REPORT TO:	**Health and Social Care Scrutiny Sub Committee** **27th September 2016**
AGENDA ITEM:	**6**
SUBJECT:	**Croydon CCG's Financial Savings Plan 2016/17 and 2017/18** **Areas for engagement and consultation**
LEAD OFFICER:	**Paula Swann, Chief Officer CCG**
CABINET MEMBER:	**N/A**
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	**Paula Swann, Chief Officer, Croydon CCG** **Mike Sexton, Chief Financial Officer, Croydon CCG** **Stephen Warren, Director of Commissioning, Croydon CCG**
ORIGIN OF ITEM:	**To support the CCG to meet the engagement and consultation requirements for their Financial Savings Plan**
BRIEF FOR THE COMMITTEE:	Report provided by the CCG for the Committee's consideration The CCG is required to make financial savings of £18.4 million this financial year. This follows the CCG's financial performance in the first quarter, and the announcement by NHS England that Croydon CCG is under financial special measures. This paper focusses on the areas within the CCG's our financial plan that will require engagement with the local population to make sure the CCG fulfil their duties as part of the Health and Social Care Act 2012.
CORPORATE PRIORITY/POLICY CONTEXT:	

Croydon CCG's Financial Savings Plan 2016/17 and 2017/18

Areas for engagement and consultation

1. Introduction

This paper outlines Croydon CCG's approach to achieving financial recovery.

The CCG receives a fixed allocation with which to commission health care on behalf of its population. Need and demand for healthcare always exceeds the funding that is available to the NHS. It is inevitable that the CCG has to prioritise needs and make choices about the type and level of healthcare to commission. The challenge for the CCG lies in arriving at fair decisions which properly balance competing needs.

This paper focusses on the areas within our financial plan that will require engagement and/or consultation with our local population to make sure we are able to fulfil our duties as part of the Health and Social Care Act 2012.

2. Background

Croydon CCG has faced financial challenges dating to its establishment in April 2013. In its first year (13/14) the CCG was underfunded by £46m (-10.41%).

Funding for healthcare in Croydon for 2016/17 reflects underfunding of -3.71% circa £18m. This is deemed to be within an acceptable range of plus or minus 5%. No additional funding outside of growth funding is expected.

We have had a five year plan to reach breakeven since we were established, this sought to achieve financial improvement through the delivery of QIPP – Quality, Innovation, Productivity and Prevention and the receipt of additional 'pace of change – distance from target' allocation. Like all other CCGs we have had to adapt to new business rules for 2016/17 including a number of unavoidable commitments that we must meet – a lack of reserves to manage these changes have has meant the CCG has had little flexibility to manage them.

In April 2016, NHS England advised the CCG that we were required to reach recurrent financial balance more quickly by 1 April 2017 and with a deficit control total of £4.2 million for 2016/17. This is an additional £5.7 million savings, on top of the £13.7 million we already had planned.

In July 2016, NHS Improvement and NHS England announced a range of new measures to help address the financial challenges faced by a number of NHS organisations across the country. Croydon CCG and Croydon Health Services NHS Trust have both been identified as requiring additional support. As a result of our financial performance in the first quarter of this financial year, Croydon CCG has been put in financial special measures.

Our financial recovery plan is to make a further £5.7 million savings, in addition to plans already in place to save £12.7 million this year. In total, just under 4% of the CCG's total commissioning budget of £475.4 million for 2016/17.

3. Continued focus on financial savings

Croydon CCG has a strong track record of addressing this financial challenge. The CCG has delivered a continually improved financial position including £35 million of QIPP savings (Quality, Innovation, Productivity and Prevention) over the last three years.

Our focus is on transforming services to make them more efficient, effective and sustainable. We have a clinically led service redesign approach which includes:

- Outcomes Based Commissioning (OBC) programme for patients over 65 years old alongside Croydon Council
- New network of urgent care services launching in April 2017
- Real improvements in cancer, mental health and A&E, urgent care and community services

In order to deliver a sustainable financial position for the CCG we will need to further develop our Improvement and Financial Recovery Plan and make tough decisions, working with the public, patients and partners and stakeholders to consider how the CCG can effectively focus its resources to greatest need to deliver better outcomes.

