

Ealing CCG QIPP and Procurement Report

June 2014

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Ealing Clinical Commissioning Group

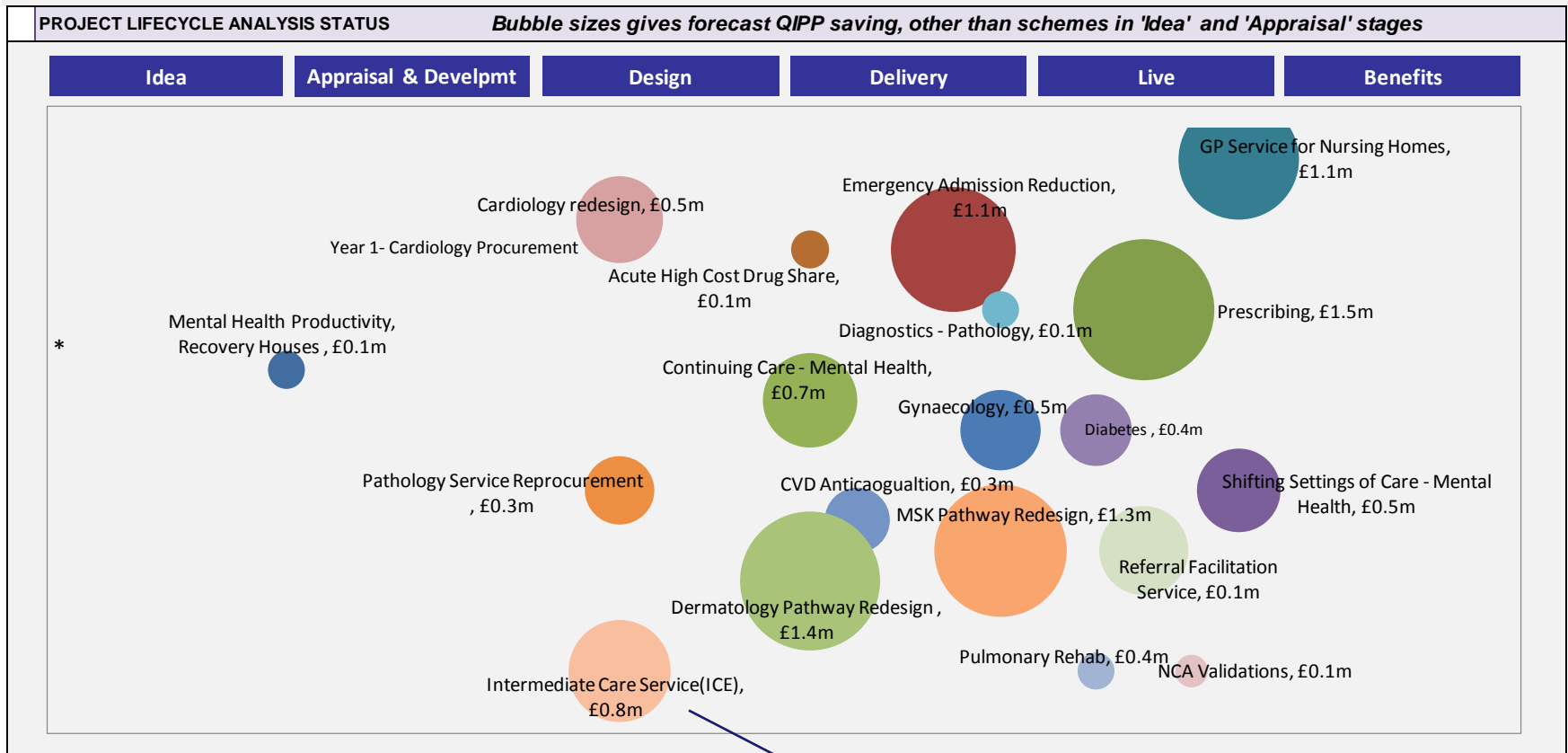
Agenda

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** Unable to provide updated M1 2014-15 QIPP finance and activity position due to data issues (as escalated in the previous week)*

A number of our schemes are already live and delivering benefits; additional work being carried out to identify future schemes



ICE Review completed May 2014

* QIPP workshops being held this month to brainstorm and generate new ideas in the pipeline

QIPP Schemes Progress Summary June 2014 (1/4)

Scheme Name	Type	Lead	Date QIPP Live / Service Go Live	RAG	Highlights	Next Steps
Intermediate Care Service (ICE)	Unplanned Care	Usha Prema	On going: (since Oct 12)	G	<ul style="list-style-type: none"> - ICE review has completed workshops with CCG and EHT - Future intermediate care model present by PPL, and reviewed by Steering Committee. Model has two phases of implementation: <ol style="list-style-type: none"> 1) Quick wins in 2014-15. 2) Long term model -Final Draft Report signed off by Steering Group on 30/5/14. - Principles agreed by Exec on 11/6/14. - For final sign off on 25 June and GB on 2 July. Report finalised. 	<ul style="list-style-type: none"> - Complete and sign-off ICE Review Report, and future state Intermediate Care Model at CCG Execs, Governing Body and COM - Serve contractual notice on provider of changes required - Make an initial quantified estimate of impact on non -elective admissions from implementing the new model (short term solution).
GP Service for Nursing Homes	Unplanned Care	Charles Wheatcroft/ Sue Pascoe	On going: (since Oct 13)	G	<ul style="list-style-type: none"> - Patients transferred to date are 869. 263 patients remain to be transferred. 4 nursing homes are resisting any transfers - Provider did not achieve the Mobilisation Plan according to the contract. Patient choice was the main cause. Resistance to transfer by nursing homes has also been an issue 	<ul style="list-style-type: none"> - Negotiate change to charges to reflect that fact that mobilisation did not achieve the target of 1,100 patients transferred. - Follow-up to verify quality standards are being met. - Resolve IG issues, so that provider can receive SUS data, and allow triangulation between primary care and secondary care patient records.
Pulmonary Rehabilitation	Unplanned Care	Delia O'Rourke	On going: (since Oct 12)	G	<ul style="list-style-type: none"> - Referrals in to the PRS scheme are running at 450 pa, against a contract target of 920 for 2014-15. - GPs are not referring the quantity of patients expected as per business case, even though COPD patients exceed 3,500 as per QOF data. - Trust have put forward a marketing plan to increase referrals, which has been reviewed and agreed with CCG. - EHT-ICO have reported progress against plan. But impact is relatively low. 	<ul style="list-style-type: none"> - Hold contract meeting to review activity and marketing plan. - If no response issue a contract query in respect of referrals and patients completing the programme. - NRMs to identify and start visiting practices with poor referral rates to PRS.

QIPP Schemes Progress Summary June 2014 (2/4)

Scheme Name	Type	Lead	Date QIPP Live / Service Go Live	RAG	Highlights	Next Steps
Referral Facilitation Service (RFS)	Planned Care	Beryl Bevan	Apr-14	G	<ul style="list-style-type: none"> - Signing of EHT Heads of Terms, which includes an agreement for the parties to establish a "prior approval process " for all GP referrals to go via RFS. - Discussion on Internally Generated Demand at Execs with Bill Lynn. 	<ul style="list-style-type: none"> - Hold two workshops on IGD: 1) consultant referrals from A&E, 2) all other referrals. - Progress RFS prior approval process design with EHT
CVD Anticoagulation Schemes	Planned Care	Delia O'Rourke	On going: (since 2011)	G	<ul style="list-style-type: none"> - QIPP is based on both a reduced tariff of £22, reduced from £77 per follow-up attendance, and achieve the discharge of stable patients as per business case. - Contract query has been raised with EHT, which Trust has replied to. - Follow up letter to EHT requesting more information and a meeting by 13th June 	<ul style="list-style-type: none"> - Follow up with EHT if data request and meeting dates are not forthcoming. - NRM to target practices with larger volumes of patients being monitored at EHT or referred to EHT for anticoagulation to encourage community management.
MSK Pathway	Planned Care	Anjum Fareed	On going: (since Oct 13)	A	<ul style="list-style-type: none"> - The rate of referrals has decreased over March and April 2014. - The contract dispute is almost resolved and plans to complete recruitment are almost complete, two T/O consultants are now in post and one neurologist. - Recent data from RFS has also shown that referrals to orthopaedics are now reducing and GP referrals to MSK are increasing. However, the % of Ortho referrals redirected to MSK is falling, possibly since GPs are referring more appropriately to MSK 	<ul style="list-style-type: none"> - Review figures submitted by provider in order finalise MSK contract baseline and specification. - Complete review of impact of new pathway. Also, it is felt that the rate of Orthopaedics referrals diverted into MSK services should be higher and this will be reviewed again with RFS assessors or as an audit.
Diabetes	Planned Care	Frances Horne	On going: (since 2011)	A	<ul style="list-style-type: none"> - Introduction of sixth clinic on Saturdays, bring the Community service to full capacity - Agreement reach with EHT-ICO over the Activity Plan for 2014-15 at 6,000 attendances. - Introduction of the "super eight" clinical conditions only being accepted into the acute setting 	<ul style="list-style-type: none"> - Review and verify the Trust's demand and capacity plan for Diabetes. - Begin process to introduce triage of the "super eight" conditions by RFS.

