

NHS South: - South Central Area PCT cluster RAG ratings for progress against QIPP initiatives - 2012-13										
For SHA USE Summary commentry on PCT clusters Summary commentry for SHA cluster				There remains risk to delivery in all 3 PCT Clusters as a result of activity levels, and we will consider SHIP cluster high risk until the issue with savings covered on the tracker is resolved. Buckinghamshire and Oxfordshire have planned for significant strategic and transformational change in their QIPP plans and are reporting milestone slippage in several areas which include the urgent care programme. Where risks have been identified through the QIPP tracker process, these are escalated through the SoE Performance Management Framework and for part of the agenda when meeting with PCT Clusters. QIPP leads at the SHA are targeting high-risk PCT Clusters using a variety of decision support tools						
Report for the month of:		Date		PCT Clusters						
Domains	Totals for RAG Rating			Berkshire	Buckingham and Oxfordshire - Oxford	Buckingham and Oxfordshire - Buckingham	Southampton, Hampshire, Isle of Wight and Portsmouth	PCT Cluster 5	PCT Cluster 6	PCT Cluster 7
	Red	Amber	Green							
Initiative 1	0	2	2	Green	Amber	Amber	Green	RAG Rating	RAG Rating	RAG Rating
	Narrative			This programme is on track with the milestones to date.	a. OP no FU - Practices/localities have not yet developed plans to meet those specialty areas ragged Red in their OP data reviews of OP no FU in 11/12. Savings phased from Q3 so not impacting yet but a risk contained within the programme given the scale of change required and savings associated with it. b. Business rules/responsibilities agreed, but remaining risk re new EPR system will result in counting changes and make like for like monitoring against 11/12 actual/plan difficult	Project and programme achieving milestones with minimal reported slippage. A high level of risk is contained within the programme given the scale of change required and savings associated with it.	No impact upon financial savings despite minor slippage on milestones. Monitoring processes in place to flag any potential issues that may arise from the delays.	0	0	0
Initiative 2	0	3	1	Green	Amber	Amber	Amber	RAG Rating	RAG Rating	RAG Rating
	Narrative			The programme has made good progress although one of the milestones have slipped due to delay in recruitment and provider clinicians are totally engaged in the service model. Potential impact assessment and mitigating actions commenced so that there is no impact on the overall savings or activity for this programme.	111 - Change in DH specification in Dec 11 caused delays in ability to meet new specification with Provider IT Issues, Clinical Governance Submission, Telephony Issues. Full launch now Jul 12, 1 month slippage in savings (£249k)	Significant delays reported for the introduction of the dermatology community service. The programme continues to hold a high level of risk due to scale of change required	Overall, the milestone slippage will not impact upon financials or KPIs, as revised milestone dates had already been taken into account when finalising financials for 12/13. The revisions to the HASP Project could potentially impact upon Programme delivery. The revised plan is currently awaiting authorisation via local Governance controls. If the changes are authorised the potential financial impact upon the delivery of this Programme will be assessed.	0	0	0
