

Southwark Clinical Commissioning Committee & Southwark BSU

Quality, Innovation, Prevention & Productivity (QIPP) Programme 2011/12

Impact of the 2011/12 Southwark QIPP Programme

Southwark Council Overview & Scrutiny Committee

Impact of 2011/12 QIPP Programme

Overview and Scrutiny Committee, October 2011

1. The Southwark QIPP (Quality, Innovation, Productivity, Prevention) Programme is a suite of locally determined commissioning initiatives designed to support the delivery of quality care and to maximise the efficient use of resources. The gross value of the QIPP programme for 2011/12 is £20.2m, a 4% reduction of revenue expenditure. This is being delivered in addition to recurrent savings of £25m in 2010/11 and £15m in 2009/10
2. There are 31 QIPP initiatives across Acute, Community, Mental Health & Primary Care, with savings that vary from £2.2m large-scale productivity initiatives to £30k 'niche' projects (Annex 1)
3. GP Commissioners co-designed the QIPP programme with the PCT and will work with Southwark Business Support Unit (BSU) to deliver it. The Southwark Clinical Commissioning Committee (SCCC) of the PCT Board leads the local commissioning of QIPP. Designated BSU Officers and GP Leads manage the implementation of each of the QIPP programmes
4. Performance is reviewed in detail each month by the QIPP Delivery Group, a sub-group of the SCCC. The QIPP Group update the SCCC on progress against plan at their monthly meeting.
5. There are two over-arching methods of delivering QIPP initiatives. The first is to negotiate productivity targets with contracted providers and to secure quality improvements and savings, which are guaranteed in provider contracts/start budgets. The second category includes those QIPP initiatives delivered by implementing 'invest-to-save' programmes and/or service redesign which release efficiency savings. Risk for delivery of these programmes sits with the BSU or GP Commissioners
6. The BSU presented an overview of the QIPP programme to the Overview & Scrutiny Committee in March 2011. In light of this, this paper provides further detail on a number of key QIPP initiatives. In determining the initiatives on which further detail has been provided, we sought to reflect the following principles:
 - a. The impact of the QIPP initiative on patients/Southwark residents
 - b. The extent to which the QIPP initiative is about service change rather than provider 'efficiencies' that do not impact on patients
 - c. The level of risk associated with successful delivery of the QIPP initiative
 - d. Total financial value of the initiative
 - e. Initiative being in an area/with a provider where the Local Authority also commissions services
7. The second part of this document (page 5 -12) provides a statement on the following for each of the key QIPP areas: a) description and rationale; b) savings target; c) impact of initiative on the four aspects of 'QIPP'; d) engagement completed and e) impact on patients. The below QIPP initiatives have been selected as they are of significant financial value, are programmes of redesign that will impact patients' experience of services and are initiatives led by the BSU/GP Commissioners who absorb the full risk for non-delivery:
 1. Outpatient redesign
 2. Emergency admissions/reablement programme
 3. PoLCE
 4. Urgent Care Centre
 5. SLaM Provider Efficiencies
 6. Support Service Contracts (Southside Home & Dry and Newpin)
 7. Primary Care Productivity
8. Further to the seven key initiatives above there are a further number of initiatives that were felt not to merit a detailed exposition in light of the principles set out in point 6. The below four tables that set out a summary description of groups of these other QIPP initiatives. The tables include a brief rationale as to why these initiatives were not considered to meet the above principles

