

FINANCIAL RECOVERY PLAN/LDP PROJECTS 2005/06 – UPDATED 8th SEPTEMBER 2005

SUMMARY OF SCHEMES IMPLEMENTED AND MONITORING IN PLACE

PROJECT/COST SAVING MEASURE AND LEAD DIR. (MANAGER)	RISK ANALYSIS	PLANNED SAVINGS* 2005/06 (£000s)	PLANNED SAVINGS* 2006/07 (£000s)	BRIEF DESCRIPTION OF SCHEME (SAVINGS ASSUMPTIONS)	DESCRIPTION OF MONITORING ARRANGEMENTS IN PLACE AND RISK ASSESSMENT
CRES at 1.7% - ALL (Mike Theelke to monitor)	G	Trusts 2,464 Other <u>1,024</u> <u>3,488</u>		CRES to be removed from all SLAs and PCT provider budgets at source/budget setting stage.	CRES mechanisms in place.
Procurement: Mike Theelke (Julia Hurrell)	G	£30k		Accommodation, printing and photocopiers, stationery, uniforms, mobile phones, VAT reclaim.	
Equipment Loans: John Ford (Helen Bown)	G	£102k		Improved procurement, training, management. Some countywide work, VAT reclaim.	Financial monitoring in place and Quarter 1 indications are that savings are on line. During September CHC Nurses to review all GHT DAT requests for equipment, expectations. This will reduce expenditure. Some changes already implemented including reduction in equipment rental, reduction in urgent call-outs and new procedure for mattress usage.
Prescribing: Amanda Fisk (Nicki Millin/Laura Bucknell)	G	£93k (net of new community pharmacy cost)		Generic cost savings, focus on respiratory, dressings formulary, underpinned by GP engagement to address high spending practices	Monthly monitoring against profile in place. Risk of delivery due to changes in Category M Drugs and GP usage of generic products (links to dispensing).

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Recruitment: Ann McCluskey (Tina Ricketts)	G	£77k		Reductions in bank/agency use and costs, advertising protocol, overpayment of leavers reclaim	
Provider Services Vacancies: John Ford (PCDMs with Stephen Powell)	G	£300k		Assumes year on year vacancy related underspend of £300k can be made recurring and that future changes in staffing (for example in relation to CDM/LTC) can be managed within existing budgets.	Monthly monitoring against profile in place. Weekly vacancy abatement panel meetings taking place. When vacancies identified monies vired from budgets non-recurringly.
Primary Care Dentistry John Ford (Liz Griffiths)	R	£10k	£20k	Minor oral surgery carried out in primary care setting by GDPs.	Premises identified. Dental Access Centre Clinician identified to run service. Activity identified, pathways being agreed. Service start date 1 st November 2005.
Minor Surgery Enhanced Services: John Ford (Liam Williams – FoD)	G	£10k		Development of primary care based medical and minor surgical dermatology treatments. Assumes reduction of 95 outpatients.	Monthly monitoring against profile in place. Forest scheme now in place and links to commissioning cluster. Clinics commenced August as planned.
(Jeanette Giles – Gloucester)		£000k			Similar scheme for Gloucester City being developed. Service specification being developed based on annualised activity requirements. Specification to be advertised for expressions of interest.

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Heart Failure (HF) Phase 1: Phase 2: John Ford (Annie MacCallum)	G	£40k £40k		Currently 240 admissions per year at cost to PCT of £296k. Project assumes 10% reduction (i.e. 24) at £40k saving. Phase 2 projects a further 12 admissions to be saved.	Monthly monitoring against profile in place.
Carpal Tunnel Service for PCT Patients: Ann Jarvis-Wanklin (Claire Hathway)	G	£30k		Transfer all current GHT referrals to PCT service provided by a GPwSI @ Lydney Hospital	First clinic to commence on 5 th September.
Carpal Tunnel Activity Provided for Other PCTs: John Ford (Claire Hathway)	R	£59k		Other PCTs to purchase capacity from this service.	PCT service needs to commence and then available capacity to be determined and offered to neighbouring PCTs. GPwSI able to provide extra sessions if required.
Gwent SLA (Ann Jarvis-Wanklin)	G	£30k		Increase in activity and improved data recording (net gain)	Savings already delivered through SLA mechanism.
Vasectomy: John Ford (Duncan Thomas)	G	£3k		Primary care referrals. Full year effect of changes already made to e-referrals system (10 further cases to primary care)	Monthly monitoring against profile in place.
Podiatry Treatment: John Ford (Chris Boden/ Claire Hathway)	G	£35k		Transfer of activity from sec care T & O lists to podiatric team. Net saving of £35k Assumes April start and 89 day-cases.	Monthly monitoring against profile in place. Patients identified on GHT Waiting List will be transferred to Podiatric list. Similar process to be undertaken for Hereford Waiting list.