Initiative 3	0	3	1	Green	Amber	Amber	Amber	RAG Rating	RAG Rating	RAG Rating
	Narrative			Programme is progressing well.	a. Reducing variation in Primary Care Locality delegation of QIPP targets not yet completed at corporate level / fully embedded in PIPs so full engagement difficult to achieve. Impact on Q2 savings (£170k) b. Heart Failure Pathway – New HF diagnostic pathway appears not to be being followed by GP Practices and admissions for HF are not reducing. Potential impact on delivery of full year savings (£193k) c Self Care - Application for funding for a RCT turned down. Meeting to agree alternative approach scheduled in June and hope to bring plan to board workshop for discussion in October	Projects are on track but scale of change and risk held within the programme remain high	Unable to report overall Programme status whilst current position for Cardiovascular remains outstanding. The Cluster will have a response by 9th July and can provide RAG rating for this initiative at this point.	0	0	0
Initiative 4	0	1	2	RAG Rating	Green	Amber	Green	RAG Rating	RAG Rating	RAG Rating
	Narrative			0	3 milestones slipped - not material/impacting on QIPP savings	Scale of change is significant; projects proceeding to timescale	Scale of change is significant; projects proceeding to timescale	Scale of change is significant; projects proceeding to timescale	Scale of change is significant; projects proceeding to timescale	Scale of change is significant; projects proceeding to timescale
Initiative 5	0	1	2	Green	Amber	Green	RAG Rating	RAG Rating	RAG Rating	RAG Rating
	Narrative			Good progress has been made in this programme to date.	AQP - delays in implementation Pricing challenge - 3 month slippage due to competing CCG priorities. Critical path has sufficient tolerance to be able to manage this.	No reported issues	0	0	0	0
Initiative 6	0	0	3	Green	Green	Green	RAG Rating	RAG Rating	RAG Rating	RAG Rating
	Narrative			Good progress has been made by most of the workstreams. Although there are three milestones which have delayed in this programme - these are due to NHS 111. However, Stage 1 assurance for NHS 111 has been achieved and impact assessment shows that the soft (pilot) launch remain on track for Jan 13 and there will be on impact on overall savings for this programme.	Milestones on track	Local Prescribing Quality management scheme agreed review of implementation and outcomes undertaken monthly.	0	0	0	0
Initiative 7	1	0	0	RAG Rating	Red	RAG Rating	RAG Rating	RAG Rating	RAG Rating	RAG Rating
	Narrative			0	Provider implementation plans have not delivered sustained reduction in DTOC numbers. Whole system recognises that this indicator will not turn green until we get to sustained position of a monthly average of under 20 delays	0	0	0	0	0
SHA narrative on PCT cluster progress										
Overall RAG rating for QIPP programme To be completed by PCT cluster and moderated by their SHA cluster				RAG Rating	RAG Rating	RAG Rating	RAG Rating	RAG Rating	RAG Rating	RAG Rating













