

GLOUCESTERSHIRE PCTS SUMMARY OF KEY LDP IN YEAR RISKS 2003/4

APPENDIX 1

<u>Issue</u>	Target (National / Local to which linked)	Lead PCT	Area at risk	Actions Taken	Delivery Date	Progress
Access Targets	T4 A1 T5	All	Achieving targets in most areas. Risk areas are out of county SLAs – Bristol and Wales	Detailed action plan attached and Welsh issue under debate with DOH. Review of activity at North Bristol being undertaken by C&VPCT	Ongoing	All patients identified as Welsh breaches managed according to agreed protocol
	T3 A5	WGPCT C&T PCT	Primary Care Access – maintaining target	Detailed action plan agreed	Ongoing	
Choice	T6	WGPCT	Financial Implications of choice at 6 months	A detailed plan of the process for implementation and the financial implications is attached.	See plan	Funding implications for GHT patients built into financial plans. C&V undertaking detailed review of Bristol cases (e.g. plastics)
Financial Balance	Value for money	All	C&VPCT deficit	Recovery plan in place to cover part of plan. Remaining £1.7m to be found.		Financial support arrangements agreed. Strategic Commissioning Group to form peer review group to oversee linkages between financial recovery, SLA's and CRES.
			GHT deficit and non-delivery of CRES	SLA offer revised to underwrite £950k moving further faster and increase marginal cost to 50% of average price. Brokerage of £1m to SHA covered and outstanding access funding agreed.		
			CRES	CRES presents a challenge to all organisations, and a particular delay in agreeing CRES at GHT means that investment for development cannot be released.		
SLA - GHT	A1 A2	WGPCT	Activity related cost: volume contract in place with elective and non elective demand likely to exceed predicted levels. Agreement outstanding	Local PCT community may consider a risk share arrangement around activity. Referral rates monitored monthly.		Letter setting out final offer on SLA sent 15/9/03 to GHT

<b><u>Issue</u></b>	<b>Target</b> (National / Local to which linked)	<b>Lead PCT</b>	<b>Area at risk</b>	<b>Actions Taken</b>	<b>Delivery Date</b>	<b>Progress</b>
Ambulance Trust	Cat A 8 min target	C&TPCT	Achieving and sustaining the Cat A response times target whilst acknowledging that within the county there are currently geographical inconsistencies in the level of achievement of the 8 minutes target.	Amalgamation of CHI, MA and Business plans, risk assessment and prioritisations to complete project managers work programme	Sept	Underway
				Agree contract with MA	2 <sup>nd</sup> October	Meeting convened
				Advance the appointment of the Medical Director on a fixed term basis	Dec	Post advertised Interview date set
Mental Health LIP5 Assessment – Adults of working age	A12	C&TPCT	Self assessment validated in November initial assessment gives red areas in 1) Crisis services 2) 24hr Access 3) Single sex accommodation 4) Pooled Budgets 5) LSPs	Assessment required on how to move forward on baselines in ways that are helpful to achieving national targets. Report back to JCB		JBC agreed final decision on balance between baseline and services development by Dec 2003
SLA – GPT	A12	C&TPCT	MARP (Multi Agency Re-provision Project) Review of progress within overall financial framework gives initial indication of in year gap assessed by GPT as £500K	Agreed process for pause to review to clarify in year pressure and confirm continued overall finance cost neutral.	Oct 03	Bespoke brief to consultant to review financial framework.
Emergency Demand The projected out turn for the percentage increase of non elective admissions at GHT currently indicates that the target will be exceeded which due to the cost / volume contract will result in significant financial implications for PCTs.	T1 A4	All	Benefits of new schemes to manage demand are not realised with the result that the target for increase in emergency demand is exceeded, with the resultant cost to the PCTs.	Delays in investment being released due to CRES have meant that some of the schemes that are planned have not begun as early as was originally anticipated. A summary of all the activity being undertaken for each PCT is attached. C&T - service directorate work programme 03 /04 (promoting independence). WGPCT- Managing Patient Flows All plans monitored regularly.	See plan	Growth rates remain low (1.03% for health community)
			New schemes that are put in place are not successfully integrated into the operational management structure		Ongoing	See plan
			That the required process and culture changes are not effected across the system meaning that the schemes do not reach full benefit.			See plan

<u>Issue</u>	Target (National / Local to which linked)	Lead PCT	Area at risk	Actions Taken	Delivery Date	Progress
Delayed Discharges	T22 A16	All	County level target for Sept SS is 12 WGPCT 5DD, C&TPCT 3DD, C&VPCT 4DD. (10 Oct, 7Nov, 3 Dec) Different issues across PCTs dependent on the different service levels and vagaries of the independent care sectors capacity.	Action plans for each PCT strategy for managing delayed discharges are attached. (See also plans above re emergency demand)	October 2003	Monitored weekly by local delayed transfers of care groups. County strategy group meets monthly
Commissioning rules	Resp. Comm.	All	Changes to national guidance on responsible commissioner guidelines may have significant implications particularly re district of residence – affects older people / MH & LD	Although this issue is being reviewed at a national level, the PCTs require SHA level support given the significant risk carried by Gloucestershire. The PCTs are seeking to stay informed and raise concerns where possible.		
Private Placements	Value for money	C&TPCT	Private placements for individuals requiring specialist input in the areas of Mental Health, Learning Disabilities and Eating Disorders have increased	These placements place a significant cost burden on the PCTs. A risk share arrangement is in place in county. For MH and eating disorders placements a panel has been convened that meets to agree new placements. Regular reviews of all current placements have also been introduced.	October 2003	Development of an operating protocol between GPT and commissioners prior to making a placement.
Community Loans	T24	All	Significant Overspend is projected. Projection at end 02/03 did not materialise.	Review the real position regarding out turn.		
Continuing Health Care		WGPCT	Costs associated with retrospective reviews of eligibility and corresponding reimbursement Shift in applying current criteria and corresponding cost implications.	WGPCT is leading to ensure that guidance for assessment is robust and consistent. Financial advice still awaited.		Assumptions on financial basis of recompense being developed. Reviews being progressed according to AGW programme.

<u>Issue</u>	<u>Target</u> (National / Local to which linked)	<u>Lead PCT</u>	<u>Area at risk</u>	<u>Actions Taken</u>	<u>Delivery Date</u>	<u>Progress</u>
Prescribing	Value for money	C&TPCT WGPCT	Any overspends in prescribing budgets will have considerable impact financially for PCTs	PCTs have generally taken the approach of closely monitoring the budgets in year with targeting of activity towards particular areas of concern. Detailed action plans are attached.		
Dental Services Provision	A5	C&VPCT	Access issues to NHS dentistry across the county.	A meeting is planned with GPs to discuss ways of providing more NHS dentistry.		National field site status to test extending salaried dentists
Management Capacity to successfully implement strategic agenda		All	Agenda includes: <ul style="list-style-type: none"> <li>• GMS Contract</li> <li>• Out of Hours</li> <li>• Agenda for Change</li> <li>• Dental contract</li> <li>• System Reform</li> <li>• Pharmacy Contract</li> </ul>	Commissioning OD requires additional support. Issue raised with SHA. Opportunities to work across county being explored Key pressures identified by each organisation		

**KEY TO ABBREVIATIONS:**

GHNHST	Gloucestershire Hospitals NHS Trust	C&VPCT	Cotswold and Vale Primary Care Trust
GASNHST	Gloucestershire Ambulance Trust	C&TPCT	Cheltenham and Tewkesbury Primary Care Trust
WGPCT	West Gloucestershire Primary Care Trust	GPT	Gloucestershire Partnership Trust