Name of Group	Contractually Secured Provider Productivity (Acute)	
Summary description of Group of QIPP Initiatives	<p>This group of QIPP initiatives are each associated with securing improvements in productivity with our key hospital trust providers Guy's & St Thomas' and King's College Hospital. The basis of these programmes is to target efficiency improvements in areas where local trusts' performance is outside of the London lower quartile. In these areas savings reflect the change required to move within the lower quartile benchmark.</p> <p>These efficiency programmes are delivered by each trust undertaking projects locally to enhance the productivity of their staff. This could take the form of the Medical Director working with service leads to reduce the number of follow-ups where patients could be returned to the care of their GP. It could also be the trust's chief pharmacist working with clinical teams in the trust to prescribe cost-effectively.</p> <p>In either instance the efficiency is generated from local changes in working practices. As such the risk for delivery for all the below initiatives sits with the hospital trusts and the trusts' start contracts secure savings for the commissioner.</p>	
	QIPP Initiatives Included	Savings Target (£,000)
	Reduction in Outpatient Follow-Ups	£1,548
	Consultant-to-Consultant Referrals	£201
	Emergency Admissions (A&E Conversion Rates)	£690
	Excess Bed Days per Spell	£304
	30 Day Readmissions	£3,389
	Acute Prescribing & Medicines Management	£442
	Other Productivity & Efficiency Measures	£255
	Clinical Haematology (Paediatrics)	£228
	Other Guaranteed QIPP Savings	£1,258
Rationale for not presenting detail to OSC	<p>Although significant in terms of financial benefit, the above initiatives are secured with associated savings 'in the bank' as of 1st April 2011. As contracted efficiencies, patients will not, in the main, notice any difference in the way services are provided. There will be work led by the trusts to support a repatriation of some patients to the care of their GP where this is appropriate, with other work seeking to reduce bed days where patients are awaiting discharge or an operation for example.</p>	

Name of Group	Provider Service Redesign (Acute)	
Summary description of Group of QIPP Initiatives	<p>The two small QIPP initiatives again refer to projects led by the acute trust agreed with commissioners across Lambeth, Southwark and Lewisham. The maternity project is associated with improving the coding of activity related to admissions for maternity episodes, thus not affecting the operational function of the service</p> <p>The plan to release £27k in Southwark as a result of the redesign of the Vasectomy and Termination of Pregnancy pathway will be achieved by shifting the proportion of both interventions completed at the hospitals, with more activity channelled to independent and voluntary sector providers where these providers are shown to provide the same quality of care to patients</p>	
	QIPP Initiatives Included	Savings Target (£,000)
	Redesign of Maternity Pathway	£56
	Sexual Health (ToPs & Vasectomy)	£27
Rationale for not presenting detail to OSC	<p>These initiatives have been secured in 2011/12 contracts with acute services. The ToPs and Vasectomy QIPP will see a greater use of existing non-acute providers delivering high-quality care under the NHS Contract at a lower tariff. The maternity initiative is associated with clinical coding rather than any change in pathway or provision.</p> <p>Initiatives are low value and relate to relative low activity levels. Equality Impact Assessment has been completed for Sexual Health QIPP initiatives</p>	

Name of Group	Non-Acute Services Contract Renegotiation	
Summary description of Group of QIPP Initiatives	<p>Each of the below initiatives have been achieved as commissioners renegotiated contracts with providers at a lower unit cost than 2010/11. For example, the SH & HIV Voluntary Sector QIPP has been delivered by negotiating a reduction in the tariff paid to a range of SH providers relative to 2010/11 contract values both within SEL and pan-London.</p> <p>Primary Care Prescribing achieves a benefit by the switching from branded to generic drugs as they come off patent along with other similar productivity measures. And funding to support GSF refers to the freezing of investment in end of lifer care at 2010/11 levels</p>	
	QIPP Initiatives Included	Savings Target (£,000)
	Sexual Health (Voluntary Sector)	£162
	Substance Misuse	£50
	Community Services Efficiencies	£250
	Primary Care Prescribing	£1,063
	Funding to Support GSF in Nursing Homes & Primary Care	£200
	Mental Health Support Services Retendering	£123
Rationale for not presenting detail to OSC	<p>The impact of tariff renegotiations on service received by patients is small. Commissioners assess and agree with providers the approach they will take to make efficiency savings and in this robustly seek assurances (enforced under contract monitoring) that performance and quality is maintained. The QIPP programmes are secured at the beginning of the financial year</p>	

