## Appendix 1 - CCG QIPP Schemes

Summary of QIPP		20	16/17			20	17/18	
£'000s	R	Α	G	Total	R	Α	G	Total
PRIORITY 1 - Prescribing	0	0	0	0	1,123	1,393	0	2,516
PRIORITY 2 - Effective Use of Resources / Prior Approval	0	0	0	0	0	1,500	0	1,500
PRIORITY 3 - Demand Management	0	0	500	500	0	5,318	0	5,318
PRIORITY 4 - Single Commissioning Function Responsibilities	0	0	553	553	0	486	523	1,009
PRIORITY 5 - Back Office Functions and Enabling Schemes	0	0	0	0	0	1,000	0	1,000
PRIORITY 6 - Governance	0	0	0	0	0	100	0	100
Other Schemes in progress/achieved:	R	Α	G	Total	R	Α	G	Total
Neighbourhoods	0		459	459	0	74	681	755
Primary Care	0		698	698	0	312	1,000	1,312
Mental Health	0		232	232	0	0	232	232
Acute Services - Elective	0		500	500	0	0	500	500
Enabling Schemes to facilitate QIPP	0		0	0	0	1,682	0	1,682
Technical Finance & Reserves	0	0	6,167	6,167	0	0	4,382	4,382
Other efficiencies	0	0	3,054	3,054	6,740	0	616	7,356
Grand Total:	0	0	12,164	12,164	7,863	11,864	7,934	27,661
Including adjustment for Optimum Bias:		l _	12.164	12,164	786	5,932	7,934	14,652
10% of red rated schemes will be realised 50% of amber rated schemes will be realised 100% of green rated schemes will be realised	<u> </u>		12,104	12,104	780	3,332	7,334	14,032
QIPP Target			ĺ	13,500			ĺ	23,900
Savings still to find assuming application of optimism bias:				1,336				9,248
Other Actions to close the gap in 2016-17 (to be confirmed)				1,336				
Outstanding QIPP at close of 2016-17:	7			0				

Recurrent vs Non Recurrent	2016/1	2017/1
	7	8
Recurrent Savings	1,744	22,598
Red	0	7,863
Amber	0	11,683
Green	1,744	3,052
Non Recurrent Savings	10,419	5,122
Red	0	0
Amber	0	240
Green	10,419	4,882
Total	12,164	27,720

				Rating	Accountable Lead		Supported by		Start Date	Makes	Daniel Communication	OIDD C-4	NUIC Foods and N	an ICEE Administra	Link to
	Savii 2016/17				Accountable Lead	SCMT/ICO	Officer	Clinical	Start Date	Notes	Reporting Governance	QIPP Category	NHS England N	lon ISFE Mapping	Transform Funding
IORITY SCHEMES - HIGH						<u> </u>									
IORITY 1 - Prescribing		4.400	***		el	et	B		04.4.47					a :	
erse 17/18 Growth - prescribing	U	1,123	N/A	К	Clare Watson	Clare Watson	Peter Howarth	Jamie Douglas Tina Greenhough	01-Apr-17			Prescribing	Transformational	Primary Care	No
armacy repeat ordering	0	718	N/A	A	Clare Watson	Clare Watson	Peter Howarth	Jamie Douglas Tina Greenhough	10-Aug-16	CCG policy agreed by PRG August 2016 and implementation has commenced. Medicines Management Team and practice staff working hard to implement and some early signs of success are evident. However as detailed in the prescribing deep dive report presented to finance committee in December there are wider issues in prescribing which has resulted in significant increase in forecast. This forecast already makes some assumptions based on realisation of some QIPP, therefore it would be a double count to include again here.	Professional Reference Group	Prescribing	Transformational	Primary Care	No
P/ Grey / Red list	0	125	N/A	A	Brendan Ryan	Clare Watson/Claire Yarwood	Peter Howarth Tony Sivner	Jamie Douglas Tina Greenhough	06-Sep-16	Implementation of the 'Do Not Prescribe' (DNP) and Red list as per GMMMG will generate savings. Staff/ GP/Consultant adherence and vigilance is required. Individual MDT reviews may be necessary to effect these savings. This has been promoted and is discussed in practice visits. Dependent on member practice adherence to the CCG policy. See comment above about double count of QIPP in 16/17.	Care Together Programme Board	Prescribing	Transformational	Primary Care	Yes
onomy wide prescribing review ojects (multiple) to ensure cost and ality effective prescribing practice	0	550	N/A	А	Brendan Ryan	Clare Watson/Claire Yarwood	Peter Howarth Tony Sivner	Jamie Douglas Tina Greenhough	01-Sep-16	Programme of medicines management QIPP initiatives led by CCG and ICO medicines management teams. 16/17 additional QIPP forecast reduced to zero in line with the comments above.	Care Together Programme Board	Prescribing	Transformational	Primary Care	Yes
escribing Total	0	2,516													
IORITY 2 - Effective Use of Resourc	oc / Drievet	nnrovel													
RICHITY 2 - EMELTIVE USE OF RESOURC fective Use of Resources/Prior pproval	es / Prior A	1,500	N/A	A	Michelle Rothwell	Michelle Rothwell/ Trish Cavanagh	lan Bromilow Elaine Richardson Bl David Milner	Nav Riyaz (clinical lead for EUR)	31-Oct-16	Non-payment of un-authorised EUR procedures. Significant potential savings based on benchmarking data across GM. Requires GP adherence to relevant referral processes and EUR policies. CSU ready to upload summary guides and templates from 12th Dec, Draft paper walting for final finance the proposal is for an internal interceptor or referrals through CSU plan to get to PRG Dec. Practice level data shared with neighbourhood leads and CBMs to encourage peer review and Dest practice sharing re referring. Discussion with lead commissioner regarding an Ophthalmology provider to assess any financial over charging and challenge activity	Contracting & Performance Group	Acute Services - Elective	Transformational	Acute	No
R/Prior Approval Total	0	1,500													
RIORITY 3 - Demand Management															
lanagement of Outpatient Follow-up															