QIPP Schemes Progress Summary June 2014 (3/4)

Scheme Name	Type	Lead	Date QIPP Live / Service Go Live	RAG	Highlights	Next Steps
Gynaecology	Planned Care	Zoe Richards	On going (since May-13)	G	<ul style="list-style-type: none"> - Review meeting with senior management and clinical leads completed. - Ring pessary- transfer from LES to collaborative community contract . RFS and EHT activity reports in place. - Increased clarity re gynaecology activity at EHT within clinics. - Increased RFS reporting re referral reason and source. Collaborative approach via CSU in relation to multiple firsts and block tariff payments. - Improved use of RFS for non 2ww activity. - Improved communication and understanding between primary care, community services and EHT. Reduced replacement ring pessary activity at EHT. 	<ul style="list-style-type: none"> - Briefing for exec on 9th July on the potential efficiencies and quality improvements to be achieved through development of an enhanced support service to primary care for the following conditions: Mirena fitting for gynaecology reasons, Heavy bleeding, Coil, menopause. IUD. Model may be based on network clinic or peripartetic specialist nurses. - Review IUD LES - Free training for Mirena fitting is offered. NRM to support arrangements for each network with SA. - Check level of infertility and hysteroscopy activity at Imperial - Discussions with RFS to establish ways to improve clarity of referral through to uro/gynae clinics by consultant specialist
Paediatric Pathways	Paediatrics	Zoe Richards	Apr-14	G	<ul style="list-style-type: none"> - PPL audit initiated, engagement with pilots scoping potential models eg CC4C, - engagement with LBE re SEND reforms in order to dovetail strategic developments, Exec review of business case scheduled 8.7.14 	<ul style="list-style-type: none"> - Review PPL audit report and agree scope for initial business case report. Continue to liaise with CC4C. - Propose key areas for exploration as part of the business plan

QIPP Schemes Progress Summary June 2014 (4/4)

Scheme Name	Type	Lead	Date QIPP Live / Service Go Live	RAG	Highlights	Next Steps
Shifting Settings of Care (Mental Care)	Mental Health	Leanda Richardson	On going (since Oct-13)	A	<ul style="list-style-type: none"> - Fortnightly monitoring meetings established and commenced with WLMHT - 35 GP practices signed up to scheme at end May - Cumulative total of 40 patients discharged at end of May set against activity target of target of 69 patients - Additional cost of depot injections - CCG confirmed that this will be covered centrally - CCG provided written confirmation of funding for PCMHWs through to 31/3/15 	<ul style="list-style-type: none"> - Continue to work with primary care to ensure 50% (40) GP practices to be signed up to scheme by 30th June 2014 - Obtain and agree WLMHT's activity plan outlining projected shift of activity for year - Finalise funding agreement with MIND for welfare benefits and peer support work - WLMHT to recruit to vacant PCMHW
Mental Health: Productivity; Recovery Houses; Ward closure & bed reconfiguration	Mental Health	Leanda Richardson	Apr-14	A	<ul style="list-style-type: none"> - Independent demand and capacity analysis commissioned and work commenced - Baseline data collected. - Discussion and analysis commenced via workshop session. - Initial discussion take place about framework for model 	<ul style="list-style-type: none"> - Complete data analysis, agree framework and complete design of modelling tool.
Prescribing	Medicines Management	Bal Hamphal	On-going: (Continuous programme for multiple years)	G	<ul style="list-style-type: none"> - Prescribing budgets allocated on a practice level. - Practice QIPP targets identified for each practice. - The Invest to Save Scheme (increasing capacity in the MMT) started on 1st April. Practice pharmacists working in GP practices to implement the QIPP areas. - The MMT have undertaken prescribing updates at the ICP MDG meetings (all 7 Health Net works have been completed). 	<ul style="list-style-type: none"> - The MMT Pharmaceutical Advisers will be undertaking practice visits to discuss the prescribing QIPP areas and the Prescribing Incentive Scheme.

Overall Programme Risks and mitigation

Risk types	Risk description	Mitigation
Procurement outcome	<ul style="list-style-type: none"> Managing the Procurement timetable slippage; Bidder proposed prices being equal to or less than market based assumptions Risk of challenge delays contract awards 	<ul style="list-style-type: none"> Ensuring procurement projects had sufficient skilled resources; Team is being re-organised to set a dedicated procurement team. Specific procurement advice in place to mitigate risks as much as possible
Delivery by provider	<ul style="list-style-type: none"> Managing acute providers to reduce acute inpatient or outpatient activity, according to commissioned Activity Plan Sustainable recurrent transformation 	<ul style="list-style-type: none"> QIPP contracting terms for 2014-15 including activity caps for certain schemes where provider performs both acute and community service. Provider performance management and joint Clinical Steering Groups.
Delivery integration	<ul style="list-style-type: none"> Dependency on EHT reducing acute activity, whilst delivery community service. Trust needs to work in an integrated way across providers. 	<ul style="list-style-type: none"> Integrated approach to contracting intentions with EHT across community and acute. Imperial performance bond will assist. QIPP contracting terms for 2014-15 including activity caps for certain schemes where provider performs both acute and community service.
GP referrals	<ul style="list-style-type: none"> Encouraging GP to refer patients into QIPP community service: Managing provider (EHT) to market the service to attract referrals Encouraging GPs to reduce referrals, sign up to Local Enhanced Service agreements, or reduce spend with primary care arena 	<ul style="list-style-type: none"> Use of specialists to supplement GP resources Use of Commissioning Incentive scheme. Use of Network Relationship managers; Sufficient resources to engage
Scheme design in progress	<ul style="list-style-type: none"> Proposed QIPP schemes, where activity and cost reduction estimates may not be accurate. Business case is not completed, and implementation decision not yet made. Uncertainty over procurement timing 	<ul style="list-style-type: none"> Sufficient resources to design the schemes in detail, and in timely way 2015-16 ideas session to be held in June
Scheme effectiveness assumption	<ul style="list-style-type: none"> Uncertainty that the scheme will have the outcome predicted. 	<ul style="list-style-type: none"> Reviews to investigate outcome gaps PMO structure Risk stratified position around delivery
Measurement: Double counting:	<ul style="list-style-type: none"> Some patient care activities are the focus of more than one QIPP scheme. 	<ul style="list-style-type: none"> QIPP OOH dashboard report has been designed to only count a patient record once.

Key areas to discuss

- Finance Support for procurements
- BCF triangulation
- Rehab beds procurement
- CSU delay in data

Progress report – Unplanned care scheme- ICE

Name of the QIPP Scheme	Intermediate Care Service	Type	Unplanned Care	
Scheme Objective	An emergency admissions avoidance scheme that provides step up services in the community including step up beds. The scheme takes referrals from GPs, and from A&E departments at both EHT and IHT.			
Target Cost Reduction 2014-15	£750,000			
Target Activity Reduction 2014-15	957 spells			
Overall RAG Status	G			
Date QIPP Live from	October-12	Current Development Stage	Design	
QIPP Lead (Non Clinical - CCG/ Local Authority)	Usha Prema	QIPP Lead (Clinical)	Dr Raj Chandok	
Highlights	Final Recommendations for new ICE service model following review, signed off by Steering Group - 30/5/14. Ealing Exec agreed key recommendations and principles of ICE Review on 11/6/14.			
Key actions completed	- ICE review has completed workshops with CCG and EHT - Future intermediate care model present by PPL, and reviewed by Steering Committee. Model has two phases of implementation; 1) Quick wins in 2014-15. 2) Long term model -Final Draft Report signed off by Steering Group on 30/5/14. Principles agreed by Exec on 11/6/14. For final sign off on 25 June and GB on 2 July. Report finalised.			
Milestones achieved	Planned Date (1 April 14 Baseline)			
Key actions next month	- Complete and sign-off ICE Review Report, and future state Intermediate Care Model at CCG Execs, Governing Body and COM - Serve contractual notice on provider of changes required - Make an initial quantified estimate of impact on non -elective admissions from implementing the new model (short term solution).			
Risks	Risk Rating [Total Score = Likelihood X Impact]			Mitigation
	Likelihood (1 to 5)	Impact (1 to 5)	Total Score	
The revised ICE delivery model will not deliver the required increases in emergency admissions reduction	3	4	12	Initial quantified estimates to be made in May/June. But will still be high level
Trust will be too slow to implement changes, and/or negotiations to change the ICE model will become pro-tracted	2	3	6	Notice letter to be serviced in May. Trust to be consulted on final recommendations
Milestone	Planned Date (1 April 14 Baseline)	Current Planned Date	RAG	Comment
ICE Review	15-Mar-14	15-Mar-14	In progress	
Plan and commission service changes	02-Jun-14	02-Jun-14	Planned, not at risk	
Mobilisation of service changes	07-Jul-14	07-Jul-14	Planned, not at risk	
New service - on-going provision	01-Sep-14	01-Sep-14	Planned, not at risk	

Progress report – Unplanned care scheme – Pulmonary Rehab Service

Name of the QIPP Scheme	Pulmonary Rehabilitation	Type	Unplanned Care	
Scheme Objective	An emergency admissions and re-admissions avoidance scheme. GPs refer qualified patients on the COPD long term conditions register for pulmonary rehab services. The provider contract allowed for 900 patients.			
Target Cost Reduction 2014-15	£97,000			
Target Activity Reduction 2014-15	40 spells			
Overall RAG Status	A			
Date QIPP Live from	October-12	Current Development Stage	Live	
QIPP Lead (Non Clinical - CCG/ Local Authority)	Delia O'Rourke	QIPP Lead (Clinical)	Sally Armstrong & Dr Vijay Tailor	
Highlights	<ul style="list-style-type: none"> - Referrals in to the PRS scheme are running at 450 pa, against a contract target of 920 for 2014-15. - GPs are not referring the quantity of patients expected as per business case, even though COPD patients exceed 3,500 as per QOF data. 			
Key actions completed	<ul style="list-style-type: none"> - Trust have put forward a marketing plan to increase referrals, which has been reviewed and agreed with CCG. - EHT-ICO have reported progress against plan. But impact is relatively low. 			
Milestones achieved	<ul style="list-style-type: none"> - PR service contacted by DOR to request a meeting to follow up on progress regarding action plan- no response yet - Network Relationship Managers developing practice engagement plans to boost referrals 			
Key actions next month	<ul style="list-style-type: none"> - Hold contract meeting to review activity and marketing plan. - If no response issue a contract query in respect of referrals and patients completing the programme. - NRMs to identify and start visiting practices with poor referral rates to PRS. 			
Risks	Risk Rating [Total Score = Likelihood X Impact]			Mitigation
	Likelihood (1 to 5)	Impact (1 to 5)	Total Score	
EHT-ICO marketing programme to increase new referrals will not reach referrals target	5	5	25	The QIPP target has been set on the basis of achieving only half of the activity in the original business case. Contract monitoring and implementation of marketing plan. NRM visits to low referring practices to encourage usage of PRS
EH-ICO do not put forward new proposal as part of the planned service review	3	3	9	The exiting contract and targets will be applied.
Milestone	Planned Date (1 April 14 Baseline)	Current Planned Date	RAG	Comment
On-going service provision	#REF!	#REF!	In progress	
Referrals marketing programme completed	07-May-14	07-May-14	Will not be achieved	Awaiting for update on marketing plan.
Service review completed	07-Jul-14	07-Jul-14	At risk of delay	Terms and time frame for service review to be agreed.