This figure consists of a single, large white rectangle that occupies the majority of the page. It is positioned centrally and has a thin black border. The label "QIPP Initiative 5" is centered above the rectangle.

QIPP Initiative 5

Scale		PCT	Title	Planned Care (Berkshire West)																																																																																																																																																																																																
Primary FMS category for savings			Estimated savings 2012-13 (£000's)	3822	Estimated savings 2013-14 (£000's)	£1,921	Estimated savings 2014-15 (£000's)	£0	Secondary FMS category for savings		Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)		Estimated savings 2013-14 (£000's)		Additional FMS category for savings		Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)		Additional FMS category for savings		Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)																																																																																																																																																																					
			FMS savings 2012-13	3822	FMS savings 2013-14	£1,921	FMS savings 2014-15	£0	Total for CSR period	£2,743																																																																																																																																																																																										
	Oncology service review		The project will analyse the proportion of patients sent for diagnostics and investigate interventions and the use of medicines before	Workstream 5B	Oncology	This project will continue to support the work being undertaken to reduce avoidable usage of Direct Access Radiology at RSBT	Workstream 5C	Oncology	This project will continue to support the work being undertaken to reduce avoidable usage of Direct Access Radiology at RSBT	Workstream 5D	Oncology	This project will continue to support the work being undertaken to reduce avoidable usage of Direct Access Radiology at RSBT	Workstream 5E	Oncology	This project will continue to support the work being undertaken to reduce avoidable usage of Direct Access Radiology at RSBT	Workstream 5F	Oncology	This project will continue to support the work being undertaken to reduce avoidable usage of Direct Access Radiology at RSBT	Workstream 5G	Oncology	This project will continue to support the work being undertaken to reduce avoidable usage of Direct Access Radiology at RSBT	Workstream 5H	Oncology	This project will continue to support the work being undertaken to reduce avoidable usage of Direct Access Radiology at RSBT	Workstream 5I	Oncology	This project will continue to support the work being undertaken to reduce avoidable usage of Direct Access Radiology at RSBT	Workstream 5J	Oncology	This project will continue to support the work being undertaken to reduce avoidable usage of Direct Access Radiology at RSBT	Workstream 5K	Oncology	This project will continue to support the work being undertaken to reduce avoidable usage of Direct Access Radiology at RSBT																																																																																																																																																																			
			Estimated savings/yr		Estimated savings/yr		Estimated savings/yr				Estimated savings/yr		Estimated savings/yr		Estimated savings/yr				Estimated savings/yr		Estimated savings/yr		Estimated savings/yr				Estimated savings/yr		Estimated savings/yr		Estimated savings/yr		Estimated savings/yr		Estimated savings/yr																																																																																																																																																																	
QPP 5 End state 12-13	QPP 5 End state 13-14	QPP 5 End state 14-15	QPP LM 5.1	QPP LM 5.2	QPP LM 5.3	QPP LM 5.4	QPP LM 5.5	QPP LM 5.6	QPP LM 5.7	QPP LM 5.8	QPP LM 5.9	QPP LM 5.10	QPP LM 5.11	QPP LM 5.12	QPP LM 5.13	QPP LM 5.14	QPP LM 5.15	QPP LM 5.16	QPP LM 5.17	QPP LM 5.18	QPP LM 5.19	QPP LM 5.20	QPP LM 5.21	QPP LM 5.22	QPP LM 5.23	QPP LM 5.24	QPP LM 5.25	QPP LM 5.26	QPP LM 5.27	QPP LM 5.28	QPP LM 5.29	Risks and Issues (Relative level)																																																																																																																																																																				
1. Patients will be empowered to make appropriate decisions about their own health. 2. Aim to achieve 80% proportion of GP referrals for 1st consultant appointment using Choice & Book. 3. 100% of GP practices in Berkshire West are engaged in meeting the requirement of QOR QP for orthopaedics. 4. Reduction in direct access to Radiology and pathology. 5. Unnecessary clinical variation across primary care, secondary care is eliminated and the economy achieves upper decile for all productivity metrics and quality standards.			100% of practices have clear guidelines for direct access radiology referrals agreed. 100% of practices have clear guidelines for direct access radiology referrals agreed. MSK pathway map complete, and available for all practices to prepare a project plan and to be agreed by the CCG leads for action. Rapid Access to local endoscopy starts providing quality diagnostic care closer to home. Activity data will indicate that the endoscopy services are increasing from baseline in all CCGs. New Radiology and pathology guidelines are fully in place and shared with 100% of practices. Integrated ophthalmology pathway implemented and activity increased from baseline across all CCG areas. Less complex ophthalmology patients level by ophthalmologists and activity increased from baseline across all CCG areas. 100% of staff in primary care trained and or having data agreed by practices to use Shared decision making (SDM) tools. System wide pathway agreed to reduce inefficiencies for MSK and new pathway identified and mapped which excludes those found to be offering poor value of money.			