	Ü	300	N/A	A	Peter Nuttall	Clare Watson	Elaine Richardson	Alison Lea Tim Hendra	15-Oct-16	ICO to lead review of follow up outpatients, and in this review to establish controls on the number of follow up attendances for all outpatient referrals, e.g. only a first and a single follow up would be allowed without prior approval. Some areas would need to be exceptions to this (e.g. fracture clinic, cancer etc). An economy wide task and finish group has been established to benchmark with other hospitals and identify the protocols for out patient follow ups and CZC referrals. Will identify specialty-specific issues and proposals and will include post-discharge follow ups, which is happening as part of the 17/18 contract negotiation process.	Contracting & Performance Group	Acute Services - Elective	Transformational	Acute	No
endances	500	300	N/A G	A N/A	Peter Nuttall  Kathy Roe	Clare Watson  Kathy Roe	Elaine Richardson  Tracey Simpson David Milner			number of follow up attendances for all outpatient referrals, e.g. only a first and a single follow up would be allowed without prior approval. Some areas would need to be exceptions to this (e.g. fracture clinic, cancer etc.). An economy wide task and finish group has been established to benchmark with other hospitals and identify the protocols for out patient follow ups and C2C referrals. Will identify specialty-specific issues and proposals and will include post-discharge follow ups, which is happening as part of the 17/18 contract negotiation process.  Year end settlement which incorporates previous estimates arround EUR, C2C, OP follow-ups, primary care demand management which have all been reduced to zero for 2016/17 to be	-		Transformational  Transformational	Acute	No No
r End Settlement with ICO oduce stringent controls on C2C	500		G	N/A			Tracey Simpson	Tim Hendra	01-Dec-16	number of follow up attendances for all outpatient referrals, e.g. only a first and a single follow up would be allowed without prior approval. Some areas would need to be exceptions to this (e.g. fracture clinic, cancer etc). An economy wide task and finish group has been established to benchmark with other hospitals and identify the protocols for out patient follow ups and CC referrals. Will identify specially-specific issues and proposals and will include post-discharge follow ups, which is happening as part of the 17/18 contract negotiation process.  Year end settlement which incorporates previous estimates arround EUR, C2C, OP follow-ups,	Group  Contracting & Performance	Elective  Acute Services -			No No No
rr End Settlement with ICO  roduce stringent controls on C2C errals	500	0	G	A N/A A N/A	Kathy Roe	Kathy Roe	Tracey Simpson David Milner Elaine Richardson	Tim Hendra  N/A  Alison Lea	01-Dec-16 15-Oct-16	number of follow up attendances for all outpatient referrals, e.g. only a first and a single follow up would be allowed without prior approval. Some areas would need to be exceptions to this (e.g. fracture clinic, cancer etc). An economy wide task and finish group has been established to benchmark with other hospitals and identify the protocols for out patient follow ups and C2C referrals. Will identify specialty-specific issues and proposals and will include post-discharge follow ups, which is happening as part of the 17/18 contract negotiation process.  Year end settlement which incorporates previous estimates arround EUR, C2C, OP follow-ups, primary care demand management which have all been reduced to zero for 2016/17 to be replaced with the benefit of the year end settlement (Controls to be introduced on C2C referrals, agreed between the ICO and single commission, and monitored via CCG/ICO contract management and planned care workstream of Care Together. Audit to be conducted on current adherence in ICO. An economy wide task and finish group to be set up to identify the new protocols for out patient follow ups and C2C referrals. This is being	Group  Contracting & Performance Group  Contracting & Performance	Elective  Acute Services - Elective  Acute Services -	Transformational	Acute	
rr End Settlement with ICO  roduce stringent controls on C2C  trails  tharge to assess	500	0	G N/A	A	Kathy Roe Peter Nuttall	Kathy Roe  Clare Watson	Tracey Simpson David Milner Elaine Richardson Ian Bromilow	Tim Hendra  N/A  Alison Lea Tim Hendra  Saif Ahmed	01-Dec-16 15-Oct-16 01-Oct-16	number of follow up attendances for all outpatient referrals, e.g. only a first and a single follow up would be allowed without prior approval. Some areas would need to be exceptions to this (e.g. fracture clinic, cancer etc), An economy wide task and finish group has been established to benchmark with other hospitals and identify the protocols for out patient follow ups and C2C referrals. Will identify specially-specific Issues and proposals and will include post-discharge follow ups, which is happening as part of the 17/18 contract negotiation process.  Year end settlement which incorporates previous estimates arround EUR, C2C, OP follow-ups, primary care demand management which have all been reduced to zero for 2016/17 to be replaced with the benefit of the year end settlement Controls to be introduced on C2C referrals, agreed between the ICO and single commission, and monitored via CCG/ICC contract management and planned care workstream of Care Together, Audit to be conducted on current adherence in ICO. An economy wide task and finish group to be set up to identify the new protocols for out patient follow ups and C2C referrals. This is being addressed as part of the 17/18 contract negotiation.  Roll out by ICO should have been completed across all wards by end Nov. Need to ensure all potential patients managed through the process not just those who are going home. GM DTOC trajectory overriding focus and that will reduce IoS. Reducing LOS would enable us to make significant economy wide recurrent savings in 17/18 and beyond. Values not included as this is a significant economy wide recurrent savings in 17/18 and beyond. Values not included as this is a	Group  Contracting & Performance Group  Contracting & Performance Group  Contracting & Performance	Elective  Acute Services - Elective  Acute Services - Elective  Acute Services -	Transformational Transformational	Acute Acute	No
