

**SCRUTINY BOARD (HEALTH AND WELLBEING AND ADULT
SOCIAL CARE) MEETING HELD ON 18TH APRIL 2012**

**ADDITIONAL INFORMATION CIRCULATED AT THE MEETING
IN RESPECT OF AGENDA ITEM 7 – LEEDS HEALTH AND
SOCIAL CARE TRANSFORMATION PROGRAMME: UPDATE**

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Agenda Item 7

SCRUTINY BOARD (HEALTH AND WELLBEING AND ADULT SOCIAL CARE)

18 APRIL 2012

ITEM 7: REPLACEMENT APPENDIX 1



NHS Airedale, Bradford and Leeds

		Agenda item	
DATE OF SCRUTINY COMMITTEE MEETING: 18 April 2012		Category of Paper Tick()	
Executive Director Lead: Phil Corrigan, Executive Director of Commissioning		Decision and Approval	
Paper Author: Visseh Pejhan-Sykes: Associate Director of Finance		Position Statement	
Paper Title: Additional information requested with respect to the Leeds Primary Care Trust's (PCT) Quality Innovation Productivity and Prevention (QIPP) programme by the Leeds City Council Scrutiny Board (Health and Wellbeing and Adult Social Care)		Information	
		Confidential Discussion	

<p>SUMMARY</p> <p>This paper is prepared in response to a query from the Leeds City Council Scrutiny Board (Health and Wellbeing and Adult Social Care) for some further information around the nature of the Leeds Primary Care Trust's (PCT) Quality Innovation Productivity and Prevention (QIPP) programme during 2011/12.</p>
<p>ACTION REQUIRED</p> <p>The Committee is requested to:</p> <ul style="list-style-type: none"> - Note the contents of this paper.

NHS Leeds Quality Innovation Productivity and Prevention Savings for 2011/12

1. INTRODUCTION

1.1 Details of the Leeds Primary Care Trust's (PCT) Quality Innovation Productivity and Prevention (QIPP) plans and progress against plan are reported in detail every month to the public Board Meeting and are available for general scrutiny.

1.2 However, the PCT has been asked for more detail by the scrutiny committee about the nature of these schemes.

2. REPORTED QIPP

2.1 The following information is the latest reported position to the PCT Board:

QUALITY INNOVATION PRODUCTIVITY & PREVENTION (QIPP)				
			Cash Releasing	
ICT/Directorate	Lead Director	RAG Rating	CIP Plan £'000	CIP Forecast £'000
Planned Care	Philomena Corrigan	G	18,417	21,097
Unplanned Care	Philomena Corrigan	G	10,485	11,428
Long Term Conditions	Philomena Corrigan	G	4,929	4,929
Continuing Care	Philomena Corrigan	G	545	545
Mental Health	Philomena Corrigan	G	6,660	6,660
Childrens services	Philomena Corrigan	G	0	0
Safeguarding	Philomena Corrigan	G	0	100
Learning Disabilities	Philomena Corrigan	R	286	0
Non-Clinical Productivity	June Goodson Moore	G	1,200	2,667
Other Workstreams	Kevin Howells	G	11,232	11,382
Primary Care and prescribing	Dr Damian Riley	G	6,702	6,532
TOTAL			60,456	65,340

3. ADDITIONAL INFORMATION

3.1 The following table provides further analysis of the nature of QIPP schemes:

Type of Scheme	£ million	Note
4% Efficiency inherent in deflated tariff with Providers	33	1
Avoided activity through effective management of patient flow activity	5	3
Provider Efficiencies to absorb demographic growth in 11/12	7	2
Pathway redesign, procured services reviews & application of protocols to reduce procedures of limited clinical value	6	3
Pre-committed recurring Investments from previous years reviewed and revised - released reserved investment funding	10	
Prescribing efficiencies	2	
PCT Running costs reductions	2	
TOTAL	65	

Notes

1. The NHS Tariff set by the Department of Health recognised a general rate of inflation in costs of 2.5% for NHS Providers. Against this, there is an expectation that National Health Service (NHS) Providers generate efficiencies of 4% per annum. The tariff was therefore deflated by 1.5% (plus 2.5% inflation minus 4% efficiency) in 2011/12 against 2010/11 tariffs for services commissioned by the NHS by service providers. The benefit of that deflation is a QIPP in the health system reported by Commissioning bodies. How the 4% target is met by Providers is part of each Organisation's own QIPP programme.
2. In some instances (especially where contractual arrangements are based largely on block contracts) Providers have agreed to QIPP levels equivalent to the annual growth in activity arising from demographic pressures. The additional activity for what is in effect the same contract value represents a QIPP for the Commissioner.
3. Changes to services commissioned including the application of agreed clinical protocols to procedures of limited clinical value, changes to make patient pathways and patient flows more efficient and a review of a series of interconnected services procured to reduce duplication and overlaps have also led to QIPP achievements for NHS Leeds as Commissioners of healthcare services in Leeds

4. RELATING THE SAVINGS ACHIEVED TO SPECIFIC PROJECTS

4.1 The savings achieved by the PCT rely on a combination of various transformational projects interacting rather than being attributable to individual initiatives in isolation.

