

Governing Body Public Meeting

DATE: 28th March 2013

Title	QIPP Plans 2013/14	
Recommended action for the Governing Body	That the Governing Body NOTES the work undertaken over recent months to validate and confirm the QIPP plans for 2013/14 and APPROVES the 2013/14 QIPP schemes and overarching project plan.	
Executive Summary	<p>Over the past months much work has been undertaken to:</p> <ul style="list-style-type: none"> • design and develop the QIPP plans for 2013/14, • to provide assurance that the project plans are achievable, • to ensure that clinical leaders, and project & procurement staffing resources, are appropriately provided to support these plans, • to “rag” rate the QIPP plans, and • incorporate the feedback from the London NCB on our QIPP schemes. <p>This paper provides an update for the Governing Body of the work that has been undertaken.</p>	
Which objective does this paper support?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	People: Empower our staff to make BCCG the most successful CCG in (south) London	✓
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key Risks (corporate and/or clinical)	Achieving financial balance will be dependent on the successful delivery of these QIPP plans.
	Equality and Diversity	All services must deliver equality & diversity

	Patient impact	All services must ensure the delivery of patient choice
	Financial	Assists in the CCG achieving and delivering financial balance
	Legal Issues	Must be considered within each QIPP scheme
	NHS constitution	All QIPP schemes must ensure that the patient right's enshrined within the NHS Constitution are delivered.
Consultation (Public, member or other)	Each service to be redesigned will actively seek the views and participation of patients via specific focus groups.	
Audit (Considered / Approved by Other Committees / Groups)	The QIPP plan has been presented to the Finance Working Group with regular updates to the Executive Management Committee. Projects needing additional support are being reviewed at Star Chamber meetings. QIPP delivery is also included in the monthly Finance report.	
Communications Plan	Each service that is redesigned will, as part of the project plan, ensure that the new services are communicated in line with an individual communications plan.	
Author	Sarah Valentine, Director of Commissioning & Theresa Osborne, Chief Financial Officer	
	Clinical Lead	Executive Sponsor
	Various dependent on the work programme	Sarah Valentine Director of Commissioning
Date	12 th March 2013	

QIPP Plans 2013/14

Update for the Governing Body – March 2013

**Theresa Osborne – Chief Financial Officer and
Sarah Valentine – Director of Commissioning**

Bexley CCG's QIPP Plans 2013/14
March 2013 Update for the Governing Body

1. Executive Summary

The CCG teams have over the past months worked extensively to further develop the QIPP schemes for 2013/14. Much progress has been made to validate the robustness of the schemes, to test (and rag rate) the likely financial impact of the schemes and to develop appropriate systems of “challenge” and monitoring and performance.

The work that has been undertaken over the last couple of months has enabled higher levels of confidence and assurance around the schemes, to understand the levels of transformation needed including the prioritisation of works from this, and to test the financial “do-ability” including the development of systems of performance monitoring for assurance purposes.

We have recently received praise from the London National Commissioning Board who were clear that Bexley CCG has the most detailed and developed QIPP plans within London.

This paper looks at the following key areas:

- The concept design and development of the QIPP plans for 2013/14 (section 2),
- The testing of the schemes so far to provide assurance that the project plans are achievable, including the development of more detailed project plans and prioritisation (section 3),
- The development of the systems of performance management (PMO) and testing/challenge (Star Chambers)) (section 4),
- The resources for the projects (i.e. clinical leaders, and project & procurement staffing resources) (section 5),
- The “rag” rating of the QIPP plans (section 6), and
- The feedback from the London NCB on our QIPP schemes (section 7)
- Governing Body approval.

Each of the above is discussed within the following sections.

This paper provides an update for the Governing Body of the work that has been undertaken at March 2013, and asks for the support and ongoing approval of the QIPP plans for 2013/14.

2. Concept Design & Development

During the period of October to November the Bexley CCG staff, with the clinical leaders, commenced a program that identified the total financial QIPP challenge for 2013/14, the potential schemes to meet the financial challenge (valued at £12.1m at stretch) and then the likely financial impact of those schemes during 2013/14 (valued at £10.9m).