ar End Settlement with ICO  troduce stringent controls on C2C ferrals  scharge to assess	0 0	100	G N/A	A	Kathy Roe  Peter Nuttall  Pauline Jones	Kathy Roe  Clare Watson  Michelle Rothwell	Tracey Simpson David Milner  Elaine Richardson Ian Bromilow  Elaine Richardson Alison Lewin	N/A  Alison Lea Tim Hendra  Saif Ahmed Naveed Riyaz  Saif Ahmed Alison Lea	01-Dec-16 15-Oct-16 01-Oct-16	number of follow up attendances for all outpatient referrals, e.g., only a first and a single follow up would be allowed without prior approval. Some areas would need to be exceptions to this (e.g. fracture clinic, cancer etc). An economy wide task and finish group has been established to benchmark with other hospitals and identify the protocols for out patient follow ups and C2C referrals. Will identify specially-specific issues and proposals and will include post-discharge follow ups, which is happening as part of the 17/18 contract negotiation process.  Year end settlement which incorporates previous estimates arround EUR, C2C, OP follow-ups, primary care demand management which have all been reduced to zero for 2016/17 to be replaced with the benefit of the year end settlement  Controls to be introduced on C2C referrals, agreed between the ICO and single commission, and monitored via CCG/ICO contract management and planned care workstream of Care Together. Audit to be conducted on current adherence in ICO. An economy wide task and finish group to be set up to identify the new protocols for out patient follow ups and C2C referrals. This is being addressed as part of the 17/18 contract negotiation.  Roll out by ICO should have been completed across all wards by end Nov. Need to ensure all potential patients managed through the process not just those who are going home. GM DTOC trajectory overriding focus and that will reduce LoS. Reducing LOS would enable us to make significant economy wide recurrent savings in 17/18 and beyond. Values not included as this is a critical enabler and the savings are included within other demand management areas.  Primary care demand to be managed via increased support to practices to analyse and revise referral patterns. Access to advice and guidance from secondary care, commissioning improvement scheme, risk stratification of high risk patients, and referral management (including referral interceptor) are key enabless. Ali Lea and Saif Ahmed to develop further proposals for pr	Contracting & Performance Group  Contracting & Performance Group  Contracting & Performance Group  Contracting & Performance Group	Elective  Acute Services - Elective  Acute Services - Elective  Acute Services - Elective & Urgent  Acute Services -	Transformational Transformational Transformational	Acute Acute Acute	No Yes
endances  are End Settlement with ICO  roduce stringent controls on C2C  errals  charge to assess  mary Care demand management	0 0	0 100 0 658	N/A N/A	N/A	Kathy Roe  Peter Nuttall  Pauline Jones  Clare Watson	Kathy Roe  Clare Watson  Michelle Rothwell  Clare Watson	Tracey Simpson David Milner  Elaine Richardson lan Bromilow  Elaine Richardson Alison Lewin Tracey Simpson  Elaine Richardson Tori O'Hare / Janna Rigby	N/A  Alison Lea Tim Hendra  Saif Ahmed Naveed Riyaz  Saif Ahmed Alison Lea Tim Hendra	01-Dec-16 15-Oct-16 01-Oct-16 28-Sep-16	number of follow up attendances for all outpatient referrals, e.g., only a first and a single follow up would be allowed without prior approval. Some areas would need to be exceptions to this (e.g. fracture clinic, cancer etc). An economy wide task and finish group has been established to benchmark with other hospitals and identify the protocols for out patient follow ups and C2C referrals. Will identify specially-specific issues and proposals and will include post-discharge follow ups, which is happening as part of the 17/18 contract negotiation process.  Year end settlement which incorporates previous estimates arround EUR, C2C, OP follow-ups, primary care demand management which have all been reduced to zero for 2016/17 to be replaced with the benefit of the year end settlement  Controls to be introduced on C2C referrals, agreed between the ICO and single commission, and monitored via CCCG/ICO contract management and planned care workstream of Care Together. Audit to be conducted on current adherence in ICO. An economy wide task and finish group to be set up to identify the new protocols for out patient follow ups and C2C referrals. This is being addressed as part of the 17/18 contract negotiation.  Roll out by ICO should have been completed across all wards by end Nov. Need to ensure all potential patients managed through the process not just those who are going home. GM DTOC trajectory overriding focus and that will reduce LoS. Reducing LOS would enable us to make significant economy wide recurrent savings in 17/18 and beyond. Values not included as this is a critical enabler and the savings are included within other demand management areas.  Primary care demand to be managed via increased support to practices to analyse and revise referral patterns. Access to advice and guidance from secondary care, commissioning improvement scheme, risk straification of high risk patients, and referral management (including referral interceptor) are key enablers. All Lea and Salf Ahmed to develop further proposals for ro	Group  Contracting & Performance Contracting & Performance	Elective  Acute Services - Elective  Acute Services - Elective  Acute Services - Elective & Urgent  Acute Services - Elective  Acute Services - Elective	Transformational  Transformational  Transformational  Transformational	Acute Acute Acute	Yes Yes

