assessment element of the NHS Continuing Healthcare process.The new model within the CCG for delivery of NHS CHC includes an in-house assessment team; this will enable case management to be completed by the CCG.In order for this model to be adopted the current service must be decommissioned and the allocated costs utilised to implement the changes required for an in- house service. Relation to existing Service/Community pathways, existing usage & how proposal shall add value: There is no specific pathway within the current contract. However, the current service allocation is for 1.5 WTE posts at Band 6 and the monies for these will need to be removed from the contract. Additionally case management is at present procured from the Local Authority at additional cost to CCG, an in-house service will allow this aspect to be delivered at no additional cost. Will reduce delays in delivering service and improve process
CI018	Dr Sinha	Mental Health	BCP	Dis-investment	n/a	n/a	Implement a QIPP target regarding the provision of in-patient services at Penn Hospital and the reduced bed numbers. Macarthur Unit and to use this resource to collaboratively commission female PIC with other Black Country commissioning colleagues and to commission the Section 136 MHA suite within the in-patient or Crisis / Home treatment Service Model. Relation to existing Service/Community pathways, existing usage & how proposal shall add value: There are existing service pathways for all of the above which will require re-modelling. Added value will concern speed of patient access / egress, improve compliance with national good practice models / implementation guides, more effective use of resources to meet KPIs and Vital Signs.

CI Ref No:	Lead Manager	Contract Area:	Specific Contract:	Intention Type:	Service Area:	Speciality Area:	Description:
CI019	Mark Lane	Primary care	GP LES	Investment	Elective	All	Introduction and development of a primary care incentive scheme to support better utilisation of primary care and community pathways prior to referral to a secondary care provider.
CI020	Mark Lane	Primary care	GP LES	Investment	n/a	n/a	To review all existing LES arrangements within Primary Care Contracts and to incorporate within Primary care Incentive Scheme.
CI021	David Birch	Primary care	GP LES	Investment	Out-patient	Medicine Management	NICE has issued single Technology Appraisals (TA's) for dabigatran, rivaroxaban and for apixaban (referred collectively as NOACs), for the prevention of stroke and systemic embolism in atrial fibrillation (AF). These medicines have the potential advantage over warfarin of not requiring INR blood monitoring. In order to ensure patients have access to these medicines a proposed pathway and guidance has been produced. Local data suggests only half of those eligible for anticoagulants are on warfarin. There are three groups of patients, 1) Newly diagnosed AF patients, 2) Patients currently taking warfarin who require a NOAC & 3) Patients that have declined or are intolerant to warfarin. It is proposed GPs providing the anticoagulation enhanced service can initiate patients on a NOAC where competent to do so and when in the interest of the patient, this will require the GP to:- • deliver induction counselling & • carry out required blood tests • prescribe the NOAC & • Monitor effects of the medicine Uplift in funding to the present enhanced service for anticoagulation will be required to cover the costs of this work and preventing referrals to RWT to prescribe these new medicines. Relation to existing Service/Community pathways, existing usage & how proposal shall add value Patients prescribed warfarin can get their INR blood monitoring carried out by RWT community service or at their GP practice if their GP practice offers the enhanced service for INR monitoring. GPs could prescribe NOACs for :- 1) Newly diagnosed AF patients, 2) A percentage of the 735 patients currently taking warfarin and have their INR monitored in primary care, who require a NOAC & 3) Patients that have declined or are intolerant to warfarin Uplift in funding to the present enhanced service for anticoagulation will allow GPs to prescribe NOACs for the patient groups as noted above, without the need to referring patients to RWT to carry out this task. This should result in a net reduction In spend, (based on the assumption enhanced fee is less than referring to RWT)
CI022	Clare Barrat/Sharon Sidhu	Secondary Care	MFS	Re-Procurement	Elective	IVF	Formal procurement of Assisted Conception Services to offer further choice for patients for the provision of fertility investigations / treatment.