Within these outline plans each QIPP scheme was assessed in outline against:

1. The total likely value of decommissioned services per annum (full year effect)
2. The total likely value of investment to achieve the above (full year effect) (this has been removed from appendix1 from commercial reasons).
3. The potential go live in 2013/14 and the net effect of 1 & 2 in 2013/14
4. The total likely net incremental effect in 2014/15.

On the basis of the above a QIPP plan for 2013/14 was produced and included within our financial returns. This is shown at Appendix 1 of this document.

To ensure robust governance around the RAG rating of the QIPP schemes, and to give the Governing body assurance on the schemes, a multi-disciplinary / agency panel has been formed to assess the deliverability of the schemes and inform the financial value to be included within planning The details of this are shown in section 6 “Rag” Rating of the Schemes.

3. Further Development of the QIPP Schemes:

During mid to late February the Director of Commissioning undertook a further review of the QIPP schemes with the express aim of:

1. Prioritising the QIPP schemes based on the level of transformation and complexity of delivery – the schemes were grouped into 4 categories (Phase 1 having the highest level of complexity of redesign and lead in time to go live, to Phase 4 that could be delivered easily through the renegotiation of an existing financial element in a contract, or a scheme that was already completed and would be delivered).
2. Identifying the key stages and a project timeline for each of the main transformational schemes – the key stages are shown below in Table 1. We were also at that point able to take on board any developments that had happened in the interim period (e.g. the neuro-rehabilitation procurement process).
3. The resource implications to deliver the QIPP schemes – in terms of project and procurement management, and clinical leadership. This quickly displayed the need for additional resources for the projects.
4. The key milestones within each QIPP scheme.

5. Where delivery of a QIPP scheme within the original timetable may not be achieved, together with opportunities of “bringing forward” potential start dates for certain schemes to ensure financial balance would be achieved.

Table 1 – Key Project Stages

Key stages/ work areas
Identify project management support (manager, finance, analyst)
Identify clinical leader(s)
Clinical engagement (inc pathway development)
Scoping of potential service
Service specification development (inc KPIs and outcomes)
Financial & activity analysis
Market exploration and stimulation
Contract variation assess and implement (existing contract)
Patient & stakeholder engagement
Business case preparation
Quality & Safety Group sign off (specification)
Finance Working Group sign off (of BC)
GB sign off (of BC and specification)
Procurement (formal) commenced
Evaluation of bids
Award recommendations
Contract signature (if req'd)
Mobilisation
Commencement of service
Commence monitoring of service and impact

On the basis of this work a more detailed project plan, with resource requirements was developed and this is shown at Appendix 2 of this document.

It also highlighted where individual schemes were more developed than others, and where further work would be necessary to validate the potential of a scheme (e.g. ophthalmology, pathology and neuro-rehabilitation).

In addition it has assisted in focusing the projects around areas such as ensuring delivery of the patient voice in these schemes (via our Patient Council & Patient Working Groups), additional levels of clinical engagement (e.g. secondary care clinicians, community staffing, nurses etc.) and also the need to start earlier on areas such as market exploration and the need for external procurement programs.

4. Systems of Performance Management and Challenge:

During January to March 2013 the systems of performance monitoring and management for our QIPP schemes have been further developed and refined. There are three key areas which are in addition to the normal systems of operational management and oversight within our CCG.

a) Project Management Office (PMO): This team will be regularly reviewing with each project manager (and the executive director) the progress on each scheme (against the project plan), that the likely deliverable in terms of service and finance remains on course, the opportunity of mitigating or remedial actions for any delays that are encountered, and highlighting any areas of concern. The PMO will provide regular reports to the Finance Working Group and the Executive Management Committee (and Governing Body) regarding the performance of the schemes.

b) Star Chambers (led by Sarah Blow): Monthly meetings at present, designed to review the schemes, and focus on enabling delivery. The agenda for this group is being focused around high risk schemes that may require higher levels of intervention or challenge.

c) The Quality & Safety Working Group and the Finance Working Group: Both of these groups have a key role to play in approving the developed services (both qualitatively and financially) and providing assurance to the Governing Body on the services developed.

d) The Executive Management Committee: In addition to considering the financial and other impacts of the individual schemes and QIPP program. We have also recently commenced a program of Clinical Executive engagement designed to discuss the key parameters of a service and the likely impact for the redesign of the services. Additional members of the Governing Body have also been invited to attend these sessions.

