

Gloucestershire PCTs Service Development Groups Summary of LDP Assessments for 2004/5 and 2005/6

<u>Key Issue</u>	<u>Target</u> (National to which linked)	<u>Lead PCT</u>	<u>Areas at Risk</u>	<u>Progress</u>
REFORMING EMERGENCY CARE				
Achievement of the Cat A Standards consistently across the county by Ambulance Trust	Cat A 8 min target	C&T	Non recurring solutions in place 2003/4. Pressure to address: <ul style="list-style-type: none"> Geographic differences in achievement of standard Changes in Out of hours arrangements 	Advice and action plan being drawn up with modernisation agency Potential to make recurring funding for additional crew 03 / 04. Consideration of further capacity to support delivery of targets.
Meeting the 4hr A&E target	T1 A4	C&T	Continual achievement of target if emergency demand does not reduce	The Emergency Services Collaborative Project has identified areas for system reform to be considered by Reforming Emergency Care Group
			MH Support to A&E department	Additional Investment may be required
Out of Hours	A5	WG	Provision of an Out of Hours Service by the PCTs following implementation of the GMS contract, key service and financial risk.	See PCT specific action plans.
WAITING BOOKING AND CHOICE				
Specialist Commissioning	T5 A1 T4	Spec. Comm. Team	Additional key financial risk areas include: <ul style="list-style-type: none"> Renal Growth Medical Genetics Grown up congenital heart disease (GUCH) / paediatric cardiology Medium Secure 	Further work to determine the actual level of financial risk for each PCT is required, but initial costs now included in financial schedules. Extraordinary meeting of the local specialist commissioning group occurred on the 12 th Sept. Further work required as identified.
Meeting 2004/06 targets	T5 A1 T4	WG / All	Cataract 3 months target	The implications of these projects are being managed through the countywide Waiting Booking and Choice Group.
			Implementation of the outcomes of the Radiology and Gastro-Enterology review projects	
Choice	T6	WG	Implementation of choice and booking at the point of referral Potential residual effects of choice at six months initiative	A countywide plan to implement Choice at the point of referral is being developed and costed.
Waiting Time Breaches	T4 A1 T5		To continue to achieve the 13 week and six month waiting time targets with in county and out of county providers.	See action plan

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MENTAL HEALTH				
Achievement of Mental Health NSF Standards. Progress is required across all areas of NSF especially: <ul style="list-style-type: none"> ▪ Early Intervention ▪ Crisis Intervention ▪ Medium Secure ▪ Services Primary Mental Health Care 	T16 T17/T18 T19 T20	C&T	Year 2 (2004/5) Development Agenda is at risk from impact of baseline infrastructure funding issues. Assessment on how to move forward on baselines in ways that are helpful to achieving national target needed. Impact of the pressure on budgets for individual placements - that has the potential to reduce the monies available for investment..	Review of impact of year 1 achievements on plans for years 2 and 3 required. Autumn assessment process will help determine specific areas for prioritisation of available funding in 04/05 and 05/06. Work to date suggests funding levels currently identified in some LDP's may be insufficient.
			Managing the transitional period prior to the opening of Fromeside.	Transitional arrangements identified and agreed.
			Critical redesign project within Mental Health services for older people	Project plan progressing.
LEARNING DISABILITIES				
Learning Disabilities Development Fund LDDF	Valuing People	C&T	Release of funds is linked to Old Long Stay Monies budget reduction.	Bespoke piece of work to review old long stay census and track location of funds to agree appropriate action. Also linked with notice on section 28A agreement.
MARP and wider LD commissioning strategy	Valuing People	C&T (Social Serv are lead comm.)	Reviewing costs including increase in private placement costs and implications for specialist NHS element of service. Impact of pressure on budgets for individual placements has the potential to reduce monies available for investment.	Work continuing on service and financial framework plans.
Achievement of standards in valuing people	Valuing People	C&T WGPCT	Establishment of a register	WGPCT project is drawing together work done to date in county on the register
			Health Action Plans to be in place for all people across the county with a learning disability.	Health Facilitators have been appointed by GPT to work across the county to ensure Health Action Plans are in place
			Changes to national guidance on responsible commissioner guidelines. Impact on financial position.	This issue is on the national agenda
CANCER SERVICES				
Meeting Cancer	T7	C&T	Workload growth and drug costs in Oncology	Staff and support cost pressures identified

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standards as set out in the NSF	A7 T10 T11 A9 A8		No Palliative Care dedicated inpatient specialist beds	No funding identified in LDP's – accreditation will not be achieved if none is found.
			Multi disciplinary team support required	MDT support has been identified as a key aspect of meeting the NSF standards
			Provision of Specialist nursing	Key areas to meet NSF standards identified as Urology, Head and Neck, and Haematuria
			Compliance with improving outcomes guidance. (NICE)	Key areas identified as Upper GI, Urology, Breast and Haematuria
			Liquid based cytology	NICE guidance due Sept. The implementation plan is currently unknown. Similar developments have had a phased roll out across the country
OLDER PEOPLE'S SERVICES				
Dementia, Stroke and Falls		WG	Implementation of agreed care pathways will impact on shape of services	To be managed through LIT
Continuing Care		WG	Stage 1 and 2 of retrospective reviews to be completed within agreed timescales. Guidance on eligibility criteria issued.	Likely to have significant financial implication for PCTs as eligibility criteria may be amended
RENAL				
Growth	T5 A1	WG	(See Section on Specialist commissioning) Extended Renal unit in development at GHT. Insufficient resource if a satellite unit is required.	Centrally awarded capital has been awarded for the GRH based unit. If a satellite unit is required excess revenue will be needed in LDP's < £100K
IM&T				
GMS contract		All	Insufficient resource identified to meet the IT developments required by the new GMS contract	Work is underway to assess the implications of the GMS contract including possible IM&T costs
Integrated Care Records System (ICRS)	R16 R15 R17 R18	C&V	Uncertainty around the implementation of the NPfIT and the new ICRS system, resource implications and impact on planning and investment in legacy systems.	Ensuring that the local team is staying abreast of the national agenda
CHD				