CI023	Maxine Danks	Secondary Care	RWT	Contract	All	All	Current service provision from both RWT and BCFPT with regard to completion of checklists/Decision Support Tools which are integral to the process when considering individuals for NHS Continuing Healthcare are at present, of poor quality and do not adhere to the National Framework for NHS Continuing Healthcare (revised 2012).It has historically proved extremely difficult to engage the trusts with training that has been offered by the PCT/CCG to address this.Therefore following completion of a training programme that will have been completed 13/14 by the CCG it is imperative that in future attendance at training relating to this process is mandatory.This will be required of all nurses working within the acute trust at RWT, BCFPT and nurses band 6 or above working in district nursing services. Relation to existing Service/Community pathways, existing usage & how proposal shall add value: At present there is no specific training plan. This will be developed and delivered on a rolling programme by clinical members of the CHC team. Will ensure compliance with national process and reduce potential complaints regards process
CI024	Steve Phillips	Secondary Care	RWT	Contract	Community	All	To agree and implement the Community Contract Rebase Exercise
CI025	Steve Phillips	Secondary Care	RWT	Contract	Elective	Maternity	To operate and apply PBR rules regarding the maternity pathway to bring them inline with all other providers who are submitting via SUS on Non PBR Variable.
CI026	Mike Hastings	Secondary Care	RWT	Contract	n/a	n/a	Joint Data Quality Group – setup and meet regularly
CI027	Mike Hastings	Secondary Care	RWT	Contract	n/a	n/a	Access to 'Ward-level' data for activity to patient level (pseudonymised) where requested
CI028	Mike Hastings	Secondary Care	RWT	Contract	n/a	n/a	Joint DoS review on a 6 monthly basis
CI029	Mike Hastings	Secondary Care	RWT	Contract	n/a	n/a	Sharing access of primary and secondary care Choose and Book hosted reports
CI030	Mike Hastings	Secondary Care	RWT	Contract	n/a	n/a	A Spine compliant PAS (or at least representation/updates from the project)
CI031	Mike Hastings	Secondary Care	RWT	Contract	n/a	n/a	Commitment from secondary care to work with primary care in the development of a referral information system which identifies clinical pathways
CI032	Mike Hastings	Secondary Care	RWT	Contract	n/a	n/a	Ability to link OP/attendances and interventions to spells – also by clinician

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CI033	Steve Phillips	Secondary Care	RWT	Contract	n/a	n/a	CCG to move to using reconciliation statements to adjust payments. Intention to still use monthly mandate but to recover overpayments as a result of data issues identified by the rs process.
CI034	Steve Phillips	Secondary Care	RWT	Contract	n/a	n/a	The commissioner requires the provider to ensure a greater use of appropriate coding to support a better understanding of activity for example greater use of sub-speciality codes as well as a reduced usage of "other" within all datasets.
CI035	Steve Phillips	Secondary Care	RWT	Contract	n/a	n/a	Review existing key Performance Indicators and develop more robust key performance measures for 2014/2015. This will include the continued use of financial penalities linked to local KPI's equivalent to a maximum of 1% of the total contract value.
CI036	Sarah Southall	Secondary Care	RWT	Development - Quality	All	All	Personalised Care Planning: Issues that are evident need to be highlighted using information from Quality Matters. This is a 2013/14 CQUIN – by quarter four 85% of identified patients with multiple morbidities to have an individual care plan developed through engagement with an MDT. Work is on-going on development of detailed project plan/availability of electronic system by end of quarter 4.
CI037	Dee Harris	Secondary Care	RWT	Development - Quality	Emergency	A&E	Development and implemetation of Urgent Care Strategy
CI038	Claire Morrissey	Secondary Care	RWT	Development	Elective	Neurology	Review following work undertaken and identified through WMQRS
CI039	Claire Morrissey	Secondary Care	RWT	Development	In-patient	EOLC	Review and implementation of the EOLC Strategy including a review of the Palliative Care pathways
CI040	Maxine Danks	Secondary Care	RWT	Dis-investment	Community	CHC Assessment Team	Historically Wolverhampton PCT/CCG have commissioned provider services to deliver the assessment element of the NHS Continuing Healthcare process.There have been significant issues with regard to service delivery for at least 3 years and this necessitated the CHC commissioning department employing additional nurse capacity to maintain service continuity.The new model within the CCG for delivery of NHS CHC includes an in-house assessment team; this will enable case management to be completed by the CCG.In order for this model to be adopted the current service must be decommissioned and the allocated costs utilised to implement the changes required for an in- house service. Relation to existing Service/Community pathways, existing usage & how proposal shall add value: There is no specific pathway within the current contract. However, the current service is not fit for purpose and results in delays completing assessments. The hospital discharge liaison team who provide elements of the service within New Cross Hospital are not able to prioritise this aspect of their role and it needs to be removed from the acute hospital setting. Additionally case management is at present procured from the Local Authority at additional cost to CCG, an in-house service will allow this aspect to be delivered at no additional cost. Will reduce delays in delivering service.