5. Project Resources:

The development of the more detailed project plans (shown at Appendix 2) has enabled a more detailed assessment of the resources necessary to support and deliver the projects. As a result of this:

- Project management resources were identified for each project, and have now been secured to support the development of the schemes, the mobilisation and the commencement of these services.
- Additional procurement resources were identified for a number of the projects, and these have now been secured. Further work is ongoing within the Commissioning Director to review our overall procurement plans.

- Clinical leader resources were identified, and these have been advertised to the GP community. These are now being followed up and the resources allocated to projects.

In recognition of the transitional nature of these costs, and the necessity to implement the QIPP which contributes towards both the Trust Special Administrator recommendations and the Community Based Care strategy, the funding for the above additional resources is planned to be met through the 2% non-recurrent / headroom resources. This has been communicated to the National Commissioning Board.

6. Rag Rating the QIPP Schemes for 2013/14

To ensure robust governance around the RAG rating of the QIPP schemes, a process has been introduced whereby a multi-disciplinary / agency panel has been formed with the following members:

- The lay member with a special interest for Patient & Public Involvement (who is also a member of the Finance Working Group (FWG));
- 1 GP;
- 1 representative from the London Borough of Bexley;
- The Director of Governance & Quality or their representative (Director member who is also a member of FWG);
- The Assistant Director of Programme Management & Business Performance (Finance & PMO representative who is also a member of FWG);
- The Assistant Director of Commissioning

This group met on 23rd January 2013. At this meeting each of the QIPP schemes was reviewed and 4 rag ratings awarded, together with an overall scheme rag rating as follows:

1. The value of the scheme
2. The resources required to deliver the scheme *
3. The timeliness/ readiness of the implementation *
4. The co-dependency/ multi agency involvement
5. The overall scheme rating *

* note this was undertaken before the more detailed project plans and resource needs shown under sections 3 & 5 of this document were developed.

The results of this Rag Rating are shown within Appendix 1, together with the Most Likely Value for the scheme delivery in 2013/14 – this resulted in the overall value for the new schemes being set at £10.4m overall (this figure is contained within our financial planning assumptions for 2013/14).

It was also agreed that a further “Rag Rating” session would be held, to review the schemes again for likelihood of delivery, and this is now established for April. At that point the more detailed work undertaken in February and March (re section 3 above) will be included, and this may lead to a revision of the Rag Rating overall. The outcomes of this second formal review will be communicated in April 2013.

