NHS South: - South Central Area PCT cluster RAG ratings for progress against QIPP initiatives - 2012-13

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. Buckingh For SHA USE

For SHA USE Summary commentry on Summary commentry for	PCT clu			and Oxfordshire have planne	ed for significant strategic and through the QIPP tracker proc	transformational change in the tess, these are escalated throu	will consider SHIP cluster nig neir QIPP plans and are reporti ugh the SoE Performance Man igh-risk PCT Clusters using a	ng milestone slippage in seve agement Framework and for p	eral areas which include the un part of the agenda when meeti	rgent care programme. Wher
Report for the month of:		Date					PCT Clusters			
Domains	Total	Is for RAG	Rating Green	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
	0	2	2	Green	Amber	Amber	Green	RAG Rating	RAG Rating	RAG Rating
Initiative 1		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 specially areas ragged Red in their OP data reviews of OP no FU in 11/12. Savings phased from O3 so not impacting yet but a risk. b. Business rules/responsibilities agreed, but remaining risk re hew EPs yetem 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 savigns 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
	0	3	1	Green	Amber	Amber	Amber	RAG Rating	RAG Rating	RAG Rating
Initiative 2		Narrative		The programme has made good progress although on of the milestones have slipped due to delay in recuriment and provider clinicians are totally engaged in the service model. Potential impact assessmend and mitagesting 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 If susse, Clinicia Governance Surinsion, 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 KPls, 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
	0	3	1	Green	Amber	Amber	Amber	RAG Rating	RAG Rating	RAG Rating
Initiative 3		Narrative		Programme is progressing well.	a. Reducing variation in Primary Care Locality delegation of OIPP targets not yet completed at corporate level /fully embedded in IPPs so full engagement difficult to achieve. Impact on O2 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 atternative approach scheduled in Jure and hope to bring plan to board workshop for discussion in O2dors.	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 thi, July and can provide RAG rating for this initiative at this point.	0	0	0
	0	1	2	RAG Rating	Green	Amber	Green	RAG Rating	RAG Rating	RAG Rating
Initiative 4		Narrative		0	3 milestones slipped - not material/impacting on QIPP sawings	Scale of change is significant; projects proceeding to timescale	Scale of change is significant; projects proceeding to smescale	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 timescale
	0	1	2	Green	Amber	Green	RAG Rating	RAG Rating	RAG Rating	RAG Rating
Initiative 5		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
	0	0	3	Green	Green	Green	RAG Rating	RAG Rating	RAG Rating	RAG Rating
Initiative 6		Narrative		Good progress has been made by most of the workstreams. Although here are three milestones with the progress of the progress o	Milastones on track	Local Prescribing Quality management scheme agreed review of implementation and outcomes undertaken monthly.	o	0	o	0
	1	0	0	RAG Rating	Red	RAG Rating	RAG Rating	RAG Rating	RAG Rating	RAG Rating
Initiative 7		Narrative		0	Provider implementation plans have not delivered austained reduction in DTOC numbers. Whole system recognises that this indicator will not turn green until we get to sustained possition of a monthly average of under 20 delays	0	0	0	0	0
SHA narrative on PCT clus	ter prog	ress								
Overall RAG rating for QIPP programme To be completed by PCT cluster and moderated by their SHA of	luste r			RAG Rating	RAG Rating	RAG Rating	RAG Rating	RAG Rating	RAG Rating	RAG Rating



QIPP Overview and finances																								
SHA cluster: NHS South of England	d d													OIPI	P Initiativ	<i>ι</i> Δ 1								
PCT Cluster : Berkshire														QIII	minau	7C 1								
Number of CCGs in cluster: 7																								
Report for the month of: April Jun-12																								
QIPP Challenge (£000s) £71,591																								
FIMS Plan: Savings for CSR																								
period (£000s)																								
Yr 1 FIMS savings delivered																								
(forecast outturn) 2011-12 (£000s)																								
Yr 2 Plan FIMS savings for																								
2012-13 (£000s)																								
Yr 3 Plan FIMS savings for 2013-14 (£000s)																								
2013-14 (£000s)																								
Yr 4 Plan FIMS savings for 2014-15 (£000s) £8,618																								
Total savings																								
years 1-4 (£000's) (should equal savings for the																								
CSR period (Cell C8))																								
Estimated value of centrally reported QIPP initiatives in																								
remaining CSR period (Should be <50% of years 2-4																								
(Cells C11:C13)) 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)	Scale		PCT	Title	Medicine Management ((Berkshire West)																		
FIMS Categories where this initiative will impact (n.b. the																								
sum of savings across all initiatives should be <50% of planned savings)	Primary FIMS category for savings	Primary Care Prescribing	Estimated savings 2012-13 (£000's)	£3,308	Estimated savings 2013-14 (£000's)	£1,485	Estimated savings 2014-15 (£000's)	£600	Secondary FIMS category for savings		Estimated savings 2012-13 (£000's)	Estimate 2013-14 (d savings (£000's)	Estimated savings 2014-15 (£000's)		Additional FIMS category for savings	Estimated savings 2012-13 (£000's)	Estimate 2013-14	ed savings (£000's)	Estimated savings 2014-15 (£000's)	Additional FIMS category for savings		Estimated savings 2012-13 (£000's)	Estimated savings 2013-14 (£000's)
Totals of planned savings from this initiative (£000's)			FIMS savings 2012-13	£3,308	FIMS savings 2013-14	£1,485	FIMS savings 2014-15	£600 T	Total for CSR period	£5,393														
		This project will commission a security	unity based nursing service to allow a																					
QIPP workstreams supporting this initiative (title /	Workstream 1A	Community Stoma Care Nurse Special	alist to support patients in the community	Workstream 1B	Insulin Analogue To convert insulin depr		Workstream 1C	The PCT will use a GP in ensure that practices are	e picking the most cost	Workstream 1D		Workstre	am 1E		Workstream 1F		Workstream 1G		Workstream 1H		Workstream 1I		Work	sstream 1J
description narrative required)		that have been discharged from the ar and appliance reviews	acute sector through regular check-up visits	ts	using human insulin to	o the Insulin analogues	·-	effective brand (as mand prescribing medication a	dated by NICE) when															
Focus of workstreams		Quality & finance																						
Optional SHA FIMS Categories		Estimated savingstin-year			Estimated savings/lin-year			Estimated savingsllin-year			Estimated savings®in-year		Es	stimated savingstin-year		Estimated savings@in-year		Estimated savings/Sin-year		Estimated savings@in-year		Estimated savings:lin-year		Estimated savingsliin-year
(Use where these have been defined within your SHA)		,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,			. ,,							,		8				
Milestone type	QIPP 1 End state 12-13	QIPP 1 End state 13-14	QIPP 1 End state 14-15	QIPP LM 1.1	QIPP LM 1.2	QIPP LM 1.3	QIPP LM 1.4	QIPP LM 1.5	QIPP LM 1.6	QIPP LM 1.7	QIPP LM 1.8	QIPP LM 1.9 QIP	P LM 1.10	QIPP LM 1.11 QIPP LM 1.12	QIPP LM 1.13	QIPP LM 1.14 Q	PP LM 1.15 QIPP LM 1.16	QIPP LM 1.17 Q	JPP LM 1.18 QJPP LM 1.19	QIPP LM 1.20	QIPP LM 1.21 QIPP LM 1.22	QIPP LM 1.23	QIPP LM 1.24	QIPP LM 1.25 QIPP LM 1.26
	The medicines management savings plan will deliver savings on the GP prescribing			Community Stoma nurse in place and able	Prescribing audits le compelte and data	Audit on blood glucose monitoring and	Audit on sip feeds and agree to reduce if	Provide training for nurses to move patients	Commission accredited course from Reading															
End state: Enter a description of how the initiative will affect	ct budget and wound care through medicine	3		to receive referrals from acute and community.	m analaysed	monitoring and implementation of NICE guidance	E clinically possible.	to insulin analogue	University for insulin conversion															
the local healthcare system e.g. activity, transfers, quality/adverse quality indicators, health inequalities,	practices. This will include switching to cost effective alternatives, review of																							
incidence/prevalence of illness, morbidity/mortality from specified acute or long term health conditions. And;	prescribing according to NICE and local guidance																							
quantify the number / percentage change you are planning effect.	The introduction of stoma nurse, into the																							
Provide at least one end state ideally for 2015. For some initiatives, it may be more appropriate to break this down	community driven ostomy service will add																							
into end states for each remaining year in the CSR period of an end state which falls before 2015.	generate an improved patient experience also through the understanding of patient																							
	needs and better control of product choice																							
Milestone Descriptors: Enter descriptions of the high level milestones from your integrated plan. Milestones should be	generate greater productivity. Main																							
provided for key deliverables or outcomes such as decisio points (go or no go) and review points that will do to bring																								
	provided closer to home in the community																							
about the changes in the local healthcare system as described in the end state.	setting																							
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2012- 2013 Milestone Tracker

	Estimated savings 2014-15 (£000's)		
	Workstream 1K		
our		Estimated savings@in-year	Risks and issues (initiative
QIPP LM 1.27	QIPP LM 1.28	QIPP LM 1.29	Risks and issues (initiative level)
	ı		
QIPP LM 1.27 end	GPPLM128 end	QPPLM 129 end	RAG rating for the initiative
	GPP LM 1.28 and Progress against missions		RAG rating for the initiative Growth of the In
			Green
			Green
Progress against milestone	Progress against milestone	Progress against milestone	Green This programme is on track with the milestones to date. Delays (Comtined) Delays (Comtined) 0 0 0
Progress against milestone	Progress against milestone	Progress against milestone	Green This programme is on track with the milestones to date. Delays (Combined) 0 0 0 0
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^P rogress against milestone	Progress against milestone	Progress against milestone	Green This programme is on milestones to date. Beliance to date. Deliance to date. Del