CI041	Mark Lane	Secondary Care	RWT	Dis-investment	Elective	Ophthalmology	Review and development of more appropriate care pathways for patients within Opthalmology, including areas of Emergency Care Eye Pathway, PEARS Scheme, Community Ocular Hypertension pathway.
CI042	Mark Lane	Secondary Care	RWT	Dis-investment	Elective	Surgery	Development of Surgical Threshold Management
CI043	Mark Lane	Secondary Care	RWT	Dis-investment	Elective	T&O	Review and development of more appropriate care pathways for patients within Trauma & Orthopaedic Services
CI044	Dee Harris	Secondary Care	RWT	Dis-investment	Emergency	A&E	To commission Primary Care alongside A&E also incorporating community services e.g Matons for Ambulatory conditions to better manage and facilitate patient flows accessing emergency services.
CI045	Dee Harris	Secondary Care	RWT	Dis-investment	Emergency	A&E	To commission Urgent Care Hot Clinics to provide alternative pathways for patients accessing emergency services.
CI046	Dee Harris	Secondary Care	RWT	Dis-investment	Emergency	A&E	To review existing WUCTAS service to either extend or cease current arrangements.
CI047	Claire Morrissey	Secondary Care	RWT	Dis-investment	In-patient	All	Building on existing work through the development of a Vitual ward to reduce emergency admissions.
CI048	Steve Phillips	Secondary Care	RWT	Dis-investment	In-patient	Dementia	To cease top up support for dementia services of £600k as this will now form part of PbR tariff going forward.
CI049	Anglea Parkes	Secondary Care	RWT	Dis-investment	In-patient	Eldlerly / General Medicine	As part of the Frail / Elderley Strategy commission Elderly Care Nurses to be linked Nursing Homes, to support impact on reduced admissions and LOS.
CI050	Anglea Parkes	Secondary Care	RWT	Dis-investment	In-patient	Eldlerly / General Medicine	To commission Intermediate care beds at Warstones Community Hub to provide step up / step down facility to support reduced LOS and prevent admissions.
CI051	David Birch	Secondary Care	RWT	Dis-investment	Out-patient	? INR Clinics	Uplift in funding to the present enhanced service for anticoagulation will allow GPs to prescribe NOACs for the patient groups as noted above, without the need to referring patients to RWT to carry out this task. This should result in a net reduction In spend, (based on the assumption enhanced fee is less than referring to RWT)
CI052	Mark Lane	Secondary Care	RWT	Dis-investment	Out-patient	All	Reduction in referrals following use of more appropriate primary and community management pathways.
CI053	Mike Hastings	Secondary Care	RWT	Dis-investment	Out-patient	All	Implement Choose and Book Advice and Guidance across services to reduce first outpatient appointments.
CI054	Steve Phillips	Secondary Care	RWT	Dis-investment	Out-patient	All	Agree a local price to reflect a clinic attendance is Nurse led or AHP led rather than be Consultant charge. The approach would bring RWT in line with other acute contracts.
CI055	Steve Phillips / Sharon Sidhu	Secondary Care	RWT	Dis-investment	Out-patient	All	To only commission and pay for Out-Patient activity to national average new to review ratio's, including implementation of local targets and information reporting to support meeting national averages at a speciality level.

CI Ref No:	Lead Manager	Contract Area:	Specific Contract:	Intention Type:	Service Area:	Speciality Area:	Description:
CI056	Steve Phillips / Sharon Sidhu	Secondary Care	RWT	Dis-investment	Out-patient	All	To only commission and pay for referrals from consultants not in the same speciality.
CI057	Steve Phillips / Sharon Sidhu	Secondary Care	RWT	Dis-investment	Out-patient	All	To review and expand existing policy for POLCV.