Progress report – Unplanned care scheme – GP Service for Nursing Homes

Name of the QIPP Scheme	GP Service for Nursing Homes	Type	Unplanned Care	
Scheme Objective	This commissioned service provides an enhanced primary care service for the 1,100 nursing home residents in Ealing. The contract with the provider stipulates that: <ul style="list-style-type: none"> - It provides a service 8am to 8pm, 7 days a week - Provides a timely response to both routine and urgent calls - GPs spend a specified number of hours in homes per week - Provide medicines management which will ensure that residents have a regular review of their medication to make sure that it is appropriate to meet their specific needs. 			
Target Cost Reduction 2014-15	£1,053,000			
Target Activity Reduction 2014-15	355 spells			
Overall RAG Status	G			
Date QIPP Live from	September-13	Current Development Stage	Live	
QIPP Lead (Non Clinical - CCG/ Local Authority)	Charles Wheatcroft/ Sue Pascoe	QIPP Lead (Clinical)	Dr Mohammed Alzarrad	
Highlights	<ul style="list-style-type: none"> - Patients transferred to date are 869; it is noted that 263 patients remain to be transferred. 4 nursing homes are resisting any transfers - Provider did not achieve the Mobilisation Plan according to the contract. Patient choice was the main cause. Resistance to transfer by nursing homes has also been an issue 			
Key actions completed	- Patients transferred to date are 869.			
Milestones achieved	- Service mobilisation period is completed, though it did not achieve the objective of transferring all patients from all homes			
Key actions next month	<ul style="list-style-type: none"> - Negotiate contractual changes to reflect that fact that mobilisation did not achieve the target of 1,100 patients transferred. - Follow-up to verify quality standards are being met. - Resolve IG issues, so that provider can receive SUS data, and allow triangulation between primary care and secondary care patient records. - Actively work/communicate with the nursing homes that have not transferred any patients across to the service 			
Risks	Risk Rating [Total Score = Likelihood X Impact]			Mitigation
	Likelihood (1 to 5)	Impact (1 to 5)	Total Score	
The QIPP financial goals will not be met because only 869 nursing home residents have transferred to the new service, and not the target 1,100	5	2	10	Volume based element of provider fee will reduce the re-provision cost. CCG has commenced a negotiation to reduce the Foundation Payment
Quality outcomes may be very significantly below contractual KPI standards	3	5	15	An issue identified at 15 May contract meeting. Provider to verify and provide assurance on all KPI reporting to date. High priority action and recovery plan will be required if quality is below required standards.
Milestone	Planned Date (1 April 14 Baseline)	Current Planned Date	RAG	Comment
Service mobilisation completed	01-Nov-13	01-Nov-13	Completed	
Service mobilisation extension completed	03-Mar-14	30-Jun-14	In progress	
On-going service provision	31-Mar-15	31-Mar-15	Planned, not at risk	

Progress report – Planned care scheme – CVD Anticoagulation

Name of the QIPP Scheme	CVD Anti-coagulation schemes	Type	Planned Care	
Scheme Objective	An Outpatient follow-up reduction scheme that seeks to transfer stable anti-coagulation patients for on-going Warfarin dosage and treatment closer to home and with a range of primary care providers.			
Target Cost Reduction 2014-15	£308,000			
Target Activity Reduction 2014-15	2,200 Follow-up attendances			
Overall RAG Status	G			
Date QIPP Live from	March-12	Current Development Stage	Design	
QIPP Lead (Non Clinical - CCG/ Local Authority)	Delia O'Rourke	QIPP Lead (Clinical)	Dr Alex Fragoniannis	
Highlights	QIPP is based on both a reduced tariff of £22, reduced from £77 per follow-up attendance, and achieve the discharge of stable patients as per business case.			
Key actions completed	Contract query has been raised with EHT, which Trust has replied to. Follow up letter to EHT requesting more information and a meeting by 13th June			
Milestones achieved	Nil this month			
Key actions next month	Follow up with EHT if data request and meeting dates are not forthcoming. NRM to target practices with larger volumes of patients being monitored at EHT or referred to EHT for anticoagulation to encourage community management.			
Risks	Risk Rating [Total Score = Likelihood X Impact]			
	Likelihood (1 to 5)	Impact (1 to 5)	Total Score	
EHT fall behind their target to discharge patients.	5	4	20	
QIPP will not be achieved because, stable patients will not be discharged	3	1	3	
EHT failing to agree reduction in tariff	3	5	15	
Milestone	Planned Date (1 April 14 Baseline)	Current Planned Date	RAG	Comment
On-going service provision 2013-14	01-Jan-14	01-Jan-14	In progress	
Introduction of Nurse led tariff for follow ups	01-Apr-14	01-Apr-14	At risk of delay	Trust are disputing the application of lower tariff
Contract query - activity management plan letter & Trust reply	05-May-14	05-May-14	Completed	
Contract query - rectification action plan	02-Jun-14	13-Jun-14	At risk of delay	Awaiting trust response to meet
Amended service - Start of on-going provision	02-Jun-14	02-Jun-14	At risk of delay	

Progress report – Planned care scheme – Diabetes Pathway Roll-out

Name of the QIPP Scheme	Diabetes	Type	Planned Care
Scheme Objective	An outpatient new and Outpatient follow reduction scheme that provides community based clinics in multiple locations for stable Type 2 diabetes patients. The CCG's overall diabetes services provide expanded capacity given the high prevalence of the condition amongst the Ealing population. In 2014-15, all new GP referrals are to be triaged subject to a "super six" set of clinical criteria and then navigated to acute or community services as the condition dictates.		
Target Cost Reduction 2014-15	£371,000		
Target Activity Reduction 2014-15	158 News & 2,747 Follow-ups		
Overall RAG Status	A		
Date QIPP Live from	April-11	Current Development Stage	Design
QIPP Lead (Non Clinical - CCG/ Local Authority)	Frances Horne	QIPP Lead (Clinical)	Dr Raj Chandok
Highlight	<ul style="list-style-type: none"> - Community service is established and providing services. - In contract negotiations, it became clear that the business case estimates for stable type II patients that can be discharged from acute has been over estimated. This means that only half of the QIPP target can be achieved. 		
Key actions completed	<ul style="list-style-type: none"> - Introduction of sixth clinic on Saturdays, bring the Community service to full capacity - Agreement reach with EHT-ICO over the Activity Plan for 2014-15 at 6,000 attendances. - Introduction of the "super eight" clinical conditions only being accepted into the acute setting 		
Milestones achieved	- None in reporting period		
Key actions next month	<ul style="list-style-type: none"> - Review and verify the Trust's demand and capacity plan for Diabetes. - Begin process to introduce triage of the "super eight" conditions by RFS. 		
Risks	Risk Rating [Total Score = Likelihood X Impact]		
	Likelihood (1 to 5)	Impact (1 to 5)	Total Score
Trusts do not discharge all stable patients as per the QIPP specification	3	5	15
Referrals are not going through RFS	4	4	16
			Use of contract levers to address issues with Trusts.
			Still trying to set up meeting with Grace to agree how referrals will be processed
Milestone	Planned Date (1 April 14 Baseline)	Current Planned Date	RAG
On-going service provision (5 clinics)	01-Jan-14	01-Jan-14	Completed
On-going service provision (6 clinics)	01-Apr-14	01-Apr-14	At risk of delay
Implementation Completed - RFS Triage of GP referrals	07-Jul-14	07-Jul-14	At risk of delay
Planning Complete - Follow up discharges at IHT	01-Sep-14	01-Sep-14	Planned, not at risk
Planning Complete - Follow up discharges at NWLHT, THHT	27-Oct-14	27-Oct-14	Planned, not at risk