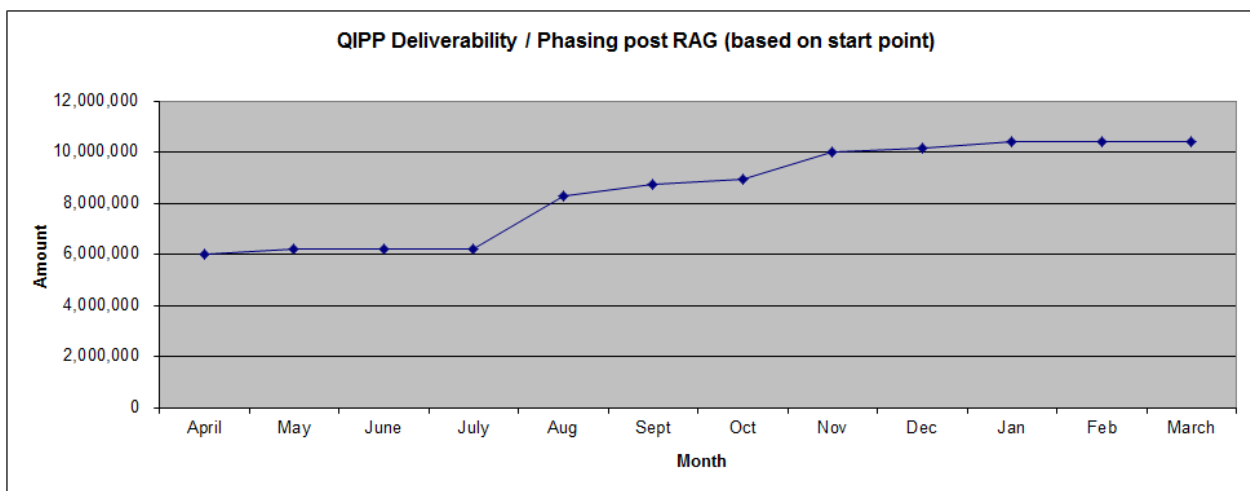
This group will also meet again after 6 months to validate the self-assessments of project managers, presented on implementation and monitoring forms, which are reported monthly to the Finance Working Group.

It is also clear that the QIPP schemes for 2013/14 fall into 2 clear categories:

- Transactional – where the QIPP scheme can or will be easily delivered, and could be considered to be potentially “secured” and
- Transformational – where significant work to remodel the existing care pathway, and establish new services is required (the move from secondary led care to community based care).

Our QIPP schemes are often referred to as highly transformational, with a high level of challenge. As part of the CCG’s work to help provide understanding and assurance to the National Commissioning Board and to further define the level of challenge within our programmes, the Chief Financial Officer has produced the following diagram (table 2). This shows that high levels of the QIPP savings will be delivered early in the year, with the transformational elements coming on line during the year. The diagram takes account of the Director Assessment of delivery which is in line with the overall project plan.

Table 2 – QIPP financial delivery



This shows that a high level of the savings (58%) should be delivered in the early months of the year, so the schemes are not all “back loaded” to deliver later in 2013. On this basis earlier performance monitoring will be available to us together with time if any remedial actions are necessary.

As previously mentioned these schemes have been grouped into 4 categories (Phase 1 having the highest level of complexity of redesign and lead in time to go live, to Phase 4 that could be delivered easily through the renegotiation of an existing financial element in a contract, or a scheme that was already completed and would be delivered). Of the c£6m to be delivered in April, no scheme is in category 1, £0.8m is in category 2, and the balance is in category 4.

Our performance monitoring of these schemes from April 2013, supplemented by regular reporting will therefore be vital (see section 4a).

7. Feedback from London National Commissioning Board (NCB)

On 11th March 2013 the Executive Team attended an assurance meeting with the London NCB. One of the key areas for discussion were the QIPP plans. The NCB were extremely complimentary about Bexley CCG’s QIPP plan. They recognised from the above that there were levels of transformational challenge, but they also clearly stated that “Bexley CCG’s QIPP plans are the most highly developed and detailed across London”. They have also offered to Bexley CCG assistance with the implementation of the QIPP plans, an offer that was welcomed by the Executive Team.

8. Governing Body Approval Required:

The Governing Body are asked to:

- **NOTE** and endorse the significant work that has been undertaken on the development of the QIPP schemes, and the detailed planning;
- **APPROVE** the 2013/14 QIPP schemes and overarching project plan and
- **SUPPORT** the ongoing implementation of the QIPP schemes.