Scale		PCT	Title	Unscheduled Care/Urger	t care (Preventing Crisis	is, providing support)																									
Primary FIMS categor	Acute Contracts (Nor			(Berkshire East) Estimated savings		Estimated savings		Secondary EIMS		Estimated savings	Fetime	ated savings		Estimated savings	la.	dditional FIMS	Ectimate	d savings	Eest	stimated savings	le.	Estimated savings		Additional FIMS		Estimated savings		stimated savings	Ees	timated savings	
for savings	Elective)	2012-13 (£000's)	£1,208	2013-14 (£000's)	£1,347	2014-15 (£000's)	£31	Secondary FIMS category for savings		2012-13 (£000's)	2013-1	4 (£000's)	2	2014-15 (£000°s)	ca	stegory for savings	2012-13	£000's)	201	013-14 (£000's)	20	2014-15 (£000's)	ê	category for savings		2012-13 (£000's)	20	013-14 (£000's)	201	14-15 (£000's)	
	management or con	FIMS savings 2012-13 ing remir conditions (CTC) e clinical commissioners in		FIMS savings 2013-14 Expansion or community This will aim to provide	y iv merapy	FIMS savings 2014-15	Pulmonary Rehab	Total for CSR period	€2,646	Rapid Assessment comm	nunity clinic	C	eview or orgenic care in	ouer													ı				
Workstream 2A	six pilots of practice which would involve Quality & activity	re-based case management, re practice based	Workstream 2B	antibiotic therapy serving presenting with cellulite Quality & activity	e to patients	Workstream 2C	To provide an provision pulmonary rehabilitation patient community setti Quality & activity	n service in an out-	Workstream 2D	The aim of this project is already successful RACC that the foundations of the Quality & activity	to build on the C pilot but ensuring	tream 2E at	t HWPH and design an r Il three CCG areas.	model which works for Works	stream 2F		Workstr	am 2G		w	Workstream 2H		٧	Workstream 2I			Workstream 2J		Wo	orkstream 2K	
	Estimated savings/lin-ye			Estimated savingstlin-year			Estimated savingsitin-year			Estimated savings@n-year			Estimated savings/lin-year		8	Estimated savings/lin-year		Estim	nated savingstin-year			Estimated savingsSin-year			Estimated savingstin-year			Estimated savings:llin-year		Estimated sa	savings®n-year
QIPP 2 End state 12-13 Emergency admission	Local streamlined	All patients understand	Agreement of new	QIPP LM 2.2 Stocktake of ACG	QIPP LM 2.3 Start of extended Rapid	QIPP LM 2.4 LTC primary care	QIPP LM 2.5 Review of Urgent Care	QIPP LM 2.6 Commence new	QIPP LM 2.7	QIPP LM 2.8 Commence education	Start limited trial of LTC Revise	QIPP LM 2.10 ed model for	QIPP LM 2.11 Chronic Disease Self F	Review South Central Extens	QIPP LM 2.13 d LTC trial to Re	QIPP LM 2.14	ommence education Evaluate	impact of new Evalu	uate the impact of Rev	QIPP LM 2.18	QIPP LM 2.19 Further extension of community IV therapy	QIPP LM 2.20 for 13/14	QIPP LM 2.21 For 13/14	QIPP LM 2.22 For 13/14	QIPP LM 2.23 For 13/14	QIPP LM 2.24 For 14/15	QIPP LM 2.25	or 14/15 Age	QIPP LM 2.27	QIPP LM 2.28 QIPP L	LM 2.29 Risks and issues (initiative level)
reduced by 10 % for community type patient 70% for End Of Life Care patients die at the	urgent care services each CCG outside of E. Telehealth piloted in	in their LTC conditions an f A& have personalised care plan which supports them when their	d service specification for Rapid Access Community Clinic to provide extended hours	usage at practice level.	Access Community Clinic Commence education of Gp's and other	model agreed by CCGs.	Centre and Emergency Department Decision Unit completed and recommendations	community IV services extending the range of IV therapies available	review of ACG usage.	Community Clinic service t	based in general implem	Care Centre and M ency Department st on Unit nented	lanagement courses /	Ambulance Services further pilot of Rapid Access Community Clinics.	r practices for De un Ce	epartment decision pr	Out Of Hours commun rovider for Rapid ccess Community linics.		Management for r	go out to the market or new community for themes	for additional conditions of programme of the programme o	care LTC model to all practices , pending successful evaluation of	Implementation of new urgent care model as agreed through shaping a the future.	management courses	Evaluation of the Urgen care Model.	fully reviewed and	Full implementation of Urgent care model post evaluation.	athways for LTC fully nplemented			
A range of service provided in the community and decreased dependence	patient cohort as stratified by ACG too	in their LTC conditions an of A& have personalised care plan which supports them when their condition exacerbates . 247 - 2 hour response by community senices for patients with crisis.	comprehensive cover.		or Gp's and other referrers on IV services		agreed with clinicians			Commence education of GP's and other referrers on IV services	practice										(ir m	he pilot, întegrated team nodel).									
on bedded care. All patients requiring	place for Long Term Conditions patients (Chronic obstructive																														
community health and social care team services received them at their point of need. 100% of GP practices is	heart failure, asthma diabetes) across 3 CCG's.	a.																													
risk stratification tool effectively to provide																															
case management and support for patients. 24/7 - 2 hour response by community services																															
Reduction in NEL by	Reduction in NEL by	y 15 Reduction in NEL by 15	5											Reduction in AC	CS Activity as a result Reduction in N	of investments in interme NEL activity as a result of	idiate care and treatment of LTC Cellulites														
OZ.																															
	1																														
QIPP 2 End state 12-13	QIPP 2 End state 13-1	.14 QIPP 2 End state 14-15	QIPP LM 2.1 end	QIPP LM 2.2 end	QIPP LM 2.3 end	QIPP LM 2.4 end	QIPP LM 2.5 end	QIPP LM 2.6 and	QIPP LM 2.7 end	QIPP LM 2.8 end	QIPP LM 2.9 end QIF	PP LM 2:10 end	QIPP LM 2.11 end	QIPP LM 2.12 end Q	NPP LM 2.13 end	QIPP LM 2.14 end	QIPP LM 2:15 end QIPF	LM 2.16 end Q	DIPP LM 2.17 end	QIPP LM 2.18 end	QIPP LM 2.19 end	QIPP LM 2.20 end	QIPP LM 2.21 end	QIPP LM 2.22 end	QIPP LM 2.23 end	QIPP LM 2.24 end	QIPP LM 2.25 end	QIPP LM 2.26 end	QIPP LM 2.27 end	QIPP LM 2.28 end QIPP LM	M2.29 end RAG rating for the
	iss on milestones Ny as required. Slippage sh	Mar-15 thould be reported highlighting	Progress against milestone	Apr-12 Progress against milestone	May-12 Progress against milestone	May-12 e Progress against milestone	May-12 Progress against milestone Draft model produced	Jun-12 Progress against milestons Model of seniors has	Jun-12 e Progress against milestone	Progress against milestone F	Jul-12 Progress against milestone Progres	Jul-12 is against milestone Pr	Sep-12 rogress against milestone F	Oct-12 Progress against milestone Progre	Oct-12 iss against milestone Pro	Oct-12 ogress against milestone Pr	Nov-12 rogress against milestone Progress	Dec-12 gainst milestone Progre	Dec-12 ess against milestone Prog	Feb-13 rogress against milestone Pr	Apr-13 Progress against milestone Pr	Apr-13 Progress against milestone	Apr-13 Progress against milestone P	Jun-13 Progress against milestone	Sep-13 e Progress against mileston	Apr-14 ne Progress against milestone	Apr-14 Progress against milestone Pr	jul-14 rogress against milestone Pro	Oct-12 gress against milestone Prog	gress against milestone Progress aga	ainst milestone Green
		iative along with risks, issues and	underway with the providers how it can be integrated as part of the tomorrow's community	place for ACG LTC group has produced a new model of care which will be	underway with the providers how it can be integrated as part of the tomorrow's community	produced a new model of care which will be integrated into the new urgent care model	with strong engagement with primary care and secondary care clinicians. This has	been agreed with provider clinicians. The service will commence in August 12 as delays	by all practices with in East Berkshire. In addition there is dedicated support	Progress against milestone f Directory of services on GP desk top for existing services.	ad prati March eviaute	vanced nurse ioner strated in a 12 and is being																			The programme has made good progress although one of the milestones have slippe due to delay in
supporting workstreams. It s indicators, and finance along	ould include an assessmen with risks and mitigating ac	luutu	health (Provider change programme). This is needs to be agreed in	integrated into the new urgent care model	health (Provider change programme). This is needs to be agreed in		been shared with Shaping the future, LTC,& Urgent care work	in recruitment. The delay will not impact the overall savings for the	availabe for practices to e understand the value of risk stratification for high	r h	recommended from the commendation of the comme	ed at present and mendation will be ad back to the ated care board in																			due to delay in recuritment and providi clinicians are totally engaged in the servic model
Completed = on time and i passed but no material im has passed and there is / Forecast delivery	of ult; in-progress; Delayer act on delivery scope or i will be material impact on o Forecast delivery	ed - amber = due date has impact; Delayed - red = due date delivery scope or impact Forecast delivery	Delayed - amber Forecast delivery	Completed Forecast delivery	Delayed - amber Forecast delivery	Completed Forecast delivery	Completed Forecast delivery	Delayed - amber Forecast delivery	Completed Forecast delivery	Completed Forecast delivery	In progress Forecast delivery Fo	in progress precast delivery	In progress Forecast delivery	Work not yet commenced Work Forecast delivery Forecast	onecast delivery	Work not yet commenced Forecast delivery	Work not yet commenced Work not Forecast delivery Fore	yet commenced Work	k not yet commenced We forecast delivery	Work not yet commenced Forecast delivery	Work not yet commenced Forecast delivery	Work not yet commenced Forecast delivery	Work not yet commenced Forecast delivery	Work not yet commenced Forecast delivery	Work not yet commenced Forecast delivery	Work not yet commenced Forecast delivery	Work not yet commenced Forecast delivery	Work not yet commenced W Forecast delivery	Forecast delivery	Forecast delivery Forecas	Potential impact assessmend and mitagating actions at delivery 0
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Part																															
Property Depth 1																					care .pathways.	ice using agreed planned	ised on need and best pract	care in the right place bas	access the right planned		(Berkshire East)	Title			Scale
Property state	d savings (£000's)	Estimated savings 2014-15 (£000's)	stimated savings 013-14 (£000's)		Estimated savings 2012-13 (£000's)			£2,726	Estimated savings 2014-15 (£000's)	£2,662	Estimated savings 2013-14 (£000's)	£3,376	Estimated savings 2012-13 (£000's)	Primary Care Prescribing	Additional FIMS category for savings		Estimated savings 2014-15 (£000's)	£1,371	Estimated savings 2013-14 (£000's)	£1,030	Estimated savings 2012-13 (£000's)		Secondary FIMS category for savings	£2,752	Estimated savings 2014-15 (£000's)	£4,311	Estimated savings 2013-14 (£000's)	£5,797			mary FIMS catego savings
March Marc									11.00 Note: 11.00		ILEY II	NE IPPLATUAÇÃO					LIBERT VALUE	PILE IS HUPS IN HUNDS				£10,134		£26	FIMS savings 2014-15	£4,311	FIMS savings 2013-14	£5,797	FIMS savings 2012-13	187 030 000	
State Stat	.am 3K	Workstream 3K		Workstream 3J	GP prescribing budget	deliver savings on the and wound care throu		(GRACe) to a PCT run	management service triage service using "		GP referral management ace so as to ensure.	for a whole system G strategy to be in place	Workstream 3G	s in redesign of the	current pathway	Workstream 3F	which are deemed to	for those procedures have associated limits		ancial and clinical	which suggest that fi efficiencies can be a	Workstream 3D	Care by providing a Wind ice (WOrth) specifically for	referral into Acute (Orthopaedic Servic knees and backs.	workstream 3C	M and Slough CCG areas	providing triage, tre	Workstream 3B	CCG areas. These will be	across the 3 East delivered under di	rkstream 3A
Part	Estimated savings@in-year		Estimated savings®in-year					,						r			ir			r			-year			year			year		
The column The	PP LM 3.28 QIPP LM 3.29	UPP LM 3.27 QIPP LM 3.28	QIPP LM 3.26	QIPP LM 3.25	QIPP LM 3.24	QIPP LM 3.23	QIPP LM 3.22	QIPP LM 3.21	QIPP LM 3.20	QIPP LM 3.19	QIPP LM 3.18	QIPP LM 3.17	QIPP LM 3.16	QIPP LM 3.15	QIPP LM 3.14	QIPP LM 3.13	QIPP LM 3.12	QIPP LM 3.11	QIPP LM 3.10	QIPP LM 3.9								QIPP LM 3.1	.14 QIPP 3 End state 14-1	3 QIPP 3 End state 13	QIPP 3 End state 12-13
Paris Pari		ties for other ens to plan for	vailable led by sp	available led by	health input to assess	based from feedback	scope for identified		patient led outcomes undergoing knee	including revisions for miguest guery if	Physiotherapy- new landscape goes live	Oral surgery service starts	d NHS health checks screening starts th	care staff on NHS health	Commence training for primary care staff on NHS health checks	and CEC and	place and service	Checks programme an	Implementation of ner Gynae service starts		Approvals & procurement route defined for gynaecolo	commences.	specification available for community gynae g service to procure a community services in	think tank. Establish contracting nues and commissioning	Community clinic commences in Bracknell and contin	from April 12. ns ers.	secondary care and primary care cliniciar with the main provide This is then monitore using co	Agreement of busi cases to set up community service MSK, Gynaecolog and Dermatology services	Implementation of Shaping the future low programme outcome resulting in integrated pathways for Orthopsedics, Paediatrics.	There will be furthe reduction in Output attendances and fo ups. by Continued monitori PLCV.	s programme uses on:- duction in tpatients first endances by 6535, tpatients follow up 35 duction in surgical
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Paris Pari																													or	community f	rease In number of actices using CaB plementation of tria
No.												ny.	Urology and Oral surgery.	cology, orthopaedics, GI, L	c activity for routine gynaec	care: Out pateint, OP Proc	Reducing secondary													is	9 specialities acros (CGs.
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Completed on the work of the progress. Designed value is a dark but as p	Mar-13 Mar-13	Feb-14 Mar-13	Jan-14	Jan-14	Sep-13	Jun-13	Jun-13	Jun-13	Apr-13	Mar-13	Mar-13	Jan-13	QIPP LM 3.16 end	and Knowledge sharing by e quarter 2 11/12 = 72.2%) QIPP LM 3.15 end	creased Triage, Education anagement- From baseline low cost statin (baseline = CIPP LM 3.14 end	QIPP LM 3.13 end	QIPP LM 3.12 end	Aug-12	Aug-12	Jul-12	Jun-12	May-12	May-12	May-12	May-12	Apr-12	Apr-12	Apr-12	Mar-15	Mar-14	Mar-13
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Scale		a .	Title	Planned Care (Berkshire West)																												
Primary FIMS category for savings		Estimated savings 2012-13 (£000's) FIMS savings 2012-13	£822	Estimated savings 2013-14 (£000's) FIMS savings 2013-14		Estimated savings 2014-15 (£000's) FIMS savings 2014-15		dary FIMS ry for savings or CSR period	£2,743	timated savings 12-13 (£000's)	1	Estimated savings 2013-14 (£000's)	Es 20	ttimated savings 14-15 (£000's)		Additional FIMS category for savings		Estimated savings 2012-13 (£000's)	Es: 201	timated savings 13-14 (£000's)		Estimated savings 2014-15 (£000's)		Additional FIMS category for savings		Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)	201	timated savings 14-15 (£000's)		
Workstream 5A	The project will analyse patients sent for diagno interventions and the us	ostics and investigate	Workstream 5B	This project will continue being undertaken to rec Direct Access Radiolog	duce avoidable usage o	of Workstream 5C	pain management) The ultimate aim is to clarify ar current MSK Pathway with a vi	d optimise the ew to potentially	stream 5D bei	is project will continue to ing undertaken to reduc primary care in the usa	e variation and cost	Workstream 5E	Phase 2 of the Integrated E Berkshire West – following successfully implemented	on from the Wo	orkstream 5F	Review of Tier 2 services To undertake review of e within community	s existing Tier 2 services	Workstream 5G		w	Vorkstream 5H			Workstream 5I			Workstream 5J		Wo	rkstream 6K		
QIPP 5 End state 12-13	Estimated savings@n-year QIPP 5 End state 13-14	QIPP 5 End state 14-15	QIPP LM 5.1	Estimated savingslin-year	QIPP LM 5.3	QIPP LM 5.4	Estimated savingstlin-year QIPP LM 5.5	QIPP LM 5.6		ctimated savingslin-year	QIPP LM 5.9	QIPP LM S.10	Estimated savings@in-year QIPP LM 5.11	QIPP LM 5.12	QIPP LM 5.13	Estimated savings®in-year	QIPP LM 5.15	QIPP LM 5.16	Estimated savingsSin-year QIPP LM 5.17	QIPP LM 5.18	QIPP LM 5.19	Estimated saving Stin-year	QIPP LM 5.21	QIPP LM 5.22	Estimated savingstin-year	QIPP LM 5.24	QIPP LM 5.25	Estimated savingstlin-year QIPP LM 5.26	QIPP LM 5.27	QIPP LM 5.28	Estimated savings®in-year QIPP LM 5.29 Risi	sks and issues (initiative 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 outpatient appointment using Choose & Book. 3. 100% of GP practices in Rearbiting sets are 188 of their part are 188 of the		Identify other specialites where the intergrated model will be applicable - cardilogy, respiratory.	100% of practices hav guidelines for endoscopy referrals agreed.	a 100% of practice have clear guidelines for direct access radiology and pathology requests be end April.	MSK pathway map complete and available for MSK working group to prepare a project plar and to be agreed by the CCG leads for action	Rapid Access to local endoscopy starts providing quality diagnostic care closer home . Activity data was indicate that the referrals into the	QPP LM 5.5 New Radiology and pathology guidelines are opheratually in place and shared implem to with 100% of practices. Grained greed a greed a	ted Less or ophthal seen by grated pathway with providers.	omplex almology patients by optometrist citivity increased aseline across all decreas.	0% of staff in primary e trained and or ning dates agreed for ctices to use Shared dission making (SDM) lts .	retem wide pathway preed to reduce efficiencies for MSK ad new pathway entified and mapped inch excludes those und to be offering year	arily assessment report on the use of the SDM aids measured through secondary care audit CQUIN) and direct reedback from practices	New integrated Ophthalmology services negotiated into 13/14 contracts.	d Pathology pathway Acti	tivity & finances	negotiated and agreed		the effectiveness of the MSK pathway.		reed in 13/14 contract for the providers for shiftendogy, idiology / pathology, idoscopy and withopaedics MSK.		Complete review of Tier 2 services and implement contractual actions	Specific patient pathwa agreed with secondary care to improve first to follow up ratio for cardiology and respiratory.	ny								
engaged in meeting the requirement of QOF QP						endoscopy services ar increasing from baseline in all CCG's	6			Val	lue of money.			whe	nere appropriate				pat	thways.	ex jour comucia.											
Reduction in direct access to Radiology and pathology. Unwarranted clinical variation across primary care, secondary care is																																
eliminated and the economy achieves upper decile for all productivity metrics and quality standards.																ction in direct access Radio																
Radiology DC:3332 Pathology DC:127057																cases for endoscopies and																
180															Reduction is	n elective for hip and knee	procedures															
13															Reduction in C	Out patient follow ups and C	DP procedures															
OP Proc: 101 OIPP 5 End state 12-13 Mar-13	QIPP 5 End state 13-14 Mar-14	QIPP 5 End state 14-15 Mar-15	QIPP LM 5.1 end Apr-12	QIPP LM 5.2 end Apr-12	QIPP LM 5.3 end May-12	QIPP LM 5.4 end	QIPP LM 5.5 end QI Jun-12 ne Progress against milestone Progress	PP LM 5.6 end QI Oct-12	Dec-12	QIPP LM 5.8 end Sep-12	QIPP LM 5.9 end Mar-13	QIPP LM 5.10 end Dec-12	QIPP LM 5.11 end Apr-13	QIPP LM 5.12 end Mar-13	QIPP LM 5.13 end Mar-13	QIPP LM 5.14 end Mar-13	QIPP LM 5.15 end Mar-13	QIPP LM 5.16 end Dec-13	QIPP LM 5.17 and Mar-14	QIPP LM 5.18 end Mar-14	QPP LM 5.19 end Mar-15	QIPP LM 5.20 end Sep-12	QIPP LM 5.21 end Oct-14	QIPP LM 5.22 end	QIPP LM 5.23 end	Q/PP LM 5.24 end	QIPP LM 5.25 end	QIPP LM 5.26 end	QIPP LM 5.27 and	QIPP LM 5.28 end	QIPP LM 5.29 end RA	AG rating for the Initiative
Guidance for reporting progress This should be updated monthly impact (particularly on KPIs and Guidance for reporting progress - Monthly (optional) to report over mitigating actions	y as required. Slippage should id £)with mitigating actions as for the workstream	be reported highlighting	100% of practices has clear guidelines for direct access for	Progress against milestone 100% of practice have clear guidelines for direct access radiology and pathology requests be end April.	MSK pathway map completed with all the services mapped with		ne Progress against milestone Progres	s against milestone Progress	ss against milestone Pro	gress against milestone Pro	ogress against milestone F	rogress against milestone l	Progress against milestone Pro	ogress against milestone Prog	ogress against milestone	Progress against milestone F	Progress against milestone	Progress against milestone	rogress against milestone Pro	gress against milestone Pro	rogress against milestone	Progress against milestone	Progress against mileston	e Progress against mileston	ne Progress against milestor	ne Progress against milestor	ne Progress against milestor	e Progress against milestone Pro	gress against milestone Prog	gress against milestone Pri	G	Green Good progress has been made in this programme to date.
 Quarterly (required) and should supporting workstreams. It should indicators, and finance along with the completed on time and in figuressed but no material impact has passed and there is / will 	uld give narrative on overall pro uld include an assessment of p with risks and mitigating actions full; in-progress; Delayed - an ct on delivery scope or impar Il be material impact on delive	progress against performance s	Completed	Completed	Completed	Completed	Completed	In progress	In progress	In progress	In progress	In progress	Work not yet commenced V	Nork not yet commenced W	Nork not yet commenced	Work not yet commenced	Work not yet commenced	Work not yet commenced	Work not yet commenced W	Vork not yet commenced	Work not yet commenced	In progress	Work not yet commenced									
	Forecast delivery		Forecast delivery Apr 12	Forecast delivery Apr 12	Forecast delivery May 12	Forecast delivery	Forecast delivery Fo	recast delivery For	precast delivery Dec 12	Forecast delivery Sep 12	Forecast delivery Mar 13	Forecast delivery Dec 12	Forecast delivery	Forecast delivery Mar 13	Forecast delivery Mar 13	Forecast delivery Mar 13	Forecast delivery Mar 13	Forecast delivery Dec 13	Forecast delivery Mar 14	Forecast delivery Mar 14	Forecast delivery Mar 15	Forecast delivery Sep 12	Forecast delivery Oct 14	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Velays (Combined) 0 0 0 0 0
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Scale	,	РСТ	Title	Long term conditions and (Berkshire West)	d Urgent care																						
y FIMS category rings	Acute Contracts (Non Elective)	Estimated savings 2012-13 (£000's)	£1,746	Estimated savings 2013-14 (£000's)	£185	Estimated savings 2014-15 (£000's)	£200 Second categor	y FIMS for savings	Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)		Additional FIMS category for savings	E 2	Estimated savings 2012-13 (£000's)	Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)		Additional FIMS category for savings	Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)	Estimated savings 2014-15 (£000's)	
	Long term Conditions.	FIMS savings 2012-13	£1,746	FIMS savings 2013-14 Community Kapita Kespi	onse and Keablement	FIMS savings 2014-15	Community is therapy for OTI	CSR period £2,131	Community iv therap	py for centaintes																	
am 6A	This programme has the roll out risk profiling, dintegrate services. The programme will de Quality, activity & finance	develop self care and	Workstream 6B	programme - This proje admissions; it enhances social care Intermediate through increased pure Quality, activity & finance	s the current Health and	Workstream 6C	The provision of a community by intravenous antibiotic therapy s those patients suffering from Un- pleasting (ICE's). Which include Quality, activity & finance	vice for Workstream 6D	The provision of a co- intravenous antibiot those patients suffer Quality, activity & fina	tic therapy service for ring from cellulites.	Workstream 6E	NHS 111 (Berkshire Wi	Nide investment project)	Workstream 6F		v	Workstream 6G		Workstream 6H			Workstream 6I		Workstream 6J		Workstream 6K	
	Estimated savings®in-year			Estimated savingslän-year			Estimated savings@in-year		Estimated savingstlin-ye	ear		Estimated savings/lin-year	и		Estimated savings@in-year		Estimat	d savingstin-year		Estimated savingstlin-year			Estimated savingstlin-year		Estimated savingsBin-year		Estimated savings@in-year
SP practices West are	Further cohort of LTC patients have been	QIPP 6 End state 14-15 1. Further cohort of LTC patients have been identified to have self	Proposal for review of referrals to single point	Complete review of Whole system	QIPP LM 6.3 Targeted patient groups in ACG risk stratification tool identified by all	Proposal for implementation of talebaalth considered at	Business case approval Chronic	PLM 6.6 QIPP LM 6 sease Self segement IV therapy start rogramme Unjary tract rifer	7 QIPP LM 6.8 mmunity Community s for Geriatricians services starts in Wokingham.	Identified cohort of a LTC patients have n	190 Care home education	Business case for telehealth submitted as	Subject to business	Develop the community IV pathway for patients	Gan analysis of service Effec	ectiveness of land and the care evaluated via	implement Telecare for Implement cohort of identified commu	PPLM 6.17 QPP LM 6.18 Int the DOS architecture agreed for NHS 111	Achieve stage1 SHA assurance process for	Achieve stage 2 SHA assurance process for NHS 111	QIPP LM 6.21 Service readiness agreed for NHS 111	QIPP LM 6.22 Mobilisation plan agreed for NHS 111	QIPP LM 6.23 QIPP LM 6.24 Achieve stage3 of SHA assurance for NHS 111 Berkshire Pilot begins for NHS 111	full NHS 111 service availability across Berkshire.	Begin monitoring and evaluation against the national requirements identifying learning	Commence procurement process	QIPP LM 6.29 Risks and Tendered service to commence by 2015 for NHS 111
tool.	care plans and these are in place.	care plans and these are in place.	developed by Public Health	identify options to deploy telehealth in Berkshire West.	practices. Each practice to identify 10 patients per 1000 population and implement self care	telehealth considered at LTC Programme Board in July and to be part of 2013-14 planning cycle.	procurement phase commer starts for LTC. patients Berkshir 12/13.	es for 120 cross NHS	sians in wornignam.	self care plan in pla	nave support commences ce. across Berkshire West.	cycle.	patient group	in their own home.	LTC cohort of patients.	rvey .	conditio	is is in the second of the sec	iens III	NH3 III			INI NOS III	Beixstille.	for NHS 111 changes required fi	om NHS 111	NAS TT
ents with LTC eted self	admissions.	have completed a self care course. 3. Reduction in NEL admissions.			plan for 1 patient by October																						
to are of identified	Overall risk level as identified on ACG tool for patients who have self care plan has	Overall risk level as identified on ACG tool for patients who have self care plan has																									
	FAILS 111 conics will	reduced from baseline. 5. Tendered service in place and any change or provider would be managed without nay																									
1 service across the	will be directed to the right place the first time.	managed without nay interruption to service																									
100														Reduction in day cases re	eference facet joint injections ((pain management)											
730		1													Reduction in NEL												
730														Reduction in Oc	Reduction in NEL	ppointments											
730														Reduction in Ou		ppointments											
															ulpatient first and follow up app												
end state 12-13 Mar-13	QIPP 6 End state 13-14 Mar-44 so on missions	QPP 6 End state 14-15 Mbr-15	GIPPLM 5.1 and Apr.12 Progress against mileato	QPP LM 6.2 and May 1.2 and Frogress against milestone	QIPP LM 6.3 and May 12 Progress against milastone	GIPPLM 6.4 and half plants against milestone	QPP LM 6.5 and QPP EM 6.5 and Topics against relation Progress against relation Progress	LM 6.6 and GPP LM 6.7 eps 12 Sep 12 Sep 12	and QIPP LM 6.8 and Sp 22 LM 6.8 and Progress against milestone Progress against miles the Company of the Compa	QIPP LM 5.9 and 3.1 an	QIPP LM 610 and Ost-12 stone Progress gridst milestone	GIPP LM 6.11 and Oct. 12 and Oct. 12 are Progress against milestone	GIPP LM 6.12 and Apr.13 Re Progress against milestone		ulpatient first and follow up app		QIPF LM 6.16 and QIP Agri44 Progress against milestonin Progress	LM 6.17 and QPP LM 6.18 and April 2 Ap	GPP LM 6.19 and May 12 one Progress against millstone	OPP_LMS.20 and APP_LMS.20 and Progress against milestone	GPP LM 6.21 and lm-12 lm-12 lmoyers against milestone	QIPP LM 6.22 and	QPP LM 6.29 and QPP LM 6.24 and CS 12 Jan 13 Progress against milestone Progress against milestone	GPP LM 6.25 and Feb. 11 ton Progress against milest	QPP LM 6.28 evo QPP LM 6.27 evi Mori 1 Oct 1 Oct 2 Oct	d QRP LM 6.28 and Apr.14 stone Progress splant mileston	OFF LN 6.29 and RAG of RAG PASS Proposes against instance
d be updated month rticularly on KPIs a for reporting progre	y as required. Slippage should id E)with mitigating actions as for the workstream	ld be reported highlighting	QIPP LM 6.1 end Apr.12 Progress against milesto	Review has been completed. Programme Manager presenting the	QOF QP incentive payment agreed with CCG's, for all practices		Business case is Train complete and self care Ser training planned for	LM6 end OPPLM67 Sept Sept Sept Sept Sept Sept Sept Sept	end OPP LM 6.8 and Spp 12 Spp 12 Progress against milest	GIPP LM 6.9 and 3. Section of Progress against mile	OPPILME 10 and OR 52 OR 52 OR 52 OR 52 OR 52 OR 54 OR	QIPP LM 6.11 ext QC-122 Progress against mileston	QIP LM 612 and April 11 April 12 April 12 April 13 April 13 April 13 April 14 April 14 April 15 April		ulpatient first and follow up app		OPP LM 6.16 and OPP April Progress against refusions Progress	PLMS-17 and OPP-LMS-18 and Julist April 2 against milestone Progress against milest	Stage 1 assurance	OPPLM 6.00 and Jan 6.21 Progress against reliations against reliation of the state	On target to achieve the	On tarnet to achieve as	QPP LM 6.28 and QPP LM 6.24 and Oct 12 ass 3.1 Progress against milestone Progress against milest	OPP LM 6.25 and Fol-15 Fol-15 Progress against milest	OPP LM 528 and OPP LM 6.27 or More 13 OO 13 OO 13 OO 14 OO 15 OO 1	3 OPP MA 23 and Apr34 Ap	Good p been ma
distate 12-13 ar-13 reporting progra updated menti ubarly on KPIs a reporting progra- ional) to report- ors	y as required. Slippage should d E)with mitigating actions as for the workstream werall progress of the initiative aid give narrative on overall proud include an assessment of with risks and mitigating action.	id be reported highlighting we along with risks, issues and progress of the initiative and if progress against performance ans	OIPPLM 6.1 and April 2 Progress against milesto	Penjew has been	QOF QP incentive payment agreed with CCG's, for all practices		Business case is Train complete and self care Se	ng starts in	end OPP MA 8 and OPP MA 9 and O	GIPP LM 6.9 and Jan 53 Jan 53 Good Progress against mile	OPP LM 6 10 end Os 12 Os 12 Forgets a galaxt milestone	OPP LM 6.11 ect Oct.12 Progress against missions	GIPP LM 6.12 and Age 13 are Progress against milestone		ulpatient first and follow up app		OPP LM 6.16 end OPP Apr.14 Progress against milestone Progress	LIMA.17 end QPP LIMA.18 end JASS Apr.52 Applies milestone Progress against milest	Stage 1 assurance	On target to achieve	On target to achieve the	On tarnet to achieve as	GIPP LM 8.23 and GIPP LM 6.24 and OSS 22 201-33 Prograss against milestone Prograss against milestone Company (Company Company	GPP LM 6.25 and feb. 33 nee Progress against milest	QPP LM 6.26 end QPP LM 6.27 end Del Se Mar 13 Dol 13 Done Progress against milestone Progress against mile	2 GPP LM 6.28 ond Apr.3.4 dones Progress against milistore	Good been m the w Although milestice dels program due t
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QIPP Initiative 1