Reverse all 17/18 growth - continuing and a 2016/17 2017/18 2017/18 2018/17 2018/17 20	r Efficiencies Transform r Efficiencies Transacti r Efficiencies Transacti	ansactional C	Acute Other Other	No No No
Demand Management Total 500 5.318    PROIDITY 4 - Single Commissioning Function Responsibilities (Incorporting Running Costs review)	r Efficiencies Transacti	ansactional C	Other	No No
PRIORITY 4 - Single Commissioning Function Responsibilities ( Incorporting Running Costs review )  Efficiency savings (admin budget)  419 264 G G G Kathy Roe Paul Pallister Tracy Brennand  0 236 N/A A  A Staty Roe Paul Pallister Tracy Brennand  Fixed term post  131-Oct 16  132-Oct 16  133-Oct 16  133-Oct 16  134-Oct 16  135-Oct	r Efficiencies Transacti	ansactional C		No
Efficiency savings (admin budget)  419  264  G  G  Kathy Roe  Paul Pallister  Tarcy Brennand  Fay budgets - review of Interim staff and fixed term post  Tarcy Brennand  Tarcy	r Efficiencies Transacti	ansactional C		No
Efficiency savings (admin budget)  419  254  G  G  Kathy Roe  Paul Pallister  Tacy Brennand  Tina Greenhough  Tina Greenhough	r Efficiencies Transacti	ansactional C		No
fixed term post  Tracy Brennand  Tracy Brennan				No
roles/programme  Tracy Brennand Graham Curtis Members going Tothe and a decision taken to have 3 Layu Members going Graham Curtis from 1st January 2017.	r Efficiencies Transacti	ansactional C	Other	No
With regards to Clinical Leads it was agreed that there will be a reduction in Clinical Lead capacity with a phased implementation.				
44 G G Steven Pleasant Paul Pallister Paul Pallister Tracy Brennand Graham Curtis Single Commissioning Board/CCG Governing Body Other El	r Efficiencies Transacti	ansactional C	Other	No
Corporate costs printing, photocopiers, postage  A do G G Kathy Roe Paul Pallister David Milner Tracy Brennand Tracy Brennand Tracy Brennand Pallister David Milner Tracy Brennand Tracy Brennand Palace. Message to single commission staff to limit use of postal system to support efficiency programme.  Other Et al. (All dealth) - recharge arrangement now in place. Message to single commission staff to limit use of postal system to support efficiency programme.	r Efficiencies Transacti	ransactional C	Other	No
SCF Total 553 1,009				
PRIORITY 5- Back Office Functions and Enabling Schemes Implementation of economy wide IM&T 0 500 N/A A Peter Nuttall Kathy Roe Colin Skoyles / GMSS Tracy Brennand Tracy Br	r Efficiencies Transfor	ransformational (	Other	Yes
Implementation of economy wide estates 0 500 N/A A Robin Monk Clare Watson Gillian Parker Tracy Brennand 01-Oct-16 Implementation of plans for estates rationalisation in line with economy wide estates strategy Care Together Programme Board Other Estates including rationalisation of plans for estates rationalisation in line with economy wide estates strategy Care Together Programme Board Other Estates in Care Together Programme Board Other Estat	r Efficiencies Transfor	ransformational (	Other	Yes
Back Office / Enabling Schemes Total 0 1,000 1,000				
PRIORITY 6 - Governance Review and streamline the single commission, ICO and Care Together governance and decision making structures  O 100  N/A  A Kathy Roe Claire Yarwood / Paul Pallister / Tom Neve / Robert Landon Neve / Robert Landon Neve / Robert Landon Single Commission where possible in order to release costs quicker. This would also release resource (people) to do more engagement with practices and ensure Board  Other E  Governance Total  Other Single Commissioning Board Other Single Commission Commissio	r Efficiencies Transfor	ansformational (	Other	No
PRIORITY SCHEMES - MEDIUM - SUPPORTING SCHEMES / ALREADY ACHIEVED Neighbourhoods				
Recommissioning of wheelchair service 230 451 <b>G</b> G Clare Watson Clare Watson All Lewin Richard Bircher 01-Apr-16 Contract for 2016-17 in place guaranteeing 16/17 saving. SCB approval 6/9/16 of revised costing model for 2017-18 to deliver recurrent savings. A procurement process is underway following SCB approval on 1st November 2016.	nbourhoods Transacti	ansactional C	Community	No
	nbourhoods Transform	ansformational C	Community	No
required. Any further work in this area to be taken forward as a 'models of care' business case. '	nbourhoods Transform	ansformational (	Community	No
Neighbourhoods Total 459 755 South S				
Primary Care  Increase GP appointments to 15 minutes 0 0 N/A N/A Clare Watson Clare Watson Janna Rigby Tori O'Hare Saif Ahmed Nav Riyaz	ary Care Transform	ansformational P	Primary Care	No

Schomo	Savi	ngc	BAG	Rating	Accountable Lead		Supported by		Start Date	Financial Recovery Schemes	Reporting Governance	OIDD Category	NUC England No	on ISFE Mapping	Link to