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Diabetes Outpatients: John Ford (Duncan Thomas)	A	£40k		Prevention of inappropriate new referrals (Nat Tariff price £152) and removal of stable f/ups within secondary care. Plus development of increased insulin initiation (I.I) within primary care.	Monthly monitoring against profile in place. Insulin Initiation LES to go to LMC for discussion in October with aim to commence from mid November. Duncan Thomas to provide activity figures and costs.
Respiratory Outpatients: John Ford (Mary Morgan)	R	£3k	£30k	Removal of un-necessary stable f/ups and new o/ps in secondary care.	Delay in clinics starting and assumptions changed to show clinics will not meet full capacity for a few months.
Out of Hours: Jan Marriott (Maria Metherall)	A	£120k		Skill mix changes from GP to nurse at Gloucester and Lydney Primary Care Centres plus reduction in nurse time at both MIUs.	Change in skill mix provided £30k – staff in place. A Nurse Consultant and additional Nurse Practitioner have been appointed which will lead to further savings in costs for 2006/07.
Intermediate Care: John Ford (Guy Stenson)	R	£368k		Re-focus of Intermediate Care services and the In Reach Team re prevention of admissions through A&E and MAU.	New Clinical Manager appointed who is currently scoping potential to re-focus service.
OOHs / A&E: John Ford (Guy Stenson)				Co-location of Gloucester OOH centre in GRH A&E & diversion of patients away from A&E – assumes 3074 attendances at £61 each	Weekly monitoring in place. Services now co-located. Based on first 4 weeks activity, projected £69k savings already identified.
Phase I	G	£80k			
Phase II	R	£108k			Plans in place to agree protocols for increases in numbers to be transferred - links in with changes to OOH skill mix – November. Discussions with GHT to take place re costings

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					for Nurse led assessments.
Chronic Disease Management: John Ford (Ellen Rule/Jon Ryland)	A	£1,475k		Assumes savings on 13% of admissions - 1295 spells - based on adapted Castlefields model. Net of staffing costs of £275k approved by the Board.	<p>Monthly monitoring of numbers on scheme in place.</p> <p>Quarterly review of frequent flyers by practice against 2004/05 baseline to take place.</p> <p>Risk = level of sickness + engagement with some staff causing difficulties with building case loads.</p>
Practice "Engagement" Ann Jarvis-Wanklin (Guy Stenson)	A	£1,059k		Incentive scheme with practices to look at alternatives to emergency admissions and to secondary care outpatient referrals	<p>Information on schemes sent to practices, with activity data.</p> <p>Some practices have requested further data. Meetings with individual practices are in the process of being organised.</p> <p>PCT has put in place a telephone helpline for GPs to contact when they have difficulty in arranging an alternative service to admission.</p>
Cardiology Referrals (Heart Failure/Arrhythmias) (Ann Jarvis-Wanklin)	A	£5k	£64k	<p>Recent NICE guidance and indication from cardiologists that they are currently receiving inappropriate referrals for palpitations. RMC has also identified around 50% of referrals that could be redirected to the primary care Heart Failure service.</p> <p>Assumptions based on shift of 40% of new referrals – requires additional 2 sessions per week.</p>	<p>Cardiologists are now engaged with the process and first meeting date to be agreed shortly.</p> <p>Recruitment plans for additional GPwSI agreed and due to commence shortly.</p>

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Rheumatology (Duncan Thomas)	A	9,157	36,766	Potential opportunity for repatriating appropriate follow-ups into primary care. Assumes shift of 20% of new and follow up appointments. Require 1 GPwSI session per week.	Meeting between GHT and PCT managers and clinicians. Some difference of opinion in terms of cases to be managed in primary care. Further work to take place to look at referrals and thresholds.
Recharge GHNHST for O/P Prescription Charges	G	£20k		GHT outpatient clinics are held at Dilke and Lydney Hospitals. Clinics have been using the West Glos FP10 prescription pads.	Mechanism to be put in place to recharge
Tariff Sharing	R	£150k		Discussions with GHT in respect of tariff sharing as per the national guidelines.	Meetings planned for September. Needs to go to GHT Contract Group Board.
North Forest "Demonstrator" PCT Roll Out – Follow ups	R	£25k		North Forest Commissioning Cluster are looking at repatriation of follow ups from Secondary care. This scheme will act as a pilot for roll out across other practices.	Started at beginning of August, a re view is being undertaken of all future follow up attendances across all specialties, with main focus on adult medical conditions.