

West London CCG - Draft Corporate Objectives 2018/19 - Quarter 1

NWL FOCUS AREA	WL CCG Lead	Project title & Description	Qtr. 2 Update	Qtr. 1 RAG	Qtr. 2 RAG	QIPP YTD £000s	QIPP RAG
1: Development of general practice at scale to be in a strong position to be at the centre of integrated care systems.	SH	1. Co-ordinate and oversee the development of Primary Care Homes, facilitating delivery of primary care at scale, and associated benefits. 2. Implement Personal Medical Services Review (Year 1) and progress towards equitable funding for GP practices/ mobilisation of Year 1 Commissioning Intentions. 3. Ensure the delivery across all domains of the GP Forward View (GPFV) across West London: investment, workforce, workload, practice infrastructure and care design	1. PCNs progressing work to deliver PCN Development plan. Stage 2 plans received from 4 of 5 PCNs detailing work underway to deliver key objectives. MoU with GP Federation for PCN development support role at final draft stage. 2. 18 of 19 practices signed up to new contract. Outstanding practice expected to sign once Year 2 Cls spec approved. Negotiation regarding Year 2 Cls spec continues with LMC. CCG position clear following Sept PCC discussion. 3. Relevant progress ongoing in all areas, and aligned with key NWL work streams.	GA	GA	2175	G
2: Development of a North West London (NWL) urgent and emergency care strategy and delivery of the associated plan.	NH	1. Support integrated urgent care service across North West London, including direct booking from NHS111 to GP Hubs, Urgent Care Centres, and Urgent Treatment Centres. To include Pharmacy function within NHS111, and develop alternative referral pathways for re triaged Category 3 & 4 (urgent/ less urgent) ambulance dispositions . 2. Deliver Urgent Treatment Centre Standards at Chelsea & Westminster, and work with Central London Community Healthcare NHS Trust on the transition of St Charles Urgent Care Centre to Minor Injury Unit. Review provision of Walk-In Services. 3. To support the London Ambulance Service demand management programme, including: Mental Health Single Point of Access, Care Homes (Implementation of Red Bag scheme), management of patients with catheter issues, frequent callers, patient transport. 4. To develop and implement a more robust clinical pathway to support patient access to same day urgent care, including diagnostics and access to specialist advice/ guidance to avoid unnecessary admissions.	<ul style="list-style-type: none"> NHS111. Working with LCW to resolve high rejection rates and ensure appointment slots are visible to 111 call handlers. Utilisation weekend :60% and weekday : 43%. Working with CW UTC to implement Direct booking from UTC to the extended hubs as part of the redirection process DMIRS (Digital Minor illness referral service). NHS111 directly booking into community pharmacists for patients who require face to face review for minor illnesses goes live in NWL 30th October 2018. Direct booking into In Hours GP practices go live 15th October 2018. GP practices have agreed to 2 slots / day which will be telephone triage slots. Chelsea and Westminster Urgent Treatment Centre have agreed to implement re direction within the department. Standard set of KPIs being agreed across NWL. UCC at St Charles - GP provision to be provided by CLCH GP workforce and to continue as per current service specification until March 2019. An impact assessment is being completed to inform future commissioning decisions in line with the development of the MCP and the hub at St Charles. Star 6 line for care Homes in place 7 days / week 8am -8pm. Utilisation rates per care Home being monitored. Frequent callers / attenders The scheme was extended until end of October through ICT. The business case has been approved by TB and going to F&A for final approval of funds. Post will support primary care / It and the delivery of the new GP access service specification Working with AEC to quantify the impact and agree coding of activity and associated tariffs. Clinical pathways to be shared with clinical leads. Clinical decision making process workshop completed and tri borough CCGs will be working with local clinicians to develop robust pathways with AEC and acute clinicians to support patients to remain at home.	G	GA	1903	GA
3: Development and delivery of a North West London outpatient transformation programme.	LP	1. Work with North West London CCGs and Trusts to redesign outpatient pathways, reducing outpatient activity by 20% over 3 years. 2. Deliver change through clinical leadership from across the system and working to co-design services with patients 3. Work to an agreed set of business principles that allows costs to be reduced in the system, as opposed to passing from one place to another. 4. Follow design principles to support radical pathway change 5. Work to a rapid development and testing cycle to keep momentum and transfer opportunities to new areas.	Phase One 1. Referral guidelines for dermatology, gynaecology and gastroenterology have been completed and uploaded onto SystmOne. 2. Guidelines for MSK and Cardiology are in development and to be completed by end Q3 3. Smart referral forms in development for all pathways 4. Clinical triage being trialed at Imperial for cardiology 5. Finance and activity modelling in progress with CCG local review of proposed changes to follow 6. On-going development of engagement and implementation plan with Trusts, Primary care and patients Phase Two 1. Pathways agreed - ophthalmology, respiratory, neurology and urology 2. Clinical leads to be identified 3. clinically led workshops to commence late October / November	A	GA	104	A
