

**GOVERNING BODY MEETING**Meeting Date: 24<sup>th</sup> May 2017*Scarborough and Ryedale  
Clinical Commissioning Group*Report's Sponsoring Governing Body  
Member: Dr Greg Black, Governing Body  
GPReport Author: Gaye Hanson , Head of  
Planning & Assurance**1. Title of Paper: Update on SRCCG RightCare Programme****2. Strategic Objectives supported by this paper:**

(check those which apply)

- To create a viable & sustainable organisation, whilst facilitating the development of a different, more innovative culture
- To commission high quality services which will improve the health & wellbeing of the people in Scarborough & Ryedale
- To build strong effective relationships with all stakeholders and deliver through effectively engaging with our partners
- To support people within the local community by enabling a system of choice & integrated care
- To deliver against all national & local priorities incl QIPP and work within our financial resources

**3. Executive Summary:**

SRCCG joined Wave 2 of the RightCare Programme in January 2017. RightCare is a national programme that uses intelligence, innovation and improvement techniques to shine a light on unwarranted variation in outcomes and support health economies to address this through sustainable change.

The CCG has identified CVD, MSK and Gastrointestinal Conditions as its 3 RightCare priorities as these present the greatest spend opportunities according to the RightCare analysis. A progress update on action in these 3 areas is provided in the paper. These 3 areas have a QIPP target of £250k attributed to them. A further c£400k of QIPP has been attributed to a further 7 RightCare programme areas in this year's QIPP Plan.

**4. Risks relating to proposals in this paper:**

The primary risk relates to the deliverability of the QIPP assumptions associated with this ambitious and wide-ranging programme. This is caused by the need to confirm the validity of the opportunities identified in 2017/18 terms and then the capacity across the system to implement any agreed changes to pathways or thresholds.

**5. Summary of any finance / resource implications:**

The 2017/18 QIPP Plan includes a total target of £650k associated with RightCare programme areas including £250k on the top 3 priorities of CVD, MSK and Gastrointestinal Conditions.

**6. Any statutory / regulatory / legal / NHS Constitution implications:**

None

**7. Equality Impact Assessment:**

N/A

**8. Any related work with stakeholders or communications plan:**

The top 3 priority workstreams (CVD/MSK and Gastro) are managed within the Ambition for Health Programme for which there is a comprehensive communication and engagement plan.

**9. Recommendations / Action Required**

The Governing Body is asked to note the contents of this update paper.

**10. Assurance**

The RightCare workstream delivery is managed through the CVD Steering Group (for CVD) and the Outpatient Programme Board (for MSK and Gastro) both of which are accountable to the Ambition for Health Steering Group whilst the overall QIPP delivery performance for all programme areas is being overseen by the QIPP Steering Group.

For further information please contact:

Name: <i>Gaye Hanson</i>	Title: <i>Head of Planning &amp; Assurance</i>	 : 01723 343667
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**SCARBOROUGH & RYEDALE CLINICAL COMMISSIONING GROUP**  
**UPDATE FOR SRCCG GOVERNING BODY ON RIGHTCARE PROGRAMME**

**May 2017**

**1. INTRODUCTION**

SRCCG joined Wave 2 of the RightCare Programme in January 2017. RightCare is a national programme that uses intelligence, innovation and improvement techniques to shine a light on unwarranted variation in outcomes and support health economies to address this through sustainable change.

RightCare publishes Commissioning for Value packs which provides analysis of each CCG's performance across a range of clinical programme areas against 9 most similar peers and identifies the quality and efficiency opportunities available if the named CCG were to achieve comparable peer outcomes.

The SRCCG RightCare peer group is as follows:

- Hastings & Rother
- Great Yarmouth & Waveney
- West Norfolk
- South Kent Coast
- Isle of Wight
- Lincolnshire East
- Herefordshire
- Airedale, Wharfedale and Craven
- Harrogate Rural District

**2. BACKGROUND**

The Scarborough & Ryedale Commissioning for Value pack produced in January 2017 identified the following headline programme area opportunities for the CCG compared to peer.

Table 1: SRCCG Commissioning for Value Headline Opportunities Jan 17

<b>Spend and Outcomes</b>	<b>Outcomes</b>	<b>Spend</b>
Gastro-Intestinal	Gastro-Intestinal	Circulation
Circulation	Neurological	Gastro-Intestinal
Neurological	Endocrine	Musculoskeletal
Cancer	Circulation	Cancer
Endocrine	Cancer	Neurological

Against this analysis and recognising the work already underway under the CCG's Cardio-Vascular Disease (CVD) Strategy the decision was taken to select Cardio-Vascular Disease, Gastro-intestinal and Musculoskeletal as the CCG's 3 RightCare priorities for 2017/18.

