NHS
Blackburn with Darwen
Clinical Commissioning Group

PRIMARY CARE CO-COMMISSIONING COMMITTEE MEETING

Quality and Outcome Enhanced Services Transformation (QOEST) Update			
Date of Meeting	4th November 2015	**Agenda Item**	9.

CCG Corporate Objectives	
To extend the life of our citizens and their quality of life adding life to years as well as years to life.	Y
To ensure there will be no gaps, no duplication – with integrated services and partnership working; including better relationships with voluntary, community and faith sector organisations	Y
To engage and encourage patients and the public to participate in everything we do and the importance of self-care and family wellbeing.	Y
To improve services and tackle inequality, evidence best practice to inform decisions and root out poor practice.	Y
To offer effective service interventions which will provide a better experience for patients with privacy and dignity.	Y
CCG High Impact Changes	
Delivering high quality Primary Care at scale and improving access	Y
Self-Care and Early Intervention	Y
Enhanced and Integrated Primary Care and Better Care Fund	Y
Access to Re-ablement and Intermediate Care	
Improved hospital discharge and reduced length of stay	
Community based ambulatory care for specific conditions	Y
Access to high quality Urgent and Emergency Care	
Scheduled Care	
Quality	Y

Programme Leadership:	
Clinical Lead	Dr Stephen Gunn
Senior Lead Manager	Mr Peter Sellars
Report authorised by	Dr Malcolm Ridgway

Decision Recommendations

- PCCC is requested to receive this paper
- Support the work program
- Continue to receive regular updates

1.0 Introduction

1.1 This paper provides an update on the PCCC agreed proposal in developing a Quality and Outcomes Enhanced Service Transformation (QOEST) scheme

1.2 The Blackburn with Darwen Quality and Outcomes Enhanced Services Transformation (QOEST) scheme will be the initial response to managing the growing pressures on local health and care services. It will also enable continuous quality improvement, reduced variation, improved cost effectiveness, improved access and managing people out of hospital wherever possible.

2.0 Phasing

2.1 QOEST is long term scheme and thus will need to be phased over the next few years. It will naturally evolve over time dependent on population need and commissioning plans.

Phase 1

- Local Improvement Schemes (LIS's) amalgamation and simplification
- Intelligence and Planning – for quality improvement and resource shift into primary care

Phase 2

- Continuation and further development of LIS's
- Commence implementation of year 1 plans
- Begin gradual increase in resource shift to primary care through providing care closer to home

3.0 Progress

3.1 Initial scoping and engagement work with Clinical leads, the Local Medical Committee (LMC) and Public Health Colleagues have taken place. The October Senate meeting endorsed the principles and development of the QOEST with the aim of commencing implementation from April 2016.

3.2 Drafting of the document is underway which includes strategic intent and initial service content, the detail of these yet to be finalised, however local Improvement Schemes (LIS), are being incorporated into the new scheme. The funding for these services will form the basic resource of the scheme and potentially be supplemented by freed up resources from the PMS premium, along with Public Health enhanced services and other funding streams that become available.

3.3 Public Health has now identified additional funding to enable and deliver an increased number of eligible people to undergo a health check. These funding arrangements still require finalising and designing to fit with the proposed funding / payment mechanism, which itself is currently being constructed.

4.0 Next Steps

4.1 The below high level next steps sets the work programme for implementation and beyond,

- Following Senate: finalise QOEST scheme including reporting and payment systems.
- Engage with clinical leads and LMC regarding detail
- PCCC approval January 2016
- January – March 2016 pre-implementation work up (eg locality role, updating practices)
- April 2016 onwards – implement, review and refine
- Develop future phases - ongoing

4.0 Conclusion

4.1 This paper briefly sets out the approach taken and progress to date in the development of the QOEST scheme to invest in general practice for improved patient outcomes and reduction in unnecessary use of secondary care services. It also provides the PCCC a high level timeframe for work to progress towards implementation

5.0 Recommendation

- PCCC is requested to receive this paper
- Support the work programme
- Continue to receive regular updates

Peter Sellars

Primary Care Transformation Lead

October 2015