

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

Health and Adult Social Care Scrutiny Sub-Committee

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NHS Southwark Saving Programme

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QIPP Programme for 2011/12

Context

- Year on year 'real' growth in NHS Funding has come to an end
- Action required to protect and 'lock-in' the improvements in local health and health services
- Savings required in a system where growth in demand for and cost of services is rising

Key Objectives

- Improve health and reduce health inequalities
- Improve and ensure the quality and safety of local provision
- Derive value for money through the commissioning process increasing productivity

System Change

- A transition period that requires a stable commissioning platform for the next two years
- GP Commissioning by April 2013 (with increasing levels of responsibility in the interim over time)
- 42% reduction of commissioning staff from April 2011



QIPP Programme - Clinical Leadership

GP led Commissioning

- Southwark Health First Wave Pathfinder for GP Commissioning
- A Borough wide consortium including every practice and co-terminus with Local Authority

Transition to GP Commissioning

- PCTs remain the statutory bodies for commissioning of local services until April 2013
- Increasing delegation of responsibilities for commissioning by that body to GPs over time
- Southwark Health will seek delegated responsibility for 30% of commissioning budgets in Q1
 2011/12 and will agree a full trajectory for delegation with the PCT Board for the Transition

Delivery in 2011/12

- Local Clinical Commissioning Committee of the PCT Board, to lead local commissioning
- GP Commissioners have co-designed the QIPP programme with the PCT and will work with the newly established Borough Business Support Unit (BSU) to deliver it
- Lead BSU Directors and GP Commissioning leads identified for each QIPP area



QIPP Programme - Financial Outlook 2011/12

Allocations in 2011/12 and savings over the planning period

- Total revenue budget of £526m for 2011/12 (including 2.2% uplift of £11.3m)
- Current planning suggests a savings figure of circa £100m required over the next five years

Funding available

- Overall requirement for 4% efficiency.
- Southwark now 1.6% below its capitation formula target expenditure (circa. £9m p.a.)
- Requirement to meet all financial targets and achieve a 1% (£5.5m) surplus in the year
- National requirement to lodge 2% (£11m) for 'non-recurrent' expenditure with NHS London, against which PCTs can bid for money 'in-year'

Further requirements

- Management cost reductions achieved of over £2.2m (reduction of over 100 posts)
- Transfer of £12.2m for Learning Disabilities to the Local Authority
- Reablement funds and transfers from local NHS budgets to Local Authority totalling circa £5m



QIPP Programme - Financial Outlook 2011/12

Expenditure pressures

- Growth in Acute Hospital activity and pressures in Mental Health, HIV and other services
- New treatments and New drug approvals by NICE
- Population growth of c. 1.5% pa and increased demand for services generally
- Achieving the 4% efficiency targets

A significant savings programme

- The overall effect of these expenditure pressures and efficiency savings is a need to achieve almost £20m savings in year
- This represents a 4% reduction, on top of £25m in 2010/11, and £15m in 2009/10
- Detailed plans are in place to realise these savings, with contracts for commissioned services currently being negotiated.
- QIPP Plans fall into six broad categories: Provider productivity, enhanced community provision of 'planned care', redesign of Urgent Care, Mental health commissioning, Estates optimisation and management cost reductions





Provider Productivity

Benchmarked performance, commissioning for outcomes and locally responsive services

- Providers commissioned to deliver services to the Upper quartile of benchmarked performance
- Providers will increasingly receive payment based upon the quality of the service provided and the reported experience of local residents

Enhancing the productivity of local provision will secure £12.6m savings in 2011/12

- Well planned and effective discharge from hospitals to ensure patients are not simply readmitted (30 day readmissions)
- Providers that work with partners to reduce avoidable delays in discharge from hospital (Excess bed days)
- Care plans for patients that mean they only attend hospital outpatient departments when absolutely necessary (Outpatient follow ups and Consultant to Consultant referrals)
- Changes to General Practice contracts to ensure that productivity is maximised (e.g. Access to GP appointments)
- Consistently cost effective prescribing in primary care and hospitals



Redesigned Planned and Urgent Care - Polysystems

Redesigned emergency care services to secure £0.6m savings in 2011/12

- Reduction in A&E attendance by improved access to primary and community based services (General Practices, local Pharmacies and SELDOC Out of Hours Provision)
- Better information for patients wishing to access care in an emergency and improved coordination of current services
- New and redesigned services at local hospital sites allowing access to the right clinician, first time (Urgent Care Centres that allow Primary Care professionals to work with A&E departments to improve the quality and cost effectiveness of services)

Enhanced community provision of 'planned care' services saving £1.7m in 2011/12

- Support and training to increase the ability of primary care providers to manage long term conditions in the community without referral to hospital
- Provision of up to ten redesigned outpatient services closer to home as part of 'under one roof' service provision at community health centres
- Commissioning of the most clinically effective services



Efficiency measures (Estates and Management Cost)

Estates Optimisation to secure £0.7m savings in 2011/12

Achieved through a rationalisation of existing estate, including running costs of St. Giles and St.
 Olaves in 2011/12

Delivering Management Cost reductions delivering £2.2m savings in 2011/12

- 42% reduction in the costs of local Commissioning functions achieved through the consolidation of many areas into pan South East London services and arrangements for smaller borough based Business Support Units
- Reduction in the management costs associated with the provider side of the organisation achieved through the transfer of community services provision to Guy's and St Thomas' Hospitals NHS Foundation Trust





Mental Health Commissioning

Service design securing savings of £2.5m in 2011/12

- Work across primary and secondary care to ensure the most appropriate use of specialist services - community mental health teams to triage primary care referrals to very specialist services (e.g. Psychotherapy)
- Review the current overlap between GP based counselling and low intensity IAPT workers to ensure best value services are commissioned in this area
- Systematic review of all mental health service provider contracts to ensure cost and clinical effectiveness.



QIPP Programme - Engagement in improving services

Impact assessment and scrutiny

- Much of the QIPP programme relates to improved efficiency and effectiveness of services.
- Equality Impact Assessments are being undertaken where required and Commissioners will ensure that lead members and OSC are involved in related discussions and events

Partners

- Continued engagement with partners as we move from planning to implementation.
- We look forward to working as part of the Health & Wellbeing Board as it is established

Patients and the Public

- Local arrangements will increase public engagement through General Practice based networks of participation groups and through direct representation on commissioning committees
- Public workshops were held across the borough between October and November 2010 to discuss new QIPP plans as the next steps following the borough wide public consultation on changing local services, 'Transforming Southwark's NHS' in 2009/10