screme		2017/18			Accountable Lead	SCMT/ICO	Officer	Clinical	Start Date	Notes	Reporting Governance	QIPP Category	NHS England No	in isee wapping	Transformation Funding
Review evaluation of Primary Care Quality Scheme discretionary spend	204	500	G	G	Michelle Rothwell	Michelle Rothwell	Janna Rigby Tori O'Hare	Jamie Douglas Joanna Bircher	01-Nov-16	Evaluation of 2015/16 scheme and proposals for 2017/18 to be discussed at September PRG (14/9/16). Feedback from GB to be taken into account in this discussion re the requirement for measureable / quantifiable outcomes and targets.	Professional Reference Group	Primary Care	Transformational	Primary Care	No
eview of commitments to Over 75 chemes	200	500	G	G	Clare Watson	Clare Watson	Janna Rigby Tori O'Hare	Jamie Douglas	01-Nov-16	CCG to review and evaluate the investment in Over 75 schemes. This will determine the future investment for this cohort of the population. This has now been agreed and the status changed to Green at £0.5m saving in 2017-18.	Professional Reference Group	Primary Care	Transformational	Primary Care	No
rimary Care IAT	294	0	G	N/A	Kathy Roe	Kathy Roe	Tracey Simpson David Milner	N/A	01-Dec-16		Finance & QIPP Group	N/A	N/A	N/A	No
everse 17/18 Growth - primary care	0	224	N/A	А	Clare Watson	Clare Watson	Janna Rigby Tori O'Hare	Jamie Douglas	01-Apr-17	Includes LES, OOH, PCIT, meds mgt, oxygen etc.	Professional Reference Group	Primary Care	Transformational	Primary Care	No
leview of current APMS contracts	0	88	N/A	A	Clare Watson	Clare Watson	Janna Rigby Tori O'Hare	Jamie Douglas	01-Apr-17	Proposals in development via the CCG Primary Care Joint Co-Commissioning Committee regarding an alternative model for the commissioning of primary care services currently delivered via the APMS contract. A paper is being prepared to take to a future PRG meeting. Recurrent savings of £150k with part year effect in 17/18.	Professional Reference Group	Primary Care	Transformational	Primary Care	No
rimary Care Total	698	1,312													
Mental Health															
RADAR	32	32	G	G	Clare Watson	Clare Watson	Chris Pimlott David Milner	Vinny Khunger Tina Greenhough		Money held in reserve in anticipation of additional spend with Greater Manchester West FT. No longer required.	Professional Reference Group		Transactional	МН	No
MH Safer Staffing	200	200	G	G	Clare Watson	Clare Watson	Chris Pimlott Julia Whittaker	Vinny Khunger Tina Greenhough	01-Sep-16	Business case rejected at September PRG. Funding was originally held in reserves in anticipation of approval, but released to reserves now decision has been made.	Professional Reference Group	Mental Health	Transformational	МН	No
Mental Health Total	232	232													
Acute Services - Elective															
Integrated Elective Services	500	500	G	G	Trish Cavanagh	Clare Watson	Elaine Richardson	Alison Lea	01-Apr-16	Bridging arrangements are in place with Care UK / GM Primary Eye Care for 2016/17, with fully integrated service in place for MSK, ENT & ophthalmology through the IcO from April 2017. Based on budgets in place as part of the bridging service, significant 16/17 in year savings are expected. This will be a minimum of £700k and based on current trajectories the savings could	Professional Reference Group	Acute Services - Elective	Transformational	Acute	Yes
Manage RTT Targets	0	0	N/A	N/A	Trish Cavanagh	Clare Watson	Elaine Richardson	Alison Lea	01-Sep-16	Manage OP activity at 92% performance for incompletes over all specialties in TFT and not over- achieve. Subject to TFT being able to respond quickly in alignment with consultant capacity plans.	Care Together Programme Board	d Acute Services - Elective	Transformational	Acute	No
Minor Eye Condition Service	0	30	N/A	А	Clare Watson	Clare Watson	Elaine Richardson Julia Whittaker	Alison Lea	01-Sep-16	Optimise use of minor eye condition service - service now live by GM primary eyecare. New way of patients with urgent need. Evidence elsewhere suggests reduced A&E demand. This is an enabler to demand management.	Professional Reference Group	Acute Services - Elective	Transformational	Acute	No
Review all GP direct access diagnostic pathways (including AQP)	0	0	N/A	N/A	Clare Watson	Clare Watson	Elaine Richardson	Alison Lea	01-Oct-16	Analysis at local and GM level underway to understand the significant increase in spend over recent years in AQP with no corresponding reductions at acute providers. New service specifications (including protocols) are being developed for 2017-18. Proposals to be presented to PRG January 2017.	Professional Reference Group	Acute Services - Elective	Transformational	Acute	No
Review current audiology pathways (including AQP)	0	0	N/A	N/A	Clare Watson	Clare Watson	Elaine Richardson	Alison Lea	01-Sep-16	Specifications are being reviewed to understand the reasons for multiple referrals to audiology and ENT. Protocols will be developed to reduce unnecessary referrals.	Professional Reference Group	Acute Services - Elective	Transformational	Acute	No
Recommissioning of direct access Echo pathway	0	29	N/A	А	Trish Cavanagh	Clare Watson	Ian Bromilow Alison Lewin	Thomas Jones	01-Apr-17	Consultation currently underway which is likely to result in service of notice on Manor House Echo service (6 month notice period) as per previous agreement (in former PIQ Committee) and	Professional Reference Group	Acute Services - Elective	Transformational	Acute	No
Acute Services - Elective Total	500	559								in line with contractual position.					