Name of Group	Other Operational Efficiencies	
Summary description of Group of QIPP Initiatives	<p>These QIPP savings relate to efficiencies generated within Southwark BSU corporate expenditure. Management cost savings targets were issued for NHS commissioning organisations nationally with an organisational restructure completed ahead of April 2011. Estates savings will be made from the reduction in costs associated with maintaining two properties in the borough, both of which have not been in use for some time</p>	
	QIPP Initiatives Included	Savings Target (£,000)
	Management Costs - Commissioner	£1,341
	Management Costs - Provider	£850
	Estates	£705
Rationale for not presenting detail to OSC	<p>Management Cost Savings proposals have been presented to the Overview and Scrutiny Committee on a previous occasion. Estates costs relate to the net benefit of the disposal of St Giles and St Olave's community sites, which are currently unused</p>	

1	Name of QIPP Initiative:	GP-initiated 1st Outpatient Referrals (shift & decommissioning)			
	Description of Initiative	<p>There are two key parts to this QIPP initiative: the implementation of referral management for GP-initiated electronic referrals, and the commissioning of up to ten redesigned outpatient services delivered in settings closer to patients' homes</p> <p>A Choose and Book Referral Management Service (RMS) system is being established across both Lambeth and Southwark in collaboration with KCH and GSTT. This service will quality assure referrals initiated by Southwark GPs, directing non-urgent referrals to the most appropriate local service whilst not delaying referrals to secondary care</p> <p>We have invested on a spend-to-save basis to commission outpatient services in a range of community settings. In addition, support and training is being delivered locally to increase the ability of primary care providers to manage long term conditions in the community without referral to hospital. Dissemination of clinical protocols support the above referral pathways and GP Locality Leads work with practices to improve the quality of referrals to specialist care</p>			
	Savings Target	£2,156k			
	'QIPP' Domains Supported	Quality	Innovation	Productivity	Prevention
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	How does this initiative support the above noted QIPP domains?	<p>The initiative enhances the quality of clinical care available in General Practice by investing in local education and training, quality assuring referrals to ensure patients are seen in the most appropriate setting of care, and establishes community outpatients service in the community with significantly shorter waits than local hospital trusts</p> <p>RMS is an innovative approach to delivering the quality assurance of GP-initiated referrals as the BSU is working in partnership with Lambeth and King's Health Partners to deliver a local solution to the NHS-wide problem of variation in referral quality</p>			
	What communication and engagement with patients has been completed?	<p>The <i>Transforming Southwark's NHS</i> consultation was conducted in 2009. One of the areas of focus was planned care where local patients' indicated support for increasing the capacity of planned care available 'closer to home' (i.e. in a non-acute community or primary care setting). Following <i>Transforming Southwark</i> a workshop was established in each of the four Southwark localities to test these ideas and give local people an opportunity to shape the PCT's plans. Workshop output at http://www.southwarkpct.nhs.uk/about_us/transforming_southwarks_nhs</p> <p>Patients remain engaged with this QIPP area in the new engagement structure. Patient Participation Groups (PPGs) have been established at practice level, are represented at locality level and feed into commissioning decisions made at borough level via a Engagement & Patient Experience Group. This group is one of three sub-groups of the Southwark Clinical Commissioning Committee. This approach to engagement is designed to be a 'bottom-up' approach to garnering patient involvement, which also reflects GP Commissioner's engagement structure with constituent practices</p> <p>Communications with patients for new community outpatient services has been led by the BSU with patient information leaflets produced by the providers on a specialty basis. These leaflets have been made available to all practices and are sent to patients with their appointment confirmation. In addition, all contracts with community outpatient providers include a requirement for an annual patient experience survey to be completed</p>			
	Impact of this initiative on patients	<p>Once referred, patients will be contacted either by the trust or community outpatient service to arrange an appointment. In community services they will be able to choose the location, which best suits them (e.g. dermatology at Aylesbury, Elm Lodge (North Dulwich/Herne Hill); Dun Cow Surgery (Old Kent Rd); or Lister Health Centre (Peckham Rd). Waiting times in community services are typically 30% of waits in hospital (weeks not months)</p>			