4.2 Planned Care savings achieved during 2011/12 (£21 million) include the following transformational change projects:

- Clinical Value in Referral Management – includes the pathway redesign of:
 - MSK
 - Erectile Dysfunction
 - Direct Access Endoscopy

This project contributed to the £5M savings from avoided activity through effective management of patient flow activity described under note 3 in section 3.

- Clinical Value in Follow Ups – reduction in the number of follow ups of limited clinical value, conversion where appropriate of face to face follow ups to non face to face, areas of focus include:
 - Urology
 - Neurology
 - Ophthalmology

This project contributed to the £6M savings from pathway redesign, procured services reviews and application of protocols to reduce procedures of limited clinical value as outlined under note 3 in section 3.

The balance of savings in planned care were essentially derived through efficiencies inherent in national tariffs for services commissioned from National Health Service (NHS) and non-NHS providers during 2011/12. Tariff efficiencies are further described in note 1 of section 3.

4.3 Unplanned Care efficiencies (£11 million) were derived as follows:

- Ambulatory Care Pathways – Redesign of 49 Ambulatory Care Pathways. Phase 1 has included the redesign of the following pathways:
 - Deep Vein Thrombosis (VTE Pathway)
 - Deliberate Self Harm
 - Abscess requiring Surgical drainage
 - Acute abdominal pain not requiring operative intervention
 - Pulmonary embolism
 - Stroke
 - Transient ischaemic attack
 - Upper gastro intestinal haemorrhage
 - Urinary tract infections
 - Acute bladder outflow obstruction

ITEM 7: REPLACEMENT APPENDIX 1

- Gross haematuria
- Chronic indwelling catheter related problems
- PEG Problems
- Cellulitis

This project will contribute to the £6M savings from pathway redesign, procured services reviews and application of protocols to reduce procedures of limited clinical value. It will also contribute to the £5M savings from avoided activity through effective management of patient flow activity. See note 3 of section 3 for more detail

- 111 / GP out of hours – Procurement of West Yorkshire wide 111 service to include provision of GP out of hours Service.

Once again the balance of savings outlined in section 2 for unplanned care was derived from national tariff benefits to Commissioners.

4.4 Long Term Conditions (£4.9 million) included:

- Integrated Health and Social Care Teams
 - Establishing integrated health and social care teams across the city
 - Utilisation of risk stratification tool

Once delivered the Transformation programme will contribute to the £5M savings from avoided activity through effective management of patient flow activity and the £6M savings from pathway redesign, procured services reviews and application of protocols to reduce procedures of limited clinical value – the balance being derived through national tariff efficiencies.

- Clinical Navigator - provide a professional telephone helpline for primary and community care professionals. This takes on two strands PCAL and SPUR which are interconnected and are being developed in parallel:
 - PCAL (Primary Care Access Line) – Review function of current PCAL provided by LTHT for GPs and community healthcare professionals. Identify improvements, develop other alternatives to hospital assessment/admission. Work to embed PCAL function in SPUR.
 - SPUR (Single Point of Urgent Referral) – to provide alternatives to hospital admission and includes the reconfiguration of out of hospital services to reflect 3 local authority areas, 6 ICT teams and 5 JCM teams equally distributed between the 3 localities. SPUR to operate extended hours and weekends, incorporating customer service offices from the existing discharge referral points and the intermediate care coordinators. There will be a single phone number that will use a voice activated routing system to route callers to the appropriate SPUR office.

ITEM 7: REPLACEMENT APPENDIX 1

This contributed to the £5M savings from avoided activity through effective management of patient flow activity and the balance was derived from national tariff efficiencies.

4.5 Primary Care and Prescribing savings totalling £6.5 million were derived as follows:

- Clinical Value in Prescribing includes 4 project areas which focus on the reduction of prescribing drugs of limited clinical effectiveness and reducing medicines waste, the projects are:
 - Shared Management of Medicines – improving the way primary and secondary care work together across the city. Introduction of new traffic light system for drug classification and a city-wide netformulary.
 - Innovative Procurement and Specials – central clinical validation pilot scheme with a team of nurses, dietitian, pharmacist and GP to overview prescriptions for dressings, catheters, oral nutritional supplements and ‘specials’ medicines (custom-made medicines). Separate piece of work to explore alternative supply routes for obtaining medicines.
 - Enhanced Care – medication review for care home patients, optimising medicines usage. Optimising medicines management by identifying those at increased risk of hospital admission using risk stratification.
 - Cross Sector – Medication review and reconciliation for care home patients with learning disability, mental health problems or dementia. Patients with frequent admissions and under the care of community matron service. Existing customers receiving long term assistance with medication in domiciliary settings

These projects contributed to the £2M savings from prescribing efficiencies.