Enabling Schemes to facilitate QIPP															
Demand Management letter to associates	0	1,000	N/A	A	Clare Watson	Clare Watson	Ian Bromilow David Milner	Saif Ahmed Naveed Riyaz	01-Apr-17	Letter sent to all associate providers informing of our Care together schemes and warning that they should expect to see a reduction in demand which we anticipate will reduce 17/18 contracts by approximately 10%. Need to recognise that contracts will still be PDR, therefore realisation of benefits will be dependent upon all of the other actions discussed in this spreadsheet to reduce demand.	Professional Reference Group	Acute Services - Elective & Urgent	Transformational	Acute	Yes
Home IV Antibiotics	0	0	N/A	N/A	Trish Cavanagh	Michelle Rothwell	Alison Lewin	Richard Bircher	01-Jan-17	Subject to ICO internal business case to expand the current service to 7 days.	Professional Reference Group	Acute Services - Urgent	Transformational	Acute	Yes
ommissioning Improvement Scheme	0	0	N/A	N/A	Clare Watson	Clare Watson	Tori O'Hare	Alan Dow	01-Apr-16	GP led schemes to manage demand, reduce inappropriate referrals and ensure value for money. Practices may be eligible to receive a payment under the scheme in 2017/18 based on achievement at both individual practice and neighbourhood. Suggestion that we revisit the terms of this agreement to reduce the value of the 17/18 incentive payment available to help with the financial position.	Professional Reference Group	Acute Services - Elective & Urgent	Transformational	Acute	No
Communication / engagement with member practices and the public egarding agreed approaches to all eferrals and QIPP schemes	0	0	N/A	N/A	Clare Watson	Clare Watson	Ali Lewin Elaine Richardson	Richard Bircher	01-Sep-16	with the inancial position.  No direct savings but key enabler to ensure member practice engagement, involvement and adherence to financial recovery plan proposals	Single Commissioning Board	Other Efficiencies	Transformational	Other	No
Increase at pace and scale the officer and clinical peer support to outlier GP Practices	d 0	0	N/A	N/A	Clare Watson	Clare Watson	Ali Lewin Tracey Simpson	Saif Ahmed Naveed Riyaz Andy Hershon Asad Ali Alan Dow	01-Aug-16	Using data from month 5, we have now identified 11 Practices who are an outlier by >5% from their unified budget. A programme of increased support is being rolled out to these Practices and all Practices have received a complete data pack. Progress to date from this review has demonstrated that we have 18 Practices now on budget or under-spent and 32 Practices have shown improvement between months 4 and 5.	Professional Reference Group	Primary Care	Transformational	Primary Care	No

Scheme Z	Savings 2016/17 2017/18		Rating	Accountable Lead		Supported by		Start Date	Notes	Reporting Governance	QIPP Category	NHS England N	on ISFE Mapping	Link to
Achievement of ODD			2017/18		SCMT/ICO	Officer	Clinical							Transformation Funding
Adhevement of QFF	0 24	O N/A	A	Michelle Rothwell	Michelle Rothwell	Alison Lewin	Alison Lea Joanna Bircher	01-Mar-17	Robust systems are in place for monitoring QPP in 2016-17 with named commissioning leads assigned to each QP measure. These leads, supported by 81, will provide a quarterly update on the position of achieving the QP target and describe any mitigating actions being taken where QP are not on target.  The Nursing &Quality Directorate will hold bi monthly meetings with lead commissioners, BI and finance to monitor progress against QP scheme and report to Director of Nursing and Quality. The value rated as Green in 2017-18 reflects an area where performance to date in 2016-17 means there is confidence in this value having been achieved.	Quality Committee	Acute Services - Elective	Transformational	Acute	No
Reverse all growth - other	0 44	2 N/A	A	Kathy Roe	Kathy Roe Claire Yarwood	Elaine Richardon Alison Lewin David Milner	TBC	01-Apr-17	other' directorate. includes patient transport, 111, AQP, estates, safeguarding, programme staffin	g etc.	Other Efficiencies	Transformational	Other	No
Community DVT Clinic	0	0 N/A	N/A	Trish Cavanagh	Clare Watson	Alison Lewin	Saif Ahmed Thomas Jones	01-Jan-17	Proposal is establishment of Community DVT Clinic to undertake DVT ultrasound scans. To take forward via Urgent Care workstream but requires investment. Discussions have commenced with ICO re a different approach to their delivery of an existing service by the vascular team and an update will be provided by the ICO.	Professional Reference Group	Acute Services - Urgent	Transformational	Acute	Yes