2	Name of QIPP Initiative:	Emergency Admissions / Reablement			
	Description of Initiative	<p>This QIPP programme is being undertaken as a pilot in Q3 & Q4 2011/12. The approach is to invest in services which prevent admission to hospital and provide alternative mechanisms for effective management in the community of patients at risk of admission. The proposals have been generated by Lambeth and Southwark BSUs with the input of clinical commissioners, Social Services, KCH, GST Community Health Services, and the KHP Integrated Care Pilot.</p> <p>Southwark has particularly high levels of admissions including high levels of admissions for ambulatory care sensitive conditions including:</p> <ul style="list-style-type: none"> • Congestive Heart Failure • COPD • Diabetes with complications • Hypertension • Pyelonephritis <p>The main components of the QIPP programme are:</p> <p>Piloting of the Virtual Ward model in partnership with the Community Provider. There are two main elements to this service development: 1) Enhanced Rapid Response services, accessible both directly from GPs, community and via A&E/acute hospital referral. This service would involve the development of strengthened multi-disciplinary teams including social workers, physiotherapists and rehabilitation support workers as well as nurses, to provide a rapid response to patients who are assessed as needing a timely intervention to prevent admission including out-of-hours provision. 2) Virtual Ward - Risk stratification and early intervention - a multi-disciplinary team model, led by community matrons using risk stratification tools to identify patients at high risk of admission, and providing timely interventions to prevent admission.</p> <p>Specialist respiratory nursing support to provide a hospital at home approach and support the management of COPD exacerbations at home</p> <p>Social work resource to reflect the need to assess clients rapidly before admission rather than as part of discharge planning, social care staff aligned to A&E and to the admission avoidance services have been included</p> <p>Equipment availability and rapid delivery service where rapid delivery of equipment on a same day basis will prevent an admission</p> <p>Clinical Discharge co-ordination within acute providers to give improved case finding and discharge planning administration for patients after an unplanned admission</p> <p>Night Owl Service with generic workers to respond to basic health, social or domestic needs overnight which would prevent patients requiring a health-care response or a possible A&E presentation</p>			
	Savings Target	£711k			
	'QIPP' Domains Supported	Quality <input checked="" type="checkbox"/>	Innovation <input checked="" type="checkbox"/>	Productivity <input checked="" type="checkbox"/>	Prevention <input checked="" type="checkbox"/>
	How does this initiative support the above noted QIPP domains?	Reductions in incidents of admissions where possible for significantly better for patients. High quality and increasingly specialist care will be made available in community settings both in and out of hours. The service is built around the early identification and management of ambulatory care patients to support prevention of exacerbations and admissions			
	What communication and engagement with patients has been completed?	The <i>Transforming Southwark's NHS</i> consultation was conducted in 2009. One of the areas of focus was unscheduled care where local patients' indicated support for the provision of increasing resources to prevent hospital admissions. Following Transforming Southwark a workshop was established in each of the four Southwark localities to test these ideas and give local people an opportunity to shape the PCT's plans. Further details of the consultation and associated workshops http://www.southwarkpct.nhs.uk/about_us/transforming_southwarks_nhs			
	Impact of this initiative on patients	The key impact is planned to be improved outcomes for patients using the admissions avoidance service. Improvement in patients' ability to self-manage and meet their health care requirements in their home or within a community setting in a range of LTCs including diabetes and COPD. The evidence on the above mentioned schemes show improved patient outcomes in both the short and longer term			