4. Developing the Financial Recovery Plan

We have an imperative that we make savings as swiftly as possible to recover our financial position. Within this requirement we need to ensure we engage appropriately and proportionately with local people and stakeholders and partners over these decisions and ultimately look at each within the wider context of prioritising the limited resources available to us.

Given our continued efforts over the last four years of delivering savings, there is an increasing need to consider other areas including re-commissioning, reducing provision and disinvestment decisions. The significant in-year savings we are required to make will require service changes. Potentially, some of these changes may require wide scale engagement/and or consultation.

In all of our work we need to work closely with our health and social care partners including Croydon Health Services, South London and the Maudsley NHS Foundation Trust, Croydon Council and our neighbouring CCGs.

Croydon CCG is aware of and committed to fulfilling our responsibilities under section 14Z2 of the Health and Social Care Act (2012). The CCG are also bound by the NHS Constitution and the rights of all patients to be involved in decision making processes which affect them. As an NHS body, the CCG has a responsibility to put patients at the heart of everything the CCG do and that the CCG are accountable to the public, communities and patients the CCG serve.

The lack of future funding growth, the growing demand for services and the reducing opportunity for efficiency means that the NHS in Croydon, to live within the resource allocated to it, must also more rapidly work with its partners, across care settings, to transform the whole health and care system and make service provision prioritisation decisions.

5. How have we developed our Financial Savings Plan so far

Ideas for the plan have been developed in conjunction with our clinical leads. As proposals are refined they are taken through the clinical leads in a variety of forums including the Clinical Leads Group and GP Open meetings. They have also been shared with the CCGs Governing Body, discussed with Croydon Council, the Director of Public Health and our partners at Croydon Health Services NHS Trust, South London and Maudsley NHS Foundation Trust and our neighbouring CCGs.

We have also:

- looked nationally at other CCG's proposals and savings plan
- considered our previous experience over the last five years of delivering initiatives

As part of the usual processes for continual development we are also robustly reviewing all of our commissioning contracts with the aim of achieving the best possible value for money. This includes statutory, voluntary sector and third sector contracts.

We also need to make sure we only fund the CCG's statutory responsibilities and focus on the delivery of best value for money.

The Expenditure Reduction Initiatives included within our Financial Savings can be described under the following categories:

- **Reducing costs of back office and administration functions and processes**
  This includes reviewing all of our vacancies and re-negotiating our service level agreement we have with the South East Commissioning Support Unit to reduce our running costs as well as working with other CCGs in SWL to redesign and share some support functions.

- **Re-commissioning services and delivering them in a different way to gain better outcomes and experiences for patients and better value for money for the NHS**
  For example Diabetes and MSK services to commission a more integrated model of care.

- **Reinforcing and strengthening existing policies to ensure threshold compliance**
  We are reinforcing with our providers our existing clinical effectiveness policies to ensure that they treat people in accordance to these policies.

- **Reducing provision and changing thresholds to care**
  We are looking at further areas where we may propose to the public that we should reduce the provision of some services or make changes to thresholds of care; these will include treatments of limited clinical effectiveness, where they offer low value for money or they meet a social care need rather than a health need.

6. Proposed initiatives that we are not taking forward

As we have rapidly developed our Financial Savings Plan to produce more savings, we have explored a number of options that we have subsequently decided **not** to include in our financial plan. The schemes outlined below are areas we considered stopping, but have come to the conclusion that the financial savings would not be in the best interest of local people.

- **Investment in the Better Care Fund**

We are continuing to invest in the Better Care Fund. After careful consideration, we believe it would be a retrograde step to withdraw funding as it would impact on the delivery of the Outcomes Based Commissioning model for the over 65s and would result in reversing our ability to reduce non-elective admissions in the short and long-term, which would be detrimental to patient care and further increase cost to the NHS. However, we do need to review existing schemes within the fund to ensure that they remain effective.

- **Referral to treatment: waiting times for outpatients, diagnostics and elective surgery**

A way to immediately reduce NHS spend this year would be to extend waiting times for a number of appointments and treatments. We are not going to do this as we consider that this would only have a short term impact along with an adverse impact on patient care.

- **Reducing GP hubs in the borough from four to three**

Given that we have recently engaged the public on this model and based on the activity modelling we have undertaken, we do not feel this would be viable or achieve our objectives for the redesign of Urgent Care.