Report for the month of: Jun-12																													
QIPP Challenge (£000s) £66,470																													
FIMS Plan: Savings for CSR period (£000s)																													
Yr 1 FIMS savings delivered																													
(£000s)																													
Yr 2 Plan FIMS savings for 2012-13 (£000s)																													
Yr 3 Plan FIMS savings for 2013-14 (£000s) £12,158																													
Yr 4 Plan FIMS savings for 2014-15 (£000s)																													
Total savings years 1-4 (£000's) (should equal savings for the CSR period (Cell C8))																													
Estimated value of centrally																													
reported QIPP initiatives in remaining CSR period (Should be <50% of years 2-4																													
(Cells C11:C13)) QIPP Initiative Planning																													
QIPP Initiative scale and title (this should be one of the sub-programme area which will contribute to material savings in FIMS Categories)	s 5-7 Scale		ссь	Title	Planned Care																								
FIMS Categories where this initiative will impact (n.b. the sum of savings across all initiatives should be <50% of	he	Acute Contracts (Elective)	Estimated savings 2012-13 (£000's)	£1,453	Estimated savings 2013-14 (£000's)	£700	Estimated savings 2014-15 (£000's)	£150	Secondary FIMS category for savings	Acute Contracts	Estimated savings 2012-13 (£000's)	£1.447	Estimated savings 2013-14 (£000's)	£200 Estimat	ted savings 5 (£000's)	A	Additional FIMS A category for savings A	Acute Contracts (Direct	Estimated savings 2012-13 (£000's)	£498	Estimated savings 2013-14 (£000's)	€500	Estimated savings 2014-15 (£000's)	Ac	dditional FIMS stegory for savings	Es	stimated savings 012-13 (£000's)	Estin	mated savings 3-14 (£000's)
planned savings)				-1,1-1				-100	category for savings	(Outpatients)	2012-13 (£000's)		2013-14 (£000°s)	2014-15	5 (£000's)	c	category for savings A	Access)	2012-13 (£000's)		2013-14 (£000's)		2014-15 (£000's)	са	tegory for savings	20	012-13 (£000's)	2013	3-14 (£000's)
Totals of planned savings from this initiative (£000's)			FIMS savings 2012-13	£3,398	FIMS savings 2013-14	£1,400	FIMS savings 2014-15	£150	Total for CSR period	£4,948																			
QIPP workstreams supporting this initiative (title / description narrative required)	Workstream 1A	(C2C) Consultant to Consultant Refere	als	Workstream 1B	(TH) Thresholds / Disir	nvestment	Workstream 1C	(OPnoFU) OP no FU		Workstream 1D	(ModMat) Modernising	Maternity Services	Workstream 1E	(T2D) Extension of Tier 2 Derma	tology Works	kstream 1F (C	(Opth) Ophthalmology Ser	ervice Redesign	Workstream 1G			Workstream 1H		w	orkstream 1I		Workstr	ream 1J	
Focus of workstreams																													
Optional SHA FIMS Categories (Use where these have been defined within your SHA)		Estimated savingsEin-year			Estimated savings/lin-year	,		Estimated savings@in-year	ar		Estimated savings@in-year	,		Estimated savingstin-year			Estimated savingsliin-year			Estimated savings/lin-year	,		Estimated savingsBin-year			Estimated savings@in-year		Estir	imated savingstin-year
Milestone type	QIPP 1 End state 12-13	QIPP 1 End state 13-14	QIPP 1 End state 14-15	QIPP LM 1.1	QIPP LM 1.2	QIPP LM 1.3	QIPP LM 1.4	QIPP LM 1.5	QIPP LM 1.6	QIPP LM 1.7	QIPP LM 1.8	QIPP LM 1.9	QIPP LM 1.10	QIPP LM 1.11	(IPP LM 1.12	QIPP LM 1.13	QIPP LM 1.14	QIPP LM 1.15	QIPP LM 1.16	QIPP LM 1.17	QIPP LM 1.18	QIPP LM 1.19	QIPP LM 1.20	QIPP LM 1.21	QIPP LM 1.22	QIPP LM 1.23	QIPP LM 1.24 QI	IPP LM 1.25	QIPP LM 1.26
End state: Enter a description of how the initiative will a	5,559 less OPFAs 4,024 less OPFUs 578 less EL Admissions	192 less EL Admissions 1,250 less OPFAs 761 less EL XBD	Streamlined Care pathways avoiding unnecessary steps in the patient journey and ensuring patients are seen by the fit		(ModMat) Confirmation in contract of caesarean er section rates target by	(Opth) Utilisation of community optometrists	appointments with no	(T2D) Improved local access to Tier 2 Dermatology services	(TH) Achievement of quarterly savings	(ModMat) Achievement of Quarterly delivery of caesarean section	ent (OPnoFU) Agreement or practice plans	of (TH) Achievement of quarterly savings	(OPnoFU) Implement actions identified in practice plans,	(ModMat) Achievement (Opth) F of Quarterly delivery of commu caesarean section glaucon		n) Rollout of (1 munity scheme for or eye conditions	a	(ModMat) Achievement of Quarterly delivery of caesarean section	between commissioner	(TH) Achievement of quarterly savings	(ModMat) Achievement of Quarterly delivery of caesarean section								
the local healthcare sytem e.g. activity, transfers, quality/adverse quality indicators, health inequalities, incidence/prevalence of illness, morbidity/mortality from	507 less EL XBDs		clinician at the right time Treatment & interventions provided will only be those evidence-based interventions that maximise overall healt		or site		FU through the provision of alternative local management options and/or clearer referral	n and a reduction in secondary care OP appointments		targets by site			identifying common themes	targets by site refinem implement	ent/follow up implen	emented	ta	targets by site	and provider agreed for 13/14		targets by site								
specified acute or long term health conditions. And; quantify the number / percentage change you are plannii effect.	ning to		gain Improved patient experience, access.				guidelines 2,666 less first Ops																						
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 perio	wn		choice and timeliness of care Local provision and access for patients Enhanced and improved integration of services supported by community and	:																									
an end state which falls before 2015.			secondary care clinicians																										
Milestone Descriptors: Enter descriptions of the high lev milestones from your integrated plan. Milestones should provided for key deliverables or outcomes such as deci- points (go or no go) and review points that will do to bris	ld be cision ring																												
described in the end state. Risks/issues: Enter descriptions of risks or issues which																													
relate to the initiative.																													
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Activity indicators being molecular of tolerally progress aspirate unincenses SUI indicators) Antiquipate performance at period end There and UMP 'performance indicators Discrepance of the period	Completed on time and in full, in progress.	Man-14 age should be reported highlighting impact on delive	Mar.15 Try (KPIs and E).	Agreement of busines rules slipped form Apri however now agreed Remains a potential year askings (5900k) a new EPR system will result in counting Forecast delivery business of the state o	ssi, ord, d.	Completed Forecast delivery May 12 May 12	Practices flocalities have not yet developed plans to meet those specialty in their CP data reviews of OP no FU in 11/12. Savings phased from Delayed - amber Forecast delivery Sep 12 Sep 12 Sep 12	Completed Forecast delivery May 12 May 12	In progress Forecast delivery 2d 12 2d 12	In progress Forecast delivery Jul 12 Jul 12	Work not yet commenced Forecast delivery Sep 12 Sep 12 Sep 12	Work not yet commenced Forecast delivery Oct 12 Oct 12 Oct 12 Oct 13	Work not yet commenced Forecast delivery Oct 12 Oct 12 Oct 12	Work not yet commerced Forecast delinity Out 12 Out 12	PLM 1/2 and OC 52 C 5	OPPLIATIS and ONSI ONSI ONSI ONSI ONSI ONSI ONSI ONSI	Work not yet commenced Forecast delivery	Work not yet commenced Forecast delivery Jan 13 Jan 13 Jan 13	Work not yet commenced Forecast delivery Mar 13 Mar 13 Mar 13	Work not yet commenced Forecast delivery	Work not yet commenced Forecast delivery	Forecast delivery	Corp LM 120 ext Trapeas against missions Forecast delivery Forecast delivery	OPP 161 121 and Prograss against milestons Front Control of Contro	GIPP L81.32 and GIPP L81.32 an	CRPF LM 1.23 and Progress against missione Pro- Proscoal delivery Forecast delivery 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OPP-LM 1.24 and OPP- ograss a spain or milestone Prograss Forecast delivery Fore 1		