3	Name of QIPP Initiative:	Procedures of Limited Clinical Effectiveness (PoLCE)			
	Description of Initiative	<p>Commissioning Support for London (CSL) worked with Dr Foster to identify procedures carried out in hospitals that may have limited clinical effectiveness. They concluded that 41 potentially ineffective procedures were identified, falling into four distinct groups:</p> <ol style="list-style-type: none"> 1. Relatively ineffective procedures 2. Potentially cosmetic interventions 3. Effective interventions with a close benefit/risk balance in mild cases 4. Effective interventions where cost effective alternatives should be tried first <p>For many years Southwark has used the long established South East London Treatment Access Policy. This policy defines procedures where there is limited evidence of effectiveness or the conditions under which their use might be appropriate for patients. This was reviewed in the light of the PoLCE work done by London and the policy has now been revised to include the further procedures with criteria for access. The updated policy has been approved by Southwark GP Clinical Leads and the PCT Board</p> <p>This initiative has been secured in acute contracts with GST and KCH to reflect those procedures where restrictions apply under the SEL Treatment Access Policy. Although these savings have been contractually secured, commissioners are responsible for reviewing activity and managing variation from the agreed policy and contract</p>			
	Savings Target	£452k			
	'QIPP' Domains Supported	Quality	Innovation	Productivity	Prevention
	How does this initiative support the above noted QIPP domains?			☑	☑
	How does this initiative support the above noted QIPP domains?	<p>The initiative recognises that expenditure must be focussed only on procedures where a robust evidence base exists to demonstrate the clinical benefits of a procedure. Where this evidence base does not support intervention. Where this evidence base does not support intervention, the procedure should not be funded, or it will only be funded for certain categories of patients. This may support improving clinical practice across the local area</p>			
	What communication and engagement with patients has been completed?	<p>In October 2009 a stakeholder workshop was conducted to review the Southwark Prioritisation Policy. This policy included criteria for access to some procedures of limited clinical effectiveness, which reflected the South East London Treatment Access Policy. This stakeholder engagement included input from public and patient groups LiNK and Community Action Southwark, with the policy signed-off by the PCT Board in January 2010</p>			
	Impact of this initiative on patients	<p>Implementing the expanded SEL Treatment Access Policy means that patients will not undergo surgical procedures which bring little or no clinical benefit to that individual. The policy defines which types of patients can have access and the criteria that apply for payment for procedures. It also specifies where prior approval is sought for procedures and where hospital can notify the NHS after the procedure has taken place. There is a panel that assesses applications for patients who fall outside these criteria, to assess whether they can be funded as an exception. There is also an appeals process.</p>			

4	Name of QIPP Initiative:	Urgent Care Centre – redesign of A&E Front-end			
	Description of Initiative	<p>Annual increases in A&E attendance exert significant financial and operational pressures on departments in London. Evidence shows that a significant number of A&E attendees could receive treatment delivered by clinicians in other more appropriate settings of care. The aim of this initiative is to ensure that where patients have a need for unscheduled care, they are seen by the right clinician in the right place</p> <p>Southwark is leading on the procurement of three Urgent Care Centres at Guy’s Minor Injuries Unit and the front ends of and at Kings and St Thomas’ A&E. The latter is a joint programmes of work with Lambeth BSU</p> <p>Procurement of UCCs is reflected in the SEL Cluster Integrated Plan and is a key component of our commissioning intentions for unscheduled care. It has strong support from our lead GPs and is scheduled to give a significant financial benefit to commissioners, whilst meeting a demand for unscheduled care that need not attend A&E</p> <p>The UCC developments will be overseen by the Lambeth and Southwark Unscheduled Care Programme Board, chaired by the Managing Director of Lambeth BSU on behalf of both boroughs. That Board reports to the Local Clinical Commissioning Committees of both boroughs, as formal committees of the PCT Boards.</p>			
	Savings Target	£38k			
	'QIPP' Domains Supported	Quality	Innovation	Productivity	Prevention
				☑	☑
	How does this initiative support the above noted QIPP domains?	<p>Urgent Care Centre tariff is significantly cheaper than charges incurred in A&E departments. Expanding UCC provision will also reduce pressure on main A&E departments, supporting trusts to reduce waiting times for attendees and in the achievement of national performance targets</p> <p>In addition to providing urgent primary care within the UCC to patients that require same day attention, the UCC will be responsible for active and supported redirection of patients back to the community for primary care needs. This is to ensure that long term primary care needs are supported in the most clinically appropriate and also cost effective manner. In supporting patients to contact/register with local GPs, commissioners hope to gather feedback on the accessibility of general practice and use this information as a further driver for improving Primary Care performance, access and quality of care for patients</p>			
	What communication and engagement with patients has been completed?	<p>An audit of primary care attendances at A&E and a subsequent patient survey was completed in North Southwark in 2008 – providing commissioners with an insight into the reasons that patients attend A&E with primary care needs. The A&E audit also includes a patient experience survey, the results of which will be used inform the contract requirements for the planned UCCs</p>			
	Impact of this initiative on patients	<p>Improved patient streaming and response to patient’s needs so that patients can be seen by the right health professional.</p> <p>Patients with minor conditions will be treated by primary care professionals in a timely manner and will be given advice, information and support to access appropriate services for future needs. UCCs will also work closely with Southwark practices to support patients to register with a GP and to use their services.</p> <p>Streaming of minor patients to the UCC will reduce pressure on A&E specialist resources. Patients with conditions requiring A&E care should thus be seen with less wait manner.</p>			