- **Child and Adolescent Mental Health Services, CAMHS**

We have decided to not make savings from our recent investment in CAMHS given the issues we have had with service provision in the past and the preventative impact that these services have in reducing mental health in later life.

- **Investment to support our work around outcomes based commissioning**

We considered reducing our investment to support the work around Outcomes Based Commissioning but this work is crucial to making the local health and social care economy sustainable in the longer term, although we will seek to minimise these costs as far as possible.

7. Initiatives within our Financial Savings Plan

Re-commissioning services to gain better outcomes and experiences for patients and better value for money for the NHS

There are a number of service areas where we are recommissioning services as part of the normal commissioning cycle to ensure improved outcomes for patients and better value for money. Some examples are given below but this is not an exhaustive list.

- diabetes and Musculoskeletal services (MSK) to commission a more integrated model of care,
- within Trauma and Orthopaedics (T&0) part of our review of MSK services looking at the introduction of virtual clinics for the fracture clinic
- review of individual service lines in our community services contract
- reprocurement of IAPT and related counselling services in the voluntary sector

Reinforcing, reviewing and strengthening compliance with existing policies.

Under this category we are currently looking at the following areas:

- tightening compliance and reviewing thresholds for our Procedures of Limited Clinical Value (Effectiveness Commissioning Initiative) which provides guidance criteria and support to ensure that we fund only procedures that are clinically effective and are appropriate for NHS funding.
- we are raising the profile of Shared Decision Making between clinicians and patients. These measures will improve outcomes as well as delivering better value for money.
- reducing rates of Caesarean sections in line with best practice.
- tightening compliance to ensure consistency in the criteria for accessing free nursing care home places and looking at what can be done to address the level if import into Croydon.
- enforcing and reviewing surgical thresholds to ensure the best outcome for patients, e.g. for hips and knees and cardiac procedures.

Reducing Provision

The schemes below are those that either offer limited clinical effectiveness and/or poor value for money and so we are proposing that we either **recommission the services, which could include providing differently, or in some cases reduce the provision** or change thresholds of these services in Croydon:

<u>Specific service areas</u>

- Assisted fertility treatment services (IVF- in vitro fertilisation and ICSI – intra-cytoplasmic sperm injection) – reduction in provision
- Foxley Lane Mental Health Ward to be decommissioned and reprovided in the community (please see separate paper attached)
- recommissioning of some intermediate planned care outpatient services

<u>Prescribing related areas – reduce provision of</u>

- Gluten free products
- Emollients for patients without a dermatological diagnosis
- Over the counter treatments and drugs like paracetamol and antihistamines unless a patient has chronic pain and need to use it regularly
- Prescribing vitamin D maintenance dose preparations
- Supply of medicines for viral upper respiratory tract infections (URTIs) which have little evidence base, cold and flu medicines
- Lidocaine 5% plasters (explain what they are)
- Liothyronine in primary hypothyroidism (what is this?)
- Prescribing of baby milk
- Review implementation of new high cost drugs

More detail about each of the above schemes can be found in appendix 1.

In order for us to take a fully informed decision the CCG will assess each of the proposed initiatives against assessment criteria for disinvestment. The CCG proposes to use an assessment criteria that is based on the NHS national priority selector reflected in appendix 2 to support it in making these decisions.

8. Engagement with Croydon residents

Our commitment to Croydon residents

Croydon CCG is committed to fulfilling our responsibilities under section 14Z2 of the Health and Social Care Act (2012) to:

> "Make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways) in the development and consideration or proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them."

The CCG is also bound by the NHS Constitution and the rights of all patients to be involved in decision making processes which affect them. As an NHS body, the CCG has a responsibility to put patients at the heart of everything we do and that we are accountable to the public, communities and patients we serve.

Health Inequalities in Croydon

Croydon, as a Borough, has one of the most diverse populations both in London and nationally. While Croydon has slightly lower levels of deprivation than the England average, it has a higher than average number of children living in poverty; higher levels of homelessness; higher rates of teenage pregnancy and a greater prevalence of diabetes than the England average.

These are all key indicators of serious health inequalities.

While the in-year savings the CCG are required to make are significant, we have a responsibility under the Equality Act 2010 and Health and Social Care Act (2012) to:

> "Give regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities".