Report prepared by:

Theresa Osborne – Chief Financial Officer and

Sarah Valentine – Director of Commissioning

11th March 2013

2013/2014 QIPP



No	File REF	"Transformation Headings"	Scheme Heading	Phase: 1,2,3,4	Go 'Live' Date	No of Months Saving in 13/14	Scoping		2013 / 2014 Plan	2014 / 2015 Plan	Rag Rating 23/01/2013					Director Assessment 14/03/2013			
							(Full Year) Initial Opportunity / Current Cost "GROSS" £	(Full Year) Effect Net Saving			Value of Scheme	Resources Required to Deliver	Timescales / Readiness of Implementation	Co-dependencies/Mult agency involvement	Overall Scheme Rating	Most Likely Green 100% Amber 75% Red 50%	Change in Delivery (Months +/-)	2013/14 Delivery Value £	2014/15 Delivery Value £
1	15b	1. Primary & Community	GP QIPP - Reduction in Referrals 5%	1	Jul-13	9	602,000	602,000	451,500	150,500	Green	Green	Green	Green	Green	451,500	-1	401,333	200,667
2	15c	1. Primary & Community	GP QIPP - Reduction in Referrals Additional 5%	1	Jul-13	9	602,000	602,000	451,500	150,500	Amber	Green	Amber	Green	Amber	338,625	-1	301,000	200,667
4	1	2. Integrated Care	Adult Intergrated Care (Older People)	1	Aug-13	7	4,020,505	1,999,279	1,164,417	834,862	Green	Green	Green	Green	Green	1,164,417		1,164,417	834,862
5	13	2. Integrated Care	Mental Health in General Acute Setting	1	Oct-13	6	6,100,561	572,000	286,000	286,000	Red	Red	Red	Red	Red	143,000	2	190,667	190,667
6	30	2. Integrated Care	Palliative Care EOLC	1	Oct-13	6	600,000	400,000	200,000	200,000	Amber	Green	Green	Green	Amber	150,000	1	175,000	133,333
7	7	2. Integrated Care	Respiratory	1	Oct-13	6	400,000	200,000	100,000	100,000	Red	Green	Green	Amber	Amber	75,000		75,000	100,000
8	5	3. Planned Care	MSK	1	Dec-13	4	15,612,367	2,341,855	780,618	1,561,236	Green	Green	Green	Amber	Amber	585,464	1	731,830	1,366,082
9	3	3. Planned Care	Cardiology	1	Apr-14	0	5,238,170	523,817	0	523,817	Red	Red	Red	Red	Red	0	4	174,606	349,211
12	17	3. Planned Care	Pathology	2	Oct-13	6	250,000	250,000	125,000	125,000	Green	Green	Green	Green	Green	125,000		125,000	125,000
13	22a	3. Planned Care	POLCE	2	Apr-13	12	900,000	450,000	450,000	0	Green	Green	Green	Green	Green	450,000		450,000	0
14	20a	3. Planned Care	Community Consultant Services - General Surgery	2	Oct-13	6	1,500,000	275,000	137,500	137,500	Green	Green	Green	Amber	Green	137,500	-1	114,583	160,417