Right Care	0	0 N/A	N/A	Trish Cavanagh	Michelle Rothwell	Ali Lewin Tracey Simpson BI Team	Richard Bircher Jamie Douglas	01-Oct-16	Fully explore Right Care programmes where T&C are deemed an outlier. Total savings potential of £22,115k identified in the 2016 refresh from Right Care. Many of the savings areas within this are already captured by other transformational plans we are implementing, but Right Care does present some new areas of opportunity we can exploit. For example we are currently reviewing Gastrointestinal services where Right Care suggests savings of £2,024k may be possible. The total savings target in this area is set at a level which is ambitious, but also ensure no double count against the wider Care Together programme. Provider need to deliver a service which is compatible with right Care, which includes changing GP referral behaviour. A meeting was held at the CCG on 7th November and a team is attending the NW Right Care event on the 25th November including clinical representation.	Professional Reference Group	Acute Services - Elective & Urgent	Transformational	Acute	Yes
Ensure economy wide working on any proposals where changes in financial model will occur - ensure CT-FEW involved in / aware of ALL proposals	0	0 N/A	N/A	Kathy Roe	Kathy Roe Claire Yarwood	Elaine Richardon Alison Lewin David Milner	TBC	01-Oct-16	New ways of working between provider & commissioner to ensure that all projects, both commissioner and provider originated promote joint working and economy wide savings.	Professional Reference Group	Acute Services - Elective	Transformational	Acute	No
Development of Single Commission contract register	0	0 N/A	N/A	Clare Watson	Clare Watson	Ian Bromilow Trevor Tench	TBC	01-Aug-16	Development of register of all contracts held by the single commission, to include financial and contractual term detail, to support the SC to review current contractual obligations, be aware of contractual commitments when developing plans for financial recovery / QIPP, and identify opportunities for redesign / recommissioning	Professional Reference Group	Other Efficiencies	Transformational	Other	No
Enabling Schemes for QIPP Total	0 1,68	2												
Technical Finance & Reserves														
Non Recurrent Funding	1,000	0 <b>G</b>	N/A	Kathy Roe	Kathy Roe	Tracey Simpson David Milner	N/A	01-Aug-16	Release non recurrent funds which are currently uncommitted toward addressing QIPP challenge	Finance & QIPP Group	Other Efficiencies	Transactional	Other	No
Risk Reserve	443	0 <b>G</b>	N/A	Kathy Roe	Kathy Roe	Tracey Simpson David Milner	N/A	01-Aug-16	Release risk reserve toward addressing QIPP challenge	Finance & QIPP Group	Other Efficiencies	Transactional	Other	No
GM Strategic levy	64	0 G	N/A	Kathy Roe	Kathy Roe	Tracey Simpson David Milner	N/A	01-Aug-16	Double count identified following detailed review of reserves. IAT actioned, but funding not taken out of reserves	Finance & QIPP Group	Other Efficiencies	Transactional	Other	No
CATs Reserve	176	0 <b>G</b>	N/A	Kathy Roe	Kathy Roe	Tracey Simpson David Milner	N/A	01-Aug-16	April invoices already funded from recurrent budgets, therefore non recurrent reserve held for 3 month bridging period not required.	Finance & QIPP Group	Other Efficiencies	Transactional	Other	No
Personal Health Budgets	150	G G	N/A	Kathy Roe	Kathy Roe	Tracey Simpson David Milner Michelle Rothwell	N/A	01-Aug-16	£150k held in reserves to pay for personal health budgets. No actual spend between April & August. Therefore half of the reserve released to QIPP in August as a result of slippage. Remaining £75k released to QIPP in January as still no sign of spend in year. A reserve of £50k has been created in 17/18 in relation to this.	Finance & QIPP Group	Other Efficiencies	Transactional	Other	No
CHC over accrual in 2015/16	1,983	0 <b>G</b>	N/A	Kathy Roe	Kathy Roe	Tracey Simpson David Milner Michelle Rothwell			Value of benefit in 15/16 now confirmed. Detailed review of 16/17 forecast now undertaken so confidence in releasing this value to QIPP.			Transactional	Other	No
Independent Sector activity	350	G	N/A	Clare Watson	Clare Watson	Tracey Simpson David Milner	N/A	01-Aug-16	Tameside FT have been subcontracting a significant number of patients (mainly T&O) to the private sector for treatment to help with RTT targets. The FT are being charged tariff for this, but are also incurring costs and carrying risk in relation to these patients. During contract setting we agreed it would be sensible to remove this activity from the TFT contract and for the CCG to contract directly with the independent sector. As a result of this E841k was taken out of the Tameside contract and moved to reserves. The CCG's M4 position included £300k of overperformance, therefore a double count against the reserve. We anticipate that the spend on IS providers will continue to increase as the increased number of direct referrals starts to convert into chargeable activity. Therefore the £841k reserve has transferred into IS budgets and forecast to plan hence releasing the £300k double count to QIPP.	Professional Reference Group	Other Efficiencies	Transactional	Other	No