5	Name of QIPP Initiative:	Primary Care Productivity Programme											
	Description of Initiative	<p>This area of saving is in large part derived from the changes in general practice contracts and payments, some of which are nationally determined and some that are more local</p> <p>The vast majority (£1m) of the savings associated with this QIPP area have been achieved through a programme of decommissioning of previously established enhanced services and projects that had attracted additional funding and are now delivered as part of core work in general practice. Commissioners and the representative committee for the profession locally have also been able to negotiate reduced levels of payment for specific areas of work. These areas were agreed prior to the start of the financial year and have been included in contracts and start budgets.</p> <p>A smaller but significant proportion of savings (circ £200k) is associated with the likely outcome of contract reviews and tendering for five specific practices in Southwark. Three of these practice contracts end in-year and will be re-tendered with a clear expectation of achieving a higher value for money in new contracts. The other two contracts are subject to performance reviews that are likely to result in the termination of the contracts and re-tendering, again with a view to achieve a higher value for money.</p>											
	Savings Target	£1,200k											
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Quality	Innovation	Productivity	Prevention										
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>											
	How does this initiative support the above noted QIPP domains?	As the BSU and SEL Sector focuses on commissioning only the most effective enhanced services , we expect practices to achieve positive outcomes in these areas, whilst delivering commissioning efficiencies. The quality of primary care providers will be improved in the re-tendering exercise.											
	What communication and engagement with patients has been completed?	<p>Engagement has not occurred around the routine alternation of national or local elements of contracting as the changes do not relate to a change in service but rather the level of incentivisation or remuneration associated with it.</p> <p>As practices are re-tendered across the year a very clear engagement plan will be implemented within those local communities that are impacted upon.</p>											
	Impact of this initiative on patients	This QIPP initiative relates primarily to the agreement between Southwark BSU and the Local Medical Committee on a programme of efficiencies in Primary Care. Southwark patients will benefit from improvements in the quality of Primary Care established at the conclusion of the re-tendering exercise											