Progress report – Planned care scheme – MSK Pathway Development

Name of the QIPP Scheme	MSK Pathway	Type	Planned Care																							
Scheme Objective	An outpatient new , outpatient follow-up and radiology test reduction (MRIs) scheme that provides expanded "interface" and physiotherapy services in the Community. Patients are triaged by the RFS and then either seen at the Interface clinics or sent direct to Physiotherapy. The Interface clinics provided community based treatment, and only refer those in most need of surgery or specialist care to consultant lead clinics in the acute sector.																									
Target Cost Reduction 2014-15	£1,281,000																									
Target Activity Reduction 2014-15	2952 News, 4876 Follow-ups, & Direct access MRIs																									
Overall RAG Status	A																									
Date QIPP Live from	September-13	Current Development Stage	Live																							
QIPP Lead (Non Clinical - CCG/ Local Authority)	Anjum Fareed	QIPP Lead (Clinical)	Dr Robert McLaren																							
Highlights	<p>- The rate of referrals has decreased over March and April 2014.</p> <p>- The contract dispute is almost resolved and plans to complete recruitment are almost complete, two T/O consultants are now in post and one neurologist. This will help consolidate the and improve rate of diversions to secondary care. Recent data from RFS has also shown that referrals to orthopaedics are now reducing and GP referrals to MSK are increasing. However, the % of Ortho referrals redirected to MSK is falling, possibly since GPs are referring more appropriately to MSK</p>																									
Key actions completed	- Meeting with EICO to find resolution over the disputed Activity Plan and pathway specification. .The reduction in MRI scans has been demonstrated through InHealth data and encouragement that has been given to GPs through letters and Council of Members meeting.																									
Milestones achieved	The recruitment of staff is now completed. Analyses of data has shown some improvements, however a full picture of the impact of of the pathway will not be possible until the end of July. Through CHHWE MSK Review it may be possible to agree a revised minimum dataset that includes a more complex capture of source of referrals, at the moment GP referrals that come from the MSK service are counted as GP referrals. The provider submitted revised costing to increase baseline on 9th June 2014.																									
Key actions next month	- Review figures submitted by provider in order finalise MSK contract baseline and specification. Complete review of impact of new pathway. Also, it is felt that the rate of Orthopaedics referrals diverted into MSK services should be higher and this will be reviewed again with RFS assessors or as an audit.																									
Risks	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">Risk Rating [Total Score = Likelihood X Impact]</th> <th rowspan="2">Mitigation</th> </tr> <tr> <th>Likelihood (1 to 5)</th> <th>Impact (1 to 5)</th> <th>Total Score</th> </tr> </thead> <tbody> <tr> <td>EHT-ICO costs for expanded service will not be acceptable</td> <td>3</td> <td>3</td> <td>9</td> <td></td> </tr> <tr> <td>Expanded capacity of staffing and venues will not be in place by summer and waiting lists will increase</td> <td>4</td> <td>4</td> <td>16</td> <td>Agreement of final contracted activity figures will be reached and signed off as soon as possible. Provider may need assistance to secure space at Hanwell. Also close monitoring of DNA;s and service cancellations will be required to ensure slot utilisation is maximised.</td> </tr> <tr> <td>Scope and implement phase 4</td> <td>3</td> <td>3</td> <td>9</td> <td>Early consolidation of expanded capacity must be in place before new projects begin. Data audits to detremine and scope extent of plans for phase 4 has been agreed by the MSK Startegy Group and letters to acute providers requesting access to data for audits will sent as soon as possible.</td> </tr> </tbody> </table>				Risk Rating [Total Score = Likelihood X Impact]			Mitigation	Likelihood (1 to 5)	Impact (1 to 5)	Total Score	EHT-ICO costs for expanded service will not be acceptable	3	3	9		Expanded capacity of staffing and venues will not be in place by summer and waiting lists will increase	4	4	16	Agreement of final contracted activity figures will be reached and signed off as soon as possible. Provider may need assistance to secure space at Hanwell. Also close monitoring of DNA;s and service cancellations will be required to ensure slot utilisation is maximised.	Scope and implement phase 4	3	3	9	Early consolidation of expanded capacity must be in place before new projects begin. Data audits to detremine and scope extent of plans for phase 4 has been agreed by the MSK Startegy Group and letters to acute providers requesting access to data for audits will sent as soon as possible.
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EHT-ICO costs for expanded service will not be acceptable	3	3	9																							
Expanded capacity of staffing and venues will not be in place by summer and waiting lists will increase	4	4	16	Agreement of final contracted activity figures will be reached and signed off as soon as possible. Provider may need assistance to secure space at Hanwell. Also close monitoring of DNA;s and service cancellations will be required to ensure slot utilisation is maximised.																						
Scope and implement phase 4	3	3	9	Early consolidation of expanded capacity must be in place before new projects begin. Data audits to detremine and scope extent of plans for phase 4 has been agreed by the MSK Startegy Group and letters to acute providers requesting access to data for audits will sent as soon as possible.																						
Milestone	Planned Date (1 April 14 Baseline)	Current Planned Date	RAG	Comment																						
On-going service provision Phase III	01-Jan-14	01-Jan-14	In progress																							
Resolution of IAP issue	06-May-14	30-May-14	Will not be achieved	Trust have promised proposal, but CCG not yet seen costs																						
Start of expanded capacity service	02-Jun-14	01-Jul-14	Will not be achieved	expanded capacity commissioned through for this financial year will not be actioned until EICO sign the contract, this has not yet been signed. Recruitment and consolidation is likely to take much longer than expected. Expanded capacity commissioned at the start of pathway has just been completed in May 2014.																						
Complete plans and commission pathway tariff	04-Aug-14	04-Sep-14	At risk of delay	Clinical lead will be on holiday for most of July and there will also be delays due to late signing of contract.																						
Start of service, with pathway tariff	04-Aug-14	01-Dec-14	In progress																							
Complete Phase IV (Rheumatology and Pain) definition	06-Oct-14	06-Oct-14	At risk of delay	As above																						
Implementation of Phase IV services	06-Oct-14	01-Dec-14	At risk of delay	As above.																						

Progress report – Planned care scheme – RFS

Name of the QIPP Scheme	Referral Facilitation Service (HP referrals & IGD)	Type	Planned Care	
Scheme Objective	An outpatients new and follow-up avoidance and diversion scheme. The RFS triages GP referrals for 8 conditions including 1.Cardiology, 2. Dermatology, 3. Gastroenterology, 4. Gynaecology ,5. Uro-renal (Nephrology & Urology) ,6. Paediatrics, 7.Orthopaedics, 8. ENT. The RFS is being expanded in 2014-15 to also triage consultant: consultant referrals and internal referrals.			
Target Cost Reduction 2014-15	£570,000			
Target Activity Reduction 2014-15	1,969 News; 2,238 Follow-ups			
Overall RAG Status	G			
Date QIPP Live from	October-14	Current Development Stage	Design	
QIPP Lead (Non Clinical - CCG/ Local Authority)	Beryl Bevan	QIPP Lead (Clinical)	Dr Alex Fragonyannis	
Highlights				
Key actions completed	- Signing of EHT Heads of Terms, which includes an agreement for the parties to establish a "prior approval process " for all GP referrals to go via RFS. - Discussion on Internally Generated Demand at Execs with Bill Lynn.			
Milestones achieved	- None during reporting month.			
Key actions next month	- Hold two workshops on IGD: 1) consultant referrals from A&E, 2) all other referrals. - Progress RFS prior approval process design with EHT			
Risks	Risk Rating [Total Score = Likelihood X Impact]			Mitigation
	Likelihood (1 to 5)	Impact (1 to 5)	Total Score	
Non co-operation and delayed agreement by provider	3	4	12	Contract management via PCE.
Milestone	Planned Date (1 April 14 Baseline)	Current Planned Date	RAG	Comment
IGD workshops, and IGD protocol preparation - Completion	30-Jun-14	30-Jun-14	In progress	
Process definition for all GP referrals to go through RFS	30-Jun-14	30-Jun-14	In progress	
CQG to approve IGD protocols and RFS processes	28-Jul-14	28-Jul-14	Planned, not at risk	
Start of C2C and IGR Validation	01-Aug-14	01-Aug-14	Planned, not at risk	
Start of the prior approval process with EHT	01-Oct-14	01-Oct-14	Planned, not at risk	

Progress report – Planned care scheme – Gynaecology

Name of the QIPP Scheme	Gynaecology	Type	Planned Care	
Scheme Objective	An outpatient new and follow-up reduction scheme. GP referrals re triaged by the RFS, and only qualified referrals are sent to the acute sector. The scheme is also focussed on changing the pathway for a number of conditions which historically have been treated in acute in follow-up clinics, but which should normally be performed in primary care.			
Target Cost Reduction 2014-15	£261,000 (£200,000 costs)			
Target Activity Reduction 2014-15	1339 News, 1442 Follow-ups & 565 OPPROC			
Overall RAG Status	G			
Date QIPP Live from	01/08/2013	Current Development Stage	Delivery	
QIPP Lead (Non Clinical - CCG/ Local Authority)	Zoe Richards	QIPP Lead (Clinical)	Dr Serena Foo and Sally Armstrong	
Highlight				
Key actions completed	<ul style="list-style-type: none"> -Review meeting with senior management and clinical leads completed. - Ring pessary- transfer from LES to collaborative community contract . RFS and EHT activity reports in place. Increased clarity re gynaecology activity at EHT within clinics. - Increased RFS reporting re referral reason and source. Collaborative approach via CSU in relation to multiple firsts and block tariff payments. Improved use of RFS for non 2ww activity. - Improved communication and understanding between primary care, community services and EHT. Reduced replacement ring pessary activity at EHT. 			
Milestones achieved	- None in current period			
Key actions next month	<ol style="list-style-type: none"> 1. Briefing for exec on 9th July on the potential efficiencies and quality improvements to be achieved through development of an enhanced support service to primary care for the following conditions: Mirena fitting for gynaecology reasons, Heavy bleeding, Coil, menopause. IUD. Model may be based on network clinic or peripatetic specialist nurses. 2. Review IUD LES 3. Free training for mirena fitting is offered. NRM to support arrangements for each network with SA. 4. Ring pessary - To write to CASH indicating that the ring pessary LES is in place and should be used rather than acute . In longer term ask CASH if they would be interested in joining the LES if this becomes possible. 5. Check level of infertility and hysteroscopy activity at Imperial 6. Speak with RFS to establish ways to improve clarity of referral through to uro/gynae clinics by consultant specialist 7. For multiple firsts: 1) scope one stop shop @EHT 2) CSU data support to review patient pathway 			
Risks	Risk Rating [Total Score = Likelihood X Impact]			Mitigation
	Likelihood (1 to 5)	Impact (1 to 5)	Total Score	
Ring pessary community contract has increased unit cost	3	5	15	CW has highlighted with lead. ECCG can decline to pay and negotiate local cost
Ring pessary community contract reduces momentum to encourage replacement removal in primary care	3	2	6	ECCG can continue with local plans. Mtg on 4.6.14 allowed for scoping of local model to support re identified condition. CDM and clinical lead capacity required.
CASH specification- move to exclude gynaecology activity. Cost and capacity risk	4	3	12	Communication with PH. On-going dialogue. Monitoring to manage risk. Consideration of local financial arrangement. Mtg on 4th June recognised reisk and allowed for scoping of local support model.
Lack of interface with Imperial- reduced impact on coding/bundle payments	4	2	8	This is being managed collaboratively.
Milestone	Planned Date (1 April 14 Baseline)	Current Planned Date	RAG	Comment
Update report to Exec for decisions on how to proceed	09-Jul-14	09-Jul-14	Planned, not at risk	Exec date to be confirmed in July

Progress report – Planned care scheme – Paediatrics

Name of the QIPP Scheme	Paediatric Pathways	Type	Paediatrics	
Scheme Objective	Both an inpatient and outpatient reduction scheme focussed on the development of multiple new pathways for the under 16s.			
Target Cost Reduction 2014-15	£100,000			
Target Activity Reduction 2014-15	Yet to be specified			
Overall RAG Status	G			
Date QIPP Live from	1.4.14	Current Development Stage	Benefit realisation	
QIPP Lead (Non Clinical - CCG/ Local Authority)	Zoe Richards	QIPP Lead (Clinical)	Vijay Tailor, sally Armstrong	
Key actions completed	PPL audit initiated, engagement with pilots scoping potential models eg CC4C, engagement with LBE re SEND reforms in order to dovetail strategic developments, Exec review of business case scheduled 8.7.14			
Milestones achieved	Yet to be specified			
Key actions next month	Review PPL audit report and agree scope for initial business case report. Continue to liaise with CC4C. Propose key areas for exploration as part of the business plan. July 14 Exec report.			
Risks	Risk Rating [Total Score = Likelihood X Impact]			Mitigation
	Likelihood (1 to 5)	Impact (1 to 5)	Total Score	
PPL audit may not provide sufficiently robust report	3	4	12	
PPL audit may not identify clear direction of travel	3	4	12	
CCG may not agree funding required to pilot model	3	3	9	
Milestone	Planned Date (1 April 14 Baseline)	Current Planned Date	RAG	Comment
PPL audit initiated	01-Apr-14	01-Apr-14	Completed	
PPL audit completed	10-May-14	01-Jun-14	At risk of delay	
Business case scoped	01-Jun-14	20-Jun-14	At risk of delay	
CCG agree business case and direction of travel	01-Jul-14		At risk of delay	