2012- 2013 Milestone Tracker

OIPP Overview and finances

Report for the month of:

NHS South of Englan
Oxfordshive & Gardreshive & Gardreshiv

	Estimated savings 2014-15 (£000's)		
	Workstream 1K		
		Estimated savingstin-year	
QIPP LM 1.27	QIPP LM 1.28	QIPP LM 1.29	Risks and issues (initiative level)

3 so not impacting but a risk b. 'Business

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Scale Primary FIMS category	Acute Contracts (Non Estimated savings		Urgent Care	Estant de salar			E-1	E-1			A LUCIO LA FINO				Estimated savings	4.000						1
for savings	2012-13 (£000's)	20,071	Estimated savings 2013-14 (£000's) £994	Estimated savings 2014-15 (£000's)	£0 Secondary FI category for s	Ambulance Contracts	Estimated savings 2012-13 (£000's) £775	Estimated savings 2013-14 (£000's)	2014-15	ted savings 5 (£000's)	Additional FIMS category for savings	Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)	2014-15 (£000's)	Additional FIMS category for saving	ıs	Estimated savings 2012-13 (£000's)	Estimated savings 2013-14 (£000's)	2014-15	d savings £000's)	
	FIMS savings 2012-13	£9,346	FIMS savings £994	FIMS savings 2014-15	£0 Total for CSR	period £10,340																
Workstream 2A	(H @H) Hospital at home	Workstream 2B	(111) Right place first time (inc.111)	Workstream 2C	(CHSS) Care Home support Service	Workstream 2D	(EMU) Emergency Multi Disc	Workstream 2E	(EOLM) Planned Care EOL (Mate	tron Service) Workstream 2F	(RISE) Unplanned Care EOL	L Workstream 2G		Workstream 2H		Workstream 21		Work	kstream 2J	Workstro	eam 2K	
	Estimated savings®n-year		Estimated savingslän-year		Estimated savingstin-year		Estimated savingslin-year		Estimated savingstlin-year		Estimated savings@n-year		Estimated savings@in-year		Estimated savingstin-year		Estimated savingslin-year		Estimated savingstlin-year		Estimated savings/lin-year	ar
QIPP 2 End state 12-13 8,855 less A&E	QIPP 2 End state 13-14 QIPP 2 End state 14-15 331 less NEL Streamlined, fast access to the right	111 Soft Launch	QIPP LM 2.2 QIPP LI 111 Full Launch (H@H) Comp	leted 6 (111)Completed 6	(CHSS) Review service against integration (EMU) Compliance of the control of the	eted (FMU) Extension of	/EOLM) Mid Point /PIS	QIPP LM 2.9 QIPP LM 2.10 E) Mid Point (EMU) Recruit to medical, therapy and	(H@H) Full year savings (111) Fu	QIPP LM 2.12 QIPP LM 2.13 ull year savings (EOLM) Full year	(RISE) Full year savings / activity reductions	QIPP LM 2.15 QIPP LM 2.16	QIPP LM 2.17	QIPP LM 2.18 QIPP LM 2.19	QIPP LM 2.20	QIPP LM 2.21 QIPP LM 2.22	QIPP LM 2.23	QIPP LM 2.24	QIPP LM 2.25 QIPP LM 2.26	QIPP LM 2.27 QII	P LM 2.28 QIPP LM 2.29	Risks and issues (initiative level)
attendances 2,158 less NEL Admissions 2,339 less NEL XBDs	urgent care Earlier supportive, and effective, discharge	1	month review evaluation to additional res needed in the community	and month review and identify evaluation to identify ources additional resources needed in the community	against integration review of curre contract and a specification fexpanded service.	or Expanding to 7/7 servi	line with EOL networks line	astion and review in medical, therapy and nursing staff	and activity reductions and activated achieved	tivity reductions savings / activity reductions achieved	achieved											
	Enhanced and improved integration of service - Easier to get good joined up community based care than to																					
	admit to hospital Local provision and access for patients - Care delivered by a locality team whose																					
	staff have strong relationships with GP practices Range of bed based																					
	services in community & acute settings serviced by appropriately qualified staff Pro-active early	k																				
	Pro-active early identification of people																					
										SQU02, I	IRS06, SRS08, SRS10, SRS16,	, SRS17										
QIPP 2 End state 12-13 Mar-13	OIPP 2 End state 13-14	QIPP LM 2.1 end Apr-12	QIPP LM 2.2 end QIPP LM May-12 Sep-	2.3 end QIPP LM 2.4 end	QIPP LM 2.5 end QIPP LM 2 Sep-12 Sep-1	2.6 end QIPP LM 2.7 end	QIPP LM 2.8 end Sep-12	QIPP LM 2.9 end QIPP LM 2.10 end Sep-12 Dec-12	QIPP LM 2.11 end QIPI	Mar-13 Mar-13	Mar-13	QIPP LM 2.15 end QIPP LM 2.16 end			QIPP LM 2.20 end	QIPP LM 2.21 end QIPP LM 2.22 end			QIPP LM 2.25 end QIPP LM 2.26 end		LM 2.28 end QIPP LM 2.29 end	RAG rating for the
Guidance for reporting progre	ass on milestones hij as required. Sippage should be reported highlighting and E) with mitigating actions	Progress against milestone Change in DH	Progress against milestone Progress again	st milestone Progress against milestone Change in DH specification in Dec	one Progress against milestone Progress again:	Dependant on review	one Progress against milestone Progress	ress against milestone Progress against milestor	Progress against milestone Progress	s against milestone Progress against milesto	ne Progress against milestone Prog	gress against milestone Progress against milestone	Progress against milestone	Progress against milestone Progress against miles	tone Progress against milestone	Progress against milestone Progress against miles	tone Progress against milestone	Progress against milestone Progre	ess against milestone Progress against milestone	Progress against milestone Progress	gainst milestone Progress against milestor	Amber 111 - Change in DH specification in Dec 1
This should be updated month impact (particularly on KPIs a Guidance for reporting progre • Monthly (specification with Provider IT Issues,	specification in Dec 11 caused delays in ability to meet new specification with Provider IT Issues,	caused delays in abil to meet new specification with Provider IT Issues	lity	to staff. OH budget proposal not agreed a negotiations to move from a block to tariff			to spec	ication in Dec 11 d delays in ability on meet new cification with iden IT Issues,												caused delays in ability to meet new specification with Provider IT Issues,
Completed = on time and in	nfull; in-progress; Delayed - amber = due date has act on delivery scope or impact; Delayed - red = due date	Clinical Governance Submission, Telephony	Clinical Governance	Clinical Governance Submission, Telepho	ne ony	contract have not bee finalised.	in progress	In progress Work not yet commenced	Clinic: Submis	cal Governance ssion, Telephony Delayed - red In progress	In progress											Clinical Governance Submission, Telephon Issues. Full launch nov
	with the material impact on delivery scope or impact Forecast delivery Forecast delivery				Forecast delivery Forecast d					recast delivery Forecast delivery		Forecast delivery Forecast delivery	Forecast delivery	Forecast delivery Forecast delivery	Forecast delivery	Forecast delivery Forecast delivery	Forecast delivery	Forecast delivery F	Forecast delivery Forecast delivery	Forecast delivery Fore	ast delivery Forecast delivery	slippage in savings (£249k) Delays (Combined)
		Jul 12	Jul 12 Sep Jul 12 Sep	12 Jan 13 12 Jan 13	Sep 12 Sep 1 Sep 12 Sep 1	2 Jan 13 2 Jan 13	Sep 12 Sep 12	Sep 12 Dec 12 Sep 12 Dec 12	Mar 13 Mar 13	Mar 13 Mar 13 Mar 13 Mar 13	Mar 13 Mar 13											0 0 0 13
		Jun 12	Jul 12 Sep Jul 12 Sep	12 Jan 13		2 Jan 13		Sep 12 Dec 12		Mar 13 Mar 13	Mar 13											12 0 0 0
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Scale	ссс	Title	Long Term Conditions																										
Primary FIMS category for savings	Acute Contracts (Non Elective) Estimated savings 2012-13 (£000's)	£1,428	Estimated savings 2013-14 (£000's)	£250 Es	Estimated savings 2014-15 (£000's)	£250	Secondary FIMS category for savings	Acute Contracts (Outpatients)	Estimated savings 2012-13 (£000's)	£26	Estimated savings 2013-14 (£000's)	£78 Es	stimated savings 14-15 (£000's)	ю	Additional FIMS Acute C (Electiv	Estimated savi 2012-13 (£000's	ngs £69	Estimated savings 2013-14 (£000's)	£125	Estimated savings 2014-15 (£000's)	Ad	dditional FIMS ategory for savings	E 21	stimated savings 012-13 (£000's)	Es 20'	timated savings 13-14 (£000's)	Estin 2014	ated savings 15 (£000's)	
	FIMS savings 2012-13	£1,454	FIMS savings 2013-14	£397 FI	FIMS savings 2014-15	£625	Total for CSR period	£2,476																					
Workstream 3A	(ICS) Integrated community services	Workstream 3B	(SM) Self Management P	rogramme W	Workstream 3C	(RVPC) Reduced variation (LTC)	on in primary care	Workstream 3D	(HF) Heart Failure Path	hway Improvements	Workstream 3E	TH (Telehleath developme	nt) Wo	orkstream 3F		Workstream 3G	i		Workstream 3H		w	/orkstream 3I		w	orkstream 3J		Work	stream 3K	
	Estimated savingsilin-year		Estimated savings@in-year			Estimated savingstlin-year			Estimated savingstlin-year			Estimated savings/lin-year			Estimated savings®in-year		Estimated savingsliin-y	year		Estimated savingstlin-year		E	stimated savingslin-year		E	stimated savings@in-year		Estimated savings!	in-year
QIPP 3 End state 12-13 349 less NEL	QIPP 3 End state 13-14 QIPP 3 End state 14-15 333 less OPFAs 625 less OPFAs 125 less OPFAs 933 less OPFAs	<u> </u>	QIPP LM 3.2 (SM) Submit funding bid (QIPP LM 3.3 (RVPC) Locality (S	QIPP LM 3.4 SM) GP working group	QIPP LM 3.5 (SM) Alternative SC Action plan to be	QIPP LM 3.6 (SM) Seek approval from OCCG Board	QIPP LM 3.7 (HF) New Cardiac Echo service in place	QIPP LM 3.8 (TH) Strategy , action and 13/14 savings plan	(SM) Implementation of	(RVPC) Continual	QIPP LM 3.11 (HF) Savings achieved (Title of the control of the co	QIPP LM 3.12 H) Robust projects to liver savings in 13/14 into	QIPP LM 3.13	(RVPC) Compliance (SM) 6	QIPP LM 3.15 QIPP LM 3. month follow up (SM) Prelimina findings availabi	v (TH) 13/14 projects	(SM) 1 1 14 - 12 mg	onth (ICS) Sustained and	QIPP LM 3.20 (SM) March reporting to	QIPP LM 3.21 (SM) April 2015 - larger	QIPP LM 3.22	QIPP LM 3.23	QIPP LM 3.24	QIPP LM 3.25	QIPP LM 3.26	QIPP LM 3.27	QIPP LM 3.28 QIPP LM 3.25	Risks and issues (initiative level)
111 less OPFAs Earlier diagnosis and treatment optimisation of people with LTCs	69 less EL Admissions Easier to get good joined up community The address of the second	Access for community services in place	io Mark	place	ssaulisileu	developed	following October workshop	service in place	in place	from January 2013.	Development of Practice Nurses and GPs completed		veloped set	rvices live across	interver	ntions gathered plan for 14/15 a	e and evaluated and impac greed assessed to inform 14/15 planning	ionow up data game	against agreed KPIs delivered		scale deployment incorporated in QIPP plans if interventions prove clinically and cost effective.								
community based echo services	admit to hospitalisme in place admit to hospitalisme in place Responsive and efficient savings through disingle integrated deployment of assessment and care telehealth and plans Care delivered by a Evidence based self- teralist learn whome among many telephone to the control of the control																												
	care delivered by a locality team whose staff have strong relationships with GP leading team teamedictine technology. Evidence based self-management interventions will be being delivered	1																											
	Care delivered by a locally team whose staff have strong staff have strong relationships with GP practices Range of bed based services in community & acute settings senticed by appropriately qualified staff																												
	qualified staff																												
			1	"	'			"	"	"	1	1		'		<u>'</u>	<u> </u>	<u>'</u>	- II	1	<u>'</u>	'	<u>'</u>	<u>'</u>		"	<u>'</u>	'	
												N:	ational LTC QIPP program	SRF14, SQU28 ime and numerous mes	, SQU29, SRS13, HRS06, SRS14 asures from the National Outcome	4, LTC6 es Frameworks for Health and Sor	ial Care												
QIPP 3 End state 12-13 Mar-13	QIPP 3 End state 13-14 QIPP 3 End state 13-14 Mar-14 Mar-15	QIPP LM 3.1 and Apr-12 Progress against milestone	QIPP LM 3.2 end Apr-12 Progress against milestone F	QIPP LM 3.3 end Jul-12 Progress against milestone Progress	QIPP LM 3.4 end Sep-12 Progress against milestone	Q(PP LM 3.5 end Sep-12 Progress against milestone	Oct-12 Progress against milestone	QIPP LM 3.7 end Dec-12 Progress against milestone	QIPP LM 3.8 end Dec-12 Progress against milestone	QIPP LM 3.9 end Mar-13 Progress against milestor	QIPP LM 3.10 end Mar-13 e Progress against milestone	Mar-13 Progress against milestone Pro	QIPP LM 3.12 end Mar-13 ogress against milestone Pro	QIPP LM 3.13 end Apr-13 ogress against milestone	QIPP LM 3.14 end QIF May-13 Progress against milestone Progress	PLM 3.15 end QIPP LM 3.16 Aug-13 Oct-13 s against milestone Progress against	end QIPP LM 3.17 end Nov-13 milestone Progress against miles	Jan-14 stone Progress against miles	d QIPP LM 3.19 end Mar-14 stone Progress against mileston	QIPP LM 3.20 end Mar-14 e Progress against milestone	QIPP LM 3.21 end Apr-15 Progress against milestone Progress	QIPP LM 3.22 end						IPP LM 3.28 end QIPP LM 3.29 e uss against milestone Progress against m	Initiative
	ass on milestones hij as required. Sippage should be reported highlighting and £)with mitigating actions			Locality delegation of QIPP targets not yet completed at corporate level / fully embedded in																									Reducing variation in Primary Care Locality delegation of QIPP
Guidance for reporting progre - Monthly (o			i	level / fully embedded in PIPs so full engagement difficult to achieve. Impact on Q2 savings (£170k)																									targets not yet completed at corporate level / fully embedded is PIPs so full engagemen difficult to achieve. Impact on Q2 savings
passed but no material imp	ifult, in-progress; Delayed - amber = due date has act on delivery scope or impact; Delayed - red = due date will be material impact on delivery scope or impact Forecast delivery Forecast delivery	Completed Forecast delivery	Completed Forecast delivery	Delayed - amber Forecast delivery	In progress Forecast delivery	In progress Forecast delivery	In progress Forecast delivery	Work not yet commenced Forecast delivery	In progress Forecast delivery	Work not yet commenced Forecast delivery	In progress Forecast delivery	Work not yet commenced V	Nork not yet commenced Forecast delivery	In progress Forecast delivery	Work not yet commenced Work not yet commenced Forecast delivery Forecast delivery	not yet commenced Work not yet commenced recast delivery Forecast delivery	wery Forecast delivery	Work not yet comment	milestone Status y Forecast delivery	Work not yet commenced Forecast delivery	Work not yet commenced Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery i	orecast delivery Forecast delive	(£170k) b. Heart Failure Pathway – New HF ery Delays (Combined)
		Apr 12	Apr 12 Apr 12	Sep 12 Sep 12	Sep 12 Sep 12	Sep 12 Sep 12	Oct 12	Dec 12 Dec 12	Dec 12 Dec 12	Mar 13 Mar 13	Mar 13	Mar 13 Mar 13	Mar 13 Mar 13	Apr 13 Apr 13	May 13 May 13	Aug 13 Oct 13 Aug 13 Oct 13	Nov 13 Nov 13	Jan 14 Jan 14	Mar 14 Mar 14	Mar14 Mar14	Apr 15 Apr 15								0 0 0 2 2 2
		Apr 12	Apr 12	Sep 12	Sep 12	Sep 12	Oct 12	Dec 12	Dec 12	Mar 13	Mar 13	Mar 13	Mar 13	Apr 13	May 13	Aug 13 Oct 13	Nov 13	Jan 14	Mar 14	Mar14	Apr 15								2 0 0 0
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Scale	ссе	Title	Complex																						