15	20c	3. Planned Care	Community Consultant Services - Dermatology	2	Oct-13	6	460,000	115,000	57,500	57,500	Green	Green	Green	Amber	Green	57,500	-1	47,917	67,083
16	23	3. Planned Care	Ophthalmology	2	Apr-13	12	500,000	500,000	500,000	0	Amber	Green	Amber	Amber	Amber	375,000		375,000	0
19	2b	3. Planned Care	Diabetes - Redesign	3	Jan-14	3	4,982,526	1,000,000	250,000	750,000	Green	Green	Green	Green	Green	250,000		250,000	750,000
20	20d	3. Planned Care	Community Consultant Services - Urology	3	Oct-13	6	450,000	100,000	50,000	50,000	Green	Green	Green	Amber	Green	50,000	-1	41,667	58,333
21	20b	3. Planned Care	Community Consultant Services - Gynaecology	3	Oct-13	6	1,000,000	250,000	125,000	125,000	Green	Green	Green	Green	Green	125,000	-1	104,167	145,833
23	6	1. Primary & Community	Neuro Rehab	4	Apr-13	12	1,273,416	52,148	52,148	0	Green	Green	Green	Green	Green	52,148		52,148	0
25	4	3. Planned Care	Anticoag	4	Apr-13	12	412,915	255,005	255,005	0	Green	Green	Green	Green	Green	255,005		255,005	0
10	11	1. Primary & Community	Reduction in Access Points - UCC	2	Apr-14	0	250,000	250,000	0	250,000	Green	Green	Green	Green	Green	0		0	250,000
11	27	1. Primary & Community	Oxleas - Community Contract	2	Apr-13	12	500,000	500,000	500,000	0	Green	Green	Green	Green	Green	500,000		500,000	0
18	2a	1. Primary & Community	Diabetes - Training	3	Apr-13	12	486,000	250,000	250,000	0	Green	Green	Green	Green	Green	250,000	-2	208,333	41,667
27	29	4. Stand alone	Corporate Schemes	4	Apr-13	12	650,000	650,000	650,000	0	Green	Green	Green	Green	Green	650,000		650,000	0
3	25	2. Integrated Care	IAPT - Mental Health Referral Management	1	Apr-13	12	1,000,000	1,000,000	1,000,000	0	Red	Red	Red	Red	Red	500,000	-5	291,667	416,667
24	28	2. Integrated Care	General Mental Health	4	Apr-13	12	500,000	500,000	500,000	0	Green	Green	Green	Green	Green	500,000		500,000	0
17	15a	1. Primary & Community	GP QIPP - PMC	3	Apr-13	12	500,000	150,000	150,000	0	Green	Green	Green	Green	Green	150,000		141,000	0
22		1. Primary & Community	Thwaites	4	Apr-13	12	90,000	90,000	90,000	0	Green	Green	Green	Green	Green	90,000		90,000	0
26	26	4. Stand alone	Prescribing	4	Apr-13	12	3,000,000	3,000,000	3,000,000	0	Green	Green	Green	Green	Green	3,000,000		3,000,000	0
							Total	51,880,460	16,878,104	11,576,188	5,301,915					10,425,159		10,410,339	5,390,489
										511,852	0					511,852		511,852	0
									12,088,040	5,301,915						10,937,011		10,922,191	5,390,489