6	Name of QIPP Initiative:	SLaM Provider Efficiencies & CAMHS/Mental Health			
	Description of Initiative	<p>NHS Southwark/Southwark BSU and SLaM have agreed to jointly manage a two-year programme of change to deliver £2.26m of annual savings across services within Adult Mental Health (AMH), Specialist, Mental Health of Older Adults (MHOA), Mental Health in Learning Disability (MHL) and Child and Adolescent Mental Health Services (CAMHS). The programme of change focuses on delivering quality interventions as part of improved and cost-effective patient pathways, achieved by service redesign, synergy of provision, reduction of activity by enhancing the provision of effective recovery services, delivering care out of hospital and specialist settings and de-commissioning clinically unnecessary activity. The following sections identify the key areas of proposed savings in greater detail:</p> <p>Redesigning Community Mental Health Team (CMHT): SLaM clinical teams to work with patients in order to change the care arrangements for those patients for which it is clinically suitable to do so. The focus on this work is to deliver services with an enhanced focus on support and recovery, allowing more people to live increasingly independently. The outcome of this will be that fewer people will be retained long-term on CMHT caseloads.</p> <p>Community Mental Health Team facility on Walworth Road, which is in a poor condition. Reduction in this estate and re-investment in other mental health services.</p> <p>Rationalising Intake and Assertive Outreach, which involves changing the provision of ‘assertive outreach’, which is currently delivered by a designated team in SLaM across a range of commissioned areas. Work will be undertaken to review this team’s caseload with a schedule to transfer management of outreach to the specialist support and recovery teams. These teams will incorporate outreach as part of their ongoing duties and in this will be in a position to provide specialist input to outreach work</p> <p>Reducing Length of Stay (LoS) with a programme to deliver a greater proportion of care in primary care and decommission the work from SLaM. The work encompasses demand management; reduces duplication and delivers the rationalisation of the care pathway for mental health patients from primary care into secondary care. The over-arching approach is to develop, in collaboration with GPs, an episodic model of care with patients referred back to the care of their GP and managed out of hospital. SLaM specialists will remain centrally involved in patients’ care through their ongoing support to GPs and other professionals managing patients in the community</p> <p>Rationalising Counselling to invest in the national priority Improving Access to Psychological Therapies (IAPT) programme. There is a strong evidence base for IAPT delivering better outcomes for patients and in commissioning an extension of IAPT in place of other counselling services, the BSU is able to enhance quality and reduce investments in less effective provision</p> <p>Out-of-area provision for CAMHS placements of adolescents admitted with an emerging personality disorder with the proposal to deliver care to this patient cohort using Dialectic Behavioural Therapy (DBT) that SLaM are now able to deliver in the community. DBT has had great success in the USA in preventing these sort of admissions for adolescents with emerging personality disorders and, when admission has proved necessary, in substantially reducing lengths of stay. SLaM aim be able to profile the saving opportunity that can be delivered to the PCT next year now this service is up and running.</p>			
	Savings Target	£1,561k + £700k			
	'QIPP' Domains Supported	Quality <input checked="" type="checkbox"/>	Innovation <input checked="" type="checkbox"/>	Productivity <input checked="" type="checkbox"/>	Prevention <input checked="" type="checkbox"/>
	How does this initiative support the above noted QIPP domains?	Improvement in patient outcomes with lower length of stay wherever possible and increasing management of clients in a community or primary care setting, supported by enhanced clinical skill-mix .			
	What communication and engagement with patients has been completed?	Southwark ran a stakeholder event on the above areas of redesign in August 2010. This workshop was followed by a specific user event held in 19 October 2010. The purpose of the day was to inform users and carers of how and how services are changing, to listen to their views, to learn about the role of the GP in mental health care and answer questions. Mental Health Commissioners continue to engage with patients at monthly MIND User Council meetings and through the Mental Health Partnership Board, which include user representation. Engagement work has continued this year, with a stakeholder engagement workshop in July 2011 run to engage groups, including service users, to shape priorities and 12/13 QIPP plans			
	Impact of this initiative on patients	The Mental Health QIPP has been designed in partnership with SLaM to achieve financial savings by enhancing the quality of care received by patients. With SLaM clinicians working closely with GPs and community teams, patients are increasingly able to access quality care outside of SLaM facilities. Enhanced IAPT provision increases the quality of service in this area with the evidence suggesting improved outcomes to patients in this programme. To support the work on reducing length of stay and in CAMHS placements, we have shifted investment to models of care that support recovery, which focus more intently of improving the quality of service users’ lives			