The 2017/18 QIPP plan attributes a total savings target of C£250k to these 3 workstreams with an expectation that this will be delivered across elective and non-elective points of delivery in year.

Subsequently the CCG has incorporated additional RightCare spend opportunities into its expanded QIPP Plan for 2017/18 and attributed a further c £400k to elective, non-elective and prescribing spend reduction across the following programme areas:

- Trauma & Injuries
- Paediatrics
- Diabetes
- Neurological
- Cancer
- Genito-Urinary
- Respiratory

### **3. PROGRESS AGAINST PRIORITY WORKSTREAMS**

#### **3.1 Cardio Vascular Disease (CVD)**

The CVD Steering Group has been leading a wide-ranging programme of work designed to impact on a key number of CCG CVD priorities.

Progress to date includes:

##### Atrial Fibrillation

Work is underway with a small number of pilot areas to identify the most effective approach to improving the detection and management of Atrial Fibrillation (AF) in primary care, in order that this approach can then be spread across all SRCCG practices.

In tandem the CVD team are working with the Cardiology Team at YFT to look at improvements to the current pathways between primary and secondary care for AF with a view to increasing the amount of care that can be managed out with a hospital setting.

##### Hypertension

The CVD team are working closely with the Public Health Team at NYCC to optimise use of the NHS Health Check to improve the detection and management of hypertension.

##### Acute Kidney Injury

A comprehensive patient communications campaign through primary care and community pharmacies has been undertaken to alert patients to the

risks of AKI and strategies to avoid them with a view to reducing avoidable harm and hospital attendances.

Key performance indicators for all of these schemes have been developed and are being tracked through both the overall QIPP dashboard and local quality metrics reviewed at the Steering Group.

The risks to delivery relate to the ability to galvanise primary care capacity in order to tackle detection and treatment rates as well as the likely longer term impact of many of these initiatives.

### **Gastro-intestinal Conditions**

Following an analysis of the opportunities identified in the RightCare pack issued in January 2017, the main focus and aim will be to reduce unwarranted variation and spend on non-elective, elective, diagnostics and prescribing associated with gastrointestinal conditions.

#### Progress to date and Next Steps

Scarborough and Ryedale CCG has been working closely with James Turvill Consultant Gastroenterologist at YFT to implement the revised Faecal Calprotectin pathway for IBD/IBS. The results of this work had started to have a positive impact on reducing referrals to Gastroenterology which have shown a 20% reduction in year to year comparison since the pathway commenced in October 2016.

The impact on colonoscopy rates has yet to be seen however and further work is required to address the format of the current Open Access Colonoscopy referral form which is being looked into further.

Dr Turvill recently attended the CCG's PTL event held on the 9th May and gave a presentation to Primary Care Clinicians on the revised Faecal Calprotectin pathway. Feedback received has been very positive and further communication and engagement with GPs to support the pathway is planned.

A joint RightCare Gastro project group has recently been set up with Vale of York CCG and although two meetings have already taken place the project is still at a very early stage.

The Medicines Management Team has also identified a number of gastro prescribing opportunities. These will form part of the Medicine Management QIPP Plan for FY1718 and progress will be monitored through the monthly Medicines Management Programme Board.

### **3.2 Musculo-Skeletal Conditions (MSK)**

The RightCare analysis identifies a significant spend opportunity for SRCCG in elective MSK conditions and in particular in relation to rates of hip and knee replacements however it should be noted that much of this analysis is drawn from 2014/15 data.

Since 2015 the CCG has invested in MSK clinical triagers who now vet all MSK referrals. Training sessions have been run to upskill a nominated individual from each practice to become the 'MSK' expert and disseminate learning within the practice.

In October 2015 the CCG introduced additional commissioning thresholds for arthroscopies (hip, knee and shoulder) in addition to the existing range of policies for various MSK related conditions.

#### Progress to Date and Next steps

A detailed analysis of the local CCG data is being undertaken and compared with the national RightCare information and also Dr Foster data to cross triangulate where we need to concentrate our efforts and ensure that any proposed action is informed by current data.

This will include looking at activity and outcomes across other related pathways and specialities including Rheumatology, Pain and Enablement services and Physiotherapy.

Actions being considered will include a review of current commissioning thresholds, identifying capacity in Primary Care through an audit of MSK expert in Practice and formulate list of GPs who undertake joint injections.

The team will also use the QiPP Programme Report National Priorities in order to identify any QiPP opportunities for the CCG and explore the scope for change with other provider on the patch who carry out MSK work e.g. private hospitals.

### **3.3 Other Programme Areas**

The other programme areas detailed above are currently in an early stage of scoping and a further update can be provided at a later date.

## **4. RECOMMENDATION**

The SRCCG Governing Body is asked to note the contents of this update paper.