Progress report – Planned care scheme – Prescribing

Name of the QIPP Scheme	Prescribing	Type	Medicine Management	
Scheme Objective	A primary care prescribing cost reduction scheme based upon analysis and evidence based advice to GP Practices. The Medicine Management Team has undertaken a detailed review of the areas of prescribing that do not conform to best practice and/or guidelines. An evaluation of the opportunity to influence and reduce prescribing in these specific drug categories has identified a total opportunity equivalent to the budget figure.			
Target Cost Reduction 2014-15	£1,451,000			
Target Activity Reduction 2014-15				
Overall RAG Status	G			
Date QIPP Live from	01/04/2014	Current Development Stage	Delivery	
QIPP Lead (Non Clinical - CCG/ Local Authority)	Bal Hamphal	QIPP Lead (Clinical)	Arjun Dhillon	
Key actions completed	Prescribing budgets allocated on a practice level. Practice QIPP targets identified for each practice. The Invest to Save Scheme (increasing capacity in the MMT) started on 1st April. Practice pharmacists working in GP practices to implement the QIPP areas. The MMT have undertaken prescribing updates at the ICP MDG meetings (all 7 Health Net works have been completed).			
Milestones achieved				
Key actions next month	The MMT Pharmaceutical Advisers will be undertaking practice visits to discuss the prescribing QIPP areas and the Prescribing Incentive Scheme.			
Risks	Risk Rating [Total Score = Likelihood X Impact]			Mitigation
	Likelihood (1 to 5)	Impact (1 to 5)	Total Score	
Individual practices do not engage with the QIPP programme	1	5	5	Work with prescribing lead / CCG GPs / Health Networks to get engagement.
Patients do not wish to have their medicines changed	3	5	15	Clear communication required with patients as regards the changes. Provide written communication to facilitate this change e.g. leaflets, letters. Community Pharmacists to support changes.
Ealing CCG Commissioning Incentive Scheme - Prescribing is part of the CCG Commissioning Incentive Scheme which has not been agreed by NHS E - likely	2	3	6	The MMT are discussing the draft PIS 14/15 with practices
Cost pressures of drug price increases could affect the QIPP savings	4	5	20	Anticipate drug cost increases and the impact on the prescribing budget - report
Introduction of new drugs on the market, e.g. dabigatran, NICE approved drugs, newer diabetes drugs.	3	3	9	Ensure that these drugs are considered as cost pressures to the delegated budget. Consider options for off-setting the increases.
Community Pharmacists - engagement with community pharmacists	3	2	6	Communicate prescribing initiatives with community pharmacists to improve engagement.
Pathway redesign or actions in other workstreams or Shifting Settings of Care that cause prescribing cost pressures due to a shift of services from secondary to primary care	4	5	20	Ensure impact on prescribing budgets is identified and budgeted for when all new service developments are planned and implemented.
Inadequate resources to deliver programme affecting pace and breadth of delivery.	2	5	10	
Milestone	Planned Date (1 April 14 Baseline)	Current Planned Date	RAG	Comment
Number of GP practice prescribing visits completed	01-Jun-14		Planned, not at risk	
Monthly Invest to Save Reports			Planned, not at risk	
Script Switch Profile under review			Planned, not at risk	
Practice based pharmacists have started to work in practices to support medicines initiatives according to the work plan			Planned, not at risk	
Regular monthly reporting of monthly figures			Planned, not at risk	

Procurement Progress Summary June 2014

Ealing CCG Procurements Summary - May 2014						
Procurement	Value of the Procurement	Led By	RAG Status	Highlights	Key decisions in Committees	
GP Out of Hours	Approx. £5m, based on a 2 years + 1 + 1 extensions	Ealing CCG	A	<ul style="list-style-type: none"> - Procurement being undertaken in partnership with Hounslow CCG. - PPL engaged to develop the service specification. 2 workshops complete, including critical IT requirements workshop. - 15 expressions of interest received. 4 bidders submitted PQQ - PQQ queries being raised with two of the four PQQ bidders - Competitive Dialogue process has begun with the 4 invited bidders attending the initial event. - Over the next 5 weeks the Competitive Dialogue process will take place and is scheduled to end the first week of July. - The specification is currently being developed and the contract to be used will be an APMS one. - Decision made to seek a short term extension of current provider contract, to mitigate risk of new service start date uncertainty 	<ul style="list-style-type: none"> - Procurement process requires review and approval by Investment Committee (June 2014) - Service specification requires acceptance and sign-off at Execs 	
Teledermatology	Approx. £1.9m, based on a 3 years + 2 extension	Ealing CCG	G	<ul style="list-style-type: none"> - Contract awarded to Concordia. - Contracts (included parental guarantee) have been signed. - Costs proposed by bidders were lower than assumed in the Tele-Dermatology Business Case - Service commences on 9th July. - Presentation made at Council of Members - GPs make a strong request for more hubs, especially in Southall. 	<ul style="list-style-type: none"> - Award of Tele-dermatology contract - F&P for noting on 04th June 	
Rehabilitation beds	Approx. £8m, based on a 2 Years + 2 extension	Ealing CCG	R	<ul style="list-style-type: none"> - 4/5 Bidders invited to Tender have formerly withdrawn from the procurement process making it impossible to achieve the objectives of the project - Current provider contract extended by three months until 1st August. - Decision has been made to award the contract in three lots of 10 beds. Contract awarded to minimum of 2 bidders from 3 locations - Letter sent to bidders asking for confirmation they will bid in a 3 lot based tender. - Commercial model decided in detail (activity plan, lots and pricing model) - Service specification completed - ITT issued without the Finance schedule, on 16th May. Finance schedule followed on 19th May - Revised project timeline approved at 15th May Steering Group meeting - Project Manager started on 27th April 	<ul style="list-style-type: none"> - Extension of current contract - F&P for noting on 04th June 	
RFS	Current service costs approx. £500k pa	Ealing CCG	G	<ul style="list-style-type: none"> - 4 bidders have been short listed to proceed to ITT stage. - ITT is being finalised. - There is some slippages in the timeline. The importance of timing for this procurement is relatively low, and some resourced have been diverted to other procurements to the detriment of RFS. 	<ul style="list-style-type: none"> - Investment Committee to review and approve the process being followed, to verify conflict of interest issues are being appropriately managed (June 2014) 	
Pathology	Approximately £42m per annum, based on a 5 years + 2 extension contract	Ealing CCG	G	<ul style="list-style-type: none"> - ITT submissions evaluated - Preferred bidder has been selected - Governing Body has approved the preferred bidder - Alcatel period completed - Procurement process is proceeding according to original plan fixed in December 2013. No slippages foreseen. - Initial meetings with THH to discuss mobilisation have taken place - Work in progress to complete contract signature 	<ul style="list-style-type: none"> - Contract award paper to go to F&P Committee on 04th June 	
Cardiology	Approx. £2.2m pa for Cardiology community services, plus approx. £0.5m for Cardiology Rehabilitation	Ealing CCG	A	<ul style="list-style-type: none"> - Project plan approved by the Steering Group and baselined - Procurement to commence 2Q 2014/15. Procurement plan has been drawn up. - Procurement Project Manager appointed - Steering Committee has been established; members identified First meeting held on 20th May. - Patient engagement completed - A separate clinical reference group, including providers is being set up to advise and guide on the service specification - There has been a two week delay is completing the business case. 	<ul style="list-style-type: none"> - Updates and revalidated business case is presented at 04th June F&P, prior to PQQ issue to confirm the case for change 	
Wheelchair Services	TBA	CWHHE wide	A	<ul style="list-style-type: none"> - Project plan approved by the Steering Group and baselined - Procurement to commence 2Q 2014/15. Procurement plan has been drawn up. - Procurement Project Manager appointed - Steering Committee has been established; members identified First meeting held on 20th May. - Patient engagement completed - A separate clinical reference group, including providers is being set up to advise and guide on the service specification - There has been a two week delay is completing the business case. 	<ul style="list-style-type: none"> - Project Mgr appointed and commenced at beginning of June 2014. PQQ final list to be confirmed at Steering Grp 12/6/14. 	
Diagnostic Services	TBA	CWHHE wide	G	<ul style="list-style-type: none"> - CSU responsible for procurement - Part B process. - Supplier Event held 25th March - PQQs received, and PQQ evaluation in progress - Jonathan Davies co-ordinating service specification preparation 		

