



## NHS Airedale, Bradford and Leeds

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

**SUMMARY**

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 PCT's QIPP programme during 2011/12.

**ACTION REQUIRED**

The Committee is requested to:

- **Note the contents** of this paper.

## NHS Leeds QIPP Savings for 2011/12

### INTRODUCTION

Details of the PCT's QIPP plans and progress against plan are reported in detail every month to the public Board Meeting and are available for general scrutiny.

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

### REPORTED QIPP

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
<b>TOTAL</b>			<b>60,456</b>	<b>65,340</b>

## Additional Information

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	
<b>TOTAL</b>	<b>65</b>	

## 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 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