Purpose of pre-engagement

In order to undertake effective engagement and consultation a series of robust pre-engagement activities must be undertaken to:

- Identify patients and/or groups of patients who may be disproportionally affected by any service changes

- Assess any potentially negative (or positive) impacts on populations sharing protected characteristics (Equalities Impact Assessment)

- Gather and assess existing patient experience data, working closely with Healthwatch Croydon

- Working with patient groups, Healthwatch Croydon and our vulnerable communities, through our voluntary and community sector partners, to explore and craft potential

options for change and help us to develop plans that will go forward in the engagement / consultation phase.

This will help us to:

- Discover potential solutions and scenarios developed through co-design processes with clinicians, patients and the public

- Set patient and public priorities for future service models of affected services in Croydon, for example what would good look like?

How will we do this?

The CCG has recently undertaken a widespread engagement process as part of our urgent care service commissioning with patients and the public and, as a result, have developed good relationships within the community and voluntary sector. For example through this process the CCG have identified and worked with key contacts among the following user groups:

- Mental Health service users – MIND and HereUs
- Refugee and Asylum seekers – through Croydon Voluntary Action
- BME led community groups – Asian Resource Centre, BME Forum
- Food banks - New Addington and Selhurst
- Young people with learning disabilities – People First, Wadhurst Youth Centre
- Frail older people - Age UK, New Addington Lunch Club, Shirley Neighbourhood Centre
- Parents of young children under five years old - Fieldway Family Centre, Woodlands Children's Centre
- Voluntary and Community Support organisations working in the New Addington, Broad Green, Thornton Heath and West Croydon wards

As well as this we will work with our many well-established local networks, including GP practice Patient Participation Groups (PPGs) and CVS networks on specific service areas. This will act as a conduit to reach smaller local groups, who are unlikely to engage with us otherwise.

As part of our Equalities Impact Assessment we will be able to identify any potential impacts on specific communities and will be able to call upon members of these networks to help us to reach marginalised groups through face to face engagement at venues where these communities come together.

Alongside this we will work closely with Healthwatch Croydon to reach the patient community and understand their issues and make sure we act on the sound and insightful local intelligence supplied by them.

We need to talk through these proposals with local people and discuss with them how we prioritise our spend on health services. We will be undertaking an engagement process throughout the autumn to ask local people how they would like us to prioritise and what they think of our proposals as well as to inform them of our savings plan.

If we propose any significant service change, we will fully engage and consult with the people of Croydon on what we should prioritise in order to get health services in the borough back into balance.

9. Equality Impact Assessment

We will develop Equalities Impact Assessments for all the areas we are seeking to inform our engagement methods as well as our decision making processes.

10. Next steps

- To engage with the local community on early proposals, which will help inform formal consultation where this is required.
- Equality Impact Assessments to be undertaken for each area.
- Consider feedback as it is received, on areas for further exploration; understand the impact of the change before making any decisions around implementation.

Appendix 1: Detail of proposals for reduction in services

Description and clinical case for change	Impact	Risks	Mitigations	Total spend and estimated savings
Assisted fertility treatment services (IVF and ICSI)				
Croydon currently funds one cycle of IVF or ICSI for women who are 39 years or younger and have unexplained infertility for three years. IVF costs the NHS around £5,000 per cycle 84% of women will conceive within one year of regular unprotected sexual intercourse, this % increases to 92% after 2 years and 93% after 3 years. The likelihood of a live birth following a cycle of assisted conception is as follows: >20% for women aged 23-35 >15% for women aged 36-38 >10% for women aged 39 years >6% for women aged 40 years+ Excess BMI and smoking further reduces the probability of conception.	Couples who cannot conceive without medical support In the current year 148 cycles are planned though it is anticipated that demand will exceed this figure. Patients with lower incomes who cannot afford private provision would be most affected. Small numbers in the population will be directly affected, with potential for a big impact on those people's quality of life and choices. There is also the potential for larger segments of the population to feel indirectly affected through family and social connections.	This will affect those on low incomes most as they would not be able to fund their own treatment. The removal of this income from CHS will contribute to the trust's cost pressures, and may necessitate reduction of services or staffing. Proposal is controversial and could bring legal challenges although many CCGs in England have substantially reduced provision. Consultation response from local people may not support reduction in service.	A full, fair and transparent formal consultation into this proposal will be required. We will need to conduct an open discussion with local people around prioritising health spend.	The service is currently provided by CUH under a block contract to the value of £763,690. This is the total sum paid regardless of fluctuations in demand for treatment. £72,442 was also spent on IVF/ICS at other Trusts on Croydon patients. Reducing provision of these services could deliver savings in the region of £800,000 per year Some provision would need to be maintained for cases where individual funding requests are approved on grounds of exceptionality.

