

QIPP – Progress Update

Over the last 12 months, NHS Yorkshire and the Humber has been proactively working with NHS partners and other organisations to ensure that major improvements in quality, innovation, productivity and prevention (QIPP) are delivered over the next five years. This is being achieved through a jointly agreed dedicated QIPP programme.

To date, the implementation of QIPP in Yorkshire and the Humber has been led by each PCT who have identified the most effective ways of delivering QIPP whilst still ensuring they are focussed on their priorities and ensuring the best health outcomes for their area. The SHA's role is to coordinate and monitor the delivery of QIPP.

Progress to date:

All 14 PCTs have detailed QIPP programmes, setting out how they will deliver £488m of savings between 2010 and 2014. The SHA tracks progress against this target monthly and, as at January 2011, PCTs have delivered £97m savings. The plan is to make a total saving of £139m by March 2011. The main areas of savings are in long term care, urgent care, planned care, prescribing in primary care, and management costs.

The SHA is working closely with PCTs, clusters and GP commissioners to agree how to transfer the delivery of QIPP to the new GP commissioning consortia as they emerge. PCT clusters will be required to work together to maximise opportunities to deliver QIPP savings and develop QIPP programmes of work.

Emerging GP consortia will be required to demonstrate increasing leadership around QIPP priorities as they move towards their formal establishment as authorised consortia. All GP consortia pathfinders have identified the responsibility they currently hold including involvement in/ownership of QIPP and the dedicated capacity they have to deliver these priorities.

CHECKLIST

Checklist for NHS/local government joint working on the transition

In last week's newsletter we reported that a checklist has been drawn up by Local Government Yorkshire and Humber (LGYH) and the SHA 2010 in response to the impact that the changes in the NHS will have on councils and partnerships between the NHS and local government.

The link to the checklist was missing. It can be found here:

<http://www.yorksandhumber.nhs.uk/document.php?o=6812>

Both the SHA and LGYH would welcome feedback on the checklist.

FT Pipeline

NHS Yorkshire and the Humber are currently supporting seven NHS trusts in the region to become Foundation Trusts:

- Bradford District Care trust
- Hull & East Yorkshire Hospitals Trust
- Leeds Community Health Services (NHS Trust from 1st April 2011)
- Leeds Teaching Hospitals NHS Trust
- Mid Yorkshire Hospitals NHS Trust
- Scarborough & NE Yorkshire
- Yorkshire Ambulance Services NHS Trust

As these trusts move towards foundation trust status, NHS Yorkshire & the Humber will continue to manage their clinical and financial performance, quality, clinical governance and risk assurance. The timescales for them achieving foundation trust status varies, but all will become secure organisations providing quality services for local populations by April 2014 at the latest.

Transforming community services

Community services makes up around 10 percent of PCT expenditure; approximately £800m across the region. The driving objective for transforming community services is to build on the existing quality and efficiency of local community services and help them to improve further.

By April 2011, PCTs are required to separate their provider and commissioning functions. In Yorkshire and the Humber this will result in new arrangements which will range from integrating with local acute trusts or mental health trusts to the formation of eight new social enterprises and one stand-alone community foundation trust. Further details of these new arrangements are available here:

<http://www.yorksandhumber.nhs.uk/document.php?o=6830>

These changes will deliver real benefits to patients through services working closer together and serving a defined local community.

Events

Long term conditions (LTC) and NICE joint event – 12 April

The event, aimed at people working in GP commissioning consortia, will cover the following areas:

- **LTC Care** – support to commission and deliver improved care for patients with LTCs. Lead by Sir John Oldham, the National LTC GP Lead from the DH.
- **Supporting GP Commissioning Consortia** – Interactive sessions on how NICE can help. Lead by Gillian Mathews, Implementation Consultant for National Institute for Health and Clinical Excellence (NICE).

The event will take place twice on the same day:

12th April, 2pm – 4pm at the Park Inn, York <http://www.parkinn.co.uk/hotel-york/location>

12th April, 7pm – 9pm at the Source near Meadowhall, Sheffield www.thesource.meadowhall.co.uk/location/

If you wish to attend, email Carolyn.ohare@yorksandhumber.nhs.uk stating which event you would like to attend by close of play 5 April.

GP Consortia Conference – 14 April, 9:30am – 4:30pm at the North Lakes Hotel, Penrith, (Cumbria).

NHS Cumbria is inviting GPs, NHS staff and third sector agencies to attend a national conference explaining how the government's reforms could work, based on Cumbria's own experiences of instilling GP leadership at the heart of commissioning. Further information is available at:

<http://www.cumbria.nhs.uk/AboutUs/WhoWeAreAndWhatWeDo/CumbriasGPCommissioningConference.aspx>

All enquiries should be directed to: conference.info@cumbriapct.nhs.uk

NEW PUBLICATIONS

The functions of a GP commissioning consortia: a working document.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124979

This document been produced in response to requests from GPs and others involved in the development of consortia.

The document sets out:

- the proposed key statutory duties of consortia (the 'must dos')
- the proposed key statutory powers (the things consortia have the freedom to do, if they wish, to help meet these duties)
- illustrative examples of what this could look like in the future

The role of GP consortia and public health in improving health and wellbeing and delivering effective health care.

http://www.nhsalliance.org/documents/view-latest/?eID=dam_frontend_push&docID=1515

A publication produced jointly by NHS Alliance, Right Care and NHS Solutions for Public Health.