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Access to additional angioplasties and ICDs in accordance with NSF	T12 A10	WG	Access times suggest additional angio lab with consequent resources will be required.	Business case developed, likely costs £60k revenue.
CHILDREN				
Strategic Review		C&V	Financial pressures may arise from the strategic review. Any reconfiguration of existing services is assumed to be cost neutral.	All PCT investments will be rigorously assessed and prioritised as part of the commissioning process
			Dependant on outcome of review, potential risk area for C&TPCT is inability to offer care close to home to minimise admissions to hospital (given current level of community services.)	Understanding local position in relation to national standards. Consultation event held with patients / public / staff (link to strategic review).
			Lack of investment for improved management of chronic conditions in the community leading to delayed discharge and over hospitalisation of children.	Clear commissioning based on need
			Lack of investment in tier 1 and 2 CAMHS leading to inappropriate use of specialist services	Robust partnerships with voluntary, charitable and public bodies with clear commissioning based on need.
MATERNITY				
Strategic Review		C&V	The strategic review is underway with similar issues as set out above for Children's services	
Antenatal Screening for Down's Syndrome			Service is currently inequitable across Gloucestershire. All women required to have screening facilities in place	An analysis of current screening availability and resources required to meet the target has been built into LDP
HEALTH INEQUALITIES				
Strategic Approach		All	Relationships are key - further development of Local Strategic partnerships (LSP's) required	Plans developed to increase use of information to underpin development. Further capacity may be required to strengthen the primary care interface with LSPs
			Lack of progress in tackling inequality	Further work on needs assessment will identify areas for targeting to maximise inward investment (e.g. sure start)

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SEXUAL HEALTH AND HIV				
Access Targets	A22	C&V	Family planning clinic capacity	Review of requirements to meet targets in progress.
Implementation of national Sexual Health and HIV Strategy	A22		Key Areas include: <ul style="list-style-type: none"> • PCR Testing • Foetal Remains Policy • Pharmacy Costs • Specialist Training for family planning and GUM service • Provision of a Sexual Assault Referral Centre (SARC) 	Resource requirements have been identified as part of the risk assessment exercise that has been undertaken and will need to be prioritised.
PPI / PATIENT EXPERIENCE				
PPI part of mainstream processes across the health community	T31 T32 A21 A19	All	Establishing Patient Forums	Work is underway to establish patient forums – additional resource requirements to be identified
			Review of community PALS services	Work is underway to specify appropriate SLA's to meet the needs of partner organisations
			Increased Resources required to make PPI a reality	Additional resource requirements will be required
PRESCRIBING				
Prescribing	Value for Money	All	SHA advice received on 2004/5, 2005/6 growth to be built into plans.	Planning assumptions of 11% increases and 1% CRES have been worked into plans
			Impact of GMS contract.	Work is underway to assess the implications of the GMS contract including additional prescribing costs
SUBSTANCE MISUSE				
Shared Care Schemes (requirement to have 30% of GP's involved)	T43 T44 A23	C&T	Insufficient resource identified in LDP's to implement schemes.	Additional funding requirements currently being assessed for GPwSI's and new enhanced services aspect of GMS contract. Allocation within LDPs
			Impact of GMS contract, Substance misuse is enhanced service	
National Alcohol Strategy			Not yet published. Resource implications unknown.	National Agenda
NICE				
Morbid Obesity		WG	Drafted but no date for implementation. Significant resource implications	Draft costings estimate exposure in the region of £500K for the local health community (LHC)

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IVF		WG	Due for publication in Feb 04. Significant resource implications	Economic modelling guidance anticipated from NICE – initial estimates indicate resource implications in the region of £1 million for the LHC. Review of NICE allocation in plans completed.
All areas			Future requirements from NICE programme	Gloucestershire Medicines Management Group to do a prospective analysis of future risk areas
OTHERS				
Standish Relocation		WG	Theatres resources identified under Waiting, Booking and Choice re Standish move	Outstanding resource implications of scheme and bed requirements to be assessed.
New GMS Contract		All	Funding for enhanced services, IM&T and Out of hours (see above)	Work is underway to assess the implications of the GMS contract and associated costs. Increased funding in baselines for enhanced services may not be enough to cover full costs.
Chronic Disease Management NSF		All	Potential impact on service provision	Need for clear commissioning developments (see specific action plans). Need to respond to new systems reform (e.g. Choice)
Commissioning Development		All	Clear process, provisions of information and financial advice to lead commissioners. Impact of choice on commissioning resources and systems development.	OD plans in outline but requires additional support given FT application

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

TARGET CODES CAN BE FOUND:

- For National Targets Codes: Improvement Expansion and Reform: Technical Guidance Appendix 5