

**Financial Recovery Group Executive Summary
Meeting held on 14 June 2016**

- Following a CQC inspection of the London Ambulance Service additional funding had been requested to implement a number of recommendations which would improve the quality of the service provided. CCGs are considering supporting £10m recurrently, across London. Bexley's contribution is c£265k. The FRG approved the additional recurrent contribution for 2016/17 onwards, subject to this being the CCG's maximum contribution.
- The new Commissioning For Value (CFV) Right Care Pack had been published in January 2016 and this had been analysed by the CCG to determine QIPP opportunities for 2016/17 onwards. Eighteen indicators had been identified requiring further work up and a task and finish group was established to look at these opportunities. Project Managers were identified to take forward the various schemes using Ideas Generation documentation and business case processes. These are then discussed at the FRG. Sir Muir Gray had also met with the CCG to discuss the CFV packs. The FRG noted the work being conducted on CFV.
- QIPP of £8.5m is required for 2016/17. At month 1 £7m had been identified. Since then meetings have been held and new schemes, additional stretch targets and additional budget savings have been identified, leaving £525k unidentified QIPP at month 2.

Financial Recovery Group meeting

Financial Recovery Group Executive Summary **Meeting held on 12 July 2016**

- GU Med Elective Ideas Generation was discussed. Darent Valley Hospital (DVH) has the highest outpatient to elective conversion rate for urinary/urinary tracts activity. NHS Bexley CCG is currently spending more than their peers and the CCG is working with Dartford CCG and DVH to develop a service specification. The service specification (protocol for elective admission) is to be agreed by Quality and Safety Sub-Committee. A report to come back to FRG once actions are completed and via Star Chamber for any issues.
- Repatriation of anticoagulation Tier 1 at Queen Elizabeth Hospital to AQP services was discussed for those patients with stable INR and who are non-complex. Clinical opinion is being sought to ensure that it is safe to transfer these patients into the community. Subject to clinical review, the Ideas Generation can proceed to immediate implementation of the scheme with providers, as the original business case to establish the AQP anticoagulation service included a provision to transfer work from acute into AQP community providers.
- An update was given on GU Non Elective, work is well advanced.
- Progress has been made using Co-ordinate My Care enabling a shift in the number of deaths out of hospital to the place of choice. The CMC register will be opened up to other providers and will build on a good foundation of work with the GPs. This will be considered at Star Chamber.
- Month 2 QIPP Report was discussed. This suggests that QIPP delivery will be 93%. There is a projected shortfall of £35k in respect of Diabetes. Cardiology and MSK contracts are being reviewed to model the numbers. Month 3 position suggests full achievement.
- The NHS England Medicines Optimisation Dashboard, May 2016, was discussed. Progress on areas highlighted from the May 2015 dashboard was considered and Clare Fernee will review Medication Use Reviews and New Medication Service Reviews to see whether anything can be done to improve uptake.