GP Out of Hours Procurement Highlights June 2014

Name of the Procurement	GP Out of Hours	Led by	Ealing CCG																												
Report Date	11-Jun-14																														
Value of the Procurement	Approx. £5m, based on a 2 years + 1 + 1 extensions																														
Overall Procurement RAG Status	A																														
Present Provider	Harmoni	Date of expiry of present contract	30-Sep-14																												
Procurement Team	CCG CDM: Sarah Blair Clinical lead: Shanker Vijayadeva Project Mgr.: Sarah Blair Procurement: Lead Graham Sowter																														
Highlights	<ul style="list-style-type: none"> - Procurement being undertaken in partnership with Hounslow CCG. - PPL engaged to develop the service specification. 2 workshops complete, including critical IT requirements workshop. - 15 expressions of interest received. 4 bidders submitted PQQ - PQQ queries being raised with two of the four PQQ bidders - Competitive Dialogue process has begun with the 4 invited bidders attending the initial event. - Over the next 5 weeks the Competitive Dialogue process will take place and is scheduled to end the first week of July. - The specification is currently being developed and the contract to be used will be an APMS one. - Decision made to seek a short term extension of current provider contract, to mitigate risk of new service start date uncertainty. 																														
Key decisions	<ul style="list-style-type: none"> - Service specification requires acceptance and sign-off at Execs - The first draft of the specification presented to the Execs in May. 																														
Key Activities in next month.	<ul style="list-style-type: none"> - Complete the service specification and contract - Note what issues are flagged up in the competitive dialogue process. - Issue the ITT documentation the beginning of July. 																														
Risks	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">Risk Rating [Total Score = Likelihood X Impact]</th> <th rowspan="2">Mitigation</th> </tr> <tr> <th>Likelihood (1 to 5)</th> <th>Impact (1 to 5)</th> <th>Total Score</th> </tr> </thead> <tbody> <tr> <td>The service specification may not meet all requirements and miss important priorities</td> <td>1</td> <td>4</td> <td>4</td> <td>The specification is being drafted and a version will be completed by Friday this week to hand to potential providers involved in the CD Process</td> </tr> <tr> <td>Potential conflicts of interests</td> <td>2</td> <td>4</td> <td>8</td> <td>Close scrutiny for CCG. Paper to Investment Committee.</td> </tr> <tr> <td>Loss of bidders, due to non-qualification at PQQ</td> <td>1</td> <td>1</td> <td>1</td> <td>4 bidders taken forward to Competitive Dialogue process</td> </tr> <tr> <td>Procurement may not complete before current contract term</td> <td>3</td> <td>3</td> <td>9</td> <td>Extend current contract with existing provider. Decision has been made by Steering Committee to extend.</td> </tr> </tbody> </table>				Risk Rating [Total Score = Likelihood X Impact]			Mitigation	Likelihood (1 to 5)	Impact (1 to 5)	Total Score	The service specification may not meet all requirements and miss important priorities	1	4	4	The specification is being drafted and a version will be completed by Friday this week to hand to potential providers involved in the CD Process	Potential conflicts of interests	2	4	8	Close scrutiny for CCG. Paper to Investment Committee.	Loss of bidders, due to non-qualification at PQQ	1	1	1	4 bidders taken forward to Competitive Dialogue process	Procurement may not complete before current contract term	3	3	9	Extend current contract with existing provider. Decision has been made by Steering Committee to extend.
	Risk Rating [Total Score = Likelihood X Impact]				Mitigation																										
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Loss of bidders, due to non-qualification at PQQ	1	1	1	4 bidders taken forward to Competitive Dialogue process																											
Procurement may not complete before current contract term	3	3	9	Extend current contract with existing provider. Decision has been made by Steering Committee to extend.																											
Milestone	Planned Date (1 April 14 Baseline)	Current Planned Date	RAG	Comment																											
PQQ Issue	21-Mar-14		Complete																												
Bidder event	09-Apr-14		Complete																												
PQQ Closing Date	24-Apr-14		G	PQQ evaluation perform, two bidder queries																											
PQQ Evaluation Complete	09-May-14		A																												
Invitation to Dialogue		10-Jun-14	A	Competitive Dialogue process has begun and will be																											
Competitive dialogue complete		07-Jul-14	A	completed by the 7 July 2014. ITT will then be issued and																											
ITT issue	01-May-14	11-Jul-14	A	bidders will have 3 weeks to submit their bid.																											
ITT Closing date	02-Jun-14	01-Aug-14	A																												
Complete ITT Evaluation	16-Jun-14	19-Aug-14	A																												
Site visits complete	N/A	N/A																													
Contract Award	28-Jun-14	01-Sep-14	A																												
Contract Execution	28-Jul-14	31/09/14	A																												
Service commencement	01-Oct-14	05-Nov-14	A	Commencement depends on Bidder responses																											

Tele-dermatology Procurement Highlights June 2014

Name of the Procurement	TELEDERMATOLOGY	Led by	Ealing CCG	
Report date	13-Jun-14			
Value of the Procurement	Approx. £1.9m, based on a 3 years + 2 extension			
Overall Procurement RAG Status	G			
Present Provider	No existing provider. Procurement objective is to introduce community Services for teledermoscopy and teledermatology diagnostics	Date of expiry of present contract	N/A	
Procurement Team	CCG CDM: Anjum Fareed Clinical lead: Alex Fragonnyannis Project Mgr.: Anjum Fareed Procurement: Graham Sowter (with CSU support)	CSU Procurement Lead	CSU Procurement Lead: George Rana	
Highlights	<ul style="list-style-type: none"> - Contract awarded to Concordia. - Contracts (included parental guarantee) have been signed. - Costs proposed by bidders were lower than assumed in the Tele-Dermatology Business Case - Service commenced on 9th July - Presentation made at Council of Members - GPs make a strong request for more hubs, especially in Southall. 			
Key decisions	<ul style="list-style-type: none"> - Signing of contract - Selection of 4th hub location 			
Key Activities in next month.	<ul style="list-style-type: none"> - Sign contract - Complete mobilisation, and service go live on 9th June. - Communications and announcements for new service. 			
Risks	Risk Rating [Total Score = Likelihood X Impact]			Mitigation
	Likelihood (1 to 5)	Impact (1 to 5)	Total Score	
No material risks			0	
Milestone	Planned Date (1 April 14 Baseline)	Current Planned Date	RAG	Comment
PQQ Issue			Completed	
Bidder event	Completed in 2013		Completed	
PQQ Closing Date			Completed	
PQQ Evaluation Complete			Completed	
ITT issue	28-Jan-14	28-Jan-14	Completed	
ITT Closing date	06-Mar-14	06-Mar-14	Completed	
Complete ITT Evaluation	28-Mar-14	28-Mar-14	Completed	
Site visits complete	N/A	N/A		
Contract Award	09-Apr-14	09-Apr-14	Completed	
Contract Execution	01-May-14	16-May-14	Completed	
Service commencement	08-Aug-14	09-Jun-14	Completed	Actual mobilisation brought forward by two months.

Rehabilitation Beds Procurement Highlights June 2014

Name of the Procurement	REHABILITATION BEDS	Led by	Ealing CCG																												
Report date	11-Jun-14																														
Value of the Procurement	Approx. £8m, based on a 2 Years + 2 extension																														
Overall Procurement RAG Status	R																														
Present Provider	Ealing Hospital Trust -ICO	Date of expiry of present contract	31st May 2014; extended to 31st August 2014																												
Procurement Team	CCG CDM: Eburn Eno-Amooquaye Clinical lead: Mohammad Alzarad Project Mgr.: Eburn Eno-Amooquaye Procurement: Graham Sowter	CSU Procurement Lead	CSU Procurement Lead: George Rana																												
Highlights	<ul style="list-style-type: none"> - 4/5 Bidders invited to Tender have formerly withdrawn from the procurement process making it impossible to achieve the objectives of the project - Current provider contract extended by three months until 1st August. - Decision has been made to award the contract in three lots of 10 beds. Contract awarded to minimum of 2 bidders from 3 locations - Letter sent to bidders asking for confirmation they will bid in a 3 lot based tender. - Commercial model decided in detail (activity plan, lots and pricing model) - Service specification completed - ITT issued without the Finance schedule, on 16th May. Finance schedule followed on 19th May - Revised project timeline approved at 15th May Steering Group meeting - Project Manager started on 27th April 																														
Key decisions	<ul style="list-style-type: none"> - Decision taken at 5th June Steering Group meeting to suspend the ITT, revise ITT cost model, and Re-issue the Tender to the original 5 Bidders. - ITT was officially suspended by Steering group at Ad hoc meeting on 10/06/14 and approved by CCG Managing Director on the same day. Decision to suspend was issued to Bidders on the same day. - Confirm the commercial model for service pricing. The likely total cost of the procured service depends upon the currencies bidders are asked to price against, and the minimum volumes committed. - Check and confirm TUPE implications 																														
Key actions in next month	<ul style="list-style-type: none"> - Complete revision of procurement timetable to reflect the decision taken to re-issue tender - Complete dialogue with original 5 Bidders - Re-issue ITT - Resolve TUPE issue 																														
Risks	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">Risk Rating [Total Score = Likelihood X Impact]</th> <th rowspan="2">Mitigation</th> </tr> <tr> <th>Likelihood (1 to 5)</th> <th>Impact (1 to 5)</th> <th>Total Score</th> </tr> </thead> <tbody> <tr> <td>If TUPE implications are of significant material change this may necessitate a re-procurement process.</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">9</td> <td>Obtain advice from Capsticks, and engage EHT on why they queried TUPE.</td> </tr> <tr> <td>Original Bidders may lose interest in the procurement and may not submit Tenders</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">6</td> <td>Dialogue process, prior to tender re-issue</td> </tr> <tr> <td>Existing provider contract may need to be extended, due to timeline implications of ITT re-issue.</td> <td style="text-align: center;">5</td> <td style="text-align: center;">3</td> <td style="text-align: center;">15</td> <td>Extend the current provider agreement</td> </tr> <tr> <td>Bidders may not submit tenders because the revised cost model for the ITT may not be cost effective for their business models.</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">4</td> <td>Dialogue process will be used to define financial parameters for the service</td> </tr> </tbody> </table>				Risk Rating [Total Score = Likelihood X Impact]			Mitigation	Likelihood (1 to 5)	Impact (1 to 5)	Total Score	If TUPE implications are of significant material change this may necessitate a re-procurement process.	3	3	9	Obtain advice from Capsticks, and engage EHT on why they queried TUPE.	Original Bidders may lose interest in the procurement and may not submit Tenders	2	3	6	Dialogue process, prior to tender re-issue	Existing provider contract may need to be extended, due to timeline implications of ITT re-issue.	5	3	15	Extend the current provider agreement	Bidders may not submit tenders because the revised cost model for the ITT may not be cost effective for their business models.	2	2	4	Dialogue process will be used to define financial parameters for the service
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Milestone	Planned Date (1 April 14 Baseline)	Current Planned Date	RAG	Comment																											
PQQ Issue	21-Feb-14		Completed	TUPE																											
Bidder event	28-Feb-14		Completed	Spec																											
PQQ Closing Date	14-Mar-14		Completed																												
PQQ Evaluation Complete	28-Mar-14		Completed																												
ITT issue	04-Apr-14	tbc																													
ITT Closing date	02-May-14	tbc																													
Complete ITT Evaluation	31-May-14	tbc																													
Site visits complete	04-Jun-14	tbc																													
Contract Award	12-Jun-14	tbc																													
Contract Execution	06-Jul-14	tbc																													
Service commencement	29-Sep-14	tbc																													