Description and clinical case for change	Impact	Risks	Mitigations	Total spend and estimated savings
Fertility Service - waiting time for fertility appointment- 12weeks Once patient has had initial fertility investigation they may be referred to IVF if they meet criteria IVF-Waiting time- 4 months Waiting list - 26 patients There is no national policy but other CCGs have restricted or stopped assisted fertility treatment services.				
No longer prescribe emollients for patients who have not been diagnosed with a dermatological condition				
Emollients are the medical term for moisturisers. Most people at some point will suffer with dry skin. If you have not been diagnosed with a dermatological condition like eczema, dry skin can be managed by buying over the counter moisturisers. There is no national policy but it is accepted clinical practice to only prescribe against a specific clinical	Patients and parents or carers of patients are who currently prescribed emollients but do not have a dermatological diagnosis, including frail older people who are unable to manage self-care without support.	Older people have fragile skin, and emollients have a preventative role here in maintaining skin integrity. Breakdown of skin can lead to complications like infections and leg ulcers which lead to medical support and even hospital admissions	Some provision would need to be maintained for cases where individual funding requests are approved on grounds of exceptionality. It is proposed that older people, who are at high risk of losing their skin integrity and are able to undertake self-care will	The CCG spends £750,000 a year on emollients. We do not hold data on what proportion of these prescriptions are for patients who have not been diagnosed with a dermatological condition. An estimated reduction of 20% would produce a full year saving of in the

Description and clinical case for change	Impact	Risks	Mitigations	Total spend and estimated savings
indication.		Need to make a medical judgement and prioritise those patients who need the most support	be excluded and would still be able to get emollients on prescription. The cost of emollients can also vary greatly: • Average cost for 500g of cream or ointment is £5.24 • Aveeno cream costs £11.91 for 300ml We want to further promote self-care so that more people take responsibility for this themselves	region of £150,000.
Discontinue prescribing of all food allergy products (Gluten Free)				
Coeliac disease can be a serious condition; however a gluten-free diet in itself is not in any way detrimental to your health. Historically gluten free products used to be hard to find - they are now commonly available as well as	Estimated less than 1% UK population (half not diagnosed) suffers gluten intolerance. In Croydon this would be around 3,000 people.	May increase health inequalities as those on lower incomes are less likely to afford higher priced products Increased cost of purchasing gluten–free	Gluten free products are widely available Non-specialist non gluten containing foods are available for example rice, potatoes, polenta.	Croydon CCG spends £83,000 on gluten free products every year

Description and clinical case for change	Impact	Risks	Mitigations	Total spend and estimated savings
other alternatives for those with food allergies and sensitivities. Costs of gluten free products can be higher than standard products There are alternatives that people can buy for similarly low prices. Foods for people with other allergies and intolerances like dairy, lactose or nuts are not provided on the NHS. There is no national policy but other CCGs have restricted or stopped prescribing of gluten free products and this is consistent with SWL approach	Patients with gluten intolerance are not currently eligible for gluten-free foods on prescription.	foods may discourage patients with Coeliac disease from following a gluten free diet	Clear information for coeliac disease patients to be made available during engagement process and by GPs and pharmacist.	
Discontinue Vitamin D maintenance dose preparations				
The Scientific Advisory Committee on Nutrition (SACN) has advised that everyone over one year of age, should take 10 micrograms of vitamin D every day. This can be managed through self-care through the wide availability of vitamin D supplements.	Some groups are more at risk of vitamin D deficiency including older people, under 5s, pregnant women, people with low exposure to sunlight for example individuals living in care homes, housebound, bed bound, people who cover	To exclude patients who have repeated episodes of vitamin D deficiency and to continue prescriptions for them	Vitamin D is widely available over the counter for around £1.50 a month	Croydon CCG spends £200,000 every year on maintenance vitamin D prescriptions Daily vitamin D maintenance therapy costs the NHS from £2.95 to £7.20 per month and