ry FIMS category Acute Contracts (Outpatients)	Estimated savings 2012-13 (£000's)	£184	Estimated savings 2013-14 (£000's)	Estimated savings 2014-15 (£000's)	Seco	ondary FIMS Acute gory for savings Electiv	te Contracts (Non Estire) 2012	stimated savings 012-13 (£000's)	976 Es	Estimated savings 2013-14 (£000's)	£286 Est	imated savings 4-15 (£000°s)	Additional FIMS category for savings	Acute Contracts Estimate (Elective) 2012-13	savings 000°s)	Estimated savings 2013-14 (£000's)	Estimated saving 2014-15 (£000's)		Additional FIMS Les Co	iental Health & Est saming Disabilities ontracts	stimated savings 012-13 (£000's)	Estimated 2013-14 (£	d savings £000's)	Estimated savings 2014-15 (£000's)	
	FIMS savings 2012-13	1200	FIMS savings £286	FIMS savings 2014-15	£0 Total	I for CSR period	£1,574																		
ream 4A (FF) Fragility fracture	res	Workstream 4B	(CNNS) Community Neurological Nurse Specialist service	Workstream 4C	(RAID) Evolving Psychiatric L	Liaison Services Works	rkstream 4D		Wo	Norkstream 4E		Workstream	4F	Workstri	um 4G	Works	ream 4H		Workstream 4I		Wor	rkstream 4J		Workstream 4K	
Estimated savingstlin-yea			Estimated savings®in-year		Estimated savings@in-year			Estimated savingstlin-year			Estimated savingsZin-year		Estimated savings®in-year		Estimated savingstlin-ye		Estimated saving dis	year	Es	Estimated savingstlin-year			savingstlin-year		Estimated savings@in-year
OPFAs 116 less NEL OPFUs admissions	emergency admissions	(FF) Fracture prevention Service in place	QIPP LM 4.2 QIPP LM 4.3 (FF) Negotiate Unbundling of tariff (CNINS) Service in purpose	lace (CS) Investment in community Bladder and	QIPP LM 4.5 (FF) Non conveyed fallers pilot made substantive (FF) F	Pathway mapping (RAID initial	ID) Phase 1 - Agree (RAII	QIPP LM 4.8 CAID)Phase 1 - Agree cope of community environmental with plants.	QIPP LM 4.9 CNNS) Agreement on rised activity reduction an (neurological atpatient	QIPP LM 4.10 RAID)Phase 1 OUH Agree delivery plan co	(RAID)Phase 1 OUH (RA	QIPP LM 4.12 QIPP LM IID)Phase 1 OHFT ee delivery plan OCC and the sector submit application by	ership with (CS) Recruitment	(DM) In partnership with (CNNS) I	tM4.16 QIPPLM4.17 idence of capacity of community team redesigned and delivered to the community team redesigned to the community team red to the comm	(CNNS) 10% reduction (CNNS) in emergency in length	QPP LM 4.19 QIPP LM 4.20 (CNNS) 10% reduction in length of stay for with a long-term gical condition QIPP LM 4.20	ion (DM) To continue to	(DM) In partnership with OCC and the voluntary sector deliver:. Q2	QIPP LM 4.23 DM) (Ch 2 = Review incr 3 = Review pat	QIPP LM 4.24 CNNS) Evidence of creased capacity of atients and carers to adm	NNS) 20% reduction (CNNS) 20	P LM 4.26 QIPP LM 4. O% reduction (CNNS) Evidence increased capacith a long-term patients and car	nce of (CNNS) 30% reduction	QIPP LM 4.29 Risks and
LEL L 20% reduction in engency admission let people with a constitution in control in the people with a	ons neurological condition. Earlier supportive and effective discharge, agth greater self-th a management of care			completed			OHF		utpatient opointments)			application by 2012	August	information to enhance patients: self-man modelling. (via patie May = 1st Workshop for baseline July = 2nd workshop for	ge their care t/carer aire)	with a neurological neurological condition.	gical condition of as an ency	ions Care/Informatics to ensure diagnosis rates improves as follows: Q2 (Sep) = 42%, Q3	Aug = Report of review April "13 = Procure new DA service	4 = Final review sell (via que	alf-manage their care with a patient/carer conductionnaire)	h a neurological neurologic admitted a emergence	cal condition self-manage the san (via patient/care questionnaire)	admissions for people with a neurological condition.	
for people long-term neurological condition admitted as an emergency ion in length teople with a care in hospital,	and prevention of unnecessary admissions Improve outcomes for people being treated for													priorities Aug = Final workshop for output Sept = Report to inform commissioning				(Dec) = 46%, Q4 (Mar) = 50%							
neurological paradmitted as and subsequent fractures, expanded fal prevention service with home visits	f physical health conditions in acute falls hospitals and community teams by integrating MH care.																								
entia ate from 6																									
													HRS06, SRS08												
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													HRS06, SRS08												
213 GPF 4 End statis 12-13 SP 4 End statis 12-14 SP 4 SP 4 End statis 12-14 SP 4 SP	14 QIPP 4 End state 14-15	QPP_LM.4.1 and dox32	OPPLM 4.2 and	GIPPLM 4.4 end	OPPLMA5 end	GPPLM 46 end C	GPPLM 47 end	OPP LM 4.8 and least 1	QIPPLM-3 end	OPPLM 410 and	OPP LM 4.11 and	OPP LM 472 and OPP LM 472 and		OPPLM415 and OPP	M416 and OPPLM417	GPPLM 4.18 and GI	PP_LM 4.19 ond	3 QPPLM421 end	OPPLM 4.22 and	GIPPLM 4.23 end	GPPLM 424 end	GPP LM 425 end GPP L		27 and GIPP LM 4.28 and	GPP LM 4.29 end RAG
eporting progress on milestones			OPP LM 4.3 and OPP LM 4.3 and April 1.	GPP LM 4.4 and April 2 food Progress against mission	CIPP LM 4.5 and Jan 22 Progress against milestone Progre	GIPPLM 46 und G Nam 13 Nam 13 ess seguinat millestone Progre	OUI	OUH and OHFT will not develop integrated	GPPLM 4.3 and Aug 27 Au	OPP LM 4 10 and Aug 12 Progress against missions Pr	CRP LM 4.11 and Aug 27	OPP LM 4.12 and OPP LM 4.12 and Aug 12 Aug 12 Aug 19 Propries against misotone Progress against		OPPEM 415 and OPP Sep12 Progress spatner relations Progress	M 4 16 ond OPP LM 4.17 ond ho 13 Mor 13 Mor 13 Mor 13 Mor 14 Mor	QIPPLM 4.18 and QI Apr 13 on Progras against milestone Progras	PLM 419 and OPP LM 420 a Apr 11 Apr 1	3 GPP LM 4.21 and Apr. 13 about Progress against milestone	OPP LM 4.22 and April 3 Progress against relations Pro	OPP LM 423 and Apr. 31 Apr. 31 Opposes applied milestone Pro-	OPP LN 424 and sout 5 and 4 and 5 an	QPP LM 425 and QPP L Apr 14 Progress against milestone Progress ag	LM 4.28 end GIPP LM 4.27 cpc.14 Ins.15 pass mileatone Progress against	OPP LM 4.28 and Apr 13 an inflations Progress against milestons	3 mile
orting progress on milestones dated monthly as required. Slippage sho ly on KPIs and £)with mitigating actions			Tariff negotiations not progressing according to timetable due to provider (OHFT) delays Will not impact on savings achieved as part of this OHP project	GPP LM 4.4 and April 2 food Progress against mission	GPP LM 4.5 and Jan 22 Prograss against milestone Progra	GIPPLM 4.6 and C Jan 23 San applies infestions Progre	OUI- di m Deliv	OUH and OHFT will not develop integrated model at this stage. elivery will be separate	OIPPLMAS and Aug 12 Oopples against milkstone Po	OPP-LM 4.10 and Aug 12 Tropyress against milestone Pr	OPP LM 4.15 and Aug 13 and Aug 14	OPP LM 4.12 and OPP LM 4.12 and Aug. 12 Aug. 12 Progress against misstone Progress against missione Progress against misstone Progress against misst		OPPLM 4.55 and OPP Says 12 Progress against releating Progress	M 4 16 out. QPP LM 4 17 out. M 6 13 Mer 13 Apple of milesteen Program applied milest	CIPPLM 4-18 and CI Apr 13 Apr 13 De Progras a gainst missione Progras	PLMA19 out GPPLMA20 April April April applied milestere Progress applied mi	3 QPPLM-4.21 end Apr-13 stone Progress against milestone	OPP LM 4.22 and April Property against mission Pro	QEP UA 4.23 and Apr 43 Apr 43 Open Spirits milestone Pro	OPP LM 424 and social s	OPP LM 425 and OPP L April Agriculture Progress agr	LM 4.28 and CIPP LM 4.27 part 5 part of part o	27 and QPP LM 4.28 and 1 Apr 13. In Resiston Progress against milestone	3 mile
uting progress on milestones dated monthly as required. Sippage shor you KP's and Eyelth mitigating actions uting progress for the workstream time and in full; in-progress; Delayed- aterial limpact on delivery scope or in there is / will be material impact on de-	hould be reported highlighting is nd - amber = due date has impact; belayed - red = due date delevery scope or impact		Tariff negotiations not progressing according to timedable due to provider (GMFT) delays Will not impact on sawings achieved as part of this CMFP project Washing for formal Delayed -amber Completed	GPP LM 4.4 and Age 22 A	CIPP LM 4.5 and h.m. 3.2 Progress against milestone Progre Completed		OUI- di m Delin - Ol acu 12	OUH and OHFT will not develop integrated	OPPLM 40 and Aug 22 Sopress Against missions Pro		OPP LM 4.11 and Aug 23 Aug 23 Aug 23 Aug 24 Aug 24 Aug 25 Aug 25 Aug 26	OIPP LM 4.12 and OIPP LM 4.72 and Aug. 13 Aug. 12 Aug.	13 and GPP LM 4.14 and 12 Aug 12 Aug 12 an initiation Progress against milister		M4.16 out OPP U4.17 out set 13 Med.13 set 13 Med.13 set 14 Med.13 set 14 Med.14 set 15 Med.14 set 16		PP LM 4.19 out GPP LM 4.20 out April 1	3 GPP LM 4.21 and April 12 and	OPP LEA 12 and Apr 13 Progress against missions Pro				J.M. 4.28 end QIPP LM 4.27 QIPS LM 4.28 Jan 45 Jan		3 mil not m
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	FIMS savings 2012-13	£3,141	FIMS savings 2013-14	£7,000 FII	IMS savings 014-15	£10,500 To	Total for CSR period	£20,641																		
(AQP) Any	kny Qualified Provider	Workstream 5B	(PC) Pricing Challenge	We	/orkstream 5C (I	MDV) Management of Den	emand and Variation	Workstream 5D	COBICs	Wor	orkstream 5E		Workst	ream 5F	Wo	forkstream 5G		Workstream 5H		Work	stream 5I		Workstream 5J		Workstream	ım 6K
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_	i End state 13-14 QIPP 5 End state 14-15	QIPP LM 5.1	QIPP LM 5.2	QIPP LM 5.3	QIPP LM 5.4	QIPP LM 5.5	QIPP LM 5.6	QIPP LM 5.7	QIPP LM 5.8	QIPP LM 5.9	QIPP LM 5.10	QIPP LM 5.11	QIPP LM 5.12 Q	IPP LM 5.13 QIPP LM 5.14	QIPP LM 5.15	QIPP LM 5.16 QIPP I	M 5.17 QIPP LM 5.1	8 QIPPLM 5.19	QIPP LM 5.20	QIPP LM 5.21	QIPP LM 5.22 QIPF	PP LM 5.23 QIPP LM 5.	QIPP LM 5.25	QIPP LM 5.26	QIPP LM 5.27 QIPP	LM 5.28 QIPP LM 5.29
1,502 less admission ce of Services si towards ou model	admissions shifting Robust process for the outcome based outcome based outcome based shifting admissions shifting routine price benchmarking of	of work and objectives, Initial service cost benchmarking for Mental health services	of work and objectives, cas Initial service cost opp benchmarking for mai Community Services den	se for change and the deportunity for infranaging avoidable mand and variation in the deportunity for infranaging avoidable mand and variation in the deportunity for infrance in the deportun	esign of the ro iformation reports and lo eporting tools. Design and approval of a	obligation ob proceedings of the control of the con	ervice starts (Non- obstetric ultrasound)	service start	benchmarking for non- PbR acute services	sen local benchmarking needs identified	ervice start p	programme of detailed social benchmarking //	Assessment Service for Autistic Spectrum conditions, without a	ions fed into identify new outliers contract priorities, and new elective and out-pati savings for 13/14	and with notineed inte	tith price changes or bice given regarding tent to re-procure (Musculos) (Maternity)	notice given rega	identify new outliers and rding priorities, and new elective and out-patient savings for 14/15	place for • Mental health • Musculoskeletal • Maternity	with price changes or identition regarding priorition tent to re-procure elections as win	fy new outliers and lies, and new we and out-patient gs for 15/16					
delivery of activity and by working	ons admissions Robust process for the outcome based outline price benchmarking of benchmarking of outcomes not and will do this ing together ment of	s ty		me we	nethodology for data a reighting	nd priority areas 12/13						L	Learning Disability)						COBIC Style contracts introduced for • End of Life Care • Long term conditions/breathlessne							
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12-13 QIPP S Et		GPPLMS1 end	OPPLMS2 and April	OPP LM 5.3 and May 12	GIPP LM 6.4 and May 13	QPP LMS 5 and May 13	GPP LM 5.6 and and 12	OPPLUSTed M40	OPP LUSS and	QPPLMS Seed AAU	OPP-LM 5.10 and Aug-12	GPP LM 5.11 and Aug 12	OPP LMS-12 and OPP Sep-12	PLM5.13 and	OPPLMS 15 end	OPP LM 5-16 and OPP LM More El AQ	15.17 and GPPLMS.18 ctl April 4	and GPPLM.519 and Feb.14	OPPLM 5.20 end Apr.54	GPP LM 521 and C Apr 54	0PP-LM 5.22 and 0PP-LM 5.22 and 5.22 an	LMS-20 and QPP-LMS-20 Apr-14 Apr-14 Apr-14	end OPP-LMS-XS and April4	GPP LM 5.28 and May 54	OPPLMS27 end OPPLM 527 end Anni 4 Or	M 5.28 and
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Learning Disabilities Contracts	2012-15 (2000 5)	-	stimated savings H3-14 (£000's)		stimated savings 114-15 (£000's)		Secondary FIMS category for savings		Estimated savings 2012-13 (£000's)	26	Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)	catego	ional FIMS ory for savings	Estimated savings 2012-13 (£000's)	-	Estimated savings 2013-14 (£000's)	2014-15	ted savings 5 (£000's)	Additional FIMS category for savin	gs	Estimated savings 2012-13 (£000's)	i	Estimated savings 2013-14 (£000's)	20	Estimated savings 1014-15 (£000's)	
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d the LDS of with mental outcome with mental suses in st provision, ament in high placements re people in accommodation or people with LTC and MUS. The provision of the provisi	and access for patients Improved support for patients, e.g. through targeted social		Cluster	pat psy qua KPI	othway re: MUS and partychiatric liaison - traility and productivity Pls developed	atients who may ansfer to primary care	transfer of activity & resource to primary care	MDS KPIs met	investment post 2013	on reduced variation in ar PC through NEL ac admissions fe lor	and impact on admissions (TBA). Then eedback to GP ocalities for action as	by OCCG based on quality outcomes. (Will include cardiac pilot evaluation & developing	(EPCS) Executive sign IAF off of Business Case & par PID con liai	ommunity psychiatric commi	dded in integrated dunity teams services within exist block OR Procure implement new Pri Care Service	ing k nary												
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Guidance for reporting progress or This should be updated monthly a impact (particularly on KPIs and E Guidance for reporting progress 6 - Monthly (o Completed = on time and in full passed but no matchail impact to has passed and there is / will b	on milestones as required. Stippage should it it with mitigating actions for the workstream it, in-progness; Delayed - ar- on delivery scope or impac e material stopped on delivery	d be reported highlighting amber – due date has act; Delayed - red – due date rery scope or impact	Provider implementation plans have not delivered sustained reduction in Quality, financial and flow issues created for the system by failure to resolve DTOC problem Delayed - red Forecast delivery Sep 12 Sep 12	in progress Forecast delivery Aug 12 Aug 12	in progress Forecast delivery Sep 12 Sep 12	In progress Forecast delivery Lian 13 Lian 13	In progress Forecast delivery Mar 13 Mar 13	In progress Forecast delivery Apr 13 Apr 13	In progress Forecast delivery Mar 14 Mar 14	In progress Forecast delivery Mar 15 Mar 15	CIPP LM 7.9 and Prograss against milestone Forecast delivery	OPP-LM 710 and Progress against milestone Forecast delivery	OPPLM711 and Progress against milestone Prog		PLM7.13 and QPPLM7.14 and	OPPLM7.15 and OPPLM7.15												OPP LN 7 28 and Progress against milestons Forecast delivery Forecast delivery	Progress against milestone Progress against milestone Product implementation DTC common of the commo