RFS Procurement Highlights June 2014

Name of the Procurement	Referral Facilitation Services (RFS)	Led by	Ealing CCG	
Report date	11-Jun-14			
Value of the Procurement	Current service costs approx. £600k pa. Final value of the procurement yet to be determined.			
Overall Procurement RAG Status	G			
Present Provider	Ealing CCG employed staff	Date of expiry of present contract	N/A	
Procurement Team	Management Lead: Sarah Blair Clinical lead: Alex Fragonyannis Project Mgr.: Sarah Blair Procurement: Graham Sowter	CSU Procurement Lead	CSU Procurement Lead: N/A	
Highlights	<ul style="list-style-type: none"> - 4 bidders have been short listed to proceed to ITT stage. - ITT is being finalised. - There is some slippages in the timeline. The importance of timing for this procurement is relatively low, and some resourced have been diverted to other procurements to the detriment of RFS. 			
Key decisions	<ul style="list-style-type: none"> - Investment Committee to review and approve the process being followed, to verify conflict of interest issues are being appropriately managed - Confirmation of the PQQ result, and decision on the bidders to be invited to go forward to ITT stage. - Specification presented to Exe on 11 June 2014, and was agreed. 			
Key actions in next month	<ul style="list-style-type: none"> - Complete ITT documentation, and issue; Finalise who to take forward from the PQQ process - Agree updated timelines 			
Risks	Risk Rating [Total Score = Likelihood X Impact]			Mitigation
	Likelihood (1 to 5)	Impact (1 to 5)	Total Score	
1. Possibility that RFS team would have to make two office moves: 1. to Perceval House; 2. to success bidder	1	3	3	31. A decision has been made that only one move will be allowed; OLS office occupancy will be extended
2. The volumes of referrals handled by the RFS is uncertain due planned increases resulting from consultant: consultant / IGR referrals changes and all GP referrals coming thru the RFS	3	1	3	32. Suitable language is to be included in the ITT, notify bidders of the likely changes Discussions with the Trust's, particularly EHT have commenced on by IGR and prior approval processes
3. Independent GP evaluator not yet identified	0	0	0	0 Risk fully mitigated. All evaluators identified.
Milestone	Planned Date (1 April 14 Baseline)	Current Planned Date	RAG	Comment
PQQ Issue	17-Mar-14		Complete	
Bidder event	25-Mar-14		Complete	
PQQ Closing Date	21-Apr-14		Complete	
PQQ Evaluation Complete	28-Apr-14		Complete	PQQ now complete
ITT issue	12-May-14	19-Jun-14	G	Project is on track no foreseeable delays expected.
ITT Closing date	16-Jun-14	23-Jul-14	G	
Complete ITT Evaluation	23-Jun-14	21-Aug-14	G	
Site visits complete	N/A	N/A	G	
Contract Award	07-Jul-14	30-Sep-14	G	
Contract Execution	21-Jul-14	24-Nov-14	G	
Service commencement	06-Oct-14	01-Dec-14	G	

Pathology Procurement Highlights June 2014

Name of the Procurement	Pathology:	Led by	Ealing CCG	
Report Date	11-Jun-14			
Value of the Procurement	£34.3m Total Contract Value , based on a 5 years + 2 extension contract			
Overall Procurement RAG Status	G			
Present Provider	TDL	Date of expiry of present contract	30-Sep-14	
Procurement Team	CCG CDM: Frances Horne Clinical lead: Arjun Dhillon Project Mgr.: Frances Horne Pathology Specialist: Richard Dolby Procurement: Graham Sowter	CSU Procurement Lead	CSU Procurement Lead: N/A	
Highlights	<ul style="list-style-type: none"> - ITT submissions evaluated - Preferred bidder has been selected - Governing Body has approved the preferred bidder - Alcatel period completed - Procurement process is proceeding according to original plan fixed in December 2013. No slippages foreseen. - Initial meetings with THH to discuss mobilisation have taken place - Work in progress to complete contract signature 			
Key decisions	- Agreement to sign contract			
Key actions in next month	<ul style="list-style-type: none"> - Agree and sign the service contract with THH - Formal acceptance of associated final business case, that confirms the financial case to go to Exec and Governing Body. 			
Risks	Risk Rating [Total Score = Likelihood X Impact]			Mitigation
	Likelihood (1 to 5)	Impact (1 to 5)	Total Score	
No material risks identified	0	0	0	
Milestone	Planned Date (1 April 14 Baseline)	Current Planned Date	RAG	Comment
PQQ Issue	02-Dec-13		Complete	
Bidder event	16-Dec-13		Complete	
PQQ Closing Date	06-Jan-14		Complete	
PQQ Evaluation Complete	27-Jan-14		Complete	
ITT issue	17-Feb-14		Complete	
ITT Closing date	14-Apr-14	14-Apr-14	Complete	
Complete ITT Evaluation	02-May-14	02-May-14	Complete	All on schedule
Site visits complete	N/A	N/A		
Contract Award	12-May-14	12-May-14	Complete	
Contract Execution	30-Jun-14	30-Jun-14	G	
Service commencement	06-Oct-14	01-Oct-14	G	

Diagnostic Services Procurement Highlights June 2014

Name of the Procurement	DIAGNOSTIC SERVICES	Led by	CWHHE: Collaborative procurement with all 6 NWL CCGs (was originally just CWHHE – now includes BHH)	
Report Date	16-May-14			
Value of the Procurement	TBA			
Overall Procurement RAG Status	G			
Present Provider	InHealth	Date of expiry of present contract	31 March 2015	
CCG Procurement Lead	CCG: Beryl Bevan Programme Manager (Central London): Cynthia Abankwa, CSU Project Manager: Jonathan Davies	CSU Procurement Lead	CSU Procurement Lead: Jennifer Rhoden	
Highlights	<p>CSU responsible for procurement - Part B process. Supplier Event held 25th March PQQs received, and PQQ evaluation in progress Jonathan Davies co-ordinating service specification preparation</p>			
Key decisions				
Key actions				
Risks	Risk Rating [Total Score = Likelihood X Impact]			Mitigation
	Likelihood (1 to 5)	Impact (1 to 5)	Total Score	
Schedule slippages, impacting the end day of current provider contract			0	
Milestone	Planned Date	Revised Planned Date	RAG	Comment
PQQ Issue	28-Mar-14		Complete	
Bidder event	25-Mar-14		Complete	
PQQ Closing Date	06-May-14		Complete	Some time allowance made in the plan to accommodate evaluation taking longer than expected due to clinician commitments. Project is on track
PQQ Evaluation Complete	28-May-14	03-Jun-14	G	
ITT issue	30-Jun-14		G	
ITT Closing date	03-Sep-14		G	
Complete ITT Evaluation (Steering Group endorse preferred bidder)	03-Oct-14		G	
Site visits complete	N/A		G	
Contract Award	15-Oct-14		G	
Contract Execution	N/A		G	
Service commencement	03-Nov-14		G	

Cardiology Procurement Highlights June 2014

Name of the Procurement	CARDIOLOGY		Led by	Ealing CCG
Report Date	11-Jun-14			
Value of the Procurement	Approx. £2.2m pa for Cardiology community services, plus approx. £0.5m for Cardiology Rehabilitation			
Overall Procurement RAG Status	A			
Present Provider	No existing provider. Procurement objective is to introduce community services for cardiology, and reducing the need for acute care	Date of expiry of present contract	N/A	
CCG Procurement Lead	CCG CDM: Ebun Eno-Amooquaye Clinical lead: Alex Fragonyannis Project Mgr.: Ebun Eno-Amooquaye Procurement: Graham Sowter	CSU Procurement Lead	N/A	
Highlights	<ul style="list-style-type: none"> - Project plan approved by the Steering Group and baselined - Procurement to commence 2Q 2014/15. Procurement plan has been drawn up. - Procurement Project Manager appointed - Steering Committee has been established; members identified First meeting held on 20th May. - Patient engagement completed - A separate clinical reference group, including providers is being set up to advise and guide on the service specification - There has been a two week delay in completing the business case. 			
Key decisions	<ul style="list-style-type: none"> - Updated Business case to prioritise the clinical case for change - Updates and revalidated business case is to be presented at early June F&P, prior to PQQ issue to confirm the case for change - The procurement strategy. Decisions to make include: a) two tenders versus one, b) lots, c) use of a PIN stage, d) use of a Competitive Dialogue stage 			
Key actions	<ul style="list-style-type: none"> - F&P approval of updated business case - Advertise Prior Information Event - Hold first meeting of Clinical Reference group to develop service specification 			
Risks	Risk Rating [Total Score = Likelihood X Impact]			Mitigation
	Likelihood (1 to 5)	Impact (1 to 5)	Total Score	
1. Cardiology procurement is a high profile and major service change project, and continues to attract significant stakeholder interest.	3	4	12	Service change has been reviewed at both Overview and Scrutiny, and at H&WBB. Patient/Public engagement remains key.
2. It is possible that the Business case revision will be less convincing than earlier iterations	2	3	6	Assumptions to be subject of careful review.
3. If EHT are unsuccessful in the Bid to provide the new community cardiology service, then the de-commissioning of 80% of current outpatient cardiology activity may significantly threaten the viability of the cardiology department at EHT and may threaten cardiology support to other specialities in the hospital.	3	3	9	Mitigated under SaHF programme
Milestone	Planned Date (1 April 14 Baseline)	Current Planned Date	RAG	Comment
Bidder event (PIN)	16-Jul-14	16-Jul-14	G	Project plan approved and baselined
PQQ Issue	28-Jul-14	28-Jul-14	G	
PQQ Closing Date	29-Aug-14	29-Aug-14	G	
PQQ Evaluation Complete	15-Sep-14	15-Sep-14	G	
ITT issue	22-Sep-14	22-Sep-14	G	
ITT Closing date	31-Oct-14	31-Oct-14	G	
Complete ITT Evaluation	10-Dec-14	10-Dec-14	G	
Site visits complete	05-Dec-14	05-Dec-14	G	
Contract Award	26-Jan-15	26-Jan-15	G	
Contract Execution	27-Jan-15	27-Jan-15	G	
Service commencement	11-May-15	11-May-15	G	