Description and clinical case for change	Impact	Risks	Mitigations	Total spend and estimated savings
Vitamin D helps to regulate the amount of calcium and phosphate in the body. These nutrients are needed to keep bones, teeth and muscles healthy. A lack of vitamin D can lead to bone deformities such as rickets in children, and bone pain and tenderness as a result of a condition called osteomalacia in adults. From about late March to the end of September, most of us should be able to get all the vitamin D we need from sunlight on our skin.	their bodies for cultural or religious reasons May increase health inequalities. Resulting in increased need for treatment courses of vitamin D deficiency, if people fail to adhere to recommendations.			can be purchased by patients and public at a lower cost
Promoting self-care with the use of over the counter treatments and household remedies				
If more people are able to meet their own health needs through self-care, this will ease the pressure on health services. We would ask people to buy their own over the counter medicines that are likely to be much cheaper than the cost of a prescription	This may affect a large number of people but likely to be older or frailer people.	Equalities risk as a number of patients requiring over the counter medicines may not be able to purchase these themselves. For example patients in care homes or housebound patients. Those on lower	Availability of the locally commissioned minor ailment scheme which patients who cannot afford to purchase can access. Consider expanding the minor ailment scheme to allow care homes to stock home remedies.	Croydon CCG spends around £300,000 a year on prescribing self-care medications like paracetamol, cold and flu remedies and antihistamines Approximately £70,000 of this spend was likely to be

Description and clinical case for change	Impact	Risks	Mitigations	Total spend and estimated savings
If more people are able to meet their own health needs through self-care this will ease the pressure on health services (GP practices, out-of-hours and urgent care providers) and help to improve patients' knowledge and confidence around minor illnesses. It will free up time in GP and urgent care centres to make sure the right care is available when people really need it. This is part of a wider self-care programme.		incomes may not have the financial means to purchase as a consequence these patients will not receive optimum care. Clinicians have a duty of care for their patients, (as outlined by BMA guidance) therefore ethically this may compromise their ability to provide optimum care for their patient and may result in disengagement by clinicians	Promotion of easily affordable remedy list for minor ailments and advice for stock cupboard medicines. We need to engage closely with GPs and pharmacists as well as the wider population to promote self-care and encourage those patients who can to purchase their own over the counter medicines	for acute pain and medications could have been purchased at the pharmacy If we could reduce this spend by 15%, the NHS could save £45,000 a year
Reduce prescribing of Lidocaine 5% pain relief plaster				
NICE guidelines recommend niche prescribing and this initiative aims to reduce lidocaine prescribing by reviewing patients and promoting adherence to NICE guidance.	Currently a small number (<150) of patients are receiving lidocaine patches including a proportion in line with the NICE guideline and a larger number on unlicensed indications.	Dependent on engagement with hospital clinicians to change prescribing practices. May be difficult to stop lidocaine patches in patients with well controlled pain and	Work closely with hospital clinicians to change prescribing practice and make sure any changes are carefully explained to the patient	The CCG spends £83,000 a year on these pain relief plasters

Description and clinical case for change	Impact	Risks	Mitigations	Total spend and estimated savings
		alternatives may also be costly.		
Reduce inappropriate prescribing of Liothyronine in primary hypothyroidism				
Little evidence base of effectiveness over standard levothyroxine treatment. For primary hypothyroidism UK and international guidelines have found no consistently strong evidence for the superiority of alternative preparations or combinations e.g. liothyronine over standard thyroxine Reducing the prescribing of Liothyronine may improve the quality of care for some patients particularly where excessive doses are used.	Less than 10 patients	None – liothyronine would still be available where there is clinical exception		The CCG currently spends £35,000 a year
Travel immunisations				
Enforcement of current national policy. There is no national policy to quote however GP terms and conditions dictate those travel vaccines where administration is funded on the	Patients who travel abroad who currently receive these prescriptions on the NHS against national policy.	If patients don't secure free vaccinations they may choose to not pay and will not be sufficiently immunised against diseases which	GPs to emphasise the importance of immunisation and the risk to the patients and community should the patients not purchase	The CCG currently spends £56,000 a year on travel vaccines