2013/2014 QIPP



No	File Ref	"Transformation Headings"	Scheme Heading	Phase: 1,2,3,4	Go 'Live' Date	No of Months Saving in 13/14	Scoping		2013 / 2014 Plan	2014 / 2015 Plan	Rag Rating 23/01/2013 <small>Bexley Clinical Commissioning Group</small>					
							(Full Year) Initial Opportunity / Current Cost "GROSS" £	(Full Year) Effect Net Saving			Value of Scheme	Resources Required to Deliver	Timescales/ Readiness of Implementation	Co-dependencies/Mult agency involvement	Overall Scheme Rating	Most Likely Green 100% Amber 75% Red 50%
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4	1	2. Integrated Care	Adult Intergrated Care (Older People)	1	Aug-13	7	4,020,505	1,999,279	1,164,417	834,862	Green	Green	Green	Green	Green	1,164,417
5	13	2. Integrated Care	Mental Health in General Acute Setting	1	Oct-13	6	6,100,561	572,000	286,000	286,000	Red	Red	Red	Red	Red	143,000
6	30	2. Integrated Care	Palliative Care EOLC	1	Oct-13	6	600,000	400,000	200,000	200,000	Amber	Green	Green	Green	Amber	150,000
7	7	2. Integrated Care	Respiratory	1	Oct-13	6	400,000	200,000	100,000	100,000	Red	Green	Green	Amber	Amber	75,000
8	5	3. Planned Care	MSK	1	Dec-13	4	15,612,367	2,341,855	780,618	1,561,236	Green	Green	Green	Amber	Amber	585,464
9	3	3. Planned Care	Cardiology	1	Apr-14	0	5,238,170	523,817	0	523,817	Red	Red	Red	Red	Red	0
12	17	3. Planned Care	Pathology	2	Oct-13	6	250,000	250,000	125,000	125,000	Green	Green	Green	Green	Green	125,000
13	22a	3. Planned Care	POLCE	2	Apr-13	12	900,000	450,000	450,000	0	Green	Green	Green	Green	Green	450,000
14	20a	3. Planned Care	Community Consultant Services - General Surgery	2	Oct-13	6	1,500,000	275,000	137,500	137,500	Green	Green	Green	Amber	Green	137,500
15	20c	3. Planned Care	Community Consultant Services - Dermatology	2	Oct-13	6	460,000	115,000	57,500	57,500	Green	Green	Green	Amber	Green	57,500
16	23	3. Planned Care	Ophthalmology	2	Apr-13	12	500,000	500,000	500,000	0	Amber	Green	Amber	Amber	Amber	375,000
19	2b	3. Planned Care	Diabetes - Redesign	3	Jan-14	3	4,982,526	1,000,000	250,000	750,000	Green	Green	Green	Green	Green	250,000
20	20d	3. Planned Care	Community Consultant Services - Urology	3	Oct-13	6	450,000	100,000	50,000	50,000	Green	Green	Green	Amber	Green	50,000
21	20b	3. Planned Care	Community Consultant Services - Gynaecology	3	Oct-13	6	1,000,000	250,000	125,000	125,000	Green	Green	Green	Green	Green	125,000
23	6	1. Primary & Community	Neuro Rehab	4	Apr-13	12	1,273,416	52,148	52,148	0	Green	Green	Green	Green	Green	52,148
25	4	3. Planned Care	Anticoag	4	Apr-13	12	412,915	255,005	255,005	0	Green	Green	Green	Green	Green	255,005
10	11	1. Primary & Community	Reduction in Access Points - UCC	2	Apr-14	0	250,000	250,000	0	250,000	Green	Green	Green	Green	Green	0
11	27	1. Primary & Community	Oxleas - Community Contract	2	Apr-13	12	500,000	500,000	500,000	0	Green	Green	Green	Green	Green	500,000
18	2a	1. Primary & Community	Diabetes - Training	3	Apr-13	12	486,000	250,000	250,000	0	Green	Green	Green	Green	Green	250,000
27	29	4. Stand alone	Corporate Schemes	4	Apr-13	12	650,000	650,000	650,000	0	Green	Green	Green	Green	Green	650,000
3	25	2. Integrated Care	IAPT - Mental Health Referral Management	1	Apr-13	12	1,000,000	1,000,000	1,000,000	0	Red	Red	Red	Red	Red	500,000
24	28	2. Integrated Care	General Mental Health	4	Apr-13	12	500,000	500,000	500,000	0	Green	Green	Green	Green	Green	500,000
17	15a	1. Primary & Community	GP QIPP - PMC	3	Apr-13	12	500,000	150,000	150,000	0	Green	Green	Green	Green	Green	150,000
22		1. Primary & Community	Thwaites	4	Apr-13	12	90,000	90,000	90,000	0	Green	Green	Green	Green	Green	90,000
26	26	4. Stand alone	Prescribing	4	Apr-13	12	3,000,000	3,000,000	3,000,000	0	Green	Green	Green	Green	Green	3,000,000
							Total	51,880,460	16,878,104	11,576,188	5,301,915					10,425,159

No	File REF	Transformation Headings	Scheme Heading	Comm Lead	Project Manager	Phase 1 / 2 / 3 / 4	Key stages/ work areas	2013												2014			
								Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
							Award recommendations																
							Contract signature (if req'd)																
							Mobilisation																
							Commencement of service																
							Commence monitoring of service and impact																

Plans still to complete

22		1. Primary & Com Thwaites			4	NCB to manage - practice merger in Frognall
26	26	4. Stand alone Prescribing			4	
27	29	4. Stand alone Corporate Schemes			4	

Resource coding structure	
Clare Ross	continues
Clinician with project team	
Finance & analytical team	
Contracting / procurement team	
Project manager (with clinical lead)	
Performance team	
Alison Rogers/ MH commissioning team	
completed	
Quality & Safety Group	
Finance Working Group	
Governing Body	
Joint Commissioning & Contracting Leaders	