Wheelchair Procurement Highlights June 2014

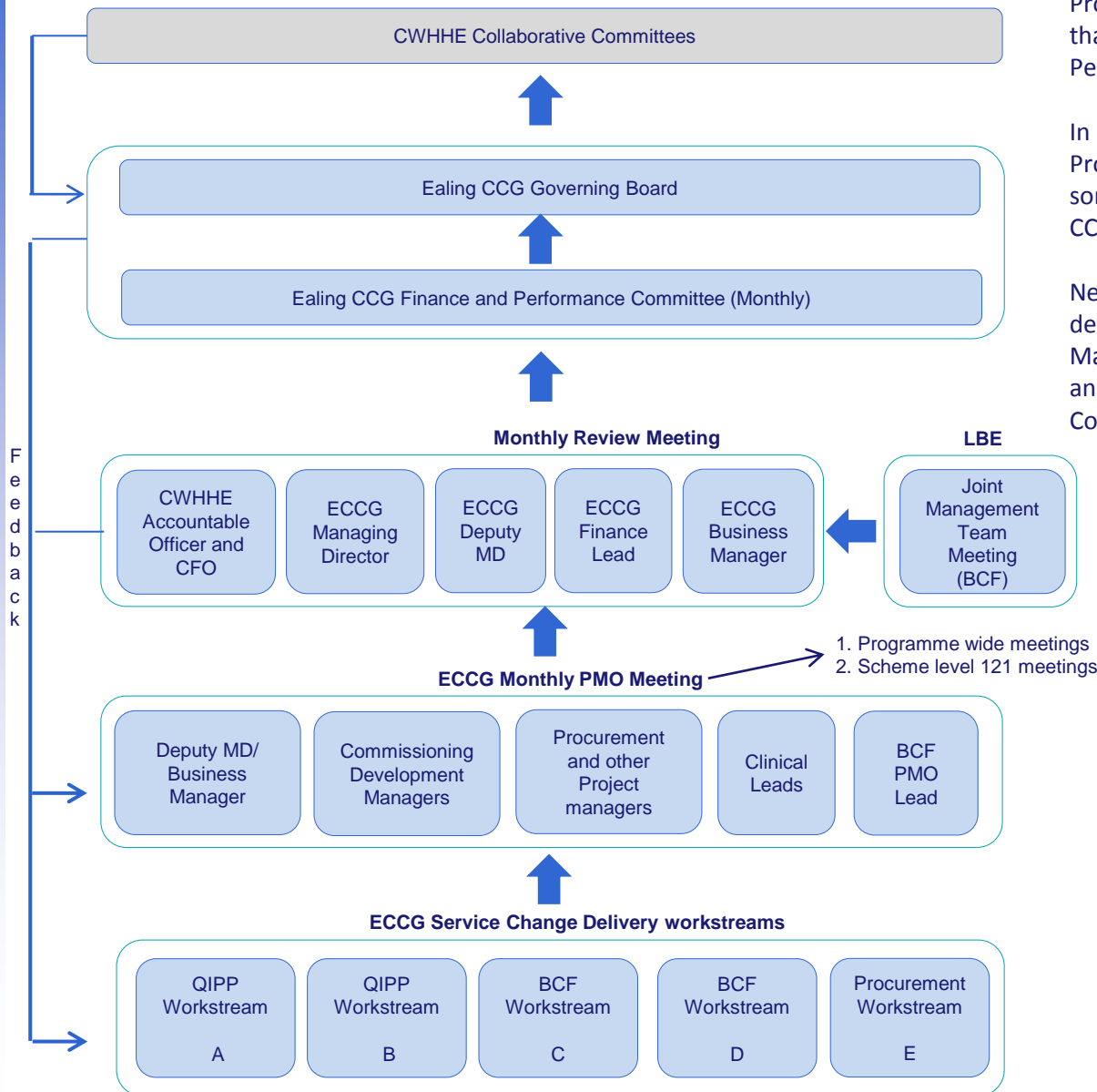
Name of the Procurement	WHEELCHAIRS	Led by	CWHHE: Collaborative procurement across all 8 NWL CCGs plus Barnet	
Report Date	11-Jun-14			
Value of the Procurement	TBA			
Overall Procurement RAG Status	A			
Present Provider	EHT-ICO	Date of expiry of present contract	31st March 2015	
CCG Procurement Lead	CCG CSM: Usha Prema CSU for Hounslow CCG: Mary Crawford [leaving 24 April 2014]	CSU Procurement Lead	- The CSU are responsible for both the overall Project Management and the procurement support - CSU Procurement Lead: Jennifer Rhoden	
Highlights	<ul style="list-style-type: none"> - This is a Pan-NWL procurement (Part A) for 9 CCGs, including Barnet. New service to start April 2015 - CSU responsible for procurement- - Supplier Event held 2nd April - PQQ deadline is 9th April, Moderation Meeting held 13 May 2014. PQQ Financial analysis to be completed. - Service specification still to be drafted – Sub Grp commenced - meeting was held 11 April 2014 to review current and example specifications. Next meeting 28 May 2014. Final spec to be completed by mid June. - The procurement needs Project Manager to be appointed - Interview held 13 May 2014 - Each CCG holding Local User Engagement - Ealing held on 29 April 2014. Two user representatives identified for Evaluation. - Financial Modelling on Contract - lead identified by CSU Ladan Tehrani 			
Key decisions	Still waiting on final PQQ decision. To be confirmed at Steering Group on 12/6/14			
Key actions	Completed the PQQ evaluation. Awaiting financial checks. Address the project management issue. Project Manager(Richard Nicholson) appointed commenced 4 June 2014.			
Risks	Risk Rating [Total Score = Likelihood X Impact]			Mitigation
	Likelihood (1 to 5)	Impact (1 to 5)	Total Score	
Lack of Project Management support				CSU (Daniel Tagg) have escalated the issue within CSU.
The procurement timeline is vulnerable to major delay, and will not be completed by 31st March 2015				Ealing CCG is not clear how this major risk will be resolved
Milestone	Planned Date	Revised Planned Date	RAG	Comment
PQQ Issue	10-Mar-14		Complete	
Bidder event	02-Apr-14		Complete	
PQQ Closing Date	09-Apr-14		Complete	Resources are not in place to carry out this procurement.
PQQ Evaluation Complete	30-Apr-14	31-May-14	A	Subject to Financial Analysis
ITT issue	26-May-14	Jun-14	R	date yet to be agreed.
ITT Closing date	27-Jun-14		R	
Complete ITT Evaluation	30-Sep-14		R	
Site visits complete	31-Aug-14		R	
Contract Award	30-Nov-14		R	
Contract Execution	31-Jan-15		R	
Service commencement	01-Apr-15		R	

APPENDIX

Summary of 2014-15 QIPP Programme

Scheme Type	Scheme Code	Scheme Name	2014-15 QIPP Summary Plan				
			Gross Saving (£000)	Investment (£000k)	Net Savings (£000)	Risk Rating (% Deliverable)	Net Rated Savings (£000)
Unplanned Care	07W-1415-001	Intermediate Care Service (ICE)	£750	£0	£750	100%	£750
Unplanned Care	07W-1415-002	U&USC Pathway: Ambulatory Care	£0	£0	£0	0%	£0
Unplanned Care	07W-1415-003	U&USC Pathway: Frail Elderly	£0	£0	£0	0%	£0
Unplanned Care	07W-1415-004	GP Service for Nursing Homes	£1,053	£477	£576	81%	£466
Unplanned Care	07W-1415-005	Pulmonary rehabilitation	£97	£0	£97	50%	£49
Unplanned Care	07W-1415-006	Falls Pathway	£0	£0	£0	0%	£0
Planned Care	07W-1415-007	Referral Facilitation Service (RFS)	£570	£285	£285	57%	£162
Planned Care	07W-1415-008	CVD Anticoagulation Schemes	£308	£72	£236	40%	£94
Planned Care	07W-1415-009	MSK Pathway	£1,281	£387	£894	100%	£894
Planned Care	07W-1415-010	Diabetes	£371	£324	£47	100%	£47
Planned Care	07W-1415-011	Cardiology	£547	£497	£50	30%	£15
Planned Care	07W-1415-012	Gynaecology	£461	£200	£261	39%	£101
Planned Care	07W-1415-013	Dermatology	£1,412	£452	£960	88%	£848
Planned Care	07W-1415-014	Ophthalmology	TBD	TBD	TBD	TBD	TBD
Paediatrics	07W-1415-015	Paediatric Pathways	£100	£0	£100	100%	£100
Paediatrics	07W-1415-016	Connecting Care for Children	£0	£0	£0	0%	£0
Mental Health	07W-1415-017	Mental Health CC	£650	£0	£650	100%	£650
Mental Health	07W-1415-018	Shifting Settings of Care (Mental Health)	£500	£0	£500	67%	£333
Mental Health	07W-1415-019	Mental Health: Productivity; Recovery Houses; Ward closure & bed reconfiguration	£400	£0	£400	47%	£188
Medicines Management	07W-1415-020	Prescribing	£1,451	£200	£1,251	79%	£993
Medicines Management	07W-1415-021	Acute High Cost Drugs Risk Share	£100	£0	£100	100%	£100
Financial Management	07W-1415-022	NCA Validations	£75	£0	£75	75%	£56
Efficiency and Productivity	07W-1415-023	Emergency Admissions Reduction	£1,125	£0	£1,125	50%	£563
Efficiency and Productivity	07W-1415-024	Productive Community Services Efficiency 2014-15	£368	£0	£368	50%	£184
Efficiency and Productivity	07W-1415-025	Old Productivity and Efficiency Metrics	TBD	TBD	TBD	TBD	TBD
Diagnostics	07W-1415-026	Diagnostics: Pathology	£100	£0	£100	100%	£100
Diagnostics	07W-1415-027	Diagnostics Cloud	£0	£0	£0	0%	£0
Diagnostics	07W-1415-028	Pathology Services Re-procurement	£344	Saving shown net	£344	78%	£267
		Totals (roll forward of 2014-15 QIPP schemes)	£12,063	£2,894	£9,169		£6,960
		Net QIPP Target		£9,169			

Governance arrangements and PMO structure to track progress and benefits of each scheme



Procurements are monitored via Steering Committee that operate under mandate granted by Finance and Performance Committee.

In addition, North West London CSU provides Procurement advisory service on a monthly basis for some of the procurements, which is monitored by the CCG.

New schemes are subject to development through defined stages and approvals through Executive Management and Innovation Committee and Finance and Performance Committees and CWHHE Investment Committee.