Early assessment report on the use of the SDM tools measured through secondary care audit (COLIN) and direct feedback from practices. New integrated Ophthalmology services negotiated into 13/14 contracts. New reduced activity agreed for Radiology and Pathology pathway for 13/14 contracts. Commencement of the new MSK pathway. Activity & finance adjustments taken into consideration in contract negotiations. Notice served on providers where appropriate. Service Level Agreement prepared, negotiated and agreed with service provider for endoscopy at new level of activity. New provider starts services for MSK. Review and evaluate the effectiveness of the MSK pathway. End of year evaluation for Ophthalmology, Radiology / pathology, endoscopy and orthopaedics MSK pathways. Changes in activity agreed in 13/14 contract with providers for Ophthalmology, Radiology / pathology, endoscopy and orthopaedics MSK pathways. End of year evaluation for all the services shared with all CCG leads and improvements agreed with the providers for next year contracts. Complete review of Tier 2 services and implement contractual actions. Specific patient pathway agreed with secondary care to improve first to follow de ratio for cardiology and respiratory.																																																																																																																																																																																														
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QPP 5 End state 12-13	QPP 5 End state 13-14	QPP 5 End state 14-15	QPP LM 5.1 end	QPP LM 5.2 end	QPP LM 5.3 end	QPP LM 5.4 end	QPP LM 5.5 end	QPP LM 5.6 end	QPP LM 5.7 end	QPP LM 5.8 end	QPP LM 5.9 end	QPP LM 5.10 end	QPP LM 5.11 end	QPP LM 5.12 end	QPP LM 5.13 end	QPP LM 5.14 end	QPP LM 5.15 end	QPP LM 5.16 end	QPP LM 5.17 end	QPP LM 5.18 end	QPP LM 5.19 end	QPP LM 5.20 end	QPP LM 5.21 end	QPP LM 5.22 end	QPP LM 5.23 end	QPP LM 5.24 end	QPP LM 5.25 end	QPP LM 5.26 end	QPP LM 5.27 end	QPP LM 5.28 end	QPP LM 5.29 end	RAQ rating for the Initiative																																																																																																																																																																				
Guidance for reporting progress on milestones This should be updated monthly as required. Slippage should be reported highlighting impact (particularly on NPIs and Extern mitigating actions)			Progress against milestone This should be updated monthly as required. Slippage should be reported highlighting impact (particularly on NPIs and Extern mitigating actions)			Progress against milestone This should be updated monthly as required. Slippage should be reported highlighting impact (particularly on NPIs and Extern mitigating actions)			Progress against milestone This should be updated monthly as required. Slippage should be reported highlighting impact (particularly on NPIs and Extern mitigating actions)			Progress against milestone This should be updated monthly as required. Slippage should be reported highlighting impact (particularly on NPIs and Extern mitigating actions)			Progress against milestone This should be updated monthly as required. Slippage should be reported highlighting impact (particularly on NPIs and Extern mitigating actions)			Progress against milestone This should be updated monthly as required. Slippage should be reported highlighting impact (particularly on NPIs and Extern mitigating actions)			Progress against milestone This should be updated monthly as required. Slippage should be reported highlighting impact (particularly on NPIs and Extern mitigating actions)			Progress against milestone This should be updated monthly as required. Slippage should be reported highlighting impact (particularly on NPIs and Extern mitigating actions)			Progress against milestone This should be updated monthly as required. Slippage should be reported highlighting impact (particularly on NPIs and Extern mitigating actions)			Progress against milestone This should be updated monthly as required. Slippage should be reported highlighting impact (particularly on NPIs and Extern mitigating actions)			Progress against milestone This should be updated monthly as required. Slippage should be reported highlighting impact (particularly on NPIs and Extern mitigating actions)			Good progress has been made in this programme to date.																																																																																																																																																																
Guidance for reporting progress for the workstream Monthly National in report overall progress of the initiative along with risks, issues and mitigating actions Quarterly required and should give narrative on overall progress of the initiative and supporting workstreams. It should include an assessment of progress against performance indicators, and finance along with risks and mitigating actions			100% of practices have clear guidelines for direct access radiology and pathology requests agreed.			100% of practices have clear guidelines for direct access radiology and pathology requests agreed.			MSK pathway map completed with all the services mapped with their providers																																																																																																																																																																																											
Completed - on time and in full, in-progress: Delayed - amber - due date has passed but no material impact on delivery scope or impact. Delayed - red - due date has passed and there is / will be material impact on delivery scope or impact			Completed			Completed			Completed			Completed			In progress			In progress			In progress			In progress			In progress			In progress			In progress			In progress			In progress																																																																																																																																																													
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QIPP Initiative 7