4: To improve outcomes for children and adults with Serious and Long Term Mental Health needs.	JW	1. Implement revised urgent care pathway, and an integrated Chelsea & Westminster-based mental health pathway. 2. Develop Placements Management Team and placements panel processes, ensuring efficient review of out of area placements, and Individual Funding Requests. 3. Embed My Care My Way and mobilise the Integrated Care Team, with full and consistent roll-out of model of care, enacted via an alliance agreement, with a focus on integration, IT and workforce. Embed memory assessment function within integrated care team. 4. Full roll out and formal launch of the Community Living Well service, including SystmOne care record, self-care, multi-disciplinary team reviews, and improvements to hubs. Revise the Alliance Partnership Agreement/Contract to support transition to Integrated Care Team/ Multi-specialty Community Provider. 5. Deliver the outcomes for children and young people's mental health and wellbeing.	1. Deep dive held on mental health at ChelWest identifying particular system issue with onward admissions to out of borough Mental health Trusts 2. Placements team continue to refine processes and ensure the right information comes to panel 3. Work continues on Memory Assessment Service integration into the ICT 4. Practice based MDTs are rolling out across all practices with a range of immediate actions and shared learning being identified 5. Bid for national CAMHS trailblazer funding - awaiting outcomes. This will support school based teams, and 4 weeks waiting times	GA	GA	339	GA
5: Delivery of financial sustainability.	DM	Ensure West London CCG delivers the 2018/19 control total. Support the North West London QIPP programme, monitoring via the West London CCG QIPP Delivery Group. Support implementation of the North West London financial strategy.	WL CCG continued to report delivery of the control total to Mth 6. QIPP delivery is at 89% and expected to be maintained to the year end. The NWL position has significant risk and all CCGs are asked to support the overall position under a NWL Financial Recovery Plan.	G	G	1561	G
6: To develop a workforce that will deliver the new models of integrated care	JW	1. Complete skills needs analysis based on local population health needs at a primary care health level. 2. Developing a training programme for front line staff and in partnership with providers. 3. Supporting functional integration through a focus on multi-disciplinary team-working to enable health professionals to work in new ways, with appropriate clinical supervision.	1. More work being done on clinical governance as teams work differently together 2. Single management team across partners will provide leadership to development of new ways of working within teams	A	A		NA
7: Collaboration Development Programme	LP	1. Contribute to the North West London Collaborative Development Programme to support system wide transformation and QIPP delivery.	Joint Committees established. New structures for NWL Directors agreed and recruitment in progress. Establishment of NWL Financial Recovery Programme to support reduction of financial risks.	GA	A	469	AR
8: Working with partners across the system (including social care) to develop integrated care systems.	JW	1. Mobilise the recently agreed Alliance Agreement, which brings together acute, community, third sector and Local Authority to deliver an integrated care model for over 65 year olds. 2. Continue to develop our Multi-Specialty Community Provider (MCP) programme, due to mobilise in April 2020. 3. To align the development of the Integrated Community Team with Primary Care Homes (PCHs), to respond to local population needs and ensure greater accountability at local level.	1. GB agreement on year long work on MCP for a decision on approach to commissioning to be made at GB in September 2019 2. Deep dive process started to identify services where there is potential to integrate into the ICT in 19/20 with plans for more sessions in Q3 3. ALG discussion on how well the Board and sub groups are working leading to some agreed changes and tightening of escalation/reporting.	GA	GA		NA
9: Digital: enhancing the use of technology to improve care delivery.	TH	1. Working with Primary Care to scope the IT infrastructure needed to future proof and support Primary Care Homes and Multi-specialty Community Providers. Complete business case and apply for capital funding. 2. Procure Health and Social Care Network provision, and agree minimum bandwidth needed to future proof primary IT services and identify funding source to secure provision. 3. Support Primary Care services to move to 100% use of e-RS (electronic referrals) for all referrals to hospitals by October 2018. 4. Deploy Health Help Now app for West London CCG, and complete Health App Opportunities Assessment to support major service transformation programmes for 2019/20. 5. Promote electronic discharges from all trusts, including appropriate coding in order to free up primary care time. 6. Full Integrated Clinical Exchange utilisation encompassing radiology. 7. Explore opportunities for online consultations.	<ul style="list-style-type: none"> e-RS: All practices trained on e-RS. Soft switch commenced on Aug 1st and full switch off commenced on October 1st. Very few issues reported. HSCN: Procurement complete. Initial specification placed and deployment meeting with provider (Exponential-e) held on October 3rd. Deployment due in 2019. Health Help Now App: Version 1 of app now scheduled for deployment on Nov 7th after clinical sign off content on Nov 6th. IT infrastructure – Engaging with PCNs via GP Fed to find volunteer/early adopter. Online consultations: work planned for Q4 once pilots in other parts of NWL are complete ICE: Promotion planned for Q4. First planning meeting to occur on October 30th. Programme of benefits engagement, IT training and CLS/peer review planned. Electronic discharges: Work planned for Q3 and Q4. Imperial and ChelWest IT teams waiting to hear which directorates are not using electronic discharge and clinic letters. CCG to work with 2 volunteer practices to find hospital services not using electronic discharges and clinic letters. 	GA	GA		NA

DA 1 - Radically upgrading prevention and wellbeing
 DA 2 - Eliminating unwarranted variation and improving long term condition management
 DA 3 - Achieving better outcomes and experiences for older people
 DA 4 - Improving outcomes for children and adults with mental health needs
 DA 5 - Ensuring we have safe, high quality sustainable services