Description and clinical case for change	Impact	Risks	Mitigations	Total spend and estimated savings
NHS and part of standard protocols. Not applicable for non-travel related immunisations		carry individual or wider community risk	travel vaccines.	
Review of Intermediate Contracts				
The CCG has a number of Intermediate Contracts which are provided generally in Community settings by a range of suppliers: a) Diabetes. b) Ophthalmology. c) Dermatology. d) ENT. e) Muskoskeletal. f) Referral management	A significant number of patients with less serious and non-complex conditions are treated in the community. The CCG is planning to engage with the market on the future provision of these services to identify new service models and options for future provision.	There are risks that there are no suppliers in the market place that can offer a different approach to providing these services.	• Seek procurement advice and expertise. • Provide background to the market on service provision. • Allow adequate time for the engagement.	• Total spend = £3.8 million. • Planned savings = £940,000.

Appendix 2:

	IMPORTANCE – ASSESSMENT CRITERIA		
	Considerations	**Score of 1 means** **Minimal Adverse Impact** **Easy to implement** **High Financial Benefit**	**Score of 5 means** **Significant Adverse Impact** **Difficult to implement** **Low Financial Benefit**
Patient Benefit	To what extent would the proposal reduce convenience and reduce ease of access for users of the affected services	No reduction	Very significant reduction
	How many patients would be impacted by reduced convenience and reduced ease of access as a result of the initiative	None	Very significant numbers
	To what extent would the proposal contribute to reducing health inequalities	No reduction	Very significant numbers
Clinical Benefit	To what extent would the proposal detract from the implementation of clinical practices designed to improve quality of life eg, admission avoidance or case management	Neutral or positive effect	Very significant negative effect
	To what extent would the proposal adversely impact the achievement of evidence based outcomes	Neutral or positive effect	Very significant negative effect
National Priority	To what extent would the proposal address the key national priorities set out in the operating framework and in the DH's reform agenda?	Very consistent	Counter to national priorities
Local Priority	To what extent would the proposal address key local priorities and objectives	Very consistent	Counter to local priorities
	To what extent is there pressure for change in the area of the proposal from people or organizations outside the local health community (eg patient groups or politicians)	Very high pressure to change	Little or no external pressure to change
	To what extent is there pressure for change in the area of the proposal from internal factors (eg workforce, equipment, changes to regulations, alternative providers)	Internal pressures make the initiative a must do	No internal pressure to change
Stakeholders	To what extent are stakeholders within the local community supportive of this proposal (eg, local acute Trust, PEC, PbC Clusters, social care, local mental health trust)	Unanimous stakeholder support	Active Stakeholder involvement
	What is the likely reaction of local patient groups and politicians to the proposal (eg Overview & scrutiny committee, local involvement network/Patient Public Involvement Forum)	Total Support assured	Active opposition likely

	IMPORTANCE – ASSESSMENT CRITERIA		
	Considerations	**Score of 1 means** **Minimal Adverse Impact** **Easy to implement** **High Financial Benefit**	**Score of 5 means** **Significant Adverse Impact** **Difficult to implement** **Low Financial Benefit**
Buildings & Equip	To what extend would this proposal require changes to buildings and equipment	No Change Required	Significant changes required
Work-force	To what extent would the proposal require the current workforce to be redeployed	No redeployment	Major redeployment
	To what extent are any new or additional skills that are required for the proposal scarce or reliant on long term training once staff have been appointed	Skills readily available and or training rapidly completed	Skills scare and/or training prolonged
Service Delivery	To what extent does this proposal represent a complex service change (eg, extent and number of changes, inter depencies with other projects)	Straightforward Change	Very complex Change
	Would the proposal affect the viability of other services	No significant impact on other services	Serious impact on other services
	Is there a provider capable of delivering the service required through this proposal	Choice of established providers	No potential provider
	Has this proposal been undertaken successfully elsewhere	Evidence of many successes	No evidence of success

Investment Required	Would the proposal require additional financial investment	No additional financial investment required	Very large additional financial investment required
Financial Benefit	To what extent would the initiative result in financial savings	Very significant financial savings	Extra Financial Costs
	How long would it before the initiative produced financial savings	Savings achieved in first financial year	No savings in current 3 year planning period