MRI scans (subject to TFT £1.2m from TMBC)	229	0 G	N/A	Clare Watson	Clare Watson	Tracey Simpson David Milner	N/A	01-Aug-16	Similar arrangement to above about moving diagnostic imaging to independent sector. £594k originally on reserves in relation to this. Diagnostics are paid from the same iS budgets above and following transfer of funding we believe budget should be sufficient on the assumption referral patterns do not change significantly. To be prudent, £228k held in reserves as a potential contingency in this area, but release to QIPP.	Professional Reference Group	Other Efficiencies	Transactional	Other	No
	0 1,90	8 N/A	G	Kathy Roe	Kathy Roe	Tracey Simpson	N/A	01-Apr-17		Finance & QIPP Group	Other Efficiencies	Transactional	Other	No
Release 0.5% contingency	0 1,50					David Milner				Finance & QIPP Group	Other Efficiencies			

se residual non recurrent spend se IM&T Reserve rspend against GM Levy	2016/17 0 17 289	566	2016/17	2017/18  G  N/A	Accountable Lead  Kathy Roe	SCMT/ICO Kathy Roe	Supported by Officer  Tracey Simpson David Milner	Clinical N/A	Start Date		Reporting Governance	QIPP Category		on ISFE Mapping	Link to Transform Funding
se IM&T Reserve rspend against GM Levy	289	0	G		Kathy Roe	Kathy Roe		N/A	04.4.47						. anamg
rspend against GM Levy	289	0		N/A					01-Apr-17		Finance & QIPP Group	Other Efficiencies	Transactional	Other	No
	228		G								Finance & QIPP Group	Other Efficiencies	Transactional	Other	No
le count against Levy		0		N/A	Kathy Roe	Kathy Roe	Tracey Simpson David Milner	N/A	01//12/16		Finance & QIPP Group	Other Efficiencies	Transactional	Other	No
			G	N/A	Kathy Roe	Kathy Roe	Tracey Simpson David Milner	N/A	01//12/16		Finance & QIPP Group	Other Efficiencies	Transactional	Other	No
er Funding	429	0	G	N/A	Kathy Roe	Kathy Roe	Tracey Simpson David Milner	N/A	01//12/16		Finance & QIPP Group	Other Efficiencies	Transactional	Other	No
trategic Levy	669	0	G	N/A	Kathy Roe	Kathy Roe	Tracey Simpson David Milner	N/A	01//12/16		Finance & QIPP Group	Other Efficiencies	Transactional	Other	No
le count on MH allocation	141	0	G	N/A	Kathy Roe	Kathy Roe	Tracey Simpson David Milner	N/A	01-Aug-16	Double count identified following detailed review of reserves. Eating disorders reserve which is already included in budgets.	Finance & QIPP Group	Other Efficiencies	Transactional	Other	No
nical Finance & Reserves Total	6,167	4,382													
r Efficiencies															
ency Savings: amme Budgets	409	0	G	N/A	Kathy Roe	Kathy Roe	Tracey Simpson David Milner	N/A	01-Apr-16	Individual budget holder review meetings already held as part of budget setting process.  Therefore all of the obvious savings have already been captured. However further reviews to identify slippage and savings will be held in year. Green Schemes include £137k cross year handfire £77k raidentings. EEEE SOC cross year \$110k parandays years year.	Finance & QIPP Group	Other Efficiencies	Transformational	Other	No
ntial change to GPIT rates following	220		G	N/A	Kathy Roe	Kathy Roe	Tracey Simpson David Milner	N/A	15-Oct-16	Total CCG contribution across GM to reduce from £18.6m to £15m. Confirmed CCG benefit as a result of this.	Finance & QIPP Group	Other Efficiencies	Transactional	Other	No
w of employee related schemes e there are more cost-effective natives available	0	28	N/A	G	Paul Pallister	Kathy Roe	Tracey Simpson Tracy Brennand	N/A	01-Apr-17	This includes programmes where there are alternatives readily available in the Council and therefore these costs can be saved if notice is served to cease the programme within the CCG. This comprises: Employee Assistance Scheme (£1k), Investors in People (£18k) and Leadership Academy (£9k).		Other Efficiencies	Transformational	Other	No
r schemes - inspired by best practice her CCG recovery plans	0	0	N/A	N/A	TBC	TBC	QIPP Project Team	TBC	14-Oct-16	We are in the process of reviewing recovery plans from other CCG's (both from within GM and from further afield), to identify best practice and good ideas which are suitable for implementation in Tameside & Glossop. Options currently being discussed: Advice and Guidance clinics for gynaecology, IVF, Dicharge pathways for dementia, review of transport services, End of life rapid response.	Finance & QIPP Group	Other Efficiencies	Transformational	Other	No
f 0.5% Contingency	1,899	0	G	N/A	Kathy Roe	Kathy Roe	Kathy Roe	N/A	09-Sep-16	In compliance with NHSE business rules	Finance & QIPP Group	N/A	N/A	N/A	No
hare of the HRG4+ adjustment	0	588	N/A	G	Kathy Roe	Kathy Roe	Kathy Roe	N/A	01-Apr-17		N/A	N/A	N/A	N/A	No
2 QIPP Schemes	0	6,740	N/A	R	Kathy Roe	Kathy Roe	Kathy Roe	N/A	01-Apr-17	Phase 2 QIPP schemes	N/A	N/A	N/A	N/A	No
Together Programme: Uncommitted	527	0	G	N/A	Kathy Roe	Kathy Roe	Kathy Roe	N/A	08-Sep-16	Internally funded transformation fund from non recurrent funds. This had been earmarked to support the Care Together programme on a non recurrent basis however as an action of last resort to achieve financial balance in 2016-17, the uncommitted element of this can be released for this purpose.	Care Together Programme Board	i N/A	N/A	N/A	No
r Efficiencies Total	3,054	7,356													
d Total	12,164	27,720													
NGS TARGET	13,500	22,485													

OTHER POTENTIAL ACTIONS TO CLOSE GAP - TO BE CONFIRMED