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QIPP Initiative 4

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2012- 2013 Milestone Tracker

QIPP Overview and finances																										
SHA cluster:	NHS South of England																									
PCT Cluster :	Oxfordshire & Buckinghamshire - Bucks																									
Number of CCGs in cluster:	2																									
Report for the month of:	Jun-12																									
QIPP Challenge (£000s)	£72,740																									
FIMS Plan: Savings for CSR period (£000s)	£72,740																									
Yr 1 FIMS savings delivered (forecast output) 2011-12 (£000s)	£27,026																									
Yr 2 Plan FIMS savings for 2012-13 (£000s)	£18,965																									
Yr 3 Plan FIMS savings for 2013-14 (£000s)	£12,802																									
Yr 4 Plan FIMS savings for 2014-15 (£000s)	£13,535																									
Total savings years 1-4 (£000's) (should equal savings for the CSR period (Cell C8))	£72,740																									
Estimated value of centrally reported QIPP initiatives in remaining CSR period (should be <50% of years 2-4 (Cells C11-C13))	£46,295																									
QIPP Initiative Planning																										
QIPP Initiative scale and title (this should be one of the 5-7 sub-programme area which will contribute to material savings in FIMS Categories)	ScaleCCGTitleUrgent Care																									
FIMS Categories where this initiative will impact (i.e. the sum of savings across all initiatives should be <50% of planned savings)	Primary FIMS category for savingsAcute Contracts (Non Elective)Estimated savings 2012-13 (£000's)£3,716Estimated savings 2013-14 (£000's)£4,934Estimated savings 2014-15 (£000's)£5,268Secondary FIMS category for savingsAcute Contracts (Other)Estimated savings 2012-13 (£000's)£1,477Estimated savings 2013-14 (£000's)£0Estimated savings 2014-15 (£000's)0Additional FIMS category for savingsEstimated savings 2012-13 (£000's)Estimated savings 2013-14 (£000's)Estimated savings 2014-15 (£000's)																									
Totals of planned savings from this initiative (£000's)	FIMS savings 2012-13£5,128FIMS savings 2013-14£4,934FIMS savings 2014-15£5,268Total for CSR period£16,330																									
QIPP workstreams supporting this initiative (title / description narrative required)	Workstream 1AIMPACT - Integrated Urgent Care at WycombeWorkstream 1BIMPACT - Integrated Primary Care for Care HomesWorkstream 1CIMPACT- NHS - 111Workstream 1DIMPACT - End of LifeWorkstream 1EIMPACT - Managing Locality VariationWorkstream 1FAdult Community Health TeamsWorkstream 1GUrgent Care Front Door at Stoke Mandeville HospitalWorkstream 1HWorkstream 1IWorkstream 1J																									
Focus of workstreams	Quality, activity & financeQuality, activity & financeQuality, activity & financeQuality, activity & financeQuality, activity & financeQuality, activity & finance																									
Optional SHA FIMS Categories (use where these have been defined within your SHA)	Estimated savings/fin year1216Estimated savings/fin year165Estimated savings/fin year35Estimated savings/fin year300Estimated savings/fin year1700Estimated savings/fin year402Estimated savings/fin year300Estimated savings/fin yearEstimated savings/fin yearEstimated savings/fin yearEstimated savings/fin year																									
Milestone type	QIPP 1 End state 12-13QIPP 1 End state 13-14QIPP 1 End state 14-15QIPP LM 1.1QIPP LM 1.2QIPP LM 1.3QIPP LM 1.4QIPP LM 1.5QIPP LM 1.6QIPP LM 1.7QIPP LM 1.8QIPP LM 1.9QIPP LM 1.10QIPP LM 1.11QIPP LM 1.12QIPP LM 1.13QIPP LM 1.14QIPP LM 1.15QIPP LM 1.16QIPP LM 1.17QIPP LM 1.18QIPP LM 1.19QIPP LM 1.20QIPP LM 1.21QIPP LM 1.22QIPP LM 1.23QIPP LM 1.24QIPP LM 1.25QIPP LM 1.26																									
End state: Enter a description of how the initiative will affect the local healthcare system e.g. activity, transfers, equality/adverse quality indicators, health inequalities, incidence/prevalence of illness, morbidity/mortality from specified acute or long term health conditions. And: quantify the number / percentage change you are planning to effect. Provide at least one end state ideally for 2015. For some initiatives, it may be more appropriate to break this down into end states for each remaining year in the CSR period or an end state which falls before 2015. Milestone Descriptions: Enter descriptions of the high level milestones from your integrated plan. Milestones should be provided for key deliverables or outcomes such as decision points (go or no go) and review points that will do to bring about the changes in the local healthcare system as described in the end state. Risks/issues: Enter descriptions of risks or issues which relate to the initiative.	