7	Name of QIPP Initiative:	Southside Home & Dry and Newpin Family Welfare Association			
	Description of Initiative	This is joint programme of work to deliver efficiencies from contracts with providers in mental health. This includes the cancellation of two contracts for support: Southside Home & Dry (£0.08m) and Newpin (£0.06m). These initiatives are been delivered for April 2011 in full as services have been decommissioned ahead of the beginning of this financial year.			
	Savings Target	£143k			
	'QIPP' Domains Supported	Quality	Innovation	Productivity	Prevention
				<input checked="" type="checkbox"/>	
	How does this initiative support the above noted QIPP domains?	Termination of non-statutory services , where BSU officers have assurances that some alternative provision is available where services are being withdrawn. Part of the decision to decommission these services was the lack of quantitative evidence that provision consistently offered enhanced patient outcomes			
	What communication and engagement with patients has been completed?	Notice was served via providers to terminate contracts			
	Impact of this initiative on patients	Alternative provision available			

Southwark BSU QIPP Initiatives	2011/12 (£)	Lead Director	Lead GP
Reduction in outpatient follow ups	1,548,000	Tamsin Hooton	Dr Zeineldine
New OP referrals (GP) - decommissioning	608,180	Tamsin Hooton	Dr Zeineldine
New OP referrals (GP) - shift	1,546,325	Tamsin Hooton	Dr Zeineldine
Consultant-to-Consultant referrals	201,000	Tamsin Hooton	Dr Zeineldine
Reduce A&E attendance	99,000	Tamsin Hooton	Dr Holden
Emergency admissions / re-ablement	711,000	Tamsin Hooton	Dr Holden
Emergency admissions (A&E conversion rates)	690,000	Tamsin Hooton	Dr Holden
Excess bed days per spell	304,000	Tamsin Hooton	Dr Zeineldine
30 day re-admissions	3,388,541	Tamsin Hooton	Dr Holden
PolCE	452,000	Tamsin Hooton	Dr Zeineldine
Acute prescribing and medicines management	442,000	Tamsin Hooton	Dr Ashworth
Other productivity & efficiency measures	255,000	Tamsin Hooton	Dr Zeineldine
Redesign of maternity pathway	56,000	Tamsin Hooton	Dr Cliffe
Sexual health - voluntary sector budget	162,474	Tamsin Hooton	Dr Heaversedge
Sexual health - ToPS & vasectomies	27,000	Tamsin Hooton	Dr Heaversedge
Urgent Care Centre – redesign of A&E front end	38,000	Tamsin Hooton	Dr Holden
Clinical Haematology (Paediatrics)	228,000	Tamsin Hooton	Dr Zeineldine
QIPP shortfall covered from acute budgets	1,258,000	Malcolm Hines	Dr Fradd
Acute QIPP Initiatives Total	12,014,520		
Primary Care Productivity Programme	1,200,000	Andrew Bland	N/A
Funding to support GSF in care Homes & primary Care	200,000	Malcolm Hines	Dr Bradford
SLaM provider efficiencies	1,561,000	Gwen Kennedy	Dr Durston
CAMHS/Mental health	700,000	Gwen Kennedy	Dr Durston
Mental health community support service retendering	123,000	Gwen Kennedy	Dr Durston
Cancel Southside Home & Dry Contract	84,000	Gwen Kennedy	Dr Durston
Newpin (Family Welfare Association)	62,908	Gwen Kennedy	Dr Durston
Substance misuse	50,000	Gwen Kennedy	Dr Durston
Primary Care Prescribing Programme	1,063,000	Tamsin Hooton	Dr Ashworth
Estates Optimisation Programme	705,465	Malcolm Hines	Dr Fradd
Community Services savings	250,000	Tamsin Hooton	Dr Heaversedge
Management cost savings - commissioner	1,341,000	Malcolm Hines	Dr Fradd
Management cost savings - provider	850,000	Malcolm Hines	Dr Fradd
Non-Acute QIPP Initiatives Total	8,190,373		
QIPP Initiatives (gross)	20,204,893		