CI058	Anglea Parkes	Secondary Care	RWT	Dis-investment	Out-patient	Chiropody / Podiatry	Commission Nail Cutting under existing AQP providers
CI059	Claire Morrissey	Secondary Care	RWT	Development	Out-patient	COPD	LTC Management 2 (Respiratory) - Review, Development and implementation of strategy including community services.
CI060	Sharon Sidhu	Secondary Care	RWT	Dis-investment	Out-patient	Dermatology	To remove 60% of current out-patient activity to be provided within the Community Dermatology Service being procured during 2014/15, with the new service commencing on 1st April 2015.
CI061	Claire Morrissey	Secondary Care	RWT	Development	Out-patient	Diabetes	LTC management 1 (Diabetes) - Review, Development and implementation of strategy including community services.
CI062	Sharon Sidhu	Secondary Care	RWT	Dis-investment	Out-patient	Gastro	To review and implement a new pathway for Gastro - Calprotectin diarrhea pathway
CI063	Andrea Smith	Secondary Care	RWT	Dis-investment	Out-patient	TBC	To continue to develop and commission more specialities under a Clinical Assessment Service
CI064	Sharon Sidhu	Secondary Care	RWT	Dis-investment	Pathology	Pathology	To explore options with surrounding CCG's for a local procurement for Pathology services.
CI065	Dee Harris	Secondary Care	RWT	Investment	Emergency	A&E	To review and where appropriate commission full implementation of individual developments indentified within the CCG's Surge Plan to support Winter Pressures.
CI066	David Birch	Secondary Care	RWT	Investment	Reduce Hospitals Admissions and length of stay	General Medicine	Under nutrition is a cause and consequence of disease, leading to poor health and social outcomes. Malnutrition affects 5% of the population. Fully implementing NICE guidance on nutrition support suggests significant savings can be made due to reduced hospital admissions and reduced length of stay for admitted patients, reduced demand for GP and outpatient appointments. Residents in Care Homes have a higher prevalence of malnutrition 30-42%. Locally, use of oral nutritional supplements (ONS) to treat under nutrition cost the CCG more than £1.4M in 2012-13 Proposal is to build on the work done by Registered Dieticians (RD) as part of an 18 month QIPP project that suggests effective nutritional screening and management is patchy, and that 60% of ONS in Care Homes could be stopped or reduced by taking a 'Food First' approach to nutritional management, and using recent data, this would represent a cost saving of £380,000 per year. This would require an investment of £95,000 p/a to allow RWT RD's to fully implement this project. Relation to existing Service/Community pathways, existing usage & how proposal shall add value RDs have been working on aspects of the proposed project as part of a QIPP project which has begun to engage with local GPs, Care Homes and Prescribing Advisors to promote appropriate nutritional screening and management using a 'Food First' approach. Although this project has already delivered savings, evidence shows that similar projects have produced the majority of savings in years 2 &3. To change the nutrition culture across the whole CCG area will take longer than the 18 month QIPP project. ONS have been used in increasing quantities over many years, and are seen as the mainstay of nutritional management by care homes, healthcare professionals, patients and their families. Work has started to change the culture, but more needs to be done. The proposed project would :- 1. To promote effective nutrition screening in care homes (including when not to screen 2. Continue to promote food as 'the norm' in nutritional management and build on work already done with care homes, GPs and community HCPs. 3. Monthly visits to the 'big 6' care homes. 4. Continue to work with the acute service on appropriate use of ONS in hospital. 5. Offering education sessions and a 'Good Nutritional Management' award scheme for care homes to link with CQC outcomes, thus providing an incentive for them. 6. Further education for GPs, GP registrars and community HCPs on appropriate nutritional screening and management. 7. Revising the Nutrition Screening and Management Guidelines to promote ONS prescribing only when assessed by a RD.
CI067	Clare Barrat/Sharon Sidhu	Secondary Care	RWT	Re-Procurement	Elective	TOPS	Formal procurement of Termination of Pregnancy Services currently contracted via RWT.
CI068	Mark Lane	Third Sector	Age Concern	Dis-investment	n/a	n/a	To not roll forward existing contract with Age Concern for supportive services.