By end of 2012-13 new arrangements will be in place for urgent care front door at Wycombe hospital: there will be a minor injuries and illness service open 24 hours in wycombe there will be co-location of all health and social care out of hours teams. Acute hospital services at BHT will be reconfigured so Stoke Mandeville will be the hub site for emergency & elderly care in Buckinghamshire. Wycombe General will have planned care and vascular medicine (including HASU) in addition: Re-commissioned county wide end of life services fully operational enabling patient choice of place of treatment. A&E at Stoke Mandeville deals with more acutely ill patients as those who attend inappropriately are treated elsewhere GPs will be working with their local hospitals and community health teams to identify at risk patients and ensure that	The minor injuries and illness unit at Wycombe will have been reviewed and operating to a modified specification - alignment of health and social care teams will be in place across the county 111 will extend its coverage and be able to put callers directly through to a wider range of services including social care 111 the first point of contact for members of the public needing urgent care so minor injuries unit at Wycombe further modified to work in an integrated way with 111	Public Consultation on Better Healthcare for Bucks complete Implementation plan to respond to B&B reconfiguration commences Ward reconfiguration at BHT to support clinical model from Better Healthcare in Buckinghamshire completed Multi Disciplinary Admissions Avoidance Service opens at Wycombe General Hospital Minor injuries and illness Service opens at Wycombe General Hospital Local Enhanced Service (LES) offered to all Practices to provide enhanced support to qualifying Care Homes Review of take up and operation of Enhanced Primary Care to Care Homes LES Decision to re-commission Primary Care Enhanced Support to Care Homes NHS 111 commences in Buckinghamshire Pilot Single Point of Contact for End of life Care commissioned Rapid Response Team for End of Life Care to North of the County End of Life Register is operational, providing access to patient information to urgent care/onsite response services to ensure patients are supported in their last year of life Countywide Response at Home Service commences Locality Based Implementation Plans developed and operational for 7 localities Review and Commission Adult Community Health Teams to provide support to early discharge and admission avoidance Commission a service that effectively manages and appropriately re-directs activity at S&A&E Access to Urgent Care at WGH site by appointment only Agree re-commissioning plan for locality led review of community health services Re-commission locality based model of Community Health	QIPP LM 1.20QIPP LM 1.21QIPP LM 1.22QIPP LM 1.23QIPP LM 1.24QIPP LM 1.25QIPP LM 1.26																						
Relevant SSB performance indicators Activity indicators being monitored to identify progress against milestones																										
SSB indicators: Anticipated performance at period end																										
Relevant UNFY performance indicators Other operating framework measures being tracked to identify progress against milestones																										
UNFY indicators: Anticipated performance at period end																										
Relevant ESR / workforce performance indicators																										
ESR / workforce indicators: Anticipated performance at period end																										
Relevant other key performance indicator(s)																										
Other KPIs: Anticipated performance at period end																										
QIPP Initiative Reporting																										
Milestone type	QIPP 1 End state 12-13QIPP 1 End state 13-14QIPP 1 End state 14-15QIPP LM 1.1 endQIPP LM 1.2 endQIPP LM 1.3 endQIPP LM 1.4 endQIPP LM 1.5 endQIPP LM 1.6 endQIPP LM 1.7 endQIPP LM 1.8 endQIPP LM 1.9 endQIPP LM 1.10 endQIPP LM 1.11 endQIPP LM 1.12 endQIPP LM 1.13 endQIPP LM 1.14 endQIPP LM 1.15 endQIPP LM 1.16 endQIPP LM 1.17 endQIPP LM 1.18 endQIPP LM 1.19 endQIPP LM 1.20 endQIPP LM 1.21 endQIPP LM 1.22 endQIPP LM 1.23 endQIPP LM 1.24 endQIPP LM 1.25 endQIPP LM 1.26 end																									
Milestone due date	Mar-13Mar-14Mar-15Apr-12May-12Oct-12Oct-12Oct-12Apr-12Apr-12Dec-12Dec-12Jan-13Apr-12Apr-12Jun-12Jul-12Jul-12Nov-12Sep-12Apr-12Apr-12Apr-13Apr-13Apr-13Apr-14																									

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QIPP Initiative 6

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QIPP Initiative 7

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QIPP Initiative 3

QIPP Initiative 3

QIPP Initiative 4

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QIPP Initiative 5

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QIPP Initiative 6

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QIPP Initiative 7

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