years 1-4 (£000's) (should equal savings for the CSR period (Cell C8)) Estimated value of centrally	£72,748																													
reported QIPP initiatives in remaining CSR period (Should be <50% of years 2-4 (Cells C11:C13))	£43,295																													
QIPP Initiative																														
QIPP Initiative scale and title (thi sub-programme area which will o savings in FIMS Categories)	is should be one of the 5-7 contribute to material	Scale		ССС	Title	Urgent Care																								1
FIMS Categories where this initial sum of savings across all initiation planned savings)	ative will impact (n.b. the ives should be <50% of	Primary FIMS category for savings	Acute Contracts (Non Elective)	Estimated savings 2012-13 (£000's)	£3,716	Estimated savings 2013-14 (£000's)	£4,934	Estimated savings 2014-15 (£000's)	£5,268	Secondary FIMS category for savings	Acute Contracts (Other)	Estimated savings 2012-13 (£000's)	£1,477	Estimated savings 2013-14 (£000's)	£0 Es	stimated savings 014-15 (£000's)	0	Additional FIMS category for savings		Estimated savings 2012-13 (£000's)	E	Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)		Additional FIMS category for savings		Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)
Totals of planned savings from the	this initiative (£000's)			FIMS savings 2012-13	£5,128	FIMS savings 2013-14	£4,934	FIMS savings 2014-15	£5,268	Total for CSR period	£15,330																			
QIPP workstreams supporting th description narrative required)	his initiative (title /	Workstream 1A	IMPACT - Integrated Urgent Care at V	Wycombe	Workstream 1B	ImPACT - Integrated Pr Homes	imary Care for Care	Workstream 1C	ImPACT- NHS - 111	1	Workstream 1D	ImPACT - End of Life		Workstream 1E	IMPACT - Managing Localis	ity Variation	Workstream 1F	Adult Community Health	Teams		Urgent Care Front Door a Hospital	et Stoke Mandeville	Norkstream 1H			Workstream 1I		`	Vorkstream 1J	
Focus of workstreams			Quality, activity & finance			Quality, activity & finance	9		Quality, activity & finance	ė		Quality, activity & finance	e		Quality, activity & finance			Quality, activity & finance			Quality, activity & finance									1
Optional SHA FIMS Categories (Use where these have been defined with	hin your SHA)		Estimated savingstin-year	1216		Estimated savings@in-year	165		Estimated savingstlin-year	-35		Estimated savings:lin-year	300		Estimated savingstin-year	1700		Estimated savingsBin-year	492		Estimated savings/Sin-year	200		Estimated savingsläin-year			Estimated savings®in-year			Estimated savingstin-
Milestone type		QIPP 1 End state 12-13	QIPP 1 End state 13-14	QIPP 1 End state 14-15	QIPP LM 1.1	QIPP LM 1.2	QIPP LM 1.3	QIPP LM 1.4	QIPP LM 1.5	QIPP LM 1.6	QIPP LM 1.7	QIPP LM 1.8	QIPP LM 1.9	QIPP LM 1.10	QIPP LM 1.11	QIPP LM 1.12	QIPP LM 1.13	QIPP LM 1.14	QIPP LM 1.15	QIPP LM 1.16	QIPP LM 1.17	QIPP LM 1.18	QIPP LM 1.19	QIPP LM 1.20	QIPP LM 1.21	QIPP LM 1.22	QIPP LM 1.23	QIPP LM 1.24	QIPP LM 1.25	QIPP LM 1.26
End state: Enter a description of the local healthcare system e.g. at quality/adverse quality indicators incidence/prevalence of illness, specified acute or long term heat quantity the number / precentage effect. Oncoderies, in may be more appropriate and states identification of the propriate of the state of the s	citivity, transfers, s., health inequalities, morbidity/mortality from lith conditions. And; e change you are planning to leally for 2015. For some priate to break this down ng year in the CSR period or 2015. scriptions of the high level	Wycombe hospital: there will be - a minor injuries and illness service oper 24 hours - a minor injuries and illness service oper 24 hours - a minor injuries and illness service of old people - in wycombe there will be co-location of old health and social care out of hours teams. Acuse hospital sendors at BHT will be reconfigured so Steke Mandestrille will be host site for emergency & elderly care in Buckinghamstrine. Wycombe General in Buckinghamstrine. Wycombe General will have planned care and vascular	alignment of health and social care reteams will be in place across the count 111 will extend its coverage and be ab put caters directly through to a wider range of services including social care range of services including social care. Rapid response services will be embedded into every locality with primarate teams possibly working with different local providers as required.	It beams in place across all localities and skill nike within them reflecting the speci- responding to the place of the special point of the 111 the first point of contact for member let to die the public needing upent care so min injuries unit at vycombe further modifies to work in an integrated way with 111 abry	rs nor	Implementation plan to respond to BHB reconfiguration commences	Ward reconfiguration a BMT to support clinical model from Better Healthcare in Buckinghamshire completed	Multi Disciplinary Admissions Avoidance Service opens at Wycombe General Hospital	Wycombe General Hospital	Local Enhanced Service (LES) offered to all Practices to provide enhanced support to qualifying Care Homes	Review of take up and pperation of Enhanced Primary Care to Care formes LES	Decision to recommission Primary Care Enhanced Support to Care Homes	NHS 111 commences in Buckinghamshre	Pilot Single Point of Contact for End of life Care commissioned	cai sei pai	and of Life Register is perational, providing coess to patient formation to urgent see/crisis response styles to ensure stients are supported sheir last year of life	Countywide Hospice at Home Senice commences	operational for 7 localities	Community Health Teams to provide	Commission a service that effectively manages and appropriately redirects activity at SMH .A&E	Access to Urgent Care 't WGH site by spoointment only roommences to	gree recommissioning land for locality led every of community earth services	Recomission locality assed model of Community Health							
milestones from your integrated provided for key deliverables or points (go or no go) and review pabout the changes in the local he described in the end state. Risks/issues: Enter descriptions relate to the initiative. Relevant SUS performance indicators	plan. Milestones should be outcomes such as decision points that will do to bring ealthcare system as s of risks or issues which	medicine (including HASU) In addition: Infrastricuture for NHS 111 will be in operation linking SPAs across the health	Re-commissioned county wide end of services fully operational enabling pati- choice of place of treatment. A&E at Stoke Mandeville deals with ma acutely ill patients as those who attend inappropriately are treated elsewhere.	ent																										
Relevant SUS performance indicators Activity indicators being monitored to i milestones	identify progress against																													
(SUS indicators) Anticipated performan																														
Relevant UNIFY performance indicators Other operating framework measures b against milestones	rs being tracked to identify progress	s																												
(UNIFY indicators) Anticipated performs																														
Relevant ESR / workforce performance	e indicators																													
(ESR / workforce indicators) Anticipate	ted performance at period end																													
Relevant other key performance indica	ator(s)))																													
(Other KPIs) Anticipated performance a	at period end																													
QIPP Initiative Milestone type	Reporting	QIPP 1 End state 12-13	QIPP 1 End state 13-14	QIPP 1 End state 14-15	QIPP LM 1.1 end	QIPP LM 1.2 end	QIPP LM 1.3 end	QIPP LM 1.4 end	QIPP LM 1.5 end	QIPP LM 1.6 end	QIPP LM 1.7 end	QIPP LM 1.8 end	QIPP LM 1.9 end	QIPP LM 1.10 end	QIPP LM 1.11 end	QIPP LM 1.12 end	QIPP LM 1.13 end	QIPP LM 1.14 end	QIPP LM 1.15 end	QIPP LM 1.16 end	QIPP LM 1.17 end	QIPP LM 1.18 end	QIPP LM 1.19 end	QIPP LM 1.20 end	QIPP LM 1.21 end	QIPP LM 1.22 end	QIPP LM 1.23 end	QIPP LM 1.24 end	QIPP LM 1.25 end	QIPP LM 1.26 end
Milestone due date		Mar-13	Mar-14	Mar-15	Apr-12	May-12	Oct-12	Oct-12	Oct-12	Apr-12	Jul-12	Dec-12	Jan-13	Apr-12	Jun-12 one Progress against milestone Pro	Jul-12	Nov-12	Sep-12	Apr-12	Apr-12	Apr-13	Apr-13	Apr-14							
Progress reporting against r	milestones and Initiative	Guidance for reporting progress on milestones. This should be updated morthly as required. Slipp Guidance for reporting progress of the initiative • Morthly (optional) Report overall prog	age should be reported highlighting impact on delik	very (KPIs and E).											Milestone slipped due to delay in recruitment process. Staff expected to be in employment in July and service to be					Unsuccessful completion of pilot. Notice given to providers to cease operation of service March 2012 and										
		- Montrey (optional) Report overal prog													fully operational by end of July/ early August					pilot ceased. Review meeting held to identify reasons for										
Milestone status		Completed = on time and in full; in-progress; D red = due date has passed and there is / will b	elayed - amber = due date has passed but no e material impact on delivery scope or impact	material impact on delivery scope or impact; Delay	ed - Completed	Completed	In progress	In progress	In progress	Completed	Work not yet commenced	Work not yet commenced	In progress	Completed	Delayed - amber	In progress	In progress	In progress	Completed	Delayed - amber	Work not yet commenced	Work not yet commenced	Work not yet commenced							
Month 9 Month 10 Month 11	Dec-11 Jan-12	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery
Month 12 Month 1	Feb-12 Mar-12 Apr-12				Apr 12	May 12	Oct 12	Oct 12	Oct 12	Apr 12	Jul 12	Dec 12	Jan 13	Apr 12	Jun 12	Jul 12	Nov 12	Sep 12	Apr 12	Apr 12	Apr 13	Apr 13	Apr 14							
Month 2 Month 3 Month 4	May-12 Jun-12 Jul-12				Apr 12 Apr 12	May 12 May 12	Oct 12 Oct 12	Oct 12 Oct 12	Oct 12 Oct 12	Apr 12 Apr 12	Jul 12 Jul 12	Dec 12 Dec 12	Jan 13 Jan 13	Apr 12 Apr 12	Jun 12 Aug 12	Jul 12 Aug 12	Nov 12 Nov 12	Sep 12 Sep 12	Apr 12 Apr 12	Sep 12 Sep 12	Apr 13 Apr 13	Apr 13 Apr 13	Apr 14 Apr 14							
Month 3 Month 4 Month 5 Month 6 Month 7 Month 8 Month 9	Aug-12 Sep-12 Oct-12																													
Month 8 Month 9 Month 10	Nov-12 Dec-12 Jan-13																													
Month 11	Feb:13 Mar:13																													
Month 2 Month 3	Apr-13 May-13 Jun-13																													
Month 5 Month 6	Aug-13 Sep-13																													
O Month 7 O Month 8 O Month 9	Oct-13 Nov-13 Dec-13																													
Month 10 Month 11 Month 12	Jan-14 Feb-14 Mar-14																													
Month 1 Month 2 Month 3	Apr-14 May-14 Jun-14																													
Month 4 Month 5 Month 6	Jul-14 Aug-14 Sep-14																													
Month 7 Month 8 Month 9	Oct-14 Nov-14 Dec-14																													
December 2 Mooth 2 Mooth 2 Mooth 2 Mooth 2 Mooth 6 Mooth 6 Mooth 6 Mooth 7 Mooth 10 Mooth 11 Mooth 12 Mooth 14 Mooth 15 Mooth 16 Mooth 17 Mooth 10 Mooth 11 Mooth 17	Jan-15 Feb-15 Mar-15																													
Number of CCCs signed	Apr-15 up to this milestone completed this milestone	2 0	2	2	2 2	2 2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	0	0	0	0	0	0	0
Percentage of PCTs comp	pleting this milestone	0%	0%	0%	100%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	#DIV/01	#DIV/01	#DIV/01	#DIV/01	#DIV/01	#DIV/01	#DIV/01

2012- 2013 Milestone Tracker

1			
	Estimated savings 2014-15 (£000's)		
	Workstream 1K		
		Colonial III	
QIPP LM 1.27	QIPP LM 1.28	Estimated savingsEin-year QIPP LM 1.29	Risks and issues (initiativ
			ievely
GPP IM 1.27 and	QPPLM 1.28 end	OPPLM 129 ed	RAG rating for th
		OPP-LM 1.29 and	Initiative Amber
			Initiative Amber
			Initiative Amber
			Initiative Amber
Progress against milestone	Progress against milestone	Progress against milestone	Initiative Amber Project and programm achieving milestones with minimal reporte slippage. A high level risk is contained with the programme gives the scale of change required and savigne associated with it.
			Initiative Amber
Progress against milestone	Progress against milestone	Progress against milestone	Initiative Amber Project and programm achieving milestones with minimal reporte slippage. A high level risk is contained with the programme gives the scale of change required and savigne associated with it.
Progress against milestone	Progress against milestone	Progress against milestone	Initiative Amber Project and programm achieving milestones with minimal reporte slippage. A high level risk is contained with the programme gives the scale of change required and savigne associated with it.

QIPP Overview and finances SHA cluster: NHS South of England	n <mark>d</mark>													QIPP Ini	iative 1											
PCT Cluster : SHIP Number of CCGs in cluster: 8														QIII IIII	idavo i											
Report for the month of: Jun-12																										
QIPP Challenge (£000s) £252,862 FIMS Plan: Savings for CSR £252,682	_																									
period (£000s) Yr 1 FIMS savings delivered (forecast outturn) 2011-12 £93,514																										
(£000s) Yr 2 Plan FIMS savings for 2012-13 (£000s)																										
Yr 3 Plan FIMS savings for 2013-14 (£000s)																										
Yr 4 Plan FIMS savings for 2014-15 (£000s) Total savings																										
years 1-4 (600°s) (should equal savings for the CSR period (Cell C8)) Estimated value of centrally																										
reported QIPP initiatives in remaining CSR period (Should be <50% of years 2-4 (Cells C11:C13))																										
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)	7 Scale	P	CT cluster	Title	Right Care																					
FIMS Categories where this initiative will impact (n.b. the sum of savings across all initiatives should be <50% of planned savings)	Primary FIMS category for savings	Acute Contracts (Outpatients)	Estimated savings 2012-13 (£000's)	£351	Estimated savings 2013-14 (£000's)	£0	Estimated savings 2014-15 (£000's)	£0	Secondary FIMS category for savings	Acute Contracts (Elective)	Estimated savings 2012-13 (£000's) £7	74 Estimated sa 2013-14 (£00	ngs s)	Estimated savings 2014-15 (£000's)	Additional FIMS category for saving	ıs	Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)	8	Estimated savings 2014-15 (£000's)	Additi	tional FIMS gory for savings	Estimated sa 2012-13 (£00	ivings 0's)	Estimated savings 2013-14 (£000's)
Totals of planned savings from this initiative (£000's)			FIMS savings 2012-13	£4,250	FIMS savings 2013-14	50	FIMS savings 2014-15	£0	Total for CSR period	£4,250																
QIPP workstreams supporting this initiative (title / description narrative required)	Workstream 1A	PMO406 High Impact Patient Team - U	JC - Ports	Workstream 1B	PMO680 Advice and Gu Gastroenterology - PC -	- NE		PC - NE	Guidance Endocrinology	Workstream 1D	PMO681 Advice and Guida NE	ance Neurology - PC - Workstream	PC - NE	Workstream	,		Workstream 1G			Workstream 1H		Works	sstream 1I		Workstream 1J	
Focus of workstreams Optional SHA FIMS Categories Use where these have been defined within your SHA)		Quality, activity & finance Estimated savingsilin-year	137		Quality, activity & finance Estimated savings@in-year	r 79		Quality, activity & finance	78		Quality, activity & finance	78	Quality, activity & finance	78	Quality, activity & fins Estimated savingsflin-y	ance		QIPP Workstream focus Estimated savingstlin-year			QIPP Workstream focus Estimated savingsllin-year			Vorkstream focus sted savings@n-year		QIPP Workstream focus Estimated savingstin-year
Milestone type	QIPP 1 End state 12-13	QIPP 1 End state 13-14	QIPP 1 End state 14-15 There will be increased access to Consultants and improved treatment of	QIPP LM 1.1 406 - Launch of multi- skilled team to focus or	QIPP LM 1.2	QPP LM 1.3 264 - Engagement with consultants in	QIPP LM 1.4 681 - Engagement with consultants in	QIPP LM 1.5	QIPP LM 1.6 h 264 - Draft specification complete for	264- Final agreement with primary and	QIPP LM 1.8 680 - Providers Gastroenterology En	QIPP LM 1.9 QIPP LM 64 - Providers 681 - Provide ndocrinology Neurology co	10 QIPP LM 1.11 682 - Providers ultants Rheumatology	QIPP LM 1.12 QIPP L 399 - Service start North IT systems of CCG Gynaecology for NE CCG	M 1.13 QIPP LM 1.14 perasonal 264 - IT systems operational for NE	QIPP LM 1.15 681 - IT systems operational for NE CO	QIPP LM 1.16 682 - IT systems CG operational for NE CCG	QIPP LM 1.17 Pilot is Live for NE	QIPP LM 1.18 Pilot is Live for NE CCG Endocrinology service	QIPP LM 1.19 Pilot is Live for NE CCG in Neurology service	QIPP LM 1.20 Pilot is Live for NE CCG 6 Rheumatology service G	6 month review of NE	nth review of NE 6 month	OJPP LM 1.23 OJPP LM h review of NE 6 month revieogy pilot. Rheumatolog	w of NF Analysis of performa	QIPP LM 1.26 ance Analysis of performance and effect; Decision to
End state: Enter a description of how the initiative will affect the local healthcare sytem e.g. activity, transfers, quality/adverse quality indicators, health inequalities, incidence/prevalence of illness, morbidity/mortality from	ect		patients as well as a reduction in unnecessary first Out-Patient	Alcohol and Mental Health very high	Gastroenterology to increase access to	Endocrinology to increase access to	Neurology specailist areas to increase	Rheumatology specallist areas to	Gynaecology to extend community-based	secondary care clinicians for	consultants sign up to A&G process. Pricing is agreed - NE CCG	onsultants sign up to &G process. Pricing is greed - NE CCG	process. consultants sign up to d - NE A&G process. Pricing is agreed - NE CCG	services Gastroenter service	logy Endocrinology servic		Rheumatology service	service	3,50	3,	in ar	ncluding performance Includi	ding performance Including	ng performance Including performes and outcome	formance continue / expand NE	E continue / expand NE
specified acute or long term health conditions. And; quantify the number / percentage change you are planning of effect. Provide at least one end state ideally for 2015. For some initiatives, it may be more appropriate to break this down			appoinments across tour specialities in Pottsmouth City and North-East Hampshire. Portsmouth City will also witness a 50% reduction, when compare to previous year's figures, in acute admissions amongst the group of frequen flyer patients targeted by the high impact	red support services Portsmouth CCG ent ct	first outpatient appointments - NE CCG	outpatient appointments- G NE CCG	unnecessary first outpatient appointments NE CCG	unnecessary first is-outpatient appointment NE CCG	access and patient its-experience.																	
integrates, it may be more appropriate to oreax this down into end states for each remaining year in the CSR period o an end state which falls before 2015. Milestone Descriptors: Enter descriptions of the high level	or		ioani.																							
milestones from your integrated plan. Milestones should be provided for key deliverables or outcomes such as decision	oe on																									
points (go or no go) and review points that will do to bring about the changes in the local healthcare system as	1																									
points (go or no go) and review points that will do to bring	3																									
points (go or no go) and review points that will do to bring about the changes in the (cold healthcare systems as described in the end state. Riskoffizes: Enter descriptions of risks or issues which relate to the initiative. Retevant 5US performance indicators. Antivity landicator being monitored to identify progress against activities.	2		110 10	102										F/UP Outpatients, A& E Alti	ndances, NE Inpatients											
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. Riska/Sassue: Enter descriptions of risks or issues which relate to the initiative.	603		10	102										FAJP Outpatients, A& E Ath	ndances, NE Ispatients											
points (go or no go) and review points that will do to bring shoot the funnies in the local healthcare system as a small point of the shadow of the same of the sa	603	1	110	1102										FUP Outpatients, A& E Ats	ndances, NE lipatients											
points (go or no go) and review points that will do to bring shoot the funness in the local healthcare system as described in the end state. It is a secretary to be a secretary proposed or risks or issues which relate to the initiative. Relevant SUS performance indicators and an additional secretary progress against minimized and an additional secretary performance and period and SUS bedictators) Assistipated performance as period and SUS bedictators) Assistipated performance as period and SUS bedictators) Assistipated performance as period and SUS period secretary contractives to the secretary progress against minimized performance as period and SUS Principators (American) Assistipated performance as a period and Subvast ESF / workforce performance indicators SUS Principators (American) Anticipated performance as period and Subvast ESF / workforce performance indicators SUS Principators (American) Anticipated performance as period and SUS Principators (American) Anticipated performance as period and SUS Principators (American) Anticipated performance as period and	603		10 10	102																						
points (go or no go) and review points that will do to bring stated the charges in the local shealthcare system as a state of the charges in the local shealthcare system as Risks/fissues Enter descriptions of risks or issues which relate to the initiative. Sales at SUB parlimentare initiative in the state of the st	603	Deflucated activity - 480 1st OP and 692 Put from Grip 12	170 10	102						(Portsmouth Ci	CG) Reduction in admissions of	of 50% of high impact patients, where	ental health-substance misuse a			n the service. (Calleva CC	(Q) Gynaecology activity define	ncted from Hampshire Hosp	pitals from Sep 12 in 1st C	2P and FUPs.						
points (go or no go) and review points that will do to bring shout the changes in the local sheathcare system as described in the end state. Selectification in the end state. Relevant SUS performance indicators frisks or issues which relate to the initiative. Relevant SUS performance indicators frisks or issues which relate to the initiative and	603	Deflected activity - 480 tst OP and 692 FUP from Sep 12 OPP 1 End assa 13-14 Mar-14	100 16 16 17 17 17 17 17 17	OPP MAIL 1 and Apr 22	GPFLM 12 and April 1	GPP LM 1.3 end Apr 12	GPP LM 1.4 and Apr. 12	QPPLM15 and April 3	QPP IM 1 6 and April 2					issues, when compared to the previous	s year, amongst those engaged in						QPF LM 1.29 and 149 53	OPPLAINT OF MAINT	20° M 122 and 0° 0° 1	PP LM 1-23 and QPP LM Mor-13 Mor-	24 end GPP LM 125 end 11 April 125 end	I QIPPLM 128 and AP-13
points (go or no go) and review points that will do to bring stook the charges in the local sheathcare system as a state of the point o	603 603 603 604 605 6076 reduction (30 to 15) GPP 1 End state 12-13 Market State Part Reporting progress on militations for Part Report	FUP from Sep 12 OIPP 1 End state 13-14 Mar-14		OPP LM 1.1 and Apr 2.2 Progress against mission	OFF LM 1.3 and Apr	OPP LM 1.3 and Apr 27 or Propess spalner missions	GPP LM 1.4 and Avr. 12 Progress against milestone	CIPP LM 1.5 and PAINTS against mission in Propress against mission	Delay not expected to	CIPP LM 1.7 end May-12 e Progress against milesto Awaiting final agreement. Delay no expected to impact o	CIPP LM 1.8 end Jun-12 pne Progress against milestona Pro	of 50% of high impact patients, where the second of the se		issues, when compared to the previous	s year, amongst those engaged in						OPP LM 1-30 and long long land long long land long long land land land land land land land land	OPP IAS 121 and O Month Inspired Progress against missions Progress	20P LM 122 and OPF Mon 23 sea spanior missions Progress	PPLM 1.23 and GPPLM 1.33 Mori Signature Neutrons Progress again	1.24 end GPP LM 1.25 end 13 Apr 13 at missions Progress against missions progress pr	GIPPLM 1.26 and April 3 April 4 April 3 April 4 April 3 April 4 April
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points (go or no go) and review points that will do to bring stook the charges in the local sheathcare system as a state of the point o	603 603 605 reduction (30 to 15) 6079 1 End state 12-13 Mar-13 Culdinate for reporting progress on milestones ENE Culdinate for reporting progress or dire infestion Marting (spinland marting as required. Stipping Culdinate for reporting progress or dire infestion Marting (spinland) Report overall prog	FUP from Sep 12 QPP 1 End state 13-14 Mars14 se should be reported highlighting impact on deliver the separate of the separate should be reported by the separate should be separated by the separate			OPP LM 1.2 and Agr 3.2 and Agr	OPP LM 1.3 and Apr 23 and Apr 23 and Apr 23 and Apr 24 and Apr 25	GPP LM 1.4 and Apr 12 Progress against milestons Completed Forecast delivery	GPP LM 1.5 and April 2 Topyress against inhistor Completed Forecast delivery	Delay not expected to	CIPP LM 1.7 end May-12 e Progress against milesto Awaiting final agreement. Delay no expected to impact o	CIPP LM 1.8 end Jun-12 pne Progress against milestona Pro		O and GIPP EM 1.11 and An 1.22 millistone Progress against milestone	GIPP LM 1.12 and GIPP LM 1.02 and GIPP L	s year, amongst those engaged in 1.13 and OPP LM 1.14 and LI 2.2 As 12.2 As 12						CIPP LM 1-20 and Sep-32 Sep-32 Togress against releasone P In progress Freecast delvery			PP LM 1.23 end GPP LM Mars 13 Mars 13 Mars 14		3 GPP LM 1.26 and Apr.13 atoms Progress against missions in progress Process delivery
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2012- 2013 Milestone Tracker

	Estimated savings 2014-15 (£000's)		
	Workstream 1K		
		QIPP Workstream focus	
		Estimated savings®in-year	
QIPP LM 1.27	QIPP LM 1.28	QIPP LM 1.29	Risks and issues (initiative level)
Analysis of performance and effect; Decision to continue / expand NE Neurology pilot	Analysis of performance and effect; Decision to continue / expand NE Rheumatology pilot		

QIPP LM 1.27 end	QIPP LM 1.28 end	QIPP LM 1.29 end	RAG rating for the
Apr-13	Apr-13		Initiative
ogress against milestone	Progress against milestone	Progress against milestone	Green
			No impact upon
			financial savings despit minor slippage on
			milestones. Monitoring
			processes in place to
			flag any potential issue
			that may arise from the delays.
			Gulaya.
In progress	In progress	In progress	
Forecast delivery	Forecast delivery	Forecast delivery	Delays (Combined)
			0
			0
Apr 13	Apr 13		0
Apr 13 Apr 13	Apr 13 Apr 13		9
Apr 13	Apr 13		9
Apr 13	Apr 13		ő
			0
			0
			0
			0
			0
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0 #DIV/01	0 #DIV/01	#DIV/01	

QIPP Initiative 2	
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Scale	PCI	PCT cluster	Title	Urgent Care																									
nary FIMS category . savings	Acute Contracts (Non Elective)	Estimated savings 2012-13 (£000's)	£11,873	Estimated savings 2013-14 (£000°s)	£7,015	Estimated savings 2014-15 (£000's)	£4,418 Seco		Contracts Estimated saving 2012-13 (£000°s)	igs £2,114	Estimated savings 2013-14 (£000's)	£0	Estimated savings 2014-15 (£000's)	o	Additional FIMS category for savings	Community Contracts	Estimated savings 2012-13 (£000's)	Estimated savings 2013-14 (£000's)	£O	Estimated savings 2014-15 (£000's)	0	Additional FIMS category for savings	Specialised Esti Commissioning 201:	timated savings 12-13 (£000's)	£456	Estimated savings 2013-14 (£000's)	E	Estimated savings 2014-15 (£000's)	ஹ
		FIMS savings 2012-13	£16,741	FIMS savings 2013-14	£7,715	FIMS savings 2014-15	£4,418 Total	I for CSR period	£28,874						1							T							PRIOZOG AMBURATORY EMERGENCY CARE S
JUGUIT ZA	PMO407 Home Oxyger Service - Unschedule Quality, activity & finance		Workstream 2B	PMO418 Integration of F Emergency Dept at UHS Quality, activity & finance	SFT	Workstream 2C	PMO384 Frail elderly (Non Ele Avoidance) Hampshire Hospi Quality, activity & finance		PMO400 HaSP (UC - PC	Health & Social Car	workstream 2E	PMO385 Frail Elderly a SC Quality, activity & finance	and Virtual Wards - UC -	Workstream 2F	PMO698 Frail elderly (No Avoidance) - UHSFT - UC Quality, activity & finance	C - WH	Calleva Calleva	mission Avoidance - Adult - UC -	Workstream 2H	PMO382 Frail Elderly - a UC - Calleva Quality, activity & finance		Workstream 2I	PMO265 Ambulatory Emerge Assessment Facility - UC - S Quality, activity & finance	gency Care Surgical SE	MOTRACIONI 20	PMO575 Ambulatory Emerg Assessment Facility- UC - F Quality, activity & finance	gency Care Surgical FG		Assessment Facility - UC - PC; Reducti A&E Attendances/Development of a Sin Point of Access (Paediatrics) - UC - PC; Quality, activity & finance
	Estimated savings/lin-year			Estimated savings®in-year	406		Estimated savingstlin-year	693	Estimated savings		750	Estimated savings:Ein-year			Estimated savings®in-year	887		ingslän-year 1335		Estimated savings/Sin-year	0		Estimated savingslin-year	434		Estimated savings®in-year	433		Estimated savings®in-year 433
P 2 End state 12-13	QIPP 2 End state 13-14	Patients entering Portsmouth Hospital	407 - Service specification for Hom	QIPP LM 2.2 418 - Begin Pilot a Primary Care	385 - Begin development of Single	QIPP LM 2.4 262 - GP practices agree to scheme and	Develop and refine systematic pro-active service	- Develop full 400 - I	reness Specification dev	rvice 262 - Agree	station plan patient Rehabilitation	GP triage scheme -	265 - Service launch for Ambulatory Emergency	Case LES in light of	QIPP LM 2.14 385 - Review progress at 6months of Single fr	265 - 6 monthly review 4 for Ambulatory	100 - New service Go ive for Home Oxygen Co-located		266 - 6 monthly review for reduction in A&E	awareness campaign .	production and	QIPP LM 2.22 400 - Integrated Intermediate Care	698 - Review data 385 production and at 1	QIPP LM 2.24 5 - Review progress 26 12 months of Single A	QIPP LM 2.25 265 - 12 month review Ambulatory Emergency	QIPP LM 2.26 Launch Service	QIPP LM 2.27	QIPP LM 2.28	QIPP LM 2.29 Risks and issues level)
		Trust with ambulatory emergency surgical needs will receive an improved experience with a reduced length of stay. The system will see a reduction of 25- 50% of patients from the longer stay tariff associated with this scheme. The number of admissions to University Hospitals Southampton	O2 services for the North CCG to be wri , signed off and finan attached	Practitioner Service tten within UHSFT ce Emergency Department West Hants and Soton CCGs	Care Plans (Multi	increase support for North CCG admissions avoidance programme involving GP triage	services for frail elderly, including those with LTCs in North CCG - Sou and G	campa ulationy emergency falls pro- passessment facility with East, Fareham Gosport and smouth CCGs	gn around the wention services wention services by a NE CCG	with SCAS d for North CCG avoidance;	S and GP9 for Geds in place for Head and Social Care and Social Care Partnership (HaSP). Portsmouth CCG	th North CCG admission	Care Assessment	system changes - frail elderly and virtual wards - Soton CCG	Care Plans (Multi E sagency and professional) and professional) and Sambulance Care Plans at or all identified (95%) patients - Frail elderly and virtual wards - Soton CCG	Emergency Care a Assessment Facility for s South East, Fareham and Gosport and Portsmouth CCGs	ervice - North CCG operational	ma me frail elderly admission of frail elderly admission of Social North CCG North CCG	attendance/	Including performance jole and outcomes - falls and falls prevention North East CCG	performance of the MD	(DDDT) integrated line	performance of the MD In-Reach Teams - frail elderly non-elective admissions avoidance programme: West Hants CCG pati and	rer Plans (Multi depastional) and Fi industrial and Plans attitional and Plans attitional and Plans attitional and Plans between Plans jets and Plans jets a	Care Assessment				
		will reduce through a 50% reduction of ACS RUBS patients through the employment of Virtual Wards. A Primary Care Practitioner service operating in UHS ED will also assist in reducing the number of A&E admissions.																											
5350	374	742 8007												A& Att	ttendances, NE Inpatients, Be	eddays													
											(Southampton CCI	G) - Reduce the rate of adr	dmissions of ACG RUB 5 pa	oatients. (Calleva CCG) - I	HHFT A&E Adult activity redu	duction. (South East CCG)	- Amubulatory Emergency Care SA	, number of 0-1 day LOS patients											
reduction against coutturn	1265 reduction over	25% increase in 0-1 day LOS patients																											
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Scale	PCT cluste	er	Title	Planned Care																										
mary FIMS category Ac savings	ite Contracts Est	timated savings 12-13 (£000's)	£8,670	Estimated savings 2013-14 (£000's)	£1,166	Estimated savings 2014-15 (£000's)	£1,019 S	econdary FIMS ategory for savings	Acute Contracts (Outpatients)	Estimated savings 2012-13 (£000's)	£5,785	Estimated savings 2013-14 (£000's)	£2,523	Estimated savings 2014-15 (£000's)	2112	Additional FIMS category for savings	ommunity Contracts	stimated savings 012-13 (£000's) £958	Estimated saving: 2013-14 (£000's)	£556	Estimated savings 2014-15 (£000's)	£50	Additional FIMS /	Acute Contracts (Non Estimate 2012-13	ted savings £758	E 20	Estimated savings 2013-14 (£000's)	0	Estimated savings 2014-15 (£000's)	03
	FIN	MS savings	£18,687	FIMS savings	£4 245	FIMS savings		otal for CSR period	£26,113			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									, , , , , ,				,					
kstream 3A	0301 Cardiovascular, in	ncluding Heart	Workstream 3B	PMO378 1st to Follow-up		2014-15 Workstream 3C	PMO491 - PLCV and Clinic		Workstream 3D	PMO703 111 Service Sh	HIP	Workstream 3E	PMO452 MSK inc.Chro	onic Pain Management -	Workstream 3F	PMO450 MSK/ Integrated 0	Clinical Assessment w	PM0312	& PMO311 Care Closer To Home	Workstream 3H		ļ	Workstream 31		Works	kstream 3J			Workstream 3K	
Fa	lity, activity & finance	C-SC	Norkali dali da	Quality, activity & finance			Quality, activity & finance	cui variatori		Quality, activity & finance			Planned Care - Callev Quality, activity & finance		Workshould of	and Treatment Services (IC Quality, activity & finance	CATS) - HH - West	SEAFG	tivity & finance	TO KING COM ON	QIPP Workstream focus			QIPP Workstream focus	Norka		QIPP Workstream focus			QIPP Workstream focus
Ε	timated savings%in-year	250		Estimated savingsllin-year	600	FIMS Categories Level 2 SHA	Estimated Savings in-year	80		Estimated savingslin-year	0		Estimated savingslin-year	r 90		Estimated savings/lin-year	0	Estimate	savings®in-year 500		Estimated savingstlin-year			Estimated savingslin-year			Estimated savingstlin-year			Estimated savingsilin-year
PP 3 End state 12-13		QIPP 3 End state 14-15 ere will be a		QIPP LM 3.2 378 - Target specialties		QIPP LM 3.4 Introduce the use of	QIPP LM 3.5	QIPP LM 3.6 Yoduce Service	QIPP LM 3.7 301 - Review cardiac	QIPP LM 3.8 491 - To have	QIPP LM 3.9 378 - Review and	QIPP LM 3.10 414 - Implementation of	QIPP LM 3.11 457 - Service Go Live -	452 - Revise current	QIPP LM 3.13 491 - Extend scope of	Analysis of performance Se	QIPP LM 3.15 ervices Commences	QIPP LM 3.16 QIF	P LM 3.17 QIPP LM 3.18	QIPP LM 3.19	QIPP LM 3.20	QIPP LM 3.21	QIPP LM 3.22	QIPP LM 3.23 QI	(IPP LM 3.24	QIPP LM 3.25	QIPP LM 3.26	QIPP LM 3.27	QIPP LM 3.28	QIPP LM 3.29 Risks and issues (level)
	exti tho cap Por	tension of scope of to ose procedures Sptured under PLCV in (intsmouth City and interpretation in the story of the story	the new Integrated Stroke Pathway (cardiovascular, including HF and Stroke	378 - Target specialties identified and Included in acute contract negotiations - first to te follow-up ratios. North CCG	wider list of potential pathways to be covered by the Threshold Management Scheme	PROMS (cardiovascular, including HF and Stroke TIA programme) - Soton	patient" decision tool Sidecision tool for MSK, including chronic pain management. North	pecification for community Services are Closer to Home rogramme, South East	rehab services (cardiovascular, including HF and Stroke TIA programme) - Soton	implemented specific additional thresholds onto "Frimley Clinical Guidelines" - PLCV /	378 - Review and Design and Implement pathway redesign for first to follow-up ratios. North CCG	an ICATS service - MSK integrated clinical assessment and treatment service - West	(Hampshire - 111 services SHIP		procedures covered and increased reinforcemen pressure to ensure y adherence PLCV /															
		orth East Hampshire ensure funding is oployed in the areas here it is most eded. There will also	TIA programme) - Sotor CCG	on CCG	PLCV / clinical variation programme North East CCG	CCG	CCG ar	nd Fareham and losport CCGs	ccg	clinical variation programme North East CCG		CCG		for MSK, including chronic pain management	programme North East CCG															
	be:	eded. There will also a reduction in clinical riation across the me region to ensure tients receive												programme. North CC	G															
	cor	tients receive nsistent, high quality atment. The public in neral will find it easier access urgent																												
	hes SH dire	althcare across the IIP region and will be ected swiftly to the																												
	ser ain	ost appropriate rvice to treat their ment. With a highly																												
	tria	nsistent, high quality age and assessment													F/UP Outpo	atients, First Outpatients, NE I	Inpatients													
8248	1195	213																												
eferrals direct to De	lected activity from											(West Hi	Hampshire CCG) - Numbr	per of patients treated in ne	ew ICATS service. ((F&G :	and SE Hants CCGs) - Care c	closer to home, reduction i	in O/P referrals to secondary care	in relevant specialities.											
nu	te in specialities, nbers tbc	DIPP 3 End state 13-14	QIPP LM 3.1 end	OPP LM 3.2 end	QIPP LM 3.3 end	QIPP LM3.4 end	QIPP LM 3.5 and	QIPP LM 3.6 and	QPPLM 3.7 and	QIPP LM 3.8 end	QIPP LM 3.9 end									d CIPPLM3.19 end	QIPP LM 3.20 end	CIPP LM 3.21 and	QIPP LM 3.22 end	QIPP LM 3.23 end QIPP	PLM 3.24 end QI	QIPP LM 3.25 end	QIPP LM 3.26 end	QIPP LM 3.27 end	CIPP LM 3.28 and	GIPP LM 3.29 end RAG rating fi
nu	te in specialities, nbers tbc	DIPP 3 End state 13-14 Mar-15	CIPP LM 3.1 and Apr.12 Progress against mileston	OIPP LM 3.2 end Apr.12 Reprogress against milestone	GIPP LM 3.3 and Apr-12 Progress against milestone	QIPP LM 3.4 end May-12 Progress against milestone	GIPP LM 3.5 and May 12 Progress against milestone Pr	CIPP LM 3.6 end May-12 rogress against milestone		QIPP LM 3.8 and Aun-12 Progress against milestone	QIPP LM 3.9 end									d QIPP LM 3.19 end	OIPP LM 3.20 and	CIPP LM 3.21 and Progress against milestone	QIPP LM 3.22 end Progress against milestone P	QIPP LM 3.23 and QIPP Progress against milestone Progress	P LM 3.24 end Gill against milestone Progress	CIPP LM 3 25 and	CIPP LM 3.26 end	QIPP LM 3.27 end	QIPP LM 3.28 and Progress against milestone	7 1111001
P 3 End state 12-13 (4) Mar-13 (4) Mar-14 (7) Mar-15 (7) Mar-16 (7) Mar-17 (7) Mar-17 (7) Mar-18 (7	te in specialities, hers the state 13-14 C Mar-14 C Mar-14 C milestones required. Sippage should be rewith mitigating actions	L	QPPLM3.1 end Apr.12 Progress against mileston	QPP LM 3.2 end April 2 Progress against milestone	GPP LM 3.3 end Apr-12 Progress against milistone	OPP-LM-3.4 and May-12 Progress against milestone	CIPP LM 3.5 and May 12 Progress a galast milestone Pr		Unable to report progress due to internal resource issues. PM for SHIP Cardinyascular		GIPP LM 3.9 end 3.6.12 Progress against milestone									d CIPPLM 3.19 and	OPP-LM 3.20 and	QPP LM 3.21 end Progress against milestone	GIPP LM 3.22 and Progress against miteations	OPPLM 3.23 and OPP	PLM 3.24 and Gi	OIPP LM 3.25 end	CIPP LM 3.26 and Progress against milestone Pr	CIPP LM 3.27 and regress against meatons of	QPP LM 3.28 end Progress against milestone	Unable to repor Programme whilst current
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